

Comprehensive

PREFERRED DRUG LIST



Pharmacy Program

YouthCare HealthChoice Illinois (YouthCare) provides high quality drug coverage to our members.

We work with providers and pharmacists, as well as the Illinois Department of Healthcare and Family Services and the Department of Children and Family Services to make sure we cover drugs used to treat many conditions and diseases.

YouthCare covers prescription and certain over-the-counter (OTC) medications when ordered by a network provider. The pharmacy program does not cover all medications.

Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum amount allowed.

Filling a Prescription

You can have your prescriptions filled at any YouthCare in-network pharmacy. At the pharmacy, you will need to give the pharmacist your prescription and your ID card.

You can find a pharmacy that is in the YouthCare network by using the Find a Provider tool on [ILyouthcare.com](https://www.ilyouthcare.com). If you need help finding a pharmacy, or if you have any questions about drug coverage, call us at 844-289-2264 (TTY: 711)

There is no cost for covered drugs.

If your medication is listed as non-preferred, exceeds the limitation listed, or is not listed on the preferred drug list, you can:

1. Speak with your doctor about switching to a similar medication that is on the preferred drug list; or
2. Request a prior authorization, or speak to your doctor about submitting a prior authorization for you. You or your doctor may do this by submitting the medication prior authorization form, found on [ILyouthcare.com](https://www.ilyouthcare.com).

Psychotropic Medication Consent (DCFS Rule 325)

DCFS must approve any psychotropic medication request for any youth under direct DCFS care. Requests must be submitted directly to the DCFS Centralized Consent Unit (CCU) using electronic Form CSF431-A, available on Guardian Consent Portal: guardianconsent.dcf.illinois.gov or using Form CFS431-A, available on www2.illinois.gov/dcf

[CFS 431-A Psychotropic Medication Request Form](#)

Generic Drugs

Generic drugs have the same active ingredient(s) and work the same as brand name drugs.

When generic drugs are available, YouthCare members will be given the generic drug option.

The brand name drug will not be covered without prior authorization unless the brand name is preferred over the generic.

Specialty Drugs

Specialty drugs are usually not available at regular pharmacies. They require extra review and monitoring.

These drugs are only covered when supplied by an in-network YouthCare specialty pharmacy. We work with AcariaHealth to help oversee these drugs.

Prior authorization request forms for specialty drugs are located on the YouthCare website at ILyouthcare.com.

Pharmacy Benefit Exclusions

The following drug categories are not part of the YouthCare pharmacy benefit:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Durable Medical Equipment (DME) products and medical supplies (unless listed on the PDL) Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- OTC products (unless listed on the PDL)
- Drugs not included in the Medicaid Drug Rebate Program, drug product data file (unless listed on the PDL)

Legend

Abbreviation	Name	Definition/Meaning
P	Preferred Drug	Medications preferred by YouthCare
NP	Non-preferred drug	Medications not preferred by YouthCare

AL	Age Limit	Medication is limited to specific age(s)
PA	Prior Authorization	Approval needed before prescription can be filled
QL	Quantity Limit	There is a limit on the amount of medication allowed
SD	Specialty Drug	Products that must be dispensed by a specialty pharmacy
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage
RX/OTC	Both RX and OTC NDCs	Over the Counter (OTC) products eligible for coverage with a valid prescription written by a licensed physician/clinician
MP	Maintenance Product	Products used to treat long-term conditions or illnesses, available for a 90-Day (3-month) supply
NF	Non-formulary	Drugs that are not included on the formulary by YouthCare

The publication date of this preferred drug list appears at the bottom of all subsequent pages, and this list is accurate of that date.

For more information regarding the preferred drug list or to receive updated information, call YouthCare at 1-844-289-2264 (TTY: 711) from 8:00 a.m. – 6:00 p.m. Monday through Friday, or email ILYouthCare@centene.com.

For a printed copy of the preferred drug list or to report inaccuracies, call YouthCare at 1-844-289-2264 (TTY: 711) from 8:00 a.m. – 6:00 p.m. Monday through Friday, or email ILYouthCare@centene.com.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			<i>dextroamphetamine sulfate CP24 5 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
Amphetamines			<i>dextroamphetamine sulfate SOLN</i>	NP	
<i>ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	NP	
<i>ADDERALL TABS (Use amphetamine-dextroamphetamine)</i>	NP	QL(2 EA daily); AL(At least 3 yrs old)	<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	NP	QL(3 EA daily); AL(At least 3 yrs old)
<i>ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (Use amphetamine)</i>	NP		<i>DYANAVEL XR SUER</i>	P	PA
<i>amphetamine sulfate TABS</i>	NP		<i>DYANAVEL XR TBCR</i>	NP	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	<i>EVEKEO ODT TBDP</i>	NP	
<i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	NP		<i>EVEKEO TABS (Use amphetamine sulfate)</i>	NP	
<i>amphetamine-dextroamphetamine TABS</i>	P	QL(2 EA daily); AL(At least 3 yrs old)	<i>lisdexamfetamine dimesylate CAPS</i>	NP	QL(1 EA daily)
<i>amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG</i>	NP		<i>lisdexamfetamine dimesylate CHEW</i>	NP	QL(1 EA daily)
<i>DESOXYN (Use methamphetamine hcl)</i>	NF		<i>methamphetamine hcl</i>	NP	
<i>DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate)</i>	NF	QL(2 EA daily); AL(At least 6 yrs old)	<i>MYDAYIS CP24 (Use amphetamine-dextroamphetamine)</i>	NP	
<i>DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)</i>	NP	QL(2 EA daily); AL(At least 6 yrs old)	<i>VYVANSE CAPS</i>	P	QL(1 EA daily)
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	NP	QL(2 EA daily); AL(At least 6 yrs old)	<i>VYVANSE CHEW</i>	P	QL(1 EA daily)
			<i>XELSTRYM</i>	NP	
			Analeptics		
			<i>caffeine citrate SOLN PO</i>	P	QL(45 ML per fill retail); AL(Up to 18 yrs old)
			Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
			<i>atomoxetine hcl</i>	P	AL(At least 6 yrs old); ST; MP
			<i>clonidine hcl (adhd) TB12</i>	P	MP
			<i>guanfacine hcl (adhd)</i>	P	QL(1 EA daily); AL(At least 6 yrs old); MP

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INTUNIV (Use guanfacine hcl (adhd))	NP	QL(1 EA daily); AL(At least 6 yrs old); MP	FOCALIN XR CP24 35 MG (Use dexamethylphenidate hcl)	NF	
KAPVAY TB12 (Use clonidine hcl (adhd))	NF		FOCALIN XR CP24 (Use dexamethylphenidate hcl)	P	
ONYDA XR SUER	NP		FOCALIN XR CP24 (Use dexamethylphenidate hcl)	P	
QELBREE	NP		FOCALIN TABS 10 MG (Use dexamethylphenidate hcl)	NP	AL(At least 6 yrs old)
STRATTERA (Use atomoxetine hcl)	P	AL(At least 6 yrs old); ST; MP	FOCALIN TABS 2.5 MG (Use dexamethylphenidate hcl)	NF	QL(2 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)			FOCALIN TABS (Use dexamethylphenidate hcl)	NP	QL(2 EA daily); AL(At least 6 yrs old)
SUNOSI	NP		JORNAY PM CP24	P	PA
Histamine H3-Receptor Antagonist/Inverse Agonists			METADATE CD CPCR (Use methylphenidate hcl)	NF	QL(1 EA daily); AL(At least 6 yrs old)
WAKIX	NP	SP	METHYLIN SOLN (Use methylphenidate hcl)	NP	
Stimulants - Misc.			methylphenidate hcl CHEW	NP	
APTENSIO XR CP24 (Use methylphenidate hcl)	NP		methylphenidate hcl CP24	NP	
armodafinil	NP		methylphenidate hcl CPCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
AZSTARYS	NP		methylphenidate hcl SOLN	NP	
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl)	P	QL(1 EA daily); AL(At least 6 yrs old)	methylphenidate hcl TABS 5 MG	P	QL(6 EA daily); AL(At least 3 yrs old)
CONCERTA TBCR 36 MG (Use methylphenidate hcl)	P	QL(2 EA daily); AL(At least 6 yrs old)	methylphenidate hcl TABS 10 MG, 20 MG	P	QL(3 EA daily); AL(At least 3 yrs old)
COTEMPLA XR-ODT TBED	NP		methylphenidate hcl TB24 36 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)
DAYTRANA PTCH 15 MG/9HR (Use methylphenidate)	P	QL(3 EA daily); PA	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
DAYTRANA PTCH 10 MG/9HR, 20 MG/9HR, 30 MG/9HR (Use methylphenidate)	P	PA	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
dexamethylphenidate hcl CP24	NP				
dexamethylphenidate hcl TABS	P	QL(2 EA daily); AL(At least 6 yrs old)			

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> TBCR 45 MG, 63 MG, 72 MG	NP	
<i>methylphenidate hcl</i> TBCR 10 MG	P	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl</i> TBCR 20 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl</i> TBCR 36 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i> 10 MG/9HR, 20 MG/9HR, 30 MG/9HR	NP	
<i>methylphenidate PTCH</i> 15 MG/9HR	NP	QL(3 EA daily)
<i>modafinil</i>	P	
NUVIGIL (Use <i>armodafinil</i>)	NP	
PROVIGIL (Use <i>modafinil</i>)	NP	
QUILLICHEW ER CHER	NP	
QUILLIVANT XR SRER	NP	
RELEXXII TBCR 36 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR 45 MG, 63 MG, 72 MG (Use <i>methylphenidate hcl</i>)	NP	
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP	
RELEXXII TBCR 18 MG, 27 MG, 54 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN LA CP24 (Use <i>methylphenidate hcl</i>)	NP	
RITALIN TABS 5 MG (Use <i>methylphenidate hcl</i>)	NP	QL(6 EA daily); AL(At least 3 yrs old)
RITALIN TABS 10 MG, 20 MG (Use <i>methylphenidate hcl</i>)	NP	QL(3 EA daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (Use <i>methylphenidate hcl</i>)	NF	QL(6 EA daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/Limits
AMEBICIDES		
Amebicides		
SOLOSEC	NP	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN</i> 1 GM/4ML, 500 MG/2ML	P	
ARIKAYCE	NP	SP
BETHKIS NEBU (Use <i>tobramycin</i>)	NP	SP
BETHKIS NEBU (Use <i>tobramycin</i>)	NF	SP
<i>gentamicin in saline</i> 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %	P	
<i>gentamicin sulfate IJ</i>	P	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use <i>tobramycin</i>)	P	SP
<i>neomycin sulfate TABS</i>	P	
TOBI PODHALER CAPS	NP	SP
TOBI NEBU (Use <i>tobramycin</i>)	NP	SP
<i>tobramycin sulfate SOLN IJ</i> 10 MG/ML, 80 MG/2ML	P	
<i>tobramycin sulfate SOLN IJ</i> 1.2 GM/30ML	P	
<i>tobramycin sulfate SOLR</i>	P	
<i>tobramycin NEBU</i>	NP	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP
RINVOQ LQ SOLN	NP	SP
RINVOQ TB24	NP	SP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24	P	SP; PA	ADALIMUMAB-ADAZ SOAJ	NP	SP
XELJANZ SOLN	P	SP; PA	ADALIMUMAB-ADAZ SOSY	NP	SP
XELJANZ TABS	P	SP; PA	ADALIMUMAB-ADBM (2 PEN) AJKT	P	Adalimumab-adbm NDC 82009014422 is Non-Preferred; SP; PA
Antirheumatic Antimetabolites			ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML	P	Adalimumab-adbm NDC 82009014622 is Non-Preferred; SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP	ADALIMUMAB-ADBM (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML	P	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	NP	SP	ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	NP	SP
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	P	Adalimumab-adbm NDC 82009014422 is Non-Preferred; SP; PA
ABRILADA (1 PEN) AJKT	NP	SP	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	P	Adalimumab-adbm NDC 82009014422 is Non-Preferred; SP; PA
ABRILADA (2 PEN) AJKT	NP	SP	ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP
ABRILADA (2 SYRINGE) PSKT	NP	SP	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP	ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP	ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP	AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP
ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP			
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP			
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP			
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP	IDACIO-PSORIASIS STARTER AJKT	NP	SP
AMJEVITA SOAJ	NP	SP	SIMLANDI (1 PEN) AJKT	P	SP; PA
AMJEVITA SOSY	NP	SP	SIMLANDI (1 SYRINGE) PSKT	P	SP; PA
CYLTEZO (2 PEN) AJKT	NP	SP	SIMLANDI (2 PEN) AJKT	P	SP; PA
CYLTEZO (2 SYRINGE) PSKT	NP	SP	SIMLANDI (2 SYRINGE) PSKT	P	SP; PA
CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP	SIMPONI ARIA SOLN	NP	SP
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP	SIMPONI SOAJ	NP	SP
HADLIMA PUSHTOUCH SOAJ	NP	SP	SIMPONI SOSY	NP	SP
HADLIMA SOSY	NP	SP	YUFLYMA (1 PEN) AJKT	NP	SP
HULIO (2 PEN) AJKT	NP	SP	YUFLYMA (2 PEN) AJKT	NP	SP
HULIO (2 SYRINGE) PSKT	NP	SP	YUFLYMA (2 SYRINGE) PSKT	NP	SP
HUMIRA (2 PEN) AJKT	NP	SP	YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
HUMIRA (2 SYRINGE) PSKT	NP	SP	YUSIMRY	NP	SP
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	NP	SP	Gold Compounds		
HUMIRA-PSORIASIS/UEIT STARTER AJKT	NP	SP	RIDAURA	NP	
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP	Interleukin-1 Blockers		
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP	ARCALYST	NP	SP
HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP	Interleukin-1 Receptor Antagonist (IL-1Ra)		
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP	KINERET SOSY	NP	SP
HYRIMOZ SOAJ	NP	SP	Interleukin-1beta Blockers		
HYRIMOZ SOSY	NP	SP	ILARIS SOLN	NP	SP
IDACIO (2 PEN) AJKT	NP	SP	Interleukin-6 Receptor Inhibitors		
IDACIO-CROHNS/UC STARTER AJKT	NP	SP	ACTEMRA ACTPEN SOAJ	NP	SP
			ACTEMRA SOLN	NP	SP
			ACTEMRA SOSY	NP	SP
			AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	
			KEVZARA SOAJ	NP	SP
			KEVZARA SOSY	NP	SP
			TOFIDENCE	NP	SP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TYENNE SOAJ	NP	SP	<i>diclofenac potassium TABS 50 MG</i>	P	MP
TYENNE SOLN	NP	SP	<i>diclofenac potassium TABS 25 MG</i>	NP	
TYENNE SOSY	NP	SP	<i>diclofenac sodium TB24</i>	P	MP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>diclofenac sodium TBEC</i>	P	MP
ADVIL JUNIOR STRENGTH TABS 100 MG	P		<i>diclofenac w/ misoprostol TBEC</i>	NP	MP
ADVIL MIGRAINE CAPS (Use <i>ibuprofen</i>)	NF		DUEXIS (Use <i>ibuprofen-famotidine</i>)	NF	
ADVIL CAPS (Use <i>ibuprofen</i>)	NF		EC-NAPROSYN TBEC (Use <i>naproxen</i>)	NF	
ADVIL TABS (Use <i>ibuprofen</i>)	NF		<i>etodolac CAPS</i>	P	MP
ALEVE ALL DAY STRONG TABS 220 MG (Use <i>naproxen sodium</i>)	NF		<i>etodolac TABS</i>	P	MP
ALEVE TABS (Use <i>naproxen sodium</i>)	NF		<i>etodolac TB24</i>	P	MP
ANAPROX DS TABS (Use <i>naproxen sodium</i>)	NF		FELDENE CAPS (Use <i>piroxicam</i>)	NF	MP
ARTHROTEC TBEC (Use <i>diclofenac w/ misoprostol</i>)	NP	MP	<i>fenoprofen calcium CAPS 400 MG</i>	NP	MP
CELEBREX (Use <i>celecoxib</i>)	NF	QL(2 EA daily); MP	<i>fenoprofen calcium TABS</i>	NP	MP
CELEBREX (Use <i>celecoxib</i>)	NP	QL(2 EA daily); MP	FENOPRON CAPS	NP	
<i>celecoxib</i>	P	QL(2 EA daily); MP	<i>flurbiprofen TABS 100 MG</i>	P	MP
CHILDRENS ADVIL SUSP 100 MG/5ML (Use <i>ibuprofen</i>)	NF	MP; RX/OTC	<i>ibuprofen CAPS</i>	P	
CHILDRENS ADVIL SUSP 100 MG/5ML (Use <i>ibuprofen</i>)	NF	MP; RX/OTC	<i>ibuprofen-famotidine</i>	NP	
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use <i>ibuprofen</i>)	NF	MP; RX/OTC	<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	NP	MP; RX/OTC
DAYPRO TABS (Use <i>oxaprozin</i>)	NP	MP	<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	NP	MP; RX/OTC
<i>diclofenac potassium CAPS</i>	NP		<i>ibuprofen SUSP</i>	P	MP; RX/OTC
			<i>ibuprofen TABS</i>	P	
			<i>ibuprofen TABS</i>	P	
			INDOCIN SUSP (Use <i>indomethacin</i>)	NF	
			<i>indomethacin CAPS 25 MG, 50 MG</i>	P	MP
			<i>indomethacin CPCR</i>	P	MP
			<i>indomethacin SUPP</i>	P	
			<i>indomethacin SUSP</i>	P	
			INFANTS ADVIL SUSP (Use <i>ibuprofen</i>)	NF	

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<i>ketoprofen CAPS 25 MG</i>	NP		<i>piroxicam CAPS</i>	NP	MP
<i>ketoprofen CP24</i>	NP	MP	RELAFEN DS	NP	
<i>ketorolac tromethamine TABS</i>	P	QL(20 EA per 30 day(s) retail; 20 EA per 30 days mail)	<i>sulindac TABS</i>	P	MP
LODINE TABS (<i>Use etodolac</i>)	NF		<i>tolmetin sodium CAPS</i>	NP	
LURBIPR TABS 100 MG (<i>Use flurbiprofen</i>)	NF	MP	<i>tolmetin sodium TABS 600 MG</i>	NP	
LURBIRO TABS 100 MG (<i>Use flurbiprofen</i>)	NP	MP	VIMOVO 500 MG-20 MG (<i>Use naproxen-esomeprazole magnesium</i>)	NP	MP
<i>meclofenamate sodium CAPS</i>	NP	MP	VIMOVO 375 MG-20 MG (<i>Use naproxen-esomeprazole magnesium</i>)	NF	MP
<i>mefenamic acid CAPS</i>	NP	MP	ZIPSOR CAPS (<i>Use diclofenac potassium</i>)	NF	
<i>meloxicam CAPS</i>	NP		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>meloxicam TABS</i>	P	MP	OTEZLA XR TB24 PO 75 MG	NP	
MOTRIN INFANTS DROPS SUSP (<i>Use ibuprofen</i>)	NF		OTEZLA/OTEZLA XR INITIATION PK TBPK	NP	
<i>nabumetone</i>	P	MP	OTEZLA TABS	NP	SP
NALFON CAPS (<i>Use fenoprofen calcium</i>)	NP	MP	OTEZLA TBPK	NP	SP
NALFON TABS 600 MG	NP	MP	Pyrimidine Synthesis Inhibitors		
NAPRELAN TB24 (<i>Use naproxen sodium</i>)	NP	MP	ARAVA (<i>Use leflunomide</i>)	NP	QL(1 EA daily)
NAPRELAN TB24 500 MG (<i>Use naproxen sodium</i>)	NF	MP	<i>leflunomide</i>	P	QL(1 EA daily)
NAPROSYN SUSP (<i>Use naproxen</i>)	NP		Selective Costimulation Modulators		
NAPROSYN TABS 500 MG (<i>Use naproxen</i>)	NF		ORENCIA CLICKJECT SOAJ	NP	SP
<i>naproxen sodium TABS 275 MG, 550 MG</i>	P	MP	ORENCIA SOLR	NP	SP
<i>naproxen sodium TB24</i>	NP		ORENCIA SOSY	NP	SP
<i>naproxen-esomeprazole magnesium</i>	NP	MP	Soluble Tumor Necrosis Factor Receptor Agents		
<i>naproxen SUSP</i>	P	MP	ENBREL MINI SOCT	P	SP; PA
<i>naproxen TABS</i>	P	MP	ENBREL SURECLICK SOAJ	P	SP; PA
<i>naproxen TBEC</i>	P	QL(2 EA daily); MP	ENBREL SOLN	P	SP; PA
<i>oxaprozin TABS</i>	NP	MP	ENBREL SOSY	P	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain,					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Muscle and Joint Conditions			<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	QL(12 EA per 31 day(s) retail)
Analgesic Combinations			<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	P	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)	<i>acetaminophen TABS 325 MG, 500 MG</i>	P	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	P		FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 EA per 31 day(s) retail)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)	TYLENOL CHILDRENS PAIN + FEVER SUSP (Use <i>acetaminophen</i>)	NF	
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	NP		TYLENOL CHILDRENS SUSP (Use <i>acetaminophen</i>)	NF	
<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	P		TYLENOL EXTRA STRENGTH TABS (Use <i>acetaminophen</i>)	NF	
BUTALBITAL-APAP-CAFFEINE SOLN	NP		TYLENOL FOR CHILDREN + ADULTS SUSP (Use <i>acetaminophen</i>)	NF	
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 EA daily)	TYLENOL INFANTS PAIN+FEVER SUSP (Use <i>acetaminophen</i>)	NF	
ESGIC TABS (Use <i>butalbital-acetaminophen-caffeine</i>)	NF	QL(4 EA daily)	TYLENOL CAPS (Use <i>acetaminophen</i>)	NF	
FIORICET CAPS (Use <i>butalbital-acetaminophen-caffeine</i>)	NP		TYLENOL TABS (Use <i>acetaminophen</i>)	NF	
Analgesics - Sodium Channel Pain Signal Inhibitors			Salicylates		
JOURNAVX	NP		<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
Analgesics Other			<i>aspirin CHEW</i>	P	
<i>acetaminophen CAPS 500 MG</i>	P		BUFFERIN (Use <i>aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NF	
<i>acetaminophen CHEW 80 MG</i>	P		<i>diflunisal TABS</i>	P	
<i>acetaminophen ELIX</i>	P		DOLOBID TABS	NP	
<i>acetaminophen LIQD 160 MG/5ML</i>	P		<i>salsalate</i>	P	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
			Opioid Agonists		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTIQ LPOP 400 MCG (Use fentanyl citrate)	NF		HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP	
codeine sulfate TABS 30 MG	P	QL(2 EA daily); AL(At least 12 yrs old)	levorphanol tartrate TABS	NP	
CODEINE SULFATE TABS 60 MG	P	QL(2 EA daily); AL(At least 12 yrs old)	meperidine hcl SOLN PO 50 MG/5ML	NP	QL(500 ML per fill retail)
CODEINE SULFATE TABS 15 MG	P	QL(2 EA daily)	meperidine hcl TABS 50 MG	NP	QL(180 EA per 27 day(s) retail)
CONZIP CP24 (Use tramadol hcl)	NP		methadone hcl CONC	NP	
DEMEROL SOLN IJ (Use meperidine hcl)	NF		methadone hcl SOLN PO	NP	
DILAUDID LIQD (Use hydromorphone hcl)	NP		methadone hcl TABS 10 MG	NP	QL(10 EA daily)
DILAUDID TABS (Use hydromorphone hcl)	NP	QL(180 EA per 27 day(s) retail)	methadone hcl TABS 5 MG	NP	QL(4 EA daily)
fentanyl citrate LPOP 200 MCG, 400 MCG, 800 MCG, 1200 MCG, 1600 MCG	NP		methadone hcl TBSO	NP	
fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG	NP		METHADOSE SUGAR-FREE CONC (Use methadone hcl)	NP	
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	NP	QL(0.34 EA daily)	METHADOSE CONC (Use methadone hcl)	NP	
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	NP		morphine sulfate beads	NP	
FENTORA TABS (Use fentanyl citrate)	NF		morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	NP	
hydrocodone bitartrate CP12	NP		morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	P	QL(500 ML per 23 day(s) retail)
hydrocodone bitartrate T24A	NP		morphine sulfate SOLN PO 100 MG/5ML	P	QL(240 ML per fill retail)
hydromorphone hcl LIQD	P		morphine sulfate SUPP	P	QL(24 EA per fill retail)
HYDROMORPHONE HCL SUPP	P	QL(12 EA per fill retail)	morphine sulfate TABS	P	QL(180 EA per 27 day(s) retail)
hydromorphone hcl TABS	P	QL(180 EA per 27 day(s) retail)	morphine sulfate TBCR	P	QL(3 EA daily); PA
hydromorphone hcl TB24	NP		MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 100 MG (Use morphine sulfate)	NP	QL(3 EA daily)
			MS CONTIN TBCR 200 MG (Use morphine sulfate)	NF	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl CAPS</i>	P	QL(180 EA per 27 day(s) retail)	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP	
<i>oxycodone hcl CONC 100 MG/5ML</i>	P	QL(6 ML daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	NP	QL(4 EA daily); AL(At least 12 yrs old)
<i>oxycodone hcl SOLN</i>	P		<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	NP	
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	NP	QL(2 EA daily)	<i>butalbital-aspirin-caffeine w/cod</i>	P	QL(4 EA daily); AL(At least 12 yrs old)
<i>oxycodone hcl TABS</i>	P	QL(180 EA per 27 day(s) retail)	<i>FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine)</i>	NP	
<i>OXYCONTIN T12A</i>	NP	QL(2 EA daily)	<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P	
<i>oxymorphone hcl TABS</i>	NP		<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>oxymorphone hcl TB12</i>	NP		<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-2.5 MG</i>	P	
<i>QDOLO SOLN (Use tramadol hcl)</i>	NF		<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(180 EA per 27 day(s) retail)
<i>ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl)</i>	NP	QL(180 EA per 27 day(s) retail)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	P	
<i>ROXYBOND TABA</i>	NP		<i>NALOCET TABS</i>	NP	
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP		<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	P	
<i>tramadol hcl SOLN</i>	NP				
<i>TRAMADOL HCL SOLN (Use tramadol hcl)</i>	NF				
<i>tramadol hcl TABS 25 MG, 100 MG</i>	NP	AL(At least 18 yrs old)			
<i>tramadol hcl TABS 75 MG</i>	NP				
<i>tramadol hcl TABS 50 MG</i>	P	QL(8 EA daily); AL(At least 18 yrs old)			
<i>tramadol hcl TB24</i>	NP	AL(At least 18 yrs old)			
Opioid Combinations					
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ML daily); AL(At least 12 yrs old)			
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	QL(180 EA per 27 day(s) retail); AL(At least 12 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(180 EA per 27 day(s) retail)	ZUBSOLV SUBL	P	
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NP	QL(180 EA per 27 day(s) retail)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
PERCOCET TABS 325 MG-2.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NP		Androgens		
PROLATE TABS	NP		ANDROGEL PUMP GEL TD (Use <i>testosterone</i>)	NF	
<i>tramadol-acetaminophen</i>	NP	QL(4 EA daily); AL(At least 18 yrs old)	FORTESTA GEL TD (Use <i>testosterone</i>)	NF	
Opioid Partial Agonists			TESTIM GEL TD (Use <i>testosterone</i>)	NF	
BELBUCA FILM	NP		<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	
BRIXADI (WEEKLY) SOSY	P	SP	<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(4 ML per 30 day(s) retail)
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	SP	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	P	QL(4 ML per 30 day(s) retail)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	P		<i>testosterone enanthate SOLN IM</i>	P	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P		<i>testosterone GEL TD</i>	P	
<i>buprenorphine hcl SUBL</i>	P		<i>testosterone SOLN</i>	P	
<i>buprenorphine PTWK</i>	NP		VOGELXO PUMP GEL TD (Use <i>testosterone</i>)	NF	
<i>butorphanol tartrate NA 10 MG/ML</i>	NP		VOGELXO GEL TD (Use <i>testosterone</i>)	NF	
BUTRANS PTWK (Use <i>buprenorphine</i>)	NP		ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
<i>pentazocine w/ naloxone hcl</i>	NP		Intrarectal Steroids		
SUBLOCADE SOSY	P	SP	<i>budesonide (intrarectal)</i>	NP	
SUBOXONE FILM SL (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P		CORTENEMA (Use <i>hydrocortisone (intrarectal)</i>)	NP	QL(420 ML per fill retail)
			CORTIFOAM EX 10 %	NP	
			<i>hydrocortisone (intrarectal)</i>	P	QL(420 ML per fill retail)
			UCERIS (Use <i>budesonide (intrarectal)</i>)	NF	
			Rectal Combinations		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIDOCAINE-HYDROCORTISONE ACE GEL	NP		<i>hydrocortisone acetate (rectal)</i>	NP	
LIDOCAINE-HYDROCORTISONE ACE KIT	NP		PREPARATION H EX 1 %	P	RX/OTC
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NP		PREPARATION H SOOTHING RELIEF EX 1 %	P	QL(454 GM per fill retail); 1 package(s) per fill retail; RX/OTC
<i>lidocaine-hydrocortisone acetate (rectal) KIT 0.5 %-3 %, 2 %-2 %, 2.5 %-3 %</i>	NP		PROCTOCORT (<i>Use hydrocortisone acetate (rectal)</i>)	NF	
<i>phenylephrine-cocoa butter 0.25 %-85.39 %, 0.25 %-88.44 %</i>	P		Vasodilating Agents		
<i>phenylephrine-mineral oil-petrolatum 0.25 %-74.9 %-14 %</i>	P	QL(90 GM per 30 day(s) retail)	<i>nitroglycerin (intra-anal)</i>	NP	
<i>phenylephrine-shark liver oil-cocoa butter</i>	P	QL(12 EA per 31 day(s) retail)	RECTIV (<i>Use nitroglycerin (intra-anal)</i>)	NP	
<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	P	QL(31 GM per 31 day(s) retail)	ANTACIDS		
PREPARATION H (<i>Use phenylephrine-mineral oil-petrolatum</i>)	NF	QL(90 GM per 30 day(s) retail)	Antacid Combinations		
PROCTOFOAM HC FOAM EX	NP		<i>alum & mag hydrox-simethicone LIQD</i>	P	
Rectal Local Anesthetics			<i>alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	P	
<i>pramoxine hcl (rectal) FOAM EX</i>	P	QL(15 GM per fill retail)	HYVEE ADVANCED ANTACID SUSP (<i>Use alum & mag hydrox-simethicone</i>)	NF	
PROCTOFOAM FOAM EX (<i>Use pramoxine hcl (rectal)</i>)	NF	QL(15 GM per fill retail)	Antacids - Aluminum Salts		
Rectal Steroids			ALUMINUM HYDROXIDE GEL SUSP	P	
ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NF	QL(30 GM per fill retail)	Antacids - Bicarbonate		
<i>hydrocortisone (rectal) EX 1 %</i>	P	QL(454 GM per fill retail); 1 package(s) per fill retail; RX/OTC	<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	
<i>hydrocortisone (rectal) EX 2.5 %</i>	P	QL(30 GM per fill retail)	Antacids - Calcium Salts		
			<i>calcium carbonate (antacid) CHEW 500 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate (antacid) SUSP</i>	P	QL(500 ML per 30 day(s) retail)	<i>isosorbide mononitrate TABS</i>	P	QL(2 EA daily); MP
CALCIUM CARBONATE ANTACID SUSP	P	QL(500 ML per 30 day(s) retail)	ISOSORBIDE MONONITRATE TABS	P	QL(2 EA daily); MP
TUMS LASTING EFFECTS CHEW (<i>Use calcium carbonate (antacid)</i>)	NF		<i>isosorbide mononitrate TB24</i>	P	QL(1 EA daily); MP
TUMS ULTRA 1000 CHEW (<i>Use calcium carbonate (antacid)</i>)	NF		NITRO-BID OINT	P	
TUMS CHEW (<i>Use calcium carbonate (antacid)</i>)	NF		NITRO-DUR PT24	NP	
Antacids - Magnesium Salts			NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NP	
<i>magnesium oxide TABS 400 MG</i>	P		<i>nitroglycerin PT24</i>	P	
ANTHELMINTICS - Drugs to Treat Worm Infections			<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NP	MP
Anthelmintics			<i>nitroglycerin SUBL</i>	P	MP
<i>albendazole</i>	NP		NITROLINGUAL SOLN TL (<i>Use nitroglycerin</i>)	NP	MP
BENZNIDAZOLE	NP	SP	NITROSTAT SUBL 0.4 MG, 0.6 MG (<i>Use nitroglycerin</i>)	NF	MP
BILTRICIDE (<i>Use praziquantel</i>)	NF		NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NP	MP
EMVERM CHEW	NP	QL(1 EA per 20 day(s) retail)	ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
<i>ivermectin</i>	NP		Antianxiety Agents - Misc.		
<i>praziquantel</i>	P		BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	NP	
STROMEKTOL (<i>Use ivermectin</i>)	NP		<i>buspirone hcl 7.5 MG, 30 MG</i>	P	QL(3 EA daily); MP
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			<i>buspirone hcl 15 MG</i>	P	QL(4 EA daily); MP
Antianginals-Other			<i>buspirone hcl 5 MG, 10 MG</i>	P	QL(6 EA daily); MP
<i>ranolazine TB12</i>	NP	MP	<i>hydroxyzine hcl SYRP</i>	P	MP
Nitrates			<i>hydroxyzine hcl TABS</i>	P	MP
ISORDIL TITRADOSE TABS (<i>Use isosorbide dinitrate</i>)	NF	MP	<i>hydroxyzine pamoate CAPS</i>	P	MP
<i>isosorbide dinitrate TABS</i>	P	MP	<i>meprobamate</i>	NP	MP
			VISTARIL CAPS 25 MG (<i>Use hydroxyzine pamoate</i>)	NP	MP
			Benzodiazepines		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALPRAZOLAM INTENSOL CONC	P		NORPACE CAPS (<i>Use disopyramide phosphate</i>)	NP	MP
<i>alprazolam TABS</i>	P	QL(4 EA daily)	<i>quinidine gluconate TBCR</i>	P	MP
<i>alprazolam TB24</i>	NP		<i>quinidine sulfate TABS</i>	P	MP
<i>alprazolam TBDP</i>	NP		Antiarrhythmics Type I-B		
ATIVAN TABS 1 MG (<i>Use lorazepam</i>)	NF	QL(4 EA daily)	<i>mexiletine hcl</i>	P	MP
ATIVAN TABS 0.5 MG, 2 MG (<i>Use lorazepam</i>)	NF	QL(3 EA daily)	Antiarrhythmics Type I-C		
<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 EA daily)	<i>flecainide acetate</i>	P	MP
<i>clorazepate dipotassium TABS</i>	P	QL(3 EA daily)	<i>propafenone hcl CP12</i>	NP	MP
<i>diazepam CONC</i>	P		<i>propafenone hcl TABS</i>	P	MP
<i>diazepam SOLN PO 5 MG/5ML</i>	P	QL(500 ML per fill retail)	RYTHMOL SR CP12 (<i>Use propafenone hcl</i>)	NF	MP
<i>diazepam TABS</i>	P	QL(4 EA daily)	Antiarrhythmics Type III		
<i>lorazepam CONC</i>	P		<i>amiodarone hcl TABS</i>	P	MP
<i>lorazepam TABS 0.5 MG, 2 MG</i>	P	QL(3 EA daily)	<i>dofetilide</i>	P	MP
<i>lorazepam TABS 1 MG</i>	P	QL(4 EA daily)	MULTAQ	NP	
LOREEV XR CS24	NP		TIKOSYN (<i>Use dofetilide</i>)	NF	MP
<i>oxazepam CAPS</i>	P	QL(4 EA daily)	TIKOSYN (<i>Use dofetilide</i>)	NP	MP
VALIUM TABS (<i>Use diazepam</i>)	NF		ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
XANAX XR TB24 (<i>Use alprazolam</i>)	NP		Antiasthmatic - Monoclonal Antibodies		
XANAX XR TB24 (<i>Use alprazolam</i>)	NF		CINQAIR	P	SP; PA
XANAX TABS 0.25 MG, 2 MG (<i>Use alprazolam</i>)	NF		FASENRA PEN SOAJ	P	SP; PA
XANAX TABS (<i>Use alprazolam</i>)	NP	QL(4 EA daily)	FASENRA SOSY	P	SP; PA
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			NUCALA SOAJ	P	SP; PA
Antiarrhythmics Type I-A			NUCALA SOLR	P	SP; PA
<i>disopyramide phosphate CAPS</i>	P	MP	NUCALA SOSY	P	SP; PA
NORPACE CR CP12	P		TEZSPIRE SOAJ	P	SP; PA
			TEZSPIRE SOSY	P	SP; PA
			XOLAIR SOAJ	P	SP; PA
			XOLAIR SOLR	P	SP; PA
			XOLAIR SOSY	P	SP; PA
			Anti-Inflammatory Agents		
			<i>cromolyn sodium NEBU</i>	P	QL(240 ML per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(25 GM per 30 day(s) retail)
INCRUSE ELLIPTA	P	QL(30 EA per fill retail)
<i>ipratropium bromide SOLN 0.02 %</i>	P	QL(375 ML per 27 day(s) retail)
SPIRIVA HANDIHALER CAPS IN (<i>Use tiotropium bromide</i>)	P	
SPIRIVA RESPIMAT AERS IN	P	
SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT	NP	
<i>tiotropium bromide CAPS IN 18 MCG</i>	P	
TUDORZA PRESSAIR	NP	QL(1 EA per 30 day(s) retail)
YUPELRI	NP	
Leukotriene Modulators		
ACCOLATE (<i>Use zafirlukast</i>)	NF	MP
ACCOLATE (<i>Use zafirlukast</i>)	NP	MP
<i>montelukast sodium CHEW</i>	P	QL(1 EA daily); MP
<i>montelukast sodium PACK</i>	P	QL(1 EA daily); MP
<i>montelukast sodium TABS</i>	P	QL(1 EA daily); MP
SINGULAIR CHEW (<i>Use montelukast sodium</i>)	NP	QL(1 EA daily); MP
SINGULAIR PACK (<i>Use montelukast sodium</i>)	NP	QL(1 EA daily); MP
SINGULAIR TABS (<i>Use montelukast sodium</i>)	NP	QL(1 EA daily); MP
<i>zafirlukast</i>	P	MP
<i>zileuton TB12</i>	NP	MP
ZYFLO TABS	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
OHTUVAYRE	NP	SP
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>Use roflumilast</i>)	NP	
<i>roflumilast</i>	NP	
Steroid Inhalants		
ALVESCO	NP	
ARMONAIR DIGIHALER 113 MCG/ACT	NP	
ARNUIITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>Use fluticasone furoate (inhalation)</i>)	P	
ASMANEX (120 METERED DOSES) AEPB	P	
ASMANEX (14 METERED DOSES) AEPB	P	
ASMANEX (30 METERED DOSES) AEPB	P	
ASMANEX (60 METERED DOSES) AEPB	P	
ASMANEX HFA AERO	NP	
<i>budesonide (inhalation) SUSP</i>	P	QL(120 ML per 30 day(s) retail); AL(Up to 8 yrs old)
FLOVENT DISKUS AEPB 100 MCG/ACT, 250 MCG/ACT (<i>Use fluticasone propionate (inhalation)</i>)	NF	QL(2 EA daily)
FLOVENT DISKUS AEPB 50 MCG/ACT (<i>Use fluticasone propionate (inhalation)</i>)	NF	QL(60 EA per fill retail)
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (<i>Use fluticasone propionate hfa</i>)	NF	QL(12 GM per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLOVENT HFA 44 MCG/ACT (Use <i>fluticasone propionate hfa</i>)	NF	QL(11 GM per fill retail)	<i>albuterol sulfate AERS</i>	P	QL(13.4 GM per 30 day(s) retail)
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	P		<i>albuterol sulfate AERS</i>	P	QL(36 GM per 30 day(s) retail)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT</i>	P	QL(2 EA daily)	<i>albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ML per 27 day(s) retail)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	P	QL(60 EA per fill retail)	<i>albuterol sulfate NEBU</i>	P	QL(2 EA daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(12 GM per fill retail)	<i>albuterol sulfate SYRP</i>	NP	MP
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(11 GM per fill retail)	<i>albuterol sulfate TABS</i>	NP	
PULMICORT FLEXHALER AEPB	P	QL(1 EA per 25 day(s) retail)	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use <i>umeclidinium-vilanterol</i>)	P	
PULMICORT SUSP (Use <i>budesonide (inhalation)</i>)	NP	QL(120 ML per 30 day(s) retail); AL(Up to 8 yrs old)	<i>arformoterol tartrate</i>	NP	
QVAR REDHALER	NP		BEVESPI AEROSPHERE	NP	
Sympathomimetics			BREO ELLIPTA	NP	
ADVAIR DISKUS AEPB (Use <i>fluticasone-salmeterol</i>)	P	QL(2 EA daily)	BREO ELLIPTA (Use <i>fluticasone furoate-vilanterol</i>)	NP	
ADVAIR HFA AERO (Use <i>fluticasone-salmeterol</i>)	P		BREZTRI AEROSPHERE	NP	
AIRDUO RESPICLICK 113/14 AEPB (Use <i>fluticasone-salmeterol</i>)	P		BROVANA (Use <i>arformoterol tartrate</i>)	NF	
AIRDUO RESPICLICK 232/14 AEPB (Use <i>fluticasone-salmeterol</i>)	P		BROVANA (Use <i>arformoterol tartrate</i>)	NP	
AIRDUO RESPICLICK 55/14 AEPB (Use <i>fluticasone-salmeterol</i>)	P		<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(22 GM per fill retail; 66 per fill mail)
AIRSUPRA	P		COMBIVENT RESPIMAT AERS	NP	QL(4 GM per 30 day(s) retail)
<i>albuterol sulfate AERS</i>	P		DUAKLIR PRESSAIR	NP	
			DULERA 50 MCG/ACT-5 MCG/ACT	P	
			DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(13 GM per fill retail)
			<i>fluticasone furoate-vilanterol</i>	NP	

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<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	NP	QL(2 EA daily)	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (<i>Use budesonide-formoterol fumarate dihydrate</i>)	P	QL(21 GM per fill retail; 63 per fill mail)
<i>fluticasone-salmeterol</i> AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP		<i>terbutaline sulfate</i> TABS	P	
<i>fluticasone-salmeterol</i> AERO	NP		TRELEGY ELLIPTA	NP	
<i>formoterol fumarate</i> NEBU	NP		<i>umeclidinium-vilanterol</i>	P	
<i>ipratropium-albuterol</i> SOLN	P	QL(12 ML daily)	VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	NP	QL(16 GM per 30 day(s) retail)
<i>levalbuterol hcl</i>	NP		VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	NP	QL(36 GM per 30 day(s) retail)
<i>levalbuterol tartrate</i>	NP	2 package(s) per 30 day(s) retail	XOPENEX HFA (<i>Use levalbuterol tartrate</i>)	NF	2 package(s) per 30 day(s) retail
PERFOROMIST NEBU (<i>Use formoterol fumarate</i>)	NP		XOPENEX HFA (<i>Use levalbuterol tartrate</i>)	NP	2 package(s) per 30 day(s) retail
PROAIR DIGIHALER	P		Xanthines		
PROAIR RESPICLICK AEPB	NP		THEO-24 CP24	P	
PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	NF	QL(13.4 GM per 30 day(s) retail)	<i>theophylline</i> ELIX	P	
SEREVENT DISKUS	P	QL(2 EA daily)	<i>theophylline</i> SOLN	P	QL(475 ML per fill retail); MP
STIOLTO RESPIMAT	NP		<i>theophylline</i> TB12 300 MG, 450 MG	P	
STRIVERDI RESPIMAT	NP		<i>theophylline</i> TB24	P	
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (<i>Use budesonide-formoterol fumarate dihydrate</i>)	P	QL(18 GM per fill retail; 54 per fill mail)	ANTICOAGULANTS - Blood Thinners		
SYMBICORT (<i>Use budesonide-formoterol fumarate dihydrate</i>)	P	QL(31 GM per fill retail; 92 per fill mail)	Coumarin Anticoagulants		
			<i>warfarin sodium</i> TABS	P	
			Direct Factor Xa Inhibitors		
			ELIQUIS (1.5 MG PACK) TBSO PO	P	PA
			ELIQUIS (2 MG PACK) TBSO PO	P	PA
			ELIQUIS DVT/PE STARTER PACK TBPk	P	QL(4 EA daily); PA
			ELIQUIS CPSP PO 0.15 MG	P	PA
			ELIQUIS TABS	P	QL(4 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS TBSO PO 0.5 MG	P	PA	<i>enoxaparin sodium SOSY 30 MG/0.3ML, 80 MG/0.8ML</i>	P	QL(5 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP
<i>rivaroxaban SUSR 1 MG/ML</i>	NP				
<i>rivaroxaban TABS 2.5 MG</i>	NP		<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(6 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP
SAVAYSA	NP				
XARELTO STARTER PACK TBPB	P	PA	<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	P	QL(12 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP
XARELTO SUSR 1 MG/ML (<i>Use rivaroxaban</i>)	P	PA			
XARELTO TABS 2.5 MG (<i>Use rivaroxaban</i>)	P	PA	<i>fondaparinux sodium</i>	P	SP
XARELTO TABS 15 MG	P	QL(2 EA daily); PA	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP
XARELTO TABS 20 MG	P	QL(1 EA daily); PA			
XARELTO TABS 10 MG	P	QL(1 EA daily; 35 EA per 180 day(s) retail); PA	FRAGMIN SOSY	P	SP
Heparins And Heparinoid-Like Agents			<i>heparin sodium (porcine) lock flush 10 UNIT/ML</i>	P	
ARIXTRA (<i>Use fondaparinux sodium</i>)	NP	SP	HEPARIN SODIUM (PORCINE) PF SOLN IJ	P	
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	QL(42 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP	<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>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(9 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP	HEPARIN SODIUM (PORCINE) SOSY IJ	P	
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(14 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP	LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NP	QL(42 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP
			LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NP	QL(12 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOSY 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NP	QL(9 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP	<i>clonazepam TABS</i>	P	QL(4 EA daily)
LOVENOX SOSY 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NP	QL(6 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP	<i>clonazepam TBDP</i>	NP	
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NP	QL(14 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP	DIASTAT ACUDIAL GEL (<i>Use diazepam (anticonvulsant)</i>)	NF	QL(1 EA per fill retail)
LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NP	QL(5 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP	DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	NF	QL(1 EA per fill retail)
Thrombin Inhibitors			<i>diazepam (anticonvulsant) GEL 10 MG, 20 MG</i>	P	QL(1 EA per fill retail)
<i>dabigatran etexilate mesylate CAPS</i>	NP		KLONOPIN TABS 1 MG (<i>Use clonazepam</i>)	NF	QL(4 EA daily)
PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	NP		KLONOPIN TABS (<i>Use clonazepam</i>)	NP	QL(4 EA daily)
PRADAXA PACK	NP	SP	NAYZILAM	NP	
ANTICONVULSANTS - Drugs to Treat Seizures			ONFI SUSP (<i>Use clobazam</i>)	NP	
AMPA Glutamate Receptor Antagonists			ONFI TABS (<i>Use clobazam</i>)	NP	
FYCOMPA SUSP	NP		SYMPAZAN FILM	NP	
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>Use perampanel</i>)	NP		VALTOCO 10 MG DOSE LIQD	NP	
FYCOMPA TABS	NP		VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	NP	
<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	NP		VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	NP	
Anticonvulsants - Benzodiazepines			VALTOCO 5 MG DOSE LIQD	NP	
<i>clobazam SUSP</i>	NP		Anticonvulsants - Misc.		
<i>clobazam TABS</i>	NP		APTOM 200 MG, 400 MG, 600 MG, 800 MG (<i>Use eslicarbazepine acetate</i>)	NP	
			BANZEL SUSP (<i>Use rufinamide</i>)	NP	SP
			BANZEL TABS (<i>Use rufinamide</i>)	NP	SP
			BRIVIACT SOLN PO 10 MG/ML	NP	SP; PV
			BRIVIACT TABS	NP	SP; PV
			<i>carbamazepine CHEW</i>	P	

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<i>carbamazepine CP12</i>	NP	MP	<i>lacosamide TABS</i>	NP	
<i>carbamazepine SUSP</i>	P	MP	LAMICTAL ODT KIT (<i>Use lamotrigine</i>)	NP	MP
<i>carbamazepine TABS</i>	P	MP	LAMICTAL ODT TBDP (<i>Use lamotrigine</i>)	NP	MP
<i>carbamazepine TB12</i>	P	MP	LAMICTAL STARTER KIT 25 MG (<i>Use lamotrigine</i>)	NP	MP
CARBATROL CP12 (<i>Use carbamazepine</i>)	NP	MP	LAMICTAL XR KIT	NP	
DIACOMIT CAPS	NP	SP	LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP	ST; MP
DIACOMIT PACK	NP	SP	LAMICTAL CHEW (<i>Use lamotrigine</i>)	NP	MP
ELEPSIA XR TB24	NP		LAMICTAL TABS (<i>Use lamotrigine</i>)	NP	MP
EPIDIOLEX	NP	SP	<i>lamotrigine CHEW</i>	P	MP
EPRONTIA SOLN 25 MG/ML (<i>Use topiramate</i>)	NP		<i>lamotrigine KIT 25 MG</i>	NP	MP
<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	NP		<i>lamotrigine TABS</i>	P	MP
FINTEPLA	NP	SP	<i>lamotrigine TB24</i>	NP	ST; MP
<i>gabapentin CAPS</i>	P	QL(9 EA daily); MP	<i>lamotrigine TBDP</i>	NP	MP
<i>gabapentin SOLN</i>	P	MP	<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P	QL(30 ML daily); MP
<i>gabapentin TABS 600 MG</i>	P	QL(6 EA daily); MP	<i>levetiracetam TABS 1000 MG</i>	P	MP
<i>gabapentin TABS 800 MG</i>	P	QL(4 EA daily); MP	<i>levetiracetam TABS 250 MG, 750 MG</i>	P	QL(4 EA daily); MP
GABARONE TABS 100 MG, 400 MG	NP		<i>levetiracetam TABS 500 MG</i>	P	QL(6 EA daily); MP
KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP	MP	<i>levetiracetam TB24</i>	P	MP
KEPPRA SOLN PO 100 MG/ML (<i>Use levetiracetam</i>)	NP	QL(30 ML daily); MP	LEVETIRACETAM TB3D	NP	
KEPPRA TABS 500 MG (<i>Use levetiracetam</i>)	NP	QL(6 EA daily); MP	LYRICA CAPS (<i>Use pregabalin</i>)	NP	MP
KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>)	NP	QL(4 EA daily); MP	LYRICA SOLN (<i>Use pregabalin</i>)	NP	MP
KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	NP	MP	MOTPOLY XR CP24	NP	
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	NP		MYSOLINE (<i>Use primidone</i>)	NF	MP
<i>lacosamide SOLN PO 10 MG/ML</i>	NP		NEURONTIN CAPS (<i>Use gabapentin</i>)	NP	QL(9 EA daily); MP
			NEURONTIN SOLN (<i>Use gabapentin</i>)	NP	MP

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NEURONTIN SOLN (<i>Use gabapentin</i>)	NF	MP	<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	NP	
NEURONTIN TABS 600 MG (<i>Use gabapentin</i>)	NP	QL(6 EA daily); MP	<i>topiramate CP24 200 MG</i>	NP	
NEURONTIN TABS 800 MG (<i>Use gabapentin</i>)	NP	QL(4 EA daily); MP	<i>topiramate CPSP 50 MG</i>	P	
<i>oxcarbazepine SUSP</i>	P	MP	<i>topiramate CPSP 15 MG</i>	P	QL(6 EA daily); MP
<i>oxcarbazepine TABS</i>	P	MP	<i>topiramate CPSP 25 MG</i>	P	QL(8 EA daily); MP
<i>oxcarbazepine TB24</i>	P		<i>topiramate CS24</i>	NP	MP
OXTELLAR XR TB24 (<i>Use oxcarbazepine</i>)	NP		<i>topiramate SOLN 25 MG/ML</i>	NP	
<i>pregabalin CAPS</i>	P	MP	<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 EA daily); MP
<i>pregabalin SOLN</i>	P	MP	<i>topiramate TABS 100 MG</i>	P	QL(4 EA daily); MP
<i>primidone 50 MG, 250 MG</i>	P	MP	<i>topiramate TABS 200 MG</i>	P	QL(2 EA daily); MP
<i>primidone 125 MG</i>	P		TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP	MP
QUDEXY XR CS24 (<i>Use topiramate</i>)	NP	MP	TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NF	MP
<i>rufinamide SUSP</i>	NP	SP	TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NP	MP
<i>rufinamide TABS</i>	NP	SP	TROKENDI XR CP24 25 MG, 50 MG, 100 MG (<i>Use topiramate</i>)	NF	
SPRITAM TB3D	NP		TROKENDI XR CP24 200 MG (<i>Use topiramate</i>)	NF	
SPRITAM TB3D	NP		TROKENDI XR CP24 200 MG (<i>Use topiramate</i>)	NP	
TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP	MP	TROKENDI XR CP24 25 MG, 50 MG, 100 MG (<i>Use topiramate</i>)	NP	
TEGRETOL TABS (<i>Use carbamazepine</i>)	NP	MP	VIMPAT SOLN PO 10 MG/ML (<i>Use lacosamide</i>)	NP	
TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP	MP	VIMPAT TABS (<i>Use lacosamide</i>)	NP	
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NP	QL(8 EA daily); MP	ZONEGRAN CAPS 25 MG, 100 MG (<i>Use zonisamide</i>)	NF	
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NP	QL(6 EA daily); MP	ZONISADE SUSP	NP	
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NP	QL(2 EA daily); MP	<i>zonisamide CAPS</i>	P	MP
TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NP	QL(4 EA daily); MP	ZTALMY	NP	
TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NP	QL(6 EA daily); MP			

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Carbamates			Succinimides		
<i>felbamate SUSP</i>	NP	MP	CELONTIN (<i>Use methsuximide</i>)	NP	
<i>felbamate TABS</i>	NP	MP	<i>ethosuximide CAPS</i>	P	MP
FELBATOL SUSP (<i>Use felbamate</i>)	NP	MP	<i>ethosuximide SOLN</i>	P	MP
FELBATOL TABS (<i>Use felbamate</i>)	NP	MP	<i>methsuximide</i>	NP	
XCOPRI (250 MG DAILY DOSE) TBPk	P		ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	MP
XCOPRI (350 MG DAILY DOSE) TBPk	P		ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	MP
XCOPRI TABS	P		Valproic Acid		
XCOPRI TBPk	P		DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	NF	MP
GABA Modulators			DEPAKOTE ER TB24 500 MG (<i>Use divalproex sodium</i>)	NP	MP
SABRIL PACK (<i>Use vigabatrin</i>)	NP	SP; MP	DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NP	MP
SABRIL TABS (<i>Use vigabatrin</i>)	NP	QL(6 EA daily); SP; MP	DEPAKOTE TBEC 500 MG (<i>Use divalproex sodium</i>)	NF	MP
<i>tiagabine hcl</i>	NP	MP	DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	NP	MP
<i>vigabatrin PACK</i>	NP	SP; MP	<i>divalproex sodium CSDR</i>	P	MP
<i>vigabatrin TABS</i>	NP	QL(6 EA daily); SP; MP	<i>divalproex sodium TB24</i>	P	MP
VIGAFYDE SOLN	NP	SP	<i>divalproex sodium TBEC</i>	P	MP
Hydantoins			<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	P	MP
DILANTIN	NP		<i>valproic acid CAPS</i>	P	MP
DILANTIN (<i>Use phenytoin sodium extended</i>)	NP	MP	ANTIDEPRESSANTS - Drugs to Treat Depression		
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	NP	MP	Alpha-2 Receptor Antagonists (Tetracyclics)		
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	NP	MP	<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 EA daily); MP
DILANTIN SUSP (<i>Use phenytoin</i>)	NF	MP	<i>mirtazapine TABS 15 MG</i>	P	QL(3 EA daily); MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P	MP	<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 EA daily); MP
<i>phenytoin CHEW</i>	P	MP			
<i>phenytoin SUSP</i>	P	MP			

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<i>mirtazapine TBDP 45 MG</i>	P	QL(1 EA daily); MP	WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>)	NP	QL(2 EA daily); MP
<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 EA daily); MP	WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NP	QL(3 EA daily); MP
<i>mirtazapine TBDP 15 MG</i>	P	QL(3 EA daily); MP	WELLBUTRIN XL TB24 300 MG (<i>Use bupropion hcl</i>)	NF	QL(1 EA daily); MP
REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NP	QL(1 EA daily); MP	WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 EA daily); MP
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 EA daily); MP	GABA Receptor Modulator - Neuroactive Steroid		
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 EA daily); MP	ZURZUVAE	P	SP
REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 EA daily); MP	Monoamine Oxidase Inhibitors (MAOIs)		
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 EA daily); MP	EMSAM	NP	
Antidepressant Combinations			MARPLAN	NP	
AUVELITY	NP		NARDIL (<i>Use phenelzine sulfate</i>)	NP	MP
Antidepressants - Misc.			PARNATE (<i>Use tranylcypromine sulfate</i>)	NF	
<i>bupropion hcl TABS</i>	P	QL(3 EA daily); MP	<i>phenelzine sulfate</i>	P	MP
<i>bupropion hcl TB12 150 MG</i>	P	QL(3 EA daily); MP	<i>tranylcypromine sulfate</i>	P	MP
<i>bupropion hcl TB12 100 MG</i>	P	QL(4 EA daily); MP	N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
<i>bupropion hcl TB12 200 MG</i>	P	QL(2 EA daily); MP	SPRAVATO (56 MG DOSE)	NP	SP
<i>bupropion hcl TB24 150 MG</i>	P	QL(3 EA daily); MP	SPRAVATO (84 MG DOSE)	NP	SP
<i>bupropion hcl TB24 300 MG</i>	P	QL(1 EA daily); MP	Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>bupropion hcl TB24 450 MG</i>	P	MP	CELEXA TABS 40 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(1 EA daily); MP
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NP	MP	CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(4 EA daily); MP
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NF	MP	CELEXA TABS 20 MG (<i>Use citalopram hydrobromide</i>)	NP	QL(2 EA daily); MP
WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NP	QL(4 EA daily); MP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CITALOPRAM HYDROBROMIDE CAPS	NP		LEXAPRO TABS 10 MG (Use escitalopram oxalate)	NP	QL(2 EA daily); MP
<i>citalopram hydrobromide SOLN</i>	P	QL(240 ML per 30 day(s) retail; 720 ML per 90 days mail); MP	LEXAPRO TABS 5 MG (Use escitalopram oxalate)	NP	QL(4 EA daily); MP
<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(2 EA daily); MP	<i>paroxetine hcl SUSP</i>	P	QL(40 ML daily)
<i>citalopram hydrobromide TABS 40 MG</i>	P	QL(1 EA daily); MP	<i>paroxetine hcl TABS 20 MG</i>	P	QL(3 EA daily); MP
<i>citalopram hydrobromide TABS 10 MG</i>	P	QL(4 EA daily); MP	<i>paroxetine hcl TABS 10 MG</i>	P	QL(6 EA daily); MP
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP		<i>paroxetine hcl TABS 30 MG, 40 MG</i>	P	QL(2 EA daily); MP
<i>escitalopram oxalate SOLN</i>	P	MP	<i>paroxetine hcl TB24</i>	NP	MP
<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 EA daily); MP	PAXIL CR TB24 (Use <i>paroxetine hcl</i>)	NP	MP
<i>escitalopram oxalate TABS 5 MG</i>	P	QL(4 EA daily); MP	PAXIL SUSP (Use <i>paroxetine hcl</i>)	NP	QL(40 ML daily)
<i>escitalopram oxalate TABS 10 MG</i>	P	QL(2 EA daily); MP	PAXIL TABS 30 MG, 40 MG (Use <i>paroxetine hcl</i>)	NP	QL(2 EA daily); MP
<i>fluoxetine hcl CAPS</i>	P	QL(4 EA daily); MP	PAXIL TABS 20 MG (Use <i>paroxetine hcl</i>)	NP	QL(3 EA daily); MP
<i>fluoxetine hcl CPDR</i>	NP	MP	PAXIL TABS 10 MG (Use <i>paroxetine hcl</i>)	NP	QL(6 EA daily); MP
<i>fluoxetine hcl SOLN</i>	P	QL(600 ML per 30 day(s) retail; 1800 ML per 90 days mail); MP	PROZAC CAPS (Use <i>fluoxetine hcl</i>)	NP	QL(4 EA daily); MP
<i>fluoxetine hcl TABS</i>	P	MP	<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP	
FLUOXETINE HCL TABS (Use <i>fluoxetine hcl</i>)	P	MP	SERTRALINE HCL CAPS 150 MG, 200 MG (Use <i>sertraline hcl</i>)	NP	
<i>fluvoxamine maleate CP24</i>	NP	MP	<i>sertraline hcl CONC</i>	P	QL(10 ML daily); MP
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	P	QL(2 EA daily); MP	<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(4 EA daily); MP
<i>fluvoxamine maleate TABS 100 MG</i>	P	QL(3 EA daily); MP	<i>sertraline hcl TABS 100 MG</i>	P	QL(2 EA daily); MP
LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i>)	NP	QL(1 EA daily); MP	ZOLOFT CONC (Use <i>sertraline hcl</i>)	NP	QL(10 ML daily); MP
			ZOLOFT TABS 100 MG (Use <i>sertraline hcl</i>)	NP	QL(2 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	NP	QL(4 EA daily); MP	EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NP	QL(2 EA daily); MP
Serotonin Modulators			EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NP	QL(4 EA daily); MP
EXXUA TITRATION PACK TB24 PO 18.2 MG	NP		FETZIMA TITRATION C4PK	NP	
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP		FETZIMA CP24	NP	
nefazodone hcl	NP	MP	PRISTIQ 50 MG (Use desvenlafaxine succinate)	NF	QL(1 EA daily); ST; MP
RALDESY SOLN PO 10 MG/ML	NP		PRISTIQ 100 MG (Use desvenlafaxine succinate)	NP	QL(4 EA daily); ST; MP
trazodone hcl TABS 300 MG	P	QL(2 EA daily); MP	PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate)	NP	QL(1 EA daily); ST; MP
trazodone hcl TABS 50 MG, 100 MG, 150 MG	P	MP	VENLAFAXINE BESYLATE ER	P	
TRINTELLIX	NP	QL(1 EA daily)	venlafaxine hcl CP24 75 MG	P	QL(5 EA daily); MP
VIIBRYD TABS (Use vilazodone hcl)	NP	QL(1 EA daily)	venlafaxine hcl CP24 37.5 MG	P	QL(4 EA daily); MP
vilazodone hcl TABS	NP	QL(1 EA daily)	venlafaxine hcl CP24 150 MG	P	QL(2 EA daily); MP
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			venlafaxine hcl TABS	P	MP
CYMBALTA CPEP (Use duloxetine hcl)	NP	QL(1 EA daily); MP	venlafaxine hcl TB24	NP	MP
DESVENLAFAXINE ER	NP	MP	Tricyclic Agents		
desvenlafaxine succinate 100 MG	NP	QL(4 EA daily); ST; MP	amitriptyline hcl TABS	P	MP
desvenlafaxine succinate 25 MG, 50 MG	NP	QL(1 EA daily); ST; MP	amoxapine	NP	MP
DRIZALMA SPRINKLE CSDR	NP		ANAFRANIL (Use clomipramine hcl)	NP	MP
duloxetine hcl CPEP 40 MG	P	MP	clomipramine hcl	P	MP
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	P	QL(1 EA daily); MP	desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	MP
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NF	QL(2 EA daily); MP	desipramine hcl TABS 25 MG	P	QL(2 EA daily); MP
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NP	QL(5 EA daily); MP	doxepin hcl CAPS	P	MP
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NF	QL(4 EA daily); MP	doxepin hcl CONC	P	MP
			imipramine hcl TABS	P	MP
			imipramine pamoate	NP	MP
			NORPRAMIN TABS 25 MG (Use desipramine hcl)	NF	QL(2 EA daily); MP

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NORPRAMIN TABS 10 MG (<i>Use desipramine hcl</i>)	NF	MP	JANUMET TABS	NP	
<i>nortriptyline hcl CAPS</i>	P	MP	JENTADUETO XR TB24	NP	
<i>nortriptyline hcl SOLN</i>	P	QL(20 ML daily); MP	JENTADUETO TABS	NP	QL(2 EA daily)
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NP	MP	KAZANO (<i>Use alogliptin-metformin hcl</i>)	NP	QL(2 EA daily); MP
<i>protriptyline hcl</i>	P	MP	KOMBIGLYZE XR (<i>Use saxagliptin-metformin hcl</i>)	NP	
<i>trimipramine maleate CAPS</i>	P	MP	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 45 MG-25 MG (<i>Use alogliptin-pioglitazone</i>)	NF	QL(1 EA daily); MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar			OSENI 30 MG-25 MG (<i>Use alogliptin-pioglitazone</i>)	NP	QL(1 EA daily); MP
Alpha-Glucosidase Inhibitors			<i>pioglitazone hcl-glimepiride</i>	NP	MP
<i>acarbose</i>	P	MP	<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 EA daily); MP
<i>miglitol</i>	P	MP	QTERN	NP	
Antidiabetic - Amylin Analogs			<i>saxagliptin-metformin hcl</i>	NP	
SYMLINPEN 120 SOPN	NP	QL(11 ML per 30 day(s) retail)	SEGLUROMET	NP	QL(2 EA daily); ST
SYMLINPEN 60 SOPN	NP	QL(6 ML per 30 day(s) retail)	SITAGLIPT BASE-METFORM HCL ER TB24	NP	
Antidiabetic Combinations			SITAGLIPTIN BASE-METFORMIN HCL TABS	P	
ACTOPLUS MET TABS 850 MG-15 MG (<i>Use pioglitazone hcl-metformin hcl</i>)	NP	QL(2 EA daily); MP	SOLQUA	NP	
<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily); MP	STEGLUJAN	NP	
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 EA daily); MP	SYNJARDY XR TB24	NP	
<i>dapagliflozin propanediol-metformin hcl</i>	NP		SYNJARDY TABS	NP	
DUETACT (<i>Use pioglitazone hcl-glimepiride</i>)	NP	MP	TRIJARDY XR	NP	
<i>glipizide-metformin hcl</i>	P	MP	XIGDUO XR (<i>Use dapagliflozin propanediol-metformin hcl</i>)	NP	
<i>glyburide-metformin</i>	P	MP	XIGDUO XR	NP	
GLYXAMBI	NP		XULTOPHY	NP	
INVOKAMET XR TB24	NP		ZITUVIMET XR TB24	NP	
INVOKAMET TABS	NP		ZITUVIMET TABS	NP	
JANUMET XR TB24	NP		Biguanides		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUMETZA TB24 (<i>Use metformin hcl</i>)	NF	MP	KORLYM (<i>Use mifepristone (hyperglycemia)</i>)	NP	SP
<i>metformin hcl SOLN</i>	NP	MP	<i>mifepristone (hyperglycemia)</i>	NP	SP
<i>metformin hcl TABS 750 MG</i>	P		PROGLYCEM (<i>Use diazoxide</i>)	P	
<i>metformin hcl TABS 1000 MG</i>	P	QL(2 EA daily); MP	ZEGALOGUE SOAJ	P	
<i>metformin hcl TABS 850 MG</i>	P	QL(3 EA daily); MP	ZEGALOGUE SOSY	P	
<i>metformin hcl TABS 625 MG</i>	NP		Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>metformin hcl TABS 500 MG</i>	P	QL(5 EA daily); MP	<i>alogliptin benzoate</i>	NP	QL(1 EA daily); MP
<i>metformin hcl TB24 500 MG</i>	P	QL(4 EA daily); MP	BRYNOVIN SOLN PO 25 MG/ML	NP	
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	MP	JANUVIA	P	
<i>metformin hcl TB24 750 MG</i>	P	QL(2 EA daily); MP	NESINA 12.5 MG, 25 MG (<i>Use alogliptin benzoate</i>)	NP	QL(1 EA daily); MP
RIOMET SOLN (<i>Use metformin hcl</i>)	NF	MP	NESINA 6.25 MG (<i>Use alogliptin benzoate</i>)	NF	QL(1 EA daily); MP
Diabetic Other			ONGLYZA 2.5 MG (<i>Use saxagliptin hcl</i>)	NF	
BAQSIMI ONE PACK POWD	P		ONGLYZA (<i>Use saxagliptin hcl</i>)	NP	
BAQSIMI TWO PACK POWD	P		<i>saxagliptin hcl</i>	NP	
<i>diazoxide</i>	P		SITAGLIPTIN	NP	
GLUCAGON EMERGENCY	P		TRADJENTA	P	QL(1 EA daily)
GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>Use glucagon</i>)	P	QL(1 EA per fill retail)	ZITUVIO	NP	
<i>glucagon SOLR IJ 1 MG</i>	P	QL(1 EA per fill retail)	Dopamine Receptor Agonists - Antidiabetic		
GVOKE HYPOPEN 1-PACK SOAJ	P		CYCLOSET	NP	
GVOKE HYPOPEN 2-PACK SOAJ	P		Incretin Mimetic Agents		
GVOKE KIT SOLN	P		BYDUREON BCISE AUIJ	NP	QL(3.4 ML per 28 day(s) retail)
GVOKE PFS SOSY 1 MG/0.2ML	P		BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (<i>Use exenatide</i>)	NP	QL(2.4 ML per 30 day(s) retail)
			BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (<i>Use exenatide</i>)	NP	QL(1.2 ML per 30 day(s) retail)
			<i>exenatide SOPN 5 MCG/0.02ML</i>	NP	QL(1.2 ML per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>exenatide SOPN 10 MCG/0.04ML</i>	NP	QL(2.4 ML per 30 day(s) retail)	HUMALOG MIX 75/25 KWIKPEN SUPN	P	QL(2 ML daily); MP
<i>liraglutide</i>	P	QL(0.3 ML daily)	HUMALOG MIX 75/25 SUSP	P	QL(2 ML daily); MP
MOUNJARO	NP		HUMALOG TEMPO PEN SOPN	NP	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	NP		HUMALOG SOCT	P	QL(2 ML daily); MP
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	NP		HUMALOG SOLN IJ	NP	
OZEMPIC (2 MG/DOSE) SOPN	NP		HUMULIN 70/30 KWIKPEN SUPN	P	QL(2 ML daily); MP
RYBELSUS TABS	P	PA	HUMULIN 70/30 SUSP	P	QL(2 ML daily); MP
TRULICITY	P		HUMULIN N KWIKPEN SUPN	P	QL(2 ML daily); MP
VICTOZA (<i>Use liraglutide</i>)	P	QL(0.3 ML daily)	HUMULIN N SUSP	P	QL(2 ML daily); MP
Insulin			HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	QL(2 ML daily); MP
ADMELOG SOLOSTAR SOPN	NP	QL(2 ML daily); MP	HUMULIN R U-500 KWIKPEN SOPN SC	P	QL(0.6 ML daily); MP
ADMELOG SOLN IJ	NP		HUMULIN R SOLN IJ	P	QL(2 ML daily); MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	MP	INSULIN ASP PROT & ASP FLEXPEN SUPN	NP	QL(2 ML daily); MP
APIDRA SOLOSTAR SOPN	NP	QL(2 ML daily); MP	INSULIN ASPART FLEXPEN SOPN	P	QL(2 ML daily); MP
APIDRA SOLN	NP	QL(2 ML daily); MP	INSULIN ASPART PENFILL SOCT	P	QL(2 ML daily); MP
BASAGLAR KWIKPEN SOPN	NP	QL(2 ML daily); MP	INSULIN ASPART PROT & ASPART SUSP	NP	QL(2 ML daily); MP
FIASP FLEXTOUCH SOPN	NP	QL(2 ML daily); MP	INSULIN ASPART SOLN IJ	P	
FIASP PENFILL SOCT	NP	QL(2 ML daily); MP	INSULIN DEGLUDEC FLEXTOUCH SOPN	P	QL(2 ML daily); MP
FIASP PUMPCART SOCT	NP	QL(2 ML daily); MP	INSULIN DEGLUDEC SOLN	P	QL(2 ML daily); MP
FIASP SOLN	NP	QL(2 ML daily); MP	INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	QL(0.4 ML daily); MP
HUMALOG JUNIOR KWIKPEN SOPN	NP	QL(2 ML daily); MP	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	NP	QL(2 ML daily); MP
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	QL(1 ML daily); MP			
HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP	QL(2 ML daily); MP			
HUMALOG MIX 50/50 KWIKPEN SUPN	P	QL(2 ML daily); MP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	QL(0.45 ML daily); MP	NOVOLIN 70/30 SUSP	NP	QL(2 ML daily); MP
INSULIN GLARGINE SOLN	NP	QL(2 ML daily); MP	NOVOLIN N FLEXPEN RELION SUPN	NP	QL(2 ML daily); MP
INSULIN GLARGINE-YFGN SOLN	NP		NOVOLIN N FLEXPEN SUPN	NP	QL(2 ML daily); MP
INSULIN GLARGINE-YFGN SOPN	NP		NOVOLIN N RELION SUSP	NP	QL(2 ML daily); MP
INSULIN LISPRO (1 UNIT DIAL) SOPN	P	QL(2 ML daily); MP	NOVOLIN N SUSP	NP	QL(2 ML daily); MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	QL(2 ML daily); MP	NOVOLIN R FLEXPEN RELION SOPN IJ	NP	QL(2 ML daily); MP
INSULIN LISPRO PROT & LISPRO SUPN	P	QL(2 ML daily); MP	NOVOLIN R FLEXPEN SOPN IJ	NP	QL(2 ML daily); MP
INSULIN LISPRO SOLN IJ	P		NOVOLIN R RELION SOLN IJ	NP	QL(2 ML daily); MP
KIRSTY SOLN IJ 100 UNIT/ML	NP		NOVOLIN R SOLN IJ	NP	QL(2 ML daily); MP
KIRSTY SOPN SC 100 UNIT/ML	NP		NOVOLOG 70/30 FLEXPEN RELION SUPN	NP	QL(2 ML daily); MP
LANTUS SOLOSTAR SOPN	P	QL(2 ML daily); MP	NOVOLOG FLEXPEN RELION SOPN	NP	QL(2 ML daily); MP
LANTUS SOLN	P	QL(2 ML daily); MP	NOVOLOG FLEXPEN SOPN	NP	QL(2 ML daily); MP
LEVEMIR FLEXPEN SOPN	P	QL(2 ML daily); MP	NOVOLOG MIX 70/30 FLEXPEN SUPN	NP	QL(2 ML daily); MP
LEVEMIR SOLN	P	QL(2 ML daily); MP	NOVOLOG MIX 70/30 RELION SUSP	NP	QL(2 ML daily); MP
LYUMJEV KWIKPEN SOPN	NP	MP	NOVOLOG MIX 70/30 SUSP	NP	QL(2 ML daily); MP
LYUMJEV TEMPO PEN SOPN	NP		NOVOLOG PENFILL SOCT	NP	QL(2 ML daily); MP
LYUMJEV SOLN	NP	MP	NOVOLOG RELION SOLN IJ	NP	
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP		NOVOLOG SOLN IJ	NP	
MERILOG SOLN SC 100 UNIT/ML	NP		REZVOGLAR KWIKPEN	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(2 ML daily); MP	SEMGLEE (YFGN) SOLN	NP	
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(2 ML daily); MP	SEMGLEE (YFGN) SOPN	NP	
NOVOLIN 70/30 RELION SUSP	NP	QL(2 ML daily); MP	TOUJEO MAX SOLOSTAR SOPN	NP	QL(0.4 ML daily); MP
			TOUJEO SOLOSTAR SOPN	NP	QL(0.45 ML daily); MP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRESIBA FLEXTOUCH SOPN	NP	QL(2 ML daily); MP	GLYNASE (Use glyburide micronized)	NF	MP
TRESIBA SOLN	NP	QL(2 ML daily); MP	ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Insulin Sensitizing Agents			Antidiarrheal/Probiotic Agents - Misc.		
ACTOS (Use pioglitazone hcl)	NP	QL(1 EA daily); MP	bismuth subsalicylate CHEW 262 MG	P	
pioglitazone hcl	P	QL(1 EA daily); MP	bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	P	
Meglitinide Analogues			bismuth subsalicylate TABS	P	
nateglinide	P	QL(3 EA daily); MP	PEPTO BISMOL SUSP 525 MG/30ML (Use bismuth subsalicylate)	NF	
repaglinide	NP	MP	PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	NF	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	NF	
dapagliflozin propanediol	NP		PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	NF	
FARXIGA (Use dapagliflozin propanediol)	P		PEPTO-BISMOL TABS (Use bismuth subsalicylate)	NF	
INVOKANA	P		Antiperistaltic Agents		
JARDIANCE	P	QL(1 EA daily)	diphenoxylate w/ atropine LIQD	P	
STEGLATRO	NP	QL(1 EA daily); ST	diphenoxylate w/ atropine TABS	P	
Sulfonylureas			IMODIUM A-D CAPS (Use loperamide hcl)	NF	QL(8 EA daily); RX/OTC
glimepiride 1 MG, 2 MG	P	QL(4 EA daily); MP	IMODIUM A-D SOLN (Use loperamide hcl)	NF	
glimepiride 4 MG	P	QL(2 EA daily); MP	IMODIUM A-D TABS (Use loperamide hcl)	NF	QL(8 EA daily)
glimepiride 3 MG	P		LOMOTIL TABS (Use diphenoxylate w/ atropine)	NF	
glipizide TABS 5 MG, 10 MG	P	MP	loperamide hcl CAPS	P	QL(8 EA daily); RX/OTC
glipizide TABS 2.5 MG	P				
glipizide TB24	P	MP			
GLUCOTROL XL TB24 2.5 MG (Use glipizide)	NF	MP			
GLUCOTROL XL TB24 5 MG, 10 MG (Use glipizide)	NP	MP			
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	MP			
glyburide TABS	P	MP			

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Drug Name	Drug Tier	Requirements/ Limits
<i>loperamide hcl SOLN 1 MG/7.5ML</i>	P	
<i>loperamide hcl TABS</i>	P	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
<i>deferasirox PACK</i>	NP	SP
<i>deferasirox TABS</i>	NP	SP
<i>deferasirox TBSO</i>	NP	SP
<i>deferiprone TABS</i>	NP	SP
EXJADE TBSO (<i>Use deferasirox</i>)	NP	SP
FERRIPROX TWICE-A-DAY TABS	NP	SP
FERRIPROX SOLN	NP	SP
FERRIPROX TABS (<i>Use deferiprone</i>)	NP	SP
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	NP	SP
JADENU TABS (<i>Use deferasirox</i>)	NP	SP
Antidotes and Specific Antagonists		
VISTOGARD	P	
Opioid Antagonists		
KLOXXADO LIQD	P	
NALMEFENE HCL IJ	P	
<i>naloxone hcl LIQD</i>	P	RX/OTC
<i>naloxone hcl SOCT</i>	P	
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	
<i>naloxone hcl SOSY</i>	P	
<i>naltrexone hcl</i>	P	
NARCAN LIQD (<i>Use naloxone hcl</i>)	P	RX/OTC
OPVEE NA	P	
REXTOVY LIQD	P	
VIVITROL	P	SP
ZIMHI SOSY	P	

Drug Name	Drug Tier	Requirements/ Limits
ZURNAI IJ 1.5 MG/0.5ML	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	
<i>granisetron hcl TABS</i>	NP	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per fill retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(20 EA per fill retail)
<i>ondansetron TBDP 16 MG</i>	P	
<i>ondansetron TBDP 4 MG, 8 MG</i>	P	QL(20 EA per fill retail)
SANCUSO PTCH	NP	
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>Use meclizine hcl</i>)	NP	RX/OTC
ANTIVERT TABS 50 MG (<i>Use meclizine hcl</i>)	NP	
<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	P	RX/OTC
<i>scopolamine</i>	P	
TRANSDERM SCOP 1 MG/3DAYS (<i>Use scopolamine</i>)	NF	
TRANSDERM-SCOP (<i>Use scopolamine</i>)	P	
<i>trimethobenzamide hcl CAPS</i>	NP	
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	NP	
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	NP	
<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>dronabinol CAPS</i>	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MARINOL CAPS (<i>Use dronabinol</i>)	NP		DIFLUCAN TABS 200 MG (<i>Use fluconazole</i>)	NF	QL(2 EA daily)
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			DIFLUCAN TABS 100 MG (<i>Use fluconazole</i>)	NF	QL(1 EA daily)
<i>aprepitant CAPS</i>	P		<i>fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML</i>	P	
EMEND BIPACK CAPS 80 MG (<i>Use aprepitant</i>)	NP		FLUCONAZOLE IN SODIUM CHLORIDE	P	
EMEND TRIPACK CAPS (<i>Use aprepitant</i>)	NP		<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail)
EMEND SUSR	NP		<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections			<i>fluconazole TABS 50 MG</i>	P	QL(7 EA per fill retail)
Antifungal - Glucan Synthesis Inhibitors			<i>fluconazole TABS 200 MG</i>	P	QL(2 EA daily)
BREXAFEMME	NP		<i>fluconazole TABS 100 MG</i>	P	QL(1 EA daily)
<i>miconazole sodium</i>	P		<i>itraconazole CAPS</i>	P	QL(1 EA daily)
MICAFUNGIN SODIUM	P		<i>itraconazole SOLN</i>	NP	
MYCAMINE (<i>Use miconazole sodium</i>)	NF		<i>ketoconazole</i>	P	
Antifungals			NOXAFIL PACK	NP	
ANCOBON (<i>Use flucytosine</i>)	NF		NOXAFIL SUSP (<i>Use posaconazole</i>)	NP	
<i>flucytosine</i>	NP		NOXAFIL TBEC (<i>Use posaconazole</i>)	NP	
<i>griseofulvin microsize SUSP</i>	P		<i>posaconazole SUSP</i>	NP	
<i>griseofulvin microsize TABS</i>	P		<i>posaconazole TBEC</i>	NP	
<i>griseofulvin ultramicrosize</i>	P		SPORANOX CAPS (<i>Use itraconazole</i>)	NP	QL(1 EA daily)
<i>nystatin TABS</i>	P	QL(6 EA daily)	SPORANOX SOLN (<i>Use itraconazole</i>)	NF	
<i>terbinafine hcl TABS</i>	P	QL(1 EA daily; 90 EA per 120 day(s) retail)	TOLSURA CAPS	NP	
Imidazole-Related Antifungals			VFEND SUSR (<i>Use voriconazole</i>)	NP	
CRESEMBA CAPS	NP		VFEND TABS 200 MG (<i>Use voriconazole</i>)	NP	
DIFLUCAN SUSR 10 MG/ML (<i>Use fluconazole</i>)	NF	QL(70 ML per fill retail)	VIVJOA	NP	
DIFLUCAN SUSR 40 MG/ML (<i>Use fluconazole</i>)	NP	QL(70 ML per fill retail)	<i>voriconazole SUSR</i>	NP	
DIFLUCAN TABS 150 MG (<i>Use fluconazole</i>)	NF	QL(2 EA per fill retail)	<i>voriconazole TABS</i>	NP	
			ANTI-HISTAMINES - Drugs to Treat Allergies		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Alkylamines			<i>cetirizine hcl SOLN PO</i>	P	QL(480 ML per fill retail); RX/OTC
<i>chlorpheniramine maleate SYRP</i>	P	QL(60 ML daily)	<i>cetirizine hcl SYRP PO 1 MG/ML</i>	P	QL(480 ML per fill retail); RX/OTC
<i>chlorpheniramine maleate TABS</i>	P	QL(120 EA per fill retail)	<i>cetirizine hcl TABS</i>	P	QL(1 EA daily)
Antihistamines - Ethanolamines			CLARITIN ALLERGY CHILDRENS SOLN (<i>Use loratadine</i>)	NF	QL(240 ML per fill retail)
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	NF	QL(240 ML per fill retail)	CLARITIN REDITABS JUNIORS TBDP (<i>Use loratadine</i>)	NF	
BENADRYL ALLERGY ULTRATABS TABS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 EA daily)	CLARITIN REDITABS TBDP (<i>Use loratadine</i>)	NF	
BENADRYL ALLERGY CAPS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 EA daily)	CLARITIN REDITABS TBDP (<i>Use loratadine</i>)	NF	
BENADRYL ALLERGY TABS (<i>Use diphenhydramine hcl</i>)	NF	QL(4 EA daily)	CLARITIN SOLN (<i>Use loratadine</i>)	NF	QL(240 ML per fill retail)
<i>clemastine fumarate TABS 1.34 MG</i>	P	QL(2 EA daily)	CLARITIN TABS (<i>Use loratadine</i>)	NF	
CLEMASZ TABS 2.68 MG (<i>Use clemastine fumarate</i>)	NF		<i>fexofenadine hcl TABS 60 MG</i>	P	QL(2 EA daily)
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	QL(2 EA daily)	<i>fexofenadine hcl TABS 180 MG</i>	P	QL(1 EA daily)
<i>diphenhydramine hcl CAPS</i>	P	QL(4 EA daily)	<i>levocetirizine dihydrochloride TABS</i>	P	QL(1 EA daily); RX/OTC
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ML per fill retail)	<i>loratadine SOLN</i>	P	QL(240 ML per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	QL(240 ML per fill retail)	<i>loratadine TABS</i>	P	
<i>diphenhydramine hcl TABS 25 MG</i>	P	QL(4 EA daily)	<i>loratadine TBDP 10 MG</i>	P	
Antihistamines - Non-Sedating			XYZAL ALLERGY 24HR TABS (<i>Use levocetirizine dihydrochloride</i>)	NF	QL(1 EA daily); RX/OTC
ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	NF	QL(2 EA daily)	ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	NF	QL(1 EA daily)
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	NF	QL(1 EA daily)	ZYRTEC CHILDRENS ALLERGY SOLN PO (<i>Use cetirizine hcl</i>)	NF	QL(480 ML per fill retail); RX/OTC
			Antihistamines - Phenothiazines		
			<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P	QL(240 ML per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail); AL(At least 2 yrs old)	COLESTID GRAN (<i>Use colestipol hcl</i>)	NP	MP
<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)	COLESTID PACK (<i>Use colestipol hcl</i>)	NF	MP
Antihistamines - Piperidines			COLESTID TABS (<i>Use colestipol hcl</i>)	NP	MP
<i>cyproheptadine hcl SYRP</i>	P		<i>colestipol hcl GRAN</i>	NP	MP
<i>cyproheptadine hcl TABS</i>	P		<i>colestipol hcl PACK</i>	NP	MP
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>colestipol hcl TABS</i>	NP	MP
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors			QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	NP	MP
NEXLETOL	NP		QUESTRAN PACK (<i>Use cholestyramine</i>)	NP	MP
Antihyperlipidemics - Combinations			QUESTRAN POWD (<i>Use cholestyramine</i>)	NP	MP
<i>ezetimibe-simvastatin</i>	NP	ST; MP	WELCHOL PACK (<i>Use colesevelam hcl</i>)	NP	MP
NEXLIZET	NP		WELCHOL TABS (<i>Use colesevelam hcl</i>)	NP	MP
VYTORIN (<i>Use ezetimibe-simvastatin</i>)	NP	ST; MP	Fibric Acid Derivatives		
Antihyperlipidemics - Misc.			<i>choline fenofibrate</i>	P	MP
<i>icosapent ethyl</i>	NP		<i>fenofibrate micronized 67 MG</i>	P	QL(2 EA daily); MP
LOVAZA (<i>Use omega-3-acid ethyl esters</i>)	NF	MP	<i>fenofibrate micronized 43 MG, 130 MG</i>	P	MP
<i>omega-3-acid ethyl esters</i>	NP	MP	<i>fenofibrate micronized 134 MG, 200 MG</i>	P	QL(1 EA daily); MP
VASCEPA (<i>Use icosapent ethyl</i>)	NF		<i>fenofibrate CAPS</i>	P	MP
Bile Acid Sequestrants			<i>fenofibrate TABS 160 MG</i>	P	QL(1 EA daily); MP
<i>cholestyramine light PACK</i>	P	MP	<i>fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG</i>	P	MP
<i>cholestyramine light POWD</i>	P	MP	<i>fenofibrate TABS 54 MG</i>	P	QL(3 EA daily); MP
<i>cholestyramine PACK</i>	P	MP	FENOGLIDE TABS (<i>Use fenofibrate</i>)	NF	MP
<i>cholestyramine POWD</i>	P	MP	FIBRICOR 105 MG (<i>Use fenofibric acid</i>)	NP	
<i>colesevelam hcl PACK</i>	NP	MP	<i>gemfibrozil TABS</i>	P	QL(2 EA daily); MP
<i>colesevelam hcl TABS</i>	NP	MP			
COLESTID FLAVORED GRAN (<i>Use colestipol hcl</i>)	NF	MP			
COLESTID FLAVORED PACK (<i>Use colestipol hcl</i>)	NF	MP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIPOFEN CAPS (<i>Use fenofibrate</i>)	NP	MP	ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	NP	QL(1 EA daily); MP
LOPID TABS (<i>Use gemfibrozil</i>)	NP	QL(2 EA daily); MP	ZYPITAMAG 2 MG, 4 MG	NP	
TRICOR TABS (<i>Use fenofibrate</i>)	NP	MP	Intestinal Cholesterol Absorption Inhibitors		
TRILIPIX (<i>Use choline fenofibrate</i>)	NF	MP	<i>ezetimibe</i>	P	MP
HMG CoA Reductase Inhibitors			ZETIA (<i>Use ezetimibe</i>)	NP	MP
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP		Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
ATORVALIQ SUSP	NP		JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	NP	SP
<i>atorvastatin calcium TABS</i>	P	QL(1 EA daily); MP	Nicotinic Acid Derivatives		
CRESTOR TABS 5 MG, 10 MG (<i>Use rosuvastatin calcium</i>)	NF	QL(1 EA daily); MP	<i>niacin (antihyperlipidemic) TBCR</i>	NP	MP
CRESTOR TABS 20 MG, 40 MG (<i>Use rosuvastatin calcium</i>)	NP	QL(1 EA daily); MP	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
<i>fluvastatin sodium CAPS</i>	NP	MP	LEQVIO	NP	SP
<i>fluvastatin sodium TB24</i>	NP	MP	PRALUENT SOAJ	NP	SP
LESCOL XL TB24 (<i>Use fluvastatin sodium</i>)	NP	MP	REPATHA PUSHTRONEX SYSTEM SOCT	NP	SP
LESCOL XL TB24 (<i>Use fluvastatin sodium</i>)	NF	MP	REPATHA SURECLICK SOAJ	NP	SP
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NP	QL(1 EA daily); MP	REPATHA SOSY	NP	SP
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NF	QL(1 EA daily); MP	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
LIVALO (<i>Use pitavastatin calcium</i>)	NP		ACE Inhibitors		
<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 EA daily); MP	ACCUPRIL (<i>Use quinapril hcl</i>)	NP	QL(1 EA daily); MP
<i>lovastatin TABS 40 MG</i>	P	QL(2 EA daily); MP	ALTACE CAPS 1.25 MG, 5 MG (<i>Use ramipril</i>)	NF	QL(2 EA daily); MP
<i>pitavastatin calcium</i>	NP		ALTACE CAPS 10 MG (<i>Use ramipril</i>)	NP	QL(2 EA daily); MP
<i>pravastatin sodium</i>	P	QL(1 EA daily); MP	<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 EA daily); MP
<i>rosuvastatin calcium TABS</i>	P	QL(1 EA daily); MP	<i>benazepril hcl 40 MG</i>	P	QL(2 EA daily); MP
<i>simvastatin TABS</i>	P	QL(1 EA daily); MP	<i>captopril</i>	P	QL(3 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril maleate SOLN</i>	NP	MP	AVAPRO 150 MG, 300 MG (<i>Use irbesartan</i>)	NP	QL(1 EA daily); MP
<i>enalapril maleate TABS</i>	P	QL(2 EA daily); MP	BENICAR (<i>Use olmesartan medoxomil</i>)	NP	ST; MP
EPANED SOLN (<i>Use enalapril maleate</i>)	NP	MP	<i>candesartan cilexetil</i>	NP	MP
<i>fosinopril sodium</i>	P	QL(1 EA daily); MP	COZAAR (<i>Use losartan potassium</i>)	NP	QL(1 EA daily); MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	MP	DIOVAN TABS (<i>Use valsartan</i>)	NP	QL(1 EA daily); MP
LOTENSIN 10 MG, 20 MG (<i>Use benazepril hcl</i>)	NP	QL(1 EA daily); MP	EDARBI	NP	
LOTENSIN 40 MG (<i>Use benazepril hcl</i>)	NP	QL(2 EA daily); MP	<i>irbesartan</i>	P	QL(1 EA daily); MP
<i>moexipril hcl</i>	P	MP	<i>losartan potassium</i>	P	QL(1 EA daily); MP
<i>perindopril erbumine</i>	NP	MP	MICARDIS 40 MG, 80 MG (<i>Use telmisartan</i>)	NP	QL(1 EA daily); MP
QBRELIS SOLN	NP	MP	MICARDIS 20 MG (<i>Use telmisartan</i>)	NF	QL(1 EA daily); MP
<i>quinapril hcl</i>	P	QL(1 EA daily); MP	<i>olmesartan medoxomil</i>	NP	ST; MP
<i>ramipril CAPS</i>	P	QL(2 EA daily); MP	<i>telmisartan</i>	NP	QL(1 EA daily); MP
<i>trandolapril 1 MG, 2 MG</i>	P	QL(1 EA daily); MP	<i>valsartan SOLN</i>	P	
<i>trandolapril 4 MG</i>	P	QL(2 EA daily); MP	<i>valsartan TABS</i>	P	QL(1 EA daily); MP
VASOTEC TABS (<i>Use enalapril maleate</i>)	NF	QL(2 EA daily); MP	Antiadrenergic Antihypertensives		
ZESTRIL TABS (<i>Use lisinopril</i>)	NF	MP	CARDURA (<i>Use doxazosin mesylate</i>)	NP	MP
ZESTRIL TABS (<i>Use lisinopril</i>)	NP	MP	CARDURA 8 MG (<i>Use doxazosin mesylate</i>)	NF	MP
Agents for Pheochromocytoma			CATAPRES-TTS-1 PTWK (<i>Use clonidine</i>)	NF	
DEMSEER (<i>Use metyrosine</i>)	NF	SP; MP	CATAPRES-TTS-2 PTWK (<i>Use clonidine</i>)	NF	
DIBENZYLINE (<i>Use phenoxybenzamine hcl</i>)	NF		CATAPRES-TTS-3 PTWK (<i>Use clonidine</i>)	NF	
<i>metyrosine</i>	P	SP; MP	<i>clonidine hcl TABS</i>	P	MP
<i>phenoxybenzamine hcl</i>	NP	MP	<i>clonidine PTWK</i>	P	
Angiotensin II Receptor Antagonists			<i>clonidine TB24</i>	NP	
ATACAND (<i>Use candesartan cilexetil</i>)	NP	MP	<i>doxazosin mesylate</i>	P	MP
			<i>guanfacine hcl</i>	P	MP
			<i>methyldopa TABS</i>	P	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NF	MP	<i>captopril & hydrochlorothiazide</i>	P	QL(2 EA daily)
NEXICLON XR TB24 (<i>Use clonidine</i>)	NP		DIOVAN HCT (<i>Use valsartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily); MP
<i>prazosin hcl CAPS</i>	P	MP	EDARBYCLOR	NP	
<i>terazosin hcl</i>	P	MP	<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(2 EA daily); MP
TEZRULY PO 1 MG/ML	NP		EXFORGE (<i>Use amlodipine besylate-valsartan</i>)	NP	ST; MP
Antihypertensive Combinations			EXFORGE HCT (<i>Use amlodipine-valsartan-hydrochlorothiazide</i>)	NP	ST; MP
ACCURETIC 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(4 EA daily); MP	<i>fosinopril sodium & hydrochlorothiazide</i>	P	QL(1 EA daily); MP
ACCURETIC 12.5 MG-10 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(3 EA daily); MP	HYZAAR (<i>Use losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 EA daily); MP
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 EA daily); MP	<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 EA daily); MP
<i>amlodipine besylate-olmesartan medoxomil</i>	NP	ST; MP	<i>lisinopril & hydrochlorothiazide</i>	P	MP
<i>amlodipine besylate-valsartan</i>	NP	ST; MP	<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 EA daily); MP
<i>amlodipine-valsartan-hydrochlorothiazide</i>	NP	ST; MP	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>Use benazepril & hydrochlorothiazide</i>)	NP	QL(1 EA daily); MP
ATACAND HCT (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NP	MP	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>Use amlodipine besylate-benazepril hcl</i>)	NP	QL(1 EA daily); MP
<i>atenolol & chlorthalidone</i>	P	QL(1 EA daily); MP	<i>metoprolol & hydrochlorothiazide TABS</i>	P	QL(2 EA daily); MP
AVALIDE (<i>Use irbesartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily); MP	MICARDIS HCT (<i>Use telmisartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily); MP
AZOR (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NP	ST; MP	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	ST; MP
<i>benazepril & hydrochlorothiazide</i>	P	QL(1 EA daily); MP			
BENICAR HCT (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	NP	ST; MP			
<i>bisoprolol & hydrochlorothiazide</i>	P	QL(1 EA daily); MP			
<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	MP			

Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil-hydrochlorothiazide</i>	NP	ST; MP
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	P	QL(2 EA daily); MP
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	P	QL(3 EA daily); MP
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	P	QL(4 EA daily); MP
<i>telmisartan-amlodipine</i>	NP	MP
<i>telmisartan-hydrochlorothiazide</i>	NP	QL(1 EA daily); MP
TENORETIC 100 (<i>Use atenolol & chlorthalidone</i>)	NP	QL(1 EA daily); MP
TENORETIC 100 (<i>Use atenolol & chlorthalidone</i>)	NF	QL(1 EA daily); MP
TENORETIC 50 (<i>Use atenolol & chlorthalidone</i>)	NF	QL(1 EA daily); MP
TENORETIC 50 (<i>Use atenolol & chlorthalidone</i>)	NP	QL(1 EA daily); MP
<i>trandolapril-verapamil hcl</i>	P	MP
TRIBENZOR (<i>Use olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	ST; MP
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily); MP
VASERETIC 25 MG-10 MG (<i>Use enalapril maleate & hydrochlorothiazide</i>)	NF	QL(2 EA daily); MP
ZESTORETIC (<i>Use lisinopril & hydrochlorothiazide</i>)	NP	MP
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	NP	MP
TEKTURNA (<i>Use aliskiren fumarate</i>)	NP	MP
Selective Aldosterone Receptor Antagonists (SARAs)		

Drug Name	Drug Tier	Requirements/ Limits
<i>eplerenone</i>	NP	MP
INSPIRA (<i>Use eplerenone</i>)	NP	MP
INSPIRA (<i>Use eplerenone</i>)	NF	MP
Vasodilators		
<i>hydralazine hcl TABS</i>	P	MP
<i>minoxidil 2.5 MG, 10 MG</i>	P	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	
FLAGYL CAPS (<i>Use metronidazole</i>)	NF	
LIKMEZ SUSP	NP	
<i>metronidazole CAPS</i>	NP	
<i>metronidazole SOLN</i>	P	
METRONIDAZOLE SOLN (<i>Use metronidazole</i>)	NF	
<i>metronidazole TABS</i>	P	
NEBUPENT IN (<i>Use pentamidine isethionate</i>)	P	
<i>pentamidine isethionate IN</i>	P	
<i>tinidazole</i>	NP	
<i>trimethoprim TABS</i>	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NP	
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NP	
<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS</i>	NP		<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily)
<i>sulfamethoxazole-trimethoprim SUSP</i>	P		<i>vancomycin hcl SOLR PO 50 MG/ML, 250 MG/5ML</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P		<i>vancomycin hcl SOLR PO 25 MG/ML</i>	P	QL(300 ML per fill retail)
UROGESIC-BLUE TABS (Use <i>methenamine-hyoscamine-methylene blue-sodium phosphate</i>)	NP		Leprostatics		
Antiprotozoal Agents			<i>dapsone</i>	P	
ALINIA TABS (Use <i>nitazoxanide</i>)	NF		Lincosamides		
<i>atovaquone</i>	P		CLEOCIN (Use <i>clindamycin hcl</i>)	NP	
LAMPIT	NP		CLEOCIN (Use <i>clindamycin palmitate hydrochloride</i>)	NP	QL(300 ML per fill retail)
MEPRON (Use <i>atovaquone</i>)	NP		CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML	P	
<i>nitazoxanide TABS</i>	NP		CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use <i>clindamycin phosphate</i>)	NF	
Carbapenems			<i>clindamycin hcl</i>	P	
<i>ertapenem sodium IJ</i>	P	SP	<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ML per fill retail)
<i>imipenem-cilastatin IV</i>	P		<i>clindamycin phosphate in d5w</i>	P	
<i>meropenem</i>	P		CLINDAMYCIN PHOSPHATE IN NACL	P	
MEROPENEM-SODIUM CHLORIDE	P		<i>clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML</i>	P	
PRIMAXIN IV IV 500 MG-500 MG (Use <i>imipenem-cilastatin</i>)	NF		<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 9000 MG/60ML</i>	P	
Glycopeptides			Monobactams		
FIRVANQ SOLR PO 50 MG/ML (Use <i>vancomycin hcl</i>)	NP		AZACTAM (Use <i>aztreonam</i>)	NF	
FIRVANQ SOLR PO 25 MG/ML (Use <i>vancomycin hcl</i>)	NP	QL(300 ML per fill retail)	<i>aztreonam</i>	P	
VANCOCIN CAPS 125 MG (Use <i>vancomycin hcl</i>)	NP	QL(4 EA daily)	CAYSTON	NP	SP
VANCOCIN CAPS 250 MG (Use <i>vancomycin hcl</i>)	NP	QL(8 EA daily)	Oxazolidinones		
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>linezolid SUSR</i>	NP		<i>chloroquine phosphate TABS 250 MG</i>	P	QL(2 EA daily)
<i>linezolid TABS</i>	NP		<i>chloroquine phosphate TABS 500 MG</i>	P	QL(8 EA per 56 day(s) retail)
SIVEXTRO TABS	NP	QL(6 EA per fill retail)	DARAPRIM (<i>Use pyrimethamine</i>)	NF	SP
ZYVOX SUSR (<i>Use linezolid</i>)	NP		<i>hydroxychloroquine sulfate</i>	P	MP
ZYVOX TABS (<i>Use linezolid</i>)	NP		KRINTAFEL	NP	QL(2 EA per 30 day(s) retail)
Urinary Anti-infectives			<i>mefloquine hcl</i>	P	MP
BLUJEP A TABS PO 750 MG	NP		PLAQUENIL (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>fosfomycin tromethamine</i>	P		<i>primaquine phosphate TABS</i>	P	MP
HIPREX (<i>Use methenamine hippurate</i>)	NF		PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	P	MP
MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	NP		<i>pyrimethamine</i>	NP	SP
MACRODANTIN (<i>Use nitrofurantoin macrocrystal</i>)	NF		QUALAQUIN CAPS (<i>Use quinine sulfate</i>)	NF	
<i>methenamine hippurate</i>	P		<i>quinine sulfate CAPS 324 MG</i>	NP	
<i>methenamine mandelate</i>	P		SOVUNA	NP	MP
MONUROL (<i>Use fosfomycin tromethamine</i>)	NF		ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>nitrofurantoin</i>	P	QL(40 ML daily)	Antimyasthenic/Cholinergic Agents		
NITROFURANTOIN	P		FIRDAPSE	NP	SP
<i>nitrofurantoin macrocrystal</i>	P		MESTINON SOLN PO (<i>Use pyridostigmine bromide</i>)	NF	
<i>nitrofurantoin monohyd macro</i>	P		MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NF	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)			MESTINON TBCR (<i>Use pyridostigmine bromide</i>)	NF	
Antimalarial Combinations			<i>pyridostigmine bromide SOLN PO</i>	P	
<i>atovaquone-proguanil hcl</i>	P	MP	<i>pyridostigmine bromide TABS</i>	P	
COARTEM	NP	QL(24 EA per fill retail)	<i>pyridostigmine bromide TBCR</i>	P	
MALARONE (<i>Use atovaquone-proguanil hcl</i>)	NP	MP	ANTIMYCOBACTERIAL AGENTS - Drugs to Treat		
Antimalarials					

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Drug Name	Drug Tier	Requirements/ Limits
Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	P	
<i>ethambutol hcl TABS</i>	P	
<i>isoniazid SYRP</i>	P	MP
<i>isoniazid TABS</i>	P	
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	NF	
MYCOBUTIN (<i>Use rifabutin</i>)	NP	
PRETOMANID	NP	
PRIFTIN	P	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin CAPS</i>	P	
SIRTURO	NP	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>cyclophosphamide CAPS</i>	P	
CYCLOPHOSPHAMIDE TABS 50 MG	P	
<i>temozolomide CAPS 5 MG, 20 MG, 100 MG, 140 MG</i>	P	SP
<i>temozolomide CAPS 180 MG, 250 MG</i>	P	QL(2 EA daily); SP
Antimetabolites		
<i>capecitabine</i>	NP	SP
JYLAMVO SOLN PO	NP	SP
<i>mercaptopurine SUSP 2000 MG/100ML</i>	NP	
<i>mercaptopurine TABS</i>	P	
<i>methotrexate sodium TABS 2.5 MG</i>	P	
ONUREG TABS	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	NP	
PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	NF	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	
XATMEP SOLN PO	NP	
XELODA (<i>Use capecitabine</i>)	NP	SP
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA	NP	SP
INLYTA	NP	SP
LENVIMA (10 MG DAILY DOSE)	NP	SP
LENVIMA (12 MG DAILY DOSE)	NP	SP
LENVIMA (14 MG DAILY DOSE)	NP	SP
LENVIMA (18 MG DAILY DOSE)	NP	SP
LENVIMA (20 MG DAILY DOSE)	NP	SP
LENVIMA (24 MG DAILY DOSE)	NP	SP
LENVIMA (4 MG DAILY DOSE)	NP	SP
LENVIMA (8 MG DAILY DOSE)	NP	SP
Antineoplastic - Anti-HER2 Agents		
HERNEXEOS TABS PO 60 MG	NP	SP
TUKYSA	NP	SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	NP	SP
VENCLEXTA TABS	NP	SP
Antineoplastic - EGFR Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>erlotinib hcl</i>	P	SP	NUBEQA	NP	SP
<i>gefitinib</i>	P	SP	ORGOVYX	NP	SP
GILOTRIF	NP	SP	ORSERDU	P	SP
IRESSA (<i>Use gefitinib</i>)	P	SP	SOLTAMOX SOLN	P	
LAZCLUZE	NP	SP	<i>tamoxifen citrate TABS</i>	P	
TAGRISSE	NP	SP	<i>toremifene citrate</i>	P	
TARCEVA (<i>Use erlotinib hcl</i>)	NF	SP	XTANDI CAPS	NP	SP
VIZIMPRO	NP	SP	XTANDI TABS	NP	SP
Antineoplastic - Hedgehog Pathway Inhibitors			YONSA	NP	SP
DAURISMO	NP	SP	ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP
ERIVEDGE	P	SP	Antineoplastic - Immunomodulators		
ODOMZO	NP	SP	POMALYST	NP	SP
Antineoplastic - Hormonal and Related Agents			Antineoplastic - PDGFR-alpha Inhibitors		
<i>abiraterone acetate</i>	P	SP	AYVAKIT	NP	SP
AKEEGA	NP	SP	Antineoplastic - XPO1 Inhibitors		
<i>anastrozole</i>	P		XPOVIO (100 MG ONCE WEEKLY) 50 MG	NP	SP
ARIMIDEX (<i>Use anastrozole</i>)	NP		XPOVIO (40 MG ONCE WEEKLY)	NP	SP
AROMASIN (<i>Use exemestane</i>)	NP		XPOVIO (40 MG TWICE WEEKLY) 40 MG	NP	SP
<i>bicalutamide</i>	P	QL(1 EA daily)	XPOVIO (60 MG ONCE WEEKLY) 60 MG	NP	SP
CASODEX (<i>Use bicalutamide</i>)	NP	QL(1 EA daily)	XPOVIO (60 MG TWICE WEEKLY)	NP	SP
ERLEADA	NP	SP	XPOVIO (80 MG ONCE WEEKLY) 40 MG	NP	SP
<i>exemestane</i>	P		XPOVIO (80 MG TWICE WEEKLY)	NP	SP
FARESTON (<i>Use toremifene citrate</i>)	NP		Antineoplastic Combinations		
FEMARA (<i>Use letrozole</i>)	NP		AVMAPKI FAKZYNJA CO-PACK THPK PO	NP	SP
INLURIYO TABS PO 200 MG	NP		INQOVI	NP	SP
<i>letrozole</i>	P		KISQALI FEMARA (200 MG DOSE)	NP	SP
LYSODREN	P	SP	KISQALI FEMARA (400 MG DOSE)	NP	SP
<i>megestrol acetate SUSP</i>	P				
<i>megestrol acetate TABS</i>	P				
NILANDRON (<i>Use nilutamide</i>)	NF				
<i>nilutamide</i>	P				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA (600 MG DOSE)	NP	SP	GOMEKLI CAPS PO 1 MG, 2 MG	NP	SP
LONSURF	NP	SP	GOMEKLI TBSO PO 1 MG	NP	SP
Antineoplastic Enzyme Inhibitors			IBRANCE CAPS	NP	SP
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP	IBRANCE TABS	NP	SP
AFINITOR TABS (<i>Use everolimus</i>)	NP	SP	IBTROZI CAPS PO 200 MG	NP	SP
ALECENSA	NP	SP	ICLUSIG	NP	SP
ALUNBRIG TABS	NP	SP	IDHIFA	NP	SP
ALUNBRIG TBPk	NP	SP	<i>imatinib mesylate</i> TABS	NP	
AUGTYRO	NP	SP	<i>imatinib mesylate</i> TABS	NP	SP
BALVERSA	NP	SP	IMBRUVICA CAPS	NP	SP
BOSULIF CAPS	NP	SP	IMBRUVICA SUSP	NP	SP
BOSULIF TABS	NP	SP	IMBRUVICA TABS 140 MG, 280 MG, 420 MG	NP	SP
BRAFTOVI 75 MG	NP	SP	IMKELDI SOLN	NP	SP
BRUKINSA PO 160 MG	NP	SP	INREBIC	NP	SP
BRUKINSA	NP	SP	ITOVEBI	NP	SP
CABOMETYX TABS	NP	SP	JAKAFI	P	SP
CALQUENCE	NP	SP	JAYPIRCA	NP	SP
CAPRELSA	P	SP	KISQALI (200 MG DOSE)	NP	SP
COMETRIQ (100 MG DAILY DOSE) KIT	NP	SP	KISQALI (400 MG DOSE)	NP	SP
COMETRIQ (140 MG DAILY DOSE) KIT	NP	SP	KISQALI (600 MG DOSE)	NP	SP
COMETRIQ (60 MG DAILY DOSE) KIT	NP	SP	KOSELUGO PO 5 MG, 7.5 MG	NP	
COPIKTRA	NP	SP	KOSELUGO	NP	SP
COTELLIC	NP	SP	KRAZATI	NP	SP
DANZITEN	NP	SP	<i>lapatinib ditosylate</i>	NP	SP
<i>dasatinib</i>	NP	SP	LORBRENA	NP	SP
<i>everolimus</i> TABS	NP	SP	LUMAKRAS	NP	SP
<i>everolimus</i> TBSO	NP	SP	LYNPARZA TABS	NP	SP
FOTIVDA	NP	SP	LYTGOBI (12 MG DAILY DOSE)	NP	SP
GAVRETO	NP	SP	LYTGOBI (16 MG DAILY DOSE)	NP	SP
GAVRETO	NP	SP	LYTGOBI (20 MG DAILY DOSE)	NP	SP
GLEEVEC TABS (<i>Use imatinib mesylate</i>)	NP	SP	MEKINIST SOLR	NP	SP

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

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

Drug Name	Drug Tier	Requirements/ Limits
TASMAR (<i>Use tolcapone</i>)	NF	MP
<i>tolcapone</i>	NP	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	P	MP
<i>amantadine hcl SOLN</i>	P	
<i>amantadine hcl TABS</i>	P	MP
APOKYN SOCT	NP	SP
<i>apomorphine hydrochloride SOCT</i>	NP	SP
<i>bromocriptine mesylate CAPS</i>	P	MP
<i>bromocriptine mesylate TABS 2.5 MG</i>	P	MP
<i>carbidopa-levodopa-entacapone</i>	NP	MP
<i>carbidopa-levodopa TABS</i>	P	MP
<i>carbidopa-levodopa TBCR</i>	P	MP
<i>carbidopa-levodopa TBDP</i>	NP	MP
CREXONT CPCRC	NP	
DHIVY TABS	NP	MP
GOCOVRI CP24	NP	SP
INBRIJA CAPS	NP	
MIRAPEX ER TB24 (<i>Use pramipexole dihydrochloride</i>)	NF	MP
NEUPRO	NP	
ONAPGO SOCT 98 MG/20ML	NP	SP
PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NF	MP
PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	NF	MP
<i>pramipexole dihydrochloride TABS</i>	P	QL(3 EA daily); MP
<i>pramipexole dihydrochloride TB24</i>	NP	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 EA daily); MP	<i>lithium</i>	P	
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 EA daily); MP	<i>lithium carbonate CAPS</i>	P	MP
<i>ropinirole hydrochloride TB24</i>	NP	MP	<i>lithium carbonate TABS</i>	P	MP
RYTARY CPCR	NP		<i>lithium carbonate TBCR</i>	P	MP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use <i>carbidopa-levodopa</i>)	NP	MP	LITHOBID TBCR (Use <i>lithium carbonate</i>)	NP	MP
STALEVO 100 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	MP	Antipsychotics - Misc.		
STALEVO 125 (Use <i>carbidopa-levodopa-entacapone</i>)	NF	MP	CAPLYTA	P	
STALEVO 150 (Use <i>carbidopa-levodopa-entacapone</i>)	NF	MP	EQUETRO	NP	
STALEVO 200 (Use <i>carbidopa-levodopa-entacapone</i>)	NF	MP	GEODON (Use <i>ziprasidone mesylate</i>)	NF	
STALEVO 50 (Use <i>carbidopa-levodopa-entacapone</i>)	NF	MP	GEODON (Use <i>ziprasidone mesylate</i>)	NP	
STALEVO 75 (Use <i>carbidopa-levodopa-entacapone</i>)	NP	MP	GEODON (Use <i>ziprasidone hcl</i>)	NP	QL(2 EA daily); AL(At least 8 yrs old); MP
VYALEV SOLN SC	NP	SP	GEODON 40 MG, 60 MG (Use <i>ziprasidone hcl</i>)	NF	QL(2 EA daily); AL(At least 8 yrs old); MP
Antiparkinson Monoamine Oxidase Inhibitors			LATUDA (Use <i>lurasidone hcl</i>)	NP	
AZILECT (Use <i>rasagiline mesylate</i>)	NP	MP	<i>lurasidone hcl</i>	P	
<i>rasagiline mesylate</i>	NP	MP	NUPLAZID CAPS	NP	QL(1 EA daily)
<i>selegiline hcl CAPS</i>	P	MP	NUPLAZID TABS 10 MG	NP	QL(1 EA daily)
<i>selegiline hcl TABS</i>	P	MP	VRAYLAR CAPS	P	AL(At least 8 yrs old)
XADAGO	NP		<i>ziprasidone hcl</i>	P	QL(2 EA daily); AL(At least 8 yrs old); MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			<i>ziprasidone mesylate</i>	NP	
Antimanic Agents			Benzisoxazoles		
			ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	NP	AL(At least 18 yrs old); SP
			ERZOFRI 351 MG/2.25ML	NP	SP
			FANAPT	NP	
			FANAPT TITRATION PACK A	NP	
			FANAPT TITRATION PACK B	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FANAPT TITRATION PACK C	NP		<i>haloperidol lactate CONC</i>	P	MP
INVEGA 3 MG, 6 MG, 9 MG (<i>Use paliperidone</i>)	NP	AL(At least 8 yrs old); MP	<i>haloperidol TABS 0.5 MG, 1 MG, 10 MG</i>	P	QL(3 EA daily); MP
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP; PA	<i>haloperidol TABS 2 MG, 5 MG, 20 MG</i>	P	MP
INVEGA SUSTENNA	P	AL(At least 18 yrs old); SP; PA	Dibenzapines		
INVEGA TRINZA	P	AL(At least 18 yrs old); SP; PA	ADASUVE	NP	
<i>paliperidone</i>	NP	AL(At least 8 yrs old); MP	<i>asenapine maleate</i>	NP	
PERSERIS PRSY	P	SP; PA	<i>clozapine TABS 100 MG</i>	P	QL(9 EA daily); AL(At least 8 yrs old); MP
RISPERDAL CONSTA (<i>Use risperidone microspheres</i>)	NP	SP	<i>clozapine TABS 25 MG, 50 MG, 200 MG</i>	P	QL(3 EA daily); AL(At least 8 yrs old); MP
RISPERDAL CONSTA 50 MG (<i>Use risperidone microspheres</i>)	NF	SP	<i>clozapine TBDP</i>	NP	MP
RISPERDAL SOLN (<i>Use risperidone</i>)	NP	QL(4 ML daily); AL(At least 5 yrs old); MP	CLOZARIL TABS 50 MG, 200 MG (<i>Use clozapine</i>)	NF	QL(3 EA daily); AL(At least 8 yrs old); MP
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use risperidone</i>)	NP	QL(4 EA daily); AL(At least 5 yrs old); MP	CLOZARIL TABS 100 MG (<i>Use clozapine</i>)	NP	QL(9 EA daily); AL(At least 8 yrs old); MP
<i>risperidone microspheres</i>	NP	SP	CLOZARIL TABS 25 MG (<i>Use clozapine</i>)	NP	QL(3 EA daily); AL(At least 8 yrs old); MP
<i>risperidone SOLN</i>	P	QL(4 ML daily); AL(At least 5 yrs old); MP	<i>loxapine succinate</i>	P	QL(4 EA daily); MP
<i>risperidone TABS</i>	P	QL(4 EA daily); AL(At least 5 yrs old); MP	<i>olanzapine SOLR</i>	NP	
<i>risperidone TBDP</i>	NP	QL(2 EA daily); AL(At least 5 yrs old); MP	<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 8 yrs old); MP
RYKINDO SRER	NP	SP	<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 EA daily); AL(At least 8 yrs old); MP
UZEDY SUSY	P	SP; PA	<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 8 yrs old); MP
Butyrophenones			<i>olanzapine TBDP 20 MG</i>	P	AL(At least 8 yrs old); MP
HALDOL DECANOATE (<i>Use haloperidol decanoate</i>)	NF		<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	P	MP
<i>haloperidol decanoate</i>	P		<i>quetiapine fumarate TABS 150 MG</i>	P	
			<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(4 EA daily); AL(At least 8 yrs old); MP

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 EA daily); AL(At least 8 yrs old); MP
<i>quetiapine fumarate TB24</i>	P	MP
<i>SAPHRIS (Use asenapine maleate)</i>	NP	
<i>SAPHRIS 5 MG, 10 MG (Use asenapine maleate)</i>	NF	
<i>SECUADO</i>	NP	
<i>SEROQUEL XR TB24 (Use quetiapine fumarate)</i>	NP	MP
<i>SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use quetiapine fumarate)</i>	NP	QL(4 EA daily); AL(At least 8 yrs old); MP
<i>SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)</i>	NP	QL(2 EA daily); AL(At least 8 yrs old); MP
<i>VERSACLOZ SUSP</i>	NP	
<i>ZYPREXA RELPREVV</i>	NP	SP
<i>ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG (Use olanzapine)</i>	NP	MP
<i>ZYPREXA ZYDIS TBDP 20 MG (Use olanzapine)</i>	NF	AL(At least 8 yrs old); MP
<i>ZYPREXA SOLR (Use olanzapine)</i>	NP	
<i>ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)</i>	NF	QL(4 EA daily); AL(At least 8 yrs old); MP
<i>ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)</i>	NP	QL(1 EA daily); AL(At least 8 yrs old); MP
<i>ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)</i>	NP	QL(4 EA daily); AL(At least 8 yrs old); MP
<i>ZYPREXA TABS 20 MG (Use olanzapine)</i>	NF	QL(1 EA daily); AL(At least 8 yrs old); MP
<i>ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)</i>	NP	QL(2 EA daily); AL(At least 8 yrs old); MP
Dihydroindolones		

Drug Name	Drug Tier	Requirements/Limits
<i>molindone hcl 5 MG, 25 MG</i>	NP	QL(4 EA daily); MP
Phenothiazines		
<i>chlorpromazine hcl CONC</i>	P	
<i>chlorpromazine hcl TABS 10 MG</i>	P	QL(10 EA daily); MP
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 EA daily); MP
<i>fluphenazine decanoate</i>	P	
<i>fluphenazine hcl CONC</i>	P	MP
<i>fluphenazine hcl ELIX</i>	P	MP
<i>fluphenazine hcl TABS</i>	P	MP
<i>perphenazine TABS</i>	P	QL(4 EA daily); MP
<i>prochlorperazine</i>	P	
<i>prochlorperazine maleate TABS</i>	P	MP
<i>thioridazine hcl</i>	P	QL(3 EA daily); MP
<i>trifluoperazine hcl TABS</i>	P	QL(3 EA daily); MP
Quinolinone Derivatives		
<i>ABILIFY ASIMTUFII PRSY</i>	P	SP; PA
<i>ABILIFY MAINTENA PRSY</i>	P	AL(At least 18 yrs old); SP; PA
<i>ABILIFY MAINTENA SRER</i>	P	AL(At least 18 yrs old); SP; PA
<i>ABILIFY MYCITE STARTER KIT 5 MG</i>	NP	AL(At least 8 yrs old); SP
<i>ABILIFY TABS (Use aripiprazole)</i>	NP	QL(1 EA daily); AL(At least 6 yrs old); MP
<i>aripiprazole SOLN PO</i>	NP	QL(750 ML per 30 day(s) retail; 2250 ML per 90 days mail); AL(At least 6 yrs old); MP
<i>aripiprazole TABS</i>	P	QL(1 EA daily); AL(At least 6 yrs old); MP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole TBDP</i>	NP	QL(1 EA daily); AL(At least 6 yrs old); MP	BIKTARVY 120 MG-30 MG-15 MG	P	
ARISTADA	P	SP; PA	BIKTARVY 200 MG-50 MG-25 MG	P	QL(1 EA daily); MP
ARISTADA INITIO	P	SP; PA	CABENUVA	P	
OPIPZA FILM	NP		CIMDUO	NP	QL(1 EA daily); MP
REXULTI	P	QL(1 EA daily); AL(At least 8 yrs old)	COMBIVIR (Use lamivudine-zidovudine)	NP	QL(2 EA daily); MP
Thioxanthenes			COMPLERA 200 MG-300 MG-25 MG (Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	P	QL(1 EA daily); MP
<i>thiothixene</i>	P	QL(3 EA daily); MP	<i>darunavir TABS</i>	P	
ANTISEPTICS & DISINFECTANTS			DELSTRIGO	P	QL(1 EA daily); MP
Antiseptics & Disinfectants			DESCOVY 120 MG-15 MG	P	
<i>formaldehyde SOLN 10 %</i>	P	QL(90 ML per fill retail)	DESCOVY 200 MG-25 MG	P	QL(1 EA daily); MP
Chlorine Antiseptics			DOVATO	P	MP
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P		EDURANT	P	QL(1 EA daily); MP
HIBICLENS SOLN EX (Use chlorhexidine gluconate)	NF		EDURANT PED PO 2.5 MG	P	
HIBICLENS SOLN EX (Use chlorhexidine gluconate)	NF		<i>efavirenz CAPS 200 MG</i>	P	QL(1 EA daily); MP
HIBICLENS SOLN EX (Use chlorhexidine gluconate)	P		<i>efavirenz CAPS 50 MG</i>	P	QL(2 EA daily); MP
ANTIVIRALS - Drugs to Treat Viral Infections			<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily); MP
Antiretrovirals			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG-300 MG</i>	NP	QL(1 EA daily); MP
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily); MP	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-400 MG-300 MG</i>	P	MP
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily); MP	<i>efavirenz TABS</i>	P	QL(1 EA daily); MP
<i>abacavir sulfate TABS</i>	P	QL(2 EA daily); MP	<i>emtricitabine CAPS</i>	P	QL(1 EA daily); MP
APRETUDE	P				
APTIVUS CAPS	P	QL(4 EA daily); MP			
<i>atazanavir sulfate CAPS</i>	P	QL(2 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily); MP	ISENTRESS PACK	P	QL(2 EA daily); MP
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 EA daily); MP	ISENTRESS TABS	P	QL(2 EA daily); MP
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	P	MP	JULUCA	P	QL(1 EA daily); MP
EMTRIVA CAPS (Use <i>emtricitabine</i>)	P	QL(1 EA daily); MP	KALETRA SOLN	NP	QL(10.67 ML daily); MP
EMTRIVA SOLN	P	QL(24 ML daily); MP	KALETRA TABS 25 MG-100 MG (Use <i>lopinavir-ritonavir</i>)	NF	QL(4 EA daily); MP
EPIVIR SOLN (Use <i>lamivudine</i>)	NP	QL(30 ML daily); MP	KALETRA TABS 50 MG-200 MG (Use <i>lopinavir-ritonavir</i>)	P	QL(6 EA daily); MP
EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	NP	QL(1 EA daily); MP	KALETRA TABS 50 MG-200 MG (Use <i>lopinavir-ritonavir</i>)	NF	QL(6 EA daily); MP
EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	NP	QL(2 EA daily); MP	KALETRA TABS 25 MG-100 MG (Use <i>lopinavir-ritonavir</i>)	P	QL(4 EA daily); MP
EPZICOM (Use <i>abacavir sulfate-lamivudine</i>)	NP	QL(1 EA daily); MP	<i>lamivudine</i> SOLN	P	QL(30 ML daily); MP
<i>etravirine 100 MG</i>	P	QL(4 EA daily); MP	<i>lamivudine</i> TABS 300 MG	P	QL(1 EA daily); MP
<i>etravirine 200 MG</i>	P	QL(2 EA daily); MP	<i>lamivudine</i> TABS 150 MG	P	QL(2 EA daily); MP
EVOTAZ	NP	QL(1 EA daily); MP	<i>lamivudine-zidovudine</i>	P	QL(2 EA daily); MP
<i>fosamprenavir calcium</i> TABS	P	QL(4 EA daily); MP	LEXIVA TABS (Use <i>fosamprenavir calcium</i>)	NF	QL(4 EA daily); MP
FUZEON SOLR	NP	SP; MP	<i>lopinavir-ritonavir</i> SOLN	P	QL(10.67 ML daily); MP
GENVOYA	P	QL(1 EA daily); MP	<i>lopinavir-ritonavir</i> TABS 25 MG-100 MG	P	QL(4 EA daily); MP
INTELENCE (Use <i>etravirine</i>)	P	QL(4 EA daily); MP	<i>lopinavir-ritonavir</i> TABS 50 MG-200 MG	P	QL(6 EA daily); MP
INTELENCE	P	QL(4 EA daily); MP	<i>maraviroc</i> TABS 300 MG	P	QL(4 EA daily); MP
INTELENCE 200 MG (Use <i>etravirine</i>)	P	QL(2 EA daily); MP	<i>maraviroc</i> TABS 150 MG	P	QL(2 EA daily); MP
ISENTRESS HD TABS	P	QL(2 EA daily); MP	<i>nevirapine</i> SUSP	P	QL(40 ML daily); MP
ISENTRESS CHEW 100 MG	P	QL(6 EA daily); MP	<i>nevirapine</i> TABS	P	QL(2 EA daily); MP
ISENTRESS CHEW 25 MG	P	QL(12 EA daily); MP	<i>nevirapine</i> TB24 400 MG	P	QL(1 EA daily); MP
			NORVIR PACK	P	MP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NORVIR TABS (<i>Use ritonavir</i>)	P	QL(12 EA daily); MP	SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	MP
ODEFSEY	P	QL(1 EA daily); MP	SYMTUZA	P	QL(1 EA daily); MP
PIFELTRO	P	QL(1 EA daily); MP	<i>tenofovir disoproxil fumarate</i> TABS	P	QL(1 EA daily); MP
PREZCOBIX	P	QL(1 EA daily); MP	TIVICAY PD TBSO	P	MP
PREZCOBIX	P		TIVICAY TABS	P	MP
PREZISTA SUSP	P		TRIUMEQ PD TBSO	P	
PREZISTA TABS (<i>Use darunavir</i>)	P		TRIUMEQ PD TBSO	P	
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P		TRIUMEQ TABS	P	MP
RETROVIR CAPS (<i>Use zidovudine</i>)	NP	QL(6 EA daily); MP	TROGARZO	P	SP; MP; PA
RETROVIR SYRP (<i>Use zidovudine</i>)	NP	QL(60 ML daily); MP	TRUVADA 200 MG-300 MG (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily); MP
REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	P	QL(2 EA daily); MP	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	P	MP
REYATAZ PACK	P	QL(6 EA daily); MP	TYBOST	NP	QL(1 EA daily); MP
<i>ritonavir</i> TABS	P	QL(12 EA daily); MP	VIRACEPT TABS 250 MG	P	QL(9 EA daily); MP
RUKOBIA	P	MP	VIRACEPT TABS 625 MG	P	QL(4 EA daily); MP
SELZENTRY SOLN	P	QL(35 ML daily); MP	VIREAD POWD	P	QL(8 GM daily); MP
SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	NP	QL(4 EA daily); MP	VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily); MP
SELZENTRY TABS 150 MG (<i>Use maraviroc</i>)	NP	QL(2 EA daily); MP	VIREAD TABS	P	QL(1 EA daily); MP
STRIBILD	NP	QL(1 EA daily); MP	YEZTUGO SOLN 463.5 MG/1.5ML	P	SP
SUNLENCA SOLN	P	SP; PA	YEZTUGO TABS PO 300 MG	P	SP
SUNLENCA TABS PO 300 MG	P	SP; PA	ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	P	QL(30 ML daily); MP
SUNLENCA TBPk 300 MG	P	SP; PA	ZIAGEN TABS (<i>Use abacavir sulfate</i>)	NF	QL(2 EA daily); MP
SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine CAPS</i>	P	QL(6 EA daily); MP	LEDIPASVIR-SOFOSBUVIR TABS	NP	SP
<i>zidovudine SYRP</i>	P	QL(60 ML daily); MP	MAVYRET PACK	P	SP
<i>zidovudine TABS</i>	P	QL(2 EA daily); MP	MAVYRET TABS	NP	QL(3 EA daily); SP
Antiviral Combinations			MAVYRET TABS	P	QL(3 EA daily); SP
PAXLOVID (150/100)	P	Maximum 5-day supply; AL(At least 12 yrs old)	PEGASYS SOSY	NP	SP
PAXLOVID (300/100 & 150/100)	P		<i>ribavirin (hepatitis c) CAPS</i>	P	SP
PAXLOVID (300/100)	P	Maximum 5-day supply; AL(At least 12 yrs old)	<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	SP
CMV Agents			SOFOSBUVIR-VELPATASVIR TABS	P	SP
LIVTENCITY	P	SP; PA	SOVALDI PACK	NP	SP
PREVYMIS PACK	NP	SP	SOVALDI TABS	NP	SP
PREVYMIS TABS	P	SP; PA	VEMLIDY	NP	SP
VALCYTE SOLR (<i>Use valganciclovir hcl</i>)	NP		VOSEVI	NP	SP
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NP	QL(2 EA daily)	ZEPATIER	NP	SP
<i>valganciclovir hcl SOLR</i>	NP		Herpes Agents		
<i>valganciclovir hcl TABS</i>	P	QL(2 EA daily)	<i>acyclovir CAPS</i>	P	QL(50 EA per 30 day(s) retail)
Hepatitis Agents			<i>acyclovir SUSP</i>	P	QL(400 ML per 30 day(s) retail; 400 ML per 30 days mail)
<i>adefovir dipivoxil</i>	NP		<i>acyclovir TABS PO 400 MG</i>	P	QL(3 EA daily)
BARACLUDE SOLN	NP		<i>acyclovir TABS PO 800 MG</i>	P	QL(50 EA per 30 day(s) retail)
BARACLUDE TABS (<i>Use entecavir</i>)	NP		<i>famciclovir</i>	NP	
<i>entecavir TABS</i>	P		SITAVIG TABS BU	NP	
EPCLUSA PACK	NP	SP	<i>valacyclovir hcl 1 GM</i>	P	QL(42 EA per 21 day(s) retail)
EPCLUSA TABS	NP	SP	<i>valacyclovir hcl 500 MG</i>	P	QL(2 EA daily)
EPCLUSA TABS	NP	SP	<i>valacyclovir hcl</i>	P	
HARVONI PACK	NP	SP	VALTREX 1 GM (<i>Use valacyclovir hcl</i>)	NP	QL(42 EA per 21 day(s) retail)
HARVONI TABS	NP	SP	VALTREX 500 MG (<i>Use valacyclovir hcl</i>)	NP	QL(2 EA daily)
HARVONI TABS	NP	SP	Influenza Agents		
<i>lamivudine (hbv) TABS</i>	NP				

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Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate CAPS 30 MG</i>	P	QL(40 EA per 30 day(s) retail)
<i>oseltamivir phosphate CAPS 75 MG</i>	P	QL(20 EA per 30 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>oseltamivir phosphate CAPS 45 MG</i>	P	QL(20 EA per 30 day(s) retail)
<i>oseltamivir phosphate SUSR</i>	P	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail)
RELENZA DISKHALER	P	QL(20 EA per fill retail)
<i>rimantadine hydrochloride TABS</i>	NP	
TAMIFLU CAPS 45 MG (Use <i>oseltamivir phosphate</i>)	NP	QL(20 EA per 30 day(s) retail)
TAMIFLU CAPS 75 MG (Use <i>oseltamivir phosphate</i>)	NP	QL(20 EA per 30 day(s) retail); 1 max fill(s) per 180 day(s) retail
TAMIFLU CAPS 30 MG (Use <i>oseltamivir phosphate</i>)	NP	QL(40 EA per 30 day(s) retail)
TAMIFLU SUSR (Use <i>oseltamivir phosphate</i>)	NP	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail)
XOFLUZA (40 MG DOSE) 40 MG	NP	
XOFLUZA (80 MG DOSE) 80 MG	NP	
Misc. Antivirals		
LAGEVRIO	P	Maximum 5-day supply; AL(At least 18 yrs old)
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	P	
VIRAZOLE (Use <i>ribavirin</i>)	NF	
BETA BLOCKERS - Drugs to Treat High Blood		

Drug Name	Drug Tier	Requirements/ Limits
Pressure		
Alpha-Beta Blockers		
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(3 EA daily); MP
<i>carvedilol 25 MG</i>	P	QL(4 EA daily); MP
<i>carvedilol phosphate</i>	NP	QL(1 EA daily); MP
COREG 3.125 MG, 6.25 MG, 12.5 MG (Use <i>carvedilol</i>)	NF	QL(3 EA daily); MP
COREG 25 MG (Use <i>carvedilol</i>)	NF	QL(4 EA daily); MP
COREG CR (Use <i>carvedilol phosphate</i>)	NF	QL(1 EA daily); MP
<i>labetalol hcl TABS 200 MG</i>	P	QL(6 EA daily); MP
<i>labetalol hcl TABS 300 MG</i>	P	QL(8 EA daily); MP
<i>labetalol hcl TABS 100 MG</i>	P	QL(3 EA daily); MP
<i>labetalol hcl TABS 400 MG</i>	P	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	P	MP
<i>atenolol TABS</i>	P	QL(2 EA daily); MP
<i>betaxolol hcl</i>	P	MP
<i>bisoprolol fumarate</i>	P	QL(1 EA daily); MP
<i>bisoprolol fumarate 2.5 MG</i>	P	
BYSTOLIC (Use <i>nebivolol hcl</i>)	NP	
BYSTOLIC (Use <i>nebivolol hcl</i>)	NF	
KAPSPARGO SPRINKLE CS24	NP	
LOPRESSOR SOLN PO 10 MG/ML	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LOPRESSOR TABS 50 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4 EA daily); MP	INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NP	QL(2 EA daily); MP
LOPRESSOR TABS 100 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4.5 EA daily); MP	INDERAL XL	NP	
<i>metoprolol succinate</i> TB24 25 MG, 50 MG, 100 MG	P	QL(4 EA daily); MP	INNOPRAN XL	NP	
<i>metoprolol succinate</i> TB24 200 MG	P	QL(2 EA daily); MP	<i>nadolol</i> TABS 20 MG, 40 MG, 80 MG	P	QL(2 EA daily); MP
<i>metoprolol tartrate</i> TABS 25 MG, 50 MG	P	QL(4 EA daily); MP	<i>pindolol</i> TABS	P	MP
<i>metoprolol tartrate</i> TABS 100 MG	P	QL(4.5 EA daily); MP	<i>propranolol hcl</i> CP24	P	QL(2 EA daily); MP
<i>metoprolol tartrate</i> TABS 37.5 MG, 75 MG	P	MP	<i>propranolol hcl</i> SOLN PO 20 MG/5ML, 40 MG/5ML	P	MP
<i>nebivolol hcl</i>	NP		<i>propranolol hcl</i> TABS	P	MP
TENORMIN TABS (<i>Use atenolol</i>)	NP	QL(2 EA daily); MP	<i>sotalol hcl (afib/af)</i>	NP	QL(2 EA daily); MP
TENORMIN TABS 25 MG, 50 MG (<i>Use atenolol</i>)	NF	QL(2 EA daily); MP	<i>sotalol hcl</i> TABS 240 MG	P	MP
TOPROL XL TB24 200 MG (<i>Use metoprolol succinate</i>)	NP	QL(2 EA daily); MP	<i>sotalol hcl</i> TABS 80 MG, 120 MG, 160 MG	P	QL(2 EA daily); MP
TOPROL XL TB24 200 MG (<i>Use metoprolol succinate</i>)	NF	QL(2 EA daily); MP	SOTYLIZE SOLN PO	NP	MP
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NF	QL(4 EA daily); MP	<i>timolol maleate</i> TABS	P	MP
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NP	QL(4 EA daily); MP	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Beta Blockers Non-Selective			Calcium Channel Blockers		
BETAPACE AF (<i>Use sotalol hcl (afib/af)</i>)	NP	QL(2 EA daily); MP	<i>amlodipine besylate</i> TABS	P	QL(1 EA daily); MP
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NP	QL(2 EA daily); MP	CARDIZEM CD CP24 240 MG (<i>Use diltiazem hcl coated beads</i>)	NF	QL(2 EA daily); MP
CORGARD TABS 20 MG, 40 MG (<i>Use nadolol</i>)	NF	QL(2 EA daily); MP	CARDIZEM CD CP24 360 MG (<i>Use diltiazem hcl coated beads</i>)	NF	MP
HEMANGEOL SOLN PO	P	SP; MP; PA	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>Use diltiazem hcl coated beads</i>)	NF	QL(1 EA daily); MP
			CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>Use diltiazem hcl</i>)	NF	
			CARDIZEM LA TB24 120 MG (<i>Use diltiazem hcl</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use <i>diltiazem hcl</i>)	NF	QL(3 EA daily); MP	NORVASC TABS 10 MG (Use <i>amlodipine besylate</i>)	NF	QL(1 EA daily); MP
CONJUPRI (Use <i>levamlodipine maleate</i>)	NF		NORVASC TABS (Use <i>amlodipine besylate</i>)	NP	QL(1 EA daily); MP
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 EA daily); MP	NYMALIZE SOLN 6 MG/ML	NP	
<i>diltiazem hcl coated beads CP24 360 MG</i>	P	MP	PROCARDIA XL TB24 30 MG, 90 MG (Use <i>nifedipine</i>)	NP	QL(1 EA daily); MP
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 EA daily); MP	PROCARDIA XL TB24 60 MG (Use <i>nifedipine</i>)	NP	QL(2 EA daily); MP
<i>diltiazem hcl extended release beads</i>	P	QL(1 EA daily); MP	SULAR 8.5 MG, 17 MG, 34 MG (Use <i>nisoldipine</i>)	NP	MP
<i>diltiazem hcl CP12</i>	P	QL(2 EA daily); MP	TIAZAC (Use <i>diltiazem hcl extended release beads</i>)	NF	QL(1 EA daily); MP
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 EA daily); MP	VERAPAMIL HCL ER CP24 (Use <i>verapamil hcl</i>)	P	QL(2 EA daily); MP
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 EA daily); MP	<i>verapamil hcl CP24 300 MG, 360 MG</i>	P	QL(1 EA daily); MP
<i>diltiazem hcl TABS</i>	P	QL(3 EA daily); MP	<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	P	QL(2 EA daily); MP
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	P		<i>verapamil hcl TABS</i>	P	QL(3 EA daily); MP
<i>diltiazem hcl TB24 120 MG</i>	P		<i>verapamil hcl TBCR</i>	P	QL(2 EA daily); MP
<i>felodipine</i>	P	QL(1 EA daily); MP	VERELAN PM CP24 100 MG, 200 MG (Use <i>verapamil hcl</i>)	NP	QL(2 EA daily); MP
<i>isradipine CAPS</i>	NP	MP	VERELAN PM CP24 300 MG (Use <i>verapamil hcl</i>)	NP	QL(1 EA daily); MP
KATERZIA	NP	MP	VERELAN CP24 360 MG (Use <i>verapamil hcl</i>)	NF	QL(1 EA daily); MP
<i>levamlodipine maleate</i>	NP		VERELAN CP24 120 MG, 180 MG, 240 MG (Use <i>verapamil hcl</i>)	NF	QL(2 EA daily); MP
<i>nicardipine hcl CAPS</i>	NP	MP	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>nifedipine CAPS</i>	P	QL(4 EA daily); MP	Cardiac Glycosides		
<i>nifedipine TB24 60 MG</i>	P	QL(2 EA daily); MP	<i>digoxin SOLN PO 0.05 MG/ML</i>	P	MP
<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 EA daily); MP			
<i>nimodipine CAPS</i>	P	MP			
<i>nimodipine SOLN</i>	NP				
<i>nisoldipine</i>	NP	MP			
NORLIQVA SOLN	NP				

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin TABS 125 MCG, 250 MCG</i>	P	MP
<i>digoxin TABS 62.5 MCG</i>	NP	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>Use digoxin</i>)	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	NP	SP
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	MP
BIDIL (<i>Use isosorbide dinitrate-hydralazine hcl</i>)	P	
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NF	MP
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NP	MP
ENTRESTO CPSP	P	
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>Use sacubitril-valsartan</i>)	P	
<i>isosorbide dinitrate-hydralazine hcl</i>	P	
OPSYNVI	NP	SP
<i>sacubitril-valsartan TABS</i>	NP	
Cardiovascular Anti-inflammatory/Immune Modulators		
LODOCO	NP	

Drug Name	Drug Tier	Requirements/Limits
Impotence Agents		
CIALIS 2.5 MG, 10 MG, 20 MG (<i>Use tadalafil</i>)	NF	
CIALIS 5 MG (<i>Use tadalafil</i>)	NP	
<i>tadalafil 5 MG</i>	NP	
Prostaglandin Vasodilators		
<i>alprostadil SOLN IJ 500 MCG/ML</i>	NP	
<i>epoprostenol sodium</i>	P	SP; PA
FLOLAN (<i>Use epoprostenol sodium</i>)	P	SP; PA
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
ORENITRAM TBCR	NP	SP
PROSTIN VR SOLN IJ 500 MCG/ML (<i>Use alprostadil</i>)	NP	
REMODULIN SOLN IJ	NP	SP
<i>treprostinil SOLN IJ</i>	NP	SP
TYVASO DPI INSTITUTIONAL KIT POWD	NP	SP
TYVASO DPI MAINTENANCE KIT POWD	NP	SP
TYVASO DPI TITRATION KIT POWD	NP	SP
TYVASO REFILL KIT SOLN IN	NP	SP
TYVASO STARTER KIT SOLN IN	NP	SP
TYVASO SOLN IN	NP	SP
VELETRI (<i>Use epoprostenol sodium</i>)	NP	SP
VENTAVIS IN	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	NP	SP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	NP	SP
<i>bosentan TABS</i>	NP	SP
<i>bosentan TBSO 32 MG</i>	NP	SP
LETAIRIS (Use <i>ambrisentan</i>)	P	SP; PA
OPSUMIT	NP	SP
TRACLEER TABS (Use <i>bosentan</i>)	P	SP; PA
TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	NF	SP
TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	P	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i>)	P	SP; PA
REVATIO SOLN (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	P	SP; PA
REVATIO TABS (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NP	SP
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tadalafil (pulmonary hypertension) TABS</i>	P	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	NP	SP
UPTRAVI SOLR	NP	SP
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Sinus Node Inhibitors		
CORLANOR SOLN	NP	SP
CORLANOR TABS (Use <i>ivabradine hcl</i>)	NP	
<i>ivabradine hcl TABS</i>	NP	
Transthyretin Stabilizers		
ATTRUBY	NP	SP
VYNDAMAX	NP	SP
VYNDAQEL	NP	SP
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	P	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporin Combinations		
AVYCAZ	P	
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	P	
<i>cefadroxil TABS</i>	P	
CEFAZOLIN IN SODIUM CHLORIDE SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML	P	
CEFAZOLIN SODIUM-DEXTROSE SOLR	P	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	P	
CEFAZOLIN SODIUM SOLR IJ 100 GM, 300 GM	P	
CEFAZOLIN SODIUM SOSY IV 1 GM/10ML, 2 GM/20ML	P	
<i>cephalexin CAPS</i>	P	
<i>cephalexin SUSR</i>	P	
<i>cephalexin TABS</i>	P	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
<i>cefaclor CAPS</i>	P	
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	P	
CEFOXITIN SODIUM-DEXTROSE	P	
<i>cefprozil SUSR 250 MG/5ML</i>	P	QL(100 ML per fill retail)
<i>cefprozil SUSR 125 MG/5ML</i>	P	QL(200 ML per fill retail)
<i>cefprozil TABS</i>	NP	QL(20 EA per fill retail)
<i>cefuroxime axetil TABS</i>	P	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	QL(20 EA per fill retail)
<i>cefdinir SUSR</i>	P	QL(100 ML per fill retail)
<i>cefixime CAPS</i>	P	
<i>cefixime SUSR</i>	NP	
<i>cefpodoxime proxetil SUSR</i>	P	
<i>cefpodoxime proxetil TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>ceftazidime IJ 1 GM, 6 GM</i>	P	
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	P	
CEFTRIAZONE SODIUM IJ 100 GM	P	
<i>ceftriaxone sodium in dextrose</i>	P	
CEFTRIAZONE SODIUM-DEXTROSE	P	
Cephalosporins - 4th Generation		
CEFEPIME HCL SOLN	P	
<i>cefepime hcl SOLR IJ 1 GM</i>	P	
CEFEPIME-DEXTROSE	P	
CHEMICALS		
Liquids		
CASTOR OIL	P	RX/OTC
QC CASTOR OIL	P	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	P	
BALCOLTRA (<i>Use levonorgestrel-ethinyl estradiol-iron</i>)	P	MP
BEYAZ (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	P	MP
<i>desogestrel & ethinyl estradiol</i>	P	QL(1 EA daily); MP
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	QL(1 EA daily); MP
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	QL(1 EA daily); MP
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 EA daily); MP

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<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	P	MP	<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	MP
<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	P	QL(1 EA daily); MP	<i>norethindrone-eth estradiol (triphasic)</i>	P	QL(1 EA daily); MP
<i>ethynodiol diacet & eth estrad 50 MCG-1 MG</i>	P	MP	<i>norgestimate-ethinyl estradiol</i>	P	QL(1 EA daily); MP
FEMLYV TBDP	P		<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	MP
<i>levonorgestrel & eth estradiol TABS</i>	P	QL(1 EA daily); MP	<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(2 EA daily); MP
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	QL(1 EA daily); MP	SAFYRAL (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	P	MP
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	QL(1 EA daily)	TAYTULLA CAPS (Use <i>norethin acet & estrad-fe</i>)	P	MP
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	P		TYBLUME CHEW	P	
<i>levonorgestrel-ethinyl estradiol-iron</i>	P	MP	YASMIN 28 (Use <i>drospirenone-ethinyl estradiol</i>)	P	QL(1 EA daily); MP
LO LOESTRIN FE TABS	P	MP	YAZ (Use <i>drospirenone-ethinyl estradiol</i>)	P	QL(1 EA daily); MP
MINASTRIN 24 FE CHEW (Use <i>norethin acet & estrad-fe</i>)	NF	MP	Combination Contraceptives - Transdermal		
NATAZIA	P	MP	<i>norelgestromin-ethinyl estradiol</i>	P	QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail); MP
NEXTSTELLIS	P		TWIRLA	P	
<i>norethin acet & estrad-fe CAPS</i>	P	MP	Combination Contraceptives - Vaginal		
<i>norethin acet & estrad-fe CHEW</i>	P	MP	ANNOVERA	P	MP
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	QL(1 EA daily); MP	<i>etonogestrel-ethinyl estradiol</i>	P	MP
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG</i>	P	MP	NUVARING (Use <i>etonogestrel-ethinyl estradiol</i>)	P	MP
<i>norethindrone & eth estradiol</i>	P	QL(1 EA daily); MP	NUVARING (Use <i>etonogestrel-ethinyl estradiol</i>)	NF	MP
<i>norethindrone & ethinyl estradiol-fe</i>	P	MP	Emergency Contraceptives		
<i>norethindrone acet & eth estra TABS</i>	P	QL(1 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELLA	P	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); MP	AGAMREE	NP	SP
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(3 EA per 30 day(s) retail; 9 EA per 90 days mail); MP	ALKINDI SPRINKLE CPSP	NP	
PLAN B ONE-STEP (Use <i>levonorgestrel (emergency oc)</i>)	NF	QL(3 EA per 30 day(s) retail; 9 EA per 90 days mail); MP	<i>budesonide CPEP</i>	NP	
PLAN B ONE-STEP (Use <i>levonorgestrel (emergency oc)</i>)	NF		<i>budesonide TB24</i>	NP	
Progestin Contraceptives - Injectable			CORTEF TABS (Use <i>hydrocortisone</i>)	NP	
DEPO-PROVERA SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	P	QL(1 ML per fill retail)	CORTISONE ACETATE TABS	NP	
DEPO-PROVERA SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	P		<i>deflazacort SUSP</i>	NP	SP
DEPO-SUBQ PROVERA 104 SUSY SC	P		<i>deflazacort TABS</i>	NP	SP
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	QL(1 ML per fill retail)	DEXAMETHASONE INTENSOL CONC	P	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P		<i>dexamethasone ELIX</i>	P	
Progestin Contraceptives - Oral			<i>dexamethasone SOLN</i>	P	
<i>norethindrone (contraceptive)</i>	P	QL(1 EA daily); MP	<i>dexamethasone TABS</i>	P	
OPILL	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old)	<i>dexamethasone TBPk</i>	P	
SLYND	P	MP	EMFLAZA SUSP (Use <i>deflazacort</i>)	NP	SP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			EMFLAZA TABS (Use <i>deflazacort</i>)	NP	SP
Glucocorticosteroids			EOHILIA SUSP	NP	
			HEMADY TABS	NP	
			<i>hydrocortisone TABS</i>	P	
			KHINDIVI SOLN PO 1 MG/ML	NP	SP
			MEDROL TABS (Use <i>methylprednisolone</i>)	NP	
			MEDROL TABS	NP	
			MEDROL TBPk (Use <i>methylprednisolone</i>)	NP	
			<i>methylprednisolone TABS</i>	P	
			<i>methylprednisolone TBPk</i>	P	
			ORAPRED ODT TBPk (Use <i>prednisolone sodium phosphate</i>)	NF	
			PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	P	QL(240 ML per fill retail)	DELSYM COUGH CHILDRENS SUER (<i>Use dextromethorphan polistirex</i>)	NF	QL(240 ML per 7 day(s) retail)
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail)	DELSYM SUER (<i>Use dextromethorphan polistirex</i>)	NF	QL(240 ML per 7 day(s) retail)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 25 MG/5ML</i>	P		<i>dextromethorphan polistirex SUER</i>	P	QL(240 ML per 7 day(s) retail)
<i>prednisolone sodium phosphate TBDP</i>	NP		HYCODAN SOLN (<i>Use hydrocodone bitartrate-homatropine methylbromide</i>)	NF	AL(At least 18 yrs old)
PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG	NP		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old)
<i>prednisolone SOLN</i>	P		Cough/Cold/Allergy Combinations		
<i>prednisolone TABS</i>	P		ADVIL COLD/SINUS TABS (<i>Use pseudoephedrine-ibuprofen</i>)	NF	
PREDNISONONE INTENSOL CONC	P		<i>brompheniramine & phenyleph ELIX</i>	P	QL(120 ML per fill retail)
<i>prednisone SOLN</i>	P		<i>brompheniramine & pseudoeph ELIX</i>	P	QL(120 ML per fill retail)
<i>prednisone TABS</i>	P		<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	QL(120 ML per fill retail)
<i>prednisone TBPk</i>	P		<i>cetirizine-pseudoephedrine</i>	P	QL(2 EA daily)
RAYOS TBEC	NP		CLARITIN-D 12 HOUR TB12 (<i>Use loratadine & pseudoephedrine</i>)	NF	QL(2 EA daily)
TARPEYO CPDR	NP	SP	CLARITIN-D 24 HOUR TB24 (<i>Use loratadine & pseudoephedrine</i>)	NF	QL(1 EA daily)
UCERIS TB24 (<i>Use budesonide</i>)	NF		COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ML per fill retail)
Mineralocorticoids			CVS COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ML per fill retail)
<i>fludrocortisone acetate TABS</i>	P		<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms					
Antitussives					
<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old)			
<i>benzonatate 200 MG</i>	P	QL(30 EA per 30 day(s) retail); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	QL(240 EA per fill retail)	<i>promethazine & phenylephrine SYRP</i>	P	
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P	QL(240 ML per fill retail)	<i>promethazine w/codeine SOLN</i>	P	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P		<i>promethazine w/codeine SYRP</i>	P	QL(240 ML per fill retail); AL(At least 18 yrs old)
DIMETAPP CHILDREN COLD/ALLERGY LIQD	P	QL(120 ML per fill retail)	<i>promethazine-dm SYRP</i>	P	QL(240 ML per fill retail)
ED BRON GP LIQD	P	QL(240 ML per 7 day(s) retail)	<i>promethazine-phenylephrine-codeine</i>	P	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>guaifenesin-codeine SOLN</i>	P		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	QL(240 ML per fill retail)
<i>guaifenesin-codeine SYRP</i>	P		<i>pseudoephedrine-ibuprofen TABS</i>	P	
LOHIST-D LIQD	P	QL(240 ML per fill retail)	QC DIBROMM CHILDRENS COLD/ALL LIQD	P	QL(120 ML per fill retail)
<i>loratadine & pseudoephedrine TB12</i>	P	QL(2 EA daily)	QC TRIACTING DAYTIME CHILDRENS SYRP	P	QL(240 ML per fill retail)
<i>loratadine & pseudoephedrine TB24</i>	P	QL(1 EA daily)	ROBITUSSIN COUGH+CHEST CONG DM LIQD (Use <i>dextromethorphan-guaifenesin</i>)	NF	
MAXI-TUSS PE MAX LIQD	P	QL(240 ML per 7 day(s) retail)	SM COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ML per fill retail)
MUCINEX STUFFY NOSE & CHEST LIQD (Use <i>phenylephrine-guaifenesin</i>)	NF		TRIAMINIC COLD/COUGH DAY TIME SYRP	P	QL(240 ML per fill retail)
NYQUIL HBP COLD & FLU LIQD (Use <i>dextromethorphan-doxylamine-acetaminophen</i>)	NF		VICKS NYQUIL COLD & FLU NIGHT LIQD (Use <i>dextromethorphan-doxylamine-acetaminophen</i>)	NF	
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	QL(240 ML per fill retail)	VICKS NYQUIL HBP COLD & FLU LIQD (Use <i>dextromethorphan-doxylamine-acetaminophen</i>)	NF	
<i>phenylephrine-dm SOLN</i>	P	QL(240 ML per fill retail)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WAL-TAP COLD/ALLERGY LIQD	P	QL(120 ML per fill retail)	<i>adapalene-benzoyl peroxide GEL</i>	NP	
ZYRTEC-D ALLERGY & CONGESTION (<i>Use cetirizine-pseudoephedrine</i>)	NF	QL(2 EA daily)	ADAPALENE-BENZOYL PEROXIDE PADS	NP	
ZYRTEC-D ALLERGY & SINUS (<i>Use cetirizine-pseudoephedrine</i>)	NF	QL(2 EA daily)	<i>adapalene CREA</i>	NP	
Expectorants			<i>adapalene GEL 0.3 %</i>	NP	
GERI-TUSSIN SYRP	P	QL(240 ML per fill retail)	AKLIEF	NP	
<i>guaifenesin LIQD</i>	P	QL(240 ML per fill retail)	ATRALIN GEL (<i>Use tretinoin</i>)	NF	
<i>guaifenesin TB12 600 MG</i>	P	QL(40 EA per fill retail)	AVAR LS CLEANSER LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	
MUCINEX MAXIMUM STRENGTH TB12 (<i>Use guaifenesin</i>)	NF		AVAR-E LS CREA (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	
MUCINEX TB12 (<i>Use guaifenesin</i>)	NF	QL(40 EA per fill retail)	BENZAC AC WASH LIQD 5 %	NP	RX/OTC
Misc. Respiratory Inhalants			BENZAMYCIN GEL (<i>Use benzoyl peroxide-erythromycin</i>)	NF	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	P		<i>benzoyl peroxide-erythromycin GEL</i>	P	
Mucolytics			CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NP	QL(60 ML per fill retail)
<i>acetylcysteine SOLN</i>	P		CLINDACIN ETZ	NP	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			CLINDACIN PAC	NP	
Acne Products			CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NF	QL(75 ML per fill retail)
ABSORICA 10 MG, 20 MG, 40 MG (<i>Use isotretinoin</i>)	NP	QL(2 EA daily); AL(At least 12 yrs old)	<i>clindamycin phosphate (topical) FOAM</i>	NP	
ABSORICA 25 MG, 30 MG, 35 MG (<i>Use isotretinoin</i>)	NP		<i>clindamycin phosphate (topical) GEL</i>	P	QL(75 ML per fill retail)
ABSORICA LD	NP		<i>clindamycin phosphate (topical) LOTN</i>	P	QL(60 ML per fill retail)
ACANYA GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF		<i>clindamycin phosphate (topical) SOLN</i>	P	
ACZONE (<i>Use dapsone (topical)</i>)	NF		<i>clindamycin phosphate (topical) SWAB</i>	P	
			<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	NP	

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<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP		PLEXION CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur)	NF	
<i>clindamycin phosphate-tretinoin</i>	NP		PLEXION LOTN (Use sulfacetamide sodium w/ sulfur)	NF	
<i>dapsone (topical)</i>	NP		RETIN-A CREA 0.05 %, 0.1 % (Use tretinoin)	NF	QL(20 GM per 30 day(s) retail); AL(Up to 35 yrs old)
DIFFERIN CLEANSER LIQD (Use benzoyl peroxide)	NF	RX/OTC	RETIN-A CREA 0.025 % (Use tretinoin)	NF	QL(20 GM per fill retail); AL(Up to 35 yrs old)
DIFFERIN CREA (Use adapalene)	NP		RETIN-A GEL (Use tretinoin)	NF	QL(45 GM per fill retail); AL(Up to 35 yrs old)
DIFFERIN GEL 0.1 % (Use adapalene)	NF	RX/OTC	sulfacetamide sodium (acne)	NP	QL(120 ML per fill retail)
DIFFERIN GEL 0.3 % (Use adapalene)	NP		sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	NP	
DIFFERIN LOTN	NP		sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	NP	
EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)	NP		sulfacetamide sodium w/ sulfur FOAM	NP	
EPIDUO GEL (Use adapalene-benzoyl peroxide)	NP		sulfacetamide sodium w/ sulfur LIQD	NP	
EPSOLAY CREA	NP		sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	NP	
<i>erythromycin (acne aid) GEL</i>	P	QL(60 GM per fill retail)	sulfacetamide sodium w/ sulfur PADS 10 %-4 %	NP	
<i>erythromycin (acne aid) PADS</i>	NP		sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	NP	
<i>erythromycin (acne aid) SOLN</i>	P		SULFACETAMIDE SODIUM-SULFUR SUSP	NP	
FABIOR FOAM	NP		SUMADAN	NP	
<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	NP	QL(2 EA daily); AL(At least 12 yrs old)	SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur)	NP	
<i>isotretinoin 25 MG, 30 MG, 35 MG</i>	NP		SUMADAN XLT KIT	NP	
KLARON (Use sulfacetamide sodium (acne))	NF	QL(120 ML per fill retail)	SUMAXIN CP	NP	
ONEXTON GEL (Use clindamycin phosphate-benzoyl peroxide)	NF		SUMAXIN PADS	NP	
PANOXYL LIQD (Use benzoyl peroxide)	NF				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAZAROTENE FOAM	NP		NEOSPORIN PLUS PAIN RELIEF MS (Use neomycin-polymyxin w/ pramoxine)	NF	QL(28.3 GM per fill retail)
<i>tretinoin microsphere 0.08 %</i>	NP		NEO-SYNALAR	NP	
<i>tretinoin CREA 0.025 %</i>	P	QL(20 GM per fill retail); AL(Up to 35 yrs old)	NEO-SYNALAR	NP	
<i>tretinoin CREA 0.05 %, 0.1 %</i>	P	QL(20 GM per 30 day(s) retail); AL(Up to 35 yrs old)	XEPI	NP	
<i>tretinoin GEL 0.05 %</i>	P		Antifungals - Topical		
<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	QL(45 GM per fill retail); AL(Up to 35 yrs old)	<i>ciclopirox olamine CREA</i>	NP	
TWYNEO	NP		<i>ciclopirox olamine SUSP</i>	NP	
VELTIN (Use clindamycin phosphate-tretinoin)	NF		<i>ciclopirox GEL</i>	NP	
WINLEVI	NP		<i>ciclopirox KIT</i>	NP	
ZIANA (Use clindamycin phosphate-tretinoin)	NF		<i>ciclopirox SHAM</i>	NP	
ZMA CLEAR SUSP	NP		<i>ciclopirox SOLN</i>	NP	
Agents for External Genital and Perianal Warts			<i>clotrimazole (topical) CREA</i>	P	QL(113 GM per fill retail; 113 per fill mail); RX/OTC
VEREGEN	NP		<i>clotrimazole (topical) SOLN</i>	NP	QL(60 ML per fill retail); RX/OTC
Antibiotics - Topical			<i>clotrimazole w/ betamethasone CREA</i>	NP	QL(45 GM per fill retail)
CENTANY AT KIT	NP		<i>clotrimazole w/ betamethasone LOTN</i>	NP	QL(30 ML per fill retail)
<i>gentamicin sulfate (topical) CREA</i>	P	QL(30 GM per fill retail)	<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	P	QL(30 GM per fill retail)	ECONAZOLE NITRATE FOAM 1 %	NP	
<i>mupirocin calcium (topical)</i>	NP	QL(30 GM per fill retail)	ERTACZO	NP	
<i>mupirocin OINT</i>	P	QL(2160 GM per fill retail)	FUNGIZYL AC	NP	
<i>neomycin-bacitracin-polymyxin OINT</i>	P	QL(454 GM per fill retail)	FUNGIZYL AL EX	NP	
<i>neomycin-polymyxin w/ pramoxine</i>	P	QL(28.3 GM per fill retail)	KERYDIN (Use tavorole)	NF	
NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin)	NF	QL(454 EA per fill retail)	<i>ketoconazole (topical) CREA</i>	P	QL(60 GM per fill retail)
			<i>ketoconazole (topical) CREA</i>	P	
			<i>ketoconazole (topical) FOAM</i>	NP	
			<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ML per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KETODAN	NP		Anti-inflammatory Agents - Topical		
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	P	QL(113 GM per fill retail; 113 per fill mail); RX/OTC	DERMACINRX DICLOLIDOL THPK EX	NP	
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	NF	QL(113 GM per fill retail; 113 per fill mail); RX/OTC	DERMACINRX LEXITRAL PHARMAPAK (Use diclofenac sodium-capsaicin (topical))	NF	
LOTRIMIN AF CREA (Use clotrimazole (topical))	P	QL(113 GM per fill retail; 113 per fill mail); RX/OTC	diclofenac epolamine PTCH EX	NP	
LOTRIMIN AF CREA (Use clotrimazole (topical))	NF	QL(113 GM per fill retail; 113 per fill mail); RX/OTC	diclofenac sodium (topical) GEL EX	NP	2 package(s) per 30 day(s) retail; RX/OTC
miconazole-zinc oxide-white petrolatum	NP		diclofenac sodium (topical) SOLN EX	NP	
MYCOZYL HC GEL	NP		diclofenac sodium-capsaicin (topical)	NP	
MYCOZYL HC LIQD	NP		DICLOGEN	NP	
naftifine hcl CREA	NP		FLECTOR PTCH EX (Use diclofenac epolamine)	NF	
naftifine hcl GEL 2 %	NP		LEXITRAL PHARMAPAK II (Use diclofenac sodium-capsaicin (topical))	NF	
NAFTIN GEL (Use naftifine hcl)	NP		LIXOFEN KIT	NP	
NAFTIN GEL	NP		PENNSAID SOLN EX 2 % (Use diclofenac sodium (topical))	NP	
nystatin (topical) CREA	P	QL(30 GM per fill retail)	VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical))	NF	RX/OTC
nystatin (topical) OINT	P	QL(30 GM per fill retail)	VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical))	NF	2 package(s) per 30 day(s) retail; RX/OTC
nystatin (topical) POWD EX	P	QL(60 GM per fill retail)	Antineoplastic or Premalignant Lesion Agents - Topical		
nystatin-triamcinolone CREA	NP	QL(60 GM per fill retail)	AMELUZ GEL	NP	
nystatin-triamcinolone OINT	NP	QL(60 GM per fill retail)	bexarotene (topical)	NP	SP
oxiconazole nitrate CREA	NP		CARAC CREA (Use fluorouracil (topical))	NF	QL(30 GM per fill retail)
OXISTAT CREA (Use oxiconazole nitrate)	NF				
OXISTAT LOTN	NP				
tavaborole	NP				
VUSION (Use miconazole-zinc oxide-white petrolatum)	NP				

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<i>diclofenac sodium (actinic keratoses) EX</i>	NP		COSENTYX SENSOREADY PEN SOAJ	P	SP; PA
EFUDEX CREA (Use fluorouracil (topical))	NF	QL(40 GM per fill retail)	COSENTYX UNOREADY SOAJ	P	SP; PA
<i>fluorouracil (topical) CREA 0.5 %</i>	NP	QL(30 GM per fill retail)	COSENTYX SOSY	P	SP; PA
<i>fluorouracil (topical) CREA 5 %</i>	NP	QL(40 GM per fill retail)	ILUMYA	NP	SP
<i>fluorouracil (topical) SOLN</i>	NP	QL(10 ML per fill retail)	IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
LEVULAN KERASTICK SOLR	P	SP	<i>methoxsalen rapid</i>	NP	
TARGRETIN (Use bexarotene (topical))	NF	SP	OTULFI SOLN SC 45 MG/0.5ML	NP	
VALCHLOR	NP	SP	OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
Antipruritics - Topical			PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP
<i>camphor & menthol LOTN</i>	P	QL(222 ML per fill retail)	PYZCHIVA SC 45 MG/0.5ML	NP	SP
<i>doxepin hcl (antipruritic)</i>	NP		SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
PRUDOXIN (Use doxepin hcl (antipruritic))	NP		SKYRIZI PEN SOAJ	NP	SP
SARNA LOTN (Use camphor & menthol)	NF	QL(222 ML per fill retail)	SKYRIZI SOSY	NP	SP
ZONALON (Use doxepin hcl (antipruritic))	NP		SORILUX FOAM	NP	
Antipsoriatics			SOTYKTU	NP	SP
<i>acitretin</i>	NP		SPEVIGO SOSY	NP	SP
BIMZELX SOAJ	NP	SP	STELARA SOSY	NP	SP
BIMZELX SOSY	NP	SP	STEQEYMA	NP	SP
<i>calcipotriene CREA</i>	P	QL(60 GM per fill retail)	TALTZ SOAJ	NP	SP
CALCIPOTRIENE FOAM	NP		TALTZ SOSY	NP	SP
<i>calcipotriene OINT</i>	P		<i>tazarotene CREA 0.05 %</i>	NP	
<i>calcipotriene SOLN</i>	P	QL(60 ML per fill retail)	<i>tazarotene CREA 0.1 %</i>	NP	QL(60 GM per fill retail)
<i>calcitriol (topical)</i>	NP		<i>tazarotene GEL</i>	NP	QL(100 GM per fill retail)
COSENTYX (300 MG DOSE) SOSY	P	SP; PA	TAZORAC CREA (Use tazarotene)	NF	
COSENTYX SENSOREADY (300 MG) SOAJ	P	SP; PA	TAZORAC GEL (Use tazarotene)	NF	
			TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	NP	SP	<i>acyclovir topical CREA</i>	NP	QL(5 GM per fill retail)
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	<i>acyclovir topical OINT</i>	NP	QL(30 GM per 30 day(s) retail)
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	SP	DENAVIR (<i>Use penciclovir</i>)	NP	
USTEKINUMAB-TTWE	NP	SP	<i>penciclovir</i>	NP	
VECTICAL (<i>Use calcitriol topical</i>)	NP		ZELSUVMI GEL EX 10.3 %	NP	
VTAMA	NP		ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NF	QL(5 GM per fill retail)
YESINTEK SOLN 45 MG/0.5ML	NP	SP	ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NF	QL(30 GM per 30 day(s) retail)
YESINTEK SOSY	NP	SP	Burn Products		
Antiseborrheic Products			<i>mafenide acetate PACK</i>	P	
OVACE PLUS WASH GEL (<i>Use sulfacetamide sodium</i>)	NF		SILVADENE (<i>Use silver sulfadiazine</i>)	NP	QL(1000 GM per fill retail)
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	NF	QL(480 ML per fill retail)	<i>silver sulfadiazine</i>	P	QL(1000 GM per fill retail)
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	NF	QL(480 ML per fill retail)	SULFAMYLON CREA	P	
<i>selenium sulfide LOTN 2.5 %</i>	P	QL(120 ML per fill retail)	SULFAMYLON PACK 5 % (<i>Use mafenide acetate</i>)	NF	
<i>selenium sulfide SHAM 2.25 %</i>	NP		Cauterizing Agents		
SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	NF		ARZOL SILVER NIT APPLICATORS	NP	
SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	NF		<i>silver nitrate SOLN</i>	NP	
SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	NF		SILVER NITRATE SOLN 0.5 %	NP	
<i>sulfacetamide sodium GEL</i>	NP		Corticosteroids - Topical		
<i>sulfacetamide sodium LIQD</i>	NP	QL(480 GM per fill retail)	<i>alclometasone dipropionate CREA</i>	P	
Antivirals - Topical			<i>alclometasone dipropionate OINT</i>	P	
			<i>amcinonide CREA</i>	NP	
			APEXICON E CREA	NP	QL(60 GM per fill retail)
			<i>betamethasone dipropionate (topical) CREA</i>	NP	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical) LOTN</i>	NP		<i>clobetasol propionate GEL 0.05 %</i>	P	QL(60 GM per fill retail)
<i>betamethasone dipropionate (topical) OINT</i>	NP		<i>clobetasol propionate LIQD</i>	NP	
<i>betamethasone dipropionate augmented CREA</i>	NP	QL(45 GM per fill retail)	<i>clobetasol propionate LOTN</i>	NP	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP		<i>clobetasol propionate OINT 0.05 %</i>	P	QL(60 GM per fill retail)
<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	QL(50 ML per fill retail)
<i>betamethasone valerate CREA</i>	P	QL(45 GM per fill retail)	CLOBEX SPRAY LIQD (Use <i>clobetasol propionate</i>)	NP	
<i>betamethasone valerate FOAM</i>	NP		CLOBEX LOTN 0.05 % (Use <i>clobetasol propionate</i>)	NP	
<i>betamethasone valerate LOTN</i>	P	QL(60 ML per fill retail)	CLOBEX SHAM (Use <i>clobetasol propionate</i>)	NP	
<i>betamethasone valerate OINT</i>	P	QL(45 GM per fill retail)	<i>clocortolone pivalate</i>	NP	
<i>calcipotriene-betamethasone dipropionate OINT</i>	NP		CLODAN	NP	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP		CLODERM (Use <i>clocortolone pivalate</i>)	NF	
CAPEX SHAM	NP		CORDRAN LOTN (Use <i>flurandrenolide</i>)	NF	
<i>clobetasol propionate emollient base 0.05 %</i>	P	QL(60 GM per fill retail)	DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	NP	
<i>clobetasol propionate emulsion</i>	NP		DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NP	
<i>clobetasol propionate CREA 0.05 %</i>	P	QL(60 GM per fill retail)	<i>desonide CREA</i>	P	1 package(s) per fill retail
<i>clobetasol propionate CREA 0.025 %</i>	NP		<i>desonide LOTN</i>	NP	
<i>clobetasol propionate FOAM</i>	NP		<i>desonide OINT</i>	P	
			<i>desoximetasone CREA 0.25 %</i>	NP	QL(2 GM daily)
			<i>desoximetasone CREA 0.05 %</i>	NP	QL(300 GM per fill retail)
			<i>desoximetasone GEL</i>	NP	QL(2 GM daily)
			<i>desoximetasone LIQD</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone OINT 0.05 %</i>	NP		<i>fluticasone propionate OINT</i>	P	QL(60 GM per fill retail)
<i>desoximetasone OINT 0.25 %</i>	NP	QL(2 GM daily)	<i>halcinonide CREA</i>	NP	
<i>diflorasone diacetate CREA</i>	P	QL(60 GM per fill retail)	<i>halcinonide SOLN 0.1 %</i>	NP	
<i>diflorasone diacetate OINT</i>	P		<i>halobetasol propionate CREA</i>	P	
<i>diflorasone diacetate OINT</i>	P	QL(100 GM per fill retail)	<i>halobetasol propionate FOAM</i>	NP	
DIPROLENE OINT (<i>Use betamethasone dipropionate augmented</i>)	NP		<i>halobetasol propionate OINT</i>	P	
ENSTILAR FOAM	NP		HALOG CREA (<i>Use halcinonide</i>)	NF	
EPIFOAM FOAM	NP		<i>hydrocortisone (topical) CREA 2.5 %</i>	P	QL(454 GM per fill retail)
<i>fluocinolone acetonide CREA</i>	P		<i>hydrocortisone (topical) CREA 1 %</i>	P	QL(454 GM per fill retail; 454 per fill mail); 1 package(s) per fill retail; RX/OTC
<i>fluocinolone acetonide OIL</i>	P		<i>hydrocortisone (topical) CREA 1 %</i>	P	QL(454 GM per fill retail; 454 per fill mail); 1 package(s) per fill retail; RX/OTC
<i>fluocinolone acetonide OINT</i>	P		<i>hydrocortisone (topical) CREA 0.5 %</i>	P	
<i>fluocinolone acetonide SOLN</i>	P		<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	QL(118 ML per fill retail)
<i>fluocinonide emulsified base</i>	P	QL(60 GM per fill retail)	<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	QL(454 GM per fill retail); RX/OTC
<i>fluocinonide CREA 0.05 %</i>	P	QL(60 GM per fill retail)	<i>hydrocortisone (topical) SOLN 2.5 %</i>	P	
<i>fluocinonide CREA 0.05 %</i>	P		<i>hydrocortisone butyrate CREA</i>	NP	
<i>fluocinonide CREA 0.1 %</i>	P		<i>hydrocortisone butyrate LOTN</i>	NP	
<i>fluocinonide GEL</i>	P	QL(60 GM per fill retail)	<i>hydrocortisone butyrate OINT</i>	NP	
<i>fluocinonide OINT</i>	P	QL(60 GM per fill retail)	<i>hydrocortisone butyrate SOLN</i>	NP	QL(60 ML per fill retail)
<i>fluocinonide SOLN</i>	P				
<i>fluocinonide SOLN</i>	P	QL(60 ML per fill retail)			
<i>flurandrenolide LOTN</i>	NP				
<i>fluticasone propionate CREA 0.05 %</i>	P	QL(60 GM per fill retail)			
<i>fluticasone propionate LOTN</i>	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HYDROCORTISONE COMPLETE KIT THPK	NP		TACLONEX OINT (<i>Use calcipotriene-betamethasone dipropionate</i>)	NF	
<i>hydrocortisone valerate CREA</i>	P		TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP	
<i>hydrocortisone valerate OINT</i>	P		TOPICORT SPRAY LIQD (<i>Use desoximetasone</i>)	NF	
HYDROXATE GEL	NP		TOPICORT CREA 0.25 % (<i>Use desoximetasone</i>)	NP	QL(2 GM daily)
HYDROXYM CREA	NP		TOPICORT CREA 0.05 % (<i>Use desoximetasone</i>)	NF	QL(300 GM per fill retail)
HYDROXYM GEL	NP		TOPICORT GEL (<i>Use desoximetasone</i>)	NP	QL(2 GM daily)
IMPOYZ CREA 0.025 % (<i>Use clobetasol propionate</i>)	NF		TOPICORT OINT 0.25 % (<i>Use desoximetasone</i>)	NF	QL(2 GM daily)
KENALOG AERS (<i>Use triamcinolone acetonide (topical)</i>)	NF		TOPICORT OINT 0.05 % (<i>Use desoximetasone</i>)	NF	
LEXETTE FOAM (<i>Use halobetasol propionate</i>)	NF		TOVET	NP	
LIDOTRAL + HYDROCORTISONE CREA	NP		<i>triamcinolone acetonide (topical)</i> AERS	NP	
LOCOID LOTN (<i>Use hydrocortisone butyrate</i>)	NF		<i>triamcinolone acetonide (topical)</i> CREA 0.1 %	P	QL(454 GM per fill retail)
<i>mometasone furoate CREA</i>	P	QL(50 GM per fill retail)	<i>triamcinolone acetonide (topical)</i> CREA 0.025 %	P	QL(908 GM per fill retail)
<i>mometasone furoate OINT</i>	P	QL(45 GM per fill retail)	<i>triamcinolone acetonide (topical)</i> CREA 0.5 %	P	QL(15 GM per fill retail)
<i>mometasone furoate SOLN</i>	P	QL(60 ML per fill retail)	<i>triamcinolone acetonide (topical)</i> LOTN	P	QL(60 ML per fill retail)
OLUX-E (<i>Use clobetasol propionate emulsion</i>)	NF		<i>triamcinolone acetonide (topical)</i> OINT 0.1 %	P	QL(60 GM per fill retail)
PANDEL	NP		<i>triamcinolone acetonide (topical)</i> OINT 0.05 %	NP	
RADIAURA CREA	NP		<i>triamcinolone acetonide (topical)</i> OINT 0.025 %	P	QL(454 GM per fill retail)
SYNALAR (CREAM)	NP		<i>triamcinolone acetonide (topical)</i> OINT 0.5 %	P	QL(15 GM per fill retail)
SYNALAR (OINTMENT)	NP		ULTRAVATE LOTN	NP	
SYNALAR TS	NP		VANOS CREA (<i>Use fluocinonide</i>)	NF	
SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	NP				
SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	NP				
SYNALAR SOLN (<i>Use fluocinolone acetonide</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Eczema Agents			ELIDEL (<i>Use pimecrolimus</i>)	NF	QL(30 GM per 30 day(s) retail)
ADBRY SOAJ	NP	SP	HYFTOR	NP	
ADBRY SOSY	NP	SP	<i>pimecrolimus</i>	P	QL(30 GM per 30 day(s) retail); PA
ANZUPGO CREA EX 20 MG/GM	NP		<i>tacrolimus (topical) OINT 0.03 %</i>	P	QL(30 GM per 30 day(s) retail); PA
CIBINQO	NP	SP	<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); PA
DUPIXENT SOAJ	P	SP; PA	Keratolytic/Antimitotic/Vesicant Agents		
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	P	SP; PA	COMPOUND W FAST ACTING/CONSEAL GEL (<i>Use salicylic acid</i>)	NF	
EBGLYSS SOAJ	NP	SP	COMPOUND W MAXIMUM STRENGTH GEL (<i>Use salicylic acid</i>)	NF	
EBGLYSS SOSY	NP	SP	CONDYLOX GEL (<i>Use podofilox</i>)	P	
OPZELURA	NP		KERALYT GEL (<i>Use salicylic acid</i>)	NF	
Emollient/Keratolytic Agents			ODOCON-25 SOLN	NP	
<i>urea CREA 39.5 %</i>	P		<i>podofilox GEL</i>	P	
<i>urea CREA 40 %</i>	P	QL(200 GM per fill retail); RX/OTC	<i>podofilox SOLN</i>	P	QL(4 ML per fill retail)
<i>urea CREA 20 %, 39 %, 41 %</i>	P		SALICATE LIQD	NP	
Emollients			<i>salicylic acid GEL 6 %</i>	P	
<i>lactic acid (ammonium lactate) CREA</i>	NP	QL(385 GM per fill retail); RX/OTC	<i>salicylic acid LIQD 27.5 %</i>	P	
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(1368 GM per fill retail); RX/OTC	SALICYLIC ACID OINT	P	RX/OTC
VITAMIN C BRIGHTENING SERUM LIQD	NP	RX/OTC	SALYCIM CREA	NP	
Immunomodulating Agents - Topical			UREA-SALICYLIC ACID CREA	NP	
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail)	VIRASAL LIQD (<i>Use salicylic acid</i>)	NF	
<i>imiquimod 3.75 %</i>	NP		YCANTH SOLN	NP	
ZYCLARA (<i>Use imiquimod</i>)	NF		Liniments		
ZYCLARA PUMP (<i>Use imiquimod</i>)	NF		<i>menthol-methyl salicylate (liniments) CREA</i>	P	
Immunosuppressive Agents - Topical			Local Anesthetics - Topical		

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BRUSELIX CREA	NP		NUVAIL SOLN	NP	RX/OTC
BRUSELIX GEL	NP		Misc. Topical		
DERMACINRX LIDOCAINE GEL 5 %	NP		COLEMAN 100 MAX CONTINUOUS SPR AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine hcl CREA 4.12 %</i>	NP		COLEMAN INSECT REPEL HIGH&DRY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine hcl CREA 3 %</i>	P	RX/OTC	COLEMAN INSECT REPEL SPORTSMEN AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine hcl GEL 2.8 %</i>	NP	RX/OTC	CUTTER ALL FAMILY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine hcl GEL 2 %</i>	P	QL(30 ML per fill retail)	CUTTER BACKWOODS DRY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine hcl PRSY</i>	P	QL(30 ML per fill retail)	CUTTER BACKWOODS AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine hcl SOLN</i>	P		CUTTER DRY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine OINT 5 %</i>	P		CUTTER SKINSATIONS AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine OINT 5 %</i>	P		CUTTER SPORT AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine-prilocaine CREA</i>	NP	QL(30 GM per fill retail)	CUTTER AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine-prilocaine KIT</i>	NP		CVS INSECT REPELLENT AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine PTCH 5 %</i>	P				
LIDODERM PTCH (Use <i>lidocaine</i>)	NP				
LIDODERM PTCH (Use <i>lidocaine</i>)	NF				
LIDOTRAL 1 PTCH	NP				
LIDOTRAL ROLL-ON GEL	NP				
LIDOTRAL CREA	NP				
LIDOTRAL GEL	NP				
LIDOTRAL LIQD	NP	RX/OTC			
LIDOTRAL-MENTHOL LIQD	NP				
LIDOTRAL SOLN	NP				
LIDOTRAN CREA	NP				
QUTENZA	NP				
QUTENZA (2 PATCH)	NP				
QUTENZA (4 PATCH)	NP				
XYLIDERM	NP				
ZTLIDO PTCH	NP				
Misc. Dermatological Products					
ALADERM PLUS EMUL	NP				

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CVS TOTAL HOME INSECT REPEL AERO	P	QL(170 ML per fill retail; 340 ML per 30 day(s) retail)	REPEL SPORTSMEN AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
HYCLODEX SOLN	NP		SAWYER INSECT REPELLENT AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
OFF ACTIVE AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	SAWYER INSECT REPELLENT LOTN	P	QL(57 ML per fill retail; 114 ML per 30 day(s) retail)
OFF DEEP WOODS DRY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	SCARTRATE	NP	
OFF DEEP WOODS SPORTSMEN AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	SOFDRA	NP	
OFF DEEP WOODS AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	ULTRATHON INSECT REPELLENT 8 AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
OFF SMOOTH & DRY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	ULTRATHON INSECT REPELLENT LOTN	P	QL(57 GM per fill retail; 114 GM per 30 day(s) retail)
REPEL FAMILY DRY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	XERAC AC	NP	
REPEL FAMILY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
REPEL HUNTERS FORMULA AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	EUCRISA	P	PA
REPEL SPORTSMEN DRY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	ZORYVE CREA EX	NP	
REPEL SPORTSMEN MAX AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	ZORYVE CREA EX 0.3 %	NP	
REPEL SPORTSMEN MAX LOTN	P	QL(57 GM per fill retail; 114 GM per 30 day(s) retail)	ZORYVE FOAM EX	NP	
			Pigmenting-Depigmenting Agents		
			<i>hydroquinone CREA 4 %</i>	P	QL(56.8 GM per fill retail)
			Rosacea Agents		
			<i>azelaic acid GEL</i>	NP	
			<i>brimonidine tartrate (topical)</i>	NP	
			<i>doxycycline (rosacea)</i>	NP	
			FINACEA FOAM	NP	
			FINACEA GEL (<i>Use azelaic acid</i>)	NP	
			<i>ivermectin (rosacea)</i>	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
METROCREAM CREA (Use metronidazole (topical))	NP		Tar Products		
METROGEL GEL 1 % (Use metronidazole (topical))	NP		coal tar extract SHAM 0.5 %, 1 %	P	
metronidazole (topical) CREA	P	QL(45 GM per fill retail)	DHS TAR GEL SHAM (Use coal tar extract)	NF	
metronidazole (topical) GEL 0.75 %	P	QL(45 GM per fill retail)	DHS TAR SHAM (Use coal tar extract)	NF	
metronidazole (topical) GEL 1 %	P		IONIL-T SHAM (Use coal tar extract)	NF	
metronidazole (topical) LOTN	P		Wound Care Products		
MIRVASO (Use brimonidine tartrate (topical))	NP		ALGISITE M 2"X2" MISC	P	
ORACEA (Use doxycycline (rosacea))	NP		ALGISITE M 3/4"X12" MISC	P	
RHOFADE	NP		ALGISITE M 4"X4" MISC	P	
SOOLANTRA (Use ivermectin (rosacea))	NP		ALGISITE M 6"X8" MISC	P	
Scabicides & Pediculicides			BALSAM PERU-CASTOR OIL OINT	NP	
crotamiton LOTN	NP	QL(454 GM per fill retail)	CARETOUCH 4"X4" DRESSING MISC	P	
ELIMITE CREA (Use permethrin)	NP	QL(60 GM per fill retail)	DYNAGINATE CA ALGINATE 2"X2" MISC	P	
malathion	NP	QL(59 ML per fill retail)	DYNAGINATE CA ALGINATE 4"X8" MISC	P	
NATROBA (Use spinosad)	P		DYNAGINATE CA ALGINATE 4-1/4" MISC	P	
NIX CREME RINSE LIQD EX (Use permethrin)	NF		DYNAGINATE CAALGINATE ROPE30CM MISC	P	
OVIDE (Use malathion)	NF	QL(59 ML per fill retail)	FILSUVEZ	NP	
permethrin CREA	NP	QL(60 GM per fill retail)	KENDALL CA ALGINATE 12" ROPE MISC	P	
permethrin LIQD EX	P	2 package(s) per fill retail	KENDALL CA ALGINATE 12"X24" MISC	P	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P		KENDALL CA ALGINATE 2"X2" MISC	P	
spinosad	NP		KENDALL CA ALGINATE 24" ROPE MISC	P	
			KENDALL CA ALGINATE 36" ROPE MISC	P	
			KENDALL CA ALGINATE 4"X4" MISC	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KENDALL CA ALGINATE 4"X5-1/2" MISC	P		AGAMATRIX AMP TEST STRP	NP	RX/OTC
KENDALL CA ALGINATE 6"X10" MISC	P		AGAMATRIX JAZZ TEST STRP	NP	RX/OTC
KENDALL CA ALGINATE 8"X4" MISC	P		AGAMATRIX PRESTO TEST STRP	NP	RX/OTC
KENDALL CA ALGINATE PLUS 4"X4" MISC	P		ASSURE 3 TEST STRP	NP	RX/OTC
RESTORE CALCICARE DRESSING MISC	P		ASSURE 4 TEST STRP	NP	RX/OTC
RESTORE CALCIUM ALGINATE MISC	P		ASSURE II CHECK STRP	NP	RX/OTC
VYJUVEK	NP		ASSURE II STRP	NP	RX/OTC
ZENIFIBER 2"X2" MISC	P		ASSURE PLATINUM STRP	NP	RX/OTC
ZENIFIBER 4"X5" MISC	P		ASSURE PRISM MULTI TEST STRP	NP	RX/OTC
ZENIFIBER 6"X6" MISC	P		ASSURE PRO TEST STRP	NP	RX/OTC
ZENIFIBER 8"X8" MISC	P		BINAXNOW COVID-19 AG HOME TEST KIT	P	
ZEVASKYN (UP TO 12 SHEETS) SHEE EX	NP		BIOTEL CARE TEST STRIPS STRP	NP	RX/OTC
DIAGNOSTIC PRODUCTS			BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	RX/OTC
Diagnostic Tests			BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ACCU-CHEK AVIVA PLUS STRP	NP	RX/OTC	BLULINK GLUCOSE TEST STRP	NP	RX/OTC
ACCU-CHEK GUIDE TEST STRP	NP	RX/OTC	CARESENS N GLUCOSE TEST STRP	NP	RX/OTC
ACCU-CHEK SMARTVIEW STRP	NP	RX/OTC	CARESENS S GLUCOSE TEST STRP	NP	RX/OTC
ACCU-CLEAR PREGNANCY	P		CARETOUCH TEST STRP	NP	RX/OTC
ACCUTREND GLUCOSE STRP	NP	RX/OTC	CHEMSTRIP K STRP	P	
ADVANCE INTUITION TEST STRP	NP	RX/OTC	CLEARBLUE DIGITAL PLUS	P	
ADVANCE MICRO-DRAW TEST STRP	NP	RX/OTC	CLEARBLUE DIGITAL PREGNANCY	P	
ADVOCATE REDI-CODE+ TEST STRP	NP	RX/OTC	CLEARBLUE PLUS PREGNANCY	P	
ADVOCATE REDI-CODE STRP	NP	RX/OTC	CLEVER CHEK AUTO-CODE TEST STRP	NP	RX/OTC
ADVOCATE TEST STRP	NP	RX/OTC			

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CLEVER CHEK AUTO-CODE VOICE STRP	NP	RX/OTC	DIATHRIVE+ GLUCOSE TEST STRP	NP	RX/OTC
CLEVER CHEK TEST STRP	NP	RX/OTC	DIATRUE PLUS TEST STRP	NP	RX/OTC
CLEVER CHOICE AUTO-CODE TEST STRP	NP	RX/OTC	DIGITAL PREGNANCY	P	
CLEVER CHOICE MICRO TEST STRP	NP	RX/OTC	DUO-CARE TEST STRP	NP	RX/OTC
CLEVER CHOICE NO CODING STRP	NP	RX/OTC	EARLY PREGNANCY	P	
CLEVER CHOICE TALK SYSTEM STRP	NP	RX/OTC	EARLY RESULT PREGNANCY	P	
CONTOUR NEXT TEST STRP	NP	RX/OTC	EASY MAX BLOOD GLUCOSE TEST STRP	NP	RX/OTC
CONTOUR PLUS TEST STRP	P	RX/OTC	EASY PLUS II GLUCOSE TEST STRP	NP	RX/OTC
CONTOUR TEST STRP	NP	RX/OTC	EASY STEP TEST STRP	NP	RX/OTC
COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	EASY TALK BLOOD GLUCOSE TEST STRP	NP	RX/OTC
CVS ADVANCED GLUCOSE TEST STRP	NP	RX/OTC	EASY TALK PLUS II TEST STRIPS STRP	NP	RX/OTC
CVS DIGITAL PREGNANCY TEST	P		EASY TOUCH HEALTHPRO GLUCOSE STRP	NP	RX/OTC
CVS EARLY PREGNANCY	P		EASY TOUCH TEST STRP	NP	RX/OTC
CVS EARLY RESULT PREGNANCY	P		EASY TRAK BLOOD GLUCOSE TEST STRP	NP	RX/OTC
CVS GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC	EASY TRAK II GLUCOSE TEST STRP	NP	RX/OTC
CVS ONE STEP PREGNANCY	P		EASYGLUCO STRP	NP	RX/OTC
CVS PREGNANCY TEST KIT	P		EASYMAX 15 TEST STRP	NP	RX/OTC
CVS TRUE METRIX GLUCOSE TEST STRP	NP	RX/OTC	EASYMAX TEST STRP	NP	RX/OTC
D-CARE BLOOD GLUCOSE STRP	NP	RX/OTC	EASYPRO BLOOD GLUCOSE TEST STRP	NP	RX/OTC
DIATHRIVE BLOOD GLUCOSE TEST STRP	NP	RX/OTC	EASYPRO PLUS STRP	NP	RX/OTC
DIATHRIVE GLUCOSE TEST STRP	NP	RX/OTC	ELEMENT COMPACT TEST STRP	NP	RX/OTC
			ELEMENT TEST STRP	NP	RX/OTC
			EMBRACE BLOOD GLUCOSE TEST STRP	NP	RX/OTC
			EMBRACE EVO BLOOD GLUCOSE TEST STRP	NP	RX/OTC

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EMBRACE PRO GLUCOSE TEST STRP	NP	RX/OTC	FORA GD20 TEST STRP	NP	RX/OTC
EMBRACE TALK GLUCOSE TEST STRP	NP	RX/OTC	FORA GD50 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EMBRACE WAVE BLOOD GLUCOSE STRP	NP	RX/OTC	FORA GTEL BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EPT	P		FORA TN'G ADVANCE PRO STRP	NP	RX/OTC
EPT DIGITAL	P		FORA TN'G/TN'G VOICE STRP	NP	RX/OTC
EQ BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FORA V10 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EQ PREGNANCY TEST	NP		FORA V12 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EQ PREGNANCY TEST EARLY RESULT	P		FORA V20 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EQL ONE-STEP PREGNANCY	P		FORA V30A BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EQL PREGNANCY EARLY RESULT	P		FORACARE GD40 TEST STRP	NP	RX/OTC
EQL PREGNANCY TEST DIGITAL	P		FORACARE PREMIUM V10 TEST STRP	NP	RX/OTC
EVOLUTION AUTOCODE STRP	NP	RX/OTC	FORACARE TEST N GO TEST STRP	NP	RX/OTC
FACT PLUS+ PREGNANCY	P		FORTISCARE G1 TEST STRIP STRP	NP	RX/OTC
FIFTY50 GLUCOSE TEST 2.0 STRP	NP	RX/OTC	FORTISCARE TEST STRP	NP	RX/OTC
FIRST RESPONSE PREGNANCY	P		FREESTYLE INSULINX TEST STRP	NP	RX/OTC
FORA 6 CONNECT/GTEL TEST STRP	NP	RX/OTC	FREESTYLE LITE TEST STRP	NP	RX/OTC
FORA 6 CONNECT STRP	NP	RX/OTC	FREESTYLE PRECISION NEO TEST STRP	NP	RX/OTC
FORA BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FREESTYLE TEST STRP	NP	RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FT EARLY RESULT PREGNANCY	P	
FORA D20 BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FT ONE STEP PREGNANCY	NP	
FORA D40/G31 BLOOD GLUCOSE STRP	NP	RX/OTC	GE100 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FORA G20 BLOOD GLUCOSE TEST STRP	NP	RX/OTC	GENULTIMATE TEST STRP	NP	RX/OTC
FORA G30/PREM V10 GLUCOSE TEST STRP	NP	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GHT TEST STRP	NP	RX/OTC	HW EMBRACE PRO GLUCOSE TEST STRP	NP	RX/OTC
GLUCO PERFECT 3 TEST STRP	NP	RX/OTC	HW EMBRACE TALK GLUCOSE TEST STRP	NP	RX/OTC
GLUCOCARD 01 SENSOR PLUS STRP	NP	RX/OTC	IGLUCOSE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD EXPRESSION TEST STRP	NP	RX/OTC	IHEALTH BLOOD GLUCOSE TEST STR STRP	NP	RX/OTC
GLUCOCARD SHINE TEST STRP	NP	RX/OTC	IN TOUCH BLOOD GLUCOSE TEST STRP	NP	RX/OTC
GLUCOCARD VITAL TEST STRP	NP	RX/OTC	INFINITY BLOOD GLUCOSE TEST STRP	NP	RX/OTC
GLUCOCARD X-SENSOR STRP	NP	RX/OTC	INFINITY VOICE STRP	NP	RX/OTC
GLUCOCOM TEST STRP	NP	RX/OTC	KETONE TEST STRP	P	
GLUCONAVII BLOOD GLUCOSE TEST STRP	NP	RX/OTC	KETOSTIX STRP	P	
GLUCOSE METER TEST STRP	NP	RX/OTC	KROGER HEALTHPRO GLUCOSE TEST STRP	NP	RX/OTC
GNP ADVANCED PREGNANCY TEST	P		LIBERTY TEST STRP	NP	RX/OTC
GNP EARLY RESULT PREGNANCY TST	NP		MEIJER TRUETEST TEST STRP	NP	RX/OTC
GNP EARLY RESULT PREGNANCY TST	P		MEIJER TRUETRACK TEST STRP	NP	RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRP	NP	RX/OTC	MICRODOT TEST STRP	NP	RX/OTC
GNP ONE STEP PREGNANCY	NP		MM BLULINK GLUCOSE TEST STRP	P	RX/OTC
GNP ONE STEP PREGNANCY	P		MM EASY TOUCH GLUCOSE STRP	NP	RX/OTC
GNP PREGNANCY TEST	P		MYGLUCOHEALTH TEST STRP	NP	RX/OTC
GNP TRUE METRIX GLUCOSE STRIPS STRP	NP	RX/OTC	NEUTEK 2TEK TEST STRP	NP	RX/OTC
GNP TRUETRACK SMART SYSTEM STRP	NP	RX/OTC	NOVA MAX GLUCOSE TEST STRP	NP	RX/OTC
GNP TRUETRACK TEST STRIPS STRP	NP	RX/OTC	ON CALL EXPRESS BLOOD GLUCOSE STRP	NP	RX/OTC
GOJJI BLOOD GLUCOSE TEST STRP	NP	RX/OTC	ONE DROP TEST STRP	NP	RX/OTC
GOJJI BLOOD TEST STRIP/LANCETS STRP	NP	RX/OTC	ONE STEP PREGNANCY	P	
			ONE-STEP PREGNANCY	P	
			ONETOUCH ULTRA BLUE TEST STRP	NP	RX/OTC

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ONETOUCH ULTRA TEST STRP	NP	RX/OTC	RELION GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ONETOUCH ULTRA STRP	NP	RX/OTC	RELION KETONE TEST STRP	P	
ONETOUCH VERIO STRP	P	RX/OTC	RELION PREMIER TEST STRP	NP	RX/OTC
OPTIUMEZ TEST STRP	NP	RX/OTC	RELION PRIME TEST STRP	NP	RX/OTC
PHARMACIST CHOICE AUTOCODE STRP	NP	RX/OTC	RELION TRUE METRIX TEST STRIPS STRP	NP	RX/OTC
PHARMACIST CHOICE NO CODING STRP	NP	RX/OTC	RELION ULTIMA TEST STRP	NP	RX/OTC
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC	RIGHTEST GS100 BLOOD GLUCOSE STRP	NP	RX/OTC
POCKETCHEM EZ TEST STRP	NP	RX/OTC	RIGHTEST GS300 BLOOD GLUCOSE STRP	NP	RX/OTC
PRECISION XTRA BLOOD GLUCOSE STRP	NP	RX/OTC	RIGHTEST GS550 BLOOD GLUCOSE STRP	NP	RX/OTC
PREGNANCY TEST	P		RIGHTEST GT333 BLOOD GLUCOSE STRP	NP	RX/OTC
PREGNANCY TEST	P		RIGHTEST GT333 GLUCOSE TEST STRP	NP	RX/OTC
PRO VOICE V8/V9 GLUCOSE STRP	NP	RX/OTC	SB PREGNANCY TEST KIT	P	
PRODIGY NO CODING BLOOD GLUC STRP	NP	RX/OTC	SM PREGNANCY TEST KIT	P	
PTS PANELS EGLU TEST STRP	NP	RX/OTC	SMARTEST BLOOD GLUCOSE TEST STRP	NP	RX/OTC
PURALIN ONE-STEP PREGNANCY	P		SOLUS V2 TEST STRP	NP	RX/OTC
PX PREGNANCY TEST	P		SUPREME TEST STRP	NP	RX/OTC
QUICK TOUCH BLOOD GLUCOSE TEST STRP	NP	RX/OTC	TRUE FOCUS BLOOD GLUCOSE STRIP STRP	NP	RX/OTC
QUICKTEK TEST STRP	NP	RX/OTC	TRUE METRIX BLOOD GLUCOSE TEST STRP	NP	RX/OTC
QUINTET AC BLOOD GLUCOSE TEST STRP	NP	RX/OTC	TRUETEST TEST STRP	NP	RX/OTC
QUINTET BLOOD GLUCOSE TEST STRP	NP	RX/OTC	TRUETRACK TEST STRP	NP	RX/OTC
REFUAH PLUS BLOOD GLUCOSE TEST STRP	NP	RX/OTC	UNISTrip1 GENERIC STRP	NP	RX/OTC
RELION BLOOD GLUCOSE TEST STRP	NP	RX/OTC	VERASENS BLOOD GLUCOSE TEST STRP	NP	RX/OTC
RELION CONFIRM/MICRO TEST STRP	NP	RX/OTC	VIVAGUARD INO TEST STRIPS STRP	NP	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	QL(1 EA daily); MP
Digestive Enzymes			<i>triamterene & hydrochlorothiazide TABS</i>	P	QL(1 EA daily); MP
CREON CPEP	P		Loop Diuretics		
PERTZYE CPEP	P	PA	<i>bumetanide TABS</i>	P	MP
VIOKACE TABS	NP		BUMEX TABS 0.5 MG (Use bumetanide)	NP	MP
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		EDECIN (Use ethacrynic acid)	NF	MP
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			<i>ethacrynic acid</i>	P	MP
Carbonic Anhydrase Inhibitors			<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	P	MP
<i>acetazolamide CP12</i>	P	MP	<i>furosemide TABS</i>	P	MP
<i>acetazolamide TABS</i>	P	MP	LASIX TABS (Use furosemide)	NP	MP
<i>dichlorphenamide</i>	NP	SP	<i>torseamide TABS 20 MG</i>	P	MP
KEVEYIS (Use dichlorphenamide)	NP	SP	<i>torseamide TABS 5 MG, 10 MG, 100 MG</i>	P	QL(1 EA daily); MP
<i>methazolamide TABS</i>	P	MP	Potassium Sparing Diuretics		
Diuretic Combinations			ALDACTONE TABS (Use spironolactone)	NP	MP
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 EA daily); MP	<i>amiloride hcl TABS</i>	P	QL(4 EA daily); MP
MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	NF	QL(1 EA daily); MP	CAROSPIR SUSP (Use spironolactone)	NP	MP
MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	NF	QL(1 EA daily); MP	DYRENIUM CAPS (Use triamterene)	NF	
<i>spironolactone & hydrochlorothiazide</i>	P	MP	<i>spironolactone SUSP</i>	NP	MP
			<i>spironolactone TABS</i>	P	
			<i>triamterene CAPS</i>	P	MP
			Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone 25 MG, 50 MG</i>	P	MP
			HEMICLOR 12.5 MG	NP	
			<i>hydrochlorothiazide CAPS</i>	P	MP
			<i>hydrochlorothiazide TABS</i>	P	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	MP
INZIRQO SUSR PO 10 MG/ML	NP	
<i>metolazone</i>	P	MP
THALITONE	NP	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA 1 MG, 5 MG	NP	SP
RECORLEV	NP	SP
Bone Density Regulators		
ACTONEL TABS 35 MG (Use <i>risedronate sodium</i>)	NP	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); MP
ACTONEL TABS 150 MG (Use <i>risedronate sodium</i>)	NP	MP
<i>alendronate sodium SOLN</i>	P	QL(10.8 ML daily); MP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.143 EA daily); MP
<i>alendronate sodium TABS 10 MG</i>	P	QL(1 EA daily); MP
ATELVIA TBEC (Use <i>risedronate sodium</i>)	NP	MP
BINOSTO TBEC	NP	
<i>calcitonin (salmon) NA</i>	P	QL(4 ML per 30 day(s) retail)
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG (Use <i>alendronate sodium</i>)	NP	QL(0.143 EA daily); MP
<i>ibandronate sodium TABS</i>	NP	MP
<i>risedronate sodium TABS 35 MG</i>	NP	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); MP
<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
<i>risedronate sodium TABS 150 MG</i>	NP	MP
<i>risedronate sodium TBEC</i>	NP	MP
GnRH/LHRH Antagonists		
ORILISSA	P	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	NP	SP
EGRIFTA WR SC 11.6 MG	NP	SP
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	P	SP; PA
GENOTROPIN MINIQUICK PRSY 0.2 MG	NP	SP
GENOTROPIN CART SC	P	SP; PA
HUMATROPE CART IJ	NP	SP
NGENLA	P	Ngenla NDCs 00069052001 and 00069050501 are Non-Preferred; SP; PA
NORDITROPIN FLEXPROM SOPN	NP	SP
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA 7.6 MG	P	Skytrofa NDC 73362000802 is Non-Preferred; SP; PA

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SKYTROFA 3.6 MG	P	Skytrofa NDC 73362000402 is Non-Preferred; SP; PA	OSPHEA	NP	
SKYTROFA 5.2 MG	P	Skytrofa NDC 73362000602 is Non-Preferred; SP; PA	<i>raloxifene hcl</i>	NP	QL(1 EA daily); MP
SKYTROFA 13.3 MG	P	Skytrofa NDC 73362001102 is Non-Preferred; SP; PA	Insulin-Like Growth Factors (Somatomedins)		
SKYTROFA 3 MG	P	Skytrofa NDC 73362000302 is Non-Preferred; SP; PA	INCRELEX	NP	SP
SKYTROFA 4.3 MG	P	Skytrofa NDC 73362000502 is Non-Preferred; SP; PA	LHRH/GnRH Agonist Analog Pituitary Suppressants		
SKYTROFA 0.7 MG, 1.4 MG, 1.8 MG, 2.1 MG, 2.5 MG	P	PA	SYNAREL	NP	SP
SKYTROFA 9.1 MG	P	Skytrofa NDC 73362000902 is Non-Preferred; SP; PA	Metabolic Modifiers		
SKYTROFA 6.3 MG	P	Skytrofa NDC 73362000702 is Non-Preferred; SP; PA	<i>betaine</i>	NP	SP
SKYTROFA 11 MG	P	Skytrofa NDC 73362001002 is Non-Preferred; SP; PA	BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NP	SP
SOGROYA	NP	SP	BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NP	SP
ZOMACTON SOLR SC	NP	SP	<i>calcitriol CAPS</i>	P	
Hormone Receptor Modulators			<i>calcitriol SOLN PO</i>	P	
EVISTA (<i>Use raloxifene hcl</i>)	NP	QL(1 EA daily); MP	CARBAGLU (<i>Use carglumic acid</i>)	P	SP; PA
			<i>carglumic acid</i>	P	SP; PA
			CARNITOR SF SOLN PO (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ML daily)
			CARNITOR SOLN PO 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NF	QL(30 ML daily)
			CARNITOR SOLN PO 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ML daily)
			CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(3 EA daily)
			<i>cinacalcet hcl</i>	NP	SP
			CYSTADANE (<i>Use betaine</i>)	NP	SP
			<i>doxercalciferol CAPS</i>	P	
			GALAFOLD	NP	SP
			<i>glycerol phenylbutyrate 1.1 GM/ML</i>	NP	

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KUVAN PACK (Use <i>sapropterin dihydrochloride</i>)	NP	SP	SENSIPAR (Use <i>cinacalcet hcl</i>)	NP	SP
KUVAN TABS (Use <i>sapropterin dihydrochloride</i>)	NP	SP	SEPHIENCE PACK PO 250 MG, 1000 MG	NP	SP
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	NP	QL(30 ML daily)	<i>sodium phenylbutyrate POWD</i>	NP	SP
<i>levocarnitine (metabolic modifiers) TABS</i>	NP	QL(3 EA daily)	<i>sodium phenylbutyrate TABS</i>	NP	SP
<i>nitisinone CAPS</i>	P	SP	ZEMPLAR CAPS 1 MCG, 2 MCG (Use <i>paricalcitol</i>)	NP	
NITYR TABS	NP	SP	Mineralocorticoid Receptor Antagonists		
OLPRUVA (2 GM DOSE) THPK	NP	SP	KERENDIA	P	PA
OLPRUVA (3 GM DOSE) THPK	NP	SP	Posterior Pituitary Hormones		
OLPRUVA (4 GM DOSE) THPK	NP	SP	DDAVP TABS (Use <i>desmopressin acetate</i>)	NP	QL(6 EA daily)
OLPRUVA (5 GM DOSE) THPK	NP	SP	<i>desmopressin acetate spray</i>	P	QL(1 ML daily); 1 package(s) per fill retail
OLPRUVA (6 GM DOSE) THPK	NP	SP	<i>desmopressin acetate spray refrigerated 0.01 %</i>	P	QL(1 ML daily); 1 package(s) per fill retail
OLPRUVA (6.67 GM DOSE) THPK	NP	SP	<i>desmopressin acetate TABS</i>	P	QL(6 EA daily)
ORFADIN CAPS (Use <i>nitisinone</i>)	P	SP	Progesterone Receptor Antagonists		
ORFADIN SUSP	NP	SP	MIFEPREX (Use <i>mifepristone</i>)	P	
<i>paricalcitol CAPS</i>	NP		<i>mifepristone</i>	P	
PHEBURANE PLLT	NP		Prolactin Inhibitors		
RAVICTI 1.1 GM/ML (Use <i>glycerol phenylbutyrate</i>)	NP	SP	<i>cabergoline</i>	P	
RAYALDEE	NP		Somatostatic Agents		
ROCALTROL CAPS (Use <i>calcitriol</i>)	NF		<i>lanreotide acetate</i>	NP	SP
ROCALTROL SOLN PO (Use <i>calcitriol</i>)	NP		LANREOTIDE ACETATE	NP	SP
<i>sapropterin dihydrochloride PACK</i>	NP	SP	MYCAPSSA CPDR	NP	SP
<i>sapropterin dihydrochloride TABS</i>	NP	SP	<i>octreotide acetate KIT</i>	NP	SP
			<i>octreotide acetate SOLN</i>	NP	SP
			<i>octreotide acetate SOSY</i>	NP	SP
			SANDOSTATIN LAR DEPOT KIT (Use <i>octreotide acetate</i>)	NP	SP

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SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	NP	SP	CLIMARA PTWK 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>Use estradiol</i>)	NP	QL(0.143 EA daily)
SIGNIFOR	NP	SP	CLIMARA PTWK 0.025 MG/24HR (<i>Use estradiol</i>)	NP	
SIGNIFOR LAR	NP	SP	DELESTROGEN 40 MG/ML (<i>Use estradiol valerate</i>)	NF	
SOMATULINE DEPOT	NP	SP	DELESTROGEN 10 MG/ML, 20 MG/ML (<i>Use estradiol valerate</i>)	NP	
Vasopressin Receptor Antagonists			DEPO-ESTRADIOL	NP	
JYNARQUE TABS 15 MG, 30 MG (<i>Use tolcapten</i>)	NP	SP	DIVIGEL GEL (<i>Use estradiol</i>)	NP	
JYNARQUE TBPK 15 MG (<i>Use tolcapten</i>)	NP	SP	ELESTRIN GEL	NP	
SAMSCA TABS (<i>Use tolcapten</i>)	NP	SP	ESTRACE TABS (<i>Use estradiol</i>)	NP	
tolcapten TABS	NP	SP	estradiol valerate	NP	
tolcapten TBPK 15 MG	NP	SP	estradiol GEL	NP	
ESTROGENS - Hormone Replacement/Modifying Drugs			estradiol PTTW	P	QL(0.29 EA daily)
Estrogen Combinations			estradiol PTWK 0.025 MG/24HR	P	
ACTIVELLA TABS 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	NP	QL(1 EA daily)	estradiol PTWK 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	QL(0.143 EA daily)
ANGELIQ	NP		estradiol TABS	P	
BIJUVA	NP		ESTROGEL GEL (<i>Use estradiol</i>)	NF	
CLIMARA PRO	NP		EVAMIST SOLN	NP	
COMBIPATCH PTTW	P	QL(0.29 EA daily)	MENEST 2.5 MG	P	
DUAVEE	NP		MENOSTAR PTWK	NP	
esterified estrogens & methyltestosterone	P		MINIVELLE PTTW (<i>Use estradiol</i>)	NP	QL(0.29 EA daily)
estradiol & norethindrone acetate TABS	P	QL(1 EA daily)	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>Use estrogens, conjugated</i>)	P	QL(1 EA daily)
MYFEMBREE	P	PA			
norethindrone acetate-ethinyl estradiol	NP				
ORIAHNN	P	PA			
PREMPHASE	P	QL(1 EA daily)			
PREMPRO	P	QL(1 EA daily)			
Estrogens					

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VIVELLE-DOT PTTW (Use estradiol)	NP	QL(0.29 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
<i>ciprofloxacin in d5w</i>	P	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i>)	NP	
<i>levofloxacin in d5w</i>	P	
<i>levofloxacin SOLN PO</i>	P	
<i>levofloxacin SOLN IV</i>	P	
<i>levofloxacin TABS</i>	P	QL(1 EA daily)
<i>moxifloxacin hcl TABS</i>	P	
<i>ofloxacin 400 MG</i>	NP	QL(56 EA per fill retail)
<i>ofloxacin 300 MG</i>	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY (Use <i>prucalopride succinate</i>)	NP	
<i>prucalopride succinate</i>	NP	
Antiflatulents		
GAS-X EXTRA STRENGTH CHEW (Use <i>simethicone</i>)	NF	
MYLICON INFANTS GAS RELIEF SUSP (Use <i>simethicone</i>)	NF	
<i>simethicone CHEW 80 MG</i>	P	
<i>simethicone LIQD PO</i>	P	
<i>simethicone SUSP</i>	P	

Drug Name	Drug Tier	Requirements/Limits
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	QL(5 EA daily); SP
CTEXLI TABS PO 250 MG	NP	SP
Farnesoid X Receptor (FXR) Agonists		
OALIVA	NP	SP
Gallstone Solubilizing Agents		
<i>chenodiol</i>	NP	SP
RELTONE CAPS	NP	
URSO 250 TABS (Use <i>ursodiol</i>)	NF	QL(7 EA daily)
URSO FORTE TABS (Use <i>ursodiol</i>)	NP	
<i>ursodiol CAPS</i>	P	QL(3 EA daily)
<i>ursodiol TABS 250 MG</i>	NP	QL(7 EA daily)
<i>ursodiol TABS 500 MG</i>	NP	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis)</i>	P	
GASTROCROM (Use <i>cromolyn sodium (mastocytosis)</i>)	NP	
Gastrointestinal Chloride Channel Activators		
AMITIZA (Use <i>lubiprostone</i>)	NP	
AMITIZA 8 MCG (Use <i>lubiprostone</i>)	NF	
<i>lubiprostone</i>	NP	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P	
<i>metoclopramide hcl TABS</i>	P	
REGLAN TABS (Use <i>metoclopramide hcl</i>)	NP	
Hepatotropics		
REZDIFFRA	P	SP; PA

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Inflammatory Bowel Agents			<i>mesalamine TBEC 800 MG</i>	NP	QL(3 EA daily)
APRISO CP24 (<i>Use mesalamine</i>)	NF		<i>mesalamine TBEC 1.2 GM</i>	NP	
AVSOLA	NP	SP	OMVOH (300 MG DOSE) SOAJ	NP	SP
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP		OMVOH (300 MG DOSE) SOSY	NP	SP
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP		OMVOH SOAJ	NP	SP
<i>balsalazide disodium CAPS</i>	P	QL(9 EA daily)	OMVOH SOLN	NP	SP
CANASA SUPP (<i>Use mesalamine</i>)	NP		OMVOH SOSY	NP	SP
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	P	SP; PA	OTULFI SOLN IV 130 MG/26ML	NP	SP
CIMZIA (2 SYRINGE) PSKT	P	SP; PA	PENTASA CPCR	P	
CIMZIA KIT	NP	SP	PENTASA CPCR (<i>Use mesalamine</i>)	P	
CIMZIA-STARTER PSKT	P	SP; PA	REMICADE	NP	SP
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NF	QL(9 EA daily)	RENFLXIS	NP	SP
DELZICOL CPDR (<i>Use mesalamine</i>)	NF		ROWASA (<i>Use mesalamine w/ cleanser</i>)	NP	
DIPENTUM	NP		SELARSDI SOLN IV 130 MG/26ML	NP	SP
ENTYVIO PEN SOAJ	NP	SP	SFROWASA ENEM	P	
ENTYVIO SOLR	NP	SP	SKYRIZI SOCT	NP	SP
IMULDOSA SOLN IV 130 MG/26ML	NP	SP	SKYRIZI SOLN	NP	SP
INFLECTRA SOLR	NP	SP	STELARA 130 MG/26ML	NP	SP
INFLIXIMAB	NP	SP	STEQEYMA	NP	SP
LIALDA TBEC (<i>Use mesalamine</i>)	NP		<i>sulfasalazine TABS</i>	P	
LIALDA TBEC (<i>Use mesalamine</i>)	NF		<i>sulfasalazine TBEC</i>	P	
<i>mesalamine w/ cleanser</i>	NP		TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP
<i>mesalamine CP24</i>	NP		TREMFYA SOLN IV	NP	SP
<i>mesalamine CPCR</i>	P		TREMFYA SOSY SC	NP	SP
<i>mesalamine CPDR</i>	NP		USTEKINUMAB 130 MG/26ML	NP	SP
<i>mesalamine ENEM</i>	P	QL(60 ML daily)	USTEKINUMAB-TTWE	NP	SP
<i>mesalamine SUPP</i>	P		ZYMFENTRA (1 PEN) AJKT	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYMFENTRA (2 PEN) AJKT	NP	SP	RENVELA PACK (<i>Use sevelamer carbonate</i>)	NP	
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP	RENVELA TABS (<i>Use sevelamer carbonate</i>)	NP	
Intestinal Acidifiers			<i>sevelamer carbonate</i> PACK	NP	
<i>lactulose</i> (<i>encephalopathy</i>)	P		<i>sevelamer carbonate</i> TABS	P	
Irritable Bowel Syndrome (IBS) Agents			<i>sevelamer hcl</i>	P	
<i>alosetron hcl</i>	NP		VELPHORO	NP	
IBSRELA	NP		Short Bowel Syndrome (SBS) Agents		
LINZESS	NP		GATTEX	NP	SP
LOTRONEX (<i>Use alosetron hcl</i>)	NP		GENITOURINARY AGENTS - MISCELLANEOUS -		
VIBERZI	NP		Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Peripheral Opioid Receptor Antagonists			Acidifiers		
<i>alvimopan</i>	NP		K-PHOS NO 2	NP	
ENTEREG (<i>Use alvimopan</i>)	NP		Alkalinizers		
MOVANTIK	NP		ORACIT	P	
SYMPROIC	NP		ORAL CITRATE	P	
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists			<i>pot & sod citrates w/citric ac</i> SOLN	NP	
IQIRVO	NP	SP	<i>potassium citrate</i> (<i>alkalinizer</i>) TBCR	NP	
LIVDELZI	NP	SP	<i>potassium citrate-citric acid</i> PACK	NP	
Phosphate Binder Agents			<i>potassium citrate-citric acid</i> SOLN	NP	RX/OTC
AURYXIA 210 MG (<i>Use ferric citrate</i>)	NP		<i>sodium citrate & citric acid</i>	P	QL(500 ML per 30 day(s) retail; 500 ML per 30 days mail); RX/OTC
<i>calcium acetate</i> (<i>phosphate binder</i>) CAPS	P		UROCIT-K 10 TBCR (<i>Use potassium citrate</i> (<i>alkalinizer</i>)))	NP	
<i>calcium acetate</i> (<i>phosphate binder</i>) TABS	P	RX/OTC	UROCIT-K 15 TBCR (<i>Use potassium citrate</i> (<i>alkalinizer</i>)))	NP	
<i>ferric citrate</i>	NP				
FOSRENOL CHEW (<i>Use lanthanum carbonate</i>)	NP				
FOSRENOL PACK	P				
<i>lanthanum carbonate</i> CHEW	P				

Drug Name	Drug Tier	Requirements/ Limits
UROCIT-K 5 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	P	SP
PROCYSBI CPDR	NP	SP
PROCYSBI PACK	NP	SP
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	NP	QL(3 EA daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	P	MP
AVODART (<i>Use dutasteride</i>)	NF	MP
CARDURA XL	NP	
<i>dutasteride</i>	NP	MP
<i>dutasteride-tamsulosin hcl</i>	NP	MP
<i>finasteride</i>	P	QL(1 EA daily); MP
JALYN (<i>Use dutasteride-tamsulosin hcl</i>)	NF	MP
PROSCAR (<i>Use finasteride</i>)	NP	QL(1 EA daily); MP
RAPAFLO (<i>Use silodosin</i>)	NP	MP
<i>silodosin</i>	NP	MP
<i>tamsulosin hcl</i>	P	QL(2 EA daily); MP
UROXATRAL (<i>Use alfuzosin hcl</i>)	NF	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	P	
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NP	
Urinary Stone Agents		

Drug Name	Drug Tier	Requirements/ Limits
LITHOSTAT	NP	
THIOLA EC TBEC (<i>Use tiopronin</i>)	NP	SP
THIOLA TABS (<i>Use tiopronin</i>)	NP	SP
<i>tiopronin TABS</i>	NP	SP
<i>tiopronin TBEC</i>	NP	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	MP
Gout Agents		
<i>allopurinol</i>	P	
<i>colchicine CAPS</i>	NP	MP
<i>colchicine TABS</i>	NP	QL(6 EA per fill retail); MP
COLCRYS TABS (<i>Use colchicine</i>)	NP	QL(6 EA per fill retail); MP
<i>febuxostat</i>	NP	MP
MITIGARE CAPS (<i>Use colchicine</i>)	NP	MP
ULORIC (<i>Use febuxostat</i>)	NP	MP
Uricosurics		
<i>probenecid</i>	P	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	P	SP; PA
ALHEMO	NP	SP
ALHEMO 300 MG/3ML	P	SP; PA
ALPHANATE SOLR	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
ALPROLIX	P	SP; PA
BENEFIX KIT	P	SP; PA
COAGADEX	P	SP; PA
CORIFACT	P	SP; PA
ELOCTATE	P	SP; PA
ESPEROCT	P	SP; PA
FEIBA	P	SP; PA
HEMLIBRA	P	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
HUMATE-P SOLR	P	SP; PA
HYMPAVZI	P	SP; PA
IDELVION	P	SP; PA
IXINITY SOLR	P	SP; PA
JIVI	P	SP; PA
KOATE-DVI SOLR 1000 UNIT	P	SP; PA
KOATE SOLR	P	SP; PA
KOVALTRY	P	SP; PA
NOVOEIGHT	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT	P	SP; PA
NUWIQ SOLR	P	SP; PA
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIXUBIS SOLR	P	SP; PA
SEVENFACT	P	SP; PA
TRETTEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA
Bradykinin B2 Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
FIRAZYR SOSY (<i>Use icatibant acetate</i>)	NP	SP
<i>icatibant acetate SOSY</i>	NP	SP
Complement Inhibitors		
BERINERT KIT	P	SP; PA
BKEMV SOLN IV 300 MG/30ML	NP	SP
EMPAVELI	NP	SP
ENJAYMO	NP	SP
EPYSQLI SOLN IV 300 MG/30ML	NP	SP
FABHALTA	NP	SP
HAEGARDA SOLR SC	NP	SP
PIASKY	NP	SP
SOLIRIS	NP	SP
TAVNEOS	NP	SP
ULTOMIRIS	NP	SP
VEOPOZ	NP	SP
VOYDEYA TABS	NP	SP
VOYDEYA TBPk	NP	SP
ZILBRYSQ	NP	SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	NP	SP
WAYRILZ TABS PO 400 MG	NP	SP
Hematological Enzymes - Misc		
ADZYNMA	NP	SP
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Plasma Factor Xlla Inhibitors		
ANDEMBRY SOAJ SC 200 MG/1.2ML	NP	SP
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	NP	SP
KALBITOR	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ORLADEYO	NP	SP	NASCOBAL SOLN NA (Use cyanocobalamin)	NF	
TAKHZYRO SOLN	NP	SP	Folic Acid/Folates		
TAKHZYRO SOSY	NP	SP	<i>folic acid TABS 1 MG</i>	P	RX/OTC
Platelet Aggregation Inhibitors			<i>folic acid TABS 400 MCG, 800 MCG</i>	P	QL(1 EA daily)
AGRYLIN 0.5 MG (Use anagrelide hcl)	NP		Hematopoietic Growth Factors		
<i>anagrelide hcl</i>	P		ALVAIZ	NP	SP
<i>aspirin-dipyridamole</i>	P		ARANESP (ALBUMIN FREE) SOLN	NP	SP
BRILINTA 60 MG, 90 MG (Use ticagrelor)	P	QL(2 EA daily)	ARANESP (ALBUMIN FREE) SOSY	NP	SP
<i>cilostazol</i>	NP	QL(2 EA daily)	DOPTelet	NP	SP
<i>clopidogrel bisulfate 75 MG</i>	P	QL(1 EA daily)	DOPTelet SPRINKLE PO 10 MG	NP	
<i>clopidogrel bisulfate 300 MG</i>	P		<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	NP	SP
<i>dipyridamole</i>	P	MP	<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	NP	SP
EFFIENT (Use prasugrel hcl)	NP	QL(1 EA daily)	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA
PLAVIX 75 MG (Use clopidogrel bisulfate)	NP	QL(1 EA daily)	FULPHILA	NP	SP
<i>prasugrel hcl</i>	NP	QL(1 EA daily)	FYLNETRA	NP	SP
<i>ticagrelor 60 MG, 90 MG</i>	P	QL(2 EA daily)	GRANIX SOLN 300 MCG/ML	NP	SP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			GRANIX SOSY	NP	SP
Agents for Sick Cell Disease			LEUKINE SOLR IJ	P	SP
ADAKVEO	NP	SP	MIRCERA	NP	SP
DROXIA CAPS	P		MULPLETA	NP	SP
ENDARI (Use glutamine (sickle cell))	P	SP	NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	SP
<i>glutamine (sickle cell)</i>	NP	SP	NEULASTA SOSY	NP	SP
SIKLOS TABS	P	AL(At least 2 yrs old - Up to 17 yrs old)	NEUPOGEN SOLN	P	SP
XROMI SOLN PO 100 MG/ML	NP	SP	NEUPOGEN SOSY	P	SP
Cobalamins			NIVESTYM SOLN	NP	SP
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P		NIVESTYM SOSY	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NPLATE	NP	SP	<i>ferrous sulfate TBEC 325 MG</i>	P	
NYVEPRIA	NP	SP	FERROUS SULFATE TBEC (<i>Use ferrous sulfate</i>)	NF	
PROCRIT	P	SP; PA	<i>polysaccharide iron complex CAPS</i>	P	QL(1 EA daily)
PROCRIT	P	SP; PA	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
PROMACTA PACK 12.5 MG, 25 MG (<i>Use eltrombopag olamine</i>)	NP	SP	Hemostatics - Systemic		
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>Use eltrombopag olamine</i>)	NP	SP	<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 EA per fill retail); SP
REBLOZYL	NP	SP	<i>tranexamic acid TABS</i>	P	QL(30 EA per 5 day(s) retail); 2 max fill(s) per 30 day(s) retail; AL(At least 12 yrs old)
RELEUKO SOSY	NP	SP	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
RETACRIT	NP	SP	Antihistamine Hypnotics		
ROLVEDON	NP	SP	<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P	
RYZNEUTA SOSY SC 20 MG/ML	NP	SP	<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	QL(1 EA daily)
STIMUFEND	NP	SP	<i>doxylamine succinate (sleep)</i>	P	
UDENYCA ONBODY SOSY	NP	SP	UNISOM SLEEPGELS CAPS (<i>Use diphenhydramine hcl (sleep)</i>)	NF	
UDENYCA SOAJ	NP	SP	UNISOM SLEEPTABS (<i>Use doxylamine succinate (sleep)</i>)	NF	
UDENYCA SOSY	NP	SP	Barbiturate Hypnotics		
VAFSEO	NP	SP	<i>phenobarbital ELIX</i>	P	
ZARXIO	NP	SP	<i>phenobarbital TABS</i>	P	
ZIEXTENZO	NP	SP	Hypnotics - Tricyclic Agents		
Iron			<i>doxepin hcl (sleep)</i>	NP	
FEOSOL TABS (<i>Use ferrous sulfate dried</i>)	NF				
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NF	QL(10 ML daily)			
FERRETT'S TABS	P	QL(2 EA daily)			
<i>ferrous fumarate TABS</i>	P	QL(2 EA daily)			
<i>ferrous sulfate dried TABS</i>	P				
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	QL(16 ML daily)			
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	P	QL(10 ML daily)			
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	P				

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SILENOR <i>(Use doxepin hcl (sleep))</i>	NF		HETLIOZ LQ SUSP	NP	SP
Non-Barbiturate Hypnotics			HETLIOZ CAPS <i>(Use tasimelteon)</i>	NP	SP
AMBIEN CR TBCR <i>(Use zolpidem tartrate)</i>	NP		<i>ramelteon</i>	NP	
AMBIEN TABS <i>(Use zolpidem tartrate)</i>	NP	QL(1 EA daily)	ROZEREM <i>(Use ramelteon)</i>	NP	
DORAL <i>(Use quazepam)</i>	NP		<i>tasimelteon CAPS</i>	NP	SP
EDLUAR SUBL	NP		LAXATIVES - Bowel Treatment Drugs		
<i>estazolam</i>	P		Bulk Laxatives		
<i>eszopiclone</i>	NP		<i>calcium polycarbophil TABS</i>	P	QL(10 EA daily)
<i>flurazepam hcl</i>	NP	QL(1 EA daily)	METAMUCIL FREE & NATURAL POWD <i>(Use psyllium)</i>	NF	
HALCION 0.25 MG <i>(Use triazolam)</i>	NP	QL(1 EA daily)	NATURAL FIBER LAXATIVE POWD	P	
LUNESTA <i>(Use eszopiclone)</i>	NF		<i>psyllium CAPS 0.52 GM, 400 MG</i>	P	
<i>midazolam hcl SYRP</i>	NP		<i>psyllium POWD 25 %, 28.3 %, 43 %, 49 %, 51.7 %, 58.6 %</i>	P	
<i>quazepam</i>	P		Laxative Combinations		
RESTORIL 15 MG, 30 MG <i>(Use temazepam)</i>	NP	QL(1 EA daily)	GOLYTELY SOLR <i>(Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)</i>	NF	QL(4000 ML per fill retail)
RESTORIL 7.5 MG, 22.5 MG <i>(Use temazepam)</i>	NP		<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(4000 ML per fill retail)
<i>temazepam 7.5 MG, 22.5 MG</i>	P		<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ML per fill retail)
<i>temazepam 15 MG, 30 MG</i>	P	QL(1 EA daily)	<i>sennosides-docusate sodium TABS</i>	P	QL(4 EA daily)
<i>triazolam</i>	P	QL(1 EA daily)	SENOKOT S TABS <i>(Use sennosides-docusate sodium)</i>	NF	QL(4 EA daily)
<i>zaleplon</i>	NP	QL(1 EA daily)	SUFLAVE	P	
ZOLPIDEM TARTRATE CAPS	NP		SUTAB	P	
<i>zolpidem tartrate SUBL</i>	NP		Laxatives - Miscellaneous		
<i>zolpidem tartrate TABS</i>	P	QL(1 EA daily)			
<i>zolpidem tartrate TBCR</i>	NP				
Orexin Receptor Antagonists					
BELSOMRA	NP				
DAYVIGO	NP				
QUVIVIQ	NP				
Selective Melatonin Receptor Agonists					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLYCERIN (ADULT) SUPP (Use glycerin (laxative))	NF		DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	NF	QL(1 EA daily)
glycerin (laxative) SUPP 2 GM, 2.1 GM, 80.7 %	P		DULCOLAX SUPP (Use bisacodyl)	NF	QL(12 EA per fill retail)
lactulose SOLN	P		DULCOLAX TBEC (Use bisacodyl)	NF	QL(1 EA daily)
MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350)	NF		sennosides LIQD	P	
MIRALAX PACK (Use polyethylene glycol 3350)	NF		sennosides SYRP 8.8 MG/5ML	P	
MIRALAX POWD (Use polyethylene glycol 3350)	NF	QL(34 GM daily)	sennosides TABS 8.6 MG	P	
polyethylene glycol 3350 PACK	P		SENOKOT TABS (Use sennosides)	NF	
polyethylene glycol 3350 POWD	P	QL(34 GM daily)	Surfactant Laxatives		
Lubricant Laxatives			COLACE CAPS 100 MG (Use docusate sodium)	NF	QL(3 EA daily)
FLEET OIL ENEM (Use mineral oil)	NF		docusate sodium CAPS 100 MG, 250 MG	P	QL(3 EA daily)
mineral oil ENEM	P		docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	P	
Saline Laxatives			DOCUSATE SODIUM SYRP	P	
FLEET ENEMA ENEM (Use sodium phosphates)	NF		docusate sodium TABS	P	QL(3 EA daily)
FLEET PEDIATRIC ENEM (Use sodium phosphates)	NF		MACROLIDES - Drugs to Treat Bacterial Infections		
magnesium citrate 1.745 GM/30ML	P		Azithromycin		
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P		azithromycin PACK	P	QL(2 EA per fill retail)
sodium phosphates ENEM	P		azithromycin SUSR 100 MG/5ML	P	QL(15 ML per fill retail)
Stimulant Laxatives			azithromycin SUSR 200 MG/5ML	P	QL(60 ML per fill retail)
bisacodyl SUPP	P	QL(12 EA per fill retail)	azithromycin TABS 250 MG	P	QL(6 EA per fill retail)
bisacodyl TBEC	P	QL(1 EA daily)	azithromycin TABS 500 MG	P	QL(4 EA daily)
castor oil OIL 100 %	P		azithromycin TABS 600 MG	P	QL(8 EA per 28 day(s) retail)
			ZITHROMAX TRI-PAK TABS (Use azithromycin)	NP	QL(4 EA daily)
			ZITHROMAX Z-PAK TABS (Use azithromycin)	NP	QL(6 EA per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX PACK	P	QL(2 EA per fill retail)
ZITHROMAX SUSR 100 MG/5ML (<i>Use azithromycin</i>)	NP	QL(15 ML per fill retail)
ZITHROMAX SUSR 200 MG/5ML (<i>Use azithromycin</i>)	NP	QL(60 ML per fill retail)
ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NP	QL(4 EA daily)
ZITHROMAX TABS 250 MG (<i>Use azithromycin</i>)	NP	QL(6 EA per fill retail)
Clarithromycin		
<i>clarithromycin SUSR 250 MG/5ML</i>	P	QL(200 ML per fill retail)
<i>clarithromycin SUSR 125 MG/5ML</i>	P	QL(100 ML per fill retail)
<i>clarithromycin TABS</i>	P	QL(28 EA per fill retail)
<i>clarithromycin TB24</i>	P	QL(14 EA per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (<i>Use erythromycin ethylsuccinate</i>)	P	
ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	P	
ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	P	
<i>erythromycin base CPEP</i>	P	
<i>erythromycin base TABS</i>	P	
<i>erythromycin base TBEC</i>	P	
<i>erythromycin ethylsuccinate SUSR</i>	P	
<i>erythromycin ethylsuccinate TABS</i>	P	
Fidaxomicin		
DIFICID SUSR	P	
DIFICID TABS 200 MG (<i>Use fidaxomicin</i>)	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>fidaxomicin TABS 200 MG</i>	P	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
AMD FOAM DRESSING TOPSHEET PADS	P	RX/OTC
AMD FOAM DRESSING PADS	P	RX/OTC
BAND-AID FLEXIBLE ROLLED GAUZE MISC	P	RX/OTC
BAND-AID GAUZE LARGE PADS	P	RX/OTC
BAND-AID GAUZE MEDIUM PADS	P	
BAND-AID GAUZE SMALL PADS	P	
BAND-AID KLING ROLLED GAUZE LG MISC	P	RX/OTC
BAND-AID KLING ROLLED GAUZE MD MISC	P	RX/OTC
BAND-AID KLING ROLLED GAUZE SM MISC	P	RX/OTC
BAND-AID TRU-ABSORB GAUZE PADS	P	RX/OTC
COMPEED SKIN PROTECTOR DRESS MISC	P	RX/OTC
COPA ISLAND BORDERED FOAM PADS	P	RX/OTC
COPA PLUS HYDROPHILIC FOAM PADS	P	RX/OTC
COVRSITE COVER DRESSING PADS	P	RX/OTC
COVRSITE PLUS COMPOSITE DRESS PADS	P	RX/OTC
CURITY #10 BURN DRESS 12"X12" MISC	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CURITY #10 BURN DRESS 18"X18" MISC	P	RX/OTC	CURPRO STRETCH GAUZE BANDAGE MISC	P	RX/OTC
CURITY #10 BURN DRESS 36"X36" MISC	P	RX/OTC	CVS ANTIBACTERIAL GAUZE PADS	P	
CURITY #10 GAUZE BOLT 36"X300' MISC	P	RX/OTC	CVS GAUZE PAD STERILE PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES PADS	P		CVS GAUZE STERILE PADS	P	RX/OTC
CURITY AMD ANTIMICROBIAL SPNGE PADS	P		CVS GAUZE PADS	P	
CURITY AMD ANTIMICROBIAL STRIP MISC	P	RX/OTC	CVS TUBULAR GAUZE MISC	P	RX/OTC
CURITY COVER SPONGE PADS	P		DERMACEA DRAIN SPONGES PADS	P	RX/OTC
CURITY DRESSING SPONGES PADS	P	RX/OTC	DERMACEA GAUZE FLUFF ROLL MISC	P	RX/OTC
CURITY GAUZE SPONGE PADS	P	RX/OTC	DERMACEA GAUZE ROLL 2"X4-1/8YD MISC	P	RX/OTC
CURITY GAUZE PADS	P		DERMACEA GAUZE ROLL 3"X4-1/8YD MISC	P	RX/OTC
CURITY IODOFORM PACKING STRIP MISC	P	RX/OTC	DERMACEA GAUZE ROLL 4"X4-1/8YD MISC	P	RX/OTC
CURITY MESH GAUZE BNDG 1"X30' MISC	P	RX/OTC	DERMACEA GAUZE ROLL 6"X4-1/8YD MISC	P	RX/OTC
CURITY MESH GAUZE BNDG 2"X30' MISC	P	RX/OTC	DERMACEA GAUZE SPONGE PADS	P	
CURITY MESH GAUZE BNDG 3"X30' MISC	P	RX/OTC	DERMACEA IV DRAIN SPONGES PADS	P	
CURITY MESH GAUZE BNDG 4"X30' MISC	P	RX/OTC	DERMACEA IV SPONGES PADS	P	
CURITY NON-ADHERENT STRIPS MISC	P	RX/OTC	DERMACEA NON-WOVEN SPONGES PADS	P	
CURITY NON-ADHERENT STRIPS PADS	P		DERMACEA STRETCH BANDAGE ROLL MISC	P	RX/OTC
CURITY PLAIN PACKING STRIP MISC	P	RX/OTC	DERMACEA STRETCH BANDAGE MISC	P	RX/OTC
CURITY SPONGES PADS	P		DERMACEA TYPE VII GAUZE PADS	P	
CURITY TRIANGULAR BANDAGE MISC	P	RX/OTC	DERMACEA X-RAY SPONGES PADS	P	RX/OTC
			DRYMAX EXTRA PADS	P	RX/OTC
			EQ GAUZE PADS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQL GAUZE STERILE PADS	P		KERLIX BANDAGE ROLL 4.5"X9.3' MISC	P	RX/OTC
EQL GAUZE PADS	P		KERLIX BANDAGE ROLL MISC	P	RX/OTC
EXCILON AMD DRAIN SPONGES PADS	P	RX/OTC	KERLIX GAUZE ROLL LARGE MISC	P	RX/OTC
EXCILON AMD NON-WOVEN SPONGES PADS	P	RX/OTC	KERLIX GAUZE ROLL MEDIUM MISC	P	RX/OTC
EXCILON DRAIN SPONGES PADS	P	RX/OTC	KERLIX GAUZE ROLL SMALL MISC	P	RX/OTC
EXCILON IV SPONGES PADS	P		KERLIX SPONGES PADS	P	RX/OTC
GAUZE BANDAGE 3" MISC	P	RX/OTC	KERLIX X-RAY DETECTABLE SPONGE MISC	P	RX/OTC
GAUZE BANDAGE ROLL MISC	P	RX/OTC	KLING FLUFF MISC	P	RX/OTC
GAUZE BANDAGE MISC	P	RX/OTC	MIRASORB SPONGES MISC	P	
GAUZE DRESSING PADS	P	RX/OTC	NEXCARE WATERPROOF PREMIUM PAD MISC	P	RX/OTC
GAUZE PADS PADS	P		NU GAUZE 4PLY PADS	P	RX/OTC
GAUZE STRETCH BANDAGE MISC	P	RX/OTC	NU GAUZE GENERAL-USE SPONGES MISC	P	RX/OTC
GAUZE TYPE VII MEDI-PAK PADS	P		NU GAUZE PACKING STRIPS MISC	P	RX/OTC
GNP STERILE GAUZE PADS	P		NU GAUZE UTERINE PACKING STRIP MISC	P	RX/OTC
HM STERILE PADS PADS	P		OIL EMULSIONS DRESSING/NON-ADH PADS	P	
J & J GAUZE SPONGES 12-PLY MISC	P	RX/OTC	POLYMEM NON-ADHESIVE PADS	P	RX/OTC
J & J GAUZE SPONGES 16-PLY MISC	P	RX/OTC	PRIMAPORE 11-3/4"X4" MISC	P	RX/OTC
J & J GAUZE SPONGES 8-PLY MISC	P	RX/OTC	PRIMAPORE 13-3/4"X4" MISC	P	RX/OTC
J & J GAUZE PADS	P		PRIMAPORE 2-7/8"X2" MISC	P	RX/OTC
KENDALL HYDROPHILIC FOAM DRESS PADS	P		PRIMAPORE 4"X3-1/8" MISC	P	RX/OTC
KENDALL HYDROPHILIC FOAM PLUS PADS	P		PRIMAPORE 6"X3-1/8" MISC	P	RX/OTC
KERLIX AMD ANTIMICROBIAL MISC	P	RX/OTC			
KERLIX BANDAGE ROLL 2-1/4"X9' MISC	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRIMAPORE 8"X4" MISC	P	RX/OTC	TELFAM ADHESIVE BANDAGE MISC	P	RX/OTC
QC ALL PURPOSE DRESSINGS PADS	P	RX/OTC	TENDEROL UNDERCAST PADDING MISC	P	RX/OTC
QC BORDER ISLAND GAUZE PADS	P		THERAGAUZE PADS	P	
QC STERILE PADS PADS	P		TOPPER DRESSING SPONGES MISC	P	RX/OTC
RAY-TEC X-RAY DETECTABLE SPNGE MISC	P	RX/OTC	Contraceptives		
RESTORE CONTACT LAYER PADS	P		AIMSCO LUBRICATED MISC	P	QL(36 EA per fill retail)
RESTORE FOAM DRESSING PADS	P	RX/OTC	DUREX EXTRA SENSITIVE THIN DEVI	P	QL(36 EA per fill retail)
RESTORE ODOR ABSORBING DRESS PADS	P	RX/OTC	DUREX EXTRA SENSITIVE THIN MISC	P	QL(36 EA per fill retail)
RESTORE TRIO ABSORBENT DRESS PADS	P		DUREX TROPICAL MISC	P	QL(36 EA per fill retail)
ROLLED GAUZE 2"X2YD MISC	P	RX/OTC	FANTASY LUBRICATED/SPERMICI DE MISC	P	QL(36 EA per fill retail)
SILIGENTLE FOAM DRESSING PADS	P		FANTASY LUBRICATED MISC	P	QL(36 EA per fill retail)
SM BANDAGE ROLL MISC	P	RX/OTC	KAMELEON LUBRICATED MISC	P	QL(36 EA per fill retail)
SM STERILE PADS	P	RX/OTC	KIMONO COLORS DEVI	P	QL(36 EA per fill retail)
SOF-WICK PADS	P	RX/OTC	KIMONO MAXX-LARGE FLARE MISC	P	QL(36 EA per fill retail)
SOF-WIK MISC	P	RX/OTC	KIMONO MICRO THIN PLUS MISC	P	QL(36 EA per fill retail)
STERILE BANDAGE ROLL 2.25"X3YD MISC	P	RX/OTC	KIMONO MICRO THIN MISC	P	QL(36 EA per fill retail)
STERILE GAUZE PADS	P		KIMONO PLUS MISC	P	QL(36 EA per fill retail)
STERILE PADS	P		KIMONO PS PLUS MISC	P	QL(36 EA per fill retail)
STRETCH GAUZE BANDAGE MISC	P	RX/OTC	KIMONO PS MISC	P	QL(36 EA per fill retail)
SURGICAL GAUZE SPONGE PADS	P		KIMONO SENSATION PLUS MISC	P	QL(36 EA per fill retail)
TEGADERM FILM 1-3/4"X1-3/4" MISC	P	RX/OTC	KIMONO SENSATION MISC	P	QL(36 EA per fill retail)
TEGADERM FOAM ROLL 4"X24" MISC	P	RX/OTC	KIMONO SPECIAL DEVI	P	QL(36 EA per fill retail)
TEGADERM FOAM PADS	P				

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Drug Name	Drug Tier	Requirements/ Limits
KIMONO MISC	P	QL(36 EA per fill retail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	P	QL(36 EA per fill retail)
K-Y ME & YOU INTENSE DEVI	P	QL(36 EA per fill retail)
MAXX PLUS MISC	P	QL(36 EA per fill retail)
MAXX MISC	P	QL(36 EA per fill retail)
REALITY LATEX CONDOMS MISC	P	QL(36 EA per fill retail)
REALITY LATEX/ULTRA TEXTURED DEVI	P	QL(36 EA per fill retail)
REALITY LATEX/ULTRA THIN DEVI	P	QL(36 EA per fill retail)
TROJAN BARESKIN DEVI	P	QL(36 EA per fill retail)
TROJAN ENZ MISC	P	QL(36 EA per fill retail)
TROJAN MAGNUM MISC	P	QL(36 EA per fill retail)
TROJAN ULTRA THIN/SPERMICIDAL MISC	P	QL(36 EA per fill retail)
TROJAN ULTRA THIN MISC	P	QL(36 EA per fill retail)
TROJAN-ENZ LUBRICATED MISC	P	QL(36 EA per fill retail)
TROJAN-ENZ/SPERMICIDAL MISC	P	QL(36 EA per fill retail)
TRUE COVER DEVI	P	QL(36 EA per fill retail)
TRUSTEX COLOR CONDOMS + LUBE MISC	P	QL(36 EA per fill retail)
TRUSTEX LUB/RIBBED/STUDDERED MISC	P	QL(36 EA per fill retail)
TRUSTEX LUB/SPERMICIDE EX ST MISC	P	QL(36 EA per fill retail)
TRUSTEX LUB/SPERMICIDE XL MISC	P	QL(36 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED EX LARGE MISC	P	QL(36 EA per fill retail)
TRUSTEX LUBRICATED EXTRA ST MISC	P	QL(36 EA per fill retail)
TRUSTEX LUBRICATED/SPERMICIDE MISC	P	QL(36 EA per fill retail)
TRUSTEX LUBRICATED MISC	P	QL(36 EA per fill retail)
TRUSTEX NATURAL CONDOMS + LUBE MISC	P	QL(36 EA per fill retail)
TRUSTEX NON-LUBRICATED MISC	P	QL(36 EA per fill retail)
TRUSTEX RIA LUB/SPERMICIDE MISC	P	QL(36 EA per fill retail)
TRUSTEX RIA LUBRICATED MISC	P	QL(36 EA per fill retail)
TRUSTEX RIA NON-LUBRICATED MISC	P	QL(36 EA per fill retail)
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	P	QL(36 EA per fill retail)
Diabetic Supplies		
ACCU-CHEK AVIVA PLUS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
ACCU-CHEK FASTCLIX LANCET KIT	P	QL(1 EA per 180 day(s) retail)
ACCU-CHEK FASTCLIX LANCETS	P	RX/OTC
ACCU-CHEK GUIDE ME KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
ACCU-CHEK GUIDE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK SAFE-T PRO LANCETS	P	RX/OTC	ADVOCATE RAPID-SAFE LANCING MISC	P	QL(1 EA per 180 day(s) retail)
ACCU-CHEK SOFTCLIX LANCET DEV KIT	P	QL(1 EA per 180 day(s) retail)	ADVOCATE REDI-CODE+ DEVI	NP	
ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC	ADVOCATE REDI-CODE DEVI	NP	
ACTI-LANCE 28G	P	RX/OTC	ADVOCATE REDI-CODE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
ACTI-LANCE LITE LANCETS 28G	P	RX/OTC	ADVOCATE SAFETY LANCETS	P	RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	P	RX/OTC	ADVOCATE SAFETY LANCETS 21G	P	RX/OTC
ACTI-LANCE UNIVERSAL 23G	P	RX/OTC	ADVOCATE SAFETY LANCETS 23G	P	RX/OTC
ADJUSTABLE LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	ADVOCATE SAFETY LANCETS 26G	P	RX/OTC
ADVANCE INTUITION METER DEVI	NP		ADVOCATE SAFETY LANCETS 28G	P	RX/OTC
ADVANCE INTUITION MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	AGAMATRIX JAZZ WIRELESS 2 KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
ADVANCE MICRO-DRAW METER DEVI	NP		AGAMATRIX PRESTO KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
ADVANCED MOBILE LANCET	P	RX/OTC	AGAMATRIX ULTRA-THIN LANCETS	P	RX/OTC
ADVOCATE BLOOD GLUCOSE MONITOR DEVI	NP		AIMSCO TWIST LANCETS 32G	P	RX/OTC
ADVOCATE BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	AIMSCO TWIST LANCETS 33G	P	RX/OTC
ADVOCATE LANCETS	P	RX/OTC	AQUALANCE LANCETS 30G	P	RX/OTC
ADVOCATE LANCETS 30G	P	RX/OTC	ASSURE 3 METER KIT	NP	
ADVOCATE LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	ASSURE 4 METER DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE COMFORT LANCETS 28G	P	RX/OTC	AUTOLET LITE CLINISAFE KIT	P	QL(1 EA per 180 day(s) retail)
ASSURE HAEMOLANCE PLUS HIGH	P	RX/OTC	AUTOLET LITE LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
ASSURE HAEMOLANCE PLUS LOW	P	RX/OTC	AUTOLET LITE STARTER PACK KIT	P	QL(1 EA per 180 day(s) retail)
ASSURE HAEMOLANCE PLUS MICRO	P	RX/OTC	AUTOLET MINI MISC	P	QL(1 EA per 180 day(s) retail)
ASSURE HAEMOLANCE PLUS NORMAL	P	RX/OTC	AUTOLET PLUS MISC	P	QL(1 EA per 180 day(s) retail)
ASSURE HAEMOLANCE PLUS PED	P	RX/OTC	BD LATITUDE DIABETES KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
ASSURE LANCE LANCETS	P	RX/OTC	BD LOGIC BLOOD GLUCOSE MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
ASSURE LANCE LANCETS 21G	P	RX/OTC	BD MICROTAINER LANCETS	P	RX/OTC
ASSURE LANCE PLUS SAFETY 25G	P	RX/OTC	BIGFOOT UNITY PROGRAM KIT	NP	RX/OTC
ASSURE LANCE PLUS SAFETY 30G	P	RX/OTC	BIOTEL CARE BLOOD GLUCOSE SYST KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
ASSURE LANCE SAFETY LANCET 28G	P	RX/OTC	BIOTEL CARE BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
ASSURE PLATINUM METER DEVI	NP		BLOOD GLUCOSE MONITOR SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
ASSURE PRISM MULTI METER DEVI	NP				
ASSURE PRO BLOOD GLUCOSE METER DEVI	NP				
AURORA LANCET SUPER THIN 30G	P	RX/OTC			
AURORA LANCET THIN 23G	P	RX/OTC			
AUTO-LANCET MINI MISC	P	QL(1 EA per 180 day(s) retail)			
AUTO-LANCET MISC	P	QL(1 EA per 180 day(s) retail)			
AUTOLET II CLINISAFE KIT	P	QL(1 EA per 180 day(s) retail)			
AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)			

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BLOOD GLUCOSE MONITORING 333 DEVI	NP		CARETOUCH MONITOR SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
BLOOD GLUCOSE SYSTEM PAK KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	CARETOUCH SAFETY LANCETS	P	RX/OTC
BLULINK GLUCOSE MONITORING SYS DEVI	NP		CARETOUCH SAFETY LANCETS 26G	P	RX/OTC
CARDIOCOM LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	CARETOUCH TWIST LANCETS 28G	P	RX/OTC
CAREONE ADVANCED LANCING DEV MISC	P	QL(1 EA per 180 day(s) retail)	CARETOUCH TWIST LANCETS 30G	P	RX/OTC
CAREONE LANCET SUPER THIN 30G	P	RX/OTC	CARETOUCH TWIST LANCETS 33G	P	RX/OTC
CAREONE LANCET THIN 23G	P	RX/OTC	CARETOUCH TWIST MC LANCETS 30G	P	RX/OTC
CARESENS LANCETS	P	RX/OTC	CHOSEN LANCETS 30G	P	RX/OTC
CARESENS LANCETS 30G	P	RX/OTC	CHOSEN LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
CARESENS N FELIZ BT DEVI	NP		CHOSEN SAFETY LANCETS 28G	P	RX/OTC
CARESENS N FELIZ DEVI	NP		CLEANLET LANCETS 28G	P	RX/OTC
CARESENS N GLUCOSE SYSTEM DEVI	NP		CLEVER CHEK AUTO-CODE SYSTEM DEVI	NP	
CARESENS N PLUS BT KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	CLEVER CHEK AUTO-CODE VOICE DEVI	NP	
CARESENS N VOICE SYSTEM DEVI	NP		CLEVER CHEK LANCETS	P	RX/OTC
CARESENS S FIT BLOOD GLUC MON DEVI	NP		CLEVER CHEK SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
CARESENS S FIT BT BLOOD GLUC DEVI	NP		CLEVER CHOICE AUTO-CODE SYSTEM DEVI	NP	
CARETOUCH LANCING/EJECTOR MISC	P	QL(1 EA per 180 day(s) retail)	CLEVER CHOICE COMFORT EZ	P	RX/OTC
			CLEVER CHOICE LANCETS 21G	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE LANCETS 23G	P	RX/OTC	CONTOUR NEXT LINK KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
CLEVER CHOICE LANCETS 28G	P	RX/OTC	CONTOUR NEXT MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
CLEVER CHOICE MICRO SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	CONTOUR NEXT ONE KIT	NP	
CLEVER CHOICE MINI SYSTEM DEVI	NP		CONTOUR NEXT ONE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
CLEVER CHOICE TALK SYSTEM DEVI	NP		CONTOUR PLUS BLUE KIT	P	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
COAGUCHEK LANCETS	P	RX/OTC	COOL MONITOR KIT KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
COMFORT ASSURED LANCETS 28G	P	RX/OTC	COOL MONITOR DEVI	NP	
COMFORT ASSURED LANCETS 33G	P	RX/OTC	CVS BLOOD GLUCOSE METER DEVI	NP	
COMFORT TOUCH LANCETS 31G	P	RX/OTC	CVS BLOOD GLUCOSE METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	P	RX/OTC	CVS LANCETS ORIGINAL	P	RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	P	RX/OTC	CVS LANCETS THIN 26G	P	RX/OTC
COMFORT TOUCH TWIST LANCET 30G	P	RX/OTC	CVS LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
CONTOUR MONITOR DEVI	NP				
CONTOUR NEXT EZ KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC			
CONTOUR NEXT GEN MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS ULTRA THIN LANCETS	P	RX/OTC	DROPSAFE ACTI-LANCE 23G	P	RX/OTC
D-CARE GLUCOMETER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	DRUG MART LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
DEXCOM G6 RECEIVER	P	PA	DRUG MART ON-THE-GO LANCET 30G	P	RX/OTC
DEXCOM G6 SENSOR	P	PA	DRUG MART UNILET LANCETS 28G	P	RX/OTC
DEXCOM G6 TRANSMITTER	P	PA	DRUG MART UNILET LANCETS 30G	P	RX/OTC
DEXCOM G7 15 DAY SENSOR	P	PA	DRUG MART UNILET LANCETS 33G	P	RX/OTC
DEXCOM G7 RECEIVER	P	PA	EASY COMFORT LANCETS	P	RX/OTC
DEXCOM G7 SENSOR	P	PA	EASY COMFORT LANCETS TWIST TOP	P	RX/OTC
DIABETES CARE KIT	NP	RX/OTC	EASY MAX T1 GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
DIABETES MONITOR DIGIT ADD-ON KIT	NP	RX/OTC	EASY MINI EJECT LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
DIABETES MONITOR DIGIT SOLN KIT	NP	RX/OTC	EASY MINI LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
DIATHRIVE BLOOD GLUCOSE METER DEVI	NP		EASY PLUS II GLUCOSE SYSTEM DEVI	NP	
DIATHRIVE LANCET ULTRA THIN 30	P	RX/OTC	EASY STEP GLUCOSE MONITOR DEVI	NP	
DIATHRIVE LANCETS	P	RX/OTC	EASY TALK BLOOD GLUCOSE SYSTEM DEVI	NP	
DIATHRIVE LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	EASY TOUCH GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
DIATHRIVE+ GLUCOSE MONITOR DEVI	NP				
DIATRUE PLUS BLOOD GLUCOSE DEVI	NP				
DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)			
DROPLET LANCETS ULTRA THIN 30G	P	RX/OTC			
DROPLET LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)			
DROPLET PERSONAL LANCETS 30G	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH HEALTHPRO GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	EASYMAX NG BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
EASY TOUCH LANCETS 21G	P	RX/OTC	EASYMAX V BLOOD GLUCOSE DEVI	NP	
EASY TOUCH LANCETS 23G	P	RX/OTC	EASYPRO BLOOD GLUCOSE MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
EASY TOUCH LANCETS 26G	P	RX/OTC			
EASY TOUCH LANCETS 28G	P	RX/OTC	EASYPRO PLUS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
EASY TOUCH LANCETS 28G/TWIST	P	RX/OTC			
EASY TOUCH LANCETS 30G	P	RX/OTC	ELEMENT AUTOCODE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
EASY TOUCH LANCETS 30G/TWIST	P	RX/OTC			
EASY TOUCH LANCETS 32G	P	RX/OTC	ELEMENT COMPACT GLUCOSE SYSTEM DEVI	NP	
EASY TOUCH LANCETS 32G/TWIST	P	RX/OTC	ELEMENT COMPACT V GLUCOSE SYS DEVI	NP	
EASY TOUCH LANCETS 33G/TWIST	P	RX/OTC	ELEMENT PLUS DEVI	NP	
EASY TOUCH LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	EMBRACE BLOOD GLUCOSE MONITOR DEVI	NP	
EASY TOUCH SAFETY LANCETS 21G	P	RX/OTC	EMBRACE EVO GLUCOSE MONITOR DEVI	NP	
EASY TOUCH SAFETY LANCETS 23G	P	RX/OTC			
EASY TOUCH SAFETY LANCETS 26G	P	RX/OTC	EMBRACE EVO GLUCOSE MONITORING KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
EASY TOUCH SAFETY LANCETS 28G	P	RX/OTC			
EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	NP		EMBRACE LANCETS ULTRA THIN 30G	P	RX/OTC
EASY TRAK II BLOOD GLUCOSE SYS DEVI	NP		EMBRACE LANCING DEVICE/EJECTOR MISC	P	QL(1 EA per 180 day(s) retail)
EASYGLUCO KIT	NP				
EASYMAX NG BLOOD GLUCOSE DEVI	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMBRACE PRESSURE ACTIVATED 21G	P	RX/OTC	FIFTY50 GLUCOSE METER 2.0 KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	P	RX/OTC	FIFTY50 SAFETY SEAL LANCETS	P	RX/OTC
EMBRACE PRO GLUCOSE METER DEVI	NP		FIFTY50 UNILET LANCETS 33G	P	RX/OTC
EMBRACE TALK BLOOD GLUCOSE DEVI	NP		FINE 30	P	RX/OTC
EMBRACE TALK MONITORING SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	FINGERSTIX LANCETS	P	RX/OTC
EMBRACE WAVE BLOOD GLUCOSE DEVI	NP		FORA G20 BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
EMBRACE WAVE GLUCOSE METER DEVI	NP		FORA G30A BLOOD GLUCOSE SYSTEM DEVI	NP	
ENLITE GLUCOSE SENSOR	NP		FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	NP	
EVERSENSE 365 SENSOR/HOLDER	NP		FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	NP	
EVERSENSE 365 SMART TRANSMIT	NP		FORA GTEL BLOOD GLUCOSE SYSTEM DEVI	NP	
EVERSENSE E3 SENSOR/HOLDER	NP		FORA LANCETS	P	RX/OTC
EVERSENSE E3 SMART TRANSMITTER	NP		FORA LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
EVERSENSE SENSOR/HOLDER	NP		FORA PREMIUM V10 BLE SYSTEM DEVI	NP	
EVERSENSE SMART TRANSMITTER	NP		FORA TEST N' GO MONITOR DEVI	NP	
EVOLUTION AUTOCODE DEVI	NP		FORA TN'G VOICE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
EXTENDED RESERVOIR 3ML MISC	NP		FORA V10 BLOOD GLUCOSE SYSTEM DEVI	NP	
EZ-LETS LANCETS 21G	P	RX/OTC	FORA V10/V12/D10/D20 TEST KIT	NP	
EZ-LETS LANCETS 26G	P	RX/OTC			
EZ-LETS LANCETS 28G	P	RX/OTC			
EZ-LETS LANCETS 30G	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FORA V12 BLOOD GLUCOSE SYSTEM DEVI	NP		FREESTYLE LIBRE 3 SENSOR	P	PA
FORA V20 BLOOD GLUCOSE SYSTEM DEVI	NP		FREESTYLE LIBRE READER	NP	
FORA V30A BLOOD GLUCOSE SYSTEM DEVI	NP		FREESTYLE LITE DEVI	NP	
FORA V30A BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	FREESTYLE LITE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
FORACARE GD40 MONITOR DEVI	NP		FREESTYLE PRECISION NEO SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
FORACARE PREMIUM V10 DEVI	NP		FREESTYLE UNISTICK II LANCETS	P	RX/OTC
FORACARE TEST N GO MONITOR DEVI	NP		GE100 BLOOD GLUCOSE SYSTEM DEVI	NP	
FORTISCARE CONTROL SOLN	P	QL(1 EA per 90 day(s) retail)	GE100 BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
FORTISCARE T1 GLUCOSE SYSTEM DEVI	NP		GENTEEL BUTTERFLY TOUCH LANCET	P	RX/OTC
FREESTYLE FREEDOM LITE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	GENTEEL LANCING KIT (BLUE) KIT	P	QL(1 EA per 180 day(s) retail)
FREESTYLE LANCETS	P	RX/OTC	GENTEEL PLUS LANCING (BLACK) MISC	P	QL(1 EA per 180 day(s) retail)
FREESTYLE LIBRE 14 DAY READER	P	PA	GENTEEL PLUS LANCING (PURPLE) MISC	P	QL(1 EA per 180 day(s) retail)
FREESTYLE LIBRE 14 DAY SENSOR	P	PA	GENTEEL PLUS LANCING (WHITE) MISC	P	QL(1 EA per 180 day(s) retail)
FREESTYLE LIBRE 2 PLUS SENSOR	P	PA	GENTEEL PLUS LANCING DEV(BLUE) MISC	P	QL(1 EA per 180 day(s) retail)
FREESTYLE LIBRE 2 READER	P	PA	GENTEEL PLUS LANCING DEV(PINK) MISC	P	QL(1 EA per 180 day(s) retail)
FREESTYLE LIBRE 2 SENSOR	P	PA			
FREESTYLE LIBRE 3 PLUS SENSOR	P	PA			
FREESTYLE LIBRE 3 READER	P	PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET GP LANCETS	P	RX/OTC	GLUCOCARD SHINE EXPRESS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
GENTLE-LET LANCETS	P	RX/OTC	GLUCOCARD SHINE XL DEVI	NP	
GHT BLOOD GLUCOSE MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	GLUCOCARD SHINE DEVI	NP	
GLOBAL INJECT EASE LANCETS 28G	P	RX/OTC	GLUCOCARD SHINE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
GLOBAL INJECT EASE LANCETS 30G	P	RX/OTC	GLUCOCARD VITAL MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
GLOBAL LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	GLUCOCARD X-METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
GLUCO PERFECT 3 METER DEVI	NP		GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	
GLUCOCARD 01 BLOOD GLUCOSE DEVI	NP		GLUCOCOM LANCETS 28G	P	RX/OTC
GLUCOCARD 01 BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	GLUCOCOM LANCETS 30G	P	RX/OTC
GLUCOCARD 01-MINI GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	GLUCOCOM LANCETS 33G	P	RX/OTC
GLUCOCARD EXPRESSION MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	GLUCOCOM MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
GLUCOCARD SHINE CONNEX KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCONAVII BLOOD GLUCOSE SYS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	GUARDIAN REAL-TIME REPLACE PED	NP	
GNP EASY TOUCH GLUCOSE METER DEVI	NP		GUARDIAN REAL-TIME TEST PLUG MISC	NP	RX/OTC
GNP LANCING SYSTEM DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	GUARDIAN SENSOR (3)	P	PA
GNP STERILE LANCETS 28G	P	RX/OTC	GUARDIAN SENSOR 3	P	PA
GNP STERILE LANCETS 30G	P	RX/OTC	HAEMOLANCE	P	RX/OTC
GNP STERILE LANCETS 33G	P	RX/OTC	HAEMOLANCE LOW FLOW LANCETS	P	RX/OTC
GNP TRUE METRIX AIR METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	HAEMOLANCE PLUS	P	RX/OTC
GNP TRUE METRIX GLUCOSE METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	HAEMOLANCE PLUS HIGH FLOW	P	RX/OTC
GOJJI CONTROL SOLN	P	QL(1 EA per 90 day(s) retail)	HAEMOLANCE PLUS LOW FLOW	P	RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 EA per 180 day(s) retail)	HAEMOLANCE PLUS MAX FLOW	P	RX/OTC
GOJJI STERILE LANCETS	P	RX/OTC	HAEMOLANCE PLUS PEDIATRIC FLOW	P	RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	P	PA	HEALTHPRO BLOOD GLUCOSE MONITO KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
GUARDIAN 4 TRANSMITTER	P	PA	H-E-B INCONTROL ADV LANCING MISC	P	QL(1 EA per 180 day(s) retail)
GUARDIAN CONNECT TRANSMITTER	P	PA	H-E-B INCONTROL LANCETS 28G	P	RX/OTC
GUARDIAN LINK 3 TRANSMITTER	P	PA	H-E-B INCONTROL LANCETS 30G	P	RX/OTC
GUARDIAN REAL-TIME CHARGER MISC	NP	RX/OTC	H-E-B INCONTROL LANCETS 33G	P	RX/OTC
			HM EMBRACE TALK SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
			HW EMBRACE PRO GLUCOSE METER DEVI	NP	
			HW EMBRACE TALK BLOOD GLUCOSE DEVI	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HYPOLANCE AST LANCING KIT	P	QL(1 EA per 180 day(s) retail)	INFINITY VOICE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
HY-VEE LANCETS	P	RX/OTC	KINNEY LANCETS	P	RX/OTC
HY-VEE THIN LANCETS	P	RX/OTC	KINNEY THIN LANCETS	P	RX/OTC
IGLUCOSE MONITORING SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
IHEALTH GLUCO+ KIT 100 KIT	NP	RX/OTC	KROGER HEALTHPRO LANCET 26G	P	RX/OTC
IHEALTH GLUCO+ KIT 10 KIT	NP	RX/OTC	KROGER LANCETS	P	RX/OTC
IHEALTH LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	KROGER LANCETS SUPER THIN	P	RX/OTC
ILET CONTACT DETACH 23" 6MM MISC	P	PA; RX/OTC	KROGER LANCETS THIN	P	RX/OTC
ILET INFUSION-INSET 23" 6MM MISC	P	PA; RX/OTC	KT TAPE CGM PATCH MISC	NP	RX/OTC
ILET INFUSION-INSET 32" 6MM MISC	P	PA; RX/OTC	LANCET DEVICE WITH EJECTOR MISC	P	QL(1 EA per 180 day(s) retail)
ILET INSULIN PUMP DEVI	P	PA	LANCET DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
ILET STARTER - CONTACT DETACH MISC	P	PA; RX/OTC	LANCETS	P	RX/OTC
ILET STARTER KIT - INSET 23" MISC	P	PA; RX/OTC	LANCETS 28G THIN	P	RX/OTC
ILET STARTER KIT - INSET 32" MISC	P	PA; RX/OTC	LANCETS 30G	P	RX/OTC
IN TOUCH LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	LANCETS 33G	P	RX/OTC
IN TOUCH STERILE LANCETS 30G	P	RX/OTC	LANCETS MICRO THIN 33G	P	RX/OTC
IN TOUCH DEVI	NP		LANCETS SUPER THIN	P	RX/OTC
INFINITY BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	LANCETS SUPER THIN 28G	P	RX/OTC
			LANCETS THIN	P	RX/OTC
			LANCETS ULTRA THIN	P	RX/OTC
			LANCETS ULTRA THIN 30G	P	RX/OTC
			LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
			LANZO MISC	P	QL(1 EA per 180 day(s) retail)

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LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	MEIJER LANCETS UNIVERSAL 30G	P	RX/OTC
LIBERTY BLOOD GLUCOSE METER DEVI	NP		MEIJER LANCETS UNIVERSAL 33G	P	RX/OTC
LIBERTY MEDICAL LANCETS	P	RX/OTC	MEIJER TRUE2GO BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
LIBERTY MINI LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	MEIJER TRUERESULT GLUCOSE SYS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
LITE TOUCH LANCETS	P	RX/OTC	MEIJER TRUETRACK GLUCOSE SYS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
LITE TOUCH LANCING PEN MISC	P	QL(1 EA per 180 day(s) retail)	MICRODOT BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
LITETOUCH LANCETS	P	RX/OTC	MICROLET LANCETS	P	RX/OTC
LIVE BETTER LANCET SUPER THIN	P	RX/OTC	MICROLET NEXT LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
MEDICHOICE SAFETY LANCET	P	RX/OTC	MINI LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
MEDICHOICE SAFETY LANCET EXTRA	P	RX/OTC	MINILINK REAL-TIME TRANSMITTER	NP	
MEDICHOICE SAFETY LANCET NORM	P	RX/OTC	MINIMED 630G GUARDIAN PRESS	NP	
MEDLANCE EXTRA 21G	P	RX/OTC	MINIMED INSTINCT GLUC SENSOR	NP	
MEDLANCE LITE 25G	P	RX/OTC	MM BLOOD GLUCOSE SYSTEM REFILL KIT	NP	
MEDLANCE PLUS EXTRA 21G	P	RX/OTC			
MEDLANCE PLUS LANCETS	P	RX/OTC			
MEDLANCE PLUS LITE 25G	P	RX/OTC			
MEDLANCE PLUS SPECIAL 0.8MM	P	RX/OTC			
MEDLANCE PLUS SUPERLITE 30G	P	RX/OTC			
MEDLANCE PLUS UNIVERSAL 21G	P	RX/OTC			
MEDLANCE UNIVERSAL 21G	P	RX/OTC			
MEIJER LANCETS	P	RX/OTC			
MEIJER LANCETS UNIVERSAL 21G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MM BLOOD GLUCOSE SYSTEM KIT	P	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	MYGLUCOHEALTH BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
MM BLULINK GLUCOSE MONIT SYS DEVI	NP		MYGLUCOHEALTH LANCETS 30G	P	RX/OTC
MM EASY TOUCH GLUCOSE METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	NOVA MAX BLOOD GLUCOSE SYSTEM DEVI	NP	
MM LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	NOVA MAX BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
MM TWIST LANCETS	P	RX/OTC	NOVA SAFETY LANCETS 23G	P	RX/OTC
MOBILE LANCETS 30G	P	RX/OTC	NOVA SAFETY LANCETS 28G	P	RX/OTC
MODD1 PATIENT WELCOME KIT KIT	NP		NOVA SUREFLEX LANCETS	P	RX/OTC
MODD1 SUPPLY KIT KIT	NP		NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
MONOLET LANCETS	P	RX/OTC	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	P	PA
MONOLET OPD LANCETS	P	RX/OTC	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	P	PA
MONOLETTOR SAFETY LANCETS	P	RX/OTC	OMNIPOD 5 G7 INTRO (GEN 5) KIT	NP	
MPD SAFETY LANCET 21G	P	RX/OTC	OMNIPOD 5 G7 PODS (GEN 5) MISC	NP	
MPD SAFETY LANCET 23G	P	RX/OTC	OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	P	PA
MPD SAFETY LANCET 28G	P	RX/OTC	OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	P	PA
MPD SAFETY LANCET 30G	P	RX/OTC	OMNIPOD CLASSIC PODS (GEN 3) MISC	NP	
MULTI-LANCET DEVICE 2 KIT	P	QL(1 EA per 180 day(s) retail)	OMNIPOD DASH INTRO (GEN 4) KIT	NP	
MULTI-LANCET DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	OMNIPOD DASH PDM (GEN 4) KIT	NP	
			OMNIPOD DASH PODS (GEN 4) MISC	P	PA

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Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD GO KIT	NP	
ON CALL EXPRESS MONITORING SYS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
ONE DROP BLOOD GLUCOSE MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
ONETOUCH DELICA PLUS LANCET30G	P	RX/OTC
ONETOUCH DELICA PLUS LANCET33G	P	RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	P	QL(1 EA per 180 day(s) retail)
ONETOUCH DELICA SAFETY LANCING	P	RX/OTC
ONETOUCH ULTRA 2 KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	P	RX/OTC
ONETOUCH VERIO FLEX SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
ONETOUCH VERIO REFLECT KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
OVAL TAPE MISC	NP	RX/OTC
PARADIGM REAL-TIME TRANSMITTER	NP	
PERFECT LANCETS 28G	P	RX/OTC
PERFECT LANCETS 30G	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PERFECT POINT SAFETY LANCETS	P	RX/OTC
PHARMACIST CHOICE AUTOCODE SYS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
PHARMACIST CHOICE LANCETS	P	RX/OTC
PHARMACIST CHOICE MINI SYSTEM DEVI	NP	
PIP BLOOD GLUCOSE MONITORING DEVI	NP	
PIP LANCETS 28G	P	RX/OTC
PIP LANCETS 30G	P	RX/OTC
POCKETCHEM EZ SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
POGO AUTOMATIC BLOOD GLUCOSE DEVI	NP	
PRECISION THINS GP LANCETS	P	RX/OTC
PRECISION XTRA KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
PRO COMFORT LANCETS 30G	P	RX/OTC
PRO COMFORT LANCETS 31G	P	RX/OTC
PRO COMFORT SAFETY LANCETS 30G	P	RX/OTC
PRO VOICE V8 GLUCOSE SYSTEM DEVI	NP	
PRO VOICE V9 GLUCOSE SYSTEM DEVI	NP	
PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRODIGY AUTOCODE BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	PX LANCETS ULTRA THIN 28G	P	RX/OTC
PRODIGY LANCETS 28G	P	RX/OTC	QC ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
PRODIGY LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	QC LANCETS SUPER THIN 30G	P	RX/OTC
PRODIGY NO CODING BLOOD GLUC KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	QC LANCETS ULTRA THIN	P	RX/OTC
PRODIGY POCKET BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	QC UNILET LANCETS 28G	P	RX/OTC
PRODIGY SAFETY LANCETS 26G	P	RX/OTC	QC UNILET LANCETS MICRO THIN	P	RX/OTC
PRODIGY TWIST TOP LANCETS 28G	P	RX/OTC	QUICK TOUCH BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
PRODIGY VOICE BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	QUICKTEK/METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
PSS SELECT GP LANCETS	P	RX/OTC	QUICKTEK KIT	NP	
PSS SELECT SAFETY LANCETS	P	RX/OTC	QUINTET AC BLOOD GLUCOSE DEVI	NP	
PURE COMFORT LANCETS 30G	P	RX/OTC	QUINTET BLOOD GLUCOSE SYSTEM DEVI	NP	
PX ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	READYLANCE SAFETY LANCETS	P	RX/OTC
PX LANCET AUTO INJECTOR MISC	P	QL(1 EA per 180 day(s) retail)	REALITY LANCETS	P	RX/OTC
PX LANCETS MICROTHIN 33G	P	RX/OTC	REALITY TRIGGER LANCETS	P	RX/OTC
			REFUAH PLUS MONITORING SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
			RELION ALL-IN-ONE	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION CONFIRM GLUCOSE MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	RELION ULTIMA GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
RELION LANCET DEVICES 30G	P	RX/OTC	RELION ULTRA THIN LANCETS 30G	P	RX/OTC
RELION LANCETS	P	RX/OTC	RIGHTEST GD500 LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
RELION LANCETS MICRO-THIN 33G	P	RX/OTC	RIGHTEST GL300 LANCETS	P	RX/OTC
RELION LANCETS THIN 26G	P	RX/OTC	RIGHTEST GM100 BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
RELION LANCETS ULTRA-THIN 30G	P	RX/OTC	RIGHTEST GM300 BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
RELION LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	RIGHTEST GM550 BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
RELION MICRO KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	RIGHTEST GT333 BLOOD GLUCOSE DEVI	NP	
RELION PREMIER BLU MONITOR DEVI	NP		SAFE-T-LANCE	P	RX/OTC
RELION PREMIER CLASSIC DEVI	NP		SAFE-T-LANCE PLUS	P	RX/OTC
RELION PREMIER COMPACT SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	P	RX/OTC
RELION PREMIER VOICE MONITOR DEVI	NP		SAFETY LANCETS	P	RX/OTC
RELION PRIME MONITOR DEVI	NP		SAFETY LANCETS 21G	P	RX/OTC
RELION TRUE MET AIR GLUC METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	SAFETY LANCETS 23G	P	RX/OTC
			SAFETY LANCETS 28G	P	RX/OTC
			SAPS HEALTH PLUS LANCETS	P	RX/OTC
			SAPS HEALTH TWIST TOP LANCETS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAPS TWIST TOP LANCETS	P	RX/OTC	SMARTEST PRONTO STARTER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
SAPSCARE TWIST TOP LANCETS	P	RX/OTC			
SB LANCETS THIN	P	RX/OTC	SMARTEST PROTEGE STARTER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
SB LANCETS ULTRA THIN	P	RX/OTC			
SELECT-LITE DEVICE/LANCETS KIT	P	QL(1 EA per 180 day(s) retail)	SMARTEST PROTEGE DEVI	NP	
SELECT-LITE LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	NP	
SIMPLE DIAGNOSTICS LANCING DEV MISC	P	QL(1 EA per 180 day(s) retail)	SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
SIMPLERA SENSOR	P	PA			
SIMPLERA SYNC SENSOR	P	PA	SOLUS V2 LANCETS 28G	P	RX/OTC
SIMPLERA SYSTEM	P	PA	SOLUS V2 LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
SINGLE-LET	P	RX/OTC	SOLUS V2 TWIST LANCETS 30G	P	RX/OTC
SM TRUEDRAW LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	STERILANCE TL	P	RX/OTC
SMART DIABETES VANTAGE LANCING MISC	P	QL(1 EA per 180 day(s) retail)	SUPER THIN LANCETS	P	RX/OTC
SMARTEST EJECT STARTER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	SURE COMFORT LANCETS 18G	P	RX/OTC
			SURE COMFORT LANCETS 21G	P	RX/OTC
SMARTEST EJECT DEVI	NP		SURE COMFORT LANCETS 23G	P	RX/OTC
SMARTEST LANCETS 28G	P	RX/OTC	SURE COMFORT LANCETS 28G	P	RX/OTC
SMARTEST PERSONA STARTER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	SURE COMFORT LANCETS 30G	P	RX/OTC
			SURE COMFORT LANCING PEN MISC	P	QL(1 EA per 180 day(s) retail)
			SURELITE LANCETS	P	RX/OTC
			TECHLITE AST LANCETS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TECHLITE LANCETS	P	RX/OTC	TRUE METRIX LEVEL 3 SOLN	P	QL(1 EA per 90 day(s) retail)
TECHLITE LANCETS 26G	P	RX/OTC	TRUE METRIX METER DEVI	NP	
TECHLITE LANCETS 30G	P	RX/OTC	TRUE METRIX METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
TEMPO REFILL KIT	NP		TRUECONTROL GLUCOSE CONT LEV 0 LIQD	P	QL(1 EA per 90 day(s) retail)
TEMPO WELCOME KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	TRUECONTROL GLUCOSE CONT LEV 1 LIQD	P	QL(1 EA per 90 day(s) retail)
THINLETS GP LANCETS	P	RX/OTC	TRUEDRAW LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
TODAYS HEALTH LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	TRUEPLUS LANCETS 26G	P	RX/OTC
TODAYS HEALTH THIN LANCETS 28G	P	RX/OTC	TRUEPLUS LANCETS 28G	P	RX/OTC
TODAYS HEALTH THIN LANCETS 30G	P	RX/OTC	TRUEPLUS LANCETS 30G	P	RX/OTC
TRAVEL LANCETS ADVANCED 28G	P	RX/OTC	TRUEPLUS LANCETS 33G	P	RX/OTC
TRUE COMFORT SAFETY LANCETS	P	RX/OTC	TRUEPLUS SAFETY LANCETS 28G	P	RX/OTC
TRUE COMFORT TWIST TOP LANCETS	P	RX/OTC	TRUERESULT BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
TRUE FOCUS BLOOD GLUCOSE METER DEVI	NP		TRUETRACK BLOOD GLUCOSE DEVI	NP	
TRUE METRIX AIR GLUCOSE METER DEVI	NP		TRUETRACK BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
TRUE METRIX AIR GLUCOSE METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC			
TRUE METRIX GO GLUCOSE METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC			
TRUE METRIX LEVEL 1 SOLN	P	QL(1 EA per 90 day(s) retail)			
TRUE METRIX LEVEL 2 SOLN	P	QL(1 EA per 90 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUETRACK SMART SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	UNILET SUPERLITE LANCET	P	RX/OTC
			UNILET SUPER-THIN 30G	P	RX/OTC
			UNILET ULTRA-THIN 28G	P	RX/OTC
TWIST REFILL KIT/INFUSION SET KIT	NP		UNISTIK 1	P	RX/OTC
TWIST REFILL KIT KIT	NP		UNISTIK 2	P	RX/OTC
TWIST STARTER KIT KIT	NP		UNISTIK 2 COMFORT	P	RX/OTC
TWIST TOP LANCETS 30G	P	RX/OTC	UNISTIK 2 EXTRA	P	RX/OTC
ULTI-LANCE AUTOMATIC MISC	P	QL(1 EA per 180 day(s) retail)	UNISTIK 2 NEONATAL	P	RX/OTC
ULILET CLASSIC LANCETS	P	RX/OTC	UNISTIK 2 NORMAL	P	RX/OTC
ULILET LANCETS	P	RX/OTC	UNISTIK 2 SUPER	P	RX/OTC
ULILET SAFETY LANCETS	P	RX/OTC	UNISTIK 3	P	RX/OTC
ULILET SAFETY LANCETS 23G	P	RX/OTC	UNISTIK 3 COMFORT	P	RX/OTC
ULTRA THIN LANCETS 31G	P	RX/OTC	UNISTIK 3 EXTRA	P	RX/OTC
ULTRA-CARE LANCETS 30G	P	RX/OTC	UNISTIK 3 GENTLE	P	RX/OTC
ULTRA-THIN II AUTO LANCET	P	RX/OTC	UNISTIK 3 NEONATAL	P	RX/OTC
ULTRA-THIN II LANCETS	P	RX/OTC	UNISTIK 3 NORMAL	P	RX/OTC
UNILET COMFORTOUCH LANCET	P	RX/OTC	UNISTIK CZT COMFORT	P	RX/OTC
UNILET EXCELITE	P	RX/OTC	UNISTIK CZT NORMAL	P	RX/OTC
UNILET EXCELITE II	P	RX/OTC	UNISTIK NORMAL	P	RX/OTC
UNILET G.P. LANCET	P	RX/OTC	UNISTIK PRO SAFETY LANCET	P	RX/OTC
UNILET G.P. SUPERLITE LANCET	P	RX/OTC	UNISTIK SAFETY LANCETS 28G	P	RX/OTC
UNILET GP 28 ULTRA THIN	P	RX/OTC	UNISTIK SAFETY LANCETS 30G	P	RX/OTC
UNILET LANCET	P	RX/OTC	UNISTIK TOUCH SAFETY LANC 21G	P	RX/OTC
UNILET MICRO-THIN 33G	P	RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	P	RX/OTC
			UNISTIK TOUCH SAFETY LANC 28G	P	RX/OTC
			UNISTIK TOUCH SAFETY LANC 30G	P	RX/OTC
			VERASENS BLOOD GLUCOSE METER DEVI	NP	

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VERASENS BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC
VERIFINE SAFE LANCET MINI 21G	P	RX/OTC	ALCOHOL PADS	P	RX/OTC
VERIFINE SAFE LANCET MINI 23G	P	RX/OTC	ALCOHOL PREP	P	RX/OTC
VERIFINE SAFE LANCET MINI 28G	P	RX/OTC	ALCOHOL PREP PADS	P	RX/OTC
VERIFINE SAFE LANCET MINI 30G	P	RX/OTC	ALCOHOL SWABS	P	RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	P	RX/OTC	ALCOHOL SWABSTICK	P	RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	P	RX/OTC	AUM ALCOHOL PREP PADS	P	RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	P	RX/OTC	BD SWAB SINGLE USE REGULAR	P	RX/OTC
V-GO 20 KIT	NP		CARETOUCH ALCOHOL PREP	P	RX/OTC
V-GO 30 KIT	NP		COMFORT TOUCH ALCOHOL PREP	P	RX/OTC
V-GO 40 KIT	NP		CURITY ALCOHOL PREPS	P	RX/OTC
VIVAGUARD INO GLUCOSE METER DEVI	NP		CVS ALCOHOL PREP PADS	P	RX/OTC
VIVAGUARD INO GLUCOSE METER KIT	NP		CVS PREP	P	RX/OTC
VIVAGUARD INO SMART GLUC METER DEVI	NP		DROPSAFE ALCOHOL PREP	P	RX/OTC
VIVAGUARD LANCETS	P	RX/OTC	EASY COMFORT ALCOHOL PADS	P	RX/OTC
VIVAGUARD LANCETS 30G	P	RX/OTC	EASY TOUCH ALCOHOL PREP MEDIUM	P	RX/OTC
VIVAGUARD LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	EQL ALCOHOL SWABS	P	RX/OTC
VIVAGUARD SAFETY LANCETS 28G	P	RX/OTC	FIFTY50 ALCOHOL PREP	P	RX/OTC
ZEV RX TWIST TOP LANCETS 30G	P	RX/OTC	GLOBAL ALCOHOL PREP EASE	P	RX/OTC
Misc. Devices			GNP ALCOHOL SWABS	P	RX/OTC
ADVOCATE ALCOHOL PREP PADS	P	RX/OTC	GOODSENSE ALCOHOL SWABS	P	RX/OTC
			H-E-B INCONTROL ALCOHOL	P	RX/OTC
			HM STERILE ALCOHOL PREP	P	RX/OTC
			MEIJER ALCOHOL SWABS	P	RX/OTC
			PHARMACIST CHOICE ALCOHOL	P	RX/OTC

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PRO COMFORT ALCOHOL	P	RX/OTC	1ST TIER UNIFINE PENTIPS PLUS	NP	
PURE COMFORT ALCOHOL PREP	P	RX/OTC	ABOUTTIME PEN NEEDLE	NP	QL(5 EA daily)
QC ALCOHOL SWABS	P	RX/OTC	ADVOCATE INSULIN PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
REALITY SWABS	P	RX/OTC	ADVOCATE INSULIN PEN NEEDLES	NP	QL(5 EA daily)
RELION ALCOHOL SWABS	P	RX/OTC	ADVOCATE INSULIN PEN NEEDLES	NP	
SAPS CARE ALCOHOL PREP	P	RX/OTC	ADVOCATE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
SAPS HEALTH ALCOHOL PREP	P	RX/OTC	AQ INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	P	RX/OTC	AQINJECT PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
SB ALCOHOL PREP	P	RX/OTC	ASSURE ID DUO PRO PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
SM ALCOHOL PREP	P	RX/OTC	ASSURE ID INSULIN SAFETY SYR	NP	RX/OTC
SURE COMFORT ALCOHOL PREP	P	RX/OTC	ASSURE ID INSULIN SAFETY SYR	NP	QL(5 EA daily); RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC	ASSURE ID PRO PEN NEEDLES	NP	RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	P	RX/OTC	ASSURE ID SAFETY PEN NEEDLES	NP	QL(5 EA daily)
ULTICARE ALCOHOL SWABS	P	RX/OTC	AUM INSULIN SAFETY PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
ULTILET ALCOHOL SWABS	P	RX/OTC	AUM INSULIN SAFETY PEN NEEDLE	NP	
ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC	AUM MINI INSULIN PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
WEBCOL ALCOHOL PREP LARGE	P	RX/OTC	AUM MINI INSULIN PEN NEEDLE	NP	
WEBCOL ALCOHOL PREP MEDIUM	P	RX/OTC	AUM PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
ZEV RX STERILE ALCOHOL PREP PAD	P	RX/OTC	AUM PEN NEEDLE	NP	
Parenteral Therapy Supplies			AUM READYGARD DUO PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
1ST TIER UNIFINE PENTIPS	NP		AUM SAFETY PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
1ST TIER UNIFINE PENTIPS	NP	QL(5 EA daily)	AUM SAFETY PEN NEEDLE	NP	
1ST TIER UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC			

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AURORA PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	BD SAFETYGLIDE NEEDLE	P	RX/OTC
BD AUTOSHIELD DUO	NP	RX/OTC	BD SAFETYGLIDE SHIELDED NEEDLE	P	
BD ECLIPSE SYRINGE	P	RX/OTC	BD SAFETYGLIDE SYRINGE/NEEDLE	P	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE	P	RX/OTC	BD SYRINGE SLIP TIP	P	
BD INS SYR ULTRAFINE 1/2UNIT	NP	QL(5 EA daily); RX/OTC	BD SYRINGE/NEEDLE	P	RX/OTC
BD INSULIN SYR ULTRAFINE II	NP	QL(5 EA daily); RX/OTC	BD VEO INSULIN SYR U/F 1/2UNIT	NP	RX/OTC
BD INSULIN SYRINGE	NP		BD VEO INSULIN SYR ULTRAFINE	NP	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	BD VEO INSULIN SYR ULTRAFINE	NP	RX/OTC
BD INSULIN SYRINGE HALF-UNIT	NP	QL(5 EA daily); RX/OTC	CAREFINE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE MICROFINE	NP	QL(5 EA daily); RX/OTC	CAREONE INSULIN SYRINGE	NP	QL(5 EA daily)
BD INSULIN SYRINGE U/F	NP	QL(5 EA daily); RX/OTC	CAREONE UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE	NP	QL(5 EA daily)	CAREONE UNIFINE PENTIPS PLUS	NP	
BD INTEGRA SYRINGE	P	RX/OTC	CAREPOINT SAFETY1ST SYR/NEEDLE	P	
BD LUER-LOCK SYRINGE	P	RX/OTC	CAREPOINT SYRINGE LUER LOCK	P	RX/OTC
BD LUER-LOK SYRINGE	P	RX/OTC	CARETOUCH INSULIN SYRINGE	NP	
BD PEN NEEDLE MICRO ULTRAFINE	NP	QL(5 EA daily)	CARETOUCH INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	NP	QL(5 EA daily); RX/OTC	CARETOUCH LUER LOCK	P	RX/OTC
BD PEN NEEDLE NANO 2ND GEN	NP	QL(5 EA daily); RX/OTC	CARETOUCH LUER LOCK SYR/NEEDLE	P	RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	NP	QL(5 EA daily); RX/OTC	CARETOUCH PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	NP	QL(5 EA daily)	CARETOUCH PEN NEEDLES	NP	
BD PEN NEEDLE SHORT ULTRAFINE	NP	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY 2U DEVI	P	PA; RX/OTC
BD PLASTIPAK SYRINGE	P	RX/OTC	CEQUR SIMPLICITY INSERTER MISC	P	PA
BD SAFETYGLIDE INSULIN SYRINGE	NP	RX/OTC			
BD SAFETYGLIDE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMFORT EZ INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	EASY COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	NP	RX/OTC	EASY COMFORT INSULIN SYRINGE	NP	
COMFORT EZ MICRO PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	EASY COMFORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
COMFORT EZ PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	EASY COMFORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
COMFORT EZ PEN NEEDLES	NP		EASY COMFORT PEN NEEDLES	NP	
COMFORT EZ PRO PEN NEEDLES	NP		EASY GLIDE PEN NEEDLES	NP	
COMFORT EZ PRO PEN NEEDLES	NP	QL(5 EA daily)	EASY TOUCH FLIPLOCK INSULIN SY	NP	QL(5 EA daily); RX/OTC
COMFORT EZ SHORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYR	P	RX/OTC
COMFORT TOUCH INSULIN PEN NEED	NP		EASY TOUCH FLURINGE	P	RX/OTC
COMFORT TOUCH INSULIN PEN NEED	NP	QL(5 EA daily); RX/OTC	EASY TOUCH FLURINGE FLIPLOCK	P	RX/OTC
DIATHRIVE PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	EASY TOUCH FLURINGE SHEATHLOCK	P	RX/OTC
DROPLET INSULIN SYRINGE	NP	RX/OTC	EASY TOUCH INSULIN BARRELS	NP	QL(5 EA daily); RX/OTC
DROPLET INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	EASY TOUCH INSULIN SAFETY SYR	NP	QL(5 EA daily); RX/OTC
DROPLET MICRON	NP		EASY TOUCH INSULIN SYRINGE	NP	QL(5 EA daily)
DROPLET PEN NEEDLES	NP		EASY TOUCH PEN NEEDLES	NP	QL(5 EA daily)
DROPLET PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	EASY TOUCH PEN NEEDLES	NP	
DROPSAFE SAFETY PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	EASY TOUCH SAFETY PEN NEEDLES	NP	
DROPSAFE SAFETY SYRINGE/NEEDLE	NP	QL(5 EA daily); RX/OTC	EASY TOUCH SAFETY PEN NEEDLES	NP	QL(5 EA daily)
DROPSAFE SAFETY SYRINGE/NEEDLE	NP	RX/OTC	EASY TOUCH SAFETY SYRINGE	P	RX/OTC
DRUG MART UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC	EASY TOUCH SHEATHLOCK SYRINGE	P	RX/OTC
DRUG MART UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC	EASY TOUCH TB SHEATHLOCK SYR	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASYPPOINT NEEDLE/SYRINGE	P	RX/OTC	GLOBAL INSULIN SYRINGES	NP	QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	NP	RX/OTC	GLUCOPRO INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	NP	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	NP	RX/OTC	GNP INSULIN SYRINGES	NP	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	NP	RX/OTC	GNP INSULIN SYRINGES 28GX1/2"	NP	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	NP	QL(5 EA daily)	GNP INSULIN SYRINGES 29GX1/2"	NP	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 30GX5/16"	NP	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE U-100	NP	QL(5 EA daily)	GNP INSULIN SYRINGES 31GX5/16"	NP	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	NP	QL(5 EA daily); RX/OTC	GNP PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	NP	QL(5 EA daily); RX/OTC	GNP ULTICARE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	NP	QL(5 EA daily)	GNP ULTIGUARD SAFEPAK NEEDLE	NP	QL(5 EA daily); RX/OTC
EMBRACE PEN NEEDLES	NP	QL(5 EA daily)	GNP ULTRA COM INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
EMBRACE PEN NEEDLES	NP	RX/OTC	HEALTHWISE INSULIN SYR/NEEDLE	NP	QL(5 EA daily); RX/OTC
FIFTY50 PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	HEALTHWISE MICRON PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
FIFTY50 SUPERIOR COMFORT SYR	NP	QL(5 EA daily); RX/OTC	HEALTHWISE SHORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
FLOW-EZE VENTED NEEDLE	P		H-E-B INCONTROL PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	H-E-B INCONTROL UNIFINE PENTIP	NP	QL(5 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	NP	RX/OTC	H-E-B INCONTROL UNIFINE PENTIP	NP	
GLOBAL EASY GLIDE INSULIN SYR	NP	QL(5 EA daily); RX/OTC	HM ULTICARE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	HM ULTICARE MINI PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYR	NP	QL(5 EA daily); RX/OTC	HM ULTICARE SHORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INCONTROL ULTICARE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	MAGELLAN INSULIN SAFETY SYR	NP	QL(5 EA daily); RX/OTC
INPEN 100-BLUE-LILLY-HUMALOG DEVI	NP	RX/OTC	MAGELLAN SYRINGE-SAFETY NEEDLE	P	
INPEN 100-BLUE-NOVOLOG-FIASP DEVI	NP	RX/OTC	MARATHON MEDICAL PENTIPS	NP	QL(5 EA daily); RX/OTC
INPEN 100-GREY-LILLY-HUMALOG DEVI	NP	RX/OTC	MAXICOMFORT II PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
INPEN 100-GREY-NOVOLOG-FIASP DEVI	NP	RX/OTC	MAXI-COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
INPEN 100-PINK-LILLY-HUMALOG DEVI	NP	RX/OTC	MAXI-COMFORT SAFETY PEN NEEDLE	NP	QL(5 EA daily)
INPEN 100-PINK-NOVOLOG-FIASP DEVI	NP	RX/OTC	MAXI-COMFORT SAFETY PEN NEEDLE	NP	
INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	MAXICOMFORT SYR 27G X 1/2"	NP	QL(5 EA daily); RX/OTC
INSULIN SYRINGE-NEEDLE U-100	NP	QL(5 EA daily); RX/OTC	MEDIC INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
INSULIN SYRINGE-NEEDLE U-100	NP		MEDICINE SHOPPE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
INSUPEN PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	MEIJER PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
INSUPEN PEN NEEDLES	NP		MICRODOT PEN NEEDLE	NP	
INSUPEN SENSITIVE	NP	QL(5 EA daily)	MICRODOT PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
INSUPEN SENSITIVE	NP		MM INSULIN SYRINGE/NEEDLE	NP	QL(5 EA daily); RX/OTC
INSUPEN ULTRAFIN	NP	QL(5 EA daily)	MM PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
INSUPEN32G EXTR3ME	NP	QL(5 EA daily)	MONOJECT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
KINRAY INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	MONOJECT LIFESHIELD SYRINGE	P	RX/OTC
KROGER PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	MONOJECT MAGELLAN SYRINGE	P	RX/OTC
KROGER PEN NEEDLES	NP		MONOJECT MEDICATION TRANSF NDL	P	
LEADER UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC	MONOJECT SYRINGE	P	RX/OTC
LEADER UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC	MONOJECT ULTRA COMFORT SYRINGE	NP	QL(5 EA daily); RX/OTC
LITETOUCH INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC			
LITETOUCH PEN NEEDLES	NP	QL(5 EA daily); RX/OTC			
LUER LOCK SAFETY SYRINGES	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVOFINE AUTOCOVER PEN NEEDLE	NP	QL(5 EA daily)	PX MINI PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
NOVOFINE PEN NEEDLE	NP	QL(5 EA daily)	PX SHORTLENGTH PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
NOVOFINE PLUS PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	QC PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
PC UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC	QC UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC
PEN NEEDLE/5-BEVEL TIP	NP	QL(5 EA daily); RX/OTC	QUICK TOUCH INSULIN PEN NEEDLE	NP	QL(5 EA daily)
PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	QUICK TOUCH INSULIN PEN NEEDLE	NP	
PEN NEEDLES	NP	RX/OTC	RAYA SURE PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
PENTIPS	NP	QL(5 EA daily); RX/OTC	RAYA SURE PEN NEEDLE	NP	
PENTIPS GENERIC PEN NEEDLES	NP	QL(5 EA daily)	REALITY INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
PIP PEN NEEDLES 31G X 5MM	NP	QL(5 EA daily); RX/OTC	RELION INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
PIP PEN NEEDLES 32G X 4MM	NP	QL(5 EA daily); RX/OTC	RELION INSULIN SYRINGE	NP	RX/OTC
PRECISION SURE-DOSE SYRINGE	NP	QL(5 EA daily); RX/OTC	RELION PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC	SAFETY PEN NEEDLES	NP	QL(5 EA daily)
PREVENT DROPSAFE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	SAFETY PEN NEEDLES	NP	RX/OTC
PREVENT SAFETY PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	SB INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
PRO COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	SECURESAFE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
PRO COMFORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	SECURESAFE SAFETY PEN NEEDLES	NP	QL(5 EA daily)
PRO COMFORT PEN NEEDLES	NP		SECURESAFE SYRINGE/NEEDLE	P	RX/OTC
PRODIGY INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	SURE COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
PURE COMFORT PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	SURE COMFORT INSULIN SYRINGE	NP	
PURE COMFORT PEN NEEDLE	NP		SURE COMFORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	SYRINGE LUER LOCK	P	RX/OTC
PX INSULIN SYRINGE	NP	QL(5 EA daily)	SYRINGE LUER SLIP	P	RX/OTC

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SYRINGE/HYPODERMIC SAFETY	P	RX/OTC	ULTICARE INSULIN SYRINGE	NP	
TECHLITE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	ULTICARE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
TECHLITE INSULIN SYRINGE	NP	RX/OTC	ULTICARE MICRO PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
TECHLITE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	ULTICARE MINI PEN NEEDLES	NP	RX/OTC
TECHLITE PEN NEEDLES	NP		ULTICARE MINI PEN NEEDLES	NP	QL(5 EA daily)
TECHLITE PLUS PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	ULTICARE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
TODAYS HEALTH PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	ULTICARE SHORT PEN NEEDLES	NP	QL(5 EA daily)
TODAYS HEALTH SHORT PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	ULTICARE SYRINGE	P	RX/OTC
TRUE COMFORT INSULIN SYRINGE	NP		ULTICARE TUBERCULIN SAFETY SYR MISC	P	
TRUE COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	ULTIGUARD SAFEPACK PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
TRUE COMFORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	ULTIGUARD SAFEPACK SYR/NEEDLE	NP	QL(5 EA daily)
TRUE COMFORT PRO INSULIN SYR	NP		ULTILET PEN NEEDLE	NP	QL(5 EA daily)
TRUE COMFORT PRO INSULIN SYR	NP	QL(5 EA daily); RX/OTC	ULTRA COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	ULTRA FLO INSULIN PEN NEEDLES	NP	
TRUE COMFORT PRO PEN NEEDLES	NP		ULTRA FLO INSULIN PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES	NP		ULTRA FLO INSULIN SYR 1/2 UNIT	NP	QL(5 EA daily); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	ULTRA FLO INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES	P	QL(5 EA daily)	ULTRA THIN PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
TRUEPLUS INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC	ULTRACARE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
TRUEPLUS PEN NEEDLES	P	QL(5 EA daily); RX/OTC	ULTRACARE PEN NEEDLES	NP	
ULTICARE INSULIN SAFETY SYR	NP	QL(5 EA daily); RX/OTC	ULTRACARE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
ULTICARE INSULIN SYR 1/2 UNIT	NP		ULTRA-THIN II INS SYR SHORT	NP	QL(5 EA daily); RX/OTC

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ULTRA-THIN II INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	VERISAFE SAFE STERILE SYRINGE	P	RX/OTC
ULTRA-THIN II MINI PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	WEGMANS UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC
ULTRA-THIN II PEN NEEDLE SHORT	NP	QL(5 EA daily); RX/OTC	ZEVRX INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
ULTRA-THIN II PEN NEEDLES	NP	QL(5 EA daily)	ZEVRX PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
UNIFINE OTC PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	Respiratory Therapy Supplies		
UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
UNIFINE PENTIPS	NP	RX/OTC	ACTIVITY POUCH MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
UNIFINE PENTIPS PLUS	NP		ADAPTER PED DISPOSABLE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC	ADULT AEROSOL MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
UNIFINE PROTECT PEN NEEDLE	NP	RX/OTC	ADULT DISPOSABLE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
UNIFINE PROTECT PEN NEEDLE	NP	QL(5 EA daily)	ADULT MASK LARGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	ADULT MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	NP	RX/OTC	AEROBIKA DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
UNIFINE ULTRA PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
VANISHPOINT INSULIN SYRINGE	NP		AEROCHAMBER MINI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
VANISHPOINT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	AEROCHAMBER MV MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
VANISHPOINT SAFETY SYRINGE	P		AEROCHAMBER PLS FLOVU MTHPIECE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
VANISHPOINT SYRINGE	P	RX/OTC			
VANISHPOINT TUBERCULIN SYRINGE MISC	P				
VERIFINE INSULIN PEN NEEDLE	NP	QL(5 EA daily); RX/OTC			
VERIFINE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC			
VERIFINE PLUS PEN NEEDLE	NP	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU INTERM DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER2GO ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	AEROECLIPSE EZ TWIST TUBING MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	AEROECLIPSE MASK LARGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	AEROECLIPSE MASK MEDIUM MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	AEROECLIPSE MASK SMALL MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	AEROTRACH PLUS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	AEROVENT PLUS DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 1000 PFT FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BREATHE COMFORT CHAMBER/ADULT DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	CO MONITOR REPLACEMENT PIECES MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	CO MONITOR DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE LARGE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/LG MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/MED MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE NEB MASK/CHILD MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE NEB MASK/INFANT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE SMALL DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	DISPOSABLE FULL RANGE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	DISPOSABLE LOW RANGE/PEDIATRIC MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
BUBBLES THE FISH II PEDI MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	DISPOSABLE LOW RANGE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	DISPOSABLE PAPER MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	DISPOSABLE UNIVERSAL RANGE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EASIVENT MASK LARGE MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
CARETOUCH CPAP PRE-WASH SOLN MISC	P	QL(1 ML per 360 day(s) retail); RX/OTC	EASIVENT MASK MEDIUM MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
CARETOUCH CPAP TUBE BRUSH MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EASIVENT MASK SMALL MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
CARETOUCH UNIVERSL CPAP FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EASIVENT MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	EASY AIR NEBULIZER FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY FLOW 300 MM HOSE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	EXPIRATORY MOUTHPIECE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
EASY FLOW BLACK/RED DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	FILTER AIR PP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	P	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW HEPA FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	FLEXICHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/PINK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	FULL KIT NEBULIZER SET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/WHITE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	IN-CHECK DIAL FLOW TRAINER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/YELLOW DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	IN-CHECK INSPIRATORY FLOW MTR DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASY NEB NEBULIZER FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
EASE CONTROLLER KIT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	INSPIREASE MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC

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KOKO PEAK PRO MOUTHPIECE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	NOSE CLIP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	OMBRA COMPRESSOR AIR FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	ONE FLOW SPIROMETER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
MASK VORTEX/CHILD/FROG	P	QL(1 EA per 360 day(s) retail); RX/OTC	ONE FLOW TESTER MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
MASK VORTEX/TODDLER/LAD YBUG	P	QL(1 EA per 360 day(s) retail); RX/OTC	ONE-WAY VALVED EXPIRATORY MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
MICROCHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	ONE-WAY VALVED INSPIRATORY MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
MICROCHAMBER MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
MICROSPACER MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-LG MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-MD MASK MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
NEBULIZER CUP/TUBING DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-SM MASK MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
NEBULIZER MASK ADULT/TUBING MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PANDA MASK LARGE	P	QL(1 EA per 360 day(s) retail); RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PANDA MASK MEDIUM	P	QL(1 EA per 360 day(s) retail); RX/OTC
NEBULIZER MASK CHILD MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PANDA MASK SMALL	P	QL(1 EA per 360 day(s) retail); RX/OTC
NEBULIZER MASK PED/TUBING MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC

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PARI BABY CONVERSION KIT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PHARMACIST CHOICE MASK WIPES MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PARI BUBBLES PEDIATRIC MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PILLOW MASK/ADULT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PILLOW MASK/CHILD MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PARI EXPIRATORY FILTER SET DEVI	P	QL(1 EA per 360 day(s) retail); RX/OTC	PILLOW MASK/PEDIATRIC MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	POCKET CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
PARI MASK SET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	POCKET SPACER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PRO COMFORT SPACER ADULT MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PRO COMFORT SPACER CHILD MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
PARI SOFT PLASTIC PED MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PRO COMFORT SPACER INFANT DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
PARI TREK S COMBO PACK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	PROCARE SPACER/ADULT MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
PARI VORTEX ADULT MASK	P	QL(1 EA per 360 day(s) retail); RX/OTC	PROCARE SPACER/CHILD MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
PARI VORTEX PEDIATRIC MASK	P	QL(1 EA per 360 day(s) retail); RX/OTC	PROCHAMBER VHC DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
PED DISPOSABLE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PEDIATRIC MOUTHPIECE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PURE COMFORT 3-BALL BREATHE EX DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
PEDIATRIC PANDA MASK	P	QL(1 EA per 360 day(s) retail); RX/OTC	PURE COMFORT PEAK FLOW MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
PFLEX MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC

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QUAKE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MED CUP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
REPLACEMENT AIR FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
REPLACEMENT FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	SPIRO PD DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
REUSABLE COMFORTSEAL MASK-LRG MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	THRESHOLD IMT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
REUSABLE COMFORTSEAL MASK-MED MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	THRESHOLD PEP DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
REUSABLE COMFORTSEAL MASK-SML MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	TUBING/WING TIP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
RITEFLO DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	ULTRA NEB ACCESSORIES KIT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SAMI THE SEAL FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	VERSAPAP W/UNIVERSAL TUBING DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	VERSAPAP DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
SIDESTREAM PEDIATRIC FACE MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
SIDESTREAM PLS ADULT FACE MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
SILICONE MASK/ADULT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
SILICONE MASK/INFANT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
SILICONE MASK/PEDIATRIC MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	WINDMILL TRAINER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 ADULT MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		

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AIMOVIG	P	SP; PA	FROVA (Use frovatriptan succinate)	NP	
AJOVY SOAJ	P	SP; PA	frovatriptan succinate	NP	
AJOVY SOSY	P	SP; PA	IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	NF	QL(6 EA per 30 day(s) retail)
EMGALITY (300 MG DOSE) SOSY	P	SP; PA	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use sumatriptan succinate)	NP	QL(3 ML per 30 day(s) retail)
EMGALITY SOAJ	P	SP; PA	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate)	NP	QL(2 ML per 30 day(s) retail)
EMGALITY SOSY	P	SP; PA	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use sumatriptan succinate)	NP	QL(3 ML per 30 day(s) retail)
NURTEC	P	PA	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	NP	QL(2 ML per 30 day(s) retail)
QULIPTA	P	PA	IMITREX TABS (Use sumatriptan succinate)	NP	QL(9 EA per 30 day(s) retail)
UBRELVY	P	PA	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	NP	QL(12 EA per 30 day(s) retail)
VYEPTI	NP	SP	MAXALT TABS 10 MG (Use rizatriptan benzoate)	NP	QL(12 EA per 30 day(s) retail)
ZAVZPRET	NP		naratriptan hcl	NP	QL(9 EA per 30 day(s) retail)
Migraine Combinations			RELPAK 40 MG (Use eletriptan hydrobromide)	NF	QL(6 EA per 30 day(s) retail)
ergotamine w/ caffeine SUPP	P		RELPAK (Use eletriptan hydrobromide)	NP	QL(6 EA per 30 day(s) retail)
sumatriptan-naproxen sodium	NP		REYVOW	NP	
SYMBRAVO TABS PO	NP		rizatriptan benzoate TABS	P	QL(12 EA per 30 day(s) retail)
TREXIMET (Use sumatriptan-naproxen sodium)	NF		rizatriptan benzoate TBDP	P	QL(12 EA per 30 day(s) retail)
Migraine Products			sumatriptan	P	QL(6 EA per 30 day(s) retail)
dihydroergotamine mesylate SOLN NA 4 MG/ML	NP		sumatriptan succinate SOAJ 6 MG/0.5ML	P	QL(2 ML per 30 day(s) retail)
ERGOMAR SUBL	NP				
MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	NF				
Migraine Products - NSAIDs					
CAMBIA (Use diclofenac potassium (migraine))	NF				
diclofenac potassium (migraine)	NP				
ELYXYB	NP				
Serotonin Agonists					
almotriptan malate	NP				
eletriptan hydrobromide	NP	QL(6 EA per 30 day(s) retail)			

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<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	P	QL(2 ML per 30 day(s) retail)	EQUALYTE SOLN (<i>Use oral electrolytes</i>)	NF	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(2.5 ML per 30 day(s) retail); 1 max fill(s) per 30 day(s) retail	FT ELECTROLYTE SOLN	P	
<i>sumatriptan succinate TABS</i>	P	QL(9 EA per 30 day(s) retail)	GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML	P	
TOSYMRA	NP		GOODSENSE ELECTROLYTE ADV CARE SOLN	P	
ZEMBRACE SYMTOUCH SOAJ	NP		HYDRALYTE FREEZER POPS SOLN	P	
<i>zolmitriptan SOLN 5 MG</i>	NP	QL(6 EA per 30 day(s) retail)	HYDRALYTE SOLN	P	
<i>zolmitriptan SOLN 2.5 MG</i>	NP		KINDERLYTE PREMAX SOLN	P	
<i>zolmitriptan TABS</i>	NP	QL(6 EA per 30 day(s) retail)	KINDERLYTE SOLN	P	
<i>zolmitriptan TBDP</i>	NP	QL(6 EA per 30 day(s) retail)	<i>oral electrolytes SOLN</i>	P	
ZOMIG SOLN 2.5 MG (<i>Use zolmitriptan</i>)	NF		PEDIALYTE ADVANCED CARE SOLN (<i>Use oral electrolytes</i>)	NF	
ZOMIG SOLN 5 MG (<i>Use zolmitriptan</i>)	NF	QL(6 EA per 30 day(s) retail)	PEDIALYTE FREEZER POPS SOLN (<i>Use oral electrolytes</i>)	NF	
ZOMIG SOLN 5 MG (<i>Use zolmitriptan</i>)	NP	QL(6 EA per 30 day(s) retail)	PEDIALYTE IMMUNE SUPPORT SOLN	P	
ZOMIG SOLN 2.5 MG (<i>Use zolmitriptan</i>)	NP		PEDIALYTE SINGLES SOLN (<i>Use oral electrolytes</i>)	NF	
MINERALS & ELECTROLYTES			PEDIALYTE SOLN (<i>Use oral electrolytes</i>)	NF	
Calcium			TRUELYTE SOLN	P	
CALCIUM CARBONATE CHEW	P		Fluoride		
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-600 MG, 5 MCG-600 MG</i>	P		<i>sodium fluoride CHEW</i>	P	
Electrolyte Mixtures			<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	RX/OTC
BIOLYTE SOLN	P		SOLUVITA SOLN	P	RX/OTC
CERASPORT EX1 SOLN	P				
CERASPORT SOLN	P				
ENFAMIL ENFALYTE SOLN	P				

Drug Name	Drug Tier	Requirements/ Limits
Magnesium		
MAG-200 TABS (Use magnesium oxide (mg supplement))	NF	
magnesium oxide (mg supplement) TABS	P	
magnesium TABS 400 MG	P	
MAGOX 400 TABS (Use magnesium oxide (mg supplement))	NF	
Phosphate		
K-PHOS-NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	NF	QL(8 EA daily)
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	P	QL(8 EA daily)
Potassium		
K-TAB TBCR 20 MEQ (Use potassium chloride)	NF	
potassium bicarbonate TBEF	P	
potassium chloride microencapsulated crystals er	P	
potassium chloride CPCR 10 MEQ	P	
potassium chloride CPCR 8 MEQ	P	QL(1 EA daily)
potassium chloride PACK PO 20 MEQ	P	
potassium chloride SOLN PO 10 %, 20 %, 10 %	P	
potassium chloride TBCR 8 MEQ, 10 MEQ	P	
Sodium		
sodium chloride flush	P	
SODIUM CHLORIDE FLUSH	P	

Drug Name	Drug Tier	Requirements/ Limits
sodium chloride SOLN IV 0.9 %	P	
SODIUM CHLORIDE SOLN IJ 0.9 %	P	
SODIUM CHLORIDE SOLN IV 0.9 %	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (Use penicillamine)	NF	
CUVRIOR	NP	SP
DEPEN TITRATABS TABS (Use penicillamine)	P	
penicillamine CAPS	P	
penicillamine TABS	P	
SYPRINE (Use trientine hcl)	NF	SP
trientine hcl	P	SP
Immunomodulators		
IMAAVY SOLN IV 1200 MG/6.5ML	NP	SP
JOENJA	NP	SP
lenalidomide	NP	SP
NIKTIMVO	NP	SP
REVLIMID	NP	SP
REZUROCK	NP	SP
RHAPSIDO TABS PO 25 MG	NP	
RYONCIL <12.5KG KIT IV	NP	SP
RYONCIL 100KG TO <112.5KG KIT IV	NP	
RYONCIL 112.5KG TO <125KG KIT IV	NP	
RYONCIL 12.5KG TO <25KG KIT IV	NP	SP
RYONCIL 125KG TO <137.5KG KIT IV	NP	
RYONCIL 137.5KG TO <150KG KIT IV	NP	

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RYONCIL 25KG TO <37.5KG KIT IV	NP	SP	<i>mycophenolate mofetil CAPS</i>	P	QL(2 EA daily)
RYONCIL 37.5KG TO <50KG KIT IV	NP	SP	<i>mycophenolate mofetil SUSR</i>	P	QL(15 ML daily)
RYONCIL 50KG TO <62.5KG KIT IV	NP	SP	<i>mycophenolate mofetil TABS</i>	P	QL(4 EA daily)
RYONCIL 62.5KG TO <75KG KIT IV	NP	SP	<i>mycophenolate sodium 180 MG</i>	P	QL(2 EA daily)
RYONCIL 75KG TO <87.5KG KIT IV	NP	SP	<i>mycophenolate sodium 360 MG</i>	P	QL(4 EA daily)
RYONCIL 87.5KG TO <100KG KIT IV	NP	SP	MYFORTIC 180 MG (<i>Use mycophenolate sodium</i>)	NP	QL(2 EA daily)
RYSTIGGO	NP	SP	MYFORTIC 360 MG (<i>Use mycophenolate sodium</i>)	NP	QL(4 EA daily)
THALOMID 50 MG, 100 MG, 200 MG	NP	SP	MYHIBBIN SUSP	NP	
VYVGART	NP	SP	NEORAL CAPS (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	QL(4 EA daily)
VYVGART HYTRULO	NP	SP	NEORAL SOLN (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	QL(8 ML daily)
VYVGART HYTRULO SC	NP	SP	PROGRAF CAPS (<i>Use tacrolimus</i>)	NP	QL(3 EA daily)
Immunosuppressive Agents			PROGRAF PACK	NP	
ASTAGRAF XL CP24	NP		RAPAMUNE SOLN (<i>Use sirolimus</i>)	NF	
<i>azathioprine TABS 50 MG</i>	P		RAPAMUNE TABS 1 MG, 2 MG (<i>Use sirolimus</i>)	NP	
<i>azathioprine TABS 75 MG, 100 MG</i>	NP	QL(3 EA daily)	RAPAMUNE TABS 0.5 MG (<i>Use sirolimus</i>)	NF	
CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NP	QL(2 EA daily)	SANDIMMUNE CAPS (<i>Use cyclosporine</i>)	NP	
CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	NP	QL(15 ML daily)	SANDIMMUNE SOLN PO 100 MG/ML	P	
CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NP	QL(4 EA daily)	<i>sirolimus SOLN</i>	P	
<i>cyclosporine modified (for microemulsion) CAPS</i>	P	QL(4 EA daily)	<i>sirolimus TABS</i>	P	
<i>cyclosporine modified (for microemulsion) SOLN</i>	P	QL(8 ML daily)	<i>tacrolimus CAPS</i>	P	QL(3 EA daily)
<i>cyclosporine CAPS</i>	P		ZORTRESS (<i>Use everolimus (immunosuppressant)</i>)	NP	
ENVARUSUS XR TB24	NP		Potassium Removing Agents		
<i>everolimus (immunosuppressant)</i>	NP				
IMURAN TABS (<i>Use azathioprine</i>)	NP				
LUPKYNIS	NP	SP			

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LOKELMA	NP		PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(672 ML per fill retail)
<i>sodium polystyrene sulfonate POWD</i>	P	QL(454 GM per fill retail)	PREVIDENT 5000 KIDS PSTE DT (<i>Use sodium fluoride (dental)</i>)	NF	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P		PREVIDENT 5000 ORTHO DEFENSE PSTE DT (<i>Use sodium fluoride (dental)</i>)	NF	
VELTASSA	NP		PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	NF	
Systemic Lupus Erythematosus Agents			PREVIDENT GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(672 GM per fill retail)
BENLYSTA SOAJ	NP	SP	PREVIDENT SOLN (<i>Use sodium fluoride (dental)</i>)	NF	
BENLYSTA SOSY	NP	SP	SOD FLUORIDE-POTASSIUM NITRATE GEL	NP	
MOUTH/THROAT/DENTAL AGENTS			<i>sodium fluoride (dental) CREA</i>	NP	QL(102 GM per fill retail)
Anesthetics Topical Oral			<i>sodium fluoride (dental) GEL</i>	NP	QL(672 GM per fill retail)
<i>lidocaine hcl (mouth-throat) 4 %</i>	P		<i>sodium fluoride (dental) PSTE DT</i>	NP	
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ML per fill retail)	<i>sodium fluoride (dental) SOLN 0.2 %</i>	NP	
Anti-infectives - Throat			SODIUM FLUORIDE 5000 ENAMEL GEL	NP	
<i>clotrimazole</i>	P		SODIUM FLUORIDE 5000 SENSITIVE GEL	NP	
NYSTATIN (<i>Use nystatin (mouth-throat)</i>)	P	QL(120 ML per fill retail)	Steroids - Mouth/Throat/Dental		
<i>nystatin (mouth-throat)</i>	P	QL(120 ML per fill retail)	<i>triamcinolone acetonide (mouth)</i>	P	QL(5 GM per fill retail)
ORAVIG	NP		Throat Products - Misc.		
Antiseptics - Mouth/Throat			AQUORAL SOLN	NP	RX/OTC
<i>chlorhexidine gluconate (mouth-throat)</i>	P		<i>cevimeline hcl</i>	NP	
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF		EVOXAC (<i>Use cevimeline hcl</i>)	NP	
Dental Products			GELCLAIR	NP	
DETA 5000 PLUS SENSITIVE GEL	NP		GELX GEL	NP	
FRAICHE 5000 PREVI	NP				
PREVIDENT 5000 BOOSTER PLUS PSTE DT (<i>Use sodium fluoride (dental)</i>)	NF				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 EA daily)	ACTIVNUTRIENTS PERFORMANCE CAPS	P	QL(1 EA daily); RX/OTC
<i>pilocarpine hcl (oral) 7.5 MG</i>	P		ACTIVNUTRIENTS W/O IRON CAPS	P	QL(1 EA daily); RX/OTC
SALAGEN (<i>Use pilocarpine hcl (oral)</i>)	NF		ACTIVNUTRIENTS CAPS	P	QL(1 EA daily); RX/OTC
MULTIVITAMINS			ADEK GUMMIES PLUS ZN CHEW	P	QL(1 EA daily)
B-Complex w/ Folic Acid			ADULT ONE DAILY GUMMIES CHEW	P	QL(1 EA daily)
<i>b-complex w/ c & folic acid CAPS</i>	P	QL(1 EA daily); RX/OTC	AFLOA TABS	P	QL(1 EA daily); RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	P	QL(1 EA daily); RX/OTC	AIRBORNE ELDERBERRY CHEW 90 MG-3.15 MCG-3.35 MG-7.5 MG-1 MG-150 MG	P	QL(1 EA daily)
Multiple Vitamins w/ Calcium			AIRBORNE KIDS CHEW	P	QL(1 EA daily)
<i>multiple vitamins w/ calcium TABS</i>	P	QL(1 EA daily)	AIRBORNE+GOOD REST CHEW	P	QL(1 EA daily)
ONE-A-DAY WOMENS FORMULA TABS (<i>Use multiple vitamins w/ calcium</i>)	NF	QL(1 EA daily)	AIRBORNE+PROBIOTIC CHEW	P	QL(1 EA daily)
Multiple Vitamins w/ Iron			AIRBORNE CHEW	P	QL(1 EA daily)
DESTRESS-IRON TABS	P	QL(1 EA daily)	ALIVE ADULT PREMIUM CHEW	P	QL(1 EA daily)
<i>multiple vitamins w/ iron TABS</i>	P	QL(1 EA daily)	ALIVE CALCIUM BONE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
STRESS FORMULA/IRON/ENERGY TABS	P	QL(1 EA daily)	ALIVE DAILY ENERGY TABS	P	QL(1 EA daily); RX/OTC
TAB-A-VITE/IRON/BETA CAROTENE TABS	P	QL(1 EA daily)	ALIVE DIABETIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Minerals			ALIVE ENERGY 50+ TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE ADULT TABS	P	QL(1 EA daily); RX/OTC	ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE MENS TABS	P	QL(1 EA daily); RX/OTC	ALIVE GARDEN GOODNESS TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR 50+ TABS	P	QL(1 EA daily); RX/OTC	ALIVE HAIR, SKIN & NAILS CAPS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC	ALIVE HAIR, SKIN & NAILS CHEW	P	QL(1 EA daily)
ABC COMPLETE SENIOR WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC	ALIVE MAX 6 POTENCY CAPS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE WOMENS TABS	P	QL(1 EA daily); RX/OTC			

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BOOSTNOW IMMUNE SUPPORT CAPS	P	QL(1 EA daily); RX/OTC	CENTRUM FRESH/FRUITY ADULT CHEW	P	QL(1 EA daily)
CELEBRATE MULTI-COMplete 18 CAPS	P	QL(1 EA daily); RX/OTC	CENTRUM MEN 50+ MULTIGUMMIES CHEW	P	QL(1 EA daily)
CELEBRATE MULTI-COMplete 18 CHEW	P	QL(1 EA daily)	CENTRUM MEN MULTIGUMMIES CHEW	P	QL(1 EA daily)
CELEBRATE MULTI-COMplete 36 CAPS	P	QL(1 EA daily); RX/OTC	CENTRUM MENOPAUSE HOT FLASH TABS	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 36 CHEW	P	QL(1 EA daily)	CENTRUM MEN TABS	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 45 CAPS	P	QL(1 EA daily); RX/OTC	CENTRUM MEN TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 45 CHEW	P	QL(1 EA daily)	CENTRUM MINIS ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 60 CAPS	P	QL(1 EA daily); RX/OTC	CENTRUM MINIS MEN 50+ TABS	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 60 CHEW	P	QL(1 EA daily)	CENTRUM MINIS WOMEN 50+ TABS	P	QL(1 EA daily); RX/OTC
CENTRAVITES 50 PLUS TABS	P	QL(1 EA daily); RX/OTC	CENTRUM MINIS WOMEN IMMUNE SUP TABS	P	QL(1 EA daily); RX/OTC
CENTRAVITES ADULTS TABS	P	QL(1 EA daily); RX/OTC	CENTRUM MULTI + OMEGA 3 CHEW	P	QL(1 EA daily)
CENTRUM ADULT 50+ MULTIGUMMIES CHEW	P	QL(1 EA daily)	CENTRUM MULTI+ MENTAL FOCUS CHEW	P	QL(1 EA daily)
CENTRUM ADULTS MULTIGUMMIES CHEW	P	QL(1 EA daily)	CENTRUM POSTNATAL GUMMIES CHEW	P	QL(1 EA daily)
CENTRUM ADULTS TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	CENTRUM SILVER 50+MEN TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
CENTRUM CARDIO TABS	P	QL(1 EA daily); RX/OTC	CENTRUM SILVER 50+WOMEN TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
CENTRUM DUAL ACT MULTI+ BEAUTY CHEW	P	QL(1 EA daily)	CENTRUM SILVER ADULT 50+ TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
CENTRUM DUAL ACT MULTI+OMEGA-3 CHEW	P	QL(1 EA daily)			
CENTRUM FLAVOR BURST ADULT CHEW	P	QL(1 EA daily)			
CENTRUM FLAVOR BURST CHEW	P	QL(1 EA daily)			
CENTRUM FRESH/FRUITY 50+ CHEW	P	QL(1 EA daily)			

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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 <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC	CERTAVITE SENIOR TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC	CERTAVITE/ANTIOXIDANTS TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER WOMEN 50+ TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC	CHOICEFUL MULTIVITAMIN CAPS	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER CHEW	P	QL(1 EA daily)	CHOICEFUL MULTIVITAMIN CHEW	P	QL(1 EA daily)
CENTRUM SILVER TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC	CITRACAL +D3 TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST HEART TABS	P	QL(1 EA daily); RX/OTC	COMPLETIA DIABETIC MULTIVIT TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST IMMUNE TABS	P	QL(1 EA daily); RX/OTC	CULTURELLE PROBIOTIC MEN DAILY CAPS	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST VISION TABS	P	QL(1 EA daily); RX/OTC	CULTURELLE PROBIOTICS + MULTIV CHEW	P	QL(1 EA daily)
CENTRUM ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC	CVS ADULT 50+ EYE HEALTH CAPS	P	QL(1 EA daily); RX/OTC
CENTRUM VITAMINTS CHEW	P	QL(1 EA daily)	CVS ADULT MULTIVITAMIN CHEW	P	QL(1 EA daily)
CENTRUM WOMEN 50+ MULTIGUMMIES CHEW	P	QL(1 EA daily)	CVS AIRSHIELD IMMUNITY SUPPORT CHEW	P	QL(1 EA daily)
CENTRUM WOMEN MULTIGUMMIES CHEW	P	QL(1 EA daily)	CVS DAILY MULTIV/MINERAL MENS TABS	P	QL(1 EA daily); RX/OTC
CENTRUM WOMEN TABS <i>(Use multiple vitamins w/ minerals)</i>	NF	QL(1 EA daily); RX/OTC	CVS DAILY MULTIVITAMIN MENS TABS	P	QL(1 EA daily); RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT TABS	P	QL(1 EA daily); RX/OTC	CVS DAILY MULTIVITAMIN WOMENS TABS	P	QL(1 EA daily); RX/OTC
			CVS EYE HEALTH ADULT 50+ CAPS	P	QL(1 EA daily); RX/OTC
			CVS IMMUNE SUPPORT CAPS	P	QL(1 EA daily); RX/OTC
			CVS ONE DAILY MENS 50+ ADV TABS	P	QL(1 EA daily); RX/OTC
			CVS ONE DAILY WOMENS 50+ ADV TABS	P	QL(1 EA daily); RX/OTC
			CVS SPECTRAVITE ADULT 50+ CHEW	P	QL(1 EA daily)

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CVS SPECTRAVITE ADULT 50+ TABS	P	QL(1 EA daily); RX/OTC	EMERGEN-C APPLE CIDER VINEGAR CHEW	P	QL(1 EA daily)
CVS SPECTRAVITE ADULTS TABS	P	QL(1 EA daily); RX/OTC	EMERGEN-C ASHWAGANDHA CHEW	P	QL(1 EA daily)
CVS SPECTRAVITE ULTRA MEN 50+ TABS	P	QL(1 EA daily); RX/OTC	EMERGEN-C ELDERBERRY CHEW	P	QL(1 EA daily)
CVS SPECTRAVITE ULTRA MENS TABS	P	QL(1 EA daily); RX/OTC	EMERGEN-C IMMUNE PLUS/VIT D CHEW	P	QL(1 EA daily)
CVS SPECTRAVITE ULTRA WOMEN TABS	P	QL(1 EA daily); RX/OTC	EMERGEN-C IMMUNE+ ELDERBERRY CHEW	P	QL(1 EA daily)
CVS SPECTRAVITE WOMEN CHEW	P	QL(1 EA daily)	EMERGEN-C IMMUNE+ CHEW	P	QL(1 EA daily)
CVS VISION HEALTH CAPS	P	QL(1 EA daily); RX/OTC	EMERGEN-C TURMERIC & GINGER CHEW	P	QL(1 EA daily)
DAYAVITE TABS	P	QL(1 EA daily); RX/OTC	EMERGEN-C VITAMIN C CHEW	P	QL(1 EA daily)
DECUBI-VITE CAPS	P	QL(1 EA daily); RX/OTC	EQ COMPLETE MULTIVITAMIN-ADULT TABS	P	QL(1 EA daily); RX/OTC
DEKAS BARIATRIC CHEW	P	QL(1 EA daily)	EQ MULTIVITAMINS ADULT GUMMY CHEW	P	QL(1 EA daily)
DEKAS PLUS OCEAN CAPS	P	QL(1 EA daily); RX/OTC	EQ ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
DEKAS PLUS CAPS	P	QL(1 EA daily); RX/OTC	EQ ONE DAILY MENS HEALTH TABS	P	QL(1 EA daily); RX/OTC
DEKAS PLUS CHEW	P	QL(1 EA daily)	EQ ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
DEPLIN MA CAPS	P	QL(1 EA daily); RX/OTC	EQ ONE DAILY WOMENS HEALTH TABS	P	QL(1 EA daily); RX/OTC
DEPLINPRO MOOD HEALTH CAPS	P	QL(1 EA daily); RX/OTC	EQL CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
DERMACINRX MULTITAM TABS	P	QL(1 EA daily); RX/OTC	EQL CENTURY MENS TABS	P	QL(1 EA daily); RX/OTC
DERMACINRX RIBOTIN-E TABS	P	QL(1 EA daily); RX/OTC	EQL CENTURY WOMENS TABS	P	QL(1 EA daily); RX/OTC
DERMACINRX ZINTREXYL-C TABS	P	QL(1 EA daily); RX/OTC	EQL ONE DAILY ADULT GUMMIES CHEW	P	QL(1 EA daily)
DERMAVITE TABS	P	QL(1 EA daily); RX/OTC	EQL ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
DEXATRAN CAPS	P	QL(1 EA daily); RX/OTC	ESTROVEN MENOPAUSE SUPPLEMENT TABS	P	QL(1 EA daily); RX/OTC
DIALYVITE SUPREME D TABS	P	QL(1 EA daily); RX/OTC			
DIATROL TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EYE HEALTH + LUTEIN TABS	P	QL(1 EA daily); RX/OTC	FT CENTURY MEN 50+ TABS	P	QL(1 EA daily); RX/OTC
EYE HEALTH AREDS 2 CAPS	P	QL(1 EA daily); RX/OTC	FT CENTURY MEN TABS	P	QL(1 EA daily); RX/OTC
EYE HEALTH GUMMIES CHEW	P	QL(1 EA daily)	FT CENTURY WOMEN 50+ TABS	P	QL(1 EA daily); RX/OTC
EYE HEALTH CAPS	P	QL(1 EA daily); RX/OTC	FT CENTURY WOMEN TABS	P	QL(1 EA daily); RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	P	QL(1 EA daily); RX/OTC	FT EYE HEALTH CAPS	P	QL(1 EA daily); RX/OTC
FINAZOL TABS	P	QL(1 EA daily); RX/OTC	FT EYE HEALTH TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR MEN AM/PM TABS	P	QL(1 EA daily); RX/OTC	FT HAIR SKIN & NAILS EXTRA STR TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	P	QL(1 EA daily); RX/OTC	FT IMMUNE SUPPORT CHEW	P	QL(1 EA daily)
FLORRAVITE TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FLORRAXYL TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FOLAMAX TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	P	QL(1 EA daily); RX/OTC	GENADEK STEP 1 CAPS	P	QL(1 EA daily); RX/OTC
FOLAPRIME TABS	P	QL(1 EA daily); RX/OTC	GENADEK STEP 2 CAPS	P	QL(1 EA daily); RX/OTC
FOLIFLEX TABS	P	QL(1 EA daily); RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	P	QL(1 EA daily); RX/OTC
FOLITIN-Z TABS	P	QL(1 EA daily); RX/OTC	GNP ADULT MINI CHEW	P	QL(1 EA daily)
FOLIXIA TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY ADULTS MEN TABS	P	QL(1 EA daily); RX/OTC
FOSFREE TABS (<i>Use multiple vitamins w/ minerals</i>)	NF	QL(1 EA daily); RX/OTC	GNP CENTURY ADULTS WOMEN TABS	P	QL(1 EA daily); RX/OTC
FREEDAVITE TABS	P	QL(1 EA daily); RX/OTC	GNP CENTURY ADULT TABS	P	QL(1 EA daily); RX/OTC
FT ADULT MULTI GUMMIES CHEW	P	QL(1 EA daily)	GNP CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
FT CENTURY 50+ TABS	P	QL(1 EA daily); RX/OTC	GNP IMMUNE SUPPORT CHEW	P	QL(1 EA daily)
FT CENTURY ADULTS TABS	P	QL(1 EA daily); RX/OTC	GNP THERAPEUTIC-M TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAIR SKIN & NAILS ADVANCED TABS	P	QL(1 EA daily); RX/OTC	MEGA MULTI FOR WOMEN TABS	P	QL(1 EA daily); RX/OTC
HAIR SKIN & NAILS TABS	P	QL(1 EA daily); RX/OTC	MEGA MULTI MEN TABS	P	QL(1 EA daily); RX/OTC
HAIR/SKIN/NAILS CAPS	P	QL(1 EA daily); RX/OTC	MEGAVITE FRUITS & VEGGIES TABS	P	QL(1 EA daily); RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	P	QL(1 EA daily); RX/OTC	MEGAVITE GOLDEN YEARS 55+ TABS	P	QL(1 EA daily); RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	P	QL(1 EA daily); RX/OTC	MENATROL CAPS	P	QL(1 EA daily); RX/OTC
HIGH POT MULTIVITAMIN/BETA-CAR TABS	P	QL(1 EA daily); RX/OTC	MENS 50+ ADVANCED CAPS	P	QL(1 EA daily); RX/OTC
HIGH POTENCY MULTIVIT/FA TABS	P	QL(1 EA daily); RX/OTC	MENS 50+ MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
HM COMPLETE MEN TABS	P	QL(1 EA daily); RX/OTC	MENS MULTI HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC
HM HAIR/SKIN/NAILS TABS	P	QL(1 EA daily); RX/OTC	MENS MULTIVITAMIN GUMMIES CHEW	P	QL(1 EA daily)
HYLAZINC TABS	P	QL(1 EA daily); RX/OTC	MENS MULTIVITAMIN CHEW	P	QL(1 EA daily)
ICAPS AREDS FORMULA TABS	P	QL(1 EA daily); RX/OTC	MENS MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	P	QL(1 EA daily); RX/OTC	MOOD FOOD ES CAPS	P	QL(1 EA daily); RX/OTC
IMMUNE SUPPORT CHEW	P	QL(1 EA daily)	MOOD FOOD CAPS	P	QL(1 EA daily); RX/OTC
JOINT HEALTH & BONE STRENGTH TABS	P	QL(1 EA daily); RX/OTC	MULTI + OMEGA-3 GUMMIES CHEW	P	QL(1 EA daily)
KEYFOLIC TABS	P	QL(1 EA daily); RX/OTC	MULTIA CAPS	P	QL(1 EA daily); RX/OTC
KEYLOSA TABS	P	QL(1 EA daily); RX/OTC	<i>multiple vitamins w/ minerals CAPS</i>	P	QL(1 EA daily); RX/OTC
K-PAX IMMUNE PROFESSIONAL ST TABS	P	QL(1 EA daily); RX/OTC	<i>multiple vitamins w/ minerals CHEW</i>	P	QL(1 EA daily)
LIVER DETOX TABS	P	QL(1 EA daily); RX/OTC	<i>multiple vitamins w/ minerals TABS</i>	P	QL(1 EA daily); RX/OTC
LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	P	QL(1 EA daily); RX/OTC	MULTITOL-M TABS	P	QL(1 EA daily); RX/OTC
MEDI TAB TABS	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN ADULT (MINERALS) TABS	P	QL(1 EA daily); RX/OTC
			MULTIVITAMIN HEALTH FORM/CA/FE TABS	P	QL(1 EA daily); RX/OTC
			MULTIVITAMIN MEN TABS	P	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTI-VITAMIN MONOCAPS TABS	P	QL(1 EA daily); RX/OTC	NUTRICAP TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC	OCULAR VITAMINS TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN/ZINC STRESS TABS	P	QL(1 EA daily); RX/OTC	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT 50+ CAPS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	P	QL(1 EA daily); RX/OTC	OCUVITE ADULT FORMULA CAPS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	P	QL(1 EA daily); RX/OTC	OCUVITE EYE PERFORMANCE CAPS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	P	QL(1 EA daily); RX/OTC	OCUVITE-LUTEIN CAPS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION CAPS	P	QL(1 EA daily); RX/OTC	ONCOVITE TABS	P	QL(1 EA daily); RX/OTC
MVW HI-D ADEK GUMMIES CHEW	P	QL(1 EA daily)	ONE A DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	P	QL(1 EA daily); RX/OTC	ONE A DAY IMMUNITY DEFENSE CHEW	P	QL(1 EA daily)
MVW MODULATOR FORMULATION CAPS	P	QL(1 EA daily); RX/OTC	ONE A DAY MEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
MVW ORANGE CHEWABLES CHEW	P	QL(1 EA daily)	ONE A DAY MENS VITACRAVES CHEW	P	QL(1 EA daily)
NAT-RUL THERAVITE-M TABS	P	QL(1 EA daily); RX/OTC	ONE A DAY TRIPLE IMMUNE SUPPRT TABS	P	QL(1 EA daily); RX/OTC
NATRUL-VITES TABS	P	QL(1 EA daily); RX/OTC	ONE A DAY WOMEN 50 PLUS CHEW	P	QL(1 EA daily)
NEOVITE TABS	P	QL(1 EA daily); RX/OTC	ONE A DAY WOMEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
NICADAN TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY MEN FORMULA W/O IRON TABS	P	QL(1 EA daily); RX/OTC
NICAZEL FORTE TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY MENS 50+ MULTIVIT TABS	P	QL(1 EA daily); RX/OTC
NICAZEL TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
NUTRALYN TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY FOR HER VITACRAVES CHEW	P	QL(1 EA daily)	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY FOR HIM VITACRAVES CHEW	P	QL(1 EA daily)	ONE-A-DAY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS HEALTHY SKIN TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS (MINERALS) TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS MIND & BODY TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS PETITES TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS VITACRAVES CHEW	P	QL(1 EA daily)
ONE-A-DAY MENS HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	P	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI CAPS CAPS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS VITACRAVES CHEW	P	QL(1 EA daily)	ONEVITE TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 EA daily); RX/OTC	OPTIFAST POST BARIATRIC CHEW	P	QL(1 EA daily)
ONE-A-DAY TEEN ADVANTAGE/HIM TABS	P	QL(1 EA daily); RX/OTC	OPTIMUM AIRVITES CHEW	P	QL(1 EA daily)
ONE-A-DAY VITACRAVES ADULT CHEW	P	QL(1 EA daily)	OPTISOURCE POST BARIATRIC SURG CHEW	P	QL(1 EA daily)
ONE-A-DAY VITACRAVES IMMUNITY CHEW	P	QL(1 EA daily)	OPTIVITE P.M.T. TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY VITACRAVES SOUR CHEW	P	QL(1 EA daily)	OPURITY BYPASS OPTIMIZED CHEW	P	QL(1 EA daily)
ONE-A-DAY VITACRAVES CHEW	P	QL(1 EA daily)	OPURITY TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WEIGHT SMART ADVANCE TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	OSTEOPRIME PLUS TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50 PLUS TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	PARVLEX TABS	P	QL(1 EA daily); RX/OTC
			PHYTOMULTI TABS	P	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRESCRIPTION SUPPORT MULTIVIT CAPS	P	QL(1 EA daily); RX/OTC	QUINTABS-M TABS	P	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2+COQ10 CAPS	P	QL(1 EA daily); RX/OTC	RAYAVIT TABS	P	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2+MULTI VIT CAPS	P	QL(1 EA daily); RX/OTC	REMEDIENT CAPS	P	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2 CAPS	P	QL(1 EA daily); RX/OTC	RENAL MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2 CHEW	P	QL(1 EA daily)	RENAPLEX-D TABS	P	QL(1 EA daily); RX/OTC
PRESERVISION AREDS CAPS	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
PRESERVISION AREDS TABS	P	QL(1 EA daily); RX/OTC	SENTRY SENIOR/LUTEIN TABS	P	QL(1 EA daily); RX/OTC
PRESERVISION/LUTEIN CAPS	P	QL(1 EA daily); RX/OTC	SENTRY TABS	P	QL(1 EA daily); RX/OTC
PREV-RX TABS	P	QL(1 EA daily); RX/OTC	SIDEROL TABS	P	QL(1 EA daily); RX/OTC
PROBIOTICS + BARIATRIC MULTI CAPS	P	QL(1 EA daily); RX/OTC	SKIN HAIR & NAILS ADVANCED CAPS	P	QL(1 EA daily); RX/OTC
PRO-CAL TABS	P	QL(1 EA daily); RX/OTC	SOLO TABS	P	QL(1 EA daily); RX/OTC
PROCERV HP TABS	P	QL(1 EA daily); RX/OTC	SPECTRAVITE TABS	P	QL(1 EA daily); RX/OTC
PROFOLA TABS	P	QL(1 EA daily); RX/OTC	STROVITE ONE TABS	P	QL(1 EA daily); RX/OTC
PRORENAL + D W/ OMEGA-3 CAPS	P	QL(1 EA daily); RX/OTC	SUPER ANTIOXIDANT CAPS	P	QL(1 EA daily); RX/OTC
PRORENAL + D TABS	P	QL(1 EA daily); RX/OTC	SUPER D-ZINC-SELENIUM-COPPER TABS	P	QL(1 EA daily); RX/OTC
PROTECT CARDIO AF CAPS	P	QL(1 EA daily); RX/OTC	SUPERIOR MENS MULTI TABS	P	QL(1 EA daily); RX/OTC
PROTECT PLUS SO CAPS	P	QL(1 EA daily); RX/OTC	SUPERIOR WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC
PROTEGRA CAPS	P	QL(1 EA daily); RX/OTC	SUPPORT-500 CAPS	P	QL(1 EA daily); RX/OTC
PROVIT TABS	P	QL(1 EA daily); RX/OTC	SYSTANE ICAPS AREDS2 CHEW	P	QL(1 EA daily)
QC MULTI-VITE TABS	P	QL(1 EA daily); RX/OTC	SYSTANE ICAPS AREDS2 TABS	P	QL(1 EA daily); RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	P	QL(1 EA daily); RX/OTC	THERA M PLUS TABS	P	QL(1 EA daily); RX/OTC
QUIN B STRONG TABS	P	QL(1 EA daily); RX/OTC	THERAGRAN-M ADVANCED 50 PLUS TABS	P	QL(1 EA daily); RX/OTC

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THERAGRAN-M ADVANCED TABS	P	QL(1 EA daily); RX/OTC	VISTA ADVANCED DRY EYE FORMULA CAPS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	P	QL(1 EA daily); RX/OTC	VITABASIC COMPLETE TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M PREMIER TABS	P	QL(1 EA daily); RX/OTC	VITABASIC SENIOR TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M TABS	P	QL(1 EA daily); RX/OTC	VITABEX PLUS CAPS	P	QL(1 EA daily); RX/OTC
THERA-M PLUS MV W/BETA-CAROT TABS	P	QL(1 EA daily); RX/OTC	VITABEX CAPS	P	QL(1 EA daily); RX/OTC
THERAMILL FORTE CAPS	P	QL(1 EA daily); RX/OTC	VITACHEW ADULT MULTI VITAMIN CHEW	P	QL(1 EA daily)
THERA-M TABS	P	QL(1 EA daily); RX/OTC	VITACORE TABS	P	QL(1 EA daily); RX/OTC
THERANATAL LACTATION ONE CAPS	P	QL(1 EA daily); RX/OTC	VITAFUSION MULTI WOMENS CHEW	P	QL(1 EA daily)
THERA-TABS M TABS	P	QL(1 EA daily); RX/OTC	VITAJoy MULTI GUMMIES ADULT CHEW	P	QL(1 EA daily)
THERA-VITE MAX-M TABS	P	QL(1 EA daily); RX/OTC	VITAMIN D3 COMPLETE TABS	P	QL(1 EA daily); RX/OTC
THEREMS-M TABS	P	QL(1 EA daily); RX/OTC	VITAROCA PLUS TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
T-VITES TABS	P	QL(1 EA daily); RX/OTC	VITASANA TABS	P	QL(1 EA daily); RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	P	QL(1 EA daily); RX/OTC	VITATRUM TABS	P	QL(1 EA daily); RX/OTC
ULTRA BONEUP TABS	P	QL(1 EA daily); RX/OTC	VITEYES AREDS 2 FORMULA +MULTI CAPS	P	QL(1 EA daily); RX/OTC
VENEXA FE TABS	P	QL(1 EA daily); RX/OTC	VITEYES AREDS 2 FORMULA CAPS	P	QL(1 EA daily); RX/OTC
VENEXA TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC ADVANCED CAPS	P	QL(1 EA daily); RX/OTC
VENTRIXYL FE TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPOR CAPS	P	QL(1 EA daily); RX/OTC
VENTRIXYL TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
VISION HEALTH CAPS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	P	QL(1 EA daily); RX/OTC
VISION OPTIMIZER CAPS	P	QL(1 EA daily); RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	P	QL(1 EA daily); RX/OTC	VITRAMYN TABS	P	QL(1 EA daily); RX/OTC

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VITRANOL FE TABS	P	QL(1 EA daily); RX/OTC	CENTRUM MENOPAUSE MIND/MOOD TABS	P	QL(1 EA daily); RX/OTC
VITRANOL TABS	P	QL(1 EA daily); RX/OTC	DAILY MULTIPLE VITAMINS TABS	P	QL(1 EA daily); RX/OTC
VITREXATE FE TABS	P	QL(1 EA daily); RX/OTC	ESTROFACTORS TABS	P	QL(1 EA daily); RX/OTC
VITREXATE TABS	P	QL(1 EA daily); RX/OTC	FOLAWISE TABS	P	QL(1 EA daily); RX/OTC
VITREXYL + IRON TABS	P	QL(1 EA daily); RX/OTC	FOLCYTEINE TABS	P	QL(1 EA daily); RX/OTC
VITREXYL TABS	P	QL(1 EA daily); RX/OTC	GENICIN VITA-Q TABS	P	QL(1 EA daily); RX/OTC
VITRUM 50+ ADULT- MULTI TABS	P	QL(1 EA daily); RX/OTC	HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
VITRUM 50+ SENIOR MULTI TABS	P	QL(1 EA daily); RX/OTC	MINCORA TABS	P	QL(1 EA daily); RX/OTC
WAL-BORN VITAMIN C CHEW	P	QL(1 EA daily)	MULTI VITAMIN W/D-3 TABS	P	QL(1 EA daily); RX/OTC
WELLFOLA TABS	P	QL(1 EA daily); RX/OTC	MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC
WOMENS 50+ MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC	<i>multiple vitamin TABS</i>	P	QL(1 EA daily); RX/OTC
WOMENS MULTI GUMMIES CHEW	P	QL(1 EA daily)	MULTIVITAMIN ADULT TABS	P	QL(1 EA daily); RX/OTC
WOMENS MULTIVITAMIN + COLLAGEN CHEW	P	QL(1 EA daily)	MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
WOMENS MULTIVITAMIN GUMMIES CHEW	P	QL(1 EA daily)	NEOMULTIVITE TABS	P	QL(1 EA daily); RX/OTC
YELETS TEENAGE FORMULA TABS	P	QL(1 EA daily); RX/OTC	NEWVITE TABS	P	QL(1 EA daily); RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW	P	QL(1 EA daily)	OMNICAP TABS	P	QL(1 EA daily); RX/OTC
YUM-VS COMPLETE MULTIVITAMIN CHEW	P	QL(1 EA daily)	ONE DAILY ESSENTIALS TABS	P	QL(1 EA daily); RX/OTC
YUMVS MULTI ZERO CHEW	P	QL(1 EA daily)	ONE DAILY ESSENTIAL TABS	P	QL(1 EA daily); RX/OTC
YUMVS ZERO DIABETIC MULTIVITAM CHEW	P	QL(1 EA daily)	ONE VITE DAILY MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
Multivitamins			ONE-A-DAY ESSENTIAL TABS (<i>Use multiple vitamin</i>)	NF	QL(1 EA daily); RX/OTC
ALTRIXA TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS TABS (<i>Use multiple vitamin</i>)	NF	QL(1 EA daily); RX/OTC
AMLADEX TABS	P	QL(1 EA daily); RX/OTC	QUINTABS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELCARE TABS	P	QL(1 EA daily); RX/OTC	EQ MULTIVITAMIN GUMMIES CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
STRESS FORMULA/ZINC/ENERGY TABS	P	QL(1 EA daily); RX/OTC	EQ MULTIVITAMINS GUMMY CHILD CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
THERA TABS	P	QL(1 EA daily); RX/OTC	EQL GUMMIES CHILDRENS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
THEREMS TABS	P	QL(1 EA daily); RX/OTC	FLINTSTONES COMPLETE CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
TM-DAILY VITE TABS	P	QL(1 EA daily); RX/OTC	FLINTSTONES GUMMIES BONE BUILD CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
TRUE MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	FLINTSTONES GUMMIES COMPLETE CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
VIREXA TABS	P	QL(1 EA daily); RX/OTC	FLINTSTONES GUMMIES CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
Ped Multi Vitamins w/FI & FE			FLINTSTONES GUMMIES-IMMUNITY CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
<i>ped multivitamins w/fl & iron SOLN</i>	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	FLINTSTONES SOUR GUMMIES CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
Ped Multiple Vitamins w/ Minerals			FLINTSTONES TODDLER CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
ACTIVNUTRIENTS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	FLINTSTONES-IMMUNITY SUPPORT CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
ALIVE GUMMIES FOR CHILDREN CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	GENADEK LIQD	P	RX/OTC
ALIVE MULTI-VITAMIN CHILDRENS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	GNP MULTI CHILDRENS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
CENTRUM FLAVOR BURST KIDS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	GUMMI BEAR MULTIVITAMIN/MIN CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
CENTRUM KIDS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	HEALTHY KIDS GUMMIES CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
CHILDRENS GUMMIES CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
CVS GUMMY DINOS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	LIVITA CHILDREN LIQD	P	RX/OTC
CVS GUMMY MULTIVITAMIN KIDS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)			
DEKAS PLUS LIQD	P	RX/OTC			

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MULTIVITAMIN CHILDRENS GUMMIES CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	FLORAFOL PEDIATRIC CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC
MULTIVIT-MIN GUMMIES CHILDRENS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	FLORAFOL PEDIATRIC SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
MVW COMPLETE FORMULATION D3000 CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	FLORIVA PLUS SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
MVW COMPLETE FORMULATION D5000 CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC
MVW COMPLETE FORMULATION CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	MULTIVITAMIN/FLUORIDE CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC
MVW HI-D DROPS W/EXTRA VIT D LIQD	P	RX/OTC	MULTIVITAMIN/FLUORIDE SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
MVW MODULATOR FORMULATION PEDS LIQD	P	RX/OTC	MULTI-VIT-FLOR CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY JOLLY RANCHER CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	<i>pediatric multivitamins w/fl CHEW</i>	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC
SMARTY PANTS KIDS COMPLETE CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	<i>pediatric multivitamins w/fl SOLN</i>	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
SPONGEBOB SQUAREPANTS GUMMIES CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	<i>pediatric vitamins acid w/ fluoride SOLN</i>	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
UPSPRING BABY IRON-IMMUNITY LIQD	P	RX/OTC	POLY-VI-FLOR CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC
UPSPRINGBABY MULTIVITAMIN/IRON LIQD	P	RX/OTC	QUFLORA PEDIATRIC CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC
VITACHEW MULTIPLE VITAMIN CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	QUFLORA PEDIATRIC SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
VITALETS CHILDRENS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	SOLUVITA ACD WITH FLUORIDE SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
YUMVSKIDS MULTI ZERO CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)			
ZOO FRIENDS MULTI GUMMIES CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)			
Ped MV w/ Fluoride					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOLUVITA WITH FLUORIDE SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	GNP CHILDRENS/EXTRA C CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
VITAMINS ACD-FLUORIDE SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	ONE-A-DAY VITACRAVES+OMEGA-3 CHEW (Use pediatric multiple vitamins)	NF	QL(1 EA daily); AL(Up to 13 yrs old)
Ped MV w/ Iron			PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)
BPROTECTED PEDIA POLY-VITE/FE SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	pediatric multiple vitamins CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	POLY-VI-SOL SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)
MULTIVITAMIN DROPS/IRON SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	POLY-VITA SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)
MULTIVITAMIN INFANT & TODDLER SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	POLY-VITE PEDIATRIC SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)
PC PEDIATRIC POLY-VITA/FE DROP SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	Prenatal Vitamins		
POLY-VITA/IRON SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	ALTRIXA OB	NP	
POLY-VITE/IRON SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	NP	
Pediatric Multiple Vitamins			CITRANATAL ASSURE	NP	
BPROTECTED PEDIA POLY-VITE SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	CITRANATAL MEDLEY	NP	
BRAIN BUILDER KIDS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	CLASSIC PRENATAL TABS	P	
FT CHILDRENS MULTI PLUS IMMUNE CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	C-NATE DHA CAPS	NP	MP
			COMPLETENATE CHEW	P	
			CONCEPT DHA	NP	MP
			CONCEPT OB	NP	MP
			DERMACINRX PRETRATE TABS	NP	
			EMBRIVA TABS	NP	

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ENBRACE HR	NP	MP	PRENAISSANCE PLUS CAPS	NP	
EQL PRENATAL FORMULA TABS	P		PRENATAL 19 CHEW	P	
FOLATEXCEL	NP		PRENATAL PLUS VITAMIN/MINERAL TABS	P	RX/OTC
FT PRENATAL TABS	P		PRENATAL PLUS TABS	P	RX/OTC
GNP PRENATAL/FOLIC ACID TABS	P		<i>prenatal vit w/ ferrous fumarate-folic acid CHEW</i>	P	
GNP PRENATAL TABS	P		<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	NP	MP
KP PRENATAL MULTIVITAMINS TABS	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	MP
MASONATAL TABS	P		<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG</i>	P	QL(1 EA daily); RX/OTC
M-NATAL PLUS TABS	P	RX/OTC	PRENATAL VITAMIN AND MINERAL TABS	P	
NATAL PNV TABS	NP		PRENATAL VITAMINS TABS 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	
NEOMATERNA	NP		<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	NP	MP
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	P	RX/OTC	PRENATAL/IRON TABS 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	
NEONATAL PLUS TABS	P	RX/OTC	PRENATAL TABS	P	RX/OTC
NEO-VITAL RX TABS	NP		PRENATE	NP	MP
NESTABS	NP	MP			
NESTABS DHA	NP	MP			
NESTABS ONE	NP	MP			
NIVA-PLUS TABS	P	RX/OTC			
OB COMPLETE ONE	NP	MP			
OB COMPLETE PETITE	NP	MP			
OB COMPLETE PREMIER	NP	MP			
OB COMPLETE/DHA	NP	MP			
OB COMPLETE TABS	P	MP			
ONE VITE WOMENS PLUS TABS	P	RX/OTC			
PNV 27-CA/FE/FA TABS	P	QL(1 EA daily)			
PNV-DHA+DOCUSATE	NP				
PNV-OMEGA	NP	MP			
PREMESISRX	NP	MP			
PRENAISSANCE	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATE AM	NP	MP	SE-NATAL 19 CHEW	P	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	NP	MP	SE-NATAL 19 TABS	P	QL(1 EA daily); RX/OTC
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	NP	MP	SM PRENATAL VITAMINS TABS	P	
PRENATE ENHANCE	NP	MP	THERANATAL CORE NUTRITION TABS	P	RX/OTC
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	NP	MP	THRIVITE RX TABS	P	QL(1 EA daily); RX/OTC
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	NP	MP	TRICARE TABS	P	RX/OTC
PRENATE PIXIE	NP	MP	TRINATAL RX 1 TABS	P	QL(1 EA daily)
PRENATE RESTORE	NP	MP	TRISTART DHA	NP	MP
PRENATOL-M TABS	NP		VINATE DHA RF	NP	
PRENATRIX TABS	NP	RX/OTC	VINATE ONE TABS	P	QL(1 EA daily)
PRENATRYL TABS	NP	RX/OTC	VITAFOL FE+	NP	MP
PRIMACARE	NP	MP	VITAFOL GUMMIES	NP	MP
PROVIDA OB	NP	MP	VITAFOL ULTRA	NP	MP
PX PRENATAL MULTIVITAMINS TABS	P		VITAFOL-NANO	NP	MP
QC PRENATAL TABS	P		VITAFOL-OB+DHA MISC	NP	MP
RELNATE DHA CAPS	NP	MP	VITAFOL-OB TABS	P	QL(1 EA daily)
SELECT-OB+DHA MISC	NP	MP	VITAFOL-ONE CAPS	NP	MP
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	NP	MP	VITAMEDMD ONE RX/QUATREFOLIC	NP	
			VITAPEARL	NP	
			VITATHELY WITH GINGER TABS	P	RX/OTC
			WESCAP-C DHA	NP	MP
			WESCAP-PN DHA	NP	MP
			WESNATAL DHA COMPLETE	NP	
			WESNATE DHA CAPS	NP	MP
			WESTAB PLUS TABS	P	RX/OTC
			WESTGEL DHA	NP	MP
			MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
			Central Muscle Relaxants		
			AMRIX CP24 (Use cyclobenzaprine hcl)	NP	

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Drug Name	Drug Tier	Requirements/ Limits
<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	
<i>baclofen SUSP</i>	P	
<i>baclofen TABS</i>	P	
<i>carisoprodol TABS</i>	NP	
<i>chlorzoxazone TABS</i>	P	
<i>cyclobenzaprine hcl CP24</i>	NP	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 EA daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 EA daily)
FLEQSUVY SUSP (Use <i>baclofen</i>)	NP	
LYVISPAH PACK	NP	
<i>metaxalone</i>	NP	
METAXALONE 640 MG	NP	
<i>methocarbamol TABS 1000 MG</i>	NP	
<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
<i>orphenadrine citrate TB12</i>	P	
OZOBAX DS SOLN PO (Use <i>baclofen</i>)	NP	
OZOBAX DS SOLN PO (Use <i>baclofen</i>)	NF	
OZOBAX SOLN PO (Use <i>baclofen</i>)	NF	
SOMA TABS (Use <i>carisoprodol</i>)	NP	
<i>tizanidine hcl CAPS</i>	NP	
<i>tizanidine hcl TABS</i>	P	
ZANAFLEX CAPS	NP	
ZANAFLEX CAPS (Use <i>tizanidine hcl</i>)	NP	
ZANAFLEX TABS 4 MG (Use <i>tizanidine hcl</i>)	NP	
Direct Muscle Relaxants		

Drug Name	Drug Tier	Requirements/ Limits
DANTRIUM CAPS 25 MG (Use <i>dantrolene sodium</i>)	NP	
<i>dantrolene sodium CAPS</i>	P	
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	NP	SP
Muscle Relaxant Combinations		
<i>orphenadrine w/ aspirin & caff</i>	NP	
<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
DYMISTA SUSP (Use <i>azelastine hcl-fluticasone propionate</i>)	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
FT SALINE NASAL SPRAY SOLN	P	QL(480 ML per fill retail)
LITTLE REMEDIES SALINE SOLN	P	QL(480 ML per fill retail)
OCEAN NASAL SPRAY SOLN (Use <i>saline</i>)	NF	QL(480 ML per fill retail)
<i>saline SOLN 0.65 %</i>	P	QL(480 ML per fill retail)
Nasal Antiallergy		
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	QL(1 ML daily)
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	QL(26 ML per fill retail)
NASALCROM (Use <i>cromolyn sodium (nasal)</i>)	NF	QL(26 ML per fill retail)
<i>olopatadine hcl (nasal)</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	NP	QL(30 ML per fill retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	NP	QL(25 ML per fill retail)
Nasal Steroids		
FLONASE ALLERGY REL CHILDRENS SUSP (<i>Use fluticasone propionate (nasal)</i>)	NF	RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>Use fluticasone propionate (nasal)</i>)	NF	QL(16 ML per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>Use fluticasone propionate (nasal)</i>)	NF	RX/OTC
<i>flunisolide (nasal)</i>	P	QL(25 ML per fill retail)
<i>fluticasone propionate (nasal) SUSP</i>	P	QL(16 GM per fill retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	NP	RX/OTC
NASONEX 24HR SUSP (<i>Use mometasone furoate (nasal)</i>)	NF	RX/OTC
OMNARIS SUSP	NP	
PROPEL MINI SDS IMPL	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
SINUVA IMPL	NP	
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
<i>phenylephrine hcl (oral) TABS</i>	P	QL(24 EA per fill retail)
<i>pseudoephedrine hcl TABS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine hcl TB12</i>	P	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	P	
SUDAFED PE SINUS CONGESTION TABS (<i>Use phenylephrine hcl (oral)</i>)	NF	QL(24 EA per fill retail)
SUDAFED SINUS CONGESTION TABS (<i>Use pseudoephedrine hcl</i>)	NF	
SUDAFED TABS (<i>Use pseudoephedrine hcl</i>)	NF	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RADICAVA ORS STARTER KIT SUSP	NP	SP
RADICAVA ORS SUSP	NP	SP
RILUTEK TABS (<i>Use riluzole</i>)	NP	
<i>riluzole TABS</i>	P	
TEGLUTIK SUSP	NP	SP
TIGLUTIK SUSP	NP	SP
Rett Syndrome Agents		
DAYBUE	NP	SP
NUTRIENTS		
Carbohydrates		
<i>dextrose SOLN 5 %</i>	P	
DEXTROSE SOLN 5 %	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT	P	
<i>polyvinyl alcohol 1.4 %</i>	P	QL(15 ML per fill retail)
<i>white petrolatum-mineral oil</i>	P	QL(4 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Beta-blockers - Ophthalmic			TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth))	NF	QL(60 EA per fill retail)
betaxolol hcl (ophth) SOLN	P	QL(15 ML per fill retail)	Cycloplegic Mydriatics		
BETIMOL	NP		atropine sulfate (ophthalmic) OINT	P	QL(4 GM per fill retail)
BETIMOL (Use timolol)	NF		atropine sulfate (ophthalmic) SOLN	P	QL(15 ML per fill retail)
BETIMOL (Use timolol)	NP		ATROPINE SULFATE SOLN (Use atropine sulfate (ophthalmic))	NF	
BETOPTIC-S SUSP	NP	QL(15 ML per fill retail)	ATROPINE SULFATE SOLN 1 %	P	QL(15 EA per fill retail)
brimonidine tartrate-timolol maleate	NP		CYCLOGYL (Use cyclopentolate hcl)	NP	QL(15 ML per fill retail)
carteolol hcl (ophth)	P	3 max fill(s) per 90 day(s) retail	CYCLOGYL	NP	QL(15 ML per fill retail)
COMBIGAN (Use brimonidine tartrate-timolol maleate)	NP		CYCLOGYL 0.5 %	NP	
COSOPT (Use dorzolamide hcl-timolol maleate)	NP	QL(10 ML per fill retail)	CYCLOMYDRIL	P	
COSOPT (Use dorzolamide hcl-timolol maleate)	NF		cyclopentolate hcl 1 %	P	QL(15 ML per fill retail)
COSOPT PF (Use dorzolamide hcl-timolol maleate)	NF		MYDRIACYL SOLN (Use tropicamide)	NP	QL(15 ML per fill retail)
COSOPT PF (Use dorzolamide hcl-timolol maleate)	NP		phenylephrine hcl (mydriatic) SOLN 10 %	NP	
dorzolamide hcl-timolol maleate	P	QL(10 ML per fill retail)	phenylephrine hcl (mydriatic) SOLN 2.5 %	NP	QL(30 ML per fill retail)
ISTALOL SOLN (Use timolol maleate (ophth))	NP	QL(15 ML per fill retail)	PHENYLEPHRINE HCL SOLN (Use phenylephrine hcl (mydriatic))	NP	QL(30 ML per fill retail)
levobunolol hcl 0.5 %	P	QL(15 ML per fill retail)	tropicamide SOLN	P	QL(15 ML per fill retail)
timolol	NP		Miotics		
timolol maleate (ophth) SOLG 0.5 %	P	QL(5 ML per fill retail)	pilocarpine hcl SOLN 1 %, 1.25 %, 2 %, 4 %	P	
timolol maleate (ophth) SOLG 0.25 %	P		VUITY SOLN 1.25 % (Use pilocarpine hcl)	NP	
timolol maleate (ophth) SOLN	P	QL(15 ML per fill retail)	Ophthalmic Adrenergic Agents		
TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	NP	QL(60 EA per fill retail)	ALPHAGAN P (Use brimonidine tartrate)	P	
			apraclonidine hcl	NP	

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<i>brimonidine tartrate 0.1 %, 0.15 %</i>	P		<i>tobramycin (ophth) SOLN</i>	P	QL(5 ML per fill retail)
<i>brimonidine tartrate 0.2 %</i>	P	QL(15 ML per fill retail)	TOBREX OINT	P	QL(4 GM per fill retail)
IOPIDINE	NP		<i>trifluridine</i>	P	QL(8 ML per fill retail)
SIMBRINZA	NP		VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ML per fill retail)
Ophthalmic Anti-infectives			XDEMVY	NP	
AZASITE	NP		ZIRGAN GEL	P	
<i>bacitracin (ophthalmic)</i>	P	QL(4 GM per fill retail)	ZYMAXID (Use <i>gatifloxacin (ophth)</i>)	NF	
<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 GM per fill retail)	Ophthalmic Decongestants		
BESIVANCE	NP		<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P	QL(1 ML daily)
BETADINE OPHTHALMIC PREP	NP		VISINE RED EYE COMFORT (Use <i>tetrahydrozoline hcl (ophth)</i>)	NF	QL(1 ML daily)
CILOXAN OINT	P	QL(4 GM per fill retail)	Ophthalmic Immunomodulators		
<i>ciprofloxacin hcl (ophth) SOLN</i>	P	QL(10 ML per fill retail)	CEQUA SOLN	NP	
<i>erythromycin (ophth)</i>	P	QL(4 GM per fill retail)	<i>cyclosporine (ophth) EMUL</i>	NP	
<i>gatifloxacin (ophth)</i>	NP		RESTASIS MULTIDOSE EMUL	NP	
<i>gentamicin sulfate (ophth) SOLN</i>	P	QL(15 ML per fill retail)	RESTASIS EMUL (Use <i>cyclosporine (ophth)</i>)	NP	
<i>levofloxacin (ophth) 0.5 %</i>	P		VERKAZIA EMUL	NP	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	QL(3 ML per fill retail)	VEVYE SOLN	NP	
NATACYN	NP		Ophthalmic Integrin Antagonists		
<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 GM per fill retail)	XIIDRA	NP	
<i>neomycin-polymyxin-gramicidin</i>	P	QL(10 ML per fill retail)	Ophthalmic Kinase Inhibitors		
OCUFLOX (Use <i>ofloxacin (ophth)</i>)	NP	QL(10 ML per fill retail)	RHOPRESSA	NP	
<i>ofloxacin (ophth)</i>	P	QL(10 ML per fill retail)	ROCKLATAN	NP	
<i>polymyxin b-trimethoprim</i>	P	QL(10 ML per fill retail)	Ophthalmic Local Anesthetics		
<i>sulfacetamide sodium (ophth) OINT</i>	P	QL(4 GM per fill retail)	AKTEN	NP	
<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ML per fill retail)	ALCAINE (Use <i>proparacaine hcl</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IHEEZO	NP	SP	MAXITROL SUSP (<i>Use neomycin-polymyx-dexameth</i>)	NP	QL(5 ML per fill retail)
<i>proparacaine hcl</i>	NP		<i>neomycin-polymyx-dexameth OINT</i>	P	QL(4 GM per fill retail)
<i>tetracaine hcl (ophth)</i>	NP		<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	P	QL(5 ML per fill retail)
Ophthalmic Nerve Growth Factors			<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(8 ML per fill retail)
OXERVATE	NP	SP	PRED FORTE (<i>Use prednisolone acetate (ophth)</i>)	NP	QL(15 ML per fill retail)
Ophthalmic Steroids			PRED MILD	P	QL(10 ML per fill retail)
ALREX SUSP (<i>Use loteprednol etabonate</i>)	P		<i>prednisolone acetate (ophth)</i>	P	QL(15 ML per fill retail)
<i>bacitracin-poly-neomycin-hc</i>	P		PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ML per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	P	QL(5 ML per fill retail)	<i>sulfacetamide sod-prednisolone SOLN</i>	NP	QL(10 ML per fill retail)
DEXTENZA INST	NP	SP	TOBRADEX ST SUSP	NP	
<i>difluprednate</i>	NP		TOBRADEX OINT	NP	QL(4 GM per fill retail)
DUREZOL (<i>Use difluprednate</i>)	NP		<i>tobramycin-dexamethasone SUSP</i>	P	QL(10 ML per fill retail)
EYSUVIS SUSP	NP		ZYLET	NP	
FLAREX	P		Ophthalmics - Misc.		
<i>fluorometholone (ophth) SUSP</i>	P	QL(15 ML per fill retail)	ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	NP	QL(10 ML per fill retail)
FML FORTE SUSP	P		ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	NP	3 max fill(s) per 90 day(s) retail
FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	NP	QL(15 ML per fill retail)	ACUVAIL	NP	
INVELTYS SUSP	NP		<i>azelastine hcl (ophth)</i>	P	QL(6 ML per fill retail)
LOTEMAX SM GEL	NP		AZOPT (<i>Use brinzolamide</i>)	NF	QL(15 ML per fill retail)
LOTEMAX GEL (<i>Use loteprednol etabonate</i>)	NP		AZOPT (<i>Use brinzolamide</i>)	NP	QL(15 ML per fill retail)
LOTEMAX OINT	NP		<i>bepotastine besilate</i>	NP	
LOTEMAX SUSP (<i>Use loteprednol etabonate</i>)	NP				
<i>loteprednol etabonate GEL</i>	NP				
<i>loteprednol etabonate SUSP</i>	P				
MAXIDEX SUSP OP	P				
MAXITROL OINT (<i>Use neomycin-polymyx-dexameth</i>)	NP	QL(4 GM per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BEPREVE (Use bepotastine besilate)	NP		TRAVATAN Z SOLN (Use travoprost)	NF	
brinzolamide	NP	QL(15 ML per fill retail)	travoprost SOLN	NP	
bromfenac sodium (ophth)	NP		VYZULTA	NP	
BROMSITE (Use bromfenac sodium (ophth))	NP		XALATAN SOLN (Use latanoprost)	NP	QL(3 ML per fill retail)
cromolyn sodium (ophth)	P	QL(10 ML per fill retail)	XELPROS EMUL	NP	
CYSTADROPS	NP	SP	ZIOPTAN (Use tafluprost)	NP	
CYSTARAN	NP	SP	ZIOPTAN (Use tafluprost)	NF	
diclofenac sodium (ophth)	P	QL(5 ML per fill retail)	OTIC AGENTS - Drugs to Treat the Ear		
dorzolamide hcl	P	QL(10 ML per fill retail)	Otic Agents - Miscellaneous		
epinastine hcl (ophth)	NP		acetic acid (otic)	P	QL(15 ML per fill retail)
FLUORESCCEIN SODIUM/BENOXINATE	NP		Otic Anti-infectives		
flurbiprofen sodium	P	QL(3 ML per fill retail)	CETRAXAL (Use ciprofloxacin hcl (otic))	NF	
GLOSTRIPS STRP 1 MG	NP		ciprofloxacin hcl (otic)	NP	
ILEVRO	NP		ofloxacin (otic)	P	QL(10 ML per fill retail)
ketorolac tromethamine (ophth) 0.5 %	P	QL(10 ML per fill retail)	Otic Combinations		
ketorolac tromethamine (ophth) 0.4 %	P	3 max fill(s) per 90 day(s) retail	CIPRO HC	NP	
NEVANAC	NP		ciprofloxacin-dexamethasone	P	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
PROLENSA (Use bromfenac sodium (ophth))	NP		ciprofloxacin-fluocinolone acetamide	NP	
ZERVIAE	NP		CORTISPORIN-TC	NP	
Prostaglandins - Ophthalmic			neomycin-polymyxin-hc (otic) SOLN	P	QL(10 ML per fill retail)
bimatoprost SOLN	NP		neomycin-polymyxin-hc (otic) SUSP	P	QL(10 ML per fill retail)
IYUZEH SOLN	NP		OTOVEL (Use ciprofloxacin-fluocinolone acetamide)	NF	
latanoprost SOLN	P	QL(3 ML per fill retail)	Otic Steroids		
LUMIGAN SOLN 0.01 %	NP		DERMOTIC (Use fluocinolone acetamide (otic))	NP	QL(20 ML per fill retail)
tafluprost	NP				
TRAVATAN Z SOLN (Use travoprost)	NP				

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide (otic)</i>	NP	QL(20 ML per fill retail)
<i>hydrocortisone w/acetic acid</i>	NP	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO SOSY IM 1500 UNIT	P	SP
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS</i>	P	
<i>ampicillin sodium IV 1 GM, 2 GM, 10 GM</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
BICILLIN L-A SUSY	P	
PENICILLIN G POT IN DEXTROSE	P	
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	P	
<i>penicillin g sodium</i>	P	
<i>penicillin v potassium SOLR</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	P	QL(200 ML per fill retail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail)
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML</i>	P	QL(400 ML per fill retail)
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	P	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	NP	QL(40 EA per 30 day(s) retail)
<i>ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM</i>	P	
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(400 ML per fill retail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	QL(20 EA per fill retail)
BICILLIN C-R	P	
BICILLIN C-R 900/300	P	
<i>piperacillin sodium-tazobactam sodium</i>	P	

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UNASYN IV 10 GM-5 GM (Use ampicillin & sulbactam sodium)	NF		<i>disulfiram</i>	P	
ZOSYN	P		<i>lofexidine hcl</i>	P	
Penicillinase-Resistant Penicillins			LUCEMYRA (Use lofexidine hcl)	P	
<i>dicloxacillin sodium</i>	P		Anti-Cataplectic Agents		
PHARMACEUTICAL ADJUVANTS			SODIUM OXYBATE SOLN	NP	SP
Semi Solid Vehicles			XYREM SOLN	NP	SP
POLYETHYLENE GLYCOL 3350 POWD	P	QL(34 GM daily); RX/OTC	XYWAV	NP	SP
PROGESTINS - Hormone Replacement/Modifying Drugs			Antidementia Agents		
Progestins			ADLARITY PTWK	NP	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	MP	ADUHELM	NP	SP
<i>megestrol acetate (appetite)</i>	NP		ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride)	NP	QL(1 EA daily); MP
<i>norethindrone acetate TABS</i>	NP		ARICEPT TABS 23 MG (Use donepezil hydrochloride)	NP	MP
<i>progesterone CAPS 100 MG</i>	P	QL(1 EA daily)	<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 EA daily); MP
<i>progesterone CAPS 200 MG</i>	P	QL(20 EA per 30 day(s) retail)	<i>donepezil hydrochloride TABS 23 MG</i>	P	MP
<i>progesterone OIL</i>	P		<i>donepezil hydrochloride TBDP</i>	P	MP
PROMETRIUM CAPS 200 MG (Use progesterone)	NP	QL(20 EA per 30 day(s) retail)	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	NP	QL(1 EA daily)
PROMETRIUM CAPS 100 MG (Use progesterone)	NP	QL(1 EA daily)	EXELON 13.3 MG/24HR (Use rivastigmine)	NP	
PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate)	NP		<i>galantamine hydrobromide CP24</i>	NP	QL(1 EA daily); MP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ML daily); MP
Agents for Chemical Dependency			<i>galantamine hydrobromide TABS</i>	NP	QL(2 EA daily); MP
<i>acamprosate calcium</i>	P		KISUNLA	NP	SP
			LEQEMBI	NP	SP
			LEQEMBI IQLIK SC 360 MG/1.8ML	NP	SP
			<i>memantine hcl CP24</i>	NP	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl-donepezil hcl CP24</i>	NP		AUSTEDO XR TB24	P	SP; PA
<i>memantine hcl TABS</i>	P	QL(2 EA daily); MP	AUSTEDO TABS	P	SP; PA
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NP	QL(49 EA per fill retail); MP	INGREZZA CAPS	P	SP; PA
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>Use memantine hcl</i>)	NF	MP	INGREZZA CPPK	P	SP; PA
NAMENDA TABS (<i>Use memantine hcl</i>)	NF	QL(2 EA daily); MP	INGREZZA CPSP	P	SP; PA
NAMZARIC CP24	NP		<i>tetrabenazine</i>	NP	
NAMZARIC CP24 (<i>Use memantine hcl-donepezil hcl</i>)	NP		<i>tetrabenazine</i>	NP	SP
<i>rivastigmine 13.3 MG/24HR</i>	NP		XENAZINE (<i>Use tetrabenazine</i>)	NP	SP
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	QL(1 EA daily)	Multiple Sclerosis Agents		
<i>rivastigmine tartrate CAPS</i>	NP	QL(2 EA daily); MP	AMPYRA (<i>Use dalfampridine</i>)	NP	SP
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP		AUBAGIO (<i>Use teriflunomide</i>)	NP	SP
Combination Psychotherapeutics			AUBAGIO (<i>Use teriflunomide</i>)	NF	SP
<i>chlordiazepoxide-amitriptyline</i>	P		AVONEX PEN AJKT	NP	SP
LYBALVI	P		AVONEX PREFILLED PSKT	NP	SP
<i>olanzapine-fluoxetine hcl</i>	NP		BAFIERTAM	NP	SP
<i>perphenazine-amitriptyline</i>	P	QL(4 EA daily)	BETASERON KIT	P	SP
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>Use olanzapine-fluoxetine hcl</i>)	NF		BRIUMVI	NP	SP
Fibromyalgia Agents			<i>dalfampridine</i>	NP	SP
SAVELLA TITRATION PACK MISC	NP	QL(55 EA per 365 day(s) retail)	<i>dimethyl fumarate CDPK</i>	P	SP
SAVELLA TABS	NP	QL(2 EA daily)	<i>dimethyl fumarate CPDR</i>	P	SP
Movement Disorder Drug Therapy			<i>fingolimod hcl</i>	NP	SP
AUSTEDO XR PATIENT TITRATION TEPK	P	SP; PA	GILENYA (<i>Use fingolimod hcl</i>)	P	SP; PA
			<i>glatiramer acetate SOSY</i>	P	SP
			KESIMPTA	NP	SP
			LEMTRADA	NP	SP
			MAVENCLAD (10 TABS)	NP	SP
			MAVENCLAD (4 TABS)	NP	SP
			MAVENCLAD (5 TABS)	NP	SP
			MAVENCLAD (6 TABS)	NP	SP
			MAVENCLAD (7 TABS)	NP	SP
			MAVENCLAD (8 TABS)	NP	SP
			MAVENCLAD (9 TABS)	NP	SP

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MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP	GRALISE TABS (<i>Use gabapentin (once-daily)</i>)	NP	
MAYZENT TABS	NP	SP	LYRICA CR (<i>Use pregabalin (once-daily)</i>)	NP	
OCREVUS	NP	SP	LYRICA CR 330 MG (<i>Use pregabalin (once-daily)</i>)	NF	
OCREVUS ZUNOVO	NP	SP	<i>pregabalin (once-daily)</i>	NP	
PLEGRIDY STARTER PACK SOAJ	NP	SP	Premenstrual Dysphoric Disorder (PMDD) Agents		
PLEGRIDY STARTER PACK SOSY SC	NP	SP	<i>fluoxetine hcl (pmdd) TABS</i>	NP	MP
PLEGRIDY SOAJ	NP	SP	Pseudobulbar Affect (PBA) Agents		
PLEGRIDY SOSY IM	NP	SP	NUDEXTA	NP	
PONVORY STARTER PACK TBPK	NP	SP	Psychotherapeutic and Neurological Agents - Misc.		
PONVORY TABS	NP	SP	AQNEURSA	NP	SP
REBIF REBIDOSE TITRATION PACK SOAJ	P	SP	<i>ergoloid mesylates TABS</i>	P	
REBIF REBIDOSE SOAJ	P	SP	MIPLYFFA	NP	SP
REBIF TITRATION PACK SOSY	P	SP	<i>pimozide</i>	P	
REBIF SOSY	P	SP	Restless Leg Syndrome (RLS) Agents		
TASCENSO ODT	NP	SP	HORIZANT	NP	
TECFIDERA CDPK (<i>Use dimethyl fumarate</i>)	P	SP	Smoking Deterrents		
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	P	SP	<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily); 180 day(s) max supply per 365 day(s) retail
<i>teriflunomide</i>	NP	SP	CHANTIX CONTINUING MONTH PAK TABS (<i>Use varenicline tartrate</i>)	P	QL(2 EA daily); 180 day(s) max supply per 365 day(s) retail
TYRUKO CONC IV 300 MG/15ML	NP		CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>)	P	180 day(s) max supply per 365 day(s) retail
TYSABRI	NP	SP	CHANTIX TABS (<i>Use varenicline tartrate</i>)	P	QL(2 EA daily); 180 day(s) max supply per 365 day(s) retail
VUMERITY	NP	SP	NICODERM CQ PT24 TD (<i>Use nicotine</i>)	NF	
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP	NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	NF	
ZEPOSIA STARTER KIT CPPK	NP	SP			
ZEPOSIA CAPS	NP	SP			
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents					
<i>gabapentin (once-daily) TABS</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NICORETTE MINI LOZG (Use nicotine polacrilex)	NF	QL(20 EA daily); 180 day(s) max supply per 365 day(s) retail	NICOTROL NS SOLN	P	QL(4 ML daily; 120 ML per 30 day(s) retail); 180 day(s) max supply per 365 day(s) retail
NICORETTE STARTER KIT GUM 2 MG (Use nicotine polacrilex)	NF	QL(24 EA daily); 180 day(s) max supply per 365 day(s) retail	NICOTROL INHA	P	QL(16.8 EA daily; 504 EA per 30 day(s) retail); 180 day(s) max supply per 365 day(s) retail
NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	NF		varenicline tartrate TABS	P	QL(2 EA daily); 180 day(s) max supply per 365 day(s) retail
NICORETTE GUM (Use nicotine polacrilex)	NF		varenicline tartrate TBPK	P	180 day(s) max supply per 365 day(s) retail
NICORETTE GUM (Use nicotine polacrilex)	NF	QL(24 EA daily); 180 day(s) max supply per 365 day(s) retail	Transthyretin Amyloidosis Agents		
NICORETTE LOZG (Use nicotine polacrilex)	NF	QL(20 EA daily); 180 day(s) max supply per 365 day(s) retail	AMVUTTRA	NP	SP
NICORETTE LOZG (Use nicotine polacrilex)	NF		WAINUA	NP	SP
NICORETTE LOZG (Use nicotine polacrilex)	NF		Vasomotor Symptom Agents		
nicotine polacrilex GUM	P	QL(24 EA daily); 180 day(s) max supply per 365 day(s) retail	paroxetine mesylate (vasomotor)	NP	
nicotine polacrilex LOZG	P	QL(20 EA daily); 180 day(s) max supply per 365 day(s) retail	RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
NICOTINE KIT	P	QL(56 EA per fill retail); 180 day(s) max supply per 365 day(s) retail	Cystic Fibrosis Agents		
nicotine PT24 TD 7 MG/24HR	P	180 day(s) max supply per 365 day(s) retail	ALYFTREK	NP	SP
nicotine PT24 TD 14 MG/24HR, 21 MG/24HR	P	QL(1 EA daily); 180 day(s) max supply per 365 day(s) retail	KALYDECO PACK	NP	SP
			KALYDECO TABS	NP	SP
			ORKAMBI PACK	NP	SP
			ORKAMBI TABS	NP	SP
			PULMOZYME	P	SP
			SYMDEKO	NP	SP
			TRIKAFTA TBPK	NP	SP
			TRIKAFTA THPK	NP	SP
			Pulmonary Fibrosis Agents		
			ESBRIET CAPS (Use pirfenidone)	NF	SP

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ESBRIET CAPS (<i>Use pirfenidone</i>)	NP	SP	<i>minocycline hcl TB24</i>	NP	
ESBRIET TABS (<i>Use pirfenidone</i>)	NF		SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>Use minocycline hcl</i>)	NF	
ESBRIET TABS (<i>Use pirfenidone</i>)	NP	SP	<i>tetracycline hcl CAPS</i>	P	
JASCAYD TABS PO 9 MG, 18 MG	NP		TETRACYCLINE HCL TABS	P	
OFEV	NP	SP	VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NF	
<i>pirfenidone CAPS</i>	NP	SP	VIBRAMYCIN SUSR (<i>Use doxycycline (monohydrate)</i>)	NF	
<i>pirfenidone TABS</i>	NP	SP	THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
SULFONAMIDES - Drugs to Treat Bacterial Infections			Antithyroid Agents		
Sulfonamides			<i>methimazole TABS</i>	P	MP
<i>sulfadiazine TABS</i>	P		<i>propylthiouracil</i>	P	MP
TETRACYCLINES - Drugs to Treat Bacterial Infections			Thyroid Hormones		
Aminomethylcyclines			ADTHYZA TABS	P	MP
NUZYRA TABS	NP		ARMOUR THYROID TABS	P	MP
Tetracyclines			CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NP	MP
<i>demeclocycline hcl TABS</i>	P		ERMEZA SOLN PO	NP	
DORYX MPC TBEC 60 MG	NP		<i>levothyroxine sodium CAPS 13 MCG, 50 MCG, 75 MCG, 100 MCG, 137 MCG</i>	NP	
DORYX TBEC 50 MG (<i>Use doxycycline hyclate</i>)	NF		<i>levothyroxine sodium TABS</i>	P	MP
<i>doxycycline (monohydrate) CAPS</i>	P		<i>liothyronine sodium TABS</i>	P	MP
<i>doxycycline (monohydrate) SUSR</i>	P		NIVA THYROID TABS	P	MP
<i>doxycycline (monohydrate) TABS</i>	P		NP THYROID TABS	P	MP
<i>doxycycline hyclate CAPS</i>	P		RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	MP
<i>doxycycline hyclate SOLR</i>	P		SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	NP	MP
<i>doxycycline hyclate TABS</i>	P		THYQUIDITY SOLN PO	NP	
<i>doxycycline hyclate TBEC</i>	NP				
<i>minocycline hcl CAPS</i>	P				
<i>minocycline hcl TABS</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	MP	and Stomach Conditions		
TOXOIDS			Antispasmodics		
Toxoid Combinations			ANASPAZ TBDP (<i>Use hyoscyamine sulfate</i>)	NF	
ADACEL SUSP	P	QL(0.5 ML per 999 day(s) retail)	BELLADONNA ALKALOIDS-OPIUM	P	
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	P	QL(0.5 ML per 999 day(s) retail)	BENTYL SOLN IM (<i>Use dicyclomine hcl</i>)	NF	
BOOSTRIX SUSP	P	QL(0.5 ML per 999 day(s) retail)	<i>chlordiazepoxide hcl-clidinium bromide</i>	NP	
BOOSTRIX SUSY	P	QL(0.5 ML per 999 day(s) retail)	CUVPOSA SOLN PO (<i>Use glycopyrrolate</i>)	NP	
DAPTACEL	P		<i>dicyclomine hcl CAPS</i>	P	
INFANRIX	P		<i>dicyclomine hcl SOLN PO</i>	P	QL(40 ML daily)
KINRIX SUSY	P		<i>dicyclomine hcl TABS</i>	P	
PEDIARIX SUSY	P		GLYCATE TABS	NP	
PENTACEL	P		<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	P	
QUADRACEL SUSP	P	QL(0.5 ML per 999 day(s) retail)	<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 EA daily)
QUADRACEL SUSY	P		<i>hyoscyamine sulfate ELIX</i>	P	
TDVAX SUSP	P	QL(0.5 ML per 999 day(s) retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	P	
TENIVAC SUSP 2 LFU-5 LFU	P	QL(0.5 ML per 999 day(s) retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate SUBL 0.125 MG</i>	P	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	P	QL(0.5 ML per 999 day(s) retail); AL(At least 19 yrs old)	<i>hyoscyamine sulfate TABS 0.125 MG</i>	P	
VAXELIS SUSP	P		<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 EA daily)
VAXELIS SUSY	P		<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine			LEVBIID TB12 (<i>Use hyoscyamine sulfate</i>)	NF	
			LEVSIN/SL SUBL (<i>Use hyoscyamine sulfate</i>)	NP	
			LEVSIN TABS (<i>Use hyoscyamine sulfate</i>)	NP	
			LIBRAX (<i>Use chlordiazepoxide hcl-clidinium bromide</i>)	NF	

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<i>methscopolamine bromide</i>	NP		<i>esomeprazole magnesium CPDR 40 MG</i>	NP	
ROBINUL-FORTE TABS (Use <i>glycopyrrolate</i>)	NP	QL(4 EA daily)	<i>esomeprazole magnesium PACK</i>	NP	
ROBINUL TABS (Use <i>glycopyrrolate</i>)	NP	QL(4 EA daily)	<i>lansoprazole CPDR</i>	NP	QL(2 EA daily)
H-2 Antagonists			<i>lansoprazole TBDD</i>	P	RX/OTC
<i>cimetidine hcl PO 300 MG/5ML</i>	P		NEXIUM 24HR CLEAR MINIS CPDR (Use <i>esomeprazole magnesium</i>)	NF	QL(2 EA daily); RX/OTC
<i>cimetidine TABS</i>	P	RX/OTC	NEXIUM 24HR CPDR (Use <i>esomeprazole magnesium</i>)	NF	QL(2 EA daily); RX/OTC
<i>famotidine SUSR</i>	P		NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC
<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC	NEXIUM CPDR 40 MG (Use <i>esomeprazole magnesium</i>)	NP	
<i>nizatidine CAPS</i>	P		NEXIUM PACK (Use <i>esomeprazole magnesium</i>)	NP	
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>famotidine</i>)	NF	RX/OTC	<i>omeprazole CPDR</i>	P	QL(2 EA daily)
PEPCID AC TABS (Use <i>famotidine</i>)	NF		<i>pantoprazole sodium PACK</i>	NP	
PEPCID TABS (Use <i>famotidine</i>)	NF	RX/OTC	<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 EA daily)
TAGAMET HB 200 TABS (Use <i>cimetidine</i>)	NF	RX/OTC	<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 EA daily)
TAGAMET HB TABS (Use <i>cimetidine</i>)	NF	RX/OTC	PREVACID 24HR CPDR (Use <i>lansoprazole</i>)	NF	QL(2 EA daily); RX/OTC
Misc. Anti-Ulcer			PREVACID SOLUTAB TBDD (Use <i>lansoprazole</i>)	NP	RX/OTC
CARAFATE SUSP (Use <i>sucralfate</i>)	P		PREVACID CPDR 30 MG (Use <i>lansoprazole</i>)	NP	QL(2 EA daily)
CARAFATE TABS (Use <i>sucralfate</i>)	NP	QL(4 EA daily)	PRILOSEC PACK	NP	
<i>sucralfate SUSP</i>	P		PROTONIX PACK (Use <i>pantoprazole sodium</i>)	NP	
<i>sucralfate TABS</i>	P	QL(4 EA daily)	PROTONIX TBEC 40 MG (Use <i>pantoprazole sodium</i>)	NP	QL(2 EA daily)
Proton Pump Inhibitors					
ACIPHEX TBEC (Use <i>rabeprazole sodium</i>)	NF				
DEXILANT (Use <i>dexlansoprazole</i>)	NP	ST			
<i>dexlansoprazole</i>	NP	ST			
<i>esomeprazole magnesium CPDR 20 MG</i>	NP	QL(2 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROTONIX TBEC 20 MG (Use pantoprazole sodium)	NP	QL(1 EA daily)	<i>darifenacin hydrobromide</i>	NP	MP
<i>rabeprazole sodium TBEC</i>	NP		DETROL LA CP24 (Use tolterodine tartrate)	NF	QL(1 EA daily); MP
VOQUEZNA	NP		DETROL TABS (Use tolterodine tartrate)	NF	QL(2 EA daily); MP
Ulcer Drugs - Prostaglandins			DETROL TABS 2 MG (Use tolterodine tartrate)	NP	QL(2 EA daily); MP
CYTOTEC (Use misoprostol)	NP		<i>fesoterodine fumarate</i>	NP	
<i>misoprostol</i>	P		<i>oxybutynin chloride SOLN</i>	P	
Ulcer Therapy Combinations			<i>oxybutynin chloride TABS 2.5 MG</i>	P	
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	NP		<i>oxybutynin chloride TABS 5 MG</i>	P	QL(3 EA daily); MP
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	NP		<i>oxybutynin chloride TB24</i>	P	QL(2 EA daily); MP
KONVOMEK SUSR	NP		OXYTROL PTTW	NP	RX/OTC
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	RX/OTC	<i>solifenacin succinate TABS</i>	P	MP
<i>omeprazole-sodium bicarbonate PACK</i>	NP		<i>tolterodine tartrate CP24</i>	NP	QL(1 EA daily); MP
PYLERA (Use bismuth subcitrate potassium-metronidazole-tetracycline)	NP		<i>tolterodine tartrate TABS</i>	NP	QL(2 EA daily); MP
TALICIA	NP		TOVIAZ (Use fesoterodine fumarate)	NP	
VOQUEZNA DUAL PAK	NP		<i>trospium chloride CP24</i>	NP	MP
VOQUEZNA TRIPLE PAK	NP		<i>trospium chloride TABS</i>	NP	QL(2 EA daily); MP
ZEGERID OTC CAPS (Use omeprazole-sodium bicarbonate)	NF	RX/OTC	VESICARE LS SUSP	NP	
ZEGERID CAPS (Use omeprazole-sodium bicarbonate)	NF	RX/OTC	VESICARE TABS (Use solifenacin succinate)	NP	MP
ZEGERID PACK (Use omeprazole-sodium bicarbonate)	NF		Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			GEMTESA	P	
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			<i>mirabegron TB24</i>	P	
			<i>mirabegron TB24</i>	P	
			MYRBETRIQ SRER	P	
			MYRBETRIQ TB24 (Use mirabegron)	P	
			Urinary Antispasmodics - Cholinergic Agonists		
			<i>bethanechol chloride</i>	P	MP

Drug Name	Drug Tier	Requirements/ Limits
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	MP
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BCG VACCINE	P	
BEXSERO 0.5 ML	P	AL(At least 19 yrs old)
BIOTHRAX	P	
CAPVAXIVE	P	QL(0.5 ML per 999 day(s) retail); AL(At least 18 yrs old)
HIBERIX SOLR IJ	P	
MENACTRA	P	AL(At least 19 yrs old)
MENQUADFI 0.5 ML	P	AL(At least 19 yrs old)
MENVEO SOLN	P	
MENVEO SOLR	P	AL(At least 19 yrs old)
PEDVAX HIB SUSP	P	
PENBRAYA	P	
PNEUMOVAX 23 SOLN	P	QL(1 ML per 999 day(s) retail; 1 ML per 999 days mail); AL(At least 2 yrs old)
PNEUMOVAX 23 SOSY	P	AL(At least 19 yrs old)
PREVNAR 13	P	AL(At least 19 yrs old)
PREVNAR 20	P	
TRUMENBA 0.5 ML	P	AL(At least 19 yrs old)
TYPHIM VI SOLN	P	
TYPHIM VI SOSY	P	
VAXCHORA	P	
VAXNEUVANCE	P	
VIVOTIF	P	

Drug Name	Drug Tier	Requirements/ Limits
Viral Vaccines		
ABRYSVO	P	AL(At least 60 yrs old)
ACAM2000	P	
AFLURIA PRESERVATIVE FREE SUSY	P	
AFLURIA QUADRIVALENT SUSP	P	AL(At least 10 yrs old)
AFLURIA QUADRIVALENT SUSY 0.5 ML	P	AL(At least 10 yrs old)
AFLURIA SUSP	P	
AREXVY	P	AL(At least 60 yrs old)
AUDENZ EMUL	P	
AUDENZ PRSY	P	
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	P	
COMIRNATY SUSP	P	
COMIRNATY SUSY	P	
DENGVAIXA	P	
ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail
ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
FLUAD	P	AL(At least 65 yrs old)
FLUAD QUADRIVALENT	P	AL(At least 65 yrs old)
FLUARIX QUADRIVALENT SUSY	P	AL(At least 10 yrs old)
FLUARIX SUSY	P	
FLUBLOK QUADRIVALENT	P	QL(0.5 ML per fill retail); AL(At least 18 yrs old)
FLUBLOK SOSY	P	
FLUCELVAX QUADRIVALENT SUSP	P	AL(At least 10 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT SUSY	P	AL(At least 10 yrs old)	MNEXSPIKE SUSY 10 MCG/0.2ML	P	
FLUCELVAX SUSP	P		MODERNA COVID-19 BIVALENT	P	
FLUCELVAX SUSY	P		MODERNA COVID-19 VAC 6M-11Y SUSP	P	
FLULAVAL QUADRIVALENT SUSY	P	AL(At least 10 yrs old)	MODERNA COVID-19 VAC 6M-11Y SUSY	P	
FLULAVAL SUSY	P		MODERNA COVID-19 VACCINE SUSP	P	
FLUMIST	P		MRESVIA	P	QL(0.5 ML per 999 day(s) retail); AL(At least 60 yrs old)
FLUMIST QUADRIVALENT	P	QL(1 EA per fill retail); AL(At least 10 yrs old - Up to 49 yrs old)	NOVAVAX COVID-19 VACCINE SUSP	P	
FLUZONE HIGH-DOSE QUADRIVALENT	P	AL(At least 65 yrs old)	NOVAVAX COVID-19 VACCINE SUSY	P	
FLUZONE HIGH-DOSE SUSY	P		NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	
FLUZONE QUADRIVALENT SUSP	P	AL(At least 10 yrs old)	PFIZER COVID-19 VAC BIVALENT	P	
FLUZONE QUADRIVALENT SUSY	P	AL(At least 10 yrs old)	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P	
FLUZONE SUSP	P		PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	P	
FLUZONE SUSY	P		PFIZER-BIONT COVID-19 VAC-TRIS SUSP	P	
GARDASIL 9 SUSP 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER-BIONTECH COVID-19 VACC SUSP	P	
GARDASIL 9 SUSY 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
HAVRIX IM 1440 EL U/ML	P	AL(At least 19 yrs old)	PRIORIX SUSR	P	
HAVRIX IM 720 EL U/0.5ML	P		PROQUAD SUSR	P	
HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail	RABAVERT	P	
IMOVAX RABIES SUSR	P		RECOMBIVAX HB SUSP 40 MCG/ML	P	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
IPOL IJ	P				
IXIARO	P				
JYNNEOS	P				
M-M-R II SOLR	P	AL(At least 19 yrs old)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB SUSP 5 MCG/0.5ML, 10 MCG/ML	P	3 max fill(s) per 999 day(s) retail	<i>clindamycin phosphate vaginal CREA</i>	P	QL(40 GM per fill retail)
RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	CLINDESSE	NP	
ROTARIX SUSP	P		GYNAZOLE-1	NP	
ROTATEQ SOLN	P		<i>metronidazole vaginal</i>	P	QL(70 GM per fill retail)
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 EA per fill retail)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	P		NUVESSA	NP	
SPIKEVAX SUSP	P		<i>terconazole vaginal CREA 0.8 %</i>	P	QL(20 GM per fill retail)
SPIKEVAX SUSY	P		<i>terconazole vaginal CREA 0.4 %</i>	P	QL(45 GM per fill retail)
STAMARIL SUSR	P		<i>terconazole vaginal SUPP</i>	P	QL(3 EA per fill retail)
TICOVAC	P		VANDAZOLE	NP	QL(70 GM per fill retail)
TWINRIX SUSY	P		XACIATO GEL	NP	
VAQTA	P	AL(At least 19 yrs old)	Vaginal Contraceptive - pH Modulators		
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	P	AL(At least 19 yrs old)	PHEXXI	P	
VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)	Vaginal Estrogens		
YF-VAX SUSR	P		ESTRACE CREA (<i>Use estradiol vaginal</i>)	NP	QL(43 GM per 30 day(s) retail; 129 GM per 90 days mail); MP
VAGINAL AND RELATED PRODUCTS			<i>estradiol vaginal CREA</i>	P	QL(43 GM per 30 day(s) retail; 129 GM per 90 days mail); MP
Miscellaneous Vaginal Products			<i>estradiol vaginal TABS</i>	NP	MP
INTRAROSA	NP		ESTRING RING 7.5 MCG/24HR	NP	MP
TRIMO-SAN	NP		FEMRING	NP	MP
Vaginal Anti-infectives			IMVEXXY MAINTENANCE PACK INST	NP	MP
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	QL(40 GM per fill retail)	IMVEXXY STARTER PACK INST	NP	MP
CLEOCIN SUPP	P		PREMARIN	P	QL(43 GM per 30 day(s) retail; 129 GM per 90 days mail); MP

Drug Name	Drug Tier	Requirements/Limits
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NP	MP
Vaginal Progestins		
CRINONE GEL	NP	
ENDOMETRIN INST 100 MG (<i>Use progesterone (vaginal)</i>)	P	
<i>progesterone (vaginal)</i> INST 100 MG	P	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENALIN SOLN IJ 1 MG/ML, 30 MG/30ML (<i>Use epinephrine (anaphylaxis)</i>)	NP	
AUVI-Q SOAJ 0.1 MG/0.1ML	P	
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	P	QL(4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis)</i> SOAJ	P	QL(4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis)</i> SOLN IJ 30 MG/30ML	NP	
EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	QL(4 EA per 365 day(s) retail)
EPIPEN JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	QL(4 EA per 365 day(s) retail)
NEFFY SOLN NA	P	QL(4 EA per 365 day(s) retail; 4 EA per 365 days mail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	NP	SP
NORTHERA (<i>Use droxidopa</i>)	NP	SP

Drug Name	Drug Tier	Requirements/Limits
Vasopressors		
<i>midodrine hcl</i>	P	MP
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD PO (<i>Use cholecalciferol</i>)	NF	
<i>cholecalciferol</i> CAPS	P	
<i>cholecalciferol</i> LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML	P	
<i>cholecalciferol</i> TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG	P	
D3 BABY DROPS LIQD PO	P	
DRISDOL CAPS (<i>Use ergocalciferol</i>)	NF	
D-VI-SOL LIQD PO (<i>Use cholecalciferol</i>)	NF	
EQ D3 DROPS INFANTS/CHILDRENS LIQD PO	P	
<i>ergocalciferol</i> CAPS	P	
<i>ergocalciferol</i> SOLN PO 200 MCG/ML	P	
<i>phytonadione</i> TABS 5 MG	P	
UPSPRING BABY VIT D LIQD PO	P	
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ADVIL CAPS (Use ibuprofen)6	ADVOCATE SAFETY LANCETS 23G100	AEROCHAMBER PLUS FLOW VU MISC128
ADVIL COLD/SINUS TABS (Use pseudoephedrine-ibuprofen)61	ADVOCATE SAFETY LANCETS 26G100	AEROCHAMBER W/FLOWSIGNAL
ADVIL JUNIOR STRENGTH TABS 100 MG6	ADVOCATE SAFETY LANCETS 28G100	
ADVIL MIGRAINE CAPS (Use ibuprofen)6	ADVOCATE TEST STRP76	
ADVIL TABS (Use ibuprofen)6		

MISC	128	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	28	(Use fluticasone-salmeterol)	16
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	128	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	89	AIRS PEDIATRIC AEROSOL MASK MISC	128
AEROCHAMBER Z-STAT PLUS MISC	128	AGAMATRIX AMP TEST STRP ...	76	AIRSUPRA	16
AEROCHAMBER Z-STAT PLUS/LARGE MISC	128	AGAMATRIX JAZZ TEST STRP ..	76	AJOVY SOAJ	134
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AEROCHAMBER Z-STAT PLUS/SMALL MISC	128	AGAMATRIX PRESTO KIT	100	AKEEGA	42
AEROCHAMBER2GO ANTI-STATIC DEVI	128	AGAMATRIX PRESTO TEST STRP .	76	AKLIEF	63
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AEROECLIPSE MASK MEDIUM MISC	128	AGRYLIN 0.5 MG (Use anagrelide hcl)	91	ALADERM PLUS EMUL	73
AEROECLIPSE MASK SMALL MISC	128	AIMOVIG	134	albendazole	13
AEROTRACH PLUS MISC	128	AIMSCO LUBRICATED MISC	98	albuterol sulfate AERS	16
AEROVENT PLUS DEVI	128	AIMSCO TWIST LANCETS 32G	100	albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML	16
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AFINITOR TABS (Use everolimus) 43		AIRBORNE CHEW	139	albuterol sulfate SYRP	16
AFLORA TABS	139	AIRBORNE ELDERBERRY CHEW 90 MG-3.15 MCG-3.35 MG-7.5 MG-1 MG-150 MG	139	albuterol sulfate TABS	16
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AFLURIA SUSP	171	AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	16	ALCOH-GLOVE CONTOURED WIPE	119
		AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	16	ALCOHOL PADS	119
		AIRDUO RESPICLICK 55/14 AEPB		ALCOHOL PREP	119
				ALCOHOL PREP PADS	119
				ALCOHOL SWABS	119
				ALCOHOL SWABSTICK	119
				ALDACTONE TABS (Use spironolactone)	81
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ALEVE ALL DAY STRONG TABS 220 MG (Use naproxen sodium)6	ALIVE MENS 50+ TABS140	ALL FLOW 4000 PFT FILTER DEVI .	128
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ALHEMO 300 MG/3ML 89	ALIVE MULTI-VITAMIN CHILDRENS CHEW151	alogliptin benzoate 27	
ALINIA TABS (Use nitazoxanide) .39	ALIVE ONCE DAILY WOMENS TABS140	alogliptin-metformin hcl 26	
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alprazolam TBDP	14	AMBIEN TABS (Use zolpidem		amlodipine-valsartan-	
ALPROLIX	90	tartrate)	93	hydrochlorothiazide	37
alprostadil SOLN IJ 500 MCG/ML .	56	ambrisentan	57	amoxapine	25
ALREX SUSP (Use loteprednol		amcinonide CREA	68	amoxicillin & pot clavulanate CHEW .	
etabonate)	160	AMD FOAM DRESSING PADS ...	95	162	
ALTACE CAPS 1.25 MG, 5 MG (Use		AMD FOAM DRESSING TOPSHEET		amoxicillin & pot clavulanate SUSR	
ramipril)	35	PADS	95	28.5 MG/5ML-200 MG/5ML	162
ALTACE CAPS 10 MG (Use ramipril)		AMELUZ GEL	66	amoxicillin & pot clavulanate SUSR	
.....	35	amikacin sulfate SOLN 1 GM/4ML,		42.9 MG/5ML-600 MG/5ML	162
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MG	35	amiloride & hydrochlorothiazide ..	81	57 MG/5ML-400 MG/5ML	162
ALTRIXA OB	153	amiloride hcl TABS	81	amoxicillin & pot clavulanate SUSR	
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ALUNBRIG TBPk	43	AMLADEX TABS	150	amoxicillin-clarithromycin w/	
ALVAIZ	91	amlodipine besylate TABS	54	lansoprazole THPK	170
ALVESCO	15	amlodipine besylate-atorvastatin		amphetamine sulfate TABS	1
alvimopan	88	calcium	56	amphetamine TBED 3.1 MG, 6.3 MG,	
ALYFTREK	166	amlodipine besylate-benazepril hcl		9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	
amantadine hcl CAPS	45	37			1
amantadine hcl SOLN	45	amlodipine besylate-olmesartan		amphetamine-dextroamphetamine	
amantadine hcl TABS	45	medoxomil	37	CP24 12.5 MG, 25 MG, 37.5 MG, 50	
AMBIEN CR TBCR (Use zolpidem				MG	1

amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG1	ANTIVERT CHEW (Use meclizine hcl) 31	ARANESP (ALBUMIN FREE) SOSY . 91
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ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM162	ANUSOL-HC EX (Use hydrocortisone (rectal)) 12	ARCALYST5
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ANNOVERA59	APTOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate)19	ARMOUR THYROID TABS 167
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium- vilanterol)16	APTIVUS CAPS49	ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation))15
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ASSURE HAEMOLANCE PLUS PED101	atazanavir sulfate CAPS49	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)162
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ASSURE ID INSULIN SAFETY SYR 120	atenolol & chlorthalidone37	AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 162
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AUM PEN NEEDLE120	AVAPRO 150 MG, 300 MG (Use irbesartan)36	azithromycin TABS 250 MG 94
AUM READYGARD DUO PEN NEEDLE120	AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ... 63	azithromycin TABS 500 MG 94
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BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl) ..	33	BETADINE OPHTHALMIC PREP 159		BEVESPI AEROSPHERE	16
BENADRYL ALLERGY TABS (Use diphenhydramine hcl)	33	betaine	83	bexarotene (topical)	66
BENADRYL ALLERGY ULTRATABS TABS (Use diphenhydramine hcl) ..	33	betamethasone dipropionate (topical) CREA	68	bexarotene	44
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benazepril hcl 40 MG	35	betamethasone dipropionate (topical) OINT	69	BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium) ...	58
benazepril hcl 5 MG, 10 MG, 20 MG . 35		betamethasone dipropionate augmented CREA	69	bicalutamide	42
BENEFIX KIT	90	betamethasone dipropionate augmented GEL 0.05 %	69	BICILLIN C-R	162
BENICAR (Use olmesartan medoxomil)	36	betamethasone dipropionate augmented LOTN	69	BICILLIN C-R 900/300	162
BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ...	37	betamethasone dipropionate augmented OINT	69	BICILLIN L-A SUSY	162
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BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	63	betamethasone valerate OINT	69	BIKTARVY 200 MG-50 MG-25 MG 49	
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BIOTEL CARE BLOOD GLUCOSE SYST KIT	101	BONEUP 3 PER DAY CAPS	140	BREXAFEMME	32
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bisacodyl SUPP	94	BONJESTA TBCR	31	brimonidine tartrate (topical)	74
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bismuth subcitrate potassium-metronidazole-tetracycline	170	BOOSTRIX SUSP	168	brimonidine tartrate 0.2 %	159
bismuth subsalicylate CHEW 262 MG	30	BOOSTRIX SUSY	168	brimonidine tartrate-timolol maleate .	158
bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	30	bosentan TABS	57	brinzolamide	161
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bisoprolol fumarate	53	BOSULIF TABS	43	BRIVIACT TABS	19
bisoprolol fumarate 2.5 MG	53	BPROTECTED PEDIA POLY-VITE SOLN PO	153	BRIXADI (WEEKLY) SOSY	11
BKEMV SOLN IV 300 MG/30ML ..	90	BPROTECTED PEDIA POLY-VITE/FE SOLN	153	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	11
BLOOD GLUCOSE MONITOR SYSTEM KIT	101	BRAFTOVI 75 MG	43	bromfenac sodium (ophth)	161
BLOOD GLUCOSE MONITORING 333 DEVI	102	BRAIN BUILDER KIDS CHEW ...	153	bromocriptine mesylate CAPS	45
BLOOD GLUCOSE SYSTEM PAK KIT	102	BREATHE COMFORT CHAMBER/ADULT DEVI	129	bromocriptine mesylate TABS 2.5 MG	45
BLOOD GLUCOSE TEST STRIPS 333 STRP	76	BREATHE COMFORT CHAMBER/CHILD DEVI	129	brompheniramine & phenyleph ELIX .	61
BLOOD GLUCOSE TEST STRP ..	76	BREATHE EASE LARGE DEVI ..	129	brompheniramine & pseudoeph ELIX	61
BLOOD SUGAR MANAGER TABS 140		BREATHE EASE MEDIUM DEVI	129	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	61
BLUJEPa TABS PO 750 MG	40	BREATHE EASE NEB MASK/CHILD MISC	129	BROMSITE (Use bromfenac sodium (ophth))	161
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		BREATHE EASE SMALL DEVI ..	129		
		BREATHERITE VALVED MDI CHAMBER DEVI	129		

BRUKINSA	43	bupropion hcl TB12 100 MG	23	BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide)	27
BRUKINSA PO 160 MG	43	bupropion hcl TB12 150 MG	23	BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (Use exenatide)	27
BRUSELIX CREA	73	bupropion hcl TB12 200 MG	23	BYSTOLIC (Use nebivolol hcl)	53
BRUSELIX GEL	73	bupropion hcl TB24 150 MG	23	CABENUVA	49
BRYNOVIN SOLN PO 25 MG/ML .	27	bupropion hcl TB24 300 MG	23	cabergoline	84
BUBBLES THE FISH II PEDI MASK MISC	129	bupropion hcl TB24 450 MG	23	CABOMETYX TABS	43
BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	13	buspirone hcl 15 MG	13	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)	56
budesonide (inhalation) SUSP	15	buspirone hcl 5 MG, 10 MG	13	CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate- atorvastatin calcium)	56
budesonide (intrarectal)	11	buspirone hcl 7.5 MG, 30 MG	13	caffeine citrate SOLN PO	1
budesonide CPEP	60	butalbital-acetaminophen CAPS 50 MG-300 MG	8	calcipotriene CREA	67
budesonide TB24	60	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG	8	CALCIPOTRIENE FOAM	67
budesonide-formoterol fumarate dihydrate	16	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	8	calcipotriene OINT	67
BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))	8	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	8	calcipotriene SOLN	67
bumetanide TABS	81	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	8	calcipotriene-betamethasone dipropionate OINT	69
BUMEX TABS 0.5 MG (Use bumetanide)	81	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	10	calcipotriene-betamethasone dipropionate SUSP	69
BUPHENYL POWD (Use sodium phenylbutyrate)	83	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	10	calcitonin (salmon) NA	82
BUPHENYL TABS (Use sodium phenylbutyrate)	83	BUTALBITAL-APAP-CAFFEINE SOLN	8	calcitriol (topical)	67
buprenorphine hcl SUBL	11	butalbital-aspirin-caffeine CAPS	8	calcitriol CAPS	83
buprenorphine hcl-naloxone hcl dihydrate FILM SL	11	butalbital-aspirin-caffeine w/cod ...	10	calcitriol SOLN PO	83
buprenorphine hcl-naloxone hcl dihydrate SUBL	11	butorphanol tartrate NA 10 MG/ML 11		calcium acetate (phosphate binder) CAPS	88
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CARETOUCH CPAP & BIPAP HOSE		CARNITOR SF SOLN PO (Use		CEFAZOLIN SODIUM SOLR IJ 100	
MISC	129	levocarnitine (metabolic modifiers))		GM, 300 GM	58
CARETOUCH CPAP MASK WIPES		83		CEFAZOLIN SODIUM SOSY IV 1	
MISC	129	CARNITOR SOLN PO 1 GM/10ML		GM/10ML, 2 GM/20ML	58
CARETOUCH CPAP PRE-WASH		(Use levocarnitine (metabolic		CEFAZOLIN SODIUM-DEXTROSE	
SOLN MISC	129	modifiers))	83	SOLN 4 %-1 GM/50ML, 4 %-2	
CARETOUCH CPAP TUBE BRUSH		CARNITOR TABS (Use levocarnitine		GM/100ML	58
MISC	129	(metabolic modifiers))	83	CEFAZOLIN SODIUM-DEXTROSE	
CARETOUCH INSULIN SYRINGE		CAROSPIR SUSP (Use		SOLR	58
121		spironolactone)	81	cefdinir CAPS	58
CARETOUCH LANCING/EJECTOR		carteolol hcl (ophth)	158	cefdinir SUSR	58
MISC	102	carvedilol 25 MG	53	CEFEPIME HCL SOLN	58
CARETOUCH LUER LOCK	121	carvedilol 3.125 MG, 6.25 MG, 12.5		cefepime hcl SOLR IJ 1 GM	58
CARETOUCH LUER LOCK		MG	53	CEFEPIME-DEXTROSE	58
SYR/NEEDLE	121	carvedilol phosphate	53	cefixime CAPS	58
CARETOUCH MONITOR SYSTEM		CASODEX (Use bicalutamide)	42	cefixime SUSR	58
KIT	102	CASTOR OIL	58	cefoxitin sodium IV 1 GM, 2 GM	58
CARETOUCH PEN NEEDLES	121	castor oil OIL 100 %	94	CEFOXITIN SODIUM-DEXTROSE	58
CARETOUCH SAFETY LANCETS	102	CATAPRES-TTS-1 PTWK (Use		58	
CARETOUCH SAFETY LANCETS		clonidine)	36	cefpodoxime proxetil SUSR	58
26G	102	CATAPRES-TTS-2 PTWK (Use		cefpodoxime proxetil TABS	58
CARETOUCH TEST STRP	76	clonidine)	36	cefprozil SUSR 125 MG/5ML	58
CARETOUCH TWIST LANCETS		CATAPRES-TTS-3 PTWK (Use		cefprozil SUSR 250 MG/5ML	58
28G	102	clonidine)	36	cefprozil TABS	58
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30G	102	cefaclor CAPS	58	ceftriaxone sodium IJ 1 GM, 2 GM,	
CARETOUCH TWIST LANCETS		CEFACLO ER TB12	58	250 MG, 500 MG	58
33G	102	cefadroxil CAPS	57	CEFTRIAZONE SODIUM IJ 100 GM	
CARETOUCH TWIST MC LANCETS		cefadroxil SUSR	57	58	
30G	102	cefadroxil TABS	57	ceftriaxone sodium in dextrose	58
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FILTER MISC	129	SOLN	57	DEXTROSE	58
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CELEBRATE MULTI-COMPLETE 18 CHEW141	CENTRUM ADULTS TABS (Use multiple vitamins w/ minerals) 141	CENTRUM MINIS WOMEN IMMUNE SUP TABS141
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ciclopirox SHAM	65	citalopram hydrobromide TABS 40 MG	24		clemastine fumarate TABS 1.34 MG . 33
ciclopirox SOLN	65	CITRACAL +D3 TABS	142		CLEMASZ TABS 2.68 MG (Use clemastine fumarate)
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CIMZIA (1 SYRINGE) PSKT 200 MG/ML	87	clarithromycin TABS	95		CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use clindamycin phosphate)
CIMZIA (2 SYRINGE) PSKT	87	clarithromycin TB24	95		39
CIMZIA KIT	87	CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	33		CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML
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CLIMARA PTWK 0.025 MG/24HR (Use estradiol) 85	clindamycin phosphate-tretinoin .. 64	CLODERM (Use clocortolone pivalate) 69
CLIMARA PTWK 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol) 85	CLINDESSE 173	clomipramine hcl 25
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DECUBI-VITE CAPS	143	DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	22	DERMACEA IV DRAIN SPONGES PADS	96
deferasirox PACK	31	DEPAKOTE ER TB24 500 MG (Use divalproex sodium)	22	DERMACEA IV SPONGES PADS	96
deferasirox TABS	31	DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	22	DERMACEA NON-WOVEN SPONGES PADS	96
deferasirox TBSO	31	DEPAKOTE TBEC (Use divalproex sodium)	22	DERMACEA STRETCH BANDAGE MISC	96
deferiprone TABS	31	DEPAKOTE TBEC 500 MG (Use divalproex sodium)	22	DERMACEA STRETCH BANDAGE ROLL MISC	96
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DEKAS PLUS CHEW	143	DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))	60	DERMACINRX LIDOCAINE GEL 5 %	73
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DELSYM SUER (Use dextromethorphan polistirex)	61				
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DEMEROL SOLN IJ (Use meperidine hcl)	9				

DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide)	69	DESVENLAFAXINE ER	25	dexmethylphenidate hcl TABS	2
DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	69	desvenlafaxine succinate 100 MG .25		DEXTENZA INST	160
DERMAVITE TABS	143	desvenlafaxine succinate 25 MG, 50 MG	25	dextroamphetamine sulfate CP24 10 MG, 15 MG	1
DERMOTIC (Use fluocinolone acetonide (otic))	161	DETROL LA CP24 (Use tolterodine tartrate)	170	dextroamphetamine sulfate CP24 5 MG	1
DESCOVY 120 MG-15 MG	49	DETROL TABS (Use tolterodine tartrate)	170	dextroamphetamine sulfate SOLN . .1	
DESCOVY 200 MG-25 MG	49	DETROL TABS 2 MG (Use tolterodine tartrate)	170	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG .	1
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	25	dexamethasone ELIX	60	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
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desoximetasone CREA 0.25 %	69	DEXCOM G7 SENSOR	104	DIABETES MONITOR DIGIT ADD-	
desoximetasone GEL	69	DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)	1		
desoximetasone LIQD	69	DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate)	1		
desoximetasone OINT 0.05 %	70	DEXILANT (Use dexlansoprazole) 169			
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DIATHRIVE BLOOD GLUCOSE TEST STRP77	diclofenac potassium TABS 25 MG .6	DIFLUCAN SUSR 40 MG/ML (Use fluconazole)32
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EASY FLOW WHITE/GREEN DEVI 130	EASY TOUCH FLURINGE122	EASY TOUCH LANCING DEVICE MISC105
EASY FLOW WHITE/PINK DEVI .130		EASY TOUCH PEN NEEDLES ..122
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EASY TOUCH SAFETY LANCETS 23G105	EASYPRO BLOOD GLUCOSE MONITOR KIT105	EFFEXOR XR CP24 150 MG (Use venlafaxine hcl) 25
EASY TOUCH SAFETY LANCETS 26G105	EASYPRO BLOOD GLUCOSE TEST STRP77	EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl) 25
EASY TOUCH SAFETY LANCETS 28G105	EASYPRO PLUS KIT105	EFFEXOR XR CP24 75 MG (Use venlafaxine hcl) 25
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EASYMAX V BLOOD GLUCOSE DEVI 105	efavirenz CAPS 50 MG 49	ELIMITE CREA (Use permethrin) . 75
EASYPPOINT NEEDLE/SYRINGE 123	efavirenz TABS 49	ELIQUIS (1.5 MG PACK) TBSO PO . 17
	efavirenz-emtricitabine-tenofovir disoproxil fumarate49	ELIQUIS (2 MG PACK) TBSO PO .17
	efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-400 MG- 300 MG49	ELIQUIS CPSP PO 0.15 MG 17
	efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG- 300 MG49	ELIQUIS DVT/PE STARTER PACK TBPK17

ELIQUIS TABS	17	EMBRACE LANCETS ULTRA THIN 30G	105	EMERGEN-C ELDERBERRY CHEW	143
ELIQUIS TBSO PO 0.5 MG	18	EMBRACE LANCING DEVICE/EJECTOR MISC	105	EMERGEN-C IMMUNE PLUS/VIT D CHEW	143
ELLA	60	EMBRACE PEN NEEDLES	123	EMERGEN-C IMMUNE+ CHEW	143
ELMIRON CAPS	89	EMBRACE PRESSURE ACTIVATED 21G	106	EMERGEN-C IMMUNE+ ELDERBERRY CHEW	143
ELOCTATE	90	EMBRACE PRESSURE ACTIVATED 28G	106	EMERGEN-C TURMERIC & GINGER CHEW	143
eltrombopag olamine PACK 12.5 MG, 25 MG	91	EMBRACE PRO GLUCOSE METER DEVI	106	EMERGEN-C VITAMIN C CHEW	143
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	91	EMBRACE PRO GLUCOSE TEST STRP	78	EMFLAZA SUSP (Use deflazacort)	60
ELYXYB	134	EMBRACE TALK BLOOD GLUCOSE DEVI	106	EMFLAZA TABS (Use deflazacort)	60
EMBECTA AUTOSHIELD DUO	123	EMBRACE TALK GLUCOSE TEST STRP	78	EMGALITY (300 MG DOSE) SOSY	134
EMBECTA INS SYR U/F 1/2 UNIT 123	123	EMBRACE TALK MONITORING SYSTEM KIT	106	EMGALITY SOAJ	134
EMBECTA INSULIN SYR ULTRAFINE	123	EMBRACE WAVE BLOOD GLUCOSE DEVI	106	EMGALITY SOSY	134
EMBECTA INSULIN SYRINGE	123	EMBRACE WAVE BLOOD GLUCOSE STRP	78	EMPAVELI	90
EMBECTA INSULIN SYRINGE U-100	123	EMBRACE WAVE GLUCOSE METER DEVI	106	EMSAM	23
EMBECTA PEN NEEDLE NANO 123	123	EMBRIVA TABS	153	emtricitabine CAPS	49
EMBECTA PEN NEEDLE NANO 2 GEN	123	EMEND BIPACK CAPS 80 MG (Use aprepitant)	32	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	50
EMBECTA PEN NEEDLE ULTRAFINE	123	EMEND SUSR	32	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	50
EMBRACE BLOOD GLUCOSE MONITOR DEVI	105	EMEND TRIPACK CAPS (Use aprepitant)	32	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	50
EMBRACE BLOOD GLUCOSE TEST STRP	77	EMERGEN-C APPLE CIDER VINEGAR CHEW	143	EMTRIVA CAPS (Use emtricitabine)	50
EMBRACE EVO BLOOD GLUCOSE TEST STRP	77	EMERGEN-C ASHWAGANDHA CHEW	143	EMTRIVA SOLN	50
EMBRACE EVO GLUCOSE MONITOR DEVI	105			EMVERM CHEW	13
EMBRACE EVO GLUCOSE MONITORING KIT	105			enalapril maleate & hydrochlorothiazide	37

enalapril maleate SOLN	36	ENTEREG (Use alvimopan)	88	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	91
enalapril maleate TABS	36	ENTRESTO CPSP	56	epoprostenol sodium	56
ENBRACE HR	154	ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (Use sacubitril-valsartan)	56	EPRONTIA SOLN 25 MG/ML (Use topiramate)	20
ENBREL MINI SOCT	7	ENTYVIO PEN SOAJ	87	EPSOLAY CREA	64
ENBREL SOLN	7	ENTYVIO SOLR	87	EPT	78
ENBREL SOSY	7	ENVARBUS XR TB24	137	EPT DIGITAL	78
ENBREL SURECLICK SOAJ	7	EOHILIA SUSP	60	EPYSQLI SOLN IV 300 MG/30ML	90
ENDARI (Use glutamine (sickle cell))	91	EPANED SOLN (Use enalapril maleate)	36	EPZICOM (Use abacavir sulfate- lamivudine)	50
ENDOMETRIN INST 100 MG (Use progesterone (vaginal))	174	EPCLUSA PACK	52	EQ BLOOD GLUCOSE TEST STRP . 78	
ENFAMIL ENFALYTE SOLN	135	EPCLUSA TABS	52	EQ COMPLETE MULTIVITAMIN- ADULT TABS	143
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	153	EPIDIOLEX	20	EQ D3 DROPS INFANTS/CHILDRENS LIQD PO	174
ENERGIX-B SUSP 20 MCG/ML .	171	EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)	64	EQ GAUZE PADS	96
ENERGIX-B SUSY	171	EPIDUO GEL (Use adapalene- benzoyl peroxide)	64	EQ MULTIVITAMIN GUMMIES CHEW	151
ENJAYMO	90	EPIFOAM FOAM	70	EQ MULTIVITAMINS ADULT GUMMY CHEW	143
ENLITE GLUCOSE SENSOR ...	106	epinastine hcl (ophth)	161	EQ MULTIVITAMINS GUMMY CHILD CHEW	151
enoxaparin sodium SOLN IJ 300 MG/3ML	18	epinephrine (anaphylaxis) SOAJ .	174	EQ ONE DAILY MENS 50+ TABS 143	
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	18	epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML	174	EQ ONE DAILY MENS HEALTH TABS	143
enoxaparin sodium SOSY 30 MG/0.3ML, 80 MG/0.8ML	18	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	174	EQ ONE DAILY WOMENS 50+ TABS	143
enoxaparin sodium SOSY 40 MG/0.4ML	18	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	174	EQ ONE DAILY WOMENS HEALTH TABS	143
enoxaparin sodium SOSY 60 MG/0.6ML	18	EPIVIR SOLN (Use lamivudine) ...	50	EQ PREGNANCY TEST	78
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	18	EPIVIR TABS 150 MG (Use lamivudine)	50	EQ PREGNANCY TEST EARLY	
ENSTILAR FOAM	70	EPIVIR TABS 300 MG (Use lamivudine)	50		
entacapone	45	eplerenone	38		
entecavir TABS	52				

RESULT	78	MCG/ML	174	ESBRIET TABS (Use pirfenidone)	167
EQ SPACE CHAMBER ANTI- STATIC DEVI	130	ergoloid mesylates TABS	165	ESCITALOPRAM OXALATE CAPS PO 15 MG	24
EQ SPACE CHAMBER ANTI- STATIC L DEVI	130	ERGOMAR SUBL	134	escitalopram oxalate SOLN	24
EQ SPACE CHAMBER ANTI- STATIC M DEVI	130	ergotamine w/ caffeine SUPP	134	escitalopram oxalate TABS 10 MG	24
EQ SPACE CHAMBER ANTI- STATIC S DEVI	130	ERIVEDGE	42	escitalopram oxalate TABS 20 MG	24
EQL ALCOHOL SWABS	119	ERLEADA	42	escitalopram oxalate TABS 5 MG .	24
EQL CENTURY MATURE ADULTS 50+ TABS	143	erlotinib hcl	42	ESGIC TABS (Use butalbital- acetaminophen-caffeine)	8
EQL CENTURY MENS TABS	143	ERMEZA SOLN PO	167	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	20
EQL CENTURY WOMENS TABS 143		ERTACZO	65	esomeprazole magnesium CPDR 20 MG	169
EQL GAUZE PADS	97	ertapenem sodium IJ	39	esomeprazole magnesium CPDR 40 MG	169
EQL GAUZE STERILE PADS	97	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	95	esomeprazole magnesium PACK	169
EQL GUMMIES CHILDRENS CHEW	151	ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	95	ESPEROCT	90
EQL ONE DAILY ADULT GUMMIES CHEW	143	erythromycin (acne aid) GEL	64	estazolam	93
EQL ONE DAILY MENS TABS ...	143	erythromycin (acne aid) PADS	64	esterified estrogens & methyltestosterone	85
EQL ONE-STEP PREGNANCY ...	78	erythromycin (acne aid) SOLN	64	ESTRACE CREA (Use estradiol vaginal)	173
EQL PREGNANCY EARLY RESULT	78	erythromycin (acne aid) SOLN	64	ESTRACE TABS (Use estradiol) ..	85
EQL PREGNANCY TEST DIGITAL .	78	erythromycin (ophth)	159	estradiol & norethindrone acetate TABs	85
EQL PRENATAL FORMULA TABS	154	erythromycin base CPEP	95	estradiol GEL	85
EQUALYTE SOLN (Use oral electrolytes)	135	erythromycin base TABS	95	estradiol PTTW	85
EQUETRO	46	erythromycin base TBEC	95	estradiol PTWK 0.025 MG/24HR ..	85
ergocalciferol CAPS	174	erythromycin ethylsuccinate SUSR	95	estradiol PTWK 0.0375 MG/24HR,	
ergocalciferol SOLN PO 200		erythromycin ethylsuccinate TABS	95	0.05 MG/24HR, 0.06 MG/24HR,	
		ERZOFRI 351 MG/2.25ML	46	0.075 MG/24HR, 0.1 MG/24HR ...	85
		ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	46		
		ESBRIET CAPS (Use pirfenidone)	166		
		ESBRIET CAPS (Use pirfenidone)	167		

estradiol TABS	85	everolimus TABS	43	besylate-valsartan)	37
estradiol vaginal CREA	173	everolimus TBSO	43	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	37
estradiol vaginal TABS	173	EVERSENSE 365		EXJADE TBSO (Use deferasirox) .	31
estradiol valerate	85	SENSOR/HOLDER	106	EXPIRATORY MOUTHPIECE MISC .	
ESTRING RING 7.5 MCG/24HR .	173	EVERSENSE 365 SMART		130	
ESTROFACTORS TABS	150	TRANSMIT	106	EXTENDED RESERVOIR 3ML MISC	
ESTROGEL GEL (Use estradiol) ..	85	EVERSENSE E3 SENSOR/HOLDER		106	
ESTROVEN MENOPAUSE		TRANSMITTER	106	EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	25
143		EVERSENSE E3 SMART		EXXUA TITRATION PACK TB24 PO	
eszopiclone	93	TRANSMITTER	106	18.2 MG	25
ethacrynic acid	81	EVERSENSE SENSOR/HOLDER		EYE HEALTH + LUTEIN TABS ..	144
ethambutol hcl TABS	41	106		EYE HEALTH AREDS 2 CAPS ..	144
ethosuximide CAPS	22	EVERSENSE SMART		EYE HEALTH CAPS	144
ethosuximide SOLN	22	TRANSMITTER	106	EYE HEALTH GUMMIES CHEW	144
ethynodiol diacet & eth estrad 35		EVISTA (Use raloxifene hcl)	83	EYE MULTIVITAMIN/SODIUM TABS	
MCG-1 MG	59	EVOLUTION AUTOCODE DEVI .	106	144	
ethynodiol diacet & eth estrad 50		EVOLUTION AUTOCODE STRP .	78	EYSUVIS SUSP	160
MCG-1 MG	59	EVOTAZ	50	ezetimibe	35
etodolac CAPS	6	EVOXAC (Use cevimeline hcl) ...	138	ezetimibe-simvastatin	34
etodolac TABS	6	EXCILON AMD DRAIN SPONGES		EZ-LETS LANCETS 21G	106
etodolac TB24	6	PADS	97	EZ-LETS LANCETS 26G	106
etonogestrel-ethinyl estradiol	59	EXCILON AMD NON-WOVEN		EZ-LETS LANCETS 28G	106
etoposide CAPS	45	SPONGES PADS	97	EZ-LETS LANCETS 30G	106
etravirine 100 MG	50	EXCILON DRAIN SPONGES PADS .		FABHALTA	90
etravirine 200 MG	50	97		FABIOR FOAM	64
EUCRISA	74	EXCILON IV SPONGES PADS	97	FACT PLUS+ PREGNANCY	78
EVAMIST SOLN	85	EXELON 13.3 MG/24HR (Use		famciclovir	52
EVEKEO ODT TBDP	1	rivastigmine)	163	famotidine SUSR	169
EVEKEO TABS (Use amphetamine		EXELON 4.6 MG/24HR, 9.5		famotidine TABS 20 MG, 40 MG .	169
sulfate)	1	MG/24HR (Use rivastigmine)	163	FANAPT	46
everolimus (immunosuppressant)		exemestane	42		
137		exenatide SOPN 10 MCG/0.04ML .	28		
		exenatide SOPN 5 MCG/0.02ML .	27		
		EXFORGE (Use amlodipine			

FANAPT TITRATION PACK A46	fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG 34	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML92
FANAPT TITRATION PACK B46		
FANAPT TITRATION PACK C47	fenofibrate TABS 54 MG34	ferrous sulfate TABS 325 MG, 65 MG, 325 MG 92
FANTASY LUBRICATED MISC ...98	FENOGLIDE TABS (Use fenofibrate) 34	FERROUS SULFATE TBEC (Use ferrous sulfate)92
FANTASY LUBRICATED/SPERMICIDE MISC 98	fenoprofen calcium CAPS 400 MG . 6	ferrous sulfate TBEC 325 MG 92
	fenoprofen calcium TABS6	fesoterodine fumarate170
FARESTON (Use toremifene citrate)42	FENOPRON CAPS6	FETZIMA CP2425
	fentanyl citrate LPOP 200 MCG, 400 MCG, 800 MCG, 1200 MCG, 1600 MCG9	FETZIMA TITRATION C4PK 25
FARXIGA (Use dapagliflozin propanediol)30		FEVERALL JUNIOR STRENGTH SUPP8
FASENRA PEN SOAJ 14	fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG9	fexofenadine hcl TABS 180 MG ...33
FASENRA SOSY 14		fexofenadine hcl TABS 60 MG33
febuxostat 89	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR9	FIASP FLEXTOUCH SOPN 28
FEIBA90		FIASP PENFILL SOCT 28
felbamate SUSP 22	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR9	FIASP PUMPCART SOCT 28
felbamate TABS 22		FIASP SOLN28
FELBATOL SUSP (Use felbamate) 22	FENTORA TABS (Use fentanyl citrate)9	FIBRICOR 105 MG (Use fenofibric acid)34
FELBATOL TABS (Use felbamate) 22	FEOSOL TABS (Use ferrous sulfate dried)92	fidaxomicin TABS 200 MG95
FELDENE CAPS (Use piroxicam) .. 6	FER-IN-SOL SOLN (Use ferrous sulfate) 92	FIFTY50 ALCOHOL PREP119
felodipine55	FERRETTS TABS 92	FIFTY50 GLUCOSE METER 2.0 KIT 106
FEMARA (Use letrozole)42	ferric citrate88	FIFTY50 GLUCOSE TEST 2.0 STRP78
FEMLYV TBDP 59	FERRIPROX SOLN31	FIFTY50 PEN NEEDLES123
FEMRING173	FERRIPROX TABS (Use deferiprone)31	FIFTY50 SAFETY SEAL LANCETS . 106
fenofibrate CAPS34	FERRIPROX TWICE-A-DAY TABS 31	FIFTY50 SUPERIOR COMFORT SYR 123
fenofibrate micronized 134 MG, 200 MG 34	ferrous fumarate TABS 92	FIFTY50 UNILET LANCETS 33G 106
fenofibrate micronized 43 MG, 130 MG 34	ferrous sulfate dried TABS92	
fenofibrate micronized 67 MG 34	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML 92	
fenofibrate TABS 160 MG 34		

FILSUEVZ	75	FLECTOR PTCH EX (Use diclofenac epolamine)	66	CHILDRENS SUSP (Use fluticasone propionate (nasal))	157
FILTER AIR PP MISC	130	FLEET ENEMA ENEM (Use sodium phosphates)	94	FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal)) 157	
FINACEA FOAM	74	FLEET OIL ENEM (Use mineral oil) 94		FLORAFOL PEDIATRIC CHEW .	152
FINACEA GEL (Use azelaic acid) .	74	FLEET PEDIATRIC ENEM (Use sodium phosphates)	94	FLORAFOL PEDIATRIC SOLN ..	152
finasteride	89	FLEQSUVY SUSP (Use baclofen) 156		FLORIVA PLUS SOLN	152
FINAZOL TABS	144	FLEXICHAMBER ADULT MASK/SMALL	130	FLORRAVITE TABS	144
FINE 30	106	FLEXICHAMBER CHILD MASK/LARGE	130	FLORRAXYL TABS	144
FINGERSTIX LANCETS	106	FLEXICHAMBER CHILD MASK/SMALL	130	FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG	152
fingolimod hcl	164	FLEXICHAMBER DEVI	130	FLOVENT DISKUS AEPB 100 MCG/ACT, 250 MCG/ACT (Use fluticasone propionate (inhalation)) 15	
FINTEPLA	20	FLINTSTONES COMPLETE CHEW . 151		FLOVENT DISKUS AEPB 50 MCG/ACT (Use fluticasone propionate (inhalation))	15
FIORICET CAPS (Use butalbital- acetaminophen-caffeine)	8	FLINTSTONES GUMMIES BONE BUILD CHEW	151	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (Use fluticasone propionate hfa)	15
FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (Use butalbital- acetaminophen-caffeine w/ codeine) . 10		FLINTSTONES GUMMIES CHEW 151		FLOVENT HFA 44 MCG/ACT (Use fluticasone propionate hfa)	16
FIRAZYR SOSY (Use icatibant acetate)	90	FLINTSTONES GUMMIES COMPLETE CHEW	151	FLOW-EZE VENTED NEEDLE ..	123
FIRDAPSE	40	FLINTSTONES GUMMIES- IMMUNITY CHEW	151	FLUAD	171
FIRST RESPONSE PREGNANCY 78		FLINTSTONES SOUR GUMMIES CHEW	151	FLUAD QUADRIVALENT	171
FIRVANQ SOLR PO 25 MG/ML (Use vancomycin hcl)	39	FLINTSTONES TODDLER CHEW 151		FLUARIX QUADRIVALENT SUSY 171	
FIRVANQ SOLR PO 50 MG/ML (Use vancomycin hcl)	39	FLINTSTONES-IMMUNITY SUPPORT CHEW	151	FLUARIX SUSY	171
FITNESS TABS FOR MEN AM/PM TABS	144	FLOLAN (Use epoprostenol sodium)	56	FLUBLOK QUADRIVALENT	171
FITNESS TABS FOR WOMEN AM/PM TABS	144	FLONASE ALLERGY REL		FLUBLOK SOSY	171
FLAGYL CAPS (Use metronidazole) . 38				FLUCELVAX QUADRIVALENT SUSP	171
FLAREX	160			FLUCELVAX QUADRIVALENT	
flavoxate hcl	171				
flecainide acetate	14				

SUSY	172	FLUORESCCEIN	70	
FLUCELVAX SUSP	172	SODIUM/BENOXINATE	161	fluticasone propionate hfa 110
FLUCELVAX SUSY	172	fluorometholone (ophth) SUSP ...	160	MCG/ACT, 220 MCG/ACT
fluconazole in nacl 0.9 %-200		fluorouracil (topical) CREA 0.5 % ..	67	fluticasone propionate hfa 44
MG/100ML, 0.9 %-400 MG/200ML	32	fluorouracil (topical) CREA 5 %	67	MCG/ACT
FLUCONAZOLE IN SODIUM		fluorouracil (topical) SOLN	67	fluticasone propionate LOTN
CHLORIDE	32	fluoxetine hcl (pmdd) TABS	165	fluticasone propionate OINT
fluconazole SUSR	32	fluoxetine hcl CAPS	24	fluticasone-salmeterol AEPB 100
fluconazole TABS 100 MG	32	fluoxetine hcl CPDR	24	MCG/ACT-50 MCG/ACT, 250
fluconazole TABS 150 MG	32	fluoxetine hcl SOLN	24	MCG/ACT-50 MCG/ACT, 500
fluconazole TABS 200 MG	32	FLUOXETINE HCL TABS (Use		MCG/ACT-50 MCG/ACT
fluconazole TABS 50 MG	32	fluoxetine hcl)	24	fluticasone-salmeterol AEPB 113
flucytosine	32	fluoxetine hcl TABS	24	MCG/ACT-14 MCG/ACT, 232
fludrocortisone acetate TABS	61	fluphenazine decanoate	48	MCG/ACT-14 MCG/ACT, 55
FLULAVAL QUADRIVALENT SUSY .		fluphenazine hcl CONC	48	MCG/ACT-14 MCG/ACT
172		fluphenazine hcl ELIX	48	fluticasone-salmeterol AERO
FLULAVAL SUSY	172	fluphenazine hcl TABS	48	fluvastatin sodium CAPS
FLUMIST	172	flurandrenolide LOTN	70	fluvastatin sodium TB24
FLUMIST QUADRIVALENT	172	flurazepam hcl	93	fluvoxamine maleate CP24
flunisolide (nasal)	157	flurbiprofen sodium	161	fluvoxamine maleate TABS 100 MG .
fluocinolone acetonide (otic)	162	flurbiprofen TABS 100 MG	6	24
fluocinolone acetonide CREA	70	fluticasone furoate (inhalation) 50		fluvoxamine maleate TABS 25 MG,
fluocinolone acetonide OIL	70	MCG/ACT, 100 MCG/ACT, 200		50 MG
fluocinolone acetonide OINT	70	MCG/ACT	16	FLUZONE HIGH-DOSE
fluocinolone acetonide SOLN	70	fluticasone furoate-vilanterol	16	QUADRIVALENT
fluocinonide CREA 0.05 %	70	fluticasone propionate (inhalation)		FLUZONE HIGH-DOSE SUSY ...
fluocinonide CREA 0.1 %	70	AEPB 100 MCG/ACT, 250 MCG/ACT		172
fluocinonide emulsified base	70		16	FLUZONE QUADRIVALENT SUSP
fluocinonide GEL	70	fluticasone propionate (inhalation)		172
fluocinonide OINT	70	AEPB 50 MCG/ACT	16	FLUZONE QUADRIVALENT SUSY
fluocinonide SOLN	70	fluticasone propionate (nasal) SUSP .		172
		157		FLUZONE SUSP
		fluticasone propionate CREA 0.05 %		FLUZONE SUSY
				FLYP HYPERSONIQ CARTRIDGE
				MISC
				FML FORTE SUSP

FML LIQUIFILM SUSP (Use fluorometholone (ophth)) 160	FORA D20 BLOOD GLUCOSE TEST STRP78	FORA V10 BLOOD GLUCOSE TEST STRP78
FOCALIN TABS (Use dexmethylphenidate hcl)2	FORA D40/G31 BLOOD GLUCOSE STRP78	FORA V10/V12/D10/D20 TEST KIT 106
FOCALIN TABS 10 MG (Use dexmethylphenidate hcl)2	FORA G20 BLOOD GLUCOSE SYSTEM KIT 106	FORA V12 BLOOD GLUCOSE SYSTEM DEVI107
FOCALIN TABS 2.5 MG (Use dexmethylphenidate hcl)2	FORA G20 BLOOD GLUCOSE TEST STRP78	FORA V12 BLOOD GLUCOSE TEST STRP78
FOCALIN XR CP24 (Use dexmethylphenidate hcl)2	FORA G30/PREM V10 GLUCOSE TEST STRP78	FORA V20 BLOOD GLUCOSE SYSTEM DEVI107
FOCALIN XR CP24 35 MG (Use dexmethylphenidate hcl)2	FORA G30A BLOOD GLUCOSE SYSTEM DEVI106	FORA V20 BLOOD GLUCOSE TEST STRP78
FOLAGENT DHA CAPS144	FORA GD20 BLOOD GLUCOSE SYSTEM DEVI106	FORA V30A BLOOD GLUCOSE SYSTEM DEVI107
FOLAMAX TABS 144	FORA GD20 TEST STRP 78	FORA V30A BLOOD GLUCOSE SYSTEM KIT 107
FOLAMED DHA CAPS 144	FORA GD50 BLOOD GLUCOSE SYSTEM DEVI106	FORA V30A BLOOD GLUCOSE TEST STRP78
FOLAPRIME TABS144	FORA GD50 BLOOD GLUCOSE TEST STRP78	FORACARE GD40 MONITOR DEVI . 107
FOLATEXCEL 154	FORA GTEL BLOOD GLUCOSE SYSTEM DEVI106	FORACARE GD40 TEST STRP ...78
FOLAWISE TABS 150	FORA GTEL BLOOD GLUCOSE TEST STRP78	FORACARE PREMIUM V10 DEVI 107
FOLCYTEINE TABS150	FORA LANCETS106	FORACARE PREMIUM V10 TEST STRP78
folic acid TABS 1 MG91	FORA LANCING DEVICE MISC . 106	FORACARE TEST N GO MONITOR DEVI 107
folic acid TABS 400 MCG, 800 MCG . 91	FORA PREMIUM V10 BLE SYSTEM DEVI 106	FORACARE TEST N GO TEST STRP78
FOLIFLEX TABS 144	FORA TEST N' GO MONITOR DEVI 106	FORFIVO XL TB24 (Use bupropion hcl) 23
FOLITIN-Z TABS 144	FORA TN'G ADVANCE PRO STRP 78	formaldehyde SOLN 10 %49
FOLIXIA TABS144	FORA TN'G VOICE KIT 106	formoterol fumarate NEBU17
fondaparinux sodium 18	FORA TN'G/TN'G VOICE STRP ...78	FORTESTA GEL TD (Use testosterone) 11
FORA 6 CONNECT STRP78	FORA V10 BLOOD GLUCOSE SYSTEM DEVI106	
FORA 6 CONNECT/GTEL TEST STRP78		
FORA BLOOD GLUCOSE TEST STRP78		
FORA D15G BLOOD GLUCOSE TEST STRP78		

FORTISCARE CONTROL SOLN	107	FREESTYLE LIBRE 2 PLUS SENSOR	107	IMMUNE CHEW	153
FORTISCARE G1 TEST STRIP STRP	78	FREESTYLE LIBRE 2 READER	107	FT EARLY RESULT PREGNANCY	78
FORTISCARE T1 GLUCOSE SYSTEM DEVI	107	FREESTYLE LIBRE 2 SENSOR	107	FT ELECTROLYTE SOLN	135
FORTISCARE TEST STRP	78	FREESTYLE LIBRE 3 PLUS SENSOR	107	FT EYE HEALTH CAPS	144
FOSAMAX PLUS D	82	FREESTYLE LIBRE 3 READER	107	FT EYE HEALTH TABS	144
FOSAMAX TABS 70 MG (Use alendronate sodium)	82	FREESTYLE LIBRE 3 SENSOR	107	FT HAIR SKIN & NAILS EXTRA STR TABS	144
fosamprenavir calcium TABS	50	FREESTYLE LIBRE READER	107	FT IMMUNE SUPPORT CHEW	144
fosfomycin tromethamine	40	FREESTYLE LITE DEVI	107	FT ONE DAILY MENS 50+ TABS	144
FOSFREE TABS (Use multiple vitamins w/ minerals)	144	FREESTYLE LITE KIT	107	FT ONE DAILY MENS TABS	144
fosinopril sodium & hydrochlorothiazide	37	FREESTYLE LITE TEST STRP	78	FT ONE DAILY WOMENS 50+ TABS	144
fosinopril sodium	36	FREESTYLE PRECISION NEO SYSTEM KIT	107	FT ONE DAILY WOMENS TABS	144
FOSRENOL CHEW (Use lanthanum carbonate)	88	FREESTYLE PRECISION NEO TEST STRP	78	FT ONE STEP PREGNANCY	78
FOSRENOL PACK	88	FREESTYLE TEST STRP	78	FT PRENATAL TABS	154
FOTIVDA	43	FREESTYLE UNISTICK II LANCETS	107	FT SALINE NASAL SPRAY SOLN	156
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	18	FROVA (Use frovatriptan succinate)	134	FULL KIT NEBULIZER SET MISC	130
FRAGMIN SOSY	18	frovatriptan succinate	134	FULPHILA	91
FRAICHE 5000 PREVI	138	FRUZAQLA	41	FUNGIZYL AC	65
FREEDAVITE TABS	144	FT ADULT MULTI GUMMIES CHEW	144	FUNGIZYL AL EX	65
FREESTYLE FREEDOM LITE KIT	107	FT CENTURY 50+ TABS	144	furosemide SOLN PO 8 MG/ML, 10 MG/ML	81
FREESTYLE INSULINX TEST STRP	78	FT CENTURY ADULTS TABS	144	furosemide TABS	81
FREESTYLE LANCETS	107	FT CENTURY MEN 50+ TABS	144	FUZEON SOLR	50
FREESTYLE LIBRE 14 DAY READER	107	FT CENTURY MEN TABS	144	FYCOMPA SUSP	19
FREESTYLE LIBRE 14 DAY SENSOR	107	FT CENTURY WOMEN 50+ TABS	144	FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (Use perampanel)	19
		FT CENTURY WOMEN TABS	144	FYCOMPA TABS	19
		FT CHILDRENS MULTI PLUS			

FYLNETRA	91	DEVI	107	(PURPLE) MISC	107
gabapentin (once-daily) TABS ...	165	GE100 BLOOD GLUCOSE SYSTEM KIT	107	GENTEEL PLUS LANCING (WHITE) MISC	107
gabapentin CAPS	20	GE100 BLOOD GLUCOSE TEST STRP	78	GENTEEL PLUS LANCING DEV(BLUE) MISC	107
gabapentin SOLN	20	gefitinib	42	GENTEEL PLUS LANCING DEV(PINK) MISC	107
gabapentin TABS 600 MG	20	GELCLAIR	138	GENTLE-LET GP LANCETS	108
gabapentin TABS 800 MG	20	GELX GEL	138	GENTLE-LET LANCETS	108
GABARONE TABS 100 MG, 400 MG	20	gemfibrozil TABS	34	GENULTIMATE TEST STRP	78
GALAFOLD	83	GEMTESA	170	GENVOYA	50
galantamine hydrobromide CP24	163	GENADEK LIQD	151	GEODON (Use ziprasidone hcl) ..	46
galantamine hydrobromide SOLN 163		GENADEK STEP 1 CAPS	144	GEODON (Use ziprasidone mesylate)	46
galantamine hydrobromide TABS	163	GENADEK STEP 2 CAPS	144	GEODON 40 MG, 60 MG (Use ziprasidone hcl)	46
GARDASIL 9 SUSP 0.5 ML	172	GENICIN VITA-Q TABS	150	GERI-FREEDA SENIOR FORMULA TABS	144
GARDASIL 9 SUSY 0.5 ML	172	GENOTROPIN CART SC	82	GERI-TUSSIN SYRP	63
GASTROCROM (Use cromolyn sodium (mastocytosis))	86	GENOTROPIN MINIQUICK PRSY 0.2 MG	82	GHT BLOOD GLUCOSE MONITOR KIT	108
GAS-X EXTRA STRENGTH CHEW (Use simethicone)	86	GENOTROPIN MINIQUICK PRSY 82		GHT TEST STRP	79
gatifloxacin (ophth)	159	gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %	3	GILENYA (Use fingolimod hcl) ..	164
GATTEX	88	gentamicin sulfate (ophth) SOLN	159	GILOTRIF	42
GAUZE BANDAGE 3" MISC	97	gentamicin sulfate (topical) CREA	65	glatiramer acetate SOSY	164
GAUZE BANDAGE MISC	97	gentamicin sulfate (topical) OINT	65	GLEEVEC TABS (Use imatinib mesylate)	43
GAUZE BANDAGE ROLL MISC ..	97	gentamicin sulfate IJ	3	glimepiride 1 MG, 2 MG	30
GAUZE DRESSING PADS	97	GENTEEL BUTTERFLY TOUCH LANCET	107	glimepiride 3 MG	30
GAUZE PADS PADS	97	GENTEEL LANCING KIT (BLUE) KIT	107	glimepiride 4 MG	30
GAUZE STRETCH BANDAGE MISC 97		GENTEEL PLUS LANCING (BLACK) MISC	107	glipizide TABS 2.5 MG	30
GAUZE TYPE VII MEDI-PAK PADS . 97		GENTEEL PLUS LANCING		glipizide TABS 5 MG, 10 MG	30
GAVRETO	43			glipizide TB24	30
GE100 BLOOD GLUCOSE SYSTEM					

glipizide-metformin hcl26	MONITOR KIT108	GLUCOTROL XL TB24 5 MG, 10 MG (Use glipizide)30
GLOBAL ALCOHOL PREP EASE 119	GLUCOCARD EXPRESSION TEST STRP79	GLUMETZA TB24 (Use metformin hcl)27
GLOBAL EASE INJECT PEN NEEDLES123	GLUCOCARD SHINE CONNEX KIT . 108	glutamine (sickle cell)91
GLOBAL EASY GLIDE INSULIN SYR123	GLUCOCARD SHINE DEVI108	glyburide micronized 1.5 MG, 3 MG, 6 MG30
GLOBAL EASY GLIDE PEN NEEDLES123	GLUCOCARD SHINE EXPRESS KIT108	glyburide TABS30
GLOBAL INJECT EASE INSULIN SYR123	GLUCOCARD SHINE KIT108	glyburide-metformin26
GLOBAL INJECT EASE LANCETS 28G108	GLUCOCARD SHINE TEST STRP 79	GLYCATATE TABS168
GLOBAL INJECT EASE LANCETS 30G108	GLUCOCARD SHINE XL DEVI ..108	GLYCERIN (ADULT) SUPP (Use glycerin (laxative))94
GLOBAL INSULIN SYRINGES ..123	GLUCOCARD VITAL MONITOR KIT 108	glycerin (laxative) SUPP 2 GM, 2.1 GM, 80.7 %94
GLOBAL LANCING DEVICE MISC 108	GLUCOCARD VITAL TEST STRP 79	glycerol phenylbutyrate 1.1 GM/ML 83
GLOSTRIPS STRP 1 MG161	GLUCOCARD X-METER KIT108	glycopyrrolate SOLN PO 1 MG/5ML . 168
GLUCAGON EMERGENCY27	GLUCOCARD X-SENSOR STRP .79	glycopyrrolate TABS 1 MG, 2 MG 168
GLUCAGON EMERGENCY SOLR IJ 1 MG (Use glucagon)27	GLUCOCOM BLOOD GLUCOSE MONITOR DEVI108	GLYNASE (Use glyburide micronized)30
glucagon SOLR IJ 1 MG27	GLUCOCOM LANCETS 28G108	GLYXAMBI26
GLUCO PERFECT 3 METER DEVI 108	GLUCOCOM LANCETS 30G108	GNP ADULT MINI CHEW144
GLUCO PERFECT 3 TEST STRP .79	GLUCOCOM LANCETS 33G108	GNP ADVANCED PREGNANCY TEST79
GLUCOCARD 01 BLOOD GLUCOSE DEVI108	GLUCOCOM MONITOR KIT108	GNP ALCOHOL SWABS119
GLUCOCARD 01 BLOOD GLUCOSE KIT108	GLUCOCOM TEST STRP79	GNP CENTURY ADULT TABS ...144
GLUCOCARD 01 SENSOR PLUS STRP79	GLUCONAVII BLOOD GLUCOSE SYS KIT109	GNP CENTURY ADULTS MEN TABS144
GLUCOCARD 01-MINI GLUCOSE KIT108	GLUCONAVII BLOOD GLUCOSE TEST STRP79	GNP CENTURY ADULTS WOMEN TABS144
GLUCOCARD EXPRESSION	GLUCOPRO INSULIN SYRINGE 123	GNP CENTURY MATURE ADULTS 50+ TABS144
	GLUCOSE METER TEST STRP ..79	
	GLUCOTROL XL TB24 2.5 MG (Use glipizide)30	

GNP CHILDRENS/EXTRA C CHEW . 153	GNP STERILE GAUZE PADS97	GOMEKLI TBSO PO 1 MG43
GNP EARLY RESULT PREGNANCY TST79	GNP STERILE LANCETS 28G ..109	GOODSENSE ALCOHOL SWABS 119
GNP EASY TOUCH GLUCOSE METER DEVI109	GNP STERILE LANCETS 30G ..109	GOODSENSE ELECTROLYTE ADV CARE SOLN135
GNP EASY TOUCH GLUCOSE TEST STRP79	GNP STERILE LANCETS 33G ..109	GRALISE TABS (Use gabapentin (once-daily)) 165
GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML 135	GNP THERAPEUTIC-M TABS ...144	granisetron hcl TABS 31
GNP IMMUNE SUPPORT CHEW 144	GNP TRUE METRIX AIR METER KIT109	GRANIX SOLN 300 MCG/ML 91
GNP INSULIN SYRINGE123	GNP TRUE METRIX GLUCOSE METER KIT109	GRANIX SOSY 91
GNP INSULIN SYRINGES 123	GNP TRUE METRIX GLUCOSE STRIPS STRP 79	griseofulvin microsize SUSP32
GNP INSULIN SYRINGES 28GX1/2"123	GNP TRUETRACK SMART SYSTEM STRP79	griseofulvin microsize TABS32
GNP INSULIN SYRINGES 29GX1/2"123	GNP TRUETRACK TEST STRIPS STRP79	griseofulvin ultramicrosize32
GNP INSULIN SYRINGES 30GX5/16" 123	GNP ULTICARE PEN NEEDLES 123	guaifenesin LIQD 63
GNP INSULIN SYRINGES 31GX5/16" 123	GNP ULTIGUARD SAFEPAK NEEDLE123	guaifenesin TB12 600 MG63
GNP LANCING SYSTEM DEVICE MISC109	GNP ULTRA COM INSULIN SYRINGE 123	guaifenesin-codeine SOLN62
GNP MULTI CHILDRENS CHEW 151	GOCOVRI CP2445	guaifenesin-codeine SYRP62
GNP ONE STEP PREGNANCY ..79	GOJJI BLOOD GLUCOSE TEST STRP79	guanfacine hcl (adhd)1
GNP PEN NEEDLES 123	GOJJI BLOOD TEST STRIP/LANCETS STRP79	guanfacine hcl36
GNP PREGNANCY TEST 79	GOJJI CONTROL SOLN109	GUARDIAN 4 GLUCOSE SENSOR . 109
GNP PRENATAL TABS 154	GOJJI LANCING DEVICE/CLEAR CAP MISC109	GUARDIAN 4 TRANSMITTER .. 109
GNP PRENATAL/FOLIC ACID TABS154	GOJJI STERILE LANCETS109	GUARDIAN CONNECT TRANSMITTER109
	GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate) 93	GUARDIAN LINK 3 TRANSMITTER 109
	GOMEKLI CAPS PO 1 MG, 2 MG .43	GUARDIAN REAL-TIME CHARGER MISC109
		GUARDIAN REAL-TIME REPLACE PED 109
		GUARDIAN REAL-TIME TEST PLUG MISC109
		GUARDIAN SENSOR (3)109

GUARDIAN SENSOR 3	109	HALDOL DECANOATE (Use haloperidol decanoate)	47	H-E-B INCONTROL LANCETS 30G .	109
GUMMI BEAR MULTIVITAMIN/MIN CHEW	151	halobetasol propionate CREA	70	H-E-B INCONTROL LANCETS 33G .	109
GVOKE HYOPEN 1-PACK SOAJ 27		halobetasol propionate FOAM	70	H-E-B INCONTROL PEN NEEDLES	123
GVOKE HYOPEN 2-PACK SOAJ 27		halobetasol propionate OINT	70	H-E-B INCONTROL UNIFINE PENTIP	123
GVOKE KIT SOLN	27	HALOG CREA (Use halcinonide) ..	70	HEMADY TABS	60
GVOKE PFS SOSY 1 MG/0.2ML ..	27	haloperidol decanoate	47	HEMANGEOL SOLN PO	54
GYNAZOLE-1	173	haloperidol lactate CONC	47	HEMICLOR 12.5 MG	81
HADLIMA PUSHTOUCH SOAJ	5	haloperidol TABS 0.5 MG, 1 MG, 10 MG	47	HEMLIBRA	90
HADLIMA SOSY	5	haloperidol TABS 2 MG, 5 MG, 20 MG	47	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	90
HAEGARDA SOLR SC	90	HARVONI PACK	52	heparin sodium (porcine) lock flush 10 UNIT/ML	18
HAEMOLANCE	109	HARVONI TABS	52	HEPARIN SODIUM (PORCINE) PF SOLN IJ	18
HAEMOLANCE LOW FLOW LANCETS	109	HAVRIX IM 1440 EL U/ML	172	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	18
HAEMOLANCE PLUS	109	HAVRIX IM 720 EL U/0.5ML	172	HEPARIN SODIUM (PORCINE) SOSY IJ	18
HAEMOLANCE PLUS HIGH FLOW .	109	HEAD CARE PROACTIVE HEALTH TABS	145	HEPLISAV-B SOSY	172
HAEMOLANCE PLUS LOW FLOW .	109	HEALTHPRO BLOOD GLUCOSE MONITO KIT	109	HERNEXEOS TABS PO 60 MG ...	41
HAEMOLANCE PLUS MAX FLOW	109	HEALTHWISE INSULIN SYR/NEEDLE	123	HETLIOZ CAPS (Use tasimelteon)	93
HAEMOLANCE PLUS PEDIATRIC FLOW	109	HEALTHWISE MICRON PEN NEEDLES	123	HETLIOZ LQ SUSP	93
HAIR SKIN & NAILS ADVANCED TABS	145	HEALTHWISE SHORT PEN NEEDLES	123	HIBERIX SOLR IJ	171
HAIR SKIN & NAILS TABS	145	HEALTHY EYES SUPERVISION 2 CAPS	145	HIBICLENS SOLN EX (Use chlorhexidine gluconate)	49
HAIR/SKIN/NAILS CAPS	145	HEALTHY KIDS GUMMIES CHEW 151		HIGH POT MULTIVITAMIN/BETA- CAR TABS	145
halcinonide CREA	70	H-E-B INCONTROL ADV LANCING MISC	109		
halcinonide SOLN 0.1 %	70	H-E-B INCONTROL ALCOHOL .	119		
HALCION 0.25 MG (Use triazolam)	93	H-E-B INCONTROL LANCETS 28G .			

HIGH POTENCY MULTIVIT/FA TABS145	HUMALOG TEMPO PEN SOPN .. 28	HYDRALYTE SOLN135
HIGH POTENCY MULTIVITAMIN TABS150	HUMATE-P SOLR 90	HYDREA (Use hydroxyurea)45
HIPREX (Use methenamine hippurate) 40	HUMATROPE CART IJ82	hydrochlorothiazide CAPS81
HM COMPLETE MEN TABS145	HUMIRA (2 PEN) AJKT5	hydrochlorothiazide TABS81
HM EMBRACE TALK SYSTEM KIT 109	HUMIRA (2 SYRINGE) PSKT5	hydrocodone bitartrate CP12 9
HM HAIR/SKIN/NAILS TABS145	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML 5	hydrocodone bitartrate T24A9
HM STERILE ALCOHOL PREP ..119	HUMIRA-PSORIASIS/UVEIT STARTER AJKT5	hydrocodone bitartrate-homatropine methylbromide SOLN61
HM STERILE PADS PADS97	HUMULIN 70/30 KWIKPEN SUPN 28	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML10
HM ULTICARE INSULIN SYRINGE . 123	HUMULIN 70/30 SUSP28	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML10
HM ULTICARE MINI PEN NEEDLES123	HUMULIN N KWIKPEN SUPN 28	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-2.5 MG10
HM ULTICARE SHORT PEN NEEDLES123	HUMULIN N SUSP 28	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG10
HORIZANT165	HUMULIN R SOLN IJ28	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG 10
HULIO (2 PEN) AJKT5	HUMULIN R U-500 (CONCENTRATED) SOLN SC ...28	hydrocortisone (intrarectal)11
HULIO (2 SYRINGE) PSKT5	HUMULIN R U-500 KWIKPEN SOPN SC28	hydrocortisone (rectal) EX 1 % 12
HUMALOG JUNIOR KWIKPEN SOPN 28	HW EMBRACE PRO GLUCOSE METER DEVI109	hydrocortisone (rectal) EX 2.5 % .. 12
HUMALOG KWIKPEN SOPN 100 UNIT/ML28	HW EMBRACE PRO GLUCOSE TEST STRP79	hydrocortisone (topical) CREA 0.5 % 70
HUMALOG KWIKPEN SOPN 200 UNIT/ML28	HW EMBRACE TALK BLOOD GLUCOSE DEVI109	hydrocortisone (topical) CREA 1 % 70
HUMALOG MIX 50/50 KWIKPEN SUPN28	HW EMBRACE TALK GLUCOSE TEST STRP79	hydrocortisone (topical) CREA 2.5 % 70
HUMALOG MIX 75/25 KWIKPEN SUPN28	HYCAMTIN CAPS45	hydrocortisone (topical) LOTN 2.5 % . 70
HUMALOG MIX 75/25 SUSP28	HYCLODEX SOLN74	hydrocortisone (topical) OINT 1 %, . 70
HUMALOG SOCT28	HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)61	
HUMALOG SOLN IJ28	hydralazine hcl TABS38	
	HYDRALYTE FREEZER POPS SOLN135	

2.5 %70	hyoscyamine sulfate SOLN PO 0.125 MG/ML168	IBRANCE TABS 43
hydrocortisone (topical) SOLN 2.5 % 70	hyoscyamine sulfate SUBL 0.125 MG168	IBSRELA 88
hydrocortisone acetate (rectal)12	hyoscyamine sulfate TABS 0.125 MG168	IBTROZI CAPS PO 200 MG43
hydrocortisone butyrate CREA 70	hyoscyamine sulfate TB12 0.375 MG 168	ibuprofen CAPS 6
hydrocortisone butyrate LOTN70	hyoscyamine sulfate TBDP 0.125 MG168	ibuprofen SUSP 100 MG/5ML, 200 MG/10ML6
hydrocortisone butyrate OINT 70		ibuprofen SUSP 6
hydrocortisone butyrate SOLN70		ibuprofen TABS 6
HYDROCORTISONE COMPLETE KIT THPK 71	HYPERRHO SOSY IM 1500 UNIT 162	ibuprofen-famotidine6
hydrocortisone TABS 60	HYPOLANCE AST LANCING KIT 110	ICAPS AREDS FORMULA TABS 145
hydrocortisone valerate CREA71	HYRIMOZ SOAJ5	icatibant acetate SOSY90
hydrocortisone valerate OINT 71	HYRIMOZ SOSY5	ICLUSIG43
hydrocortisone w/acetic acid162	HYRIMOZ-CROHNS/UC STARTER SOAJ5	icosapent ethyl 34
hydromorphone hcl LIQD 9	HYRIMOZ-PED<40KG CROHN STARTER SOSY5	IDACIO (2 PEN) AJKT 5
HYDROMORPHONE HCL SUPP ...9	HYRIMOZ-PED>=40KG CROHN START SOSY5	IDACIO-CROHNS/UC STARTER AJKT5
hydromorphone hcl TABS9	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ5	IDACIO-PSORIASIS STARTER AJKT5
hydromorphone hcl TB24 9		IDELVION 90
hydroquinone CREA 4 % 74		IDHIFA 43
HYDROXATE GEL71		IGLUCOSE MONITORING SYSTEM KIT 110
hydroxychloroquine sulfate40		IGLUCOSE TEST STRIPS STRP .79
HYDROXYM CREA71		IHEALTH BLOOD GLUCOSE TEST STR STRP 79
HYDROXYM GEL71		IHEALTH GLUCO+ KIT 10 KIT ...110
hydroxyurea45		IHEALTH GLUCO+ KIT 100 KIT . 110
hydroxyzine hcl SYRP 13		IHEALTH LANCING DEVICE MISC 110
hydroxyzine hcl TABS 13		IHEEZO 160
hydroxyzine pamoate CAPS13		ILARIS SOLN5
HYFTOR72		
HYLAZINC TABS145		
HYMPAVZI90		
hyoscyamine sulfate ELIX168		

ILET CONTACT DETACH 23" 6MM MISC	110	succinate)	134	IN TOUCH LANCING DEVICE MISC 110	
ILET INFUSION-INSET 23" 6MM MISC	110	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use sumatriptan succinate)	134	IN TOUCH STERILE LANCETS 30G110	
ILET INFUSION-INSET 32" 6MM MISC	110	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	134	INBRIJA CAPS	45
ILET INSULIN PUMP DEVI	110	IMITREX TABS (Use sumatriptan succinate)	134	IN-CHECK DIAL FLOW TRAINER DEVI	130
ILET STARTER - CONTACT DETACH MISC	110	IMKELDI SOLN	43	IN-CHECK INSPIRATORY FLOW MTR DEVI	130
ILET STARTER KIT - INSET 23" MISC	110	IMMUNE ESSENTIALS DAILY CAPS	145	INCONTROL ULTICARE PEN NEEDLES	124
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ILEVRO	161	IMODIUM A-D CAPS (Use loperamide hcl)	30	INCRUSE ELLIPTA	15
ILUMYA	67	IMODIUM A-D SOLN (Use loperamide hcl)	30	indapamide TABS 1.25 MG, 2.5 MG . 82	
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IMBRUVICA CAPS	43	IMPOYZ CREA 0.025 % (Use clobetasol propionate)	71	INDOCIN SUSP (Use indomethacin) . 6	
IMBRUVICA SUSP	43	IMULDOSA SOLN IV 130 MG/26ML . 87		indomethacin CAPS 25 MG, 50 MG 6	
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	43	IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	67	indomethacin CPCR	6
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imipramine hcl TABS	25	IMVEXXY MAINTENANCE PACK INST	173	indomethacin SUSP	6
imipramine pamoate	25	IMVEXXY STARTER PACK INST 173		INFANRIX	168
imiquimod 3.75 %	72	IN TOUCH BLOOD GLUCOSE TEST STRP	79	INFANTS ADVIL SUSP (Use ibuprofen)	6
imiquimod 5 %	72	IN TOUCH DEVI	110	INFINITY BLOOD GLUCOSE SYSTEM KIT	110
IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	134			INFINITY BLOOD GLUCOSE TEST STRP	79
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use sumatriptan succinate)	134			INFINITY VOICE KIT	110
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INGREZZA CPPK	164	INSULIN DEGLUDEC SOLN	28
INGREZZA CPSP	164	INSULIN GLARGINE MAX SOLOSTAR SOPN	28
INLURIYO TABS PO 200 MG	42	INSULIN GLARGINE SOLN	29
INLYTA	41	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	28
INNOPRAN XL	54	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	29
INNOSPIRE REPLACEMENT FILTER MISC	130	INSULIN GLARGINE-YFGN SOLN 29	
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INPEN 100-BLUE-NOVOLOG-FIASP DEVI	124	INSULIN LISPRO (1 UNIT DIAL) SOPN	29
INPEN 100-GREY-LILLY-HUMALOG DEVI	124	INSULIN LISPRO JUNIOR KWIKPEN SOPN	29
INPEN 100-GREY-NOVOLOG-FIASP DEVI	124	INSULIN LISPRO PROT & LISPRO SUPN	29
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INSULIN ASPART PENFILL SOCT 28		INTELENCE	50
INSULIN ASPART PROT & ASPART SUSP	28	INTELENCE 200 MG (Use etravirine)	50
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		INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)	47
		INVEGA HAFYERA	47
		INVEGA SUSTENNA	47
		INVEGA TRINZA	47
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		INVOKAMET XR TB24	26
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		irbesartan	36
		irbesartan-hydrochlorothiazide	37
		IRESSA (Use gefitinib)	42
		ISENTRESS CHEW 100 MG	50
		ISENTRESS CHEW 25 MG	50
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KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	20	ketoconazole	32	KINDERLYTE SOLN	135
KEPPRA TABS 500 MG (Use levetiracetam)	20	KETODAN	66	KINERET SOSY	5
KEPPRA XR TB24 (Use levetiracetam)	20	KETONE TEST STRP	79	KINNEY LANCETS	110
KERALYT GEL (Use salicylic acid) 72		ketoprofen CAPS 25 MG	7	KINNEY THIN LANCETS	110
KERENDIA	84	ketoprofen CP24	7	KINRAY INSULIN SYRINGE	124
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		KIMONO COLORS DEVI	98	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin)	3
		KIMONO MAXX-LARGE FLARE MISC	98	KLARON (Use sulfacetamide sodium (acne))	64
		KIMONO MICRO THIN MISC	98	KLING FLUFF MISC	97
		KIMONO MICRO THIN PLUS MISC .	98	KLONOPIN TABS (Use clonazepam)	19
		KIMONO MISC	99	KLONOPIN TABS 1 MG (Use	
		KIMONO PLUS MISC	98		
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KOATE SOLR	90	K-TAB TBCR 20 MEQ (Use potassium chloride)	136	LAMICTAL XR KIT	20
KOATE-DVI SOLR 1000 UNIT	90	KUVAN PACK (Use sapropterin dihydrochloride)	84	LAMICTAL XR TB24 (Use lamotrigine)	20
KOKO PEAK PRO MOUTHPIECE MISC	131	KUVAN TABS (Use sapropterin dihydrochloride)	84	lamivudine (hbv) TABS	52
KOMBIGLYZE XR (Use saxagliptin- metformin hcl)	26	K-Y ME & YOU EXTRA LUBRICATED DEVI	99	lamivudine SOLN	50
KONVOMEF SUSR	170	K-Y ME & YOU INTENSE DEVI ...	99	lamivudine TABS 150 MG	50
KORLYM (Use mifepristone (hyperglycemia))	27	labetalol hcl TABS 100 MG	53	lamivudine TABS 300 MG	50
KOSELUGO	43	labetalol hcl TABS 200 MG	53	lamivudine-zidovudine	50
KOSELUGO PO 5 MG, 7.5 MG ...	43	labetalol hcl TABS 300 MG	53	lamotrigine CHEW	20
KOVALTRY	90	labetalol hcl TABS 400 MG	53	lamotrigine KIT 25 MG	20
KP PRENATAL MULTIVITAMINS TABS	154	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	20	lamotrigine TABS	20
K-PAX IMMUNE PROFESSIONAL ST TABS	145	lacosamide SOLN PO 10 MG/ML .	20	lamotrigine TB24	20
K-PHOS NO 2	88	lacosamide TABS	20	lamotrigine TBDP	20
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KROGER AUTOLET LANCING DEVICE MISC	110	lactulose (encephalopathy)	88	LANCETS	110
KROGER HEALTHPRO GLUCOSE TEST STRP	79	lactulose SOLN	94	LANCETS 28G THIN	110
KROGER HEALTHPRO LANCET 26G	110	LAGEVRIO	53	LANCETS 30G	110
KROGER LANCETS	110	LAMICTAL CHEW (Use lamotrigine) . 20		LANCETS 33G	110
KROGER LANCETS SUPER THIN 110		LAMICTAL ODT KIT (Use lamotrigine)	20	LANCETS MICRO THIN 33G	110
KROGER LANCETS THIN	110	LAMICTAL ODT TBDP (Use lamotrigine)	20	LANCETS SUPER THIN	110
				LANCETS SUPER THIN 28G ...	110
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LODOSYN (Use carbidopa)	45	LOREEV XR CS24	14	LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	19
lofexidine hcl	163	losartan potassium & hydrochlorothiazide	37	LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	19
LOHIST-D LIQD	62	losartan potassium	36	LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	19
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LONSURF	43	LOTEMAX SM GEL	160	lubiprostone	86
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LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	54	LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	66	LURBIRO TABS 100 MG (Use flurbiprofen)	7
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172		MOOD FOOD CAPS	145	morphine sulfate)	9
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NAPRELAN TB24 500 MG (Use naproxen sodium)	7	NAYZILAM	19	NEONATAL COMPLETE TABS	120	
NAPROSYN SUSP (Use naproxen)	7	nebivolol hcl	54	MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	154	
NAPROSYN TABS 500 MG (Use naproxen)	7	NEBULIZER AIR TUBE/PLUGS MISC	131	NEONATAL PLUS TABS	154	
naproxen sodium TABS 275 MG, 550 MG	7	NEBULIZER CUP/TUBING DEVI	131	NEORAL CAPS (Use cyclosporine modified (for microemulsion))	137	
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NESINA 12.5 MG, 25 MG (Use		NEXIUM 24HR CLEAR MINIS CPDR		(Use nicotine polacrilex)	166
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NESTABS ONE	154	NEXIUM CPDR 40 MG (Use		nicotine PT24 TD 14 MG/24HR, 21	
NEULASTA ONPRO SOSY 6		esomeprazole magnesium)	169	MG/24HR	166
MG/0.6ML	91	NEXIUM PACK (Use esomeprazole		nicotine PT24 TD 7 MG/24HR	166
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NEUPRO	45	NEXTSTELLIS	59	nifedipine TB24 30 MG, 90 MG	55
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gabapentin)	21	nicotine)	165	nimodipine SOLN	55
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nevirapine SUSP	50	NICORETTE LOZG (Use nicotine		nitazoxanide TABS	39
nevirapine TABS	50	polacrilex)	166	nitisinone CAPS	84
nevirapine TB24 400 MG	50	NICORETTE MINI LOZG (Use		NITRO-BID OINT	13
NEVVITE TABS	150				

NITRO-DUR PT24 (Use nitroglycerin)	norethin acet & estrad-fe TABS 1	NORVASC TABS (Use amlodipine besylate)
.....13	MG-20 MCG-75 MG, 1.5 MG-30	 55
NITRO-DUR PT24	MCG-75 MG	NORVASC TABS 10 MG (Use
.....13	59	amlodipine besylate)55
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.....40	MG-20 MCG-75 MG	 50
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.....40	norethindrone & eth estradiol	NOSE CLIP MISC
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.....40	norethindrone & ethinyl estradiol-fe	NOURIANZ
nitrofurantoin monohyd macro	59	45
.....40	norethindrone (contraceptive)	NOVA MAX BLOOD GLUCOSE
nitroglycerin (intra-anal)	60	SYSTEM DEVI
.....12	norethindrone acet & eth estra TABS	112
nitroglycerin PT24	59	NOVA MAX BLOOD GLUCOSE
.....13	norethindrone acetate TABS	SYSTEM KIT
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.....13	59	NOVA SUREFLEX LANCING
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.....13	norgestimate-ethinyl estradiol	NOVAVAX COVID-19 VACCINE
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(Use nitroglycerin)	59	172
.....13	norgestimate-ethinyl estradiol	NOVAVAX COVID-19 VACCINE
NITYR TABS	59	SUSY
.....84	norgestrel & ethinyl estradiol 30	172
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.....167	59	90
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.....154	55	NEEDLE
NIVESTYM SOLN	NORPACE CAPS (Use disopyramide	125
.....91	phosphate)	NOVOFINE PEN NEEDLE
NIVESTYM SOSY	14	125
.....91	NORPACE CR CP12	NOVOLIN 70/30 FLEXPEN RELION
NIX CREME RINSE LIQD EX (Use	14	SUPN
permethrin)	NORPRAMIN TABS 10 MG (Use	29
.....75	desipramine hcl)	NOVOLIN 70/30 FLEXPEN SUPN 29
nizatidine CAPS	26	NOVOLIN 70/30 RELION SUSP ..29
.....169	NORPRAMIN TABS 25 MG (Use	NOVOLIN 70/30 SUSP
NO IRON MULT VITAMIN-	desipramine hcl)	29
MINERALS TABS	25	
.....146	NORTHERA (Use droxidopa)	
NORDITROPIN FLEXPEN SOPN	174	
.....82	nortriptyline hcl CAPS	
norelgestromin-ethinyl estradiol	26	
.....59	nortriptyline hcl SOLN	
norethin acet & estrad-fe CAPS	26	
.....59		
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SB ALCOHOL PREP	120	SELSUN BLUE LOTN (Use selenium sulfide)	SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)	48
SB INSULIN SYRINGE	125	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	SEROQUEL XR TB24 (Use quetiapine fumarate)	48
SB LANCETS THIN	116	SELZENTRY SOLN	SEROSTIM SC 4 MG, 5 MG, 6 MG	82
SB LANCETS ULTRA THIN	116	SELZENTRY TABS 150 MG (Use maraviroc)	SERTRALINE HCL CAPS 150 MG, 200 MG (Use sertraline hcl)	24
SB PREGNANCY TEST KIT	80	SELZENTRY TABS 300 MG (Use maraviroc)	sertraline hcl CAPS 150 MG, 200 MG	24
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SCEMBLIX	44	SEMGLEE (YFGN) SOPN	sertraline hcl TABS 100 MG	24
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SILVADENE (Use silver sulfadiazine)	68	SINGULAIR PACK (Use montelukast sodium)	15	SLYND	60
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SYMPROIC	88	tacrolimus (topical) OINT 0.1 % ...	72	TARGRETIN (Use bexarotene) ...	45
SYMTUZA	51	tacrolimus CAPS	137	TARPEYO CPDR	61
SYNALAR (CREAM)	71	tadalafil (pulmonary hypertension) TABS	57	TASCENSO ODT	165
SYNALAR (OINTMENT)	71	tadalafil 5 MG	56	TASIGNA 50 MG, 150 MG, 200 MG (Use nilotinib hcl)	44
SYNALAR CREA (Use fluocinolone acetonide)	71	TADLIQ SUSP	57	tasimelteon CAPS	93
SYNALAR OINT (Use fluocinolone acetonide)	71	TAFINLAR CAPS	44	TASMAR (Use tolcapone)	45
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SYNTHROID TABS (Use levothyroxine sodium)	167	TAKHZYRO SOLN	91	tazarotene CREA 0.1 %	67
SYPRINE (Use trientine hcl)	136	TAKHZYRO SOSY	91	TAZAROTENE FOAM	65
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TABRECTA	44	TAMIFLU CAPS 75 MG (Use oseltamivir phosphate)	53	TECFIDERA CPDR (Use dimethyl fumarate)	165
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		TARCEVA (Use erlotinib hcl)	42	TECHLITE LANCETS 26G	117
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THERA-VITE MAX-M TABS	149	tinidazole	38	TODAYS HEALTH THIN LANCETS 30G	117
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THEREMS-M TABS	149	tiopronin TBEC	89	tolcapone	45
THINLETS GP LANCETS	117	tiotropium bromide CAPS IN 18 MCG	15	tolmetin sodium CAPS	7
THIOLA EC TBEC (Use tiopronin)	89	TIVICAY PD TBSO	51	tolmetin sodium TABS 600 MG	7
THIOLA TABS (Use tiopronin)	89	TIVICAY TABS	51	TOLSURA CAPS	32
thioridazine hcl	48	tizanidine hcl CAPS	156	tolterodine tartrate CP24	170
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THRESHOLD IMT MISC	133	TM-DAILY VITE TABS	151	tolvaptan TABS	85
THRESHOLD PEP DEVI	133	TOBI NEBU (Use tobramycin)	3	tolvaptan TBPK 15 MG	85
THRIVITE RX TABS	155	TOBI PODHALER CAPS	3	TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)	21
THYQUIDITY SOLN PO	167	TOBRADEX OINT	160	TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)	21
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	168	TOBRADEX ST SUSP	160	TOPAMAX TABS 100 MG (Use topiramate)	21
tiagabine hcl	22	tobramycin (ophth) SOLN	159	TOPAMAX TABS 200 MG (Use topiramate)	21
TIAZAC (Use diltiazem hcl extended release beads)	55	tobramycin NEBU	3	TOPAMAX TABS 25 MG, 50 MG (Use topiramate)	21
TIBSOVO	44	tobramycin sulfate SOLN IJ 1.2 GM/30ML	3	TOPICORT CREA 0.05 % (Use desoximetasone)	71
ticagrelor 60 MG, 90 MG	91	tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML	3	TOPICORT CREA 0.25 % (Use desoximetasone)	71
TICOVAC	173	tobramycin sulfate SOLR	3	TOPICORT GEL (Use desoximetasone)	71
TIGLUTIK SUSP	157	tobramycin-dexamethasone SUSP 160	159	TOPICORT OINT 0.05 % (Use desoximetasone)	71
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timolol maleate (ophth) SOLN	158				
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TOPICORT SPRAY LIQD (Use desoximetasone)	71	TRACLEER TBSO 32 MG (Use bosentan)	57	100 MG/ML	67
topiramate CP24 200 MG	21	TRADJENTA	27	TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	68
topiramate CP24 25 MG, 50 MG, 100 MG	21	tramadol hcl CP24 100 MG, 200 MG, 300 MG	10	TREMFYA SOLN IV	87
topiramate CPSP 15 MG	21	TRAMADOL HCL SOLN (Use tramadol hcl)	10	TREMFYA SOSY SC	87
topiramate CPSP 25 MG	21	tramadol hcl SOLN	10	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	87
topiramate CPSP 50 MG	21	tramadol hcl TABS 25 MG, 100 MG 10		treprostinil SOLN IJ	56
topiramate CS24	21	tramadol hcl TABS 50 MG	10	TRESIBA FLEXTOUCH SOPN	30
topiramate SOLN 25 MG/ML	21	tramadol hcl TABS 75 MG	10	TRESIBA SOLN	30
topiramate TABS 100 MG	21	tramadol hcl TB24	10	tretinoin (chemotherapy)	45
topiramate TABS 200 MG	21	tramadol-acetaminophen	11	tretinoin CREA 0.025 %	65
topiramate TABS 25 MG, 50 MG ..	21	trandolapril 1 MG, 2 MG	36	tretinoin CREA 0.05 %, 0.1 %	65
TOPPER DRESSING SPONGES MISC	98	trandolapril 4 MG	36	tretinoin GEL 0.01 %, 0.025 %	65
TOPROL XL TB24 200 MG (Use metoprolol succinate)	54	trandolapril-verapamil hcl	38	tretinoin GEL 0.05 %	65
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 54		tranexamic acid TABS	92	tretinoin microsphere 0.08 %	65
toremifene citrate	42	TRANSDERM SCOP 1 MG/3DAYS (Use scopolamine)	31	TRETEN	90
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WEGMANS UNIFINE PENTIPS					

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XIGDUO XR (Use dapagliflozin propanediol-metformin hcl)	26	XYREM SOLN	163	zafirlukast	15
XIGDUO XR	26	XYWAV	163	zaleplon	93
XIIDRA	159	XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	33	ZANAFLEX CAPS (Use tizanidine hcl)	156
XOFLUZA (40 MG DOSE) 40 MG .	53	YASMIN 28 (Use drospirenone- ethinyl estradiol)	59	ZANAFLEX CAPS	156
XOFLUZA (80 MG DOSE) 80 MG .	53	YAZ (Use drospirenone-ethinyl estradiol)	59	ZANAFLEX TABS 4 MG (Use tizanidine hcl)	156
XOLAIR SOAJ	14	YCANTH SOLN	72	ZARONTIN CAPS (Use ethosuximide)	22
XOLAIR SOLR	14	YELETS TEENAGE FORMULA TABS	150	ZARONTIN SOLN (Use ethosuximide)	22
XOLAIR SOSY	14	YESINTEK SOLN 45 MG/0.5ML ..	68	ZARXIO	92
XOPENEX HFA (Use levalbuterol tartrate)	17	YESINTEK SOSY	68	ZAVZPRET	134
XOSPATA	44	YEZTUGO SOLN 463.5 MG/1.5ML 51		ZEGALOGUE SOAJ	27
XPOVIO (100 MG ONCE WEEKLY) 50 MG	42	YEZTUGO TABS PO 300 MG	51	ZEGALOGUE SOSY	27
XPOVIO (40 MG ONCE WEEKLY) 42		YF-VAX SUSR	173	ZEGERID CAPS (Use omeprazole- sodium bicarbonate)	170
XPOVIO (40 MG TWICE WEEKLY) 40 MG	42	YONSA	42	ZEGERID OTC CAPS (Use omeprazole-sodium bicarbonate) 170	
XPOVIO (60 MG ONCE WEEKLY) 60 MG	42	YOUR LIFE MULTI ADULT GUMMIES CHEW	150	ZEGERID PACK (Use omeprazole- sodium bicarbonate)	170
XPOVIO (60 MG TWICE WEEKLY) . 42		YUFLYMA (1 PEN) AJKT	5	ZEJULA TABS	44
XPOVIO (80 MG ONCE WEEKLY) 40 MG	42	YUFLYMA (2 PEN) AJKT	5	ZELBORAF	44
XPOVIO (80 MG TWICE WEEKLY) . 42		YUFLYMA (2 SYRINGE) PSKT	5	ZELSUVMI GEL EX 10.3 %	68
XROMI SOLN PO 100 MG/ML	91	YUFLYMA-CD/UC/HS STARTER AJKT	5	ZEMBRACE SYMTOUCH SOAJ .	135
XTANDI CAPS	42	YUM-VS COMPLETE MULTIVITAMIN CHEW	150		
		YUMVS MULTI ZERO CHEW	150		

ZEMPLAR CAPS 1 MCG, 2 MCG (Use paricalcitol)	84	ZIAGEN SOLN (Use abacavir sulfate)	51	ZITUVIMET XR TB24	26
ZENIFIBER 2"X2" MISC	76	ZIAGEN TABS (Use abacavir sulfate)	51	ZITUVIO	27
ZENIFIBER 4"X5" MISC	76	ZIANA (Use clindamycin phosphate- tretinoin)	65	ZMA CLEAR SUSP	65
ZENIFIBER 6"X6" MISC	76	zidovudine CAPS	52	ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	35
ZENIFIBER 8"X8" MISC	76	zidovudine SYRP	52	ZOLINZA	44
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	81	zidovudine TABS	52	zolmitriptan SOLN 2.5 MG	135
ZEPATIER	52	ZIEXTENZO	92	zolmitriptan SOLN 5 MG	135
ZEPOSIA 7-DAY STARTER PACK CPPK	165	ZILBRYSQ	90	zolmitriptan TABS	135
ZEPOSIA CAPS	165	zileuton TB12	15	zolmitriptan TBDP	135
ZEPOSIA STARTER KIT CPPK ..	165	ZIMHI SOSY	31	ZOLOFT CONC (Use sertraline hcl) 24	
ZERVIAE	161	ZIOPTAN (Use tafluprost)	161	ZOLOFT TABS 100 MG (Use sertraline hcl)	24
ZESTORETIC (Use lisinopril & hydrochlorothiazide)	38	ziprasidone hcl	46	ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	25
ZESTRIL TABS (Use lisinopril)	36	ziprasidone mesylate	46	ZOLPIDEM TARTRATE CAPS	93
ZETIA (Use ezetimibe)	35	ZIPSOR CAPS (Use diclofenac potassium)	7	zolpidem tartrate SUBL	93
ZETONNA AERS	157	ZIRGAN GEL	159	zolpidem tartrate TABS	93
ZEVASKYN (UP TO 12 SHEETS) SHEE EX	76	ZITHROMAX PACK	95	zolpidem tartrate TBCR	93
ZEVRX INSULIN SYRINGE	127	ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	95	ZOMACTON SOLR SC	83
ZEVRX PEN NEEDLES	127	ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)	95	ZOMIG SOLN 2.5 MG (Use zolmitriptan)	135
ZEVRX STERILE ALCOHOL PREP PAD	120	ZITHROMAX TABS 250 MG (Use azithromycin)	95	ZOMIG SOLN 5 MG (Use zolmitriptan)	135
ZEVRX TWIST TOP LANCETS 30G 119		ZITHROMAX TABS 500 MG (Use azithromycin)	95	ZONALON (Use doxepin hcl (antipruritic))	67
		ZITHROMAX TRI-PAK TABS (Use azithromycin)	94	ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	21
		ZITHROMAX Z-PAK TABS (Use azithromycin)	94	ZONISADE SUSP	21
		ZITUVIMET TABS	26	zonisamide CAPS	21
				ZOO FRIENDS MULTI GUMMIES CHEW	152

ZORTRESS (Use everolimus (immunosuppressant))	48
ZORYVE CREA EX 0.3 %	ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)
ZORYVE CREA EX	ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)
ZORYVE FOAM EX	ZYPREXA TABS 20 MG (Use olanzapine)
ZOSYN	ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)
ZOVIRAX CREA (Use acyclovir topical)	ZYPREXA ZYDIS TBDP 20 MG (Use olanzapine)
ZOVIRAX OINT (Use acyclovir topical)	ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG (Use olanzapine)
ZTALMY	ZYRTEC ALLERGY TABS (Use cetirizine hcl)
ZTLIDO PTCH	ZYRTEC CHILDRENS ALLERGY SOLN PO (Use cetirizine hcl)
ZUBSOLV SUBL	ZYRTEC-D ALLERGY & CONGESTION (Use cetirizine-pseudoephedrine)
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	ZYRTEC-D ALLERGY & SINUS (Use cetirizine-pseudoephedrine)
ZURNAI IJ 1.5 MG/0.5ML	ZYTIGA (Use abiraterone acetate)
ZURZUVAE	ZYVOX SUSR (Use linezolid)
ZYCLARA (Use imiquimod)	ZYVOX TABS (Use linezolid)
ZYCLARA PUMP (Use imiquimod)	
ZYDELIG	
ZYFLO TABS	
ZYKADIA TABS	
ZYLET	
ZYMAXID (Use gatifloxacin (ophth))	
ZYMFENTRA (1 PEN) AJKT	
ZYMFENTRA (2 PEN) AJKT	
ZYMFENTRA (2 SYRINGE) PSKT	
ZYPITAMAG 2 MG, 4 MG	
ZYPREXA RELPREVV	
ZYPREXA SOLR (Use olanzapine)	