



## 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](http://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.

# SilverSummit Healthplan: Preferred Drug List (PDL)



## 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
<b>P</b>	Preferred: This drug is covered on the drug list.
<b>NP</b>	Non-Preferred: This drug needs prior authorization.
<b>PA</b>	Preferred with Prior Authorization: This drug needs prior authorization.
<b>NF</b>	Non-Formulary: This drug needs prior authorization. Use preferred drug.
REQUIREMENT or LIMITS	
Requirement/Limit	Requirement/Limit Description
<b>AL</b>	<b>Age Limit:</b> Drug is limited to a specific age.
<b>MP</b>	<b>Maintenance Program:</b> Drug can be filled for up to 100 days' supply (3 months' supply) per fill.
<b>PA</b>	<b>Prior Authorization:</b> Review required before prescription can be filled
<b>QL</b>	<b>Quantity Limit:</b> There is a limit on the amount covered per prescription or within a set time frame.
<b>Rx/OTC</b>	Product has both <b>prescription and over the counter</b> coverage
<b>SP</b>	<b>Specialty Drug:</b> 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.
<b>ST</b>	<b>Step Therapy:</b> Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<b>Opioid</b>	<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"> <li>• Daily Dose Max = 60 MME**</li> <li>• Day Supply Max = 7 days</li> <li>• Must use Short-acting opioids before Long-acting opioids</li> </ul> <p style="text-align: right;">**MME = Morphine Milligram Equivalent</p>
<b>Test Strips</b>	Insulin users are limited to 200 strips per month.

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
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 15 MG (Use dextroamphetamine sulfate)	NF	QL(2 EA daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)	NP	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24	PA	QL(2 EA daily); AL(At least 6 yrs old); PA
dextroamphetamine sulfate SOLN	NP	AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate TABS	NP	AL(At least 3 yrs old)
dextroamphetamine sulfate TABS	PA	AL(At least 3 yrs old); PA
DYANAVEL XR SUER	NP	QL(8 ML daily); AL(At least 6 yrs old)
DYANAVEL XR TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
EVEKEO 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)
<b>Analeptics</b>		
caffeine citrate SOLN PO	P	QL(45 ML per fill retail; 45 per fill mail)
<b>Anti-Obesity Agents</b>		
WEGOVY PO 1.5 MG, 4 MG, 9 MG, 25 MG	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	PA	QL(0.108 ML daily); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
WEGOVIY 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
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
ZEPBOUND SOAJ	PA	QL(0.072 ML daily); AL(At least 18 yrs old); PA
ZEPBOUND SOLN	PA	QL(0.072 ML daily); AL(At least 18 yrs old); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i>	PA	QL(2 EA daily); AL(At least 6 yrs old); PA
<i>clonidine hcl (adhd) TB12</i>	PA	QL(4 EA daily); AL(At least 6 yrs old); PA
<i>guanfacine hcl (adhd)</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
INTUNIV (Use <i>guanfacine hcl (adhd)</i> )	NP	QL(1 EA daily); AL(At least 6 yrs old)
ONYDA XR SUER	NP	QL(4 ML daily); AL(At least 6 yrs old)
QELBREE	PA	AL(At least 6 yrs old); PA
STRATTERA (Use <i>atomoxetine hcl</i> )	NP	QL(2 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI	NP	
Histamine H3-Receptor Antagonist/Inverse Agonists		

Drug Name	Drug Tier	Requirements/Limits
WAKIX	PA	PA
Stimulants - Misc.		
APTENSIO XR CP24 (Use <i>methylphenidate hcl</i> )	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>armodafinil</i>	PA	QL(1 EA daily); PA
AZSTARYS	NP	AL(At least 6 yrs old)
CONCERTA TBCR (Use <i>methylphenidate hcl</i> )	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
COTEMPLA XR-ODT TBED	NP	AL(At least 6 yrs old)
DAYTRANA PTCH (Use <i>methylphenidate</i> )	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>dexamethylphenidate hcl CP24</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>dexamethylphenidate hcl TABS</i>	PA	AL(At least 3 yrs old); PA
FOCALIN XR CP24 (Use <i>dexamethylphenidate hcl</i> )	NP	QL(1 EA daily); AL(At least 6 yrs old)
FOCALIN TABS (Use <i>dexamethylphenidate hcl</i> )	NP	AL(At least 3 yrs old)
FOCALIN TABS 2.5 MG (Use <i>dexamethylphenidate hcl</i> )	NF	AL(At least 3 yrs old)
JORNAY PM CP24	PA	AL(At least 6 yrs old); PA
METADATE CD CPCR (Use <i>methylphenidate hcl</i> )	NF	QL(1 EA daily); AL(At least 6 yrs old)
METHYLIN SOLN (Use <i>methylphenidate hcl</i> )	PA	AL(At least 3 yrs old); PA
<i>methylphenidate hcl CHEW</i>	NP	AL(At least 3 yrs old)
<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

Drug Name	Drug Tier	Requirements/Limits
<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 45 MG, 63 MG, 72 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
<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 PTCH</i>	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
<i>modafinil</i>	NP	QL(1 EA daily)
NUVIGIL ( <i>Use armodafinil</i> )	NP	QL(1 EA daily)
PROVIGIL ( <i>Use modafinil</i> )	PA	QL(1 EA daily); PA
QUILLICHEW ER CHER	NP	QL(1 EA daily); AL(At least 6 yrs old)
QUILLIVANT XR SRER	NP	QL(12 ML daily); AL(At least 6 yrs old)
RELEXXII TBCR ( <i>Use methylphenidate hcl</i> )	NP	QL(1 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN LA CP24 ( <i>Use methylphenidate hcl</i> )	PA	QL(1 EA daily); AL(At least 6 yrs old); PA
RITALIN TABS ( <i>Use methylphenidate hcl</i> )	NP	AL(At least 3 yrs old)
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
Allergenic Extracts		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ SOLN	PA	QL(1 ML daily); PA	ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	
RINVOQ TB24	PA	QL(1 EA daily); PA	ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	
XELJANZ XR TB24	NP	QL(1 EA daily)	ADALIMUMAB-ADAZ SOAJ	PA	PA
XELJANZ SOLN	PA	PA	ADALIMUMAB-ADAZ SOSY	PA	PA
XELJANZ TABS	PA	QL(2 EA daily); PA	ADALIMUMAB-ADBM (2 PEN) AJKT	NP	
<b>Antirheumatic Antimetabolites</b>			ADALIMUMAB-ADBM (2 PEN) AJKT	PA	PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	P	SP	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	PA	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	
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>			ADALIMUMAB-FKJP (2 PEN) AJKT	NP	
ABRILADA (1 PEN) AJKT	NP		ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	
ABRILADA (2 PEN) AJKT	NP		ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	
ABRILADA (2 SYRINGE) PSKT	NP		ADALIMUMAB-RYVK (2 PEN) AJKT	NP	
ADALIMUMAB-AACF (2 PEN) AJKT	NP		ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP		AMJEVITA-PED 10KG TO <15KG SOSY	NP	QL(0.058 ML daily)
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP		AMJEVITA-PED 15KG TO <30KG SOSY	NP	QL(0.015 ML daily)
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP		AMJEVITA SOAJ 40 MG/0.4ML	NP	QL(0.029 ML daily)
ADALIMUMAB-AATY (1 PEN) AJKT	NP		AMJEVITA SOAJ	NP	QL(0.058 ML daily)
ADALIMUMAB-AATY (2 PEN) AJKT	NP		AMJEVITA SOSY	NP	QL(0.029 ML daily)
			AMJEVITA SOSY	NP	QL(0.058 ML daily)
			CYLTEZO (2 PEN) AJKT	NP	
			CYLTEZO (2 SYRINGE) PSKT	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CYLTEZO-CD/UC/HS STARTER AJKT	NP		SIMPONI ARIA SOLN	PA	PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP		SIMPONI SOAJ	PA	PA
HADLIMA PUSH TOUCH SOAJ	NP		SIMPONI SOSY	PA	PA
HADLIMA SOSY	NP		YUFLYMA (1 PEN) AJKT	NP	
HULIO (2 PEN) AJKT	NP		YUFLYMA (2 PEN) AJKT	NP	
HULIO (2 SYRINGE) PSKT	NP		YUFLYMA (2 SYRINGE) PSKT	NP	
HUMIRA (2 PEN) AJKT	PA	QL(0.072 EA daily); PA	YUFLYMA-CD/UC/HS STARTER AJKT	NP	
HUMIRA (2 SYRINGE) PSKT	PA	QL(0.072 EA daily); PA	YUSIMRY	NP	
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	PA	QL(0.108 EA daily); PA	<b>Interleukin-1 Blockers</b>		
HUMIRA-PSORIASIS/UEIT STARTER AJKT	PA	QL(0.108 EA daily); PA	ARCALYST	NP	
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP		<b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b>		
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP		KINERET SOSY	PA	PA
HYRIMOZ-PED>=40KG CROHN START SOSY	NP		<b>Interleukin-1beta Blockers</b>		
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP		ILARIS SOLN	NP	
HYRIMOZ SOAJ	NP		<b>Interleukin-6 Receptor Inhibitors</b>		
HYRIMOZ SOSY	NP		ACTEMRA ACTPEN SOAJ	PA	PA
IDACIO-CROHNS/UC STARTER AJKT	NP		ACTEMRA SOLN	PA	PA
IDACIO-PSORIASIS STARTER AJKT	NP		ACTEMRA SOSY	PA	PA
SIMLANDI (1 PEN) AJKT	NP		AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	
SIMLANDI (1 SYRINGE) PSKT	NP		KEVZARA SOAJ	PA	PA
SIMLANDI (2 PEN) AJKT	NP		KEVZARA SOSY	PA	PA
SIMLANDI (2 SYRINGE) PSKT	NP		TOFIDENCE	NP	
			TYENNE SOAJ	NP	
			TYENNE SOLN	NP	
			TYENNE SOSY	NP	
			<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
			ALEVE CAPS (Use naproxen sodium)	NF	
			ALEVE TABS (Use naproxen sodium)	NF	
			ANAPROX DS TABS (Use naproxen sodium)	NF	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 EA daily)
ESGIC TABS (Use <i>butalbital-acetaminophen-caffeine</i> )	NF	QL(4 EA daily)
<b>Analgesics - Sodium Channel Pain Signal Inhibitors</b>		
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)
<b>Analgesics Other</b>		
<i>acetaminophen CAPS 500 MG</i>	P	
<i>acetaminophen CHEW</i>	P	
<i>acetaminophen LIQD 160 MG/5ML</i>	P	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	P	
<i>acetaminophen TABS 325 MG, 500 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
FEVERALL INFANTS SUPP	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 EA per fill retail; 12 per fill mail)
TYLENOL INFANTS PAIN+FEVER SUSP (Use <i>acetaminophen</i> )	NF	
<b>Salicylates</b>		
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
<i>aspirin CHEW</i>	P	
ASPIRIN SUPP 300 MG	P	
<i>aspirin TABS 325 MG</i>	P	
<i>aspirin TBEC 81 MG, 325 MG</i>	P	
<i>diflunisal TABS</i>	P	
DOLOBID TABS	P	
<i>salsalate</i>	NP	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
ACTIQ LPOP 400 MCG (Use <i>fentanyl citrate</i> )	NF	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old)
<i>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 (Use <i>tramadol hcl</i> )	NP	AL(At least 18 yrs old)
DEMEROL SOLN IJ (Use <i>meperidine hcl</i> )	NF	
DILAUDID TABS (Use <i>hydromorphone hcl</i> )	NF	QL(8 EA daily)
DISKETS TBSO 40 MG (Use <i>methadone hcl</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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 20 MG/ML, 100 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<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 10 MG/5ML, 20 MG/5ML</i>	P	QL(16.67 ML daily)
<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 30 MG</i>	P	
<i>HYDROMORPHONE HCL SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail)	<i>morphine sulfate TABS 15 MG</i>	P	QL(6 EA daily)
<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)	<i>MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 200 MG (Use morphine sulfate)</i>	NP	QL(3 EA daily)
<i>HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG</i>	NP	QL(1 EA daily)	<i>MS CONTIN TBCR 100 MG (Use morphine sulfate)</i>	NF	QL(3 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	QL(500 ML per fill retail; 500 per fill mail)	<i>oxycodone hcl CAPS</i>	P	QL(6 EA daily)
<i>meperidine hcl TABS 50 MG</i>	P	QL(6 EA daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	P	QL(6 ML daily)
<i>methadone hcl CONC</i>	NP		<i>oxycodone hcl SOLN</i>	P	
<i>methadone hcl SOLN PO</i>	NP		<i>oxycodone hcl T12A 20 MG, 40 MG</i>	NP	QL(3 EA daily)
<i>methadone hcl TABS</i>	NP		<i>oxycodone hcl TABS</i>	P	QL(6 EA daily)
<i>methadone hcl TBSO</i>	NP		<i>OXYCONTIN T12A</i>	P	QL(3 EA daily)
<i>METHADOSE SUGAR-FREE CONC (Use methadone hcl)</i>	NP		<i>oxymorphone hcl TB12</i>	NP	QL(2 EA daily)
<i>METHADOSE CONC (Use methadone hcl)</i>	NP		<i>QDOLO SOLN (Use tramadol hcl)</i>	NF	AL(At least 18 yrs old)
<i>morphine sulfate beads</i>	P	QL(1 EA daily)	<i>ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl)</i>	NF	QL(6 EA daily)
<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>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	AL(At least 18 yrs old)
			<i>tramadol hcl SOLN</i>	NP	AL(At least 18 yrs old)
			<i>TRAMADOL HCL SOLN (Use tramadol hcl)</i>	NP	AL(At least 18 yrs old)
			<i>tramadol hcl TABS 50 MG</i>	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>	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 TB24</i>	NP	AL(At least 18 yrs old)		NF	QL(6 EA daily)
<b>Opioid Combinations</b>			<i>PERCO CET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)</i>	NF	
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ML daily); AL(At least 12 yrs old)	<i>PERCO CET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen)</i>	NF	
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	QL(6 EA daily); AL(At least 12 yrs old)	<i>PROLATE SOLN</i>	PA	QL(20 ML daily); PA
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	P	QL(4 EA daily); AL(At least 12 yrs old)	<i>PROLATE TABS</i>	PA	QL(13 EA daily); PA
<i>butalbital-aspirin-caffeine w/cod</i>	P	QL(4 EA daily); AL(At least 12 yrs old)	<i>tramadol-acetaminophen</i>	P	QL(12 EA daily); AL(At least 18 yrs old)
<i>FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine)</i>	NF		<b>Opioid Partial Agonists</b>		
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	QL(180 ML daily)	<i>BELBUCA FILM</i>	NP	
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P	QL(135 ML daily)	<i>BRIXADI (WEEKLY) SOSY</i>	P	
<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	P	QL(12 EA daily)	<i>BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML</i>	P	
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	P	QL(6 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG</i>	NP	QL(2 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	P	QL(8 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG</i>	NP	QL(3 EA daily)
			<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	QL(3 EA daily)
			<i>buprenorphine hcl SUBL</i>	P	QL(3 EA daily)
			<i>buprenorphine PTWK</i>	NP	
			<i>BUTRANS PTWK (Use buprenorphine)</i>	P	
			<i>SUBLOCADE SOSY</i>	P	

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	P	QL(3 EA daily)
SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	P	QL(2 EA daily)
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)
ZUBSOLV SUBL 2.9 MG-11.4 MG	NP	QL(1 EA daily)
ZUBSOLV SUBL 2.1 MG-8.6 MG	NP	QL(2 EA daily)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Androgens</b>		
ANDROGEL PUMP GEL TD (Use testosterone)	NF	
ANDROGEL PUMP GEL TD (Use testosterone)	NP	
FORTESTA GEL TD (Use testosterone)	NF	
JATENZO CAPS	PA	PA
<i>methyltestosterone TABS</i>	P	
NATESTO GEL NA	NP	
TESTIM GEL TD (Use testosterone)	NP	
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(0.1429 ML daily)
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	QL(0.2858 ML daily)
<i>testosterone enanthate SOLN IM</i>	P	QL(0.1429 ML daily)
<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone GEL TD 1 %, 1.62 %, 1.62 %</i>	PA	PA
<i>testosterone SOLN</i>	NP	
TLANDO CAPS	PA	PA
UNDECATREX CAPS	PA	PA
VOGELXO PUMP GEL TD (Use testosterone)	NP	
VOGELXO GEL TD (Use testosterone)	NF	
VOGELXO GEL TD (Use testosterone)	NP	
XYOSTED SOAJ	PA	PA
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
<i>budesonide (intrarectal)</i>	NP	
CORTENEMA (Use hydrocortisone (intrarectal))	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 (Use budesonide (intrarectal))	NF	
<b>Rectal Combinations</b>		
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 % (Use lidocaine-hydrocortisone acetate (rectal))	NF	
SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	P	QL(30 GM per fill retail; 30 per fill mail)
<b>Rectal Local Anesthetics</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pramoxine hcl (rectal) FOAM EX</i>	P	QL(15 GM per fill retail; 15 per fill mail)	TUMS ULTRA 1000 CHEW ( <i>Use calcium carbonate (antacid)</i> )	NF	
PROCTOFOAM FOAM EX 1 %	P	QL(15 GM per fill retail; 15 per fill mail)	<b>Antacids - Magnesium Salts</b>		
<b>Rectal Steroids</b>			<i>magnesium oxide TABS 400 MG</i>	P	
ANUSOL-HC EX ( <i>Use hydrocortisone (rectal)</i> )	NF		<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<i>hydrocortisone (rectal) EX</i>	P		<b>Nitrates</b>		
<b>ANTACIDS</b>			<i>ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)</i>	NF	
<b>Antacid Combinations</b>			<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>alum &amp; mag hydrox-simethicone CHEW</i>	P		<i>isosorbide mononitrate TABS</i>	P	QL(2 EA daily)
<i>alum &amp; mag hydrox-simethicone LIQD</i>	P	QL(24 ML daily)	ISOSORBIDE MONONITRATE TABS	P	QL(2 EA daily)
<i>alum &amp; mag hydrox-simethicone LIQD 400 MG/5ML-400 MG/5ML-400 MG/5ML</i>	P		<i>isosorbide mononitrate TB24</i>	P	QL(1 EA daily)
<i>alum &amp; mag hydrox-simethicone SUSP 2400 MG/30ML-2400 MG/30ML, 400 MG/5ML-400 MG/5ML-400 MG/5ML, 400 MG/5ML-400 MG/5ML, 800 MG/10ML-800 MG/10ML</i>	P		NITRO-BID OINT	P	
<b>Antacids - Aluminum Salts</b>			NITRO-DUR PT24 ( <i>Use nitroglycerin</i> )	NF	
ALUMINUM HYDROXIDE GEL SUSP	P		<i>nitroglycerin CPCR</i>	P	
<b>Antacids - Bicarbonate</b>			<i>nitroglycerin PT24</i>	P	
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	QL(16.54 EA daily)	<i>nitroglycerin SUBL</i>	P	
<b>Antacids - Calcium Salts</b>			NITROSTAT SUBL ( <i>Use nitroglycerin</i> )	NF	
<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	P		<b>ANTIANGIETY AGENTS - Drugs to Treat Anxiety</b>		
			<b>Antianxiety Agents - Misc.</b>		
			<i>bupirone hcl 5 MG, 10 MG</i>	P	QL(6 EA daily)
			<i>bupirone hcl 15 MG</i>	P	QL(4 EA daily)
			<i>bupirone hcl 7.5 MG, 30 MG</i>	P	QL(3 EA daily)
			<i>droperidol SOLN 2.5 MG/ML</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	P	
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	P	
VISTARIL CAPS 25 MG (Use <i>hydroxyzine pamoate</i> )	NF	
<b>Benzodiazepines</b>		
<i>alprazolam TABS</i>	P	QL(4 EA daily)
ATIVAN SOLN (Use <i>lorazepam</i> )	NF	
ATIVAN TABS 1 MG (Use <i>lorazepam</i> )	NF	QL(4 EA daily)
ATIVAN TABS 0.5 MG, 2 MG (Use <i>lorazepam</i> )	NF	QL(3 EA daily)
<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	P	
<i>diazepam CONC</i>	P	
<i>diazepam SOLN PO 5 MG/5ML</i>	P	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	P	
DIAZEPAM SOLN IJ 5 MG/ML	P	
<i>diazepam TABS</i>	P	AL(At least 18 yrs old)
<i>lorazepam CONC</i>	P	
<i>lorazepam SOLN</i>	P	
LORAZEPAM SOLN 2 MG/ML	P	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	P	QL(3 EA daily)
<i>lorazepam TABS 1 MG</i>	P	QL(4 EA daily)
<i>oxazepam CAPS 10 MG, 30 MG</i>	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits
VALIUM TABS (Use <i>diazepam</i> )	NF	AL(At least 18 yrs old)
XANAX TABS (Use <i>alprazolam</i> )	NF	QL(4 EA daily)
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate CAPS</i>	P	
NORPACE CR CP12 150 MG	P	
NORPACE CAPS (Use <i>disopyramide phosphate</i> )	NF	
<i>quinidine gluconate TBCR</i>	P	
<i>quinidine sulfate TABS</i>	P	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl</i>	P	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate</i>	P	
<i>propafenone hcl TABS</i>	P	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl TABS 200 MG</i>	P	
<i>dofetilide</i>	P	
TIKOSYN (Use <i>dofetilide</i> )	NF	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Antiasthmatic - Monoclonal Antibodies</b>		
CINQAIR	NP	AL(At least 18 yrs old)
FASENRA PEN SOAJ	PA	PA
FASENRA SOSY	PA	PA
NUCALA SOAJ	PA	AL(At least 6 yrs old); PA
NUCALA SOLR	PA	AL(At least 6 yrs old); PA
NUCALA SOSY	PA	AL(At least 6 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
TEZSPIRE SOAJ	NP	QL(0.07 ML daily); AL(At least 12 yrs old)
TEZSPIRE SOSY	NP	QL(0.07 ML daily); AL(At least 12 yrs old)
XOLAIR SOAJ 150 MG/ML	NP	QL(0.215 ML daily); AL(At least 6 yrs old)
XOLAIR SOAJ 75 MG/0.5ML, 300 MG/2ML	NP	QL(0.215 ML daily)
XOLAIR SOLR	NP	QL(0.215 EA daily); AL(At least 6 yrs old)
XOLAIR SOSY	PA	QL(0.215 ML daily); AL(At least 6 yrs old); PA
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium NEBU</i>	P	QL(8 ML daily)
<b>Bronchodilators - Anticholinergics</b>		
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
<b>Leukotriene Modulators</b>		
ACCOLATE 10 MG ( <i>Use zafirlukast</i> )	NF	
ACCOLATE ( <i>Use zafirlukast</i> )	NP	
<i>montelukast sodium CHEW</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<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	
<b>Phosphodiesterase 3 &amp; 4 (PDE3 &amp; PDE4) Inhibitors</b>		
OHTUVAYRE	NP	QL(5 ML daily); AL(At least 18 yrs old)
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRESP ( <i>Use roflumilast</i> )	NP	QL(1 EA daily)
<i>roflumilast</i>	PA	QL(1 EA daily); PA
<b>Steroid Inhalants</b>		
ALVESCO	NP	MP
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT ( <i>Use fluticasone furoate (inhalation)</i> )	P	MP
ASMANEX (120 METERED DOSES) AEPB	NP	MP
ASMANEX (14 METERED DOSES) AEPB	NP	MP
ASMANEX (30 METERED DOSES) AEPB	NP	MP
ASMANEX (60 METERED DOSES) AEPB	NP	MP
ASMANEX HFA AERO	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (inhalation) SUSP</i>	P	AL(At least 1 yrs old - Up to 8 yrs old); MP	AIRDUO RESPICLICK 232/14 AEPB ( <i>Use fluticasone-salmeterol</i> )	NP	MP
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT ( <i>Use fluticasone propionate hfa</i> )	NF	QL(0.4 GM daily)	AIRDUO RESPICLICK 55/14 AEPB ( <i>Use fluticasone-salmeterol</i> )	NP	MP
FLOVENT HFA 44 MCG/ACT ( <i>Use fluticasone propionate hfa</i> )	NF	QL(0.36 GM daily)	AIRSUPRA	NP	QL(1.07 GM daily)
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	NP	MP	<i>albuterol sulfate AERS</i>	NP	QL(0.447 GM daily)
<i>fluticasone propionate (inhalation) AEPB</i>	P	QL(2 EA daily); MP	<i>albuterol sulfate AERS</i>	NP	QL(1.2 GM daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(0.4 GM daily); MP	<i>albuterol sulfate AERS</i>	NP	QL(0.567 GM daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(0.36 GM daily); MP	<i>albuterol sulfate NEBU</i>	P	QL(2 EA daily)
PULMICORT FLEXHALER AEPB	P	MP	<i>albuterol sulfate NEBU</i>	P	QL(12 ML daily)
PULMICORT FLEXHALER AEPB	P	MP	<i>albuterol sulfate SYRP</i>	P	
PULMICORT SUSP ( <i>Use budesonide (inhalation)</i> )	NP	AL(At least 1 yrs old - Up to 8 yrs old); MP	<i>albuterol sulfate TABS</i>	P	
QVAR REDIHALER	NP	MP	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT ( <i>Use umeclidinium-vilanterol</i> )	P	MP
Sympathomimetics			<i>arformoterol tartrate</i>	NP	MP
ADVAIR DISKUS AEPB ( <i>Use fluticasone-salmeterol</i> )	P	MP	BEVESPI AEROSPHERE	NP	MP
ADVAIR DISKUS AEPB 100 MCG/ACT-50 MCG/ACT ( <i>Use fluticasone-salmeterol</i> )	NF		BREO ELLIPTA	P	MP
ADVAIR HFA AERO ( <i>Use fluticasone-salmeterol</i> )	P	MP	BREO ELLIPTA ( <i>Use fluticasone furoate-vilanterol</i> )	P	MP
AIRDUO RESPICLICK 113/14 AEPB ( <i>Use fluticasone-salmeterol</i> )	NP	MP	BREZTRI AEROSPHERE	NP	MP
			BROVANA ( <i>Use arformoterol tartrate</i> )	NP	MP
			BROVANA ( <i>Use arformoterol tartrate</i> )	NF	
			<i>budesonide-formoterol fumarate dihydrate</i>	NP	MP
			COMBIVENT RESPIMAT AERS	P	
			DUAKLIR PRESSAIR	NP	MP
			DULERA	P	MP
			<i>fluticasone furoate-vilanterol</i>	NP	MP

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol AEPB</i>	NP	MP
<i>fluticasone-salmeterol AERO</i>	NP	MP
<i>formoterol fumarate NEBU</i>	NP	MP
<i>ipratropium-albuterol SOLN</i>	P	QL(12 ML daily)
<i>levalbuterol hcl 1.25 MG/0.5ML</i>	NP	QL(3 EA daily)
<i>levalbuterol hcl</i>	PA	QL(9.6 ML daily); PA
<i>levalbuterol tartrate</i>	PA	QL(1 GM daily); PA
PERFOROMIST NEBU (Use <i>formoterol fumarate</i> )	NP	MP
PROAIR DIGIHALER	NP	QL(0.067 EA daily)
PROAIR RESPICLICK AEPB	NP	QL(0.067 EA daily)
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i> )	NF	QL(1.2 GM daily)
SEREVENT DISKUS	P	QL(2 EA daily); MP
STIOLTO RESPIMAT	P	MP
STRIVERDI RESPIMAT	P	MP
SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i> )	P	MP
<i>terbutaline sulfate TABS</i>	P	
TRELEGY ELLIPTA	NP	MP
<i>umeclidinium-vilanterol</i>	NP	MP
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i> )	P	QL(1.2 GM daily)
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i> )	P	QL(0.534 GM daily)
XOPENEX HFA (Use <i>levalbuterol tartrate</i> )	NP	QL(1 GM daily)
XOPENEX HFA (Use <i>levalbuterol tartrate</i> )	NF	QL(1 GM daily)
<b>Xanthines</b>		
THEO-24 CP24	P	

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline ELIX</i>	P	
<i>theophylline SOLN</i>	P	QL(475 ML per fill retail; 475 per fill mail)
<i>theophylline TB12</i>	P	
<i>theophylline TB24</i>	P	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
<i>warfarin sodium TABS</i>	P	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS (1.5 MG PACK) TBSO PO	NP	
ELIQUIS (2 MG PACK) TBSO PO	NP	
ELIQUIS DVT/PE STARTER PACK TBPk	P	
ELIQUIS CPSP PO 0.15 MG	NP	
ELIQUIS TABS	P	
ELIQUIS TBSO PO 0.5 MG	NP	
<i>rivaroxaban SUSR 1 MG/ML</i>	NP	
<i>rivaroxaban TABS 2.5 MG</i>	NP	
SAVAYSA	NP	AL(At least 18 yrs old)
XARELTO STARTER PACK TBPk	P	
XARELTO SUSR 1 MG/ML (Use <i>rivaroxaban</i> )	NP	
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (Use <i>rivaroxaban</i> )	P	
XARELTO TABS	P	
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA (Use <i>fondaparinux sodium</i> )	NP	
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	P	QL(48 ML per fill retail; 48 per fill mail)	<i>dabigatran etexilate mesylate CAPS</i>	NP	QL(2 EA daily)
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(36 ML per fill retail; 36 per fill mail)	PRADAXA CAPS ( <i>Use dabigatran etexilate mesylate</i> )	P	QL(2 EA daily)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(60 ML per fill retail; 60 per fill mail)	PRADAXA CAPS 75 MG ( <i>Use dabigatran etexilate mesylate</i> )	NF	QL(2 EA daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(24 ML per fill retail; 24 per fill mail)	PRADAXA PACK	NP	QL(2 EA daily)
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(18 ML per fill retail; 18 per fill mail)	<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<i>fondaparinux sodium</i>	P		AMPA Glutamate Receptor Antagonists		
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P		FYCOMPA SUSP 0.5 MG/ML ( <i>Use perampanel</i> )	NP	
FRAGMIN SOSY	P		FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG ( <i>Use perampanel</i> )	NP	
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P		<i>perampanel SUSP 0.5 MG/ML</i>	NP	
LOVENOX SOLN IJ 300 MG/3ML ( <i>Use enoxaparin sodium</i> )	NP		<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	P	
LOVENOX SOSY 40 MG/0.4ML ( <i>Use enoxaparin sodium</i> )	NP	QL(24 ML per fill retail; 24 per fill mail)	Anticonvulsants - Benzodiazepines		
LOVENOX SOSY 30 MG/0.3ML ( <i>Use enoxaparin sodium</i> )	NP	QL(18 ML per fill retail; 18 per fill mail)	<i>clobazam SUSP</i>	P	
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>Use enoxaparin sodium</i> )	NP	QL(48 ML per fill retail; 48 per fill mail)	<i>clobazam TABS</i>	P	
LOVENOX SOSY 100 MG/ML, 150 MG/ML ( <i>Use enoxaparin sodium</i> )	NP	QL(60 ML per fill retail; 60 per fill mail)	<i>clonazepam TABS</i>	P	AL(At least 18 yrs old)
LOVENOX SOSY 60 MG/0.6ML ( <i>Use enoxaparin sodium</i> )	NP	QL(36 ML per fill retail; 36 per fill mail)	<i>clonazepam TBDP</i>	P	
Thrombin Inhibitors			DIASTAT PEDIATRIC GEL ( <i>Use diazepam (anticonvulsant)</i> )	NF	
			<i>diazepam (anticonvulsant) GEL</i>	P	
			KLONOPIN TABS ( <i>Use clonazepam</i> )	NP	AL(At least 18 yrs old)
			KLONOPIN TABS 1 MG ( <i>Use clonazepam</i> )	NF	AL(At least 18 yrs old)
			LIBERVANT FILM	NP	AL(At least 2 yrs old - Up to 5 yrs old)
			NAYZILAM	PA	PA
			ONFI SUSP ( <i>Use clobazam</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONFI TABS ( <i>Use clobazam</i> )	NP		<i>eslicarbazepine acetate</i> 200 MG, 400 MG, 600 MG, 800 MG	NP	
SYMPAZAN FILM	NP		FINTEPLA	NP	
VALTOCO 10 MG DOSE LIQD	PA	PA	<i>gabapentin CAPS</i>	P	
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	PA	PA	<i>gabapentin SOLN</i>	P	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	PA	PA	<i>gabapentin TABS 600 MG, 800 MG</i>	P	
VALTOCO 5 MG DOSE LIQD	PA	PA	KEPPRA XR TB24 ( <i>Use levetiracetam</i> )	NP	
Anticonvulsants - Misc.			KEPPRA SOLN PO 100 MG/ML ( <i>Use levetiracetam</i> )	NP	
APTIOM 200 MG, 400 MG, 600 MG, 800 MG ( <i>Use eslicarbazepine acetate</i> )	NP		KEPPRA SOLN IV 500 MG/5ML ( <i>Use levetiracetam</i> )	NF	
BANZEL SUSP ( <i>Use rufinamide</i> )	NP		KEPPRA TABS ( <i>Use levetiracetam</i> )	NP	
BANZEL TABS ( <i>Use rufinamide</i> )	NP		<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	P	
BRIVIACT SOLN PO 10 MG/ML ( <i>Use brivaracetam</i> )	NP		<i>lacosamide TABS</i>	P	
BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG ( <i>Use brivaracetam</i> )	NP		LAMICTAL ODT KIT ( <i>Use lamotrigine</i> )	NP	
<i>carbamazepine CHEW</i>	P		LAMICTAL ODT TBDP ( <i>Use lamotrigine</i> )	NP	
<i>carbamazepine CP12</i>	P		LAMICTAL STARTER KIT 25 MG ( <i>Use lamotrigine</i> )	NP	
<i>carbamazepine SUSP</i>	P		LAMICTAL XR KIT	NP	
<i>carbamazepine TABS</i>	P		LAMICTAL XR TB24 ( <i>Use lamotrigine</i> )	NP	
<i>carbamazepine TB12</i>	P		LAMICTAL CHEW ( <i>Use lamotrigine</i> )	NP	
CARBATROL CP12 ( <i>Use carbamazepine</i> )	NP		LAMICTAL TABS ( <i>Use lamotrigine</i> )	NP	
DIACOMIT CAPS	NP		<i>lamotrigine CHEW</i>	P	
DIACOMIT PACK	NP		<i>lamotrigine KIT 25 MG</i>	P	
ELEPSIA XR TB24	NP		<i>lamotrigine TABS</i>	P	
EPIDIOLEX	PA	PA	<i>lamotrigine TB24</i>	P	
EPRONTIA SOLN 25 MG/ML ( <i>Use topiramate</i> )	NP		<i>lamotrigine TBDP</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P		<i>rufinamide SUSP</i>	P	
<i>levetiracetam SOLN IV 500 MG/5ML</i>	P		<i>rufinamide TABS</i>	P	
<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		SPRITAM TB3D	NP	
<i>levetiracetam TB3D 250 MG, 500 MG</i>	NP		SUBVENITE SUSP PO 10 MG/ML	NP	
LEVETIRACETAM TB3D	NP		TEGRETOL SUSP ( <i>Use carbamazepine</i> )	NP	
LYRICA CAPS ( <i>Use pregabalin</i> )	P		TEGRETOL TABS ( <i>Use carbamazepine</i> )	NP	
LYRICA CAPS 25 MG, 50 MG, 150 MG ( <i>Use pregabalin</i> )	NF		TEGRETOL-XR TB12 ( <i>Use carbamazepine</i> )	NP	
LYRICA SOLN ( <i>Use pregabalin</i> )	P		TOPAMAX SPRINKLE CPSP ( <i>Use topiramate</i> )	NP	
MOTPOLY XR CP24	NP		TOPAMAX TABS 25 MG, 50 MG, 200 MG ( <i>Use topiramate</i> )	NP	
MYSOLINE ( <i>Use primidone</i> )	NF		TOPAMAX TABS 100 MG ( <i>Use topiramate</i> )	NP	QL(300 EA per fill retail; 300 per fill mail)
NEURONTIN CAPS ( <i>Use gabapentin</i> )	P		<i>topiramate CP24</i>	NP	
NEURONTIN SOLN ( <i>Use gabapentin</i> )	P		<i>topiramate CPSP 50 MG</i>	NP	
NEURONTIN SOLN ( <i>Use gabapentin</i> )	NF		<i>topiramate CPSP 15 MG, 25 MG</i>	P	
NEURONTIN TABS ( <i>Use gabapentin</i> )	P		<i>topiramate CS24</i>	NP	
<i>oxcarbazepine SUSP</i>	P		<i>topiramate SOLN 25 MG/ML</i>	NP	
<i>oxcarbazepine TABS</i>	P		<i>topiramate TABS 100 MG</i>	P	QL(300 EA per fill retail; 300 per fill mail)
<i>oxcarbazepine TB24</i>	NP		<i>topiramate TABS 25 MG, 50 MG, 200 MG</i>	P	
OXTELLAR XR TB24 ( <i>Use oxcarbazepine</i> )	NP		TRILEPTAL SUSP ( <i>Use oxcarbazepine</i> )	NP	
<i>pregabalin CAPS</i>	NP		TRILEPTAL TABS ( <i>Use oxcarbazepine</i> )	NP	
<i>pregabalin SOLN</i>	NP		TRILEPTAL TABS ( <i>Use oxcarbazepine</i> )	NF	
<i>primidone</i>	P		TROKENDI XR CP24 25 MG, 100 MG, 200 MG ( <i>Use topiramate</i> )	NF	
QUDEXY XR CS24 25 MG, 50 MG, 100 MG ( <i>Use topiramate</i> )	NF				
QUDEXY XR CS24 150 MG, 200 MG ( <i>Use topiramate</i> )	NP				

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

Drug Name	Drug Tier	Requirements/Limits
ZARONTIN SOLN ( <i>Use ethosuximide</i> )	NP	
<b>Valproic Acid</b>		
DEPAKOTE ER TB24 ( <i>Use divalproex sodium</i> )	NP	
DEPAKOTE ER TB24 250 MG ( <i>Use divalproex sodium</i> )	NF	
DEPAKOTE SPRINKLES CSDR ( <i>Use divalproex sodium</i> )	NP	
DEPAKOTE TBEC ( <i>Use divalproex sodium</i> )	NP	
<i>divalproex sodium CSDR</i>	P	
<i>divalproex sodium TB24</i>	P	
<i>divalproex sodium TBEC</i>	P	
<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	P	
<i>valproic acid CAPS</i>	P	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine TABS</i>	P	AL(At least 18 yrs old)
<i>mirtazapine TBDP</i>	P	AL(At least 18 yrs old)
REMERON SOLTAB TBDP ( <i>Use mirtazapine</i> )	NP	AL(At least 18 yrs old)
REMERON TABS 15 MG, 30 MG ( <i>Use mirtazapine</i> )	NP	AL(At least 18 yrs old)
<b>Antidepressant Combinations</b>		
AUVELITY	NP	AL(At least 18 yrs old)
<b>Antidepressants - Misc.</b>		
<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 150 MG, 300 MG</i>	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl TB24 300 MG, 450 MG</i>	NP	AL(At least 18 yrs old)
FORFIVO XL TB24 ( <i>Use bupropion hcl</i> )	NF	AL(At least 18 yrs old)
FORFIVO XL TB24 ( <i>Use bupropion hcl</i> )	NP	AL(At least 18 yrs old)
WELLBUTRIN SR TB12 ( <i>Use bupropion hcl</i> )	NP	AL(At least 18 yrs old)
WELLBUTRIN XL TB24 ( <i>Use bupropion hcl</i> )	NF	AL(At least 18 yrs old)
<b>GABA Receptor Modulator - Neuroactive Steroid</b>		
ZURZUVAE	P	AL(At least 18 yrs old)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM	P	
MARPLAN	P	
NARDIL ( <i>Use phenelzine sulfate</i> )	NF	
PARNATE ( <i>Use tranylcypromine sulfate</i> )	NF	
<i>phenelzine sulfate</i>	P	
<i>tranylcypromine sulfate</i>	P	
<b>N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists</b>		
SPRAVATO (56 MG DOSE)	PA	AL(At least 18 yrs old); PA
SPRAVATO (84 MG DOSE)	PA	AL(At least 18 yrs old); PA
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA TABS ( <i>Use citalopram hydrobromide</i> )	NP	AL(At least 18 yrs old)
CITALOPRAM HYDROBROMIDE CAPS	P	AL(At least 18 yrs old)
<i>citalopram hydrobromide SOLN</i>	P	AL(At least 18 yrs old)
<i>citalopram hydrobromide TABS</i>	P	AL(At least 18 yrs old)
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	AL(At least 18 yrs old)

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

Drug Name	Drug Tier	Requirements/Limits
ZOLOFT TABS 25 MG (Use <i>sertraline hcl</i> )	NF	AL(At least 18 yrs old)
ZOLOFT TABS (Use <i>sertraline hcl</i> )	NP	AL(At least 18 yrs old)
Serotonin Modulators		
EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	AL(At least 18 yrs old)
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP	AL(At least 18 yrs old)
<i>nefazodone hcl</i>	NP	AL(At least 18 yrs old)
RALDESY SOLN PO 10 MG/ML	NP	AL(At least 18 yrs old)
<i>trazodone hcl TABS</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)
<i>vilazodone hcl TABS</i>	P	AL(At least 18 yrs old)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP (Use <i>duloxetine hcl</i> )	NP	AL(At least 18 yrs old)
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 (Use <i>venlafaxine hcl</i> )	NP	AL(At least 18 yrs old)
EFFEXOR XR CP24 (Use <i>venlafaxine hcl</i> )	NF	AL(At least 18 yrs old)
FETZIMA TITRATION C4PK	NP	AL(At least 18 yrs old)
FETZIMA CP24	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
PRISTIQ (Use desvenlafaxine succinate)	NP	AL(At least 18 yrs old)
PRISTIQ 50 MG (Use desvenlafaxine succinate)	NF	AL(At least 18 yrs old)
VENLAFAXINE BESYLATE ER	NP	AL(At least 18 yrs old)
venlafaxine hcl CP24	P	AL(At least 18 yrs old)
venlafaxine hcl TABS	P	AL(At least 18 yrs old)
venlafaxine hcl TB24	P	AL(At least 18 yrs old)
<b>Tricyclic Agents</b>		
amitriptyline hcl TABS	P	
amoxapine	P	
ANAFRANIL (Use clomipramine hcl)	NF	
clomipramine hcl	P	
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	
desipramine hcl TABS 25 MG	P	QL(2 EA daily)
doxepin hcl CAPS	P	
doxepin hcl CONC	P	
imipramine hcl TABS	P	
imipramine pamoate	P	
NORPRAMIN TABS 10 MG (Use desipramine hcl)	NF	
NORPRAMIN TABS 25 MG (Use desipramine hcl)	NF	QL(2 EA daily)
nortriptyline hcl CAPS	P	
nortriptyline hcl SOLN	P	QL(20 ML daily)
PAMELOR CAPS (Use nortriptyline hcl)	NF	
protriptyline hcl	P	
trimipramine maleate CAPS	P	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
acarbose	P	MP
miglitol	P	MP
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOPN	PA	MP; PA
SYMLINPEN 60 SOPN	PA	MP; PA
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	NP	MP
alogliptin-metformin hcl	NP	MP
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	NP	MP
dapagliflozin propanediol-metformin hcl	NP	MP
DUETACT (Use pioglitazone hcl-glimepiride)	NP	MP
glipizide-metformin hcl	NP	MP
glyburide-metformin	NP	MP
GLYXAMBI	P	MP
INVOKAMET XR TB24	NP	MP
INVOKAMET TABS	P	MP
JANUMET XR TB24	NP	MP
JANUMET TABS	NP	MP
JENTADUETO XR TB24	P	MP
JENTADUETO TABS	P	MP
KOMBIGLYZE XR (Use saxagliptin-metformin hcl)	NF	
pioglitazone hcl-glimepiride	NP	MP
pioglitazone hcl-metformin hcl TABS	NP	MP
QTERN	NP	MP
saxagliptin-metformin hcl	NP	MP
SEGLUROMET	NP	MP

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

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA	P	MP
ZITUVIO	NP	MP
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	MP
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	NP	QL(0.13 ML daily); AL(At least 10 yrs old); MP
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide)	PA	QL(0.08 ML daily); AL(At least 18 yrs old); MP; PA
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide)	PA	QL(0.08 ML daily); AL(At least 18 yrs old); MP; PA
<i>exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML</i>	NP	QL(0.08 ML daily); AL(At least 18 yrs old); MP
<i>liraglutide</i>	NP	QL(0.3 ML daily); AL(At least 10 yrs old); MP
MOUNJARO 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
MOUNJARO 12.5 MG/0.5ML, 15 MG/0.5ML	NP	QL(0.072 ML daily); AL(At least 18 yrs old); MP
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	QL(0.108 ML daily); AL(At least 18 yrs old); MP; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	QL(0.108 ML daily); AL(At least 18 yrs old); MP; PA
OZEMPIC (2 MG/DOSE) SOPN	PA	QL(0.108 ML daily); AL(At least 18 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TABS	PA	QL(1 EA daily); AL(At least 18 yrs old); MP; PA
TRULICITY	PA	QL(0.072 ML daily); AL(At least 10 yrs old); MP; PA
VICTOZA (Use <i>liraglutide</i> )	PA	QL(0.3 ML daily); AL(At least 10 yrs old); MP; PA
Insulin		
ADMELOG SOLOSTAR SOPN	NP	MP
ADMELOG SOLN IJ	NP	MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	
APIDRA SOLOSTAR SOPN	NP	MP
APIDRA SOLN	NP	MP
BASAGLAR KWIKPEN SOPN	NP	MP
BASAGLAR TEMPO PEN SOPN	NP	MP
FIASP FLEXTOUCH SOPN	NP	MP
FIASP PENFILL SOCT	NP	MP
FIASP PUMPCART SOCT	NP	
FIASP SOLN	NP	MP
HUMALOG JUNIOR KWIKPEN SOPN	NP	MP
HUMALOG KWIKPEN SOPN	NP	MP
HUMALOG MIX 50/50 KWIKPEN SUPN	P	MP
HUMALOG MIX 75/25 KWIKPEN SUPN	NP	MP
HUMALOG MIX 75/25 SUSP	P	MP
HUMALOG TEMPO PEN SOPN	NP	MP
HUMALOG SOCT	NP	MP

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R SOLN IJ	P	MP
NOVOLOG 70/30 FLEXPEN RELION SUPN	P	MP
NOVOLOG FLEXPEN RELION SOPN	P	MP
NOVOLOG FLEXPEN SOPN	P	MP
NOVOLOG MIX 70/30 FLEXPEN SUPN	P	MP
NOVOLOG MIX 70/30 RELION SUSP	P	MP
NOVOLOG MIX 70/30 SUSP	P	MP
NOVOLOG PENFILL SOCT	P	MP
NOVOLOG RELION SOLN IJ	P	MP
NOVOLOG SOLN IJ	P	MP
REZVOGLAR KWIKPEN	NP	
SEMGLEE (YFGN) SOLN	NP	MP
SEMGLEE (YFGN) SOPN	NP	MP
TOUJEO MAX SOLOSTAR SOPN	P	MP
TOUJEO SOLOSTAR SOPN	P	MP
TRESIBA FLEXTOUCH SOPN	P	MP
TRESIBA SOLN	P	MP
Insulin Sensitizing Agents		
ACTOS (Use pioglitazone hcl)	NP	MP
pioglitazone hcl	P	MP
Meglitinide Analogues		
nateglinide	NP	MP
repaglinide	P	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	NP	MP

Drug Name	Drug Tier	Requirements/Limits
FARXIGA (Use dapagliflozin propanediol)	P	MP
INVOKANA	P	MP
JARDIANCE	P	MP
STEGLATRO	NP	MP
Sulfonylureas		
glimepiride 1 MG, 2 MG, 4 MG	P	MP
glipizide TABS	P	MP
glipizide TB24	P	MP
GLUCOTROL XL TB24 2.5 MG, 10 MG (Use glipizide)	NF	
GLUCOTROL XL TB24 5 MG (Use glipizide)	NP	MP
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	MP
glyburide TABS	P	MP
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	P	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	P	
bismuth subsalicylate TABS	P	
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	P	
diphenoxylate w/ atropine TABS	P	
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NF	
loperamide hcl CAPS	P	QL(8 EA daily); RX/OTC
loperamide hcl TABS	P	QL(8 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes - Chelating Agents		
CHEMET	P	
<i>deferasirox TABS</i>	P	SP; PA
JADENU TABS ( <i>Use 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	
<i>naloxone hcl SOSY 0.4 MG/ML</i>	P	QL(5 ML per fill retail; 5 per fill mail)
<i>naltrexone hcl</i>	P	
NARCAN LIQD ( <i>Use naloxone hcl</i> )	P	RX/OTC
OPVEE NA	NP	
REXTOVY LIQD	NP	
VIVITROL	PA	PA
ZURNAI IJ 1.5 MG/0.5ML	NP	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
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)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	P	QL(8 ML per fill retail; 8 per fill mail)
<i>ondansetron hcl SOLN IJ 40 MG/20ML</i>	P	QL(20 ML per fill retail; 20 per fill mail)
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per fill retail; 50 per fill mail)
<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 16 MG</i>	NP	QL(3 EA per fill retail; 3 per fill mail)
<i>ondansetron TBDP 4 MG</i>	P	QL(12 EA per fill retail; 12 per fill mail)
<i>ondansetron TBDP 8 MG</i>	P	QL(6 EA per fill retail; 6 per fill mail)
SANCUSO PTCH	NP	QL(1 EA per fill retail; 1 per fill mail)
Antiemetics - Anticholinergic		
ANTIVERT CHEW ( <i>Use meclizine hcl</i> )	NF	RX/OTC
ANTIVERT TABS 50 MG ( <i>Use meclizine hcl</i> )	NF	
<i>dimenhydrinate TABS</i>	P	
<i>meclizine hcl CHEW</i>	P	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	P	

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

Drug Name	Drug Tier	Requirements/Limits
<b>Antifungals</b>		
<i>griseofulvin microsize SUSP</i>	P	
<i>griseofulvin microsize TABS</i>	P	
<i>griseofulvin ultramicrosize</i>	P	
GRISEOFULVIN ULTRAMICROSIZE 165 MG	P	
<i>nystatin TABS</i>	P	QL(6 EA daily)
<b>Imidazole-Related Antifungals</b>		
DIFLUCAN SUSR ( <i>Use fluconazole</i> )	NF	QL(70 ML per fill retail; 70 per fill mail)
DIFLUCAN TABS 100 MG ( <i>Use fluconazole</i> )	NF	QL(1 EA daily)
DIFLUCAN TABS 200 MG ( <i>Use fluconazole</i> )	NF	QL(2 EA daily)
DIFLUCAN TABS 150 MG ( <i>Use fluconazole</i> )	NF	QL(2 EA per fill retail; 2 per fill mail)
<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail; 70 per fill mail)
<i>fluconazole TABS 100 MG</i>	P	QL(1 EA daily)
<i>fluconazole TABS 50 MG</i>	P	QL(7 EA per fill retail; 7 per fill mail)
<i>fluconazole TABS 200 MG</i>	P	QL(2 EA daily)
<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail; 2 per fill mail)
VIVJOA	PA	QL(18 EA per fill retail; 18 per fill mail); PA
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
<i>chlorpheniramine maleate SYRP</i>	P	QL(60 ML daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>chlorpheniramine maleate TABS</i>	P	QL(120 EA per fill retail; 120 per fill mail)	CLARITIN SOLN ( <i>Use loratadine</i> )	NF	
<i>dexchlorpheniramine maleate SOLN</i>	P		CLARITIN TABS ( <i>Use loratadine</i> )	NF	
<b>Antihistamines - Ethanolamines</b>			DES LoratADINE SOLN PO 0.5 MG/ML	NP	
CLEMASZ TABS 2.68 MG ( <i>Use clemastine fumarate</i> )	NF		<i>desloratadine TABS</i>	NP	
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	QL(2 EA daily)	<i>desloratadine TBDP</i>	NP	
<i>diphenhydramine hcl CAPS</i>	P	QL(4 EA daily)	<i>fexofenadine hcl SUSP</i>	NP	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)	<i>fexofenadine hcl TABS 60 MG, 180 MG</i>	NP	
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)	<i>levocetirizine dihydrochloride SOLN</i>	P	RX/OTC
<b>Antihistamines - Non-Sedating</b>			<i>levocetirizine dihydrochloride TABS</i>	P	RX/OTC
ALLEGRA ALLERGY TABS ( <i>Use fexofenadine hcl</i> )	NF		<i>loratadine CHEW</i>	P	
<i>cetirizine hcl CAPS</i>	NP		<i>loratadine SOLN</i>	P	
<i>cetirizine hcl CHEW</i>	P		<i>loratadine TABS</i>	P	
<i>cetirizine hcl SOLN PO</i>	P	RX/OTC	<i>loratadine TBDP 10 MG</i>	P	
<i>cetirizine hcl TABS</i>	P		ZYRTEC ALLERGY CAPS ( <i>Use cetirizine hcl</i> )	NF	
CLARINEX TABS ( <i>Use desloratadine</i> )	NP		ZYRTEC ALLERGY TABS ( <i>Use cetirizine hcl</i> )	NF	
CLARINEX TABS ( <i>Use desloratadine</i> )	NF		<b>Antihistamines - Phenothiazines</b>		
CLARITIN ALLERGY CHILDRENS SOLN ( <i>Use loratadine</i> )	NF		<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 2 yrs old)
CLARITIN CHILDRENS CHEW ( <i>Use loratadine</i> )	NF		<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail; 12 per fill mail); AL(At least 2 yrs old)
CLARITIN REDITABS TBDP ( <i>Use loratadine</i> )	NF		<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)
CLARITIN REDITABS TBDP ( <i>Use loratadine</i> )	NF		<b>Antihistamines - Piperidines</b>		
CLARITIN CHEW ( <i>Use loratadine</i> )	NF		<i>cyproheptadine hcl SYRP</i>	P	
			<i>cyproheptadine hcl TABS</i>	P	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>					
Adenosine Triphosphate-Citrate Lyase (ACL)					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Inhibitors			COLESTID FLAVORED PACK (Use colestipol hcl)	NF	
NEXLETOL	NP		COLESTID GRAN (Use colestipol hcl)	NP	
Angiotensin-like Protein Inhibitors			COLESTID PACK (Use colestipol hcl)	NF	
EVKEEZA 345 MG/2.3ML	PA	QL(4.6 ML per fill retail; 4.6 per fill mail); AL(At least 5 yrs old); PA	COLESTID TABS (Use colestipol hcl)	NP	
EVKEEZA 1200 MG/8ML	PA	QL(8 ML per fill retail; 8 per fill mail); AL(At least 5 yrs old); PA	colestipol hcl GRAN	P	
Antihyperlipidemics - Combinations			colestipol hcl PACK	P	
ezetimibe-simvastatin	P	MP	colestipol hcl TABS	P	
NEXLIZET	NP		QUESTRAN LIGHT POWD (Use cholestyramine light)	NP	
VYTORIN (Use ezetimibe-simvastatin)	NP	MP	QUESTRAN PACK (Use cholestyramine)	NP	
Antihyperlipidemics - Misc.			QUESTRAN POWD (Use cholestyramine)	NP	
icosapent ethyl	NP		WELCHOL PACK (Use colesevelam hcl)	NP	
LOVAZA (Use omega-3-acid ethyl esters)	NF		WELCHOL TABS (Use colesevelam hcl)	NP	
omega-3-acid ethyl esters	P		Fibric Acid Derivatives		
VASCEPA (Use icosapent ethyl)	NF		choline fenofibrate	P	
Bile Acid Sequestrants			fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG	P	
cholestyramine light PACK	NP		fenofibrate CAPS	NP	
cholestyramine light PACK	P		fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	P	
cholestyramine light POWD	P		fenofibrate TABS 40 MG, 120 MG	NP	
cholestyramine light POWD	NP		fenofibric acid	NP	
cholestyramine PACK	P		FENOGLIDE TABS (Use fenofibrate)	NF	
cholestyramine POWD	P		FIBRICOR 105 MG (Use fenofibric acid)	NP	
colesevelam hcl PACK	P		FIBRICOR 35 MG (Use fenofibric acid)	NF	
colesevelam hcl TABS	P		gemfibrozil TABS	P	
COLESTID FLAVORED GRAN (Use colestipol hcl)	NF				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIPOFEN CAPS ( <i>Use fenofibrate</i> )	P		<i>rosuvastatin calcium TABS 5 MG</i>	P	MP
LOPID TABS ( <i>Use gemfibrozil</i> )	NP		<i>simvastatin TABS</i>	P	MP
TRICOR TABS ( <i>Use fenofibrate</i> )	NP		ZOCOR TABS 10 MG, 20 MG, 40 MG ( <i>Use simvastatin</i> )	NP	MP
TRILIPIX ( <i>Use 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 ( <i>Use ezetimibe</i> )	NP	
<i>atorvastatin calcium TABS</i>	P	MP	Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
CRESTOR TABS 10 MG ( <i>Use rosuvastatin calcium</i> )	NP	QL(2 EA daily); MP	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
CRESTOR TABS 5 MG ( <i>Use rosuvastatin calcium</i> )	NP	MP	Nicotinic Acid Derivatives		
CRESTOR TABS 20 MG, 40 MG ( <i>Use rosuvastatin calcium</i> )	NP	QL(1 EA daily); MP	<i>niacin (antihyperlipidemic) TABS</i>	P	
<i>fluvastatin sodium CAPS</i>	NP	MP	<i>niacin (antihyperlipidemic) TBCR</i>	P	
<i>fluvastatin sodium TB24</i>	NP	MP	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LESCOL XL TB24 ( <i>Use fluvastatin sodium</i> )	NF		LEQVIO	NP	
LESCOL XL TB24 ( <i>Use fluvastatin sodium</i> )	NP	MP	PRALUENT SOAJ	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
LIPITOR TABS ( <i>Use atorvastatin calcium</i> )	NF		REPATHA PUSHTRONEX SYSTEM SOCT	PA	QL(3.5 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
LIPITOR TABS ( <i>Use atorvastatin calcium</i> )	NP	MP	REPATHA SURECLICK SOAJ	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
LIVALO ( <i>Use pitavastatin calcium</i> )	NP	MP	REPATHA SOSY	PA	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
<i>lovastatin TABS</i>	P	MP	<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<i>pitavastatin calcium</i>	NP	MP			
<i>pravastatin sodium</i>	P	MP			
<i>rosuvastatin calcium TABS 20 MG, 40 MG</i>	P	QL(1 EA daily); MP			
<i>rosuvastatin calcium TABS 10 MG</i>	P	QL(2 EA daily); MP			

Drug Name	Drug Tier	Requirements/Limits
<b>ACE Inhibitors</b>		
ACCUPRIL (Use quinapril hcl)	NP	MP
ALTACE CAPS 10 MG (Use ramipril)	NF	
ALTACE CAPS 1.25 MG, 5 MG (Use ramipril)	NP	MP
benazepril hcl	P	MP
captopril	P	MP
enalapril maleate SOLN	P	AL(Up to 10 yrs old); MP
enalapril maleate TABS	P	MP
EPANED SOLN (Use enalapril maleate)	NP	AL(Up to 10 yrs old); MP
fosinopril sodium	NP	MP
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	MP
LOTENSIN 10 MG, 20 MG, 40 MG (Use benazepril hcl)	NP	MP
moexipril hcl	NP	MP
perindopril erbumine	NP	MP
QBRELIS SOLN	NP	MP
quinapril hcl	NP	MP
ramipril CAPS	P	MP
trandolapril	NP	MP
VASOTEC TABS (Use enalapril maleate)	NF	
ZESTRIL TABS (Use lisinopril)	NP	MP
ZESTRIL TABS (Use lisinopril)	NF	
<b>Angiotensin II Receptor Antagonists</b>		
ARB LI PO 10 MG/ML	NP	MP
ATACAND (Use candesartan cilexetil)	NP	MP
AVAPRO 150 MG, 300 MG (Use irbesartan)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
BENICAR (Use olmesartan medoxomil)	NP	MP
candesartan cilexetil	NP	MP
COZAAR (Use losartan potassium)	NP	MP
DIOVAN TABS (Use valsartan)	NP	MP
EDARBI	NP	MP
irbesartan	NP	MP
losartan potassium	P	MP
MICARDIS 40 MG, 80 MG (Use telmisartan)	NP	MP
MICARDIS 20 MG (Use telmisartan)	NF	
olmesartan medoxomil	P	MP
telmisartan	NP	MP
valsartan SOLN	P	MP
valsartan TABS	P	MP
<b>Antiadrenergic Antihypertensives</b>		
CARDURA (Use doxazosin mesylate)	NP	MP
CARDURA 8 MG (Use doxazosin mesylate)	NF	
CATAPRES-TTS-1 PTWK (Use clonidine)	NF	
CATAPRES-TTS-2 PTWK (Use clonidine)	NF	
CATAPRES-TTS-3 PTWK (Use clonidine)	NF	
clonidine hcl TABS	P	
clonidine PTWK	P	
doxazosin mesylate	P	MP
guanfacine hcl	P	
methyldopa TABS	P	
MINIPRESS CAPS (Use prazosin hcl)	NF	MP
prazosin hcl CAPS	NP	MP
terazosin hcl	P	MP
TEZRULY PO 1 MG/ML	NP	MP

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

Drug Name	Drug Tier	Requirements/Limits
TENORETIC 50 (Use atenolol & chlorthalidone)	NP	MP
TENORETIC 50 (Use atenolol & chlorthalidone)	NF	
trandolapril-verapamil hcl	NP	MP
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NP	MP
valsartan-hydrochlorothiazide	P	MP
VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	NF	
ZESTORETIC (Use lisinopril & hydrochlorothiazide)	NP	MP
<b>Direct Renin Inhibitors</b>		
aliskiren fumarate	P	
TEKTURNA (Use aliskiren fumarate)	NF	
<b>Vasodilators</b>		
hydralazine hcl TABS	P	
minoxidil 2.5 MG, 10 MG	P	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
metronidazole TABS	P	
trimethoprim TABS	P	
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)	NF	
BACTRIM TABS (Use sulfamethoxazole-trimethoprim)	NF	
methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG	P	

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

Drug Name	Drug Tier	Requirements/Limits
<b>Monobactams</b>		
CAYSTON	PA	AL(At least 7 yrs old); PA
<b>Oxazolidinones</b>		
<i>linezolid SOLN</i>	PA	PA
<i>linezolid SUSR</i>	PA	PA
<i>linezolid TABS</i>	PA	PA
SIVEXTRO SOLR	PA	PA
SIVEXTRO TABS	PA	PA
ZYVOX SOLN ( <i>Use linezolid</i> )	NF	
ZYVOX SUSR ( <i>Use linezolid</i> )	PA	PA
ZYVOX TABS ( <i>Use linezolid</i> )	PA	PA
<b>Urinary Anti-infectives</b>		
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 50 MG, 100 MG</i>	P	
<i>nitrofurantoin monohyd macro</i>	P	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
COARTEM	P	QL(24 EA per fill retail; 24 per fill mail)
<b>Antimalarials</b>		
<i>chloroquine phosphate TABS 500 MG</i>	P	QL(8 EA per 56 day(s) retail; 8 EA per 56 days mail)

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate TABS 250 MG</i>	P	QL(2 EA daily)
<i>hydroxychloroquine sulfate 200 MG</i>	P	
KRINTAFEL	P	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
<i>mefloquine hcl</i>	P	
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	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
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	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Antimycobacterial Agents</b>		
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin CAPS</i>	P	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
<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	PA
<b>Antimetabolites</b>		
<i>capecitabine</i>	PA	PA
JYLAMVO SOLN PO	PA	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	PA
PURIXAN SUSP 2000 MG/100ML ( <i>Use mercaptopurine</i> )	PA	PA
PURIXAN SUSP 2000 MG/100ML ( <i>Use mercaptopurine</i> )	NF	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	PA	PA
XATMEP SOLN PO	PA	PA
XELODA ( <i>Use capecitabine</i> )	PA	PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TARCEVA (Use erlotinib hcl)	NF		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); PA
VIZIMPRO	PA	PA	ELIGARD KIT SC 7.5 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
Antineoplastic - Hedgehog Pathway Inhibitors			EMCYT	P	SP
DAURISMO	PA	PA	ERLEADA	PA	PA
ERIVEDGE	PA	PA	EULEXIN	P	
ODOMZO	PA	PA	exemestane	PA	PA
Antineoplastic - Hormonal and Related Agents			FARESTON (Use toremifene citrate)	PA	MP; PA
abiraterone acetate	PA	PA	FEMARA (Use letrozole)	PA	PA
AKEEGA	PA	PA	INLURIYO TABS PO 200 MG	PA	PA
anastrozole	PA	PA	letrozole	PA	PA
ARIMIDEX (Use anastrozole)	PA	PA	leuprolide acetate (3 month) 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
AROMASIN (Use exemestane)	PA	PA	leuprolide acetate KIT IJ 1 MG/0.2ML	PA	Maximum 180 day supply allowed; QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); PA
bicalutamide	PA	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); PA
CAMCEVI	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA			
CASODEX (Use bicalutamide)	PA	PA			
ELIGARD SC 30 MG	PA	Maximum 180 day supply allowed; QL(1 EA per 120 day(s) retail; 1 EA per 120 days mail); 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); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3-MONTH) KIT IM	PA	Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA	XTANDI TABS	PA	PA
LUPRON DEPOT (4-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per 120 day(s) retail; 1 EA per 120 days mail); PA	YONSA	PA	PA
			ZOLADEX	P	SP; PA
LUPRON DEPOT (6-MONTH) IM	PA	Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA	ZYTIGA ( <i>Use abiraterone acetate</i> )	PA	PA
			Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
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	WELIREG	PA	PA
			Antineoplastic - Immunomodulators		
LYSODREN	PA	PA	POMALYST	PA	PA
			Antineoplastic - Menin Inhibitors		
<i>megestrol acetate SUSP</i>	P		KOMZIFTI CAPS PO 200 MG	PA	PA
<i>megestrol acetate TABS</i>	PA	PA	REVUFORJ	PA	PA
NILANDRON ( <i>Use nilutamide</i> )	NF		Antineoplastic - PDGFR-alpha Inhibitors		
<i>nilutamide</i>	PA	PA	AYVAKIT	PA	PA
NUBEQA	PA	PA	Antineoplastic - Protease Activators		
ORGOVYX	PA	PA	MODEYSO CAPS PO 125 MG	PA	PA
ORSERDU	PA	PA	Antineoplastic - XPO1 Inhibitors		
SOLTAMOX SOLN	PA	MP; PA	XPOVIO (100 MG ONCE WEEKLY) 50 MG	PA	PA
<i>tamoxifen citrate TABS</i>	PA	MP; PA	XPOVIO (40 MG ONCE WEEKLY)	PA	PA
<i>toremifene citrate</i>	PA	MP; PA	XPOVIO (40 MG TWICE WEEKLY) 40 MG	PA	PA
TRELSTAR MIXJECT 3.75 MG	PA	PA	XPOVIO (60 MG ONCE WEEKLY) 60 MG	PA	PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	PA	PA	XPOVIO (60 MG TWICE WEEKLY)	PA	PA
XTANDI CAPS	PA	PA	XPOVIO (80 MG ONCE WEEKLY) 80 MG	PA	SP; PA
			XPOVIO (80 MG ONCE WEEKLY) 40 MG	PA	PA
			XPOVIO (80 MG TWICE WEEKLY)	PA	PA
			Antineoplastic Combinations		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AVMAPKI FAKZYNJA CO-PACK THPK PO	PA	PA	ENSACOVE CAPS PO 25 MG, 100 MG	PA	SP; PA
INQOVI	PA	PA	<i>everolimus TABS</i>	PA	PA
KISQALI FEMARA (200 MG DOSE)	PA	PA	<i>everolimus TBSO</i>	PA	PA
KISQALI FEMARA (400 MG DOSE)	PA	PA	FOTIVDA	PA	PA
KISQALI FEMARA (600 MG DOSE)	PA	PA	GAVRETO	PA	PA
LONSURF	PA	PA	GAVRETO	PA	PA
Antineoplastic Enzyme Inhibitors			GLEEVEC TABS ( <i>Use imatinib mesylate</i> )	PA	PA
AFINITOR DISPERZ TBSO ( <i>Use everolimus</i> )	PA	PA	GOMEKLI CAPS PO 1 MG, 2 MG	PA	PA
AFINITOR TABS ( <i>Use everolimus</i> )	PA	PA	GOMEKLI TBSO PO 1 MG	PA	PA
ALECENSA	PA	PA	HYRNUO TABS PO 10 MG	PA	SP; PA
ALUNBRIG TABS	PA	PA	IBRANCE CAPS	PA	PA
ALUNBRIG TBPK	PA	PA	IBRANCE TABS	PA	PA
AUGTYRO	PA	PA	IBTROZI CAPS PO 200 MG	PA	PA
BALVERSA	PA	PA	ICLUSIG	PA	PA
BOSULIF CAPS	PA	PA	IDHIFA	PA	PA
BOSULIF TABS	PA	PA	<i>imatinib mesylate TABS</i>	PA	PA
BRAFTOVI 75 MG	PA	PA	IMBRUVICA CAPS	PA	PA
BRUKINSA PO 160 MG	PA	PA	IMBRUVICA SUSP	PA	PA
BRUKINSA	PA	PA	IMBRUVICA TABS 140 MG, 280 MG, 420 MG	PA	PA
CABOMETYX TABS	PA	PA	IMKELDI SOLN	PA	PA
CALQUENCE	PA	PA	INREBIC	PA	PA
CAPRELSA	PA	PA	ISTODAX SOLR ( <i>Use romidepsin</i> )	NF	SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	PA	PA	ITOVEBI	PA	PA
COMETRIQ (140 MG DAILY DOSE) KIT	PA	PA	JAKAFI	PA	PA
COMETRIQ (60 MG DAILY DOSE) KIT	PA	PA	JAYPIRCA	PA	PA
COPIKTRA	PA	PA	KISQALI (200 MG DOSE)	PA	PA
COTELLIC	PA	PA	KISQALI (400 MG DOSE)	PA	PA
DANZITEN	PA	PA	KISQALI (600 MG DOSE)	PA	PA
<i>dasatinib</i>	PA	PA	KOSELUGO PO 5 MG, 7.5 MG	PA	PA
			KOSELUGO	PA	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KRAZATI	PA	PA	RETEVMO TABS	PA	PA
<i>lapatinib ditosylate</i>	PA	PA	REZLIDHIA	PA	PA
LORBRENA	PA	PA	<i>romidepsin SOLR</i>	P	SP; PA
LUMAKRAS	PA	PA	ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	PA	PA
LYNPARZA TABS	PA	PA	ROZLYTREK CAPS	PA	PA
LYTGOBI (12 MG DAILY DOSE)	PA	PA	ROZLYTREK PACK	PA	PA
LYTGOBI (16 MG DAILY DOSE)	PA	PA	RUBRACA	PA	PA
LYTGOBI (20 MG DAILY DOSE)	PA	PA	RYDAPT	PA	PA
MEKINIST SOLR	PA	PA	SCEMBLIX	PA	PA
MEKINIST TABS	PA	PA	<i>sorafenib tosylate</i>	PA	PA
MEKTOVI	PA	PA	SPRYCEL ( <i>Use dasatinib</i> )	PA	PA
NERLYNX	PA	PA	STIVARGA	PA	PA
NEXAVAR ( <i>Use sorafenib tosylate</i> )	PA	PA	<i>sunitinib malate</i>	PA	PA
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	PA	PA	SUTENT ( <i>Use sunitinib malate</i> )	PA	PA
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	PA	PA	TABRECTA	PA	PA
NINLARO	PA	PA	TAFINLAR CAPS	PA	PA
OGSIVEO	PA	PA	TAFINLAR TBSO	PA	PA
OJEMDA SUSR	PA	PA	TALZENNA	PA	PA
OJEMDA TABS	PA	PA	TASIGNA 50 MG, 150 MG, 200 MG ( <i>Use nilotinib hcl</i> )	PA	PA
OJJAARA	PA	PA	TAZVERIK	PA	PA
<i>pazopanib hcl</i>	PA	PA	TEPMETKO	PA	PA
PEMAZYRE	PA	PA	TIBSOVO	PA	PA
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	PA	PA	TRUQAP TABS	PA	PA
PIQRAY (200 MG DAILY DOSE)	PA	PA	TRUQAP TBPB	PA	PA
PIQRAY (250 MG DAILY DOSE)	PA	PA	TURALIO 125 MG	PA	PA
PIQRAY (300 MG DAILY DOSE)	PA	PA	TYKERB ( <i>Use lapatinib ditosylate</i> )	PA	PA
QINLOCK	PA	PA	VANFLYTA	PA	PA
RETEVMO CAPS	PA	PA	VERZENIO	PA	PA
			VITRAKVI CAPS	PA	PA
			VITRAKVI SOLN	PA	PA
			VONJO	PA	PA
			VORANIGO	PA	PA

Drug Name	Drug Tier	Requirements/Limits
VOTRIENT (Use pazopanib hcl)	PA	PA
XALKORI CAPS	PA	PA
XALKORI CPSP	PA	PA
XOSPATA	PA	PA
ZEJULA TABS	PA	PA
ZELBORAF	PA	PA
ZOLINZA	PA	PA
ZYDELIG	PA	PA
ZYKADIA TABS	PA	PA
<b>Antineoplastics Misc.</b>		
<i>bexarotene</i>	PA	PA
HYDREA (Use hydroxyurea)	NF	
HYDREA (Use hydroxyurea)	PA	PA
<i>hydroxyurea</i>	PA	PA
MATULANE	PA	PA
TARGRETIN (Use bexarotene)	NF	
<i>tretinoin (chemotherapy)</i>	PA	PA
<b>Chemotherapy Rescue/Antidote/Protective Agents</b>		
IWILFIN	PA	PA
<i>leucovorin calcium TABS</i>	P	
<i>mesna TABS</i>	P	SP
MESNEX TABS	P	SP
<b>Mitotic Inhibitors</b>		
<i>etoposide CAPS</i>	PA	PA
<b>Topoisomerase I Inhibitors</b>		
HYCAMTIN CAPS	PA	PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
<i>carbidopa</i>	NP	
LODOSYN (Use <i>carbidopa</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate SOLN</i>	P	
<i>benztropine mesylate TABS</i>	P	
<b>Antiparkinson COMT Inhibitors</b>		
TASMAR (Use <i>tolcapone</i> )	NF	
<i>tolcapone</i>	NP	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl CAPS</i>	P	
<i>amantadine hcl SOLN</i>	P	
<i>amantadine hcl TABS</i>	P	
APOKYN SOCT	NP	
<i>apomorphine hydrochloride SOCT</i>	NP	
<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	
CREXONT CPCR	NP	
DHIVY TABS	NP	
DUOPA SUSP	NP	
INBRIJA CAPS	NP	
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (Use <i>pramipexole dihydrochloride</i> )	NF	
NEUPRO	NP	
ONAPGO SOCT 98 MG/20ML	NP	AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TABS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride TB24</i>	NP	
<i>ropinirole hydrochloride TABS</i>	P	
<i>ropinirole hydrochloride TB24</i>	P	
RYTARY CPRC	NP	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use <i>carbidopa-levodopa</i> )	NP	
STALEVO 100 (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 125 (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 150 (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 200 (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 50 (Use <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 75 (Use <i>carbidopa-levodopa-entacapone</i> )	NP	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
AZILECT (Use <i>rasagiline mesylate</i> )	NP	
<i>rasagiline mesylate</i>	NP	
XADAGO	PA	PA
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium</i>	P	
<i>lithium carbonate CAPS</i>	P	
<i>lithium carbonate TABS</i>	P	
<i>lithium carbonate TBCR</i>	P	

Drug Name	Drug Tier	Requirements/Limits
LITHOBID TBCR (Use <i>lithium carbonate</i> )	NF	
<b>Antipsychotics - Misc.</b>		
CAPLYTA	NP	AL(At least 18 yrs old)
EQUETRO	NP	
GEODON (Use <i>ziprasidone hcl</i> )	NP	AL(At least 18 yrs old)
GEODON 40 MG, 60 MG (Use <i>ziprasidone hcl</i> )	NF	AL(At least 18 yrs old)
LATUDA (Use <i>lurasidone hcl</i> )	NP	AL(At least 18 yrs old)
<i>lurasidone hcl</i>	P	AL(At least 18 yrs old)
NUPLAZID CAPS	PA	AL(At least 18 yrs old); PA
NUPLAZID TABS 10 MG	PA	AL(At least 18 yrs old); PA
VRAYLAR CAPS	P	AL(At least 18 yrs old)
<i>ziprasidone hcl</i>	P	AL(At least 18 yrs old)
<b>Benzisoxazoles</b>		
ERZOFRI	NP	AL(At least 18 yrs old)
FANAPT	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK B	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK C	NP	AL(At least 18 yrs old)
INVEGA 3 MG, 6 MG, 9 MG (Use <i>paliperidone</i> )	NP	AL(At least 18 yrs old)
INVEGA HAFYERA 1092 MG/3.5ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); PA
INVEGA HAFYERA 1560 MG/5ML	PA	QL(0.03 ML daily); AL(At least 18 yrs old); PA
INVEGA SUSTENNA	PA	AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA 273 MG/0.88ML	PA	QL(0.011 ML daily); AL(At least 18 yrs old); PA	<i>haloperidol lactate SOLN</i>	P	
INVEGA TRINZA 546 MG/1.75ML	PA	QL(0.021 ML daily); AL(At least 18 yrs old); PA	<i>haloperidol TABS 2 MG, 5 MG, 20 MG</i>	P	
INVEGA TRINZA 819 MG/2.63ML	PA	QL(0.032 ML daily); AL(At least 18 yrs old); PA	<i>haloperidol TABS 0.5 MG, 1 MG, 10 MG</i>	P	QL(3 EA daily)
INVEGA TRINZA 410 MG/1.32ML	PA	QL(0.016 ML daily); AL(At least 18 yrs old); PA	<b>Dibenzapines</b>		
<i>paliperidone</i>	P	AL(At least 18 yrs old)	<i>asenapine maleate</i>	P	AL(At least 18 yrs old)
PERSERIS PRSY	PA	AL(At least 18 yrs old); PA	<i>clozapine TABS</i>	P	AL(At least 18 yrs old)
RISPERDAL CONSTA (Use risperidone microspheres)	PA	AL(At least 18 yrs old); PA	<i>clozapine TBDP</i>	P	AL(At least 18 yrs old)
RISPERDAL SOLN (Use risperidone)	NP	AL(At least 18 yrs old)	CLOZARIL TABS 50 MG, 200 MG (Use clozapine)	NF	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)	CLOZARIL TABS 25 MG, 100 MG (Use clozapine)	NP	AL(At least 18 yrs old)
RISPERDAL TABS 3 MG (Use risperidone)	NF	AL(At least 18 yrs old)	<i>loxapine succinate</i>	P	QL(4 EA daily)
<i>risperidone SOLN</i>	P	AL(At least 18 yrs old)	<i>olanzapine TABS</i>	P	AL(At least 18 yrs old)
<i>risperidone TABS</i>	P	AL(At least 18 yrs old)	<i>olanzapine TBDP</i>	P	AL(At least 18 yrs old)
<i>risperidone TBDP</i>	P	AL(At least 18 yrs old)	<i>quetiapine fumarate TABS</i>	P	AL(At least 18 yrs old)
RYKINDO SRER	NP	AL(At least 18 yrs old)	<i>quetiapine fumarate TB24</i>	P	AL(At least 18 yrs old)
UZEDY SUSY	PA	AL(At least 18 yrs old); PA	SAPHRIS (Use asenapine maleate)	NP	AL(At least 18 yrs old)
<b>Butyrophenones</b>			SAPHRIS 5 MG, 10 MG (Use asenapine maleate)	NF	AL(At least 18 yrs old)
HALDOL DECANOATE (Use haloperidol decanoate)	NF		SECUADO	NP	AL(At least 18 yrs old)
<i>haloperidol decanoate</i>	P		SEROQUEL XR TB24 (Use quetiapine fumarate)	NP	AL(At least 18 yrs old)
<i>haloperidol lactate CONC</i>	P		SEROQUEL XR TB24 50 MG, 200 MG, 300 MG (Use quetiapine fumarate)	NF	
			SEROQUEL TABS (Use quetiapine fumarate)	NP	AL(At least 18 yrs old)
			VERSACLOZ SUSP	NP	AL(At least 18 yrs old)
			ZYPREXA RELPREVV	PA	AL(At least 18 yrs old); PA
			ZYPREXA ZYDIS TBDP (Use olanzapine)	NF	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TABS 2.5 MG, 5 MG, 20 MG (Use <i>olanzapine</i> )	NP	AL(At least 18 yrs old)
ZYPREXA TABS (Use <i>olanzapine</i> )	NF	AL(At least 18 yrs old)
<b>Dihydroindolones</b>		
<i>molindone hcl</i>	P	
<b>Muscarinic Agents</b>		
COBENFY STARTER PACK CPPK	P	AL(At least 18 yrs old)
COBENFY CAPS	P	AL(At least 18 yrs old)
<b>Phenothiazines</b>		
<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)
<b>Quinolinone Derivatives</b>		
ABILIFY ASIMTUFII PRSY	PA	AL(At least 18 yrs old); PA
ABILIFY MAINTENA PRSY	PA	AL(At least 18 yrs old); PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>					
Antiretrovirals					
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily)	<i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily)	<i>emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	P	QL(2 EA daily)	EMTRIVA CAPS ( <i>Use emtricitabine</i> )	NF	QL(1 EA daily)
APRETUDE	P		EMTRIVA SOLN	P	QL(24 ML daily)
APTIVUS CAPS	P	QL(4 EA daily)	EPIVIR SOLN ( <i>Use lamivudine</i> )	NF	QL(30 ML daily)
<i>atazanavir sulfate CAPS</i>	P	QL(2 EA daily)	EPIVIR TABS 300 MG ( <i>Use lamivudine</i> )	NF	QL(1 EA daily)
BIKTARVY	P	QL(1 EA daily)	EPIVIR TABS 150 MG ( <i>Use lamivudine</i> )	NF	QL(2 EA daily)
CABENUVA 900 MG/3ML-600 MG/3ML	PA	PA	<i>etravirine 100 MG</i>	P	QL(4 EA daily)
CABENUVA 600 MG/2ML-400 MG/2ML	PA	PA	<i>etravirine 200 MG</i>	P	QL(2 EA daily)
CIMDUO	P	QL(1 EA daily)	EVOTAZ	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>fosamprenavir calcium TABS</i>	P	QL(4 EA daily)
<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily)	FUZEON SOLR	P	SP
<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily)	GENVOYA	P	QL(1 EA daily)
DELSTRIGO	P	QL(1 EA daily)	INTELENCE 25 MG	P	QL(4 EA daily)
DESCOVY	P	QL(1 EA daily)	INTELENCE 200 MG ( <i>Use etravirine</i> )	NF	QL(2 EA daily)
DOVATO	P		INTELENCE 100 MG ( <i>Use etravirine</i> )	NF	QL(4 EA daily)
EDURANT	P	QL(1 EA daily)	ISENTRESS HD TABS	P	QL(2 EA daily)
EDURANT PED PO 2.5 MG	P		ISENTRESS CHEW 25 MG	P	QL(12 EA daily)
<i>efavirenz CAPS 200 MG</i>	P	QL(1 EA daily)	ISENTRESS CHEW 100 MG	P	QL(6 EA daily)
<i>efavirenz CAPS 50 MG</i>	P	QL(2 EA daily)	ISENTRESS PACK	P	QL(2 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	ISENTRESS TABS	P	QL(2 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	JULUCA	P	
<i>efavirenz TABS</i>	P	QL(1 EA daily)	KALETRA SOLN	P	QL(160 ML per fill retail; 160 per fill mail)
<i>emtricitabine CAPS</i>	P	QL(1 EA daily)	KALETRA TABS 25 MG-100 MG ( <i>Use lopinavir-ritonavir</i> )	NF	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	NF	QL(6 EA daily)	RETROVIR SYRP (Use zidovudine)	NF	QL(60 ML daily)
lamivudine SOLN	P	QL(30 ML daily)	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	NF	QL(2 EA daily)
lamivudine TABS 150 MG	P	QL(2 EA daily)	REYATAZ PACK	P	QL(6 EA daily)
lamivudine TABS 300 MG	P	QL(1 EA daily)	ritonavir TABS	P	QL(12 EA daily)
lamivudine-zidovudine	P	QL(2 EA daily)	RUKOBIA	P	
lopinavir-ritonavir SOLN	P	QL(160 ML per fill retail; 160 per fill mail)	SELZENTRY SOLN	P	
lopinavir-ritonavir TABS 25 MG-100 MG	P	QL(4 EA daily)	SELZENTRY TABS 300 MG (Use maraviroc)	NF	QL(4 EA daily)
lopinavir-ritonavir TABS 50 MG-200 MG	P	QL(6 EA daily)	SELZENTRY TABS 150 MG (Use maraviroc)	NF	QL(2 EA daily)
maraviroc TABS 300 MG	P	QL(4 EA daily)	STRIBILD	P	QL(1 EA daily)
maraviroc TABS 150 MG	P	QL(2 EA daily)	SUNLENCA SOLN	P	SP
nevirapine SUSP	P	QL(40 ML daily)	SUNLENCA TABS PO 300 MG	P	SP
nevirapine TABS	P	QL(2 EA daily)	SUNLENCA TBPk 300 MG	P	SP
nevirapine TB24 400 MG	P	QL(1 EA daily)	SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NF	QL(1 EA daily)
NORVIR CAPS	P	QL(12 EA daily)	SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NF	QL(1 EA daily)
NORVIR PACK	P	QL(12 EA daily)	SYMTUZA	P	QL(1 EA daily)
NORVIR TABS (Use ritonavir)	NF	QL(12 EA daily)	tenofovir disoproxil fumarate TABS	P	QL(1 EA daily)
ODEFSEY	P	QL(1 EA daily)	TIVICAY PD TBSO	P	
PIFELTRO	P	QL(1 EA daily)	TIVICAY TABS 50 MG	P	
PREZCOBIX	P		TRIUMEQ PD TBSO	P	
PREZISTA SUSP	P	QL(12 ML daily)	TRIUMEQ TABS	P	QL(1 EA daily)
PREZISTA TABS 150 MG	P	QL(3 EA daily)	TROGARZO	P	SP
PREZISTA TABS 800 MG (Use darunavir)	NF	QL(1 EA daily)	TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)	NF	QL(1 EA daily)
PREZISTA TABS 75 MG	P	QL(2 EA daily)	TYBOST	P	QL(1 EA daily)
PREZISTA TABS 600 MG (Use darunavir)	NF	QL(2 EA daily)	VIRACEPT TABS 250 MG	P	QL(9 EA daily)
RETROVIR CAPS (Use zidovudine)	NF	QL(6 EA daily)	VIRACEPT TABS 625 MG	P	QL(4 EA daily)
RETROVIR SOLN	P				

Drug Name	Drug Tier	Requirements/Limits
VIREAD POWD	P	QL(8 GM daily)
VIREAD TABS ( <i>Use tenofovir disoproxil fumarate</i> )	NF	QL(1 EA daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	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); PA
VALCYTE TABS ( <i>Use valganciclovir hcl</i> )	NF	QL(2 EA daily)
<i>valganciclovir hcl TABS</i>	P	QL(2 EA daily)
Hepatitis Agents		
<i>adefovir dipivoxil</i>	P	
BARACLUDE TABS ( <i>Use entecavir</i> )	NF	
<i>entecavir TABS</i>	P	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir SUSP</i>	P		BYSTOLIC 2.5 MG, 5 MG, 10 MG ( <i>Use nebivolol hcl</i> )	NF	
<i>acyclovir TABS PO</i>	P		BYSTOLIC ( <i>Use nebivolol hcl</i> )	NP	MP
<i>famciclovir</i>	P		KAPSPARGO SPRINKLE CS24	NP	MP
<i>valacyclovir hcl</i>	P		LOPRESSOR SOLN PO 10 MG/ML	NP	MP
VALTREX ( <i>Use valacyclovir hcl</i> )	NP		LOPRESSOR TABS ( <i>Use metoprolol tartrate</i> )	NP	MP
Influenza Agents			LOPRESSOR TABS 12.5 MG, 50 MG, 100 MG	NP	MP
<i>oseltamivir phosphate CAPS</i>	P		<i>metoprolol succinate TB24</i>	P	MP
<i>oseltamivir phosphate SUSR</i>	P		<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	P	MP
RAPIVAB	NP		<i>metoprolol tartrate TABS</i>	P	MP
RELENZA DISKHALER	P		<i>nebivolol hcl</i>	P	MP
<i>rimantadine hydrochloride TABS</i>	P		TENORMIN TABS ( <i>Use atenolol</i> )	NP	MP
TAMIFLU CAPS ( <i>Use oseltamivir phosphate</i> )	NP		TENORMIN TABS 25 MG, 50 MG ( <i>Use atenolol</i> )	NF	
TAMIFLU SUSR ( <i>Use oseltamivir phosphate</i> )	NP		TOPROL XL TB24 ( <i>Use metoprolol succinate</i> )	NP	MP
XOFLUZA (40 MG DOSE) 40 MG	NP		TOPROL XL TB24 100 MG, 200 MG ( <i>Use metoprolol succinate</i> )	NF	
XOFLUZA (80 MG DOSE) 80 MG	NP		Beta Blockers Non-Selective		
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>			Beta Blockers Non-Selective		
Alpha-Beta Blockers			BETAPACE AF ( <i>Use sotalol hcl (afib/afI)</i> )	NP	MP
<i>carvedilol</i>	P	MP	BETAPACE TABS 80 MG, 120 MG, 160 MG ( <i>Use sotalol hcl</i> )	NP	MP
<i>carvedilol phosphate</i>	NP	MP	CORGARD TABS 20 MG, 40 MG ( <i>Use nadolol</i> )	NF	
COREG ( <i>Use carvedilol</i> )	NF		HEMANGEOL SOLN PO	PA	MP; PA
COREG CR ( <i>Use carvedilol phosphate</i> )	NF		INDERAL LA CP24 ( <i>Use propranolol hcl</i> )	NP	MP
<i>labetalol hcl TABS</i>	P	MP	INDERAL XL	NP	MP
Beta Blockers Cardio-Selective			INNOPRAN XL	NP	MP
<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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	MP	<i>levamlodipine maleate</i>	NP	MP
<i>pindolol TABS</i>	NP	MP	<i>nicardipine hcl CAPS</i>	P	MP
<i>propranolol hcl CP24</i>	P	MP	<i>nifedipine CAPS</i>	P	MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	MP	<i>nifedipine TB24</i>	P	MP
<i>propranolol hcl TABS</i>	P	MP	<i>nisoldipine</i>	NP	MP
<i>sotalol hcl (afib/afI)</i>	P	MP	NORLIQVA SOLN	NP	MP
<i>sotalol hcl TABS</i>	P	MP	NORVASC TABS ( <i>Use amlodipine besylate</i> )	NP	MP
SOTYLIZE SOLN PO	NP	MP	NORVASC TABS 5 MG, 10 MG ( <i>Use amlodipine besylate</i> )	NF	
<i>timolol maleate TABS</i>	NP	MP	NYMALIZE SOLN 6 MG/ML	NP	MP
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>			PROCARDIA XL TB24 ( <i>Use nifedipine</i> )	NP	MP
Calcium Channel Blockers			SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	MP
<i>amlodipine besylate TABS</i>	P	MP	SULAR 8.5 MG, 17 MG, 34 MG ( <i>Use nisoldipine</i> )	NP	MP
CARDIZEM CD CP24 ( <i>Use diltiazem hcl coated beads</i> )	NF		TIAZAC ( <i>Use diltiazem hcl extended release beads</i> )	NF	
CARDIZEM LA TB24 ( <i>Use diltiazem hcl</i> )	NF		VERAPAMIL HCL ER CP24 ( <i>Use verapamil hcl</i> )	P	MP
CARDIZEM TABS 30 MG, 60 MG, 120 MG ( <i>Use diltiazem hcl</i> )	NF		<i>verapamil hcl CP24</i>	P	MP
CONJUPRI ( <i>Use levamlodipine maleate</i> )	NF		<i>verapamil hcl SOLN 2.5 MG/ML</i>	P	MP
<i>diltiazem hcl coated beads CP24</i>	P	MP	<i>verapamil hcl TABS</i>	P	MP
<i>diltiazem hcl extended release beads</i>	P	MP	<i>verapamil hcl TBCR</i>	P	MP
<i>diltiazem hcl CP12</i>	P	MP	VERELAN PM CP24 ( <i>Use verapamil hcl</i> )	NP	MP
<i>diltiazem hcl CP24</i>	P	MP	VERELAN CP24 ( <i>Use verapamil hcl</i> )	NF	
<i>diltiazem hcl TABS</i>	P	MP	<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<i>diltiazem hcl TB24</i>	P	MP	Cardiac Glycosides		
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	MP	<i>digoxin SOLN PO 0.05 MG/ML</i>	P	
<i>felodipine</i>	P	MP	<i>digoxin TABS 125 MCG, 250 MCG</i>	P	
<i>isradipine CAPS</i>	NP	MP			
KATERZIA	NP	MP			

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	NF	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
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 (Use <i>amlodipine besylate-atorvastatin calcium</i> )	NP	MP
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use <i>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 (Use <i>sacubitril-valsartan</i> )	NP	QL(2 EA daily); AL(At least 1 yrs old); MP
OPSYNVI	NP	
<i>sacubitril-valsartan TABS</i>	PA	QL(2 EA daily); AL(At least 1 yrs old); MP; PA
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	MP
Impotence Agents		
CIALIS 5 MG (Use <i>tadalafil</i> )	PA	PA
<i>tadalafil 5 MG</i>	PA	PA
Prostaglandin Vasodilators		

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM MONTH 1 TEPK	PA	PA
ORENITRAM MONTH 2 TEPK	PA	PA
ORENITRAM MONTH 3 TEPK	PA	PA
ORENITRAM TBCR	PA	PA
TYVASO DPI INSTITUTIONAL KIT POWD	NP	
TYVASO DPI MAINTENANCE KIT POWD	NP	
TYVASO DPI TITRATION KIT POWD	NP	
TYVASO REFILL KIT SOLN IN	PA	PA
TYVASO STARTER KIT SOLN IN	PA	PA
TYVASO SOLN IN	PA	PA
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	NP	AL(At least 18 yrs old)
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	PA	AL(At least 18 yrs old); PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	NP	
<i>bosentan TABS</i>	NP	
<i>bosentan TBSO 32 MG</i>	NP	
LETAIRIS (Use <i>ambrisentan</i> )	NP	
OPSUMIT	NP	
TRACLEER TABS (Use <i>bosentan</i> )	PA	PA
TRACLEER TBSO 32 MG (Use <i>bosentan</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
TRACLEER TBSO 32 MG (Use <i>bosentan</i> )	NF	
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i> )	NP	
REVATIO SOLN (Use <i>sildenafil citrate (pulmonary hypertension)</i> )	NF	SP; PA
REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i> )	NF	
REVATIO TABS (Use <i>sildenafil citrate (pulmonary hypertension)</i> )	NP	
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	PA	PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	PA	PA
<i>tadalafil (pulmonary hypertension) TABS</i>	NP	
<i>tadalafil (pulmonary hypertension) TABS</i>	PA	PA
TADLIQ SUSP	NP	
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	NP	
UPTRAVI SOLR	NP	
UPTRAVI TABS	NP	
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	
Sinus Node Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
CORLANOR SOLN	NP	QL(15 ML daily); AL(At least 1 yrs old); MP
CORLANOR TABS (Use <i>ivabradine hcl</i> )	NP	QL(2 EA daily); AL(At least 18 yrs old); MP
<i>ivabradine hcl TABS</i>	PA	QL(2 EA daily); AL(At least 18 yrs old); MP; PA
Transthyretin Stabilizers		
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 CAPS</i>	P	
<i>cefadroxil SUSR</i>	P	
<i>cefadroxil TABS</i>	P	
<i>cephalexin CAPS 250 MG, 500 MG</i>	P	
<i>cephalexin SUSR</i>	P	
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12	NP	
<i>cefactor CAPS</i>	P	
<i>cefprozil SUSR</i>	P	
<i>cefprozil TABS</i>	P	
<i>cefuroxime axetil TABS</i>	P	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	PA	PA
<i>cefdinir SUSR</i>	PA	PA
<i>cefixime CAPS</i>	NP	
<i>cefixime SUSR</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>cefixime TABS</i>	NP	
<i>cefpodoxime proxetil SUSR</i>	PA	PA
<i>cefpodoxime proxetil TABS</i>	PA	PA
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	PA	PA
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
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 &amp; 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 &amp; eth estrad</i>	P	QL(1 EA daily)
FEMLYV TBDP	P	
<i>levonorgestrel &amp; eth estradiol TABS</i>	P	QL(1 EA daily)
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	QL(1 EA daily)
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol-iron</i>	P	QL(1 EA daily)
LO LOESTRIN FE TABS	P	QL(1 EA daily)
NATAZIA	P	QL(1 EA daily)
NEXTSTELLIS	P	QL(1 EA daily)
<i>norethin acet &amp; estrad-fe CAPS</i>	P	QL(1 EA daily)
<i>norethin acet &amp; estrad-fe CHEW</i>	P	QL(1 EA daily)
<i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	QL(1 EA daily)
<i>norethindrone &amp; eth estradiol</i>	P	QL(1 EA daily)
<i>norethindrone &amp; ethinyl estradiol-fe</i>	P	
<i>norethindrone acet &amp; eth estra TABS</i>	P	QL(1 EA daily)
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
<i>norethindrone-eth estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>norgestimate-ethinyl estradiol</i>	P	QL(1 EA daily)
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	QL(1 EA daily)
<i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(1 EA daily)
SAFYRAL ( <i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i> )	NF	QL(1 EA daily)
TAYTULLA CAPS ( <i>Use norethin acet &amp; estrad-fe</i> )	NF	QL(1 EA daily)
TYBLUME CHEW	P	QL(1 EA daily)
YASMIN 28 ( <i>Use drospirenone-ethinyl estradiol</i> )	NF	QL(1 EA daily)
YAZ ( <i>Use drospirenone-ethinyl estradiol</i> )	NF	QL(1 EA daily)
Combination Contraceptives - Transdermal		

Drug Name	Drug Tier	Requirements/Limits
<i>norelgestromin-ethinyl estradiol</i>	P	QL(0.11 EA daily)
TWIRLA	P	QL(1 EA daily)
Combination Contraceptives - Vaginal		
ANNOVERA	P	QL(1 EA daily)
<i>etonogestrel-ethinyl estradiol</i>	P	13 max fill(s) per 365 day(s) retail
NUVARING ( <i>Use etonogestrel-ethinyl estradiol</i> )	NF	13 max fill(s) per 365 day(s) retail
Copper Contraceptives - IUD		
MIUDELLA INTRAUTERINE COPPER	P	SP
PARAGARD INTRAUTERINE COPPER	P	SP
Emergency Contraceptives		
ELLA	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail)
Progestin Contraceptives - Implants		
NEXPLANON	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM ( <i>Use medroxyprogesterone acetate (contraceptive)</i> )	NF	QL(1 ML per fill retail; 1 per fill mail)
DEPO-PROVERA SUSY IM ( <i>Use medroxyprogesterone acetate (contraceptive)</i> )	NF	QL(1 ML per fill retail; 1 per fill mail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ML per fill retail; 1 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	QL(1 ML per fill retail; 1 per fill mail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	QL(1 ML per fill retail; 1 per fill mail)
Progestin Contraceptives - IUD		
KYLEENA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
LILETTA (52 MG)	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
MIRENA (52 MG)	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
SKYLA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	P	QL(1 EA daily)
OPILL	P	
SLYND	P	QL(1 EA daily)
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
Glucocorticosteroids		
AGAMREE	PA	AL(At least 2 yrs old); PA
<i>budesonide TB24</i>	NP	
CORTEF TABS ( <i>Use hydrocortisone</i> )	NF	
CORTISONE ACETATE TABS	P	
<i>deflazacort SUSP</i>	PA	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>deflazacort TABS</i>	PA	PA	<i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>	P	
DEXAMETHASONE INTENSOL CONC	P		<i>prednisolone SOLN</i>	P	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	P	QL(5 ML daily)	<i>prednisolone TABS</i>	P	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(5 ML daily)	PREDNISON INTENSOL CONC	P	
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	P	QL(5 ML daily)	<i>prednisone SOLN</i>	P	
<i>dexamethasone ELIX</i>	P		<i>prednisone TABS</i>	P	
<i>dexamethasone SOLN</i>	P		<i>prednisone TBEC 1 MG, 2 MG</i>	PA	PA
<i>dexamethasone TABS</i>	P		<i>prednisone TBPBK</i>	P	
EMFLAZA SUSP (Use <i>deflazacort</i> )	PA	PA	UCERIS TB24 (Use <i>budesonide</i> )	NF	
EMFLAZA TABS (Use <i>deflazacort</i> )	PA	PA	Mineralocorticoids		
EOHILIA SUSP	PA	QL(20 ML daily); AL(At least 11 yrs old); PA	<i>fludrocortisone acetate TABS</i>	P	
<i>hydrocortisone TABS</i>	P		<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
MEDROL TABS (Use <i>methylprednisolone</i> )	NF		Antitussives		
MEDROL TBPBK (Use <i>methylprednisolone</i> )	NF		<i>benzonatate 200 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)
<i>methylprednisolone TABS 4 MG, 8 MG</i>	P		<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old)
<i>methylprednisolone TBPBK</i>	P		<i>dextromethorphan polistirex SUER</i>	P	
PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i> )	NF		HYCODAN SOLN (Use <i>hydrocodone bitartrate-homatropine methylbromide</i> )	NF	AL(At least 18 yrs old)
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)	<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old)
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)	Cough/Cold/Allergy Combinations		
			<i>brompheniramine &amp; phenyleph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)
			<i>brompheniramine &amp; pseudoeph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>brompheniramine &amp; pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	QL(120 ML per fill retail; 120 per fill mail)	<i>guaifenesin-codeine SYRP</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>cetirizine-pseudoephedrine</i>	NP		LOHIST-D LIQD	P	
CLARINEX-D 12 HOUR TB12	NP		<i>loratadine &amp; pseudoephedrine TB12</i>	P	
CLARITIN-D 12 HOUR TB12 ( <i>Use loratadine &amp; pseudoephedrine</i> )	NF		<i>loratadine &amp; pseudoephedrine TB24</i>	P	
CLARITIN-D 24 HOUR TB24 ( <i>Use loratadine &amp; pseudoephedrine</i> )	NF		MUCINEX DM MAXIMUM STRENGTH TB12 ( <i>Use dextromethorphan-guaifenesin</i> )	NF	
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P		MUCINEX DM TB12 ( <i>Use dextromethorphan-guaifenesin</i> )	NF	
<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>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P	
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P		<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>	P		<i>phenylephrine-dm SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail)
<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P		<i>phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML</i>	P	
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P		<i>promethazine &amp; phenylephrine SYRP</i>	P	
<i>fexofenadine-pseudoephedrine TB12</i>	NP		<i>promethazine w/codeine SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old)
<i>fexofenadine-pseudoephedrine TB24</i>	NP		<i>promethazine w/codeine SYRP</i>	P	QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old)
<i>guaifenesin-codeine SOLN</i>	P	QL(240 ML per fill retail; 240 per fill mail)	<i>promethazine-dm SYRP</i>	P	
			<i>promethazine-phenylephrine-codeine</i>	P	
			<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG</i>	P		<i>adapalene CREA</i>	NP	AL(Up to 20 yrs old)
<i>pseudoephedrine-ibuprofen TABS</i>	P		<i>adapalene GEL</i>	NP	AL(Up to 20 yrs old)
QC TRIACTING DAYTIME CHILDRENS SYRP	P		<i>adapalene GEL</i>	P	AL(Up to 20 yrs old); RX/OTC
Expectorants			AKLIEF	NP	AL(Up to 20 yrs old)
GERI-TUSSIN SYRP	P		ATRALIN GEL ( <i>Use tretinoin</i> )	NF	AL(Up to 20 yrs old)
<i>guaifenesin LIQD</i>	P		AVAR CLEANSER LIQD 10 %-5 % ( <i>Use sulfacetamide sodium w/ sulfur</i> )	NF	AL(Up to 20 yrs old)
<i>guaifenesin TB12</i>	P		AVAR LS CLEANSER LIQD ( <i>Use sulfacetamide sodium w/ sulfur</i> )	NF	AL(Up to 20 yrs old)
MUCINEX MAXIMUM STRENGTH TB12 ( <i>Use guaifenesin</i> )	NF		AVAR-E EMOLLIENT CREA 10 %-5 % ( <i>Use sulfacetamide sodium w/ sulfur</i> )	NF	AL(Up to 20 yrs old)
MUCINEX TB12 ( <i>Use guaifenesin</i> )	NF		AVAR-E LS CREA ( <i>Use sulfacetamide sodium w/ sulfur</i> )	NF	AL(Up to 20 yrs old)
Misc. Respiratory Inhalants			BENZAMYCIN GEL ( <i>Use benzoyl peroxide-erythromycin</i> )	NF	AL(Up to 20 yrs old)
NEBUSAL NEBU 3 %, 6 % ( <i>Use sodium chloride (inhalant)</i> )	NF		<i>benzoyl peroxide BAR</i>	P	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	P		<i>benzoyl peroxide CREA 10 %</i>	P	
Mucolytics			<i>benzoyl peroxide-erythromycin GEL</i>	P	AL(Up to 20 yrs old)
<i>acetylcysteine SOLN</i>	P		<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	AL(Up to 20 yrs old)
<b>DERMATOLOGICALS - Drugs to Treat Skin</b>					
<b>Conditions</b>					
Acne Products					
ABSORICA 10 MG, 20 MG, 40 MG ( <i>Use isotretinoin</i> )	NF	QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA	<i>benzoyl peroxide LIQD 4 %</i>	P	
ACANYA GEL ( <i>Use clindamycin phosphate-benzoyl peroxide</i> )	NF	AL(Up to 20 yrs old)	<i>benzoyl peroxide LIQD 5 %, 10 %</i>	P	AL(Up to 20 yrs old)
ACZONE ( <i>Use dapsona (topical)</i> )	NF	AL(Up to 20 yrs old)	<i>benzoyl peroxide LOTN 5 %, 10 %</i>	P	AL(Up to 20 yrs old)
<i>adapalene-benzoyl peroxide GEL</i>	NP	AL(Up to 20 yrs old)	BENZOYL PEROXIDE LOTN 5 %, 10 %	P	AL(Up to 20 yrs old)

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)	<i>nystatin-triamcinolone CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(30 ML per fill retail; 30 per fill mail)	<i>nystatin-triamcinolone OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)	<i>terbinafine hcl (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>ketoconazole (topical) CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)	TINACTIN CREA ( <i>Use tolinaftate</i> )	NF	QL(30 GM per fill retail; 30 per fill mail)
<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ML per fill retail; 120 per fill mail)	<i>tolinaftate CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)
LAMISIL AT ATHLETES FOOT CREA ( <i>Use terbinafine hcl (topical)</i> )	NF	QL(30 GM per fill retail; 30 per fill mail)	Antihistamines-Topical		
LAMISIL AT JOCK ITCH CREA ( <i>Use terbinafine hcl (topical)</i> )	NF	QL(30 GM per fill retail; 30 per fill mail)	ITCH RELIEF CREA	P	
LAMISIL AT CREA ( <i>Use terbinafine hcl (topical)</i> )	NF	QL(30 GM per fill retail; 30 per fill mail)	Anti-inflammatory Agents - Topical		
LOTRIMIN AF JOCK ITCH CREA ( <i>Use clotrimazole (topical)</i> )	NF	QL(30 GM per fill retail; 30 per fill mail); RX/OTC	<i>diclofenac epolamine PTCH EX</i>	NP	
LOTRIMIN AF CREA ( <i>Use clotrimazole (topical)</i> )	NF	QL(30 GM per fill retail; 30 per fill mail); RX/OTC	<i>diclofenac sodium (topical) GEL EX</i>	P	RX/OTC
MICATIN CREA ( <i>Use miconazole nitrate (topical)</i> )	NF	QL(45 GM per fill retail; 45 per fill mail)	<i>diclofenac sodium (topical) GEL EX</i>	NP	RX/OTC
<i>miconazole nitrate (topical) CREA</i>	P	QL(45 GM per fill retail; 45 per fill mail)	<i>diclofenac sodium (topical) SOLN EX</i>	NP	
<i>nystatin (topical) CREA</i>	P	QL(30 GM per fill retail; 30 per fill mail)	FLECTOR PTCH EX ( <i>Use diclofenac epolamine</i> )	NF	
<i>nystatin (topical) OINT</i>	P	QL(30 GM per fill retail; 30 per fill mail)	PENNSAID SOLN EX 2 % ( <i>Use diclofenac sodium (topical)</i> )	NF	
<i>nystatin (topical) POWD EX</i>	P	QL(60 GM per fill retail; 60 per fill mail)	Antineoplastic or Premalignant Lesion Agents - Topical		
			CARAC CREA ( <i>Use fluorouracil (topical)</i> )	NF	
			<i>diclofenac sodium (actinic keratoses) EX</i>	P	
			EFUDEX CREA ( <i>Use fluorouracil (topical)</i> )	NF	QL(40 GM per fill retail; 40 per fill mail)
			<i>fluorouracil (topical) CREA 0.5 %</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 GM per fill retail; 40 per fill mail)	COSENTYX SENSOREADY PEN SOAJ	PA	QL(0.072 ML daily); PA
<i>fluorouracil (topical) SOLN</i>	P	QL(10 ML per fill retail; 10 per fill mail)	COSENTYX UNOREADY SOAJ	PA	QL(0.072 ML daily); PA
VALCHLOR	P	SP; PA	COSENTYX SOLN	PA	PA
Antipruritics - Topical			COSENTYX SOSY 75 MG/0.5ML	PA	QL(0.036 ML daily); PA
<i>camphor &amp; menthol LOTN</i>	P	QL(222 ML per fill retail; 222 per fill mail)	COSENTYX SOSY 150 MG/ML	PA	QL(0.072 ML daily); PA
<i>doxepin hcl (antipruritic)</i>	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA	ILUMYA	NP	
PRUDOXIN ( <i>Use doxepin hcl (antipruritic)</i> )	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA	IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
ZONALON ( <i>Use doxepin hcl (antipruritic)</i> )	PA	QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA	OTULFI SOLN SC 45 MG/0.5ML	NP	
Antipsoriatics			OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
BIMZELX SOAJ	NP		PYZCHIVA 45 MG/0.5ML, 90 MG/ML	PA	PA
BIMZELX SOSY	NP		PYZCHIVA SC 45 MG/0.5ML	PA	PA
<i>calcipotriene CREA</i>	P	QL(120 GM per fill retail; 120 per fill mail)	SELARSDI SOLN SC 45 MG/0.5ML	NP	
<i>calcipotriene CREA</i>	P	QL(60 GM per fill retail; 60 per fill mail)	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
CALCIPOTRIENE FOAM	P		SKYRIZI PEN SOAJ	NP	
<i>calcipotriene OINT</i>	P		SKYRIZI SOSY	NP	
<i>calcipotriene SOLN</i>	P		SORILUX FOAM	NP	
<i>calcitriol (topical)</i>	NP		SOTYKTU	NP	
COSENTYX (300 MG DOSE) SOSY	PA	QL(0.072 ML daily); PA	SPEVIGO SOLN	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 18 yrs old)
COSENTYX SENSOREADY (300 MG) SOAJ	PA	QL(0.072 ML daily); PA	SPEVIGO SOSY	NP	QL(4 ML per fill retail; 4 per fill mail); AL(At least 18 yrs old)
			STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
			STELARA SOSY	NP	QL(0.018 ML daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
STEQEYMA	NP		<i>selenium sulfide</i> LOTN 2.5 %	P	QL(120 ML per fill retail; 120 per fill mail)
TALTZ SOAJ	NP		<i>selenium sulfide</i> LOTN 1 %	P	QL(240 ML per fill retail; 240 per fill mail)
TALTZ SOSY	NP		<i>selenium sulfide</i> SHAM 1 %	P	QL(240 ML per fill retail; 240 per fill mail)
<i>tazarotene</i> CREA	NP	AL(Up to 20 yrs old)	SELSUN BLUE CARE MENS MAX STR LOTN (Use <i>selenium sulfide</i> )	NF	QL(240 ML per fill retail; 240 per fill mail)
<i>tazarotene</i> GEL	NP	AL(Up to 20 yrs old)	SELSUN BLUE DAILY LOTN (Use <i>selenium sulfide</i> )	NF	QL(240 ML per fill retail; 240 per fill mail)
TAZORAC CREA (Use <i>tazarotene</i> )	NF	AL(Up to 20 yrs old)	SELSUN BLUE MEDICATED LOTN (Use <i>selenium sulfide</i> )	NF	QL(240 ML per fill retail; 240 per fill mail)
TAZORAC GEL (Use <i>tazarotene</i> )	NF	AL(Up to 20 yrs old)	SELSUN BLUE MOISTURIZING LOTN (Use <i>selenium sulfide</i> )	NF	QL(240 ML per fill retail; 240 per fill mail)
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP		SELSUN BLUE LOTN (Use <i>selenium sulfide</i> )	NF	QL(240 ML per fill retail; 240 per fill mail)
TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	NP		<i>sulfacetamide sodium</i> GEL	NP	
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP		<i>sulfacetamide sodium</i> LIQD	NP	AL(Up to 20 yrs old)
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP		<b>Antivirals - Topical</b>		
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	QL(0.018 ML daily)	<i>acyclovir</i> topical CREA	NP	
USTEKINUMAB-TTWE SC	NP		<i>acyclovir</i> topical OINT	P	
USTEKINUMAB-TTWE	NP		DENAVIR (Use <i>penciclovir</i> )	P	
VECTICAL (Use <i>calcitriol</i> (topical))	NP		<i>docosanol</i>	P	
VTAMA	NP		<i>penciclovir</i>	NP	
YESINTEK SOLN 45 MG/0.5ML	PA	PA	ZOVIRAX CREA (Use <i>acyclovir</i> topical)	NF	
YESINTEK SOSY	PA	PA	ZOVIRAX OINT (Use <i>acyclovir</i> topical)	NF	
<b>Antiseborrheic Products</b>			<b>Burn Products</b>		
OVACE PLUS WASH GEL (Use <i>sulfacetamide sodium</i> )	NF		SILVADENE (Use <i>silver sulfadiazine</i> )	NF	QL(50 GM per fill retail; 50 per fill mail)
OVACE PLUS WASH LIQD (Use <i>sulfacetamide sodium</i> )	NF	AL(Up to 20 yrs old)			
OVACE WASH LIQD (Use <i>sulfacetamide sodium</i> )	NF	AL(Up to 20 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>silver sulfadiazine</i>	P	QL(50 GM per fill retail; 50 per fill mail)	<i>calcipotriene- betamethasone dipropionate SUSP</i>	NP	
Corticosteroids - Topical			CAPEX SHAM	NP	
<i>alclometasone dipropionate CREA</i>	NP		<i>clobetasol propionate emollient base 0.05 %</i>	NP	
<i>alclometasone dipropionate OINT</i>	NP		<i>clobetasol propionate emulsion</i>	NP	
APEXICON E CREA	NP		<i>clobetasol propionate CREA 0.05 %</i>	P	
<i>betamethasone dipropionate (topical) CREA</i>	P		<i>clobetasol propionate FOAM</i>	NP	
<i>betamethasone dipropionate (topical) LOTN</i>	P		<i>clobetasol propionate GEL 0.05 %</i>	P	
<i>betamethasone dipropionate (topical) OINT</i>	P		<i>clobetasol propionate LIQD</i>	NP	
<i>betamethasone dipropionate augmented CREA</i>	P		<i>clobetasol propionate LOTN</i>	NP	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP		<i>clobetasol propionate OINT 0.05 %</i>	P	
<i>betamethasone dipropionate augmented LOTN</i>	NP		<i>clobetasol propionate SHAM</i>	NP	
<i>betamethasone dipropionate augmented OINT</i>	NP		<i>clobetasol propionate SOLN 0.05 %</i>	P	
<i>betamethasone valerate CREA</i>	NP		CLOBEX SPRAY LIQD (Use <i>clobetasol propionate</i> )	NP	
<i>betamethasone valerate FOAM</i>	NP		CLOBEX LOTN 0.05 % (Use <i>clobetasol propionate</i> )	NF	
<i>betamethasone valerate LOTN</i>	NP		CLOBEX SHAM (Use <i>clobetasol propionate</i> )	NP	
<i>betamethasone valerate OINT</i>	NP		<i>clocortolone pivalate</i>	NP	
<i>calcipotriene- betamethasone dipropionate OINT</i>	NP		CLODERM (Use <i>clocortolone pivalate</i> )	NF	
			CORDRAN LOTN (Use <i>flurandrenolide</i> )	NF	
			DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i> )	NP	
			DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i> )	NP	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEXETTE FOAM (Use halobetasol propionate)	NF		ADBRY SOAJ	PA	AL(At least 18 yrs old); PA
mometasone furoate CREA	P		ADBRY SOSY	PA	AL(At least 12 yrs old); PA
mometasone furoate OINT	P		ANZUPGO CREA EX 20 MG/GM	PA	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA
mometasone furoate SOLN	P		CIBINQO	NP	
PANDEL	NP		DUPIXENT SOAJ	PA	PA
SYNALAR CREA (Use fluocinolone acetonide)	NP		DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	PA
SYNALAR OINT (Use fluocinolone acetonide)	NP		EBGLYSS SOAJ	NP	AL(At least 12 yrs old); PA
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	P		EBGLYSS SOAJ	NP	AL(At least 12 yrs old)
TOPICORT SPRAY LIQD (Use desoximetasone)	NP		EBGLYSS SOSY	NP	AL(At least 12 yrs old)
TOPICORT CREA (Use desoximetasone)	NP		OPZELURA	NP	
TOPICORT GEL (Use desoximetasone)	NP		Emollient/Keratolytic Agents		
TOPICORT OINT (Use desoximetasone)	NP		GORDONS UREA CREA 40 %	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
TOPICORT OINT 0.05 % (Use desoximetasone)	NF		urea CREA 40 %	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
triamcinolone acetonide (topical) CREA	P		UREA CREA	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
triamcinolone acetonide (topical) LOTN	P		urea LOTN 40 %	P	QL(240 GM per fill retail; 240 per fill mail)
triamcinolone acetonide (topical) OINT	P		UREDEB CREA 39 % (Use urea)	NF	
ULTRAVATE LOTN	NP		UREMEZ-40 CREA 40 % (Use urea)	NF	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
VANOS CREA (Use fluocinonide)	NF		Emollients		
Diaper Rash Products			emollient OINT	P	
diaper rash products OINT	P				
Eczema Agents					

Drug Name	Drug Tier	Requirements/Limits
EUCERIN INTENSIVE REPAIR OINT	P	
GOLD BOND ULTIMATE HEALING OINT	P	
<i>lactic acid (ammonium lactate) CREA</i>	P	QL(140 GM per fill retail; 140 per fill mail); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(13.34 GM daily); RX/OTC
Immunomodulating Agents - Systemic		
NEMLUVIO	NP	AL(At least 18 yrs old)
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail; 48 EA per 180 days mail)
Immunosuppressive Agents - Topical		
ELIDEL ( <i>Use pimecrolimus</i> )	NF	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old)
<i>pimecrolimus</i>	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 16 yrs old); PA
<i>tacrolimus (topical) OINT 0.03 %</i>	PA	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>podofilox SOLN</i>	P	QL(4 ML per fill retail; 4 per fill mail)
RAYASAL CREA	NP	
Liniments		
<i>camphor-menthol-methyl salicylate CREA</i>	P	QL(1020.6 GM per fill retail; 1020.6 per fill mail)
<i>camphor-menthol-methyl salicylate CREA</i>	P	QL(1017 GM per fill retail; 1017 per fill mail)
<i>camphor-menthol-methyl salicylate GEL</i>	NP	QL(56.7 GM per fill retail; 56.7 per fill mail)
<i>camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %</i>	NP	QL(4 EA daily)
Local Anesthetics - Topical		
AGONEAZE KIT 2.5 %-2.5 % ( <i>Use lidocaine-prilocaine</i> )	NF	
BURN RELIEF GEL	P	QL(226 GM per fill retail; 226 per fill mail)
<i>capsaicin CREA 0.1 %</i>	P	QL(127.5 GM per fill retail; 127.5 per fill mail)
<i>capsaicin CREA 0.075 %</i>	P	QL(57 GM per fill retail; 57 per fill mail)
<i>capsaicin CREA 0.025 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>capsaicin PTCH</i>	NP	QL(30 EA per fill retail; 30 per fill mail)
<i>capsaicin PTCH</i>	P	QL(30 EA per fill retail; 30 per fill mail)
CAPZASIN-HP CREA ( <i>Use capsaicin</i> )	NF	QL(127.5 GM per fill retail; 127.5 per fill mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAPZASIN-P CREA 0.035 % (Use capsaicin)	NF		<i>lidocaine CREA 4 %</i>	P	QL(15 GM per fill retail; 15 per fill mail)
<i>dibucaine</i>	P	QL(30 GM per fill retail; 30 per fill mail)	<i>lidocaine CREA 4 %</i>	P	QL(28 GM per fill retail; 28 per fill mail)
GEN7T PTCH (Use <i>lidocaine</i> )	NF	RX/OTC	<i>lidocaine CREA 4 %</i>	P	QL(119 GM per fill retail; 119 per fill mail)
LIDAFLEX PTCH	NP	QL(30 EA per fill retail; 30 per fill mail)	<i>lidocaine CREA 4 %</i>	P	QL(5 GM per fill retail; 5 per fill mail)
LIDO BDK KIT 2.5 %-2.5 % (Use <i>lidocaine-prilocaine</i> )	NF		<i>lidocaine CREA 4 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
<i>lidocaine hcl CREA 3 %</i>	P	QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC	<i>lidocaine-menthol PTCH 4 %-4 %</i>	NP	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
<i>lidocaine hcl CREA 4 %</i>	NP	QL(30 GM per fill retail; 30 per fill mail)	<i>lidocaine OINT 5 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)
<i>lidocaine hcl CREA 4 %</i>	P	QL(76.5 GM per fill retail; 76.5 per fill mail)	<i>lidocaine OINT 5 %</i>	P	QL(35.44 GM per fill retail; 35.44 per fill mail)
<i>lidocaine hcl CREA 3 %</i>	P	QL(85 GM per fill retail; 85 per fill mail); RX/OTC	<i>lidocaine OINT 5 %</i>	P	QL(50 GM per fill retail; 50 per fill mail)
<i>lidocaine hcl CREA 4 %</i>	NP	QL(60 GM per fill retail; 60 per fill mail)	<i>lidocaine-prilocaine CREA</i>	P	
<i>lidocaine hcl GEL 2 %</i>	P	QL(30 ML per fill retail; 30 per fill mail)	<i>lidocaine-prilocaine KIT</i>	P	
<i>lidocaine hcl LIQD</i>	NP		<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 PRSY</i>	P	QL(30 ML per fill retail; 30 per fill mail)	<i>lidocaine PTCH 5 %</i>	PA	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
<i>lidocaine hcl SOLN</i>	P	QL(50 ML per fill retail; 50 per fill mail)	LIDODERM PTCH (Use <i>lidocaine</i> )	NF	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
<i>lidocaine CREA 4 %</i>	P	QL(30 GM per fill retail; 30 per fill mail)			
<i>lidocaine CREA 4 %</i>	P	QL(58.5 GM per fill retail; 58.5 per fill mail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIDODERM PTCH (Use lidocaine)	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)	ZTLIDO PTCH	NP	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
LIDOPIN CREA 3 % (Use lidocaine hcl)	NF	QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC	Misc. Topical		
LIVIXIL PAK KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	NF		dimethicone (topical) CREA 1 %	P	
PLIAGLIS CREA	NP		zinc oxide (topical) OINT 20 %	P	QL(60 GM per fill retail; 60 per fill mail)
PREMIUM LIDOCAINE OINT 5 % (Use lidocaine)	NF	QL(30 GM per fill retail; 30 per fill mail)	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
PRILOVIX PLUS KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	NF		EUCRISA	PA	PA
PRILOVIX KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	NF		ZORYVE CREA EX 0.05 %	NP	AL(At least 2 yrs old - Up to 5 yrs old)
PROXIVOL GEL 2 %	P	QL(30 GM per fill retail; 30 per fill mail); RX/OTC	ZORYVE CREA EX 0.15 %	NP	AL(At least 6 yrs old)
QUTENZA	NP	Maximum 91 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail)	ZORYVE CREA EX 0.3 %	NP	
QUTENZA (2 PATCH)	NP	Maximum 91 day supply allowed; QL(2 EA per 90 day(s) retail; 2 EA per 90 days mail)	ZORYVE FOAM EX	NP	
QUTENZA (4 PATCH)	NP	Maximum 91 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)	Protectives Against UV Radiation		
SYNOFLEX PTCH	NP	QL(60 EA per fill retail; 60 per fill mail)	AVEENO PROTECT+HYDRATE SPF60 LOTN	P	
			CETAPHIL DAILY FACIAL SPF 50 LOTN	P	
			COPPERTONE BABY PURE & SIMPLE LOTN	P	
			COPPERTONE COMPLETE SPF30 LOTN	P	
			COPPERTONE GLOW PROTECT & TAN LOTN	P	
			COPPERTONE GLOW SHIMMER SPF15 LOTN	P	
			COPPERTONE GLOW SHIMMER SPF30 LOTN	P	
			COPPERTONE GLOW SHIMMER SPF50 LOTN	P	
			COPPERTONE KIDS PURE & SIMPLE LOTN	P	
			COPPERTONE LIMITED EDITION LOTN	P	

Drug Name	Drug Tier	Requirements/Limits
COPPERTONE OIL FREE FACE SPF30 LOTN	P	
COPPERTONE OIL FREE FACE SPF50 LOTN	P	
COPPERTONE PURE & SIMPLE FACE LOTN	P	
COPPERTONE SPORT 4-IN-1 SPF15 LOTN	P	
COPPERTONE SPORT CLEAR LOTN	P	
COPPERTONE TANNING SPF 8 LOTN	P	
COPPERTONE TANNING SPF15 LOTN	P	
COPPERTONE ULTRAGUARD SPF70+ LOTN	P	
COPPERTONE WATERBABIES SPF50 LOTN	P	
EUCERIN REDNESS RELIEF DAY LOTN	P	
KERI AGE DEFY & PROTECT LOTN	P	
SPORT SUNSCREEN SPF50 LOTN	P	
<i>sunscreens</i> LOTN	P	
WATER BABIES SPF50 LOTN ( <i>Use sunscreens</i> )	NF	
Rosacea Agents		
METROCREAM CREA ( <i>Use metronidazole (topical)</i> )	NF	QL(45 GM per fill retail; 45 per fill mail)
<i>metronidazole (topical)</i> CREA	P	QL(45 GM per fill retail; 45 per fill mail)
<i>metronidazole (topical)</i> GEL 0.75 %	P	QL(45 GM per fill retail; 45 per fill mail)
<i>metronidazole (topical)</i> LOTN	P	
Scabicides & Pediculicides		

Drug Name	Drug Tier	Requirements/Limits
ELIMITE CREA ( <i>Use permethrin</i> )	NP	
<i>ivermectin (pediculicide)</i>	NP	
<i>malathion</i>	NP	
NATROBA ( <i>Use spinosad</i> )	P	
OVIDE ( <i>Use malathion</i> )	NP	
<i>permethrin CREA</i>	P	
PERMETHRIN CREA 5 % ( <i>Use permethrin</i> )	P	
<i>permethrin LIQD EX</i>	P	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	NP	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	P	QL(60 ML per fill retail; 60 per fill mail)
<i>spinosad</i>	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		
<i>coal tar extract SHAM 0.5 %</i>	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
<b>DIAGNOSTIC PRODUCTS</b>		
Diagnostic Tests		

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
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
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
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
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
UNISTRIP1 GENERIC STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
VIVAGUARD INO TEST STRIPS STRP	NP	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
Dietary Management Products		
ELFOLATE TABS	P	

Drug Name	Drug Tier	Requirements/Limits
<i>l-methylfolate TABS 7.5 MG, 15 MG</i>	P	
L-METHYLFOLATE TABS	P	
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
Digestive Enzymes		
CREON CPEP	P	
PERTZYE CPEP	NP	
VIOKACE TABS	NP	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	P	
<i>acetazolamide TABS</i>	P	
<i>methazolamide TABS</i>	P	
Diuretic Combinations		
<i>amiloride &amp; hydrochlorothiazide</i>	P	QL(1 EA daily)
MAXZIDE-25 TABS ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NF	QL(1 EA daily)
MAXZIDE TABS ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NF	QL(1 EA daily)
<i>spironolactone &amp; hydrochlorothiazide</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	QL(1 EA daily)	<i>alendronate sodium SOLN</i>	NP	
<i>triamterene &amp; hydrochlorothiazide TABS</i>	P	QL(1 EA daily)	<i>alendronate sodium TABS 10 MG, 35 MG, 70 MG</i>	P	
Loop Diuretics			AELVIA TBEC ( <i>Use risedronate sodium</i> )	NP	
<i>bumetanide TABS</i>	P		BILDYOS SOSY SC 60 MG/ML	PA	PA
BUMEX TABS 0.5 MG ( <i>Use bumetanide</i> )	NF		BILPREVDA SOLN SC 120 MG/1.7ML	PA	PA
<i>furosemide SOLN IJ 10 MG/ML</i>	P		BINOSTO TBEF	NP	
FUROSEMIDE SOLN IJ	P		BOMYNTRA SOLN SC 120 MG/1.7ML	PA	PA
<i>furosemide TABS</i>	P		BOMYNTRA SOSY SC 120 MG/1.7ML	PA	PA
LASIX TABS ( <i>Use furosemide</i> )	NF		BONSITY SOPN 560 MCG/2.24ML	PA	PA
SOANZ TABS 20 MG	P	QL(1 EA daily)	<i>calcitonin (salmon) IJ</i>	NP	
<i>toremide TABS</i>	P	QL(1 EA daily)	<i>calcitonin (salmon) NA</i>	P	
Potassium Sparing Diuretics			CONEXXENCE SOSY SC 60 MG/ML	PA	PA
ALDACTONE TABS ( <i>Use spironolactone</i> )	NF		ENOBY SOSY SC 60 MG/ML	PA	PA
<i>amiloride hcl TABS</i>	P	QL(4 EA daily)	EVENTY	PA	PA
<i>spironolactone TABS</i>	P		FORTEO SOPN ( <i>Use teriparatide</i> )	PA	PA
Thiazides and Thiazide-Like Diuretics			FOSAMAX PLUS D	NP	
<i>chlorthalidone 25 MG, 50 MG</i>	P		FOSAMAX TABS 70 MG ( <i>Use alendronate sodium</i> )	NP	
<i>hydrochlorothiazide CAPS</i>	P		<i>ibandronate sodium SOLN</i>	NP	
<i>hydrochlorothiazide TABS</i>	P		<i>ibandronate sodium TABS</i>	P	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P		JUBBONTI SOSY SC 60 MG/ML	PA	PA
<i>metolazone</i>	P		MIACALCIN IJ ( <i>Use calcitonin (salmon)</i> )	NP	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>			OSENVELT SOLN SC 120 MG/1.7ML	PA	PA
Bone Density Regulators			PROLIA SOSY	PA	PA
ACTONEL TABS 35 MG, 150 MG ( <i>Use risedronate sodium</i> )	NP		<i>risedronate sodium TABS</i>	P	
			<i>risedronate sodium TBEC</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
STOBOCLO SOSY SC 60 MG/ML	PA	PA
<i>teriparatide SOPN</i>	PA	PA
TERIPARATIDE SOPN	PA	PA
TYMLOS	PA	PA
WYOST SOLN SC 120 MG/1.7ML	PA	PA
XGEVA SOLN	PA	PA
XTRENBO SOLN SC 120 MG/1.7ML	PA	PA
GnRH/LHRH Antagonists		
ORLISSA	PA	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	NP	AL(At least 18 yrs old)
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	PA	PA
GENOTROPIN CART SC	PA	PA
HUMATROPE CART IJ	NP	
NGENLA	NP	AL(At least 3 yrs old)
NORDITROPIN FLEXPLO SOPN	PA	PA
NUTROPIN AQ NUSPIN 10 SOPN	PA	PA
NUTROPIN AQ NUSPIN 20 SOPN	PA	PA
NUTROPIN AQ NUSPIN 5 SOPN	PA	PA
OMNITROPE SOCT	NP	
OMNITROPE SOLR SC	NP	
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	
SKYTROFA	NP	
SOGROYA	NP	
ZOMACTON SOLR SC	NP	
Hormone Receptor Modulators		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARNITOR SOLN PO 1 GM/10ML (Use levocarnitine (metabolic modifiers))	NF	QL(30 ML daily)	DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	NF	SP; PA
CARNITOR TABS (Use levocarnitine (metabolic modifiers))	NF	QL(3 EA daily)	DDAVP TABS (Use desmopressin acetate)	NF	QL(3 EA daily)
ELFABRIO	PA	AL(At least 18 yrs old); PA	desmopressin acetate spray	P	QL(5 ML per fill retail; 5 per fill mail); PA
GALAFOLD	P	QL(0.5 EA daily); SP; PA	desmopressin acetate spray refrigerated 0.01 %	P	QL(5 ML per fill retail; 5 per fill mail)
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	P	QL(30 ML daily)	desmopressin acetate SOLN IJ	P	SP; PA
levocarnitine (metabolic modifiers) TABS	P	QL(3 EA daily)	desmopressin acetate TABS	P	QL(3 EA daily)
RAYALDEE	PA	AL(At least 18 yrs old); PA	<b>Somatostatic Agents</b>		
ROCALTROL CAPS (Use calcitriol)	NF		octreotide acetate KIT	P	SP; PA
STRENSIQ	PA	PA	SANDOSTATIN LAR DEPOT KIT (Use octreotide acetate)	NF	SP; PA
TRYNGOLZA	PA	QL(0.027 ML daily); AL(At least 18 yrs old); PA	<b>Vasopressin Receptor Antagonists</b>		
XPHOZAH	NP		JYNARQUE TBPK 15 MG (Use tolvaptan)	NF	SP; PA
YORVIPATH 420 MCG/1.4ML	PA	QL(0.1 ML daily); AL(At least 18 yrs old); PA	tolvaptan TBPK 15 MG	P	SP; PA
YORVIPATH 294 MCG/0.98ML	PA	QL(0.07 ML daily); AL(At least 18 yrs old); PA	<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
YORVIPATH 168 MCG/0.56ML	PA	QL(0.04 ML daily); AL(At least 18 yrs old); PA	<b>Estrogen Combinations</b>		
<b>Natriuretic Peptides</b>			ACTIVEVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	NF	QL(1 EA daily)
VOXZOGO	PA	AL(Up to 17 yrs old); PA	COMBIPATCH PTTW	P	QL(0.29 EA daily)
<b>Posterior Pituitary Hormones</b>			estradiol & norethindrone acetate TABS	P	QL(1 EA daily)
DDAVP PF SOLN IJ (Use desmopressin acetate)	NF	SP; PA	MYFEMBREE	PA	PA
			norethindrone acetate-ethinyl estradiol	P	
			ORIAHNN	PA	MP; PA
			PREMPHASE	P	QL(1 EA daily)
			PREMPRO	P	QL(1 EA daily)

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TAVNEOS	PA	QL(6 EA daily); AL(At least 18 yrs old); PA
VOYDEYA TABS	PA	QL(6 EA daily); AL(At least 18 yrs old); PA
VOYDEYA TBPB	PA	QL(6 EA daily); AL(At least 18 yrs old); PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Plasma Kallikrein Inhibitors		
KALBITOR	PA	PA
ORLADEYO	PA	PA
TAKHZYRO SOLN	PA	PA
TAKHZYRO SOSY	PA	PA
Plasma Proteins		
RYPLAZIM	PA	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 TBPB	PA	QL(2 EA daily); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
PYRUKYND TABS	PA	QL(2 EA daily); AL(At least 18 yrs old); PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA
<i>miglustat</i>	P	SP; PA
VPRIV	P	SP; PA
ZAVESCA ( <i>Use miglustat</i> )	NF	SP; PA
Agents for Sickle Cell Disease		
CASGEVY	PA	AL(At least 12 yrs old); PA
DROXIA CAPS	P	
LYFGENIA	PA	AL(At least 12 yrs old); PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	P	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	QL(1 EA daily)
Hematopoietic Gene Therapy		
ZYNTGLO	PA	AL(At least 4 yrs old); 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); PA
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML	PA	QL(37.5 ML per 30 day(s) retail; 38 ML per 30 days mail); PA	EPOGEN 4000 UNIT/ML	NP	QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail)
ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	PA	QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); PA	EPOGEN 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail)
ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	PA	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); PA	FULPHILA	NP	
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); PA	FYLNETRA	NP	
ARANESP (ALBUMIN FREE) SOSY 40 MCG/0.4ML	PA	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA	GRANIX SOLN 300 MCG/ML	NP	QL(0.8 ML daily)
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); PA	GRANIX SOSY	NP	QL(0.8 ML daily)
ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML	PA	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA	LEUKINE SOLR IJ	NP	
ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML	PA	QL(25.2 ML per 30 day(s) retail; 25 ML per 30 days mail); PA	MIRCERA	NP	
EPOGEN 2000 UNIT/ML	NP	QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail)	NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail)
EPOGEN 20000 UNIT/ML	NP	QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail)	NEULASTA SOSY	NP	QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail)
EPOGEN 3000 UNIT/ML	NP	QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail)	NEUPOGEN SOLN	PA	QL(8.5 ML daily); PA
			NEUPOGEN SOSY	PA	QL(8.5 ML daily); PA
			NIVESTYM SOLN	NP	
			NIVESTYM SOSY	NP	
			NYPOZI	NP	
			NYVEPRIA	PA	PA
			PROCRIT 40000 UNIT/ML	NP	QL(12.5 ML per 30 day(s) retail; 12 ML per 30 days mail)
			PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail)
			PROCRIT 10000 UNIT/ML	NP	QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Antihistamine Hypnotics</b>			<i>estazolam</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
<i>diphenhydramine hcl (sleep) CAPS</i>	P		<i>eszopiclone</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
<i>diphenhydramine hcl (sleep) LIQD</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)	NF	QL(1 EA daily); AL(At least 18 yrs old)
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	P		HALCION 0.25 MG (Use triazolam)	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>doxylamine succinate (sleep)</i>	P		LUNESTA (Use eszopiclone)	NF	QL(1 EA daily); AL(At least 18 yrs old)
UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl (sleep)</i> )	NF		<i>midazolam hcl SOLN IJ</i>	P	
<b>Barbiturate Hypnotics</b>			MIDAZOLAM HCL SOLN IJ	P	
AMYTAL SODIUM	P		<i>midazolam hcl SYRP</i>	P	
<i>phenobarbital sodium SOLN</i>	P		<i>quazepam</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>phenobarbital ELIX</i>	P		RESTORIL (Use <i>temazepam</i> )	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>phenobarbital TABS</i>	P		<i>temazepam 7.5 MG, 15 MG, 30 MG</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
<b>Hypnotics - Tricyclic Agents</b>			<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>triazolam</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>zaleplon</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA
<b>Non-Barbiturate Hypnotics</b>			ZOLPIDEM TARTRATE CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old)
AMBIEN CR TBCR (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)
AMBIEN TABS (Use <i>zolpidem tartrate</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
DORAL (Use <i>quazepam</i> )	NP	QL(1 EA daily); AL(At least 18 yrs old)			
EDLUAR SUBL	NP	QL(1 EA daily); AL(At least 18 yrs old)			

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	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)
<b>Orexin Receptor Antagonists</b>			<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</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>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ML per fill retail; 4000 per fill mail)
DAYVIGO	NP	AL(At least 18 yrs old)	<i>sennosides-docusate sodium TABS</i>	P	QL(4 EA daily)
QUVIVIQ	NP	AL(At least 18 yrs old)	<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P	
<b>Selective Melatonin Receptor Agonists</b>			SUPREP BOWEL PREP KIT ( <i>Use sodium sulfate-potassium sulfate-magnesium sulfate</i> )	NF	
HETLIOZ LQ SUSP	NP	QL(1 ML daily); AL(At least 18 yrs old)	<b>Laxatives - Miscellaneous</b>		
HETLIOZ CAPS ( <i>Use tasimelteon</i> )	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM</i>	P	
<i>ramelteon</i>	PA	QL(1 EA daily); AL(At least 18 yrs old); PA	<i>lactulose SOLN</i>	P	
ROZEREM ( <i>Use ramelteon</i> )	NP	QL(1 EA daily); AL(At least 18 yrs old)	MIRALAX PACK ( <i>Use polyethylene glycol 3350</i> )	NF	
<i>tasimelteon CAPS</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	MIRALAX POWD ( <i>Use polyethylene glycol 3350</i> )	NF	QL(34 EA daily)
<b>LAXATIVES - Bowel Treatment Drugs</b>			PEDIA-LAX SUPP	P	
<b>Bulk Laxatives</b>			<i>polyethylene glycol 3350 PACK</i>	P	
<i>calcium polycarbophil TABS</i>	P	QL(10 EA daily)	<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)
KONSYL DAILY FIBER PACK 100 %	P		SORBITOL PO 70 %	P	
NATURAL FIBER LAXATIVE POWD	P		<b>Saline Laxatives</b>		
<i>psyllium CAPS 0.52 GM</i>	P		FLEET ENEMA ENEM ( <i>Use sodium phosphates</i> )	NF	
<i>psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %</i>	P		<i>magnesium citrate 1.745 GM/30ML</i>	P	
SB FIB LAX ORANGE POWD 30 %, 33 %	P		<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	QL(33 ML daily)
<b>Laxative Combinations</b>					

Drug Name	Drug Tier	Requirements/Limits
MILK OF MAGNESIA CONCENTRATE SUSP	P	
<i>sodium phosphates ENEM</i>	P	
<b>Stimulant Laxatives</b>		
<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	
<b>Surfactant Laxatives</b>		
<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	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<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	

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TABS 250 MG, 500 MG (Use <i>azithromycin</i> )	NP	
<b>Clarithromycin</b>		
<i>clarithromycin SUSR</i>	P	
<i>clarithromycin TABS</i>	P	
<i>clarithromycin TB24</i>	P	
<b>Erythromycins</b>		
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>	NP	
<i>erythromycin ethylsuccinate TABS</i>	P	
<i>erythromycin stearate TABS 250 MG</i>	P	
<b>Fidaxomicin</b>		
DIFICID SUSR	NP	
DIFICID TABS 200 MG (Use <i>fidaxomicin</i> )	NP	
<i>fidaxomicin TABS 200 MG</i>	NP	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Bandages-Dressings-Tape</b>		
ADHESIVE/LARGE/3"X4" PADS	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHESIVE/MEDIUM/2"X3" PADS	P		CURITY SPONGES PADS	P	
AMD FOAM DRESSING TOPSHEET PADS	P	RX/OTC	CVS ADHESIVE PAD 4"X4" PADS	P	
AMD FOAM DRESSING PADS	P	RX/OTC	CVS ADHESIVE PAD 6"X6" PADS	P	
BAND-AID ALL-IN-ONE GAUZE LG PADS	P		CVS ADHESIVE PADS 2.25"X3" PADS	P	
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
			EXCILON AMD NON-WOVEN SPONGES PADS	P	RX/OTC
			EXCILON DRAIN SPONGES PADS	P	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AIMSCO LUBRICATED MISC	P		TROJAN BARESKIN DEVI	P	
CAYA DPRH	P		TROJAN MAGNUM MISC	P	
DUREX EXTRA SENSITIVE THIN DEVI	P		TROJAN ULTRA THIN/SPERMICIDAL MISC	P	
DUREX EXTRA SENSITIVE THIN MISC	P		TROJAN ULTRA THIN MISC	P	
DUREX TROPICAL MISC	P		TROJAN-ENZ LUBRICATED MISC	P	
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				
MAXX MISC	P				
OMNIFLEX DIAPHRAGM	P				
REALITY LATEX CONDOMS MISC	P				
REALITY LATEX/ULTRA TEXTURED DEVI	P				
REALITY LATEX/ULTRA THIN DEVI	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DIAPHRAGM 65	P		ACCU-CHEK SAFE-T PRO LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
WIDE-SEAL DIAPHRAGM 70	P				
WIDE-SEAL DIAPHRAGM 75	P				
WIDE-SEAL DIAPHRAGM 80	P				
WIDE-SEAL DIAPHRAGM 85	P				
WIDE-SEAL DIAPHRAGM 90	P				
WIDE-SEAL DIAPHRAGM 95	P				
Diabetic Supplies			ACCU-CHEK SMARTVIEW CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACCU-CHEK AVIVA SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ACCU-CHEK SOFTCLIX LANCET DEV KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ACCU-CHEK FASTCLIX LANCET KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	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 FASTCLIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	ACCUTREND GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ACCU-CHEK GUIDE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ACTI-LANCE 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ACTI-LANCE LITE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ACCU-CHEK GUIDE KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	ACTI-LANCE SPECIAL LANCETS 17G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD MICROTAINER LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CARESENS LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
BIOTEL CARE BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARESENS N FELIZ BT DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
BLOOD GLUCOSE MONITOR SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARESENS N FELIZ DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
BLOOD GLUCOSE MONITORING 333 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CARESENS S CONTROL SOLN A/B LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH SAFETY LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CHOSEN LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
CARETOUCH SAFETY LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CHOSEN SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK AUTO-CODE VOICE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 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 DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
CARETOUCH TWIST LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CARETOUCH TWIST MC LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHEK SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
CHOSEN LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	CLEVER CHOICE AUTO-CODE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONTOUR NEXT GEN MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	CVS LANCETS THIN 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
CONTOUR NEXT LINK KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G6 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR NEXT MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G6 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR NEXT ONE KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	DEXCOM G6 TRANSMITTER	PA	MP; PA
CONTOUR NEXT ONE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G7 15 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTOUR PLUS BLUE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DEXCOM G7 RECEIVER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	DEXCOM G7 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA
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 1 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 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			DIATRUE CONTROL LEVEL 3 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
DIATRUE PLUS BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	DRUG MART UNILET LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	DRUG MART UNILET LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPLET LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	DRUG MART UNILET LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	EASY COMFORT LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPLET PERSONAL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY COMFORT LANCETS TWIST TOP	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
DROPSAFE ACTI-LANCE 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY MINI EJECT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
DROPSAFE MEDLANCE LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY PLUS II CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
DRUG MART ON-THE-GO LANCET 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY PLUS II GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY STEP CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASY TOUCH LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY STEP GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EASY TOUCH LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TALK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EASY TOUCH LANCETS 28G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TALK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASY TOUCH LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TALK PLUS II CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EASY TOUCH LANCETS 30G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
EASY TOUCH CONTROL HIGH & LOW SOLN	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 GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EASY TOUCH LANCETS 32G/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 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 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC			

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EASY TOUCH LANCETS 33G/TWIST	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASY TRAK II BLOOD GLUCOSE SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EASY TOUCH LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	EASY TRAK II CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
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	EASYGLUCO KIT	NP	QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EASY TOUCH SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EASYMAX 15 LEVEL 2 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EASY TOUCH SAFETY LANCETS 26G	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 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 DEVI	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 NG BLOOD GLUCOSE KIT	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)	EASYMAX V BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
			ELEMENT COMPACT CONTROL 2 SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
			ELEMENT COMPACT CONTROL 3 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
ELEMENT COMPACT GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE LANCETS ULTRA THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ELEMENT COMPACT V GLUCOSE SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE LANCING DEVICE/EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
ELEMENT CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE PRESSURE ACTIVATED 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ELEMENT PLUS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	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 BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE PRO GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE CONTROL SOLN	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 CONTROL LEVEL 1 LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE EVO GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE TALK GLUCOSE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EMBRACE EVO GLUCOSE MONITORING KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	EMBRACE TALK MONITORING SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EMBRACE GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)			

Drug Name	Drug Tier	Requirements/Limits
EMBRACE WAVE GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EVERSENSE 365 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EVERSENSE 365 SMART TRANSMIT	NP	MP
EVERSENSE E3 SENSOR/HOLDER	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
EVERSENSE E3 SMART TRANSMITTER	NP	MP
EVOLUTION AUTOCODE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
EVOLUTION CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
EXTENDED INFUSION SET 23"/6MM MISC	NP	MP
EXTENDED INFUSION SET 23"/9MM MISC	NP	MP
EXTENDED INFUSION SET 32"/6MM MISC	NP	MP
EXTENDED INFUSION SET 32"/9MM MISC	NP	MP
EXTENDED INFUSION SET 43"/6MM MISC	NP	MP
EXTENDED INFUSION SET 43"/9MM MISC	NP	MP
EXTENDED RESERVOIR 3ML MISC	NP	MP

Drug Name	Drug Tier	Requirements/Limits
FINGERSTIX LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FONDCIRCLE BLOOD GLUCOSE MONIT KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FONDCIRCLE CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FONDCIRCLE LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FONDCIRCLE SINGLE USE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FORA CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FORA D20 2-IN-1 MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
FORA G20 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA G30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

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FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORA V12 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	FORA V20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FORA V30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	FORA V30A BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FORA PREMIUM V10 BLE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	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)
			FREESTYLE FREEDOM LITE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	FREESTYLE LITE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LIBRE 14 DAY READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	FREESTYLE LITE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LIBRE 14 DAY SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	FREESTYLE PRECISION NEO SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	FREESTYLE UNISTICK II LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GE100 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LIBRE 2 SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GE100 BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
FREESTYLE LIBRE 3 PLUS SENSOR	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GE100 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA	GENTEEL BUTTERFLY TOUCH LANCET	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENTEEL PLUS LANCING (PURPLE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GLUCOCARD 01 CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GENTEEL PLUS LANCING (WHITE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GLUCOCARD 01 CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GENTEEL PLUS LANCING DEV(BLUE) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GLUCOCARD EXPRESSION CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GENTEEL PLUS LANCING DEV(PINK) MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GLUCOCARD EXPRESSION MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GHT BLOOD GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GLUCOCARD SHINE CONNEX KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLOBAL INJECT EASE LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCARD SHINE CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
GLOBAL INJECT EASE LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GLUCOCARD SHINE EXPRESS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLOBAL LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	GLUCOCARD SHINE XL DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCARD 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 SHINE 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
GLUCOCARD VITAL MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GNP EASY TOUCH GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	GNP LANCING SYSTEM DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
GLUCOCOM CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	GNP STERILE LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
GLUCOCOM LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	GNP TRUE METRIX AIR METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GLUCOCOM LANCETS 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
			GUARDIAN 4 TRANSMITTER	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GUARDIAN CONNECT TRANSMITTER	NP	MP	HM EMBRACE TALK SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GUARDIAN LINK 3 TRANSMITTER	NP	MP			
GUARDIAN SENSOR (3)	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	HW EMBRACE PRO GLUCOSE METER DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
GUARDIAN SENSOR 3	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	HW EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
HEALTHPRO BLOOD GLUCOSE MONITO KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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
H-E-B INCONTROL ADV LANCING MISC	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)
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	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 30G	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
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 INFUSION-INSET 23" 6MM MISC	NP	MP; RX/OTC
			ILET INFUSION-INSET 32" 6MM MISC	NP	MP; RX/OTC
			ILET INSULIN PUMP DEVI	NP	MP
			ILET STARTER - CONTACT DETACH MISC	NP	MP; RX/OTC
			ILET STARTER KIT - INSET 23" MISC	NP	MP; RX/OTC
			ILET STARTER KIT - INSET 32" MISC	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INFINITY BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
INFINITY CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	LANCETS 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	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
KROGER HEALTHPRO CONTROL HI/LO 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
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	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
LANCET DEVICE WITH EJECTOR MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	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	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 28G THIN	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
LANZO MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MEDLANCE PLUS UNIVERSAL 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	MEDTRONIC MINIMED 780G KIT	NP	MP
LIBERTY GLUCOSE CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	MICRODOT BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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)	MICRODOT CONTROL HIGH/LOW SOLN	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)	MICROLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MEDLANCE PLUS EXTRA 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	MICROLET NEXT LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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
			MINIMED INSTINCT GLUC SENSOR	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
			MINIMED MIO ADVANCE INFUSE SET MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MINIMED PUMP RESERVOIR 3ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)	MM BLULINK GLUCOSE MONIT SYS DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
MINIMED QUICK SET INF SET 18" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)	MM EASY TOUCH GLUCOSE METER KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
MINIMED QUICK SET INF SET 23" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)	MM LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MINIMED QUICK SET INF SET 32" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)	MM TWIST LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MINIMED QUICK SET INF SET 43" MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)	MOBI 2ML CARTRIDGE MISC	NP	MP
MINIMED QUICK-SERTER MISC	P	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); RX/OTC	MODD1 PATIENT WELCOME KIT KIT	NP	MP
MINIMED RESERVOIR 1.8ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)	MODD1 SUPPLY KIT KIT	NP	
MINIMED RESERVOIR 3ML MISC	P	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)	MONOLET LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
MINIMED SILHOUETTE INF SET 32" MISC	P	QL(0.72 EA daily)	MULTI-LANCET DEVICE 2 KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
MINIMED SILHOUETTE INF SET 43" MISC	P	QL(0.72 EA daily)	MYGLUCOHEALTH BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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	MYGLUCOHEALTH CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
MM BLOOD GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC			

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MYGLUCOHEALTH LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	PA	MP; PA
			OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	PA	MP; PA
			OMNIPOD CLASSIC PODS (GEN 3) MISC	NP	MP
NEUTEK 2TEK CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	OMNIPOD DASH INTRO (GEN 4) KIT	PA	MP; PA
			OMNIPOD DASH PDM (GEN 4) KIT	NP	MP
NOVA SAFETY LANCETS 23G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	OMNIPOD DASH PODS (GEN 4) MISC	PA	MP; PA
			OMNIPOD GO KIT	NP	MP
			ON CALL EXPRESS MONITORING SYS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
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	ONETOUCH DELICA PLUS LANCET30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
			ONETOUCH DELICA PLUS LANCET33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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	ONETOUCH DELICA PLUS LANCING MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	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 INTRO GEN 5 KIT	PA	MP; PA			
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	NP	MP			
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			

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ONETOUCH ULTRA 2 KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PHARMACIST CHOICE MINI SYSTEM DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ONETOUCH ULTRA CONTROL LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	PIP BLOOD GLUCOSE MONITORING DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	PIP GLUCOSE CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)
ONETOUCH VERIO FLEX SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PIP LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH VERIO REFLECT KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PIP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
ONETOUCH VERIO LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	POGO AUTOMATIC BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 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	PRECISION GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
PHARMACIST CHOICE AUTOCODE SYS KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	PRECISION XTRA-GLUCOSE/KETONE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
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

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

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QC ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	RELION ALL-IN-ONE	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
QC LANCETS SUPER THIN 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION CONFIRM GLUCOSE MONITOR KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
QC UNILET LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION LANCET DEVICES 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
QC UNILET LANCETS MICRO THIN	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	RELION LANCETS MICRO-THIN 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
QUINTET AC BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RELION LANCETS THIN 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
QUINTET 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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION PREMIER COMPACT SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RIGHTEST GM100 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PREMIER VOICE MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RIGHTEST GM300 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION PRIME MONITOR DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RIGHTEST GM550 BLOOD GLUCOSE KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	RIGHTEST GT333 BLOOD GLUCOSE DEVI	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC
RELION ULTIMA GLUCOSE SYSTEM KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
RELION ULTRA THIN LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	SAFETY LANCETS 21G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
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			

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

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

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SURE COMFORT LANCING PEN MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP	TANDEM MOBI TRUSTEEL SUPP KIT MISC	NP	MP
T: SLIM X2 INS PMP/CONTROL 7.4 DEVI	NP	MP	TANDEM T:SLIM ASFT 30 PK10 23" MISC	NP	MP
T:FLEX T:LOCK CARTRIDGE 4.8ML MISC	NP	MP	TANDEM T:SLIM ASFT 30 PK14 23" MISC	NP	MP
T:SLIM X2 3ML CARTRIDGE MISC	NP	MP	TANDEM T:SLIM ASFT XC PK10 23" MISC	NP	MP
T:SLIM X2 BASAL-IQ PUMP DEVI	NP	MP	TANDEM T:SLIM ASFT XC PK14 23" MISC	NP	MP
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVI	NP	MP	TANDEM T:SLIM TRUSTL PK10 23" MISC	NP	MP
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVI	NP	MP	TECHLITE LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
T:SLIM X2 CONTROL-IQ PUMP DEVI	NP	MP	TECHLITE LANCETS 26G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
T:SLIM X2 INSULIN PMP BASAL6.4 DEVI	NP	MP	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
T:SLIM X2 INSULIN PUMP DEVI	NP	MP	TEMPO SMART BUTTON MISC	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
TAI DOC CONTROL SOLN	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	TEMPO WELCOME KIT	NP	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
TANDEM MOBI AUTOSOFT 30 KIT MISC	NP	MP			
TANDEM MOBI AUTOSOFT XC KIT MISC	NP	MP			
TANDEM MOBI AUTOSOFT30 14PK23" MISC	NP	MP			
TANDEM MOBI AUTOSOFTXC 14PK23" MISC	NP	MP			
TANDEM MOBI AUTOSOFTXC 14PK5" MISC	NP	MP			
TANDEM MOBI SYSTEM STARTER KIT	NP	MP			

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERIFINE UNIVERSAL LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD LANCETS 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 33G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	VIVAGUARD LANCING DEVICE MISC	P	QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP
V-GO 20 KIT	NP	MP	VIVAGUARD SAFETY LANCETS 28G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
V-GO 30 KIT	NP	MP	ZEVRX TWIST TOP LANCETS 30G	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC
V-GO 40 KIT	NP	MP	<b>Parenteral Therapy Supplies</b>		
VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)	ADVOCATE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)	AQ INSULIN SYRINGE	P	QL(5 EA daily); 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	ASSURE ID INSULIN SAFETY SYR	P	QL(5 EA daily); 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	BD AUTOSHIELD DUO	P	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	BD INS SYR ULTRAFINE 1/2UNIT	P	QL(5 EA daily); RX/OTC
VIVAGUARD LANCETS	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	BD INSULIN SYR ULTRAFINE II	P	QL(5 EA daily); RX/OTC
			BD INSULIN SYRINGE	P	QL(5 EA daily); 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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE	P	QL(5 EA daily)	EASY TOUCH INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	P	MP	EASY TOUCH INSULIN SYRINGE	P	QL(5 EA daily)
BD PEN NEEDLE MINI ULTRAFINE	P	MP; RX/OTC	EASY TOUCH SHEATHLOCK SYRINGE	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	P	MP; RX/OTC	EMBECTA AUTOSHIELD DUO	P	MP; RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	P	MP; RX/OTC	EMBECTA INS SYR U/F 1/2 UNIT	P	QL(5 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	P	MP	EMBECTA INSULIN SYR ULTRAFINE	P	QL(5 EA daily)
BD PEN NEEDLE SHORT ULTRAFINE	P	MP; RX/OTC	EMBECTA INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	EMBECTA INSULIN SYRINGE U-100	P	QL(5 EA daily)
BD VEO INSULIN SYR ULTRAFINE	P	QL(5 EA daily); RX/OTC	EMBECTA PEN NEEDLE NANO	P	MP; RX/OTC
CAREONE INSULIN SYRINGE	P	QL(5 EA daily)	EMBECTA PEN NEEDLE NANO 2 GEN	P	MP; RX/OTC
CARETOUCH HYPODERMIC NEEDLE	P	QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC	EMBECTA PEN NEEDLE ULTRAFINE	P	MP
CARETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	FIFTY50 SUPERIOR COMFORT SYR	P	QL(5 EA daily); RX/OTC
CEQUR SIMPLICITY 2U DEVI	PA	MP; PA; RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	P	QL(5 EA daily); RX/OTC
CEQUR SIMPLICITY INSERTER MISC	P	MP	GLOBAL INJECT EASE INSULIN SYR	P	QL(5 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	GLOBAL INSULIN SYRINGES	P	QL(5 EA daily); RX/OTC
DROPLET INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	GLUCOPRO INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	P	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
EASY COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES	P	QL(5 EA daily); RX/OTC
EASY TOUCH FLIPLOCK INSULIN SY	P	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 28GX1/2"	P	QL(5 EA daily); RX/OTC
			GNP INSULIN SYRINGES 29GX1/2"	P	QL(5 EA daily); RX/OTC
			GNP INSULIN SYRINGES 30GX5/16"	P	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGES 31GX5/16"	P	QL(5 EA daily); RX/OTC	SECURESAFE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
GNP ULTRA COM INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	SURE COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	P	QL(5 EA daily); RX/OTC	TECHLITE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
HM ULTICARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	TRUE COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	TRUE COMFORT PRO INSULIN SYR	P	QL(5 EA daily); RX/OTC
INSULIN SYRINGE-NEEDLE U-100	P	QL(5 EA daily); RX/OTC	TRUEPLUS INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
KINRAY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	ULTICARE INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC
LITETOUCH INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	ULTICARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
MAGELLAN INSULIN SAFETY SYR	P	QL(5 EA daily); RX/OTC	ULTIGUARD SAFEPACK SYR/NEEDLE	P	QL(5 EA daily)
MAXI-COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	ULTRA COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
MAXICOMFORT SYR 27G X 1/2"	P	QL(5 EA daily); RX/OTC	ULTRA FLO INSULIN SYR 1/2 UNIT	P	QL(5 EA daily); RX/OTC
MEDIC INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	ULTRA FLO INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
MM INSULIN SYRINGE/NEEDLE	P	QL(5 EA daily); RX/OTC	ULTRACARE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
MONOJECT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	ULTRA-THIN II INS SYR SHORT	P	QL(5 EA daily); RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	P	QL(5 EA daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
PRECISION SURE-DOSE SYRINGE	P	QL(5 EA daily); RX/OTC	VANISHPOINT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
PRO COMFORT INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	VERIFINE INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
PRODIGY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	ZEVRX INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
PX INSULIN SYRINGE	P	QL(5 EA daily)	<b>Respiratory Therapy Supplies</b>		
REALITY INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	ADULT MASK DEVI	P	RX/OTC
RELION INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	AEROBIKA DEVI	P	RX/OTC
SB INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC	CLEVER CHOICE HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC	CO MONITOR DEVI	P	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC	COMPACT SPACE CHAMBER/LG MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC	COMPACT SPACE CHAMBER/MED MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC	COMPACT SPACE CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC	EASIVENT MASK LARGE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASIVENT MASK MEDIUM MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASIVENT MASK SMALL MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHE EASE LARGE DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASIVENT MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHE EASE MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	EASY FLOW BLACK/BLUE DEVI	P	RX/OTC
BREATHE EASE SMALL DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC			
BREATHERITE VALVED MDI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC	IN-CHECK INSPIRATORY FLOW MTR DEVI	P	RX/OTC
EASY FLOW BLACK/RED DEVI	P	RX/OTC	INSPIREASE RESERVOIR BAGS	P	QL(3 EA per 180 day(s) retail; 3 EA per 180 days mail)
EASY FLOW BLACK/WHITE DEVI	P	RX/OTC	INSPIREASE MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC	MICROCHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	P	RX/OTC	MICROCHAMBER MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	RX/OTC	MICROSPACER MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW WHITE/PINK DEVI	P	RX/OTC	NAVAGE NASAL ASPIRATOR BABY DEVI	P	RX/OTC
EASY FLOW WHITE/WHITE DEVI	P	RX/OTC	NEBULIZER CUP/TUBING DEVI	P	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	P	RX/OTC	OMBRA TABLE TOP COMPRESSOR 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	ONE FLOW SPIROMETER DEVI	P	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	OPTICHAMBER DIAMOND 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	OPTICHAMBER DIAMOND-LG MASK 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			
FLEXICHAMBER 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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OPTICHAMBER DIAMOND-MD MASK MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PROCARE SPACER/CHILD MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PROCHAMBER VHC DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	PURE COMFORT 3-BALL BREATHE EX DEVI	P	RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI TREK S COMBO PACK DEVI	P	RX/OTC	QUAKE DEVI	P	RX/OTC
POCKET CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	RITEFLO DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
POCKET SPACER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	SPIRO PD 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	THRESHOLD PEP 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	VERSAPAP W/UNIVERSAL TUBING 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	VERSAPAP DEVI	P	RX/OTC
PROCARE SPACER/ADULT MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			VORTEX HOLD CHMBR/MASK/TODDLER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
			VORTEX VALVE CHAMBER-PEDI MASK DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC	<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	PA	AL(At least 18 yrs old); PA
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>			<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	PA	PA
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			MIGRANAL SOLN NA (Use <i>dihydroergotamine mesylate</i> )	NF	
AIMOVIG			Migraine Products - NSAIDs		
PA	PA		CAMBIA (Use <i>diclofenac potassium (migraine)</i> )	NF	
AJOVY SOAJ	PA	PA	<i>diclofenac potassium (migraine)</i>	NP	
AJOVY SOSY	PA	PA	ELYXYB	NP	
EMGALITY (300 MG DOSE) SOSY	NP		Serotonin Agonists		
EMGALITY SOAJ	PA	PA	<i>almotriptan malate</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
EMGALITY SOSY	PA	PA	<i>eletriptan hydrobromide</i>	NP	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
NURTEC	PA	QL(0.54 EA daily); PA	FROVA (Use <i>frovatriptan succinate</i> )	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
QULIPTA	PA	QL(1 EA daily); PA	<i>frovatriptan succinate</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
UBRELVY	PA	QL(0.534 EA daily); PA	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
VYEPTI	NP		IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
ZAVZPRET	NP		IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i> )	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
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 (Use <i>sumatriptan-naproxen sodium</i> )	NF	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)			
Migraine Products					
BREKIYA SOAJ SC 1 MG/ML	PA	PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)	<i>sumatriptan 20 MG/ACT</i>	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
IMITREX TABS 25 MG (Use <i>sumatriptan succinate</i> )	NP	QL(18 EA per 30 day(s) retail; 18 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)
IMITREX TABS 50 MG, 100 MG (Use <i>sumatriptan succinate</i> )	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i> )	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	NP	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)
MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i> )	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>sumatriptan succinate TABS 50 MG, 100 MG</i>	P	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
<i>naratriptan hcl</i>	NP	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)	<i>sumatriptan succinate TABS 25 MG</i>	P	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
RELPAK 40 MG (Use <i>eletriptan hydrobromide</i> )	NF	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	TOSYMRA	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
RELPAK (Use <i>eletriptan hydrobromide</i> )	P	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)	ZEMBRACE SYMTOUCH SOAJ	NP	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
REYVOW	NP	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)	<i>zolmitriptan SOLN</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
<i>rizatriptan benzoate TABS</i>	P	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	<i>zolmitriptan TABS 2.5 MG</i>	NP	QL(12 EA per 30 day(s) retail; 12 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)	<i>zolmitriptan TABS 5 MG</i>	NP	QL(6 EA per 30 day(s) retail; 6 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>zolmitriptan TBDP</i>	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZOMIG SOLN ( <i>Use zolmitriptan</i> )	NP	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	SODIUM FLUORIDE SOLN 0.5 MG/ML	P	AL(Up to 15 yrs old); RX/OTC
ZOMIG SOLN ( <i>Use zolmitriptan</i> )	NF	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)	Magnesium		
			<i>magnesium oxide (mg supplement) TABS</i>	P	
			Phosphate		
<b>MINERALS &amp; ELECTROLYTES</b>			K-PHOS-NEUTRAL ( <i>Use pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )	NF	QL(8 EA daily); RX/OTC
Calcium			PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG ( <i>Use pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )	NF	QL(8 EA daily); RX/OTC
CALCIUM 600 +D HIGH POTENCY TABS	P	QL(2 EA daily)	<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	P	QL(8 EA daily); RX/OTC
CALCIUM CARB-CHOLECALCIFEROL CHEW	P		WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	P	QL(8 EA daily); RX/OTC
CALCIUM CARBONATE CHEW	P		Potassium		
<i>calcium carbonate-cholecalciferol TABS</i>	P		EFFER-K TBEF 25 MEQ	P	
<i>calcium carbonate TABS 1250 MG, 500 MG</i>	P		KLOR-CON 10 TBCR 10 MEQ ( <i>Use potassium chloride</i> )	NF	
<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	P	QL(2 EA daily)	KLOR-CON TBCR 8 MEQ ( <i>Use potassium chloride</i> )	NF	
<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P		K-TAB TBCR 20 MEQ ( <i>Use potassium chloride</i> )	NF	
<i>calcium citrate TABS</i>	P		<i>potassium bicarbonate TBEF</i>	P	
CALCIUM CHEW	P		<i>potassium chloride microencapsulated crystals er</i>	P	
<i>oyster shell</i>	P		<i>potassium chloride CPCR 8 MEQ</i>	P	QL(1 EA daily)
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P		<i>potassium chloride CPCR 10 MEQ</i>	P	
PARVA-CAL 200 UNIT-500 MG	P		<i>potassium chloride PACK PO 20 MEQ</i>	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
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	P	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	P	
<b>Sodium</b>		
<i>sodium chloride SOLN IV 0.9 %</i>	P	
SODIUM CHLORIDE SOLN IJ 0.9 %	P	
<b>Zinc</b>		
<i>zinc sulfate CAPS</i>	P	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
CUPRIMINE CAPS ( <i>Use penicillamine</i> )	NF	
CUVRIOR	PA	PA
DEPEN TITRATABS TABS ( <i>Use penicillamine</i> )	PA	PA
<i>penicillamine CAPS</i>	PA	PA
<i>penicillamine TABS</i>	PA	PA
<b>Enzymes</b>		
XIAFLEX	PA	QL(2 EA per fill retail; 2 per fill mail); AL(At least 18 yrs old); PA
<b>Immunomodulators</b>		
JOENJA	PA	QL(2 EA daily); AL(At least 12 yrs old); PA
<i>lenalidomide</i>	PA	PA
REVLIMID	PA	PA
RYSTIGGO	NP	
THALOMID 50 MG, 100 MG, 200 MG	PA	PA
VYVGART	NP	
VYVGART HYTRULO SC	NP	
VYVGART HYTRULO	NP	

Drug Name	Drug Tier	Requirements/Limits
<b>Immunosuppressive Agents</b>		
<i>azathioprine TABS 50 MG</i>	P	
<i>azathioprine TABS 75 MG, 100 MG</i>	P	QL(3 EA daily)
CELLCEPT INTRAVENOUS ( <i>Use mycophenolate mofetil hcl</i> )	NF	
CELLCEPT CAPS ( <i>Use mycophenolate mofetil</i> )	NF	QL(2 EA daily)
CELLCEPT SUSR ( <i>Use mycophenolate mofetil</i> )	NF	QL(15 ML daily)
CELLCEPT TABS ( <i>Use mycophenolate mofetil</i> )	NF	QL(4 EA daily)
<i>cyclosporine modified (for microemulsion) CAPS</i>	P	QL(4 EA daily)
<i>cyclosporine modified (for microemulsion) SOLN</i>	P	QL(8 ML daily)
<i>cyclosporine CAPS</i>	P	QL(4 EA daily)
<i>cyclosporine SOLN IV 50 MG/ML</i>	P	
ENSPRYNG	NP	
<i>everolimus (immunosuppressant)</i>	P	
IMURAN TABS ( <i>Use azathioprine</i> )	NF	
<i>mycophenolate mofetil hcl</i>	P	
<i>mycophenolate mofetil CAPS</i>	P	QL(2 EA daily)
<i>mycophenolate mofetil SUSR</i>	P	QL(15 ML daily)
<i>mycophenolate mofetil TABS</i>	P	QL(4 EA daily)
<i>mycophenolate sodium 360 MG</i>	P	QL(4 EA daily)
<i>mycophenolate sodium 180 MG</i>	P	QL(2 EA daily)
MYFORTIC 360 MG ( <i>Use mycophenolate sodium</i> )	NF	QL(4 EA daily)
MYFORTIC 180 MG ( <i>Use mycophenolate sodium</i> )	NF	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEORAL CAPS ( <i>Use cyclosporine modified (for microemulsion)</i> )	NF	QL(4 EA daily)	<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
NEORAL SOLN ( <i>Use cyclosporine modified (for microemulsion)</i> )	NF	QL(8 ML daily)	<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	NP	
PROGRAF CAPS ( <i>Use tacrolimus</i> )	NF	QL(3 EA daily)	VELTASSA	NP	
PROGRAF PACK	P		<b>Scclerosing Agents</b>		
PROGRAF SOLN 5 MG/ML ( <i>Use tacrolimus</i> )	NF		<i>sodium tetradecyl sulfate</i>	PA	PA
RAPAMUNE SOLN ( <i>Use sirolimus</i> )	NF		<b>Systemic Lupus Erythematosus Agents</b>		
RAPAMUNE TABS ( <i>Use sirolimus</i> )	NF		BENLYSTA SOAJ	PA	AL(At least 5 yrs old); PA
SANDIMMUNE CAPS ( <i>Use cyclosporine</i> )	NF	QL(4 EA daily)	BENLYSTA SOLR	PA	AL(At least 5 yrs old); PA
SANDIMMUNE SOLN PO 100 MG/ML	P	QL(8 ML daily)	BENLYSTA SOSY	PA	AL(At least 18 yrs old); PA
SANDIMMUNE SOLN IV 50 MG/ML	P		SAPHNELO	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
<i>sirolimus SOLN</i>	P		<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>sirolimus TABS</i>	P		<b>Anesthetics Topical Oral</b>		
<i>tacrolimus CAPS</i>	P	QL(3 EA daily)	<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ML per fill retail; 100 per fill mail)
<i>tacrolimus SOLN 5 MG/ML</i>	P		<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(15 ML per fill retail; 15 per fill mail)
UPLIZNA	NP	QL(30 ML per fill retail; 30 per fill mail); AL(At least 18 yrs old)	<i>lidocaine hcl (mouth-throat) 4 %</i>	P	QL(4 ML per fill retail; 4 per fill mail)
ZORTRESS ( <i>Use everolimus (immunosuppressant)</i> )	NF		<b>Anti-infectives - Throat</b>		
<b>PIK3CA-Related Overgrowth Spectrum (PROS) Agents</b>			NYSTATIN ( <i>Use nystatin (mouth-throat)</i> )	NF	QL(120 ML per fill retail; 120 per fill mail)
VIJOICE TBPk	PA	PA	<i>nystatin (mouth-throat)</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<b>Potassium Removing Agents</b>			<b>Antiseptics - Mouth/Throat</b>		
LOKELMA	P		<i>chlorhexidine gluconate (mouth-throat)</i>	P	
<i>sodium polystyrene sulfonate POWD</i>	P				

Drug Name	Drug Tier	Requirements/Limits
PERIDEX (Use chlorhexidine gluconate (mouth-throat))	NF	
<b>Dental Products</b>		
FRAICHE 5000 DENTAL GEL 1.1 % (Use sodium fluoride (dental))	NF	QL(60 GM per fill retail; 60 per fill mail)
PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	NF	QL(60 ML per fill retail; 60 per fill mail)
PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))	NF	QL(60 GM per fill retail; 60 per fill mail)
PREVIDENT GEL (Use sodium fluoride (dental))	NF	QL(60 GM per fill retail; 60 per fill mail)
PREVIDENT SOLN (Use sodium fluoride (dental))	NF	
SF 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental))	NF	QL(60 GM per fill retail; 60 per fill mail)
SF GEL 1.1 % (Use sodium fluoride (dental))	NF	QL(60 GM per fill retail; 60 per fill mail)
sodium fluoride (dental) CREA	P	QL(60 GM per fill retail; 60 per fill mail)
sodium fluoride (dental) GEL	P	QL(60 GM per fill retail; 60 per fill mail)
sodium fluoride (dental) SOLN 0.2 %	P	
SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental))	NF	QL(60 GM per fill retail; 60 per fill mail)
<b>Steroids - Mouth/Throat/Dental</b>		
triamcinolone acetonide (mouth)	P	
<b>Throat Products - Misc.</b>		
AQUORAL SOLN	P	QL(900 ML per fill retail; 900 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
<i>multiple vitamins w/ iron TABS</i>	P	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI-VITAMIN/IRON TABS 50 MG-1 MG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-18 MG	P	QL(1 EA daily); RX/OTC
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	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
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	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
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	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
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	STRESS FORMULA/IRON/ENERGY TABS	P	QL(1 EA daily); RX/OTC
			STRESS FORMULA/IRON TABS	P	QL(1 EA daily); RX/OTC
			TAB-A-VITE/IRON/BETA CAROTENE TABS	P	QL(1 EA daily); RX/OTC
			TAB-A-VITE/IRON TABS 400 UNIT-60 MG-2 MG-0.4 MG-1.5 MG-6 MCG-1.7 MG-20 MG-5000 UNIT-15 UNIT-18 MG, 50 MG-1 MG-400 MCG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-15 MG	P	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Minerals					

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	ABC COMPLETE MENS TABS	P	QL(1 EA daily); RX/OTC
			ABC COMPLETE SENIOR 50+ TABS	P	QL(1 EA daily); RX/OTC
			ABC COMPLETE SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
			ABC COMPLETE SENIOR WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
			ABC COMPLETE WOMENS TABS	P	QL(1 EA daily); RX/OTC
			ACTICAL CAPS	P	RX/OTC
			ACTIVNUTRIENTS PERFORMANCE CAPS	P	RX/OTC
			ACTIVNUTRIENTS W/O IRON CAPS	P	RX/OTC
			ACTIVNUTRIENTS CAPS	P	RX/OTC
			ADVANCED EYE HEALTH CAPS	P	RX/OTC
			AFLORA TABS	P	QL(1 EA daily); RX/OTC
			ALIVE CALCIUM BONE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
			ALIVE DAILY ENERGY TABS	P	QL(1 EA daily); RX/OTC
			ALIVE DIABETIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
			ALIVE ENERGY 50+ TABS	P	QL(1 EA daily); RX/OTC
			ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	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
ABC COMPLETE ADULT TABS	P	QL(1 EA daily); RX/OTC	ALIVE MENS COMPLETE MULTI TABS	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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALIVE MENS ULTRA TABS	P	QL(1 EA daily); RX/OTC	AZO HORMONAL HEALTH HAPPY CYCL TABS	P	QL(1 EA daily); RX/OTC
ALIVE MULTI-VITAMIN LIQD	P	RX/OTC	BACMIN TABS	P	QL(1 EA daily); RX/OTC
ALIVE ONCE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC	BARIATRIC MULTIVITAMINS/IRON CAPS	P	RX/OTC
ALIVE ULTRA POTENCY ADULT TABS	P	QL(1 EA daily); RX/OTC	BARIATRIC MULTIVITAMINS CAPS	P	RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC	BARIATRIC MULTIVITAMINS TABS	P	QL(1 EA daily); RX/OTC
ALIVE WOMENS 50+ COMPLETE MV TABS	P	QL(1 EA daily); RX/OTC	BASIC AM TABS	P	QL(1 EA daily); RX/OTC
ALIVE WOMENS ENERGY TABS	P	QL(1 EA daily); RX/OTC	BASIC PM TABS	P	QL(1 EA daily); RX/OTC
ALPHA BETIC TABS	P	QL(1 EA daily); RX/OTC	BIO-35 GLUTEN-FREE 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	BIO-35 IRON FREE 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	BIOCAL CAPS	P	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	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
ANTIOXIDANT FORMULA TABS	P	QL(1 EA daily); RX/OTC	BIOTECT PLUS CAPS	P	RX/OTC
ANTIOXIDANT VITAMINS TABS 60 MG-30 UNIT-2 MG-40 MG-40 MCG-5000 UNIT	P	QL(1 EA daily); RX/OTC	BLOOD SUGAR MANAGER TABS	P	QL(1 EA daily); RX/OTC
APETIBEX CAPS	P	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
APPE-CURB CAPS	P	RX/OTC	BONEUP 3 PER DAY CAPS	P	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE TABS	P	QL(1 EA daily); RX/OTC	BONEUP VEGETARIAN TABS	P	QL(1 EA daily); RX/OTC
			BONEUP CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BOOSTNOW IMMUNE SUPPORT CAPS	P	RX/OTC	CENTRAVITES ADULTS 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	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
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	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
BURIED TREASURE ACTIVE 55 PLUS LIQD	P	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
CELEBRATE MULTI-COMplete 18 CAPS	P	RX/OTC	CENTRUM CARDIO TABS	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 36 CAPS	P	RX/OTC			
CELEBRATE MULTI-COMplete 45 CAPS	P	RX/OTC			
CELEBRATE MULTI-COMplete 60 CAPS	P	RX/OTC			
CENTAVITE A-Z COMPLETE-MINERAL TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC			
CENTRAVITES 50 PLUS TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits				
CENTRUM MENOPAUSE HOT FLASH TABS	P	QL(1 EA daily); RX/OTC	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 MEN TABS	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 MINIS ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC			CENTRUM SILVER ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC		
CENTRUM MINIS MEN 50+ 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 MINIS WOMEN 50+ TABS	P	QL(1 EA daily); 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 MINIS WOMEN IMMUNE SUP TABS	P	QL(1 EA daily); 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 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							

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 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
CENTRUM SPECIALIST HEART TABS	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
CENTRUM SPECIALIST IMMUNE TABS	P	QL(1 EA daily); RX/OTC			
CENTRUM SPECIALIST VISION TABS	P	QL(1 EA daily); RX/OTC			
CENTRUM ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	CITRACAL +D3 TABS	P	QL(1 EA daily); 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	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
CENVITE LIQD	P	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
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	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
CERTAVITE SENIOR/ANTIOXIDANT TABS	P	QL(1 EA daily); RX/OTC	COMPLETIA DIABETIC MULTIVIT TABS	P	QL(1 EA daily); RX/OTC
CERTAVITE SENIOR TABS	P	QL(1 EA daily); RX/OTC	CORAL CALCIUM PLUS CAPS	P	RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	P	QL(1 EA daily); RX/OTC	COREVIA TABS	P	QL(1 EA daily); RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	P	RX/OTC	CULTURELLE PROBIOTIC MEN DAILY CAPS	P	RX/OTC
			CVS ADULT 50+ EYE HEALTH CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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 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	CVS ONE DAILY WOMENS 50+ ADV TABS	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIV/MINERAL MENS TABS	P	QL(1 EA daily); RX/OTC	CVS ONE DAILY WOMENS FORMULA TABS 75 MG-1.7 MG-1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-700 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-150 MCG-7.5 MG-1.8 MG-25 MCG-27.5 MCG, 75 MG-1.7 MG-1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-700 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-7.5 MG-150 MCG-1.8 MG-25 MCG-27.5 MCG	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN MENS TABS	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ADULT 50+ TABS	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN WOMENS TABS	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ADULTS TABS	P	QL(1 EA daily); 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			
CVS EYE HEALTH ADULT 50+ CAPS	P	RX/OTC			
CVS IMMUNE SUPPORT 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 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 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 MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG- 20 MG-6 MG-10 MG-1.7 MG-300 MCG-600 MCG- 25 MCG-27 MG-75 MG-4 MG-50 MCG-5 MCG-80 MG-2 MG-60 MCG-0.5 MG-10 MCG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG- 100 MCG-72 MG, 120 MG-6 MG-30 MCG-27 MG-300 MCG-25 MCG- 100 MCG-1.7 MG-60 MCG-20 MG-300 MCG- 1050 MCG-10 MG-600 MCG-1.5 MG-75 MG-15 MG-210 MG-80 MG-50 MCG-150 MCG-20 MG- 0.5 MG-5 MCG-4 MG-21 MCG-10 MCG-60 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE 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 ULTRA MEN 50+ TABS	P	QL(1 EA daily); RX/OTC
			CVS SPECTRAVITE ULTRA MENS TABS	P	QL(1 EA daily); 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 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 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
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	DAILY BETIC TABS 60 MG-2.5 MG-75 MCG-200 MCG-50 MG-200 UNIT-5 MCG-2500 UNIT-1.7 MG-20 MG-250 MCG-10 MG-100 MG-1.5 MG-100 MG-30 UNIT-50 MG-75 MCG-7.5 MG-2.5 MG-25 MCG-50 MCG-100 MCG	P	QL(1 EA daily); RX/OTC
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	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
CVS VISION HEALTH CAPS	P	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
DECUBI-VITE CAPS	P	RX/OTC	DIALYVITE SUPREME D TABS	P	QL(1 EA daily); RX/OTC
DEKAS PLUS OCEAN CAPS	P	RX/OTC	DIATROL TABS	P	QL(1 EA daily); RX/OTC
DEKAS PLUS CAPS	P	RX/OTC	DRY EYE FORMULA CAPS 33.333 MG-3.333 MG-16.667 UNIT-6.667 MG-133.333 MG-166.667 MG	P	RX/OTC
DEPLIN MA CAPS	P	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
DEPLINPRO MOOD HEALTH CAPS	P	RX/OTC	EQ COMPLETE MULTIVITAMIN-ADULT TABS	P	QL(1 EA daily); RX/OTC
DERMACINRX MULTITAM TABS	P	QL(1 EA daily); RX/OTC	EQ ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
DERMACINRX RIBOTIN-E TABS	P	QL(1 EA daily); RX/OTC	EQ ONE DAILY MENS HEALTH TABS	P	QL(1 EA daily); RX/OTC
DERMACINRX ZINTREXYL-C TABS	P	QL(1 EA daily); RX/OTC	EQ ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
DERMAVITE TABS	P	QL(1 EA daily); RX/OTC	EQ ONE DAILY WOMENS HEALTH 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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQ VISION FORMULA 50+ CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC	EQL CENTURY WOMENS TABS	P	QL(1 EA daily); RX/OTC
EQL CENTURY MATURE ADULTS 50+ TABS	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
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	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
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	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
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	EQL ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
EQL CENTURY MENS 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQL VISION FORMULA TABS 200 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	FITNESS TABS FOR MEN AM/PM TABS	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	FITNESS TABS FOR WOMEN AM/PM TABS	P	QL(1 EA daily); RX/OTC
			FLORRAVITE TABS	P	QL(1 EA daily); RX/OTC
			FLORRAXYL TABS	P	QL(1 EA daily); RX/OTC
			FOLAGENT DHA CAPS	P	RX/OTC
			FOLAMAX TABS	P	QL(1 EA daily); RX/OTC
			FOLAMED DHA CAPS	P	RX/OTC
			FOLAPRIME TABS	P	QL(1 EA daily); RX/OTC
			FOLASYNC DHA CAPS	P	RX/OTC
			FOLATEN TABS	P	QL(1 EA daily); RX/OTC
			FOLIFLEX TABS	P	QL(1 EA daily); RX/OTC
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	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
ESTROVEN MENOPAUSE SUPPLEMENT TABS	P	QL(1 EA daily); RX/OTC	FT EYE HEALTH TABS	P	QL(1 EA daily); RX/OTC
EVERVITA TABS	P	QL(1 EA daily); RX/OTC	FT HAIR SKIN & NAILS EXTRA STR TABS	P	QL(1 EA daily); RX/OTC
EYE HEALTH + LUTEIN TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS 50+ 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
FT ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY MATURE WOMEN'S 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-80 MG-300 MG-50 MCG-150 MCG-15.8 MG-20 MG-0.5 MG-2.3 MG-1050 MCG-22 MCG-52 MCG-72 MG	P	QL(1 EA daily); RX/OTC
FT ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC		P	QL(1 EA daily); RX/OTC
FT ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC		P	QL(1 EA daily); RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	P	QL(1 EA daily); RX/OTC		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		P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULT FORMULA TABS 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC		P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULTS MEN TABS	P	QL(1 EA daily); RX/OTC	GNP HAIR SKIN & NAILS EXTRA ST TABS	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULTS WOMEN TABS	P	QL(1 EA daily); RX/OTC	GNP HAIR/SKIN/NAILS TABS 50 MG-3.5 MG-6.5 MG-25 MCG-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-5 MG-25 MG-10 MG-10 MG-15 MG-3.3 MG-10 MG-5 MG-20 MG-0.5 MG-150 MCG-25 UNIT-54 MG-73 MG-897 MCG-10 MG-50 MG-0.6 MG-10 MG	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULT TABS	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 CENTURY MATURE ADULTS 50+ 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
GNP CENTURY MATURE MEN'S 50+ TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP MEGA MULTI FOR MEN TABS 150 MG-125 MCG-200 MCG-15 MG-15 MG-2.5 MG-5 MG-5 MG-15 MG-15 MG-15 MG-5 MG-250 MCG-5 MG-175 MCG-2.5 MCG-33.5 MG-25 MG-50 MG-2.5 MG-25 MCG-1 MG-12.5 MG-105 MG-75 MCG-50 MCG-25 MG-1500 MCG-37.5 MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 MG-35 MG-35 MG-15 MG-25 MG-25 MG, 150 MG-25 MG-15 MG-125 MCG-50 UNIT-200 MCG-2.5 MG-5 MG-100 UNIT-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-100 MG-2.5 MG-5000 UNIT-75 MCG-25 MG-12.5 MG-25 MCG-5 MCG-15 MG-15 MG-35 MG-35 MG-50 MCG-35 MG-25 MG-25 MG	P	QL(1 EA daily); RX/OTC	GNP 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
			GNP ONE DAILY MENS HEALTH TABS	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
			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
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 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
GNP ONE DAILY MAXIMUM TABS	P	QL(1 EA daily); RX/OTC	GNP THERAPEUTIC-M TABS	P	QL(1 EA daily); RX/OTC
			HAIR SKIN & NAILS ADVANCED TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAIR SKIN & NAILS TABS	P	QL(1 EA daily); RX/OTC	HI-KOVITE 2-PART FORMULA TABS 400	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	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		
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	HM COMPLETE MEN TABS	P	QL(1 EA daily); RX/OTC
HAIR/SKIN/NAI LS CAPS	P	RX/OTC	HYLAZINC TABS	P	QL(1 EA daily); RX/OTC
HAIR/SKIN/NAI LS TABS	P	QL(1 EA daily); RX/OTC	ICAPS AREDS FORMULA TABS	P	QL(1 EA daily); RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	P	QL(1 EA daily); RX/OTC	ICAPS LUTEIN & OMEGA-3 CAPS 240	P	RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	P	RX/OTC	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		
HEALTHY EYES/LUTEIN-ZEAXANTHIN CAPS 60 MG-13.5 MG-6 MG-15 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
HEALTHY EYES TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 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
HIGH POTENCY MULTIVIT/FA TABS	P	QL(1 EA daily); 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
KEYLOSA TABS	P	QL(1 EA daily); RX/OTC	KP MENS 50+ DAILY FORMULA TABS 120 MG- 6 MG-30 MCG-400 MCG- 700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-110 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-117 MCG, 60 MG-6 MG-30 MCG-400 MCG- 700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-300 MG-4.5 MG-100 MG-22.5 MG-120 MG-90 MCG-150 MCG- 22.5 UNIT-2 MG-4 MG- 180 MCG-110 MCG-120 MG	P	QL(1 EA daily); RX/OTC
KP 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	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 ADULTS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG- 400 UNIT-6 MCG-1.7 MG- 25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG- 75 MCG-200 MG-45 MCG-150 MCG-30 UNIT- 20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 UNIT-1.7 MG- 25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG- 200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	KP VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT- 55 MCG	P	QL(1 EA daily); RX/OTC
			KP VISION FORMULA TABS 60 MG-40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
KP WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-50 MG-15 MG-500 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.6 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC	MACULAR HEALTH FORMULA CAPS 250 MG-10 MG-100 MCG-10 MG-500 UNIT-5 MG-5 MG-1 MG-1 MG-20 MG-25 MCG-200 UNIT-7.5 MG-10 MG	P	RX/OTC
K-PAX IMMUNE PROFESSIONAL ST TABS	P	QL(1 EA daily); RX/OTC	MACUVITE EYE CARE TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT	P	QL(1 EA daily); RX/OTC
LIVER DETOX TABS	P	QL(1 EA daily); RX/OTC	MACUVITE TABS 60 MG-40 MG-2 MG-40 MCG-30 UNIT-5000 UNIT	P	QL(1 EA daily); RX/OTC
LIVITA ADULTS LIQD	P	RX/OTC			
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
MAXIMUM DAILY GREEN TABS 333.333 MG-8.333 MG-16.666 MCG-133.333 MCG-8.333 MG-8.333 MG-133.333 UNIT-8.333 MCG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-6.666 MG-8.333 MG-1.333 MG-333.333 MG-83.333 UNIT-33.333 MG-5000 UNIT-5 MG-33.333 MG-1.333 MG-16.666 MCG-20 MG-0.333 MG-33.333 MCG-0.333 MG-5 MG-83.333 MG-50 MCG-10 MG-25 MCG-3.333 MG-33.333 MG-8.333 MG-1.666 MG-6.666 MG-6.666 MG-1.666 MG-0.833 MG-11.666 MG-3.333 MG-1.666 MG-33.333 MG-3.333 MG-3.333 MG-3.333 MG-16.666 MG-33.333 MG-33.333 MG-3.333 MG-3.333 MG-8.333 MG	P	QL(1 EA daily); RX/OTC	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
MEDI TAB TABS	P	QL(1 EA daily); RX/OTC	MENATROL CAPS	P	RX/OTC
MEGA MULTI FOR WOMEN TABS	P	QL(1 EA daily); RX/OTC	MENS 50+ ADVANCED CAPS	P	RX/OTC
MEGA MULTI MEN TABS	P	QL(1 EA daily); RX/OTC	MENS 50+ MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
MEGAVITE FRUITS & VEGGIES 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
MEGAVITE GOLDEN YEARS 55+ TABS	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
MOOD FOOD CAPS	P	RX/OTC	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 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 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 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
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	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 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-162 MG-150 MCG-75 MCG-4 MG-60 UNIT-2500 UNIT-105 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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN ADULTS 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-12.5 MCG-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-750 MCG-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-22.75 MG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-20 MG-50 MG-	P	QL(1 EA daily); RX/OTC	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 ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-10 MCG-6 MCG-1.7 MG-25 MCG-20 MG-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-13.5 MG-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-1050 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-2 MG-10 MCG-35 MCG-0.5 MG-10 MCG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
			MULTIVITAMIN HEALTH FORM/CA/FE TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 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 MEN TABS	P	QL(1 EA daily); RX/OTC			
MULTI-VITAMIN MONOCAPS TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN 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	MVW COMPLETE FORMULATION CAPS	P	RX/OTC
MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC	MVW MODULATOR FORMULATION MINI CAPS	P	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	MVW MODULATOR FORMULATION CAPS	P	RX/OTC
MULTIVITAMIN/ZINC STRESS TABS	P	QL(1 EA daily); RX/OTC	MYAMULTI TABS 60 MG-3 MG-30 MCG-400 MCG-1.7 MG-6 MCG-10 MG-2 MG-20 MG-5000 UNIT-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-25 MCG-5 MCG-40 MG-10 MCG-150 MCG-25 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-25 MCG-10 MCG-25 MCG-36.3 MG	P	QL(1 EA daily); RX/OTC
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	NAT-RUL THERAVITE-M TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC	NATRUL-VITES TABS	P	QL(1 EA daily); RX/OTC
MULTI-VITE LIQD	P	RX/OTC	NEOVITE TABS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	P	RX/OTC	NICADAN TABS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	P	RX/OTC	NICAZEL FORTE TABS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	P	RX/OTC	NICAZEL TABS	P	QL(1 EA daily); RX/OTC
			NO IRON MULT VITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC
			NUTRALYN TABS	P	QL(1 EA daily); RX/OTC
			NUTRICAP 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
OCUTABS-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT- 55 MCG	P	QL(1 EA daily); RX/OTC	ONE A DAY MEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
OCUTABS TABS 113 MG- 17.4 MG-0.4 MG-100 UNIT-7160 UNIT, 200 MG- 2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	ONE A DAY POSTNATAL CAPS	P	RX/OTC
OCUVEL CAPS 250 MG- 0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC	ONE A DAY TRIPLE IMMUNE SUPPRT TABS	P	QL(1 EA daily); RX/OTC
OCUVITE ADULT 50+ CAPS	P	RX/OTC	ONE A DAY WOMEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
OCUVITE ADULT FORMULA CAPS	P	RX/OTC	ONE A DAY WOMENS MULTI 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	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
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	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
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	ONE DAILY COMPLETE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG- 700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC
OCUVITE EYE PERFORMANCE CAPS	P	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
OCUVITE-LUTEIN CAPS	P	RX/OTC			
OCUVITE-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT- 55 MCG	P	QL(1 EA daily); RX/OTC			
ONCOVITE TABS	P	QL(1 EA daily); RX/OTC			
ONE A DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY FOR MEN 50+ ADVANCED TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-4 MG-180 MCG-105 MCG-120 MG	P	QL(1 EA daily); RX/OTC	ONE 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 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 HEALTHY WEIGHT TABS 60 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.125 MG-25 MG-12.5 MG-18 MG-300 MG-1.9 MG-50 MG-15 MG-2500 UNIT-30 UNIT-2 MG-2 MG-200 MCG-80 MCG-70 MCG-32 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-200 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG-150 MCG-150 MCG-75 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-10 MCG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY FOR WOMEN 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 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 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 MEN FORMULA W/O IRON TABS	P	QL(1 EA daily); RX/OTC
			ONE DAILY MENS 50+ MULTIVIT TABS	P	QL(1 EA daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS PETITES TABS 30 MG-1 MG-15 MCG-200 MCG-500 UNIT-3 MCG-0.85 MG-12.5 MCG-5 MG-1250 UNIT-2.5 MG-9 MG-250 MG-0.75 MG-25 MG-7.5 MG-1 MG-11.25 UNIT-1 MG-60 MCG-10 MCG	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI CAPS CAPS	P	RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	P	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI-VIT/MINERAL TABS 50 MG-2 MG-20 MG-1 MG-1 MG-2.5 MG-10 MCG-4.5 MG-10 MG-1 MG-5 MCG-3.75 MG-150 MCG-5 MCG-1500 MCG-1 MCG	P	QL(1 EA daily); RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 EA daily); RX/OTC	ONEVITE TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY TEEN ADVANTAGE/HIM 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
ONE-A-DAY WEIGHT SMART ADVANCE TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC	OPTIC-VITES TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50 PLUS TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC	OPTIMUM PMS TABS 250 MG-4.16 MG-33.3 MCG-4.16 MG-10.4 MCG-2083.3 UNIT-4.16 MG-52.08 MG-4.16 MG-4.16 MG-16.7 UNIT-2.5 MG-41.7 MG-1.67 MG-7.9 MG-16.7 MCG-0.08 MG-4.16 MG-12.5 MCG-16.7 MCG-16.7 UNIT	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50+ 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+ 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
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	PREVENT CAPS	P	RX/OTC
OPURITY TABS	P	QL(1 EA daily); RX/OTC	PREV-RX TABS	P	QL(1 EA daily); RX/OTC
OSTEOPRIME PLUS TABS	P	QL(1 EA daily); RX/OTC	PROBIOTICS + BARIATRIC MULTI CAPS	P	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	PRO-CAL TABS	P	QL(1 EA daily); RX/OTC
PARVLEX TABS	P	QL(1 EA daily); RX/OTC	PROCERV HP TABS	P	QL(1 EA daily); RX/OTC
PHYTOMULTI TABS	P	QL(1 EA daily); RX/OTC	PROFOLA TABS	P	QL(1 EA daily); RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	P	RX/OTC	PRORENAL + D W/ OMEGA-3 CAPS	P	RX/OTC
PRESERVISION AREDS 2+COQ10 CAPS	P	RX/OTC	PRORENAL + D TABS	P	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2+MULTI VIT CAPS	P	RX/OTC	PROSIGHT TABS 60 MG- 40 MG-2 MG-30 MG-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2 CAPS	P	RX/OTC	PROTECT CARDIO AF CAPS	P	RX/OTC
PRESERVISION AREDS CAPS	P	RX/OTC	PROTECT PLUS SO CAPS	P	RX/OTC
PRESERVISION AREDS TABS	P	QL(1 EA daily); RX/OTC	PROTEGRA CAPS	P	RX/OTC
PRESERVISION/LUTEIN CAPS	P	RX/OTC	PROVIT TABS	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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
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 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
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	QUIN B STRONG TABS	P	QL(1 EA daily); RX/OTC
QC MULTI-VITE TABS	P	QL(1 EA daily); RX/OTC	QUINTABS-M TABS	P	QL(1 EA daily); RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	P	RX/OTC	RAYAVIT TABS	P	QL(1 EA daily); RX/OTC
			REMEDIENT CAPS	P	RX/OTC
			RENAL MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
			RENAPLEX-D 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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	SUPER ANTIOXIDANTS PROTECTOR CAPS 500 MG-400 UNIT-25000 UNIT-50 MCG	P	RX/OTC
SENTRY SENIOR MENS 50+ TABS	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
SENTRY SENIOR/LUTEIN 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
SENTRY SENIOR TABS	P	QL(1 EA daily); RX/OTC	SUPER D-ZINC-SELENIUM-COPPER TABS	P	QL(1 EA daily); RX/OTC
SENTRY TABS	P	QL(1 EA daily); RX/OTC	SUPER THERA VITE M TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC
SIDEROL TABS	P	QL(1 EA daily); RX/OTC			
SKIN HAIR & NAILS ADVANCED CAPS	P	RX/OTC			
SOLO TABS	P	QL(1 EA daily); RX/OTC			
SPECTRAVITE TABS	P	QL(1 EA daily); RX/OTC			
STRESS B COMPLEX/ANTIOXID/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 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	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
SUPERIOR MENS MULTI TABS	P	QL(1 EA daily); RX/OTC	THERAGRAN-M ADVANCED 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
SUPERIOR WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC	THERAGRAN-M ADVANCED TABS	P	QL(1 EA daily); RX/OTC
SUPPORT-500 CAPS	P	RX/OTC	THERAGRAN-M PREMIER 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
SUPPORT LIQD	P	RX/OTC	THERAGRAN-M PREMIER TABS	P	QL(1 EA daily); RX/OTC
SYSTANE ICAPS AREDS2 CAPS 250 MG-5 MG-1 MG-1 MG-12.5 MG- 200 UNIT	P	RX/OTC	THERAGRAN-M PREMIER TABS	P	QL(1 EA daily); RX/OTC
SYSTANE ICAPS AREDS2 TABS	P	QL(1 EA daily); RX/OTC	THERAGRAN-M 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-M PLUS MV W/BETA-CAROT TABS	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	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
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	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
THERA-TABS M TABS	P	QL(1 EA daily); RX/OTC	THERA-VITE MAX-M 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	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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	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
T-VITES TABS	P	QL(1 EA daily); RX/OTC	ULTRACHOICE ADV FORMULA MATURE TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-24 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-0.5 MG-100 MG-2 MG-13 MCG-1 MG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-2 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-90 MG-13 MCG-2 MG-5 MG-25 MG-10 MG-1 MG-0.5 MG-1 MG-25 MG-1 MG-1 MG	P	QL(1 EA daily); RX/OTC
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	ULTRACHOICE ADVANCED FORMULA TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-18 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-80 MG-2 MG-13 MCG-200 MCG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-5 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-72 MG-13 MCG-10 MG-25 MG-5 MG-10 MG-25 MG-5 MG-1 MG	P	QL(1 EA daily); RX/OTC
ULTRA BONEUP TABS	P	QL(1 EA daily); RX/OTC	ULTRACHOICE ADVANCED FORMULA TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-18 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-80 MG-2 MG-13 MCG-200 MCG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-5 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-72 MG-13 MCG-10 MG-25 MG-5 MG-10 MG-25 MG-5 MG-1 MG	P	QL(1 EA daily); RX/OTC
ULTRA 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	ULTRACHOICE ADVANCED FORMULA TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-18 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-80 MG-2 MG-13 MCG-200 MCG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-5 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-72 MG-13 MCG-10 MG-25 MG-5 MG-10 MG-25 MG-5 MG-1 MG	P	QL(1 EA daily); RX/OTC
ULTRA FREEDA TABS 133.333 UNIT-16.667 MG-100 MCG-266.667 MCG-16.667 MG-33.333 MCG-1666.667 UNIT-16.667 MG-33.333 MG-33.333 MG-333.333 MG-3.333 MG-33.333 MG-11.667 MG-7.5 MG-83.333 MG-50 MCG-33.333 MCG-33.333 MG-66.667 UNIT-4.167 MCG-66.667 MCG	P	QL(1 EA daily); RX/OTC	ULTRACHOICE ADVANCED FORMULA TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-18 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-80 MG-2 MG-13 MCG-200 MCG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-5 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-72 MG-13 MCG-10 MG-25 MG-5 MG-10 MG-25 MG-5 MG-1 MG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VENEXA FE TABS	P	QL(1 EA daily); RX/OTC	VITABASIC SENIOR TABS	P	QL(1 EA daily); RX/OTC
VENEXA TABS	P	QL(1 EA daily); RX/OTC	VITABEX PLUS CAPS	P	RX/OTC
VENTRIXYL FE TABS	P	QL(1 EA daily); RX/OTC	VITABEX CAPS	P	RX/OTC
VENTRIXYL TABS	P	QL(1 EA daily); 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
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	VITACORE TABS	P	QL(1 EA daily); RX/OTC
VISION FORMULA 2 CAPS 250 MG-5 MG-1 MG-10 MG-1 MG-90 MG	P	RX/OTC	VITAMIN D3 COMPLETE TABS	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	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
VISION HEALTH CAPS	P	RX/OTC	VITAMINS A-D- E/SELENIUM TABS 400 UNIT-10000 UNIT-100 UNIT-50 MCG	P	QL(1 EA daily); RX/OTC
VISION OPTIMIZER CAPS	P	RX/OTC	VITAROCA PLUS TABS 500 MG-25 MG-0.15 MG- 0.8 MG-50 MCG-20 MG- 100 MG-5000 UNIT-25 MG-27 MG-20 MG-50 MG- 5 MG-22.5 MG-3 MG-30 UNIT-0.1 MG	P	QL(1 EA daily); RX/OTC
VISION VITAMINS TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC	VITASANA TABS	P	QL(1 EA daily); RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	P	RX/OTC	VITATRUM TABS	P	QL(1 EA daily); RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	P	RX/OTC	VITEYES AREDS 2 FORMULA +MULTI 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	VITEYES AREDS 2 FORMULA CAPS	P	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	VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC
VITABASIC COMPLETE TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
VITEYES CLASSIC MACULAR SUPPOR CAPS	P	RX/OTC	WOMENS 50+ ADVANCED CAPS 72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-150 MCG-33 UNIT-5 MCG-10 MCG-180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG	P	RX/OTC	
VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC		P	QL(1 EA daily); RX/OTC	
VITEYES CLASSIC+OMEGA-3 CAPS	P	RX/OTC		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		P	QL(1 EA daily); RX/OTC	
VITEYES OPTIC NERVE SUPPORT TABS	P	QL(1 EA daily); RX/OTC		P	QL(1 EA daily); RX/OTC	
VITRAMYN 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
VITRANOL FE TABS	P	QL(1 EA daily); RX/OTC			P	QL(1 EA daily); RX/OTC
VITRANOL TABS	P	QL(1 EA daily); RX/OTC			P	QL(1 EA daily); RX/OTC
VITREXATE FE TABS	P	QL(1 EA daily); RX/OTC			P	QL(1 EA daily); RX/OTC
VITREXATE TABS	P	QL(1 EA daily); RX/OTC			P	QL(1 EA daily); RX/OTC
VITREXYL + IRON TABS	P	QL(1 EA daily); RX/OTC			P	QL(1 EA daily); RX/OTC
VITREXYL TABS	P	QL(1 EA daily); RX/OTC			P	QL(1 EA daily); RX/OTC
VITRUM 50+ ADULT-MULTI TABS	P	QL(1 EA daily); RX/OTC			P	QL(1 EA daily); RX/OTC
VITRUM 50+ SENIOR MULTI TABS	P	QL(1 EA daily); RX/OTC	P		QL(1 EA daily); RX/OTC	
WELLFOLA TABS	P	QL(1 EA daily); RX/OTC	P		QL(1 EA daily); RX/OTC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
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	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
YELETS TEENAGE FORMULA TABS	P	QL(1 EA daily); RX/OTC	DAILY VITES TABS 60 MG-2 MG-0.4 MG-1.5 MG- 6 MCG-5000 UNIT-10 MG-1.7 MG-20 MG-400 UNIT-30 UNIT	P	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid			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
QUFLORA FE	P	AL(Up to 20 yrs old)	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
Multivitamins			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
ALTRIXA TABS	P	QL(1 EA daily); RX/OTC	ESTROFACTORS TABS	P	QL(1 EA daily); RX/OTC
AMLADEX TABS	P	QL(1 EA daily); RX/OTC	FOLAWISE TABS	P	QL(1 EA daily); RX/OTC
ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	P	QL(1 EA daily); RX/OTC	FOLCYTEINE TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MENOPAUSE MIND/MOOD TABS	P	QL(1 EA daily); RX/OTC	GENICIN VITA-Q 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
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	MULTIVITAMIN ADULT TABS	P	QL(1 EA daily); RX/OTC
HEALTHY HAIR/SKIN/NAILS TABS 2 MG-2000 MCG-400 MCG-25 MG-100 MG-25 MCG-1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG	P	QL(1 EA daily); RX/OTC	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
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
MINCORA TABS	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
MULTI VITAMIN W/D-3 TABS	P	QL(1 EA daily); RX/OTC	NEOMULTIVITE TABS	P	QL(1 EA daily); RX/OTC
MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC	NEUVITE 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	OMNICAP 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	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
MULTIPLE VITAMINS TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-1.7 MG-20 MG-10 MG-1.5 MG-30 UNIT-5000 UNIT, 60 MG-400 MCG-2 MG-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-1.5 MG-400 UNIT-30 UNIT	P	QL(1 EA daily); RX/OTC	ONE DAILY ESSENTIALS TABS	P	QL(1 EA daily); RX/OTC
<i>multiple vitamin TABS</i>	P	QL(1 EA daily); RX/OTC	ONE DAILY ESSENTIAL TABS	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 ( <i>Use multiple vitamin</i> )	NF	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY MENS TABS <i>(Use multiple vitamin)</i>	NF	QL(1 EA daily); RX/OTC	TAB-A-VITE TABS 60 MG-2 MG-400 MCG-20	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	MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG		
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	THERA TABS	P	QL(1 EA daily); RX/OTC
QC ESSENTIALS TABS 60 MG-2 MG-400 MCG- 400 UNIT-6 MCG-1.7 MG- 20 MG-5000 UNIT-10 MG- 1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	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
QUINTABS TABS	P	QL(1 EA daily); RX/OTC	THEREMS TABS	P	QL(1 EA daily); RX/OTC
RELCARE TABS	P	QL(1 EA daily); RX/OTC	TM-DAILY VITE TABS	P	QL(1 EA daily); RX/OTC
STRESS FORMULA/ZINC/ENERG Y TABS	P	QL(1 EA daily); 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
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	TRUE MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
STRESSTABS ENERGY TABS	P	QL(1 EA daily); RX/OTC	VIREXA 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	VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT	P	QL(1 EA daily); RX/OTC
			VITALEE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
			VITRAX TABS	P	QL(1 EA daily); RX/OTC
			Ped Multi Vitamins w/Fl & FE		
			FLORAFOL FE PEDIATRIC SOLN	P	AL(Up to 20 yrs old)
			<i>ped multivitamins w/fl &amp; iron SOLN</i>	P	AL(Up to 20 yrs old); RX/OTC
			POLY-VI-FLOR/IRON CHEW	P	AL(Up to 20 yrs old)
			POLY-VI-FLOR/IRON SUSP	P	AL(Up to 20 yrs old); RX/OTC
			QUFLORA FE PEDIATRIC LIQD	P	AL(Up to 20 yrs old)
			Ped Multiple Vitamins w/ Minerals		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIVITA CHILDREN LIQD	P	AL(Up to 20 yrs old); RX/OTC	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	
Ped MV w/ Fluoride					
DAVIMET-FLUORIDE CHEW	P		GNP CHILDRENS CHEWABLES/IRON CHEW 15 MG	P	
FLORAFOL PEDIATRIC CHEW	P	AL(Up to 20 yrs old); RX/OTC	LAND BEFORE TIME MULTIVITAMIN CHEW 15 MG	P	
FLORAFOL PEDIATRIC SOLN	P	AL(Up to 20 yrs old); RX/OTC	MULTIVITAMIN DROPS/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
FLOTREX CHEW 0.5 MG	P	AL(Up to 20 yrs old); RX/OTC	PC PEDIATRIC POLY-VITA/FE DROP SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
MULTIVITAMIN/FLUORIDE CHEW	P	AL(Up to 20 yrs old); RX/OTC	<i>pediatric multiple vitamins w/ iron SOLN</i>	P	QL(50 ML per fill retail; 50 per fill mail)
MULTIVITAMIN/FLUORIDE SOLN	P	AL(Up to 20 yrs old); RX/OTC	POLY-VITA/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
MULTI-VIT-FLOR CHEW	P	AL(Up to 20 yrs old); RX/OTC	POLY-VITE/IRON SOLN	P	QL(50 ML per fill retail; 50 per fill mail)
<i>pediatric multivitamins w/fl CHEW</i>	P	AL(Up to 20 yrs old); RX/OTC	QC CHILDRENS VITAMINS/IRON CHEW 15 MG	P	
<i>pediatric multivitamins w/fl SOLN</i>	P	AL(Up to 20 yrs old); RX/OTC	Pediatric Multiple Vitamins		
<i>pediatric vitamins acd w/ fluoride SOLN</i>	P	AL(Up to 20 yrs old); RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
POLY-VI-FLOR CHEW	P	AL(Up to 20 yrs old); RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
POLY-VI-FLOR SUSP	P	AL(Up to 20 yrs old)	NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	P	
QUFLORA PEDIATRIC CHEW	P	AL(Up to 20 yrs old); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
QUFLORA PEDIATRIC SOLN	P	AL(Up to 20 yrs old); RX/OTC	POLY-VI-SOL SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	P	AL(Up to 20 yrs old)			
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
POLY-VITA SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)	M-NATAL PLUS TABS	P	RX/OTC
POLY-VITE PEDIATRIC SOLN PO	P	QL(50 ML per fill retail; 50 per fill mail)	MULTI PRENATAL TABS	P	QL(1 EA daily)
Prenatal Vitamins			NEONATAL PRENATAL TABS	P	QL(1 EA daily)
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	P		NEONATAL VITAMIN TABS	P	QL(1 EA daily)
CLASSIC PRENATAL TABS	P	QL(1 EA daily)	NEO-VITAL RX TABS	P	
COMPLETE NATAL DHA	P		NESTABS	P	
COMPLETENATE CHEW	P		NESTABS DHA	P	
CONCEPT DHA	P		NESTABS ONE	P	
CONCEPT OB	P		OB COMPLETE ONE	P	
CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-1800 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-113.5 MG-5 MG-35 MG	P		OB COMPLETE PETITE	P	
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	P	QL(1 EA daily)	OB COMPLETE PREMIER	P	
ENBRACE HR	P		OB COMPLETE/DHA	P	
EQL PRENATAL FORMULA TABS	P	QL(1 EA daily)	OB COMPLETE TABS	P	
FOLIVANE-OB	P		ONE VITE WOMENS TABS	P	QL(1 EA daily)
FT PRENATAL TABS	P	QL(1 EA daily)	PNV-OMEGA	P	
GNP PRENATAL/FOLIC ACID TABS	P	QL(1 EA daily)	PRENATAL (W/IRON & FA) TABS	P	QL(1 EA daily); RX/OTC
GNP PRENATAL TABS	P	QL(1 EA daily)	PRENATAL FORMULA CAPS	P	
JENLIVA PRENATAL/POSTNATAL CAPS	P	QL(1 EA daily)	PRENATAL FORTE TABS	P	QL(1 EA daily); RX/OTC
KP PRENATAL MULTIVITAMINS TABS	P	QL(1 EA daily)	PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	P	QL(1 EA daily); RX/OTC
KPN PRENATAL TABS	P	QL(1 EA daily)	PRENATAL ONE DAILY TABS	P	QL(1 EA daily)
MASONATAL 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
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)	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>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	P		PRENATE PIXIE	P	
PRENATAL/IRON TABS	P	QL(1 EA daily)	PRENATE RESTORE	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	PRENATVITE RX TABS	P	QL(1 EA daily); RX/OTC
PRENATAL TABS	P	QL(1 EA daily)	PRIMACARE	P	
PRENATE	P		PROVIDA OB	P	
PRENATE AM	P		QC PRENATAL TABS	P	QL(1 EA daily)
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		SELECT-OB+DHA MISC	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		SELECT-OB CHEW	P	
PRENATE ENHANCE	P		SE-NATAL 19 CHEW	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		SE-NATAL 19 TABS	P	RX/OTC
			SM PRENATAL VITAMINS TABS	P	QL(1 EA daily)
			TARON-C DHA	P	
			THRIVITE RX TABS	P	RX/OTC
			TRICARE TABS	P	RX/OTC
			TRINATAL RX 1 TABS	P	
			TRISTART DHA	P	
			VITAFOL FE+	P	
			VITAFOL GUMMIES	P	
			VITAFOL ULTRA	P	
			VITAFOL-OB+DHA MISC	P	
			VITAFOL-OB TABS	P	
			VITAFOL-ONE CAPS	P	
			WESCAP-C DHA	P	
			WESCAP-PN DHA	P	
			WESNATAL DHA COMPLETE	P	
			WESNATE DHA CAPS	P	
			WESTAB PLUS TABS	P	RX/OTC
			WESTGEL DHA	P	
Vitamins w/ Lipotropics					

Drug Name	Drug Tier	Requirements/Limits
<i>vitamins w/ lipotropics CAPS</i>	P	QL(1 EA daily)
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
Central Muscle Relaxants		
AMRIX CP24 ( <i>Use cyclobenzaprine hcl</i> )	NP	
BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML	NP	
<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	
<i>baclofen SUSP</i>	NP	
<i>baclofen TABS</i>	P	
<i>carisoprodol TABS 250 MG</i>	NP	
<i>carisoprodol TABS 350 MG</i>	P	
<i>chlorzoxazone TABS 500 MG</i>	P	
<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	NP	
<i>cyclobenzaprine hcl CP24</i>	P	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	
<i>cyclobenzaprine hcl TABS</i>	P	
FLEQSUVY SUSP ( <i>Use baclofen</i> )	NP	
LYVISPAH PACK 5 MG	NP	
<i>metaxalone</i>	NP	
<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
ONTRALFY SOLN PO 2 MG/5ML	NP	
<i>orphenadrine citrate TB12</i>	P	
OZOBAX DS SOLN PO ( <i>Use baclofen</i> )	NP	
SOMA TABS ( <i>Use carisoprodol</i> )	NP	
<i>tizanidine hcl CAPS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
TIZANIDINE HCL CAPS 8 MG	P	
<i>tizanidine hcl TABS</i>	P	
ZANAFLEX CAPS	NP	
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	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	P	
DYMISTA SUSP ( <i>Use azelastine hcl-fluticasone propionate</i> )	P	
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	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (nasal) SUSP</i>	P	RX/OTC	ELEVIDYS 10.5-11.4 KG	PA	AL(At least 4 yrs old); PA
<i>fluticasone propionate (nasal) SUSP</i>	NP	RX/OTC	ELEVIDYS 11.5-12.4 KG	PA	AL(At least 4 yrs old); PA
<i>mometasone furoate (nasal) SUSP</i>	NP	RX/OTC	ELEVIDYS 12.5-13.4 KG	PA	AL(At least 4 yrs old); PA
OMNARIS SUSP	NP		ELEVIDYS 13.5-14.4 KG	PA	AL(At least 4 yrs old); PA
QNASL	NP		ELEVIDYS 14.5-15.4 KG	PA	AL(At least 4 yrs old); PA
QNASL CHILDRENS	NP		ELEVIDYS 15.5-16.4 KG	PA	AL(At least 4 yrs old); PA
<i>triamcinolone acetonide (nasal) AERO</i>	P		ELEVIDYS 16.5-17.4 KG	PA	AL(At least 4 yrs old); PA
XHANCE EXHU	NP		ELEVIDYS 17.5-18.4 KG	PA	AL(At least 4 yrs old); PA
ZETONNA AERS	NP		ELEVIDYS 18.5-19.4 KG	PA	AL(At least 4 yrs old); PA
Sympathomimetic Decongestants			ELEVIDYS 19.5-20.4 KG	PA	AL(At least 4 yrs old); PA
ADRENALIN 0.1 %	P		ELEVIDYS 20.5-21.4 KG	PA	AL(At least 4 yrs old); PA
<i>epinephrine hcl (nasal)</i>	P		ELEVIDYS 21.5-22.4 KG	PA	AL(At least 4 yrs old); PA
<i>phenylephrine hcl (oral) TABS</i>	P	QL(24 EA per fill retail; 24 per fill mail)	ELEVIDYS 22.5-23.4 KG	PA	AL(At least 4 yrs old); PA
<i>pseudoephedrine hcl TABS</i>	P		ELEVIDYS 23.5-24.4 KG	PA	AL(At least 4 yrs old); PA
<i>pseudoephedrine hcl TB12</i>	P	QL(2 EA daily)	ELEVIDYS 24.5-25.4 KG	PA	AL(At least 4 yrs old); PA
SUDAFED CHILDRENS LIQD	P		ELEVIDYS 25.5-26.4 KG	PA	AL(At least 4 yrs old); PA
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>			ELEVIDYS 26.5-27.4 KG	PA	AL(At least 4 yrs old); PA
ALS Agents			ELEVIDYS 27.5-28.4 KG	PA	AL(At least 4 yrs old); PA
QALSODY	PA	AL(At least 18 yrs old); PA	ELEVIDYS 28.5-29.4 KG	PA	AL(At least 4 yrs old); PA
Friedrich's Ataxia Agents			ELEVIDYS 29.5-30.4 KG	PA	AL(At least 4 yrs old); PA
SKYCLARYS	PA	QL(3 EA daily); AL(At least 16 yrs old); PA	ELEVIDYS 30.5-31.4 KG	PA	AL(At least 4 yrs old); PA
Muscular Dystrophy Agents			ELEVIDYS 31.5-32.4 KG	PA	AL(At least 4 yrs old); PA
AMONDYS 45	PA	PA	ELEVIDYS 32.5-33.4 KG	PA	AL(At least 4 yrs old); PA
DUVYZAT	PA	AL(At least 6 yrs old); PA	ELEVIDYS 33.5-34.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 10.0-10.4 KG	PA	AL(At least 4 yrs old); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELEVIDYS 34.5-35.4 KG	PA	AL(At least 4 yrs old); PA	ELEVIDYS 58.5-59.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 35.5-36.4 KG	PA	AL(At least 4 yrs old); PA	ELEVIDYS 59.5-60.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 36.5-37.4 KG	PA	AL(At least 4 yrs old); PA	ELEVIDYS 60.5-61.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 37.5-38.4 KG	PA	AL(At least 4 yrs old); PA	ELEVIDYS 61.5-62.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 38.5-39.4 KG	PA	AL(At least 4 yrs old); PA	ELEVIDYS 62.5-63.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 39.5-40.4 KG	PA	AL(At least 4 yrs old); PA	ELEVIDYS 63.5-64.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 40.5-41.4 KG	PA	AL(At least 4 yrs old); PA	ELEVIDYS 64.5-65.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 41.5-42.4 KG	PA	AL(At least 4 yrs old); PA	ELEVIDYS 65.5-66.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 42.5-43.4 KG	PA	AL(At least 4 yrs old); PA	ELEVIDYS 66.5-67.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 43.5-44.4 KG	PA	AL(At least 4 yrs old); PA	ELEVIDYS 67.5-68.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 44.5-45.4 KG	PA	AL(At least 4 yrs old); PA	ELEVIDYS 68.5-69.4 KG	PA	AL(At least 4 yrs old); PA
ELEVIDYS 45.5-46.4 KG	PA	AL(At least 4 yrs old); PA	ELEVIDYS 69.5 KG PLUS	PA	AL(At least 4 yrs old); PA
ELEVIDYS 46.5-47.4 KG	PA	AL(At least 4 yrs old); PA	EXONDYS 51	PA	PA
ELEVIDYS 47.5-48.4 KG	PA	AL(At least 4 yrs old); PA	VILTEPSO	PA	PA
ELEVIDYS 48.5-49.4 KG	PA	AL(At least 4 yrs old); PA	VYONDYS 53	PA	PA
ELEVIDYS 49.5-50.4 KG	PA	AL(At least 4 yrs old); PA	<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
ELEVIDYS 50.5-51.4 KG	PA	AL(At least 4 yrs old); PA	BOTOX IJ	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); PA
ELEVIDYS 51.5-52.4 KG	PA	AL(At least 4 yrs old); PA	DYSPORE	PA	Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); PA
ELEVIDYS 52.5-53.4 KG	PA	AL(At least 4 yrs old); PA			
ELEVIDYS 53.5-54.4 KG	PA	AL(At least 4 yrs old); PA			
ELEVIDYS 54.5-55.4 KG	PA	AL(At least 4 yrs old); PA			
ELEVIDYS 55.5-56.4 KG	PA	AL(At least 4 yrs old); PA			
ELEVIDYS 56.5-57.4 KG	PA	AL(At least 4 yrs old); PA			
ELEVIDYS 57.5-58.4 KG	PA	AL(At least 4 yrs old); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MYOBLOC	PA	Maximum 180 day supply allowed; QL(4 ML per 84 day(s) retail; 4 ML per 84 days mail); 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); PA	ZOLGENSMA 15.6-16.0 KG	CO	
			ZOLGENSMA 16.1-16.5 KG	CO	
			ZOLGENSMA 16.6-17.0 KG	CO	
<b>Rett Syndrome Agents</b>					
DAYBUE	PA	QL(120 ML daily); AL(At least 2 yrs old); PA	ZOLGENSMA 17.1-17.5 KG	CO	
DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG	PA	AL(At least 2 yrs old); PA	ZOLGENSMA 17.6-18.0 KG	CO	
			ZOLGENSMA 18.1-18.5 KG	CO	
<b>Spinal Muscular Atrophy Agents (SMA)</b>					
EVRYSDI	PA	PA	ZOLGENSMA 18.6-19.0 KG	CO	
EVRYSDI PO 5 MG	PA	PA	ZOLGENSMA 19.1-19.5 KG	CO	
SPINRAZA	PA	PA	ZOLGENSMA 19.6-20.0 KG	CO	
ZOLGENSMA 20.6-21.0 KG	CO		ZOLGENSMA 2.6-3.0 KG	CO	
ZOLGENSMA 10.1-10.5 KG	CO		ZOLGENSMA 20.1-20.5 KG	CO	
ZOLGENSMA 10.6-11.0 KG	CO		ZOLGENSMA 3.1-3.5 KG	CO	
ZOLGENSMA 11.1-11.5 KG	CO		ZOLGENSMA 3.6-4.0 KG	CO	
ZOLGENSMA 11.6-12.0 KG	CO		ZOLGENSMA 4.1-4.5 KG	CO	
ZOLGENSMA 12.1-12.5 KG	CO		ZOLGENSMA 4.6-5.0 KG	CO	
ZOLGENSMA 12.6-13.0 KG	CO		ZOLGENSMA 5.1-5.5 KG	CO	
ZOLGENSMA 13.1-13.5 KG	CO		ZOLGENSMA 5.6-6.0 KG	CO	
ZOLGENSMA 13.6-14.0 KG	CO		ZOLGENSMA 6.1-6.5 KG	CO	
			ZOLGENSMA 6.6-7.0 KG	CO	
			ZOLGENSMA 7.1-7.5 KG	CO	
			ZOLGENSMA 7.6-8.0 KG	CO	
			ZOLGENSMA 8.1-8.5 KG	CO	
			ZOLGENSMA 8.6-9.0 KG	CO	
			ZOLGENSMA 9.1-9.5 KG	CO	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 9.6-10.0 KG	CO		BETIMOL (Use timolol)	NF	
<b>NUTRIENTS</b>			BETIMOL (Use timolol)	NP	
Misc. Nutritional Substances			BETOPTIC-S SUSP	P	
<i>omega-3 fatty acids CAPS 1000 MG, 1200 MG</i>	P	QL(6 EA daily)	<i>brimonidine tartrate-timolol maleate</i>	NP	
Proteins			<i>carteolol hcl (ophth)</i>	P	
ARGININE TABS	P		COMBIGAN (Use <i>brimonidine tartrate-timolol maleate</i> )	P	
L-TRYPTOPHAN TABS	P		COSOPT (Use <i>dorzolamide hcl-timolol maleate</i> )	NP	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>			COSOPT (Use <i>dorzolamide hcl-timolol maleate</i> )	NF	
Artificial Tears and Lubricants			COSOPT PF (Use <i>dorzolamide hcl-timolol maleate</i> )	NP	
ALCON TEARS SOLN	P		COSOPT PF (Use <i>dorzolamide hcl-timolol maleate</i> )	NF	
<i>artificial tear solution</i>	P		<i>dorzolamide hcl-timolol maleate</i>	NP	
<i>carboxymethylcellulose sodium (ophth) GEL</i>	P		<i>dorzolamide hcl-timolol maleate</i>	P	
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	P		ISTALOL SOLN (Use <i>timolol maleate (ophth)</i> )	NP	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	P		<i>levobunolol hcl 0.5 %</i>	P	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	NP		<i>timolol</i>	NP	
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	P		<i>timolol maleate (ophth) SOLG</i>	P	
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	NP		<i>timolol maleate (ophth) SOLN</i>	P	
<i>polyvinyl alcohol 1.4 %</i>	P		<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %</i>	P		TIMOPTIC OCUDOSE SOLN (Use <i>timolol maleate (ophth)</i> )	NP	
<i>polyvinyl alcohol-povidone (ophth)</i>	NP		TIMOPTIC OCUDOSE SOLN 0.25 % (Use <i>timolol maleate (ophth)</i> )	NF	
REFRESH	P		<b>Cholinergic Agonists</b>		
<i>white petrolatum-mineral oil</i>	P				
Beta-blockers - Ophthalmic					
<i>betaxolol hcl (ophth) SOLN</i>	P				
BETIMOL	NP				

Drug Name	Drug Tier	Requirements/Limits
TYRVAYA	NP	
Cycloplegic Mydriatics		
ALTAFRIN SOLN 2.5 % (Use phenylephrine hcl (mydriatic))	NF	QL(15 ML per fill retail; 15 per fill mail)
atropine sulfate (ophthalmic) OINT	P	QL(4 GM per fill retail; 4 per fill mail)
atropine sulfate (ophthalmic) SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
ATROPINE SULFATE SOLN 1 %	P	QL(15 EA per fill retail; 15 per fill mail)
ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic))	NF	QL(15 ML per fill retail; 15 per fill mail)
CYCLOGYL 2 %	P	
CYCLOGYL (Use cyclopentolate hcl)	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)
cyclopentolate hcl 1 %	P	QL(15 ML per fill retail; 15 per fill mail)
MYDRIACYL SOLN (Use tropicamide)	NF	QL(15 ML per fill retail; 15 per fill mail)
phenylephrine hcl (mydriatic) SOLN 2.5 %	P	QL(15 ML per fill retail; 15 per fill mail)
PHENYLEPHRINE HCL SOLN (Use phenylephrine hcl (mydriatic))	NF	QL(15 ML per fill retail; 15 per fill mail)
tropicamide SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	P	
pilocarpine hcl SOLN 1.25 %	PA	PA

Drug Name	Drug Tier	Requirements/Limits
VUITY SOLN 1.25 % (Use pilocarpine hcl)	PA	PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P (Use brimonidine tartrate)	P	
apraclonidine hcl	NP	
brimonidine tartrate	NP	
IOPIDINE	NP	
SIMBRINZA	P	
Ophthalmic Anti-infectives		
AZASITE	NP	
bacitracin-polymyxin b (ophth)	P	QL(4 GM per fill retail; 4 per fill mail)
besifloxacin hcl 0.6 %	NP	
BESIVANCE 0.6 % (Use besifloxacin hcl)	P	
CILOXAN OINT	NP	
ciprofloxacin hcl (ophth) SOLN	P	
erythromycin (ophth)	P	
gatifloxacin (ophth)	NP	
gentamicin sulfate (ophth) SOLN	P	QL(15 ML per fill retail; 15 per fill mail)
levofloxacin (ophth) 0.5 %	NP	
moxifloxacin hcl (ophth) SOLN OP	P	QL(15 ML per fill retail; 15 per fill mail)
moxifloxacin hcl (ophth) SOLN OP	NP	
neomycin-bacitracin zn- polymyxin	P	QL(4 GM per fill retail; 4 per fill mail)
neomycin-polymyxin- gramicidin	P	QL(10 ML per fill retail; 10 per fill mail)
OCUFLOX (Use ofloxacin (ophth))	NP	
ofloxacin (ophth)	P	

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim</i>	P	QL(10 ML per fill retail; 10 per fill mail)
<i>sulfacetamide sodium (ophth) OINT</i>	P	
<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ML per fill retail; 15 per fill mail)
<i>tobramycin (ophth) SOLN</i>	P	QL(5 ML per fill retail; 5 per fill mail)
TOBEX OINT	P	QL(4 GM per fill retail; 4 per fill mail)
<i>trifluridine</i>	P	QL(8 ML per fill retail; 8 per fill mail)
VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i> )	NP	QL(15 ML per fill retail; 15 per fill mail)
<b>Ophthalmic Decongestants</b>		
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P	QL(0.5 ML daily)
<b>Ophthalmic Immunomodulators</b>		
CEQUA SOLN	NP	
<i>cyclosporine (ophth) EMUL</i>	NP	
RESTASIS MULTIDOSE EMUL	NP	
RESTASIS EMUL (Use <i>cyclosporine (ophth)</i> )	P	
VERKAZIA EMUL	PA	QL(4 EA daily); AL(At least 4 yrs old); PA
VEVYE SOLN	NP	
<b>Ophthalmic Integrin Antagonists</b>		
XIIDRA	P	
<b>Ophthalmic Kinase Inhibitors</b>		
RHOPRESSA	P	
ROCKLATAN	P	
<b>Ophthalmic Local Anesthetics</b>		

Drug Name	Drug Tier	Requirements/Limits
ALTACAINE 0.5 % (Use <i>tetracaine hcl (ophth)</i> )	NF	
TETRACAINE HCL 0.5 % (Use <i>tetracaine hcl (ophth)</i> )	NF	
TETRACAINE HCL 0.5 % <i>tetracaine hcl (ophth)</i>	P	
<b>Ophthalmic Nerve Growth Factors</b>		
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); PA
<b>Ophthalmic Steroids</b>		
ALREX SUSP (Use <i>loteprednol etabonate</i> )	P	
<i>bacitracin-poly-neomycin-hc</i>	NP	
<i>dexamethasone sodium phosphate (ophth)</i>	NP	
DEXTENZA INST <i>difluprednate</i>	NP	
DUREZOL (Use <i>difluprednate</i> )	P	
DUREZOL (Use <i>difluprednate</i> )	NP	
DUREZOL (Use <i>difluprednate</i> )	NF	
EYSUVIS SUSP	NP	
FLAREX <i>fluorometholone (ophth) SUSP</i>	P	
FML FORTE SUSP	NP	
FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i> )	P	
ILUVIEN	NP	
INVELTYS SUSP	NP	
LOTEMAX SM GEL	NP	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ketotifen fumarate (ophth) 0.035 %</i>	NP		<i>carbamide peroxide (otic) 6.5 %</i>	P	QL(0.5 ML daily)
<i>ketotifen fumarate (ophth) 0.035 %</i>	P		<b>Otic Anti-infectives</b>		
LASTACAFT	NP		CETRAXAL ( <i>Use ciprofloxacin hcl (otic)</i> )	NF	
MIEBO	NP		<i>ciprofloxacin hcl (otic)</i>	NP	
NEVANAC	P		<i>ofloxacin (otic)</i>	P	
<i>olopatadine hcl</i>	NP		<b>Otic Combinations</b>		
<i>olopatadine hcl</i>	P		CIPRO HC 1 %-0.2 % ( <i>Use ciprofloxacin-hydrocortisone</i> )	NF	
PROLENSA ( <i>Use bromfenac sodium (ophth)</i> )	NP		CIPRO HC 1 %-0.2 % ( <i>Use ciprofloxacin-hydrocortisone</i> )	P	
TRYPTYR SOLN OP 0.003 %	NP	AL(At least 18 yrs old)	<i>ciprofloxacin-dexamethasone</i>	P	
ZERVIAE	NP		<i>ciprofloxacin-fluocinolone acetonide</i>	NP	
<b>Prostaglandins - Ophthalmic</b>			<i>ciprofloxacin-hydrocortisone</i>	NP	
<i>bimatoprost SOLN</i>	NP		<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail; 10 per fill mail)
DURYSTA IMPL	NP		<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	QL(10 ML per fill retail; 10 per fill mail)
IDOSE TR IMPL	NP		OTOVEL ( <i>Use ciprofloxacin-fluocinolone acetonide</i> )	NF	
IYUZEH SOLN	NP		PRAMOTIC	P	
<i>latanoprost SOLN</i>	P		<b>Otic Steroids</b>		
LUMIGAN SOLN 0.01 %	P		DERMOTIC ( <i>Use fluocinolone acetonide (otic)</i> )	NF	QL(0.67 ML daily)
<i>tafluprost</i>	NP		<i>fluocinolone acetonide (otic)</i>	P	QL(0.67 ML daily)
TRAVATAN Z SOLN ( <i>Use travoprost</i> )	NF		<i>hydrocortisone w/acetic acid</i>	P	QL(10 ML per fill retail; 10 per fill mail)
TRAVATAN Z SOLN ( <i>Use travoprost</i> )	P		<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<i>travoprost SOLN</i>	NP				
VYZULTA	NP				
XALATAN SOLN ( <i>Use latanoprost</i> )	NP				
ZIOPTAN ( <i>Use tafluprost</i> )	NP				
ZIOPTAN ( <i>Use tafluprost</i> )	NF				
<b>OTIC AGENTS - Drugs to Treat the Ear</b>					
<b>Otic Agents - Miscellaneous</b>					
<i>acetic acid (otic)</i>	P	QL(15 ML per fill retail; 15 per fill mail)			

Drug Name	Drug Tier	Requirements/Limits
Oxytocics		
<i>methylergonovine maleate TABS</i>	P	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
Immune Serums		
ALYGLO	NP	
ASCENIV	NP	
BIVIGAM SOLN	NP	
CUTAQUIG	NP	
CUVITRU SOLN	NP	
CYTOGAM SOLN	NP	
GAMASTAN IM	NP	
GAMMAGARD 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail)
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML	P	
GAMMAGARD ERC 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail)
GAMMAGARD ERC 10 GM/100ML	NP	
GAMMAGARD S/D LESS IGA SOLR	NP	
GAMMAKED 5 GM/50ML	NP	QL(250 ML per fill retail; 250 per fill mail)
GAMMAKED 1 GM/10ML, 10 GM/100ML, 20 GM/200ML	NP	
GAMMAPLEX SOLN	NP	
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	P	
GAMUNEX-C 5 GM/50ML	P	QL(250 ML per fill retail; 250 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
HEPAGAM B SOLN IJ	NP	
HIZENTRA SOLN	P	
HIZENTRA SOSY	P	
HYPERHEP B SOLN IM	NP	
HYPERHEP B SOSY 110 UNIT/0.5ML	NP	
HYPERRAB SOLN	NP	
KEDRAB SOLN	NP	
NABI-HB SOLN IM	NP	
OCTAGAM SOLN	NP	
PANZYGA	NP	
PRIVIGEN SOLN	P	
VARIZIG SOLN	NP	
XEMBIFY	NP	
Monoclonal Antibodies		
SYNAGIS SOLN 50 MG/0.5ML	PA	PA
SYNAGIS SOLN 100 MG/ML	PA	QL(0.14 ML daily; 4 ML per fill retail; 4 per fill mail); PA
Passive Immunizing Agents - Combinations		
HYQVIA	NP	
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
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		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin &amp; pot clavulanate CHEW</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>amoxicillin &amp; pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail; 100 per fill mail)
<i>amoxicillin &amp; pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail; 150 per fill mail)
<i>amoxicillin &amp; pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML</i>	P	QL(400 ML per fill retail; 400 per fill mail)
<i>amoxicillin &amp; pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	P	
<i>amoxicillin &amp; 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 &amp; pot clavulanate TABS 125 MG-250 MG</i>	P	QL(30 EA per fill retail; 30 per fill mail)
<i>amoxicillin &amp; pot clavulanate TB12</i>	P	QL(1.34 EA daily)
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin &amp; pot clavulanate</i> )	NF	QL(400 ML per fill retail; 400 per fill mail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin &amp; pot clavulanate</i> )	NF	QL(20 EA per fill retail; 20 per fill mail)
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	P	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>megestrol acetate (appetite)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate TABS</i>	P	
<i>progesterone CAPS</i>	P	QL(1 EA daily)
PROMETRIUM CAPS (Use <i>progesterone</i> )	NF	QL(1 EA daily)
PROVERA 5 MG, 10 MG (Use <i>medroxyprogesterone acetate</i> )	NF	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>disulfiram 250 MG</i>	P	
<i>lofexidine hcl</i>	NP	QL(16 EA daily)
LUCEMYRA (Use <i>lofexidine hcl</i> )	NP	QL(16 EA daily)
<b>Anti-Cataplectic Agents</b>		
<i>sodium oxybate SOLN</i>	NP	QL(18 ML daily); AL(At least 7 yrs old)
XYREM SOLN	NP	QL(18 ML daily); AL(At least 7 yrs old)
XYWAV	NP	AL(At least 7 yrs old)
<b>Antidementia Agents</b>		
ADLARITY PTWK	NP	
ADUHELM 170 MG/1.7ML	PA	PA
ARICEPT TABS (Use <i>donepezil hydrochloride</i> )	NP	
<i>donepezil hydrochloride TABS</i>	P	
<i>donepezil hydrochloride TBDP</i>	P	
EXELON (Use <i>rivastigmine</i> )	NP	
<i>galantamine hydrobromide CP24</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide SOLN</i>	NP		SAVELLA TITRATION PACK MISC	PA	PA
<i>galantamine hydrobromide TABS</i>	NP		SAVELLA TABS	PA	PA
KISUNLA	PA	SP; PA	TONMYA SUBL SL 2.8 MG	NP	QL(2 EA daily)
LEQEMBI	PA	PA	<b>Movement Disorder Drug Therapy</b>		
LEQEMBI IQLIK SC 360 MG/1.8ML	PA	PA	AUSTEDO XR PATIENT TITRATION TEPK	PA	AL(At least 18 yrs old); PA
<i>memantine hcl CP24</i>	NP		AUSTEDO XR TB24	PA	AL(At least 18 yrs old); PA
<i>memantine hcl-donepezil hcl CP24</i>	NP		AUSTEDO TABS	PA	AL(At least 18 yrs old); PA
<i>memantine hcl SOLN</i>	NP		INGREZZA CAPS	PA	AL(At least 18 yrs old); PA
<i>memantine hcl TABS</i>	P		INGREZZA CPPK	PA	AL(At least 18 yrs old); PA
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i> )	NF		INGREZZA CPSP	PA	AL(At least 18 yrs old); PA
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (Use <i>memantine hcl</i> )	NF		<i>tetrabenazine</i>	P	
NAMENDA TABS 5 MG (Use <i>memantine hcl</i> )	NF		XENAZINE (Use <i>tetrabenazine</i> )	NP	
NAMZARIC C4PK	NP		<b>Multiple Sclerosis Agents</b>		
NAMZARIC CP24	NP		AMPYRA (Use <i>dalfampridine</i> )	NF	
NAMZARIC CP24 (Use <i>memantine hcl-donepezil hcl</i> )	NP		AMPYRA (Use <i>dalfampridine</i> )	NP	QL(2 EA daily)
<i>rivastigmine</i>	P		AUBAGIO (Use <i>teriflunomide</i> )	NP	
<i>rivastigmine tartrate CAPS</i>	P		AVONEX PEN AJKT	PA	QL(6 EA per fill retail; 6 per fill mail); PA
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP		AVONEX PREFILLED PSKT	PA	QL(6 EA per fill retail; 6 per fill mail); PA
<b>Combination Psychotherapeutics</b>			BAFIERTAM	NP	
LYBALVI	NP	AL(At least 18 yrs old)	BETASERON KIT	PA	QL(14 EA per fill retail; 14 per fill mail); PA
<i>olanzapine-fluoxetine hcl</i>	NP	AL(At least 18 yrs old)	BETASERON KIT	PA	QL(6 EA per fill retail; 6 per fill mail); PA
<i>perphenazine-amitriptyline</i>	P	QL(4 EA daily)	BRIUMVI	NP	
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use <i>olanzapine-fluoxetine hcl</i> )	NF	AL(At least 18 yrs old)	<i>cladribine (multiple sclerosis) 10 MG</i>	NP	
<b>Fibromyalgia Agents</b>					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i> )	NF		MAVENCLAD (8 TABS) 10 MG (Use <i>cladribine (multiple sclerosis)</i> )	NP	
COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i> )	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail)	MAVENCLAD (9 TABS) 10 MG (Use <i>cladribine (multiple sclerosis)</i> )	NP	
COPAXONE SOSY 20 MG/ML (Use <i>glatiramer acetate</i> )	PA	QL(1 ML daily); PA	MAYZENT STARTER PACK TBPK 0.25 MG	NP	
<i>dalfampridine</i>	PA	QL(2 EA daily); PA	MAYZENT TABS	NP	
<i>dimethyl fumarate CDPK</i>	PA	PA	OCREVUS	NP	
<i>dimethyl fumarate CPDR</i>	PA	PA	OCREVUS ZUNOVO	NP	AL(At least 18 yrs old)
<i>fingolimod hcl</i>	PA	PA	PLEGRIDY STARTER PACK SOAJ	NP	
GILENYA	NP		PLEGRIDY STARTER PACK SOSY SC	NP	
GILENYA (Use <i>fingolimod hcl</i> )	NP		PLEGRIDY SOAJ	NP	
<i>glatiramer acetate SOSY 40 MG/ML</i>	NP	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail)	PLEGRIDY SOSY IM	NP	
<i>glatiramer acetate SOSY 40 MG/ML</i>	PA	QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); PA	PONVORY STARTER PACK TBPK	NP	
<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	QL(1 ML daily)	PONVORY TABS	NP	
KESIMPTA	NP		REBIF REBIDOSE TITRATION PACK SOAJ	NP	QL(25.2 ML per fill retail; 25.2 per fill mail)
LEMTRADA	NP		REBIF REBIDOSE SOAJ	NP	QL(6 ML per fill retail; 6 per fill mail)
MAVENCLAD (10 TABS) 10 MG (Use <i>cladribine (multiple sclerosis)</i> )	NP		REBIF TITRATION PACK SOSY	NP	QL(25.2 ML per fill retail; 25.2 per fill mail)
MAVENCLAD (4 TABS) 10 MG (Use <i>cladribine (multiple sclerosis)</i> )	NP		REBIF SOSY	NP	QL(6 ML per fill retail; 6 per fill mail)
MAVENCLAD (5 TABS) 10 MG (Use <i>cladribine (multiple sclerosis)</i> )	NP		TASCENSO ODT	NP	
MAVENCLAD (6 TABS) 10 MG (Use <i>cladribine (multiple sclerosis)</i> )	NP		TECFIDERA CDPK (Use <i>dimethyl fumarate</i> )	NP	
MAVENCLAD (7 TABS) 10 MG (Use <i>cladribine (multiple sclerosis)</i> )	NP		TECFIDERA CPDR (Use <i>dimethyl fumarate</i> )	NP	
			<i>teriflunomide</i>	PA	PA
			TYRUKO CONC IV 300 MG/15ML	NP	
			TYSABRI	PA	PA
			VUMERITY	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA 7-DAY STARTER PACK CPPK	NP		CHANTIX TABS ( <i>Use varenicline tartrate</i> )	NF	QL(2 EA daily)
ZEPOSIA STARTER KIT CPPK	NP		NICORETTE MINI LOZG 4 MG ( <i>Use nicotine polacrilex</i> )	NF	
ZEPOSIA CAPS	NP		NICORETTE STARTER KIT GUM 2 MG ( <i>Use nicotine polacrilex</i> )	NF	
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents			NICORETTE GUM 4 MG ( <i>Use nicotine polacrilex</i> )	NF	
<i>gabapentin (once-daily) TABS</i>	NP		<i>nicotine polacrilex GUM</i>	P	
GRALISE TABS ( <i>Use gabapentin (once-daily)</i> )	NP		<i>nicotine polacrilex LOZG</i>	P	
LYRICA CR 165 MG, 330 MG ( <i>Use pregabalin (once-daily)</i> )	NF		NICOTINE KIT	P	
LYRICA CR ( <i>Use pregabalin (once-daily)</i> )	NP		<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	
<i>pregabalin (once-daily)</i>	NP		NICOTROL NS SOLN	P	
Premenstrual Dysphoric Disorder (PMDD) Agents			NICOTROL INHA	P	
<i>fluoxetine hcl (pmdd) TABS</i>	P	AL(At least 18 yrs old)	<i>varenicline tartrate TABS</i>	P	QL(2 EA daily)
Psychotherapeutic and Neurological Agents - Misc.			<i>varenicline tartrate TBPK</i>	P	
AQNEURSA	PA	QL(4 EA daily); SP; PA	Transthyretin Amyloidosis Agents		
<i>ergoloid mesylates TABS</i>	P		AMVUTTRA	PA	QL(0.5 ML per 90 day(s) retail); AL(At least 18 yrs old); PA
MIPLYFFA	PA	QL(3 EA daily); AL(At least 2 yrs old); SP; PA	ONPATTRO	PA	AL(At least 18 yrs old); PA
Restless Leg Syndrome (RLS) Agents			WAINUA	PA	QL(0.8 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); PA
HORIZANT	NP		Vasomotor Symptom Agents		
Smoking Deterrents			<i>paroxetine mesylate (vasomotor)</i>	P	AL(At least 18 yrs old)
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily)	<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
CHANTIX CONTINUING MONTH PAK TABS ( <i>Use varenicline tartrate</i> )	NF	QL(2 EA daily)	Cystic Fibrosis Agents		
CHANTIX STARTING MONTH PAK TBPK ( <i>Use varenicline tartrate</i> )	NF		ALYFTREK	PA	AL(At least 6 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
KALYDECO PACK	PA	QL(2 EA daily); PA
KALYDECO TABS	PA	QL(2 EA daily); PA
ORKAMBI PACK 94 MG-75 MG	PA	QL(2 EA daily); AL(At least 1 yrs old - Up to 2 yrs old); 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); PA
ORKAMBI TABS	PA	QL(4 EA daily); AL(At least 6 yrs old); PA
PULMOZYME	P	SP; PA
SYMDEKO	PA	AL(At least 6 yrs old); PA
TRIKAFTA TBPk	PA	AL(At least 2 yrs old); PA
TRIKAFTA THPK	PA	AL(At least 2 yrs old); PA
<b>Pulmonary Fibrosis Agents</b>		
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
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
<i>doxycycline (monohydrate)</i> CAPS 50 MG, 100 MG	P	
<i>doxycycline (monohydrate)</i> TABS 50 MG, 100 MG	P	
<i>doxycycline hyclate</i> CAPS	P	
<i>doxycycline hyclate</i> TABS 100 MG	P	
<i>minocycline hcl</i> CAPS	P	

Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hcl</i> CAPS 500 MG	P	
VIBRAMYCIN CAPS (Use <i>doxycycline hyclate</i> )	NF	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole</i> TABS	P	
<i>propylthiouracil</i>	P	
<b>Thyroid Hormones</b>		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
ARMOUR THYROID TABS	P	
CYTOMEL TABS (Use <i>liothyronine sodium</i> )	NF	
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	P	
<i>levothyroxine sodium</i> TABS	P	
<i>liothyronine sodium</i> TABS	P	
NIVA THYROID TABS	P	
NP THYROID TABS	P	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
SYNTHROID TABS (Use <i>levothyroxine sodium</i> )	NF	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSP	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	

Drug Name	Drug Tier	Requirements/Limits
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	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
ANASPAZ TBDP (Use <i>hyoscyamine sulfate</i> )	NF	
BENTYL SOLN IM (Use <i>dicyclomine hcl</i> )	NF	
<i>dicyclomine hcl CAPS</i>	P	
<i>dicyclomine hcl SOLN PO</i>	P	QL(40 ML daily)
<i>dicyclomine hcl TABS</i>	P	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 EA daily)
<i>hyoscyamine sulfate ELIX</i>	P	
<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	P	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 EA daily)
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P	
LEVBID TB12 (Use <i>hyoscyamine sulfate</i> )	NF	QL(4 EA daily)
NULEV TBDP 0.125 MG (Use <i>hyoscyamine sulfate</i> )	NF	
ROBINUL-FORTE TABS (Use <i>glycopyrrolate</i> )	NF	QL(4 EA daily)
ROBINUL TABS (Use <i>glycopyrrolate</i> )	NF	QL(4 EA daily)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole CPDR</i>	NP	QL(1 EA daily); RX/OTC	PRILOSEC OTC TBEC (Use <i>omeprazole magnesium</i> )	NF	
<i>lansoprazole TBDD</i>	NP	QL(1 EA daily); RX/OTC	PRILOSEC PACK	NP	
NEXIUM 24HR CPDR (Use <i>esomeprazole magnesium</i> )	NF	RX/OTC	PROTONIX PACK (Use <i>pantoprazole sodium</i> )	P	
NEXIUM CPDR (Use <i>esomeprazole magnesium</i> )	NP	QL(1 EA daily); RX/OTC	PROTONIX SOLR (Use <i>pantoprazole sodium</i> )	NP	
NEXIUM PACK (Use <i>esomeprazole magnesium</i> )	NP	QL(1 EA daily)	PROTONIX TBEC (Use <i>pantoprazole sodium</i> )	NP	
<i>omeprazole magnesium CPDR</i>	P		<i>rabeprazole sodium TBEC</i>	NP	QL(1 EA daily)
<i>omeprazole magnesium CPDR</i>	P	QL(1 EA daily)	Ulcer Drugs - Prostaglandins		
<i>omeprazole magnesium TBEC</i>	P		CYTOTEC (Use <i>misoprostol</i> )	NF	
<i>omeprazole CPDR</i>	P		<i>misoprostol</i>	P	
<i>omeprazole CPDR 20 MG</i>	P	QL(1 EA daily)	Ulcer Therapy Combinations		
<i>omeprazole TBDD</i>	P		<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	P	14 day(s) max supply per 365 day(s) retail
<i>omeprazole TBEC</i>	P		<i>famotidine-calcium carbonate-magnesium hydroxide</i>	NP	
<i>pantoprazole sodium PACK</i>	NP		KONVOMEK SUSR	NP	
<i>pantoprazole sodium SOLR</i>	P	QL(1 EA daily)	VOQUEZNA DUAL PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA
<i>pantoprazole sodium SOLR</i>	P		VOQUEZNA TRIPLE PAK	PA	QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA
PANTOPRAZOLE SODIUM SOLR 40 MG (Use <i>pantoprazole sodium</i> )	P		<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<i>pantoprazole sodium TBEC</i>	P		Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
PREVACID 24HR CPDR (Use <i>lansoprazole</i> )	NF	RX/OTC	<i>darifenacin hydrobromide</i>	NP	
PREVACID 24HR CPDR (Use <i>lansoprazole</i> )	NP	QL(1 EA daily); RX/OTC	DETROL LA CP24 (Use <i>tolterodine tartrate</i> )	P	
PREVACID SOLUTAB TBDD (Use <i>lansoprazole</i> )	NP	QL(1 EA daily); RX/OTC			
PREVACID CPDR 30 MG (Use <i>lansoprazole</i> )	NP	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/Limits
DETROL LA CP24 ( <i>Use tolterodine tartrate</i> )	NF	
DETROL TABS ( <i>Use tolterodine tartrate</i> )	P	
DETROL TABS 1 MG ( <i>Use tolterodine tartrate</i> )	NF	
<i>fesoterodine fumarate</i>	P	
<i>oxybutynin chloride SOLN</i>	P	
<i>oxybutynin chloride TABS 2.5 MG</i>	NP	
<i>oxybutynin chloride TABS 5 MG</i>	P	
<i>oxybutynin chloride TB24</i>	P	
OXYTROL FOR WOMEN PTTW	NP	RX/OTC
OXYTROL PTTW	NP	RX/OTC
<i>solifenacin succinate TABS</i>	P	
<i>tolterodine tartrate CP24</i>	P	
<i>tolterodine tartrate TABS</i>	P	
TOVIAZ ( <i>Use fesoterodine fumarate</i> )	NP	
<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	

Drug Name	Drug Tier	Requirements/Limits
<b>VACCINES</b>		
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	
MENVEO SOLR	P	
PEDVAX HIB SUSP	P	
PENBRAYA	P	
PENMENVY SUSR IM	P	AL(Up to 25 yrs old)
PNEUMOVAX 23 SOLN	P	
PNEUMOVAX 23 SOSY	P	
PREVNAR 13	P	
PREVNAR 20	P	
TRUMENBA 0.5 ML	P	
TYPHIM VI SOLN	P	
TYPHIM VI SOSY	P	
VAXCHORA	P	
VAXNEUVANCE	P	
VIVOTIF	P	
Viral Vaccines		
ABRYSVO	P	AL(At least 60 yrs old)
ACAM2000	P	
AFLURIA PRESERVATIVE FREE SUSY	P	
AFLURIA SUSP	P	
AREXVY	P	AL(At least 60 yrs old)
COMIRNATY SUSY	P	
DENGVAXIA	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	
ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail	PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
ERVEBO	P		PRIORIX SUSR	P	
FLUAD	P		PROQUAD SUSR	P	
FLUARIX SUSY	P		RABAVERT	P	
FLUBLOK SOSY	P		RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
FLUCELVAX SUSP	P		RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail
FLUCELVAX SUSY	P		ROTARIX SUSP	P	
FLULAVAL SUSY	P		ROTATEQ SOLN	P	
FLUMIST	P		SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
FLUZONE HIGH-DOSE SUSY	P		SPIKEVAX SUSY	P	
FLUZONE SUSP	P		STAMARIL SUSR	P	
FLUZONE SUSY	P		TICOVAC	P	
GARDASIL 9 SUSP 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	TWINRIX SUSY	P	
GARDASIL 9 SUSY 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	VAQTA	P	
HAVRIX IM 720 EL U/0.5ML	P		VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail
HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail	<b>VAGINAL AND RELATED PRODUCTS</b>		
IMOVAX RABIES SUSR	P		Vaginal Anti-infectives		
IXCHIQ	P		CLEOCIN CREA (Use clindamycin phosphate vaginal)	P	
IXIARO	P		CLEOCIN SUPP	P	
JYNNEOS	P		clindamycin phosphate vaginal CREA	NP	
M-M-R II SOLR	P		CLINDESSE	NP	
MNEXSPIKE SUSY 10 MCG/0.2ML	P		clotrimazole vaginal CREA 2 %	P	QL(21 GM per fill retail; 21 per fill mail)
MRESVIA	P	AL(At least 60 yrs old)			
NOVAVAX COVID-19 VACCINE SUSY	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole vaginal CREA 1 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)	PHEXXI	P	
GYNAZOLE-1	P		<b>Vaginal Estrogens</b>		
<i>metronidazole vaginal</i>	P		ESTRACE CREA ( <i>Use estradiol vaginal</i> )	NF	QL(1.5 GM daily)
MICONAZOLE 7 SUPP 100 MG	P	QL(7 EA per fill retail; 7 per fill mail)	<i>estradiol vaginal CREA</i>	P	QL(1.5 GM daily)
<i>miconazole nitrate vaginal CREA 4 %</i>	P	QL(1.5 GM daily)	<i>estradiol vaginal TABS</i>	P	
<i>miconazole nitrate vaginal CREA 2 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)	PREMARIN	P	QL(1.5 GM daily)
<i>miconazole nitrate vaginal KIT</i>	P	QL(1 EA per fill retail; 1 per fill mail)	VAGIFEM TABS ( <i>Use estradiol vaginal</i> )	NF	
<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	QL(7 EA per fill retail; 7 per fill mail)	<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 EA per fill retail; 3 per fill mail)	<b>Anaphylaxis Therapy Agents</b>		
NUVESSA	P		AUVI-Q SOAJ	NP	
<i>terconazole vaginal CREA 0.8 %</i>	P	QL(20 GM per fill retail; 20 per fill mail)	<i>epinephrine (anaphylaxis) SOAJ</i>	P	
<i>terconazole vaginal CREA 0.4 %</i>	P	QL(45 GM per fill retail; 45 per fill mail)	EPIPEN 2-PAK SOAJ ( <i>Use epinephrine (anaphylaxis)</i> )	P	
<i>terconazole vaginal SUPP</i>	P	QL(3 EA per fill retail; 3 per fill mail)	EPIPEN JR 2-PAK SOAJ ( <i>Use epinephrine (anaphylaxis)</i> )	P	
<i>tioconazole vaginal 6.5 %</i>	P	QL(5 GM per fill retail; 5 per fill mail)	NEFFY SOLN NA	NP	
VANDAZOLE	NP		<b>Vasopressors</b>		
XACIATO GEL	NP		<i>midodrine hcl</i>	P	
<b>Vaginal Anti-inflammatory Agents</b>			<b>VITAMINS</b>		
<i>hydrocortisone vaginal</i>	P	QL(60 GM per fill retail; 60 per fill mail)	<b>Oil Soluble Vitamins</b>		
MONISTAT CARE INSTANT ITCH RLF 1 %	P	QL(60 GM per fill retail; 60 per fill mail)	<i>cholecalciferol CAPS</i>	P	
<b>Vaginal Contraceptive - pH Modulators</b>			<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	P	QL(0.267 EA daily)
PHEXX	P		<i>cholecalciferol CHEW 400 UNIT</i>	P	
			<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	P	
			<i>cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG</i>	P	

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

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



.....145	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 ..... 204	ACCUTREND GLUCOSE CONTROL SOLN ..... 98
abacavir sulfate SOLN ..... 46	ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin) ..... 57	ACCUTREND GLUCOSE STRP .. 70
abacavir sulfate TABS ..... 46	ACAM2000 ..... 204	acebutolol hcl CAPS ..... 49
abacavir sulfate-lamivudine ..... 46	ACANYA GEL (Use clindamycin phosphate-benzoyl peroxide) ..... 57	acetaminophen CAPS 500 MG ..... 8
ABC COMPLETE ADULT TABS . 146	acarbose ..... 23	acetaminophen CHEW ..... 8
ABC COMPLETE MENS TABS .. 146	ACCOLATE (Use zafirlukast) ..... 14	acetaminophen LIQD 160 MG/5ML .8
ABC COMPLETE SENIOR 50+ TABS ..... 146	ACCOLATE 10 MG (Use zafirlukast) . 14	acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML ..... 8
ABC COMPLETE SENIOR MENS 50+ TABS ..... 146	ACCU-CHEK AVIVA PLUS STRP .70	acetaminophen SUPP 120 MG, 650 MG ..... 8
ABC COMPLETE SENIOR WOMENS 50+ TABS ..... 146	ACCU-CHEK AVIVA SOLN ..... 98	acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML ..... 8
ABC COMPLETE WOMENS TABS 146	ACCU-CHEK FASTCLIX LANCET KIT ..... 98	acetaminophen TABS 325 MG, 500 MG ..... 8
ABILIFY ASIMTUFII PRSY ..... 45	ACCU-CHEK FASTCLIX LANCETS . 98	acetaminophen w/ codeine SOLN . 10
ABILIFY MAINTENA PRSY ..... 45	ACCU-CHEK GUIDE CONTROL LIQD ..... 98	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG ..... 10
ABILIFY MAINTENA SRER ..... 45	ACCU-CHEK GUIDE KIT ..... 98	acetazolamide CP12 ..... 80
ABILIFY MYCITE MAINTENANCE KIT ..... 45	ACCU-CHEK GUIDE ME KIT ..... 98	acetazolamide TABS ..... 80
ABILIFY MYCITE STARTER KIT 2 MG, 10 MG, 15 MG, 20 MG, 30 MG 45	ACCU-CHEK GUIDE TEST STRP 70	acetic acid (otic) ..... 195
ABILIFY TABS (Use aripiprazole) . 45	ACCU-CHEK SAFE-T PRO LANCETS ..... 98	acetylcysteine SOLN ..... 57
abiraterone acetate ..... 38	ACCU-CHEK SMARTVIEW CONTROL LIQD ..... 98	ACIPHEX TBEC (Use rabeprazole sodium) ..... 202
ABRILADA (1 PEN) AJKT ..... 4	ACCU-CHEK SMARTVIEW STRP 70	ACTEMRA ACTPEN SOAJ ..... 5
ABRILADA (2 PEN) AJKT ..... 4	ACCU-CHEK SOFTCLIX LANCET DEV KIT ..... 98	ACTEMRA SOLN ..... 5
	ACCU-CHEK SOFTCLIX LANCETS 98	ACTEMRA SOSY ..... 5
	ACCUPRIL (Use quinapril hcl) .... 33	ACTHIB SOLR IM ..... 204
	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use quinapril-	ACTICAL CAPS ..... 146
		ACTI-LANCE 28G ..... 98

ACTI-LANCE LITE LANCETS 28G 98	4	adapalene-benzoyl peroxide GEL .57
ACTI-LANCE SPECIAL LANCETS 17G .....	98	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) .....	83	ADALIMUMAB-AATY (1 PEN) AJKT . 4
ACTIVNUTRIENTS CAPS .....	146	ADALIMUMAB-AATY (2 PEN) AJKT . 4
ACTIVNUTRIENTS PERFORMANCE CAPS .....	146	ADALIMUMAB-AATY (2 SYRINGE) PSKT .....
ACTIVNUTRIENTS W/O IRON CAPS .....	146	ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML .....
ACTONEL TABS 35 MG, 150 MG (Use risedronate sodium) .....	81	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)) .....	194	ADALIMUMAB-ADBM (2 SYRINGE) PSKT .....
ACULAR LS (Use ketorolac tromethamine (ophth)) .....	194	ADALIMUMAB-FKJP (2 PEN) AJKT . 4
ACUVAIL .....	194	ADALIMUMAB-FKJP (2 SYRINGE) PSKT .....
acyclovir CAPS .....	48	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 .....	62	adapalene CREA .....
acyclovir topical OINT .....	62	adapalene GEL .....
ACZONE (Use dapsons (topical))	57	
ADACEL SUSP .....	201	
ADALIMUMAB-AACF (2 PEN) AJKT .		
		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
		ADLARITY PTWK .....
		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 DISKUS AEPB 100 MCG/ACT-50 MCG/ACT (Use fluticasone-salmeterol) .....
		ADVAIR HFA AERO (Use fluticasone-salmeterol) .....
		ADVANCED EYE HEALTH CAPS 146
		ADVANCED MOBILE LANCET ...
		ADVANTAGE SAFETY LANCETS 28G .....

ADVATE .....	88	LARGE DEVI .....	133	AFLURIA SUSP .....	204
ADVOCATE INSULIN SYRINGE 130		AEROCHAMBER PLUS FLO-VU LARGE MISC .....	133	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT .....	25
ADVOCATE LANCETS .....	99	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI .....	133	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT .....	88
ADVOCATE LANCING DEVICE MISC .....	99	AEROCHAMBER PLUS FLO-VU MEDIUM MISC .....	133	AGAMATRIX AMP TEST STRP ...	70
ADVOCATE REDI-CODE STRP ..	70	AEROCHAMBER PLUS FLO-VU SMALL DEVI .....	133	AGAMATRIX CONTROL NORMAL/HIGH SOLN .....	99
ADVOCATE REDI-CODE+ CONTROL SOLN .....	99	AEROCHAMBER PLUS FLO-VU SMALL MISC .....	133	AGAMATRIX CONTROL SOLN ...	99
ADVOCATE REDI-CODE+ DEVI ..	99	AEROCHAMBER PLUS FLOW VU MISC .....	133	AGAMATRIX JAZZ TEST STRP ..	70
ADVOCATE REDI-CODE+ TEST STRP .....	70	AEROCHAMBER W/FLOWSIGNAL MISC .....	133	AGAMATRIX JAZZ WIRELESS 2 KIT .....	99
ADVOCATE SAFETY LANCETS 21G .....	99	AEROCHAMBER Z-STAT PLUS CHAMBR MISC .....	133	AGAMATRIX PRESTO KIT .....	99
ADVOCATE SAFETY LANCETS 23G .....	99	AEROCHAMBER Z-STAT PLUS MISC .....	133	AGAMATRIX PRESTO TEST STRP . 70	
ADVOCATE SAFETY LANCETS 26G .....	99	AEROCHAMBER Z-STAT PLUS/LARGE MISC .....	133	AGAMATRIX ULTRA-THIN LANCETS .....	99
ADVOCATE SAFETY LANCETS 28G .....	99	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC .....	133	AGAMREE .....	54
ADYNOVATE .....	88	AEROCHAMBER Z-STAT PLUS/SMALL MISC .....	133	AGONEAZE KIT 2.5 %-2.5 % (Use lidocaine-prilocaine) .....	66
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (Use amphetamine) .....	1	AEROCHAMBER2GO ANTI-STATIC DEVI .....	133	AGRYLIN 0.5 MG (Use anagrelide hcl) .....	89
AEROBIKA DEVI .....	132	AEROVENT PLUS DEVI .....	133	AIMOVIG .....	137
AEROCHAMBER HOLDING CHAMBER DEVI .....	133	AFINITOR DISPERZ TBSO (Use everolimus) .....	40	AIMSCO LUBRICATED MISC .....	97
AEROCHAMBER MINI CHAMBER DEVI .....	133	AFINITOR TABS (Use everolimus) 40		AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol) .....	15
AEROCHAMBER MV MISC .....	133	AFLORA TABS .....	146	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol) .....	15
AEROCHAMBER PLS FLOVU MTHPIECE DEVI .....	133	AFLURIA PRESERVATIVE FREE SUSY .....	204	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol) .....	15
AEROCHAMBER PLUS FLO-VU INTERM DEVI .....	133			AIRSUPRA .....	15
AEROCHAMBER PLUS FLO-VU				AJOVY SOAJ .....	137
				AJOVY SOSY .....	137

AKEEGA .....	38	ALIVE HAIR, SKIN & NAILS CAPS 146	allopurinol 100 MG, 300 MG .....	87
AKLIEF .....	57	ALIVE MAX 6 POTENCY CAPS .	allopurinol 200 MG .....	87
AKYNZEO .....	28	146	almotriptan malate .....	137
albuterol sulfate AERS .....	15	ALIVE MENS 50+ TABS .....	ALOCRIIL .....	194
albuterol sulfate NEBU .....	15	146	alogliptin benzoate .....	24
albuterol sulfate SYRP .....	15	ALIVE MENS 50+ ULTRA TABS .	alogliptin-metformin hcl .....	23
albuterol sulfate TABS .....	15	146	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG .....	23
alclometasone dipropionate CREA	63	ALIVE MENS COMPLETE MULTI TABs .....	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	84
alclometasone dipropionate OINT .	63	146	alosetron hcl .....	86
ALCON TEARS SOLN .....	191	ALIVE MENS ULTRA TABS .....	ALPHA BETIC TABS .....	147
ALDACTONE TABS (Use spironolactone) .....	81	147	ALPHAGAN P (Use brimonidine tartrate) .....	192
ALECENSA .....	40	ALIVE ULTRA POTENCY ADULT TABs .....	ALPHANATE SOLR .....	88
alendronate sodium SOLN .....	81	147	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT .....	88
alendronate sodium TABS 10 MG, 35 MG, 70 MG .....	81	ALIVE ULTRA POTENCY WOMENS 50+ TABS .....	alprazolam TABS .....	13
ALEVE CAPS (Use naproxen sodium) .....	5	147	ALPROLIX .....	88
ALEVE TABS (Use naproxen sodium) .....	5	ALIVE WOMENS 50+ COMPLETE MV TABS .....	ALREX SUSP (Use loteprednol etabonate) .....	193
alfuzosin hcl .....	87	147	ALTACAINE 0.5 % (Use tetracaine hcl (ophth)) .....	193
ALHEMO .....	88	ALL FLOW 1000 PFT FILTER DEVI .	ALTACE CAPS 1.25 MG, 5 MG (Use ramipril) .....	33
aliskiren fumarate .....	35	134	ALTACE CAPS 10 MG (Use ramipril) .....	33
ALIVE CALCIUM BONE SUPPORT TABs .....	146	ALL FLOW 2000 PFT FILTER DEVI .	ALTAFRIN SOLN 2.5 % (Use phenylephrine hcl (mydriatic)) ....	192
ALIVE DAILY ENERGY TABS ...	146	134	ALTOPREV TB24 20 MG, 40 MG, 60 MG .....	32
ALIVE DIABETIC MULTIVITAMIN TABs .....	146	ALL FLOW 3000 PFT FILTER DEVI .	ALTRIXA TABS .....	181
ALIVE ENERGY 50+ TABS .....	146	134	ALTUVIIIIO 250 UNIT, 500 UNIT,	
ALIVE EVERYDAY IMMUNE HEALTH CAPS .....	146	ALL FLOW 4000 PFT FILTER DEVI .		
ALIVE GARDEN GOODNESS TABS	146	134		
		ALL FLOW 5000 PFT FILTER DEVI .		
		134		
		ALL FLOW 6000 PFT FILTER DEVI .		
		134		
		ALL FLOW 7000 PFT FILTER DEVI .		
		134		
		ALLEGRA ALLERGY TABS (Use fexofenadine hcl) .....		30

1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT .....88	amiloride hcl TABS .....81	42.9 MG/5ML-600 MG/5ML ..... 197
alum & mag hydrox-simethicone CHEW .....12	aminocaproic acid TABS 500 MG .91	amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML ..... 197
alum & mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML .....12	amiodarone hcl TABS 200 MG .... 13	amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML ..... 197
alum & mag hydrox-simethicone LIQD .....12	AMITIZA (Use lubiprostone) ..... 84	amoxicillin & pot clavulanate TABS 125 MG-250 MG .....197
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 197
ALUMINUM HYDROXIDE GEL SUSP .....12	AMJEVITA SOAJ .....4	amoxicillin & pot clavulanate TB12 197
ALUNBRIG TABS .....40	AMJEVITA SOSY .....4	amoxicillin CAPS ..... 196
ALUNBRIG TBPK .....40	AMJEVITA-PED 10KG TO <15KG SOSY .....4	amoxicillin CHEW 125 MG, 250 MG . 196
ALVESCO .....14	AMJEVITA-PED 15KG TO <30KG SOSY .....4	amoxicillin SUSR ..... 196
ALYFTREK .....200	AMLADEX TABS ..... 181	amoxicillin TABS 875 MG ..... 196
ALYGLO .....196	amlodipine besylate TABS .....50	amoxicillin-clarithromycin w/ lansoprazole THPK .....203
amantadine hcl CAPS ..... 42	amlodipine besylate-atorvastatin calcium ..... 51	amphetamine sulfate TABS .....1
amantadine hcl SOLN ..... 42	amlodipine besylate-benazepril hcl 34	amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG ..... 1
amantadine hcl TABS .....42	amlodipine besylate-olmesartan medoxomil .....34	amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG .....1
AMBIEN CR TBCR (Use zolpidem tartrate) .....92	amlodipine besylate-valsartan .... 34	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG .....1
AMBIEN TABS (Use zolpidem tartrate) .....92	amlodipine-valsartan- hydrochlorothiazide .....34	amphetamine-dextroamphetamine TABS ..... 1
ambrisentan .....51	AMONDYS 45 .....188	ampicillin CAPS 500 MG ..... 196
AMD FOAM DRESSING PADS ... 95	AMORYN MOOD BOOSTER CAPS 10 MG-25 MG-20 MG-300 MCG-400 UNIT-15 MG-70 MCG-30 MCG-90 MG-18 MG .....147	AMPYRA (Use dalfampridine) ... 198
AMD FOAM DRESSING TOPSHEET PADS .....95	amoxapine .....23	AMRIX CP24 (Use cyclobenzaprine hcl) .....187
amiloride & hydrochlorothiazide ...80	amoxicillin & pot clavulanate CHEW . 197	
	amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML ..... 197	
	amoxicillin & pot clavulanate SUSR	

AMVUTTRA .....	200	ANZEMET TABS 50 MG .....	28	25 MCG/ML .....	89
AMYTAL SODIUM .....	92	ANZUPGO CREA EX 20 MG/GM ..	65	ARANESP (ALBUMIN FREE) SOLN	
ANAFRANIL (Use clomipramine hcl)		APETIBEX CAPS .....	147	40 MCG/ML .....	90
23		APEXICON E CREA .....	63	ARANESP (ALBUMIN FREE) SOLN	
anagrelide hcl .....	89	APHEXDA .....	91	60 MCG/ML .....	90
ANAPROX DS TABS (Use naproxen		APIDRA SOLN .....	25	ARANESP (ALBUMIN FREE) SOSY	
sodium) .....	5	APIDRA SOLOSTAR SOPN .....	25	10 MCG/0.4ML .....	90
ANASPAZ TBDP (Use hyoscyamine		APOKYN SOCT .....	42	ARANESP (ALBUMIN FREE) SOSY	
sulfate) .....	202	apomorphine hydrochloride SOCT	42	150 MCG/0.3ML, 200 MCG/0.4ML,	
anastrozole .....	38			300 MCG/0.6ML, 500 MCG/ML ...	90
ANDROGEL PUMP GEL TD (Use		APONVIE EMUL .....	29	ARANESP (ALBUMIN FREE) SOSY	
testosterone) .....	11	APPE-CURB CAPS .....	147	25 MCG/0.42ML .....	90
ANNOVERA .....	54	apraclonidine hcl .....	192	ARANESP (ALBUMIN FREE) SOSY	
ANORO ELLIPTA 25 MCG/ACT-62.5		aprepitant CAPS 125 MG .....	29	40 MCG/0.4ML .....	90
MCG/ACT (Use umeclidinium-		aprepitant CAPS 40 MG, 80 MG ..	29	ARANESP (ALBUMIN FREE) SOSY	
vilanterol) .....	15	aprepitant CAPS .....	29	60 MCG/0.3ML, 100 MCG/0.5ML ..	90
ANTIOXIDANT A/C/E/SELENIUM		APRETUDE .....	46	ARBLI PO 10 MG/ML .....	33
TABS 200 MG-200 UNIT-25 MCG-		APRISO CP24 (Use mesalamine) .	85	ARCALYST .....	5
10000 UNIT .....	147	APTENSIO XR CP24 (Use		AREXVY .....	204
ANTIOXIDANT FORMULA TABS		methyphenidate hcl) .....	2	arformoterol tartrate .....	15
147		APTOM 200 MG, 400 MG, 600 MG,		ARGININE TABS .....	191
ANTIOXIDANT		800 MG (Use eslicarbazepine		ARGYLE STERILE SALINE 0.9 %	
FORMULA/MINERALS CAPS 250		acetate) .....	18	(Use sodium chloride (gu irrigant))	87
MG-7.5 MG-1 MG-10000 UNIT-200		APTIVUS CAPS .....	46	ARICEPT TABS (Use donepezil	
UNIT-1.5 MG-15 MCG .....	147	AQ INSULIN SYRINGE .....	130	hydrochloride) .....	197
ANTI-OXIDANT TABS 250 MG-200		AQNEURSA .....	200	ARIKAYCE .....	3
UNIT-10000 UNIT .....	181	AQUALANCE LANCETS 30G ...	100	ARIMIDEX (Use anastrozole) ....	38
ANTIOXIDANT VITAMINS TABS 60		AQUORAL SOLN .....	142	aripiprazole SOLN PO .....	45
MG-30 UNIT-2 MG-40 MG-40 MCG-		ARANESP (ALBUMIN FREE) SOLN		aripiprazole TABS .....	45
5000 UNIT .....	147	100 MCG/ML .....	89	aripiprazole TBDP .....	45
ANTIVERT CHEW (Use meclizine		ARANESP (ALBUMIN FREE) SOLN		ARISTADA 441 MG/1.6ML, 662	
hcl) .....	28	200 MCG/ML .....	90	MG/2.4ML .....	45
ANTIVERT TABS 50 MG (Use		ARANESP (ALBUMIN FREE) SOLN		ARISTADA 882 MG/3.2ML, 1064	
meclizine hcl) .....	28	ARANESP (ALBUMIN FREE) SOLN		MG/3.9ML .....	45
ANUSOL-HC EX (Use					
hydrocortisone (rectal)) .....	12				

ARISTADA INITIO .....	45	aspirin TABS 325 MG .....	8	ATACAND (Use candesartan cilexetil) .....	33
ARIXTRA (Use fondaparinux sodium) .....	16	aspirin TBEC 81 MG, 325 MG .....	8	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide) .....	34
armodafinil .....	2	aspirin-dipyridamole .....	89	atazanavir sulfate CAPS .....	46
ARMOUR THYROID TABS .....	201	ASSURE 4 CONTROL LEVEL 1 & 2 LIQD .....	100	ATELVIA TBEC (Use risedronate sodium) .....	81
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation)) .....	14	ASSURE 4 TEST STRP .....	70	atenolol & chlorthalidone .....	34
AROMASIN (Use exemestane) ...	38	ASSURE COMFORT LANCETS 28G .....	100	atenolol TABS .....	49
ARTHROTEC TBEC (Use diclofenac w/ misoprostol) .....	6	ASSURE DOSE CONTROL SOLN 100		ATIVAN SOLN (Use lorazepam) ..	13
artificial saliva SOLN .....	142	ASSURE DOSE NORM/HIGH CONTROL SOLN .....	100	ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam) .....	13
artificial tear solution .....	191	ASSURE ID INSULIN SAFETY SYR 130		ATIVAN TABS 1 MG (Use lorazepam) .....	13
ASCENIV .....	196	ASSURE LANCE LANCETS .....	100	atomoxetine hcl .....	2
ascorbic acid CHEW 500 MG ....	207	ASSURE LANCE LANCETS 21G 100		ATORVALIQ SUSP .....	32
ascorbic acid POWD PO 500 MG/GM .....	207	ASSURE LANCE PLUS SAFETY 25G .....	100	atorvastatin calcium TABS .....	32
ASCORBIC ACID POWD PO ....	207	ASSURE LANCE PLUS SAFETY 30G .....	100	ATRALIN GEL (Use tretinoin) .....	57
ascorbic acid TABS .....	207	ASSURE LANCE SAFETY LANCET 28G .....	100	atropine sulfate (ophthalmic) OINT 192	
asenapine maleate .....	44	ASSURE PLATINUM METER DEVI 100		atropine sulfate (ophthalmic) SOLN 192	
ASMANEX (120 METERED DOSES) AEPB .....	14	ASSURE PLATINUM STRP .....	70	ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic)) 192	
ASMANEX (14 METERED DOSES) AEPB .....	14	ASSURE PRISM CONTROL LEVEL 1&2 SOLN .....	100	ATROPINE SULFATE SOLN 1 % 192	
ASMANEX (30 METERED DOSES) AEPB .....	14	ASSURE PRISM MULTI METER DEVI .....	100	ATROVENT HFA .....	14
ASMANEX (60 METERED DOSES) AEPB .....	14	ASSURE PRISM MULTI TEST STRP .....	70	AUBAGIO (Use teriflunomide) ...	198
ASMANEX HFA AERO .....	14	ASSURE TITANIUM BLOOD GLUCOSE DEVI .....	100	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate) ....	197
aspirin buffered (cal carb-mag carb- mag oxide) .....	8	ASSURE TITANIUM STRP .....	70	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML .....	197
aspirin CHEW .....	8			AUGMENTIN TABS 125 MG-500 MG	
ASPIRIN SUPP 300 MG .....	8				

(Use amoxicillin & pot clavulanate) 197	AVODART (Use dutasteride) .....87	bacitracin (topical) OINT .....59
AUGTYRO .....40	AVONEX PEN AJKT .....198	bacitracin zinc OINT ..... 59
AURYXIA 210 MG (Use ferric citrate) .....86	AVONEX PREFILLED PSKT .....198	bacitracin-polymyxin b (ophth) ...192
AUSTEDO TABS .....198	AVSOLA .....85	bacitracin-polymyxin b OINT .....59
AUSTEDO XR PATIENT TITRATION TEPK .....198	AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML ..... 5	bacitracin-poly-neomycin-hc .....193
AUSTEDO XR TB24 .....198	AYVAKIT ..... 39	BACLOFEN REFILL KIT- SYNCHROMED KIT IT 40 MG/20ML 187
AUTO-LANCET MINI MISC ..... 100	AZASITE .....192	baclofen SOLN PO 5 MG/5ML, 10 MG/5ML .....187
AUTOLET LANCING DEVICE MISC . 100	azathioprine TABS 50 MG .....140	baclofen SUSP ..... 187
AUTOLET LITE LANCING DEVICE MISC .....100	azathioprine TABS 75 MG, 100 MG 140	baclofen TABS .....187
AUVELITY .....21	azelastine hcl (ophth) .....194	BACMIN TABS ..... 147
AUVI-Q SOAJ .....206	azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY ..... 187	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...35
AVALIDE (Use irbesartan- hydrochlorothiazide) ..... 34	azelastine hcl-fluticasone propionate SUSP ..... 187	BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ...35
AVAPRO 150 MG, 300 MG (Use irbesartan) .....33	AZILECT (Use rasagiline mesylate) . 43	BAFIERTAM ..... 198
AVAR CLEANSER LIQD 10 %-5 % (Use sulfacetamide sodium w/ sulfur) 57	azithromycin PACK ..... 94	BALCOLTRA (Use levonorgestrel- ethinyl estradiol-iron) .....53
AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ...57	azithromycin SUSR .....94	balsalazide disodium CAPS ..... 85
AVAR-E EMOLLIENT CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur) .....57	azithromycin TABS .....94	BALVERSA .....40
AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur) ...57	AZO HORMONAL HEALTH CYCLE CARE TABS .....147	BAND-AID ALL-IN-ONE GAUZE LG PADS .....95
AVEENO PROTECT+HYDRATE SPF60 LOTN .....68	AZO HORMONAL HEALTH HAPPY CYCL TABS .....147	BAND-AID GAUZE LARGE PADS 95
AVERI TABS PO .....53	AZOPT (Use brinzolamide) .....194	BAND-AID GAUZE MEDIUM PADS 95
AVMAPKI FAKZYNJA CO-PACK THPK PO .....40	AZOR (Use amlodipine besylate- olmesartan medoxomil) .....34	BAND-AID GAUZE SMALL PADS .95
	AZSTARYS .....2	BAND-AID HURT-FREE NON-STICK PADS .....95
	AZULFIDINE EN-TABS TBEC (Use sulfasalazine) ..... 85	BAND-AID TRU-ABSORB GAUZE PADS .....95
	AZULFIDINE TABS (Use sulfasalazine) ..... 85	BANZEL SUSP (Use rufinamide) ..18

BANZEL TABS (Use rufinamide) .. 18	BD INSULIN SYRINGE ULTRAFINE ..131	peroxide-erythromycin) ..... 57
BAQSIMI ONE PACK POWD ..... 24	BD MICROTAINER LANCETS .. 101	benzonatate 100 MG ..... 55
BAQSIMI TWO PACK POWD ..... 24	BD PEN NEEDLE MICRO ULTRAFINE .....131	benzonatate 200 MG ..... 55
BARACLUDE TABS (Use entecavir) . 48	BD PEN NEEDLE MINI ULTRAFINE .....131	benzoyl peroxide BAR ..... 57
BARIATRIC MULTIVITAMINS CAPS 147	BD PEN NEEDLE NANO 2ND GEN . 131	benzoyl peroxide CREA 10 % ..... 57
BARIATRIC MULTIVITAMINS TABS . 147	BD PEN NEEDLE NANO ULTRAFINE .....131	benzoyl peroxide GEL 2.5 %, 5 %, 10 % ..... 57
BARIATRIC MULTIVITAMINS/IRON CAPS ..... 147	BD PEN NEEDLE ORIG ULTRAFINE .....131	BENZOYL PEROXIDE GEL ..... 57
BASAGLAR KWIKPEN SOPN ..... 25	BD PEN NEEDLE SHORT ULTRAFINE .....131	benzoyl peroxide LIQD 4 % ..... 57
BASAGLAR TEMPO PEN SOPN .. 25	BD SAFETYGLIDE INSULIN SYRINGE ..... 131	benzoyl peroxide LIQD 5 %, 10 % .57
BASIC AM TABS ..... 147	BD VEO INSULIN SYR ULTRAFINE .....131	benzoyl peroxide LOTN 5 %, 10 % 57
BASIC PM TABS ..... 147	BELBUCA FILM .....10	BENZOYL PEROXIDE LOTN 5 %, 10 % ..... 57
BAXDELA SOLR ..... 84	BELSOMRA ..... 93	benzoyl peroxide-erythromycin GEL . 57
BAXDELA TABS ..... 84	benazepril & hydrochlorothiazide . 34	benztropine mesylate SOLN ..... 42
BCG VACCINE ..... 204	benazepril hcl ..... 33	benztropine mesylate TABS ..... 42
b-complex vitamins CAPS ..... 142	BENEFIX KIT ..... 88	bepotastine besilate ..... 194
b-complex vitamins TABS ..... 142	BENICAR (Use olmesartan medoxomil) ..... 33	BEPREVE (Use bepotastine besilate) ..... 194
b-complex w/ c & folic acid CAPS 142	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) .. 34	BEQVEZ ..... 88
BD AUTOSHIELD DUO .....130	BENLYSTA SOAJ ..... 141	BERINERT KIT ..... 88
BD INS SYR ULTRAFINE 1/2UNIT 130	BENLYSTA SOLR ..... 141	besifloxacin hcl 0.6 % ..... 192
BD INSULIN SYR ULTRAFINE II 130	BENLYSTA SOSY ..... 141	BESIVANCE 0.6 % (Use besifloxacin hcl) ..... 192
BD INSULIN SYRINGE ..... 130	BENTYL SOLN IM (Use dicyclomine hcl) ..... 202	betamethasone dipropionate (topical) CREA ..... 63
BD INSULIN SYRINGE HALF-UNIT . 130	BENZAMYCIN GEL (Use benzoyl	betamethasone dipropionate (topical) LOTN ..... 63
BD INSULIN SYRINGE MICROFINE .....130		betamethasone dipropionate (topical) OINT ..... 63
BD INSULIN SYRINGE U/F ..... 130		betamethasone dipropionate

augmented CREA .....	63	MG/1.7ML .....	81	BLOOD GLUCOSE MONITORING 333 DEVI .....	101
betamethasone dipropionate augmented GEL 0.05 % .....	63	bimatoprost SOLN .....	195	BLOOD GLUCOSE TEST STRIPS 333 STRP .....	71
betamethasone dipropionate augmented LOTN .....	63	BIMZELX SOAJ .....	61	BLOOD GLUCOSE TEST STRP ..	71
betamethasone dipropionate augmented OINT .....	63	BIMZELX SOSY .....	61	BLOOD SUGAR MANAGER TABS 147	
betamethasone valerate CREA ...	63	BINOSTO TBEF .....	81	BLULINK CONTROL HIGH & LOW LIQD .....	101
betamethasone valerate FOAM ...	63	BIO-35 GLUTEN-FREE CAPS ...	147	BLULINK GLUCOSE MONITORING SYS DEVI .....	101
betamethasone valerate LOTN ....	63	BIO-35 IRON FREE CAPS .....	147	BLULINK GLUCOSE TEST STRP	71
betamethasone valerate OINT .....	63	BIOCAL CAPS .....	147	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 .....	147
BETAPACE AF (Use sotalol hcl (afib/af)) .....	49	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 .....	147	BOMYNTRA SOLN SC 120 MG/1.7ML .....	81
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl) .....	49	BIOTECT PLUS CAPS .....	147	BOMYNTRA SOSY SC 120 MG/1.7ML .....	81
BETASERON KIT .....	198	BIOTEL CARE BLOOD GLUCOSE KIT .....	101	BONEUP 3 PER DAY CAPS .....	147
betaxolol hcl (ophth) SOLN .....	191	BIOTEL CARE TEST STRIPS STRP 71		BONEUP CAPS .....	147
betaxolol hcl .....	49	BIOTHRAX .....	204	BONEUP VEGETARIAN TABS ..	147
bethanechol chloride .....	204	biotin CAPS 5 MG, 5000 MCG ...	207	BONJESTA TBCR .....	28
BETHKIS NEBU (Use tobramycin) .	3	bisacodyl SUPP .....	94	BONSITY SOPN 560 MCG/2.24ML 81	
BETIMOL (Use timolol) .....	191	bisacodyl TBEC .....	94	BOOSTNOW IMMUNE SUPPORT CAPS .....	148
BETIMOL .....	191	bismuth subsalicylate CHEW 262 MG .....	27	BOOSTRIX SUSP .....	201
BETOPTIC-S SUSP .....	191	bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML .....	27	BOOSTRIX SUSY .....	201
BEVESPI AEROSPHERE .....	15	bismuth subsalicylate TABS .....	27	bosentan TABS .....	51
bexarotene .....	42	bisoprolol & hydrochlorothiazide ..	34		
BEXSERO 0.5 ML .....	204	bisoprolol fumarate .....	49		
BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium) ...	53	BIVIGAM SOLN .....	196		
bicalutamide .....	38	BLOOD GLUCOSE MONITOR SYSTEM KIT .....	101		
BIKTARVY .....	46				
BILDYOS SOSY SC 60 MG/ML ...	81				
BILPREVDA SOLN SC 120					

bosentan TBSO 32 MG ..... 51	BREO ELLIPTA ..... 15	budesonide (nasal) ..... 187
BOSULIF CAPS ..... 40	BREZTRI AEROSPHERE ..... 15	budesonide TB24 ..... 54
BOSULIF TABS ..... 40	BRILINTA 60 MG, 90 MG (Use ticagrelor) ..... 89	budesonide-formoterol fumarate dihydrate ..... 15
BOTOX IJ ..... 189	brimonidine tartrate ..... 192	bumetanide TABS ..... 81
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	brimonidine tartrate-timolol maleate . 191	BUMEX TABS 0.5 MG (Use bumetanide) ..... 81
BPO FOAMING CLOTHS MISC 6 % . 58	BRINEURA ..... 82	buprenorphine hcl SUBL ..... 10
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 ..... 148	brinzolamide ..... 194	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG ..... 10
BPROTECTED PEDIA POLY-VITE SOLN PO ..... 184	BRIUMVI ..... 198	buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG ..... 10
BPROTECTED PEDIA POLY- VITE/FE SOLN ..... 184	BRIVIACT SOLN PO 10 MG/ML (Use brivaracetam) ..... 18	buprenorphine hcl-naloxone hcl dihydrate SUBL ..... 10
BRAFTOVI 75 MG ..... 40	BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (Use brivaracetam) ..... 18	buprenorphine PTWK ..... 10
BREATHE COMFORT CHAMBER/ADULT DEVI ..... 134	BRIXADI (WEEKLY) SOSY ..... 10	bupropion hcl (smoking deterrent) 200
BREATHE COMFORT CHAMBER/CHILD DEVI ..... 134	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML ..... 10	bupropion hcl TABS ..... 21
BREATHE EASE LARGE DEVI .. 134	bromfenac sodium (ophth) ..... 194	bupropion hcl TB12 ..... 21
BREATHE EASE MEDIUM DEVI 134	brompheniramine & phenyleph ELIX . 55	bupropion hcl TB24 150 MG, 300 MG ..... 21
BREATHE EASE SMALL DEVI .. 134	brompheniramine & pseudoeph ELIX 55	bupropion hcl TB24 300 MG, 450 MG ..... 21
BREATHERITE VALVED MDI CHAMBER DEVI ..... 134	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML ..... 56	BURIED TREASURE ACTIVE 55 PLUS LIQD ..... 148
BREKIYA SOAJ SC 1 MG/ML .... 137	BROMSITE (Use bromfenac sodium (ophth)) ..... 194	BURN RELIEF GEL ..... 66
BREO ELLIPTA (Use fluticasone furoate-vilanterol) ..... 15	BROVANA (Use arformoterol tartrate) ..... 15	buspirone hcl 15 MG ..... 12
	BRUKINSA ..... 40	buspirone hcl 5 MG, 10 MG ..... 12
	BRUKINSA PO 160 MG ..... 40	buspirone hcl 7.5 MG, 30 MG ..... 12
	BRYNOVIN SOLN PO 25 MG/ML . 24	butalbital-acetaminophen TABS 50 MG-325 MG ..... 8
	budesonide (inhalation) SUSP ..... 15	butalbital-acetaminophen-caffeine
	budesonide (intrarectal) ..... 11	

CAPS 40 MG-50 MG-325 MG ..... 8	calcipotriene CREA ..... 61	calcium polycarbophil TABS ..... 93
butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG ..... 8	CALCIPOTRIENE FOAM ..... 61	CALQUENCE ..... 40
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG ..... 10	calcipotriene OINT ..... 61	CAMBIA (Use diclofenac potassium (migraine)) ..... 137
butalbital-aspirin-caffeine CAPS ..... 8	calcipotriene SOLN ..... 61	CAMCEVI ..... 38
butalbital-aspirin-caffeine w/cod ...10	calcipotriene-betamethasone dipropionate OINT ..... 63	camphor & menthol LOTN ..... 61
BUTRANS PTWK (Use buprenorphine) ..... 10	calcipotriene-betamethasone dipropionate SUSP ..... 63	camphor-menthol-methyl salicylate CREA ..... 66
BYDUREON BCISE AUIJ ..... 25	calcitonin (salmon) IJ ..... 81	camphor-menthol-methyl salicylate GEL ..... 66
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide) ..... 25	calcitonin (salmon) NA ..... 81	camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 % ..... 66
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide) ..... 25	calcitriol (topical) ..... 61	CANASA SUPP (Use mesalamine) 85
BYLVAY (PELLETS) CPSP ..... 85	calcitriol CAPS ..... 82	candesartan cilexetil ..... 33
BYLVAY CAPS ..... 85	CALCIUM 600 +D HIGH POTENCY TABs ..... 139	candesartan cilexetil- hydrochlorothiazide ..... 34
BYSTOLIC (Use nebivolol hcl) ..... 49	calcium acetate (phosphate binder) CAPS ..... 86	capecitabine ..... 37
BYSTOLIC 2.5 MG, 5 MG, 10 MG (Use nebivolol hcl) ..... 49	calcium acetate (phosphate binder) TABs ..... 86	CAPEX SHAM ..... 63
CABENUVA 600 MG/2ML-400 MG/2ML ..... 46	CALCIUM CARB- CHOLECALCIFEROL CHEW .... 139	CAPHOSOL SOLN ..... 142
CABENUVA 900 MG/3ML-600 MG/3ML ..... 46	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG ..... 12	CAPLYTA ..... 43
CABOMETYX TABs ..... 40	CALCIUM CARBONATE CHEW . 139	CAPRELSA ..... 40
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	calcium carbonate TABs 1250 MG, 500 MG ..... 139	capsaicin CREA 0.025 % ..... 66
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-cholecalciferol TABs ..... 139	capsaicin CREA 0.075 % ..... 66
caffeine citrate SOLN PO ..... 1	calcium carbonate-vitamin d TABs 125 UNIT-250 MG, 250 MG-125 UNIT ..... 139	capsaicin CREA 0.1 % ..... 66
	calcium carbonate-vitamin d TABs 600 MG-200 UNIT ..... 139	capsaicin PTCH ..... 66
	CALCIUM CHEW ..... 139	captopril & hydrochlorothiazide ... 34
	calcium citrate TABs ..... 139	captopril ..... 33
		CAPVAXIVE ..... 204
		CAPZASIN-HP CREA (Use capsaicin) ..... 66
		CAPZASIN-P CREA 0.035 % (Use capsaicin) ..... 67

CARAC CREA (Use fluorouracil (topical))	60	CARDURA XL	87	28G	102
CARAFATE SUSP (Use sucralfate)	202	CAREONE ADVANCED LANCING DEV MISC	101	CARETOUCH TWIST LANCETS 30G	102
CARAFATE TABS (Use sucralfate)	202	CAREONE INSULIN SYRINGE	131	CARETOUCH TWIST LANCETS 33G	102
carbamazepine CHEW	18	CAREONE LANCET SUPER THIN 30G	101	CARETOUCH TWIST MC LANCETS 30G	102
carbamazepine CP12	18	CARESENS CONTROL SOLUTION A/B SOLN	101	carisoprodol TABS 250 MG	187
carbamazepine SUSP	18	CARESENS LANCETS 30G	101	carisoprodol TABS 350 MG	187
carbamazepine TABS	18	CARESENS N FELIZ BT DEVI	101	CARNITOR SF SOLN PO (Use levocarnitine (metabolic modifiers))	82
carbamazepine TB12	18	CARESENS N FELIZ DEVI	101	CARNITOR SOLN PO 1 GM/10ML (Use levocarnitine (metabolic modifiers))	83
carbamide peroxide (otic) 6.5 %	195	CARESENS S CONTROL SOLN A/B LIQD	101	CARNITOR TABS (Use levocarnitine (metabolic modifiers))	83
CARBATROL CP12 (Use carbamazepine)	18	CARESENS S FIT BLOOD GLUC MON DEVI	101	carteolol hcl (ophth)	191
carbidopa	42	CARESENS S FIT BT BLOOD GLUC DEVI	101	carvedilol	49
carbidopa-levodopa CPCR	42	CARESENS S GLUCOSE TEST STRP	71	carvedilol phosphate	49
carbidopa-levodopa TABS	42	CARETOUCH CONTROL SOL LEVEL 2 LIQD	101	CASGEVY	89
carbidopa-levodopa TBCR	42	CARETOUCH HYPODERMIC NEEDLE	131	CASODEX (Use bicalutamide)	38
carbidopa-levodopa TBDP	42	CARETOUCH INSULIN SYRINGE 131		CATAPRES-TTS-1 PTWK (Use clonidine)	33
carbidopa-levodopa-entacapone	42	CARETOUCH LANCING/EJECTOR MISC	101	CATAPRES-TTS-2 PTWK (Use clonidine)	33
carboxymethylcellulose sodium (ophth) GEL	191	CARETOUCH MONITOR SYSTEM KIT	101	CATAPRES-TTS-3 PTWK (Use clonidine)	33
carboxymethylcellulose sodium (ophth) SOLN 0.5 %	191	CARETOUCH SAFETY LANCETS 102		CAYA DPRH	97
CARDIZEM CD CP24 (Use diltiazem hcl coated beads)	50	CARETOUCH SAFETY LANCETS 26G	102	CAYSTON	36
CARDIZEM LA TB24 (Use diltiazem hcl)	50	CARETOUCH TEST STRP	71	cefaclor CAPS	52
CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	50	CARETOUCH TWIST LANCETS		CEFACLOR ER TB12	52
CARDURA (Use doxazosin mesylate)	33			cefadroxil CAPS	52
CARDURA 8 MG (Use doxazosin mesylate)	33			cefadroxil SUSR	52

cefadroxil TABS .....	52	hydrobromide) .....	21	CENTRUM ADULTS TABS 60 MG-2	
cefdinir CAPS .....	52	CELLCEPT CAPS (Use		MG-30 MCG-400 MCG-25 MCG-6	
cefdinir SUSR .....	52	mycophenolate mofetil) .....	140	MCG-10 MG-1.7 MG-25 MCG-20	
cefixime CAPS .....	52	CELLCEPT INTRAVENOUS (Use		MG-1050 MCG-18 MG-1.5 MG-11	
cefixime SUSR .....	52	mycophenolate mofetil hcl) .....	140	MG-50 MG-80 MG-200 MG-150	
cefixime TABS .....	53	CELLCEPT SUSR (Use		MCG-45 MCG-13.5 MG-20 MG-0.5	
cefpodoxime proxetil SUSR .....	53	mycophenolate mofetil) .....	140	MG-2.3 MG-55 MCG-35 MCG-72	
cefpodoxime proxetil TABS .....	53	CELLCEPT TABS (Use		MG, 60 MG-30 MCG-400 MCG-1.5	
cefprozil SUSR .....	52	mycophenolate mofetil) .....	140	MG-20 MG-2 MG-10 MG-1.7 MG-25	
cefprozil TABS .....	52	CELLCEPT TABS (Use		MCG-13.5 MG-18 MG-50 MG-2.3	
ceftriaxone sodium IJ 1 GM, 2 GM,		mycophenolate mofetil) .....	140	MG-45 MCG-80 MG-35 MCG-0.5	
250 MG, 500 MG .....	53	CELONTIN (Use methsuximide) ..	20	MG-11 MG-200 MG-150 MCG-20	
cefuroxime axetil TABS .....	52	CENTANY AT KIT .....	59	MG-55 MCG-1050 MCG-25 MCG-6	
CELEBRATE MULTI-COMplete 18		CENTAVITE A-Z COMPLETE-		MCG-72 MG .....	148
CAPS .....	148	MINERAL TABS 90 MG-3 MG-35		CENTRUM CARDIO TABS .....	148
CELEBRATE MULTI-COMplete 36		MCG-0.4 MG-3 MG-9 MCG-10 MG-		CENTRUM LIQD 60 MG/15ML-2	
CAPS .....	148	3.4 MG-30 MG-5000 UNIT-400		MG/15ML-300 MCG/15ML-1.5	
CELEBRATE MULTI-COMplete 45		UNIT-30 UNIT-1250 UNIT-27 MG-		MG/15ML-6 MCG/15ML-10	
CAPS .....	148	100 MG-5 MG-15 MCG-7.5 MG-15		MG/15ML-1.7 MG/15ML-20	
CELEBRATE MULTI-COMplete 60		MCG-2 MG-15 MG-40 MG-150		MG/15ML-400 UNIT/15ML-30	
CAPS .....	148	MCG-31 MG-10 MCG-7.5 MG ...	148	UNIT/15ML-9 MG/15ML-2.5	
CELEBREX 100 MG (Use celecoxib)		CENTRAVITES 50 PLUS TABS .	148	MG/15ML-25 MCG/15ML-25	
6		CENTRAVITES ADULTS TABS ..	148	MCG/15ML-3 MG/15ML-150	
CELEBREX 200 MG (Use celecoxib)		CENTRAVITES TABS 60 MG-2 MG-		MCG/15ML-2500 UNIT/15ML, 60	
6		30 MCG-400 MCG-6 MCG-10 MG-		MG/15ML-2 MG/15ML-300	
CELEBREX 400 MG (Use celecoxib)		1.7 MG-20 MG-1.5 MG-400 UNIT-18		MCG/15ML-30 UNIT/15ML-1.1	
6		MG-100 MG-3.5 MG-160 MCG-5		MG/15ML-400 UNIT/15ML-6	
CELEBREX 50 MG (Use celecoxib)		MCG-80 MG-2 MG-150 MCG-65		MCG/15ML-1300 UNIT/15ML-10	
6		MCG-2 MG-10 MCG-15 MG-162		MG/15ML-1.7 MG/15ML-20	
celecoxib 100 MG .....	6	MG-150 MCG-30 UNIT-109 MG-20		MG/15ML-9 MG/15ML-2 MG/15ML-	
celecoxib 200 MG .....	6	MCG-10 MCG-5000 UNIT-25 MCG-		25 MCG/15ML-25 MCG/15ML-3	
celecoxib 400 MG .....	6	72 MG .....	148	MG/15ML-150 MCG/15ML .....	150
celecoxib 50 MG .....	6	CENTRUM ADULT LIQD 60		CENTRUM MEN TABS .....	149
CELEXA TABS (Use citalopram		MG/15ML-300 MCG/15ML-1.1		CENTRUM MENOPAUSE HOT	
Index 15		MG/15ML-20 MG/15ML-2 MG/15ML-		FLASH TABS .....	149
		10 MG/15ML-1.7 MG/15ML-10		CENTRUM MENOPAUSE	
		MCG/15ML-13.5 MG/15ML-9		MIND/MOOD TABS .....	181
		MG/15ML-2 MG/15ML-25		CENTRUM MINIS ADULTS 50+	
		MCG/15ML-25 MCG/15ML-3		TABS .....	149
		MG/15ML-150 MCG/15ML-390		CENTRUM MINIS MEN 50+ TABS	
		MCG/15ML-6 MCG/15ML .....	148	149	

CENTRUM MINIS WOMEN 50+ TABS .....149	MG-19 MCG-750 MCG-30 MCG-25 MCG-72 MG ..... 149	CENTRUM ULTRA WOMENS TABS 150
CENTRUM MINIS WOMEN IMMUNE SUP 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 ..... 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 150
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 .....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	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 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 ..... 149	CENTRUM SILVER ULTRA WOMENS TABS .....149	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 ..... 151
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	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 ..... 149	CENVITE LIQD ..... 151
	CENTRUM SPECIALIST HEART TABS .....150	cephalexin CAPS 250 MG, 500 MG 52
	CENTRUM SPECIALIST IMMUNE TABS .....150	cephalexin SUSR ..... 52
	CENTRUM SPECIALIST VISION TABS .....150	CEQUA SOLN .....193
		CEQUR SIMPLICITY 2U DEVI ...131

CEQUR SIMPLICITY INSERTER MISC .....	131	CHANTIX TABS (Use varenicline tartrate) .....	200	cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG 206
CERDELGA .....	89	CHEMET .....	28	cholestyramine light PACK .....
CEREBYX 100 MG PE/2ML (Use fosphenytoin sodium) .....	20	chenodiol .....	84	cholestyramine light POWD .....
CEREBYX 500 MG PE/10ML (Use fosphenytoin sodium) .....	20	chlordiazepoxide hcl CAPS .....	13	cholestyramine PACK .....
CEREZYME 400 UNIT .....	89	chlorhexidine gluconate (mouth- throat) .....	141	cholestyramine POWD .....
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	chlorhexidine gluconate SOLN EX 4 % .....	45	choline fenofibrate .....
CERTAVITE SENIOR TABS .....	151	chloroquine phosphate TABS 250 MG .....	36	CHOSEN LANCETS 30G .....
CERTAVITE SENIOR/ANTIOXIDANT TABS ...	151	chloroquine phosphate TABS 500 MG .....	36	CHOSEN LANCING DEVICE MISC 102
CERTAVITE/ANTIOXIDANTS TABS . 151		chlorpheniramine maleate SYRP ..	29	CHOSEN SAFETY LANCETS 28G 102
CETAPHIL DAILY FACIAL SPF 50 LOTN .....	68	chlorpheniramine maleate TABS ..	30	CIALIS 5 MG (Use tadalafil) .....
cetirizine hcl CAPS .....	30	chlorpromazine hcl SOLN 25 MG/ML 45		CIBINQO .....
cetirizine hcl CHEW .....	30	chlorpromazine hcl TABS 10 MG ..	45	cilostazol .....
cetirizine hcl SOLN PO .....	30	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG .....	45	CILOXAN OINT .....
cetirizine hcl TABS .....	30	chlorthalidone 25 MG, 50 MG .....	81	CIMDUO .....
cetirizine-pseudoephedrine .....	56	chlorzoxazone TABS 250 MG, 375 MG, 750 MG .....	187	cimetidine hcl PO 300 MG/5ML ..
CETRAXAL (Use ciprofloxacin hcl (otic)) .....	195	chlorzoxazone TABS 500 MG ....	187	cimetidine TABS .....
CHANTIX CONTINUING MONTH PAK TABS (Use varenicline tartrate) . 200		CHOICEFUL MULTIVITAMIN CAPS . 151		CIMZIA (1 SYRINGE) PSKT 200 MG/ML .....
CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ..	200	CHOLBAM .....	84	CIMZIA (2 SYRINGE) PSKT .....
		cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT .....	206	CIMZIA KIT .....
		cholecalciferol CAPS .....	206	CIMZIA-STARTER PSKT .....
		cholecalciferol CHEW 400 UNIT .	206	CINQAIR .....
		cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML .....	206	CINRYZE SOLR IV .....
				CINVANTI EMUL .....
				CIPRO HC 1 %-0.2 % (Use ciprofloxacin-hydrocortisone) .....
				CIPRO SUSR .....
				CIPRO TABS 250 MG, 500 MG (Use

ciprofloxacin hcl) ..... 84	CLARITIN TABS (Use loratadine) . 30	CONTROL LIQD .....103
ciprofloxacin hcl (ophth) SOLN ... 192	CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine) ... 56	CLEVER CHOICE HOLDING CHAMBER DEVI ..... 134
ciprofloxacin hcl (otic) ..... 195	CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine) ... 56	CLEVER CHOICE LANCETS 23G 103
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG ..... 84	CLASSIC PRENATAL TABS ..... 185	CLEVER CHOICE LANCETS 28G 103
ciprofloxacin-dexamethasone .... 195	CLEMASZ TABS 2.68 MG (Use clemastine fumarate) ..... 30	CLEVER CHOICE MICRO SYSTEM KIT ..... 103
ciprofloxacin-fluocinolone acetonide . 195	CLEOCIN (Use clindamycin palmitate hydrochloride) ..... 35	CLEVER CHOICE MICRO TEST STRP ..... 71
ciprofloxacin-hydrocortisone ..... 195	CLEOCIN CREA (Use clindamycin phosphate vaginal) ..... 205	CLEVER CHOICE MINI SYSTEM DEVI ..... 103
CITALOPRAM HYDROBROMIDE CAPS ..... 21	CLEOCIN SUPP ..... 205	CLEVER CHOICE NO CODING STRP ..... 71
citalopram hydrobromide SOLN ... 21	CLEOCIN-T LOTN (Use clindamycin phosphate (topical)) ..... 58	CLEVER CHOICE TALK SYSTEM DEVI ..... 103
citalopram hydrobromide TABS ... 21	CLEVER CHEK AUTO-CODE DEVI . 102	CLEVER CHOICE TALK SYSTEM STRP ..... 71
CITRACAL +D3 TABS ..... 151	CLEVER CHEK AUTO-CODE SYSTEM DEVI ..... 102	CLEVER CHOICE TALK SYSTEM STRP ..... 71
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cladribine (multiple sclerosis) 10 MG . 198	CLEVER CHEK AUTO-CODE VOICE DEVI ..... 102	CLINDAGEL GEL (Use clindamycin phosphate (topical)) ..... 58
CLARINEX TABS (Use desloratadine) ..... 30	CLEVER CHEK AUTO-CODE VOICE STRP ..... 71	clindamycin hcl 150 MG, 300 MG . 35
CLARINEX-D 12 HOUR TB12 ..... 56	CLEVER CHEK LANCETS ..... 102	clindamycin palmitate hydrochloride . 35
clarithromycin SUSR ..... 94	CLEVER CHEK SYSTEM KIT .... 102	clindamycin phosphate (topical) FOAM ..... 58
clarithromycin TABS ..... 94	CLEVER CHEK TEST STRP ..... 71	clindamycin phosphate (topical) GEL 58
clarithromycin TB24 ..... 94	CLEVER CHOICE AUTO-CODE SYSTEM DEVI ..... 102	clindamycin phosphate (topical) LOTN ..... 58
CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine) ..... 30	CLEVER CHOICE AUTO-CODE TEST STRP ..... 71	clindamycin phosphate (topical) SOLN ..... 58
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ELEVIDYS 16.5-17.4 KG .....	188	ELEVIDYS 46.5-47.4 KG .....	189	ELIGARD SC 45 MG .....	38
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EMBRACE EVO BLOOD GLUCOSE TEST STRP .....	73	EMEND SOLR (Use fosaprepitant dimeglumine) .....	29	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML .....	184
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EMBRACE EVO GLUCOSE MONITOR DEVI .....	108	EMEND TRIPACK CAPS (Use aprepitant) .....	29	ENGERIX-B SUSY .....	205
EMBRACE EVO GLUCOSE MONITORING KIT .....	108	EMFLAZA SUSP (Use deflazacort) 55		ENOBY SOSY SC 60 MG/ML .....	81
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EMBRACE LANCING DEVICE/EJECTOR MISC .....	108	EMGALITY SOAJ .....	137	enoxaparin sodium SOSY 30 MG/0.3ML .....	17
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EMBRACE PRO GLUCOSE TEST STRP .....	73	emtricitabine-rilpivirine-tenofovir disoproxil fumarate .....	46	ENSPRYNG .....	140
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EMBRACE TALK GLUCOSE CONTROL SOLN .....	108	EMTRIVA CAPS (Use emtricitabine) . 46		entecavir TABS .....	48
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EMBRACE TALK MONITORING SYSTEM KIT .....	108	enalapril maleate & hydrochlorothiazide .....	34	ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (Use sacubitril-valsartan) .....	51
EMBRACE WAVE GLUCOSE METER DEVI .....	109	enalapril maleate SOLN .....	33	ENTYVIO PEN SOAJ .....	85
EMCYT .....	38	enalapril maleate TABS .....	33	ENTYVIO SOLR .....	85
		ENBRACE HR .....	185	EOHILIA SUSP .....	55
		ENBREL MINI SOCT .....	7	EPANED SOLN (Use enalapril maleate) .....	33
		ENBREL SOLN .....	7	EPCLUSA PACK .....	48
		ENBREL SOSY .....	7	EPCLUSA TABS .....	48

EPIDIOLEX .....	18	MG-5 MCG-2.3 MG-55 MCG-10	MG-50 MG-5 MCG-250 MG-80 MG-
EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide) .....	58	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-	15 MG-50 MCG-150 MCG-20 MG-4 MG-60 UNIT-100 MCG-72 MG-10 MCG-60 MCG-150 MCG ..... 156
EPIDUO GEL (Use adapalene- benzoyl peroxide) .....	58	250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45	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
EPIFOAM FOAM .....	.64	MCG-150 MCG-20 MG-20 MG-0.5	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
epinastine hcl (ophth) .....	194	MG-5 MCG-2.3 MG-45 MCG-55	MCG-150 MCG-50 UNIT-110 MG-0.9
epinephrine (anaphylaxis) SOAJ .	206	MCG-10 MCG-72 MG-2 MG .....155	MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG ..... 156
epinephrine hcl (nasal) .....	188	EQ COMPLETE MULTIVITAMIN- ADULT TABS .....	155
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....	206	EQ GAUZE PADS .....	95
EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....	206	EQ ONE DAILY MENS 50+ TABS 155	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 ..... 156
EPIVIR SOLN (Use lamivudine) ...	46	EQ ONE DAILY MENS HEALTH TABS .....	155
EPIVIR TABS 150 MG (Use lamivudine) .....	46	EQ ONE DAILY WOMENS 50+ TABS .....	155
EPIVIR TABS 300 MG (Use lamivudine) .....	46	EQ ONE DAILY WOMENS HEALTH TABS .....	155
EPOGEN 10000 UNIT/ML .....	90	EQ SPACE CHAMBER ANTI- STATIC DEVI .....	135
EPOGEN 2000 UNIT/ML .....	90	EQ SPACE CHAMBER ANTI- STATIC L DEVI .....	135
EPOGEN 20000 UNIT/ML .....	90	EQ SPACE CHAMBER ANTI- STATIC M DEVI .....	135
EPOGEN 3000 UNIT/ML .....	90	EQ SPACE CHAMBER ANTI- STATIC S DEVI .....	135
EPOGEN 4000 UNIT/ML .....	90	EQ VISION FORMULA 50+ CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG- 9 MG-90 MG-160 MG-250 MG ...156	EQL CENTURY MATURE ADULTS 50+ TABS .....156
EPRONTIA SOLN 25 MG/ML (Use topiramate) .....	18	EQL CENTURY MATURE MEN 50+ TABS 120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-10 MG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-600 MCG-1.5 MG-15 MG-0.7	EQL CENTURY MENS TABS ....156
EPSOLAY CREA .....	58	EQL CENTURY WOMENS TABS 156	EQL GAUZE PADS .....95
EQ BLOOD GLUCOSE TEST STRP . 73		EQL GAUZE STERILE PADS ..... 95	
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		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 .....156	erythromycin (acne aid) PADS .... 58 erythromycin (acne aid) SOLN .... 58 erythromycin (ophth) .....192 erythromycin base CPEP ..... 94 erythromycin base TABS ..... 94 erythromycin base TBEC ..... 94 erythromycin ethylsuccinate SUSR 94 erythromycin ethylsuccinate TABS 94 erythromycin stearate TABS 250 MG 94 ERZOFRI .....43 ESBRIET CAPS (Use pirfenidone) 201 ESBRIET TABS (Use pirfenidone) 201 ESCITALOPRAM OXALATE CAPS PO 15 MG .....21 escitalopram oxalate SOLN .....22 escitalopram oxalate TABS .....22 ESGIC TABS (Use butalbital- acetaminophen-caffeine) .....8 eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG ..... 18 esomeprazole magnesium CPDR 202 esomeprazole magnesium PACK 202 esomeprazole magnesium TBEC 202 ESPEROCT ..... 88 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 157 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 ..... 157 estazolam ..... 92 ESTRACE CREA (Use estradiol vaginal) ..... 206 ESTRACE TABS (Use estradiol) .. 84 estradiol & norethindrone acetate TABs .....83 estradiol PTTW ..... 84 estradiol PTWK ..... 84 estradiol TABS .....84 estradiol vaginal CREA .....206 estradiol vaginal TABS ..... 206 ESTROFACTORS TABS .....181 estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ..... 84 ESTROVEN MENOPAUSE SUPPLEMENT TABS ..... 157 eszopiclone .....92 ethambutol hcl TABS ..... 36 ethosuximide CAPS .....20 ethosuximide SOLN .....20 ethynodiol diacet & eth estrad .... 53 etodolac CAPS .....6
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etodolac TABS .....	6	EVKEEZA 1200 MG/8ML .....	31	EXTENDED INFUSION SET 43"/9MM MISC .....	109
etodolac TB24 .....	6	EVKEEZA 345 MG/2.3ML .....	31	EXTENDED RESERVOIR 3ML MISC .....	109
etonogestrel-ethinyl estradiol .....	54	EVOLUTION AUTOCODE DEVI ..	109	EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG .....	22
etoposide CAPS .....	42	EVOLUTION AUTOCODE STRP ..	73	EXXUA TITRATION PACK TB24 PO 18.2 MG .....	22
etravirine 100 MG .....	46	EVOLUTION CONTROL SOLN ..	109	EYE HEALTH + LUTEIN TABS ..	157
etravirine 200 MG .....	46	EVOTAZ .....	46	EYE HEALTH AREDS 2 CAPS ..	157
EUCERIN INTENSIVE REPAIR OINT .....	66	EVRYSDI .....	190	EYE HEALTH CAPS .....	157
EUCERIN REDNESS RELIEF DAY LOTN .....	69	EVRYSDI PO 5 MG .....	190	EYE MULTIVITAMIN/SODIUM TABS .....	157
EUCRISA .....	68	EXCILON AMD DRAIN SPONGES PADS .....	95	EYE VITAMINS CAPS 60 MG-6 MG- 15 MG-2 MG-30 UNIT-22 MG ....	157
EULEXIN .....	38	EXCILON AMD NON-WOVEN SPONGES PADS .....	95	EYE-VITES TABS 60 MG-40 MG-2 MG-5000 UNIT-30 UNIT-40 MCG 157	
EVEKEO ODT TBDP .....	1	EXCILON DRAIN SPONGES PADS . 95		EYSUVIS SUSP .....	193
EVEKEO TABS (Use amphetamine sulfate) .....	1	EXCILON IV SPONGES PADS ...	96	ezetimibe .....	32
EVENITY .....	81	EXELON (Use rivastigmine) ....	197	ezetimibe-simvastatin .....	31
everolimus (immunosuppressant) 140		exemestane .....	38	FABIOR FOAM .....	58
everolimus TABS .....	40	exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML .....	25	famciclovir .....	49
everolimus TBSO .....	40	EXFORGE (Use amlodipine besylate-valsartan) .....	34	famotidine SOLN 20 MG/2ML ....	202
EVERSENSE 365 SENSOR/HOLDER .....	109	EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide) ....	34	FAMOTIDINE SOLN .....	202
EVERSENSE 365 SMART TRANSMIT .....	109	EXONDYS 51 .....	189	famotidine SUSR .....	202
EVERSENSE E3 SENSOR/HOLDER .....	109	EXTENDED INFUSION SET 23"/6MM MISC .....	109	famotidine TABS 10 MG, 20 MG .	202
EVERSENSE E3 SMART TRANSMITTER .....	109	EXTENDED INFUSION SET 23"/9MM MISC .....	109	famotidine TABS .....	202
EVERVITA TABS .....	157	EXTENDED INFUSION SET 32"/6MM MISC .....	109	famotidine-calcium carbonate- magnesium hydroxide .....	203
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG .....	201	EXTENDED INFUSION SET 32"/9MM MISC .....	109	FANAPT .....	43
EVISTA (Use raloxifene hcl) .....	82	EXTENDED INFUSION SET 43"/6MM MISC .....	109	FANAPT TITRATION PACK A ....	43

FANAPT TITRATION PACK C	43	MG, 160 MG	31	fexofenadine hcl TABS 60 MG, 180 MG	30
FANTASY LUBRICATED MISC	97	fenofibric acid	31	fexofenadine-pseudoephedrine TB12	56
FANTASY LUBRICATED/SPERMICIDE MISC	97	FENOGLIDE TABS (Use fenofibrate)	31	fexofenadine-pseudoephedrine TB24	56
FARESTON (Use toremifene citrate)	38	FENSOLVI (6 MONTH) SC	82	FIASP FLEXTOUCH SOPN	25
FARXIGA (Use dapagliflozin propanediol)	27	fentanyl citrate LPOP 200 MCG, 400 MCG, 800 MCG, 1600 MCG	9	FIASP PENFILL SOCT	25
FASENRA PEN SOAJ	13	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR	9	FIASP PUMPCART SOCT	25
FASENRA SOSY	13	FERRETTS TABS	91	FIASP SOLN	25
FC2 FEMALE CONDOM	97	ferric citrate	86	FIBRICOR 105 MG (Use fenofibric acid)	31
febuxostat	87	ferrous fumarate TABS	91	FIBRICOR 35 MG (Use fenofibric acid)	31
FEIBA	88	ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	91	FIBRYGA	88
felbamate SUSP	20	ferrous gluconate TABS 324 MG	91	fidaxomicin TABS 200 MG	94
felbamate TABS	20	ferrous gluconate TABS	91	FIFTY50 SUPERIOR COMFORT SYR	131
FELBATOL SUSP (Use felbamate)	20	ferrous sulfate dried TBCR	91	FILSPARI	87
FELBATOL TABS (Use felbamate)	20	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	91	FILSUVEZ	69
FELDENE CAPS 10 MG (Use piroxicam)	6	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	91	finasteride	87
FELDENE CAPS 20 MG (Use piroxicam)	6	ferrous sulfate TABS 325 MG, 65 MG, 325 MG	91	FINAZOL TABS	157
felodipine	50	ferrous sulfate TBEC	91	FINGERSTIX LANCETS	109
FEMARA (Use letrozole)	38	fesoterodine fumarate	204	fingolimod hcl	199
FEMCAP DEVI	97	FETZIMA CP24	22	FINTEPLA	18
FEMLYV TBDP	53	FETZIMA TITRATION C4PK	22	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine)	10
fenofibrate CAPS	31	FEVERALL INFANTS SUPP	8	FIRAZYR SOSY (Use icatibant acetate)	88
fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG	31	FEVERALL JUNIOR STRENGTH SUPP	8	FIRVANQ SOLR PO (Use vancomycin hcl)	35
fenofibrate TABS 40 MG, 120 MG	31	fexofenadine hcl SUSP	30	FITNESS TABS FOR MEN AM/PM	
fenofibrate TABS 48 MG, 54 MG, 145					

TABS .....	157	fluconazole TABS 150 MG .....	29	fluphenazine hcl ELIX .....	45
FITNESS TABS FOR WOMEN AM/PM TABS .....	157	fluconazole TABS 200 MG .....	29	fluphenazine hcl SOLN .....	45
FLAREX .....	193	fluconazole TABS 50 MG .....	29	fluphenazine hcl TABS .....	45
flavoxate hcl .....	204	fludrocortisone acetate TABS .....	55	flurandrenolide LOTN .....	64
flecainide acetate .....	13	FLULAVAL SUSY .....	205	flurazepam hcl .....	92
FLECTOR PTCH EX (Use diclofenac epolamine) .....	60	FLUMIST .....	205	flurbiprofen sodium .....	194
FLEET ENEMA ENEM (Use sodium phosphates) .....	93	flunisolide (nasal) .....	187	flurbiprofen TABS 100 MG .....	6
FLEQSUVY SUSP (Use baclofen) 187		fluocinolone acetonide (otic) .....	195	flurbiprofen TABS 50 MG .....	6
FLEXICHAMBER DEVI .....	135	fluocinolone acetonide CREA .....	64	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT .....	15
FLORAFOL FE PEDIATRIC SOLN 183		fluocinolone acetonide OIL .....	64	fluticasone furoate-vilanterol .....	15
FLORAFOL PEDIATRIC CHEW .	184	fluocinolone acetonide OINT .....	64	fluticasone propionate (inhalation) AEPB .....	15
FLORAFOL PEDIATRIC SOLN .	184	fluocinolone acetonide SOLN .....	64	fluticasone propionate (nasal) SUSP . 188	
FLORAVITA MINI TABS .....	142	fluocinonide CREA .....	64	fluticasone propionate CREA 0.05 % 64	
FLORRAVITE TABS .....	157	fluocinonide emulsified base .....	64	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....	15
FLORRAXYL TABS .....	157	fluocinonide GEL .....	64	fluticasone propionate hfa 44 MCG/ACT .....	15
FLOTREX CHEW 0.5 MG .....	184	fluocinonide OINT .....	64	fluticasone propionate LOTN .....	64
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (Use fluticasone propionate hfa) .....	15	fluocinonide SOLN .....	64	fluticasone propionate OINT .....	64
FLOVENT HFA 44 MCG/ACT (Use fluticasone propionate hfa) .....	15	fluorometholone (ophth) SUSP ...	193	fluticasone-salmeterol AEPB .....	16
FLUAD .....	205	fluorouracil (topical) CREA 0.5 % .	60	fluticasone-salmeterol AERO .....	16
FLUARIX SUSY .....	205	fluorouracil (topical) CREA 5 % ...	61	fluvastatin sodium CAPS .....	32
FLUBLOK SOSY .....	205	fluorouracil (topical) SOLN .....	61	fluvastatin sodium TB24 .....	32
FLUCELVAX SUSP .....	205	fluoxetine hcl (pmd) TABS .....	200	fluvoxamine maleate CP24 .....	22
FLUCELVAX SUSY .....	205	fluoxetine hcl CAPS .....	22	fluvoxamine maleate TABS .....	22
fluconazole SUSR .....	29	fluoxetine hcl CPDR .....	22	FLUZONE HIGH-DOSE SUSY ...	205
fluconazole TABS 100 MG .....	29	fluoxetine hcl SOLN .....	22	FLUZONE SUSP .....	205
		FLUOXETINE HCL TABS (Use fluoxetine hcl) .....	22		
		fluoxetine hcl TABS .....	22		
		fluphenazine decanoate .....	45		
		fluphenazine hcl CONC .....	45		

FLUZONE SUSY .....	205	FONDCIRCLE LANCING DEVICE MISC .....	109	FORA GTEL BLOOD KETONE TEST .....	74
FML FORTE SUSP .....	193	FONDCIRCLE SINGLE USE LANCETS .....	109	FORA LANCETS .....	110
FML LIQUIFILM SUSP (Use fluorometholone (ophth)) .....	193	FORA 6 CONNECT STRP .....	73	FORA LANCING DEVICE MISC .	110
FOCALIN TABS (Use dexmethylphenidate hcl) .....	2	FORA 6 CONNECT/GTEL TEST STRP .....	73	FORA PREMIUM V10 BLE SYSTEM DEVI .....	110
FOCALIN TABS 2.5 MG (Use dexmethylphenidate hcl) .....	2	FORA BLOOD GLUCOSE TEST STRP .....	74	FORA TEST N' GO MONITOR DEVI 110	
FOCALIN XR CP24 (Use dexmethylphenidate hcl) .....	2	FORA CONTROL SOLN .....	109	FORA TEST N'GO ADV-VOICE-6 CON .....	74
FOCINVEZ SOLN .....	29	FORA D15G BLOOD GLUCOSE TEST STRP .....	74	FORA TN'G ADVANCE PRO STRP 74	
FOLAGENT DHA CAPS .....	157	FORA D20 2-IN-1 MONITOR DEVI 109		FORA TN'G VOICE KIT .....	110
FOLAMAX TABS .....	157	FORA D20 BLOOD GLUCOSE TEST STRP .....	74	FORA TN'G/TN'G VOICE STRP ..	74
FOLAMED DHA CAPS .....	157	FORA D40/G31 BLOOD GLUCOSE STRP .....	74	FORA V10 BLOOD GLUCOSE SYSTEM DEVI .....	110
FOLAPRIME TABS .....	157	FORA G20 BLOOD GLUCOSE SYSTEM KIT .....	109	FORA V10 BLOOD GLUCOSE TEST STRP .....	74
FOLASYNC DHA CAPS .....	157	FORA G20 BLOOD GLUCOSE TEST STRP .....	74	FORA V10/V12/D10/D20 TEST KIT 110	
FOLATEN TABS .....	157	FORA G30/PREM V10 GLUCOSE TEST STRP .....	74	FORA V12 BLOOD GLUCOSE SYSTEM DEVI .....	110
FOLAWISE TABS .....	181	FORA G30A BLOOD GLUCOSE SYSTEM DEVI .....	109	FORA V12 BLOOD GLUCOSE TEST STRP .....	75
FOLCYTEINE TABS .....	181	FORA GD20 BLOOD GLUCOSE SYSTEM DEVI .....	110	FORA V20 BLOOD GLUCOSE SYSTEM DEVI .....	110
folic acid TABS 1 MG .....	89	FORA GD20 TEST STRP .....	74	FORA V20 BLOOD GLUCOSE TEST STRP .....	75
folic acid TABS 400 MCG, 800 MCG . 89		FORA GD50 BLOOD GLUCOSE SYSTEM DEVI .....	110	FORA V30A BLOOD GLUCOSE SYSTEM DEVI .....	110
FOLIFLEX TABS .....	157	FORA GD50 BLOOD GLUCOSE TEST STRP .....	74	FORA V30A BLOOD GLUCOSE SYSTEM KIT .....	110
FOLITIN-Z TABS .....	157	FORA GTEL BLOOD GLUCOSE TEST STRP .....	74	FORACARE GD40 MONITOR DEVI .	
FOLIVANE-OB .....	185				
FOLIXIA TABS .....	157				
fondaparinux sodium .....	17				
FONDCIRCLE BLOOD GLUCOSE MONIT KIT .....	109				
FONDCIRCLE BLOOD GLUCOSE TEST STRP .....	73				
FONDCIRCLE CONTROL SOLUTION LIQD .....	109				

110	FOTIVDA .....	40	FREESTYLE UNISTICK II LANCETS .....	111
FORACARE GD40 TEST STRP ...	75	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML .....	17	FROVA (Use frovatriptan succinate) 137
FORACARE GDH CONTROL SOLN . 110		FRAGMIN SOSY .....	17	frovatriptan succinate .....
FORACARE PREMIUM V10 DEVI 110		FRAICHE 5000 DENTAL GEL 1.1 % (Use sodium fluoride (dental)) ....	142	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 .....
FORACARE PREMIUM V10 TEST STRP .....	75	FREEDAVITE TABS .....	157	FRUZAQLA .....
FORACARE TEST N GO MONITOR DEVI .....	110	FREESTYLE CONTROL SOLUTION LIQD .....	110	FT ADHESIVE PADS/SHEER PADS 96
FORACARE TEST N GO TEST STRP .....	75	FREESTYLE FREEDOM LITE KIT 110		FT CENTURY 50+ TABS .....
FORFIVO XL TB24 (Use bupropion hcl) .....	21	FREESTYLE INSULINX TEST STRP .....	75	FT CENTURY ADULTS TABS ...
FORMALDEHYDE SOLN .....	45	FREESTYLE LANCETS .....	111	FT CENTURY MEN 50+ TABS ...
formoterol fumarate NEBU .....	16	FREESTYLE LIBRE 14 DAY READER .....	111	FT CENTURY MEN TABS .....
FORTEO SOPN (Use teriparatide)	81	FREESTYLE LIBRE 14 DAY SENSOR .....	111	FT CENTURY WOMEN 50+ TABS 157
FORTESTA GEL TD (Use testosterone) .....	11	FREESTYLE LIBRE 2 PLUS SENSOR .....	111	FT CENTURY WOMEN TABS ...
FOSAMAX PLUS D .....	81	FREESTYLE LIBRE 2 READER .	111	FT EYE HEALTH CAPS .....
FOSAMAX TABS 70 MG (Use alendronate sodium) .....	81	FREESTYLE LIBRE 2 SENSOR	111	FT EYE HEALTH TABS .....
fosamprenavir calcium TABS .....	46	FREESTYLE LIBRE 3 PLUS SENSOR .....	111	FT HAIR SKIN & NAILS EXTRA STR TABS .....
fosaprepitant dimeglumine SOLR .	29	FREESTYLE LIBRE 3 READER .	111	FT ONE DAILY MENS 50+ TABS 157
fosinopril sodium & hydrochlorothiazide .....	34	FREESTYLE LIBRE 3 SENSOR	111	FT ONE DAILY MENS TABS .....
fosinopril sodium .....	33	FREESTYLE LITE DEVI .....	111	FT ONE DAILY WOMENS 50+ TABS .....
fosphenytoin sodium 100 MG PE/2ML .....	20	FREESTYLE LITE KIT .....	111	FT ONE DAILY WOMENS TABS
fosphenytoin sodium 500 MG PE/10ML .....	20	FREESTYLE LITE TEST STRP ...	75	FT PRENATAL TABS .....
FOSRENOL CHEW (Use lanthanum carbonate) .....	86	FREESTYLE PRECISION NEO SYSTEM KIT .....	111	FULPHILA .....
FOSRENOL PACK .....	86	FREESTYLE PRECISION NEO TEST STRP .....	75	furosemide SOLN IJ 10 MG/ML ...
		FREESTYLE TEST STRP .....	75	FUROSEMIDE SOLN IJ .....

furosemide TABS .....	81	GM/200ML, 40 GM/400ML .....	196	(PURPLE) MISC .....	112
FUZEON SOLR .....	46	GAMUNEX-C 5 GM/50ML .....	196	GENTEEL PLUS LANCING (WHITE) MISC .....	112
FYCOMPA SUSP 0.5 MG/ML (Use perampanel) .....	17	GARDASIL 9 SUSP 0.5 ML .....	205	GENTEEL PLUS LANCING DEV(BLUE) MISC .....	112
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (Use perampanel) .....	17	GARDASIL 9 SUSY 0.5 ML .....	205	GENTEEL PLUS LANCING DEV(PINK) MISC .....	112
FYLNETRA .....	90	gatifloxacin (ophth) .....	192	GENVOYA .....	46
gabapentin (once-daily) TABS ...	200	GAUZE DRESSING PADS .....	96	GEODON (Use ziprasidone hcl) ..	43
gabapentin CAPS .....	18	GAUZE PADS PADS .....	96	GEODON 40 MG, 60 MG (Use ziprasidone hcl) .....	43
gabapentin SOLN .....	18	GAUZE TYPE VII MEDI-PAK PADS . 96		GERI-FREEDA SENIOR FORMULA TABS .....	158
gabapentin TABS 600 MG, 800 MG 18		GAVRETO .....	40	GERI-TUSSIN SYRP .....	57
GALAFOLD .....	83	GE100 BLOOD GLUCOSE SYSTEM DEVI .....	111	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 .....	158
galantamine hydrobromide CP24	197	GE100 BLOOD GLUCOSE SYSTEM KIT .....	111	GHT BLOOD GLUCOSE MONITOR KIT .....	112
galantamine hydrobromide SOLN	198	GE100 BLOOD GLUCOSE TEST STRP .....	75	GHT TEST STRP .....	75
galantamine hydrobromide TABS	198	GE100 CONTROL SOLN .....	111	GILENYA (Use fingolimod hcl) ..	199
GAMASTAN IM .....	196	gefitinib .....	37	GILENYA .....	199
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML .....	196	gemfibrozil TABS .....	31	GILOTRIF .....	37
GAMMAGARD 5 GM/50ML .....	196	GEMTESA .....	204	GIMOTI SOLN NA .....	85
GAMMAGARD ERC 10 GM/100ML 196		GEN7T PTCH (Use lidocaine) ....	67	glatiramer acetate SOSY 20 MG/ML . 199	
GAMMAGARD ERC 5 GM/50ML	196	GENICIN VITA-Q TABS .....	181	glatiramer acetate SOSY 40 MG/ML . 199	
GAMMAGARD S/D LESS IGA SOLR .....	196	GENOTROPIN CART SC .....	82	GLEEVEC TABS (Use imatinib mesylate) .....	40
GAMMAKED 1 GM/10ML, 10 GM/100ML, 20 GM/200ML .....	196	GENOTROPIN MINIQUICK PRSY	82		
GAMMAKED 5 GM/50ML .....	196	gentamicin sulfate (ophth) SOLN	192		
GAMMAPLEX SOLN .....	196	gentamicin sulfate (topical) CREA	59		
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20		gentamicin sulfate (topical) OINT	59		
		GENTEEL BUTTERFLY TOUCH LANCET .....	111		
		GENTEEL LANCING KIT (BLUE) KIT .....	111		
		GENTEEL PLUS LANCING			

GLEOSTINE (Use lomustine) .....	37	STRP .....	75	GLUMETZA TB24 (Use metformin hcl) .....	24
glimepiride 1 MG, 2 MG, 4 MG .....	27	GLUCOCARD SHINE CONNEX KIT .	112	glyburide micronized 1.5 MG, 3 MG, 6 MG .....	27
glipizide TABS .....	27	GLUCOCARD SHINE CONTROL		glyburide TABS .....	27
glipizide TB24 .....	27	SOLN .....	112	glyburide-metformin .....	23
glipizide-metformin hcl .....	23	GLUCOCARD SHINE DEVI .....	112	glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM .....	93
GLOBAL EASY GLIDE INSULIN SYR .....	131	GLUCOCARD SHINE EXPRESS KIT .....	112	glycopyrrolate TABS 1 MG, 2 MG 202	
GLOBAL INJECT EASE INSULIN SYR .....	131	GLUCOCARD SHINE KIT .....	112	GLYXAMBI .....	23
GLOBAL INJECT EASE LANCETS 28G .....	112	GLUCOCARD SHINE TEST STRP 76		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
GLOBAL INJECT EASE LANCETS 30G .....	112	GLUCOCARD SHINE XL DEVI ..	112	GNP CENTURY ADULT TABS ..	158
GLOBAL INSULIN SYRINGES ..	131	GLUCOCARD VITAL MONITOR KIT 113		GNP CENTURY ADULTS MEN TABS .....	158
GLOBAL LANCING DEVICE MISC 112		GLUCOCARD VITAL TEST STRP 76		GNP CENTURY ADULTS WOMEN TABS .....	158
GLOPERBA SOLN PO .....	87	GLUCOCOM BLOOD GLUCOSE MONITOR DEVI .....	113	GNP CENTURY MATURE ADULTS 50+ TABS .....	158
GLUCAGON EMERGENCY .....	24	GLUCOCOM CONTROL LIQD ...	113	GNP CENTURY MATURE MEN'S 50+ TABS .....	158
GLUCAGON EMERGENCY SOLR IJ 1 MG (Use glucagon) .....	24	GLUCOCOM LANCETS 28G ....	113	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 .....	158
glucagon SOLR IJ 1 MG .....	24	GLUCOCOM LANCETS 30G ....	113	GNP CHILDRENS	
GLUCOCARD 01 BLOOD GLUCOSE KIT .....	112	GLUCOCOM LANCETS 33G ....	113		
GLUCOCARD 01 CONTROL LIQD 112		GLUCOCOM MONITOR KIT .....	113		
GLUCOCARD 01 CONTROL SOLN . 112		GLUCOCOM TEST STRP .....	76		
GLUCOCARD 01 SENSOR PLUS STRP .....	75	GLUCONAVII BLOOD GLUCOSE TEST STRP .....	76		
GLUCOCARD EXPRESSION CONTROL SOLN .....	112	GLUCOPRO INSULIN SYRINGE 131			
GLUCOCARD EXPRESSION MONITOR KIT .....	112	GLUCOSE CONTROL SOLN ....	113		
GLUCOCARD EXPRESSION TEST		GLUCOSE METER TEST STRP ..	76		
		GLUCOTROL XL TB24 2.5 MG, 10 MG (Use glipizide) .....	27		
		GLUCOTROL XL TB24 5 MG (Use glipizide) .....	27		

CHEWABLES/IRON CHEW 15 MG 184	GNP INSULIN SYRINGES 31GX5/16" ..... 132	MG-105 MCG-120 MG ..... 159
GNP EASY TOUCH CONT HIGH/LOW SOLN ..... 113	GNP LANCING SYSTEM DEVICE MISC .....113	GNP ONE DAILY MENS HEALTH TABS .....159
GNP EASY TOUCH GLUCOSE METER DEVI ..... 113	GNP MEGA MULTI FOR MEN TABS 150 MG-125 MCG-200 MCG-15 MG- 15 MG-2.5 MG-5 MG-5 MG-15 MG- 15 MG-15 MG-5 MG-250 MCG-5 MG-175 MCG-2.5 MCG-33.5 MG-25 MG-50 MG-2.5 MG-25 MCG-1 MG- 12.5 MG-105 MG-75 MCG-50 MCG- 25 MG-1500 MCG-37.5 MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 MG- 35 MG-35 MG-15 MG-25 MG-25 MG, 150 MG-25 MG-15 MG-125 MCG-50 UNIT-200 MCG-2.5 MG-5 MG-100 UNIT-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-100 MG-2.5 MG-5000 UNIT-75 MCG-25 MG-12.5 MG-25 MCG-5 MCG-15 MG-15 MG-35 MG- 35 MG-50 MCG-35 MG-25 MG-25 MG ..... 159	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 ..... 159
GNP EASY TOUCH GLUCOSE TEST STRP .....76		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 159
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 ..... 182		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 ..... 159
GNP HAIR SKIN & NAILS EXTRA ST TABS .....158		GNP PRENATAL TABS ..... 185
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 ..... 158		GNP PRENATAL/FOLIC ACID TABS .....185
GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT 158	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 159	GNP SHEER ADHESIVE PADS ...96
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 ..... 158		GNP STERILE GAUZE PADS .....96
GNP INSULIN SYRINGE ..... 131	GNP ONE DAILY MAXIMUM TABS 159	GNP STERILE LANCETS 33G ..113
GNP INSULIN SYRINGES ..... 131		GNP THERAPEUTIC-M TABS ...159
GNP INSULIN SYRINGES 28GX1/2" .....131	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	GNP TRUE METRIX AIR METER KIT ..... 113
GNP INSULIN SYRINGES 29GX1/2" .....131		GNP TRUE METRIX GLUCOSE METER KIT .....113
GNP INSULIN SYRINGES 30GX5/16" ..... 131		GNP TRUE METRIX GLUCOSE STRIPS STRP ..... 76
		GNP TRUETRACK TEST STRIPS

STRP .....	76	guaifenesin LIQD .....	57	UNIT-64 MG-15 MG-5 MG-50 MG-1.5 MG-25 MG .....	160
GNP ULTRA COM INSULIN SYRINGE .....	132	guaifenesin TB12 .....	57	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 .....	160
GNP WATERPROOF ADHESIVE 4"X4" PADS .....	96	guaifenesin-codeine SOLN .....	56	HAIR/SKIN/NAILS CAPS .....	160
GOJJI BLOOD GLUCOSE TEST STRP .....	76	guaifenesin-codeine SYRP .....	56	HAIR/SKIN/NAILS TABS .....	160
GOJJI BLOOD KETONE TEST .....	76	guanfacine hcl (adhd) .....	2	halcinonide CREA .....	64
GOJJI BLOOD TEST STRIP/LANCETS STRP .....	76	guanfacine hcl .....	33	halcinonide SOLN 0.1 % .....	64
GOJJI CONTROL SOLN .....	113	GUARDIAN 4 GLUCOSE SENSOR .113		HALCION 0.25 MG (Use triazolam) 92	
GOJJI LANCING DEVICE/CLEAR CAP MISC .....	113	GUARDIAN 4 TRANSMITTER ..	113	HALDOL DECANOATE (Use haloperidol decanoate) .....	44
GOJJI STERILE LANCETS .....	113	GUARDIAN CONNECT TRANSMITTER .....	114	halobetasol propionate CREA .....	64
GOLD BOND ULTIMATE HEALING OINT .....	66	GUARDIAN LINK 3 TRANSMITTER 114		halobetasol propionate FOAM .....	64
GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) .....	93	GUARDIAN SENSOR (3) .....	114	halobetasol propionate OINT .....	64
GOMEKLI CAPS PO 1 MG, 2 MG .40		GUARDIAN SENSOR 3 .....	114	HALOG CREA (Use halcinonide) .64	
GOMEKLI TBSO PO 1 MG .....	40	GVOKE HYPOPEN 1-PACK SOAJ 24		HALOG SOLN 0.1 % (Use halcinonide) .....	64
GORDONS UREA CREA 40 % .....	65	GVOKE HYPOPEN 2-PACK SOAJ 24		haloperidol decanoate .....	44
GRALISE TABS (Use gabapentin (once-daily)) .....	200	GVOKE KIT SOLN .....	24	haloperidol lactate CONC .....	44
granisetron hcl TABS .....	28	GYNAZOLE-1 .....	206	haloperidol lactate SOLN .....	44
GRANIX SOLN 300 MCG/ML .....	90	HADLIMA PUSHTOUCH SOAJ .....	5	haloperidol TABS 0.5 MG, 1 MG, 10 MG .....	44
GRANIX SOSY .....	90	HADLIMA SOSY .....	5	haloperidol TABS 2 MG, 5 MG, 20 MG .....	44
GRASTEK SUBL .....	3	HAEGARDA SOLR SC .....	88	HARVONI PACK .....	48
griseofulvin microsize SUSP .....	29	HAIR SKIN & NAILS ADVANCED TABS .....	159	HARVONI TABS .....	48
griseofulvin microsize TABS .....	29	HAIR SKIN & NAILS TABS .....	160	HAVRIX IM 720 EL U/0.5ML .....	205
griseofulvin ultramicrosize .....	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			

HEAD CARE PROACTIVE HEALTH TABS .....	160	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	17	SOPN .....	25
HEALTHPRO BLOOD GLUCOSE MONITO KIT .....	114	HEPLISAV-B SOSY .....	205	HUMALOG KWIKPEN SOPN .....	25
HEALTHWISE INSULIN SYR/NEEDLE .....	132	HERNEXEOS TABS PO 60 MG ...	37	HUMALOG MIX 50/50 KWIKPEN SUPN .....	25
HEALTHY EYES SUPERVISION 2 CAPS .....	160	HETLIOZ CAPS (Use tasimelteon) 93		HUMALOG MIX 75/25 KWIKPEN SUPN .....	25
HEALTHY EYES TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG .....	160	HETLIOZ LQ SUSP .....	93	HUMALOG MIX 75/25 SUSP .....	25
HEALTHY EYES/LUTEIN- ZEAXANTHIN CAPS 60 MG-13.5 MG-6 MG-15 MG .....	160	HIBERIX SOLR IJ .....	204	HUMALOG SOCT .....	25
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 MULTIVIT/FA TABS .....	160	HUMALOG SOLN IJ .....	26
H-E-B INCONTROL ADV LANCING MISC .....	114	HIGH POTENCY MULTIVITAMIN TABS .....	182	HUMALOG TEMPO PEN SOPN ..	25
H-E-B INCONTROL LANCETS 28G . 114		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 ..	160	HUMATE-P SOLR .....	88
H-E-B INCONTROL LANCETS 30G . 114		HIZENTRA SOLN .....	196	HUMATROPE CART IJ .....	82
H-E-B INCONTROL LANCETS 33G . 114		HIZENTRA SOSY .....	196	HUMIRA (2 PEN) AJKT .....	5
HEMANGEOL SOLN PO .....	49	HM ADHESIVE ANTIBACTERIAL PADS .....	96	HUMIRA (2 SYRINGE) PSKT .....	5
HEMATINIC PLUS VIT/MINERALS TABS .....	91	HM COMPLETE MEN TABS .....	160	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML .....	5
HEMGENIX .....	88	HM EMBRACE TALK SYSTEM KIT 114		HUMIRA-PSORIASIS/UEVIT STARTER AJKT .....	5
HEMLIBRA .....	88	HM STERILE PADS PADS .....	96	HUMULIN 70/30 KWIKPEN SUPN	26
HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT .....	88	HM ULTICARE INSULIN SYRINGE . 132		HUMULIN 70/30 SUSP .....	26
HEMORRHOIDAL 0.25 %-85.5 %-3 % .....	11	HORIZANT .....	200	HUMULIN N KWIKPEN SUPN ....	26
HEPAGAM B SOLN IJ .....	196	HULIO (2 PEN) AJKT .....	5	HUMULIN N SUSP .....	26
Index 43		HUMALOG JUNIOR KWIKPEN		HUMULIN R SOLN IJ .....	26
				HUMULIN R U-500 (CONCENTRATED) SOLN SC ....	26
				HUMULIN R U-500 KWIKPEN SOPN SC .....	26
				HW EMBRACE PRO GLUCOSE METER DEVI .....	114
				HW EMBRACE PRO GLUCOSE TEST STRP .....	76
				HW EMBRACE TALK BLOOD GLUCOSE DEVI .....	114

HW EMBRACE TALK GLUCOSE TEST STRP .....	64	hydrocortisone acetate (topical) OINT .....	64	hyoscyamine sulfate TBP 0.125 MG .....	202
HYCAMTIN CAPS .....	42	HYDROCORTISONE ACETATE CREA .....	64	HYPERHEP B SOLN IM .....	196
HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylobromide) .....	55	hydrocortisone butyrate CREA ....	64	HYPERHEP B SOSY 110 UNIT/0.5ML .....	196
hydralazine hcl TABS .....	35	hydrocortisone butyrate OINT .....	64	HYPERRAB SOLN .....	196
HYDREA (Use hydroxyurea) .....	42	hydrocortisone butyrate SOLN .....	64	HYPOLANCE AST LANCING KIT 114	
hydrochlorothiazide CAPS .....	81	HYDROCORTISONE COMPLETE KIT THPK .....	64	HYQVIA .....	196
hydrochlorothiazide TABS .....	81	hydrocortisone TABS .....	55	HYRIMOZ SOAJ .....	5
hydrocodone bitartrate CP12 .....	9	hydrocortisone vaginal .....	206	HYRIMOZ SOSY .....	5
hydrocodone bitartrate T24A .....	9	hydrocortisone valerate CREA ....	64	HYRIMOZ-CROHNS/UC STARTER SOAJ .....	5
hydrocodone bitartrate-homatropine methylobromide SOLN .....	55	hydrocortisone valerate OINT .....	64	HYRIMOZ-PED<40KG CROHN STARTER SOSY .....	5
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	10	hydrocortisone w/acetic acid .....	195	HYRIMOZ-PED>=40KG CROHN START SOSY .....	5
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML .....	10	HYDROMORPHONE HCL SUPP ...	9	HYRIMOZ-PLAQ PSOR/UEVIT START SOAJ .....	5
hydrocodone-acetaminophen TABS 325 MG-10 MG .....	10	hydromorphone hcl TABS .....	9	HYRNUO TABS PO 10 MG .....	40
hydrocodone-acetaminophen TABS 325 MG-5 MG .....	10	hydromorphone hcl TB24 .....	9	HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG ....	9
hydrocodone-acetaminophen TABS 325 MG-7.5 MG .....	10	hydroxychloroquine sulfate 200 MG 36		HYZAAR (Use losartan potassium & hydrochlorothiazide) .....	34
hydrocortisone (intrarectal) .....	11	hydroxyurea .....	42	ibandronate sodium SOLN .....	81
hydrocortisone (rectal) EX .....	12	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML .....	13	ibandronate sodium TABS .....	81
hydrocortisone (topical) CREA ....	64	hydroxyzine hcl SYRP .....	13	IBRANCE CAPS .....	40
hydrocortisone (topical) LOTN 1 % 64		hydroxyzine hcl TABS .....	13	IBRANCE TABS .....	40
hydrocortisone (topical) LOTN 2.5 % 64		hydroxyzine pamoate CAPS .....	13	IBSRELA .....	86
hydrocortisone (topical) OINT .....	64	HYLAZINC TABS .....	160	IBTROZI CAPS PO 200 MG .....	40
		HYMPAVZI .....	88	ibuprofen CAPS .....	6
		hyoscyamine sulfate ELIX .....	202	ibuprofen CHEW .....	6
		hyoscyamine sulfate SOLN PO 0.125 MG/ML .....	202	ibuprofen SUSP 50 MG/1.25ML, 100	
		hyoscyamine sulfate TB12 0.375 MG 202			

MG/5ML, 200 MG/10ML .....	6	IHEALTH BLOOD GLUCOSE TEST STR STRP .....	76	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML .....	138
ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG .....	6	IHEALTH CONTROL SOLUTION LIQD .....	114	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate) .....	137
ibuprofen TABS 400 MG .....	6	IHEALTH GLUCO+ KIT 10 KIT ...	114	IMITREX TABS 25 MG (Use sumatriptan succinate) .....	138
ibuprofen TABS 600 MG .....	6	ILARIS SOLN .....	5	IMITREX TABS 50 MG, 100 MG (Use sumatriptan succinate) .....	138
ibuprofen TABS 800 MG .....	6	ILET CONTACT DETACH 23" 6MM MISC .....	114	IMKELDI SOLN .....	40
ibuprofen-acetaminophen TABS .....	6	ILET INFUSION-INSET 23" 6MM MISC .....	114	IMMUNE ESSENTIALS DAILY CAPS .....	160
ibuprofen-famotidine .....	6	ILET INFUSION-INSET 32" 6MM MISC .....	114	IMOVAX RABIES SUSR .....	205
ICAPS AREDS FORMULA TABS 160		ILET INSULIN PUMP DEVI .....	114	IMULDOSA SOLN IV 130 MG/26ML .	85
ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG .....	160	ILET STARTER - CONTACT DETACH MISC .....	114	IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML .....	61
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 .....	160	ILET STARTER KIT - INSET 23" MISC .....	114	IMURAN TABS (Use azathioprine) 140	
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 .....	160	ILET STARTER KIT - INSET 32" MISC .....	114	INBRIJA CAPS .....	42
icatibant acetate SOSY .....	88	ILEVRO .....	194	IN-CHECK DIAL FLOW TRAINER DEVI .....	135
ICLUSIG .....	40	ILUMYA .....	61	IN-CHECK INSPIRATORY FLOW MTR DEVI .....	135
icosapent ethyl .....	31	ILUVIEN .....	193	INCRUSE ELLIPTA .....	14
IDACIO-CROHNS/UC STARTER AJKT .....	5	imatinib mesylate TABS .....	40	indapamide TABS 1.25 MG, 2.5 MG .	81
IDACIO-PSORIASIS STARTER AJKT .....	5	IMBRUVICA CAPS .....	40	INDERAL LA CP24 (Use propranolol hcl) .....	49
IDELVION .....	88	IMBRUVICA SUSP .....	40	INDERAL XL .....	49
IDHIFA .....	40	IMBRUVICA TABS 140 MG, 280 MG, 420 MG .....	40	INDOCIN SUSP (Use indomethacin) .	6
IDOSE TR IMPL .....	195	imipramine hcl TABS .....	23	indomethacin CAPS 25 MG, 50 MG 6	
		imipramine pamoate .....	23	indomethacin CPCR .....	6
		imiquimod 5 % .....	66	indomethacin SUPP .....	6
		IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML .....	137		
		IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML .....	137		

indomethacin SUSP .....	6	INSULIN GLARGINE MAX SOLOSTAR SOPN .....	26	INVEGA TRINZA 819 MG/2.63ML	44
INFANRIX .....	202	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML .....	26	INVELTYS SUSP .....	193
INFINITY BLOOD GLUCOSE SYSTEM KIT .....	115	INSULIN GLARGINE-YFGN SOLN 26		INVOKAMET TABS .....	23
INFINITY BLOOD GLUCOSE TEST STRP .....	77	INSULIN GLARGINE-YFGN SOPN 26		INVOKAMET XR TB24 .....	23
INFINITY CONTROL SOLN .....	115	INSULIN LISPRO (1 UNIT DIAL) SOPN .....	26	INVOKANA .....	27
INFLECTRA SOLR .....	85	INSULIN LISPRO JUNIOR KWIKPEN SOPN .....	26	IOPIDINE .....	192
INFLIXIMAB .....	85	INSULIN LISPRO PROT & LISPRO SUPN .....	26	ipratropium bromide (nasal) .....	187
INGREZZA CAPS .....	198	INSULIN LISPRO SOLN IJ .....	26	ipratropium bromide SOLN 0.02 %	14
INGREZZA CPPK .....	198	INSULIN SYRINGE .....	132	ipratropium-albuterol SOLN .....	16
INGREZZA CPSP .....	198	INSULIN SYRINGE-NEEDLE U-100 132		IQIRVO .....	86
INLURIYO TABS PO 200 MG .....	38	INTELENCE 100 MG (Use etravirine) .....	46	irbesartan .....	33
INLYTA .....	37	INTELENCE 200 MG (Use etravirine) .....	46	irbesartan-hydrochlorothiazide .....	34
INNOPRAN XL .....	49	INTELENCE 25 MG .....	46	IRESSA (Use gefitinib) .....	37
INPEFA .....	51	INTUNIV (Use guanfacine hcl (adhd)) .....	2	IRON CHEWS PEDIATRIC CHEW 91	
INQOVI .....	40	INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone) .....	43	iron sucrose 20 MG/ML .....	91
INREBIC .....	40	INVEGA HAFYERA 1092 MG/3.5ML 43		ISENTRESS CHEW 100 MG .....	46
INSPIREASE MISC .....	135	INVEGA HAFYERA 1560 MG/5ML 43		ISENTRESS CHEW 25 MG .....	46
INSPIREASE RESERVOIR BAGS 135		INVEGA SUSTENNA .....	43	ISENTRESS HD TABS .....	46
INSULIN ASP PROT & ASP FLEXPEN SUPN .....	26	INVEGA TRINZA 273 MG/0.88ML	44	ISENTRESS PACK .....	46
INSULIN ASPART FLEXPEN SOPN 26		INVEGA TRINZA 410 MG/1.32ML	44	ISENTRESS TABS .....	46
INSULIN ASPART PENFILL SOCT 26		INVEGA TRINZA 546 MG/1.75ML	44	isoniazid SYRP .....	36
INSULIN ASPART PROT & ASPART SUSP .....	26			isoniazid TABS .....	36
INSULIN ASPART SOLN IJ .....	26			ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate) .....	12
INSULIN DEGLUDEC FLEXTOUCH SOPN .....	26			isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....	12
INSULIN DEGLUDEC SOLN .....	26			isosorbide mononitrate TABS .....	12

isotretinoin 10 MG, 20 MG, 40 MG	58	JANUVIA	24	KATERZIA	50
isradipine CAPS	50	JARDIANCE	27	KCENTRA	88
ISTALOL SOLN (Use timolol maleate (ophth))	191	JATENZO CAPS	11	KEDRAB SOLN	196
ISTODAX SOLR (Use romidepsin)	40	JAYPIRCA	40	KENDALL HYDROPHILIC FOAM DRESS PADS	96
ITCH RELIEF CREA	60	JENLIVA PRENATAL/POSTNATAL CAPS	185	KENDALL HYDROPHILIC FOAM PLUS PADS	96
ITOVEBI	40	JENTADUETO TABS	23	KEPPRA SOLN IV 500 MG/5ML (Use levetiracetam)	18
ivabradine hcl TABS	52	JENTADUETO XR TB24	23	KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)	18
ivermectin (pediculicide)	69	JIVI	88	KEPPRA TABS (Use levetiracetam)	18
I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	160	JOENJA	140	KEPPRA XR TB24 (Use levetiracetam)	18
IWILFIN	42	JOINT HEALTH & BONE STRENGTH TABS	160	KERI AGE DEFY & PROTECT LOTN	69
IXCHIQ	205	JORNAY PM CP24	2	KERLIX SPONGES PADS	96
IXIARO	205	JOURNAVX	8	KESIMPTA	199
IXINITY SOLR	88	JUBBONTI SOSY SC 60 MG/ML	81	ketoconazole (topical) CREA	60
IYUZEH SOLN	195	JULUCA	46	ketoconazole (topical) SHAM 2 %	60
J & J ADHESIVE LARGE PADS	96	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	32	KETONE TEST STRP	77
J & J GAUZE PADS	96	JYLAMVO SOLN PO	37	ketoprofen CP24	6
J & J GAUZE SPONGES 12-PLY MISC	96	JYNARQUE TBPK 15 MG (Use tolvaptan)	83	ketorolac tromethamine (ophth)	194
J & J GAUZE SPONGES 16-PLY MISC	96	JYNNEOS	205	ketorolac tromethamine TABS	6
J & J GAUZE SPONGES 8-PLY MISC	96	KALBITOR	89	KETOSTIX STRP	77
J & J NON-STICK LARGE PADS	96	KALETRA SOLN	46	ketotifen fumarate (ophth) 0.035 %	195
JADENU TABS (Use deferasirox)	28	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	46	KEVZARA SOAJ	5
JAKAFI	40	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	47	KEVZARA SOSY	5
JALYN (Use dutasteride-tamsulosin hcl)	87	KALYDECO PACK	201	KEYFOLIC TABS	160
JANUMET TABS	23	KALYDECO TABS	201	KEYLOSA TABS	161
JANUMET XR TB24	23	KAMELEON LUBRICATED MISC	97	KIMONO COLORS DEVI	97
		KAPSPARGO SPRINKLE CS24	49		

KIMONO MAXX-LARGE FLARE MISC .....	97	KLONOPIN TABS 1 MG (Use clonazepam) .....	17	KP ADULTS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-75 MCG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 UNIT-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MG-72 MG-2 MG .....	161
KIMONO MICRO THIN PLUS MISC .	97	KLOR-CON 10 TBCR 10 MEQ (Use potassium chloride) .....	139	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	161
KIMONO MISC .....	97	KLOR-CON TBCR 8 MEQ (Use potassium chloride) .....	139	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 .....	161
KIMONO PLUS MISC .....	97	KLOXXADO LIQD .....	28	KP PRENATAL MULTIVITAMINS TABS .....	185
KIMONO PS MISC .....	97	KOATE SOLR .....	88		
KIMONO PS PLUS MISC .....	97	KOATE-DVI SOLR 1000 UNIT ....	88		
KIMONO SENSATION MISC .....	97	KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT .....	88		
KIMONO SENSATION PLUS MISC	97	KOMBIGLYZE XR (Use saxagliptin-metformin hcl) .....	23		
KIMONO SPECIAL DEVI .....	97	KOMZIFTI CAPS PO 200 MG .....	39		
KINERET SOSY .....	5	KONSYL DAILY FIBER PACK 100 % .....	93		
KINRAY INSULIN SYRINGE ....	132	KONVOMEPEP SUSR .....	203		
KINRIX SUSY .....	202	KOSELUGO .....	40		
KIRSTY SOLN IJ 100 UNIT/ML ...	26	KOSELUGO PO 5 MG, 7.5 MG ...	40		
KIRSTY SOPN SC 100 UNIT/ML ..	26	KOVALTRY .....	88		
KISQALI (200 MG DOSE) .....	40	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 MCG-72 MG-2 MG .....	161		
KISQALI (400 MG DOSE) .....	40				
KISQALI (600 MG DOSE) .....	40				
KISQALI FEMARA (200 MG DOSE) .	40				
KISQALI FEMARA (400 MG DOSE) .	40				
KISQALI FEMARA (600 MG DOSE) .	40				
KISUNLA .....	198				
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin) .....	3				
KLARON (Use sulfacetamide sodium (acne)) .....	58				
KLONOPIN TABS (Use clonazepam)					

KP VISION FORMULA TABS 60 MG-40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG .....	161	KROGER HEALTHPRO CONTROL HI/LO LIQD .....	115	LAMISIL AT CREA (Use terbinafine hcl (topical)) .....	60
KP VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG .....	161	KROGER HEALTHPRO GLUCOSE TEST STRP .....	77	LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical)) .....	60
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	K-TAB TBCR 20 MEQ (Use potassium chloride) .....	139	lamivudine SOLN .....	47
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	KYLEENA .....	54	lamivudine TABS 150 MG .....	47
K-PAX IMMUNE PROFESSIONAL ST TABS .....	162	labetalol hcl TABS .....	49	lamivudine TABS 300 MG .....	47
K-PHOS-NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) .....	139	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML .....	18	lamivudine-zidovudine .....	47
KPN PRENATAL TABS .....	185	lacosamide TABS .....	18	lamotrigine CHEW .....	18
KRAZATI .....	41	lactic acid (ammonium lactate) CREA .....	66	lamotrigine KIT 25 MG .....	18
KRINTAFEL .....	36	lactic acid (ammonium lactate) LOTN 12 % .....	66	lamotrigine TABS .....	18
KROGER AUTOLET LANCING DEVICE MISC .....	115	lactulose (encephalopathy) .....	86	lamotrigine TB24 .....	18
		lactulose SOLN .....	93	lamotrigine TBDP .....	18
		LAMICTAL CHEW (Use lamotrigine) . 18		LANCET DEVICE WITH EJECTOR MISC .....	115
		LAMICTAL ODT KIT (Use lamotrigine) .....	18	LANCETS .....	115
		LAMICTAL ODT TBDP (Use lamotrigine) .....	18	LANCETS 28G THIN .....	115
		LAMICTAL STARTER KIT 25 MG (Use lamotrigine) .....	18	LANCETS 30G .....	115
		LAMICTAL TABS (Use lamotrigine) 18		LANCETS 33G .....	115
		LAMICTAL XR KIT .....	18	LANCETS MICRO THIN 33G ...	115
		LAMICTAL XR TB24 (Use lamotrigine) .....	18	LANCETS SUPER THIN 28G ...	115
		LAMISIL AT ATHLETES FOOT CREA (Use terbinafine hcl (topical)) 60		LANCETS ULTRA THIN .....	115
				LANCETS ULTRA THIN 30G ...	115
				LANCING DEVICE MISC .....	115
				LAND BEFORE TIME MULTIVITAMIN CHEW 15 MG ...	184
				LANOXIN TABS 125 MCG, 250 MCG (Use digoxin) .....	51
				lansoprazole CPDR .....	203
				lansoprazole TBDD .....	203
				lanthanum carbonate CHEW .....	86
				LANTUS SOLN .....	26

LANTUS SOLOSTAR SOPN	26	LEUKERAN	37	levofloxacin SOLN PO	84
LANZO MISC	116	LEUKINE SOLR IJ	90	levofloxacin TABS	84
lapatinib ditosylate	41	leuprolide acetate (3 month) INJ 22.5 MG	38	levonorgestrel & eth estradiol TABS	53
LASIX TABS (Use furosemide)	81	leuprolide acetate KIT IJ 1 MG/0.2ML	38	levonorgestrel (emergency oc) 1.5 MG	54
LASTACAPT	195	levabuterol hcl	16	levonorgestrel-eth estradiol (triphasic)	53
latanoprost SOLN	195	levabuterol hcl 1.25 MG/0.5ML	16	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	53
LATUDA (Use lurasidone hcl)	43	levabuterol tartrate	16	levonorgestrel-ethinyl estradiol (continuous)	53
LAZCLUZE	37	levamlodipine maleate	50	levonorgestrel-ethinyl estradiol-iron	53
LEADER ADVANCED LANCING DEVICE MISC	116	LEVBID TB12 (Use hyoscyamine sulfate)	202	levothyroxine sodium TABS	201
LEDIPASVIR-SOFOSBUVIR TABS	48	LEVEMIR FLEXPEN SOPN	26	LEXAPRO TABS (Use escitalopram oxalate)	22
LEMTRADA	199	LEVEMIR SOLN	26	LEXETTE FOAM (Use halobetasol propionate)	65
lenalidomide	140	levetiracetam SOLN IV 500 MG/5ML	19	LIALDA TBEC (Use mesalamine)	85
LENVIMA (10 MG DAILY DOSE)	37	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	19	LIBERTY GLUCOSE CONTROL LIQD	116
LENVIMA (12 MG DAILY DOSE)	37	levetiracetam TABS	19	LIBERVANT FILM	17
LENVIMA (14 MG DAILY DOSE)	37	levetiracetam TB24	19	LIDAFLEX PTCH	67
LENVIMA (18 MG DAILY DOSE)	37	levetiracetam TB3D 250 MG, 500 MG	19	LIDO BDK KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	67
LENVIMA (20 MG DAILY DOSE)	37	LEVETIRACETAM TB3D	19	lidocaine CREA 4 %	67
LENVIMA (24 MG DAILY DOSE)	37	levobunolol hcl 0.5 %	191	lidocaine hcl (mouth-throat) 2 %	141
LENVIMA (4 MG DAILY DOSE)	37	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	83	lidocaine hcl (mouth-throat) 4 %	141
LENVIMA (8 MG DAILY DOSE)	37	levocarnitine (metabolic modifiers) TABS	83	lidocaine hcl CREA 3 %	67
LEQEMBI	198	levocetirizine dihydrochloride SOLN	30	lidocaine hcl CREA 4 %	67
LEQEMBI IQLIK SC 360 MG/1.8ML	198	levocetirizine dihydrochloride TABS	30	lidocaine hcl GEL 2 %	67
LEQVIO	32	levofloxacin (ophth) 0.5 %	192	lidocaine hcl LIQD	67
LESCOL XL TB24 (Use fluvastatin sodium)	32				
LETAIRIS (Use ambrisentan)	51				
letrozole	38				
leucovorin calcium TABS	42				

lidocaine hcl PRSY .....	67	lisinopril & hydrochlorothiazide ....	34	LOMOTIL TABS (Use diphenoxylate w/ atropine) .....	27
lidocaine hcl SOLN .....	67	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG .....	33	lomustine .....	37
lidocaine OINT 5 % .....	67	LITETOUCH INSULIN SYRINGE 132		LONSURF .....	40
lidocaine PTCH 4 % .....	67	lithium .....	43	loperamide hcl CAPS .....	27
lidocaine PTCH 5 % .....	67	lithium carbonate CAPS .....	43	loperamide hcl TABS .....	27
lidocaine-hydrocortisone acetate (rectal) CREA EX .....	11	lithium carbonate TABS .....	43	LOPID TABS (Use gemfibrozil) ....	32
lidocaine-hydrocortisone acetate (rectal) KIT 0.5 %-3 %, 2.5 %-3 % .	11	lithium carbonate TBCR .....	43	lopinavir-ritonavir SOLN .....	47
lidocaine-menthol PTCH 4 %-4 % .	67	LITHOBID TBCR (Use lithium carbonate) .....	43	lopinavir-ritonavir TABS 25 MG-100 MG .....	47
lidocaine-prilocaine CREA .....	67	LIVALO (Use pitavastatin calcium) 32		lopinavir-ritonavir TABS 50 MG-200 MG .....	47
lidocaine-prilocaine KIT .....	67	LIVDELZI .....	86	LOPRESSOR SOLN PO 10 MG/ML .	49
LIDOCORT CREA EX 0.5 %-3 % (Use lidocaine-hydrocortisone acetate (rectal)) .....	11	LIVER DETOX TABS .....	162	LOPRESSOR TABS (Use metoprolol tartrate) .....	49
LIDODERM PTCH (Use lidocaine)	67	LIVITA ADULTS LIQD .....	162	LOPRESSOR TABS 12.5 MG, 50 MG, 100 MG .....	49
LIDODERM PTCH (Use lidocaine)	68	LIVITA CHILDREN LIQD .....	184	LOQTORZI .....	37
LIDOPIN CREA 3 % (Use lidocaine hcl) .....	68	LIVIXIL PAK KIT 2.5 %-2.5 % (Use lidocaine-prilocaine) .....	68	loratadine & pseudoephedrine TB12 .	56
LILETTA (52 MG) .....	54	LIVMARLI .....	85	loratadine & pseudoephedrine TB24 .	56
linezolid SOLN .....	36	LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG .....	85	loratadine CHEW .....	30
linezolid SUSR .....	36	LIVTENCITY .....	48	loratadine SOLN .....	30
linezolid TABS .....	36	I-methylfolate TABS 7.5 MG, 15 MG .	80	loratadine TABS .....	30
LINZESS .....	86	L-METHYLFOLATE TABS .....	80	loratadine TBDP 10 MG .....	30
liothyronine sodium TABS .....	201	LO LOESTRIN FE TABS .....	53	lorazepam CONC .....	13
LIPITOR TABS (Use atorvastatin calcium) .....	32	LODINE TABS (Use etodolac) .....	6	LORAZEPAM SOLN 2 MG/ML ....	13
LIPOFEN CAPS (Use fenofibrate) .	32	LODOSYN (Use carbidopa) .....	42	lorazepam SOLN .....	13
liraglutide .....	25	lofexidine hcl .....	197	lorazepam TABS 0.5 MG, 2 MG ...	13
lisdexamphetamine dimesylate CAPS 1		LOHIST-D LIQD .....	56	lorazepam TABS 1 MG .....	13
lisdexamphetamine dimesylate CHEW .	1	LOKELMA .....	141	LORBRENA .....	41

losartan potassium & hydrochlorothiazide	34	enoxaparin sodium)	17	MCG-20 MG	162
losartan potassium	33	LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	17	LUTRATE DEPOT INJ 22.5 MG	39
LOTEMAX GEL (Use loteprednol etabonate)	194	LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	17	LYBALVI	198
LOTEMAX OINT	194	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium)	17	LYFGENIA	89
LOTEMAX SM GEL	193	loxapine succinate	44	LYNPARZA TABS	41
LOTEMAX SUSP (Use loteprednol etabonate)	194	L-TRYPTOPHAN TABS	191	LYRICA CAPS (Use pregabalin)	19
LOTENSIN 10 MG, 20 MG, 40 MG (Use benazepril hcl)	33	lubiprostone	84	LYRICA CAPS 25 MG, 50 MG, 150 MG (Use pregabalin)	19
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)	34	LUCEMYRA (Use lofexidine hcl)	197	LYRICA CR (Use pregabalin (once-daily))	200
loteprednol etabonate GEL	194	LUMAKRAS	41	LYRICA CR 165 MG, 330 MG (Use pregabalin (once-daily))	200
loteprednol etabonate SUSP	194	LUMIGAN SOLN 0.01 %	195	LYRICA SOLN (Use pregabalin)	19
loteprednol etabonate-tobramycin	194	LUNESTA (Use eszopiclone)	92	LYSIPLEX PLUS LIQD	162
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	34	LUPRON DEPOT (1-MONTH) KIT IM	38	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	162
LOTRIMIN AF CREA (Use clotrimazole (topical))	60	LUPRON DEPOT (3-MONTH) KIT IM	39	LYSODREN	39
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	60	LUPRON DEPOT (4-MONTH) IM	39	LYTGOBI (12 MG DAILY DOSE)	41
LOTRONEX (Use alosetron hcl)	86	LUPRON DEPOT (6-MONTH) IM	39	LYTGOBI (16 MG DAILY DOSE)	41
lovastatin TABS	32	LUPRON DEPOT-PED (1-MONTH)	82	LYTGOBI (20 MG DAILY DOSE)	41
LOVAZA (Use omega-3-acid ethyl esters)	31	LUPRON DEPOT-PED (3-MONTH)	82	LYUMJEV KWIKPEN SOPN	26
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	17	LUPRON DEPOT-PED (6-MONTH) IM	82	LYUMJEV SOLN	26
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	17	lurasidone hcl	43	LYUMJEV TEMPO PEN SOPN	26
LOVENOX SOSY 30 MG/0.3ML (Use		LURBIPR TABS 100 MG (Use flurbiprofen)	7	LYVISPAH PACK 5 MG	187
		LURBIRO TABS 100 MG (Use flurbiprofen)	7	MACROBID (Use nitrofurantoin monohyd macro)	36
		LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750			

MACRODANTIN (Use nitrofurantoin macrocrystal) .....	36	MAVENCLAD (4 TABS) 10 MG (Use cladribine (multiple sclerosis)) .....	199	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
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 .....	162	MAVENCLAD (5 TABS) 10 MG (Use cladribine (multiple sclerosis)) .....	199	MAXITROL OINT (Use neomycin-polymy-dexameth) .....	194
MACUVITE EYE CARE TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT .....	162	MAVENCLAD (6 TABS) 10 MG (Use cladribine (multiple sclerosis)) .....	199	MAXITROL SUSP (Use neomycin-polymy-dexameth) .....	194
MACUVITE TABS 60 MG-40 MG-2 MG-40 MCG-30 UNIT-5000 UNIT 162		MAVENCLAD (7 TABS) 10 MG (Use cladribine (multiple sclerosis)) .....	199	MAXX MISC .....	97
MAGELLAN INSULIN SAFETY SYR .....	132	MAVENCLAD (8 TABS) 10 MG (Use cladribine (multiple sclerosis)) .....	199	MAXX PLUS MISC .....	97
magnesium citrate 1.745 GM/30ML 93		MAVENCLAD (9 TABS) 10 MG (Use cladribine (multiple sclerosis)) .....	199	MAXZIDE TABS (Use triamterene & hydrochlorothiazide) .....	80
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML .....	93	MAVYRET PACK .....	48	MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide) .....	80
magnesium oxide (mg supplement) TABS .....	139	MAVYRET TABS .....	48	MAYZENT STARTER PACK TBPK 0.25 MG .....	199
magnesium oxide TABS 400 MG ..	12	MAXALT TABS 10 MG (Use rizatriptan benzoate) .....	138	MAYZENT TABS .....	199
malathion .....	69	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate) .....	138	meclizine hcl CHEW .....	28
maraviroc TABS 150 MG .....	47	MAXI-COMFORT INSULIN SYRINGE .....	132	meclizine hcl TABS 12.5 MG, 25 MG 28	
maraviroc TABS 300 MG .....	47	MAXICOMFORT SYR 27G X 1/2" 132		meclofenamate sodium CAPS .....	7
MARINOL CAPS 2.5 MG (Use dronabinol) .....	29	MAXIDEX SUSP OP .....	194	MEDI TAB TABS .....	163
MARINOL CAPS 5 MG, 10 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 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-		MEDIC INSULIN SYRINGE .....	132
MARPLAN .....	21			MEDISENSE GLUCOSE KETONE CONTR LIQD .....	116
MASONATAL TABS .....	185			MEDISENSE HI/MID/LOW CONTROL LIQD .....	116
MATULANE .....	42			MEDLANCE PLUS EXTRA 21G ..	116
MAVENCLAD (10 TABS) 10 MG (Use cladribine (multiple sclerosis)) 199				MEDLANCE PLUS LITE 25G ..	116
				MEDLANCE PLUS SPECIAL 0.8MM .....	116
				MEDLANCE PLUS SUPERLITE 30G .....	116
				MEDLANCE PLUS UNIVERSAL 21G .....	116

MEDROL TABS (Use methylprednisolone) .....	55	UNIT-48 MG-5 MCG-2 MG-150 MCG-20 MCG-10 MCG-72 MG-2 MG .....	163	meperidine hcl TABS 50 MG .....	9
MEDROL TBPK (Use methylprednisolone) .....	55	MEKINIST SOLR .....	41	meprobamate .....	13
medroxyprogesterone acetate (contraceptive) SUSP IM .....	54	MEKINIST TABS .....	41	mercaptopurine SUSP 2000 MG/100ML .....	37
medroxyprogesterone acetate (contraceptive) SUSY IM .....	54	MEKTOVI .....	41	mercaptopurine TABS .....	37
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG .....	197	melatonin TABS 3 MG, 5 MG .....	3	MERILOG SOLN SC 100 UNIT/ML .....	26
MEDTRONIC MINIMED 780G KIT 116 .....	7	meloxicam TABS .....	7	MERILOG SOLOSTAR SOPN SC 100 UNIT/ML .....	26
mefenamic acid CAPS .....	7	memantine hcl CP24 .....	198	mesalamine CP24 .....	85
mefloquine hcl .....	36	memantine hcl SOLN .....	198	mesalamine CPCR .....	85
MEGA MULTI FOR WOMEN TABS 163 .....	163	memantine hcl TABS .....	198	mesalamine CPDR .....	85
MEGA MULTI MEN TABS .....	163	memantine hcl-donepezil hcl CP24 198 .....	198	mesalamine ENEM .....	85
MEGAVITE FRUITS & VEGGIES TABS .....	163	MENATROL CAPS .....	163	mesalamine SUPP .....	85
MEGAVITE GOLDEN YEARS 55+ TABS .....	163	MENQUADFI 0.5 ML .....	204	mesalamine TBEC 1.2 GM .....	85
megestrol acetate (appetite) .....	197	MENS 50+ ADVANCED CAPS ...	163	mesalamine TBEC 800 MG .....	85
megestrol acetate SUSP .....	39	MENS 50+ MULTIVITAMIN TABS 163 .....	163	mesalamine w/ cleanser .....	85
megestrol acetate TABS .....	39	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 .....	163	mesna TABS .....	42
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 .....	163	MENS MULTI HEALTH FORMULA TABS .....	163	MESNEX TABS .....	42
		MENS MULTIVITAMIN TABS ...	163	MESTINON TABS (Use pyridostigmine bromide) .....	36
		MENVEO SOLN .....	204	MESTINON TBCR (Use pyridostigmine bromide) .....	36
		MENVEO SOLR .....	204	METADATE CD CPCR (Use methylphenidate hcl) .....	2
		meperidine hcl SOLN PO 50 MG/5ML .....	9	metaxalone .....	187
				metformin hcl SOLN .....	24
				metformin hcl TABS 500 MG, 850 MG, 1000 MG .....	24
				metformin hcl TB24 500 MG, 1000 MG .....	24
				metformin hcl TB24 .....	24
				methadone hcl CONC .....	9

methadone hcl SOLN PO	9	20 MG	3	MICARDIS 40 MG, 80 MG (Use telmisartan)	33
methadone hcl TABS	9	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	3	MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	34
methadone hcl TBSO	9	methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	3	MICATIN CREA (Use miconazole nitrate (topical))	60
METHADOSE CONC (Use methadone hcl)	9	methylphenidate PTCH	3	MICONAZOLE 7 SUPP 100 MG	206
METHADOSE SUGAR-FREE CONC (Use methadone hcl)	9	methylprednisolone TABS 4 MG, 8 MG	55	miconazole nitrate (topical) CREA	60
methamphetamine hcl	1	methylprednisolone TBPK	55	miconazole nitrate vaginal CREA 2 %	206
methazolamide TABS	80	methyltestosterone TABS	11	miconazole nitrate vaginal CREA 4 %	206
methenamine mandelate	36	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	85	miconazole nitrate vaginal KIT	206
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG	35	metoclopramide hcl TABS	85	miconazole nitrate vaginal SUPP 100 MG	206
methimazole TABS	201	metolazone	81	miconazole nitrate vaginal SUPP 200 MG	206
methocarbamol TABS 500 MG, 750 MG	187	metoprolol & hydrochlorothiazide TABS	34	MICROCHAMBER DEVI	135
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	37	metoprolol succinate TB24	49	MICROCHAMBER MISC	135
methotrexate sodium TABS 2.5 MG	37	metoprolol tartrate SOLN IV 5 MG/5ML	49	MICRODOT BLOOD GLUCOSE SYSTEM KIT	116
methsuximide	20	metoprolol tartrate TABS	49	MICRODOT CONTROL HIGH/LOW SOLN	116
methylidopa TABS	33	METROCREAM CREA (Use metronidazole (topical))	69	MICRODOT TEST STRP	77
methylergonovine maleate TABS	196	metronidazole (topical) CREA	69	MICROLET LANCETS	116
METHYLIN SOLN (Use methylphenidate hcl)	2	metronidazole (topical) GEL 0.75 %	69	MICROLET NEXT LANCING DEVICE MISC	116
methylphenidate hcl CHEW	2	metronidazole (topical) LOTN	69	MICROSPACER MISC	135
methylphenidate hcl CP24	2	metronidazole TABS	35	midazolam hcl SOLN IJ	92
methylphenidate hcl CP24	2	metronidazole vaginal	206	MIDAZOLAM HCL SOLN IJ	92
methylphenidate hcl CPR	2	mexiletine hcl	13	midazolam hcl SYRP	92
methylphenidate hcl SOLN	3	MIACALCIN IJ (Use calcitonin (salmon))	81	midodrine hcl	206
methylphenidate hcl TABS	3	MICARDIS 20 MG (Use telmisartan)	33	MIEBO	195
methylphenidate hcl TB24	3				
methylphenidate hcl TBCR 10 MG,					

miglitol .....	23	117	SYS DEVI .....	117
miglustat .....	89	MINIMED SILHOUETTE INF SET	MM BLULINK GLUCOSE TEST	
MIGRANAL SOLN NA (Use		32" MISC .....	STRP .....	77
dihydroergotamine mesylate) .....	137	MINIMED SILHOUETTE INF SET	MM EASY TOUCH GLUCOSE	
MILK OF MAGNESIA		43" MISC .....	METER KIT .....	117
CONCENTRATE SUSP .....	94	MINIPRESS CAPS (Use prazosin	MM EASY TOUCH GLUCOSE STRP	
MINICORA TABS .....	182	hcl) .....	.....	77
MINI LANCING DEVICE MISC ...	116	MINIVELLE PTTW (Use estradiol)	MM INSULIN SYRINGE/NEEDLE	
MINI MULTI VITAMINS/IRON TABS		minocycline hcl CAPS .....	132	
60 MG-400 MCG-1.5 MG-20 MG-2		minoxidil 2.5 MG, 10 MG .....	MM LANCING DEVICE MISC ....	117
MG-10 MG-1.7 MG-10 MCG-13.5		MIPLYFFA .....	MM TWIST LANCETS .....	117
MG-18 MG-25 MG-900 MCG-6 MCG		mirabegron TB24 .....	M-M-R II SOLR .....	205
143		MIRALAX PACK (Use polyethylene	M-NATAL PLUS TABS .....	185
MINIMED 630G INSULIN PUMP KIT		glycol 3350) .....	MNEXSPIKE SUSY 10 MCG/0.2ML .	
116		MIRALAX POWD (Use polyethylene	205	
MINIMED 780G INSULIN PUMP KIT		glycol 3350) .....	MOBI 2ML CARTRIDGE MISC ...	117
116		MIRAPEX ER TB24 0.375 MG, 0.75	modafinil .....	3
MINIMED INSTINCT GLUC		MG, 2.25 MG, 3 MG, 3.75 MG, 4.5	MODD1 PATIENT WELCOME KIT	
SENSOR .....	116	MG (Use pramipexole	KIT .....	117
MINIMED MIO ADVANCE INFUSE		dihydrochloride) .....	MODD1 SUPPLY KIT KIT .....	117
SET MISC .....	116	MIRASORB SPONGES MISC ....	MODEYSO CAPS PO 125 MG ....	39
MINIMED PUMP RESERVOIR 3ML		MIRCERA .....	moexipril hcl .....	33
MISC .....	117	MIRENA (52 MG) .....	MOLESKIN FOAM PADS .....	96
MINIMED QUICK SET INF SET 18"		mirtazapine TABS .....	molindone hcl .....	45
MISC .....	117	mirtazapine TBDP .....	mometasone furoate (nasal) SUSP	
MINIMED QUICK SET INF SET 23"		misoprostol .....	188	
MISC .....	117	MITIGARE CAPS (Use colchicine)	mometasone furoate CREA .....	65
MINIMED QUICK SET INF SET 32"		MIUDELLA INTRAUTERINE	mometasone furoate OINT .....	65
MISC .....	117	COPPER .....	mometasone furoate SOLN .....	65
MINIMED QUICK-SERTER MISC		MM BLOOD GLUCOSE SYSTEM	MONISTAT CARE INSTANT ITCH	
117		KIT .....	RLF 1 % .....	206
MINIMED RESERVOIR 1.8ML MISC		MM BLOOD GLUCOSE SYSTEM	MONOJECT INSULIN SYRINGE	
117		REFILL KIT .....	132	
MINIMED RESERVOIR 3ML MISC		MM BLULINK GLUCOSE MONIT		



MCG-2 MG-162 MG-150 MCG-75 MCG-4 MG-60 UNIT-2500 UNIT-105 MCG ..... 164	UNIT-1 MCG-5 MG-2.5 MG-15 MG- 5000 UNIT-2.5 MG-2.5 MG-100 MG- 75 MCG-15 UNIT-80 MG-1.5 MG- 0.37 MG-0.5 MG .....165	TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG- 400 UNIT-30 UNIT-27 MG-15 MG- 450 MG-5000 UNIT .....165
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 .....165	multiple vitamin TABS ..... 182	MULTIPLE VITAMINS-MINERALS LIQD 60 MG/15ML-300 MCG/15ML- 1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-14 MG/15ML-9 MG/15ML-2 MG/15ML- 25 MCG/15ML-13 MG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML .....165
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 ..... 165	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 .....182	MULTIPLE VITAMINS-MINERALS LIQD 60 MG/15ML-300 MCG/15ML- 1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-14 MG/15ML-9 MG/15ML-2 MG/15ML- 25 MCG/15ML-13 MG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML .....165
MULTI PRENATAL TABS ..... 185	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 .....182	MULTIPRO CAPS 25 MG-300 MCG- 1000 MCG-10 MCG-10 MCG-3 MG-2 MG-5 MG-32 MG-2 MG-7 MG-6 MG- 30 MG-315 MG-1 MG-30 MG .... 165
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MULTI VITAMIN W/D-3 TABS ... 182	multiple vitamins w/ minerals CAPS 165	MULTIVITAMIN ADULT (MINERALS) TABs .....165
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 ..... 165	multiple vitamins w/ minerals LIQD 165	MULTIVITAMIN ADULT TABS ... 182
MULTIA CAPS .....165	multiple vitamins w/ minerals TABS 165	MULTIVITAMIN ADULTS 50+ TABS 60 MG-3 MG-30 MCG-400 MCG- 12.5 MCG-25 MCG-1.7 MG-30 MCG- 20 MG-250 MCG-750 MCG-10 MG- 300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-22.75 MG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG- 1.7 MG-30 MCG-20 MG-250 MCG- 2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG- 400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5
MULTI-LANCET DEVICE 2 KIT ..117	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 ..... 143	MULTIPLE VITAMINS/WOMENS
MULTIPLE VIT/MINERALS/NO IRON TABs 60 MG-1 MG-400 MCG-400	MULTIPLE VITAMINS/WOMENS	

MG-11 MG-150 MCG-50 UNIT-50	60 MG-2 MG-400 MCG-400 UNIT-6	MULTIVITAMIN PLUS IRON ADULT
MG-80 MG-45 MCG-150 MCG-20	MCG-1.7 MG-20 MG-3000 UNIT-10	TABS 60 MG-2 MG-13.5 MG-400
MG-0.5 MG-5 MCG-2.3 MG-45	MG-45 MG-1.5 MG-30 UNIT . . . . . 182	MCG-10 MCG-6 MCG-1.7 MG-20
MCG-55 MCG-10 MCG-72 MG-2	MULTIVITAMIN LIQD 60 MG/15ML-	MG-1500 MCG-10 MG-18 MG-75
MG, 60 MG-3 MG-30 MCG-400	300 MCG/15ML-30 UNIT/15ML-1.5	MG-1.5 MG . . . . . 143
MCG-500 UNIT-25 MCG-1.7 MG-30	MG/15ML-2 MG/15ML-400	MULTI-VITAMIN TABS 60 MG-2 MG-
MCG-20 MG-250 MCG-2500 UNIT-	UNIT/15ML-6 MCG/15ML-1300	30 MCG-400 MCG-400 UNIT-6
10 MG-300 MCG-1.5 MG-50 MG-11	UNIT/15ML-10 MG/15ML-1.7	MCG-1.7 MG-20 MG-5000 UNIT-10
MG-150 MCG-80 MG-220 MG-45	MG/15ML-20 MG/15ML-9 MG/15ML-	MG-1.5 MG-30 UNIT . . . . . 182
MCG-150 MCG-50 UNIT-20 MG-0.5	3 MG/15ML-25 MCG/15ML-150	MULTIVITAMIN TABS . . . . . 182
MG-5 MCG-2.3 MG-55 MCG-10	MCG/15ML-2 MG/15ML-25	MULTIVITAMIN WOMEN 50+ TABS
MCG-45 MCG-72 MG-2 MG, 60 MG-	MCG/15ML . . . . . 168	100 MG-30 MCG-400 MCG-1.1 MG-
3 MG-30 MCG-400 MCG-500 UNIT-	MULTIVITAMIN MEN 50+ TABS 120	14 MG-5 MG-5 MG-1.1 MG-300
25 MCG-1.7 MG-30 MCG-250 MCG-	MG-30 MCG-300 MCG-1.5 MG-20	MCG-25 MCG-15.8 MG-8 MG-100
2500 UNIT-10 MG-220 MG-300	MG-6 MG-10 MG-1.7 MG-300 MCG-	MG-2.3 MG-50 MCG-80 MG-52
MCG-1.5 MG-11 MG-20 MG-50 MG-	600 MCG-25 MCG-27 MG-75 MG-4	MCG-0.5 MG-15 MG-300 MG-150
80 MG-45 MCG-150 MCG-50 UNIT-	MG-50 MCG-80 MG-60 MCG-0.5	MCG-20 MG-22 MCG-1050 MCG-50
20 MG-0.5 MG-5 MCG-2.3 MG-19	MG-15 MG-210 MG-150 MCG-20	MCG-50 MCG-72 MG, 100 MG-5
MCG-10 MCG-50 MCG-72 MG-2 MG	MG-21 MCG-1050 MCG-60 MCG-	MG-30 MCG-400 MCG-14 MG-25
. . . . . 166	100 MCG-72 MG, 120 MG-30 MCG-	MCG-50 MCG-1.1 MG-50 MCG-300
MULTIVITAMIN ADULTS TABS 60	400 MCG-4.5 MG-20 MG-6 MG-15	MCG-1050 MCG-5 MG-8 MG-1.1
MG-2 MG-30 MCG-400 MCG-10	MG-3.4 MG-370 MCG-17.5 MCG-	MG-15 MG-100 MG-2 MG-300 MG-
MCG-6 MCG-1.7 MG-25 MCG-20	11.4 MG-110 MG-4.2 MG-90 MCG-	80 MG-50 MCG-150 MCG-15.7 MG-
MG-10 MG-18 MG-1.5 MG-50 MG-11	180 MCG-2.2 MG-24 MG-120 MG-	20 MG-2.3 MG-22 MCG-0.5 MG-10
MG-80 MG-200 MG-45 MCG-150	150 MCG-117 MCG-940 MCG-20	MCG-52 MCG-72 MG, 100 MG-5
MCG-13.5 MG-20 MG-0.5 MG-5	MCG-25 MCG, 120 MG-6 MG-30	MG-30 MCG-400 MCG-800 UNIT-50
MCG-10 MCG-2.3 MG-75 MCG-1050	MCG-27 MG-300 MCG-25 MCG-100	MCG-1.1 MG-50 MCG-14 MG-300
MCG-55 MCG-10 MCG-35 MCG-72	MCG-1.7 MG-60 MCG-20 MG-300	MCG-3500 UNIT-5 MG-8 MG-1.1
MG-2 MG, 60 MG-30 MCG-400	MCG-10 MG-600 MCG-1.5 MG-75	MG-15 MG-35 UNIT-50 MG-500 MG-
MCG-1.5 MG-20 MG-2 MG-10 MG-	MG-15 MG-80 MG-210 MG-50 MCG-	80 MG-150 MG-20 MG-0.5 MG-5
1.7 MG-25 MCG-13.5 MG-18 MG-50	150 MCG-20 MG-0.5 MG-5 MCG-4	MCG-2.3 MG-150 MCG-55 MCG-50
MG-2.3 MG-45 MCG-80 MG-2 MG-	MG-1050 MCG-21 MCG-10 MCG-60	MCG-10 MCG-50 MCG-72 MG-2
10 MCG-35 MCG-0.5 MG-10 MCG-	MCG-72 MG-2 MG, 120 MG-6 MG-	MG, 100 MG-5 MG-30 MCG-400
11 MG-200 MG-150 MCG-20 MG-55	30 MCG-300 MCG-600 UNIT-100	MCG-800 UNIT-50 MCG-1.1 MG-50
MCG-1050 MCG-25 MCG-6 MCG-72	MCG-1.7 MG-60 MCG-20 MG-300	MCG-14 MG-300 MCG-3500 UNIT-5
MG . . . . . 166	MCG-3500 UNIT-10 MG-600 MCG-	MG-8 MG-300 MG-1.1 MG-15 MG-35
MULTIVITAMIN DROPS/IRON SOLN	1.5 MG-75 MG-15 MG-210 MG-80	UNIT-100 MG-80 MG-150 MCG-20
. . . . . 184	MG-50 MCG-150 MCG-60 UNIT-20	MG-0.5 MG-5 MCG-2.3 MG-22
MULTIVITAMIN HEALTH	MG-0.5 MG-4 MG-21 MCG-60 MCG-	MCG-50 MCG-10 MCG-52 MCG-72
FORM/CA/FE TABS . . . . . 166	72 MG . . . . . 167	MG-2 MG . . . . . 167
MULTIVITAMIN INFANT &	MULTIVITAMIN MEN TABS . . . . . 167	MULTIVITAMIN WOMEN TABS . 168
TODDLER SOLN PO . . . . . 184	MULTI-VITAMIN MONOCAPS TABS	MULTIVITAMIN WOMENS 50+ ADV
MULTIVITAMIN IRON-FREE TABS	167	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	168	CAPS	168	MYGLUCOHEALTH TEST STRP	77
MULTIVITAMIN/FLUORIDE CHEW 184		MVW MODULATOR FORMULATION		MYLERAN TABS	37
MULTIVITAMIN/FLUORIDE SOLN 184		MINI CAPS	168	MYNEPHRON CAPS 1 MG	142
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	143	MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	36	MYOBLOC	190
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	168	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	168	MYRBETRIQ SRER	204
MULTIVITAMIN/ZINC STRESS TABS	168	MYCOBUTIN (Use rifabutin)	36	MYRBETRIQ TB24 (Use mirabegron)	204
MULTIVITAMIN-MINERALS TABS 168		mycophenolate mofetil CAPS	140	MYSOLINE (Use primidone)	19
MULTI-VITE LIQD	168	mycophenolate mofetil hcl	140	MYXREDLIN	26
MULTI-VIT-FLOR CHEW	184	mycophenolate mofetil SUSR	140	NABI-HB SOLN IM	196
mupirocin calcium (topical)	59	mycophenolate mofetil TABS	140	nabumetone	7
mupirocin OINT	59	mycophenolate sodium 180 MG	140	nadolol TABS 20 MG, 40 MG, 80 MG	50
MVW COMPLETE FORMULATION CAPS	168	mycophenolate sodium 360 MG	140	naloxone hcl LIQD	28
MVW COMPLETE FORMULATION D3000 CAPS	168	MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	1	naloxone hcl SOCT	28
MVW COMPLETE FORMULATION D5000 CAPS	168	MYDRIACYL SOLN (Use tropicamide)	192	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	28
MVW COMPLETE FORMULATION MINIS CAPS	168	MYFEMBREE	83	naloxone hcl SOSY 0.4 MG/ML	28
MVW MODULATOR FORMULATION		MYFORTIC 180 MG (Use mycophenolate sodium)	140	naloxone hcl SOSY 2 MG/2ML	28
		MYFORTIC 360 MG (Use mycophenolate sodium)	140	naltrexone hcl	28
		MYGLUCOHEALTH BLOOD GLUCOSE KIT	117	NAMENDA TABS 5 MG (Use memantine hcl)	198
		MYGLUCOHEALTH CONTROL SOLN	117	NAMENDA TITRATION PAK TABS (Use memantine hcl)	198
		MYGLUCOHEALTH LANCETS 30G 118		NAMENDA XR CP24 14 MG, 21 MG, 28 MG (Use memantine hcl)	198
				NAMZARIC C4PK	198
				NAMZARIC CP24 (Use memantine hcl-donepezil hcl)	198
				NAMZARIC CP24	198
				NAPRELAN TB24 (Use naproxen sodium)	7
				NAPRELAN TB24 500 MG (Use	

naproxen sodium) .....7	NEBULIZER CUP/TUBING DEVI 135	NESTABS .....185
NAPROSYN SUSP (Use naproxen) 7	NEBUSAL NEBU 3 %, 6 % (Use sodium chloride (inhalant)) .....57	NESTABS DHA .....185
NAPROSYN TABS 500 MG (Use naproxen) .....7	nefazodone hcl .....22	NESTABS ONE .....185
naproxen sodium CAPS .....7	NEFFY SOLN NA .....206	NEULASTA ONPRO SOSY 6 MG/0.6ML .....90
naproxen sodium TABS 220 MG ...7	NEMLUVIO .....66	NEULASTA SOSY .....90
naproxen sodium TABS .....7	NEOMULTIVITE TABS .....182	NEUPOGEN SOLN .....90
naproxen sodium TB24 .....7	neomycin sulfate TABS .....3	NEUPOGEN SOSY .....90
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naproxen TABS .....7	neomycin-bacitracin-polymyxin OINT 59	NEURONTIN CAPS (Use gabapentin) .....19
naproxen TBEC .....7	neomycin-polymy-dexameth OINT 194	NEURONTIN SOLN (Use gabapentin) .....19
naproxen-esomeprazole magnesium .....7	neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 % .....194	NEURONTIN TABS (Use gabapentin) .....19
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NARCAN LIQD (Use naloxone hcl) 28	neomycin-polymyxin-gramicidin .192	NEUTEK 2TEK TEST STRP .....77
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NEXLETOL .....	31	50 MG, 150 MG, 200 MG .....	41	norethindrone & ethinyl estradiol-fe	53
NEXLIZET .....	31	nilotinib hcl 50 MG, 150 MG, 200 MG	41	norethindrone (contraceptive) .....	54
NEXPLANON .....	54	.....	41	norethindrone acet & eth estra TABS	53
NEXTSTELLIS .....	53	nilutamide .....	39	norethindrone acetate TABS .....	197
NGENLA .....	82	NINLARO .....	41	norethindrone acetate-ethinyl	83
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niacin (antihyperlipidemic) TBCR ..	32	NITRO-BID OINT .....	12	norethindrone acetate-ethinyl	53
NIACIN ER TBCR .....	207	NITRO-DUR PT24 (Use nitroglycerin)	12	estradiol-fe .....	53
niacin TABS 50 MG, 100 MG, 500	207	.....	12	norethindrone-eth estradiol (triphasic)	53
MG .....	207	nitrofurantoin .....	36	.....	53
niacin TBCR .....	207	nitrofurantoin macrocrystal 50 MG,	36	norgestimate-ethinyl estradiol	53
NICADAN TABS .....	168	100 MG .....	36	(triphasic) .....	53
nicardipine hcl CAPS .....	50	nitrofurantoin monohyd macro .....	36	norgestimate-ethinyl estradiol .....	53
NICAZEL FORTE TABS .....	168	nitroglycerin CPCR .....	12	norgestrel & ethinyl estradiol 30	53
NICAZEL TABS .....	168	nitroglycerin PT24 .....	12	MCG-0.3 MG .....	53
NICORETTE GUM 4 MG (Use	200	nitroglycerin SUBL .....	12	NORLIQVA SOLN .....	50
nicotine polacrilex) .....	200	NITROSTAT SUBL (Use	12	NORPACE CAPS (Use disopyramide	13
NICORETTE MINI LOZG 4 MG (Use	200	nitroglycerin) .....	12	phosphate) .....	13
nicotine polacrilex) .....	200	NIVA THYROID TABS .....	201	NORPACE CR CP12 150 MG .....	13
NICORETTE STARTER KIT GUM 2	200	NIVESTYM SOLN .....	90	NORPRAMIN TABS 10 MG (Use	23
MG (Use nicotine polacrilex) .....	200	NIVESTYM SOSY .....	90	desipramine hcl) .....	23
NICOTINE KIT .....	200	nizatidine CAPS .....	202	NORPRAMIN TABS 25 MG (Use	23
nicotine polacrilex GUM .....	200	NO IRON MULT VITAMIN-	168	desipramine hcl) .....	23
nicotine polacrilex LOZG .....	200	MINERALS TABS .....	168	nortriptyline hcl CAPS .....	23
nicotine PT24 TD 7 MG/24HR, 14	200	NORDITROPIN FLEXPPO SOPN .....	82	nortriptyline hcl SOLN .....	23
MG/24HR, 21 MG/24HR .....	200	norelgestromin-ethinyl estradiol ..	54	NORVASC TABS (Use amlodipine	50
NICOTROL INHA .....	200	norethin acet & estrad-fe CAPS ..	53	besylate) .....	50
NICOTROL NS SOLN .....	200	norethin acet & estrad-fe CHEW ..	53	NORVASC TABS 5 MG, 10 MG (Use	50
nifedipine CAPS .....	50	norethin acet & estrad-fe TABS 1	53	amlodipine besylate) .....	50
nifedipine TB24 .....	50	MG-20 MCG-75 MG, 1.5 MG-30	53	NORVIR CAPS .....	47
NILANDRON (Use nilutamide) ....	39	MCG-75 MG .....	53	NORVIR PACK .....	47
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NOVAMV PEDIATRIC MULTI- VITAMIN LIQD .....184	NOVOLOG SOLN IJ .....27	NUVESSA .....206
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NOVOEIGHT .....88	NOVOSEVEN RT 5 MG .....88	NUWIQ KIT .....88
NOVOLIN 70/30 FLEXPEN RELION SUPN .....26	NP THYROID TABS .....201	NUWIQ SOLR .....88
NOVOLIN 70/30 FLEXPEN SUPN 26	NU GAUZE 4PLY PADS .....96	NYMALIZE SOLN 6 MG/ML .....50
NOVOLIN 70/30 RELION SUSP ..26	NU GAUZE GENERAL-USE SPONGES MISC .....96	NYPOZI .....90
NOVOLIN 70/30 SUSP .....26	NUBEQA .....39	NYSTATIN (Use nystatin (mouth- throat)) .....141
NOVOLIN N FLEXPEN RELION SUPN .....26	NUCALA SOAJ .....13	nystatin (mouth-throat) .....141
NOVOLIN N FLEXPEN SUPN ....26	NUCALA SOLR .....13	nystatin (topical) CREA .....60
NOVOLIN N RELION SUSP .....26	NUCALA SOSY .....13	nystatin (topical) OINT .....60
NOVOLIN N SUSP .....26	NULEV TBDP 0.125 MG (Use hyoscyamine sulfate) .....202	nystatin (topical) POWD EX .....60
NOVOLIN R FLEXPEN RELION SOPN IJ .....26	NUMOISYN LIQD .....142	nystatin TABS .....29
NOVOLIN R FLEXPEN SOPN IJ ..26	NUPLAZID CAPS .....43	nystatin-triamcinolone CREA .....60
NOVOLIN R RELION SOLN IJ ....26	NUPLAZID TABS 10 MG .....43	nystatin-triamcinolone OINT .....60
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OCREVUS .....	199	OCUVITE-LUTEIN CAPS .....	169	omeprazole CPDR 20 MG .....	203
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192		ODOMZO .....	38	omeprazole TBEC .....	203
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MG-2 MG-40 MG-2 MG-1000 UNIT-		OGSIVEO .....	41	OMNIPOD 5 DEXG7G6 INTRO GEN	
60 UNIT-55 MCG .....	169	OHTUVAYRE .....	14	5 KIT .....	118
OCUTABS-LUTEIN TABS 200 MG-2		OIL EMULSIONS DRESSING/NON-		OMNIPOD 5 DEXG7G6 PODS GEN	
MG-40 MG-2 MG-1000 UNIT-60		ADH PADS .....	96	5 MISC .....	118
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OCUVEL CAPS 250 MG-0.5 MG-5		OJEMDA TABS .....	41	118	
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169		olanzapine TABS .....	44	MISC .....	118
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OCUVITE ADULT FORMULA CAPS .		olanzapine-fluoxetine hcl .....	198	GEN5 KIT .....	118
169		olmesartan medoxomil .....	33	OMNIPOD 5 LIBRE2 PLUS G6	
OCUVITE EXTRA TABS 200 MG-5		olmesartan medoxomil-amlodipine-		PODS MISC .....	118
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MG-50 UNIT-6000 UNIT-40 MCG		olmesartan medoxomil-		MISC .....	118
169		hydrochlorothiazide .....	34	OMNIPOD DASH INTRO (GEN 4)	
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169				OMNITROPE SOLR SC .....	82
OCUVITE EYE HEALTH FORMULA					
CAPS 150 MG-30 UNIT-5 MG-1 MG-					
1 MG-9 MG-90 MG-160 MG-250 MG					
169					
OCUVITE EYE PERFORMANCE					



150 MCG-75 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-10 MCG-20 MCG-10 MCG-72 MG-2 MG .....170	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 .....171	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 ..... 171
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		ONE-A-DAY MENS PRO EDGE TABS .....172
		ONE-A-DAY MENS TABS (Use multiple vitamin) ..... 183
		ONE-A-DAY PROACTIVE 65+ TABS .....172
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		ONE-A-DAY WOMENS 50 PLUS TABS (Use multiple vitamins w/ minerals) .....172
		ONE-A-DAY WOMENS 50+

ADVANTAGE TABS (Use multiple vitamins w/ minerals) .....	172	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 .....	143	ONGLYZA (Use saxagliptin hcl) ..	24
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 ..	172	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	143	ONPATTRO .....	200
ONE-A-DAY WOMENS 50+ TABS	172	ONETOUCH DELICA PLUS LANCET30G .....	118	ONTRALFY SOLN PO 2 MG/5ML	187
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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 .....	172	ONETOUCH DELICA SAFETY LANCING .....	118	OPILL .....	54
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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 .....	183	ONETOUCH ULTRA CONTROL LIQD .....	119	OPSYNVI .....	51
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 .....	172	ONETOUCH ULTRA STRP .....	78	OPTICHAMBER DIAMOND DEVI	135
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protriptyline hcl .....	23	PURIXAN SUSP 2000 MG/100ML (Use mercaptopurine) .....	37	QC CHILDRENS VITAMINS/IRON CHEW 15 MG .....	184
PROVENTIL HFA AERS (Use albuterol sulfate) .....	16	PX ADVANCED LANCING DEVICE MISC .....	120	QC DAILY MULTIVIT/MULTIMINERAL TABS 50 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-2500 UNIT-1.7 MG-25 MCG-20 MG-10 MG-18 MG-1.5 MG-100 MG-15 MG-150 MCG-80 MG-2 MG-162 MG-160 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-3.5 MG-65 MCG-20 MCG-10 MCG-72 MG .....	173
PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate) ...	197	PX INSULIN SYRINGE .....	132	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 .....	143
PROVIDA OB .....	186	PX LANCETS MICROTHIN 33G ..	120	QC ESSENTIALS TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 .....	
PROVIGIL (Use modafinil) .....	3	PX LANCETS ULTRA THIN 28G 120 .....			
PROVIT TABS .....	173	pyrazinamide .....	36		
PROXIVOL GEL 2 % .....	68	pyrethrins-piperonyl butoxide SHAM 4 %-0.33 % .....	69		
PROZAC CAPS (Use fluoxetine hcl) .	22	pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 % .....	69		
prucalopride succinate .....	84	PYRIDIDIUM TABS (Use phenazopyridine hcl) .....	87		
PRUDOXIN (Use doxepin hcl (antipruritic)) .....	61				
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	56				

MG-30 UNIT .....	183	QC TRIACTING DAYTIME CHILDRENS SYRP .....	57	quetiapine fumarate TABS .....	44
QC HAIR SKIN & NAILS TABS	50	QC UNILET LANCETS 28G .....	121	quetiapine fumarate TB24 .....	44
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 .....	174	QC UNILET LANCETS MICRO THIN .....	121	QUFLORA FE .....	181
QC LANCETS SUPER THIN 30G 121		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 .....	174	QUFLORA FE PEDIATRIC LIQD	183
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 .....	174	QDOLO SOLN (Use tramadol hcl) ..	9	QUFLORA PEDIATRIC CHEW ..	184
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 .....	174	QELBREE .....	2	QUFLORA PEDIATRIC SOLN ...	184
QC MULTI-VITE TABS .....	174	QFITLIA SOAJ SC 50 MG/0.5ML ..	88	QUILLICHEW ER CHER .....	3
QC OCUHEALTH VISION SUPPORT 2 CAPS .....	174	QFITLIA SOLN SC 20 MG/0.2ML ..	88	QUILLIVANT XR SRER .....	3
QC PRENATAL TABS .....	186	QINLOCK .....	41	QUIN B STRONG TABS .....	174
QC STERILE PADS PADS .....	96	QNASL .....	188	quinapril hcl .....	33
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 .....	174	QNASL CHILDRENS .....	188	quinapril-hydrochlorothiazide .....	34
		QTERN .....	23	quinidine gluconate TBCR .....	13
		QUADRACEL SUSP .....	202	quinidine sulfate TABS .....	13
		QUADRACEL SUSY .....	202	QUINTABS TABS .....	183
		QUAKE DEVI .....	136	QUINTABS-M TABS .....	174
		quazepam .....	92	QUINTET AC BLOOD GLUCOSE DEVI .....	121
		QUDEXY XR CS24 150 MG, 200 MG (Use topiramate) .....	19	QUINTET AC BLOOD GLUCOSE TEST STRP .....	78
		QUDEXY XR CS24 25 MG, 50 MG, 100 MG (Use topiramate) .....	19	QUINTET BLOOD GLUCOSE SYSTEM DEVI .....	121
		QUESTRAN LIGHT POWD (Use cholestyramine light) .....	31	QUINTET BLOOD GLUCOSE TEST STRP .....	78
		QUESTRAN PACK (Use cholestyramine) .....	31	QUINTET CONTROL HIGH/NORMAL SOLN .....	121
		QUESTRAN POWD (Use cholestyramine) .....	31	QULIPTA .....	137
				QUTENZA (2 PATCH) .....	68
				QUTENZA (4 PATCH) .....	68
				QUTENZA .....	68
				QUVIVIQ .....	93
				QVAR REDHALER .....	15
				RABAVERT .....	205

rabeprazole sodium TBEC .....	203	REBIF TITRATION PACK SOSY .199	33G .....	121
RAGWITEK SUBL .....	3	REBINYN .....	88	RELION LANCETS THIN 26G ...
RALDESY SOLN PO 10 MG/ML ..	22	REBLOZYL .....	91	RELION MICRO KIT .....
raloxifene hcl .....	82	RECOMBINATE SOLR .....	88	RELION PREMIER BLU MONITOR
ramelteon .....	93	RECOMBIVAX HB SUSP .....	205	DEVI .....
ramipril CAPS .....	33	RECOMBIVAX HB SUSY .....	205	RELION PREMIER CLASSIC DEVI
RAPAFLO (Use silodosin) .....	87	REFRESH .....	191	121
RAPAMUNE SOLN (Use sirolimus)	141	REFUAH PLUS BLOOD GLUCOSE		RELION PREMIER COMPACT
		TEST STRP .....	78	SYSTEM KIT .....
RAPAMUNE TABS (Use sirolimus)	141	REFUAH PLUS GLUCOSE		RELION PREMIER TEST STRP ..
		CONTROL SOLN .....	121	79
RAPIVAB .....	49	REFUAH PLUS MONITORING		RELION PREMIER VOICE
rasagiline mesylate .....	43	SYSTEM KIT .....	121	MONITOR DEVI .....
RASUVO SOAJ 7.5 MG/0.15ML, 10		REGLAN TABS (Use		RELION PRIME MONITOR DEVI
MG/0.2ML, 12.5 MG/0.25ML, 15		metoclopramide hcl) .....	85	122
MG/0.3ML, 17.5 MG/0.35ML, 20		RELCARE TABS .....	183	RELION PRIME TEST STRP .....
MG/0.4ML, 22.5 MG/0.45ML, 25		RELENZA DISKHALER .....	49	79
MG/0.5ML, 30 MG/0.6ML .....	4	RELEUKO SOSY .....	91	RELION TRUE MET AIR GLUC
RAYALDEE .....	83	RELEXXII TBCR (Use		METER KIT .....
RAYASAL CREA .....	66	methylphenidate hcl) .....	3	122
RAYAVIT TABS .....	174	RELEXXII TBCR .....	3	RELION TRUE METRIX TEST
RAY-TEC X-RAY DETECTABLE		RELION ALL-IN-ONE .....	121	STRIPS STRP .....
SPNGE MISC .....	96	RELION BLOOD GLUCOSE TEST		79
REALITY INSULIN SYRINGE ...	132	STRP .....	79	RELION ULTIMA GLUCOSE
REALITY LATEX CONDOMS MISC .	97	RELION CONFIRM GLUCOSE		SYSTEM KIT .....
		MONITOR KIT .....	121	122
REALITY LATEX/ULTRA		RELION CONFIRM/MICRO TEST		RELION ULTIMA TEST STRP ....
TEXTURED DEVI .....	97	STRP .....	79	79
REALITY LATEX/ULTRA THIN DEVI	97	RELION INSULIN SYRINGE ....	132	RELION ULTRA THIN LANCETS
		RELION KETONE TEST STRP ...	79	30G .....
REBIF REBIDOSE SOAJ .....	199	RELION LANCET DEVICES 30G		122
REBIF REBIDOSE TITRATION		121		REL PAX (Use eletriptan
PACK SOAJ .....	199	RELION LANCETS MICRO-THIN		hydrobromide) .....
REBIF SOSY .....	199			138
				REL PAX 40 MG (Use eletriptan
				hydrobromide) .....
				138
				REMEDIENT CAPS .....
				174
				REMERON SOLTAB TBDP (Use
				mirtazapine) .....
				21
				REMERON TABS 15 MG, 30 MG
				(Use mirtazapine) .....
				21
				REMICADE .....
				85

RENAL CAPS 1 MG .....	142	RETIN-A CREA (Use tretinoin) ....	58	ribavirin (hepatitis c) CAPS .....	48
RENAL MULTIVITAMIN TABS ...	174	RETIN-A GEL (Use tretinoin) .....	58	ribavirin (hepatitis c) TABS 200 MG	48
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 ..	174	RETIN-A MICRO (Use tretinoin microsphere) .....	58	riboflavin TABS 50 MG, 100 MG .	207
RENAPLEX-D TABS .....	174	RETIN-A MICRO PUMP (Use tretinoin microsphere) .....	58	rifabutin .....	36
RENFLEXIS .....	85	RETIN-A MICRO PUMP 0.08 % (Use tretinoin microsphere) .....	58	rifampin CAPS .....	37
RENO CAPS CAPS 1 MG .....	142	RETISERT .....	194	RIGHTEST GC300 CONTROL LIQD	122
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG .....	201	RETROVIR CAPS (Use zidovudine) .	47	RIGHTEST GD500 LANCING	
REVELA PACK (Use sevelamer carbonate) .....	86	RETROVIR SOLN .....	47	DEVICE MISC .....	122
REVELA TABS (Use sevelamer carbonate) .....	86	RETROVIR SYRP (Use zidovudine) .	47	RIGHTEST GL300 LANCETS ...	122
repaglinide .....	27	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .	52	RIGHTEST GM100 BLOOD	
REPATHA PUSHTRONEX SYSTEM		REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .	52	GLUCOSE KIT .....	122
SOCT .....	32	REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) .	52	RIGHTEST GM300 BLOOD	
REPATHA SOSY .....	32	REVLIMID .....	140	GLUCOSE KIT .....	122
REPATHA SURECLICK SOAJ ....	32	REVUFORJ .....	39	RIGHTEST GM550 BLOOD	
RESTASIS EMUL (Use cyclosporine (ophth)) .....	193	REXTOVY LIQD .....	28	GLUCOSE KIT .....	122
RESTASIS MULTIDOSE EMUL ..	193	REXULTI .....	45	RIGHTEST GS100 BLOOD	
RESTORE CONTACT LAYER PADS		REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate) .....	47	GLUCOSE STRP .....	79
.....	96	REYATAZ PACK .....	47	RIGHTEST GS300 BLOOD	
RESTORE FOAM DRESSING PADS		REYVOW .....	138	GLUCOSE STRP .....	79
.....	96	REZDIFFRA .....	85	RIGHTEST GS550 BLOOD	
RESTORE ODOR ABSORBING		REZLIDHIA .....	41	GLUCOSE STRP .....	79
DRESS PADS .....	96	REZVOGLAR KWIKPEN .....	27	RIGHTEST GT333 BLOOD	
RESTORE TRIO ABSORBENT		RHOPRESSA .....	193	GLUCOSE DEVI .....	122
DRESS PADS .....	96	RIASTAP .....	88	RIGHTEST GT333 BLOOD	
RESTORIL (Use temazepam) ....	92			GLUCOSE STRP .....	79
RETACRIT .....	91			RIGHTEST GT333 GLUCOSE TEST	
RETEVMO CAPS .....	41			STRP .....	79
RETEVMO TABS .....	41			rimantadine hydrochloride TABS ..	49

risedronate sodium TABS .....	81	ROCALTROL CAPS (Use calcitriol)	83	RYPLAZIM .....	89
risedronate sodium TBEC .....	81	ROCKLATAN .....	193	RYSTIGGO .....	140
RISPERDAL CONSTA (Use		ROCTAVIAN .....	88	RYTARY CPCR .....	43
risperidone microspheres) .....	44	roflumilast .....	14	RYZNEUTA SOSY SC 20 MG/ML	.91
RISPERDAL SOLN (Use risperidone)		ROLVEDON .....	91	SABRIL PACK (Use vigabatrin) ...	20
.....	44	romidepsin SOLR .....	41	SABRIL TABS (Use vigabatrin) ...	20
RISPERDAL TABS 0.5 MG, 1 MG, 2		ROMVIMZA CAPS PO 14 MG, 20		sacubitril-valsartan TABS .....	51
MG, 3 MG, 4 MG (Use risperidone)		MG, 30 MG .....	41	SAFETY LANCET 30G/PRESSURE	
44		ropinirole hydrochloride TABS	43	ACT .....	122
RISPERDAL TABS 3 MG (Use		ropinirole hydrochloride TB24	43	SAFETY LANCETS 21G .....	122
risperidone) .....	44	rosuvastatin calcium TABS 10 MG	32	SAFETY LANCETS 23G .....	122
risperidone SOLN .....	44	rosuvastatin calcium TABS 20 MG,		SAFETY LANCETS 28G .....	122
risperidone TABS .....	44	40 MG .....	32	SAFYRAL (Use drospirenone-ethinyl	
risperidone TBDP .....	44	rosuvastatin calcium TABS 5 MG	.32	estradiol-levomefolate calcium) ...	53
RITALIN LA CP24 (Use		ROTARIX SUSP .....	205	SALAGEN 5 MG (Use pilocarpine hcl	
methylphenidate hcl) .....	3	ROTATEQ SOLN .....	205	(oral)) .....	142
RITALIN TABS (Use		ROWASA (Use mesalamine w/		saline SOLN 0.65 % .....	187
methylphenidate hcl) .....	3	cleanser) .....	86	salsalate .....	8
RITEFLO DEVI .....	136	ROXICODONE TABS 15 MG, 30 MG		SANCUSO PTCH .....	28
ritonavir TABS .....	47	(Use oxycodone hcl) .....	9	SANDIMMUNE CAPS (Use	
rivaroxaban SUSR 1 MG/ML .....	16	ROZEREM (Use ramelteon) .....	93	cyclosporine) .....	141
rivaroxaban TABS 2.5 MG .....	16	ROZLYTREK CAPS .....	41	SANDIMMUNE SOLN IV 50 MG/ML	
rivastigmine .....	198	ROZLYTREK PACK .....	41	141	
rivastigmine tartrate CAPS .....	198	RUBRACA .....	41	SANDIMMUNE SOLN PO 100	
RIVFLOZA SOLN .....	87	RUCONEST .....	88	MG/ML .....	141
RIVFLOZA SOSY .....	87	rufinamide SUSP .....	19	SANDOSTATIN LAR DEPOT KIT	
RIXUBIS SOLR .....	88	rufinamide TABS .....	19	(Use octreotide acetate) .....	83
rizatriptan benzoate TABS .....	138	RUKOBIA .....	47	SAPHNELO .....	141
rizatriptan benzoate TBDP .....	138	RYBELSUS TABS .....	25	SAPHRIS (Use asenapine maleate)	
ROBINUL TABS (Use glycopyrrolate)		RYDAPT .....	41	44	
.....	202	RYKINDO SRER .....	44	SAPHRIS 5 MG, 10 MG (Use	
ROBINUL-FORTE TABS (Use				asenapine maleate) .....	44
glycopyrrolate) .....	202			SAPS HEALTH PLUS LANCETS	

123	SELSUN BLUE DAILY LOTN (Use selenium sulfide) .....	62	26G .....	123
SAPS HEALTH TWIST TOP LANCETS .....	123	SELSUN BLUE LOTN (Use selenium sulfide) .....	62	SENSILANCE SAFETY LANCETS 28G .....
SAPS TWIST TOP LANCETS ...	123	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide) .....	62	SENTRY SENIOR MENS 50+ TABS .
SAVAYSA .....	16	SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide) .....	62	175
SAVELLA TABS .....	198	SELZENTRY SOLN .....	47	SENTRY SENIOR TABS .....
SAVELLA TITRATION PACK MISC 198		SELZENTRY TABS 150 MG (Use maraviroc) .....	47	175
saxagliptin hcl .....	24	SELZENTRY TABS 300 MG (Use maraviroc) .....	47	SENTRY SENIOR/LUTEIN TABS 175
saxagliptin-metformin hcl .....	23	SEMGLEE (YFGN) SOLN .....	27	SENTRY TABS .....
SB FIB LAX ORANGE POWD 30 %, 33 % .....	93	SEMGLEE (YFGN) SOPN .....	27	175
SB HEMORRHOID 0.25 %-71.9 %-14 %-3 % .....	11	SE-NATAL 19 CHEW .....	186	SEREVENT DISKUS .....
SB INSULIN SYRINGE .....	132	SE-NATAL 19 TABS .....	186	16
SCEMBLIX .....	41	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 .....	175	SEROQUEL TABS (Use quetiapine fumarate) .....
SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG .....	50			44
SECUADO .....	44	senna SYRP 176 MG/5ML .....	94	SEROQUEL XR TB24 (Use quetiapine fumarate) .....
SECURESAFE INSULIN SYRINGE .	132	sennosides LIQD .....	94	44
SEGLUROMET .....	23	sennosides SYRP 8.8 MG/5ML ...	94	SEROQUEL XR TB24 50 MG, 200 MG, 300 MG (Use quetiapine fumarate) .....
SELARSDI SOLN SC 45 MG/0.5ML .	61	sennosides TABS 8.6 MG, 15 MG, 17.2 MG .....	94	44
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML .....	61	sennosides-docusate sodium TABS 93		SEROSTIM SC 4 MG, 5 MG, 6 MG 82
SELECT-OB CHEW .....	186	SENSILANCE SAFETY LANCETS 21G .....	123	SERTRALINE HCL CAPS 150 MG, 200 MG (Use sertraline hcl) .....
SELECT-OB+DHA MISC .....	186	SENSILANCE SAFETY LANCETS 21G .....	123	22
selenium sulfide LOTN 1 % .....	62	SENSILANCE SAFETY LANCETS		sertraline hcl CAPS 150 MG, 200 MG .....
selenium sulfide LOTN 2.5 % .....	62	SENSILANCE SAFETY LANCETS		22
selenium sulfide SHAM 1 % .....	62			sertraline hcl CONC .....
SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide) 62				22
				sertraline hcl TABS .....
				22
				sevelamer carbonate PACK .....
				86
				sevelamer carbonate TABS .....
				86
				sevelamer hcl .....
				86
				SEVENFACT .....
				88
				SF 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental)) .....
				142
				SF GEL 1.1 % (Use sodium fluoride (dental)) .....
				142
				SFROWASA ENEM .....
				86

SHINGRIX .....	205	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa- levodopa) .....	43	SM STERILE PADS .....	96
SIDEROL TABS .....	175	SINGULAIR CHEW (Use montelukast sodium) .....	14	SMART DIABETES VANTAGE LANCING MISC .....	123
sildenafil citrate (pulmonary hypertension) SOLN .....	52	SINGULAIR PACK (Use montelukast sodium) .....	14	SMARTEST BLOOD GLUCOSE TEST STRP .....	79
sildenafil citrate (pulmonary hypertension) SUSR .....	52	SINGULAIR TABS (Use montelukast sodium) .....	14	SMARTEST CONTROL MEDIUM SOLN .....	123
sildenafil citrate (pulmonary hypertension) TABS .....	52	sirolimus SOLN .....	141	SMARTEST EJECT DEVI .....	123
SILENOR (Use doxepin hcl (sleep)) . 92		sirolimus TABS .....	141	SMARTEST EJECT STARTER KIT 123	
SILIGENTLE FOAM DRESSING PADS .....	96	SITAGLIPT BASE-METFORM HCL ER TB24 .....	24	SMARTEST LANCETS 28G .....	123
silodosin .....	87	SITAGLIPTIN .....	24	SMARTEST PERSONA STARTER KIT .....	123
SILVADENE (Use silver sulfadiazine) .....	62	SITAGLIPTIN BASE-METFORMIN HCL TABS .....	24	SMARTEST PRONTO STARTER KIT .....	124
silver sulfadiazine .....	63	SIVEXTRO SOLR .....	36	SMARTEST PROTEGE DEVI ...	124
SIMBRINZA .....	192	SIVEXTRO TABS .....	36	SMARTEST PROTEGE STARTER KIT .....	124
simethicone CHEW 80 MG .....	84	SKIN HAIR & NAILS ADVANCED CAPS .....	175	SOAANZ TABS 20 MG .....	81
simethicone SUSP .....	84	SKYCLARYS .....	188	sodium bicarbonate (antacid) TABS 325 MG, 650 MG .....	12
SIMLANDI (1 PEN) AJKT .....	5	SKYLA .....	54	sodium chloride (gu irrigant) 0.9 %	87
SIMLANDI (1 SYRINGE) PSKT .....	5	SKYRIZI PEN SOAJ .....	61	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 % .....	57
SIMLANDI (2 PEN) AJKT .....	5	SKYRIZI SOCT .....	86	SODIUM CHLORIDE SOLN IJ 0.9 % 140	
SIMLANDI (2 SYRINGE) PSKT .....	5	SKYRIZI SOLN .....	86	sodium chloride SOLN IV 0.9 % ..	140
SIMPLE DIAGNOSTICS LANCING DEV MISC .....	123	SKYRIZI SOSY .....	61	sodium citrate & citric acid .....	87
SIMPLERA SENSOR .....	123	SKYTROFA .....	82	sodium fluoride (dental) CREA ...	142
SIMPLERA SYNC SENSOR .....	123	SLYND .....	54	sodium fluoride (dental) GEL .....	142
SIMPLERA SYSTEM .....	123	SM ADHESIVE PADS 2"X3" PADS 96		sodium fluoride (dental) SOLN 0.2 % 142	
SIMPONI ARIA SOLN .....	5	SM IPECAC SYRUP .....	28	SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (Use sodium fluoride	
SIMPONI SOAJ .....	5	SM PRENATAL VITAMINS TABS 186			
SIMPONI SOSY .....	5				
simvastatin TABS .....	32				

(dental)) .....	142	SOLUS V2 TWIST LANCETS 30G 124	SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (Use levetiracetam) .....	19	
sodium fluoride CHEW .....	139	SOMA TABS (Use carisoprodol) .	187	SPRITAM TB3D .....	19
sodium fluoride SOLN 0.5 MG/ML 139		SOMAVERT .....	82	SPRYCEL (Use dasatinib) .....	41
SODIUM FLUORIDE SOLN 0.5 MG/ML .....	139	sorafenib tosylate .....	41	SSS 10-5 CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur) ...	58
sodium hypochlorite SOLN EX ....	45	SORBITOL PO 70 % .....	93	STALEVO 100 (Use carbidopa- levodopa-entacapone) .....	43
sodium oxybate SOLN .....	197	SORILUX FOAM .....	61	STALEVO 125 (Use carbidopa- levodopa-entacapone) .....	43
sodium phosphates ENEM .....	94	sotalol hcl (afib/af) .....	50	STALEVO 150 (Use carbidopa- levodopa-entacapone) .....	43
sodium polystyrene sulfonate POWD 141		sotalol hcl TABS .....	50	STALEVO 200 (Use carbidopa- levodopa-entacapone) .....	43
sodium polystyrene sulfonate SUSP CO 15 GM/60ML .....	141	SOTYKTU .....	61	STALEVO 50 (Use carbidopa- levodopa-entacapone) .....	43
sodium sulfate-potassium sulfate- magnesium sulfate .....	93	SOTYLIZE SOLN PO .....	50	STALEVO 75 (Use carbidopa- levodopa-entacapone) .....	43
sodium tetradecyl sulfate .....	141	SOVALDI PACK .....	48	STAMARIL SUSR .....	205
SOFOSBUVIR-VELPATASVIR TABS .....	48	SOVALDI TABS .....	48	STARJEMZA SOLN IV 130 MG/26ML .....	86
SOF-WICK PADS .....	96	SOVUNA 200 MG .....	36	STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML .....	61
SOGROYA .....	82	SPECTRAVITE TABS .....	175	STEGLATRO .....	27
solifenacin succinate TABS .....	204	SPEVIGO SOLN .....	61	STEGLUJAN .....	24
SOLIQUA .....	24	SPEVIGO SOSY .....	61	STELARA 130 MG/26ML .....	86
SOLO TABS .....	175	SPIKEVAX SUSY .....	205	STELARA SOSY .....	61
SOLTAMOX SOLN .....	39	spinosad .....	69	STEQEYMA .....	62
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI .....	124	SPINRAZA .....	190	STEQEYMA .....	86
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT .....	124	SPIRIVA HANDIHALER CAPS IN (Use tiotropium bromide) .....	14	STERILANCE PA MISC .....	124
SOLUS V2 CONTROL SOLN ....	124	SPIRIVA RESPIMAT AERS IN ....	14	STERILANCE TL .....	124
SOLUS V2 LANCETS 28G .....	124	SPIRO PD DEVI .....	136	STERILE GAUZE PADS .....	96
SOLUS V2 LANCING DEVICE MISC 124		spironolactone & hydrochlorothiazide .....	80	STERILE PADS .....	96
SOLUS V2 TEST STRP .....	79	spironolactone TABS .....	81		
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		SPRAVATO (56 MG DOSE) .....	21		
		SPRAVATO (84 MG DOSE) .....	21		

STIMUFEND .....	91	STRIBILD .....	47	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 % .....	59
STIOLTO RESPIMAT .....	16	STRIVERDI RESPIMAT .....	16	sulfacetamide sodium w/ sulfur SUSP 10 %-5 % .....	59
STIVARGA .....	41	STROVITE ONE TABS .....	175	sulfacetamide sodium w/ sulfur SUSP 8 %-4 % .....	59
STOBOCLO SOSY SC 60 MG/ML	82	SUBLOCADE SOSY .....	10	SULFACETAMIDE SODIUM- SULFUR SUSP .....	59
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 % .....	69	SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG (Use buprenorphine hcl- naloxone hcl dihydrate) .....	11	sulfacetamide sod-prednisolone SOLN .....	194
STRATTERA (Use atomoxetine hcl) . 2		SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (Use buprenorphine hcl- naloxone hcl dihydrate) .....	11	SULFACLEANSE 8/4 SUSP 8 %-4 % (Use sulfacetamide sodium w/ sulfur) 59	
STRENSIQ .....	83	SUBVENITE SUSP PO 10 MG/ML 19		sulfamethoxazole-trimethoprim SUSP .....	35
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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 .....	143	sucralfate TABS .....	202	SUDAFED CHILDRENS LIQD ...	188
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 .....	183	SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine) .....	50	sulfacetamide sodium (acne) .....	58
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STRESS FORMULA/IRON/ENERGY TABS .....	143	sulfacetamide sodium (ophth) SOLN . 193		sulfacetamide sodium GEL .....	62
STRESS FORMULA/ZINC/ENERGY TABS .....	183	sulfacetamide sodium LIQD .....	62	sulfacetamide sodium LIQD .....	62
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 .....	175	sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 % .....	59	sulfacetamide sodium w/ sulfur EMUL 10 %-1 % .....	59
STRESSTABS ENERGY TABS ..	183	sulfacetamide sodium w/ sulfur FOAM .....	59	sulfacetamide sodium w/ sulfur FOAM .....	59
		sulfacetamide sodium w/ sulfur LIQD 59		sulfacetamide sodium w/ sulfur LOTN 10 %-5 % .....	59
				sumatriptan 20 MG/ACT .....	138
				sumatriptan 5 MG/ACT .....	138
				sumatriptan succinate SOAJ 4 MG/0.5ML .....	138
				sumatriptan succinate SOAJ 6 MG/0.5ML .....	138
				sumatriptan succinate SOLN 6 MG/0.5ML .....	138
				sumatriptan succinate TABS 25 MG .	

138	MCG-10 MG-3.4 MG-30 MG-5000	SUTENT (Use sunitinib malate) ... 41
sumatriptan succinate TABS 50 MG, 100 MG ..... 138	UNIT-400 UNIT-30 UNIT-1250 UNIT- 27 MG-100 MG-5 MG-15 MCG-7.5	SYMBICORT (Use budesonide- formoterol fumarate dihydrate) .....16
sumatriptan-naproxen sodium ... 137	MG-15 MCG-2 MG-15 MG-40 MG- 150 MCG-31 MG-10 MCG-7.5 MG	SYMBRAVO TABS PO .....137
SUMAXIN CP ..... 59	175	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use olanzapine-fluoxetine hcl)
SUMAXIN PADS .....59	SUPER VITA-MINS TABS 250 MG-5	198
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SUNLENCA TABS PO 300 MG ... 47	SUPERIOR MENS MULTI TABS .176	SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate) .....47
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UNIT-25000 UNIT-50 MCG ..... 175	SYRINGE ..... 132	SYNAGIS SOLN 50 MG/0.5ML .. 196
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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	SURE COMFORT LANCETS 21G 124	SYNALAR OINT (Use fluocinolone acetonide) .....65
MG-100 MG-15 MG-2 MG-150 MCG- 75 MCG-150 MCG-50 UNIT-2 MG- 5000 UNIT-80 MCG-70 MCG-120	SURE COMFORT LANCETS 23G 124	SYNAREL ..... 82
MCG-25 MG-25 MG .....175	SURE COMFORT LANCETS 28G 124	SYNJARDY TABS ..... 24
SUPER AYTINAL TABS 90 MG-5	SURE COMFORT LANCETS 30G 124	SYNJARDY XR TB24 .....24
MG-40 MCG-400 MCG-400 UNIT-12	SURE COMFORT LANCING PEN	SYNOFLEX PTCH .....68
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MG-100 MG-15 MG-3 MG-7.7 MG- 150 MCG-50 MCG-162 MG-150		SYSTANE ICAPS AREDS2 TABS
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MG-5 MCG-10 MCG-7.5 MG-25		
MCG-50 MCG-10 MCG-7 MG ....175		
SUPER D-ZINC-SELENIUM- COPPER TABS .....175		
SUPER THERA VITE M TABS 90		
MG-3 MG-35 MCG-0.4 MG-3 MG-9		

176	tacrolimus (topical) OINT 0.03 % .. 66	TANDEM MOBI AUTOSOFTXC 14PK5" MISC ..... 125
T: SLIM X2 INS PMP/CONTROL 7.4 DEVI ..... 125	tacrolimus (topical) OINT 0.1 % ... 66	TANDEM MOBI SYSTEM STARTER KIT ..... 125
T:FLEX T:LOCK CARTRIDGE 4.8ML MISC ..... 125	tacrolimus CAPS ..... 141	TANDEM MOBI TRUSTEEL SUPP KIT MISC ..... 125
T:SLIM X2 3ML CARTRIDGE MISC . 125	tacrolimus SOLN 5 MG/ML ..... 141	TANDEM T:SLIM ASFT 30 PK10 23" MISC ..... 125
T:SLIM X2 BASAL-IQ PUMP DEVI 125	tadalafil (pulmonary hypertension) TABS ..... 52	TANDEM T:SLIM ASFT 30 PK14 23" MISC ..... 125
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVI ..... 125	tadalafil 5 MG ..... 51	TANDEM T:SLIM ASFT XC PK10 23" MISC ..... 125
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVI ..... 125	TADLIQ SUSP ..... 52	TANDEM T:SLIM ASFT XC PK14 23" MISC ..... 125
T:SLIM X2 CONTROL-IQ PUMP DEVI ..... 125	TAFINLAR CAPS ..... 41	TANDEM T:SLIM TRUSTL PK10 23" MISC ..... 125
T:SLIM X2 INSULIN PMP BASAL6.4 DEVI ..... 125	TAFINLAR TBSO ..... 41	TARCEVA (Use erlotinib hcl) .... 38
T:SLIM X2 INSULIN PUMP DEVI 125	tafluprost ..... 195	TARGRETIN (Use bexarotene) ... 42
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TAB-A-VITE/IRON/BETA CAROTENE TABS ..... 143	TAKHZYRO SOSY ..... 89	tasimelteon CAPS ..... 93
TABRECTA ..... 41	TALTZ SOAJ ..... 62	TASMAR (Use tolcapone) ..... 42
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate) ..... 65	TALTZ SOSY ..... 62	TAVNEOS ..... 89
	TALZENNA ..... 41	TAYTULLA CAPS (Use norethin acet & estrad-fe) ..... 53
	TAMIFLU CAPS (Use oseltamivir phosphate) ..... 49	tazarotene CREA ..... 62
	TAMIFLU SUSR (Use oseltamivir phosphate) ..... 49	TAZAROTENE FOAM ..... 59
	tamoxifen citrate TABS ..... 39	tazarotene GEL ..... 62
	tamsulosin hcl ..... 87	TAZORAC CREA (Use tazarotene) 62
	TANDEM MOBI AUTOSOFT 30 KIT MISC ..... 125	TAZORAC GEL (Use tazarotene) . 62
	TANDEM MOBI AUTOSOFT XC KIT MISC ..... 125	TAZVERIK ..... 41
	TANDEM MOBI AUTOSOFT30 14PK23" MISC ..... 125	
	TANDEM MOBI AUTOSOFTXC 14PK23" MISC ..... 125	

TDVAX SUSP .....	202	chlorthalidone) .....	35	tetracaine hcl (ophth)) .....	193
TECFIDERA CDPK (Use dimethyl fumarate) .....	199	TENORMIN TABS (Use atenolol) .	49	TETRACAINE HCL 0.5 % .....	193
TECFIDERA CPDR (Use dimethyl fumarate) .....	199	TENORMIN TABS 25 MG, 50 MG (Use atenolol) .....	49	tetracycline hcl CAPS 500 MG ...	201
TECHLITE INSULIN SYRINGE ..	132	TEPMETKO .....	41	tetrahydrozoline hcl (ophth) 0.05 %	193
TECHLITE LANCETS .....	125	terazosin hcl .....	33	TEZRULY PO 1 MG/ML .....	33
TECHLITE LANCETS 26G .....	125	terbinafine hcl (topical) CREA .....	60	TEZSPIRE SOAJ .....	14
TECHLITE LANCETS 30G .....	125	terbutaline sulfate TABS .....	16	TEZSPIRE SOSY .....	14
TEGRETOL SUSP (Use carbamazepine) .....	19	terconazole vaginal CREA 0.4 %	206	THALOMID 50 MG, 100 MG, 200 MG	140
TEGRETOL TABS (Use carbamazepine) .....	19	terconazole vaginal CREA 0.8 %	206	.....	140
TEGRETOL-XR TB12 (Use carbamazepine) .....	19	terconazole vaginal SUPP .....	206	THEO-24 CP24 .....	16
TEKTURNA (Use aliskiren fumarate) .....	35	teriflunomide .....	199	theophylline ELIX .....	16
TEKTURNA HCT .....	34	teriparatide SOPN .....	82	theophylline SOLN .....	16
telmisartan .....	33	TERIPARATIDE SOPN .....	82	theophylline TB12 .....	16
telmisartan-amlodipine .....	34	TESTIM GEL TD (Use testosterone) .	11	theophylline TB24 .....	16
telmisartan-hydrochlorothiazide ..	34	testosterone cypionate SOLN IM 100	11	THERA TABS .....	183
temazepam 22.5 MG .....	92	MG/ML .....	11	THERA VITAL M TABS 90 MG-3	
temazepam 7.5 MG, 15 MG, 30 MG .	92	testosterone cypionate SOLN IM 200	11	MG-30 MCG-0.4 MG-3 MG-9 MCG-	
TEMODAR SOLR .....	37	MG/ML .....	11	10 MG-3.4 MG-20 MG-2500 UNIT-	
temozolomide CAPS .....	37	testosterone enanthate SOLN IM ..	11	400 UNIT-30 UNIT-2500 UNIT-27	
TEMPO SMART BUTTON MISC .	125	testosterone GEL TD 1 %, 1.62 %, 1.62 % .....	11	MG-100 MG-5 MG-15 MCG-7.5 MG-	
TEMPO WELCOME KIT .....	125	testosterone GEL TD 1 %, 10		15 MCG-2 MG-15 MG-40 MG-150	
tenofovir disoproxil fumarate TABS	47	MG/ACT, 20.25 MG/1.25GM, 25		MCG-31 MG-10 MCG-7.5 MG ...	176
TENORETIC 100 (Use atenolol & chlorthalidone) .....	34	MG/2.5GM, 40.5 MG/2.5GM, 50		THERA VITAL-M TABS 120 MG-3	
TENORETIC 50 (Use atenolol & chlorthalidone) .....	34	MG/5GM .....	11	MG-15 MCG-400 MCG-400 UNIT-9	
		testosterone SOLN .....	11	MCG-3.4 MG-30 MG-5500 UNIT-10	
		TETANUS-DIPHTHERIA TOXOIDS		MG-18 MG-3 MG-100 MG-15 MG-2	
		TD SUSP .....	202	MG-40 MG-7.5 MG-15 MCG-150	
		tetrabenazine .....	198	MCG-30 UNIT-31 MG-5 MG-15	
		tetracaine hcl (ophth) .....	193	MCG-10 MCG .....	176
		TETRACAINE HCL 0.5 % (Use		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 .....	176

THERAGAUZE PADS .....	96	MG-30 UNIT .....	183	15 MG-18 MG-500 MG-700 MCG-4.5	
THERAGRAN-M ADVANCED 50		THERATRUM COMPLETE 50 PLUS		MG-50 MG-15 MG-75 MCG-150	
PLUS TABS .....	176	TABS 60 MG-3 MG-30 MCG-400		MCG-30 UNIT-2 MG-2 MG-70 MCG-	
THERAGRAN-M ADVANCED TABS .		MCG-400 UNIT-25 MCG-1.7 MG-10		120 MCG-150 MCG .....	177
176		MCG-20 MG-250 MCG-3500 UNIT-		THRIVITE RX TABS .....	186
THERAGRAN-M PREMIER 50 PLUS		10 MG-300 MCG-1.5 MG-100 MG-15		THYROID TABS 15 MG, 30 MG, 60	
TABS .....	176	MG-150 MCG-200 MG-80 MG-75		MG, 90 MG, 120 MG .....	201
THERAGRAN-M PREMIER TABS		MCG-150 MCG-48 MG-2 MG-5		tiagabine hcl .....	20
176		MCG-2 MG-150 MCG-45 UNIT-20		TIAZAC (Use diltiazem hcl extended	
THERAGRAN-M TABS .....	176	MCG-10 MCG-72 MG-2 MG .....	177	release beads) .....	50
THERA-M PLUS MV W/BETA-		THERATRUM COMPLETE TABS 60		TIBSOVO .....	41
CAROT TABS .....	176	MG-2 MG-30 MCG-400 MCG-400		ticagrelor 60 MG, 90 MG .....	89
THERAMILL FORTE CAPS .....	176	UNIT-6 MCG-1.7 MG-20 MG-250		TICOVAC .....	205
THERANATAL LACTATION ONE		MCG-5000 UNIT-10 MG-18 MG-1.5		TIKOSYN (Use dofetilide) .....	13
CAPS .....	176	MG-100 MG-15 MG-80 MG-2 MG-		timolol .....	191
THERAPEUTIC		150 MCG-162 MG-150 MCG-75		timolol maleate (ophth) SOLG ....	191
FORMULA/HEMATINICS TABS 3.3		MCG-30 UNIT-108 MG-2 MG-72		timolol maleate (ophth) SOLN 0.5 % .	191
MG-0.33 MG-50 MCG-3.3 MG-33.3		MG-5 MCG-10 MCG-2 MG-120		timolol maleate (ophth) SOLN ....	191
MG-100 MG-11.7 MG-66.7 MG-3.3		MCG-25 MCG-20 MCG-10 MCG, 60		timolol maleate TABS .....	50
MG-41.7 MG-140 UNIT-5 UNIT-0.67		MG-2 MG-30 MCG-400 MCG-400		TIMOPTIC OCUDOSE SOLN (Use	
MG-1400 UNIT .....	176	UNIT-6 MCG-1.7 MG-25 MCG-20		timolol maleate (ophth)) .....	191
THERAPEUTIC-M TABS 90 MG-2		MG-250 MCG-3500 UNIT-10 MG-18		TIMOPTIC OCUDOSE SOLN 0.25 %	
MG-30 MCG-400 MCG-1.5 MG-400		MG-300 MCG-1.5 MG-100 MG-15		(Use timolol maleate (ophth)) ....	191
UNIT-6 MCG-1.7 MG-20 MG-5000		MG-80 MG-150 MCG-162 MG-72		TINACTIN CREA (Use tolinaftate) .	60
UNIT-10 MG-9 MG-60 MG-2 MG-15		MG-75 MCG-150 MCG-30 UNIT-109		tioconazole vaginal 6.5 % .....	206
MCG-8 MG-15 MCG-2 MG-15 MG-		MG-2 MG-5 MCG-10 MCG-2 MG-		tiotropium bromide CAPS IN 18 MCG	
40 MG-150 MCG-10 MCG-30 UNIT-8		120 MCG-20 MCG-10 MCG-2 MG		.....	14
MG, 90 MG-30 MCG-400 MCG-3		177		TIVICAY PD TBSO .....	47
MG-20 MG-6 MG-10 MG-3.4 MG-10		THERA-VITE MAX-M TABS .....	177	TIVICAY TABS 50 MG .....	47
MCG-27 MG-9 MG-100 MG-2 MG-75		THEREMS TABS .....	183	TIZANIDINE HCL CAPS 8 MG ...	187
MCG-11 MG-2 MG-10 MCG-150		thiamine hcl TABS .....	207	tizanidine hcl CAPS .....	187
MCG-50 MCG-2 MG-10 MCG-15		thiamine mononitrate TABS 100 MG .		tizanidine hcl TABS .....	187
MG-145 MG-150 MCG-35 MG-70		207			
MCG-1500 MCG-28 MCG-12 MCG-8		thioridazine hcl .....	45		
MG .....	177	thiothixene .....	45		
THERA-TABS M TABS .....	177	THRESHOLD PEP DEVI .....	136		
THERA-TABS TABS 90 MG-3 MG-		THRIVE FOR LIFE WOMENS TABS			
30 MCG-400 MCG-3 MG-20 MG-400		60 MG-6 MG-300 MCG-400 MCG-			
UNIT-9 MCG-5000 UNIT-10 MG-3.4		1000 UNIT-18 MCG-5.1 MG-60			
		MCG-20 MG-100 MCG-3500 UNIT-			

TLANDO CAPS .....	11	TOPICORT GEL (Use desoximetasone) .....	65	TRACLEER TBSO 32 MG (Use bosentan) .....	52
TM-DAILY VITE TABS .....	183	TOPICORT OINT (Use desoximetasone) .....	65	TRADJENTA .....	25
TOBI NEBU (Use tobramycin) .....	3	TOPICORT OINT 0.05 % (Use desoximetasone) .....	65	tramadol hcl CP24 100 MG, 200 MG, 300 MG .....	9
TOBI PODHALER CAPS .....	3	TOPICORT SPRAY LIQD (Use desoximetasone) .....	65	TRAMADOL HCL SOLN (Use tramadol hcl) .....	9
TOBRADEX OINT .....	194	topiramate CP24 .....	19	tramadol hcl SOLN .....	9
TOBRADEX ST SUSP .....	194	topiramate CPSP 15 MG, 25 MG ..	19	tramadol hcl TABS 25 MG, 75 MG, 100 MG .....	10
tobramycin (ophth) SOLN .....	193	topiramate CPSP 50 MG .....	19	tramadol hcl TABS 50 MG .....	9
tobramycin NEBU .....	3	topiramate CS24 .....	19	tramadol hcl TB24 .....	10
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML .....	3	topiramate SOLN 25 MG/ML .....	19	tramadol-acetaminophen .....	10
tobramycin sulfate SOLR .....	3	topiramate TABS 100 MG .....	19	trandolapril .....	33
tobramycin-dexamethasone SUSP 194		topiramate TABS 25 MG, 50 MG, 200 MG .....	19	trandolapril-verapamil hcl .....	35
TOBREX OINT .....	193	TOPPER DRESSING SPONGES MISC .....	96	tranexamic acid TABS .....	91
TOFIDENCE .....	5	TOPROL XL TB24 (Use metoprolol succinate) .....	49	tranylcypromine sulfate .....	21
tolcapone .....	42	TOPROL XL TB24 100 MG, 200 MG (Use metoprolol succinate) .....	49	TRAVATAN Z SOLN (Use travoprost) .....	195
tolmetin sodium CAPS .....	7	toremifene citrate .....	39	TRAVEL LANCETS ADVANCED 28G .....	126
tolmetin sodium TABS 600 MG .....	7	torseamide TABS .....	81	travoprost SOLN .....	195
tolnaftate CREA .....	60	TOSYMRA .....	138	trazodone hcl TABS .....	22
tolterodine tartrate CP24 .....	204	TOUJEO MAX SOLOSTAR SOPN 27		TRELEGY ELLIPTA .....	16
tolterodine tartrate TABS .....	204	TOUJEO SOLOSTAR SOPN .....	27	TRELSTAR MIXJECT 11.25 MG, 22.5 MG .....	39
tolvaptan TBPK 15 MG .....	83	TOVIAZ (Use fesoterodine fumarate) .....	204	TRELSTAR MIXJECT 3.75 MG ...	39
TONMYA SUBL SL 2.8 MG .....	198	TRACLEER TABS (Use bosentan) 51		TREMFYA ONE-PRESS SOPN SC 100 MG/ML .....	62
TOPAMAX SPRINKLE CPSP (Use topiramate) .....	19	TRACLEER TBSO 32 MG (Use bosentan) .....	51	TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML .....	62
TOPAMAX TABS 100 MG (Use topiramate) .....	19			TREMFYA SOLN IV .....	86
TOPAMAX TABS 25 MG, 50 MG, 200 MG (Use topiramate) .....	19			TREMFYA SOSY SC .....	86
TOPICORT CREA (Use desoximetasone) .....	65				

TREMFYA-CD/UC INDUCTION	TRIESENCE	194	97
SOAJ SC 200 MG/2ML	trifluoperazine hcl TABS	45	TROKENDI XR CP24 (Use topiramate)
TRESIBA FLEXTOUCH SOPN	trifluridine	193	20
TRESIBA SOLN	TRIJARDY XR	24	TROKENDI XR CP24 25 MG, 100 MG, 200 MG (Use topiramate)
tretinoin (chemotherapy)	TRIKAFTA TBPK	201	19
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	TRIKAFTA THPK	201	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
tretinoin GEL 0.01 %, 0.025 %	TRILEPTAL SUSP (Use oxcarbazepine)	19	178
tretinoin GEL 0.05 %	TRILEPTAL TABS (Use oxcarbazepine)	19	tropicamide SOLN
tretinoin microsphere 0.08 %	TRILIPIX (Use choline fenofibrate)	32	192
TRETTEN	trimethoprim TABS	35	trospium chloride CP24
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	trimipramine maleate CAPS	23	204
TREXIMET (Use sumatriptan-naproxen sodium)	TRINATAL RX 1 TABS	186	trospium chloride TABS
137	TRINTELLIX	22	204
triamcinolone acetonide (mouth)	TRIPHROCAPS CAPS 1 MG	142	TRUE COMFORT INSULIN SYRINGE
142	TRIPTODUR	82	132
triamcinolone acetonide (nasal) AERO	TRISTART DHA	186	TRUE COMFORT PRO INSULIN SYR
188	TRIUMEQ PD TBSO	47	132
triamcinolone acetonide (topical) CREA	TRIUMEQ TABS	47	TRUE COMFORT SAFETY LANCETS
65	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	184	126
triamcinolone acetonide (topical) LOTN	TROGARZO	47	TRUE COMFORT TWIST TOP LANCETS
65	TROJAN BARESKIN DEVI	97	126
triamcinolone acetonide (topical) OINT	TROJAN MAGNUM MISC	97	TRUE COVER DEVI
65	TROJAN ULTRA THIN MISC	97	97
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	TROJAN ULTRA THIN/SPERMICIDAL MISC	97	TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-1.7 MG-10 MCG-1500 MCG-6 MCG
81	TROJAN-ENZ LUBRICATED MISC	97	183
triamterene & hydrochlorothiazide TABS	97	TRUE METRIX AIR GLUCOSE METER KIT	
81	97	126	
triazolam	97	TRUE METRIX BLOOD GLUCOSE TEST STRP	
92	97	80	
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	97	TRUE METRIX GO GLUCOSE METER KIT	
35	97	126	
TRICARE TABS	97	TRUE METRIX LEVEL 1 SOLN	
186	97	126	
TRICOR TABS (Use fenofibrate)	97	TRUE METRIX LEVEL 2 SOLN	
32	97	126	

TRUE METRIX LEVEL 3 SOLN ..126	TRUSTEX LUB/SPERMICIDE XL MISC .....97	TWIST TOP LANCETS 30G .....127
TRUE METRIX METER DEVI ....126	TRUSTEX LUBRICATED EX LARGE MISC .....97	TWYNEO .....59
TRUE METRIX METER KIT .....126	TRUSTEX LUBRICATED EXTRA ST MISC .....97	TYBLUME CHEW .....53
TRUE MULTIVITAMIN TABS ....183	TRUSTEX LUBRICATED MISC ...97	TYBOST .....47
TRUEDRAW LANCING DEVICE MISC .....126	TRUSTEX LUBRICATED/SPERMICIDE MISC 97	TYENNE SOAJ .....5
TRUEPLUS GLUCOSE CHEW ...24	TRUSTEX NATURAL CONDOMS + LUBE MISC .....97	TYENNE SOLN .....5
TRUEPLUS GLUCOSE ON THE GO CHEW .....24	TRUSTEX RIA LUB/SPERMICIDE MISC .....97	TYENNE SOSY .....5
TRUEPLUS INSULIN SYRINGE 132	TRUSTEX RIA LUBRICATED MISC .97	TYKERB (Use lapatinib ditosylate) 41
TRUEPLUS LANCETS 28G .....126	TRUSTEX-NONOXYNOL-9/RIB/STUD MISC .....97	TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen) .....8
TRUEPLUS LANCETS 30G .....126	TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate) .....47	TYMLOS .....82
TRUEPLUS LANCETS 33G .....126	TRYNGOLZA .....83	TYPHIM VI SOLN .....204
TRUEPLUS SAFETY LANCETS 28G .....126	TRYPTYR SOLN OP 0.003 % ...195	TYPHIM VI SOSY .....204
TRUERESULT BLOOD GLUCOSE KIT .....126	TUDORZA PRESSAIR .....14	TYRUKO CONC IV 300 MG/15ML 199
TRUETEST TEST STRP .....80	TUKYSA .....37	TYRVAYA .....192
TRUETRACK BLOOD GLUCOSE KIT .....127	TUMS ULTRA 1000 CHEW (Use calcium carbonate (antacid)) .....12	TYSABRI .....199
TRUETRACK SMART SYSTEM KIT .127	TURALIO 125 MG .....41	TYVASO DPI INSTITUTIONAL KIT POWD .....51
TRUETRACK TEST STRP .....80	T-VITES TABS .....178	TYVASO DPI MAINTENANCE KIT POWD .....51
TRULICITY .....25	TWIIST REFILL KIT KIT .....127	TYVASO DPI TITRATION KIT POWD .....51
TRUMENBA 0.5 ML .....204	TWIIST REFILL KIT/INFUSION SET KIT .....127	TYVASO REFILL KIT SOLN IN ...51
TRUQAP TABS .....41	TWINRIX SUSY .....205	TYVASO SOLN IN .....51
TRUQAP TBPB .....41	TWIRLA .....54	TYVASO STARTER KIT SOLN IN .51
TRUSTEX COLOR CONDOMS + LUBE MISC .....97		TZIELD .....24
TRUSTEX LUB/RIBBED/STUDED MISC .....97		UBRELVY .....137
TRUSTEX LUB/SPERMICIDE EX ST MISC .....97		UCERIS (Use budesonide (intra-rectal)) .....11
		UCERIS TB24 (Use budesonide) ..55

UDAMIN SP TABS 12.5 MG-1000	266.667 MCG-16.667 MG-33.333	UNIT-80 MCG-200 MCG-72 MG-13
MCG-250 MCG-2.5 MG-17 MG-7.5	MCG-16.667 MG-33.333 MG-33.333	MCG-10 MG-25 MG-5 MG-10 MG-25
MG-100 MCG-75 UNIT-320 MG . 178	MG-6 MG-333.333 MG-3.333 MG-	MG-5 MG-1 MG .....178
UDENYCA ONBODY SOSY .....91	33.333 MG-4.167 MCG-11.667 MG-	ULTRA-THIN II INS SYR SHORT
UDENYCA SOAJ ..... 91	66.667 MCG-7.5 MG-83.333 MG-50	132
UDENYCA SOSY .....91	MCG-33.333 MCG-33.333 MG ...178	ULTRA-THIN II INSULIN SYRINGE .
ULORIC (Use febuxostat) .....87	ULTRA MULTI FORMULA/IRON	132
ULTICARE INSULIN SAFETY SYR .	CAPS 40 MG-1.333 MG-200 MCG-	ULTRA-THIN II LANCETS .....127
132	266.667 MCG-4 MG-1000 UNIT-	ULTRAVATE LOTN .....65
ULTICARE INSULIN SYRINGE . 132	33.333 MCG-1.133 MG-3.333 MG-	umeclidinium-vilanterol .....16
ULTIGUARD SAFEPAK	3.333 MG-16.667 MG-3333.333	UNDECATREX CAPS ..... 11
SYR/NEEDLE .....132	UNIT-6.667 MG-15 MG-33.333 MG-	UNILET COMFORTOUCH LANCET
ULTI-LANCE AUTOMATIC MISC	10 MG-10 UNIT-133.333 MG-50	127
127	MCG-0.667 MG-40 MCG-10 MG-25	UNILET G.P. SUPERLITE LANCET .
ULTILET CLASSIC LANCETS ...127	MCG-5 MG-10 MG-1 MG-23.333	127
ULTILET LANCETS .....127	MCG-10 MG ..... 178	UNILET GP 28 ULTRA THIN ....127
ULTILET SAFETY LANCETS 23G	ULTRA THIN LANCETS 31G ....127	UNILET LANCET ..... 127
127	ULTRACARE INSULIN SYRINGE	UNILET MICRO-THIN 33G .....128
ULTRA BONEUP TABS .....178	132	UNILET SUPER-THIN 30G .....128
ULTRA COMFORT INSULIN	ULTRA-CARE LANCETS 30G ...127	UNILET ULTRA-THIN 28G ..... 128
SYRINGE ..... 132	ULTRACHOICE ADV FORMULA	UNISOM SLEEPGELS CAPS (Use
ULTRA FLO INSULIN SYR 1/2 UNIT	MATURE TABS 120 MG-6 MG-60	diphenhydramine hcl (sleep)) .....92
.....132	MCG-400 MCG-4.5 MG-400 UNIT-24	UNISTIK 2 .....128
ULTRA FLO INSULIN SYRINGE	MCG-10 MG-5.1 MG-40 MG-275	UNISTIK 2 COMFORT .....128
132	MCG-18 MG-300 MCG-100 MG-15	UNISTIK 2 EXTRA .....128
ULTRA FREEDA TABS 133.333	MG-3.5 MG-0.5 MG-100 MG-2 MG-	UNISTIK 2 NORMAL .....128
UNIT-16.667 MG-100 MCG-266.667	13 MCG-1 MG-200 MCG-165 MG-	UNISTIK 2 SUPER .....128
MCG-16.667 MG-33.333 MCG-	150 MCG-200 MCG-60 UNIT-80 MG-	UNISTIK 3 COMFORT .....128
1666.667 UNIT-16.667 MG-33.333	6.5 MCG-10 MG-2 MG-7.5 MG-5000	UNISTIK 3 EXTRA .....128
MG-33.333 MG-333.333 MG-3.333	UNIT-80 MCG-200 MCG-90 MG-13	UNISTIK 3 GENTLE ..... 128
MG-33.333 MG-11.667 MG-7.5 MG-	MCG-2 MG-5 MG-25 MG-10 MG-1	UNISTIK 3 NORMAL .....128
83.333 MG-50 MCG-33.333 MCG-	MG-0.5 MG-1 MG-25 MG-1 MG-1	UNISTIK CZT COMFORT ..... 128
33.333 MG-66.667 UNIT-4.167	MG ..... 178	
MCG-66.667 MCG .....178	ULTRACHOICE ADVANCED	
ULTRA FREEDA/IRON TABS	FORMULA TABS 120 MG-6 MG-60	
133.333 UNIT-1666.667 UNIT-	MCG-400 MCG-4.5 MG-400 UNIT-18	
16.667 MG-100 MCG-66.667 UNIT-	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	

UNISTIK CZT NORMAL .....	128	UROXATRAL (Use alfuzosin hcl) .87	MG/0.1ML .....	18
UNISTIK NORMAL .....	129	URSO 250 TABS (Use ursodiol) ..84	VALTOCO 20 MG DOSE LQPK 10	
UNISTIK PRO SAFETY LANCET		ursodiol CAPS .....	MG/0.1ML .....	18
129		ursodiol TABS 250 MG .....	VALTOCO 5 MG DOSE LIQD .....	18
UNISTIK SAFETY LANCETS 28G		USTEKINUMAB 130 MG/26ML ...	VALTREX (Use valacyclovir hcl) .49	
129		USTEKINUMAB SOSY 45	VANALICE GEL .....	69
UNISTIK SAFETY LANCETS 30G		MG/0.5ML, 90 MG/ML .....	VANOCOCIN CAPS 125 MG (Use	
129		USTEKINUMAB-AAUZ SOSY SC 45	vancomycin hcl) .....	35
UNISTIK TOUCH SAFETY LANC		MG/0.5ML, 90 MG/ML .....	VANOCOCIN CAPS 250 MG (Use	
21G .....	129	USTEKINUMAB-AEKN SOSY SC 45	vancomycin hcl) .....	35
UNISTIK TOUCH SAFETY LANC		MG/0.5ML, 90 MG/ML .....	vancomycin hcl CAPS 125 MG ....	35
23G .....	129	USTEKINUMAB-TTWE .....	vancomycin hcl CAPS 250 MG ....	35
UNISTIK TOUCH SAFETY LANC		USTEKINUMAB-TTWE SC .....	vancomycin hcl SOLR IV 1 GM ....	35
28G .....	129	UZEDY SUSY .....	VANCOMYCIN HCL SOLR IV 1 GM .	
UNISTIK TOUCH SAFETY LANC		30G .....	35	
30G .....	129	VAFSEO 150 MG .....	vancomycin hcl SOLR IV 500 MG .35	
UNISTRIP CONTROL SOLN .....	129	VAFSEO 300 MG .....	VANCOMYCIN HCL SOLR IV 500	
UNISTRIP1 GENERIC STRP .....	80	VAGIFEM TABS (Use estradiol	MG .....	35
UPLIZNA .....	141	vaginal) .....	vancomycin hcl SOLR PO 25	
UPTRAVI SOLR .....	52	valacyclovir hcl .....	MG/ML, 50 MG/ML, 250 MG/5ML .35	
UPTRAVI TABS .....	52	VALCHLOR .....	VANDAZOLE .....	206
UPTRAVI TITRATION TBPK .....	52	VALCYTE TABS (Use valganciclovir	VANFLYTA .....	41
urea CREA 40 % .....	65	hcl) .....	VANISHPOINT INSULIN SYRINGE .	
UREA CREA .....	65	valganciclovir hcl TABS .....	132	
urea LOTN 40 % .....	65	VALIUM TABS (Use diazepam) ...	VANOS CREA (Use fluocinonide) .65	
UREDEB CREA 39 % (Use urea) .65		valproate sodium SOLN IV 100	VAQTA .....	205
UREMEZ-40 CREA 40 % (Use urea)	65	MG/ML, 500 MG/5ML .....	varenicline tartrate TABS .....	200
65		valproic acid CAPS .....	varenicline tartrate TBPK .....	200
URETRON D/S TABS 81.6 MG ...	35	valsartan SOLN .....	VARIVAX SUSR .....	205
UROCIT-K 10 TBCR (Use potassium		valsartan TABS .....	VARIZIG SOLN .....	196
citrate (alkalinizer)) .....	87	valsartan-hydrochlorothiazide ....	VASCEPA (Use icosapent ethyl) .31	
UROCIT-K 5 TBCR (Use potassium		33	VASERETIC 25 MG-10 MG (Use	
citrate (alkalinizer)) .....	87	VALTOCO 10 MG DOSE LIQD ....	enalapril maleate &	
		18		
		VALTOCO 15 MG DOSE LQPK 7.5		

hydrochlorothiazide) .....	35	verapamil hcl SOLN 2.5 MG/ML ...	50	V-GO 30 KIT .....	130
VASOTEC TABS (Use enalapril maleate) .....	33	verapamil hcl TABS .....	50	V-GO 40 KIT .....	130
VAXCHORA .....	204	verapamil hcl TBCR .....	50	VIBERZI .....	86
VAXELIS SUSP .....	202	VERELAN CP24 (Use verapamil hcl) 50		VIBRAMYCIN CAPS (Use doxycycline hyclate) .....	201
VAXELIS SUSY .....	202	VERELAN PM CP24 (Use verapamil hcl) .....	50	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 .....	179
VAXNEUVANCE .....	204	VERIFINE INSULIN SYRINGE ..	132	VICTOZA (Use liraglutide) .....	25
VECTICAL (Use calcitriol (topical)) 62		VERIFINE SAFE LANCET MINI 21G .....	129	vigabatrin PACK .....	20
VELPHORO .....	86	VERIFINE SAFE LANCET MINI 23G .....	129	vigabatrin TABS .....	20
VELSIPITY .....	86	VERIFINE SAFE LANCET MINI 28G .....	129	VIGAFYDE SOLN .....	20
VELTASSA .....	141	VERIFINE SAFE LANCET MINI 30G .....	129	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth)) .....	193
VELTIN (Use clindamycin phosphate-tretinoin) .....	59	VERIFINE UNIVERSAL LANCETS 28G .....	129	VIIBRYD TABS (Use vilazodone hcl) 22	
VENCLEXTA STARTING PACK TBPK .....	37	VERIFINE UNIVERSAL LANCETS 30G .....	130	VIJOICE TBPK .....	141
VENCLEXTA TABS .....	37	VERIFINE UNIVERSAL LANCETS 33G .....	130	vilazodone hcl TABS .....	22
VENEXA FE TABS .....	179	VERKAZIA EMUL .....	193	VILTEPSO .....	189
VENEXA TABS .....	179	VERQUOVO .....	52	VIMOVO (Use naproxen-esomeprazole magnesium) .....	7
VENLAFAXINE BESYLATE ER ...	23	VERSACLOZ SUSP .....	44	VIMPAT SOLN PO 10 MG/ML (Use lacosamide) .....	20
venlafaxine hcl CP24 .....	23	VERSAPAP DEVI .....	136	VIMPAT TABS (Use lacosamide) .	20
venlafaxine hcl TABS .....	23	VERSAPAP W/UNIVERSAL TUBING DEVI .....	136	VIOKACE TABS .....	80
venlafaxine hcl TB24 .....	23	VERZENIO .....	41	VIRACEPT TABS 250 MG .....	47
VENOFER 20 MG/ML (Use iron sucrose) .....	91	VESICARE LS SUSP .....	204	VIRACEPT TABS 625 MG .....	47
VENTOLIN HFA AERS (Use albuterol sulfate) .....	16	VESICARE TABS (Use solifenacin succinate) .....	204	VIREAD POWD .....	48
VENTRIXYL FE TABS .....	179	VEVYE SOLN .....	193	VIREAD TABS (Use tenofovir disoproxil fumarate) .....	48
VENTRIXYL TABS .....	179	V-GO 20 KIT .....	130	VIREAD TABS 150 MG, 200 MG, 250 MG .....	48
verapamil hcl CP24 .....	50				
VERAPAMIL HCL ER CP24 (Use verapamil hcl) .....	50				

VIREXA TABS .....	183	MG-50 MCG .....	179	MCG .....	179
VISION FORMULA 2 CAPS 250 MG-5 MG-1 MG-10 MG-1 MG-90 MG	179	VITACORE TABS .....	179	vitamins w/ lipotropics CAPS .....	187
VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG .....	179	VITAFOL FE+ .....	186	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 .....	179
VISION HEALTH CAPS .....	179	VITAFOL GUMMIES .....	186	VITASANA TABS .....	179
VISION OPTIMIZER CAPS .....	179	VITAFOL ULTRA .....	186	VITATRUM TABS .....	179
VISION VITAMINS TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG .....	179	VITAFOL-OB TABS .....	186	VITAFOL-OB+DHA MISC .....	186
VISTA ADVANCED AREDS2 FORMULA CAPS .....	179	VITAFOL-ONE CAPS .....	186	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 .....	183
VISTA ADVANCED DRY EYE FORMULA CAPS .....	179	vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT .....	207	VITEYES AREDS 2 FORMULA +MULTI CAPS .....	179
VISTARIL CAPS 25 MG (Use hydroxyzine pamoate) .....	13	vitamin a TABS 10000 UNIT .....	207	VITEYES AREDS 2 FORMULA CAPS .....	179
VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT	183	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 ..	179	VITEYES CLASSIC ADVANCED CAPS .....	179
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 .....	179	VITAMIN D3 COMPLETE TABS .	179	VITEYES CLASSIC MACULAR SUPPOR CAPS .....	180
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 .....	179	VITAMIN D3 LIQD PO 125 MCG/ML .	207	VITEYES CLASSIC MULTIVITAMIN TABS .....	180
VITABASIC COMPLETE TABS ..	179	vitamin e CAPS .....	207	VITEYES CLASSIC+OMEGA-3 CAPS .....	180
VITABASIC SENIOR TABS .....	179	VITAMIN E CAPS .....	207	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 .....	180
VITABEX CAPS .....	179	VITAMIN E SOLN 15 MG/0.67ML	207	VITEYES OPTIC NERVE SUPPORT TABS .....	180
VITABEX PLUS CAPS .....	179	vitamin e SOLN .....	207	VITRAKVI CAPS .....	41
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		VITAMIN E/D-ALPHA CAPS 200 UNIT .....	207	VITRAKVI SOLN .....	41
		VITAMINS ACD-FLUORIDE SOLN	184	VITRAMYN TABS .....	180
		VITAMINS A-D-E/SELENIUM TABS 400 UNIT-10000 UNIT-100 UNIT-50			

VITRANOL FE TABS .....	180	VOGELXO GEL TD (Use testosterone) .....	11	VYONDYS 53 .....	189
VITRANOL TABS .....	180	VOGELXO PUMP GEL TD (Use testosterone) .....	11	VYSCOXA PO 10 MG/ML .....	7
VITRAX TABS .....	183	VONJO .....	41	VYTORIN (Use ezetimibe-simvastatin) .....	31
VITREXATE FE TABS .....	180	VONVENDI .....	88	VYVANSE CAPS .....	1
VITREXATE TABS .....	180	VOQUEZNA DUAL PAK .....	203	VYVANSE CHEW .....	1
VITREXYL + IRON TABS .....	180	VOQUEZNA TRIPLE PAK .....	203	VYVGART .....	140
VITREXYL TABS .....	180	VORANIGO .....	41	VYVGART HYTRULO .....	140
VITRUM 50+ ADULT-MULTI TABS 180		VORTEX HOLD CHMBR/MASK/CHILD DEVI .....	136	VYVGART HYTRULO SC .....	140
VITRUM 50+ SENIOR MULTI TABS 180		VORTEX HOLD CHMBR/MASK/TODDLER DEVI .....	136	VYZULTA .....	195
VIVAGUARD INO CONTROL SOLUTION LIQD .....	130	VORTEX VALVE CHAMBER-PEDI MASK DEVI .....	136	WAINUA .....	200
VIVAGUARD INO GLUCOSE METER DEVI .....	130	VORTEX VALVED HOLDING CHAMBER DEVI .....	137	WAKIX .....	2
VIVAGUARD INO GLUCOSE METER KIT .....	130	VOSEVI .....	48	warfarin sodium TABS .....	16
VIVAGUARD INO SMART GLUC METER DEVI .....	130	VOTRIENT (Use pazopanib hcl) .....	42	WATER BABIES SPF50 LOTN (Use sunscreens) .....	69
VIVAGUARD INO TEST STRIPS STRP .....	80	VOXZOGO .....	83	WEGOVIY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML .....	2
VIVAGUARD LANCETS .....	130	VOYDEYA TABS .....	89	WEGOVIY 1.7 MG/0.75ML, 2.4 MG/0.75ML .....	1
VIVAGUARD LANCETS 30G .....	130	VOYDEYA TBPk .....	89	WEGOVIY PO 1.5 MG, 4 MG, 9 MG, 25 MG .....	1
VIVAGUARD LANCING DEVICE MISC .....	130	VPRIV .....	89	WELCHOL PACK (Use colesevelam hcl) .....	31
VIVAGUARD SAFETY LANCETS 28G .....	130	VRAYLAR CAPS .....	43	WELCHOL TABS (Use colesevelam hcl) .....	31
VIVELLE-DOT PTTW (Use estradiol) 84		VTAMA .....	62	WELIREG .....	39
VIVITROL .....	28	VUITY SOLN 1.25 % (Use pilocarpine hcl) .....	192	WELLBUTRIN SR TB12 (Use bupropion hcl) .....	21
VIVJOA .....	29	VUMERITY .....	199	WELLBUTRIN XL TB24 (Use bupropion hcl) .....	21
VIVOTIF .....	204	VYEPTI .....	137	WELLFOLA TABS .....	180
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		ZANAFLEX CAPS .....	187		

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		ZOLGENSMA 20.1-20.5 KG .....	190	ZONALON (Use doxepin hcl (antipruritic)) .....	61
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ZOVIRAX OINT (Use acyclovir topical) .....	62	ZYRTEC ALLERGY TABS (Use cetirizine hcl) .....	30
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ZYBIC SUSP 7.5 MG/5ML (Use meloxicam) .....	7		
ZYDELIG .....	42		
ZYFLO TABS .....	14		
ZYKADIA TABS .....	42		
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