



Preferred Drug List

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

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

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

SilverSummit Healthplan: Preferred Drug List (PDL)



Pharmacy Program

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

You can get help by:

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

Pharmacy Benefit Manager (PBM)

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

Prior Authorizations (PA)

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

SilverSummit will cover the medicine if:

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

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

Transition Period

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

96-Hour Emergency Supply Policy

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

Step Therapy

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

Dispensing Limits

The pharmacy can give you:

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

Quantity Limits

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

Age Limit

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

Medical Necessity Requests

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

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

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

Appropriate Use and Safety Edits

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

Generic Drugs

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

Over-the-Counter (OTC) Medicines

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

Filling a Prescription

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

Maintenance Medications

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

Exclusions

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

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

Drug Efficacy Study and Implementation Drugs

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

Medical Benefits

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

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

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

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Newly Approved Products

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

Contact Information

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

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

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

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

AcariaHealth: 1-855-535-1815

Language Assistance

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

Preferred Drug List ABBREVIATIONS

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate TABS	PA	AL(At least 3 yrs old); PA
dextroamphetamine sulfate TABS	NP	AL(At least 3 yrs old)
DYANAVEL XR SUER	NP	QL(8 ML daily); AL(At least 6 yrs old)
DYANAVEL XR TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
EVEKEO ODT TBDP	NP	AL(At least 3 yrs old)
EVEKEO TABS (Use amphetamine sulfate)	NP	AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
lisdexamfetamine dimesylate CHEW	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
methamphetamine hcl	NP	AL(At least 3 yrs old)
MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
VYVANSE CAPS	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
VYVANSE CHEW	NP	QL(1 EA daily); AL(At least 6 yrs old)
XELSTRYM	NP	AL(At least 6 yrs old)
Analeptics		
caffeine citrate SOLN PO	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); AL(At least 18 yrs old); PA
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	PA	QL(0.072 ML daily); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	PA	QL(0.108 ML daily); AL(At least 18 yrs old); PA	WAKIX	PA	SP; PA
ZEPBOUND KWIKPEN SOPN SC 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML, 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML	PA	QL(0.072 ML daily); AL(At least 18 yrs old); PA	Stimulants - Misc.		
ZEPBOUND SOAJ	PA	QL(0.072 ML daily); AL(At least 18 yrs old); PA	APTENSIO XR CP24 (Use methylphenidate hcl)	NP	QL(1 EA daily); AL(At least 6 yrs old)
ZEPBOUND SOLN	PA	QL(0.072 ML daily); AL(At least 18 yrs old); PA	armodafinil	PA	QL(1 EA daily); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			AZSTARYS	NP	AL(At least 6 yrs old)
atomoxetine hcl	PA	QL(2 EA daily); AL(At least 6 yrs old); PA	CONCERTA TBCR (Use methylphenidate hcl)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
clonidine hcl (adhd) TB12	PA	QL(4 EA daily); AL(At least 6 yrs old); PA	COTEMPLA XR-ODT TBED	NP	AL(At least 6 yrs old)
guanfacine hcl (adhd)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA	DAYTRANA PTCH (Use methylphenidate)	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
INTUNIV (Use guanfacine hcl (adhd))	NP	QL(1 EA daily); AL(At least 6 yrs old)	dexamethylphenidate hcl CP24	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
ONYDA XR SUER	NP	QL(4 ML daily); AL(At least 6 yrs old)	dexamethylphenidate hcl TABS	PA	AL(At least 3 yrs old); PA
QELBREE	PA	AL(At least 6 yrs old); PA	FOCALIN XR CP24 40 MG (Use dexamethylphenidate hcl)	NF	
STRATTERA (Use atomoxetine hcl)	NP	QL(2 EA daily); AL(At least 6 yrs old)	FOCALIN XR CP24 (Use dexamethylphenidate hcl)	NP	QL(1 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)			FOCALIN TABS 2.5 MG (Use dexamethylphenidate hcl)	NF	AL(At least 3 yrs old)
SUNOSI	NP		FOCALIN TABS (Use dexamethylphenidate hcl)	NP	AL(At least 3 yrs old)
Histamine H3-Receptor Antagonist/Inverse Agonists			FOCALIN TABS 10 MG (Use dexamethylphenidate hcl)	NF	
			JORNAY PM CP24	PA	AL(At least 6 yrs old); PA
			METADATE CD CPCR (Use methylphenidate hcl)	NF	QL(1 EA daily); AL(At least 6 yrs old)
			METHYLIN SOLN (Use methylphenidate hcl)	PA	AL(At least 3 yrs old); PA
			methylphenidate hcl CHEW	NP	AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl CP24</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>methylphenidate hcl CPCR</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>methylphenidate hcl SOLN</i>	PA	AL(At least 3 yrs old); PA
<i>methylphenidate hcl TABS</i>	PA	AL(At least 3 yrs old); PA
<i>methylphenidate hcl TB24</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	PA	QL(2 EA daily); AL(At least 6 yrs old); PA
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>modafinil</i>	NP	QL(1 EA daily)
<i>NUVIGIL (Use armodafinil)</i>	NP	QL(1 EA daily)
<i>PROVIGIL (Use modafinil)</i>	PA	QL(1 EA daily); PA
<i>QUILLICHEW ER CHER</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>QUILLIVANT XR SRER</i>	NP	QL(12 ML daily); AL(At least 6 yrs old)
<i>RELEXXII TBCR (Use methylphenidate hcl)</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>RELEXXII TBCR</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>RITALIN LA CP24 (Use methylphenidate hcl)</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>RITALIN TABS (Use methylphenidate hcl)</i>	NP	AL(At least 3 yrs old)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP
OLUMIANT	PA	QL(1 EA daily); SP; PA	ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP
RINVOQ LQ SOLN	PA	QL(1 ML daily); SP; PA	ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP
RINVOQ TB24	PA	QL(1 EA daily); SP; PA	ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP
XELJANZ XR TB24	NP	QL(1 EA daily); SP	ADALIMUMAB-ADAZ SOAJ	PA	SP; PA
XELJANZ SOLN	PA	SP; PA	ADALIMUMAB-ADAZ SOSY	PA	SP; PA
XELJANZ TABS	PA	QL(2 EA daily); SP; PA	ADALIMUMAB-ADBM (2 PEN) AJKT	PA	SP; PA
Antirheumatic Antimetabolites			ADALIMUMAB-ADBM (2 PEN) AJKT	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-ADBM (2 SYRINGE) PSKT	PA	SP; PA
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	ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	NP	SP
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP
ABRILADA (1 PEN) AJKT	NP	SP	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP
ABRILADA (2 PEN) AJKT	NP	SP	ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP
ABRILADA (2 SYRINGE) PSKT	NP	SP	ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP	AMJEVITA-PED 10KG TO <15KG SOSY	NP	QL(0.058 ML daily); SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP	AMJEVITA-PED 15KG TO <30KG SOSY	NP	QL(0.015 ML daily); SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP	AMJEVITA SOAJ 40 MG/0.4ML	NP	QL(0.029 ML daily); SP
			AMJEVITA SOAJ	NP	QL(0.058 ML daily); SP
			AMJEVITA SOSY	NP	QL(0.029 ML daily); SP
			AMJEVITA SOSY	NP	QL(0.058 ML daily); SP

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO (2 PEN) AJKT	NP	SP
CYLTEZO (2 SYRINGE) PSKT	NP	SP
HADLIMA PUSH TOUCH SOAJ	NP	SP
HADLIMA SOSY	NP	SP
HULIO (2 PEN) AJKT	NP	SP
HULIO (2 SYRINGE) PSKT	NP	SP
HUMIRA (2 PEN) AJKT	PA	QL(0.072 EA daily); SP; PA
HUMIRA (2 SYRINGE) PSKT	PA	QL(0.072 EA daily); SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	PA	QL(0.108 EA daily); SP; PA
HUMIRA-PSORIASIS/UEVIT STARTER AJKT	PA	QL(0.108 EA daily); SP; PA
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP
HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP
HYRIMOZ-PLAQ PSOR/UEVIT START SOAJ	NP	SP
HYRIMOZ SOAJ	NP	SP
HYRIMOZ SOSY	NP	SP
IDACIO-CROHNS/UC STARTER AJKT	NP	SP
IDACIO-PSORIASIS STARTER AJKT	NP	SP
SIMLANDI (1 PEN) AJKT	NP	SP
SIMLANDI (1 SYRINGE) PSKT	NP	SP
SIMLANDI (2 PEN) AJKT	NP	SP
SIMLANDI (2 SYRINGE) PSKT	NP	SP
SIMPONI ARIA SOLN	PA	SP; PA
SIMPONI SOAJ	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SOSY	PA	SP; PA
YUFLYMA (1 PEN) AJKT	NP	SP
YUFLYMA (2 PEN) AJKT	NP	SP
YUFLYMA (2 SYRINGE) PSKT	NP	SP
YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
YUSIMRY	NP	SP
Interleukin-1 Blockers		
ARCALYST	NP	SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	PA	SP; PA
Interleukin-1beta Blockers		
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	
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP
AVTOZMA SOSY SC 162 MG/0.9ML	NP	
KEVZARA SOAJ	PA	SP; PA
KEVZARA SOSY	PA	SP; PA
TOFIDENCE	NP	SP
TYENNE SOAJ	NP	SP
TYENNE SOLN	NP	SP
TYENNE SOSY	NP	SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ALEVE CAPS (Use naproxen sodium)	NF	
ALEVE TABS (Use naproxen sodium)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANAPROX DS TABS (Use naproxen sodium)	NF		EC-NAPROSYN TBEC (Use naproxen)	NF	
ARTHROTEC TBEC (Use diclofenac w/ misoprostol)	NP		etodolac CAPS	NP	
CELEBREX 400 MG (Use celecoxib)	NP	QL(1 EA daily)	etodolac TABS	NP	
CELEBREX 100 MG (Use celecoxib)	NF	QL(4 EA daily)	etodolac TB24	NP	
CELEBREX 200 MG (Use celecoxib)	NP	QL(2 EA daily)	FELDENE CAPS 10 MG (Use piroxicam)	NP	
CELEBREX 50 MG (Use celecoxib)	NP	QL(8 EA daily)	FELDENE CAPS 20 MG (Use piroxicam)	NF	
CELEBREX 50 MG (Use celecoxib)	NF	QL(8 EA daily)	flurbiprofen TABS 100 MG	NP	
CELEBREX 100 MG (Use celecoxib)	NP	QL(4 EA daily)	flurbiprofen TABS 50 MG	P	
CELEBREX 400 MG (Use celecoxib)	NF	QL(1 EA daily)	ibuprofen-acetaminophen TABS	P	
CELEBREX 200 MG (Use celecoxib)	NF	QL(2 EA daily)	ibuprofen CAPS	P	
celecoxib 400 MG	P	QL(1 EA daily)	ibuprofen CHEW	P	
celecoxib 100 MG	P	QL(4 EA daily)	ibuprofen-famotidine	NP	QL(3 EA daily)
celecoxib 50 MG	P	QL(8 EA daily)	ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML	P	RX/OTC
celecoxib 200 MG	P	QL(2 EA daily)	ibuprofen TABS 400 MG	P	QL(8 EA daily)
COXANTO CAPS (Use oxaprozin)	NP		ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG	P	
COXANTO CAPS (Use oxaprozin)	NF		ibuprofen TABS 600 MG	P	QL(5 EA daily)
DAYPRO TABS (Use oxaprozin)	NP		ibuprofen TABS 800 MG	P	QL(4 EA daily)
diclofenac potassium CAPS	NP		ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG	P	
diclofenac potassium TABS	NP		INDOCIN SUSP (Use indomethacin)	NF	
diclofenac sodium TB24	P		indomethacin CAPS 25 MG, 50 MG	P	
diclofenac sodium TB24	NP		indomethacin CPCR	NP	
diclofenac sodium TBEC	P		indomethacin SUPP	NP	
diclofenac w/ misoprostol TBEC	NP		indomethacin SUSP	NP	
DUEXIS (Use ibuprofen-famotidine)	NF	QL(3 EA daily)	ketoprofen CP24	NP	
			ketorolac tromethamine TABS	PA	QL(4 EA daily; 20 EA per 180 day(s) retail; 20 EA per 180 days mail); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LODINE TABS (Use etodolac)	NF		<i>sulindac TABS</i>	P	
LURBIPR TABS 100 MG (Use flurbiprofen)	NF		<i>tolmetin sodium CAPS</i>	NP	
LURBIRO TABS 100 MG (Use flurbiprofen)	NP		<i>tolmetin sodium TABS 600 MG</i>	NP	
<i>meclofenamate sodium CAPS</i>	NP		VIMOVO (Use naproxen-esomeprazole magnesium)	NF	
<i>mefenamic acid CAPS</i>	NP	MP	VYSCOXA PO 10 MG/ML	NP	QL(8 ML daily)
<i>meloxicam TABS</i>	P		ZIPSOR CAPS (Use diclofenac potassium)	NF	
MOTRIN CHILDRENS CHEW (Use ibuprofen)	NF		ZYBIC SUSP 7.5 MG/5ML (Use meloxicam)	NP	
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	NF		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>nabumetone</i>	P		OTEZLA XR TB24 PO 75 MG	NP	QL(2 EA daily); SP
NAPRELAN TB24 500 MG (Use naproxen sodium)	NF		OTEZLA/OTEZLA XR INITIATION PK TBPK	NP	QL(2 EA daily); SP
NAPRELAN TB24 (Use naproxen sodium)	NP		OTEZLA TABS	PA	QL(2 EA daily); SP; PA
NAPROSYN SUSP (Use naproxen)	NP	QL(200 ML per fill retail; 200 per fill mail)	OTEZLA TBPK	PA	QL(2 EA daily); SP; PA
NAPROSYN TABS 500 MG (Use naproxen)	NF		Selective Costimulation Modulators		
<i>naproxen sodium CAPS</i>	P		ORENCIA CLICKJECT SOAJ	PA	QL(0.143 ML daily); SP; PA
<i>naproxen sodium TABS 220 MG</i>	P		ORENCIA SOLR	PA	SP; PA
<i>naproxen sodium TABS</i>	NP		ORENCIA SOSY 50 MG/0.4ML	PA	QL(0.058 ML daily); SP; PA
<i>naproxen sodium TB24</i>	NP		ORENCIA SOSY 125 MG/ML	PA	QL(0.143 ML daily); SP; PA
<i>naproxen-esomeprazole magnesium</i>	NP		ORENCIA SOSY 87.5 MG/0.7ML	PA	QL(0.1 ML daily); SP; PA
<i>naproxen SUSP</i>	NP	QL(200 ML per fill retail; 200 per fill mail)	Soluble Tumor Necrosis Factor Receptor Agents		
<i>naproxen TABS</i>	P		ENBREL MINI SOCT	PA	QL(0.143 ML daily); SP; PA
<i>naproxen TBEC</i>	P		ENBREL SURECLICK SOAJ	PA	QL(0.143 ML daily); SP; PA
ORUDIS CAPS 75 MG	NP		ENBREL SOLN	PA	QL(0.143 ML daily); SP; PA
<i>oxaprozin CAPS</i>	NP		ENBREL SOSY	PA	QL(0.143 ML daily); SP; PA
<i>oxaprozin TABS</i>	NP		ANALGESICS - NonNarcotic - Drugs to Treat Pain,		
<i>piroxicam CAPS</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Muscle and Joint Conditions			<i>acetaminophen TABS 325 MG, 500 MG</i>	P	
Analgesic Combinations			FEVERALL INFANTS SUPP	P	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)	FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 EA per fill retail; 12 per fill mail)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)	TYLENOL INFANTS PAIN+FEVER SUSP (<i>Use acetaminophen</i>)	NF	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P		Salicylates		
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 EA daily)	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NF	QL(4 EA daily)	<i>aspirin CHEW</i>	P	
Analgesics - Sodium Channel Pain Signal Inhibitors			ASPIRIN SUPP 300 MG	P	
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)	<i>aspirin TABS 325 MG</i>	P	
Analgesics Other			<i>aspirin TBEC 81 MG, 325 MG</i>	P	
<i>acetaminophen CAPS 500 MG</i>	P		<i>diflunisal TABS</i>	P	
<i>acetaminophen CHEW</i>	P		DOLOBID TABS	P	
<i>acetaminophen LIQD 160 MG/5ML</i>	P		<i>salsalate</i>	NP	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)	Opioid Agonists		
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	P		ACTIQ LPOP 400 MCG (<i>Use fentanyl citrate</i>)	NF	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old)
			<i>codeine sulfate TABS 30 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old)
			CODEINE SULFATE TABS	P	QL(2 EA daily); AL(At least 12 yrs old)
			CONZIP CP24 (<i>Use tramadol hcl</i>)	NP	AL(At least 18 yrs old)
			DEMEROL SOLN IJ (<i>Use meperidine hcl</i>)	NF	
			DILAUDID TABS (<i>Use hydromorphone hcl</i>)	NF	QL(8 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DISKETS TBSO 40 MG (Use methadone hcl)	NP		<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	P	QL(2 EA daily)
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 800 MCG, 1600 MCG</i>	PA	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old); PA	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	QL(16.67 ML daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR</i>	PA	QL(0.34 EA daily); PA	<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>hydrocodone bitartrate CP12</i>	NP	QL(2 EA daily)	<i>morphine sulfate SUPP</i>	P	QL(24 EA per fill retail; 24 per fill mail)
<i>hydrocodone bitartrate T24A</i>	NP	QL(1 EA daily)	<i>morphine sulfate TABS 15 MG</i>	P	QL(6 EA daily)
HYDROMORPHONE HCL SUPP	P	QL(12 EA per fill retail; 12 per fill mail)	<i>morphine sulfate TABS 30 MG</i>	P	
<i>hydromorphone hcl TABS</i>	P	QL(8 EA daily)	<i>morphine sulfate TBCR</i>	P	QL(3 EA daily)
<i>hydromorphone hcl TB24</i>	NP	QL(1 EA daily)	MS CONTIN TBCR 100 MG (Use <i>morphine sulfate</i>)	NF	QL(3 EA daily)
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP	QL(1 EA daily)	MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 200 MG (Use <i>morphine sulfate</i>)	NP	QL(3 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	QL(500 ML per fill retail; 500 per fill mail)	NUCYNTA TABS 50 MG, 75 MG, 100 MG (Use <i>tapentadol hcl</i>)	NF	
<i>meperidine hcl TABS 50 MG</i>	P	QL(6 EA daily)	<i>oxycodone hcl CAPS</i>	P	QL(6 EA daily)
<i>methadone hcl CONC</i>	NP		<i>oxycodone hcl CONC 100 MG/5ML</i>	P	QL(6 ML daily)
<i>methadone hcl SOLN PO</i>	NP		<i>oxycodone hcl SOLN</i>	P	
<i>methadone hcl TABS</i>	NP		<i>oxycodone hcl T12A 20 MG, 40 MG</i>	NP	QL(3 EA daily)
<i>methadone hcl TBSO</i>	NP		<i>oxycodone hcl TABS</i>	P	QL(6 EA daily)
METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i>)	NP		OXYCONTIN T12A	P	QL(3 EA daily)
METHADOSE CONC (Use <i>methadone hcl</i>)	NP		<i>oxymorphone hcl TB12</i>	NP	QL(2 EA daily)
<i>morphine sulfate beads</i>	P	QL(1 EA daily)	QDOLO SOLN (Use <i>tramadol hcl</i>)	NF	AL(At least 18 yrs old)
			ROXICODONE TABS 15 MG, 30 MG (Use <i>oxycodone hcl</i>)	NF	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG	NP		<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P	QL(135 ML daily)
<i>tapentadol hcl TABS 50 MG, 75 MG, 100 MG</i>	NP		<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	P	QL(8 EA daily)
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	AL(At least 18 yrs old)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	P	QL(6 EA daily)
<i>tramadol hcl SOLN</i>	NP	AL(At least 18 yrs old)	<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	P	QL(12 EA daily)
TRAMADOL HCL SOLN (Use tramadol hcl)	NP	AL(At least 18 yrs old)	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(6 EA daily)
<i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>	NP	AL(At least 18 yrs old)	PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen)	NF	
<i>tramadol hcl TABS 50 MG</i>	P	AL(At least 18 yrs old)	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	NF	QL(6 EA daily)
<i>tramadol hcl TB24</i>	NP	AL(At least 18 yrs old)	PROLATE SOLN	PA	QL(20 ML daily); PA
Opioid Combinations			PROLATE TABS	PA	QL(13 EA daily); PA
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ML daily); AL(At least 12 yrs old)	<i>tramadol-acetaminophen</i>	P	QL(12 EA daily); AL(At least 18 yrs old)
<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)	Opioid Partial Agonists		
<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)	BELBUCA FILM	NP	
<i>butalbital-aspirin-caffeine w/cod</i>	P	QL(4 EA daily); AL(At least 12 yrs old)	BRIXADI (WEEKLY) SOSY	P	SP
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine)	NF		BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	SP
<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)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate</i> FILM SL 1 MG-4 MG, 3 MG-12 MG	NP	QL(2 EA daily)	<i>methyltestosterone TABS</i>	P	
<i>buprenorphine hcl-naloxone hcl dihydrate</i> FILM SL 0.5 MG-2 MG, 2 MG-8 MG	NP	QL(3 EA daily)	NATESTO GEL NA	NP	
<i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL	P	QL(3 EA daily)	TESTIM GEL TD (<i>Use testosterone</i>)	NP	
<i>buprenorphine hcl</i> SUBL	P	QL(3 EA daily)	<i>testosterone cypionate</i> SOLN IM 200 MG/ML	P	QL(0.1429 ML daily)
<i>buprenorphine PTWK</i>	NP		<i>testosterone cypionate</i> SOLN IM 100 MG/ML	P	QL(0.2858 ML daily)
BUTRANS PTWK (<i>Use buprenorphine</i>)	P		<i>testosterone enanthate</i> SOLN IM	P	QL(0.1429 ML daily)
SUBLOCADE SOSY	P	SP	<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	NP	
SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	P	QL(2 EA daily)	<i>testosterone GEL TD 1 %, 1.62 %, 1.62 %</i>	PA	PA
SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	P	QL(3 EA daily)	<i>testosterone SOLN</i>	NP	
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)	TLANDO CAPS	PA	PA
ZUBSOLV SUBL 2.1 MG-8.6 MG	NP	QL(2 EA daily)	VOGELXO PUMP GEL TD (<i>Use testosterone</i>)	NP	
ZUBSOLV SUBL 2.9 MG-11.4 MG	NP	QL(1 EA daily)	VOGELXO GEL TD (<i>Use testosterone</i>)	NP	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			VOGELXO GEL TD (<i>Use testosterone</i>)	NF	
Androgens			XYOSTED SOAJ	PA	PA
ANDROGEL PUMP GEL TD (<i>Use testosterone</i>)	NP		ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
ANDROGEL PUMP GEL TD (<i>Use testosterone</i>)	NF		Intrarectal Steroids		
FORTESTA GEL TD (<i>Use testosterone</i>)	NF		<i>budesonide (intrarectal)</i>	NP	
JATENZO CAPS	PA	PA	<i>CORTENEMA (Use hydrocortisone (intrarectal))</i>	NF	QL(420 ML per fill retail; 420 per fill mail)
			<i>hydrocortisone (intrarectal)</i>	P	QL(420 ML per fill retail; 420 per fill mail)
			UCERIS (<i>Use budesonide (intrarectal)</i>)	NF	
			Rectal Combinations		

Drug Name	Drug Tier	Requirements/Limits
HEMORRHOIDAL 0.25 %-85.5 %-3 %	P	QL(12 EA per fill retail; 12 per fill mail)
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NP	
<i>lidocaine-hydrocortisone acetate (rectal) KIT 0.5 %-3 %, 2.5 %-3 %</i>	NP	
LIDOCORT CREA EX 0.5 %-3 % (<i>Use lidocaine-hydrocortisone acetate (rectal)</i>)	NF	
SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	P	QL(30 GM per fill retail; 30 per fill mail)
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) FOAM EX</i>	P	QL(15 GM per fill retail; 15 per fill mail)
PROCTOFOAM FOAM EX 1 %	P	QL(15 GM per fill retail; 15 per fill mail)
Rectal Steroids		
ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NF	
<i>hydrocortisone (rectal) EX</i>	P	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone CHEW</i>	P	
<i>alum & mag hydrox-simethicone LIQD</i>	P	QL(24 ML daily)
<i>alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<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-800 MG/10ML-80 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	
TUMS ULTRA 1000 CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>Use isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>isosorbide mononitrate TABS</i>	P	QL(2 EA daily)
ISOSORBIDE MONONITRATE TABS	P	QL(2 EA daily)
<i>isosorbide mononitrate TB24</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
NITRO-BID OINT	P	
NITRO-DUR PT24 (Use nitroglycerin)	NF	
nitroglycerin CPCR	P	
nitroglycerin PT24	P	
nitroglycerin SUBL	P	
NITROSTAT SUBL (Use nitroglycerin)	NF	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl 5 MG, 10 MG	P	QL(6 EA daily)
buspirone hcl 15 MG	P	QL(4 EA daily)
buspirone hcl 7.5 MG, 30 MG	P	QL(3 EA daily)
droperidol SOLN 2.5 MG/ML	P	
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	P	
hydroxyzine hcl SYRP	P	
hydroxyzine hcl TABS	P	
hydroxyzine pamoate CAPS	P	
meprobamate	P	
VISTARIL CAPS 25 MG (Use hydroxyzine pamoate)	NF	
Benzodiazepines		
alprazolam TABS	P	QL(4 EA daily)
ATIVAN SOLN (Use lorazepam)	NF	
ATIVAN TABS 1 MG (Use lorazepam)	NF	QL(4 EA daily)
ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)	NF	QL(3 EA daily)
chlordiazepoxide hcl CAPS	P	QL(4 EA daily)
clorazepate dipotassium TABS	P	
diazepam CONC	P	

Drug Name	Drug Tier	Requirements/Limits
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	P	
diazepam SOLN PO 5 MG/5ML	P	
DIAZEPAM SOLN IJ 5 MG/ML	P	
diazepam TABS	P	AL(At least 18 yrs old)
lorazepam CONC	P	
lorazepam SOLN	P	
LORAZEPAM SOLN 2 MG/ML	P	
lorazepam TABS 0.5 MG, 2 MG	P	QL(3 EA daily)
lorazepam TABS 1 MG	P	QL(4 EA daily)
oxazepam CAPS 10 MG, 30 MG	P	QL(4 EA daily)
VALIUM TABS (Use diazepam)	NF	AL(At least 18 yrs old)
XANAX TABS (Use alprazolam)	NF	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	P	
NORPACE CR CP12 150 MG	P	
NORPACE CAPS (Use disopyramide phosphate)	NF	
quinidine gluconate TBCR	P	
quinidine sulfate TABS	P	
Antiarrhythmics Type I-B		
mexiletine hcl	P	
Antiarrhythmics Type I-C		
flecainide acetate	P	
propafenone hcl TABS	P	
Antiarrhythmics Type III		

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

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium NEBU</i>	P	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	
INCRUSE ELLIPTA	P	MP
<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
YUPELRI	NP	MP
Leukotriene Modulators		
ACCOLATE (<i>Use zafirlukast</i>)	NP	
ACCOLATE 10 MG (<i>Use zafirlukast</i>)	NF	
<i>montelukast sodium CHEW</i>	P	
<i>montelukast sodium PACK</i>	P	
<i>montelukast sodium TABS</i>	P	
SINGULAIR CHEW (<i>Use montelukast sodium</i>)	NP	
SINGULAIR PACK (<i>Use montelukast sodium</i>)	NF	
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) Inhibitors		
OHTUVAYRE	NP	QL(5 ML daily); AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Selective Phosphodiesterase 4 (PDE4) Inhibitors			PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NP	AL(At least 1 yrs old - Up to 8 yrs old); MP
DALIRESP (<i>Use roflumilast</i>)	NP	QL(1 EA daily)	QVAR REDIHALER	NP	MP
<i>roflumilast</i>	PA	QL(1 EA daily); PA	Sympathomimetics		
Steroid Inhalants			ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	P	MP
ALVESCO	NP	MP	ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
ARNUIITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>Use fluticasone furoate (inhalation)</i>)	P	MP	ADVAIR HFA AERO (<i>Use fluticasone-salmeterol</i>)	P	MP
ASMANEX (120 METERED DOSES) AEPB	NP	MP	AIRDUO RESPICLIK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	MP
ASMANEX (14 METERED DOSES) AEPB	NP	MP	AIRDUO RESPICLIK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	MP
ASMANEX (30 METERED DOSES) AEPB	NP	MP	AIRDUO RESPICLIK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	MP
ASMANEX (60 METERED DOSES) AEPB	NP	MP	AIRSUPRA	NP	QL(1.07 GM daily)
ASMANEX HFA AERO	NP	MP	<i>albuterol sulfate AERS</i>	NP	QL(0.567 GM daily)
<i>budesonide (inhalation) SUSP</i>	P	AL(At least 1 yrs old - Up to 8 yrs old); MP	<i>albuterol sulfate AERS</i>	NP	QL(0.447 GM daily)
FLOVENT HFA 44 MCG/ACT (<i>Use fluticasone propionate hfa</i>)	NF	QL(0.36 GM daily)	<i>albuterol sulfate AERS</i>	NP	QL(1.2 GM daily)
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	NP	MP	<i>albuterol sulfate NEBU</i>	P	QL(12 ML daily)
<i>fluticasone propionate (inhalation) AEPB</i>	P	QL(2 EA daily); MP	<i>albuterol sulfate NEBU</i>	P	QL(2 EA daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(0.36 GM daily); MP	<i>albuterol sulfate SYRP</i>	P	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(0.4 GM daily); MP	<i>albuterol sulfate TABS</i>	P	
PULMICORT FLEXHALER AEPB	P	MP	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>Use umeclidinium-vilanterol</i>)	P	MP
PULMICORT FLEXHALER AEPB	P	MP	<i>arformoterol tartrate</i>	NP	MP
			BEVESPI AEROSPHERE	NP	MP
			BREO ELLIPTA (<i>Use fluticasone furoate-vilanterol</i>)	P	MP

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA	P	MP
BREZTRI AEROSPHERE	NP	MP
BROVANA (Use arformoterol tartrate)	NP	MP
BROVANA (Use arformoterol tartrate)	NF	
budesonide-formoterol fumarate dihydrate	NP	MP
COMBIVENT RESPIMAT AERS	P	
DUAKLIR PRESSAIR	NP	MP
DULERA	P	MP
fluticasone furoate-vilanterol	NP	MP
fluticasone-salmeterol AEPB	NP	MP
fluticasone-salmeterol AERO	NP	MP
formoterol fumarate NEBU	NP	MP
ipratropium-albuterol SOLN	P	QL(12 ML daily)
levalbuterol hcl 1.25 MG/0.5ML	NP	QL(3 EA daily)
levalbuterol hcl	PA	QL(9.6 ML daily); PA
levalbuterol tartrate	PA	QL(1 GM daily); PA
PERFOROMIST NEBU (Use formoterol fumarate)	NP	MP
PROAIR RESPICLICK AEPB	NP	QL(0.067 EA daily)
PROVENTIL HFA AERS (Use albuterol sulfate)	NF	QL(1.2 GM daily)
SEREVENT DISKUS	P	QL(2 EA daily); MP
STIOLTO RESPIMAT	P	MP
STRIVERDI RESPIMAT	P	MP
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	P	MP
terbutaline sulfate TABS	P	

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA	NP	MP
umeclidinium-vilanterol	NP	MP
VENTOLIN HFA AERS (Use albuterol sulfate)	P	QL(0.534 GM daily)
VENTOLIN HFA AERS (Use albuterol sulfate)	P	QL(1.2 GM daily)
XOPENEX HFA (Use levalbuterol tartrate)	NF	QL(1 GM daily)
XOPENEX HFA (Use levalbuterol tartrate)	NP	QL(1 GM daily)
Xanthines		
THEO-24 CP24	P	
theophylline ELIX	P	
theophylline SOLN	P	QL(475 ML per fill retail; 475 per fill mail)
theophylline TB12	P	
theophylline TB24	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	P	
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK) TBSO PO	NP	
ELIQUIS (2 MG PACK) TBSO PO	NP	
ELIQUIS DVT/PE STARTER PACK TBPB	P	
ELIQUIS CPSP PO 0.15 MG	NP	
ELIQUIS TABS	P	
ELIQUIS TBSO PO 0.5 MG	NP	
rivaroxaban SUSR 1 MG/ML	NP	
rivaroxaban TABS 2.5 MG	NP	
SAVAYSA	NP	AL(At least 18 yrs old)
XARELTO STARTER PACK TBPB	P	

Drug Name	Drug Tier	Requirements/Limits
XARELTO SUSR 1 MG/ML (Use rivaroxaban)	NP	
XARELTO TABS	P	
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (Use rivaroxaban)	P	
Heparins And Heparinoid-Like Agents		
ARIXTRA (Use fondaparinux sodium)	NP	SP
enoxaparin sodium SOLN IJ 300 MG/3ML	P	SP
enoxaparin sodium SOSY 40 MG/0.4ML	P	QL(24 ML per fill retail; 24 per fill mail); SP
enoxaparin sodium SOSY 60 MG/0.6ML	P	QL(36 ML per fill retail; 36 per fill mail); SP
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	P	QL(48 ML per fill retail; 48 per fill mail); SP
enoxaparin sodium SOSY 30 MG/0.3ML	P	QL(18 ML per fill retail; 18 per fill mail); SP
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	P	QL(60 ML per fill retail; 60 per fill mail); SP
fondaparinux sodium	P	SP
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP
FRAGMIN SOSY	P	SP
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NP	SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	NP	QL(60 ML per fill retail; 60 per fill mail); SP

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium)	NP	QL(48 ML per fill retail; 48 per fill mail); SP
LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	NP	QL(18 ML per fill retail; 18 per fill mail); SP
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	NP	QL(36 ML per fill retail; 36 per fill mail); SP
LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	NP	QL(24 ML per fill retail; 24 per fill mail); SP
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	NP	QL(2 EA daily)
PRADAXA CAPS (Use dabigatran etexilate mesylate)	P	QL(2 EA daily)
PRADAXA CAPS 75 MG (Use dabigatran etexilate mesylate)	NF	QL(2 EA daily)
PRADAXA PACK	NP	QL(2 EA daily); SP
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP 0.5 MG/ML (Use perampanel)	NP	
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (Use perampanel)	NP	
perampanel SUSP 0.5 MG/ML	NP	
perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	P	
Anticonvulsants - Benzodiazepines		
clobazam SUSP	P	
clobazam TABS	P	
clonazepam TABS	P	AL(At least 18 yrs old)
clonazepam TBDP	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	NF		BRIVIACT SOLN IV 50 MG/5ML (Use brivaracetam)	NF	
diazepam (anticonvulsant) GEL	P		BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (Use brivaracetam)	NP	SP
KLONOPIN TABS (Use clonazepam)	NP	AL(At least 18 yrs old)	carbamazepine CHEW	P	
LIBERVANT FILM	NP	AL(At least 2 yrs old - Up to 5 yrs old)	carbamazepine CP12	P	
NAYZILAM	PA	PA	carbamazepine SUSP	P	
ONFI SUSP (Use clobazam)	NP		carbamazepine TABS	P	
ONFI TABS (Use clobazam)	NP		carbamazepine TB12	P	
SYMPAZAN FILM	NP		CARBATROL CP12 (Use carbamazepine)	NP	
VALTOCO 10 MG DOSE LIQD	PA	PA	DIACOMIT CAPS	NP	SP
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	PA	PA	DIACOMIT PACK	NP	SP
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	PA	PA	ELEPSIA XR TB24	NP	
VALTOCO 5 MG DOSE LIQD	PA	PA	EPIDIOLEX	PA	SP; PA
Anticonvulsants - Misc.			EPRONTIA SOLN 25 MG/ML (Use topiramate)	NP	
APTOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate)	NP		eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	NP	
BANZEL SUSP (Use rufinamide)	NP	SP	FINTEPLA	NP	SP
BANZEL TABS (Use rufinamide)	NP	SP	gabapentin CAPS	P	
brivaracetam SOLN PO 10 MG/ML	NP	SP	gabapentin SOLN	P	
brivaracetam TABS 50 MG, 100 MG	NP		gabapentin TABS 600 MG, 800 MG	P	
brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	NP	SP	KEPPRA XR TB24 (Use levetiracetam)	NP	
BRIVIACT SOLN PO 10 MG/ML (Use brivaracetam)	NP	SP	KEPPRA SOLN IV 500 MG/5ML (Use levetiracetam)	NF	
			KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)	NP	
			KEPPRA TABS (Use levetiracetam)	NP	
			lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>iacosamide TABS</i>	P		NEURONTIN SOLN (<i>Use gabapentin</i>)	NF	
LAMICTAL ODT KIT (<i>Use lamotrigine</i>)	NP		NEURONTIN SOLN (<i>Use gabapentin</i>)	P	
LAMICTAL ODT TBDP (<i>Use lamotrigine</i>)	NP		NEURONTIN TABS (<i>Use gabapentin</i>)	P	
LAMICTAL STARTER KIT 25 MG (<i>Use lamotrigine</i>)	NP		<i>oxcarbazepine SUSP</i>	P	
LAMICTAL XR KIT	NP		<i>oxcarbazepine TABS</i>	P	
LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP		<i>oxcarbazepine TB24</i>	NP	
LAMICTAL CHEW (<i>Use lamotrigine</i>)	NP		OXTELLAR XR TB24 (<i>Use oxcarbazepine</i>)	NP	
LAMICTAL TABS (<i>Use lamotrigine</i>)	NP		<i>pregabalin CAPS</i>	NP	
<i>lamotrigine CHEW</i>	P		<i>pregabalin SOLN</i>	NP	
<i>lamotrigine KIT 25 MG</i>	P		<i>primidone</i>	P	
<i>lamotrigine TABS</i>	P		QUDEXY XR CS24 25 MG, 50 MG, 100 MG (<i>Use topiramate</i>)	NF	
<i>lamotrigine TB24</i>	P		QUDEXY XR CS24 150 MG, 200 MG (<i>Use topiramate</i>)	NP	
<i>lamotrigine TBDP</i>	P		<i>rufinamide SUSP</i>	P	SP
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P		<i>rufinamide TABS</i>	P	SP
<i>levetiracetam SOLN IV 500 MG/5ML</i>	P		SPRITAM TB3D	NP	
<i>levetiracetam TABS</i>	P		SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (<i>Use levetiracetam</i>)	NP	
<i>levetiracetam TB24</i>	P		SUBVENITE SUSP PO 10 MG/ML	NP	
<i>levetiracetam TB3D 250 MG, 500 MG</i>	NP		TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP	
LYRICA CAPS 25 MG, 50 MG, 150 MG (<i>Use pregabalin</i>)	NF		TEGRETOL TABS (<i>Use carbamazepine</i>)	NP	
LYRICA CAPS (<i>Use pregabalin</i>)	P		TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP	
LYRICA SOLN (<i>Use pregabalin</i>)	P		TOPAMAX SPRINKLE CPSP (<i>Use topiramate</i>)	NP	
LYRICA SOLN (<i>Use pregabalin</i>)	NF		TOPAMAX TABS 25 MG, 50 MG, 200 MG (<i>Use topiramate</i>)	NP	
MOTPOLY XR CP24	NP		TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NP	QL(300 EA per fill retail; 300 per fill mail)
MYSOLINE (<i>Use primidone</i>)	NF				
NEURONTIN CAPS (<i>Use gabapentin</i>)	P				

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

Drug Name	Drug Tier	Requirements/Limits
<i>fosphenytoin sodium 100 MG PE/2ML</i>	P	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P	
<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	
<i>phenytoin sodium SOLN</i>	P	
<i>phenytoin CHEW</i>	P	
<i>phenytoin SUSP</i>	P	
Succinimides		
<i>CELONTIN (Use methsuximide)</i>	P	
<i>ethosuximide CAPS</i>	P	
<i>ethosuximide SOLN</i>	P	
<i>methsuximide</i>	NP	
<i>ZARONTIN CAPS (Use ethosuximide)</i>	NP	
<i>ZARONTIN SOLN (Use ethosuximide)</i>	NP	
Valproic Acid		
<i>DEPAKOTE ER TB24 (Use divalproex sodium)</i>	NP	
<i>DEPAKOTE ER TB24 250 MG (Use divalproex sodium)</i>	NF	
<i>DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)</i>	NP	
<i>DEPAKOTE TBEC (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 IV 100 MG/ML, 500 MG/5ML</i>	P	
<i>valproic acid CAPS</i>	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		

Drug Name	Drug Tier	Requirements/Limits
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)
<i>REMERON SOLTAB TBDP (Use mirtazapine)</i>	NP	AL(At least 18 yrs old)
<i>REMERON TABS 15 MG, 30 MG (Use mirtazapine)</i>	NP	AL(At least 18 yrs old)
Antidepressant Combinations		
<i>AUVELITY</i>	NP	AL(At least 18 yrs old)
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	P	AL(At least 18 yrs old)
<i>bupropion hcl TB12</i>	P	AL(At least 18 yrs old)
<i>bupropion hcl TB24 300 MG, 450 MG</i>	NP	AL(At least 18 yrs old)
<i>bupropion hcl TB24 150 MG, 300 MG</i>	P	AL(At least 18 yrs old)
<i>FORFIVO XL TB24 (Use bupropion hcl)</i>	NP	AL(At least 18 yrs old)
<i>FORFIVO XL TB24 (Use bupropion hcl)</i>	NF	AL(At least 18 yrs old)
<i>WELLBUTRIN SR TB12 (Use bupropion hcl)</i>	NP	AL(At least 18 yrs old)
<i>WELLBUTRIN XL TB24 (Use bupropion hcl)</i>	NF	AL(At least 18 yrs old)
GABA Receptor Modulator - Neuroactive Steroid		
<i>ZURZUVAE</i>	P	AL(At least 18 yrs old); SP
Monoamine Oxidase Inhibitors (MAOIs)		
<i>EMSAM</i>	P	
<i>MARPLAN</i>	P	
<i>NARDIL (Use phenelzine sulfate)</i>	NF	
<i>PARNATE (Use tranylcypromine sulfate)</i>	NF	
<i>phenelzine sulfate</i>	P	
<i>tranylcypromine sulfate</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>paroxetine hcl TABS</i>	P	AL(At least 18 yrs old)
SPRAVATO (56 MG DOSE)	PA	AL(At least 18 yrs old); SP; PA	<i>paroxetine hcl TB24</i>	NP	AL(At least 18 yrs old)
SPRAVATO (84 MG DOSE)	PA	AL(At least 18 yrs old); SP; PA	PAXIL CR TB24 (Use <i>paroxetine hcl</i>)	NP	AL(At least 18 yrs old)
Selective Serotonin Reuptake Inhibitors (SSRIs)			PAXIL SUSP (Use <i>paroxetine hcl</i>)	NF	AL(At least 18 yrs old)
CELEXA TABS (Use <i>citalopram hydrobromide</i>)	NP	AL(At least 18 yrs old)	PAXIL TABS (Use <i>paroxetine hcl</i>)	NP	AL(At least 18 yrs old)
CITALOPRAM HYDROBROMIDE CAPS 30 MG (Use <i>citalopram hydrobromide</i>)	P	AL(At least 18 yrs old)	PROZAC CAPS (Use <i>fluoxetine hcl</i>)	NP	AL(At least 18 yrs old)
<i>citalopram hydrobromide SOLN</i>	P	AL(At least 18 yrs old)	<i>sertraline hcl CAPS 150 MG, 200 MG</i>	P	AL(At least 18 yrs old)
<i>citalopram hydrobromide TABS</i>	P	AL(At least 18 yrs old)	SERTRALINE HCL CAPS 150 MG, 200 MG (Use <i>sertraline hcl</i>)	P	AL(At least 18 yrs old)
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	AL(At least 18 yrs old)	<i>sertraline hcl CONC</i>	P	AL(At least 18 yrs old)
<i>escitalopram oxalate SOLN</i>	P	AL(At least 18 yrs old)	<i>sertraline hcl TABS</i>	P	AL(At least 18 yrs old)
<i>escitalopram oxalate TABS</i>	P	AL(At least 18 yrs old)	ZOLOFT CONC (Use <i>sertraline hcl</i>)	NP	AL(At least 18 yrs old)
<i>fluoxetine hcl CAPS</i>	P	AL(At least 18 yrs old)	ZOLOFT TABS 25 MG (Use <i>sertraline hcl</i>)	NF	AL(At least 18 yrs old)
<i>fluoxetine hcl CPDR</i>	P	AL(At least 18 yrs old)	ZOLOFT TABS (Use <i>sertraline hcl</i>)	NP	AL(At least 18 yrs old)
<i>fluoxetine hcl SOLN</i>	P	AL(At least 18 yrs old)	Serotonin Modulators		
<i>fluoxetine hcl TABS</i>	P	AL(At least 18 yrs old)	EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	AL(At least 18 yrs old)
FLUOXETINE HCL TABS (Use <i>fluoxetine hcl</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>fluvoxamine maleate CP24</i>	NP	AL(At least 18 yrs old)	<i>nefazodone hcl</i>	NP	AL(At least 18 yrs old)
<i>fluvoxamine maleate TABS</i>	P	AL(At least 18 yrs old)	RALDESY SOLN PO 10 MG/ML	NP	AL(At least 18 yrs old)
LEXAPRO TABS (Use <i>escitalopram oxalate</i>)	NP	AL(At least 18 yrs old)	<i>trazodone hcl TABS</i>	P	AL(At least 18 yrs old)
<i>paroxetine hcl SUSP</i>	P	AL(At least 18 yrs old)	TRINTELLIX	NP	AL(At least 18 yrs old)
			VIIBRYD TABS (Use <i>vilazodone hcl</i>)	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>vilazodone hcl TABS</i>	P	AL(At least 18 yrs old)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP 20 MG, 30 MG (<i>Use duloxetine hcl</i>)	NP	AL(At least 18 yrs old)
CYMBALTA CPEP 60 MG (<i>Use duloxetine hcl</i>)	NF	
DESVENLAFAXINE ER	NP	AL(At least 18 yrs old)
<i>desvenlafaxine succinate</i>	P	AL(At least 18 yrs old)
DRIZALMA SPRINKLE CSDR	NP	AL(At least 18 yrs old)
<i>duloxetine hcl CPEP</i>	P	AL(At least 18 yrs old)
EFFEXOR XR CP24 (<i>Use venlafaxine hcl</i>)	NP	AL(At least 18 yrs old)
EFFEXOR XR CP24 (<i>Use venlafaxine hcl</i>)	NF	AL(At least 18 yrs old)
EFFEXOR XR CP24 75 MG (<i>Use venlafaxine hcl</i>)	NF	
FETZIMA TITRATION C4PK	NP	AL(At least 18 yrs old)
FETZIMA CP24	NP	AL(At least 18 yrs old)
PRISTIQ 50 MG (<i>Use desvenlafaxine succinate</i>)	NF	AL(At least 18 yrs old)
PRISTIQ (<i>Use desvenlafaxine succinate</i>)	NP	AL(At least 18 yrs old)
VENLAFAXINE BESYLATE ER	NP	AL(At least 18 yrs old)
<i>venlafaxine hcl CP24</i>	P	AL(At least 18 yrs old)
<i>venlafaxine hcl TABS</i>	P	AL(At least 18 yrs old)
<i>venlafaxine hcl TB24</i>	P	AL(At least 18 yrs old)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	P	
<i>amoxapine</i>	P	

Drug Name	Drug Tier	Requirements/Limits
ANAFRANIL (<i>Use clomipramine hcl</i>)	NF	
<i>clomipramine hcl</i>	P	
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	P	
<i>desipramine hcl TABS 25 MG</i>	P	QL(2 EA daily)
<i>doxepin hcl CAPS</i>	P	
<i>doxepin hcl CONC</i>	P	
<i>imipramine hcl TABS</i>	P	
<i>imipramine pamoate</i>	P	
NORPRAMIN TABS 10 MG (<i>Use desipramine hcl</i>)	NF	
NORPRAMIN TABS 25 MG (<i>Use desipramine hcl</i>)	NF	QL(2 EA daily)
<i>nortriptyline hcl CAPS</i>	P	
<i>nortriptyline hcl SOLN</i>	P	QL(20 ML daily)
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NF	
<i>protriptyline hcl</i>	P	
<i>trimipramine maleate CAPS</i>	P	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	P	MP
<i>miglitol</i>	P	MP
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	PA	MP; PA
SYMLINPEN 60 SOPN	PA	MP; PA
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (<i>Use pioglitazone hcl-metformin hcl</i>)	NP	MP
<i>alogliptin-metformin hcl</i>	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	MP	XULTOPHY	NP	QL(0.5 ML daily); AL(At least 18 yrs old); MP
<i>dapagliflozin propanediol-metformin hcl</i>	NP	MP	ZITUVIMET XR TB24	P	MP
DUETACT (<i>Use pioglitazone hcl-glimepiride</i>)	NP	MP	ZITUVIMET TABS	P	MP
<i>glipizide-metformin hcl</i>	NP	MP	Antidiabetic-Antibodies		
<i>glyburide-metformin</i>	NP	MP	TZIELD	PA	QL(48 ML per 14 day(s) retail; 48 ML per 14 days mail); AL(At least 8 yrs old); SP; PA
GLYXAMBI	P	MP	Biguanides		
INVOKAMET XR TB24	NP	MP	GLUMETZA TB24 (<i>Use metformin hcl</i>)	NF	
INVOKAMET TABS	P	MP	<i>metformin hcl SOLN</i>	PA	MP; PA
JANUMET XR TB24	NP	MP	<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	P	MP
JANUMET TABS	NP	MP	<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	MP
JENTADUETO XR TB24	P	MP	<i>metformin hcl TB24</i>	P	MP
JENTADUETO TABS	P	MP	RIOMET SOLN (<i>Use metformin hcl</i>)	NP	MP
<i>pioglitazone hcl-glimepiride</i>	NP	MP	Diabetic Other		
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	MP	BAQSIMI ONE PACK POWD	P	
<i>saxagliptin-metformin hcl</i>	NP	MP	BAQSIMI TWO PACK POWD	P	
SEGLUROMET	NP	MP	<i>dextrose (diabetic use) CHEW 4 GM</i>	P	QL(1.67 EA daily)
SITAGLIPT BASE-METFORM HCL ER TB24	NP	MP	<i>dextrose (diabetic use) GEL</i>	P	
SITAGLIPTIN BASE-METFORMIN HCL TABS	NP	MP	<i>diazoxide</i>	P	
SOLIQUA	NP	QL(0.6 ML daily); AL(At least 18 yrs old); MP	GLUCAGON EMERGENCY	NP	
STEGLUJAN	NP	MP	GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>Use glucagon</i>)	NF	
SYNJARDY XR TB24	P	MP	<i>glucagon SOLR IJ 1 MG</i>	NP	
SYNJARDY TABS	P	MP			
TRIJARDY XR	NP	MP			
XIGDUO XR	P	MP			
XIGDUO XR (<i>Use dapagliflozin propanediol-metformin hcl</i>)	P	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glucagon SOLR IJ 1 MG</i>	P		<i>exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML</i>	NP	QL(0.08 ML daily); AL(At least 18 yrs old); MP
GVOKE HYPOPEN 1-PACK SOAJ	NP		<i>liraglutide</i>	NP	QL(0.3 ML daily); AL(At least 10 yrs old); MP
GVOKE HYPOPEN 2-PACK SOAJ	NP		MOUNJARO 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML	NP	QL(0.072 ML daily); AL(At least 10 yrs old); MP
GVOKE KIT SOLN	P		MOUNJARO 12.5 MG/0.5ML, 15 MG/0.5ML	NP	QL(0.072 ML daily); AL(At least 18 yrs old); MP
GVOKE PFS SOSY 1 MG/0.2ML	P		OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	QL(0.108 ML daily); AL(At least 18 yrs old); MP; PA
PROGLYCEM (<i>Use diazoxide</i>)	NF		OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	QL(0.108 ML daily); AL(At least 18 yrs old); MP; PA
TRUEPLUS GLUCOSE ON THE GO CHEW	P	QL(1.67 EA daily)	OZEMPIC (2 MG/DOSE) SOPN	PA	QL(0.108 ML daily); AL(At least 18 yrs old); MP; PA
TRUEPLUS GLUCOSE CHEW	P	QL(1.67 EA daily)	RYBELSUS TABS	PA	QL(1 EA daily); AL(At least 18 yrs old); MP; PA
ZEGALOGUE SOAJ	P		TRULICITY	PA	QL(0.072 ML daily); AL(At least 10 yrs old); MP; PA
ZEGALOGUE SOSY	P		VICTOZA (<i>Use liraglutide</i>)	PA	QL(0.3 ML daily); AL(At least 10 yrs old); MP; PA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			Insulin		
<i>alogliptin benzoate</i>	NP	MP	ADMELOG SOLOSTAR SOPN	NP	MP
BRYNOVIN SOLN PO 25 MG/ML	NP		ADMELOG SOLN IJ	NP	MP
JANUVIA	NP	MP	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	
ONGLYZA 5 MG (<i>Use saxagliptin hcl</i>)	NF				
<i>saxagliptin hcl</i>	NP	MP			
SITAGLIPTIN	P	MP			
TRADJENTA	P	MP			
ZITUVIO	NP	MP			
Dopamine Receptor Agonists - Antidiabetic					
CYCLOSET	NP	MP			
Incretin Mimetic Agents					
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (<i>Use exenatide</i>)	PA	QL(0.08 ML daily); AL(At least 18 yrs old); MP; PA			
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (<i>Use exenatide</i>)	PA	QL(0.08 ML daily); AL(At least 18 yrs old); MP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APIDRA SOLOSTAR SOPN	NP	MP	INSULIN ASPART SOLN IJ	P	MP
APIDRA SOLN	NP	MP	INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	MP
BASAGLAR KWIKPEN SOPN	NP	MP	INSULIN DEGLUDEC SOLN	NP	MP
BASAGLAR TEMPO PEN SOPN	NP	MP	INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	MP
FIASP FLEXTOUCH SOPN	NP	MP	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	MP
FIASP PENFILL SOCT	NP	MP	INSULIN GLARGINE-YFGN SOLN	NP	MP
FIASP PUMPCART SOCT	NP		INSULIN GLARGINE-YFGN SOPN	NP	MP
FIASP SOLN	NP	MP	INSULIN LISPRO (1 UNIT DIAL) SOPN	P	MP
HUMALOG JUNIOR KWIKPEN SOPN	NP	MP	INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	MP
HUMALOG KWIKPEN SOPN	NP	MP	INSULIN LISPRO PROT & LISPRO SUPN	P	MP
HUMALOG MIX 50/50 KWIKPEN SUPN	P	MP	INSULIN LISPRO SOLN IJ	P	MP
HUMALOG MIX 75/25 KWIKPEN SUPN	NP	MP	KIRSTY SOLN IJ 100 UNIT/ML	NP	MP
HUMALOG MIX 75/25 SUSP	P	MP	KIRSTY SOPN SC 100 UNIT/ML	NP	MP
HUMALOG TEMPO PEN SOPN	NP	MP	LANTUS SOLOSTAR SOPN	P	MP
HUMALOG SOCT	NP	MP	LANTUS SOLN	P	MP
HUMALOG SOLN IJ	NP	MP	LEVEMIR FLEXPEN SOPN	NP	MP
HUMULIN 70/30 KWIKPEN SUPN	P	MP	LEVEMIR SOLN	NP	MP
HUMULIN 70/30 SUSP	P	MP	LYUMJEV KWIKPEN SOPN	NP	MP
HUMULIN N KWIKPEN SUPN	P	MP	LYUMJEV TEMPO PEN SOPN	NP	MP
HUMULIN N SUSP	P	MP	LYUMJEV SOLN	NP	MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	MP	MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	MP
HUMULIN R U-500 KWIKPEN SOPN SC	P	MP	MERILOG SOLN SC 100 UNIT/ML	NP	MP
HUMULIN R SOLN IJ	P	MP	MYXREDLIN	P	
INSULIN ASPART FLEXPEN SOPN	P	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	MP	TOUJEO MAX SOLOSTAR SOPN	P	MP
NOVOLIN 70/30 FLEXPEN SUPN	P	MP	TOUJEO SOLOSTAR SOPN	P	MP
NOVOLIN 70/30 RELION SUSP	P	MP	TRESIBA FLEXTOUCH SOPN	P	MP
NOVOLIN 70/30 SUSP	P	MP	TRESIBA SOLN	P	MP
NOVOLIN N FLEXPEN RELION SUPN	P	MP	Insulin Sensitizing Agents		
NOVOLIN N FLEXPEN SUPN	P	MP	ACTOS (Use pioglitazone hcl)	NP	MP
NOVOLIN N RELION SUSP	P	MP	pioglitazone hcl	P	MP
NOVOLIN N SUSP	P	MP	Meglitinide Analogues		
NOVOLIN R FLEXPEN RELION SOPN IJ	P	MP	nateglinide	NP	MP
NOVOLIN R FLEXPEN SOPN IJ	P	MP	repaglinide	P	MP
NOVOLIN R RELION SOLN IJ	P	MP	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
NOVOLIN R SOLN IJ	P	MP	dapagliflozin propanediol	NP	MP
NOVOLOG 70/30 FLEXPEN RELION SUPN	P	MP	FARXIGA (Use dapagliflozin propanediol)	P	MP
NOVOLOG FLEXPEN RELION SOPN	P	MP	INVOKANA	P	MP
NOVOLOG FLEXPEN SOPN	P	MP	JARDIANCE	P	MP
NOVOLOG MIX 70/30 FLEXPEN SUPN	P	MP	STEGLATRO	NP	MP
NOVOLOG MIX 70/30 RELION SUSP	P	MP	Sulfonylureas		
NOVOLOG MIX 70/30 SUSP	P	MP	glimepiride 1 MG, 2 MG, 4 MG	P	MP
NOVOLOG PENFILL SOCT	P	MP	glipizide TABS	P	MP
NOVOLOG RELION SOLN IJ	P	MP	glipizide TB24	P	MP
NOVOLOG SOLN IJ	P	MP	GLUCOTROL XL TB24 5 MG (Use glipizide)	NP	MP
REZVOGLAR KWIKPEN	NP		GLUCOTROL XL TB24 2.5 MG, 10 MG (Use glipizide)	NF	
SEMGLEE (YFGN) SOLN	NP	MP	glyburide micronized 1.5 MG, 3 MG, 6 MG	P	MP
SEMGLEE (YFGN) SOPN	NP	MP	glyburide TABS	P	MP
			ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		

Drug Name	Drug Tier	Requirements/Limits
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	P	
<i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML</i>	P	
<i>bismuth subsalicylate TABS</i>	P	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	P	
<i>diphenoxylate w/ atropine TABS</i>	P	
LOMOTIL TABS (Use <i>diphenoxylate w/ atropine</i>)	NF	
<i>loperamide hcl CAPS</i>	P	QL(8 EA daily); RX/OTC
<i>loperamide hcl TABS</i>	P	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
<i>deferasirox TABS</i>	P	SP; PA
JADENU TABS (Use <i>deferasirox</i>)	NF	SP; PA
Antidotes and Specific Antagonists		
SM IPECAC SYRUP	P	
Opioid Antagonists		
KLOXXADO LIQD	P	
<i>naloxone hcl LIQD</i>	P	RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl SOSY 0.4 MG/ML</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naltrexone hcl</i>	P	
NARCAN LIQD (Use <i>naloxone hcl</i>)	P	RX/OTC
OPVEE NA	NP	
REXTOVY LIQD	NP	
VIVITROL	PA	SP; PA
ZURNAI IJ 1.5 MG/0.5ML	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	QL(4 EA per fill retail; 4 per fill mail)
<i>granisetron hcl TABS</i>	P	QL(2 EA per fill retail; 2 per fill mail)
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per fill retail; 50 per fill mail)
<i>ondansetron hcl SOLN IJ 40 MG/20ML</i>	P	QL(20 ML per fill retail; 20 per fill mail)
<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 8 MG</i>	P	QL(6 EA per fill retail; 6 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 TBDP 4 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron TBDP 16 MG</i>	NP	QL(3 EA per fill retail; 3 per fill mail)	<i>aprepitant CAPS 40 MG, 80 MG</i>	P	QL(2 EA per fill retail; 2 per fill mail)
<i>ondansetron TBDP 8 MG</i>	P	QL(6 EA per fill retail; 6 per fill mail)	CINVANTI EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)
SANCUSO PTCH	NP	QL(1 EA per fill retail; 1 per fill mail)	EMEND BIPACK CAPS 80 MG (Use <i>aprepitant</i>)	NP	QL(2 EA per fill retail; 2 per fill mail)
Antiemetics - Anticholinergic			EMEND TRIPACK CAPS (Use <i>aprepitant</i>)	NP	QL(3 EA per fill retail; 3 per fill mail)
ANTIVERT CHEW (Use <i>meclizine hcl</i>)	NF	RX/OTC	EMEND SOLR (Use <i>fosaprepitant dimeglumine</i>)	NP	QL(1 EA per fill retail; 1 per fill mail)
ANTIVERT TABS 50 MG (Use <i>meclizine hcl</i>)	NF		EMEND SUSR	NP	QL(1 EA per fill retail; 1 per fill mail)
<i>dimenhydrinate TABS</i>	P		FOCINVEZ SOLN	NP	QL(1 ML per fill retail; 1 per fill mail)
<i>meclizine hcl CHEW</i>	P	RX/OTC	<i>fosaprepitant dimeglumine SOLR</i>	P	QL(1 EA per fill retail; 1 per fill mail)
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC	ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antiemetics - Miscellaneous			Antifungals		
AKYNZEO	NP		<i>griseofulvin microsize SUSP</i>	P	
BONJESTA TBCR	P		<i>griseofulvin microsize TABS</i>	P	
DICLEGIS TBEC (Use <i>doxylamine-pyridoxine</i>)	P		<i>griseofulvin ultramicrosize</i>	P	
<i>doxylamine-pyridoxine TBEC</i>	NP		GRISEOFULVIN ULTRAMICROSIZE 165 MG	P	
<i>dronabinol CAPS</i>	PA	PA	<i>nystatin TABS</i>	P	QL(6 EA daily)
MARINOL CAPS 5 MG, 10 MG (Use <i>dronabinol</i>)	NF		Imidazole-Related Antifungals		
MARINOL CAPS 2.5 MG (Use <i>dronabinol</i>)	PA	PA	DIFLUCAN SUSR (Use <i>fluconazole</i>)	NF	QL(70 ML per fill retail; 70 per fill mail)
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			DIFLUCAN TABS 200 MG (Use <i>fluconazole</i>)	NF	QL(2 EA daily)
APONVIE EMUL	NP	QL(1 ML per fill retail; 1 per fill mail)	DIFLUCAN TABS 100 MG (Use <i>fluconazole</i>)	NF	QL(1 EA daily)
<i>aprepitant CAPS 125 MG</i>	P	QL(1 EA per fill retail; 1 per fill mail)			
<i>aprepitant CAPS</i>	NP	QL(3 EA per fill retail; 3 per fill mail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN TABS 150 MG (Use fluconazole)	NF	QL(2 EA per fill retail; 2 per fill mail)	ALLEGRA ALLERGY TABS (Use fexofenadine hcl)	NF	
fluconazole SUSR	P	QL(70 ML per fill retail; 70 per fill mail)	cetirizine hcl CAPS	NP	
fluconazole TABS 150 MG	P	QL(2 EA per fill retail; 2 per fill mail)	cetirizine hcl CHEW	P	
fluconazole TABS 50 MG	P	QL(7 EA per fill retail; 7 per fill mail)	cetirizine hcl SOLN PO	P	RX/OTC
fluconazole TABS 200 MG	P	QL(2 EA daily)	cetirizine hcl TABS	P	
fluconazole TABS 100 MG	P	QL(1 EA daily)	CLARINEX TABS (Use desloratadine)	NP	
VIVJOA	PA	QL(18 EA per fill retail; 18 per fill mail); PA	CLARINEX TABS (Use desloratadine)	NF	
ANTIHISTAMINES - Drugs to Treat Allergies			CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	NF	
Antihistamines - Alkylamines			CLARITIN CHILDRENS CHEW (Use loratadine)	NF	
chlorpheniramine maleate SYRP	P	QL(60 ML daily)	CLARITIN REDITABS TBDP (Use loratadine)	NF	
chlorpheniramine maleate TABS	P	QL(120 EA per fill retail; 120 per fill mail)	CLARITIN REDITABS TBDP (Use loratadine)	NF	
dexchlorpheniramine maleate SOLN	P		CLARITIN CHEW (Use loratadine)	NF	
Antihistamines - Ethanolamines			CLARITIN SOLN (Use loratadine)	NF	
CLEMASZ TABS 2.68 MG (Use clemastine fumarate)	NF		CLARITIN TABS (Use loratadine)	NF	
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	QL(2 EA daily)	DES Loratadine SOLN PO 0.5 MG/ML	NP	
diphenhydramine hcl CAPS	P	QL(4 EA daily)	desloratadine TABS	NP	
diphenhydramine hcl ELIX 12.5 MG/5ML	P	QL(240 ML per fill retail; 240 per fill mail)	desloratadine TBDP	NP	
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	P	QL(240 ML per fill retail; 240 per fill mail)	fexofenadine hcl SUSP	NP	
Antihistamines - Non-Sedating			fexofenadine hcl TABS 60 MG, 180 MG	NP	
			levocetirizine dihydrochloride SOLN	P	RX/OTC
			levocetirizine dihydrochloride TABS	P	RX/OTC
			loratadine CHEW	P	
			loratadine SOLN	P	
			loratadine TABS	P	
			loratadine TBDP 10 MG	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZYRTEC ALLERGY CAPS (Use cetirizine hcl)	NF		Antihyperlipidemics - Misc.		
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	NF		<i>icosapent ethyl</i>	NP	
Antihistamines - Phenothiazines			LOVAZA (Use omega-3-acid ethyl esters)	NF	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 2 yrs old)	<i>omega-3-acid ethyl esters</i>	P	
<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail); AL(At least 2 yrs old)	VASCEPA (Use <i>icosapent ethyl</i>)	NF	
<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)	Bile Acid Sequestrants		
Antihistamines - Piperidines			<i>cholestyramine light PACK</i>	P	
<i>cyproheptadine hcl SYRP</i>	P		<i>cholestyramine light PACK</i>	NP	
<i>cyproheptadine hcl TABS</i>	P		<i>cholestyramine light POWD</i>	NP	
ANTIHYPERSLIPIDEMICS - Drugs to Treat High Cholesterol			<i>cholestyramine light POWD</i>	P	
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors			<i>cholestyramine PACK</i>	P	
NEXLETOL	NP		<i>cholestyramine POWD</i>	P	
Angiotensin-like Protein Inhibitors			<i>cholestyramine hcl PACK</i>	P	
EVKEEZA 1200 MG/8ML	PA	QL(8 ML per fill retail; 8 per fill mail); AL(At least 5 yrs old); SP; PA	<i>cholestyramine hcl TABS</i>	P	
EVKEEZA 345 MG/2.3ML	PA	QL(4.6 ML per fill retail; 4.6 per fill mail); AL(At least 5 yrs old); SP; PA	COLESTID FLAVORED PACK (Use <i>colestipol hcl</i>)	NF	
Antihyperlipidemics - Combinations			COLESTID GRAN (Use <i>colestipol hcl</i>)	NP	
<i>ezetimibe-simvastatin</i>	P	MP	COLESTID PACK (Use <i>colestipol hcl</i>)	NF	
NEXLIZET	NP		COLESTID TABS (Use <i>colestipol hcl</i>)	NP	
VYTORIN (Use <i>ezetimibe-simvastatin</i>)	NP	MP	<i>colestipol hcl GRAN</i>	P	
			<i>colestipol hcl PACK</i>	P	
			<i>colestipol hcl TABS</i>	P	
			QUESTRAN LIGHT POWD (Use <i>cholestyramine light</i>)	NP	
			QUESTRAN PACK (Use <i>cholestyramine</i>)	NP	
			QUESTRAN POWD (Use <i>cholestyramine</i>)	NP	
			WELCHOL PACK (Use <i>colesevelam hcl</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WELCHOL TABS (Use colesevelam hcl)	NP		CRESTOR TABS 5 MG (Use rosuvastatin calcium)	NP	MP
Fibric Acid Derivatives			<i>fluvastatin sodium CAPS</i>	NP	MP
<i>choline fenofibrate</i>	P		<i>fluvastatin sodium TB24</i>	NP	MP
<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	P		LESCOL XL TB24 (Use <i>fluvastatin sodium</i>)	NP	MP
<i>fenofibrate CAPS</i>	NP		LESCOL XL TB24 (Use <i>fluvastatin sodium</i>)	NF	
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	P		LIPITOR TABS (Use <i>atorvastatin calcium</i>)	NF	
<i>fenofibrate TABS 40 MG, 120 MG</i>	NP		LIPITOR TABS (Use <i>atorvastatin calcium</i>)	NP	MP
<i>fenofibric acid</i>	NP		LIVALO (Use <i>pitavastatin calcium</i>)	NP	MP
FENOGLIDE TABS (Use <i>fenofibrate</i>)	NF		<i>lovastatin TABS</i>	P	MP
FIBRICOR 35 MG (Use <i>fenofibric acid</i>)	NF		<i>pitavastatin calcium</i>	NP	MP
FIBRICOR 105 MG (Use <i>fenofibric acid</i>)	NP		<i>pravastatin sodium</i>	P	MP
<i>gemfibrozil TABS</i>	P		<i>rosuvastatin calcium TABS 10 MG</i>	P	QL(2 EA daily); MP
LIPOFEN CAPS (Use <i>fenofibrate</i>)	P		<i>rosuvastatin calcium TABS 5 MG</i>	P	MP
LOPID TABS (Use <i>gemfibrozil</i>)	NP		<i>rosuvastatin calcium TABS 20 MG, 40 MG</i>	P	QL(1 EA daily); MP
TRICOR TABS 145 MG (Use <i>fenofibrate</i>)	NP		<i>simvastatin TABS</i>	P	MP
TRICOR TABS 48 MG (Use <i>fenofibrate</i>)	NF		ZOCOR TABS 10 MG, 20 MG, 40 MG (Use <i>simvastatin</i>)	NP	MP
TRILIPIX (Use <i>choline fenofibrate</i>)	NF		ZYPITAMAG 2 MG, 4 MG	NP	MP
HMG CoA Reductase Inhibitors			Intestinal Cholesterol Absorption Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	MP	<i>ezetimibe</i>	P	
ATORVALIQ SUSP	NP	MP	ZETIA (Use <i>ezetimibe</i>)	NP	
<i>atorvastatin calcium TABS</i>	P	MP	Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
CRESTOR TABS 20 MG, 40 MG (Use <i>rosuvastatin calcium</i>)	NP	QL(1 EA daily); MP	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
CRESTOR TABS 10 MG (Use <i>rosuvastatin calcium</i>)	NP	QL(2 EA daily); MP	Nicotinic Acid Derivatives		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>niacin (antihyperlipidemic) TABS</i>	P		<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	MP
<i>niacin (antihyperlipidemic) TBCR</i>	P		LOTENSIN 10 MG, 20 MG, 40 MG (Use <i>benazepril hcl</i>)	NP	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			<i>moexipril hcl</i>	NP	MP
LEQVIO	NP	SP	<i>perindopril erbumine</i>	NP	MP
PRALUENT SOAJ	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP; PA	QBRELIS SOLN	NP	MP
REPATHA PUSHTRONEX SYSTEM SOCT	PA	QL(3.5 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA	<i>quinapril hcl</i>	NP	MP
REPATHA SURECLICK SOAJ	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA	<i>ramipril CAPS</i>	P	MP
REPATHA SOSY	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA	<i>trandolapril</i>	NP	MP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			VASOTEC TABS (Use <i>enalapril maleate</i>)	NF	
			ZESTRIL TABS (Use <i>lisinopril</i>)	NF	
ACE Inhibitors			ZESTRIL TABS (Use <i>lisinopril</i>)	NP	MP
ACCUPRIL (Use <i>quinapril hcl</i>)	NP	MP	Angiotensin II Receptor Antagonists		
ALTACE CAPS 10 MG (Use <i>ramipril</i>)	NF		ARB LI PO 10 MG/ML	NP	MP
ALTACE CAPS 1.25 MG, 5 MG (Use <i>ramipril</i>)	NP	MP	ATACAND (Use <i>candesartan cilexetil</i>)	NP	MP
<i>benazepril hcl</i>	P	MP	AVAPRO 150 MG, 300 MG (Use <i>irbesartan</i>)	NP	MP
<i>captopril</i>	P	MP	BENICAR 5 MG (Use <i>olmesartan medoxomil</i>)	NF	
<i>enalapril maleate SOLN</i>	P	AL(Up to 10 yrs old); MP	BENICAR 20 MG, 40 MG (Use <i>olmesartan medoxomil</i>)	NP	MP
<i>enalapril maleate TABS</i>	P	MP	<i>candesartan cilexetil</i>	NP	MP
EPANED SOLN (Use <i>enalapril maleate</i>)	NP	AL(Up to 10 yrs old); MP	COZAAR (Use <i>losartan potassium</i>)	NP	MP
<i>fosinopril sodium</i>	NP	MP	DIOVAN TABS (Use <i>valsartan</i>)	NP	MP
			EDARBI	NP	MP
			<i>irbesartan</i>	NP	MP
			<i>losartan potassium</i>	P	MP
			MICARDIS 20 MG (Use <i>telmisartan</i>)	NF	
			MICARDIS 40 MG, 80 MG (Use <i>telmisartan</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil</i>	P	MP	ATACAND HCT (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NP	MP
<i>telmisartan</i>	NP	MP	<i>atenolol & chlorthalidone</i>	P	MP
<i>valsartan SOLN</i>	P	MP	AVALIDE (<i>Use irbesartan-hydrochlorothiazide</i>)	NP	MP
<i>valsartan TABS</i>	P	MP	AZOR (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NP	MP
Antiadrenergic Antihypertensives			<i>benazepril & hydrochlorothiazide</i>	P	MP
CARDURA 8 MG (<i>Use doxazosin mesylate</i>)	NF		BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	NP	MP
CARDURA (<i>Use doxazosin mesylate</i>)	NP	MP	BENICAR HCT (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	NF	
CATAPRES-TTS-1 PTWK (<i>Use clonidine</i>)	NF		<i>bisoprolol & hydrochlorothiazide</i>	P	MP
CATAPRES-TTS-2 PTWK (<i>Use clonidine</i>)	NF		<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	MP
CATAPRES-TTS-3 PTWK (<i>Use clonidine</i>)	NF		<i>captopril & hydrochlorothiazide</i>	P	MP
<i>clonidine hcl TABS</i>	P		DIOVAN HCT (<i>Use valsartan-hydrochlorothiazide</i>)	NP	MP
<i>clonidine PTWK</i>	P		EDARBYCLOR	NP	MP
<i>doxazosin mesylate</i>	P	MP	<i>enalapril maleate & hydrochlorothiazide</i>	P	MP
<i>guanfacine hcl</i>	P		EXFORGE (<i>Use amlodipine besylate-valsartan</i>)	NP	MP
<i>methyldopa TABS</i>	P		EXFORGE HCT (<i>Use amlodipine-valsartan-hydrochlorothiazide</i>)	NP	MP
MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NF	MP	<i>fosinopril sodium & hydrochlorothiazide</i>	NP	MP
<i>prazosin hcl CAPS</i>	NP	MP	HYZAAR (<i>Use losartan potassium & hydrochlorothiazide</i>)	NP	MP
<i>terazosin hcl</i>	P	MP			
TEZRULY PO 1 MG/ML	NP	MP			
Antihypertensive Combinations					
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	MP			
<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			

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide</i>	NP	MP
<i>lisinopril & hydrochlorothiazide</i>	P	MP
<i>losartan potassium & hydrochlorothiazide</i>	P	MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use <i>benazepril & hydrochlorothiazide</i>)	NP	MP
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use <i>amlodipine besylate-benazepril hcl</i>)	NP	MP
<i>metoprolol & hydrochlorothiazide TABS</i>	NP	MP
MICARDIS HCT (Use <i>telmisartan-hydrochlorothiazide</i>)	NP	MP
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	MP
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	MP
<i>quinapril-hydrochlorothiazide</i>	NP	MP
TEKTURNA HCT	P	
<i>telmisartan-amlodipine</i>	NP	MP
<i>telmisartan-hydrochlorothiazide</i>	NP	MP
TENORETIC 100 (Use <i>atenolol & chlorthalidone</i>)	NP	MP
TENORETIC 100 (Use <i>atenolol & chlorthalidone</i>)	NF	
TENORETIC 50 (Use <i>atenolol & chlorthalidone</i>)	NP	MP
TENORETIC 50 (Use <i>atenolol & chlorthalidone</i>)	NF	
<i>trandolapril-verapamil hcl</i>	NP	MP

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	MP
<i>valsartan-hydrochlorothiazide</i>	P	MP
VASERETIC 25 MG-10 MG (Use <i>enalapril maleate & hydrochlorothiazide</i>)	NF	
ZESTORETIC (Use <i>lisinopril & hydrochlorothiazide</i>)	NP	MP
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	P	
TEKTURNA (Use <i>aliskiren fumarate</i>)	NF	
Vasodilators		
<i>hydralazine hcl TABS</i>	P	
<i>minoxidil 2.5 MG, 10 MG</i>	P	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS</i>	P	
<i>trimethoprim TABS</i>	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use <i>sulfamethoxazole-trimethoprim</i>)	NF	
BACTRIM TABS (Use <i>sulfamethoxazole-trimethoprim</i>)	NF	
<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG</i>	P	
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	

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

Drug Name	Drug Tier	Requirements/Limits
Oxazolidinones		
<i>linezolid</i> SOLN	PA	PA
<i>linezolid</i> SUSR	PA	PA
<i>linezolid</i> TABS	PA	PA
SIVEXTRO SOLR	PA	PA
SIVEXTRO TABS	PA	PA
ZYVOX SOLN (<i>Use linezolid</i>)	NF	
ZYVOX SUSR (<i>Use linezolid</i>)	PA	PA
ZYVOX TABS (<i>Use linezolid</i>)	PA	PA
Urinary Anti-infectives		
MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	NF	
MACRODANTIN (<i>Use nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine mandelate</i>	P	
<i>nitrofurantoin</i>	PA	PA
<i>nitrofurantoin macrocrystal</i> 50 MG, 100 MG	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</i> TABS 250 MG	P	QL(2 EA daily)
<i>chloroquine phosphate</i> TABS 500 MG	P	QL(8 EA per 56 day(s) retail; 8 EA per 56 days mail)

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate 200 MG</i>	P	
KRINTAFEL	P	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
<i>mefloquine hcl</i>	P	
PLAQUENIL (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate TABS</i>	P	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NF	
SOVUNA 200 MG	P	

ANTIMYASTHENIC/CHOLINERGIC AGENTS

Antimyasthenic/Cholinergic Agents		
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TBCR (<i>Use pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide TABS 60 MG</i>	P	
<i>pyridostigmine bromide TBCR</i>	P	

ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)

Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	P	
<i>isoniazid SYRP</i>	P	
<i>isoniazid TABS</i>	P	
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	NF	
MYCOBUTIN (<i>Use rifabutin</i>)	NF	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin CAPS</i>	P	

ANTINEOPLASTICS AND ADJUNCTIVE

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

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

Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	PA	SP; PA
ERIVEDGE	PA	SP; PA
ODOMZO	PA	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	PA	SP; PA
AKEEGA	PA	SP; PA
<i>anastrozole</i>	PA	PA
ARIMIDEX (<i>Use anastrozole</i>)	PA	PA
AROMASIN (<i>Use exemestane</i>)	PA	PA
<i>bicalutamide</i>	PA	PA
CAMCEVI	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA
CASODEX (<i>Use bicalutamide</i>)	PA	PA
ELIGARD SC 45 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA
ELIGARD SC 30 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 120 day(s) retail; 1 EA per 120 days mail); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELIGARD 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	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
ELIGARD KIT SC 22.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); SP; PA	LUPRON DEPOT (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
EMCYT	P	SP	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
ERLEADA	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
EULEXIN	P		LYSODREN	PA	SP; PA
<i>exemestane</i>	PA	PA	<i>megestrol acetate SUSP</i>	P	
FARESTON (<i>Use toremifene citrate</i>)	PA	MP; PA	<i>megestrol acetate TABS</i>	PA	PA
FEMARA (<i>Use letrozole</i>)	PA	PA	NILANDRON (<i>Use nilutamide</i>)	NF	
INLURIYO TABS PO 200 MG	PA	SP; PA	<i>nilutamide</i>	PA	PA
<i>letrozole</i>	PA	PA	NUBEQA	PA	SP; 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	ORGOVYX	PA	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	ORSERDU	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	SOLTAMOX SOLN	PA	MP; PA
			<i>tamoxifen citrate TABS</i>	PA	MP; PA
			<i>toremifene citrate</i>	PA	MP; PA
			TRELSTAR MIXJECT 3.75 MG	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	PA	SP; PA
XTANDI CAPS	PA	SP; PA
XTANDI TABS	PA	SP; PA
YONSA	PA	SP; PA
ZOLADEX	P	SP; PA
ZYTIGA (<i>Use abiraterone acetate</i>)	PA	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	PA	SP; PA
Antineoplastic - Immunomodulators		
<i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>	PA	PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG (<i>Use pomalidomide</i>)	PA	SP; PA
Antineoplastic - Menin Inhibitors		
KOMZIFTI CAPS PO 200 MG	PA	SP; PA
REVUFORJ 25 MG	PA	PA
REVUFORJ	PA	SP; 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
XPOVIO (60 MG ONCE WEEKLY) 60 MG	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (60 MG TWICE WEEKLY)	PA	SP; PA
XPOVIO (80 MG ONCE WEEKLY)	PA	SP; PA
XPOVIO (80 MG TWICE WEEKLY)	PA	SP; PA
Antineoplastic Combinations		
AVMAPKI FAKZYNJA CO-PACK THPK PO	PA	SP; PA
INQOVI	PA	SP; PA
KISQALI FEMARA (200 MG DOSE)	PA	SP; PA
KISQALI FEMARA (400 MG DOSE)	PA	SP; PA
KISQALI FEMARA (600 MG DOSE)	PA	SP; PA
LONSURF	PA	SP; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	PA	SP; PA
AFINITOR TABS (<i>Use everolimus</i>)	PA	SP; PA
ALECENSA	PA	SP; PA
ALUNBRIG TABS	PA	SP; PA
ALUNBRIG TBPk	PA	SP; PA
AUGTYRO	PA	SP; PA
BALVERSA	PA	SP; PA
BOSULIF CAPS	PA	SP; PA
BOSULIF TABS	PA	SP; PA
BRAFTOVI 75 MG	PA	SP; PA
BRUKINSA	PA	SP; PA
BRUKINSA PO 160 MG	PA	SP; PA
CABOMETYX TABS	PA	SP; PA
CALQUENCE	PA	SP; PA
CAPRELSA	PA	SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	PA	SP; PA
COMETRIQ (140 MG DAILY DOSE) KIT	PA	SP; PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	PA	SP; PA	TRUQAP TBPK	PA	SP; PA
PIQRAY (200 MG DAILY DOSE)	PA	SP; PA	TURALIO 125 MG	PA	SP; PA
PIQRAY (250 MG DAILY DOSE)	PA	SP; PA	TYKERB (<i>Use lapatinib ditosylate</i>)	PA	SP; PA
PIQRAY (300 MG DAILY DOSE)	PA	SP; PA	VANFLYTA	PA	SP; PA
QINLOCK	PA	SP; PA	VERZENIO	PA	SP; PA
RETEVMO CAPS	PA	SP; PA	VITRAKVI CAPS	PA	SP; PA
RETEVMO TABS	PA	SP; PA	VITRAKVI SOLN	PA	SP; PA
REZLIDHIA	PA	SP; PA	VONJO	PA	SP; PA
<i>romidepsin SOLR</i>	P	SP; PA	VORANIGO	PA	SP; PA
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	PA	SP; PA	VOTRIENT (<i>Use pazopanib hcl</i>)	PA	SP; PA
ROZLYTREK CAPS	PA	SP; PA	XALKORI CAPS	PA	SP; PA
ROZLYTREK PACK	PA	SP; PA	XALKORI CPSP	PA	SP; PA
RUBRACA	PA	SP; PA	XOSPATA	PA	SP; PA
RYDAPT	PA	SP; PA	ZEJULA TABS	PA	SP; PA
SCEMBLIX	PA	SP; PA	ZELBORAF	PA	SP; PA
<i>sorafenib tosylate</i>	PA	SP; PA	ZOLINZA	PA	SP; PA
SPRYCEL (<i>Use dasatinib</i>)	PA	SP; PA	ZYDELIG	PA	SP; PA
STIVARGA	PA	SP; PA	ZYKADIA TABS	PA	SP; PA
<i>sunitinib malate</i>	PA	SP; PA	Antineoplastics Misc.		
SUTENT (<i>Use sunitinib malate</i>)	PA	SP; PA	<i>bexarotene</i>	PA	SP; PA
TABRECTA	PA	SP; PA	HYDREA (<i>Use hydroxyurea</i>)	PA	PA
TAFINLAR CAPS	PA	SP; PA	HYDREA (<i>Use hydroxyurea</i>)	NF	
TAFINLAR TBSO	PA	SP; PA	<i>hydroxyurea</i>	PA	PA
TALZENNA	PA	SP; PA	MATULANE	PA	SP; PA
TASIGNA 50 MG, 150 MG, 200 MG (<i>Use nilotinib hcl</i>)	PA	SP; PA	TARGRETIN (<i>Use bexarotene</i>)	NF	SP
TAZVERIK	PA	SP; PA	<i>tretinoin (chemotherapy)</i>	PA	SP; PA
TEPMETKO	PA	SP; PA	Chemotherapy Rescue/Antidote/Protective Agents		
TIBSOVO	PA	SP; PA	IWILFIN	PA	SP; PA
TRUQAP TABS	PA	SP; PA	<i>leucovorin calcium TABS</i>	P	
			<i>mesna TABS</i>	P	SP
			MESNEX TABS	P	SP
			Mitotic Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>etoposide CAPS</i>	PA	SP; PA
Topoisomerase I Inhibitors		
<i>HYCAMTIN CAPS</i>	PA	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	NP	
<i>LODOSYN (Use carbidopa)</i>	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	P	
<i>benztropine mesylate TABS</i>	P	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	P	
<i>amantadine hcl SOLN</i>	P	
<i>amantadine hcl TABS</i>	P	
<i>APOKYN SOCT</i>	NP	SP
<i>apomorphine hydrochloride SOCT</i>	NP	SP
<i>carbidopa-levodopa CPCR</i>	P	
<i>carbidopa-levodopa-entacapone</i>	P	
<i>carbidopa-levodopa TABS</i>	P	
<i>carbidopa-levodopa TBCR</i>	P	
<i>carbidopa-levodopa TBDP</i>	P	
<i>CREXONT CPCR</i>	NP	
<i>DHIVY TABS</i>	NP	
<i>DUOPA SUSP</i>	NP	
<i>GOCOVRI CP24</i>	NP	SP
<i>INBRIJA CAPS</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (Use pramipexole dihydrochloride)</i>	NF	
<i>NEUPRO</i>	NP	
<i>ONAPGO SOCT 98 MG/20ML</i>	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>	P	
<i>RYTARY CPCR</i>	NP	
<i>SINEMET TABS 100 MG-10 MG (Use carbidopa-levodopa)</i>	NP	
<i>SINEMET TABS 100 MG-25 MG (Use carbidopa-levodopa)</i>	NF	
<i>STALEVO 150 (Use carbidopa-levodopa-entacapone)</i>	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>AZILECT (Use rasagiline mesylate)</i>	NP	
<i>rasagiline mesylate</i>	NP	
<i>XADAGO</i>	PA	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	P	
<i>lithium carbonate CAPS</i>	P	
<i>lithium carbonate TABS</i>	P	
<i>lithium carbonate TBCR</i>	P	
<i>LITHOBID TBCR (Use lithium carbonate)</i>	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antipsychotics - Misc.			INVEGA TRINZA 819 MG/2.63ML	PA	QL(0.032 ML daily); AL(At least 18 yrs old); SP; PA
CAPLYTA	NP	AL(At least 18 yrs old)	INVEGA TRINZA 410 MG/1.32ML	PA	QL(0.016 ML daily); AL(At least 18 yrs old); SP; PA
EQUETRO	NP		INVEGA TRINZA 546 MG/1.75ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA
GEODON (Use ziprasidone hcl)	NP	AL(At least 18 yrs old)	INVEGA TRINZA 273 MG/0.88ML	PA	QL(0.011 ML daily); AL(At least 18 yrs old); SP; PA
GEODON 40 MG, 60 MG (Use ziprasidone hcl)	NF	AL(At least 18 yrs old)	<i>paliperidone</i>	P	AL(At least 18 yrs old)
LATUDA (Use lurasidone hcl)	NP	AL(At least 18 yrs old)	PERSERIS PRSY	PA	AL(At least 18 yrs old); SP; PA
<i>lurasidone hcl</i>	P	AL(At least 18 yrs old)	RISPERDAL CONSTA (Use risperidone microspheres)	PA	AL(At least 18 yrs old); SP; PA
NUPLAZID CAPS	PA	AL(At least 18 yrs old); PA	RISPERDAL SOLN (Use risperidone)	NP	AL(At least 18 yrs old)
NUPLAZID TABS 10 MG	PA	AL(At least 18 yrs old); PA	RISPERDAL TABS 3 MG (Use risperidone)	NF	AL(At least 18 yrs old)
VRAYLAR CAPS	P	AL(At least 18 yrs old)	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NP	AL(At least 18 yrs old)
<i>ziprasidone hcl</i>	P	AL(At least 18 yrs old)	<i>risperidone SOLN</i>	P	AL(At least 18 yrs old)
Benzisoxazoles			<i>risperidone TABS</i>	P	AL(At least 18 yrs old)
ERZOFRI	NP	AL(At least 18 yrs old); SP	<i>risperidone TBDP</i>	P	AL(At least 18 yrs old)
FANAPT	NP	AL(At least 18 yrs old)	RYKINDO SRER	NP	AL(At least 18 yrs old); SP
FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old)	UZEDY SUSY	PA	AL(At least 18 yrs old); SP; PA
FANAPT TITRATION PACK B	NP	AL(At least 18 yrs old)	Butyrophenones		
FANAPT TITRATION PACK C	NP	AL(At least 18 yrs old)	HALDOL DECANOATE (Use haloperidol decanoate)	NF	
INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)	NP	AL(At least 18 yrs old)	<i>haloperidol decanoate</i>	P	
INVEGA HAFYERA 1560 MG/5ML	PA	QL(0.03 ML daily); AL(At least 18 yrs old); SP; PA			
INVEGA HAFYERA 1092 MG/3.5ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA			
INVEGA SUSTENNA	PA	AL(At least 18 yrs old); SP; PA			

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>CLOZARIL TABS 25 MG, 100 MG (Use clozapine)</i>	NP	AL(At least 18 yrs old)
<i>CLOZARIL TABS 50 MG, 200 MG (Use clozapine)</i>	NF	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)
<i>SAPHRIS 5 MG, 10 MG (Use asenapine maleate)</i>	NF	AL(At least 18 yrs old)
<i>SAPHRIS (Use asenapine maleate)</i>	NP	AL(At least 18 yrs old)
<i>SECUADO</i>	NP	AL(At least 18 yrs old)
<i>SEROQUEL XR TB24 (Use quetiapine fumarate)</i>	NP	AL(At least 18 yrs old)
<i>SEROQUEL TABS (Use quetiapine fumarate)</i>	NP	AL(At least 18 yrs old)
<i>VERSACLOZ SUSP</i>	NP	AL(At least 18 yrs old)
<i>ZYPREXA RELPREVV</i>	PA	AL(At least 18 yrs old); SP; PA
<i>ZYPREXA ZYDIS TBDP (Use olanzapine)</i>	NF	AL(At least 18 yrs old)

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
RETROVIR SOLN	P	
RETROVIR SYRP (<i>Use zidovudine</i>)	NF	QL(60 ML daily)
REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	NF	QL(2 EA daily)
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	
SELZENTRY TABS 150 MG (<i>Use maraviroc</i>)	NF	QL(2 EA daily)
SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	NF	QL(4 EA daily)
STRIBILD	P	QL(1 EA daily)
SUNLENCA SOLN	P	SP
SUNLENCA TABS PO 300 MG	P	SP
SUNLENCA TBP 300 MG	P	SP
SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
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
TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
TYBOST	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TABS 250 MG	P	QL(9 EA daily)
VIRACEPT TABS 625 MG	P	QL(4 EA daily)
VIREAD POWD	P	QL(8 GM daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 EA daily)
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
YEZTUGO SOLN 463.5 MG/1.5ML	P	SP
YEZTUGO TABS PO 300 MG	P	SP
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	NF	QL(30 ML daily)
<i>zidovudine CAPS</i>	P	QL(6 EA daily)
<i>zidovudine SYRP</i>	P	QL(60 ML daily)
<i>zidovudine TABS</i>	P	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	P	QL(20 EA per fill retail; 20 per fill mail); AL(At least 12 yrs old)
PAXLOVID (300/100 & 150/100)	P	QL(11 EA per fill retail; 11 per fill mail); AL(At least 12 yrs old)
PAXLOVID (300/100)	P	QL(30 EA per fill retail; 30 per fill mail); AL(At least 12 yrs old)
CMV Agents		
LIVTENCITY	PA	AL(At least 12 yrs old); SP; PA
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NF	QL(2 EA daily)
<i>valganciclovir hcl TABS</i>	P	QL(2 EA daily)
Hepatitis Agents		
<i>adefovir dipivoxil</i>	P	

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

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

Drug Name	Drug Tier	Requirements/Limits
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	P	MP
<i>atenolol TABS</i>	P	MP
<i>betaxolol hcl</i>	NP	MP
<i>bisoprolol fumarate</i>	P	MP
BYSTOLIC (<i>Use nebivolol hcl</i>)	NP	MP
BYSTOLIC 2.5 MG, 5 MG, 10 MG (<i>Use nebivolol hcl</i>)	NF	
KASPARGO SPRINKLE CS24	NP	MP
LOPRESSOR SOLN PO 10 MG/ML	NP	MP
LOPRESSOR TABS 12.5 MG, 50 MG, 100 MG	NP	MP
LOPRESSOR TABS (<i>Use metoprolol tartrate</i>)	NP	MP
<i>metoprolol succinate TB24</i>	P	MP
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	P	MP
<i>metoprolol tartrate TABS</i>	P	MP
<i>nebivolol hcl</i>	P	MP
TENORMIN TABS 25 MG, 50 MG (<i>Use atenolol</i>)	NF	
TENORMIN TABS (<i>Use atenolol</i>)	NP	MP
TOPROL XL TB24 (<i>Use metoprolol succinate</i>)	NP	MP
TOPROL XL TB24 100 MG, 200 MG (<i>Use metoprolol succinate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE AF (<i>Use sotalol hcl (afib/afll)</i>)	NP	MP
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NP	MP
CORGARD TABS 20 MG, 40 MG (<i>Use nadolol</i>)	NF	

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	MP
<i>felodipine</i>	P	MP
<i>isradipine CAPS</i>	NP	MP
KATERZIA	NP	MP
<i>levamlodipine maleate</i>	NP	MP
<i>nicardipine hcl CAPS</i>	P	MP
<i>nifedipine CAPS</i>	P	MP
<i>nifedipine TB24</i>	P	MP
<i>nisoldipine</i>	NP	MP
NORLIQVA SOLN	NP	MP
NORVASC TABS (<i>Use amlodipine besylate</i>)	NP	MP
NORVASC TABS 5 MG, 10 MG (<i>Use amlodipine besylate</i>)	NF	
NYMALIZE SOLN 6 MG/ML	NP	MP
PROCARDIA XL TB24 (<i>Use nifedipine</i>)	NP	MP
SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	MP
SULAR 8.5 MG, 17 MG, 34 MG (<i>Use nisoldipine</i>)	NP	MP
TIAZAC (<i>Use diltiazem hcl extended release beads</i>)	NF	
VERAPAMIL HCL ER CP24 (<i>Use verapamil hcl</i>)	P	MP
<i>verapamil hcl CP24</i>	P	MP
<i>verapamil hcl SOLN 2.5 MG/ML</i>	P	MP
<i>verapamil hcl TABS</i>	P	MP
<i>verapamil hcl TBCR</i>	P	MP
VERELAN PM CP24 (<i>Use verapamil hcl</i>)	NP	MP
VERELAN CP24 (<i>Use verapamil hcl</i>)	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Impotence Agents			LETAIRIS (Use <i>ambrisentan</i>)	NP	SP
CIALIS 5 MG (Use <i>tadalafil</i>)	PA	PA	OPSUMIT	NP	SP
<i>tadalafil</i> 5 MG	PA	PA	TRACLEER TABS (Use <i>bosentan</i>)	PA	SP; PA
Prostaglandin Vasodilators			TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	NP	SP
ORENITRAM MONTH 1 TEPK	PA	SP; PA	TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	NF	SP
ORENITRAM MONTH 2 TEPK	PA	SP; PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ORENITRAM MONTH 3 TEPK	PA	SP; PA	ADCIRCA TABS (Use <i>tadalafil</i> (pulmonary hypertension))	NP	SP
ORENITRAM TBCR	PA	SP; PA	REVATIO SOLN (Use <i>sildenafil citrate</i> (pulmonary hypertension))	NF	SP; PA
TYVASO DPI INSTITUTIONAL KIT POWD	NP	SP	REVATIO SUSR (Use <i>sildenafil citrate</i> (pulmonary hypertension))	NF	SP
TYVASO DPI MAINTENANCE KIT POWD	NP	SP	REVATIO TABS (Use <i>sildenafil citrate</i> (pulmonary hypertension))	NP	SP
TYVASO DPI TITRATION KIT POWD	NP	SP	<i>sildenafil citrate</i> (pulmonary hypertension) SOLN	P	SP; PA
TYVASO REFILL KIT SOLN IN	PA	SP; PA	<i>sildenafil citrate</i> (pulmonary hypertension) SUSR	PA	SP; PA
TYVASO STARTER KIT SOLN IN	PA	SP; PA	<i>sildenafil citrate</i> (pulmonary hypertension) TABS	PA	SP; PA
TYVASO SOLN IN	PA	SP; PA	<i>tadalafil</i> (pulmonary hypertension) TABS	NP	SP
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	NP	AL(At least 18 yrs old); SP	<i>tadalafil</i> (pulmonary hypertension) TABS	PA	SP; PA
Pulmonary Hypertension - Activin Signaling Inhibitor			TADLIQ SUSP	NP	SP
WINREVAIR	PA	AL(At least 18 yrs old); SP; PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
Pulmonary Hypertension - Endothelin Receptor Antagonists			UPTRAVI TITRATION TBPK	NP	SP
<i>ambrisentan</i>	NP	SP			
<i>bosentan</i> TABS	NP	SP			
<i>bosentan</i> TBSO 32 MG	NP	SP			

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI SOLR	NP	SP
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Sinus Node Inhibitors		
CORLANOR SOLN	NP	QL(15 ML daily); AL(At least 1 yrs old); SP; MP
CORLANOR TABS (<i>Use ivabradine hcl</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old); MP
<i>ivabradine hcl</i> TABS	PA	QL(2 EA daily); AL(At least 18 yrs old); MP; PA
Transthyretin Stabilizers		
VYNDAMAX	P	QL(1 EA daily); SP; PA
VYNDAQEL	P	QL(4 EA daily); SP; PA
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	NP	MP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil</i> CAPS	P	
<i>cefadroxil</i> SUSR	P	
<i>cefadroxil</i> TABS	P	
<i>cephalexin</i> CAPS 250 MG, 500 MG	P	
<i>cephalexin</i> SUSR	P	
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12	NP	
<i>cefaclor</i> CAPS	P	
<i>cefprozil</i> SUSR	P	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & eth estradiol TABS</i>	P	QL(1 EA daily)	TAYTULLA CAPS (<i>Use norethin acet & estrad-fe</i>)	NF	QL(1 EA daily)
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	QL(1 EA daily)	TYBLUME CHEW	P	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	QL(1 EA daily)	YASMIN 28 (<i>Use drospirenone-ethinyl estradiol</i>)	NF	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	P	QL(1 EA daily)	YAZ (<i>Use drospirenone-ethinyl estradiol</i>)	NF	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol-iron</i>	P	QL(1 EA daily)	Combination Contraceptives - Transdermal		
LO LOESTRIN FE TABS	P	QL(1 EA daily)	<i>norelgestromin-ethinyl estradiol</i>	P	QL(0.11 EA daily)
NATAZIA	P	QL(1 EA daily)	TWIRLA	P	QL(1 EA daily)
NEXTSTELLIS	P	QL(1 EA daily)	Combination Contraceptives - Vaginal		
<i>norethin acet & estrad-fe CAPS</i>	P	QL(1 EA daily)	ANNOVERA	P	QL(1 EA daily)
<i>norethin acet & estrad-fe CHEW</i>	P	QL(1 EA daily)	<i>etonogestrel-ethinyl estradiol</i>	P	13 max fill(s) per 365 day(s) retail
<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)	NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	NF	13 max fill(s) per 365 day(s) retail
<i>norethindrone & eth estradiol</i>	P	QL(1 EA daily)	Copper Contraceptives - IUD		
<i>norethindrone & ethinyl estradiol-fe</i>	P		MIUDELLA INTRAUTERINE COPPER	P	SP
<i>norethindrone acet & eth estra TABS</i>	P	QL(1 EA daily)	PARAGARD INTRAUTERINE COPPER	P	SP
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P		Emergency Contraceptives		
<i>norethindrone-eth estradiol (triphasic)</i>	P	QL(1 EA daily)	ELLA	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
<i>norgestimate-ethinyl estradiol</i>	P	QL(1 EA daily)	<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	QL(1 EA daily)	Progestin Contraceptives - Implants		
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(1 EA daily)	NEXPLANON	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
SAFYRAL (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	QL(1 EA daily)	Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))	NF	QL(1 ML per fill retail; 1 per fill mail)	Glucocorticosteroids		
DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))	NF	QL(1 ML per fill retail; 1 per fill mail)	AGAMREE	PA	AL(At least 2 yrs old); SP; PA
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ML per fill retail; 1 per fill mail)	<i>budesonide CPEP</i>	NP	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	QL(1 ML per fill retail; 1 per fill mail)	<i>budesonide TB24</i>	NP	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	QL(1 ML per fill retail; 1 per fill mail)	CORTEF TABS (Use hydrocortisone)	NF	
Progestin Contraceptives - IUD			CORTISONE ACETATE TABS	P	
KYLEENA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP	<i>deflazacort SUSP</i>	PA	SP; PA
LILETTA (52 MG)	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP	<i>deflazacort TABS</i>	PA	SP; PA
MIRENA (52 MG)	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP	DEXAMETHASONE INTENSOL CONC	P	
SKYLA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP	<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	P	QL(5 ML daily)
Progestin Contraceptives - Oral			DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(5 ML daily)
<i>norethindrone (contraceptive)</i>	P	QL(1 EA daily)	<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	P	QL(5 ML daily)
OPILL	P		<i>dexamethasone ELIX</i>	P	
SLYND	P	QL(1 EA daily)	<i>dexamethasone SOLN</i>	P	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>dexamethasone TABS</i>	P	
			EMFLAZA SUSP (Use deflazacort)	PA	SP; PA
			EMFLAZA TABS (Use deflazacort)	PA	SP; PA
			EOHILIA SUSP	PA	QL(20 ML daily); AL(At least 11 yrs old); PA
			<i>hydrocortisone TABS</i>	P	
			MEDROL TABS (Use methylprednisolone)	NF	
			MEDROL TBPK (Use methylprednisolone)	NF	
			<i>methylprednisolone TABS 4 MG, 8 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone TBPK</i>	P		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old)
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NF		Cough/Cold/Allergy Combinations		
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)	<i>brompheniramine & phenyleph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	P		<i>brompheniramine & pseudoeph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)	<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>prednisolone SOLN</i>	P		<i>cetirizine-pseudoephedrine</i>	NP	
<i>prednisolone TABS</i>	P		CLARINEX-D 12 HOUR TB12	NP	
PREDNISONONE INTENSOL CONC	P		CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	NF	
<i>prednisone SOLN</i>	P		CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	NF	
<i>prednisone TABS</i>	P		<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P	
<i>prednisone TBEC 1 MG, 2 MG</i>	PA	PA	<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	
<i>prednisone TBPK</i>	P		<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P	
UCERIS TB24 (Use budesonide)	NF		<i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>	P	
Mineralocorticoids			<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P	
<i>fludrocortisone acetate TABS</i>	P		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives					
<i>benzonatate 200 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)			
<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old)			
<i>dextromethorphan polistirex SUER</i>	P				
HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	NF	AL(At least 18 yrs old)			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)	NF	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA	benzoyl peroxide LIQD 5 %, 10 %	P	AL(Up to 20 yrs old)
ACANYA GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	AL(Up to 20 yrs old)	benzoyl peroxide LIQD 4 %	P	
ACZONE (Use dapsone (topical))	NF	AL(Up to 20 yrs old)	benzoyl peroxide LOTN 5 %, 10 %	P	AL(Up to 20 yrs old)
adapalene-benzoyl peroxide GEL	NP	AL(Up to 20 yrs old)	BPO FOAMING CLOTHS MISC 6 %	NP	RX/OTC
adapalene CREA	NP	AL(Up to 20 yrs old)	CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NP	AL(Up to 20 yrs old)
adapalene GEL	NP	AL(Up to 20 yrs old)	CLINDAGEL GEL (Use clindamycin phosphate (topical))	NF	AL(Up to 20 yrs old)
adapalene GEL	P	AL(Up to 20 yrs old); RX/OTC	clindamycin phosphate (topical) FOAM	NP	AL(Up to 20 yrs old)
AKLIEF	NP	AL(Up to 20 yrs old)	clindamycin phosphate (topical) GEL	P	AL(Up to 20 yrs old)
ATRALIN GEL (Use tretinoin)	NF	AL(Up to 20 yrs old)	clindamycin phosphate (topical) LOTN	P	AL(Up to 20 yrs old)
AVAR CLEANSER LIQD 10 %-5 % (Use sulfacetamide sodium w/ sulfur)	NF	AL(Up to 20 yrs old)	clindamycin phosphate (topical) SOLN	P	AL(Up to 20 yrs old)
AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur)	NF	AL(Up to 20 yrs old)	clindamycin phosphate (topical) SWAB	P	AL(Up to 20 yrs old)
AVAR-E EMOLLIENT CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur)	NF	AL(Up to 20 yrs old)	clindamycin phosphate-benzoyl peroxide (refrigerate)	P	AL(Up to 20 yrs old)
AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur)	NF	AL(Up to 20 yrs old)	clindamycin phosphate-benzoyl peroxide GEL	NP	AL(Up to 20 yrs old)
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	NF	AL(Up to 20 yrs old)	clindamycin phosphate-tretinoin	NP	AL(Up to 20 yrs old)
benzoyl peroxide BAR	P		dapsone (topical)	NP	AL(Up to 20 yrs old)
benzoyl peroxide CREA 10 %	P		DIFFERIN CREA (Use adapalene)	NP	AL(Up to 20 yrs old)
benzoyl peroxide-erythromycin GEL	P	AL(Up to 20 yrs old)	DIFFERIN GEL (Use adapalene)	NP	AL(Up to 20 yrs old)
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	P	AL(Up to 20 yrs old)	DIFFERIN GEL 0.1 % (Use adapalene)	NF	AL(Up to 20 yrs old); RX/OTC
			DIFFERIN LOTN	NP	AL(Up to 20 yrs old)
			EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)	NF	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium (acne)</i>	NP	AL(Up to 20 yrs old)
EPIDUO GEL (Use adapalene-benzoyl peroxide)	NF	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	AL(Up to 20 yrs old)
EPSOLAY CREA	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) GEL</i>	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) PADS</i>	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) SOLN</i>	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	NP	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>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
KLARON (Use <i>sulfacetamide sodium (acne)</i>)	NF	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP	AL(Up to 20 yrs old)
ONEXTON GEL (Use <i>clindamycin phosphate-benzoyl peroxide</i>)	NF	AL(Up to 20 yrs old)	<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)
PLEXION CLEANSER LIQD (Use <i>sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)	SULFACETAMIDE SODIUM-SULFUR SUSP	NP	AL(Up to 20 yrs old)
PLEXION LOTN (Use <i>sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)	SULFACLEANSE 8/4 SUSP 8 %-4 % (Use <i>sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
RETIN-A MICRO (Use <i>tretinoin microsphere</i>)	NF		SULFAMEZ WASH EMUL 10 %-1 % (Use <i>sulfacetamide sodium w/ sulfur</i>)	NF	AL(Up to 20 yrs old)
RETIN-A MICRO PUMP 0.08 % (Use <i>tretinoin microsphere</i>)	NF	AL(Up to 20 yrs old)	SUMADAN	NP	AL(Up to 20 yrs old)
RETIN-A MICRO PUMP (Use <i>tretinoin microsphere</i>)	NF		SUMADAN WASH LIQD (Use <i>sulfacetamide sodium w/ sulfur</i>)	NP	AL(Up to 20 yrs old)
RETIN-A CREA (Use <i>tretinoin</i>)	NF	AL(Up to 20 yrs old)	SUMAXIN CP	NP	
RETIN-A GEL (Use <i>tretinoin</i>)	NF	AL(Up to 20 yrs old)	SUMAXIN PADS	NP	AL(Up to 20 yrs old)
SSS 10-5 CREA 10 %-5 % (Use <i>sulfacetamide sodium w/ sulfur</i>)	NP	AL(Up to 20 yrs old)	TAZAROTENE FOAM	NP	
			<i>tretinoin microsphere 0.08 %</i>	NP	AL(Up to 20 yrs old)
			<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin GEL 0.05 %</i>	NP	AL(Up to 20 yrs old)	<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	AL(Up to 20 yrs old)	<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(30 ML per fill retail; 30 per fill mail)
TWYNEO	NP	AL(Up to 20 yrs old)	<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
WINLEVI	NP	AL(Up to 20 yrs old)	<i>ketoconazole (topical) CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)
ZIANA (<i>Use clindamycin phosphate-tretinoin</i>)	NF	AL(Up to 20 yrs old)	<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ML per fill retail; 120 per fill mail)
Antibiotics - Topical			LAMISIL AT ATHLETES FOOT CREA (<i>Use terbinafine hcl (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)
<i>bacitracin (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)	LAMISIL AT JOCK ITCH CREA (<i>Use terbinafine hcl (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)
<i>bacitracin zinc OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)	LAMISIL AT CREA (<i>Use terbinafine hcl (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)
<i>bacitracin-polymyxin b OINT</i>	P		LOTTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
CENTANY AT KIT	NP		LOTTRIMIN AF CREA (<i>Use clotrimazole (topical)</i>)	NF	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
<i>gentamicin sulfate (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)	MICATIN CREA (<i>Use miconazole nitrate (topical)</i>)	NF	QL(45 GM per fill retail; 45 per fill mail)
<i>gentamicin sulfate (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)	<i>miconazole nitrate (topical) CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)
<i>mupirocin calcium (topical)</i>	NP		<i>nystatin (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>mupirocin OINT</i>	P		<i>nystatin (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>neomycin-bacitracin-polymyxin 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>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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone</i> CREA	P	QL(30 GM per fill retail; 30 per fill mail)	<i>fluorouracil (topical)</i> CREA 0.5 %	P	
<i>nystatin-triamcinolone</i> OINT	P	QL(30 GM per fill retail; 30 per fill mail)	<i>fluorouracil (topical)</i> CREA 5 %	P	QL(40 GM per fill retail; 40 per fill mail)
<i>terbinafine hcl (topical)</i> CREA	P	QL(30 GM per fill retail; 30 per fill mail)	<i>fluorouracil (topical)</i> SOLN	P	QL(10 ML per fill retail; 10 per fill mail)
TINACTIN CREA (Use <i>tolnaftate</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)	VALCHLOR	P	SP; PA
<i>tolnaftate</i> CREA	P	QL(30 GM per fill retail; 30 per fill mail)	Antipruritics - Topical		
Antihistamines-Topical			<i>camphor & menthol</i> LOTN	P	QL(222 ML per fill retail; 222 per fill mail)
ITCH RELIEF CREA	P		<i>doxepin hcl (antipruritic)</i>	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
Anti-inflammatory Agents - Topical			PRUDOXIN (Use <i>doxepin hcl (antipruritic)</i>)	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
<i>diclofenac epolamine</i> PTCH EX	NP		ZONALON (Use <i>doxepin hcl (antipruritic)</i>)	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA
<i>diclofenac sodium (topical)</i> GEL EX	NP	RX/OTC	Antipsoriatics		
<i>diclofenac sodium (topical)</i> GEL EX	P	RX/OTC	BIMZELX SOAJ	NP	SP
<i>diclofenac sodium (topical)</i> SOLN EX 1.5 %	NP		BIMZELX SOSY	NP	SP
<i>diclofenac sodium (topical)</i> SOLN EX 2 %	NP	QL(112 GM per fill retail; 112 per fill mail)	<i>calcipotriene</i> CREA	P	QL(60 GM per fill retail; 60 per fill mail)
FLECTOR PTCH EX (Use <i>diclofenac epolamine</i>)	NF		<i>calcipotriene</i> CREA	P	QL(120 GM per fill retail; 120 per fill mail)
PENNSAID SOLN EX 2 % (Use <i>diclofenac sodium (topical)</i>)	NF		CALCIPOTRIENE FOAM	P	
Antineoplastic or Premalignant Lesion Agents - Topical			<i>calcipotriene</i> OINT	P	
CARAC CREA (Use <i>fluorouracil (topical)</i>)	NF		<i>calcipotriene</i> SOLN	P	
<i>diclofenac sodium (actinic keratoses)</i> EX	P		<i>calcitriol (topical)</i>	NP	
EFUDEX CREA (Use <i>fluorouracil (topical)</i>)	NF	QL(40 GM per fill retail; 40 per fill mail)	COSENTYX (300 MG DOSE) SOSY	PA	QL(0.072 ML daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY (300 MG) SOAJ	PA	QL(0.072 ML daily); SP; PA	STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
COSENTYX SENSOREADY PEN SOAJ	PA	QL(0.072 ML daily); SP; PA	STELARA SOSY	NP	QL(0.018 ML daily); SP
COSENTYX UNOREADY SOAJ	PA	QL(0.072 ML daily); SP; PA	STEQEYMA	NP	SP
COSENTYX SOLN	PA	SP; PA	TALTZ SOAJ	NP	SP
COSENTYX SOSY 150 MG/ML	PA	QL(0.072 ML daily); SP; PA	TALTZ SOSY	NP	SP
COSENTYX SOSY 75 MG/0.5ML	PA	QL(0.036 ML daily); SP; PA	<i>tazarotene CREA</i>	NP	AL(Up to 20 yrs old)
ILUMYA	NP	SP	<i>tazarotene GEL</i>	NP	AL(Up to 20 yrs old)
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	TAZORAC CREA (<i>Use tazarotene</i>)	NF	AL(Up to 20 yrs old)
OTULFI SOLN SC 45 MG/0.5ML	NP	SP	TAZORAC GEL (<i>Use tazarotene</i>)	NF	AL(Up to 20 yrs old)
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP
PYZCHIVA SC 45 MG/0.5ML	PA	SP; PA	TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	NP	SP
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	PA	SP; PA	USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
SELARSDI SOLN SC 45 MG/0.5ML	NP	SP	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
SELARSDI 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
SKYRIZI PEN SOAJ	NP	SP	USTEKINUMAB-TTWE SC	NP	SP
SKYRIZI SOSY	NP	SP	USTEKINUMAB-TTWE	NP	SP
SORILUX FOAM	NP		VECTICAL (<i>Use calcitriol (topical)</i>)	NP	
SOTYKTU	NP	SP	VTAMA	NP	
SPEVIGO SOLN	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 18 yrs old); SP	YESINTEK SOLN 45 MG/0.5ML	PA	SP; PA
SPEVIGO SOSY	NP	QL(4 ML per fill retail; 4 per fill mail); AL(At least 18 yrs old); SP	YESINTEK SOSY	PA	SP; PA
			Antiseborrheic Products		
			OVACE PLUS WASH GEL (<i>Use sulfacetamide sodium</i>)	NF	

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VANOS CREA (Use fluocinonide)	NF		UREMEZ-40 CREA 40 % (Use urea)	NF	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
Diaper Rash Products			Emollients		
<i>diaper rash products OINT</i>	P		<i>emollient OINT</i>	P	
Eczema Agents			EUCERIN INTENSIVE REPAIR OINT	P	
ADBRY SOAJ	PA	AL(At least 18 yrs old); SP; PA	GOLD BOND ULTIMATE HEALING OINT	P	
ADBRY SOSY	PA	AL(At least 12 yrs old); SP; PA	<i>lactic acid (ammonium lactate) CREA</i>	P	QL(140 GM per fill retail; 140 per fill mail); RX/OTC
ANZUPGO CREA EX 20 MG/GM	PA	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA	<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(13.34 GM daily); RX/OTC
CIBINQO	NP	SP	Immunomodulating Agents - Systemic		
DUPIXENT SOAJ	PA	SP; PA	NEMLUVIO	NP	AL(At least 18 yrs old); SP
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	SP; PA	Immunomodulating Agents - Topical		
EBGLYSS SOAJ	NP	AL(At least 12 yrs old); SP; PA	<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail; 48 EA per 180 days mail)
EBGLYSS SOAJ	NP	AL(At least 12 yrs old); SP	Immunosuppressive Agents - Topical		
EBGLYSS SOSY	NP	AL(At least 12 yrs old); SP	ELIDEL (Use <i>pimecrolimus</i>)	NF	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old)
OPZELURA	NP		<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
Emollient/Keratolytic Agents			<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
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)			
UREDEB CREA 39 % (Use urea)	NF				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical) OINT 0.1 %</i>	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 16 yrs old); PA	<i>capsaicin PTCH</i>	P	QL(30 EA per fill retail; 30 per fill mail)
Keratolytic/Antimitotic/Vesicant Agents			<i>capsaicin PTCH</i>	NP	QL(30 EA per fill retail; 30 per fill mail)
<i>podofilox SOLN</i>	P	QL(4 ML per fill retail; 4 per fill mail)	CAPZASIN-HP CREA (Use capsaicin)	NF	QL(127.5 GM per fill retail; 127.5 per fill mail)
RAYASAL CREA	NP		CAPZASIN-P CREA 0.035 % (Use capsaicin)	NF	
Liniments			COLLAVERA GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
<i>camphor-menthol-methyl salicylate CREA</i>	P	QL(1017 GM per fill retail; 1017 per fill mail)	<i>dibucaine</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>camphor-menthol-methyl salicylate CREA</i>	P	QL(1020.6 GM per fill retail; 1020.6 per fill mail)	LIDAFLEX PTCH	NP	QL(30 EA per fill retail; 30 per fill mail)
<i>camphor-menthol-methyl salicylate GEL</i>	NP	QL(56.7 GM per fill retail; 56.7 per fill mail)	LIDO BDK KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	NF	
<i>camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %</i>	NP	QL(4 EA daily)	<i>lidocaine hcl CREA 4 %</i>	P	QL(76.5 GM per fill retail; 76.5 per fill mail)
Local Anesthetics - Topical			<i>lidocaine hcl CREA 3 %</i>	P	QL(85 GM per fill retail; 85 per fill mail); RX/OTC
AGONEAZE KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	NF		<i>lidocaine hcl CREA 4 %</i>	NP	QL(60 GM per fill retail; 60 per fill mail)
BURN RELIEF GEL	P	QL(226 GM per fill retail; 226 per fill mail)	<i>lidocaine hcl CREA 4 %</i>	NP	QL(30 GM per fill retail; 30 per fill mail)
<i>capsaicin CREA 0.1 %</i>	P	QL(127.5 GM per fill retail; 127.5 per fill mail)	<i>lidocaine hcl CREA 3 %</i>	P	QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC
<i>capsaicin CREA 0.025 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)	<i>lidocaine hcl GEL 2 %</i>	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
<i>capsaicin CREA 0.075 %</i>	P	QL(57 GM per fill retail; 57 per fill mail)	<i>lidocaine hcl LIQD</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl PRSY</i>	P	QL(30 ML per fill retail; 30 per fill mail)	<i>lidocaine PTCH 4 %</i>	NP	QL(60 EA per fill retail; 60 per fill mail ; 90 EA per 30 day(s) retail; 90 EA per 30 days mail)
<i>lidocaine hcl SOLN</i>	P	QL(50 ML per fill retail; 50 per fill mail)	LIDODERM PTCH (<i>Use lidocaine</i>)	NF	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
<i>lidocaine CREA 4 %</i>	P	QL(28 GM per fill retail; 28 per fill mail)	LIDODERM PTCH (<i>Use lidocaine</i>)	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
<i>lidocaine CREA 4 %</i>	P	QL(119 GM per fill retail; 119 per fill mail)	LIDOMAX GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
<i>lidocaine CREA 4 %</i>	P	QL(58.5 GM per fill retail; 58.5 per fill mail)	LIDOPIN CREA 3 % (<i>Use lidocaine hcl</i>)	NF	QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC
<i>lidocaine CREA 4 %</i>	P	QL(5 GM per fill retail; 5 per fill mail)	LIVIXIL PAK KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF	
<i>lidocaine CREA 4 %</i>	P	QL(15 GM per fill retail; 15 per fill mail)	PLIAGLIS CREA	NP	
<i>lidocaine CREA 4 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)	PREMIUM LIDOCAINE OINT 5 % (<i>Use lidocaine</i>)	NF	QL(30 GM per fill retail; 30 per fill mail)
<i>lidocaine CREA 4 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)	PRILOVIX PLUS KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF	
<i>lidocaine-menthol PTCH 4 %-4 %</i>	NP	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)	PRILOVIX KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF	
<i>lidocaine OINT 5 %</i>	P	QL(50 GM per fill retail; 50 per fill mail)	PROXIVOL GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC
<i>lidocaine OINT 5 %</i>	P	QL(35.44 GM per fill retail; 35.44 per fill mail)	QUTENZA	NP	Maximum 91 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail)
<i>lidocaine OINT 5 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)			
<i>lidocaine-prilocaine CREA</i>	P				
<i>lidocaine-prilocaine KIT</i>	P				
<i>lidocaine PTCH 5 %</i>	PA	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUTENZA (2 PATCH)	NP	Maximum 91 day supply allowed; QL(2 EA per 90 day(s) retail; 2 EA per 90 days mail)	COPPERTONE COMPLETE SPF30 LOTN	P	
QUTENZA (4 PATCH)	NP	Maximum 91 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	COPPERTONE GLOW PROTECT & TAN LOTN	P	
SYNOFLEX PTCH	NP	QL(60 EA per fill retail; 60 per fill mail); RX/OTC	COPPERTONE GLOW SHIMMER SPF15 LOTN	P	
ZTLIDO PTCH	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)	COPPERTONE GLOW SHIMMER SPF30 LOTN	P	
Misc. Topical			COPPERTONE GLOW SHIMMER SPF50 LOTN	P	
<i>dimethicone (topical) CREA 1 %</i>	P		COPPERTONE KIDS PURE & SIMPLE LOTN	P	
<i>zinc oxide (topical) OINT 20 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)	COPPERTONE LIMITED EDITION LOTN	P	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			COPPERTONE OIL FREE FACE SPF30 LOTN	P	
EUCRISA	PA	PA	COPPERTONE OIL FREE FACE SPF50 LOTN	P	
ZORYVE CREA EX 0.05 %	NP	AL(At least 2 yrs old - Up to 5 yrs old)	COPPERTONE PURE & SIMPLE FACE LOTN	P	
ZORYVE CREA EX 0.15 %	NP	AL(At least 6 yrs old)	COPPERTONE SPORT 4-IN-1 SPF15 LOTN	P	
ZORYVE CREA EX 0.3 %	NP		COPPERTONE SPORT CLEAR LOTN	P	
ZORYVE FOAM EX	NP		COPPERTONE TANNING SPF 8 LOTN	P	
Protectives Against UV Radiation			COPPERTONE TANNING SPF15 LOTN	P	
AVEENO PROTECT+HYDRATE SPF60 LOTN	P		COPPERTONE ULTRAGUARD SPF70+ LOTN	P	
CETAPHIL DAILY FACIAL SPF 50 LOTN	P		COPPERTONE WATERBABIES SPF50 LOTN	P	
COPPERTONE BABY PURE & SIMPLE LOTN	P		EUCERIN REDNESS RELIEF DAY LOTN	P	
			KERI AGE DEFY & PROTECT LOTN	P	
			SPORT SUNSCREEN SPF50 LOTN	P	
			<i>sunscreens LOTN</i>	P	
			WATER BABIES SPF50 LOTN (<i>Use sunscreens</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
Rosacea Agents		
METROCREAM CREA (Use metronidazole (topical))	NF	QL(45 GM per fill retail; 45 per fill mail)
metronidazole (topical) CREA	P	QL(45 GM per fill retail; 45 per fill mail)
metronidazole (topical) GEL 0.75 %	P	QL(45 GM per fill retail; 45 per fill mail)
metronidazole (topical) LOTN	P	
Scabicides & Pediculicides		
ELIMITE CREA (Use permethrin)	NP	
ivermectin (pediculicide)	NP	
malathion	NP	
NATROBA (Use spinosad)	P	
OVIDE (Use malathion)	NP	
permethrin CREA	P	
PERMETHRIN CREA 5 % (Use permethrin)	P	
permethrin LIQD EX	P	
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	P	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	NP	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)
spinosad	NP	
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	P	QL(60 ML per fill retail; 60 per fill mail)
VANALICE GEL	NP	
Tar Products		

Drug Name	Drug Tier	Requirements/Limits
coal tar extract SHAM 0.5 %	P	
Wound Care Products		
FILSUVEZ	PA	QL(23.4 GM daily); PA
VYJUVEK	PA	QL(2.5 ML per 7 day(s) retail; 2 ML per 7 days mail); PA
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
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
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
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
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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVOCATE REDI-CODE+ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE PRISM MULTI TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE REDI-CODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE TITANIUM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX AMP TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BIOTEL CARE TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX JAZZ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
AGAMATRIX PRESTO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE 4 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BLULINK GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ASSURE PLATINUM STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CARESENS S GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

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CVS TRUE METRIX GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TRAK BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DIATRUE PLUS TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TRAK II GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY PLUS II GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASYGLUCO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY STEP TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASYMAX 15 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TALK BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASYMAX TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TALK PLUS II TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ELEMENT COMPACT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ELEMENT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORA G30/PREM V10 GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA TN'G/TN'G VOICE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA GD20 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA V10 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA GD50 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA V12 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA GTEL BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA V20 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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 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
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)	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
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	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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORACARE TEST N GO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCARD 01 SENSOR PLUS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FREESTYLE INSULINX TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCARD EXPRESSION TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FREESTYLE LITE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCARD SHINE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FREESTYLE PRECISION NEO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCARD VITAL TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FREESTYLE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCOM TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GE100 BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCONAVII BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GHT TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOSE METER TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MM EASY TOUCH GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ONETOUCH ULTRA TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MYGLUCOHEALTH TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ONETOUCH ULTRA STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
NEUTEK 2TEK TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ONETOUCH VERIO STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
NOVA MAX GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	OPTIUMEZ TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
NOVA MAX PLUS KETONE TEST	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	PHARMACIST CHOICE AUTOCODE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PHARMACIST CHOICE NO CODING STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH ULTRA BLUE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PIP BLOOD GLUCOSE TEST STRIP STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POGO AUTOMATIC TEST CARTRIDGES TEST	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP	REFUAH PLUS BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRECISION XTRA BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRECISION XTRA KETONE	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)	RELION CONFIRM/MICRO TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PRO VOICE V8/V9 GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION KETONE TEST STRP	P	QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)
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	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
QUINTET AC BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION PRIME TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
QUINTET BLOOD GLUCOSE TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION TRUE METRIX TEST STRIPS STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION ULTIMA TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SOLUS V2 TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GS100 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TRUE METRIX BLOOD GLUCOSE TEST STRP	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	TRUE METRIX BLOOD GLUCOSE TEST STRP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	TRUETEST TEST STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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	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
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	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
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	VIVAGUARD INO TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

DIETARY PRODUCTS/DIETARY MANAGEMENT

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRODUCTS			PRODUCTS		
Dietary Management Products			Dietary Management Products		
ELFOLATE TABS	P		MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	NF	QL(1 EA daily)
<i>l</i> -methylfolate TABS 7.5 MG, 15 MG	P		spironolactone & hydrochlorothiazide	P	
L-METHYLFOLATE TABS	P		triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	P	QL(1 EA daily)
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes			Digestive Enzymes		
CREON CPEP	P		triamterene & hydrochlorothiazide TABS	P	QL(1 EA daily)
PERTZYE CPEP	NP		Loop Diuretics		
VIOKACE TABS	NP		bumetanide TABS	P	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P		BUMEX TABS 0.5 MG (Use bumetanide)	NF	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors			Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i> CP12	P		furosemide SOLN IJ 10 MG/ML	P	
<i>acetazolamide</i> TABS	P		FUROSEMIDE SOLN IJ	P	
<i>methazolamide</i> TABS	P		<i>furosemide</i> TABS	P	
Diuretic Combinations			Diuretic Combinations		
<i>amiloride</i> & <i>hydrochlorothiazide</i>	P	QL(1 EA daily)	LASIX TABS (Use furosemide)	NF	
MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	NF	QL(1 EA daily)	SOAANZ TABS 20 MG	P	QL(1 EA daily)
			Potassium Sparing Diuretics		
			ALDACTONE TABS (Use spironolactone)		
			<i>amiloride hcl</i> TABS		
			<i>spironolactone</i> TABS		
			Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone</i> 25 MG, 50 MG		
			<i>hydrochlorothiazide</i> CAPS		
			<i>hydrochlorothiazide</i> TABS		
			<i>indapamide</i> TABS 1.25 MG, 2.5 MG		
			<i>metolazone</i>		
			ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Bone Density Regulators			<i>ibandronate sodium SOLN</i>	NP	SP
ACTONEL TABS 35 MG, 150 MG (<i>Use risedronate sodium</i>)	NF		<i>ibandronate sodium TABS</i>	P	
ACTONEL TABS 35 MG, 150 MG (<i>Use risedronate sodium</i>)	NP		JUBBONTI SOSY SC 60 MG/ML	PA	SP; PA
<i>alendronate sodium SOLN</i>	NP		MIACALCIN IJ (<i>Use calcitonin (salmon)</i>)	NP	
<i>alendronate sodium TABS 10 MG, 35 MG, 70 MG</i>	P		OSENVELT SOLN SC 120 MG/1.7ML	PA	SP; PA
AELVIA TBEC (<i>Use risedronate sodium</i>)	NP		PROLIA SOSY	PA	SP; PA
AUKELSO SOLN SC 120 MG/1.7ML	PA	SP; PA	<i>risedronate sodium TABS</i>	P	
BILDYOS SOSY SC 60 MG/ML	PA	SP; PA	<i>risedronate sodium TBEC</i>	NP	
BILPREVDA SOLN SC 120 MG/1.7ML	PA	SP; PA	STOBOCLO SOSY SC 60 MG/ML	PA	SP; PA
BINOSTO TBEC	NP		<i>teriparatide SOPN</i>	PA	PA
BOMYNTRA SOLN SC 120 MG/1.7ML	PA	SP; PA	TERIPARATIDE SOPN	PA	PA
BOMYNTRA SOSY SC 120 MG/1.7ML	PA	SP; PA	TYMLOS	PA	SP; PA
BONSITY SOPN 560 MCG/2.24ML	PA	PA	WYOST SOLN SC 120 MG/1.7ML	PA	SP; PA
BOSAYA SOSY SC 60 MG/ML	PA	SP; PA	XGEVA SOLN	PA	SP; PA
<i>calcitonin (salmon) NA</i>	P		XTRENBO SOLN SC 120 MG/1.7ML	PA	SP; PA
<i>calcitonin (salmon) IJ</i>	NP		GnRH/LHRH Antagonists		
CONEXXENCE SOSY SC 60 MG/ML	PA	SP; PA	ORLISSA	PA	SP; PA
ENOBY SOSY SC 60 MG/ML	PA	SP; PA	Growth Hormone Receptor Antagonists		
EVENITY	PA	SP; PA	SOMAVERT	NP	AL(At least 18 yrs old); SP
FORTEO SOPN (<i>Use teriparatide</i>)	PA	PA	Growth Hormones		
FOSAMAX PLUS D	NP		GENOTROPIN MINIQUICK PRSY	PA	SP; PA
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NP		GENOTROPIN CART SC	PA	SP; PA
			HUMATROPE CART IJ	NP	SP
			NGENLA	NP	AL(At least 3 yrs old); SP
			NORDITROPIN FLEXPRO SOPN	PA	SP; PA
			NUTROPIN AQ NUSPIN 10 SOPN	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ NUSPIN 20 SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 5 SOPN	PA	SP; PA
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA (<i>Use raloxifene hcl</i>)	NF	QL(1 EA daily)
<i>raloxifene hcl</i>	P	QL(1 EA daily)
LHRH/GnRH Agonist Analog Pituitary Suppressants		
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

Drug Name	Drug Tier	Requirements/Limits
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
Metabolic Modifiers		
BRINEURA	PA	AL(At least 3 yrs old); SP; PA
<i>calcitriol CAPS</i>	P	
CARNITOR SF SOLN PO (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(30 ML daily)
CARNITOR SOLN PO 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(30 ML daily)
CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(3 EA daily)
ELFABRIO	PA	AL(At least 18 yrs old); SP; PA
GALAFOLD	P	QL(0.5 EA daily); SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	P	QL(30 ML daily)
<i>levocarnitine (metabolic modifiers) TABS</i>	P	QL(3 EA daily)
RAYALDEE	PA	AL(At least 18 yrs old); PA
ROCALTROL CAPS (<i>Use calcitriol</i>)	NF	
STRENSIQ	PA	SP; PA
TRYNGOLZA	PA	QL(0.027 ML daily); AL(At least 18 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits
XPHOZAH	NP	SP
YORVIPATH 168 MCG/0.56ML	PA	QL(0.04 ML daily); AL(At least 18 yrs old); SP; PA
YORVIPATH 294 MCG/0.98ML	PA	QL(0.07 ML daily); AL(At least 18 yrs old); SP; PA
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		
DDAVP PF SOLN IJ (<i>Use desmopressin acetate</i>)	NF	SP; PA
DDAVP SOLN IJ 4 MCG/ML (<i>Use desmopressin acetate</i>)	NF	SP; PA
DDAVP TABS (<i>Use desmopressin acetate</i>)	NF	QL(3 EA daily)
<i>desmopressin acetate spray</i>	P	QL(5 ML per fill retail; 5 per fill mail); PA
<i>desmopressin acetate spray refrigerated 0.01 %</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>desmopressin acetate SOLN IJ</i>	P	SP; PA
<i>desmopressin acetate TABS</i>	P	QL(3 EA daily)
Somatostatic Agents		
<i>octreotide acetate KIT</i>	P	SP; PA
SANDOSTATIN LAR DEPOT KIT (<i>Use octreotide acetate</i>)	NF	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK 15 MG (<i>Use tolvaptan</i>)	NF	SP; PA
<i>tolvaptan TBPK 15 MG</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	NF	QL(1 EA daily)
COMBIPATCH PTTW	P	QL(0.29 EA daily)
<i>estradiol & norethindrone acetate TABS</i>	P	QL(1 EA daily)
MYFEMBREE	PA	PA
<i>norethindrone acetate-ethinyl estradiol</i>	P	
ORIAHNN	PA	MP; PA
PREMPHASE	P	QL(1 EA daily)
PREMPRO	P	QL(1 EA daily)
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	QL(0.29 EA daily)
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>Use estradiol</i>)	NF	QL(0.143 EA daily)
ESTRACE TABS (<i>Use estradiol</i>)	NF	
<i>estradiol PTTW</i>	P	QL(0.29 EA daily)
<i>estradiol PTWK</i>	P	QL(0.143 EA daily)
<i>estradiol TABS</i>	P	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	P	QL(1 EA daily)
MINIVELLE PTTW (<i>Use estradiol</i>)	NF	QL(0.29 EA daily)

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>Use estrogens, conjugated</i>)	NF	QL(1 EA daily)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	QL(0.29 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	PA	PA
BAXDELA TABS	PA	PA
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	PA	PA
CIPRO SUSR	PA	PA
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>levofloxacin SOLN PO</i>	PA	PA
<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 ML per fill retail; 30 per fill mail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits
CTEXLI TABS PO 250 MG	PA	QL(3 EA daily); AL(At least 18 yrs old); SP; PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Gallstone Solubilizing Agents		
<i>chenodiol</i>	PA	AL(At least 18 yrs old); SP; PA
URSO 250 TABS (<i>Use ursodiol</i>)	NF	QL(7 EA daily)
<i>ursodiol CAPS</i>	P	QL(3 EA daily)
<i>ursodiol TABS 250 MG</i>	P	QL(7 EA daily)
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>Use lubiprostone</i>)	NP	QL(2 EA daily)
<i>lubiprostone</i>	PA	QL(2 EA daily); PA
Gastrointestinal Stimulants		
GIMOTI SOLN NA	PA	AL(At least 18 yrs old); SP; PA
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P	
<i>metoclopramide hcl TABS</i>	P	
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NF	
Hepatotropics		
REZDIFFRA	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	PA	SP; PA
BYLVAY CAPS	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	PA	SP; PA	<i>mesalamine CPCR</i>	NP	
LIVMARLI	PA	SP; PA	<i>mesalamine CPDR</i>	NP	
Inflammatory Bowel Agents			<i>mesalamine ENEM</i>	NP	
APRISO CP24 (<i>Use mesalamine</i>)	NF		<i>mesalamine SUPP</i>	P	
AVSOLA	PA	SP; PA	<i>mesalamine TBEC 800 MG</i>	NP	
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP		<i>mesalamine TBEC 1.2 GM</i>	P	
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NF		OMVOH (300 MG DOSE) SOAJ	NP	SP
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP		OMVOH (300 MG DOSE) SOSY	NP	SP
<i>balsalazide disodium CAPS</i>	NP		OMVOH SOAJ	NP	SP
CANASA SUPP (<i>Use mesalamine</i>)	NP		OMVOH SOLN	NP	SP
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	PA	SP; PA	OMVOH SOSY	NP	SP
CIMZIA (2 SYRINGE) PSKT	PA	SP; PA	PENTASA CPCR	NP	
CIMZIA KIT	PA	SP; PA	PENTASA CPCR (<i>Use mesalamine</i>)	NP	
CIMZIA-STARTER PSKT	PA	SP; PA	REMICADE	NP	SP
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NF		RENFLEXIS	PA	SP; PA
DELZICOL CPDR (<i>Use mesalamine</i>)	NF		ROWASA (<i>Use mesalamine w/ cleanser</i>)	NP	
DIPENTUM	NP		SFROWASA ENEM	NP	
ENTYVIO PEN SOAJ	NP	SP	SKYRIZI SOCT	NP	SP
ENTYVIO SOLR	NP	SP	SKYRIZI SOLN	NP	SP
IMULDOSA SOLN IV 130 MG/26ML	NP	SP	STARJEMZA SOLN IV 130 MG/26ML	NP	SP
INFLECTRA SOLR	PA	SP; PA	STELARA 130 MG/26ML	NP	SP
INFLIXIMAB	PA	SP; PA	STEQEYMA	NP	SP
LIALDA TBEC (<i>Use mesalamine</i>)	NP		<i>sulfasalazine TABS</i>	P	
LIALDA TBEC (<i>Use mesalamine</i>)	NF		<i>sulfasalazine TBEC</i>	P	
<i>mesalamine w/ cleanser</i>	NP		TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP
<i>mesalamine CP24</i>	P		TREMFYA SOLN IV	NP	SP
			TREMFYA SOSY SC	NP	SP
			USTEKINUMAB 130 MG/26ML	NP	SP
			VELSIPITY	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZYMFENTRA (1 PEN) AJKT	NP	AL(At least 18 yrs old); SP	<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC
ZYMFENTRA (2 PEN) AJKT	NP	AL(At least 18 yrs old); SP	<i>ferric citrate</i>	NP	
ZYMFENTRA (2 SYRINGE) PSKT	NP	AL(At least 18 yrs old); SP	FOSRENOL CHEW (Use lanthanum carbonate)	NP	
Intestinal Acidifiers			FOSRENOL PACK	NP	
<i>lactulose (encephalopathy)</i>	P		<i>lanthanum carbonate CHEW</i>	NP	
Irritable Bowel Syndrome (IBS) Agents			RENVELA PACK (Use sevelamer carbonate)	NP	
<i>alose tron hcl</i>	NP	QL(2 EA daily)	RENVELA TABS (Use sevelamer carbonate)	NF	
<i>alose tron hcl</i>	PA	QL(2 EA daily); PA	RENVELA TABS (Use sevelamer carbonate)	NP	
IBSRELA	NP		<i>sevelamer carbonate PACK</i>	P	
LINZESS	PA	QL(1 EA daily); PA	<i>sevelamer carbonate TABS</i>	P	
LOTRONEX (Use <i>alose tron hcl</i>)	PA	QL(2 EA daily); PA	<i>sevelamer hcl</i>	NP	
VIBERZI	PA	QL(2 EA daily); PA	VELPHORO	NP	
Peripheral Opioid Receptor Antagonists			GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
MOVANTIK	PA	QL(1 EA daily); PA	Alkalinizers		
SYMPROIC	NP		<i>potassium citrate (alkalinizer) TBCR</i>	P	
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists			<i>potassium citrate-citric acid PACK</i>	P	
IQIRVO	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA	<i>sodium citrate & citric acid</i>	P	RX/OTC
LIVDELZI	PA	QL(1 EA daily); AL(At least 18 yrs old); SP; PA	UROCIT-K 10 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NF	
Phosphate Binder Agents			UROCIT-K 5 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NF	
AURYXIA 210 MG (Use <i>ferric citrate</i>)	NP		Genitourinary Irrigants		
<i>calcium acetate (phosphate binder) CAPS</i>	P		ARGYLE STERILE SALINE 0.9 % (Use <i>sodium chloride (gu irrigant)</i>)	NF	
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
CURITY STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	NF	
sodium chloride (gu irrigant) 0.9 %	P	
Hyperoxaluria Agents		
OXLUMO	PA	SP; PA
RIVFLOZA SOLN	PA	AL(At least 9 yrs old); SP; PA
RIVFLOZA SOSY	PA	AL(At least 9 yrs old); SP; PA
IgA Nephropathy (IgAN) Agents		
FILSPARI	NP	SP; MP
Prostatic Hypertrophy Agents		
alfuzosin hcl	P	
AVODART (Use dutasteride)	NF	
CARDURA XL	NP	MP
dutasteride	P	
dutasteride-tamsulosin hcl	NP	
finasteride	P	
JALYN (Use dutasteride-tamsulosin hcl)	NF	
PROSCAR (Use finasteride)	NP	
RAPAFLO (Use silodosin)	NP	
silodosin	NP	
tamsulosin hcl	P	
UROXATRAL (Use alfuzosin hcl)	NF	
Urinary Analgesics		
phenazopyridine hcl TABS 95 MG, 100 MG, 200 MG	P	
PYRIDIDIUM TABS (Use phenazopyridine hcl)	NF	

Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	P	
Gout Agents		
allopurinol 100 MG, 300 MG	P	
allopurinol 200 MG	NP	
colchicine CAPS	NP	QL(2 EA daily); AL(At least 18 yrs old)
colchicine TABS	PA	PA
febuxostat	P	
GLOPERBA SOLN PO	NP	
MITIGARE CAPS (Use colchicine)	NP	QL(2 EA daily); AL(At least 18 yrs old)
ULORIC (Use febuxostat)	NP	
Uricosurics		
probenecid	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
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits
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
FIBRYGA	P	SP
HEMGENIX	PA	AL(At least 18 yrs old); SP; PA
HEMLIBRA	PA	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	PA	SP; PA
HUMATE-P SOLR	PA	SP; PA
HYMPAVZI	PA	SP; PA
IDELVION	PA	SP; PA
IXINITY SOLR	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 1 MG, 2 MG, 8 MG	PA	SP; PA
NOVOSEVEN RT 5 MG	PA	QL(120000 EA daily); SP; PA
NUWIQ KIT	PA	SP; PA
NUWIQ SOLR	PA	SP; PA
OBIZUR	PA	SP; PA
PROFILNINE	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits
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
RIASTAP	P	SP
RIXUBIS SOLR	PA	SP; PA
ROCTAVIAN	PA	AL(At least 18 yrs old); SP; PA
SEVENFACT	PA	SP; PA
TRETTEN	PA	SP; PA
VONVENDI	PA	SP; PA
WILATE KIT	PA	SP; PA
XYNTHA	PA	SP; PA
XYNTHA SOLOFUSE	PA	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (<i>Use icatibant acetate</i>)	PA	SP; PA
<i>icatibant acetate</i> SOSY	PA	SP; PA
Complement Inhibitors		
BERINERT KIT	PA	SP; PA
CINRYZE SOLR IV	PA	SP; PA
HAEGARDA SOLR SC	PA	SP; PA
RUCONEST	PA	SP; PA
TAVNEOS	PA	QL(6 EA daily); AL(At least 18 yrs old); SP; PA
VOYDEYA TABS	PA	QL(6 EA daily); AL(At least 18 yrs old); SP; PA
VOYDEYA TBPK	PA	QL(6 EA daily); AL(At least 18 yrs old); SP; PA
Hematorheologic Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>pentoxifylline</i>	P	
Plasma Kallikrein Inhibitors		
KALBITOR	PA	SP; PA
ORLADEYO	PA	SP; PA
ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG	PA	PA
TAKHZYRO SOLN	PA	SP; PA
TAKHZYRO SOSY	PA	SP; PA
Plasma Proteins		
RYPLAZIM	PA	SP; PA
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>Use anagrelide hcl</i>)	NF	
<i>anagrelide hcl</i>	P	
<i>aspirin-dipyridamole</i>	P	
BRILINTA 60 MG, 90 MG (<i>Use ticagrelor</i>)	PA	QL(2 EA daily); PA
<i>cilostazol</i>	P	
<i>clopidogrel bisulfate</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (<i>Use prasugrel hcl</i>)	NP	QL(1 EA daily)
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl</i>	PA	QL(1 EA daily); PA
<i>ticagrelor 60 MG, 90 MG</i>	NP	QL(2 EA daily)
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	PA	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
PYRUKYND TABS	PA	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		

Drug Name	Drug Tier	Requirements/Limits
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA
<i>miglustat</i>	P	SP; PA
VPRIV	P	SP; PA
ZAVESCA (<i>Use miglustat</i>)	NF	SP; PA
Agents for Sickle Cell Disease		
CASGEVY	PA	AL(At least 12 yrs old); SP; PA
DROXIA CAPS	P	
LYFGENIA	PA	AL(At least 12 yrs old); SP; PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	
Folic Acid/Folates		
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	QL(1 EA daily)
<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 100 MCG/ML	PA	QL(15 ML per 30 day(s) retail; 15 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 200 MCG/ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	PA	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP; PA	EPOGEN 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); SP; PA	EPOGEN 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP
ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML	PA	QL(25.2 ML per 30 day(s) retail; 25 ML per 30 days mail); SP; PA	FULPHILA	NP	SP
ARANESP (ALBUMIN FREE) SOSY 40 MCG/0.4ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); SP; PA	FYLNETRA	NP	SP
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	PA	QL(3 ML per 30 day(s) retail; 3 ML per 30 days mail); SP; PA	GRANIX SOLN 300 MCG/ML	NP	QL(0.8 ML daily); SP
ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); SP; PA	GRANIX SOSY	NP	QL(0.8 ML daily); SP
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 100 MCG/0.5ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); SP; PA	LEUKINE SOLR IJ	NP	SP
EPOGEN 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP	MIRCERA	NP	SP
EPOGEN 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail); SP	NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP
EPOGEN 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail); SP	NEULASTA SOSY	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP
			NEUPOGEN SOLN	PA	QL(8.5 ML daily); SP; PA
			NEUPOGEN SOSY	PA	QL(8.5 ML daily); SP; PA
			NIVESTYM SOLN	NP	SP
			NIVESTYM SOSY	NP	SP
			NYPOZI	NP	SP
			NYVEPRIA	PA	SP; PA
			PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP
			PROCRIT 40000 UNIT/ML	NP	QL(12.5 ML per 30 day(s) retail; 12 ML per 30 days mail); SP
			PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROCRIT 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail); SP	<i>ferrous fumarate TABS</i>	P	
PROCRIT 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP	<i>ferrous gluconate TABS</i>	P	
PROCRIT 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP	<i>ferrous gluconate TABS 324 MG</i>	P	AL(Up to 50 yrs old)
PROCRIT 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail); SP	<i>ferrous sulfate dried TBCR</i>	P	
REBLOZYL	NP	AL(At least 18 yrs old); SP	<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	QL(16 ML daily)
RELEUKO SOSY	NP	SP	<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	P	QL(3.4 ML daily)
RETACRIT	PA	SP; PA	<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	P	
ROLVEDON	NP	SP	<i>ferrous sulfate TBEC</i>	P	
RYZNEUTA SOSY SC 20 MG/ML	NP	SP	IRON CHEWS PEDIATRIC CHEW	P	
STIMUFEND	NP	SP	<i>iron sucrose 20 MG/ML</i>	P	
UDENYCA ONBODY SOSY	NP	SP	<i>polysaccharide iron complex CAPS</i>	P	QL(1 EA daily)
UDENYCA SOAJ	NP	SP	VENOFER 20 MG/ML (Use iron sucrose)	NF	
UDENYCA SOSY	NP	SP	Stem Cell Mobilizers		
VAFSEO 150 MG	NP	QL(4 EA daily); SP	MOZOBIL (Use <i>plerixafor</i>)	NF	SP; PA
VAFSEO 300 MG	NP	QL(2 EA daily); SP	<i>plerixafor</i>	P	SP; PA
ZARXIO	NP	QL(8.5 ML daily); SP	XOLREMDI	PA	QL(4 EA daily); AL(At least 12 yrs old); SP; PA
ZIEXTENZO	NP	SP	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hematopoietic Mixtures			Hemostatics - Systemic		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 EA daily)	<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 EA per fill retail; 24 per fill mail); SP
HEMATINIC PLUS VIT/MINERALS TABS	P	QL(1 EA daily)	<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)
Iron			HYPNOTICS/SEDATIVES/SLEEP DISORDER		
FERRETT'S TABS	P	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AGENTS					
Antihistamine Hypnotics					
<i>diphenhydramine hcl (sleep) CAPS</i>	P		<i>estazolam</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
<i>diphenhydramine hcl (sleep) LIQD</i>	P		<i>eszopiclone</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	P		<i>flurazepam hcl</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	QL(1 EA daily)	HALCION 0.25 MG (Use triazolam)	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>doxylamine succinate (sleep)</i>	P		HALCION 0.25 MG (Use triazolam)	NF	QL(1 EA daily); AL(At least 18 yrs old)
UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl (sleep)</i>)	NF		LUNESTA (Use <i>eszopiclone</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)
Barbiturate Hypnotics			<i>midazolam hcl SOLN IJ</i>	P	
AMYTAL SODIUM	P		MIDAZOLAM HCL SOLN IJ	P	
<i>phenobarbital sodium SOLN</i>	P		<i>midazolam hcl SYRP</i>	P	
<i>phenobarbital ELIX</i>	P		<i>quazepam</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>phenobarbital TABS</i>	P		RESTORIL (Use <i>temazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
Hypnotics - Tricyclic Agents			<i>temazepam 22.5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>doxepin hcl (sleep)</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>temazepam 7.5 MG, 15 MG, 30 MG</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
SILENOR (Use <i>doxepin hcl (sleep)</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)	<i>triazolam</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
Non-Barbiturate Hypnotics			<i>zaleplon</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
AMBIEN CR TBCR (Use <i>zolpidem tartrate</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	ZOLPIDEM TARTRATE CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old)
AMBIEN TABS (Use <i>zolpidem tartrate</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>zolpidem tartrate SUBL</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
DORAL (Use <i>quazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>zolpidem tartrate TABS</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
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>zolpidem tartrate TBCR</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)
Orexin Receptor Antagonists			<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)
BELSOMRA	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>sennosides-docusate sodium TABS</i>	P	QL(4 EA daily)
DAYVIGO	NP	AL(At least 18 yrs old)	<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P	
QUVIVIQ	NP	AL(At least 18 yrs old)	SUPREP BOWEL PREP KIT (<i>Use sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NF	
Selective Melatonin Receptor Agonists			Laxatives - Miscellaneous		
HETLIOZ LQ SUSP	NP	QL(1 ML daily); AL(At least 18 yrs old); SP	<i>glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM</i>	P	
HETLIOZ CAPS (<i>Use tasimelteon</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old); SP	<i>lactulose SOLN</i>	P	
<i>ramelteon</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA	MIRALAX POWD (<i>Use polyethylene glycol 3350</i>)	NF	QL(34 EA daily)
ROZEREM (<i>Use ramelteon</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	PEDIA-LAX SUPP	P	
<i>tasimelteon CAPS</i>	NP	QL(1 EA daily); AL(At least 18 yrs old); SP	<i>polyethylene glycol 3350 PACK</i>	P	
LAXATIVES - Bowel Treatment Drugs			<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)
Bulk Laxatives			SORBITOL PO 70 %	P	
<i>calcium polycarbophil TABS</i>	P	QL(10 EA daily)	Saline Laxatives		
KONSYL DAILY FIBER PACK 100 %	P		FLEET ENEMA ENEM (<i>Use sodium phosphates</i>)	NF	
<i>psyllium CAPS 0.52 GM</i>	P		<i>magnesium citrate 1.745 GM/30ML</i>	P	
<i>psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %</i>	P		<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	QL(33 ML daily)
SB FIB LAX ORANGE POWD 30 %, 33 %	P		MILK OF MAGNESIA CONCENTRATE SUSP	P	
Laxative Combinations			<i>sodium phosphates ENEM</i>	P	
GOLYTELY SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NF	QL(4000 ML per fill retail; 4000 per fill mail)	Stimulant Laxatives		

Drug Name	Drug Tier	Requirements/Limits
<i>bisacodyl SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>bisacodyl TBEC</i>	P	QL(1 EA daily)
DULCOLAX TBEC (Use <i>bisacodyl</i>)	NF	QL(1 EA daily)
<i>senna SYRP 176 MG/5ML</i>	P	
<i>sennosides LIQD</i>	P	
<i>sennosides SYRP 8.8 MG/5ML</i>	P	
<i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG</i>	P	
Surfactant Laxatives		
<i>docusate calcium</i>	P	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	QL(3 EA daily)
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P	
DOCUSATE SODIUM SYRP	P	
<i>docusate sodium TABS</i>	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	P	
<i>azithromycin SUSR</i>	P	
<i>azithromycin TABS</i>	P	
ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i>)	NP	
ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i>)	NP	
ZITHROMAX SUSR (Use <i>azithromycin</i>)	NP	
ZITHROMAX TABS 250 MG, 500 MG (Use <i>azithromycin</i>)	NP	
Clarithromycin		
<i>clarithromycin SUSR</i>	P	
<i>clarithromycin TABS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin TB24</i>	P	
Erythromycins		
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NP	
<i>erythromycin base CPEP</i>	P	
<i>erythromycin base TABS</i>	P	
<i>erythromycin base TBEC</i>	NP	
<i>erythromycin base TBEC</i>	P	
<i>erythromycin ethylsuccinate SUSR</i>	P	
<i>erythromycin ethylsuccinate TABS</i>	P	
<i>erythromycin ethylsuccinate TABS</i>	NP	
<i>erythromycin stearate TABS 250 MG</i>	P	
Fidaxomicin		
DIFICID SUSR	NP	
DIFICID TABS 200 MG (Use <i>fidaxomicin</i>)	NP	
<i>fidaxomicin TABS 200 MG</i>	NP	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ADHESIVE/LARGE/3"X4" PADS	P	
ADHESIVE/MEDIUM/2"X3" PADS	P	
AMD FOAM DRESSING TOPSHEET PADS	P	RX/OTC
AMD FOAM DRESSING PADS	P	RX/OTC
BAND-AID ALL-IN-ONE GAUZE LG PADS	P	

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DIAPHRAGM 90	P		ACCU-CHEK SOFTCLIX LANCET DEV KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
WIDE-SEAL DIAPHRAGM 95	P				
Diabetic Supplies			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
ACCU-CHEK AVIVA SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ACCUTREND GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACCU-CHEK FASTCLIX LANCET KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	ACTI-LANCE 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK FASTCLIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ACTI-LANCE LITE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ACTI-LANCE SPECIAL LANCETS 17G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
ACCU-CHEK GUIDE KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			
ACCU-CHEK SAFE-T PRO LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
ACCU-CHEK SMARTVIEW CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVANCED MOBILE LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ADVOCATE SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVANTAGE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ADVOCATE SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AGAMATRIX CONTROL NORMAL/HIGH SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			AGAMATRIX CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ADVOCATE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	AGAMATRIX JAZZ WIRELESS 2 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ADVOCATE REDI-CODE+ CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	AGAMATRIX PRESTO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ADVOCATE REDI-CODE+ DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	AGAMATRIX ULTRA-THIN LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	AQUALANCE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONTOUR NEXT ONE KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	DEXCOM G7 RECEIVER	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 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	DIATRUE CONTROL LEVEL 1 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CVS BLOOD GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DIATRUE CONTROL LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
CVS BLOOD GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC	DIATRUE CONTROL LEVEL 3 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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	DIATRUE PLUS BLOOD GLUCOSE DEVI	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	DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
DEXCOM G6 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	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
DEXCOM G6 TRANSMITTER	PA	MP; PA	DROPLET LANCING DEVICE MISC	P	QL(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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET PERSONAL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY COMFORT LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPSAFE ACTI-LANCE 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY COMFORT LANCETS TWIST TOP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPSAFE MEDLANCE LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY MINI EJECT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
DRUG MART ON-THE-GO LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY PLUS II CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			EASY PLUS II GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
DRUG MART UNILET LANCETS 28G	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 STEP GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
DRUG MART UNILET LANCETS 30G	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 TALK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
DRUG MART UNILET LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TALK PLUS II CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH CONTROL HIGH & LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASY TOUCH LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EASY TOUCH LANCETS 30G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH HEALTHPRO HIGH/LOW LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASY TOUCH LANCETS 32G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH LANCETS 32G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH LANCETS 33G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EASY TOUCH LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TOUCH SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH LANCETS 28G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

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

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EMBRACE BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE PRESSURE ACTIVATED 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EMBRACE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE PRO GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE EVO CONTROL LEVEL 1 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE EVO GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE EVO GLUCOSE MONITORING KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE TALK GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE TALK MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBRACE WAVE GLUCOSE METER 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	EVERSENSE 365 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EMBRACE PRESSURE ACTIVATED 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EVERSENSE 365 SMART TRANSMIT	NP	MP
			EVERSENSE E3 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
			EVERSENSE E3 SMART TRANSMITTER	NP	MP

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EVOLUTION AUTOCODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FONDCIRCLE SINGLE USE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EVOLUTION CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	FORA 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	FORA D20 2-IN-1 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EXTENDED INFUSION SET 23"/9MM MISC	NP	MP	FORA G20 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EXTENDED INFUSION SET 32"/6MM MISC	NP	MP	FORA G30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EXTENDED INFUSION SET 32"/9MM MISC	NP	MP	FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EXTENDED INFUSION SET 43"/6MM MISC	NP	MP	FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EXTENDED INFUSION SET 43"/9MM MISC	NP	MP	FORA LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EXTENDED RESERVOIR 3ML MISC	NP	MP	FORA LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FINGERSTIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
FONDCIRCLE BLOOD GLUCOSE MONIT KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC			
FONDCIRCLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			
FONDCIRCLE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			

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FORA PREMIUM V10 BLE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORACARE GD40 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA TEST N' GO MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORACARE GDH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FORA TN'G VOICE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORACARE PREMIUM V10 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V10 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORACARE TEST N GO MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V10/V12/D10/D20 TEST KIT	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP	FREESTYLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FORA V12 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE FREEDOM LITE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA V20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA V30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FREESTYLE LIBRE 14 DAY READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
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 14 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
			FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GE100 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LIBRE 2 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GE100 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LIBRE 3 PLUS SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GE100 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GENTEEL BUTTERFLY TOUCH LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FREESTYLE LIBRE 3 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GENTEEL LANCING KIT (BLUE) KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FREESTYLE LITE DEVI	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
FREESTYLE LITE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GENTEEL PLUS LANCING (WHITE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FREESTYLE PRECISION NEO SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GENTEEL PLUS LANCING DEV(BLUE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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

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GHT BLOOD GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GLUCOCARD SHINE CONNEX KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLOBAL INJECT EASE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCARD SHINE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLOBAL INJECT EASE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCARD SHINE EXPRESS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLOBAL LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GLUCOCARD SHINE XL DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD 01 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GLUCOCARD SHINE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD 01 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GLUCOCARD SHINE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD 01 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GLUCOCARD VITAL MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD EXPRESSION CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD EXPRESSION MONITOR KIT	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)
			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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLUCOCOM LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP TRUE METRIX GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCOM LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GOJJI CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLUCOCOM MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GOJJI STERILE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GNP EASY TOUCH CONT HIGH/LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GUARDIAN 4 GLUCOSE SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GNP EASY TOUCH GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GUARDIAN 4 TRANSMITTER	NP	MP
GNP LANCING SYSTEM DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GUARDIAN CONNECT 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 LINK 3 TRANSMITTER	NP	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
			GUARDIAN SENSOR 3	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
			HEALTHPRO BLOOD GLUCOSE MONITO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL ADV LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	IHEALTH GLUCO+ KIT 10 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
H-E-B INCONTROL LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ILET CONTACT DETACH 23" 6MM MISC	NP	MP; RX/OTC
			ILET INFUSION-FLEX 23" 6MM MISC	NP	MP; RX/OTC
			ILET INFUSION-INSET 23" 6MM MISC	NP	MP; RX/OTC
H-E-B INCONTROL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ILET INFUSION-INSET 32" 6MM MISC	NP	MP; RX/OTC
			ILET INSULIN PUMP DEVI	NP	MP
			ILET STARTER - CONTACT DETACH MISC	NP	MP; RX/OTC
H-E-B INCONTROL LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ILET 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
HM EMBRACE TALK SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	INFINITY CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
HW EMBRACE PRO GLUCOSE METER 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
			KROGER HEALTHPRO CONTROL HI/LO LIQD	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 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
HYPOLANCE AST LANCING KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			
IHEALTH CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LANCET DEVICE WITH EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	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
LANCETS	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
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	LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	LANZO MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
LANCETS 33G	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
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	LIBERTY GLUCOSE CONTROL 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	MEDISENSE GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			MEDISENSE HI/MID/LOW CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	MINI LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MEDLANCE PLUS SPECIAL 0.8MM	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINIMED 630G INSULIN PUMP KIT	NP	MP
MEDLANCE PLUS SUPERLITE 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINIMED 780G INSULIN PUMP KIT	NP	MP
MEDLANCE PLUS UNIVERSAL 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINIMED INSTINCT GLUC SENSOR	NP	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	MINIMED MIO ADVANCE INFUSE SET MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MICRODOT CONTROL HIGH/LOW SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	MINIMED PUMP RESERVOIR 3ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MICROLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MINIMED QUICK SET INF SET 18" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
MICROLET NEXT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MINIMED QUICK SET INF SET 23" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
			MINIMED QUICK SET INF SET 32" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
			MINIMED QUICK SET INF SET 43" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)
			MINIMED QUICK-SETTER MISC	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); RX/OTC
			MINIMED RESERVOIR 1.8ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MINIMED RESERVOIR 3ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)	MYGLUCOHEALTH BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
MINIMED SILHOUETTE INF SET 32" MISC	P	QL(0.72 EA daily)	MYGLUCOHEALTH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
MINIMED SILHOUETTE INF SET 43" MISC	P	QL(0.72 EA daily)	MYGLUCOHEALTH LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MM BLOOD GLUCOSE SYSTEM REFILL KIT	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP	NEUTEK 2TEK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
MM EASY TOUCH GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	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
MM LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	NOVA SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MM TWIST LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	NOVA SUREFLEX 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	NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MODD1 PATIENT WELCOME KIT KIT	NP	MP	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	MP; PA
MODD1 SUPPLY KIT KIT	NP				
MONOLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
MULTI-LANCET DEVICE 2 KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	NP	MP	ONETOUCH DELICA SAFETY LANCING	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	MP; PA			
OMNIPOD 5 G7 INTRO (GEN 5) KIT	NP	MP			
OMNIPOD 5 G7 PODS (GEN 5) MISC	NP	MP	ONETOUCH ULTRA 2 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	PA	MP; PA	ONETOUCH ULTRA CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	PA	MP; PA			
OMNIPOD CLASSIC PODS (GEN 3) MISC	NP	MP	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
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	ONETOUCH VERIO FLEX SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
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 VERIO REFLECT 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 VERIO LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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	PERFECT POINT SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH DELICA 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

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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	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
PHARMACIST CHOICE MINI SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRO COMFORT LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PIP BLOOD GLUCOSE MONITORING DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRO COMFORT SAFETY LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
PIP GLUCOSE CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PRO VOICE V8 GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PIP LANCETS 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
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	PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
POGO AUTOMATIC BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRODIGY AUTOCODE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
PRECISION GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PRODIGY CONTROL SOLUTION SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
PRECISION XTRA-GLUCOSE/KETONE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP			

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RIGHTEST GC300 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GD500 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GL300 LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SAPS HEALTH PLUS LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GM100 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SAPS HEALTH TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SAPS TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SENSILANCE SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SOLUS V2 LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	SURE COMFORT LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
SOLUS V2 TWIST LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SURE COMFORT 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 PA MISC	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP	SURE COMFORT LANCING PEN MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
STERILANCE TL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:FLEX T:LOCK CARTRIDGE 4.8ML MISC	NP	MP
SURE COMFORT LANCETS 18G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 3ML CARTRIDGE MISC	NP	MP
SURE COMFORT LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 BASAL-IQ PUMP DEVI	NP	MP
SURE COMFORT LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVI	NP	MP
			T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVI	NP	MP
			T:SLIM X2 INSULIN PMP BASAL6.4 DEVI	NP	MP
			T:SLIM X2 INSULIN PUMP DEVI	NP	MP
			T:SLIM X2 STARTER 7.10 KIT	NP	MP
			TAI DOC CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			TANDEM MOBI AUTOSOFT 30 KIT MISC	NP	MP
			TANDEM MOBI AUTOSOFT XC KIT MISC	NP	MP
			TANDEM MOBI AUTOSOFT30 14PK23" MISC	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TANDEM MOBI AUTOSOFTXC 14PK23" MISC	NP	MP	TEMPO WELCOME KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
TANDEM MOBI AUTOSOFTXC 14PK5" MISC	NP	MP	TRAVEL LANCETS ADVANCED 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TANDEM MOBI SYSTEM STARTER KIT	NP	MP	TRUE COMFORT SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TANDEM MOBI TRUSTEEL SUPP KIT MISC	NP	MP	TRUE COMFORT TWIST TOP LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
TANDEM T:SLIM ASFT 30 PK10 23" MISC	NP	MP	TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TANDEM T:SLIM ASFT 30 PK14 23" MISC	NP	MP	TRUE METRIX AIR GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TANDEM T:SLIM ASFT XC PK10 23" MISC	NP	MP	TRUE METRIX GO GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
TANDEM T:SLIM ASFT XC PK14 23" MISC	NP	MP	TRUE METRIX LEVEL 1 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TANDEM T:SLIM TRUSTL PK10 23" MISC	NP	MP	TRUE METRIX LEVEL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
TECHLITE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
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			
TECHLITE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			
TEMPO SMART BUTTON MISC	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTILET SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNILET LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ULTRA THIN LANCETS 31G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNILET MICRO-THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ULTRA-CARE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNILET SUPER-THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ULTRA-THIN II LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNILET ULTRA-THIN 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET COMFORTOUCH LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNILET G.P. SUPERLITE LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK 2 COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNISTIK 2 NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK CZT NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 2 SUPER	P	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	UNISTIK NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK PRO SAFETY LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 EXTRA	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 GENTLE	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK SAFETY LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK 3 NORMAL	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK TOUCH SAFETY LANC 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK CZT COMFORT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNISTIK TOUCH SAFETY LANC 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
UNISTRIP CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	VERIFINE UNIVERSAL LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	V-GO 20 KIT	NP	MP
			V-GO 30 KIT	NP	MP
			V-GO 40 KIT	NP	MP
VERIFINE SAFE LANCET MINI 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
VERIFINE SAFE LANCET MINI 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD INO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			VIVAGUARD INO GLUCOSE METER KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
VERIFINE SAFE LANCET MINI 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD INO SMART GLUC METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIVAGUARD LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BD INSULIN SYRINGE HALF-UNIT	P	QL(5 EA daily); RX/OTC
			BD INSULIN SYRINGE MICROFINE	P	QL(5 EA daily); RX/OTC
			BD INSULIN SYRINGE U/F	P	QL(5 EA daily); RX/OTC
VIVAGUARD LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BD INSULIN SYRINGE ULTRAFINE	P	QL(5 EA daily)
			BD PEN NEEDLE MICRO ULTRAFINE	P	MP
			BD PEN NEEDLE MINI ULTRAFINE	P	MP; RX/OTC
VIVAGUARD LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	BD PEN NEEDLE NANO 2ND GEN	P	MP; RX/OTC
			BD PEN NEEDLE NANO ULTRAFINE	P	MP; RX/OTC
VIVAGUARD SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BD PEN NEEDLE ORIG ULTRAFINE	P	MP
			BD PEN NEEDLE SHORT ULTRAFINE	P	MP; RX/OTC
			BD SAFETYGLIDE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
ZEV RX TWIST TOP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BD VEO INSULIN SYR ULTRAFINE	P	QL(5 EA daily); RX/OTC
			CAREONE INSULIN SYRINGE	P	QL(5 EA daily)
			CARETOUCH HYPODERMIC NEEDLE	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
Parenteral Therapy Supplies					
ADVOCATE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC			
AQ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	CARETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
ASSURE ID INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY 2U DEVI	PA	MP; PA; RX/OTC
BD AUTOSHIELD DUO	P	MP; RX/OTC	CEQUR SIMPLICITY INSERTER MISC	P	MP
BD INS SYR ULTRAFINE 1/2UNIT	P	QL(5 EA daily); RX/OTC	COMFORT EZ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD INSULIN SYR ULTRAFINE II	P	QL(5 EA daily); RX/OTC	DROPLET INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REALITY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROBIKA DEVI	P	RX/OTC
RELION INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SB INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER MINI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SECURESAFE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER MV MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SURE COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
TECHLITE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
TRUE COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
TRUE COMFORT PRO INSULIN SYR	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
TRUEPLUS INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTICARE INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTICARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDICAL DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTIGUARD SAFEPACK SYR/NEEDLE	P	QL(5 EA daily)	AEROCHAMBER PLUS FLO-VU MEDICAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDICAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRA FLO INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDICAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRACARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDICAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRA-THIN II INS SYR SHORT	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDICAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRA-THIN II INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDICAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VANISHPOINT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDICAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VERIFINE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDICAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ZEV RX INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDICAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
Respiratory Therapy Supplies					
ADULT MASK DEVI	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER PLUS FLO-VU SMALL DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AEROVENT PLUS DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS 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
AEROCHAMBER2GO ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			BREATHE EASE LARGE DEVI	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
			BREATHE EASE SMALL DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BREATHERITE VALVED MDI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASIVENT MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW BLACK/BLUE DEVI	P	RX/OTC
CO MONITOR DEVI	P	RX/OTC	EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW BLACK/RED DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW BLACK/WHITE DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC
COMPACT SPACE CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW WHITE/BLUE DEVI	P	RX/OTC
EASIVENT MASK LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW WHITE/GREEN DEVI	P	RX/OTC
EASIVENT MASK MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW WHITE/PINK DEVI	P	RX/OTC
EASIVENT MASK SMALL MISC	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
			EASY FLOW WHITE/YELLOW DEVI	P	RX/OTC
			EQ SPACE CHAMBER ANTI-STATIC L DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			EQ SPACE CHAMBER ANTI-STATIC M DEVI	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
			EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLEXICHAMBER 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
IN-CHECK DIAL FLOW TRAINER DEVI	P	RX/OTC	OPTICHAMBER DIAMOND-MD MASK MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	P	RX/OTC	OPTICHAMBER DIAMOND MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
INSPIREASE RESERVOIR BAGS	P	QL(3 EA per 180 day(s) retail; 3 EA per 180 days mail)	OPTICHAMBER DIAMOND-SM MASK MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
INSPIREASE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	OPTICHAMBER DIAMOND-SM MASK MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MICROCHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI MANUAL INTERRUPTER DEVI	P	RX/OTC
MICROCHAMBER MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PARI TREK S COMBO PACK DEVI	P	RX/OTC
MICROSPACER 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
NAVAGE NASAL ASPIRATOR BABY DEVI	P	RX/OTC	POCKET SPACER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
NEBULIZER CUP/TUBING DEVI	P	RX/OTC	PRO COMFORT SPACER ADULT 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 CHILD MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ONE FLOW SPIROMETER 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
OPTICHAMBER DIAMOND DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROCARE SPACER/ADULT MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PROCARE SPACER/CHILD 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
PROCHAMBER VHC 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		
PURE COMFORT 3-BALL BREATHE EX DEVI	P	RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
PURE COMFORT SPACER CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AIMOVIG	PA	SP; PA
QUAKE DEVI	P	RX/OTC	AJOVY SOAJ	PA	SP; PA
RITEFLO DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	AJOVY SOSY	PA	SP; PA
SPIRO PD DEVI	P	RX/OTC	EMGALITY (300 MG DOSE) SOSY	NP	SP
THRESHOLD PEP DEVI	P	RX/OTC	EMGALITY SOAJ	PA	SP; PA
VERSAPAP W/UNIVERSAL TUBING DEVI	P	RX/OTC	EMGALITY SOSY	PA	SP; PA
VERSAPAP DEVI	P	RX/OTC	NURTEC	PA	QL(0.54 EA daily); PA
VORTEX HOLD CHMBR/MASK/CHILD DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	QULIPTA	PA	QL(1 EA daily); PA
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	UBRELVY	PA	QL(0.534 EA daily); PA
			VYEPTI	NP	SP
			ZAVZPRET	NP	
			Migraine Combinations		
			<i>sumatriptan-naproxen sodium</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
			SYMBRAVO TABS PO	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
			TREXIMET (<i>Use sumatriptan-naproxen sodium</i>)	NF	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
			Migraine Products		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BREKIYA SOAJ SC 1 MG/ML	PA	SP; PA	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	PA	AL(At least 18 yrs old); PA	IMITREX TABS 25 MG (Use sumatriptan succinate)	NP	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	PA	PA	IMITREX TABS 50 MG, 100 MG (Use sumatriptan succinate)	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
MIGRANAL SOLN NA (Use <i>dihydroergotamine mesylate</i>)	NF		MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
Migraine Products - NSAIDs			MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>CAMBIA (Use diclofenac potassium (migraine))</i>	NF		<i>naratriptan hcl</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
<i>diclofenac potassium (migraine)</i>	NP		REL PAX 40 MG (Use <i>eletriptan hydrobromide</i>)	NF	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
ELYXYB	NP		REL PAX (Use <i>eletriptan hydrobromide</i>)	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
Serotonin Agonists			REYVOW	NP	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)
<i>almotriptan malate</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	<i>rizatriptan benzoate TABS</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>eletriptan hydrobromide</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	<i>rizatriptan benzoate TBDP</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
FROVA (Use <i>frovatriptan succinate</i>)	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	<i>sumatriptan 5 MG/ACT</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>frovatriptan succinate</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)			
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)			
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(2 ML per 30 day(s) retail; 2 ML 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)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan 20 MG/ACT</i>	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	ZOMIG SOLN (<i>Use zolmitriptan</i>)	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)	ZOMIG SOLN (<i>Use zolmitriptan</i>)	NF	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)	MINERALS & ELECTROLYTES		
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)	Calcium		
<i>sumatriptan succinate TABS 50 MG, 100 MG</i>	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	CALCIUM 600 +D HIGH POTENCY TABS	P	QL(2 EA daily)
<i>sumatriptan succinate TABS 25 MG</i>	P	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)	CALCIUM CARB-CHOLECALCIFEROL CHEW	P	
TOSYMRA	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	CALCIUM CARBONATE CHEW	P	
ZEMBRACE SYMTOUCH SOAJ	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)	<i>calcium carbonate-cholecalciferol TABS</i>	P	
<i>zolmitriptan SOLN</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>calcium carbonate TABS 1250 MG, 500 MG</i>	P	
<i>zolmitriptan TABS 2.5 MG</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	P	QL(2 EA daily)
<i>zolmitriptan TABS 5 MG</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P	
<i>zolmitriptan TBDP</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>calcium citrate TABS</i>	P	
			CALCIUM CHEW	P	
			<i>oyster shell</i>	P	
			OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	
			PARVA-CAL 200 UNIT-500 MG	P	
			Electrolyte Mixtures		
			<i>oral electrolytes SOLN</i>	P	
			Fluoride		
			<i>sodium fluoride CHEW</i>	P	AL(Up to 15 yrs old)
			<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SODIUM FLUORIDE SOLN 0.5 MG/ML	P	AL(Up to 15 yrs old); RX/OTC	<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	P	
Magnesium			<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	P	
<i>magnesium oxide (mg supplement) TABS</i>	P		Sodium		
Phosphate			<i>sodium chloride SOLN IV 0.9 %</i>	P	
K-PHOS-NEUTRAL (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF	QL(8 EA daily); RX/OTC	SODIUM CHLORIDE SOLN IJ 0.9 %	P	
PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF	QL(8 EA daily); RX/OTC	Zinc		
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 EA daily); RX/OTC	<i>zinc sulfate CAPS</i>	P	
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	P	QL(8 EA daily); RX/OTC	MISCELLANEOUS THERAPEUTIC CLASSES		
Potassium			Chelating Agents		
EFFER-K TBEF 25 MEQ	P		CUPRIMINE CAPS (<i>Use penicillamine</i>)	NF	
KLOR-CON 10 TBCR 10 MEQ (<i>Use potassium chloride</i>)	NF		CUVRIOR	PA	SP; PA
KLOR-CON TBCR 8 MEQ (<i>Use potassium chloride</i>)	NF		DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	PA	PA
K-TAB TBCR 20 MEQ (<i>Use potassium chloride</i>)	NF		<i>penicillamine CAPS</i>	PA	PA
<i>potassium bicarbonate TBEF</i>	P		<i>penicillamine TABS</i>	PA	PA
<i>potassium chloride microencapsulated crystals er</i>	P		Enzymes		
<i>potassium chloride CPCR 8 MEQ</i>	P	QL(1 EA daily)	XIAFLEX	PA	QL(2 EA per fill retail; 2 per fill mail); AL(At least 18 yrs old); SP; PA
<i>potassium chloride CPCR 10 MEQ</i>	P		Immunomodulators		
<i>potassium chloride PACK PO 20 MEQ</i>	P		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
			RYSTIGGO	NP	SP
			THALOMID 50 MG, 100 MG, 200 MG	PA	SP; PA
			VYVGART	NP	SP
			VYVGART HYTRULO	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VYVGART HYTRULO SC	NP	SP	MYFORTIC 360 MG (<i>Use mycophenolate sodium</i>)	NF	QL(4 EA daily)
Immunosuppressive Agents			NEORAL CAPS (<i>Use cyclosporine modified (for microemulsion)</i>)	NF	QL(4 EA daily)
azathioprine TABS 75 MG, 100 MG	P	QL(3 EA daily)	NEORAL SOLN (<i>Use cyclosporine modified (for microemulsion)</i>)	NF	QL(8 ML daily)
azathioprine TABS 50 MG	P		PROGRAF CAPS (<i>Use tacrolimus</i>)	NF	QL(3 EA daily)
CELLCEPT INTRAVENOUS (<i>Use mycophenolate mofetil hcl</i>)	NF		PROGRAF PACK	P	
CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NF	QL(2 EA daily)	PROGRAF SOLN 5 MG/ML (<i>Use tacrolimus</i>)	NF	
CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	NF	QL(15 ML daily)	RAPAMUNE SOLN (<i>Use sirolimus</i>)	NF	
CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NF	QL(4 EA daily)	RAPAMUNE TABS (<i>Use sirolimus</i>)	NF	
cyclosporine modified (for microemulsion) CAPS	P	QL(4 EA daily)	SANDIMMUNE CAPS (<i>Use cyclosporine</i>)	NF	QL(4 EA daily)
cyclosporine modified (for microemulsion) SOLN	P	QL(8 ML daily)	SANDIMMUNE SOLN IV 50 MG/ML	P	
cyclosporine CAPS	P	QL(4 EA daily)	SANDIMMUNE SOLN PO 100 MG/ML	P	QL(8 ML daily)
cyclosporine SOLN IV 50 MG/ML	P		sirolimus SOLN	P	
ENSPRYNG	NP	SP	sirolimus TABS	P	
everolimus (immunosuppressant)	P		tacrolimus CAPS	P	QL(3 EA daily)
IMURAN TABS (<i>Use azathioprine</i>)	NF		tacrolimus SOLN 5 MG/ML	P	
mycophenolate mofetil hcl	P		UPLIZNA	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 18 yrs old); SP
mycophenolate mofetil CAPS	P	QL(2 EA daily)	ZORTRESS (<i>Use everolimus (immunosuppressant)</i>)	NF	
mycophenolate mofetil SUSR	P	QL(15 ML daily)	PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
mycophenolate mofetil TABS	P	QL(4 EA daily)	VIJOICE TBPK	PA	SP; PA
mycophenolate sodium 360 MG	P	QL(4 EA daily)	Potassium Removing Agents		
mycophenolate sodium 180 MG	P	QL(2 EA daily)	LOKELMA	P	
MYFORTIC 180 MG (<i>Use mycophenolate sodium</i>)	NF	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate POWD</i>	P	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	NP	
VELTASSA	NP	
Sclerosing Agents		
<i>sodium tetradecyl sulfate</i>	PA	PA
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	PA	AL(At least 5 yrs old); SP; PA
BENLYSTA SOLR	PA	AL(At least 5 yrs old); SP; PA
BENLYSTA SOSY	PA	AL(At least 18 yrs old); SP; PA
SAPHNELO	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		
NYSTATIN (<i>Use nystatin (mouth-throat)</i>)	NF	QL(120 ML per fill retail; 120 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin (mouth-throat)</i>	P	QL(120 ML per fill retail; 120 per fill mail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF	
Dental Products		
FRAICHE 5000 DENTAL GEL 1.1 % (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 ML per fill retail; 60 per fill mail)
PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
PREVIDENT GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
PREVIDENT SOLN (<i>Use sodium fluoride (dental)</i>)	NF	
SF 5000 PLUS CREA 1.1 % (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
SF GEL 1.1 % (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
<i>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	
SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (<i>Use sodium fluoride (dental)</i>)	NF	QL(60 GM per fill retail; 60 per fill mail)
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Throat Products - Misc.			DESTRESS-IRON TABS	P	QL(1 EA daily); RX/OTC
AQUORAL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC	FLORAVITA MINI TABS	P	QL(1 EA daily); RX/OTC
<i>artificial saliva SOLN</i>	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC	MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG	P	QL(1 EA daily); RX/OTC
CAPHOSOL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC	<i>multiple vitamins w/ iron TABS</i>	P	QL(1 EA daily); RX/OTC
NUMOISYN LIQD	P	QL(900 ML per fill retail; 900 per fill mail); 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
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 EA daily)	MULTIVITAMIN PLUS IRON ADULT TABS 60 MG-2 MG-13.5 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-75 MG-1.5 MG	P	QL(1 EA daily); RX/OTC
<i>SALAGEN 5 MG (Use pilocarpine hcl (oral))</i>	NF	QL(6 EA daily)	MULTI-VITAMIN/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
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			
MYNEPHRON CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
RENAL CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
RENO CAPS CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
TRIPHROCAPS CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
Multiple Vitamins w/ Iron					
DAILY VITE MULTIVITAMIN/IRON TABS 50 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-15 MG-1.5 MG	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
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	Multiple Vitamins w/ Minerals		
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	50+ ADULT EYE HEALTH CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC
ONE-DAILY/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	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
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			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP CENTURY 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 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	P	QL(1 EA daily); RX/OTC
GNP HAIR SKIN & NAILS EXTRA ST TABS	P	QL(1 EA daily); RX/OTC	MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 MG-35 MG-35 MG-15 MG-25 MG-25 MG, 150 MG-25 MG-15 MG-125 MCG-50 UNIT-200 MCG-2.5 MG-5 MG-100 UNIT-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-100 MG-2.5 MG-5000 UNIT-75 MCG-25 MG-12.5 MG-25 MCG-5 MCG-15 MG-15 MG-35 MG-35 MG-50 MCG-35 MG-25 MG-25 MG	P	QL(1 EA daily); RX/OTC
GNP 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 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 HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC	GNP ONE DAILY MAXIMUM TABS	P	QL(1 EA daily); RX/OTC
GNP HEALTHY EYES TABS 200 MG-2 MG-27 MG-2 MG-40 MG-185 MG-55 MCG-300 MCG, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP 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	KEYLOSA TABS	P	QL(1 EA daily); RX/OTC
HM COMPLETE MEN 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
HYLAZINC TABS	P	QL(1 EA daily); RX/OTC	KP ADULTS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-75 MCG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 UNIT-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
ICAPS AREDS FORMULA TABS	P	QL(1 EA daily); RX/OTC			
ICAPS LUTEIN & OMEGA-3 CAPS 240 MCG-1.2 MG-16 MG-1.3 MG-2.4 MCG-1.3 MG-10 MG-600 MCG-45 MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7 MG-1 MG-34 MCG-280 MG	P	RX/OTC			
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 ESSENTIALS DAILY CAPS	P	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			
JOINT HEALTH & BONE STRENGTH TABS	P	QL(1 EA daily); RX/OTC			
KEYFOLIC TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 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
KP MENS DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-210 MG-22.5 UNIT-2 MG-120 MCG-110 MCG, 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC	KP WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-50 MG-15 MG-500 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.6 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC
KP VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	K-PAX IMMUNE PROFESSIONAL ST TABS	P	QL(1 EA daily); RX/OTC
KP VISION FORMULA TABS 60 MG-40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG	P	QL(1 EA daily); RX/OTC	LIVER DETOX TABS	P	QL(1 EA daily); RX/OTC
			LIVITA ADULTS LIQD	P	RX/OTC
			LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	P	QL(1 EA daily); RX/OTC
			LYSIPLEX PLUS LIQD	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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-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-3.333 MG-8.333 MG	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	MEDI TAB 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	MEGA MULTI FOR WOMEN 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	MEGA MULTI MEN TABS	P	QL(1 EA daily); RX/OTC
			MEGAVITE FRUITS & VEGGIES TABS	P	QL(1 EA daily); RX/OTC
			MEGAVITE GOLDEN YEARS 55+ TABS	P	QL(1 EA daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-19 MCG-10 MCG-50 MCG-72 MG-2 MG			MULTIVITAMIN MEN 50+ TABS 120 MG-30 MCG- 300 MCG-1.5 MG-20 MG- 6 MG-10 MG-1.7 MG-300 MCG-600 MCG-25 MCG- 27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG- 1050 MCG-60 MCG-100 MCG-72 MG, 120 MG-30 MCG-400 MCG-4.5 MG- 20 MG-6 MG-15 MG-3.4 MG-370 MCG-17.5 MCG- 11.4 MG-110 MG-4.2 MG- 90 MCG-180 MCG-2.2 MG-24 MG-120 MG-150 MCG-117 MCG-940 MCG- 20 MCG-25 MCG, 120 MG-6 MG-30 MCG-27 MG-300 MCG-25 MCG- 100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-10 MG-600 MCG-1.5 MG-75 MG-15 MG-80 MG-210 MG-50 MCG-150 MCG-20 MG-0.5 MG-5 MCG-4 MG- 1050 MCG-21 MCG-10 MCG-60 MCG-72 MG-2 MG, 120 MG-6 MG-30 MCG-300 MCG-600 UNIT- 100 MCG-1.7 MG-60 MCG-20 MG-300 MCG- 3500 UNIT-10 MG-600 MCG-1.5 MG-75 MG-15 MG-210 MG-80 MG-50 MCG-150 MCG-60 UNIT- 20 MG-0.5 MG-4 MG-21 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-10 MCG-6 MCG-1.7 MG-25 MCG-20 MG-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG- 200 MG-45 MCG-150 MCG-13.5 MG-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-1050 MCG- 55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-30 MCG-400 MCG- 1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-2 MG-10 MCG-35 MCG-0.5 MG-10 MCG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG- 6 MCG-72 MG	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN 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	OCUTABS-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	P	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
MVW MODULATOR FORMULATION CAPS	P	RX/OTC	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	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	OCUVITE ADULT 50+ CAPS	P	RX/OTC
NAT-RUL THERAVITE-M TABS	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT FORMULA CAPS	P	RX/OTC
NATRUL-VITES 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
NEOVITE 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
NICADAN 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
NICAZEL FORTE TABS	P	QL(1 EA daily); RX/OTC	OCUVITE EYE PERFORMANCE CAPS	P	RX/OTC
NICAZEL TABS	P	QL(1 EA daily); RX/OTC	OCUVITE-LUTEIN CAPS	P	RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC	OCUVITE-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
NUTRALYN TABS	P	QL(1 EA daily); RX/OTC	ONCOVITE TABS	P	QL(1 EA daily); RX/OTC
NUTRICAP TABS	P	QL(1 EA daily); RX/OTC	ONE A DAY ENERGY TABS	P	QL(1 EA daily); 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			
OCULAR VITAMINS TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE A DAY MEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY FOR MEN 50+ ADVANCED TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY POSTNATAL CAPS	P	RX/OTC	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		
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 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 FOR MEN/LYCOPENE TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY CALCIUM/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-1.5 MG-6 MCG-10 MG-1.7 MG-20 MG-2500 UNIT-2500 UNIT-27 MG-15 MG-450 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	ONE DAILY FOR WOMEN 50+ ADV TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-4 MG-180 MCG-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY COMPLETE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC	ONE DAILY FOR WOMEN 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 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			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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-A-DAY MENS 50+ ADVANTAGE TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS 50+ TABS	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-A-DAY MENS HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS 50+ TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-2500 UNIT-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS PRO EDGE TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY PROACTIVE 65+ TABS	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-A-DAY TEEN ADVANTAGE/HIM TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WEIGHT SMART ADVANCE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS 50 PLUS TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS (MINERALS) TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG-2.2 MG-500 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY WOMENS 50+ ADVANTAGE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC
			ONE-A-DAY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY WOMENS HEALTHY SKIN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC
			ONE-A-DAY WOMENS MIND & BODY TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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-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 TABS	P	QL(1 EA daily); RX/OTC	OPURITY TABS	P	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	RX/OTC	OSTEOPRIME PLUS 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	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
ONEVITE TABS	P	QL(1 EA daily); RX/OTC	PARVLEX TABS	P	QL(1 EA daily); RX/OTC
OPTIC-VITES WITH LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	PHYTOMULTI TABS	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	PRESCRIPTION SUPPORT MULTIVIT CAPS	P	RX/OTC
OPTIMUM PMS TABS 250 MG-4.16 MG-33.3 MCG-4.16 MG-10.4 MCG-2083.3 UNIT-4.16 MG-52.08 MG-4.16 MG-4.16 MG-16.7 UNIT-2.5 MG-41.7 MG-1.67 MG-7.9 MG-16.7 MCG-0.08 MG-4.16 MG-12.5 MCG-16.7 MCG-16.7 UNIT	P	QL(1 EA daily); RX/OTC	PRESERVISION AREDS 2+COQ10 CAPS	P	RX/OTC
			PRESERVISION AREDS 2+MULTI VIT CAPS	P	RX/OTC
			PRESERVISION AREDS 2 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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QC THERIN-M TABS 90 MG-6 MG-30 MCG-400 MCG-400 UNIT-12 MCG-3.4 MG-28 MCG-20 MG-5000 UNIT-10 MG-9 MG-3 MG-100 MG-15 MG-150 MCG-7.5 MG-2 MG-40 MG-75 MCG-150 MCG-60 UNIT-31 MG-2 MG-5 MCG-10 MCG-2 MG-50 MCG-70 MCG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC	SENIOR TABS TABS 60 MG-3 MG-30 MCG-400 MCG-1.5 MG-20 MG-25 MCG-10 MG-1.7 MG-250 MCG-300 MCG-400 UNIT-45 UNIT-100 MG-2 MG-75 MCG-5 MCG-80 MG-2 MG-150 MCG-150 MCG-2 MG-10 MCG-15 MG-200 MG-150 MCG-48 MG-20 MCG-3500 UNIT-10 MCG-72 MG	P	QL(1 EA daily); RX/OTC
QC WOMENS DAILY MULTIVITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-500 UNIT-5 MCG-2500 UNIT-1.7 MG-25 MCG-10 MG-5 MG-15 MG-450 MG-5 MG-50 MG-15 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
QUIN B STRONG TABS	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR/LUTEIN TABS	P	QL(1 EA daily); RX/OTC
QUINTABS-M TABS	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR TABS	P	QL(1 EA daily); RX/OTC
RAYAVIT TABS	P	QL(1 EA daily); RX/OTC	SENTRY TABS	P	QL(1 EA daily); RX/OTC
REMEDIENT CAPS	P	RX/OTC	SIDEROL TABS	P	QL(1 EA daily); RX/OTC
RENAL MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	SKIN HAIR & NAILS ADVANCED CAPS	P	RX/OTC
RENAPLEX-D TABS	P	QL(1 EA daily); RX/OTC	SOLO 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	SPECTRAVITE TABS	P	QL(1 EA daily); RX/OTC
			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	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
			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
			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
THERA-VITE MAX-M TABS	P	QL(1 EA daily); RX/OTC			
THRIVE FOR LIFE WOMENS TABS 60 MG-6 MG-300 MCG-400 MCG-1000 UNIT-18 MCG-5.1 MG-60 MCG-20 MG-100 MCG-3500 UNIT-15 MG-18 MG-500 MG-700 MCG-4.5 MG-50 MG-15 MG-75 MCG-150 MCG-30 UNIT-2 MG-2 MG-70 MCG-120 MCG-150 MCG	P	QL(1 EA daily); RX/OTC	ULTRA FREEDA TABS 133.333 UNIT-16.667 MG-100 MCG-266.667 MCG-16.667 MG-33.333 MCG-1666.667 UNIT-16.667 MG-33.333 MG-33.333 MG-333.333 MG-3.333 MG-33.333 MG-11.667 MG-7.5 MG-83.333 MG-50 MCG-33.333 MCG-33.333 MG-66.667 UNIT-4.167 MCG-66.667 MCG	P	QL(1 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VITABASIC SENIOR TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPOR CAPS	P	RX/OTC
VITABEX PLUS CAPS	P	RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
VITABEX CAPS	P	RX/OTC	VITEYES CLASSIC+OMEGA-3 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 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
VITACORE TABS	P	QL(1 EA daily); RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
VITAMIN D3 COMPLETE TABS	P	QL(1 EA daily); RX/OTC	VITRAMYN 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	VITRANOL FE TABS	P	QL(1 EA daily); RX/OTC
VITAMINS A-D-E/SELENIUM TABS 400 UNIT-10000 UNIT-100 UNIT-50 MCG	P	QL(1 EA daily); RX/OTC	VITRANOL TABS	P	QL(1 EA daily); RX/OTC
VITAROCA PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-20 MG-100 MG-5000 UNIT-25 MG-27 MG-20 MG-50 MG-5 MG-22.5 MG-3 MG-30 UNIT-0.1 MG	P	QL(1 EA daily); RX/OTC	VITREXATE FE TABS	P	QL(1 EA daily); RX/OTC
VITASANA TABS	P	QL(1 EA daily); RX/OTC	VITREXATE TABS	P	QL(1 EA daily); RX/OTC
VITASCRIPIT TABS	P	QL(1 EA daily); RX/OTC	VITREXYL + IRON TABS	P	QL(1 EA daily); RX/OTC
VITATRUM TABS	P	QL(1 EA daily); RX/OTC	VITREXYL TABS	P	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	P	RX/OTC	VITRUM 50+ ADULT-MULTI TABS	P	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA CAPS	P	RX/OTC	VITRUM 50+ SENIOR MULTI TABS	P	QL(1 EA daily); RX/OTC
VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC	WELLFOLA TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WOMENS 50+ ADVANCED CAPS 72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-150 MCG-33 UNIT-5 MCG-10 MCG-180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG	P	RX/OTC	WOMENS MULTI CAPS 72 MG-4 MG-30 MCG-600 MCG-1000 UNIT-15 MCG-1.7 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-18 MG-21 MG-10 MG-100 MCG-234 MCG-3 MG-4 MG-15 MG-2 MG-16 MG-150 MCG-150 MCG-33 UNIT-5 MCG-10 MCG-120 MCG-70 MCG-552 MCG-6 MG-10 MCG-2 MG-2 MG-75 MCG	P	RX/OTC
WOMENS 50+ MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC	WOMENS MULTIVITAMIN TABS 75 MG-1.7 MG-1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-665 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-150 MCG-3.4 MG-1.8 MG-25 MCG-27.5 MCG	P	QL(1 EA daily); RX/OTC
WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.5 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC	YELETS TEENAGE FORMULA TABS	P	QL(1 EA daily); RX/OTC
WOMENS LIFE PACK TABS 400 MCG-400 UNIT-25 MCG-10 MG-10 MG-250 MCG-3500 UNIT-18 MG-10 MG-300 MCG-2 MG-80 MG-150 MCG-0.75 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-120 MCG-20 MCG-10 MCG-72 MG-2 MG-30 MG, 400 UNIT-25 MCG-10 MG-10 MG-250 MCG-3500 UNIT-18 MG-10 MG-300 MCG-2 MG-150 MCG-75 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-2 MG-120 MCG-20 MCG-10 MCG	P	QL(1 EA daily); RX/OTC	Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid		
			QUFLORA FE	P	AL(Up to 20 yrs old)
			Multivitamins		
			ALTRIXA TABS	P	QL(1 EA daily); RX/OTC
			AMLADEX TABS	P	QL(1 EA daily); RX/OTC
			ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	P	QL(1 EA daily); RX/OTC
			CENTRUM MENOPAUSE MIND/MOOD TABS	P	QL(1 EA daily); RX/OTC
			DAILY MULTIPLE VITAMINS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAILY VALUE MULTIVITAMIN TABS 400 UNIT-60 MG-2 MG-300 MCG-30 UNIT-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG, 400 UNIT-60 MG-2 MG-300 MCG-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	GNP ESSENTIAL ONE DAILY TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-75 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
DAILY VITAMINS TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC	HEALTHY HAIR/SKIN/NAILS TABS 2 MG-2000 MCG-400 MCG-25 MG-100 MG-25 MCG-1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG	P	QL(1 EA daily); RX/OTC
DAILY VITES TABS 60 MG-2 MG-0.4 MG-1.5 MG-6 MCG-5000 UNIT-10 MG-1.7 MG-20 MG-400 UNIT-30 UNIT	P	QL(1 EA daily); RX/OTC	HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
DAILY VITE TABS 400 UNIT-60 MG-2 MG-30 UNIT-400 MCG-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG, 60 MG-2 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	MINCORA TABS	P	QL(1 EA daily); RX/OTC
DAILY-VITE MULTIVITAMIN TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	P	QL(1 EA daily); RX/OTC	MULTI VITAMIN W/D-3 TABS	P	QL(1 EA daily); RX/OTC
DAILY-VITE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC
ESTROFACTORS 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
FOLAWISE TABS	P	QL(1 EA daily); RX/OTC	MULTIPLE VITAMINS ESSENTIAL TABS 60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-5000 UNIT	P	QL(1 EA daily); RX/OTC
FOLCYTEINE TABS	P	QL(1 EA daily); RX/OTC	MULTIPLE VITAMINS TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-1.7 MG-20 MG-10 MG-1.5 MG-30 UNIT-5000 UNIT, 60 MG-400 MCG-2 MG-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-1.5 MG-400 UNIT-30 UNIT	P	QL(1 EA daily); RX/OTC
			<i>multiple vitamin TABS</i>	P	QL(1 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TAB-A-VITE TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	P	QL(1 EA daily); RX/OTC	LIVITA CHILDREN LIQD	P	AL(Up to 20 yrs old); RX/OTC
Thera Tabs	P	QL(1 EA daily); RX/OTC	Ped MV w/ Fluoride		
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	DAVIMET-FLUORIDE CHEW	P	
Therems Tabs	P	QL(1 EA daily); RX/OTC	FLORAFOL PEDIATRIC CHEW	P	AL(Up to 20 yrs old); RX/OTC
TM-DAILY VITE TABS	P	QL(1 EA daily); RX/OTC	FLORAFOL PEDIATRIC SOLN	P	AL(Up to 20 yrs old); RX/OTC
TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-1.7 MG-10 MCG-1500 MCG-6 MCG	P	QL(1 EA daily); RX/OTC	FLOTREX CHEW 0.5 MG	P	AL(Up to 20 yrs old); RX/OTC
TRUE MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN/FLUORIDE CHEW	P	AL(Up to 20 yrs old); RX/OTC
VIREXA TABS	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN/FLUORIDE SOLN	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	MULTI-VIT-FLOR CHEW	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 SOLN</i>	P	AL(Up to 20 yrs old); RX/OTC
Ped Multi Vitamins w/Fl & FE			<i>pediatric vitamins acd w/ fluoride SOLN</i>	P	AL(Up to 20 yrs old); RX/OTC
FLORAFOL FE PEDIATRIC SOLN	P	AL(Up to 20 yrs old)	POLY-VI-FLOR CHEW	P	AL(Up to 20 yrs old); RX/OTC
<i>ped multivitamins w/fl & iron SOLN</i>	P	AL(Up to 20 yrs old); RX/OTC	POLY-VI-FLOR SUSP	P	AL(Up to 20 yrs old)
POLY-VI-FLOR/IRON CHEW	P	AL(Up to 20 yrs old)	QUFLORA PEDIATRIC CHEW	P	AL(Up to 20 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	P	AL(Up to 20 yrs old); RX/OTC	QUFLORA PEDIATRIC SOLN	P	AL(Up to 20 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	P	AL(Up to 20 yrs old)	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old)
Ped Multiple Vitamins w/ Minerals			VITAMINS ACD-FLUORIDE SOLN	P	AL(Up to 20 yrs old); RX/OTC
			Ped MV w/ Iron		
			BPROTECTED PEDIA POLY-VITE/FE SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
			ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	P	QL(50 ML per fill retail; 50 per fill mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FRUITY CHEWS/IRON CHEW 60 MG-1.05 MG-300 MCG-1.05 MG-4.5 MCG-1.2 MG-13.5 MG-400 UNIT-15 UNIT-15 MG-2500 UNIT	P		POLY-VITA SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
GNP CHILDRENS CHEWABLES/IRON CHEW 15 MG	P		POLY-VITE PEDIATRIC SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
LAND BEFORE TIME MULTIVITAMIN CHEW 15 MG	P		Prenatal Vitamins		
MULTIVITAMIN DROPS/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	P	
NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML	P	QL(50 ML per fill retail; 50 per fill mail)	CLASSIC PRENATAL TABS	P	QL(1 EA daily)
PC PEDIATRIC POLY-VITA/FE DROP SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	COMPLETE NATAL DHA	P	
POLY-VITA/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	COMPLETENATE CHEW	P	
POLY-VITE/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)	CONCEPT DHA	P	
QC CHILDRENS VITAMINS/IRON CHEW 15 MG	P		CONCEPT OB	P	
Pediatric Multiple Vitamins			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	
BPROTECTED PEDIA POLY-VITE SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)	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 INFANT & TODDLER SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)	ENBRACE HR	P	
NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	P		EQL PRENATAL FORMULA TABS	P	QL(1 EA daily)
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)	FOLIVANE-OB	P	
POLY-VI-SOL SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)	FT PRENATAL TABS	P	QL(1 EA daily)
			GNP PRENATAL/FOLIC ACID TABS	P	QL(1 EA daily)
			GNP PRENATAL TABS	P	QL(1 EA daily)
			JENLIVA PRENATAL/POSTNATAL CAPS	P	QL(1 EA daily)
			KP PRENATAL MULTIVITAMINS TABS	P	QL(1 EA daily)
			KPN PRENATAL TABS	P	QL(1 EA daily)
			MASONATAL TABS	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
M-NATAL PLUS TABS	P	RX/OTC	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)
MULTI PRENATAL TABS	P	QL(1 EA daily)			
NEONATAL PRENATAL TABS	P	QL(1 EA daily)	<i>prenatal without a w/ fumarate-l methylfolate-fa-dha</i>	P	
NEONATAL VITAMIN TABS	P	QL(1 EA daily)			
NEO-VITAL RX TABS	P		PRENATAL/IRON TABS	P	QL(1 EA daily)
NESTABS	P		PRENATAL TABS	P	QL(1 EA daily)
NESTABS DHA	P		PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	P	RX/OTC
NESTABS ONE	P		PRENATE	P	
OB COMPLETE ONE	P		PRENATE AM	P	
OB COMPLETE PETITE	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	
OB COMPLETE PREMIER	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	
OB COMPLETE/DHA	P		PRENATE ENHANCE	P	
OB COMPLETE TABS	P		PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	P	
ONE VITE WOMENS TABS	P	QL(1 EA daily)			
PNV-OMEGA	P				
PRENATAL (W/IRON & FA) TABS	P	QL(1 EA daily); RX/OTC			
PRENATAL FORMULA CAPS	P				
PRENATAL FORTE TABS	P	QL(1 EA daily); RX/OTC			
PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	P	QL(1 EA daily); RX/OTC			
PRENATAL ONE DAILY TABS	P	QL(1 EA daily)			
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	P				
<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				
PRENATAL VITAMIN AND MINERAL TABS	P	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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		<i>vitamins w/ lipotropics CAPS</i>	P	QL(1 EA daily)
PRENATE PIXIE	P		MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
PRENATE RESTORE	P		Central Muscle Relaxants		
PRENATVITE RX TABS	P	QL(1 EA daily); RX/OTC	AMRIX CP24 (<i>Use cyclobenzaprine hcl</i>)	NP	
PRIMACARE	P		BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML	NP	
PROVIDA OB	P		<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	
QC PRENATAL TABS	P	QL(1 EA daily)	<i>baclofen SUSP</i>	NP	
SELECT-OB+DHA MISC	P		<i>baclofen TABS</i>	P	
SELECT-OB CHEW	P		<i>carisoprodol TABS 250 MG</i>	NP	
SE-NATAL 19 CHEW	P		<i>carisoprodol TABS 350 MG</i>	P	
SE-NATAL 19 TABS	P	RX/OTC	<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	NP	
SM PRENATAL VITAMINS TABS	P	QL(1 EA daily)	<i>chlorzoxazone TABS 500 MG</i>	P	
TARON-C DHA	P		<i>cyclobenzaprine hcl CP24</i>	P	
THRIVITE RX TABS	P	RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	
TRICARE TABS	P	RX/OTC	<i>cyclobenzaprine hcl TABS</i>	P	
TRINATAL RX 1 TABS	P		FLEQSUVY SUSP (<i>Use baclofen</i>)	NP	
TRISTART DHA	P		LYVISPAH PACK 5 MG	NP	
VITAFOL FE+	P		<i>metaxalone</i>	NP	
VITAFOL GUMMIES	P		<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
VITAFOL ULTRA	P		ONTRALFY SOLN PO 2 MG/5ML	NP	
VITAFOL-OB+DHA MISC	P		<i>orphenadrine citrate TB12</i>	P	
VITAFOL-OB TABS	P		OZOBAX DS SOLN PO (<i>Use baclofen</i>)	NP	
VITAFOL-ONE CAPS	P		SOMA TABS (<i>Use carisoprodol</i>)	NP	
WESCAP-C DHA	P		<i>tizanidine hcl CAPS</i>	P	
WESCAP-PN DHA	P				
WESNATAL DHA COMPLETE	P				
WESNATE DHA CAPS	P				
WESTAB PLUS TABS	P	RX/OTC			
WESTGEL DHA	P				
Vitamins w/ Lipotropics					

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl TABS</i>	P	
ZANAFLEX CAPS (<i>Use tizanidine hcl</i>)	NP	
ZANAFLEX TABS 4 MG (<i>Use tizanidine hcl</i>)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (<i>Use dantrolene sodium</i>)	NP	
<i>dantrolene sodium CAPS</i>	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	P	
DYMISTA SUSP (<i>Use azelastine hcl-fluticasone propionate</i>)	P	
RYALTRIS	NP	
Nasal Agents - Misc.		
<i>saline SOLN 0.65 %</i>	P	QL(90 ML per fill retail; 90 per fill mail)
Nasal Antiallergy		
<i>azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY</i>	P	
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	QL(26 ML per fill retail; 26 per fill mail)
<i>olopatadine hcl (nasal)</i>	P	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	P	
Nasal Steroids		
<i>budesonide (nasal)</i>	NP	
<i>flunisolide (nasal)</i>	NP	
<i>fluticasone propionate (nasal) SUSP</i>	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (nasal) SUSP</i>	P	RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	NP	RX/OTC
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
<i>triamcinolone acetonide (nasal) AERO</i>	P	
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
ADRENALIN 0.1 %	P	
<i>epinephrine hcl (nasal)</i>	P	
<i>phenylephrine hcl (oral) TABS</i>	P	QL(24 EA per fill retail; 24 per fill mail)
<i>pseudoephedrine hcl TABS</i>	P	
<i>pseudoephedrine hcl TB12</i>	P	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	P	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
QALSODY	PA	AL(At least 18 yrs old); SP; PA
Friedrich's Ataxia Agents		
SKYCLARYS	PA	QL(3 EA daily); AL(At least 16 yrs old); SP; PA
Muscular Dystrophy Agents		
AMONDYS 45	PA	SP; PA
DUVYZAT	PA	AL(At least 6 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELEVIDYS 10.0-10.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 25.5-26.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 10.5-11.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 26.5-27.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 11.5-12.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 27.5-28.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 12.5-13.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 28.5-29.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 13.5-14.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 29.5-30.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 14.5-15.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 30.5-31.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 15.5-16.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 31.5-32.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 16.5-17.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 32.5-33.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 17.5-18.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 33.5-34.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 18.5-19.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 34.5-35.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 19.5-20.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 35.5-36.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 20.5-21.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 36.5-37.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 21.5-22.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 37.5-38.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 22.5-23.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 38.5-39.4 KG	PA	AL(At least 4 yrs old); SP; PA
ELEVIDYS 23.5-24.4 KG	PA	AL(At least 4 yrs old); SP; PA	ELEVIDYS 39.5-40.4 KG	PA	AL(At least 4 yrs old); SP; PA
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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BOTOX IJ	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA	ZOLGENSMA 11.1-11.5 KG	CO	
			ZOLGENSMA 11.6-12.0 KG	CO	
			ZOLGENSMA 12.1-12.5 KG	CO	
DYSPORT	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA	ZOLGENSMA 12.6-13.0 KG	CO	
			ZOLGENSMA 13.1-13.5 KG	CO	
			ZOLGENSMA 13.6-14.0 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 14.1-14.5 KG	CO	
			ZOLGENSMA 14.6-15.0 KG	CO	
			ZOLGENSMA 15.1-15.5 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 15.6-16.0 KG	CO	
			ZOLGENSMA 16.1-16.5 KG	CO	
			ZOLGENSMA 16.6-17.0 KG	CO	
Rett Syndrome Agents					
DAYBUE	PA	QL(120 ML daily); AL(At least 2 yrs old); SP; PA	ZOLGENSMA 17.1-17.5 KG	CO	
DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG	PA	AL(At least 2 yrs old); SP; PA	ZOLGENSMA 17.6-18.0 KG	CO	
Spinal Muscular Atrophy Agents (SMA)					
EVRYSDI	PA	SP; PA	ZOLGENSMA 18.1-18.5 KG	CO	
EVRYSDI PO 5 MG	PA	SP; PA	ZOLGENSMA 18.6-19.0 KG	CO	
SPINRAZA	PA	SP; PA	ZOLGENSMA 19.1-19.5 KG	CO	
ZOLGENSMA 20.6-21.0 KG	CO		ZOLGENSMA 19.6-20.0 KG	CO	
ZOLGENSMA 10.1-10.5 KG	CO		ZOLGENSMA 2.6-3.0 KG	CO	
ZOLGENSMA 10.6-11.0 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)	NF	
ZOLGENSMA 8.6-9.0 KG	CO		BETIMOL (Use timolol)	NP	
ZOLGENSMA 9.1-9.5 KG	CO		BETOPTIC-S SUSP	P	
ZOLGENSMA 9.6-10.0 KG	CO		<i>brimonidine tartrate-timolol maleate</i>	NP	
NUTRIENTS			<i>carteolol hcl (ophth)</i>	P	
Misc. Nutritional Substances			COMBIGAN (Use brimonidine tartrate-timolol maleate)	P	
<i>omega-3 fatty acids CAPS 1000 MG, 1200 MG</i>	P	QL(6 EA daily)	COSOPT (Use dorzolamide hcl-timolol maleate)	NF	
Proteins			COSOPT (Use dorzolamide hcl-timolol maleate)	NP	
ARGININE TABS	P		COSOPT PF (Use dorzolamide hcl-timolol maleate)	NP	
L-TRYPTOPHAN TABS	P		COSOPT PF (Use dorzolamide hcl-timolol maleate)	NF	
OPHTHALMIC AGENTS - Drugs to Treat the Eye			<i>dorzolamide hcl-timolol maleate</i>	NP	
Artificial Tears and Lubricants			<i>dorzolamide hcl-timolol maleate</i>	P	
ALCON TEARS SOLN	P		<i>dorzolamide hcl-timolol maleate</i>	NP	
<i>artificial tear solution</i>	P		ISTALOL SOLN (Use timolol maleate (ophth))	NP	
<i>carboxymethylcellulose sodium (ophth) GEL</i>	P		<i>levobunolol hcl 0.5 %</i>	P	
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	P		<i>timolol</i>	NP	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	P				
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	NP				
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	NP				
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	P				
<i>polyvinyl alcohol 1.4 %</i>	P				

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DUREZOL (Use difluprednate)	NP		PRED FORTE (Use prednisolone acetate (ophth))	P	
EYSUVIS SUSP	NP	QL(8.3 ML per fill retail; 8.3 per fill mail)	PRED MILD	NP	
FLAREX	P		<i>prednisolone acetate (ophth)</i>	P	
<i>fluorometholone (ophth) SUSP</i>	NP		PREDNISOLONE SODIUM PHOSPHATE	NP	
FML FORTE SUSP	P		RETISERT	NP	SP
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	P		<i>sulfacetamide sod-prednisolone SOLN</i>	P	
ILUVIEN	NP	SP	TOBRADEX ST SUSP	NP	
INVELTYS SUSP	NP		TOBRADEX OINT	P	
LOTEMAX SM GEL	NP		<i>tobramycin-dexamethasone SUSP</i>	P	
LOTEMAX GEL (Use loteprednol etabonate)	NP		TRIESENCE	NP	SP
LOTEMAX OINT	NP		XIPERE	NP	SP
LOTEMAX SUSP (Use loteprednol etabonate)	NP		YUTIQ	NP	SP
<i>loteprednol etabonate GEL</i>	NP		ZYLET 0.3 %-0.5 % (Use loteprednol etabonate-tobramycin)	NP	
<i>loteprednol etabonate SUSP</i>	NP		Ophthalmics - Misc.		
<i>loteprednol etabonate-tobramycin</i>	NP		ACULAR (Use ketorolac tromethamine (ophth))	NP	
MAXIDEX SUSP OP	P		ACULAR LS (Use ketorolac tromethamine (ophth))	NP	
MAXITROL OINT (Use neomycin-polymyx-dexameth)	NP	QL(17.5 GM per fill retail; 17.5 per fill mail)	ACUVAIL	NP	
MAXITROL SUSP (Use neomycin-polymyx-dexameth)	NP		ALOCRIAL	P	QL(5 ML per fill retail; 5 per fill mail)
<i>neomycin-polymyx-dexameth OINT</i>	P	QL(17.5 GM per fill retail; 17.5 per fill mail)	<i>azelastine hcl (ophth)</i>	P	
<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	P		AZOPT (Use brinzolamide)	NF	
<i>neomycin-polymyxin-hc (ophth)</i>	NP		AZOPT (Use brinzolamide)	P	
			<i>bepotastine besilate</i>	NP	
			BEPREVE (Use bepotastine besilate)	P	
			<i>brinzolamide</i>	NP	
			<i>bromfenac sodium (ophth)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
BROMSITE (Use bromfenac sodium (ophth))	NP	
cromolyn sodium (ophth)	NP	
diclofenac sodium (ophth)	P	
dorzolamide hcl	P	
epinastine hcl (ophth)	NP	
flurbiprofen sodium	P	
ILEVRO	P	
ketorolac tromethamine (ophth)	P	
ketotifen fumarate (ophth) 0.035 %	P	
ketotifen fumarate (ophth) 0.035 %	NP	
LASTACAFT	NP	
MIEBO	NP	
NEVANAC	P	
olopatadine hcl	NP	
olopatadine hcl	P	
PROLENSA (Use bromfenac sodium (ophth))	NP	
TRYPTYR SOLN OP 0.003 %	NP	AL(At least 18 yrs old)
ZERVIAE	NP	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	NP	
DURYSTA IMPL	NP	
IDOSE TR IMPL	NP	
IYUZEH SOLN	NP	
latanoprost SOLN	P	
LUMIGAN SOLN 0.01 %	P	
tafluprost	NP	
TRAVATAN Z SOLN (Use travoprost)	P	
TRAVATAN Z SOLN (Use travoprost)	NF	
travoprost SOLN	NP	

Drug Name	Drug Tier	Requirements/Limits
VYZULTA	NP	
XALATAN SOLN (Use latanoprost)	NF	
XALATAN SOLN (Use latanoprost)	NP	
ZIOPTAN (Use tafluprost)	NP	
ZIOPTAN (Use tafluprost)	NF	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	QL(15 ML per fill retail; 15 per fill mail)
carbamide peroxide (otic) 6.5 %	P	QL(0.5 ML daily)
Otic Anti-infectives		
CETRAXAL (Use ciprofloxacin hcl (otic))	NF	
ciprofloxacin hcl (otic)	NP	
ofloxacin (otic)	P	
Otic Combinations		
CIPRO HC 1 %-0.2 % (Use ciprofloxacin-hydrocortisone)	P	
CIPRO HC 1 %-0.2 % (Use ciprofloxacin-hydrocortisone)	NF	
ciprofloxacin-dexamethasone	P	
ciprofloxacin-fluocinolone acetamide	NP	
ciprofloxacin-hydrocortisone	NP	
neomycin-polymyxin-hc (otic) SOLN	P	QL(10 ML per fill retail; 10 per fill mail)
neomycin-polymyxin-hc (otic) SUSP	P	QL(10 ML per fill retail; 10 per fill mail)
OTOVEL (Use ciprofloxacin-fluocinolone acetamide)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRAMOTIC	P		GAMMAKED 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail); SP
Otic Steroids			GAMMAKED 1 GM/10ML, 10 GM/100ML, 20 GM/200ML	NP	SP
DERMOTIC (<i>Use fluocinolone acetonide (otic)</i>)	NF	QL(0.67 ML daily)	GAMMAPLEX SOLN	NP	SP
<i>fluocinolone acetonide (otic)</i>	P	QL(0.67 ML daily)	GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	P	SP
<i>hydrocortisone w/acetic acid</i>	P	QL(10 ML per fill retail; 10 per fill mail)	GAMUNEX-C 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail); SP
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			HEPAGAM B SOLN IJ	NP	SP
Oxytocics			HIZENTRA SOLN	P	SP
<i>methylergonovine maleate TABS</i>	P		HIZENTRA SOSY	P	SP
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			HYPERHEP B SOLN IM	NP	SP
Immune Serums			HYPERHEP B SOSY 110 UNIT/0.5ML	NP	SP
ALYGLO	NP	SP	HYPERRAB SOLN	NP	
ASCENIV	NP		KEDRAB SOLN	NP	
BIVIGAM SOLN	NP	SP	NABI-HB SOLN IM	NP	SP
CUTAQUIG	NP	SP	OCTAGAM SOLN	NP	SP
CUVITRU SOLN	NP	SP	PANZYGA	NP	SP
CYTOGAM SOLN	NP	SP	PRIVIGEN SOLN	P	SP
GAMASTAN IM	NP	SP	QIVIGY SOLN IV 5 GM/50ML, 10 GM/100ML	NP	
GAMMAGARD 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail); SP	VARIZIG SOLN	NP	
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML	P	SP	XEMBIFY	NP	SP
GAMMAGARD ERC 10 GM/100ML	NP	SP	Monoclonal Antibodies		
GAMMAGARD ERC 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail); SP	SYNAGIS SOLN 100 MG/ML	PA	QL(0.14 ML daily; 4 ML per fill retail; 4 per fill mail); SP; PA
GAMMAGARD S/D LESS IGA SOLR	NP	SP	SYNAGIS SOLN 50 MG/0.5ML	PA	SP; PA
			Passive Immunizing Agents - Combinations		
			HYQVIA	NP	SP
			PENICILLINS - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/Limits
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS 875 MG</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	P	
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail; 100 per fill mail)
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML</i>	P	QL(400 ML per fill retail; 400 per fill mail)
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	P	QL(30 EA per fill retail; 30 per fill mail)
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(1.34 EA daily)
<i>AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)</i>	NF	QL(400 ML per fill retail; 400 per fill mail)
<i>AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)</i>	NF	QL(20 EA per fill retail; 20 per fill mail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>megestrol acetate (appetite)</i>	NP	
<i>norethindrone acetate TABS</i>	P	
<i>progesterone CAPS</i>	P	QL(1 EA daily)
<i>PROMETRIUM CAPS (Use progesterone)</i>	NF	QL(1 EA daily)
<i>PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate)</i>	NF	
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)
<i>LUCEMYRA (Use 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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XYREM SOLN (<i>Use sodium oxybate</i>)	NP	QL(18 ML daily); AL(At least 7 yrs old); SP	<i>rivastigmine</i>	P	
XYWAV	NP	AL(At least 7 yrs old); SP	<i>rivastigmine tartrate CAPS</i>	P	
Antidementia Agents			ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
ADUHELM 170 MG/1.7ML	PA	SP; PA	Combination Psychotherapeutics		
ARICEPT TABS (<i>Use donepezil hydrochloride</i>)	NP		LYBALVI	NP	AL(At least 18 yrs old)
<i>donepezil hydrochloride TABS</i>	P		<i>olanzapine-fluoxetine hcl</i>	NP	AL(At least 18 yrs old)
<i>donepezil hydrochloride TBDP</i>	P		<i>perphenazine-amitriptyline</i>	P	QL(4 EA daily)
EXELON (<i>Use rivastigmine</i>)	NP		SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>Use olanzapine-fluoxetine hcl</i>)	NF	AL(At least 18 yrs old)
<i>galantamine hydrobromide CP24</i>	NP		Fibromyalgia Agents		
<i>galantamine hydrobromide SOLN</i>	NP		SAVELLA TITRATION PACK MISC (<i>Use milnacipran hcl</i>)	PA	PA
<i>galantamine hydrobromide TABS</i>	NP		SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (<i>Use milnacipran hcl</i>)	PA	PA
KISUNLA	PA	SP; PA	TONMYA SUBL SL 2.8 MG	NP	QL(2 EA daily)
LEQEMBI	PA	SP; PA	Movement Disorder Drug Therapy		
LEQEMBI IQLIK SC 360 MG/1.8ML	PA	SP; PA	AUSTEDO XR PATIENT TITRATION TEPK	PA	AL(At least 18 yrs old); SP; PA
<i>memantine hcl CP24</i>	NP		AUSTEDO XR TB24	PA	AL(At least 18 yrs old); SP; PA
<i>memantine hcl-donepezil hcl CP24</i>	NP		AUSTEDO TABS	PA	AL(At least 18 yrs old); SP; PA
<i>memantine hcl SOLN</i>	NP		INGREZZA CAPS	PA	AL(At least 18 yrs old); SP; PA
<i>memantine hcl TABS</i>	P		INGREZZA CPPK	PA	AL(At least 18 yrs old); SP; PA
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NF		INGREZZA CPSP	PA	AL(At least 18 yrs old); SP; PA
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>Use memantine hcl</i>)	NF		<i>tetrabenazine</i>	P	SP
NAMZARIC C4PK	NP				
NAMZARIC CP24 (<i>Use memantine hcl-donepezil hcl</i>)	NP				
NAMZARIC CP24	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XENAZINE (Use tetrabenazine)	NP	SP	glatiramer acetate SOSY 40 MG/ML	PA	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP; PA
Multiple Sclerosis Agents			glatiramer acetate SOSY 40 MG/ML	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP
AMPYRA (Use dalfampridine)	NP	QL(2 EA daily); SP	KESIMPTA	NP	SP
AUBAGIO (Use teriflunomide)	NP	SP	LEMTRADA	NP	SP
AVONEX PEN AJKT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA	MAVENCLAD (10 TABS) 10 MG (Use cladribine (multiple sclerosis))	NP	SP
AVONEX PREFILLED PSKT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA	MAVENCLAD (4 TABS) 10 MG (Use cladribine (multiple sclerosis))	NP	SP
BAFIERTAM	NP	SP	MAVENCLAD (5 TABS) 10 MG (Use cladribine (multiple sclerosis))	NP	SP
BETASERON KIT	PA	QL(6 EA per fill retail; 6 per fill mail); SP; PA	MAVENCLAD (6 TABS) 10 MG (Use cladribine (multiple sclerosis))	NP	SP
BETASERON KIT	PA	QL(14 EA per fill retail; 14 per fill mail); SP; PA	MAVENCLAD (7 TABS) 10 MG (Use cladribine (multiple sclerosis))	NP	SP
BRIUMVI	NP	SP	MAVENCLAD (8 TABS) 10 MG (Use cladribine (multiple sclerosis))	NP	SP
cladribine (multiple sclerosis) 10 MG	NP	SP	MAVENCLAD (9 TABS) 10 MG (Use cladribine (multiple sclerosis))	NP	SP
COPAXONE SOSY 40 MG/ML (Use glatiramer acetate)	NF	SP	MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
COPAXONE SOSY 20 MG/ML (Use glatiramer acetate)	PA	QL(1 ML daily); SP; PA	MAYZENT TABS	NP	SP
COPAXONE SOSY 40 MG/ML (Use glatiramer acetate)	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP	OCREVUS	NP	SP
dalfampridine	PA	QL(2 EA daily); SP; PA	OCREVUS ZUNOVO	NP	AL(At least 18 yrs old); SP
dimethyl fumarate CDPK	PA	SP; PA	PLEGRIDY STARTER PACK SOAJ	NP	SP
dimethyl fumarate CPDR	PA	SP; PA	PLEGRIDY STARTER PACK SOSY SC	NP	SP
fingolimod hcl	PA	SP; PA	PLEGRIDY SOAJ	NP	SP
GILENYA	NP	SP	PLEGRIDY SOSY IM	NP	SP
GILENYA (Use fingolimod hcl)	NP	SP			
glatiramer acetate SOSY 20 MG/ML	NP	QL(1 ML daily); SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PONVORY STARTER PACK TBPK	NP	SP	<i>fluoxetine hcl (pmdd) TABS</i>	P	AL(At least 18 yrs old)
PONVORY TABS	NP	SP	Psychotherapeutic and Neurological Agents - Misc.		
REBIF REBIDOSE TITRATION PACK SOAJ	NP	QL(25.2 ML per fill retail; 25.2 per fill mail); SP	AQNEURSA	PA	QL(4 EA daily); SP; PA
REBIF REBIDOSE SOAJ	NP	QL(6 ML per fill retail; 6 per fill mail); SP	<i>ergoloid mesylates TABS</i>	P	
REBIF TITRATION PACK SOSY	NP	QL(25.2 ML per fill retail; 25.2 per fill mail); SP	MIPLYFFA	PA	QL(3 EA daily); AL(At least 2 yrs old); SP; PA
REBIF SOSY	NP	QL(6 ML per fill retail; 6 per fill mail); SP	Restless Leg Syndrome (RLS) Agents		
TASCENSO ODT	NP	SP	HORIZANT	NP	
TECFIDERA CDPK (<i>Use dimethyl fumarate</i>)	NP	SP	Smoking Deterrents		
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NP	SP	<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily)
<i>teriflunomide</i>	PA	SP; PA	CHANTIX CONTINUING MONTH PAK TABS (<i>Use varenicline tartrate</i>)	NF	QL(2 EA daily)
TYRUKO CONC IV 300 MG/15ML	NP	SP	CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>)	NF	
TYSABRI	PA	SP; PA	CHANTIX TABS (<i>Use varenicline tartrate</i>)	NF	QL(2 EA daily)
VUMERITY	NP	SP	NICORETTE MINI LOZG 4 MG (<i>Use nicotine polacrilex</i>)	NF	
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP	NICORETTE STARTER KIT GUM 2 MG (<i>Use nicotine polacrilex</i>)	NF	
ZEPOSIA STARTER KIT CPPK	NP	SP	NICORETTE GUM 4 MG (<i>Use nicotine polacrilex</i>)	NF	
ZEPOSIA CAPS	NP	SP	<i>nicotine polacrilex GUM</i>	P	
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents			<i>nicotine polacrilex LOZG</i>	P	
<i>gabapentin (once-daily) TABS</i>	NP		NICOTINE KIT	P	
GRALISE TABS (<i>Use gabapentin (once-daily)</i>)	NP		<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	
LYRICA CR (<i>Use pregabalin (once-daily)</i>)	NF		NICOTROL NS SOLN	P	
LYRICA CR (<i>Use pregabalin (once-daily)</i>)	NP		NICOTROL INHA	P	
<i>pregabalin (once-daily)</i>	NP		<i>varenicline tartrate TABS</i>	P	QL(2 EA daily)
Premenstrual Dysphoric Disorder (PMDD) Agents					

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate</i> TBPK	P	
Transthyretin Amyloidosis Agents		
AMVUTTRA	PA	QL(0.5 ML per 90 day(s) retail); AL(At least 18 yrs old); SP; PA
ONPATTRO	PA	AL(At least 18 yrs old); SP; PA
WAINUA	PA	QL(0.8 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate</i> (vasomotor)	P	AL(At least 18 yrs old)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
ALYFTREK	PA	AL(At least 6 yrs old); SP; PA
KALYDECO PACK	PA	QL(2 EA daily); SP; PA
KALYDECO TABS	PA	QL(2 EA daily); SP; PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	PA	QL(2 EA daily); AL(At least 1 yrs old - Up to 5 yrs old); SP; PA
ORKAMBI PACK 94 MG-75 MG	PA	QL(2 EA daily); AL(At least 1 yrs old - Up to 2 yrs old); SP; PA
ORKAMBI TABS	PA	QL(4 EA daily); AL(At least 6 yrs old); SP; PA
PULMOZYME	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO	PA	AL(At least 6 yrs old); SP; PA
TRIKAFTA TBPK	PA	AL(At least 2 yrs old); SP; PA
TRIKAFTA THPK	PA	AL(At least 2 yrs old); SP; PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (Use <i>pirfenidone</i>)	NF	SP; PA
ESBRIET TABS (Use <i>pirfenidone</i>)	NF	SP; PA
<i>pirfenidone</i> CAPS	P	SP; PA
<i>pirfenidone</i> TABS	P	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>doxycycline</i> (monohydrate) CAPS 50 MG, 100 MG	P	
<i>doxycycline</i> (monohydrate) TABS 50 MG, 100 MG	P	
<i>doxycycline hyclate</i> CAPS	P	
<i>doxycycline hyclate</i> TABS 100 MG	P	
<i>minocycline hcl</i> CAPS	P	
<i>tetracycline hcl</i> CAPS 500 MG	P	
VIBRAMYCIN CAPS (Use <i>doxycycline hyclate</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole</i> TABS	P	
<i>propylthiouracil</i>	P	
Thyroid Hormones		

Drug Name	Drug Tier	Requirements/Limits
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
ARMOUR THYROID TABS	P	
CYTOMEL TABS (Use liothyronine sodium)	NF	
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	P	
levothyroxine sodium TABS	P	
liothyronine sodium TABS	P	
NIVA THYROID TABS	P	
NP THYROID TABS	P	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
SYNTHROID TABS (Use levothyroxine sodium)	NF	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSP	P	
QUADRACEL SUSY	P	
TDVAX SUSP	P	
TETANUS-DIPHThERIA TOXOIDS TD SUSP	P	
VAXELIS SUSP	P	
VAXELIS SUSY	P	

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (Use hyoscyamine sulfate)	NF	
BENTYL SOLN IM (Use dicyclomine hcl)	NF	
dicyclomine hcl CAPS	P	
dicyclomine hcl SOLN PO	P	QL(40 ML daily)
dicyclomine hcl TABS	P	
glycopyrrolate TABS 1 MG, 2 MG	P	QL(4 EA daily)
hyoscyamine sulfate ELIX	P	
hyoscyamine sulfate SOLN PO 0.125 MG/ML	P	
hyoscyamine sulfate TB12 0.375 MG	P	QL(4 EA daily)
hyoscyamine sulfate TBDP 0.125 MG	P	
LEVBIID TB12 (Use hyoscyamine sulfate)	NF	QL(4 EA daily)
NULEV TBDP 0.125 MG (Use hyoscyamine sulfate)	NF	
ROBINUL-FORTE TABS (Use glycopyrrolate)	NF	QL(4 EA daily)
ROBINUL TABS (Use glycopyrrolate)	NF	QL(4 EA daily)
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	NP	
cimetidine TABS	NP	RX/OTC
famotidine SOLN 20 MG/2ML	P	
FAMOTIDINE SOLN	P	
famotidine SUSR	P	
famotidine TABS 10 MG, 20 MG	NP	RX/OTC
famotidine TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine CAPS</i>	NP	
PEPCID TABS (<i>Use famotidine</i>)	NF	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP (<i>Use sucralfate</i>)	NF	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)
CARAFATE TABS (<i>Use sucralfate</i>)	NF	QL(4 EA daily)
<i>sucralfate SUSP</i>	P	QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old)
<i>sucralfate TABS</i>	P	QL(4 EA daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	NF	QL(1 EA daily)
DEXILANT (<i>Use dexlansoprazole</i>)	NP	QL(1 EA daily)
<i>dexlansoprazole</i>	NP	QL(1 EA daily)
<i>esomeprazole magnesium CPDR</i>	NP	QL(1 EA daily); RX/OTC
<i>esomeprazole magnesium PACK</i>	NP	QL(1 EA daily)
<i>lansoprazole CPDR</i>	NP	QL(1 EA daily); RX/OTC
<i>lansoprazole TBDD</i>	NP	QL(1 EA daily); RX/OTC
NEXIUM 24HR CPDR (<i>Use esomeprazole magnesium</i>)	NF	RX/OTC
NEXIUM CPDR (<i>Use esomeprazole magnesium</i>)	NP	QL(1 EA daily); RX/OTC
NEXIUM PACK (<i>Use esomeprazole magnesium</i>)	NP	QL(1 EA daily)
<i>omeprazole magnesium CPDR</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole magnesium CPDR</i>	P	QL(1 EA daily)
<i>omeprazole magnesium TBEC</i>	P	
<i>omeprazole CPDR</i>	P	QL(1 EA daily)
<i>omeprazole CPDR</i>	P	
<i>omeprazole TBDD</i>	P	
<i>omeprazole TBEC</i>	P	QL(1 EA daily)
<i>omeprazole TBEC</i>	P	
<i>pantoprazole sodium PACK</i>	NP	
<i>pantoprazole sodium SOLR</i>	P	
<i>pantoprazole sodium SOLR</i>	P	QL(1 EA daily)
PANTOPRAZOLE SODIUM SOLR 40 MG (<i>Use pantoprazole sodium</i>)	P	
<i>pantoprazole sodium TBEC</i>	P	
PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NF	RX/OTC
PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NP	QL(1 EA daily); RX/OTC
PREVACID SOLUTAB TBDD (<i>Use lansoprazole</i>)	NP	QL(1 EA daily); RX/OTC
PREVACID CPDR 30 MG (<i>Use lansoprazole</i>)	NP	QL(1 EA daily)
PRIOLOSEC OTC TBEC (<i>Use omeprazole magnesium</i>)	NF	
PRIOLOSEC PACK	NP	
PROTONIX PACK (<i>Use pantoprazole sodium</i>)	P	
PROTONIX SOLR (<i>Use pantoprazole sodium</i>)	NP	
PROTONIX TBEC (<i>Use pantoprazole sodium</i>)	NP	
<i>rabeprazole sodium TBEC</i>	NP	QL(1 EA daily)
Ulcer Drugs - Prostaglandins		

Drug Name	Drug Tier	Requirements/Limits
CYTOTEC (<i>Use misoprostol</i>)	NF	
<i>misoprostol</i>	P	
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 LA CP24 (<i>Use tolterodine tartrate</i>)	P	
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NF	
DETROL TABS (<i>Use tolterodine tartrate</i>)	P	
DETROL TABS (<i>Use tolterodine tartrate</i>)	NF	
<i>fesoterodine fumarate</i>	P	
<i>oxybutynin chloride SOLN</i>	P	
<i>oxybutynin chloride TABS 5 MG</i>	P	
<i>oxybutynin chloride TABS 2.5 MG</i>	NP	
<i>oxybutynin chloride TB24</i>	P	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>trospium chloride CP24</i>	NP	
<i>trospium chloride TABS</i>	NP	
VESICARE LS SUSP	NP	
VESICARE TABS (<i>Use solifenacin succinate</i>)	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
<i>mirabegron TB24</i>	NP	
MYRBETRIQ SRER	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	
BCG VACCINE	P	
BEXSERO 0.5 ML	P	
BIOTHRAX	P	AL(At least 18 yrs old - Up to 65 yrs old)
CAPVAXIVE	P	
HIBERIX SOLR IJ	P	
MENQUADFI 0.5 ML	P	
MENVEO SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MENVEO SOLR	P		FLUMIST	P	
PEDVAX HIB SUSP	P		FLUZONE HIGH-DOSE SUSY	P	
PENBRAYA	P		FLUZONE SUSP	P	
PENMENVY SUSR IM	P	AL(Up to 25 yrs old)	FLUZONE SUSY	P	
PNEUMOVAX 23 SOLN	P		GARDASIL 9 SUSP 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
PNEUMOVAX 23 SOSY	P		GARDASIL 9 SUSY 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
PREVNAR 13	P		HAVRIX IM 720 EL U/0.5ML	P	
PREVNAR 20	P		HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail
TRUMENBA 0.5 ML	P		IMOVAX RABIES SUSR	P	
TYPHIM VI SOLN	P		IXCHIQ	P	
TYPHIM VI SOSY	P		IXIARO	P	
VAXCHORA	P		JYNNEOS	P	
VAXNEUVANCE	P		M-M-R II SOLR	P	
VIVOTIF	P		MNEXSPIKE SUSY 10 MCG/0.2ML	P	
Viral Vaccines			MRESVIA	P	AL(At least 60 yrs old)
ABRYSVO	P	AL(At least 60 yrs old)	NOVAVAX COVID-19 VACCINE SUSY	P	
ACAM2000	P		NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	
AFLURIA PRESERVATIVE FREE SUSY	P		PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
AFLURIA SUSP	P		PRIORIX SUSR	P	
AREXVY	P	AL(At least 60 yrs old)	PROQUAD SUSR	P	
COMIRNATY SUSY	P		RABAVERT	P	
DENGVAXIA	P		RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail	RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail
ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail			
ERVEBO	P				
FLUAD	P				
FLUARIX SUSY	P				
FLUBLOK SOSY	P				
FLUCELVAX SUSP	P				
FLUCELVAX SUSY	P				
FLULAVAL SUSY	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ROTARIX SUSP	P		<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	QL(7 EA per fill retail; 7 per fill mail)
ROTATEQ SOLN	P		<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 EA per fill retail; 3 per fill mail)
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	NUVESSA	P	
SPIKEVAX SUSY	P		<i>terconazole vaginal CREA 0.4 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)
STAMARIL SUSR	P		<i>terconazole vaginal CREA 0.8 %</i>	P	QL(20 GM per fill retail; 20 per fill mail)
TICOVAC	P		<i>terconazole vaginal SUPP</i>	P	QL(3 EA per fill retail; 3 per fill mail)
TWINRIX SUSY	P		<i>tioconazole vaginal 6.5 %</i>	P	QL(5 GM per fill retail; 5 per fill mail)
VAQTA	P		VANDAZOLE	NP	
VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail	XACIATO GEL	NP	
VAGINAL AND RELATED PRODUCTS			Vaginal Anti-inflammatory Agents		
Vaginal Anti-infectives			<i>hydrocortisone vaginal</i>	P	QL(60 GM per fill retail; 60 per fill mail)
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	P		MONISTAT CARE INSTANT ITCH RLF 1 %	P	QL(60 GM per fill retail; 60 per fill mail)
CLEOCIN SUPP	P		Vaginal Contraceptive - pH Modulators		
<i>clindamycin phosphate vaginal CREA</i>	NP		PHEXX	P	
CLINDESSE	NP		PHEXXI	P	
<i>clotrimazole vaginal CREA 1 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)	Vaginal Estrogens		
<i>clotrimazole vaginal CREA 2 %</i>	P	QL(21 GM per fill retail; 21 per fill mail)	ESTRACE CREA (<i>Use estradiol vaginal</i>)	NF	QL(1.5 GM daily)
GYNAZOLE-1	P		<i>estradiol vaginal CREA</i>	P	QL(1.5 GM daily)
<i>metronidazole vaginal</i>	P		<i>estradiol vaginal TABS</i>	P	
MICONAZOLE 7 SUPP 100 MG	P	QL(7 EA per fill retail; 7 per fill mail)	PREMARIN	P	QL(1.5 GM daily)
<i>miconazole nitrate vaginal CREA 2 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)	VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NF	
<i>miconazole nitrate vaginal CREA 4 %</i>	P	QL(1.5 GM daily)	VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
<i>miconazole nitrate vaginal KIT</i>	P	QL(1 EA per fill retail; 1 per fill mail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Anaphylaxis Therapy Agents			VITAMIN D3 LIQD PO 125 MCG/ML	P	
AUVI-Q SOAJ	NP		VITAMIN E/D-ALPHA CAPS 200 UNIT	P	QL(2 EA daily)
<i>epinephrine (anaphylaxis) SOAJ</i>	P		<i>vitamin e CAPS</i>	P	QL(2 EA daily)
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	P		VITAMIN E CAPS	P	QL(2 EA daily)
EPIPEN JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	P		<i>vitamin e SOLN</i>	P	
NEFFY SOLN NA	NP		VITAMIN E SOLN 15 MG/0.67ML	P	
Vasopressors			Water Soluble Vitamins		
<i>midodrine hcl</i>	P		<i>ascorbic acid CHEW 500 MG</i>	P	
VITAMINS			<i>ascorbic acid POWD PO 500 MG/GM</i>	P	
Oil Soluble Vitamins			ASCORBIC ACID POWD PO	P	
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	P	QL(0.267 EA daily)	<i>ascorbic acid TABS</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
<i>cholecalciferol CAPS</i>	P		<i>biotin CAPS 5 MG, 5000 MCG</i>	P	
<i>cholecalciferol CHEW 400 UNIT</i>	P		NIACIN ER TBCR	P	
<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	P		<i>niacin TABS 50 MG, 100 MG, 500 MG</i>	P	
<i>cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG</i>	P		<i>niacin TBCR</i>	NP	
DRISDOL CAPS (Use <i>ergocalciferol</i>)	NF		<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	P	
<i>ergocalciferol CAPS</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)
ERGOCALCIFEROL CAPS (Use <i>ergocalciferol</i>)	NF		<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				

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MCG-2.3 MG-55 MCG-10 MCG-35	0.5 MG-5 MCG-2.3 MG-55 MCG-10	MG-2 MG, 60 MG-3 MG-30 MCG-
MCG-72 MG, 60 MG-2 MG-30 MCG-	MCG-45 MCG-72 MG 145	400 MCG-500 UNIT-25 MCG-1.7
400 MCG-400 UNIT-6 MCG-1.7 MG-	A THRU Z SELECT 50+ MENS	MG-30 MCG-20 MG-250 MCG-2500
25 MCG-20 MG-3500 UNIT-10 MG-	TABS 120 MG-6 MG-30 MCG-300	UNIT-10 MG-220 MG-300 MCG-1.5
18 MG-1.5 MG-50 MG-11 MG-75	MCG-600 UNIT-100 MCG-1.7 MG-60	MG-50 MG-11 MG-150 MCG-2 MG-
MCG-2 MG-80 MG-200 MG-45	MCG-20 MG-300 MCG-3500 UNIT-	80 MG-100 MCG-45 MCG-50 UNIT-
MCG-150 MCG-30 UNIT-20 MG-0.5	10 MG-600 MCG-1.5 MG-15 MG-150	20 MG-0.5 MG-5 MCG-2.3 MG-55
MG-5 MCG-10 MCG-2.3 MG-55	MCG-50 MG-2 MG-250 MG-80 MG-	MCG-10 MCG-45 MCG-72 MG, 90
MCG-10 MCG-35 MCG-72 MG, 90	50 MCG-150 MCG-60 UNIT-20 MG-	MG-3 MG-30 MCG-500 MCG-500
MG-2 MG-30 MCG-500 MCG-400	0.7 MG-5 MCG-4 MG-100 MCG-10	UNIT-25 MCG-1.7 MG-30 MCG-20
UNIT-6 MCG-1.7 MG-20 MG-250	MCG-60 MCG-72 MG 145	MG-250 MCG-2500 UNIT-10 MG-
MCG-3500 UNIT-10 MG-18 MG-200	A THRU Z SELECT ADVANCED	300 MCG-1.5 MG-50 MG-11 MG-150
MG-300 MCG-1.5 MG-100 MG-11	TABS 60 MG-3 MG-30 MCG-400	MCG-2 MG-80 MG-220 MG-150
MG-0.9 MG-80 MG-150 MCG-150	MCG-500 UNIT-25 MCG-1.7 MG-30	MCG-45 MCG-50 UNIT-0.9 MG-5
MCG-45 MCG-30 UNIT-109 MG-5	MCG-20 MG-250 MCG-2500 UNIT-	MCG-2.3 MG-55 MCG-10 MCG-45
MCG-10 MCG-2.3 MG-35 MCG-25	10 MG-300 MCG-1.5 MG-11 MG-150	MCG-72 MG 146
MCG-55 MCG-10 MCG-72 MG-2	MCG-50 MG-220 MG-80 MG-45	A THRU Z SELECT ULTIMATE
MG, 90 MG-2 MG-30 MCG-500	MCG-150 MCG-50 UNIT-20 MG-0.5	WOMEN TABS 100 MG-5 MG-30
MCG-400 UNIT-6 MCG-1.7 MG-25	MG-5 MCG-2.3 MG-55 MCG-10	MCG-400 MCG-800 UNIT-50 MCG-
MCG-20 MG-250 MCG-3500 UNIT-	MCG-45 MCG-72 MG-2 MG, 90 MG-	1.1 MG-50 MCG-14 MG-300 MCG-
10 MG-18 MG-300 MCG-1.5 MG-100	3 MG-30 MCG-500 MCG-1.5 MG-	3500 UNIT-5 MG-8 MG-1.1 MG-15
MG-11 MG-150 MCG-2 MG-80 MG-	500 UNIT-25 MCG-10 MG-1.7 MG-	MG-150 MCG-50 MG-80 MG-500
200 MG-45 MCG-150 MCG-30 UNIT-	30 MCG-20 MG-250 MCG-2500	MG-50 MCG-150 MCG-35 UNIT-20
109 MG-0.9 MG-5 MCG-10 MCG-2.3	UNIT-300 MCG-50 MG-2.3 MG-45	MG-0.5 MG-5 MCG-2.3 MG-55
MG-55 MCG-10 MCG-35 MCG-72	MCG-5 MCG-80 MG-2 MG-150	MCG-10 MCG-50 MCG-72 MG-2 MG

.....146	ABRILADA (2 SYRINGE) PSKT 4	hydrochlorothiazide) 34
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 146	ABRYSVO 206 ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin) 58 ACAM2000 206 ACANYA GEL (Use clindamycin phosphate-benzoyl peroxide) 58 acarbose 23 ACCOLATE (Use zafirlukast) 14 ACCOLATE 10 MG (Use zafirlukast) . 14 ACCU-CHEK AVIVA PLUS STRP .70 ACCU-CHEK AVIVA SOLN 99 ACCU-CHEK FASTCLIX LANCET KIT 99 ACCU-CHEK FASTCLIX LANCETS . 99 ACCU-CHEK GUIDE CONTROL LIQD 99 ACCU-CHEK GUIDE KIT 99 ACCU-CHEK GUIDE ME KIT 99 ACCU-CHEK GUIDE TEST STRP 70 ACCU-CHEK SAFE-T PRO LANCETS 99 ACCU-CHEK SMARTVIEW CONTROL LIQD 99 ACCU-CHEK SMARTVIEW STRP 70 ACCU-CHEK SOFTCLIX LANCET DEV KIT 99 ACCU-CHEK SOFTCLIX LANCETS 99 ACCUPRIL (Use quinapril hcl) 33 ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use quinapril-	ACCUTREND GLUCOSE CONTROL SOLN 99 ACCUTREND GLUCOSE STRP .. 70 acebutolol hcl CAPS 50 acetaminophen CAPS 500 MG 8 acetaminophen CHEW 8 acetaminophen LIQD 160 MG/5ML .8 acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML 8 acetaminophen SUPP 120 MG, 650 MG 8 acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML 8 acetaminophen TABS 325 MG, 500 MG 8 acetaminophen w/ codeine SOLN . 10 acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG 10 acetazolamide CP12 81 acetazolamide TABS 81 acetic acid (otic) 196 acetylcysteine SOLN 57 ACIPHEX TBEC (Use rabeprazole sodium) 204 ACTEMRA ACTPEN SOAJ 5 ACTEMRA SOLN 5 ACTEMRA SOSY 5 ACTHIB SOLR IM 205 ACTICAL CAPS 147 ACTI-LANCE 28G 99
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ACTI-LANCE LITE LANCETS 28G 99	4	adapalene-benzoyl peroxide GEL .58
ACTI-LANCE SPECIAL LANCETS 17G	99	ADALIMUMAB-AACF (2 SYRINGE) PSKT
ACTI-LANCE UNIVERSAL 23G ..	99	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT
ACTIQ LPOP 400 MCG (Use fentanyl citrate)	8	ADALIMUMAB-AACF(PS/UV STARTER) AJKT
ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	84	ADALIMUMAB-AATY (1 PEN) AJKT . 4
ACTIVNUTRIENTS CAPS	147	ADALIMUMAB-AATY (2 PEN) AJKT . 4
ACTIVNUTRIENTS PERFORMANCE CAPS	147	ADALIMUMAB-AATY (2 SYRINGE) PSKT
ACTIVNUTRIENTS W/O IRON CAPS	147	ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML
ACTONEL TABS 35 MG, 150 MG (Use risedronate sodium)	82	ADALIMUMAB-ADAZ SOAJ
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	23	ADALIMUMAB-ADAZ SOSY
ACTOS (Use pioglitazone hcl)	27	ADALIMUMAB-ADBM (2 PEN) AJKT 4
ACULAR (Use ketorolac tromethamine (ophth))	195	ADALIMUMAB-ADBM (2 SYRINGE) PSKT
ACULAR LS (Use ketorolac tromethamine (ophth))	195	ADALIMUMAB-FKJP (2 PEN) AJKT . 4
ACUVAIL	195	ADALIMUMAB-FKJP (2 SYRINGE) PSKT
acyclovir CAPS	49	ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML
acyclovir SUSP	49	ADALIMUMAB-RYVK (2 PEN) AJKT . 4
acyclovir TABS PO	49	ADALIMUMAB-RYVK (2 SYRINGE) PSKT
acyclovir topical CREA	63	adapalene CREA
acyclovir topical OINT	63	adapalene GEL
ACZONE (Use dapsons (topical))	58	
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		adapalene-benzoyl peroxide GEL .58
		ADBRY SOAJ
		ADBRY SOSY
		ADCIRCA TABS (Use tadalafil (pulmonary hypertension))
		ADDERALL TABS (Use amphetamine-dextroamphetamine) .1
		ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) .1
		adefovir dipivoxil
		ADEMPAS
		ADHESIVE/LARGE/3"X4" PADS ..
		ADHESIVE/MEDIUM/2"X3" PADS
		ADMELOG SOLN IJ
		ADMELOG SOLOSTAR SOPN ...
		ADRENALIN 0.1 %
		ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG
		ADUHELM 170 MG/1.7ML
		ADULT MASK DEVI
		ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)
		ADVAIR HFA AERO (Use fluticasone-salmeterol)
		ADVANCED EYE HEALTH CAPS 147
		ADVANCED MOBILE LANCET ..
		ADVANTAGE SAFETY LANCETS 28G
		ADVATE
		ADVOCATE INSULIN SYRINGE 131
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ADVOCATE LANCING DEVICE MISC	100	MEDIUM DEVI	133	UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	88
ADVOCATE REDI-CODE STRP ..	71	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	133	AGAMATRIX AMP TEST STRP ...	71
ADVOCATE REDI-CODE+ CONTROL SOLN	100	AEROCHAMBER PLUS FLO-VU SMALL DEVI	134	AGAMATRIX CONTROL NORMAL/HIGH SOLN	100
ADVOCATE REDI-CODE+ DEVI	100	AEROCHAMBER PLUS FLO-VU SMALL MISC	134	AGAMATRIX CONTROL SOLN ..	100
ADVOCATE REDI-CODE+ TEST STRP	71	AEROCHAMBER PLUS FLOW VU MISC	134	AGAMATRIX JAZZ TEST STRP ..	71
ADVOCATE SAFETY LANCETS 21G	100	AEROCHAMBER PLUS FLOW VU MISC	134	AGAMATRIX JAZZ WIRELESS 2 KIT	100
ADVOCATE SAFETY LANCETS 23G	100	AEROCHAMBER W/FLOWSIGNAL MISC	134	AGAMATRIX PRESTO KIT	100
ADVOCATE SAFETY LANCETS 26G	100	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	134	AGAMATRIX PRESTO TEST STRP .	71
ADVOCATE SAFETY LANCETS 28G	100	AEROCHAMBER Z-STAT PLUS MISC	134	AGAMATRIX ULTRA-THIN LANCETS	100
ADYNOVATE	88	AEROCHAMBER Z-STAT PLUS/LARGE MISC	134	AGAMREE	55
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (Use amphetamine)	1	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	134	AGONEAZE KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	67
AEROBIKA DEVI	133	AEROCHAMBER Z-STAT PLUS/SMALL MISC	134	AGRYLIN 0.5 MG (Use anagrelide hcl)	90
AEROCHAMBER HOLDING CHAMBER DEVI	133	AEROCHAMBER2GO ANTI-STATIC DEVI	134	AIMOVIG	137
AEROCHAMBER MINI CHAMBER DEVI	133	AEROVENT PLUS DEVI	134	AIMSCO LUBRICATED MISC	97
AEROCHAMBER MV MISC	133	AFINITOR DISPERZ TBSO (Use everolimus)	40	AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	15
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	133	AFINITOR TABS (Use everolimus) 40	40	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	15
AEROCHAMBER PLUS FLO-VU INTERM DEVI	133	AFLORA TABS	147	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	15
AEROCHAMBER PLUS FLO-VU LARGE DEVI	133	AFLURIA PRESERVATIVE FREE SUSY	206	AIRSUPRA	15
AEROCHAMBER PLUS FLO-VU LARGE MISC	133	AFLURIA SUSP	206	AJOVY SOAJ	137
AEROCHAMBER PLUS FLO-VU LARGE MISC	133	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	25	AJOVY SOSY	137
AEROCHAMBER PLUS FLO-VU		AFSTYLA 250 UNIT, 500 UNIT, 1000		AKEEGA	38
				AKLIEF	58
				AKYNZEO	29

albuterol sulfate AERS	15	ALIVE MENS 50+ TABS	147	ALOCRIAL	195
albuterol sulfate NEBU	15	ALIVE MENS 50+ ULTRA TABS	147	alogliptin benzoate	25
albuterol sulfate SYRP	15	ALIVE MENS COMPLETE MULTI TABS	147	alogliptin-metformin hcl	23
albuterol sulfate TABS	15	ALIVE MENS ULTRA TABS	147	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	24
alclometasone dipropionate CREA	63	ALIVE MULTI-VITAMIN LIQD	147	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	84
alclometasone dipropionate OINT	.63	ALIVE ONCE DAILY WOMENS TABS	147	alosetron hcl	87
ALCON TEARS SOLN	192	ALIVE ULTRA POTENCY ADULT TABS	147	ALPHA BETIC TABS	147
ALDACTONE TABS (Use spironolactone)	81	ALIVE ULTRA POTENCY WOMENS 50+ TABS	147	ALPHAGAN P (Use brimonidine tartrate)	193
ALECENSA	40	ALIVE WOMENS 50+ COMPLETE MV TABS	147	ALPHANATE SOLR	88
alendronate sodium SOLN	82	ALIVE WOMENS ENERGY TABS 147		ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	88
alendronate sodium TABS 10 MG, 35 MG, 70 MG	82	ALL FLOW 1000 PFT FILTER DEVI .	134	alprazolam TABS	13
ALEVE CAPS (Use naproxen sodium)	5	ALL FLOW 2000 PFT FILTER DEVI .	134	ALPROLIX	88
ALEVE TABS (Use naproxen sodium)	5	ALL FLOW 3000 PFT FILTER DEVI .	134	ALREX SUSP (Use loteprednol etabonate)	194
alfuzosin hcl	88	ALL FLOW 4000 PFT FILTER DEVI .	134	ALTACAIN 0.5 % (Use tetracaine hcl (ophth))	194
ALHEMO	88	ALL FLOW 5000 PFT FILTER DEVI .	134	ALTACE CAPS 1.25 MG, 5 MG (Use ramipril)	33
aliskiren fumarate	35	ALL FLOW 6000 PFT FILTER DEVI .	134	ALTACE CAPS 10 MG (Use ramipril)	33
ALIVE CALCIUM BONE SUPPORT TABS	147	ALL FLOW 7000 PFT FILTER DEVI .	134	ALTAFRIN SOLN 2.5 % (Use phenylephrine hcl (mydriatic))	193
ALIVE DAILY ENERGY TABS ...	147	ALLEGRA ALLERGY TABS (Use fexofenadine hcl)	30	ALTOPREV TB24 20 MG, 40 MG, 60 MG	32
ALIVE DIABETIC MULTIVITAMIN TABS	147	allopurinol 100 MG, 300 MG	88	ALTRIXA TABS	181
ALIVE ENERGY 50+ TABS	147	allopurinol 200 MG	88	ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	88
ALIVE EVERYDAY IMMUNE HEALTH CAPS	147	almotriptan malate	138	alum & mag hydrox-simethicone CHEW	12
ALIVE GARDEN GOODNESS TABS	147				
ALIVE HAIR, SKIN & NAILS CAPS	147				
ALIVE MAX 6 POTENCY CAPS .	147				

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alum & mag hydrox-simethicone LIQD12	amitriptyline hcl TABS 23	amoxicillin & pot clavulanate TABS 125 MG-250 MG198
alum & mag hydrox-simethicone SUSP 2400 MG/30ML-240 MG/30ML-2400 MG/30ML, 400 MG/5ML-40 MG/5ML-400 MG/5ML, 400 MG/5ML-400 MG/5ML-40 MG/5ML, 800 MG/10ML-80 MG/10ML-800 MG/10ML 12	AMJEVITA SOAJ 40 MG/0.4ML 4	amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 198
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ALUNBRIG TBPK40	AMJEVITA-PED 15KG TO <30KG SOSY4	amoxicillin CHEW 125 MG, 250 MG . 198
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ALYGLO197	amlodipine besylate-atorvastatin calcium 51	amoxicillin-clarithromycin w/ lansoprazole THPK205
amantadine hcl CAPS 43	amlodipine besylate-benazepril hcl 34	amphetamine sulfate TABS 1
amantadine hcl SOLN 43	amlodipine besylate-olmesartan medoxomil34	amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG 1
amantadine hcl TABS43	amlodipine besylate-valsartan 34	amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG1
AMBIEN CR TBCR (Use zolpidem tartrate)93	amlodipine-valsartan- hydrochlorothiazide 34	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG1
AMBIEN TABS (Use zolpidem tartrate)93	AMONDYS 45188	amphetamine-dextroamphetamine TABS 1
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AMD FOAM DRESSING PADS ... 95	amoxapine23	AMPYRA (Use dalfampridine) ...200
AMD FOAM DRESSING TOPSHEET PADS95	amoxicillin & pot clavulanate CHEW . 198	AMRIX CP24 (Use cyclobenzaprine hcl) 187
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aminocaproic acid TABS 500 MG . 92	amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML 198	ANAFRANIL (Use clomipramine hcl)
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23	APEXICON E CREA	63	ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML	91	
anagrelide hcl	90	APIDRA SOLN	26	ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML ...	91
ANAPROX DS TABS (Use naproxen sodium)	6	APIDRA SOLOSTAR SOPN	26	ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML	91
ANASPAZ TBDP (Use hyoscyamine sulfate)	203	APOKYN SOCT	43	ARANESP (ALBUMIN FREE) SOSY 40 MCG/0.4ML	91
anastrozole	38	apomorphine hydrochloride SOCT	43	ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 100 MCG/0.5ML	91
ANDROGEL PUMP GEL TD (Use testosterone)	11	APONVIE EMUL	29	ARBLI PO 10 MG/ML	33
ANNOVERA	54	APPE-CURB CAPS	147	ARCALYST	5
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium- vilanterol)	15	apraclonidine hcl	193	AREXVY	206
ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG- 10000 UNIT	147	aprepitant CAPS 125 MG	29	arformoterol tartrate	15
ANTIOXIDANT FORMULA TABS 147		aprepitant CAPS 40 MG, 80 MG ..	29	ARGININE TABS	192
ANTIOXIDANT FORMULA/MINERALS CAPS 250 MG-7.5 MG-1 MG-10000 UNIT-200 UNIT-1.5 MG-15 MCG	147	aprepitant CAPS	29	ARGYLE STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	87
ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	181	APRETUDE	46	ARICEPT TABS (Use donepezil hydrochloride)	199
ANTIOXIDANT VITAMINS TABS 60 MG-30 UNIT-2 MG-40 MG-40 MCG- 5000 UNIT	147	APRISO CP24 (Use mesalamine)	86	ARIKAYCE	3
ANTIVERT CHEW (Use meclizine hcl)	29	APTENSIO XR CP24 (Use methylphenidate hcl)	2	ARIMIDEX (Use anastrozole)	38
ANTIVERT TABS 50 MG (Use meclizine hcl)	29	APTOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate)	18	aripiprazole SOLN PO	46
ANUSOL-HC EX (Use hydrocortisone (rectal))	12	APTIVUS CAPS	46	aripiprazole TABS	46
ANZEMET TABS 50 MG	28	AQ INSULIN SYRINGE	131	aripiprazole TBDP	46
ANZUPGO CREA EX 20 MG/GM .	66	AQNEURSA	201	ARISTADA 441 MG/1.6ML, 662 MG/2.4ML	46
APETIBEX CAPS	147	AQUALANCE LANCETS 30G ...	100	ARISTADA 882 MG/3.2ML, 1064 MG/3.9ML	46
		AQUORAL SOLN	143	ARISTADA INITIO	46
		ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	90	ARIXTRA (Use fondaparinux sodium)	17
		ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	90	armodafinil	2
		ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	91	ARMOUR THYROID TABS	203
		ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML	90		
		ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	91		

ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation)) .....15	ASSURE 4 TEST STRP .....71	ATELVIA TBEC (Use risedronate sodium) .....82
AROMASIN (Use exemestane) ...38	ASSURE COMFORT LANCETS 28G.....101	atenolol & chlorthalidone .....34
ARTHROTEC TBEC (Use diclofenac w/ misoprostol) .....6	ASSURE DOSE CONTROL SOLN 101	atenolol TABS .....50
artificial saliva SOLN .....143	ASSURE DOSE NORM/HIGH CONTROL SOLN .....101	ATIVAN SOLN (Use lorazepam) ...13
artificial tear solution192	ASSURE ID INSULIN SAFETY SYR 131	ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)13
ASCENIV197	ASSURE LANCE LANCETS101	ATIVAN TABS 1 MG (Use lorazepam)13
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ascorbic acid POWD PO 500 MG/GM208	ASSURE LANCE PLUS SAFETY 25G101	ATORVALIQ SUSP32
ASCORBIC ACID POWD PO208	ASSURE LANCE PLUS SAFETY 30G101	atorvastatin calcium TABS32
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ASMANEX (120 METERED DOSES) AEPB15	ASSURE PLATINUM STRP71	atropine sulfate (ophthalmic) SOLN 193
ASMANEX (14 METERED DOSES) AEPB .....15	ASSURE PRISM CONTROL LEVEL 1&2 SOLN .....101	ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic)) 193
ASMANEX (30 METERED DOSES) AEPB .....15	ASSURE PRISM MULTI METER DEVI .....101	ATROPINE SULFATE SOLN 1 % 193
ASMANEX (60 METERED DOSES) AEPB .....15	ASSURE PRISM MULTI TEST STRP.....71	ATROVENT HFA .....14
ASMANEX HFA AERO .....15	ASSURE TITANIUM BLOOD GLUCOSE DEVI .....101	AUBAGIO (Use teriflunomide) ...200
aspirin buffered (cal carb-mag carb- mag oxide) .....8	ASSURE TITANIUM STRP .....71	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate) .....198
aspirin CHEW .....8	ATACAND (Use candesartan cilexetil) .....33	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML .....198
ASPIRIN SUPP 300 MG .....8	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide) .....34	AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 198
aspirin TABS 325 MG8	atazanavir sulfate CAPS46	AUGTYRO40
aspirin TBEC 81 MG, 325 MG8		AUKELSO SOLN SC 120 MG/1.7ML 82
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AURYXIA 210 MG (Use ferric citrate)	87	AVSOLA	86	bacitracin (topical) OINT	60
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AUSTEDO XR PATIENT TITRATION TEPK	199	AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	5	bacitracin-polymyxin b (ophth) ...	193
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AVALIDE (Use irbesartan- hydrochlorothiazide)	34	azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	188	BACMIN TABS	148
AVAPRO 150 MG, 300 MG (Use irbesartan)	33	azelastine hcl-fluticasone propionate SUSP	188	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...	35
AVAR CLEANSER LIQD 10 %-5 % (Use sulfacetamide sodium w/ sulfur) 58		AZILECT (Use rasagiline mesylate) . 43		BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ...	35
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AVAR-E EMOLLIENT CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur)	58	azithromycin SUSR	95	BALCOLTRA (Use levonorgestrel- ethinyl estradiol-iron)	53
AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur) ...	58	azithromycin TABS	95	balsalazide disodium CAPS	86
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AVMAPKI FAKZYNJA CO-PACK THPK PO	40	AZOPT (Use brinzolamide)	195	BAND-AID GAUZE LARGE PADS	96
AVODART (Use dutasteride)	88	AZOR (Use amlodipine besylate- olmesartan medoxomil)	34	BAND-AID GAUZE MEDIUM PADS	96
AVONEX PEN AJKT	200	AZOSTARYS	2	BAND-AID GAUZE SMALL PADS	96
AVONEX PREFILLED PSKT	200	AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	86	BAND-AID HURT-FREE NON-STICK PADS	96
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betamethasone dipropionate augmented LOTN	63	BIMZELX SOAJ	61	BLOOD GLUCOSE TEST STRIPS 333 STRP	71
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BETAPACE AF (Use sotalol hcl (afib/af))	50	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	148	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	148
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	50	BIOTECT PLUS CAPS	148	BOMYNTRA SOLN SC 120 MG/1.7ML	82
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BEXSERO 0.5 ML	205	bisoprolol fumarate	50		
BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium) ...	53	BIVIGAM SOLN	197		
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bosentan TBSO 32 MG	52	BREZTRI AEROSPHERE	16	BRUKINSA	40
BOSULIF CAPS	40	BRILINTA 60 MG, 90 MG (Use ticagrelor)	90	BRUKINSA PO 160 MG	40
BOSULIF TABS	40	brimonidine tartrate	193	BRYNOVIN SOLN PO 25 MG/ML	25
BOTOX IJ	191	brimonidine tartrate-timolol maleate	192	budesonide (inhalation) SUSP	15
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	148	BRINEURA	83	budesonide (intrarectal)	11
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BPROTECTED PEDIA POLY-VITE/FE SOLN	184	brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	18	budesonide-formoterol fumarate dihydrate	16
BRAFTOVI 75 MG	40	brivaracetam TABS 50 MG, 100 MG	18	bumetanide TABS	81
BREATHE COMFORT CHAMBER/ADULT DEVI	134	BRIVIACT SOLN IV 50 MG/5ML (Use brivaracetam)	18	BUMEX TABS 0.5 MG (Use bumetanide)	81
BREATHE COMFORT CHAMBER/CHILD DEVI	134	BRIVIACT SOLN PO 10 MG/ML (Use brivaracetam)	18	buprenorphine hcl SUBL	11
BREATHE EASE LARGE DEVI	134	BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (Use brivaracetam)	18	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG	11
BREATHE EASE MEDIUM DEVI	134	BRIXADI (WEEKLY) SOSY	10	buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG	11
BREATHE EASE SMALL DEVI	134	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	10	buprenorphine hcl-naloxone hcl dihydrate SUBL	11
BREATHERITE VALVED MDI CHAMBER DEVI	135	bromfenac sodium (ophth)	195	buprenorphine PTWK	11
BREKIYA SOAJ SC 1 MG/ML	138	brompheniramine & phenyleph ELIX	56	bupropion hcl (smoking deterrent) 201	21
		brompheniramine & pseudoeph ELIX	56	bupropion hcl TABS	21
		brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	56	bupropion hcl TB12	21
				bupropion hcl TB24 150 MG, 300 MG	21
				bupropion hcl TB24 300 MG, 450 MG	21

21	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium)	51	500 MG	139	
BURIED TREASURE ACTIVE 55 PLUS LIQD	148		calcium carbonate-cholecalciferol TABS	139	
BURN RELIEF GEL	67		calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT	139	
bupirone hcl 15 MG	13	CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium)	51	calcium carbonate-vitamin d TABS 600 MG-200 UNIT	139
bupirone hcl 5 MG, 10 MG	13			CALCIUM CHEW	139
bupirone hcl 7.5 MG, 30 MG	13			calcium citrate TABS	139
butalbital-acetaminophen TABS 50 MG-325 MG	8	caffeine citrate SOLN PO	1	calcium polycarbophil TABS	94
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	8	calcipotriene CREA	61	CALQUENCE	40
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	8	CALCIPOTRIENE FOAM	61	CAMBIA (Use diclofenac potassium (migraine))	138
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	10	calcipotriene OINT	61	CAMCEVI	38
butalbital-aspirin-caffeine CAPS	8	calcipotriene SOLN	61	camphor & menthol LOTN	61
butalbital-aspirin-caffeine w/cod	10	calcipotriene-betamethasone dipropionate OINT	64	camphor-menthol-methyl salicylate CREA	67
BUTRANS PTWK (Use buprenorphine)	11	calcipotriene-betamethasone dipropionate SUSP	64	camphor-menthol-methyl salicylate GEL	67
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide)	25	calcitonin (salmon) IJ	82	camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %	67
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide)	25	calcitonin (salmon) NA	82	CANASA SUPP (Use mesalamine) 86	
BYLVAY (PELLETS) CPSP	85	calcitriol (topical)	61	candesartan cilexetil	33
BYLVAY CAPS	85	calcitriol CAPS	83	candesartan cilexetil-hydrochlorothiazide	34
BYSTOLIC (Use nebivolol hcl)	50	CALCIUM 600 +D HIGH POTENCY TABS	139	capecitabine	37
BYSTOLIC 2.5 MG, 5 MG, 10 MG (Use nebivolol hcl)	50	calcium acetate (phosphate binder) CAPS	87	CAPEX SHAM	64
CABENUVA 600 MG/2ML-400 MG/2ML	46	calcium acetate (phosphate binder) TABS	87	CAPHOSOL SOLN	143
CABENUVA 900 MG/3ML-600 MG/3ML	46	CALCIUM CARB-CHOLECALCIFEROL CHEW	139	CAPLYTA	44
CABOMETYX TABS	40	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	12	CAPRELSA	40
		CALCIUM CARBONATE CHEW	139	capsaicin CREA 0.025 %	67
		calcium carbonate TABS 1250 MG,			

capsaicin CREA 0.075 %	67	carboxymethylcellulose sodium (ophth) SOLN 0.5 %	192	CARETOUCH INSULIN SYRINGE	131
capsaicin CREA 0.1 %	67	CARDIZEM CD CP24 (Use diltiazem hcl coated beads)	50	CARETOUCH LANCING/EJECTOR MISC	102
capsaicin PTCH	67	CARDIZEM LA TB24 (Use diltiazem hcl)	50	CARETOUCH MONITOR SYSTEM KIT	102
captopril & hydrochlorothiazide	34	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	50	CARETOUCH SAFETY LANCETS	102
captopril	33	CARDURA (Use doxazosin mesylate)	34	CARETOUCH SAFETY LANCETS 26G	102
CAPVAXIVE	205	CARDURA 8 MG (Use doxazosin mesylate)	34	CARETOUCH TEST STRP	72
CAPZASIN-HP CREA (Use capsaicin)	67	CARDURA XL	88	CARETOUCH TWIST LANCETS 28G	103
CAPZASIN-P CREA 0.035 % (Use capsaicin)	67	CAREONE ADVANCED LANCING DEV MISC	102	CARETOUCH TWIST LANCETS 30G	103
CARAC CREA (Use fluorouracil (topical))	61	CAREONE INSULIN SYRINGE	131	CARETOUCH TWIST LANCETS 33G	103
CARAFATE SUSP (Use sucralfate) 204		CAREONE LANCET SUPER THIN 30G	102	CARETOUCH TWIST MC LANCETS 30G	103
CARAFATE TABS (Use sucralfate) 204		CARESENS CONTROL SOLUTION A/B SOLN	102	carisoprodol TABS 250 MG	187
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carbamazepine SUSP	18	CARESENS N FELIZ DEVI	102	CARNITOR SOLN PO 1 GM/10ML (Use levocarnitine (metabolic modifiers))	83
carbamazepine TABS	18	CARESENS S CONTROL SOLN A/B LIQD	102	CARNITOR TABS (Use levocarnitine (metabolic modifiers))	83
carbamazepine TB12	18	CARESENS S FIT BLOOD GLUC MON DEVI	102	carteolol hcl (ophth)	192
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CARBATROL CP12 (Use carbamazepine)	18	CARESENS S GLUCOSE TEST STRP	71	carvedilol phosphate	49
carbidopa	43	CARETOUCH CONTROL SOL LEVEL 2 LIQD	102	CASGEVY	90
carbidopa-levodopa CPCR	43	CARETOUCH HYPODERMIC NEEDLE	131	CASODEX (Use bicalutamide)	38
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carbidopa-levodopa TBCR	43				
carbidopa-levodopa TBDP	43				
carbidopa-levodopa-entacapone	43				
carboxymethylcellulose sodium (ophth) GEL	192				

clonidine)34	CELEBREX 100 MG (Use celecoxib) 6	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
CATAPRES-TTS-2 PTWK (Use clonidine)34	CELEBREX 200 MG (Use celecoxib) 6	MG-150 MCG-30 UNIT-109 MG-20 MCG-10 MCG-5000 UNIT-25 MCG-72 MG149
CATAPRES-TTS-3 PTWK (Use clonidine)34	CELEBREX 400 MG (Use celecoxib) 6	CENTRUM ADULT LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-13.5 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML 149
CAYA DPRH97	CELEBREX 50 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 149
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cefadroxil TABS53	CELLCEPT CAPS (Use mycophenolate mofetil)141	
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MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3	CENTRUM SILVER ADULT 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 150
MG/15ML-150 MCG/15ML 151	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 150	CENTRUM SPECIALIST HEART TABS 150
CENTRUM MEN TABS 149	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 150	CENTRUM SPECIALIST IMMUNE TABS 150
CENTRUM MENOPAUSE HOT FLASH TABS 149	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 150	CENTRUM SPECIALIST VISION TABS 150
CENTRUM MENOPAUSE MIND/MOOD TABS 181	CENTRUM SILVER ULTRA WOMENS TABS 150	CENTRUM ULTRA WOMENS TABS 150
CENTRUM MINIS ADULTS 50+ TABS 149		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 151
CENTRUM MINIS MEN 50+ TABS 149		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 151
CENTRUM MINIS WOMEN 50+ TABS 149		CENTURY TABS 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-
CENTRUM MINIS WOMEN IMMUNE SUP TABS 149		
CENTRUM SILVER 50+MEN TABS 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-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 149		
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		

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	151	cetirizine hcl CAPS	30	MG, 750 MG	187
CENVITE LIQD	151	cetirizine hcl CHEW	30	chlorzoxazone TABS 500 MG	187
cephalexin CAPS 250 MG, 500 MG 53		cetirizine hcl SOLN PO	30	CHOICEFUL MULTIVITAMIN CAPS	151
cephalexin SUSR	53	cetirizine hcl TABS	30	CHOLBAM	85
CEQUA SOLN	194	cetirizine-pseudoephedrine	56	cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT	208
CEQUR SIMPLICITY 2U DEVI	131	CETRAXAL (Use ciprofloxacin hcl (otic))	196	cholecalciferol CAPS	208
CEQUR SIMPLICITY INSERTER MISC	131	CHANTIX CONTINUING MONTH PAK TABS (Use varenicline tartrate)	201	cholecalciferol CHEW 400 UNIT	208
CERDELGA	90	CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate)	201	cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML	208
CEREBYX 100 MG PE/2ML (Use fosphenytoin sodium)	20	CHANTIX TABS (Use varenicline tartrate)	201	cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG 208	
CEREBYX 500 MG PE/10ML (Use fosphenytoin sodium)	20	CHEMET	28	cholestyramine light PACK	31
CEREZYME 400 UNIT	90	chenodiol	85	cholestyramine light POWD	31
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	151	chlordiazepoxide hcl CAPS	13	cholestyramine PACK	31
CERTAVITE SENIOR TABS	151	chlorhexidine gluconate (mouth-throat)	142	cholestyramine POWD	31
CERTAVITE SENIOR/ANTIOXIDANT TABS	151	chlorhexidine gluconate SOLN EX 4 %	46	choline fenofibrate	32
CERTAVITE/ANTIOXIDANTS TABS	151	chloroquine phosphate TABS 250 MG	36	CHOSEN LANCETS 30G	103
CETAPHIL DAILY FACIAL SPF 50 LOTN	69	chloroquine phosphate TABS 500 MG	36	CHOSEN LANCING DEVICE MISC	103
		chlorpheniramine maleate SYRP	30	CHOSEN SAFETY LANCETS 28G	103
		chlorpheniramine maleate TABS	30	CIALIS 5 MG (Use tadalafil)	52
		chlorpromazine hcl SOLN 25 MG/ML 45		CIBINQO	66
		chlorpromazine hcl TABS 10 MG	45	cilostazol	90
		chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	45	CILOXAN OINT	193
		chlorthalidone 25 MG, 50 MG	81	CIMDUO	46
		chlorzoxazone TABS 250 MG, 375		cimetidine hcl PO 300 MG/5ML	203
				cimetidine TABS	203
				CIMZIA (1 SYRINGE) PSKT	200

MG/ML	86	CLARINEX-D 12 HOUR TB12	56	VOICE DEVI	103
CIMZIA (2 SYRINGE) PSKT	86	clarithromycin SUSR	95	CLEVER CHEK AUTO-CODE VOICE STRP	72
CIMZIA KIT	86	clarithromycin TABS	95	CLEVER CHEK LANCETS	103
CIMZIA-STARTER PSKT	86	clarithromycin TB24	95	CLEVER CHEK SYSTEM KIT	103
CINQAIR	14	CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	30	CLEVER CHEK TEST STRP	72
CINRYZE SOLR IV	89	CLARITIN CHEW (Use loratadine) 30		CLEVER CHOICE AUTO-CODE SYSTEM DEVI	103
CINVANTI EMUL	29	CLARITIN CHILDRENS CHEW (Use loratadine)	30	CLEVER CHOICE AUTO-CODE TEST STRP	72
CIPRO HC 1 %-0.2 % (Use ciprofloxacin-hydrocortisone)	196	CLARITIN REDITABS TBDP (Use loratadine)	30	CLEVER CHOICE COMFORT EZ 103	
CIPRO SUSR	85	CLARITIN SOLN (Use loratadine) .30		CLEVER CHOICE GLUCOSE CONTROL LIQD	103
CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	85	CLARITIN TABS (Use loratadine) .30		CLEVER CHOICE HOLDING CHAMBER DEVI	135
ciprofloxacin hcl (ophth) SOLN ...	193	CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine) ...	56	CLEVER CHOICE LANCETS 23G 103	
ciprofloxacin hcl (otic)	196	CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine) ...	56	CLEVER CHOICE LANCETS 28G 104	
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	85	CLASSIC PRENATAL TABS	185	CLEVER CHOICE MICRO SYSTEM KIT	104
ciprofloxacin-dexamethasone	196	CLEMASZ TABS 2.68 MG (Use clemastine fumarate)	30	CLEVER CHOICE MICRO TEST STRP	72
ciprofloxacin-fluocinolone acetonide . 196		CLEOCIN (Use clindamycin palmitate hydrochloride)	36	CLEVER CHOICE MINI SYSTEM DEVI	104
ciprofloxacin-hydrocortisone	196	CLEOCIN CREA (Use clindamycin phosphate vaginal)	207	CLEVER CHOICE NO CODING STRP	72
CITALOPRAM HYDROBROMIDE CAPS 30 MG (Use citalopram hydrobromide)	22	CLEOCIN SUPP	207	CLEVER CHOICE TALK SYSTEM DEVI	104
citalopram hydrobromide SOLN ...	22	CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	58	CLEVER CHOICE TALK SYSTEM STRP	72
citalopram hydrobromide TABS ...	22	CLEVER CHEK AUTO-CODE DEVI . 103		CLEVER CHOICE TALK SYSTEM STRP	72
CITRACAL +D3 TABS	152	CLEVER CHEK AUTO-CODE SYSTEM DEVI	103	CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	84
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 185		CLEVER CHEK AUTO-CODE TEST STRP	72		
cladribine (multiple sclerosis) 10 MG . 200		CLEVER CHEK AUTO-CODE			
CLARINEX TABS (Use desloratadine)	30				

CLINDAGEL GEL (Use clindamycin phosphate (topical))	58	clobetasol propionate OINT 0.05 %	64	(Use clozapine)	45
clindamycin hcl 150 MG, 300 MG	36	clobetasol propionate SHAM	64	CLOZARIL TABS 50 MG, 200 MG (Use clozapine)	45
clindamycin palmitate hydrochloride	36	clobetasol propionate SOLN 0.05 %	64	CO MONITOR DEVI	135
clindamycin phosphate (topical) FOAM	58	CLOBEX LOTN 0.05 % (Use clobetasol propionate)	64	COAGADDEX	89
clindamycin phosphate (topical) GEL	58	CLOBEX SHAM (Use clobetasol propionate)	64	COAGUCHEK LANCETS	104
clindamycin phosphate (topical) LOTN	58	CLOBEX SPRAY LIQD (Use clobetasol propionate)	64	coal tar extract SHAM 0.5 %	70
clindamycin phosphate (topical) SOLN	58	clocortolone pivalate	64	COARTEM	36
clindamycin phosphate (topical) SWAB	58	CLODERM (Use clocortolone pivalate)	64	COBENFY CAPS	45
clindamycin phosphate vaginal CREA	207	clomipramine hcl	23	COBENFY STARTER PACK CPPK	45
clindamycin phosphate-benzoyl peroxide (refrigerate)	58	clonazepam TABS	17	codeine sulfate TABS 30 MG	8
clindamycin phosphate-benzoyl peroxide GEL	58	clonazepam TBDP	17	CODEINE SULFATE TABS	8
clindamycin phosphate-tretinoin	58	clonidine hcl (adhd) TB12	2	COLAZAL CAPS (Use balsalazide disodium)	86
CLINDESSE	207	clonidine hcl TABS	34	colchicine CAPS	88
clobazam SUSP	17	clonidine PTWK	34	colchicine TABS	88
clobazam TABS	17	clopidogrel bisulfate	90	colchicine w/ probenecid	88
clobetasol propionate CREA 0.05 %	64	clorazepate dipotassium TABS	13	colesevelam hcl PACK	31
clobetasol propionate emollient base 0.05 %	64	clotrimazole (topical) CREA	60	colesevelam hcl TABS	31
clobetasol propionate emulsion	64	clotrimazole (topical) SOLN	60	COLESTID FLAVORED PACK (Use colestipol hcl)	31
clobetasol propionate FOAM	64	clotrimazole vaginal CREA 1 %	207	COLESTID GRAN (Use colestipol hcl)	31
clobetasol propionate GEL 0.05 %	64	clotrimazole vaginal CREA 2 %	207	COLESTID PACK (Use colestipol hcl)	31
clobetasol propionate LIQD	64	clotrimazole w/ betamethasone CREA	60	COLESTID TABS (Use colestipol hcl)	31
clobetasol propionate LOTN	64	clotrimazole w/ betamethasone LOTN	60	colestipol hcl GRAN	31
		clozapine TABS	45	colestipol hcl PACK	31
		clozapine TBDP	45	colestipol hcl TABS	31
		CLOZARIL TABS 25 MG, 100 MG		COLLAVERA GEL 2 %	67

COMBIGAN (Use brimonidine tartrate-timolol maleate)	192	0.4 MG-9 MCG-2.6 MG-30 MG-5000 UNIT-2 MG-400 UNIT-45 UNIT-27 MG-22.5 MG	152	CONTOUR NEXT ONE KIT	104
COMBIPATCH PTTW	84	COMPLERA 200 MG-300 MG-25 MG (Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	46	CONTOUR NEXT ONE KIT	105
COMBIVENT RESPIMAT AERS ..	16	COMPLETE		CONTOUR NEXT TEST STRP	72
COMETRIQ (100 MG DAILY DOSE) KIT	40	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	152	CONTOUR PLUS BLUE KIT	105
COMETRIQ (140 MG DAILY DOSE) KIT	40	COMPLETE NATAL DHA	185	CONTOUR PLUS TEST STRP	72
COMETRIQ (60 MG DAILY DOSE) KIT	41	COMPLETENATE CHEW	185	CONTOUR TEST STRP	72
COMFORT ASSURED LANCETS 28G	104	COMPLETIA DIABETIC MULTIVIT TABS	152	CONTROL SOLN	105
COMFORT ASSURED LANCETS 33G	104	CONCEPT DHA	185	CONZIP CP24 (Use tramadol hcl) ..	8
COMFORT EZ INSULIN SYRINGE .	131	CONCEPT OB	185	COPA ISLAND BORDERED FOAM PADS	96
COMFORT TOUCH LANCETS 31G .	104	CONCERTA TBCR (Use methylphenidate hcl)	2	COPA PLUS HYDROPHILIC FOAM PADS	96
COMFORT TOUCH PLUS LANCETS 30G	104	CONEXXENCE SOSY SC 60 MG/ML	82	COPAXONE SOSY 20 MG/ML (Use glatiramer acetate)	200
COMIRNATY SUSY	206	CONJUPRI (Use levamlodipine maleate)	50	COPAXONE SOSY 40 MG/ML (Use glatiramer acetate)	200
COMPACT SPACE CHAMBER DEVI	135	CONTOUR CONTROL LIQD	104	COPIKTRA	41
COMPACT SPACE CHAMBER/LG MASK DEVI	135	CONTOUR MONITOR DEVI	104	COPPERTONE BABY PURE & SIMPLE LOTN	69
COMPACT SPACE CHAMBER/MED MASK DEVI	135	CONTOUR NEXT CONTROL SOLN .	104	COPPERTONE COMPLETE SPF30 LOTN	69
COMPACT SPACE CHAMBER/SM MASK DEVI	135	CONTOUR NEXT EZ KIT	104	COPPERTONE GLOW PROTECT & TAN LOTN	69
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	152	CONTOUR NEXT GEN MONITOR KIT	104	COPPERTONE GLOW SHIMMER SPF15 LOTN	69
COMPETE TABS 90 MG-20.6 MG-		CONTOUR NEXT LINK KIT	104	COPPERTONE GLOW SHIMMER SPF30 LOTN	69
		CONTOUR NEXT MONITOR KIT		COPPERTONE GLOW SHIMMER SPF50 LOTN	69
				COPPERTONE KIDS PURE & SIMPLE LOTN	69
				COPPERTONE LIMITED EDITION LOTN	69

COPPERTONE OIL FREE FACE SPF30 LOTN	61 69	COSENTYX SENSOREADY (300 MG) SOAJ	62	CTEXTLI TABS PO 250 MG	85
COPPERTONE OIL FREE FACE SPF50 LOTN	69	COSENTYX SENSOREADY PEN SOAJ	62	CULTURELLE PROBIOTIC MEN DAILY CAPS	152
COPPERTONE PURE & SIMPLE FACE LOTN	69	COSENTYX SOLN	62	CUPRIMINE CAPS (Use penicillamine)	140
COPPERTONE SPORT 4-IN-1 SPF15 LOTN	69	COSENTYX SOSY 150 MG/ML ..	62	CURITY ALL PURPOSE SPONGES PADS	96
COPPERTONE SPORT CLEAR LOTN	69	COSENTYX SOSY 75 MG/0.5ML	62	CURITY AMD ANTIMICROBIAL SPNGE PADS	96
COPPERTONE TANNING SPF 8 LOTN	69	COSENTYX UNOREADY SOAJ ..	62	CURITY COVER SPONGE PADS	96
COPPERTONE TANNING SPF15 LOTN	69	COSOPT (Use dorzolamide hcl- timolol maleate)	192	CURITY DRESSING SPONGES PADS	96
COPPERTONE TANNING SPF15 LOTN	69	COSOPT PF (Use dorzolamide hcl- timolol maleate)	192	CURITY GAUZE PADS	96
COPPERTONE ULTRAGUARD SPF70+ LOTN	69	COTELLIC	41	CURITY GAUZE SPONGE PADS	96
COPPERTONE WATERBABIES SPF50 LOTN	69	COTEMPLA XR-ODT TBED	2	CURITY NON-ADHERENT STRIPS PADS	96
CORAL CALCIUM PLUS CAPS ..	152	COVRSITE COVER DRESSING PADS	96	CURITY SPONGES PADS	96
COREG (Use carvedilol)	49	COVRSITE PLUS COMPOSITE DRESS PADS	96	CURITY STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	88
COREG CR (Use carvedilol phosphate)	49	COXANTO CAPS (Use oxaprozin) .	6	CUTAQUIG	197
COREVIA TABS	152	COZAAR (Use losartan potassium)	33	CUVITRU SOLN	197
CORGARD TABS 20 MG, 40 MG (Use nadolol)	50	CREON CPEP	81	CUVRIOR	140
CORIFACT	89	CRESTOR TABS 10 MG (Use rosuvastatin calcium)	32	CVS ADHESIVE PAD 4"X4" PADS	96
CORLANOR SOLN	53	CRESTOR TABS 20 MG, 40 MG (Use rosuvastatin calcium)	32	CVS ADHESIVE PAD 6"X6" PADS	96
CORLANOR TABS (Use ivabradine hcl)	53	CRESTOR TABS 5 MG (Use rosuvastatin calcium)	32	CVS ADHESIVE PADS 2.25"X3" PADS	96
CORTEF TABS (Use hydrocortisone)	55	CREXONT CPCR	43	CVS ADULT 50+ EYE HEALTH CAPS	152
CORTENEMA (Use hydrocortisone (intrarectal))	11	cromolyn sodium (nasal) 5.2 MG/ACT	188	CVS ADVANCED GLUCOSE TEST STRP	72
CORTISONE ACETATE TABS	55	cromolyn sodium (ophth)	196	CVS ANTIBACTERIAL GAUZE PADS	96
COSENTYX (300 MG DOSE) SOSY .		cromolyn sodium NEBU	14		

CVS BLOOD GLUCOSE METER DEVI	105	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	152	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	153
CVS BLOOD GLUCOSE METER KIT	105	CVS ONE DAILY MENS 50+ ADV TABs	152	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	153
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	152	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	153	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	153
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	152	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	153	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	154
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fingolimod hcl	200	FLUAD	206	fluoxetine hcl CPDR	22
FINTEPLA	18	FLUARIX SUSY	206	fluoxetine hcl SOLN	22
FIORICET/CODEINE 30 MG-40 MG-		FLUBLOK SOSY	206	FLUOXETINE HCL TABS (Use	
50 MG-300 MG (Use butalbital-		FLUCELVAX SUSP	206	fluoxetine hcl)	22
acetaminophen-caffeine w/ codeine) .		FLUCELVAX SUSY	206	fluoxetine hcl TABS	22
10		fluconazole SUSR	30	fluphenazine decanoate	45
FIRAZYR SOSY (Use icatibant		fluconazole TABS 100 MG	30	fluphenazine hcl CONC	45
acetate)	89	fluconazole TABS 150 MG	30	fluphenazine hcl ELIX	45
FIRVANQ SOLR PO (Use		fluconazole TABS 200 MG	30	fluphenazine hcl SOLN	45
vancomycin hcl)	36	fluconazole TABS 50 MG	30	fluphenazine hcl TABS	45
FITNESS TABS FOR MEN AM/PM		fludrocortisone acetate TABS	56	flurandrenolide LOTN	64
TABS	158	FLULAVAL SUSY	206	flurazepam hcl	93
FITNESS TABS FOR WOMEN		FLUMIST	206	flurbiprofen sodium	196
AM/PM TABS	158	flunisolide (nasal)	188	flurbiprofen TABS 100 MG	6
FLAREX	195	fluocinolone acetonide (otic)	197	flurbiprofen TABS 50 MG	6
flavoxate hcl	205	fluocinolone acetonide CREA	64	fluticasone furoate (inhalation) 50	
flecainide acetate	13	fluocinolone acetonide OIL	64	MCG/ACT, 100 MCG/ACT, 200	
FLECTOR PTCH EX (Use diclofenac		fluocinolone acetonide OINT	64	MCG/ACT	15
epolamine)	61	fluocinolone acetonide SOLN	64	fluticasone furoate-vilanterol	16
FLEET ENEMA ENEM (Use sodium		fluocinolone acetonide SOLN	64	fluticasone propionate (inhalation)	
phosphates)	94	fluocinonide CREA	64	AEPB	15
FLEQSUVY SUSP (Use baclofen)		fluocinonide emulsified base	64	fluticasone propionate (nasal) SUSP .	
187		fluocinonide GEL	64	188	
FLEXICHAMBER DEVI	136	fluocinonide OINT	64	fluticasone propionate CREA 0.05 %	
FLORAFOL FE PEDIATRIC SOLN		fluocinonide SOLN	64	64	
184				fluticasone propionate hfa 110	
FLORAFOL PEDIATRIC CHEW .	184				
FLORAFOL PEDIATRIC SOLN ..	184				

MCG/ACT, 220 MCG/ACT	15	FOLAREX TABS	158	FORA D20 BLOOD GLUCOSE TEST STRP	74
fluticasone propionate hfa 44 MCG/ACT	15	FOLASYNC DHA CAPS	158	FORA D40/G31 BLOOD GLUCOSE STRP	74
fluticasone propionate LOTN	65	FOLATEN TABS	158	FORA G20 BLOOD GLUCOSE SYSTEM KIT	110
fluticasone propionate OINT	65	FOLAWISE TABS	182	FORA G20 BLOOD GLUCOSE TEST STRP	74
fluticasone-salmeterol AEPB	16	FOLCYTEINE TABS	182	FORA G30/PREM V10 GLUCOSE TEST STRP	75
fluticasone-salmeterol AERO	16	folic acid TABS 1 MG	90	FORA G30A BLOOD GLUCOSE SYSTEM DEVI	110
fluvastatin sodium CAPS	32	folic acid TABS 400 MCG, 800 MCG . 90		FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	110
fluvastatin sodium TB24	32	FOLIFLEX TABS	158	FORA GD20 TEST STRP	75
fluvoxamine maleate CP24	22	FOLITIN-Z TABS	158	FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	110
fluvoxamine maleate TABS	22	FOLIVANE-OB	185	FORA GD50 BLOOD GLUCOSE TEST STRP	75
FLUZONE HIGH-DOSE SUSY	206	FOLIXIA TABS	158	FORA GTEL BLOOD GLUCOSE TEST STRP	75
FLUZONE SUSP	206	fondaparinux sodium	17	FORA GTEL BLOOD KETONE TEST	75
FLUZONE SUSY	206	FONDCIRCLE BLOOD GLUCOSE MONIT KIT	110	FORA LANCETS	110
FML FORTE SUSP	195	FONDCIRCLE BLOOD GLUCOSE TEST STRP	74	FORA LANCING DEVICE MISC .	110
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	195	FONDCIRCLE CONTROL SOLUTION LIQD	110	FORA PREMIUM V10 BLE SYSTEM DEVI	111
FOCALIN TABS (Use dexmethylphenidate hcl)	2	FONDCIRCLE LANCING DEVICE MISC	110	FORA TEST N' GO MONITOR DEVI	111
FOCALIN TABS 10 MG (Use dexmethylphenidate hcl)	2	FONDCIRCLE SINGLE USE LANCETS	110	FORA TEST N'GO ADV-VOICE-6 CON	75
FOCALIN TABS 2.5 MG (Use dexmethylphenidate hcl)	2	FORA 6 CONNECT STRP	74	FORA TN'G ADVANCE PRO STRP	75
FOCALIN XR CP24 (Use dexmethylphenidate hcl)	2	FORA 6 CONNECT/GTEL TEST STRP	74	FORA TN'G VOICE KIT	111
FOCALIN XR CP24 40 MG (Use dexmethylphenidate hcl)	2	FORA BLOOD GLUCOSE TEST STRP	74	FORA TN'G/TN'G VOICE STRP ..	75
FOCINVEZ SOLN	29	FORA CONTROL SOLN	110		
FOLAGENT DHA CAPS	158	FORA D15G BLOOD GLUCOSE TEST STRP	74		
FOLAMAX TABS	158	FORA D20 2-IN-1 MONITOR DEVI	110		
FOLAMED DHA CAPS	158				
FOLAPRIME TABS	158				

FORA V10 BLOOD GLUCOSE SYSTEM DEVI	111	formoterol fumarate NEBU	16	READER	111
FORA V10 BLOOD GLUCOSE TEST STRP	75	FORTEO SOPN (Use teriparatide)	82	FREESTYLE LIBRE 14 DAY SENSOR	111
FORA V10/V12/D10/D20 TEST KIT 111		FORTESTA GEL TD (Use testosterone)	11	FREESTYLE LIBRE 2 PLUS SENSOR	111
FORA V12 BLOOD GLUCOSE SYSTEM DEVI	111	FOSAMAX PLUS D	82	FREESTYLE LIBRE 2 READER	.112
FORA V12 BLOOD GLUCOSE TEST STRP	75	FOSAMAX TABS 70 MG (Use alendronate sodium)	82	FREESTYLE LIBRE 2 SENSOR	112
FORA V20 BLOOD GLUCOSE SYSTEM DEVI	111	fosamprenavir calcium TABS	47	FREESTYLE LIBRE 3 PLUS SENSOR	112
FORA V20 BLOOD GLUCOSE TEST STRP	75	fosaprepitant dimeglumine SOLR	.29	FREESTYLE LIBRE 3 READER	.112
FORA V30A BLOOD GLUCOSE SYSTEM DEVI	111	fosinopril sodium & hydrochlorothiazide	34	FREESTYLE LIBRE 3 SENSOR	112
FORA V30A BLOOD GLUCOSE SYSTEM KIT	111	fosinopril sodium	33	FREESTYLE LITE DEVI	112
FORA V30A BLOOD GLUCOSE TEST STRP	75	fosphenytoin sodium 100 MG PE/2ML	21	FREESTYLE LITE KIT	112
FORACARE GD40 MONITOR DEVI . 111		fosphenytoin sodium 500 MG PE/10ML	20	FREESTYLE LITE TEST STRP ...	76
FORACARE GD40 TEST STRP ...75		FOSRENOL CHEW (Use lanthanum carbonate)	87	FREESTYLE PRECISION NEO SYSTEM KIT	112
FORACARE GDH CONTROL SOLN . 111		FOSRENOL PACK	87	FREESTYLE PRECISION NEO TEST STRP	76
FORACARE PREMIUM V10 DEVI 111		FOTIVDA	41	FREESTYLE TEST STRP	76
FORACARE PREMIUM V10 TEST STRP	75	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	17	FREESTYLE UNISTICK II LANCETS	112
FORACARE TEST N GO MONITOR DEVI	111	FRAGMIN SOSY	17	FROVA (Use frovatriptan succinate)	138
FORACARE TEST N GO TEST STRP	76	FRAICHE 5000 DENTAL GEL 1.1 % (Use sodium fluoride (dental))	142	frovatriptan succinate	138
FORFIVO XL TB24 (Use bupropion hcl)	21	FREEDAVITE TABS	158	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	185
FORMALDEHYDE SOLN	46	FREESTYLE CONTROL SOLUTION LIQD	111	FRUZAQLA	38
		FREESTYLE FREEDOM LITE KIT 111		FT ADHESIVE PADS/SHEER PADS	96
		FREESTYLE INSULINX TEST STRP	76	FT CENTURY 50+ TABS	158
		FREESTYLE LANCETS	111	FT CENTURY ADULTS TABS ...	158
		FREESTYLE LIBRE 14 DAY		FT CENTURY MEN 50+ TABS ...	158

FT CENTURY MEN TABS	158	galantamine hydrobromide SOLN	199	STRP	76
FT CENTURY WOMEN 50+ TABS	158	galantamine hydrobromide TABS	199	GE100 CONTROL SOLN	112
FT CENTURY WOMEN TABS ...	158	GAMASTAN IM	197	gefitinib	38
FT EYE HEALTH CAPS	158	GAMMAGARD 1 GM/10ML, 2.5		gemfibrozil TABS	32
FT EYE HEALTH TABS	158	GM/25ML, 10 GM/100ML, 20		GEMTESA	205
FT HAIR SKIN & NAILS EXTRA STR		GM/200ML, 30 GM/300ML	197	GENOTROPIN CART SC	82
TABS	158	GAMMAGARD 5 GM/50ML	197	GENOTROPIN MINIQUICK PRSY	82
FT ONE DAILY MENS 50+ TABS	158	GAMMAGARD ERC 10 GM/100ML	197	gentamicin sulfate (ophth) SOLN	.193
FT ONE DAILY MENS TABS	158	GAMMAGARD ERC 5 GM/50ML	197	gentamicin sulfate (topical) CREA	.60
FT ONE DAILY WOMENS 50+ TABS	158	GAMMAGARD S/D LESS IGA SOLR	197	gentamicin sulfate (topical) OINT	.60
FT ONE DAILY WOMENS TABS	158	.....	197	GENTEEL BUTTERFLY TOUCH	
FT PRENATAL TABS	185	GAMMAKED 1 GM/10ML, 10		LANCET	112
FULPHILA	91	GM/100ML, 20 GM/200ML	197	GENTEEL LANCING KIT (BLUE) KIT	112
furosemide SOLN IJ 10 MG/ML ...	81	GAMMAKED 5 GM/50ML	197	.....	112
FUROSEMIDE SOLN IJ	81	GAMMAPLEX SOLN	197	GENTEEL PLUS LANCING	
furosemide TABS	81	GAMUNEX-C 1 GM/10ML, 2.5		(PURPLE) MISC	112
FUZEON SOLR	47	GM/25ML, 10 GM/100ML, 20		GENTEEL PLUS LANCING (WHITE)	
FYCOMPA SUSP 0.5 MG/ML (Use		GM/200ML, 40 GM/400ML	197	MISC	112
perampanel)	17	GAMUNEX-C 5 GM/50ML	197	GENTEEL PLUS LANCING	
FYCOMPA TABS 2 MG, 4 MG, 6		GARDASIL 9 SUSP 0.5 ML	206	DEV(BLUE) MISC	112
MG, 8 MG, 10 MG, 12 MG (Use		GARDASIL 9 SUSY 0.5 ML	206	GENTEEL PLUS LANCING	
perampanel)	17	gatifloxacin (ophth)	193	DEV(PINK) MISC	112
FYLNETRA	91	GAUZE DRESSING PADS	96	GENVOYA	47
gabapentin (once-daily) TABS ...	201	GAUZE PADS PADS	96	GEODON (Use ziprasidone hcl) ..	44
gabapentin CAPS	18	GAUZE TYPE VII MEDI-PAK PADS .	96	GEODON 40 MG, 60 MG (Use	
gabapentin SOLN	18	96		ziprasidone hcl)	44
gabapentin TABS 600 MG, 800 MG	18	GAVRETO	41	GERI-FREEDA SENIOR FORMULA	
GALAFOLD	83	GE100 BLOOD GLUCOSE SYSTEM		TABS	158
galantamine hydrobromide CP24	199	DEVI	112	GERI-TUSSIN SYRP	57
		GE100 BLOOD GLUCOSE SYSTEM		GERIVITE COMPLETE TABS 60	
		KIT	112	MG-2 MG-45 MCG-400 MCG-20	
		GE100 BLOOD GLUCOSE TEST		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 .....158	GLUCAGON EMERGENCY 24 GLUCAGON EMERGENCY SOLR IJ 1 MG (Use glucagon) .....24 glucagon SOLR IJ 1 MG .....24 glucagon SOLR IJ 1 MG .....25	GLUCOCOM CONTROL LIQD ...113 GLUCOCOM LANCETS 28G ....113 GLUCOCOM LANCETS 30G ....114 GLUCOCOM LANCETS 33G ....114 GLUCOCOM MONITOR KIT .....114 GLUCOCOM TEST STRP .....76 GLUCONAVII BLOOD GLUCOSE TEST STRP .....76 GLUCOPRO INSULIN SYRINGE 132 GLUCOSE CONTROL SOLN 114 GLUCOSE METER TEST STRP ..76
GHT BLOOD GLUCOSE MONITOR KIT 113	GLUCOCARD 01 BLOOD GLUCOSE KIT .....113 GLUCOCARD 01 CONTROL LIQD 113 GLUCOCARD 01 CONTROL SOLN . 113	GLUCOTROL XL TB24 2.5 MG, 10 MG (Use glipizide) 27 GLUCOTROL XL TB24 5 MG (Use glipizide) 27 GLUMETZA TB24 (Use metformin hcl) 24 glyburide micronized 1.5 MG, 3 MG, 6 MG 27 glyburide TABS 27 glyburide-metformin .....24
GHT TEST STRP .....76	GLUCOCARD 01 SENSOR PLUS STRP .....76 GLUCOCARD EXPRESSION CONTROL SOLN .....113 GLUCOCARD EXPRESSION MONITOR KIT .....113 GLUCOCARD EXPRESSION TEST STRP .....76 GLUCOCARD SHINE CONNEX KIT . 113 GLUCOCARD SHINE CONTROL SOLN 113 GLUCOCARD SHINE DEVI .....113 GLUCOCARD SHINE EXPRESS KIT.....113 GLUCOCARD SHINE KIT .....113 GLUCOCARD SHINE TEST STRP 76	GLUCOTROL XL TB24 2.5 MG, 10 MG (Use glipizide) 27 GLUCOTROL XL TB24 5 MG (Use glipizide) 27 GLUMETZA TB24 (Use metformin hcl) 24 glyburide micronized 1.5 MG, 3 MG, 6 MG 27 glyburide TABS 27 glyburide-metformin .....24 glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM .....94 glycopyrrolate TABS 1 MG, 2 MG 203 GLYXAMBI .....24 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 158
GILENYA (Use fingolimod hcl) .. 200 GILENYA .....200 GILOTRIF 38 GIMOTI SOLN NA 85 glatiramer acetate SOSY 20 MG/ML . 200 glatiramer acetate SOSY 40 MG/ML . 200	GLUCOCARD 01 CONTROL LIQD 113 GLUCOCARD 01 CONTROL SOLN . 113 GLUCOCARD 01 SENSOR PLUS STRP .....76 GLUCOCARD EXPRESSION CONTROL SOLN .....113 GLUCOCARD EXPRESSION MONITOR KIT .....113 GLUCOCARD EXPRESSION TEST STRP .....76 GLUCOCARD SHINE CONNEX KIT . 113 GLUCOCARD SHINE CONTROL SOLN 113 GLUCOCARD SHINE DEVI .....113 GLUCOCARD SHINE EXPRESS KIT.....113 GLUCOCARD SHINE KIT .....113 GLUCOCARD SHINE TEST STRP 76 GLUCOCARD SHINE XL DEVI .. 113 GLUCOCARD VITAL MONITOR KIT 113 GLUCOCARD VITAL TEST STRP 76 GLUCOCOM BLOOD GLUCOSE MONITOR DEVI 113	GLUCOCOM CONTROL LIQD ...113 GLUCOCOM LANCETS 28G ....113 GLUCOCOM LANCETS 30G ....114 GLUCOCOM LANCETS 33G ....114 GLUCOCOM MONITOR KIT .....114 GLUCOCOM TEST STRP .....76 GLUCONAVII BLOOD GLUCOSE TEST STRP .....76 GLUCOPRO INSULIN SYRINGE 132 GLUCOSE CONTROL SOLN 114 GLUCOSE METER TEST STRP ..76 GLUCOTROL XL TB24 2.5 MG, 10 MG (Use glipizide) 27 GLUCOTROL XL TB24 5 MG (Use glipizide) 27 GLUMETZA TB24 (Use metformin hcl) 24 glyburide micronized 1.5 MG, 3 MG, 6 MG 27 glyburide TABS 27 glyburide-metformin .....24 glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM .....94 glycopyrrolate TABS 1 MG, 2 MG 203 GLYXAMBI .....24 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 158
GLEEVEC TABS (Use imatinib mesylate) .....41 GLEOSTINE (Use lomustine) .....37 glimepiride 1 MG, 2 MG, 4 MG 27 glipizide TABS 27 glipizide TB24 .....27 glipizide-metformin hcl 24 GLOBAL EASY GLIDE INSULIN SYR 132 GLOBAL INJECT EASE INSULIN SYR 132 GLOBAL INJECT EASE LANCETS 28G .....113 GLOBAL INJECT EASE LANCETS 30G .....113 GLOBAL INSULIN SYRINGES ..132 GLOBAL LANCING DEVICE MISC 113 GLOPERBA SOLN PO 88	GLUCOCARD 01 CONTROL LIQD 113 GLUCOCARD 01 CONTROL SOLN . 113 GLUCOCARD 01 SENSOR PLUS STRP .....76 GLUCOCARD EXPRESSION CONTROL SOLN .....113 GLUCOCARD EXPRESSION MONITOR KIT .....113 GLUCOCARD EXPRESSION TEST STRP .....76 GLUCOCARD SHINE CONNEX KIT . 113 GLUCOCARD SHINE CONTROL SOLN 113 GLUCOCARD SHINE DEVI .....113 GLUCOCARD SHINE EXPRESS KIT.....113 GLUCOCARD SHINE KIT .....113 GLUCOCARD SHINE TEST STRP 76 GLUCOCARD SHINE XL DEVI .. 113 GLUCOCARD VITAL MONITOR KIT 113 GLUCOCARD VITAL TEST STRP 76 GLUCOCOM BLOOD GLUCOSE MONITOR DEVI 113	GLUCOCOM CONTROL LIQD ...113 GLUCOCOM LANCETS 28G ....113 GLUCOCOM LANCETS 30G ....114 GLUCOCOM LANCETS 33G ....114 GLUCOCOM MONITOR KIT .....114 GLUCOCOM TEST STRP .....76 GLUCONAVII BLOOD GLUCOSE TEST STRP .....76 GLUCOPRO INSULIN SYRINGE 132 GLUCOSE CONTROL SOLN 114 GLUCOSE METER TEST STRP ..76 GLUCOTROL XL TB24 2.5 MG, 10 MG (Use glipizide) 27 GLUCOTROL XL TB24 5 MG (Use glipizide) 27 GLUMETZA TB24 (Use metformin hcl) 24 glyburide micronized 1.5 MG, 3 MG, 6 MG 27 glyburide TABS 27 glyburide-metformin .....24 glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM .....94 glycopyrrolate TABS 1 MG, 2 MG 203 GLYXAMBI .....24 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 158

GNP CENTURY ADULT TABS ...158	UNIT-54 MG-73 MG-897 MCG-10	MCG-5 MCG-15 MG-15 MG-35 MG-
GNP CENTURY ADULTS MEN	MG-50 MG-0.6 MG-10 MG 159	35 MG-50 MCG-35 MG-25 MG-25
TABS .....158	GNP HEALTHY EYES	MG 159
GNP CENTURY ADULTS WOMEN	SUPERVISION 2 CAPS 250 MG-5	GNP MEGA MULTI FOR WOMEN
TABS .....158	MG-1 MG-40 MG-1 MG-200 UNIT	TABS 100 MG-40 MG-40 MCG-50
GNP CENTURY MATURE ADULTS	159	UNIT-200 MCG-200 UNIT-40 MCG-
50+ TABS .....158	GNP HEALTHY EYES TABS 200	5000 UNIT-40 MG-37.5 MCG-5 MG-
GNP CENTURY MATURE MEN'S	MG-2 MG-27 MG-2 MG-40 MG-185	10 MCG-40 MG-250 MCG-40 MG-5
50+ TABS .....158	MG-55 MCG-300 MCG, 200 MG-2	MG-250 MG-40 MG-100 MG-7.5 MG-
GNP CENTURY MATURE	MG-40 MG-2 MG-1000 UNIT-60	12.5 MG-13.5 MG-2.5 MG-25 MCG-1
WOMEN'S 50+ TABS 100 MG-5 MG-	UNIT-55 MCG 159	MG-50 MCG-1 MG-50 MCG-75
30 MCG-400 MCG-25 MCG-50	GNP INSULIN SYRINGE 132	MCG-12.5 MG-1 MG-1 MG-25 MG
MCG-1.1 MG-50 MCG-14 MG-300	GNP INSULIN SYRINGES 132	159
MCG-5 MG-8 MG-1.1 MG-100 MG-	GNP INSULIN SYRINGES 28GX1/2"	GNP ONE DAILY MAXIMUM TABS
15 MG-80 MG-300 MG-50 MCG-150	.....132	159
MCG-15.8 MG-20 MG-0.5 MG-2.3	GNP INSULIN SYRINGES 29GX1/2"	GNP ONE DAILY MENS HEALTH
MG-1050 MCG-22 MCG-52 MCG-72	.....132	50+ TABS 120 MG-6 MG-30 MCG-
MG 159	GNP INSULIN SYRINGES	400 MCG-400 UNIT-25 MCG-3.4
GNP CHILDRENS	30GX5/16" 132	MG-20 MCG-20 MG-2500 UNIT-15
CHEWABLES/IRON CHEW 15 MG	GNP INSULIN SYRINGES	MG-120 MG-600 MCG-4.5 MG-100
185	31GX5/16" 132	MG-22.5 MG-40 MG-90 MCG-150
GNP EASY TOUCH CONT	GNP LANCING SYSTEM DEVICE	MCG-33 UNIT-2 MG-180 MCG-4
HIGH/LOW SOLN 114	MISC .....114	MG-105 MCG-120 MG 160
GNP EASY TOUCH GLUCOSE	GNP MEGA MULTI FOR MEN TABS	GNP ONE DAILY MENS HEALTH
METER DEVI .....114	150 MG-125 MCG-200 MCG-15 MG-	TABS .....160
GNP EASY TOUCH GLUCOSE	15 MG-2.5 MG-5 MG-5 MG-15 MG-	GNP ONE DAILY MENS/LYCOPENE
TEST STRP .....77	15 MG-15 MG-5 MG-250 MCG-5	TABS 90 MG-3 MG-30 MCG-400
GNP ESSENTIAL ONE DAILY TABS	MG-175 MCG-2.5 MCG-33.5 MG-25	MCG-400 UNIT-18 MCG-1.7 MG-20
60 MG-2 MG-400 MCG-400 UNIT-6	MG-50 MG-2.5 MG-25 MCG-1 MG-	MCG-16 MG-3500 UNIT-5 MG-210
MCG-1.7 MG-20 MG-5000 UNIT-10	12.5 MG-105 MG-75 MCG-50 MCG-	MG-600 MCG-1.2 MG-120 MG-15
MG-75 MG-1.5 MG-30 UNIT 182	25 MG-1500 MCG-37.5 MCG-12.5	MG-2 MG-100 MG-45 UNIT-2 MG-
GNP HAIR SKIN & NAILS EXTRA	MG-15 MCG-5 MCG-35 MG-15 MG-	120 MCG-105 MCG 160
ST TABS .....159	35 MG-35 MG-15 MG-25 MG-25 MG,	GNP ONE DAILY WOMENS 50+
GNP HAIR/SKIN/NAI LS TABS 50	150 MG-25 MG-15 MG-125 MCG-50	TABS 60 MG-6 MG-30 MCG-400
MG-3.5 MG-6.5 MG-25 MCG-25	UNIT-200 MCG-2.5 MG-5 MG-100	MCG-800 UNIT-25 MCG-3.4 MG-20
MCG-7.5 MG-7.2 MG-50 UNIT-25	UNIT-15 MCG-15 MG-37.5 MCG-5	MCG-20 MG-15 MG-405 MG-4.5
MCG-2500 UNIT-5 MG-25 MG-10	MG-5 MG-15 MG-250 MCG-15 MG-5	MG-50 MG-22.5 MG-90 MCG-150
MG-10 MG-15 MG-3.3 MG-10 MG-5	MG-175 MCG-15 MG-50 MG-12.5	MCG-33 UNIT-2 MG-180 MCG-4
MG-20 MG-0.5 MG-150 MCG-25	MG-1 MG-100 MG-2.5 MG-5000	MG-2500 UNIT-20 MCG-120 MG 160
	UNIT-75 MCG-25 MG-12.5 MG-25	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	160	GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate)	94	GVOKE HYPOPEN 2-PACK SOAJ 25		
GNP PRENATAL TABS	185	GOMEKLI CAPS PO 1 MG, 2 MG	.41	GVOKE KIT SOLN	25	
GNP PRENATAL/FOLIC ACID TABS	185	GOMEKLI TBSO PO 1 MG	41	GVOKE PFS SOSY 1 MG/0.2ML ..	25	
GNP SHEER ADHESIVE PADS ..	97	GORDONS UREA CREA 40 % ...	66	GYNAZOLE-1	207	
GNP STERILE GAUZE PADS	97	GRALISE TABS (Use gabapentin (once-daily))	201	HADLIMA PUSH TOUCH SOAJ	5	
GNP STERILE LANCETS 33G ..	114	granisetron hcl TABS	28	HADLIMA SOSY	5	
GNP THERAPEUTIC-M TABS ...	160	GRANIX SOLN 300 MCG/ML	91	HAEGARDA SOLR SC	89	
GNP TRUE METRIX AIR METER KIT	114	GRANIX SOSY	91	HAIR SKIN & NAILS ADVANCED TABS	160	
GNP TRUE METRIX GLUCOSE METER KIT	114	GRASTEK SUBL	3	HAIR SKIN & NAILS TABS	160	
GNP TRUE METRIX GLUCOSE STRIPS STRP	77	griseofulvin microsize SUSP	29	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	29	160
GNP TRUETRACK TEST STRIPS STRP	77	griseofulvin microsize TABS	29	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	57	160
GNP ULTRA COM INSULIN SYRINGE	132	griseofulvin ultramicrosize	29	HAIR/SKIN/NAILS CAPS	160	
GNP WATERPROOF ADHESIVE 4"X4" PADS	97	GRISEOFULVIN ULTRAMICROSIZED 165 MG	29	HAIR/SKIN/NAILS TABS	160	
GOCOVRI CP24	43	guaifenesin LIQD	57	halcinonide CREA	65	
GOJJI BLOOD GLUCOSE TEST STRP	77	guaifenesin TB12	57	halcinonide SOLN 0.1 %	65	
GOJJI BLOOD KETONE TEST ...	77	guaifenesin-codeine SOLN	57	HALCION 0.25 MG (Use triazolam) 93		
GOJJI BLOOD TEST STRIP/LANCETS STRP	77	guanfacine hcl (adhd)	2	HALDOL DECANOATE (Use haloperidol decanoate)	44	
GOJJI CONTROL SOLN	114	guanfacine hcl	34	halobetasol propionate CREA	65	
GOJJI LANCING DEVICE/CLEAR CAP MISC	114	GUARDIAN 4 GLUCOSE SENSOR . 114				
GOJJI STERILE LANCETS	114	GUARDIAN 4 TRANSMITTER ..	114			
GOLD BOND ULTIMATE HEALING OINT	66	GUARDIAN CONNECT TRANSMITTER	114			
		GUARDIAN LINK 3 TRANSMITTER 114				
		GUARDIAN SENSOR (3)	114			
		GUARDIAN SENSOR 3	114			
		GVOKE HYPOPEN 1-PACK SOAJ 25				

halobetasol propionate FOAM	65	MISC	115	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 ..	161
halobetasol propionate OINT	65	H-E-B INCONTROL LANCETS 28G .	115	HIZENTRA SOLN	197
HALOG CREA (Use halcinonide) ..	65	H-E-B INCONTROL LANCETS 30G .	115	HIZENTRA SOSY	197
HALOG SOLN 0.1 % (Use halcinonide)	65	H-E-B INCONTROL LANCETS 33G .	115	HM ADHESIVE ANTIBACTERIAL PADS	97
haloperidol decanoate	44	HEMANGEOL SOLN PO	50	HM COMPLETE MEN TABS	161
haloperidol lactate CONC	45	HEMATINIC PLUS VIT/MINERALS TABS	92	HM EMBRACE TALK SYSTEM KIT	115
haloperidol lactate SOLN	45	HEMGENIX	89	HM STERILE PADS PADS	97
haloperidol TABS 0.5 MG, 1 MG, 10 MG	45	HEMLIBRA	89	HM ULTICARE INSULIN SYRINGE .	132
haloperidol TABS 2 MG, 5 MG, 20 MG	45	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	89	HORIZANT	201
HARVONI PACK	49	HEMORRHOIDAL 0.25 %-85.5 %-3 %	12	HULIO (2 PEN) AJKT	5
HARVONI TABS	49	HEPAGAM B SOLN IJ	197	HULIO (2 SYRINGE) PSKT	5
HAVRIX IM 720 EL U/0.5ML	206	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	17	HUMALOG JUNIOR KWIKPEN SOPN	26
HEAD CARE PROACTIVE HEALTH TABS	160	HEPLISAV-B SOSY	206	HUMALOG KWIKPEN SOPN	26
HEALTHPRO BLOOD GLUCOSE MONITO KIT	114	HERNEXEOS TABS PO 60 MG ..	38	HUMALOG MIX 50/50 KWIKPEN SUPN	26
HEALTHWISE INSULIN SYR/NEEDLE	132	HETLIOZ CAPS (Use tasimelteon)	94	HUMALOG MIX 75/25 KWIKPEN SUPN	26
HEALTHY EYES SUPERVISION 2 CAPS	160	HETLIOZ LQ SUSP	94	HUMALOG MIX 75/25 SUSP	26
HEALTHY EYES TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	160	HIBERIX SOLR IJ	205	HUMALOG SOCT	26
HEALTHY EYES/LUTEIN-ZEAXANTHIN CAPS 60 MG-13.5 MG-6 MG-15 MG	160	HIGH POTENCY MULTIVIT/FA TABS	160	HUMALOG SOLN IJ	26
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	182	HIGH POTENCY MULTIVITAMIN TABS	182	HUMALOG TEMPO PEN SOPN ..	26
H-E-B INCONTROL ADV LANCING		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-		HUMATE-P SOLR	89
				HUMATROPE CART IJ	82
				HUMIRA (2 PEN) AJKT	5
				HUMIRA (2 SYRINGE) PSKT	5
				HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	5

HUMIRA-PSORIASIS/UVEIT STARTER AJKT .....5	MG/15ML-7.5 MG/15ML 10	hydromorphone hcl TB24 9
HUMULIN 70/30 KWIKPEN SUPN 26	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML 10	hydroxychloroquine sulfate 200 MG 37
HUMULIN 70/30 SUSP .....26	hydrocodone-acetaminophen TABS 325 MG-10 MG .....10	hydroxyurea 42
HUMULIN N KWIKPEN SUPN 26	hydrocodone-acetaminophen TABS 325 MG-5 MG .....10	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML 13
HUMULIN N SUSP 26	hydrocodone-acetaminophen TABS 325 MG-7.5 MG .....10	hydroxyzine hcl SYRP 13
HUMULIN R SOLN IJ .....26	hydrocortisone (intrarectal) .....11	hydroxyzine hcl TABS 13
HUMULIN R U-500 (CONCENTRATED) SOLN SC ....26	hydrocortisone (rectal) EX 12	hydroxyzine pamoate CAPS .....13
HUMULIN R U-500 KWIKPEN SOPN SC .....26	hydrocortisone (topical) CREA 65	HYLAZINC TABS .....161
HW EMBRACE PRO GLUCOSE METER DEVI 115	hydrocortisone (topical) LOTN 1 % 65	HYMPAVZI 89
HW EMBRACE PRO GLUCOSE TEST STRP .....77	hydrocortisone (topical) LOTN 2.5 % . 65	hyoscyamine sulfate ELIX .....203
HW EMBRACE TALK BLOOD GLUCOSE DEVI .....115	hydrocortisone (topical) OINT 65	hyoscyamine sulfate SOLN PO 0.125 MG/ML .....203
HW EMBRACE TALK GLUCOSE TEST STRP .....77	hydrocortisone acetate (topical) OINT 65	hyoscyamine sulfate TB12 0.375 MG 203
HYCAMTIN CAPS 43	HYDROCORTISONE ACETATE CREA 65	hyoscyamine sulfate TBDP 0.125 MG 203
HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide) .....56	hydrocortisone butyrate CREA 65	HYPERHEP B SOLN IM .....197
hydralazine hcl TABS .....35	hydrocortisone butyrate OINT 65	HYPERHEP B SOSY 110 UNIT/0.5ML .....197
HYDREA (Use hydroxyurea) .....42	hydrocortisone butyrate SOLN ....65	HYPERRAB SOLN 197
hydrochlorothiazide CAPS .....81	HYDROCORTISONE COMPLETE KIT THPK 65	HYPOLANCE AST LANCING KIT 115
hydrochlorothiazide TABS 81	hydrocortisone TABS 55	HYQVIA 197
hydrocodone bitartrate CP12 9	hydrocortisone vaginal .....207	HYRIMOZ SOAJ 5
hydrocodone bitartrate T24A 9	hydrocortisone valerate CREA 65	HYRIMOZ SOSY .....5
hydrocodone bitartrate-homatropine methylbromide SOLN .....56	hydrocortisone valerate OINT 65	HYRIMOZ-CROHNS/UC STARTER SOAJ 5
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325	hydrocortisone w/acetic acid .....197	HYRIMOZ-PED<40KG CROHN STARTER SOSY .....5
	HYDROMORPHONE HCL SUPP .. 9	HYRIMOZ-PED>/=40KG CROHN START SOSY 5
	hydromorphone hcl TABS .....9	

HYRIMOZ-PLAQ PSOR/UEVEIT	100 MCG-0.5 MG-100 UNIT-1.5	MISC	115	
START SOAJ	5	ILET STARTER KIT - INSET 32"		
HYRNUO TABS PO 10 MG	41	MISC	115	
HYSINGLA ER T24A 20 MG, 30 MG,	MG-0.9 MG-18.75 MCG-30 MCG-	ILEVRO	196	
40 MG, 60 MG, 80 MG, 100 MG ...	9	ILUMYA	62	
HYZAAR (Use losartan potassium &	hydrochlorothiazide)	34	ILUVIEN	195
ibandronate sodium SOLN	82	imatib mesylate TABS	41	
ibandronate sodium TABS	82	IMBRUVICA CAPS	41	
IBRANCE CAPS	41	IMBRUVICA SUSP	41	
IBRANCE TABS	41	IMBRUVICA TABS 140 MG, 280 MG,	420 MG	
IBSRELA	87	imipramine hcl TABS	23	
IBTROZI CAPS PO 200 MG	41	imipramine pamoate	23	
ibuprofen CAPS	6	imiquimod 5 %	66	
ibuprofen CHEW	6	IMITREX STATDOSE REFILL SOCT	4 MG/0.5ML	
ibuprofen SUSP 50 MG/1.25ML, 100	MG/5ML, 200 MG/10ML	6	138	
ibuprofen TABS 200 MG, 300 MG,	400 MG, 600 MG	6	138	
ibuprofen TABS 400 MG	6	IMITREX STATDOSE SYSTEM	SOAJ 4 MG/0.5ML	
ibuprofen TABS 600 MG	6	IMITREX STATDOSE SYSTEM	SOAJ 6 MG/0.5ML (Use sumatriptan	
ibuprofen TABS 800 MG	6	succinate)	138	
ibuprofen-acetaminophen TABS ...	6	IMITREX TABS 25 MG (Use	sumatriptan succinate)	
ibuprofen-famotidine	6	IMITREX TABS 50 MG, 100 MG	(Use sumatriptan succinate)	
ICAPS AREDS FORMULA TABS	161	IMKELDI SOLN	41	
ICAPS CAPS 226 MG-34.8 MG-0.8	MG-14320 UNIT-200 MG	161	IMMUNE ESSENTIALS DAILY CAPS	
ICAPS LUTEIN & OMEGA-3 CAPS	240 MCG-1.2 MG-16 MG-1.3 MG-2.4	MISC	161	
MCG-1.3 MG-10 MG-600 MCG-45	MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7	ILET INSULIN PUMP DEVI	115	
MG-1 MG-34 MCG-280 MG	161	ILET STARTER - CONTACT	DETACH MISC	
ICAPS MV TABS 128 MG-7.5 MCG-		ILET STARTER KIT - INSET 23"		

90 MG/ML	62	INNOPRAN XL	50	.....	47
IMURAN TABS (Use azathioprine) 141		INPEFA	51	INTELENCE 25 MG	47
INBRIJA CAPS	43	INQOVI	40	INTUNIV (Use guanfacine hcl (adhd))	2
IN-CHECK DIAL FLOW TRAINER DEVI	136	INREBIC	41	INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)	44
IN-CHECK INSPIRATORY FLOW MTR DEVI	136	INSPIREASE MISC	136	INVEGA HAFYERA 1092 MG/3.5ML . 44	
INCRUSE ELLIPTA	14	INSPIREASE RESERVOIR BAGS 136		INVEGA HAFYERA 1560 MG/5ML 44	
indapamide TABS 1.25 MG, 2.5 MG . 81		INSULIN ASPART FLEXPEN SOPN . 26		INVEGA SUSTENNA	44
INDERAL LA CP24 (Use propranolol hcl)	50	INSULIN ASPART SOLN IJ	26	INVEGA TRINZA 273 MG/0.88ML	44
INDERAL XL	50	INSULIN DEGLUDEC FLEXTOUCH SOPN	26	INVEGA TRINZA 410 MG/1.32ML	44
INDOCIN SUSP (Use indomethacin) . 6		INSULIN DEGLUDEC SOLN	26	INVEGA TRINZA 546 MG/1.75ML	44
indomethacin CAPS 25 MG, 50 MG 6		INSULIN GLARGINE MAX SOLOSTAR SOPN	26	INVEGA TRINZA 819 MG/2.63ML	44
indomethacin CPR	6	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	26	INVELTYS SUSP	195
indomethacin SUPP	6	INSULIN GLARGINE-YFGN SOLN 26		INVOKAMET TABS	24
indomethacin SUSP	6	INSULIN GLARGINE-YFGN SOPN 26		INVOKAMET XR TB24	24
INFANRIX	203	INSULIN LISPRO (1 UNIT DIAL) SOPN	26	INVOKANA	27
INFINITY BLOOD GLUCOSE SYSTEM KIT	115	INSULIN LISPRO JUNIOR KWIKPEN SOPN	26	IOPIDINE	193
INFINITY BLOOD GLUCOSE TEST STRP	77	INSULIN LISPRO PROT & LISPRO SUPN	26	ipratropium bromide (nasal)	188
INFINITY CONTROL SOLN	115	INSULIN LISPRO SOLN IJ	26	ipratropium bromide SOLN 0.02 %	14
INFLECTRA SOLR	86	INSULIN SYRINGE	132	ipratropium-albuterol SOLN	16
INFLIXIMAB	86	INSULIN SYRINGE-NEEDLE U-100 132		IQIRVO	87
INGREZZA CAPS	199	INTELENCE 100 MG (Use etravirine)	47	irbesartan	33
INGREZZA CPPK	199	INTELENCE 200 MG (Use etravirine)	47	irbesartan-hydrochlorothiazide	35
INGREZZA CPSP	199			IRESSA (Use gefitinib)	38
INLURIYO TABS PO 200 MG	39			IRON CHEWS PEDIATRIC CHEW 92	
INLYTA	38			iron sucrose 20 MG/ML	92
				ISENTRESS CHEW 100 MG	47
				ISENTRESS CHEW 25 MG	47

ISENTRESS HD TABS	47	J & J GAUZE SPONGES 12-PLY MISC	97	JYNARQUE TBPK 15 MG (Use tolvaptan)	84
ISENTRESS PACK	47	J & J GAUZE SPONGES 16-PLY MISC	97	JYNNEOS	206
ISENTRESS TABS	47	J & J GAUZE SPONGES 8-PLY MISC	97	KALBITOR	90
isoniazid SYRP	37	J & J NON-STICK LARGE PADS ..	97	KALETRA SOLN	47
isoniazid TABS	37	JADENU TABS (Use deferasirox) ..	28	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	47
ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	12	JAKAFI	41	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	47
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	12	JALYN (Use dutasteride-tamsulosin hcl)	88	KALYDECO PACK	202
isosorbide mononitrate TABS	12	JANUMET TABS	24	KALYDECO TABS	202
ISOSORBIDE MONONITRATE TABS	12	JANUMET XR TB24	24	KAMELEON LUBRICATED MISC ..	98
isosorbide mononitrate TB24	12	JANUVIA	25	KAPSPARGO SPRINKLE CS24 ..	50
isotretinoin 10 MG, 20 MG, 40 MG ..	59	JARDIANCE	27	KATERZIA	51
isradipine CAPS	51	JATENZO CAPS	11	KCENTRA	89
ISTALOL SOLN (Use timolol maleate (ophth))	192	JAYPIRCA	41	KEDRAB SOLN	197
ISTODAX SOLR (Use romidepsin) ..	41	JENLIVA PRENATAL/POSTNATAL CAPS	185	KENDALL HYDROPHILIC FOAM DRESS PADS	97
ITCH RELIEF CREA	61	JENTADUETO TABS	24	KENDALL HYDROPHILIC FOAM PLUS PADS	97
ITOVEBI	41	JENTADUETO XR TB24	24	KEPPRA SOLN IV 500 MG/5ML (Use levetiracetam)	18
ivabradine hcl TABS	53	JIVI	89	KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)	18
ivermectin (pediculicide)	70	JOENJA	140	KEPPRA TABS (Use levetiracetam) .	18
I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG 161		JOINT HEALTH & BONE STRENGTH TABS	161	KEPPRA XR TB24 (Use levetiracetam)	18
IWILFIN	42	JORNAY PM CP24	2	KERI AGE DEFY & PROTECT LOTN	69
IXCHIQ	206	JOURNAVX	8	KERLIX SPONGES PADS	97
IXIARO	206	JUBBONTI SOSY SC 60 MG/ML ..	82	KESIMPTA	200
IXINITY SOLR	89	JULUCA	47	ketoconazole (topical) CREA	60
IYUZEH SOLN	196	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	32		
J & J ADHESIVE LARGE PADS ..	97	JYLAMVO SOLN PO	37		
J & J GAUZE PADS	97				

ketoconazole (topical) SHAM 2 % .60	KISQALI (400 MG DOSE) 41	MCG-500 UNIT-25 MCG-1.7 MG-30
KETONE TEST STRP 77	KISQALI (600 MG DOSE) 41	MCG-20 MG-250 MCG-2500 UNIT-
ketoprofen CP24 6	KISQALI FEMARA (200 MG DOSE) .	10 MG-300 MCG-1.5 MG-50 MG-11
ketorolac tromethamine (ophth) . 196	40	MG-80 MG-150 MCG-220 MG-45
ketorolac tromethamine TABS 6	KISQALI FEMARA (400 MG DOSE) .	MCG-150 MCG-50 UNIT-20 MG-0.5
KETOSTIX STRP 77	40	MG-5 MCG-2.3 MG-55 MCG-10
ketotifen fumarate (ophth) 0.035 %	KISQALI FEMARA (600 MG DOSE) .	MCG-45 MCG-72 MG-2 MG, 60 MG-
196	40	3 MG-30 MCG-400 MCG-500 UNIT-
KEVZARA SOAJ 5	KISUNLA 199	25 MCG-1.7 MG-30 MCG-20 MG-
KEVZARA SOSY 5	KITABIS PAK (W/ NEBULIZER)	250 MCG-2500 UNIT-10 MG-300
KEYFOLIC TABS 161	NEBU 300 MG/5ML (Use	MCG-1.5 MG-50 MG-11 MG-80 MG-
KEYLOSA TABS 161	tobramycin) 3	150 MCG-220 MG-45 MCG-150
KIMONO COLORS DEVI 98	KLARON (Use sulfacetamide	MCG-50 UNIT-20 MG-0.5 MG-5
KIMONO MAXX-LARGE FLARE	sodium (acne)) 59	MCG-2.3 MG-55 MCG-10 MCG-45
MISC 98	KLONOPIN TABS (Use clonazepam)	MG-72 MG-2 MG 161
KIMONO MICRO THIN PLUS MISC .	..... 18	KP ADULTS DAILY FORMULA
98	KLOR-CON 10 TBCR 10 MEQ (Use	TABS 60 MG-2 MG-30 MCG-400
KIMONO MISC 98	potassium chloride) 140	MCG-400 UNIT-6 MCG-1.7 MG-25
KIMONO PLUS MISC 98	KLOR-CON TBCR 8 MEQ (Use	MCG-20 MG-3500 UNIT-10 MG-18
KIMONO PS MISC 98	potassium chloride) 140	MG-1.5 MG-50 MG-11 MG-80 MG-75
KIMONO PS PLUS MISC 98	KLOXXADO LIQD 28	MCG-200 MG-45 MCG-150 MCG-30
KIMONO SENSATION MISC 98	KOATE SOLR 89	UNIT-20 MG-0.5 MG-5 MCG-10
KIMONO SENSATION PLUS MISC	KOATE-DVI SOLR 1000 UNIT 89	MCG-2.3 MG-55 MCG-10 MCG-35
98	KOGENATE FS KIT 250 UNIT, 500	MCG-72 MG-2 MG, 60 MG-2 MG-30
KIMONO SPECIAL DEVI 98	UNIT, 3000 UNIT 89	MCG-400 UNIT-1.7 MG-25 MCG-20
KINERET SOSY 5	KOMZIFTI CAPS PO 200 MG 40	MG-3500 UNIT-10 MG-18 MG-1.5
KINRAY INSULIN SYRINGE 132	KONSYL DAILY FIBER PACK 100 %	MG-50 MG-11 MG-80 MG-200 MG-
KINRIX SUSY 203	..... 94	45 MCG-150 MCG-30 UNIT-20 MG-
KIRSTY SOLN IJ 100 UNIT/ML ... 26	KONVOMEPEP SUSR 205	0.5 MG-5 MCG-10 MCG-2.3 MG-75
KIRSTY SOPN SC 100 UNIT/ML .. 26	KOSELUGO 41	MCG-55 MCG-10 MCG-35 MG-72
KISQALI (200 MG DOSE) 41	KOSELUGO PO 5 MG, 7.5 MG ... 41	MG-2 MG 161
	KOVALTRY 89	KP MENS 50+ DAILY FORMULA
	KP ADULTS 50+ DAILY FORMULA	TABS 120 MG-6 MG-30 MCG-400
	TABS 60 MG-3 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 162

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 162	22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG 162	LAMICTAL ODT TBDP (Use lamotrigine) 19
KP PRENATAL MULTIVITAMINS TABS 185	K-PAX IMMUNE PROFESSIONAL ST TABS 162	LAMICTAL STARTER KIT 25 MG (Use lamotrigine) 19
KP VISION FORMULA TABS 60 MG- 40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG 162	K-PHOS-NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) .140	LAMICTAL TABS (Use lamotrigine) 19
KP VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG- 1000 UNIT-60 UNIT-55 MCG 162	KPN PRENATAL TABS 185	LAMICTAL XR KIT 19
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 162	KRAZATI 41	LAMICTAL XR TB24 (Use lamotrigine) 19
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 162	KRINTAFEL 37	LAMISIL AT ATHLETES FOOT CREA (Use terbinafine hcl (topical)) 60
	KROGER AUTOLET LANCING DEVICE MISC 115	LAMISIL AT CREA (Use terbinafine hcl (topical)) 60
	KROGER HEALTHPRO CONTROL HI/LO LIQD 115	LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical)) 60
	KROGER HEALTHPRO GLUCOSE TEST STRP 77	lamivudine SOLN 47
	KROGER HEALTHPRO LANCET 26G 115	lamivudine TABS 150 MG 47
	K-TAB TBCR 20 MEQ (Use potassium chloride) 140	lamivudine TABS 300 MG 47
	KYLEENA 55	lamivudine-zidovudine 47
	labetalol hcl TABS 49	lamotrigine CHEW 19
	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML 18	lamotrigine KIT 25 MG 19
	lacosamide TABS 19	lamotrigine TABS 19
	lactic acid (ammonium lactate) CREA 66	lamotrigine TB24 19
	lactic acid (ammonium lactate) LOTN 12 % 66	lamotrigine TBDP 19
	lactulose (encephalopathy) 87	LANCET DEVICE WITH EJECTOR MISC 116
	lactulose SOLN 94	LANCETS 116
	LAMICTAL CHEW (Use lamotrigine) . 19	LANCETS 28G THIN 116
	LAMICTAL ODT KIT (Use lamotrigine) 19	LANCETS 30G 116
		LANCETS 33G 116
		LANCETS MICRO THIN 33G 116
		LANCETS SUPER THIN 28G ... 116

LANCETS ULTRA THIN	116	LENVIMA (4 MG DAILY DOSE) ..	38	levobunolol hcl 0.5 %	192
LANCETS ULTRA THIN 30G	116	LENVIMA (8 MG DAILY DOSE) ..	38	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	83
LANCING DEVICE MISC	116	LEQEMBI	199	levocarnitine (metabolic modifiers) TABS	83
LAND BEFORE TIME MULTIVITAMIN CHEW 15 MG ...	185	LEQEMBI IQLIK SC 360 MG/1.8ML 199		levocetirizine dihydrochloride SOLN 30	
LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	51	LEQVIO	33	levocetirizine dihydrochloride TABS 30	
lansoprazole CPDR	204	LESCOL XL TB24 (Use fluvastatin sodium)	32	levofloxacin (ophth) 0.5 %	193
lansoprazole TBDD	204	LETAIRIS (Use ambrisentan)	52	levofloxacin SOLN PO	85
lanthanum carbonate CHEW	87	letrozole	39	levofloxacin TABS	85
LANTUS SOLN	26	leucovorin calcium TABS	42	levonorgestrel & eth estradiol TABS 54	
LANTUS SOLOSTAR SOPN	26	LEUKERAN	37	levonorgestrel (emergency oc) 1.5 MG	54
LANZO MISC	116	LEUKINE SOLR IJ	91	levonorgestrel-eth estradiol (triphasic)	54
lapatinib ditosylate	41	leuprolide acetate (3 month) INJ 22.5 MG	39	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	54
LASIX TABS (Use furosemide)	81	leuprolide acetate KIT IJ 1 MG/0.2ML	39	levonorgestrel-ethinyl estradiol (continuous)	54
LASTACRAFT	196	levbuterol hcl	16	levonorgestrel-ethinyl estradiol-iron 54	
latanoprost SOLN	196	levbuterol hcl 1.25 MG/0.5ML	16	levothyroxine sodium TABS	203
LATUDA (Use lurasidone hcl)	44	levbuterol tartrate	16	LEXAPRO TABS (Use escitalopram oxalate)	22
LAZCLUZE	38	levamlodipine maleate	51	LEXETTE FOAM (Use halobetasol propionate)	65
LEADER ADVANCED LANCING DEVICE MISC	116	LEVBID TB12 (Use hyoscyamine sulfate)	203	LIALDA TBEC (Use mesalamine) .	86
LEDIPASVIR-SOFOSBUVIR TABS 49		LEVEMIR FLEXPEN SOPN	26	LIBERTY GLUCOSE CONTROL LIQD	116
LEMTRADA	200	LEVEMIR SOLN	26	LIBERVANT FILM	18
lenalidomide	140	levetiracetam SOLN IV 500 MG/5ML 19		LIDAFLEX PTCH	67
LENVIMA (10 MG DAILY DOSE) .	38	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	19		
LENVIMA (12 MG DAILY DOSE) .	38	levetiracetam TABS	19		
LENVIMA (14 MG DAILY DOSE) .	38	levetiracetam TB24	19		
LENVIMA (18 MG DAILY DOSE) .	38	levetiracetam TB3D 250 MG, 500 MG	19		
LENVIMA (20 MG DAILY DOSE) .	38				
LENVIMA (24 MG DAILY DOSE) .	38				

LIDO BDK KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	67	LINZESS	87	81	L-METHYLFOLATE TABS	81
lidocaine CREA 4 %	68	liothyronine sodium TABS	203		LO LOESTRIN FE TABS	54
lidocaine hcl (mouth-throat) 2 % ..	142	LIPITOR TABS (Use atorvastatin calcium)	32		LODINE TABS (Use etodolac)	7
lidocaine hcl (mouth-throat) 4 % ..	142	LIPOFEN CAPS (Use fenofibrate) ..	32		LODOSYN (Use carbidopa)	43
lidocaine hcl CREA 3 %	67	liraglutide	25		lofexidine hcl	198
lidocaine hcl CREA 4 %	67	lisdexamfetamine dimesylate CAPS 1			LOHIST-D LIQD	57
lidocaine hcl GEL 2 %	67	lisdexamfetamine dimesylate CHEW .	1		LOKELMA	141
lidocaine hcl LIQD	67	lisinopril & hydrochlorothiazide ...	35		LOMOTIL TABS (Use diphenoxylate w/ atropine)	28
lidocaine hcl PRSY	68	lisinopril TABS 2.5 MG, 5 MG, 10			lomustine	37
lidocaine hcl SOLN	68	MG, 20 MG, 30 MG, 40 MG	33		LONSURF	40
lidocaine OINT 5 %	68	LITETOUCH INSULIN SYRINGE			loperamide hcl CAPS	28
lidocaine PTCH 4 %	68	132			loperamide hcl TABS	28
lidocaine PTCH 5 %	68	lithium	43		LOPID TABS (Use gemfibrozil) ...	32
lidocaine-hydrocortisone acetate (rectal) CREA EX	12	lithium carbonate CAPS	43		lopinavir-ritonavir SOLN	47
lidocaine-hydrocortisone acetate (rectal) KIT 0.5 %-3 %, 2.5 %-3 % ..	12	lithium carbonate TABS	43		lopinavir-ritonavir TABS 25 MG-100	
lidocaine-menthol PTCH 4 %-4 % ..	68	lithium carbonate TBCR	43		MG	47
lidocaine-prilocaine CREA	68	LITHOBID TBCR (Use lithium carbonate)	43		lopinavir-ritonavir TABS 50 MG-200	
lidocaine-prilocaine KIT	68	LIVALO (Use pitavastatin calcium)			MG	47
LIDOCORT CREA EX 0.5 %-3 % (Use lidocaine-hydrocortisone acetate (rectal))	12	32			LOPRESSOR SOLN PO 10 MG/ML .	50
LIDODERM PTCH (Use lidocaine) ..	68	LIVDELZI	87		LOPRESSOR TABS (Use metoprolol tartrate)	50
LIDOMAX GEL 2 %	68	LIVER DETOX TABS	162		LOPRESSOR TABS 12.5 MG, 50	
LIDOPIN CREA 3 % (Use lidocaine hcl)	68	LIVITA ADULTS LIQD	162		MG, 100 MG	50
LILETTA (52 MG)	55	LIVITA CHILDREN LIQD	184		LOQTORZI	38
linezolid SOLN	36	LIVIXIL PAK KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	68		loratadine & pseudoephedrine TB12 .	57
linezolid SUSR	36	LIVMARLI	86		loratadine & pseudoephedrine TB24 .	57
linezolid TABS	36	LIVMARLI PO 10 MG, 15 MG, 20			loratadine CHEW	30
		MG, 30 MG	86		loratadine SOLN	30
		LIVTENCITY	48			
		l-methylfolate TABS 7.5 MG, 15 MG .				

loratadine TABS	30	LOTRONEX (Use alosetron hcl) ..	87	LUPRON DEPOT-PED (6-MONTH)	
loratadine TBDP 10 MG	30	lovastatin TABS	32	IM	83
lorazepam CONC	13	LOVAZA (Use omega-3-acid ethyl		lurasidone hcl	44
LORAZEPAM SOLN 2 MG/ML	13	esters)	31	LURBIPR TABS 100 MG (Use	
lorazepam SOLN	13	LOVENOX SOLN IJ 300 MG/3ML		flurbiprofen)	7
lorazepam TABS 0.5 MG, 2 MG ...	13	(Use enoxaparin sodium)	17	LURBIRO TABS 100 MG (Use	
lorazepam TABS 1 MG	13	LOVENOX SOSY 100 MG/ML, 150		flurbiprofen)	7
LORBRENA	41	MG/ML (Use enoxaparin sodium) .	17	LUTEIN-ZEAXANTHIN TABS 60	
losartan potassium &		LOVENOX SOSY 30 MG/0.3ML (Use		MG-5 MG-1 MG-15 MG-1 MG-750	
hydrochlorothiazide	35	enoxaparin sodium)	17	MCG-20 MG	162
losartan potassium	33	LOVENOX SOSY 40 MG/0.4ML (Use		LUTRATE DEPOT INJ 22.5 MG ...	39
LOTEMAX GEL (Use loteprednol		enoxaparin sodium)	17	LYBALVI	199
etabonate)	195	LOVENOX SOSY 60 MG/0.6ML (Use		LYFGENIA	90
LOTEMAX OINT	195	enoxaparin sodium)	17	LYNPARZA TABS	41
LOTEMAX SM GEL	195	LOVENOX SOSY 80 MG/0.8ML, 120		LYRICA CAPS (Use pregabalin) ...	19
LOTEMAX SUSP (Use loteprednol		MG/0.8ML (Use enoxaparin sodium) .		LYRICA CAPS 25 MG, 50 MG, 150	
etabonate)	195	17		MG (Use pregabalin)	19
LOTENSIN 10 MG, 20 MG, 40 MG		loxapine succinate	45	LYRICA CR (Use pregabalin (once-	
(Use benazepril hcl)	33	L-TRYPTOPHAN TABS	192	daily))	201
LOTENSIN HCT 12.5 MG-10 MG,		lubiprostone	85	LYRICA SOLN (Use pregabalin) ...	19
12.5 MG-20 MG, 25 MG-20 MG (Use		LUCEMYRA (Use lofexidine hcl)	198	LYSIPLEX PLUS LIQD	162
benazepril & hydrochlorothiazide) .	35	LUMAKRAS	41	LYSIPLEX PLUS TABS 166.667 MG-	
loteprednol etabonate GEL	195	LUMIGAN SOLN 0.01 %	196	333.333 MG-16.667 MG-50 MCG-	
loteprednol etabonate SUSP	195	LUNESTA (Use eszopiclone)	93	333.333 MCG-16.667 MG-133.333	
loteprednol etabonate-tobramycin		LUPRON DEPOT (1-MONTH) KIT IM		MG-16.667 MG-133.333 UNIT-	
195		.....	39	16.667 MCG-133.333 MG-66.667	
LOTREL 10 MG-5 MG, 20 MG-10		LUPRON DEPOT (3-MONTH) KIT IM		MG-16.667 MG-5 MG-1666.667	
MG, 20 MG-5 MG, 40 MG-10 MG		.....	39	UNIT-66.667 MG-5 MG-66.667	
(Use amlodipine besylate-benazepril		LUPRON DEPOT (4-MONTH) IM .	39	UNIT-5 MCG-26.667 MG-3.333 MG-	
hcl)	35	LUPRON DEPOT (6-MONTH) IM .	39	1.667 MG-0.667 MG-33.333 MCG	
LOTRIMIN AF CREA (Use		LUPRON DEPOT-PED (1-MONTH) .	83	163	
clotrimazole (topical))	60	LUPRON DEPOT-PED (3-MONTH) .	83	LYSODREN	39
LOTRIMIN AF JOCK ITCH CREA				LYTGOBI (12 MG DAILY DOSE) .	41
(Use clotrimazole (topical))	60			LYTGOBI (16 MG DAILY DOSE) .	41
				LYTGOBI (20 MG DAILY DOSE) .	41

LYUMJEV KWIKPEN SOPN 26	MARPLAN 21	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
LYUMJEV SOLN 26	MASONATAL TABS 185	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
LYUMJEV TEMPO PEN SOPN ... 26	MATULANE 42	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-3.333 MG-8.333 MG 163
LYVISPAH PACK 5 MG 187	MAVENCLAD (10 TABS) 10 MG (Use cladribine (multiple sclerosis)) 200	MAXITROL OINT (Use neomycin-polymy-dexameth) 195
MACROBID (Use nitrofurantoin monohyd macro) 36	MAVENCLAD (4 TABS) 10 MG (Use cladribine (multiple sclerosis)) ... 200	MAXITROL SUSP (Use neomycin-polymy-dexameth) 195
MACRODANTIN (Use nitrofurantoin macrocrystal) 36	MAVENCLAD (5 TABS) 10 MG (Use cladribine (multiple sclerosis)) ... 200	MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML 57
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 163	MAVENCLAD (6 TABS) 10 MG (Use cladribine (multiple sclerosis)) ... 200	MAXX MISC 98
MACUVITE EYE CARE TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT 163	MAVENCLAD (7 TABS) 10 MG (Use cladribine (multiple sclerosis)) ... 200	MAXX PLUS MISC 98
MACUVITE TABS 60 MG-40 MG-2 MG-40 MCG-30 UNIT-5000 UNIT 163	MAVENCLAD (8 TABS) 10 MG (Use cladribine (multiple sclerosis)) ... 200	MAXZIDE TABS (Use triamterene & hydrochlorothiazide) 81
MAGELLAN INSULIN SAFETY SYR 132	MAVENCLAD (9 TABS) 10 MG (Use cladribine (multiple sclerosis)) ... 200	MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide) 81
magnesium citrate 1.745 GM/30ML 94	MAVYRET PACK 49	MAYZENT STARTER PACK TBPK 0.25 MG 200
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML 94	MAVYRET TABS 49	MAYZENT TABS 200
magnesium oxide (mg supplement) TABS 140	MAXALT TABS 10 MG (Use rizatriptan benzoate) 138	meclizine hcl CHEW 29
magnesium oxide TABS 400 MG .. 12	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate) 138	meclizine hcl TABS 12.5 MG, 25 MG 29
malathion 70	MAXI-COMFORT INSULIN SYRINGE 132	meclofenamate sodium CAPS 7
maraviroc TABS 150 MG 47	MAXICOMFORT SYR 27G X 1/2" 132	MEDI TAB TABS 163
maraviroc TABS 300 MG 47	MAXIDEX SUSP OP 195	MEDIC INSULIN SYRINGE 132
MARINOL CAPS 2.5 MG (Use dronabinol) 29	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	MEDISENSE GLUCOSE KETONE CONTR LIQD 116
MARINOL CAPS 5 MG, 10 MG (Use dronabinol) 29		MEDISENSE HI/MID/LOW CONTROL LIQD 116
		MEDLANCE PLUS EXTRA 21G .. 116

MEDLANCE PLUS LITE 25G	.....117	MG-120 MCG-20 MCG-10 MCG-72	MENS MULTIVITAMIN TABS	..... 164
MEDLANCE PLUS SPECIAL 0.8MM	.....117	MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7	MENVEO SOLN	.....205
MEDLANCE PLUS SUPERLITE 30G	.....117	MG-10 MCG-20 MG-250 MCG-3500	MENVEO SOLR	.....206
MEDLANCE PLUS UNIVERSAL 21G	.....117	UNIT-10 MG-300 MCG-1.5 MG-15	meperidine hcl SOLN PO 50	
MEDROL TABS (Use		MG-2 MG-150 MCG-100 MG-200	MG/5ML	..... 9
methylprednisolone)	..... 55	MG-80 MG-75 MCG-150 MCG-45	meperidine hcl TABS 50 MG	.....9
MEDROL TBPK (Use		UNIT-48 MG-5 MCG-2 MG-150	meprobamate	.....13
methylprednisolone)	..... 55	MCG-20 MCG-10 MCG-72 MG-2 MG	mercaptapurine SUSP 2000	
medroxyprogesterone acetate		.....164	MG/100ML	..... 37
(contraceptive) SUSP IM	..... 55	MEKINIST SOLR	mercaptapurine TABS	..... 37
medroxyprogesterone acetate		..... 41	MERILOG SOLN SC 100 UNIT/ML	
(contraceptive) SUSY IM	..... 55	MEKINIST TABS	26	
medroxyprogesterone acetate 2.5		.....41	MERILOG SOLOSTAR SOPN SC	
MG, 5 MG, 10 MG	..... 198	MEKTOVI	100 UNIT/ML	..... 26
mefenamic acid CAPS	..... 7	.....41	mesalamine CP24	..... 86
mefloquine hcl	.....37	melatonin TABS 3 MG, 5 MG	mesalamine CPCR	..... 86
MEGA MULTI FOR WOMEN TABS		..... 3	mesalamine CPDR	..... 86
163		meloxicam TABS	mesalamine ENEM	..... 86
MEGA MULTI MEN TABS	.....163	..... 7	mesalamine SUPP	.....86
MEGAVITE FRUITS & VEGGIES		memantine hcl CP24	mesalamine TBEC 1.2 GM	..... 86
TABS	.....163	..... 199	mesalamine TBEC 800 MG	..... 86
MEGAVITE GOLDEN YEARS 55+		memantine hcl SOLN	mesalamine w/ cleanser	..... 86
TABS	.....163	.....199	mesna TABS	.....42
megestrol acetate (appetite)	.....198	memantine hcl TABS	MESNEX TABS	..... 42
megestrol acetate SUSP	.....39	..... 199	MESTINON TABS (Use	
megestrol acetate TABS	.....39	memantine hcl-donepezil hcl CP24	pyridostigmine bromide)	..... 37
MEIJER ADVANCED FORMULA		199	MESTINON TBCR (Use	
TABS 60 MG-2 MG-30 MCG-400		MENATROL CAPS	pyridostigmine bromide)	..... 37
MCG-400 UNIT-6 MCG-1.7 MG-25		..... 164	METADATE CD CPCR (Use	
MCG-20 MG-250 MCG-3500 UNIT-		MENQUADFI 0.5 ML	methylphenidate hcl)	..... 2
10 MG-150 MCG-300 MCG-1.5 MG-		..... 205	metaxalone	.....187
15 MG-150 MCG-100 MG-162 MG-		MENS 50+ ADVANCED CAPS	metformin hcl SOLN	..... 24
80 MG-75 MCG-30 UNIT-10 MCG-2		.....164		
		MENS 50+ MULTIVITAMIN TABS		
		164		
		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		
		.....164		
		MENS MULTI HEALTH FORMULA		
		TABS		
		.....164		

metformin hcl TABS 500 MG, 850 MG, 1000 MG	24	methylphenidate hcl CPCR	3	mexiletine hcl	13
metformin hcl TB24 500 MG, 1000 MG	24	methylphenidate hcl SOLN	3	MIACALCIN IJ (Use calcitonin (salmon))	82
metformin hcl TB24	24	methylphenidate hcl TABS	3	MICARDIS 20 MG (Use telmisartan) .	33
methadone hcl CONC	9	methylphenidate hcl TB24	3	MICARDIS 40 MG, 80 MG (Use telmisartan)	33
methadone hcl SOLN PO	9	methylphenidate hcl TBCR 10 MG, 20 MG	3	MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	35
methadone hcl TABS	9	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	3	MICATIN CREA (Use miconazole nitrate (topical))	60
methadone hcl TBSO	9	methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	3	MICONAZOLE 7 SUPP 100 MG .	207
METHADOSE CONC (Use methadone hcl)	9	methylphenidate PTCH	3	miconazole nitrate (topical) CREA .	60
METHADOSE SUGAR-FREE CONC (Use methadone hcl)	9	methylprednisolone TABS 4 MG, 8 MG	55	miconazole nitrate vaginal CREA 2 %	207
methamphetamine hcl	1	methylprednisolone TBPK	56	miconazole nitrate vaginal CREA 4 %	207
methazolamide TABS	81	methyltestosterone TABS	11	miconazole nitrate vaginal SUPP 100 MG	207
methenamine mandelate	36	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	85	miconazole nitrate vaginal SUPP 200 MG	207
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG .	35	metoclopramide hcl TABS	85	MICROCHAMBER DEVI	136
methimazole TABS	202	metolazone	81	MICROCHAMBER MISC	136
methocarbamol TABS 500 MG, 750 MG	187	metoprolol & hydrochlorothiazide TABS	35	MICRODOT BLOOD GLUCOSE SYSTEM KIT	117
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	37	metoprolol succinate TB24	50	MICRODOT CONTROL HIGH/LOW SOLN	117
methotrexate sodium TABS 2.5 MG	37	metoprolol tartrate SOLN IV 5 MG/5ML	50	MICRODOT TEST STRP	77
methsuximide	21	metoprolol tartrate TABS	50	MICROLET LANCETS	117
methyldopa TABS	34	METROCREAM CREA (Use metronidazole (topical))	70	MICROLET NEXT LANCING DEVICE MISC	117
methylergonovine maleate TABS	197	metronidazole (topical) CREA	70	MICROSPACER MISC	136
METHYLIN SOLN (Use methylphenidate hcl)	2	metronidazole (topical) GEL 0.75 %	70	midazolam hcl SOLN IJ	93
methylphenidate hcl CHEW	2	70			
methylphenidate hcl CP24	3	metronidazole (topical) LOTN	70		
		metronidazole TABS	35		
		metronidazole vaginal	207		

MIDAZOLAM HCL SOLN IJ	93	MINIMED QUICK-SERTER MISC	117	MM EASY TOUCH GLUCOSE	METER KIT	118
midazolam hcl SYRP	93	MINIMED RESERVOIR 1.8ML MISC	117	MM EASY TOUCH GLUCOSE STRP	.....	78
midodrine hcl	208	MINIMED RESERVOIR 3ML MISC	118	MM INSULIN SYRINGE/NEEDLE		132
MIEBO	196	MINIMED SILHOUETTE INF SET	32" MISC	MM LANCING DEVICE MISC		118
miglitol	23	MINIMED SILHOUETTE INF SET	43" MISC	MM TWIST LANCETS		118
miglustat	90	MINIPRESS CAPS (Use prazosin	hcl)	M-M-R II SOLR		206
MIGRANAL SOLN NA (Use				M-NATAL PLUS TABS		186
dihydroergotamine mesylate)	138	MINIVELLE PTTW (Use estradiol)		MNEXSPIKE SUSY 10 MCG/0.2ML .		206
MILK OF MAGNESIA		minocycline hcl CAPS	202	MOBI 2ML CARTRIDGE MISC ...		118
CONCENTRATE SUSP	94	minoxidil 2.5 MG, 10 MG	35	modafinil		3
MINICORA TABS	182	MIPLYFFA	201	MODD1 PATIENT WELCOME KIT		118
MINI LANCING DEVICE MISC ...	117	mirabegron TB24	205	KIT		118
MINI MULTI VITAMINS/IRON TABS		MIRALAX POWD (Use polyethylene		MODD1 SUPPLY KIT KIT		118
60 MG-400 MCG-1.5 MG-20 MG-2		glycol 3350)	94	MODEYSO CAPS PO 125 MG		40
MG-10 MG-1.7 MG-10 MCG-13.5		MIRAPEX ER TB24 0.375 MG, 0.75		moexipril hcl		33
MG-18 MG-25 MG-900 MCG-6 MCG		MG, 2.25 MG, 3 MG, 3.75 MG, 4.5		MOLESKIN FOAM PADS		97
143		MG (Use pramipexole		molindone hcl		45
MINIMED 630G INSULIN PUMP KIT		dihydrochloride)	43	mometasone furoate (nasal) SUSP		188
117		MIRASORB SPONGES MISC	97	188		
MINIMED 780G INSULIN PUMP KIT		MIRCERA	91	mometasone furoate CREA		65
117		MIRENA (52 MG)	55	mometasone furoate OINT		65
MINIMED INSTINCT GLUC		mirtazapine TABS	21	mometasone furoate SOLN		65
SENSOR	117	mirtazapine TBDP	21	MONISTAT CARE INSTANT ITCH		
MINIMED MIO ADVANCE INFUSE		misoprostol	205	RLF 1 %		207
SET MISC	117	MITIGARE CAPS (Use colchicine)	88	MONOJECT INSULIN SYRINGE		132
MINIMED PUMP RESERVOIR 3ML		MIUDELLA INTRAUTERINE		132		
MISC	117	COPPER	54	MONOJECT ULTRA COMFORT		132
MINIMED QUICK SET INF SET 18"		MM BLOOD GLUCOSE SYSTEM		SYRINGE		132
MISC	117	REFILL KIT	118	MONOLET LANCETS		118
MINIMED QUICK SET INF SET 23"						
MISC	117					
MINIMED QUICK SET INF SET 32"						
MISC	117					
MINIMED QUICK SET INF SET 43"						
MISC	117					

montelukast sodium CHEW14	MRESVIA 206	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 164
montelukast sodium PACK 14	MS CONTIN TBCR 100 MG (Use morphine sulfate)9	
montelukast sodium TABS14	MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 200 MG (Use morphine sulfate)9	
MOOD FOOD CAPS 164	MUCINEX DM MAXIMUM STRENGTH TB12 (Use dextromethorphan-guaifenesin) ... 57	
MOOD FOOD ES CAPS 164	MUCINEX DM TB12 (Use dextromethorphan-guaifenesin) ... 57	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 165
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NORVIR TABS (Use ritonavir)	47	NOVOLOG 70/30 FLEXPEN RELION SUPN	27	NUTRALYN TABS	169
NOVA MAX GLUCOSE TEST STRP . 78		NOVOLOG FLEXPEN RELION SOPN	27	NUTRICAP TABS	169
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NOVA SAFETY LANCETS 23G . 118		NOVOLOG MIX 70/30 FLEXPEN SUPN	27	NUTROPIN AQ NUSPIN 10 SOPN 82	
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NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML	185	NOVOLOG RELION SOLN IJ	27	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	206
NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	185	NOVOLOG SOLN IJ	27		
		NOVOSEVEN RT 1 MG, 2 MG, 8 MG	89		

NUVESSA	207	0.4 MG-100 UNIT-7160 UNIT, 200	ofloxacin 300 MG, 400 MG	85
NUVIGIL (Use armodafinil)	3	MG-2 MG-40 MG-2 MG-1000 UNIT-	OGSIVEO 100 MG, 150 MG	41
NUWIQ KIT	89	60 UNIT-55 MCG	OHTUVAYRE	14
NUWIQ SOLR	89	OCUTABS-LUTEIN TABS 200 MG-2	OIL EMULSIONS DRESSING/NON-	
NYMALIZE SOLN 6 MG/ML	51	MG-40 MG-2 MG-1000 UNIT-60	ADH PADS	97
NYPOZI	91	UNIT-55 MCG	OJEMDA SUSR	41
NYSTATIN (Use nystatin (mouth-		OCUVEL CAPS 250 MG-0.5 MG-5	OJEMDA TABS	41
throat))	142	MG-1 MG-40 MG-1 MG-200 UNIT	OJJAARA	41
nystatin (mouth-throat)	142	169	olanzapine TABS	45
nystatin (topical) CREA	60	OCUVITE ADULT 50+ CAPS	olanzapine TBDP	45
nystatin (topical) OINT	60	169	olanzapine-fluoxetine hcl	199
nystatin (topical) POWD EX	60	OCUVITE ADULT FORMULA CAPS .	olmesartan medoxomil	34
nystatin TABS	29	169	olmesartan medoxomil-amlodipine-	
nystatin-triamcinolone CREA	61	OCUVITE EXTRA TABS 200 MG-5	hydrochlorothiazide	35
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194		169	omeprazole TBEC	204
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		169	OMNIFLEX DIAPHRAGM	98

OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	118	MG-1 MG-2 MG-1 MCG-5000 UNIT-1 MG-2.5 MG-20 MG	183	1.5 MG-6 MCG-10 MG-1.7 MG-20 MG-2500 UNIT-2500 UNIT-27 MG-15 MG-450 MG-30 UNIT	170
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	119	ONCOVITE TABS	169	ondansetron hcl SOLN IJ 4 MG/2ML .	28
OMNIPOD 5 G7 INTRO (GEN 5) KIT	119	ondansetron hcl SOLN IJ 40		ONE DAILY COMPLETE FOR MEN	
OMNIPOD 5 G7 PODS (GEN 5) MISC	119	MG/20ML	28	TABS 60 MG-3 MG-75 MCG-400	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	119	ondansetron hcl SOLN PO 4		MCG-700 UNIT-18 MCG-1.7 MG-20	
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	119	MG/5ML	28	MCG-18 MG-3500 UNIT-16 MG-210	
OMNIPOD CLASSIC PODS (GEN 3) MISC	119	ondansetron hcl SOSY	28	MG-300 MCG-1.35 MG-140 MG-15	
OMNIPOD DASH INTRO (GEN 4) KIT	119	ondansetron hcl TABS 24 MG	28	MG-2 MG-22.5 UNIT-2 MG-120	
OMNIPOD DASH PDM (GEN 4) KIT .	119	ondansetron hcl TABS 4 MG	28	MCG-110 MCG	170
OMNIPOD DASH PODS (GEN 4) MISC	119	ondansetron hcl TABS 8 MG	28	ONE DAILY COMPLETE TABS 60	
OMNIPOD GO KIT	119	ondansetron TBDP 16 MG	29	MG-2 MG-30 MCG-400 MCG-20	
OMNITROPE SOCT	83	ondansetron TBDP 4 MG	28	MG-1.5 MG-6 MCG-10 MG-1.7 MG-	
OMNITROPE SOLR SC	83	ondansetron TBDP 8 MG	29	5000 UNIT-400 UNIT-30 UNIT-18	
OMVOH (300 MG DOSE) SOAJ ..	86	ONE A DAY ENERGY TABS	169	MG-100 MG-2.5 MG-10 MCG-37.5	
OMVOH (300 MG DOSE) SOSY ..	86	ONE A DAY MEN 50 PLUS TABS	170	MG-10 MCG-2 MG-15 MG-130 MG-	
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ONAPGO SOCT 98 MG/20ML	43	ONE DAILY 50 PLUS TABS 120 MG-		3.4 MG-20 MCG-20 MG-2500 UNIT-	
ONCE DAILY TABS 400 UNIT-50		6 MG-30 MCG-400 MCG-400 UNIT-		15 MG-120 MG-600 MCG-4.5 MG-	
		30 MCG-3.4 MG-20 MCG-20 MG-		100 MG-22.5 MG-40 MG-90 MCG-	
		5000 UNIT-15 MG-120 MG-4.5 MG-		150 MCG-33 UNIT-2 MG-4 MG-180	
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perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	17	phenobarbital ELIX	93	PIFELTRO	47
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	10	phenobarbital sodium SOLN	93	pilocarpine hcl (oral) 5 MG	143
PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen) .	10	phenobarbital TABS	93	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	193
PERFECT POINT SAFETY LANCETS	119	phenylephrine hcl (mydriatic) SOLN 2.5 %	193	pilocarpine hcl SOLN 1.25 %	193
PERFOROMIST NEBU (Use formoterol fumarate)	16	phenylephrine hcl (oral) TABS ...	188	pimecrolimus	66
PERIDEX (Use chlorhexidine gluconate (mouth-throat))	142	PHENYLEPHRINE HCL SOLN (Use phenylephrine hcl (mydriatic))	193	pioglitazone hcl	27
perindopril erbumine	33	phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 57		pioglitazone hcl-glimepiride	24
PERMETHRIN CREA 5 % (Use permethrin)	70	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	57	pioglitazone hcl-metformin hcl TABS .	24
permethrin CREA	70	phenylephrine-dm SOLN	57	PIP BLOOD GLUCOSE MONITORING DEVI	120
permethrin LIQD EX	70	phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML	57	PIP BLOOD GLUCOSE TEST STRIP STRP	78
perphenazine TABS	45	phenytoin CHEW	21	PIP GLUCOSE CONTROL SOLUTION LIQD	120
perphenazine-amitriptyline	199	phenytoin sodium extended 100 MG, 200 MG, 300 MG	21	PIP LANCETS 28G	120
PERSERIS PRSY	44	phenytoin sodium extended 200 MG, 300 MG	21	PIP LANCETS 30G	120
PERTZYE CPEP	81	phenytoin sodium SOLN	21	PIQRAY (200 MG DAILY DOSE) .	42
PHARMACIST CHOICE AUTOCODE STRP	78	phenytoin SUSP	21	PIQRAY (250 MG DAILY DOSE) .	42
PHARMACIST CHOICE AUTOCODE SYS KIT	119	PHEXX	207	PIQRAY (300 MG DAILY DOSE) .	42
PHARMACIST CHOICE LANCETS .	120	PHEXXI	207	pirfenidone CAPS	202
PHARMACIST CHOICE MINI SYSTEM DEVI	120	PHOSPHA 250 NEUTRAL 852 MG- 155 MG-130 MG (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	140	pirfenidone TABS	202
PHARMACIST CHOICE NO CODING STRP	78	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	42	piroxicam CAPS	7
				pitavastatin calcium	32
				PLAQUENIL (Use hydroxychloroquine sulfate)	37
				PLAVIX 75 MG (Use clopidogrel bisulfate)	90

PLEGRIDY SOAJ	200	POLY-VI-FLOR SUSP	184	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	140
PLEGRIDY SOSY IM	200	POLY-VI-FLOR/IRON CHEW	184	potassium citrate (alkalinizer) TBCR .	87
PLEGRIDY STARTER PACK SOAJ .	200	POLY-VI-FLOR/IRON SUSP	184	potassium citrate-citric acid PACK .	87
PLEGRIDY STARTER PACK SOSY		polyvinyl alcohol 1.4 %	192	potassium citrate-citric acid PACK .	87
SC	200	polyvinyl alcohol-povidone (ophth)	192	povidone-iodine SOLN 10 %	46
plerixafor	92	polyvinyl alcohol-povidone (ophth)	192	PRADAXA CAPS (Use dabigatran	
PLEXION CLEANSER LIQD (Use		0.5 %-0.6 %	192	etexilate mesylate)	17
sulfacetamide sodium w/ sulfur) ...	59	POLY-VI-SOL SOLN PO	185	PRADAXA CAPS 75 MG (Use	
PLEXION LOTN (Use sulfacetamide		POLY-VITA SOLN PO	185	dabigatran etexilate mesylate)	17
sodium w/ sulfur)	59	POLY-VITA/IRON SOLN	185	PRADAXA PACK	17
PLIAGLIS CREA	68	POLY-VITE PEDIATRIC SOLN PO	185	PRALUENT SOAJ	33
PNEUMOVAX 23 SOLN	206	185		pramipexole dihydrochloride TABS	43
PNEUMOVAX 23 SOSY	206	POLY-VITE/IRON SOLN	185	pramipexole dihydrochloride TB24	43
PNV-OMEGA	186	pomalidomide 1 MG, 2 MG, 3 MG, 4	40	PRAMOTIC	197
POCKET CHAMBER DEVI	136	MG	40	pramoxine hcl (rectal) FOAM EX ..	12
POCKET SPACER DEVI	136	POMALYST 1 MG, 2 MG, 3 MG, 4	40	prasugrel hcl	90
podofilox SOLN	67	MG (Use pomalidomide)	40	pravastatin sodium	32
POGO AUTOMATIC BLOOD		PONVORY STARTER PACK TBPK	201	prazosin hcl CAPS	34
GLUCOSE DEVI	120	201		PRECISION GLUCOSE KETONE	
POGO AUTOMATIC TEST		PONVORY TABS	201	CONTR LIQD	120
CARTRIDGES TEST	79	pot phosphate monobasic w/ sod		PRECISION SURE-DOSE SYRINGE	
polyethylene glycol 3350 PACK ...	94	phosphate dibasic & monobasic .	140	.....	132
polyethylene glycol 3350 POWD ..	94	potassium bicarbonate TBEF	140	PRECISION XTRA BLOOD	
polyethylene glycol-propylene glycol		potassium chloride CPCR 10 MEQ	140	GLUCOSE STRP	79
(ophth) SOLN 0.3 %-0.4 %	192	140		PRECISION XTRA KETONE	79
POLYMEM FILM DOT PADS	97	potassium chloride CPCR 8 MEQ	140	PRECISION XTRA-	
POLYMEM NON-ADHESIVE PADS .	97	140		GLUCOSE/KETONE DEVI	120
polymyxin b-trimethoprim	194	potassium chloride		PRED FORTE (Use prednisolone	
polysaccharide iron complex CAPS		microencapsulated crystals er ...	140	acetate (ophth))	195
92		potassium chloride PACK PO 20	140	PRED MILD	195
POLY-VI-FLOR CHEW	184	MEQ	140	prednisolone acetate (ophth)	195
		potassium chloride SOLN PO 10 %,			
		20 %, 10 %	140		

PREDNISOLONE SODIUM PHOSPHATE	195	prednisolone sodium phosphate SOLN 15 MG/5ML	56	prednisolone sodium phosphate SOLN 20 MG/5ML	56	prednisolone sodium phosphate SOLN 5 MG/5ML	56	prednisolone SOLN	56	prednisolone TABS	56	PREDNISON INTENSOL CONC	56	prednisone SOLN	56	prednisone TABS	56	prednisone TBEC 1 MG, 2 MG	56	prednisone TBPK	56	pregabalin (once-daily)	201	pregabalin CAPS	19	pregabalin SOLN	19	PREHEVBRIO	206	PREMARIN	207	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Use estrogens, conjugated)	85	PREMIUM LIDOCAINE OINT 5 % (Use lidocaine)	68	PREMPHASE	84	PREMPRO	84	PRENATAL (W/IRON & FA) TABS	186	PRENATAL FORMULA CAPS	186	PRENATAL FORTE TABS	186	PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	186	PRENATAL ONE DAILY TABS	186	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	186	PRENATAL TABS	186	prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	186	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	186	PRENATAL VITAMIN AND MINERAL TABS	186	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	186	prenatal without a w/ fe fumarate-l methylfolate-fa-dha	186	PRENATAL/IRON TABS	186	PRENATE	186	PRENATE AM	186	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	186	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	186	PRENATE ENHANCE	186	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	186	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	187	PRENATE PIXIE	187	PRENATE RESTORE	187	PRENATVITE RX TABS	187	PRESCRIPTION SUPPORT MULTIVIT CAPS	173	PRESERVISION AREDS 2 CAPS	173	PRESERVISION AREDS 2+COQ10 CAPS	173	PRESERVISION AREDS 2+MULTI VIT CAPS	173	PRESERVISION AREDS CAPS	173	PRESERVISION AREDS TABS	173	PRESERVISION/LUTEIN CAPS	173	PREVACID 24HR CPDR (Use lansoprazole)	204	PREVACID CPDR 30 MG (Use lansoprazole)	204	PREVACID SOLUTAB TBDD (Use lansoprazole)	204	PREVENT CAPS	174	PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	142	PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))	142	PREVIDENT GEL (Use sodium	
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fluoride (dental))	142132	prochlorperazine maleate TABS	45
PREVIDENT SOLN (Use sodium fluoride (dental))	142		PROCRIT 10000 UNIT/ML	91
PREVNAR 13	206		PROCRIT 2000 UNIT/ML	92
PREVNAR 20	206		PROCRIT 20000 UNIT/ML	92
PREV-RX TABS	174		PROCRIT 3000 UNIT/ML	92
PREZCOBIX	47		PROCRIT 4000 UNIT/ML	92
PREZISTA SUSP	47		PROCRIT 40000 UNIT/ML	91
PREZISTA TABS 150 MG	47		PROCTOFOAM FOAM EX 1 %	12
PREZISTA TABS 600 MG (Use darunavir)	47		PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	120
PREZISTA TABS 75 MG	47		PRODIGY AUTOCODE BLOOD GLUCOSE KIT	120
PREZISTA TABS 800 MG (Use darunavir)	47		PRODIGY CONTROL SOLUTION SOLN	120
PRILOSEC OTC TBEC (Use omeprazole magnesium)	204		PRODIGY INSULIN SYRINGE	132
PRILOSEC PACK	204		PRODIGY LANCETS 28G	121
PRILOVIX KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	68		PRODIGY LANCING DEVICE MISC	121
PRILOVIX PLUS KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	68		PRODIGY NO CODING BLOOD GLUC STRP	79
PRIMACARE	187		PRODIGY POCKET BLOOD GLUCOSE KIT	121
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	37		PRODIGY SAFETY LANCETS 26G	121
primaquine phosphate TABS	37		PRODIGY TWIST TOP LANCETS 28G	121
primidone	19		PRODIGY VOICE BLOOD GLUCOSE KIT	121
PRIORIX SUSR	206		PROFILNINE	89
PRISTIQ (Use desvenlafaxine succinate)	23		PROFOLA TABS	174
PRISTIQ 50 MG (Use desvenlafaxine succinate)	23		progesterone CAPS	198
PRIVIGEN SOLN	197		PROGLYCEM (Use diazoxide)	25
PRO COMFORT INSULIN SYRINGE			PROGRAF CAPS (Use tacrolimus)	
PRO COMFORT LANCETS 30G 120				
PRO COMFORT LANCETS 31G 120				
PRO COMFORT SAFETY LANCETS 30G	120			
PRO COMFORT SPACER ADULT MISC	136			
PRO COMFORT SPACER CHILD MISC	136			
PRO COMFORT SPACER INFANT DEVI	136			
PRO VOICE V8 GLUCOSE SYSTEM DEVI	120			
PRO VOICE V8/V9 GLUCOSE STRP	79			
PRO VOICE V9 GLUCOSE SYSTEM DEVI	120			
PROAIR RESPICLICK AEPB	16			
probenecid	88			
PROBIOTICS + BARIATRIC MULTI CAPS	174			
PRO-CAL TABS	174			
PROCARDIA XL TB24 (Use nifedipine)	51			
PROCARE SPACER/ADULT MASK DEVI	137			
PROCARE SPACER/CHILD MASK DEVI	137			
PROCERV HP TABS	174			
PROCHAMBER VHC DEVI	137			
prochlorperazine	45			
prochlorperazine edisylate 10 MG/2ML	45			

141	PROSIGHT TABS 60 MG-40 MG-2	psyllium CAPS 0.52 GM 94
PROGRAF PACK .....141	MG-30 MG-5000 UNIT-40 MCG . 174	psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 % 94
PROGRAF SOLN 5 MG/ML (Use tacrolimus) 141	PROTECT CARDIO AF CAPS ... 174	PULMICORT FLEXHALER AEPB .15
PROLATE SOLN .....10	PROTECT PLUS SO CAPS .....174	PULMICORT SUSP (Use budesonide (inhalation)) 15
PROLATE TABS .....10	PROTEGRA CAPS 174	PULMOZYME .....202
PROLENSA (Use bromfenac sodium (ophth)) 196	PROTONIX PACK (Use pantoprazole sodium) 204	PURE COMFORT 3-BALL BREATHE EX DEVI 137
PROLIA SOSY .....82	PROTONIX SOLR (Use pantoprazole sodium) 204	PURE COMFORT LANCETS 30G 121
promethazine & phenylephrine SYRP .....57	PROTONIX TBEC (Use pantoprazole sodium) 204	PURE COMFORT SAFETY LANCET 30G .....121
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML .....31	protriptyline hcl 23	PURE COMFORT SPACER CHAMBER DEVI 137
promethazine hcl SUPP 31	PROVENTIL HFA AERS (Use albuterol sulfate) 16	PURIXAN SUSP 2000 MG/100ML (Use mercaptopurine) .....37
promethazine hcl TABS .....31	PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate) ...198	PX ADVANCED LANCING DEVICE MISC .....121
promethazine w/codeine SOLN ...57	PROVIDA OB 187	PX INSULIN SYRINGE 132
promethazine w/codeine SYRP ...57	PROVIGIL (Use modafinil) 3	PX LANCETS MICROTHIN 33G 121
promethazine-dm SYRP .....57	PROVIT TABS .....174	PX LANCETS ULTRA THIN 28G 121
promethazine-phenylephrine-codeine .....57	PROXIVOL GEL 2 % 68	pyrazinamide .....37
PROMETRIUM CAPS (Use progesterone) .....198	PROZAC CAPS (Use fluoxetine hcl) . 22	pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %70
propafenone hcl TABS .....13	prucalopride succinate 85	pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %70
propranolol hcl CP24 50	PRUDOXIN (Use doxepin hcl (antipruritic)) .....61	PYRIDIDIUM TABS (Use phenazopyridine hcl) .....88
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML .....50	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 57	pyridostigmine bromide TABS 60 MG .....37
propranolol hcl TABS 50	pseudoephedrine hcl TABS 188	pyridostigmine bromide TBCR .....37
propylthiouracil .....202	pseudoephedrine hcl TB12 .....188	pyridoxine hcl TABS 25 MG, 50 MG,
PROQUAD SUSR 206	pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG 57	
PRORENAL + D TABS 174	pseudoephedrine-ibuprofen TABS 57	
PRORENAL + D W/ OMEGA-3 CAPS 174		
PROSCAR (Use finasteride) .....88		

100 MG, 250 MG	208	UNIT-25 MCG-2500 UNIT-15 MG-5	121
PYRUKYND TABS	90	MG-25 MG-10 MG-3.3 MG-10 MG-5	QC WOMENS DAILY
PYRUKYND TAPER PACK TBPK .90		MG-10 MG-20 MG-0.6 MG-150	MULTIVITAMIN TABS 60 MG-2 MG-
PYZCHIVA 45 MG/0.5ML, 90 MG/ML		MCG-54 MG-70 MG-897 MCG-0.6	30 MCG-400 MCG-500 UNIT-5
.....	62	MG	MCG-2500 UNIT-1.7 MG-25 MCG-10
PYZCHIVA SC 45 MG/0.5ML	62		MG-5 MG-15 MG-450 MG-5 MG-50
QALSODY	188	QC LANCETS SUPER THIN 30G	MG-15 MG-30 UNIT-2 MG-2 MG-120
QBRELIS SOLN	33	121	MCG-20 MCG
QC ADVANCED LANCING DEVICE		QC MENS DAILY MULTIVITAMIN	175
MISC	121	TABS 90 MG-3 MG-30 MCG-400	QDOLO SOLN (Use tramadol hcl) ..9
QC ALL PURPOSE DRESSINGS		MCG-400 UNIT-18 MCG-1.7 MG-20	QELBREE
PADS	97	MCG-16 MG-3500 UNIT-5 MG-210	2
QC BORDER ISLAND GAUZE PADS		MG-600 MCG-1.2 MG-120 MG-15	QFITLIA SOAJ SC 50 MG/0.5ML .89
.....	97	MG-2 MG-100 MG-45 UNIT-2 MG-	QFITLIA SOLN SC 20 MG/0.2ML .89
QC CHILDRENS VITAMINS/IRON		120 MCG-105 MCG	174
CHEW 15 MG	185	QC MULTI-VITE 50 & OVER TABS	QINLOCK
QC DAILY		60 MG-3 MG-30 MCG-400 MCG-500	42
MULTIVIT/MULTIMINERAL TABS 50		UNIT-25 MCG-1.7 MG-30 MCG-20	QIVIGY SOLN IV 5 GM/50ML, 10
MG-2 MG-30 MCG-400 MCG-400		MG-250 MCG-2500 UNIT-10 MG-	GM/100ML
UNIT-6 MCG-2500 UNIT-1.7 MG-25		300 MCG-1.5 MG-50 MG-11 MG-80	197
MCG-20 MG-10 MG-18 MG-1.5 MG-		MG-150 MCG-220 MG-45 MCG-150	QNASL
100 MG-15 MG-150 MCG-80 MG-2		MCG-50 UNIT-20 MG-0.5 MG-5	188
MG-162 MG-160 MCG-150 MCG-30		MCG-2.3 MG-55 MCG-10 MCG-45	QNASL CHILDRENS
UNIT-109 MG-2 MG-5 MCG-10		MCG-72 MG-2 MG	188
MCG-3.5 MG-65 MCG-20 MCG-10		QC MULTI-VITE TABS	203
MCG-72 MG	174	174	QUADRACEL SUSP
QC DAILY MULTIVITAMINS/IRON		QC OCUHEALTH VISION	203
TABS 60 MG-2 MG-400 MCG-400		SUPPORT 2 CAPS	203
UNIT-6 MCG-1.7 MG-20 MG-5000		QC PRENATAL TABS	203
UNIT-10 MG-18 MG-1.5 MG-30 UNIT		187	QUADRACEL SUSY
.....	144	QC STERILE PADS PADS	137
QC ESSENTIALS TABS 60 MG-2		97	QUAKE DEVI
MG-400 MCG-400 UNIT-6 MCG-1.7		QC THERIN-M TABS 90 MG-6 MG-	93
MG-20 MG-5000 UNIT-10 MG-1.5		30 MCG-400 MCG-400 UNIT-12	quazepam
MG-30 UNIT	183	MCG-3.4 MG-28 MCG-20 MG-5000	93
QC HAIR SKIN & NAILS TABS 50		UNIT-10 MG-9 MG-3 MG-100 MG-15	QUDEXY XR CS24 150 MG, 200 MG
MG-50 MG-3.5 MG-6.5 MG-25 MCG-		MG-150 MCG-7.5 MG-2 MG-40 MG-	(Use topiramate)
25 UNIT-25 MCG-7.5 MG-7.2 MG-50		75 MCG-150 MCG-60 UNIT-31 MG-2	19
		MG-5 MCG-10 MCG-2 MG-50 MCG-	QUDEXY XR CS24 25 MG, 50 MG,
		70 MCG-10 MCG-7.5 MG	100 MG (Use topiramate)
		175	19
		QC TRIACTING DAYTIME	QUESTRAN LIGHT POWD (Use
		CHILDRENS SYRP	cholestyramine light)
		57	31
		QC UNILET LANCETS 28G	QUESTRAN PACK (Use
		121	cholestyramine)
		QC UNILET LANCETS MICRO THIN	31
			QUESTRAN POWD (Use
			cholestyramine)
			31
			quetiapine fumarate TABS
			45
			quetiapine fumarate TB24
			45
			QUFLORA FE
			181

QUFLORA FE PEDIATRIC LIQD	184	raloxifene hcl	83	RECOMBINATE SOLR	89
QUFLORA PEDIATRIC CHEW	184	ramelteon	94	RECOMBIVAX HB SUSP	206
QUFLORA PEDIATRIC SOLN	184	ramipril CAPS	33	RECOMBIVAX HB SUSY	206
QUILLICHEW ER CHER	3	RAPAFLO (Use silodosin)	88	REFRESH	192
QUILLIVANT XR SRER	3	RAPAMUNE SOLN (Use sirolimus)		REFUAH PLUS BLOOD GLUCOSE	
QUIN B STRONG TABS	175	141		TEST STRP	79
quinapril hcl	33	RAPAMUNE TABS (Use sirolimus)		REFUAH PLUS GLUCOSE	
quinapril-hydrochlorothiazide	35	141		CONTROL SOLN	122
quinidine gluconate TBCR	13	RAPIVAB	49	REFUAH PLUS MONITORING	
quinidine sulfate TABS	13	rasagiline mesylate	43	SYSTEM KIT	122
QUINTABS TABS	183	RASUVO SOAJ 7.5 MG/0.15ML, 10		REGLAN TABS (Use	
QUINTABS-M TABS	175	MG/0.2ML, 12.5 MG/0.25ML, 15		metoclopramide hcl)	85
QUINTET AC BLOOD GLUCOSE		MG/0.3ML, 17.5 MG/0.35ML, 20		RELCARE TABS	183
DEVI	121	MG/0.4ML, 22.5 MG/0.45ML, 25		RELENZA DISKHALER	49
QUINTET AC BLOOD GLUCOSE		MG/0.5ML, 30 MG/0.6ML	4	RELEUKO SOSY	92
TEST STRP	79	RAYALDEE	83	RELEXXII TBCR (Use	
QUINTET BLOOD GLUCOSE		RAYASAL CREA	67	methylphenidate hcl)	3
SYSTEM DEVI	122	RAYAVIT TABS	175	RELEXXII TBCR	3
QUINTET BLOOD GLUCOSE TEST		RAY-TEC X-RAY DETECTABLE		RELION ALL-IN-ONE	122
STRP	79	SPNGE MISC	97	RELION BLOOD GLUCOSE TEST	
QUINTET CONTROL		REALITY INSULIN SYRINGE	133	STRP	79
HIGH/NORMAL SOLN	122	REALITY LATEX CONDOMS MISC		RELION CONFIRM GLUCOSE	
QULIPTA	137	98		MONITOR KIT	122
QUTENZA (2 PATCH)	69	REALITY LATEX/ULTRA		RELION CONFIRM/MICRO TEST	
QUTENZA (4 PATCH)	69	TEXTURED DEVI	98	STRP	79
QUTENZA	68	REALITY LATEX/ULTRA THIN DEVI		RELION INSULIN SYRINGE	133
QUVIVIQ	94	98		RELION KETONE TEST STRP	79
QVAR REDIHALER	15	REBIF REBIDOSE SOAJ	201	RELION LANCET DEVICES 30G	
RABAVERT	206	REBIF REBIDOSE TITRATION		122	
rabeprazole sodium TBEC	204	PACK SOAJ	201	RELION LANCETS MICRO-THIN	
RAGWITEK SUBL	3	REBIF SOSY	201	33G	122
RALDESY SOLN PO 10 MG/ML	22	REBIF TITRATION PACK SOSY	201	RELION LANCETS THIN 26G	122
		REBINYN	89	RELION MICRO KIT	122
		REBLOZYL	92		

RELION PREMIER BLU MONITOR DEVI	122	20 MG-10 MG-1.5 MG-12.5 MG ..175	microsphere)	59
RELION PREMIER CLASSIC DEVI 122		RENAPLEX-D TABS	RETIN-A MICRO PUMP (Use tretinoin microsphere)	59
RELION PREMIER COMPACT SYSTEM KIT	122	RENFLEXIS	RETIN-A MICRO PUMP 0.08 % (Use tretinoin microsphere)	59
RELION PREMIER TEST STRP ..	79	RENO CAPS CAPS 1 MG	RETISERT	195
RELION PREMIER VOICE MONITOR DEVI	122	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	RETROVIR CAPS (Use zidovudine) . 47	
RELION PRIME MONITOR DEVI 122		RENVELA PACK (Use sevelamer carbonate)	RETROVIR SOLN	48
RELION PRIME TEST STRP	79	RENVELA TABS (Use sevelamer carbonate)	RETROVIR SYRP (Use zidovudine) . 48	
RELION TRUE MET AIR GLUC METER KIT	122	repaglinide	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .	52
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RELION ULTIMA TEST STRP	80	REPATHA SURECLICK SOAJ	REVLIMID (Use lenalidomide) ...	140
RELION ULTRA THIN LANCETS 30G	122	RESTASIS EMUL (Use cyclosporine (ophth))	REVUFORJ	40
RELPAK (Use eletriptan hydrobromide)	138	RESTASIS MULTIDOSE EMUL .	REVUFORJ 25 MG	40
RELPAK 40 MG (Use eletriptan hydrobromide)	138	RESTORE CONTACT LAYER PADS	REXTOVY LIQD	28
REMEDIENT CAPS	175	RESTORE FOAM DRESSING PADS	REXULTI	46
REMERON SOLTAB TBDP (Use mirtazapine)	21	RESTORE ODOR ABSORBING DRESS PADS	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	48
REMERON TABS 15 MG, 30 MG (Use mirtazapine)	21	RESTORE TRIO ABSORBENT DRESS PADS	REYATAZ PACK	48
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RENAL CAPS 1 MG	143	RETACRIT	REZDIFFRA	85
RENAL MULTIVITAMIN TABS ...	175	RETEVMO CAPS	REZLIDHIA	42
RENAPLEX TABS 60 MG-10 MG- 300 MCG-800 MCG-6 MCG-1.7 MG-		RETEVMO TABS	REZVOGLAR KWIKPEN	27
		RETIN-A CREA (Use tretinoin)	RHOPRESSA	194
		RETIN-A GEL (Use tretinoin)	RIASTAP	89
		RETIN-A MICRO (Use tretinoin	ribavirin (hepatitis c) CAPS	49
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RIGHTEST GS100 BLOOD	RITALIN TABS (Use	ROTATEQ SOLN207	
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SABRIL PACK (Use vigabatrin) ...	20	SAVELLA TITRATION PACK MISC (Use milnacipran hcl)	199
SABRIL TABS (Use vigabatrin) ...	20	saxagliptin hcl	25
sacubitril-valsartan TABS	51	saxagliptin-metformin hcl	24
SAFETY LANCET 30G/PRESSURE ACT	123	SB FIB LAX ORANGE POWD 30 %, 33 %	94
SAFETY LANCETS 21G	123	SB HEMORRHOID 0.25 %-71.9 %- 14 %-3 %	12
SAFETY LANCETS 23G	123	SB INSULIN SYRINGE	133
SAFETY LANCETS 28G	123	SCEMBLIX	42
SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium) ...	54	SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	51
SALAGEN 5 MG (Use pilocarpine hcl (oral))	143	SECUADO	45
saline SOLN 0.65 %	188	SECURESAFE INSULIN SYRINGE .	133
salsalate	8	SEGLUOMET	24
SANCUSO PTCH	29	SELARSDI SOLN SC 45 MG/0.5ML .	62
SANDIMMUNE CAPS (Use cyclosporine)	141	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	62
SANDIMMUNE SOLN IV 50 MG/ML .	141	SELECT-OB CHEW	187
SANDIMMUNE SOLN PO 100 MG/ML	141	SELECT-OB+DHA MISC	187
SANDOSTATIN LAR DEPOT KIT (Use octreotide acetate)	84	selenium sulfide LOTN 1 %	63
SAPHNELO	142	selenium sulfide LOTN 2.5 %	63
SAPHRIS (Use asenapine maleate) .	45	selenium sulfide SHAM 1 %	63
SAPHRIS 5 MG, 10 MG (Use asenapine maleate)	45	SELSUN BLUE DAILY LOTN (Use selenium sulfide)	63
		SELSUN BLUE LOTN (Use selenium sulfide)	63
		SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	63
		SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	63
		SELZENTRY SOLN	48
		SELZENTRY TABS 150 MG (Use maraviroc)	48
		SELZENTRY TABS 300 MG (Use maraviroc)	48
		SEMGLEE (YFGN) SOLN	27
		SEMGLEE (YFGN) SOPN	27
		SE-NATAL 19 CHEW	187
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		senna SYRP 176 MG/5ML	95
		sennosides LIQD	95
		sennosides SYRP 8.8 MG/5ML ...	95
		sennosides TABS 8.6 MG, 15 MG, 17.2 MG	95
		sennosides-docusate sodium TABS	94
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21G	123	SIDEROL TABS	175	SINEMET TABS 100 MG-25 MG (Use carbidopa-levodopa)	43
SENSILANCE SAFETY LANCETS 26G	123	sildenafil citrate (pulmonary hypertension) SOLN	52	SINGULAIR CHEW (Use montelukast sodium)	14
SENSILANCE SAFETY LANCETS 28G	124	sildenafil citrate (pulmonary hypertension) SUSR	52	SINGULAIR PACK (Use montelukast sodium)	14
SENTRY SENIOR MENS 50+ TABS . 175		sildenafil citrate (pulmonary hypertension) TABS	52	SINGULAIR TABS (Use montelukast sodium)	14
SENTRY SENIOR TABS	175	SILENOR (Use doxepin hcl (sleep)) . 93		sirolimus SOLN	141
SENTRY SENIOR/LUTEIN TABS 175		SILIGENTLE FOAM DRESSING PADS	97	sirolimus TABS	141
SENTRY TABS	175	silodosin	88	SITAGLIPT BASE-METFORM HCL ER TB24	24
SEREVENT DISKUS	16	SILVADENE (Use silver sulfadiazine)	63	SITAGLIPTIN	25
SEROQUEL TABS (Use quetiapine fumarate)	45	silver sulfadiazine	63	SITAGLIPTIN BASE-METFORMIN HCL TABS	24
SEROQUEL XR TB24 (Use quetiapine fumarate)	45	SIMBRINZA	193	SIVEXTRO SOLR	36
SEROSTIM SC 4 MG, 5 MG, 6 MG 83		simethicone CHEW 80 MG	85	SIVEXTRO TABS	36
SERTRALINE HCL CAPS 150 MG, 200 MG (Use sertraline hcl)	22	simethicone SUSP	85	SKIN HAIR & NAILS ADVANCED CAPS	175
sertraline hcl CAPS 150 MG, 200 MG	22	SIMLANDI (1 PEN) AJKT	5	SKYCLARYS	188
sertraline hcl CONC	22	SIMLANDI (1 SYRINGE) PSKT	5	SKYLA	55
sertraline hcl TABS	22	SIMLANDI (2 PEN) AJKT	5	SKYRIZI PEN SOAJ	62
sevelamer carbonate PACK	87	SIMLANDI (2 SYRINGE) PSKT	5	SKYRIZI SOCT	86
sevelamer carbonate TABS	87	SIMPLE DIAGNOSTICS LANCING DEV MISC	124	SKYRIZI SOLN	86
sevelamer hcl	87	SIMPLERA SENSOR	124	SKYRIZI SOSY	62
SEVENFACT	89	SIMPLERA SYNC SENSOR	124	SKYTROFA	83
SF 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental))	142	SIMPLERA SYSTEM	124	SLYND	55
SF GEL 1.1 % (Use sodium fluoride (dental))	142	SIMPONI ARIA SOLN	5	SM ADHESIVE PADS 2"X3" PADS 97	
SFROWASA ENEM	86	SIMPONI SOAJ	5	SM IPECAC SYRUP	28
SHINGRIX	207	SIMPONI SOSY	5	SM PRENATAL VITAMINS TABS 187	
		simvastatin TABS	32	SM STERILE PADS	97
		SINEMET TABS 100 MG-10 MG (Use carbidopa-levodopa)	43		

SMART DIABETES VANTAGE LANCING MISC	124	sodium fluoride CHEW	139	125
SMARTEST BLOOD GLUCOSE TEST STRP	80	sodium fluoride SOLN 0.5 MG/ML	139	SOMA TABS (Use carisoprodol) .
SMARTEST CONTROL MEDIUM SOLN	124	SODIUM FLUORIDE SOLN 0.5 MG/ML	140	SOMAVERT
SMARTEST EJECT DEVI	124	sodium hypochlorite SOLN EX	46	sorafenib tosylate
SMARTEST EJECT STARTER KIT 124		sodium oxybate SOLN	198	SORBITOL PO 70 %
SMARTEST LANCETS 28G	124	sodium phosphates ENEM	94	SORILUX FOAM
SMARTEST PERSONA STARTER KIT	124	sodium polystyrene sulfonate POWD	142	sotalol hcl (afib/afib)
SMARTEST PRONTO STARTER KIT	124	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	142	sotalol hcl TABS
SMARTEST PROTEGE DEVI	124	sodium sulfate-potassium sulfate-magnesium sulfate	94	SOTYKTU
SMARTEST PROTEGE STARTER KIT	124	sodium tetradecyl sulfate	142	SOTYLIZE SOLN PO
SOAAZ TABS 20 MG	81	SOFOSBUVIR-VELPATASVIR TABS	49	SOVALDI PACK
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	12	SOF-WICK PADS	97	SOVALDI TABS
sodium chloride (gu irrigant) 0.9 %	88	SOGROYA	83	SOVUNA 200 MG
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	57	solifenacin succinate TABS	205	SPECTRAVITE TABS
SODIUM CHLORIDE SOLN IJ 0.9 %	140	SOLQUA	24	SPEVIGO SOLN
sodium chloride SOLN IV 0.9 % ..	140	SOLO TABS	175	SPEVIGO SOSY
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sodium fluoride (dental) CREA ...	142	SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	124	spinosad
sodium fluoride (dental) GEL	142	SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	124	SPINRAZA
sodium fluoride (dental) SOLN 0.2 %	142	SOLUS V2 CONTROL SOLN	124	SPIRIVA HANDIHALER CAPS IN (Use tiotropium bromide)
SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental))	142	SOLUS V2 LANCETS 28G	124	SPIRIVA RESPIMAT AERS IN
		SOLUS V2 LANCING DEVICE MISC	125	SPIRO PD DEVI
		SOLUS V2 TEST STRP	80	spironolactone & hydrochlorothiazide
		SOLUS V2 TWIST LANCETS 30G		spironolactone TABS
				SPORT SUNSCREEN SPF50 LOTN
				69
				SPRAVATO (56 MG DOSE)
				SPRAVATO (84 MG DOSE)
				SPRITAM TB3D 250 MG, 500 MG,

750 MG, 1000 MG (Use levetiracetam)	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 175	SUBVENITE SUSP PO 10 MG/ML 19
SPRITAM TB3D	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	sucralfate SUSP
SPRYCEL (Use dasatinib)	42	144	204
SSS 10-5 CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur) ...	59	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	sucralfate TABS
STALEVO 150 (Use carbidopa- levodopa-entacapone)	43	183	204
STAMARIL SUSR	207	STRESS FORMULA/IRON TABS 144	SUDAFED CHILDRENS LIQD ...
STARJEMZA SOLN IV 130 MG/26ML	86	STRESS FORMULA/IRON/ENERGY TABS	188
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	62	144	SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine)
STEGLATRO	27	STRESS FORMULA/ZINC/ENERGY TABS	51
STEGLUJAN	24	183	sulfacetamide sodium (acne)
STELARA 130 MG/26ML	86	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	59
STELARA SOSY	62	175	sulfacetamide sodium (ophth) OINT 194
STEQEYMA	62	STRIBILD	sulfacetamide sodium (ophth) SOLN . 194
STEQEYMA	86	48	sulfacetamide sodium GEL
STERILANCE PA MISC	125	STRIVERDI RESPIMAT	63
STERILANCE TL	125	16	sulfacetamide sodium LIQD
STERILE GAUZE PADS	97	STROVITE ONE TABS	63
STERILE PADS	97	175	sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %
STIMUFEND	92	SUBLOCAD E SOSY	59
STIOLTO RESPIMAT	16	11	sulfacetamide sodium w/ sulfur EMUL 10 %-1 %
STIVARGA	42	SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG (Use buprenorphine hcl- naloxone hcl dihydrate)	59
STOBOCLO SOSY SC 60 MG/ML	82	11	sulfacetamide sodium w/ sulfur FOAM
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	70	11	59
STRATTERA (Use atomoxetine hcl) . 2		SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (Use buprenorphine hcl- naloxone hcl dihydrate)	sulfacetamide sodium w/ sulfur LIQD 59
STRENSIQ	83	11	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %
			sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %
			sulfacetamide sodium w/ sulfur SUSP 10 %-5 %
			sulfacetamide sodium w/ sulfur SUSP 8 %-4 %
			SULFACETAMIDE SODIUM- SULFUR SUSP
			59
			sulfacetamide sod-prednisolone SOLN
			195
			SULFACLEANSE 8/4 SUSP 8 %-4 %

(Use sulfacetamide sodium w/ sulfur) 59	SUNOSI2	SUPERIOR WOMENS MULTI TABS 176
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sulfamethoxazole-trimethoprim TABS35	SUPER ANTIOXIDANT CAPS ... 175	SUPPORT-500 CAPS176
SULFAMEZ WASH EMUL 10 %-1 % (Use sulfacetamide sodium w/ sulfur) 59	SUPER ANTIOXIDANTS PROTECTOR CAPS 500 MG-400 UNIT-25000 UNIT-50 MCG 176	SUPPRELIN LA 83
sulfasalazine TABS86	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 MG176	SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate- magnesium sulfate)94
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sumatriptan succinate TABS 50 MG, 100 MG 139		SYMBRAVO TABS PO137
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SUNLENCA TABS PO 300 MG ... 48		
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lamivudine-tenofovir disoproxil fumarate)	48	T:SLIM X2 INSULIN PMP BASAL6.4 DEVI	125	TAKHZYRO SOLN	90
SYMLINPEN 120 SOPN	23	T:SLIM X2 INSULIN PUMP DEVI	125	TAKHZYRO SOSY	90
SYMLINPEN 60 SOPN	23	T:SLIM X2 STARTER 7.10 KIT	125	TALTZ SOAJ	62
SYMPAZAN FILM	18	TAB-A-VITE TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	184	TALTZ SOSY	62
SYMPROIC	87	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	183	TALZENNA	42
SYMTUZA	48	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	144	TAMIFLU CAPS 30 MG (Use oseltamivir phosphate)	49
SYNAGIS SOLN 100 MG/ML	197	TAB-A-VITE/IRON/BETA CAROTENE TABS	144	TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	49
SYNAGIS SOLN 50 MG/0.5ML ..	197	TABRECTA	42	TAMIFLU SUSR (Use oseltamivir phosphate)	49
SYNALAR CREA (Use fluocinolone acetonide)	65	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	65	tamoxifen citrate TABS	39
SYNALAR OINT (Use fluocinolone acetonide)	65	tacrolimus (topical) OINT 0.03 % ..	66	tamsulosin hcl	88
SYNAREL	83	tacrolimus (topical) OINT 0.1 % ...	67	TANDEM MOBI AUTOSOFT 30 KIT MISC	125
SYNJARDY TABS	24	tacrolimus CAPS	141	TANDEM MOBI AUTOSOFT XC KIT MISC	125
SYNJARDY XR TB24	24	tacrolimus SOLN 5 MG/ML	141	TANDEM MOBI AUTOSOFT30 14PK23" MISC	125
SYNOFLEX PTCH	69	tadalafil (pulmonary hypertension) TABS	52	TANDEM MOBI AUTOSOFTXC 14PK23" MISC	126
SYNTHROID TABS (Use levothyroxine sodium)	203	tadalafil 5 MG	52	TANDEM MOBI AUTOSOFTXC 14PK5" MISC	126
SYSTANE ICAPS AREDS2 CAPS 250 MG-5 MG-1 MG-1 MG-12.5 MG-200 UNIT	176	TADLIQ SUSP	52	TANDEM MOBI SYSTEM STARTER KIT	126
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T:SLIM X2 3ML CARTRIDGE MISC .	125	tafluprost	196	TANDEM T:SLIM ASFT 30 PK14 23" MISC	126
T:SLIM X2 BASAL-IQ PUMP DEVI	125	TAGRISSO	38	TANDEM T:SLIM ASFT XC PK10 23" MISC	126
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVI	125	TAI DOC CONTROL SOLN	125	TANDEM T:SLIM ASFT XC PK14 23" MISC	126
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVI	125				

TANDEM T:SLIM TRUSTL PK10 23" MISC	126	TEGRETOL SUSP (Use carbamazepine)	19	terconazole vaginal CREA 0.8 %	207
TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG	10	TEGRETOL TABS (Use carbamazepine)	19	terconazole vaginal SUPP	207
tapentadol hcl TABS 50 MG, 75 MG, 100 MG	10	TEGRETOL-XR TB12 (Use carbamazepine)	19	teriflunomide	201
TARCEVA (Use erlotinib hcl)	38	TEKTURNA (Use aliskiren fumarate)	35	teriparatide SOPN	82
TARGRETIN (Use bexarotene) ...	42	TEKTURNA HCT	35	TERIPARATIDE SOPN	82
TARON-C DHA	187	telmisartan	34	TESTIM GEL TD (Use testosterone) .	11
TASCENSO ODT	201	telmisartan-amlodipine	35	testosterone cypionate SOLN IM 100 MG/ML	11
TASIGNA 50 MG, 150 MG, 200 MG (Use nilotinib hcl)	42	telmisartan-hydrochlorothiazide ...	35	testosterone cypionate SOLN IM 200 MG/ML	11
tasimelteon CAPS	94	temazepam 22.5 MG	93	testosterone enanthate SOLN IM ..	11
TAVNEOS	89	temazepam 7.5 MG, 15 MG, 30 MG .	93	testosterone GEL TD 1 %, 1.62 %, 1.62 %	11
TAYTULLA CAPS (Use norethin acet & estrad-fe)	54	TEMODAR SOLR	37	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	11
tazarotene CREA	62	temozolomide CAPS	37	testosterone SOLN	11
TAZAROTENE FOAM	59	TEMPO SMART BUTTON MISC	126	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	203
tazarotene GEL	62	TEMPO WELCOME KIT	126	tetrabenazine	199
TAZORAC CREA (Use tazarotene)	62	tenofovir disoproxil fumarate TABS	48	tetracaine hcl (ophth)	194
TAZORAC GEL (Use tazarotene) .	62	TENORETIC 100 (Use atenolol & chlorthalidone)	35	TETRACAINE HCL 0.5 % (Use tetracaine hcl (ophth))	194
TAZVERIK	42	TENORETIC 50 (Use atenolol & chlorthalidone)	35	TETRACAINE HCL 0.5 %	194
TDVAX SUSP	203	TENORMIN TABS (Use atenolol) .	50	tetracycline hcl CAPS 500 MG ...	202
TECFIDERA CDPK (Use dimethyl fumarate)	201	TENORMIN TABS 25 MG, 50 MG (Use atenolol)	50	tetrahydrozoline hcl (ophth) 0.05 %	194
TECFIDERA CPDR (Use dimethyl fumarate)	201	TEPMETKO	42	TEZRULY PO 1 MG/ML	34
TECHLITE INSULIN SYRINGE ..	133	terazosin hcl	34	TEZSPIRE SOAJ	14
TECHLITE LANCETS	126	terbinafine hcl (topical) CREA	61	TEZSPIRE SOSY	14
TECHLITE LANCETS 26G	126	terbutaline sulfate TABS	16	THALOMID 50 MG, 100 MG, 200 MG	140
TECHLITE LANCETS 30G	126	terconazole vaginal CREA 0.4 %	207		

THEO-24 CP24	16	CAROT TABS	177	MCG-5000 UNIT-10 MG-18 MG-1.5
theophylline ELIX	16	THERAMILL FORTE CAPS	177	MG-100 MG-15 MG-80 MG-2 MG-
theophylline SOLN	16	THERANATAL LACTATION ONE		150 MCG-162 MG-150 MCG-75
theophylline TB12	16	CAPS	177	MCG-30 UNIT-108 MG-2 MG-72
theophylline TB24	16	THERAPEUTIC		MG-5 MCG-10 MCG-2 MG-120
THERA TABS	184	FORMULA/HEMATINICS TABS 3.3		MCG-25 MCG-20 MCG-10 MCG, 60
THERA VITAL M TABS 90 MG-3		MG-0.33 MG-50 MCG-3.3 MG-33.3		MG-2 MG-30 MCG-400 MCG-400
MG-30 MCG-0.4 MG-3 MG-9 MCG-		MG-100 MG-11.7 MG-66.7 MG-3.3		UNIT-6 MCG-1.7 MG-25 MCG-20
10 MG-3.4 MG-20 MG-2500 UNIT-		MG-41.7 MG-140 UNIT-5 UNIT-0.67		MG-250 MCG-3500 UNIT-10 MG-18
400 UNIT-30 UNIT-2500 UNIT-27		MG-1400 UNIT	177	MG-300 MCG-1.5 MG-100 MG-15
MG-100 MG-5 MG-15 MCG-7.5 MG-		THERAPEUTIC-M TABS 90 MG-2		MG-80 MG-150 MCG-162 MG-72
15 MCG-2 MG-15 MG-40 MG-150		MG-30 MCG-400 MCG-1.5 MG-400		MG-75 MCG-150 MCG-30 UNIT-109
MCG-31 MG-10 MCG-7.5 MG ...	176	UNIT-6 MCG-1.7 MG-20 MG-5000		MG-2 MG-5 MCG-10 MCG-2 MG-
THERA VITAL-M TABS 120 MG-3		UNIT-10 MG-9 MG-60 MG-2 MG-15		120 MCG-20 MCG-10 MCG-2 MG
MG-15 MCG-400 MCG-400 UNIT-9		MCG-8 MG-15 MCG-2 MG-15 MG-		178
MCG-3.4 MG-30 MG-5500 UNIT-10		40 MG-150 MCG-10 MCG-30 UNIT-8		THERA-VITE MAX-M TABS
MG-18 MG-3 MG-100 MG-15 MG-2		MG, 90 MG-30 MCG-400 MCG-3		178
MG-40 MG-7.5 MG-15 MCG-150		MG-20 MG-6 MG-10 MG-3.4 MG-10		THEREMS TABS
MCG-30 UNIT-31 MG-5 MG-15		MCG-27 MG-9 MG-100 MG-2 MG-75		184
MCG-10 MCG	176	MCG-11 MG-2 MG-10 MCG-150		thiamine hcl TABS
THERABASIC-M TABS 400 UNIT-90		MCG-50 MCG-2 MG-10 MCG-15		208
MG-3 MG-35 MCG-0.4 MG-9 MCG-		MG-145 MG-150 MCG-35 MG-70		thiamine mononitrate TABS 100 MG .
10 MG-3.4 MG-30 MG-5000 UNIT-27		MCG-1500 MCG-28 MCG-12 MCG-8		208
MG-3 MG-100 MG-1250 UNIT-15		MG	177	thioridazine hcl
MCG-7.5 MG-15 MCG-40 MG-15		THERA-TABS M TABS	177	45
MG-150 MCG-30 UNIT-31 MG-2		THERA-TABS TABS 90 MG-3 MG-		thiothixene
MG-10 MCG-5 MG-7.5 MG	177	30 MCG-400 MCG-3 MG-20 MG-400		46
THERAGAUZE PADS	97	UNIT-9 MCG-5000 UNIT-10 MG-3.4		THRESHOLD PEP DEVI
THERAGRAN-M ADVANCED 50		MG-30 UNIT	184	137
PLUS TABS	177	THERATRUM COMPLETE 50 PLUS		THRIVE FOR LIFE WOMENS TABS
THERAGRAN-M ADVANCED TABS .		TABS 60 MG-3 MG-30 MCG-400		60 MG-6 MG-300 MCG-400 MCG-
177		MCG-400 UNIT-25 MCG-1.7 MG-10		1000 UNIT-18 MCG-5.1 MG-60
THERAGRAN-M PREMIER 50 PLUS		MCG-20 MG-250 MCG-3500 UNIT-		MCG-20 MG-100 MCG-3500 UNIT-
TABS	177	10 MG-300 MCG-1.5 MG-100 MG-15		15 MG-18 MG-500 MG-700 MCG-4.5
THERAGRAN-M PREMIER TABS		MG-150 MCG-200 MG-80 MG-75		MG-50 MG-15 MG-75 MCG-150
177		MCG-150 MCG-48 MG-2 MG-5		MCG-30 UNIT-2 MG-2 MG-70 MCG-
THERAGRAN-M TABS	177	MCG-2 MG-150 MCG-45 UNIT-20		120 MCG-150 MCG
THERA-M PLUS MV W/BETA-		MCG-10 MCG-72 MG-2 MG	177	178
		THERATRUM COMPLETE TABS 60		THRIVITE RX TABS
		MG-2 MG-30 MCG-400 MCG-400		187
		UNIT-6 MCG-1.7 MG-20 MG-250		THYROID TABS 15 MG, 30 MG, 60
				MG, 90 MG, 120 MG
				203
				tiagabine hcl
				20
				TIAZAC (Use diltiazem hcl extended
				release beads)
				51
				TIBSOVO
				42

ticagrelor 60 MG, 90 MG	90	tobramycin sulfate SOLR	3	topiramate TABS 100 MG	20
TICOVAC	207	tobramycin-dexamethasone SUSP 195		topiramate TABS 25 MG, 50 MG, 200 MG	20
TIKOSYN (Use dofetilide)	14	TOBREX OINT	194	TOPPER DRESSING SPONGES MISC	97
timolol	192	TOFIDENCE	5	TOPROL XL TB24 (Use metoprolol succinate)	50
timolol maleate (ophth) SOLG	193	tolmetin sodium CAPS	7	TOPROL XL TB24 100 MG, 200 MG (Use metoprolol succinate)	50
timolol maleate (ophth) SOLN 0.5 % . 193		tolmetin sodium TABS 600 MG	7	TOREMIFENE CITRATE	39
timolol maleate (ophth) SOLN	193	tolnaftate CREA	61	torsemide TABS	81
timolol maleate TABS	50	tolterodine tartrate CP24	205	TOSYMRA	139
TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	193	tolterodine tartrate TABS	205	TOUJEO MAX SOLOSTAR SOPN 27	
TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth))	193	tolvaptan TBPK 15 MG	84	TOUJEO SOLOSTAR SOPN	27
TINACTIN CREA (Use tolnaftate) .	61	TONMYA SUBL SL 2.8 MG	199	TOVIAZ (Use fesoterodine fumarate)	205
tioconazole vaginal 6.5 %	207	TOPAMAX SPRINKLE CPSP (Use topiramate)	19	TRACLEER TABS (Use bosentan) 52	
tiotropium bromide CAPS IN 18 MCG	14	TOPAMAX TABS 100 MG (Use topiramate)	19	TRACLEER TBSO 32 MG (Use bosentan)	52
TIVICAY PD TBSO	48	TOPAMAX TABS 25 MG, 50 MG, 200 MG (Use topiramate)	19	TRADJENTA	25
TIVICAY TABS 50 MG	48	TOPICORT CREA (Use desoximetasone)	65	tramadol hcl CP24 100 MG, 200 MG, 300 MG	10
tizanidine hcl CAPS	187	TOPICORT GEL (Use desoximetasone)	65	TRAMADOL HCL SOLN (Use tramadol hcl)	10
tizanidine hcl TABS	188	TOPICORT OINT (Use desoximetasone)	65	tramadol hcl SOLN	10
TLANDO CAPS	11	TOPICORT OINT 0.05 % (Use desoximetasone)	65	tramadol hcl TABS 25 MG, 75 MG, 100 MG	10
TM-DAILY VITE TABS	184	TOPICORT SPRAY LIQD (Use desoximetasone)	65	tramadol hcl TABS 50 MG	10
TOBI NEBU (Use tobramycin)	3	topiramate CP24	20	tramadol hcl TB24	10
TOBI PODHALER CAPS	3	topiramate CPSP 15 MG, 25 MG ..	20	tramadol-acetaminophen	10
TOBRADEX OINT	195	topiramate CPSP 50 MG	20	trandolapril	33
TOBRADEX ST SUSP	195	topiramate CS24	20	trandolapril-verapamil hcl	35
tobramycin (ophth) SOLN	194	topiramate SOLN 25 MG/ML	20		
tobramycin NEBU	3				
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	3				

tranexamic acid TABS	92	triamcinolone acetonide (mouth) 142	trimethoprim TABS	35
tranylcypromine sulfate	21	triamcinolone acetonide (nasal)	trimipramine maleate CAPS	23
TRAVATAN Z SOLN (Use travoprost)		AERO	TRINATAL RX 1 TABS	187
.....	196	triamcinolone acetonide (topical)	TRINTELLIX	22
TRAVEL LANCETS ADVANCED		CREA	TRIPHROCAPS CAPS 1 MG	143
28G	126	triamcinolone acetonide (topical)	TRIPTODUR	83
travoprost SOLN	196	LOTN	TRISTART DHA	187
trazodone hcl TABS	22	triamcinolone acetonide (topical)	TRIUMEQ PD TBSO	48
TRELEGY ELLIPTA	16	OINT	TRIUMEQ TABS	48
TRELSTAR MIXJECT 11.25 MG,		triamterene & hydrochlorothiazide	TRI-VITAMIN WITH FLUORIDE	
22.5 MG	40	CAPS 25 MG-37.5 MG	SUSP 0.25 MG/ML	184
TRELSTAR MIXJECT 3.75 MG ...	39	triamterene & hydrochlorothiazide	TROGARZO	48
TREMFYA ONE-PRESS SOPN SC		TABS	TROJAN BARESKIN DEVI	98
100 MG/ML	62	triazolam	TROJAN MAGNUM MISC	98
TREMFYA PEN SOAJ 100 MG/ML,		TRIBENZOR (Use olmesartan	TROJAN ULTRA THIN MISC	98
200 MG/2ML	62	medoxomil-amlodipine-	TROJAN ULTRA	
TREMFYA SOLN IV	86	hydrochlorothiazide)	THIN/SPERMICIDAL MISC	98
TREMFYA SOSY SC	86	TRICARE TABS	TROJAN-ENZ LUBRICATED MISC	
TREMFYA-CD/UC INDUCTION		TRICOR TABS 145 MG (Use	98	
SOAJ SC 200 MG/2ML	86	fenofibrate)	TROJAN-ENZ/SPERMICIDAL MISC .	98
TRESIBA FLEXTOUCH SOPN ...	27	TRICOR TABS 48 MG (Use	98	
TRESIBA SOLN	27	fenofibrate)	TROKENDI XR CP24 (Use	
tretinoin (chemotherapy)	42	TRIESENCE	topiramate)	20
tretinoin CREA 0.025 %, 0.05 %, 0.1		trifluoperazine hcl TABS	TROKENDI XR CP24 25 MG, 100	
%	59	trifluridine	MG, 200 MG (Use topiramate)	20
tretinoin GEL 0.01 %, 0.025 %	60	TRIJARDY XR	TROPICAL LIQUID NUTRITION	
tretinoin GEL 0.05 %	60	TRIKAFTA TBPk	LIQD 90 MG/15ML-3 MG/15ML-150	
tretinoin microsphere 0.08 %	59	TRIKAFTA THPK	MCG/15ML-45 UNIT/15ML-300	
TRETTEN	89	TRILEPTAL SUSP (Use	MCG/15ML-2.25 MG/15ML-600	
TREXALL TABS 5 MG, 7.5 MG, 10		oxcarbazepine)	UNIT/15ML-18 MCG/15ML-5250	
MG, 15 MG	37	TRILEPTAL TABS (Use	UNIT/15ML-2.55 MG/15ML-45	
TREXIMET (Use sumatriptan-		oxcarbazepine)	MG/15ML-15 MG/15ML-15	
naproxen sodium)	137	TRILIPIX (Use choline fenofibrate)	MG/15ML-75 MG/15ML-112.5	
		32	MCG/15ML-37 MG/15ML	178
			tropicamide SOLN	193

trosipium chloride CP24	205	TRUEPLUS LANCETS 33G	127	TRUSTEX RIA LUBRICATED MISC .	98
trosipium chloride TABS	205	TRUEPLUS SAFETY LANCETS 28G	.....127	TRUSTEX-NONOXYNOL-	
TRUE COMFORT INSULIN		TRUERESULT BLOOD GLUCOSE		9/RIB/STUD MISC	98
SYRINGE	133	KIT	127	TRUVADA (Use emtricitabine-	
TRUE COMFORT PRO INSULIN		TRUETEST TEST STRP	80	tenofovir disoproxil fumarate)	48
SYR	133	TRUETRACK BLOOD GLUCOSE		TRYNGOLZA	83
TRUE COMFORT SAFETY		KIT	127	TRYPTYR SOLN OP 0.003 % ...	196
LANCETS	126	TRUETRACK SMART SYSTEM KIT .		TUDORZA PRESSAIR	14
TRUE COMFORT TWIST TOP		127		TUKYSA	38
LANCETS	126	TRUETRACK TEST STRP	80	TUMS ULTRA 1000 CHEW (Use	
TRUE COVER DEVI	98	TRULICITY	25	calcium carbonate (antacid))	12
TRUE DAILY VITE TABS 60 MG-400		TRUMENBA 0.5 ML	206	TURALIO 125 MG	42
MCG-1.5 MG-20 MG-2 MG-1.7 MG-		TRUQAP TABS	42	T-VITES TABS	178
10 MCG-1500 MCG-6 MCG	184	TRUQAP TBPk	42	TWIIST REFILL KIT KIT	127
TRUE METRIX AIR GLUCOSE		TRUSTEX COLOR CONDOMS +		TWIIST REFILL KIT/INFUSION SET	
METER KIT	126	LUBE MISC	98	KIT	127
TRUE METRIX BLOOD GLUCOSE		TRUSTEX LUB/RIBBED/STUDED		TWIIST STARTER KIT KIT	127
TEST STRP	80	MISC	98	TWINRIX SUSY	207
TRUE METRIX GO GLUCOSE		TRUSTEX LUB/SPERMICIDE EX ST		TWIRLA	54
METER KIT	126	MISC	98	TWIST TOP LANCETS 30G	127
TRUE METRIX LEVEL 1 SOLN ..	126	TRUSTEX LUB/SPERMICIDE XL		TWYNEO	60
TRUE METRIX LEVEL 2 SOLN ..	126	MISC	98	TYBLUME CHEW	54
TRUE METRIX LEVEL 3 SOLN ..	127	TRUSTEX LUBRICATED EX LARGE		TYBOST	48
TRUE METRIX METER DEVI	127	MISC	98	TYENNE SOAJ	5
TRUE METRIX METER KIT	127	TRUSTEX LUBRICATED EXTRA ST		TYENNE SOLN	5
TRUE MULTIVITAMIN TABS	184	MISC	98	TYENNE SOSY	5
TRUEDRAW LANCING DEVICE		TRUSTEX		TYKERB (Use lapatinib ditosylate)	
MISC	127	LUBRICATED/SPERMICIDE MISC		42	
TRUEPLUS GLUCOSE CHEW ...	25	98		TYLENOL INFANTS PAIN+FEVER	
TRUEPLUS GLUCOSE ON THE GO		TRUSTEX NATURAL CONDOMS +		SUSP (Use acetaminophen)	8
CHEW	25	LUBE MISC	98	TYMLOS	82
TRUEPLUS INSULIN SYRINGE	133	TRUSTEX RIA LUB/SPERMICIDE			
TRUEPLUS LANCETS 28G	127	MISC	98		
TRUEPLUS LANCETS 30G	127				

TYPHIM VI SOLN	206	127	133
TYPHIM VI SOSY	206	ULTILET CLASSIC LANCETS ...	127
TYRUKO CONC IV 300 MG/15ML 201		ULTILET LANCETS	127
TYRVAYA	193	ULTILET SAFETY LANCETS 23G	128
TYSABRI	201	ULTRA BONEUP TABS	178
TYVASO DPI INSTITUTIONAL KIT POWD	52	ULTRA FLO INSULIN SYR 1/2 UNIT	133
TYVASO DPI MAINTENANCE KIT POWD	52	ULTRA FLO INSULIN SYRINGE	133
TYVASO DPI TITRATION KIT POWD	52	ULTRA FREEDA TABS 133.333 UNIT-16.667 MG-100 MCG-266.667	
TYVASO REFILL KIT SOLN IN	52	MCG-16.667 MG-33.333 MCG- 1666.667 UNIT-16.667 MG-33.333	
TYVASO SOLN IN	52	MG-33.333 MG-333.333 MG-3.333	
TYVASO STARTER KIT SOLN IN	52	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	
TZIELD	24	MCG-66.667 MCG	178
UBRELVY	137	ULTRA FREEDA/IRON TABS	
UCERIS (Use budesonide (intrarectal))	11	133.333 UNIT-1666.667 UNIT- 16.667 MG-100 MCG-66.667 UNIT- 266.667 MCG-16.667 MG-33.333	
UCERIS TB24 (Use budesonide) ..	56	MCG-16.667 MG-33.333 MG-33.333	
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG .	178	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	
UDENYCA ONBODY SOSY	92	MCG-33.333 MCG-33.333 MG ...	178
UDENYCA SOAJ	92	ULTRA MULTI FORMULA/IRON	
UDENYCA SOSY	92	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	
ULORIC (Use febuxostat)	88	UNIT-6.667 MG-15 MG-33.333 MG- 10 MG-10 UNIT-133.333 MG-50	
ULTICARE INSULIN SAFETY SYR .	133	MCG-0.667 MG-40 MCG-10 MG-25	
ULTICARE INSULIN SYRINGE .	133	MCG-5 MG-10 MG-1 MG-23.333	
ULTIGUARD SAFEPAK SYR/NEEDLE	133	MCG-10 MG	179
ULTI-LANCE AUTOMATIC MISC		ULTRA THIN LANCETS 31G	128
		ULTRACARE INSULIN SYRINGE	
		ULTRA-CARE LANCETS 30G ...	128
		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	179
		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	179
		ULTRA-THIN II INS SYR SHORT	133
		ULTRA-THIN II INSULIN SYRINGE .	133
		ULTRA-THIN II LANCETS	128
		ULTRAVATE LOTN	65
		umeclidinium-vilanterol	16
		UNILET COMFORTOUCH LANCET	128
		UNILET G.P. SUPERLITE LANCET .	128
		UNILET GP 28 ULTRA THIN	128

UNILET LANCET	128	UNISTRIP1 GENERIC STRP	80	vaginal)	207
UNILET MICRO-THIN 33G	128	UPLIZNA	141	valacyclovir hcl	49
UNILET SUPER-THIN 30G	128	UPTRAVI SOLR	53	VALCHLOR	61
UNILET ULTRA-THIN 28G	128	UPTRAVI TABS	53	VALCYTE TABS (Use valganciclovir hcl)	48
UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep))	93	UPTRAVI TITRATION TBPK	52	valganciclovir hcl TABS	48
UNISTIK 2	128	urea CREA 40 %	66	VALIUM TABS (Use diazepam) ...	13
UNISTIK 2 COMFORT	128	urea LOTN 40 %	66	valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	21
UNISTIK 2 EXTRA	128	UREDEB CREA 39 % (Use urea) .	66	valproic acid CAPS	21
UNISTIK 2 NORMAL	129	UREMEZ-40 CREA 40 % (Use urea) 66		valsartan SOLN	34
UNISTIK 2 SUPER	129	URETRON D/S TABS 81.6 MG ...	36	valsartan TABS	34
UNISTIK 3 COMFORT	129	UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	87	valsartan-hydrochlorothiazide	35
UNISTIK 3 EXTRA	129	UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	87	VALTOCO 10 MG DOSE LIQD	18
UNISTIK 3 GENTLE	129	UROXATRAL (Use alfuzosin hcl) .	88	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	18
UNISTIK 3 NORMAL	129	URSO 250 TABS (Use ursodiol) ..	85	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	18
UNISTIK CZT COMFORT	129	ursodiol CAPS	85	VALTOCO 5 MG DOSE LIQD	18
UNISTIK CZT NORMAL	129	ursodiol TABS 250 MG	85	VALTREX (Use valacyclovir hcl) .	49
UNISTIK NORMAL	129	USTEKINUMAB 130 MG/26ML ...	86	VANALICE GEL	70
UNISTIK PRO SAFETY LANCET 129		USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	62	VANOCIN CAPS 125 MG (Use vancomycin hcl)	36
UNISTIK SAFETY LANCETS 28G 129		USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	62	VANOCIN CAPS 250 MG (Use vancomycin hcl)	36
UNISTIK SAFETY LANCETS 30G 129		USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	62	vancomycin hcl CAPS 125 MG	36
UNISTIK TOUCH SAFETY LANC 21G	129	USTEKINUMAB-TTWE	62	vancomycin hcl CAPS 250 MG	36
UNISTIK TOUCH SAFETY LANC 23G	129	USTEKINUMAB-TTWE SC	62	vancomycin hcl SOLR IV 1 GM	36
UNISTIK TOUCH SAFETY LANC 28G	130	UZEDY SUSY	44	VANCOMYCIN HCL SOLR IV 1 GM .	36
UNISTIK TOUCH SAFETY LANC 30G	130	VAFSEO 150 MG	92	vancomycin hcl SOLR IV 500 MG .	36
UNISTRIP CONTROL SOLN	130	VAFSEO 300 MG	92	VANCOMYCIN HCL SOLR IV 500 MG	36

vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .36	VENLAFAXINE BESYLATE ER ..23	33G130
VANDAZOLE207	venlafaxine hcl CP2423	VERKAZIA EMUL194
VANFLYTA42	venlafaxine hcl TABS23	VERQUVO53
VANISHPOINT INSULIN SYRINGE . 133	venlafaxine hcl TB2423	VERSACLOZ SUSP45
VANOS CREA (Use fluocinonide) .66	VENOFER 20 MG/ML (Use iron sucrose)92	VERSAPAP DEVI137
VAQTA207	VENTOLIN HFA AERS (Use albuterol sulfate)16	VERSAPAP W/UNIVERSAL TUBING DEVI137
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VIREAD TABS (Use tenofovir disoproxil fumarate)	48	VITABEX PLUS CAPS	180	VITAMINS ACD-FLUORIDE SOLN	184
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VISION HEALTH CAPS	179	VITAFOL GUMMIES	187	VITASCRIPIT TABS	180
VISION OPTIMIZER CAPS	179	VITAFOL ULTRA	187	VITATRUM TABS	180
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VISTARIL CAPS 25 MG (Use hydroxyzine pamoate)	13	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	184	VITEYES CLASSIC MACULAR SUPPOR CAPS	180
VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT	184	vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT	208	VITEYES CLASSIC MULTIVITAMIN TABS	180
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		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 ..	180		

CAPS	180	METER DEVI	130	VOTRIENT (Use pazopanib hcl) ..	42
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UNIT-1.67 MG-16.7 MCG-41.7 MG-		VIVAGUARD LANCETS 30G	131	VPRIV	90
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33.3 MG-20.8 MCG-1.67 MCG-16.5		28G	131	pilocarpine hcl)	193
MG-0.33 MG-33.3 MCG-33.3 MG-		VIVELLE-DOT PTTW (Use estradiol)		VUMERITY	201
16.7 MCG-6.7 MG-83.3 MG-166.7		85		VYEPTI	137
MCG-33.3 MCG-20 MG-6.7 MG-20		VIVITROL	28	VYJUVEK	70
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VITRAMYN TABS	180	VOGELXO PUMP GEL TD (Use		simvastatin)	31
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VITRANOL TABS	180	VONJO	42	VYVANSE CHEW	1
VITRAX TABS	184	VONVENDI	89	VYVGART	140
VITREXATE FE TABS	180	VOQUEZNA DUAL PAK	205	VYVGART HYTRULO	140
VITREXATE TABS	180	VOQUEZNA TRIPLE PAK	205	VYVGART HYTRULO SC	141
VITREXYL + IRON TABS	180	VORANIGO	42	VYZULTA	196
VITREXYL TABS	180	VORTEX HOLD		WAINUA	202
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180		VORTEX HOLD		warfarin sodium TABS	16
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180		VORTEX VALVE CHAMBER-PEDI		sunscreens)	69
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SOLUTION LIQD	130	VORTEX VALVED HOLDING		MG/0.5ML, 1 MG/0.5ML	1
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METER DEVI	130	VOSEVI	49		
VIVAGUARD INO GLUCOSE					
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WELCHOL PACK (Use colesevelam hcl)	31	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	181	WYOST SOLN SC 120 MG/1.7ML 82
WELCHOL TABS (Use colesevelam hcl)	32	WOMENS 50+ MULTI VITAMIN TABS	181	XACIATO GEL
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WELLBUTRIN SR TB12 (Use bupropion hcl)	21	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 . 181	181	XALATAN SOLN (Use latanoprost) 196
WELLBUTRIN XL TB24 (Use bupropion hcl)	21	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	181	XALKORI CAPS
WELLFOLA TABS	180			XALKORI CPSP
WESCAP-C DHA	187			XANAX TABS (Use alprazolam) ... 13
WESCAP-PN DHA	187			XARELTO STARTER PACK TBPK 16
WESNATAL DHA COMPLETE .. 187				XARELTO SUSR 1 MG/ML (Use rivaroxaban)
WESNATE DHA CAPS	187			XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (Use rivaroxaban)
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	140			XARELTO TABS
WESTAB PLUS TABS	187			XATMEP SOLN PO
WESTGEL DHA	187			XCOPRI (250 MG DAILY DOSE) TBPK
white petrolatum-mineral oil	192			XCOPRI (350 MG DAILY DOSE) TBPK
WIDE-SEAL DIAPHRAGM 60 98				XCOPRI TABS
WIDE-SEAL DIAPHRAGM 65 98				XCOPRI TBPK
WIDE-SEAL DIAPHRAGM 70 98				XELJANZ SOLN
WIDE-SEAL DIAPHRAGM 75 98				XELJANZ TABS
WIDE-SEAL DIAPHRAGM 80 98				XELJANZ XR TB24
WIDE-SEAL DIAPHRAGM 85 98				XELODA (Use capecitabine)
WIDE-SEAL DIAPHRAGM 90 99				
WIDE-SEAL DIAPHRAGM 95 99				
WILATE KIT	89			

XELSTRYM	1	60 MG	40	YUFLYMA (1 PEN) AJKT	5
XEMBIFY	197	XPOVIO (60 MG TWICE WEEKLY)	40	YUFLYMA (2 PEN) AJKT	5
XENAZINE (Use tetrabenazine)	200	XPOVIO (80 MG ONCE WEEKLY)	40	YUFLYMA (2 SYRINGE) PSKT	5
XEOMIN	191	XPOVIO (80 MG TWICE WEEKLY)	40	YUFLYMA-CD/UC/HS STARTER AJKT	5
XEPI	60	XTANDI CAPS	40	YUPELRI	14
XGEVA SOLN	82	XTANDI TABS	40	YUSIMRY	5
XHANCE EXHU	188	XTRENBO SOLN SC 120 MG/1.7ML	82	YUTIQ	195
XIAFLEX	140	XULTOPHY	24	YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	52
XIGDUO XR (Use dapagliflozin propanediol-metformin hcl)	24	XYNTHA	89	zafirlukast	14
XIGDUO XR	24	XYNTHA SOLOFUSE	89	zaleplon	93
XIIDRA	194	XYOSTED SOAJ	11	ZANAFLEX CAPS (Use tizanidine hcl)	188
XIPERE	195	XYREM SOLN (Use sodium oxybate)	199	ZANAFLEX TABS 4 MG (Use tizanidine hcl)	188
XOFLUZA (40 MG DOSE) 40 MG	49	XYWAV	199	ZARONTIN CAPS (Use ethosuximide)	21
XOFLUZA (80 MG DOSE) 80 MG	49	YASMIN 28 (Use drospirenone- ethinyl estradiol)	54	ZARONTIN SOLN (Use ethosuximide)	21
XOLAIR SOAJ 150 MG/ML	14	YAZ (Use drospirenone-ethinyl estradiol)	54	ZARXIO	92
XOLAIR SOAJ 75 MG/0.5ML, 300 MG/2ML	14	YELETS TEENAGE FORMULA TABS	181	ZAVESCA (Use miglustat)	90
XOLAIR SOLR	14	YESINTEK SOLN 45 MG/0.5ML	62	ZAVZPRET	137
XOLAIR SOSY	14	YESINTEK SOSY	62	ZEGALOGUE SOAJ	25
XOLREMDI	92	YEZTUGO SOLN 463.5 MG/1.5ML	48	ZEGALOGUE SOSY	25
XOPENEX HFA (Use levalbuterol tartrate)	16	YONSA	40	ZEJULA TABS	42
XOSPATA	42	YORVIPATH 168 MCG/0.56ML	84	ZELBORAF	42
XPHOZAH	84	YORVIPATH 294 MCG/0.98ML	84	ZEMBRACE SYMTOUCH SOAJ	139
XPOVIO (100 MG ONCE WEEKLY) 50 MG	40	YORVIPATH 420 MCG/1.4ML	84	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000	
XPOVIO (40 MG ONCE WEEKLY) 40					
XPOVIO (40 MG TWICE WEEKLY) 40 MG	40				
XPOVIO (60 MG ONCE WEEKLY)					

UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	81	zinc sulfate CAPS	140	ZOLGENSMA 16.1-16.5 KG	191
ZEPATIER	49	ZIOPTAN (Use tafluprost)	196	ZOLGENSMA 16.6-17.0 KG	191
ZEPBOUND KWIKPEN SOPN SC 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML, 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML	2	ziprasidone hcl	44	ZOLGENSMA 17.1-17.5 KG	191
ZEPBOUND SOAJ	2	ZIPSOR CAPS (Use diclofenac potassium)	7	ZOLGENSMA 17.6-18.0 KG	191
ZEPBOUND SOLN	2	ZITHROMAX SUSR (Use azithromycin)	95	ZOLGENSMA 18.1-18.5 KG	191
ZEPOSIA 7-DAY STARTER PACK CPPK	201	ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin)	95	ZOLGENSMA 18.6-19.0 KG	191
ZEPOSIA CAPS	201	ZITHROMAX TRI-PAK TABS (Use azithromycin)	95	ZOLGENSMA 19.1-19.5 KG	191
ZEPOSIA STARTER KIT CPPK ..	201	ZITHROMAX Z-PAK TABS (Use azithromycin)	95	ZOLGENSMA 19.6-20.0 KG	191
ZERVIATE	196	ZITUVIMET TABS	24	ZOLGENSMA 2.6-3.0 KG	191
ZESTORETIC (Use lisinopril & hydrochlorothiazide)	35	ZITUVIMET XR TB24	24	ZOLGENSMA 20.1-20.5 KG	191
ZESTRIL TABS (Use lisinopril)	33	ZITUVIO	25	ZOLGENSMA 3.1-3.5 KG	191
ZETIA (Use ezetimibe)	32	ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	32	ZOLGENSMA 3.6-4.0 KG	191
ZETONNA AERS	188	ZOLADEX	40	ZOLGENSMA 4.1-4.5 KG	191
ZEVRX INSULIN SYRINGE	133	ZOLGENSMA 20.6-21.0 KG	191	ZOLGENSMA 4.6-5.0 KG	192
ZEVRX TWIST TOP LANCETS 30G 131		ZOLGENSMA 10.1-10.5 KG	191	ZOLGENSMA 5.1-5.5 KG	192
ZIAGEN SOLN (Use abacavir sulfate)	48	ZOLGENSMA 10.6-11.0 KG	191	ZOLGENSMA 5.6-6.0 KG	192
ZIANA (Use clindamycin phosphate-tretinoin)	60	ZOLGENSMA 11.1-11.5 KG	191	ZOLGENSMA 6.1-6.5 KG	192
zidovudine CAPS	48	ZOLGENSMA 11.6-12.0 KG	191	ZOLGENSMA 6.6-7.0 KG	192
zidovudine SYRP	48	ZOLGENSMA 12.1-12.5 KG	191	ZOLGENSMA 7.1-7.5 KG	192
zidovudine TABS	48	ZOLGENSMA 12.6-13.0 KG	191	ZOLGENSMA 7.6-8.0 KG	192
ZIEXTENZO	92	ZOLGENSMA 13.1-13.5 KG	191	ZOLGENSMA 8.1-8.5 KG	192
zileuton TB12	14	ZOLGENSMA 13.6-14.0 KG	191	ZOLGENSMA 8.6-9.0 KG	192
zinc oxide (topical) OINT 20 %	69	ZOLGENSMA 14.1-14.5 KG	191	ZOLGENSMA 9.1-9.5 KG	192
		ZOLGENSMA 14.6-15.0 KG	191	ZOLGENSMA 9.6-10.0 KG	192
		ZOLGENSMA 15.1-15.5 KG	191	ZOLINZA	42
		ZOLGENSMA 15.6-16.0 KG	191	zolmitriptan SOLN	139
				zolmitriptan TABS 2.5 MG	139
				zolmitriptan TABS 5 MG	139
				zolmitriptan TBDP	139
				ZOLOFT CONC (Use sertraline hcl)	

22	ZUBSOLV SUBL 2.9 MG-11.4 MG	11
ZOLOFT TABS (Use sertraline hcl)	ZUNVEYL TBEC PO 5 MG, 10 MG,	
22	15 MG	199
ZOLOFT TABS 25 MG (Use	ZURNAI IJ 1.5 MG/0.5ML	28
sertraline hcl)	ZURZUVAE	21
.....	ZYBIC SUSP 7.5 MG/5ML (Use	
22	meloxicam)	7
ZOLPIDEM TARTRATE CAPS	ZYDELIG	42
.....	ZYFLO TABS	14
93	ZYKADIA TABS	42
zolpidem tartrate SUBL	ZYLET 0.3 %-0.5 % (Use loteprednol	
.....	etabonate-tobramycin)	195
93	ZYMFENTRA (1 PEN) AJKT	87
zolpidem tartrate TABS	ZYMFENTRA (2 PEN) AJKT	87
.....	ZYMFENTRA (2 SYRINGE) PSKT	87
93	ZYNTEGLO	90
zolpidem tartrate TBCR	ZYPITAMAG 2 MG, 4 MG	32
.....	ZYPREXA RELPREVV	45
94	ZYPREXA TABS (Use olanzapine)	
ZOMACTON SOLR SC	45	
.....	ZYPREXA TABS 2.5 MG, 5 MG, 20	
83	MG (Use olanzapine)	45
ZOMIG SOLN (Use zolmitriptan)	ZYPREXA ZYDIS TBDP (Use	
.....	olanzapine)	45
139	ZYRTEC ALLERGY CAPS (Use	
ZONALON (Use doxepin hcl	cetirizine hcl)	31
(antipruritic))	ZYRTEC ALLERGY TABS (Use	
.....	cetirizine hcl)	31
61	ZYTIGA (Use abiraterone acetate)	
ZONEGRAN CAPS 25 MG, 100 MG	40	
(Use zonisamide)	ZYVOX SOLN (Use linezolid)	36
.....	ZYVOX SUSR (Use linezolid)	36
20	ZYVOX TABS (Use linezolid)	36
ZONISADE SUSP		
.....		
20		
zonisamide CAPS		
.....		
20		
ZORTRESS (Use everolimus		
(immunosuppressant))		
.....		
141		
ZORYVE CREA EX 0.05 %		
.....		
69		
ZORYVE CREA EX 0.15 %		
.....		
69		
ZORYVE CREA EX 0.3 %		
.....		
69		
ZORYVE FOAM EX		
.....		
69		
ZOVIRAX CREA (Use acyclovir		
topical)		
.....		
63		
ZOVIRAX OINT (Use acyclovir		
topical)		
.....		
63		
ZTALMY		
.....		
20		
ZTLIDO PTCH		
.....		
69		
ZUBSOLV SUBL 0.18 MG-0.7 MG,		
0.36 MG-1.4 MG, 0.71 MG-2.9 MG,		
1.4 MG-5.7 MG		11
.....		
11		
ZUBSOLV SUBL 2.1 MG-8.6 MG		11