

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

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate CP24 10 MG, 15 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 5 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate SOLN	NP	
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	QL(3 EA daily); AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	
DYANAVEL XR SUER	P	PA
DYANAVEL XR TBCR	NP	
EVEKEO TABS (Use amphetamine sulfate)	NP	
lisdexamfetamine dimesylate CAPS	NP	QL(1 EA daily)
lisdexamfetamine dimesylate CHEW	NP	QL(1 EA daily)
methamphetamine hcl	NP	
MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	NP	
VYVANSE CAPS (Use lisdexamfetamine dimesylate)	P	QL(1 EA daily)
VYVANSE CHEW (Use lisdexamfetamine dimesylate)	P	QL(1 EA daily)
XELSTRYM	NP	
Analeptics		
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	
caffeine citrate SOLN PO 60 MG/3ML	P	QL(45 ML per fill retail); AL(Up to 18 yrs old)
Attention-Deficit/Hyperactivity Disorder (ADHD)		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Agents			DAYTRANA PTCH 10 MG/9HR, 20 MG/9HR, 30 MG/9HR (Use methylphenidate)	NF	
atomoxetine hcl PO 4 MG/ML	P		DAYTRANA PTCH 15 MG/9HR (Use methylphenidate)	NF	QL(3 EA daily)
atomoxetine hcl	P	AL(At least 6 yrs old); ST; MP	dexmethylphenidate hcl CP24	P	
ATONCY PO 4 MG/ML (Use atomoxetine hcl)	NP		dexmethylphenidate hcl TABS	P	QL(2 EA daily); AL(At least 6 yrs old)
clonidine hcl (adhd) TB12	P	MP	FOCALIN XR CP24 (Use dexmethylphenidate hcl)	P	
guanfacine hcl (adhd)	P	QL(1 EA daily); AL(At least 6 yrs old); MP	FOCALIN XR CP24 (Use dexmethylphenidate hcl)	P	
INTUNIV (Use guanfacine hcl (adhd))	NP	QL(1 EA daily); AL(At least 6 yrs old); MP	FOCALIN TABS 2.5 MG, 5 MG (Use dexmethylphenidate hcl)	NF	QL(2 EA daily); AL(At least 6 yrs old)
ONYDA XR SUER	P	PA	FOCALIN TABS (Use dexmethylphenidate hcl)	NP	QL(2 EA daily); AL(At least 6 yrs old)
QELBREE	P		JORNAY PM CP24	P	PA
STRATTERA (Use atomoxetine hcl)	P	AL(At least 6 yrs old); ST; MP	METADATE CD CPCR (Use methylphenidate hcl)	NF	QL(1 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)			METHYLIN SOLN (Use methylphenidate hcl)	NP	
SUNOSI	NP		METHYLPHENIDATE ER TBED 8.6 MG, 17.3 MG, 25.9 MG	NP	
Histamine H3-Receptor Antagonist/Inverse Agonists			methylphenidate hcl CHEW	NP	
WAKIX	NP	SP	methylphenidate hcl CP24	NP	
Stimulants - Misc.			methylphenidate hcl CPCR	NP	QL(1 EA daily); AL(At least 6 yrs old)
APTENSIO XR CP24 (Use methylphenidate hcl)	NF		methylphenidate hcl SOLN	NP	
armodafinil	NP		methylphenidate hcl TABS 10 MG, 20 MG	P	QL(3 EA daily); AL(At least 3 yrs old)
AZSTARYS	NP		methylphenidate hcl TABS 5 MG	P	QL(6 EA daily); AL(At least 3 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl)	P	QL(1 EA daily); AL(At least 6 yrs old)			
CONCERTA TBCR 36 MG (Use methylphenidate hcl)	P	QL(2 EA daily); AL(At least 6 yrs old)			
COTEMPLA XR-ODT TBED	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl TB24 36 MG</i>	NP	QL(2 EA daily); AL(At least 6 yrs old)	RITALIN LA CP24 (<i>Use methylphenidate hcl</i>)	NP	
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)	RITALIN TABS 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NF	QL(3 EA daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)	RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NF	QL(6 EA daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TBCR 20 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	RITALIN TABS 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NP	QL(3 EA daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TBCR 10 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)	RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NP	QL(6 EA daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TBCR 36 MG</i>	NP	QL(2 EA daily); AL(At least 6 yrs old)	AMEBICIDES		
<i>methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG</i>	NP		Amebicides		
<i>methylphenidate PTCH 10 MG/9HR, 20 MG/9HR, 30 MG/9HR</i>	NP		SOLOSEC	NP	
<i>methylphenidate PTCH 15 MG/9HR</i>	NP	QL(3 EA daily)	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
<i>modafinil</i>	P		Aminoglycosides		
NUVIGIL (<i>Use armodafinil</i>)	NP		<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	P	
NUVIGIL 250 MG (<i>Use armodafinil</i>)	NF		ARIKAYCE	NP	SP
PROVIGIL (<i>Use modafinil</i>)	NP		BETHKIS NEBU (<i>Use tobramycin</i>)	NF	SP
QUILLICHEW ER CHER	P	PA	BETHKIS NEBU (<i>Use tobramycin</i>)	NP	SP
QUILLIVANT XR SRER	P	PA	<i>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 %</i>	P	
RELEXXII TBCR 18 MG, 27 MG, 54 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>gentamicin sulfate IJ</i>	P	
RELEXXII TBCR 45 MG, 63 MG, 72 MG (<i>Use methylphenidate hcl</i>)	NP		KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	P	SP
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP		<i>neomycin sulfate TABS</i>	P	
RELEXXII TBCR 36 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)	TOBI PODHALER CAPS	NP	SP
			TOBI NEBU (<i>Use tobramycin</i>)	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML</i>	P	
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML</i>	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	P	SP; PA
RINVOQ TB24	P	SP; PA
<i>tofacitinib citrate SOLN 1 MG/ML</i>	NP	SP
<i>tofacitinib citrate TABS 5 MG, 10 MG</i>	NP	SP
<i>tofacitinib citrate TB24 11 MG, 22 MG</i>	NP	SP
XELJANZ XR TB24 11 MG, 22 MG (<i>Use tofacitinib citrate</i>)	P	SP; PA
XELJANZ SOLN 1 MG/ML (<i>Use tofacitinib citrate</i>)	P	SP; PA
XELJANZ SOLN 1 MG/ML (<i>Use tofacitinib citrate</i>)	NP	SP
XELJANZ TABS 5 MG, 10 MG (<i>Use tofacitinib citrate</i>)	P	SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML	NP	SP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	NP	SP
ABRILADA (2 PEN) AJKT	NP	SP
ABRILADA (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	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
ADALIMUMAB-ADAZ SOAJ	NP	SP
ADALIMUMAB-ADAZ SOSY	NP	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	P	Adalimumab-adbm NDC 82009014422 is Non-Preferred; SP; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	NP	SP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML	P	Adalimumab-adbm NDC 82009014622 is Non-Preferred; SP; PA	HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML	P	SP; PA	HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP
ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP	HYRIMOZ SOAJ 40 MG/0.4ML	NP	SP
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP	HYRIMOZ SOSY	NP	SP
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP	IDACIO-CROHNS/UC STARTER AJKT	NP	SP
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP	SIMLANDI (1 PEN) AJKT	P	SP; PA
AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP	SIMLANDI (1 SYRINGE) PSKT	P	SP; PA
AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP	SIMLANDI (2 PEN) AJKT	P	SP; PA
AMJEVITA SOAJ	NP	SP	SIMLANDI (2 SYRINGE) PSKT	P	SP; PA
AMJEVITA SOSY	NP	SP	SIMPONI ARIA SOLN	NP	SP
CYLTEZO (2 PEN) AJKT	NP	SP	SIMPONI SOAJ	NP	SP
CYLTEZO (2 SYRINGE) PSKT	NP	SP	SIMPONI SOSY	NP	SP
HADLIMA PUSHTOUCH SOAJ	NP	SP	YUFLYMA (1 PEN) AJKT	NP	SP
HADLIMA SOSY	NP	SP	YUFLYMA (2 PEN) AJKT	NP	SP
HULIO (2 PEN) AJKT	NP	SP	YUFLYMA (2 SYRINGE) PSKT	NP	SP
HULIO (2 SYRINGE) PSKT	NP	SP	YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
HUMIRA (2 PEN) AJKT	NP	SP	YUSIMRY	NP	SP
HUMIRA (2 SYRINGE) PSKT	NP	SP	Gold Compounds		
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	NP	SP	AURANOFIN 3 MG	NP	
HUMIRA-PSORIASIS/UEIT STARTER AJKT	NP	SP	RIDAURA	NP	
			Interleukin-1 Blockers		
			ARCALYST	NP	SP
			Interleukin-1 Receptor Antagonist (IL-1Ra)		
			KINERET SOSY	NP	SP
			Interleukin-1beta Blockers		
			ILARIS SOLN	NP	SP
			Interleukin-6 Receptor Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTEMRA ACTPEN SOAJ	NP	SP	<i>diclofenac potassium TABS 25 MG</i>	NP	
ACTEMRA SOLN	NP	SP	<i>diclofenac sodium TB24</i>	P	MP
ACTEMRA SOSY	NP	SP	<i>diclofenac sodium TBEC</i>	P	MP
AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP	<i>diclofenac w/ misoprostol TBEC</i>	NP	MP
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP	DUEXIS (Use <i>ibuprofen-famotidine</i>)	NF	
AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP	EC-NAPROSYN TBEC (Use <i>naproxen</i>)	NF	QL(2 EA daily); MP
KEVZARA SOAJ	NP	SP	<i>etodolac CAPS</i>	P	MP
KEVZARA SOSY	NP	SP	<i>etodolac TABS</i>	P	MP
TOFIDENCE	NP	SP	<i>etodolac TB24</i>	P	MP
TYENNE SOAJ	NP	SP	<i>fenoprofen calcium CAPS</i>	NP	
TYENNE SOLN	NP	SP	<i>flurbiprofen TABS 100 MG</i>	P	MP
TYENNE SOSY	NP	SP	<i>ibuprofen CAPS</i>	P	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>ibuprofen-famotidine</i>	NP	
ADVIL JUNIOR STRENGTH TABS 100 MG	P		<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	P	
ALEVE TABS (Use <i>naproxen sodium</i>)	NF		<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	NP	MP; RX/OTC
ANAPROX DS TABS (Use <i>naproxen sodium</i>)	NF	MP	<i>ibuprofen TABS</i>	P	
ARTHROTEC TBEC (Use <i>diclofenac w/ misoprostol</i>)	NP	MP	<i>ibuprofen TABS</i>	P	MP
CELEBREX 100 MG, 200 MG (Use <i>celecoxib</i>)	NF	QL(2 EA daily); MP	INDOCIN SUSP (Use <i>indomethacin</i>)	NF	
CELEBREX (Use <i>celecoxib</i>)	NP	QL(2 EA daily); MP	<i>indomethacin CAPS 25 MG, 50 MG</i>	P	MP
<i>celecoxib</i>	P	QL(2 EA daily); MP	<i>indomethacin CPCR</i>	P	MP
COXANTO CAPS (Use <i>oxaprozin</i>)	NP		<i>indomethacin SUPP</i>	P	
DAYPRO TABS (Use <i>oxaprozin</i>)	NF	MP	<i>indomethacin SUSP</i>	P	
<i>diclofenac potassium CAPS</i>	NP		<i>ketoprofen CAPS 50 MG, 75 MG</i>	P	MP
<i>diclofenac potassium TABS 50 MG</i>	P	MP	<i>ketoprofen CP24</i>	NP	MP
			<i>ketorolac tromethamine TABS</i>	P	QL(20 EA per 30 day(s) retail; 20 EA per 30 days mail)
			LODINE TABS (Use <i>etodolac</i>)	NF	MP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LURBIPR TABS 100 MG (Use flurbiprofen)	NF	MP	VIMOVO (Use naproxen-esomeprazole magnesium)	NF	MP
LURBIRO TABS 100 MG (Use flurbiprofen)	NP	MP	VYSCOXA PO 10 MG/ML	NP	
meclofenamate sodium CAPS	NP	MP	ZIPSOR CAPS (Use diclofenac potassium)	NF	
mefenamic acid CAPS	NP	MP	ZYBIC SUSP 7.5 MG/5ML (Use meloxicam)	NP	
meloxicam CAPS	NP		Phosphodiesterase 4 (PDE4) Inhibitors		
meloxicam TABS	P	MP	OTEZLA XR TB24 PO 75 MG	NP	SP
nabumetone	P	MP	OTEZLA/OTEZLA XR INITIATION PK TBPK	NP	SP
NALFON CAPS (Use fenoprofen calcium)	NF	MP	OTEZLA TABS	NP	SP
NAPRELAN TB24 500 MG, 750 MG (Use naproxen sodium)	NF		OTEZLA TBPK	NP	SP
NAPRELAN TB24 375 MG, 500 MG (Use naproxen sodium)	NP	MP	Pyrimidine Synthesis Inhibitors		
NAPROSYN SUSP (Use naproxen)	NF	MP	ARAVA (Use leflunomide)	NP	QL(1 EA daily)
NAPROSYN TABS 500 MG (Use naproxen)	NF	MP	leflunomide	P	QL(1 EA daily)
naproxen sodium TABS 275 MG, 550 MG	P	MP	Selective Costimulation Modulators		
naproxen sodium TB24	NP		ORENCIA CLICKJECT SOAJ	NP	SP
naproxen-esomeprazole magnesium	NP	MP	ORENCIA SOLR	NP	SP
naproxen SUSP	P	MP	ORENCIA SOSY	NP	SP
naproxen TABS	P	MP	Soluble Tumor Necrosis Factor Receptor Agents		
naproxen TBEC	P	QL(2 EA daily); MP	ENBREL MINI SOCT	P	SP; PA
ORUDIS CAPS 75 MG	NP	MP	ENBREL SURECLICK SOAJ	P	SP; PA
oxaprozin CAPS	NP		ENBREL SOLN	P	SP; PA
oxaprozin TABS	NP	MP	ENBREL SOSY	P	SP; PA
piroxicam CAPS	NP	MP	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
RELAFEN DS	NP		Analgesic Combinations		
sulindac TABS	P	MP	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	P	QL(4 EA daily)
TOLECTIN DS CAPS 400 MG (Use tolmetin sodium)	NP				
tolmetin sodium CAPS	NP				
tolmetin sodium TABS	NP	MP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	P		<i>acetaminophen TABS 325 MG, 500 MG</i>	P	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily)	FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 EA per 31 day(s) retail)
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	NP		Salicylates		
<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	P		<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
BUTALBITAL-APAP-CAFFEINE SOLN	NP		<i>aspirin CHEW</i>	P	
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 EA daily)	<i>diflunisal TABS</i>	P	
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NF	QL(4 EA daily)	DOLOBID TABS	NP	
FIORICET CAPS (<i>Use butalbital-acetaminophen-caffeine</i>)	NP		<i>salsalate</i>	P	
Analgesics - Sodium Channel Pain Signal Inhibitors			ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
JOURNAVX	NP		Opioid Agonists		
Analgesics Other			<i>codeine sulfate TABS 30 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old)
<i>acetaminophen CAPS 500 MG</i>	P		CODEINE SULFATE TABS 15 MG	P	QL(2 EA daily)
<i>acetaminophen CHEW 80 MG</i>	P		CODEINE SULFATE TABS 60 MG	P	QL(2 EA daily); AL(At least 12 yrs old)
<i>acetaminophen ELIX</i>	P		CONZIP CP24 (<i>Use tramadol hcl</i>)	NP	
<i>acetaminophen LIQD 160 MG/5ML</i>	P		DEMEROL SOLN IJ (<i>Use meperidine hcl</i>)	NF	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P		DILAUDID LIQD (<i>Use hydromorphone hcl</i>)	NP	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	QL(12 EA per 31 day(s) retail)	DILAUDID TABS (<i>Use hydromorphone hcl</i>)	NP	QL(180 EA per 27 day(s) retail)
<i>acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P		DISKETS TBSO 40 MG (<i>Use methadone hcl</i>)	NP	
			<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	
			<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	NP	QL(0.34 EA daily)
			<i>hydrocodone bitartrate CP12</i>	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone bitartrate T24A</i>	NP		<i>morphine sulfate TBCR</i>	P	QL(3 EA daily); PA
<i>hydromorphone hcl LIQD</i>	P		MS CONTIN TBCR 15 MG, 30 MG, 60 MG (<i>Use morphine sulfate</i>)	NP	QL(3 EA daily)
HYDROMORPHONE HCL SUPP	P	QL(12 EA per fill retail)	MS CONTIN TBCR 100 MG, 200 MG (<i>Use morphine sulfate</i>)	NF	QL(3 EA daily)
<i>hydromorphone hcl TABS</i>	P	QL(180 EA per 27 day(s) retail)	NUCYN TA TABS 50 MG, 75 MG, 100 MG (<i>Use tapentadol hcl</i>)	NF	
<i>hydromorphone hcl TB24</i>	NP		<i>oxycodone hcl CAPS</i>	P	QL(180 EA per 27 day(s) retail)
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP		<i>oxycodone hcl CONC 100 MG/5ML</i>	P	QL(6 ML daily)
<i>levorphanol tartrate TABS</i>	NP		<i>oxycodone hcl SOLN</i>	P	
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	NP	QL(500 ML per fill retail)	<i>oxycodone hcl TABS</i>	P	QL(180 EA per 27 day(s) retail)
<i>meperidine hcl TABS 50 MG</i>	NP	QL(180 EA per 27 day(s) retail)	OXYCONTIN T12A	NP	QL(2 EA daily)
<i>methadone hcl CONC</i>	NP		<i>oxymorphone hcl TABS</i>	NP	
<i>methadone hcl SOLN PO</i>	NP		<i>oxymorphone hcl TB12</i>	NP	
<i>methadone hcl TABS 10 MG</i>	NP	QL(10 EA daily)	QDOLO SOLN (<i>Use tramadol hcl</i>)	NF	
<i>methadone hcl TABS 5 MG</i>	NP	QL(4 EA daily)	ROXICODONE TABS 15 MG, 30 MG (<i>Use oxycodone hcl</i>)	NP	QL(180 EA per 27 day(s) retail)
<i>methadone hcl TBSO</i>	NP		ROXYBOND TABA	NP	QL(180 EA per 27 day(s) retail; 180 EA per 27 days mail)
METHADOSE SUGAR-FREE CONC (<i>Use methadone hcl</i>)	NP		TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG	NP	
METHADOSE CONC (<i>Use methadone hcl</i>)	NP		TAPENTADOL HCL SOLN PO 20 MG/ML	NP	
<i>morphine sulfate beads</i>	NP		<i>tapentadol hcl TABS 50 MG, 75 MG, 100 MG</i>	NP	
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP		<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	
<i>morphine sulfate SOLN PO 100 MG/5ML</i>	P	QL(240 ML per fill retail)	<i>tramadol hcl SOLN</i>	NP	
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	QL(500 ML per 23 day(s) retail)	TRAMADOL HCL SOLN (<i>Use tramadol hcl</i>)	NF	
<i>morphine sulfate SUPP</i>	P	QL(24 EA per fill retail)			
<i>morphine sulfate TABS</i>	P	QL(180 EA per 27 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl TABS 50 MG</i>	P	QL(8 EA daily); AL(At least 18 yrs old)	<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>tramadol hcl TABS 75 MG</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>tramadol hcl TABS 25 MG, 100 MG</i>	NP	AL(At least 18 yrs old)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	P	
<i>tramadol hcl TB24</i>	NP		NALOCET TABS	NP	
Opioid Combinations			<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; 180 EA per 27 days mail)
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ML daily); AL(At least 12 yrs old)	<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	P	
<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)	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; 180 EA per 27 days mail)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	NP		PERCOCET TABS 325 MG-2.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NF	
<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)	PERCOCET TABS 325 MG-5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NF	QL(180 EA per 27 day(s) retail; 180 EA per 27 days mail)
<i>butalbital-aspirin-caffeine w/cod</i>	P	QL(4 EA daily); AL(At least 12 yrs old)	PROLATE SOLN	NP	
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP		PROLATE TABS	NP	
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P		<i>tramadol-acetaminophen</i>	NP	QL(4 EA daily); AL(At least 18 yrs old)
<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)	Opioid Partial Agonists		
			BELBUCA FILM	NP	
			BRIXADI (WEEKLY) SOSY	P	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	SP	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	NP	QL(4 ML per 30 day(s) retail)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	P		<i>testosterone enanthate SOLN IM</i>	NP	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P		<i>testosterone GEL TD 1 %, 1.62 %, 25 MG/2.5GM, 50 MG/5GM, 1.62 %</i>	P	
<i>buprenorphine hcl SUBL</i>	P		<i>testosterone GEL TD</i>	NP	
<i>buprenorphine PTWK</i>	NP		<i>testosterone GEL TD</i>	NP	
<i>butorphanol tartrate NA 10 MG/ML</i>	NP		<i>testosterone SOLN</i>	NP	
BUTRANS PTWK (Use <i>buprenorphine</i>)	NP		<i>testosterone SOLN</i>	P	
<i>pentazocine w/ naloxone hcl</i>	NP		TLANDO CAPS	NP	
SUBLOCADE SOSY	P	SP	VOGELXO PUMP GEL TD (Use <i>testosterone</i>)	NF	
SUBOXONE FILM SL (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P		VOGELXO GEL TD (Use <i>testosterone</i>)	NF	
ZUBSOLV SUBL	P		XYOSTED SOAJ	NP	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Androgens			Intrarectal Steroids		
ANDROGEL PUMP GEL TD (Use <i>testosterone</i>)	NF		<i>budesonide (intrarectal)</i>	NP	
AZMIRO SOSY	NP		CORTENEMA (Use <i>hydrocortisone (intrarectal)</i>)	NP	QL(420 ML per fill retail)
<i>danazol CAPS</i>	P		CORTIFOAM EX 10 %	NP	
JATENZO CAPS	NP		<i>hydrocortisone (intrarectal)</i>	P	QL(420 ML per fill retail)
<i>methyltestosterone CAPS</i>	NP		UCERIS (Use <i>budesonide (intrarectal)</i>)	NF	
<i>methyltestosterone TABS</i>	NP		Rectal Combinations		
NATESTO GEL NA	NP		ANA-LEX KIT 2 %-2 % (Use <i>lidocaine-hydrocortisone acetate (rectal)</i>)	NP	
TESTIM GEL TD (Use <i>testosterone</i>)	NP		ANALPRAM HC CREA EX (Use <i>hydrocortisone acetate w/ pramoxine</i>)	NP	
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	NP	QL(4 ML per 30 day(s) retail)			
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANALPRAM HC LOTN EX	NP		HEMMOREX-HC 25 MG, 30 MG (Use <i>hydrocortisone acetate (rectal)</i>)	NF	
HEMORRHOIDAL 0.25 %-85.5 %-3 %	P	QL(12 EA per 31 day(s) retail)	<i>hydrocortisone (rectal) EX 1 %</i>	P	QL(454 GM per fill retail); 1 package(s) per fill retail; RX/OTC
LIDOCAINE-HYDROCORTISONE ACE GEL	NP		<i>hydrocortisone (rectal) EX 2.5 %</i>	P	QL(30 GM per fill retail)
LIDOCAINE-HYDROCORTISONE ACE KIT	NP		<i>hydrocortisone acetate (rectal) 30 MG</i>	NP	
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NP		PROCTOCORT (Use <i>hydrocortisone acetate (rectal)</i>)	NF	
<i>lidocaine-hydrocortisone acetate (rectal) KIT</i>	NP		Vasodilating Agents		
LIDOCORT CREA EX 0.5 %-3 % (Use <i>lidocaine-hydrocortisone acetate (rectal)</i>)	NP		<i>nitroglycerin (intra-anal)</i>	NP	
<i>phenylephrine-cocoa butter 0.25 %-85.39 %, 0.25 %-88.44 %</i>	P		RECTIV (Use <i>nitroglycerin (intra-anal)</i>)	NP	
<i>phenylephrine-mineral oil-petrolatum 0.25 %-74.9 %-14 %</i>	P	QL(90 GM per 30 day(s) retail)	ANTACIDS		
PROCTOFOAM HC FOAM EX	NP		Antacid Combinations		
SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	P	QL(31 GM per 31 day(s) retail)	<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)	Antacids - Aluminum Salts		
PROCTOFOAM FOAM EX 1 %	P	QL(15 GM per fill retail)	ALUMINUM HYDROXIDE GEL SUSP	P	
Rectal Steroids			Antacids - Bicarbonate		
ANUCORT-HC 25 MG (Use <i>hydrocortisone acetate (rectal)</i>)	NF		<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	
ANUSOL-HC 25 MG (Use <i>hydrocortisone acetate (rectal)</i>)	NF		Antacids - Calcium Salts		
ANUSOL-HC EX (Use <i>hydrocortisone (rectal)</i>)	NF	QL(30 GM per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate (antacid) CHEW 500 MG</i>	P	
CALCIUM CARBONATE ANTACID SUSP	P	QL(500 ML per 30 day(s) retail)
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	NP	
BENZNIDAZOLE	NP	SP
BILTRICIDE (<i>Use praziquantel</i>)	NF	
EMVERM CHEW	NP	QL(1 EA per 20 day(s) retail)
<i>ivermectin</i>	NP	
<i>praziquantel</i>	P	
STROMEKTOL (<i>Use ivermectin</i>)	NP	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12</i>	NP	MP
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>Use isosorbide dinitrate</i>)	NF	MP
<i>isosorbide dinitrate TABS</i>	P	MP
<i>isosorbide mononitrate TABS</i>	P	QL(2 EA daily); MP
<i>isosorbide mononitrate TB24</i>	P	QL(1 EA daily); MP
NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NP	
NITRO-DUR PT24	NP	
<i>nitroglycerin OINT</i>	P	
<i>nitroglycerin PT24</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NP	MP
<i>nitroglycerin SUBL</i>	P	MP
NITROLINGUAL SOLN TL (<i>Use nitroglycerin</i>)	NP	MP
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NP	MP
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NF	MP
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
BUCAPSOL PO 5 MG, 7.5 MG, 10 MG, 15 MG	NP	
<i>buspirone hcl 7.5 MG, 30 MG</i>	P	QL(3 EA daily); MP
<i>buspirone hcl 2.5 MG, 12.5 MG</i>	P	
<i>buspirone hcl 15 MG</i>	P	QL(4 EA daily); MP
<i>buspirone hcl 5 MG, 10 MG</i>	P	QL(6 EA daily); MP
<i>hydroxyzine hcl SYRP</i>	P	MP
<i>hydroxyzine hcl TABS</i>	P	MP
<i>hydroxyzine pamoate CAPS</i>	P	MP
<i>meprobamate</i>	NP	MP
VISTARIL CAPS 25 MG (<i>Use hydroxyzine pamoate</i>)	NF	MP
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	P	
<i>alprazolam TABS</i>	P	QL(4 EA daily)
<i>alprazolam TB24</i>	NP	
<i>alprazolam TBDP</i>	NP	
ATIVAN TABS 1 MG (<i>Use lorazepam</i>)	NF	QL(4 EA daily)
ATIVAN TABS 0.5 MG, 2 MG (<i>Use lorazepam</i>)	NF	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 EA daily)	<i>propafenone hcl CP12</i>	NP	MP
<i>clorazepate dipotassium TABS</i>	P	QL(3 EA daily)	<i>propafenone hcl TABS</i>	P	MP
<i>diazepam CONC</i>	P		Antiarrhythmics Type III		
<i>diazepam SOLN PO 5 MG/5ML</i>	P	QL(500 ML per fill retail)	<i>amiodarone hcl TABS</i>	P	MP
<i>diazepam TABS</i>	P	QL(4 EA daily)	<i>dofetilide</i>	P	MP
<i>lorazepam CONC</i>	P		MULTAQ	NP	
<i>lorazepam TABS 1 MG</i>	P	QL(4 EA daily)	TIKOSYN (Use <i>dofetilide</i>)	NF	MP
<i>lorazepam TABS 0.5 MG, 2 MG</i>	P	QL(3 EA daily)	TIKOSYN (Use <i>dofetilide</i>)	NP	MP
LOREEV XR CS24	NP		ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
<i>oxazepam CAPS</i>	P	QL(4 EA daily)	Antiasthmatic - Monoclonal Antibodies		
VALIUM TABS (Use <i>diazepam</i>)	NF	QL(4 EA daily)	CINQAIR	P	SP; PA
XANAX XR TB24 (Use <i>alprazolam</i>)	NF		EXDENSUR SOSY SC 100 MG/ML	NP	SP
XANAX XR TB24 (Use <i>alprazolam</i>)	NP		FASENRA PEN SOAJ	P	SP; PA
XANAX TABS (Use <i>alprazolam</i>)	NP	QL(4 EA daily)	FASENRA SOSY	P	SP; PA
XANAX TABS 0.5 MG (Use <i>alprazolam</i>)	NF	QL(4 EA daily)	NUCALA SOAJ	P	SP; PA
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			NUCALA SOLR	P	SP; PA
Antiarrhythmics Type I-A			NUCALA SOSY	P	SP; PA
<i>disopyramide phosphate CAPS</i>	P	MP	OMLYCLO SOSY SC 75 MG/0.5ML, 150 MG/ML, 300 MG/2ML	NP	
NORPACE CR CP12	P		TEZSPIRE SOAJ	P	SP; PA
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	NP	MP	TEZSPIRE SOSY	P	SP; PA
<i>quinidine gluconate TBCR</i>	P	MP	XOLAIR SOAJ	P	SP; PA
<i>quinidine sulfate TABS</i>	P	MP	XOLAIR SOLR	P	SP; PA
Antiarrhythmics Type I-B			XOLAIR SOSY	P	SP; PA
<i>mexiletine hcl</i>	P	MP	Anti-Inflammatory Agents		
Antiarrhythmics Type I-C			<i>cromolyn sodium NEBU</i>	P	QL(240 ML per 30 day(s) retail)
<i>flecainide acetate</i>	P	MP	Bronchodilators - Anticholinergics		
			ATROVENT HFA 17 MCG/ACT (Use <i>ipratropium bromide hfa</i>)	P	QL(25 GM per 30 day(s) retail)
			INCRUSE ELLIPTA 62.5 MCG/ACT (Use <i>umeclidinium bromide</i>)	P	QL(30 EA per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>ipratropium bromide hfa</i> 17 MCG/ACT	P	QL(25 GM per 30 day(s) retail)
<i>ipratropium bromide</i> SOLN 0.02 %	P	QL(375 ML per 27 day(s) retail)
SPIRIVA HANDIHALER CAPS IN (Use <i>tiotropium bromide</i>)	P	
SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT	NP	
SPIRIVA RESPIMAT AERS IN	P	
<i>tiotropium bromide</i> CAPS IN 18 MCG	P	
TUDORZA PRESSAIR	NP	QL(1 EA per 30 day(s) retail)
<i>umeclidinium bromide</i> 62.5 MCG/INH	NP	QL(30 EA per fill retail)
YUPELRI IN 175 MCG/3ML	NP	
Leukotriene Modulators		
ACCOLATE (Use <i>zafirlukast</i>)	NF	MP
<i>montelukast sodium</i> CHEW	P	QL(1 EA daily); MP
<i>montelukast sodium</i> PACK	P	QL(1 EA daily); MP
<i>montelukast sodium</i> TABS	P	QL(1 EA daily); MP
SINGULAIR CHEW 5 MG (Use <i>montelukast sodium</i>)	NP	QL(1 EA daily); MP
SINGULAIR CHEW 4 MG (Use <i>montelukast sodium</i>)	NF	QL(1 EA daily); MP
SINGULAIR PACK (Use <i>montelukast sodium</i>)	NF	QL(1 EA daily); MP
SINGULAIR TABS (Use <i>montelukast sodium</i>)	NP	QL(1 EA daily); MP
<i>zafirlukast</i>	P	MP
<i>zileuton</i> TB12	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 (Use <i>roflumilast</i>)	NP	
<i>roflumilast</i>	NP	
Steroid Inhalants		
ALVESCO	NP	
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use <i>fluticasone furoate</i> (inhalation))	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>beclomethasone dipropionate</i> 40 MCG/ACT, 80 MCG/ACT	P	
<i>budesonide</i> (inhalation) SUSP	P	QL(120 ML per 30 day(s) retail); AL(Up to 8 yrs old)
FLOVENT HFA 44 MCG/ACT (Use <i>fluticasone propionate hfa</i>)	NF	QL(11 GM per fill retail)
<i>fluticasone furoate</i> (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	P	
<i>fluticasone propionate</i> (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT	P	QL(2 EA daily)
<i>fluticasone propionate</i> (inhalation) AEPB 50 MCG/ACT	P	QL(60 EA per fill retail)

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P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(12 GM per fill retail)	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use <i>umeclidinium-vilanterol</i>)	P	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(11 GM per fill retail)	<i>arformoterol tartrate</i>	NP	
PULMICORT FLEXHALER AEPB	P	QL(1 EA per 25 day(s) retail)	BEVESPI AEROSPHERE	NP	
PULMICORT FLEXHALER AEPB	P	QL(1 EA per 25 day(s) retail)	BREO ELLIPTA (Use <i>fluticasone furoate-vilanterol</i>)	NP	
PULMICORT SUSP (Use <i>budesonide (inhalation)</i>)	NP	QL(120 ML per 30 day(s) retail); AL(Up to 8 yrs old)	BREO ELLIPTA	NP	
QVAR REDHALER	NP		BREZTRI AEROSPHERE	NP	
Sympathomimetics			BROVANA (Use <i>arformoterol tartrate</i>)	NP	
ADVAIR DISKUS AEPB (Use <i>fluticasone-salmeterol</i>)	P	QL(2 EA daily)	<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(31 GM per fill retail; 92 per fill mail)
ADVAIR DISKUS AEPB (Use <i>fluticasone-salmeterol</i>)	NF	QL(2 EA daily)	<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(22 GM per fill retail; 66 per fill mail)
ADVAIR HFA AERO (Use <i>fluticasone-salmeterol</i>)	P		COMBIVENT RESPIMAT AERS	NP	QL(4 GM per 30 day(s) retail)
AIRDUO RESPICLICK 113/14 AEPB (Use <i>fluticasone-salmeterol</i>)	NF		DUAKLIR PRESSAIR	NP	
AIRDUO RESPICLICK 232/14 AEPB (Use <i>fluticasone-salmeterol</i>)	NF		DULERA 50 MCG/ACT-5 MCG/ACT	P	
AIRDUO RESPICLICK 55/14 AEPB (Use <i>fluticasone-salmeterol</i>)	NF		DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(13 GM per fill retail)
AIRSUPRA	P		<i>fluticasone furoate-vilanterol</i>	NP	
<i>albuterol sulfate AERS</i>	P	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail	<i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	NP	
<i>albuterol sulfate NEBU 2.5 MG/0.5ML</i>	P	QL(2 EA daily)	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	NP	QL(2 EA daily)
<i>albuterol sulfate NEBU</i>	P	QL(375 ML per 27 day(s) retail)	<i>fluticasone-salmeterol AERO</i>	NP	
<i>albuterol sulfate SYRP</i>	NP	MP			
<i>albuterol sulfate TABS</i>	NP				

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<i>formoterol fumarate NEBU</i>	NP	
<i>ipratropium-albuterol SOLN</i>	P	QL(12 ML daily)
<i>levalbuterol hcl</i>	NP	
<i>levalbuterol tartrate</i>	NP	2 package(s) per 30 day(s) retail
PERFOROMIST NEBU (Use <i>formoterol fumarate</i>)	NP	
PROAIR RESPICLICK AEPB	NP	
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	NF	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
SEREVENT DISKUS	P	QL(2 EA daily)
STIOLTO RESPIMAT	NP	
STRIVERDI RESPIMAT	NP	
SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (Use <i>budesonide-formoterol fumarate dihydrate</i>)	P	QL(21 GM per fill retail; 63 per fill mail)
SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i>)	P	QL(31 GM per fill retail; 92 per fill mail)
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (Use <i>budesonide-formoterol fumarate dihydrate</i>)	P	QL(18 GM per fill retail; 54 per fill mail)
<i>terbutaline sulfate TABS</i>	P	
TRELEGY ELLIPTA	NP	
<i>umeclidinium-vilanterol</i>	P	
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	NP	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
XOPENEX HFA (Use <i>levalbuterol tartrate</i>)	NP	2 package(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/Limits
Xanthines		
THEO-24 CP24	P	
<i>theophylline ELIX</i>	P	
<i>theophylline SOLN</i>	P	QL(475 ML per fill retail); MP
<i>theophylline TB12</i>	P	
<i>theophylline TB24</i>	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	P	
Direct Factor Xa Inhibitors		
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
ELIQUIS TBSO PO 0.5 MG	P	PA
<i>rivaroxaban SUSR 1 MG/ML</i>	NP	
<i>rivaroxaban TABS 2.5 MG</i>	NP	QL(62 EA per 31 day(s) retail; 62 EA per 31 days mail)
SAVAYSA	NP	
XARELTO STARTER PACK TBPK	P	PA
XARELTO SUSR 1 MG/ML (Use <i>rivaroxaban</i>)	P	PA
XARELTO TABS 10 MG, 20 MG	P	QL(31 EA per 31 day(s) retail; 31 EA per 31 days mail); PA
XARELTO TABS 2.5 MG, 15 MG	P	QL(62 EA per 31 day(s) retail; 62 EA per 31 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XARELTO TABS 2.5 MG, 15 MG (<i>Use rivaroxaban</i>)	P	QL(62 EA per 31 day(s) retail; 62 EA per 31 days mail); PA	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP
Heparins And Heparinoid-Like Agents			FRAGMIN SOSY	P	SP
ARIXTRA (<i>Use fondaparinux sodium</i>)	NP	SP	HEPARIN NA (PORK) LOCK FLSH PF 10 UNIT/ML	P	
BD HEPARIN POSIFLUSH 10 UNIT/ML	P		HEPARIN SOD (PORK) LOCK FLUSH 10 UNIT/ML	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	HEPARIN SODIUM (PORCINE) PF SOLN IJ	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	<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 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	HEPARIN SODIUM (PORCINE) SOSY IJ	P	
<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	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
<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; 21 day(s) max supply per 180 day(s) mail; SP	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; 21 day(s) max supply per 180 day(s) mail; SP
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(5 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP	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
<i>fondaparinux sodium</i>	P	SP	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

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LOVENOX SOSY 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	DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	NF	QL(1 EA per fill retail)
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>diazepam (anticonvulsant) GEL</i>	P	QL(1 EA per fill retail)
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	KLONOPIN TABS (<i>Use clonazepam</i>)	NP	QL(4 EA daily)
Thrombin Inhibitors			NAYZILAM	NP	
<i>dabigatran etexilate mesylate CAPS</i>	NP		ONFI SUSP (<i>Use clobazam</i>)	NP	
PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	NP		ONFI TABS (<i>Use clobazam</i>)	NP	
PRADAXA PACK	NP	SP	SYMPAZAN FILM	NP	
ANTICONVULSANTS - Drugs to Treat Seizures			VALTOCO 10 MG DOSE LIQD	NP	
AMPA Glutamate Receptor Antagonists			VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	NP	
FYCOMPA SUSP 0.5 MG/ML (<i>Use perampanel</i>)	NP		VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	NP	
FYCOMPA TABS	NP		VALTOCO 5 MG DOSE LIQD	NP	
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>Use perampanel</i>)	NP		Anticonvulsants - Misc.		
<i>perampanel SUSP 0.5 MG/ML</i>	NP		APTIOM 200 MG, 400 MG, 600 MG, 800 MG (<i>Use eslicarbazepine acetate</i>)	NP	
<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	NP		BANZEL SUSP (<i>Use rufinamide</i>)	NP	SP
Anticonvulsants - Benzodiazepines			BANZEL TABS (<i>Use rufinamide</i>)	NP	SP
<i>clobazam SUSP</i>	NP		<i>brivaracetam SOLN PO 10 MG/ML</i>	NP	
<i>clobazam TABS</i>	NP		<i>brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	NP	SP
<i>clonazepam TABS</i>	P	QL(4 EA daily)	<i>brivaracetam TABS 25 MG, 50 MG, 75 MG, 100 MG</i>	NP	
<i>clonazepam TBDP</i>	NP		BRIVIACT SOLN PO 10 MG/ML (<i>Use brivaracetam</i>)	NP	SP; PV

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (Use <i>brivaracetam</i>)	NP	SP; PV	KEPPRA TABS 250 MG, 750 MG (Use <i>levetiracetam</i>)	NP	QL(4 EA daily); MP
<i>carbamazepine CHEW</i>	P		<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	NP	
<i>carbamazepine CP12</i>	NP	MP	<i>lacosamide TABS</i>	NP	
<i>carbamazepine SUSP</i>	P	MP	LAMICTAL ODT KIT (Use <i>lamotrigine</i>)	NP	MP
<i>carbamazepine TABS</i>	P	MP	LAMICTAL ODT TBDP (Use <i>lamotrigine</i>)	NP	MP
<i>carbamazepine TB12</i>	P	MP	LAMICTAL STARTER KIT 25 MG (Use <i>lamotrigine</i>)	NP	MP
CARBATROL CP12 (Use <i>carbamazepine</i>)	NP	MP	LAMICTAL XR KIT	NP	
DIACOMIT CAPS	NP	SP	LAMICTAL XR TB24 (Use <i>lamotrigine</i>)	NP	ST; MP
DIACOMIT PACK	NP	SP	LAMICTAL CHEW (Use <i>lamotrigine</i>)	NP	MP
ELEPSIA XR TB24	NP		LAMICTAL TABS (Use <i>lamotrigine</i>)	NP	MP
EPIDIOLEX	NP	SP	<i>lamotrigine CHEW</i>	P	MP
EPRONTIA SOLN 25 MG/ML (Use <i>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 CAPS 200 MG</i>	NP		<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P	QL(30 ML daily); MP
<i>gabapentin SOLN</i>	P	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
<i>gabapentin TABS 600 MG</i>	P	QL(6 EA daily); MP	<i>levetiracetam TABS 500 MG</i>	P	QL(6 EA daily); MP
GABARONE TABS 100 MG, 400 MG	NP		<i>levetiracetam TB24</i>	P	MP
KEPPRA XR TB24 (Use <i>levetiracetam</i>)	NP	MP	<i>levetiracetam TB3D 250 MG, 500 MG</i>	NP	
KEPPRA SOLN PO 100 MG/ML (Use <i>levetiracetam</i>)	NP	QL(30 ML daily); MP	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 225 MG (Use <i>pregabalin</i>)	NF	MP
KEPPRA TABS 1000 MG (Use <i>levetiracetam</i>)	NP	MP	LYRICA CAPS (Use <i>pregabalin</i>)	NP	MP
KEPPRA TABS 500 MG (Use <i>levetiracetam</i>)	NP	QL(6 EA daily); MP			

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LYRICA SOLN (<i>Use pregabalin</i>)	NF	MP	TEGRETOL SUSP (<i>Use carbamazepine</i>)	NP	MP
LYRICA SOLN (<i>Use pregabalin</i>)	NP	MP	TEGRETOL TABS (<i>Use carbamazepine</i>)	NP	MP
MOTPOLY XR CP24	NP		TEGRETOL-XR TB12 (<i>Use carbamazepine</i>)	NP	MP
MYSOLINE (<i>Use primidone</i>)	NF	MP	TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NP	QL(6 EA daily); MP
NEURONTIN CAPS (<i>Use gabapentin</i>)	NP	QL(9 EA daily); MP	TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NP	QL(8 EA daily); MP
NEURONTIN SOLN (<i>Use gabapentin</i>)	NF	MP	TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NP	QL(6 EA daily); MP
NEURONTIN SOLN (<i>Use gabapentin</i>)	NP	MP	TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NP	QL(4 EA daily); MP
NEURONTIN TABS 800 MG (<i>Use gabapentin</i>)	NF	QL(4 EA daily); MP	TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NP	QL(2 EA daily); MP
NEURONTIN TABS 600 MG (<i>Use gabapentin</i>)	NP	QL(6 EA daily); MP	<i>topiramate CP24</i>	NP	
NEURONTIN TABS 600 MG (<i>Use gabapentin</i>)	NF	QL(6 EA daily); MP	<i>topiramate CPSP 25 MG</i>	P	QL(8 EA daily); MP
NEURONTIN TABS 800 MG (<i>Use gabapentin</i>)	NP	QL(4 EA daily); MP	<i>topiramate CPSP 15 MG</i>	P	QL(6 EA daily); MP
<i>oxcarbazepine SUSP</i>	P	MP	<i>topiramate CPSP 50 MG</i>	P	
<i>oxcarbazepine TABS</i>	P	MP	<i>topiramate CS24</i>	NP	MP
<i>oxcarbazepine TB24</i>	P		<i>topiramate SOLN 25 MG/ML</i>	NP	
OXTELLAR XR TB24 (<i>Use oxcarbazepine</i>)	NP		<i>topiramate TABS 100 MG</i>	P	QL(4 EA daily); MP
<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 200 MG</i>	P	QL(2 EA daily); MP
<i>primidone 125 MG</i>	P		TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NP	MP
<i>primidone 50 MG, 250 MG</i>	P	MP	TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NF	MP
QUDEXY XR CS24 (<i>Use topiramate</i>)	NF	MP	TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	NP	MP
<i>rufinamide SUSP</i>	NP	SP	TROKENDI XR CP24 (<i>Use topiramate</i>)	NF	
<i>rufinamide TABS</i>	NP	SP	TROKENDI XR CP24 (<i>Use topiramate</i>)	NP	
SPRITAM TB3D	NP				
SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (<i>Use levetiracetam</i>)	NP				
SUBVENITE SUSP PO 10 MG/ML	NP				

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VIMPAT SOLN PO 10 MG/ML (<i>Use lacosamide</i>)	NP		DILANTIN	NP	
VIMPAT TABS (<i>Use lacosamide</i>)	NP		DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	NF	MP
ZONEGRAN CAPS 25 MG, 100 MG (<i>Use zonisamide</i>)	NF	MP	DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	NP	MP
ZONISADE SUSP	NP		DILANTIN-125 SUSP (<i>Use phenytoin</i>)	NP	MP
<i>zonisamide CAPS</i>	P	MP	DILANTIN SUSP (<i>Use phenytoin</i>)	NF	MP
ZTALMY	NP		<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P	MP
Carbamates			<i>phenytoin CHEW</i>	P	MP
<i>felbamate SUSP</i>	NP	MP	<i>phenytoin SUSP 125 MG/5ML</i>	P	MP
<i>felbamate TABS</i>	NP	MP	Succinimides		
FELBATOL SUSP (<i>Use felbamate</i>)	NF	MP	CELONTIN (<i>Use methsuximide</i>)	NP	
FELBATOL TABS (<i>Use felbamate</i>)	NP	MP	<i>ethosuximide CAPS</i>	P	MP
XCOPRI (250 MG DAILY DOSE) TBPk	P		<i>ethosuximide SOLN</i>	P	MP
XCOPRI (350 MG DAILY DOSE) TBPk	P		<i>methsuximide</i>	NP	
XCOPRI TABS	P		ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	MP
XCOPRI TBPk	P		ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	MP
GABA Modulators			Valproic Acid		
SABRIL PACK (<i>Use vigabatrin</i>)	NP	SP; MP	DEPAKOTE ER TB24 500 MG (<i>Use divalproex sodium</i>)	NP	MP
SABRIL TABS (<i>Use vigabatrin</i>)	NP	QL(6 EA daily); SP; MP	DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	NF	MP
<i>tiagabine hcl</i>	NP	MP	DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NP	MP
<i>vigabatrin PACK</i>	NP	SP; MP	DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	NP	MP
<i>vigabatrin TABS</i>	NP	QL(6 EA daily); SP; MP	<i>divalproex sodium CSDR</i>	P	MP
VIGAFYDE SOLN	NP	SP	<i>divalproex sodium TB24</i>	P	MP
Hydantoins			<i>divalproex sodium TBEC</i>	P	MP
DILANTIN (<i>Use phenytoin sodium extended</i>)	NP	MP			
DILANTIN (<i>Use phenytoin sodium extended</i>)	NF	MP			

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<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	P	MP	<i>bupropion hcl TB12 100 MG</i>	P	QL(4 EA daily); MP
<i>valproic acid CAPS</i>	P	MP	<i>bupropion hcl TB24 150 MG</i>	P	QL(3 EA daily); MP
ANTIDEPRESSANTS - Drugs to Treat Depression			<i>bupropion hcl TB24 450 MG</i>	P	MP
Alpha-2 Receptor Antagonists (Tetracyclics)			<i>bupropion hcl TB24 300 MG</i>	P	QL(1 EA daily); MP
<i>mirtazapine TABS 15 MG</i>	P	QL(3 EA daily); MP	FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NF	MP
<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 EA daily); MP	WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NP	QL(4 EA daily); MP
<i>mirtazapine TABS 7.5 MG, 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 15 MG</i>	P	QL(3 EA daily); MP	WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NP	QL(3 EA daily); MP
<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 EA daily); MP	WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 EA daily); MP
<i>mirtazapine TBDP 45 MG</i>	P	QL(1 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	GABA Receptor Modulator - Neuroactive Steroid		
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 EA daily); MP	ZURZUVAE	P	SP
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 EA daily); MP	Monoamine Oxidase Inhibitors (MAOIs)		
REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 EA daily); MP	EMSAM	NP	
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 EA daily); MP	MARPLAN	NP	
Antidepressant Combinations			MARPLAN	NP	
AUVELITY	NP		NARDIL (<i>Use phenelzine sulfate</i>)	NP	MP
AUVELITY TITRATION PACK PO	NP		PARNATE (<i>Use tranylcypromine sulfate</i>)	NF	MP
Antidepressants - Misc.			<i>phenelzine sulfate</i>	P	MP
<i>bupropion hcl TABS</i>	P	QL(3 EA daily); MP	<i>tranylcypromine sulfate</i>	P	MP
<i>bupropion hcl TB12 200 MG</i>	P	QL(2 EA daily); MP	N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
<i>bupropion hcl TB12 150 MG</i>	P	QL(3 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SPRAVATO (56 MG DOSE)	NP	SP	<i>fluoxetine hcl CPDR</i>	NP	MP
SPRAVATO (84 MG DOSE)	NP	SP	<i>fluoxetine hcl SOLN</i>	P	QL(600 ML per 30 day(s) retail; 1800 ML per 90 days mail); MP
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>fluoxetine hcl TABS</i>	P	MP
CELEXA TABS 40 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(1 EA daily); MP	FLUOXETINE HCL TABS (Use <i>fluoxetine hcl</i>)	NF	MP
CELEXA TABS 20 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(2 EA daily); MP	<i>fluvoxamine maleate CP24</i>	NP	MP
CELEXA TABS 10 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(4 EA daily); MP	<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	P	QL(2 EA daily); MP
<i>citalopram hydrobromide CAPS 30 MG</i>	NP		<i>fluvoxamine maleate TABS 100 MG</i>	P	QL(3 EA daily); MP
CITALOPRAM HYDROBROMIDE CAPS 30 MG (Use <i>citalopram hydrobromide</i>)	NP		LEXAPRO TABS 10 MG (Use <i>escitalopram oxalate</i>)	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 20 MG (Use <i>escitalopram oxalate</i>)	NP	QL(1 EA daily); MP
<i>citalopram hydrobromide TABS 10 MG</i>	P	QL(4 EA daily); MP	LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i>)	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 30 MG, 40 MG</i>	P	QL(2 EA daily); MP
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP		<i>paroxetine hcl TABS 20 MG</i>	P	QL(3 EA daily); MP
<i>escitalopram oxalate SOLN</i>	P	MP	<i>paroxetine hcl TABS 10 MG</i>	P	QL(6 EA daily); MP
<i>escitalopram oxalate TABS 5 MG</i>	P	QL(4 EA daily); MP	<i>paroxetine hcl TB24</i>	NP	MP
<i>escitalopram oxalate TABS 10 MG</i>	P	QL(2 EA daily); MP	PAXIL CR TB24 (Use <i>paroxetine hcl</i>)	NP	MP
<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 EA daily); MP	PAXIL SUSP (Use <i>paroxetine hcl</i>)	NF	QL(40 ML daily)
<i>fluoxetine hcl CAPS</i>	P	QL(4 EA daily); MP	PAXIL TABS 30 MG, 40 MG (Use <i>paroxetine hcl</i>)	NP	QL(2 EA daily); MP
			PAXIL TABS 10 MG (Use <i>paroxetine hcl</i>)	NP	QL(6 EA daily); MP
			PAXIL TABS 20 MG (Use <i>paroxetine hcl</i>)	NP	QL(3 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROZAC CAPS (<i>Use fluoxetine hcl</i>)	NP	QL(4 EA daily); MP	(SNRIs)		
<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP		CYMBALTA CPEP 30 MG, 60 MG (<i>Use duloxetine hcl</i>)	NF	QL(1 EA daily); MP
SERTRALINE HCL CAPS 150 MG, 200 MG (<i>Use sertraline hcl</i>)	NP		CYMBALTA CPEP 20 MG (<i>Use duloxetine hcl</i>)	NP	QL(1 EA daily); MP
<i>sertraline hcl CONC</i>	P	QL(10 ML daily); MP	DESVENLAFAXINE ER	NP	MP
<i>sertraline hcl TABS 100 MG</i>	P	QL(2 EA daily); MP	<i>desvenlafaxine succinate 25 MG, 50 MG</i>	NP	QL(1 EA daily); ST; MP
<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(4 EA daily); MP	<i>desvenlafaxine succinate 100 MG</i>	NP	QL(4 EA daily); ST; MP
ZOLOFT CONC (<i>Use sertraline hcl</i>)	NP	QL(10 ML daily); MP	DRIZALMA SPRINKLE CSDR	NP	
ZOLOFT TABS 25 MG, 50 MG (<i>Use sertraline hcl</i>)	NF	QL(4 EA daily); MP	<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	P	QL(1 EA daily); MP
ZOLOFT TABS 25 MG, 50 MG (<i>Use sertraline hcl</i>)	NP	QL(4 EA daily); MP	<i>duloxetine hcl CPEP 40 MG</i>	P	MP
ZOLOFT TABS 100 MG (<i>Use sertraline hcl</i>)	NF	QL(2 EA daily); MP	DULOXETINE HCL CPEP 80 MG, 90 MG, 120 MG	P	
ZOLOFT TABS 100 MG (<i>Use sertraline hcl</i>)	NP	QL(2 EA daily); MP	EFFEXOR XR CP24 150 MG (<i>Use venlafaxine hcl</i>)	NP	QL(2 EA daily); MP
Serotonin Modulators			EFFEXOR XR CP24 150 MG (<i>Use venlafaxine hcl</i>)	NF	QL(2 EA daily); MP
EXXUA TITRATION PACK TB24 PO 18.2 MG	NP		EFFEXOR XR CP24 37.5 MG (<i>Use venlafaxine hcl</i>)	NP	QL(4 EA daily); MP
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP		EFFEXOR XR CP24 75 MG (<i>Use venlafaxine hcl</i>)	NF	QL(5 EA daily); MP
<i>nefazodone hcl</i>	NP	MP	EFFEXOR XR CP24 75 MG (<i>Use venlafaxine hcl</i>)	NP	QL(5 EA daily); MP
RALDESY SOLN PO 10 MG/ML	NP		FETZIMA TITRATION C4PK	NP	
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P	MP	FETZIMA CP24	NP	
<i>trazodone hcl TABS 300 MG</i>	P	QL(2 EA daily); MP	PRISTIQ 100 MG (<i>Use desvenlafaxine succinate</i>)	NP	QL(4 EA daily); ST; MP
TRINTELLIX	NP	QL(1 EA daily)	PRISTIQ 25 MG, 50 MG (<i>Use desvenlafaxine succinate</i>)	NP	QL(1 EA daily); ST; MP
VIIBRYD TABS (<i>Use vilazodone hcl</i>)	NP	QL(1 EA daily)	PRISTIQ 50 MG (<i>Use desvenlafaxine succinate</i>)	NF	QL(1 EA daily); ST; MP
<i>vilazodone hcl TABS</i>	NP	QL(1 EA daily)	VENLAFAXINE BESYLATE ER	P	
Serotonin-Norepinephrine Reuptake Inhibitors					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl CP24 75 MG</i>	P	QL(5 EA daily); MP	Antidiabetic - Amylin Analogs		
<i>venlafaxine hcl CP24 37.5 MG</i>	P	QL(4 EA daily); MP	SYMLINPEN 120 SOPN	NP	QL(11 ML per 30 day(s) retail)
<i>venlafaxine hcl CP24 150 MG</i>	P	QL(2 EA daily); MP	SYMLINPEN 60 SOPN	NP	QL(6 ML per 30 day(s) retail)
<i>venlafaxine hcl TABS</i>	P	MP	Antidiabetic Combinations		
<i>venlafaxine hcl TB24</i>	NP	MP	ACTOPLUS MET TABS 850 MG-15 MG (<i>Use pioglitazone hcl-metformin hcl</i>)	NP	QL(2 EA daily); MP
Tricyclic Agents			<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily); MP
<i>amitriptyline hcl TABS</i>	P	MP	<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
<i>amoxapine</i>	NP	MP	<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG</i>	NP	
ANAFRANIL (<i>Use clomipramine hcl</i>)	NP	MP	<i>dapagliflozin-saxagliptin</i>	NP	
<i>clomipramine hcl</i>	P	MP	DUETACT (<i>Use pioglitazone hcl-glimepiride</i>)	NP	MP
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	P	MP	<i>glipizide-metformin hcl</i>	P	MP
<i>desipramine hcl TABS 25 MG</i>	P	QL(2 EA daily); MP	<i>glyburide-metformin</i>	P	MP
<i>doxepin hcl CAPS</i>	P	MP	GLYXAMBI	NP	
<i>doxepin hcl CONC</i>	P	MP	INVOKAMET XR TB24	NP	
<i>imipramine hcl TABS</i>	P	MP	INVOKAMET TABS	NP	
<i>imipramine pamoate</i>	NP	MP	JANUMET XR TB24 1000 MG-100 MG, 1000 MG-50 MG, 500 MG-50 MG (<i>Use sitagliptin phosphate-metformin hcl</i>)	NP	
NORPRAMIN TABS 10 MG (<i>Use desipramine hcl</i>)	NF	MP	JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>Use sitagliptin phosphate-metformin hcl</i>)	NP	
NORPRAMIN TABS 25 MG (<i>Use desipramine hcl</i>)	NF	QL(2 EA daily); MP	JENTADUETO XR TB24	NP	
<i>nortriptyline hcl CAPS</i>	P	MP	JENTADUETO TABS	NP	QL(2 EA daily)
<i>nortriptyline hcl SOLN</i>	P	QL(20 ML daily); MP	<i>pioglitazone hcl-glimepiride</i>	NP	MP
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NP	MP			
<i>protriptyline hcl</i>	P	MP			
<i>trimipramine maleate CAPS</i>	P	MP			
ANTIDIABETICS - Drugs to Regulate Blood Sugar					
Alpha-Glucosidase Inhibitors					
<i>acarbose</i>	P	MP			
<i>miglitol</i>	P	MP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 EA daily); MP	<i>metformin hcl TABS 1000 MG</i>	P	QL(2 EA daily); MP
<i>saxagliptin-metformin hcl</i>	NP		<i>metformin hcl TB24 750 MG</i>	P	QL(2 EA daily); MP
SEGLUROMET	NP	QL(2 EA daily); ST	<i>metformin hcl TB24 500 MG</i>	P	QL(4 EA daily); MP
<i>sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG</i>	P		<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	MP
<i>sitagliptin free base-metformin hcl TB24</i>	NP		RIOMET SOLN (Use <i>metformin hcl</i>)	NF	MP
<i>sitagliptin phosphate-metformin hcl TABS</i>	NP		Diabetic Other		
<i>sitagliptin phosphate-metformin hcl TB24</i>	NP		BAQSIMI ONE PACK POWD	P	
SOLQUA	NP		BAQSIMI TWO PACK POWD	P	
STEGLUJAN	NP		<i>diazoxide</i>	P	
SYNJARDY XR TB24	NP		GLUCAGON EMERGENCY	P	
SYNJARDY TABS	NP		GLUCAGON EMERGENCY SOLR IJ 1 MG (Use <i>glucagon</i>)	P	QL(1 EA per fill retail)
TRIJARDY XR	NP		<i>glucagon SOLR IJ 1 MG</i>	P	QL(1 EA per fill retail)
XIGDUO XR TB24 PO (Use <i>dapagliflozin free base-metformin hcl</i>)	NP		GVOKE HYPOPEN 1-PACK SOAJ	P	
XULTOPHY	NP		GVOKE HYPOPEN 2-PACK SOAJ	P	
ZITUVIMET XR TB24	NP		GVOKE KIT SOLN	P	
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (Use <i>sitagliptin free base-metformin hcl</i>)	NP		GVOKE PFS SOSY 1 MG/0.2ML	P	
Biguanides			KORLYM (Use <i>mifepristone (hyperglycemia)</i>)	NP	SP
GLUMETZA TB24 (Use <i>metformin hcl</i>)	NF	MP	<i>mifepristone (hyperglycemia)</i>	NP	SP
<i>metformin hcl SOLN</i>	NP	MP	PROGLYCEM (Use <i>diazoxide</i>)	P	
<i>metformin hcl TABS 850 MG</i>	P	QL(3 EA daily); MP	ZEGALOGUE SOAJ	P	
<i>metformin hcl TABS 625 MG</i>	NP		ZEGALOGUE SOSY	P	
<i>metformin hcl TABS 750 MG</i>	P		Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>metformin hcl TABS 500 MG</i>	P	QL(5 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>alogliptin benzoate</i>	NP	QL(1 EA daily); MP	RYBELSUS TABS	P	PA
BRYNOVIN SOLN PO 25 MG/ML	NP		TRULICITY	P	
JANUVIA 25 MG, 50 MG, 100 MG (<i>Use sitagliptin phosphate</i>)	P		VICTOZA (<i>Use liraglutide</i>)	P	QL(0.3 ML daily)
ONGLYZA 5 MG (<i>Use saxagliptin hcl</i>)	NF		Insulin		
<i>saxagliptin hcl</i>	NP		ADMELOG SOLOSTAR SOPN	NP	QL(2 ML daily); MP
<i>sitagliptin 25 MG, 50 MG, 100 MG</i>	NP		ADMELOG SOLN IJ	NP	
<i>sitagliptin phosphate 25 MG, 50 MG, 100 MG</i>	NP		AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	MP
TRADJENTA	P	QL(1 EA daily)	APIDRA SOLOSTAR SOPN	NP	QL(2 ML daily); MP
ZITUVIO 25 MG, 50 MG, 100 MG (<i>Use sitagliptin</i>)	NP		APIDRA SOLN	NP	QL(2 ML daily); MP
Dopamine Receptor Agonists - Antidiabetic			AWIQLI FLEXTOUCH SOPN SC 700 UNIT/ML	NP	
CYCLOSET	NP		BASAGLAR KWIKPEN SOPN	NP	QL(2 ML daily); MP
Incretin Mimetic Agents			BASAGLAR TEMPO PEN SOPN	NP	
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (<i>Use exenatide</i>)	NP	QL(2.4 ML per 30 day(s) retail)	FIASP FLEXTOUCH SOPN	NP	QL(2 ML daily); MP
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (<i>Use exenatide</i>)	NP	QL(1.2 ML per 30 day(s) retail)	FIASP PENFILL SOCT	NP	QL(2 ML daily); MP
<i>exenatide SOPN 5 MCG/0.02ML</i>	NP	QL(1.2 ML per 30 day(s) retail)	FIASP PUMPCART SOCT	NP	QL(2 ML daily); MP
<i>exenatide SOPN 10 MCG/0.04ML</i>	NP	QL(2.4 ML per 30 day(s) retail)	FIASP SOLN	NP	QL(2 ML daily); MP
<i>liraglutide</i>	P	QL(0.3 ML daily)	HUMALOG JUNIOR KWIKPEN SOPN	P	QL(2 ML daily); MP
MOUNJARO	NP		HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	QL(2 ML daily); MP
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	NP		HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	QL(1 ML daily); MP
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	NP		HUMALOG MIX 50/50 KWIKPEN SUPN	P	QL(2 ML daily); MP
OZEMPIC (2 MG/DOSE) SOPN	NP		HUMALOG MIX 75/25 KWIKPEN SUPN	P	QL(2 ML daily); MP
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	P	PA	HUMALOG MIX 75/25 SUSP	P	QL(2 ML daily); MP
			HUMALOG TEMPO PEN SOPN	NP	

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HUMALOG SOCT	P	QL(2 ML daily); MP	LANTUS SOLOSTAR SOPN	P	QL(2 ML daily); MP
HUMALOG SOLN IJ	P		LANTUS SOLN	P	QL(2 ML daily); MP
HUMULIN 70/30 KWIKPEN SUPN	P	QL(2 ML daily); MP	LEVEMIR FLEXPEN SOPN	P	QL(2 ML daily); MP
HUMULIN 70/30 SUSP	P	QL(2 ML daily); MP	LEVEMIR SOLN	P	QL(2 ML daily); MP
HUMULIN N KWIKPEN SUPN	P	QL(2 ML daily); MP	LYUMJEV KWIKPEN SOPN	NP	MP
HUMULIN N SUSP	P	QL(2 ML daily); MP	LYUMJEV TEMPO PEN SOPN	NP	
HUMULIN R U-500 KWIKPEN SOPN SC	P	QL(0.6 ML daily); MP	LYUMJEV SOLN	NP	MP
HUMULIN R SOLN IJ	P	QL(2 ML daily); MP	MERIOLOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	
INSULIN ASPART FLEXPEN SOPN	P	QL(2 ML daily); MP	MERIOLOG SOLN SC 100 UNIT/ML	NP	
INSULIN ASPART SOLN IJ	P		NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(2 ML daily); MP
INSULIN DEGLUDEC FLEXTouch SOPN	P	QL(2 ML daily); MP	NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(2 ML daily); MP
INSULIN DEGLUDEC SOLN	P	QL(2 ML daily); MP	NOVOLIN 70/30 RELION SUSP	NP	QL(2 ML daily); MP
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	QL(0.4 ML daily); MP	NOVOLIN 70/30 SUSP	NP	QL(2 ML daily); MP
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	QL(0.45 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	P		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

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NOVOLOG FLEXPEN RELION SOPN	NP	QL(2 ML daily); MP	FARXIGA TABS PO (<i>Use dapagliflozin</i>)	P	
NOVOLOG FLEXPEN SOPN	NP	QL(2 ML daily); MP	INVOKANA	P	
NOVOLOG MIX 70/30 FLEXPEN SUPN	NP	QL(2 ML daily); MP	JARDIANCE	P	QL(1 EA daily)
NOVOLOG MIX 70/30 RELION SUSP	NP	QL(2 ML daily); MP	STEGLATRO	NP	QL(1 EA daily); ST
NOVOLOG MIX 70/30 SUSP	NP	QL(2 ML daily); MP	Sulfonylureas		
NOVOLOG PENFILL SOCT	NP	QL(2 ML daily); MP	<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 EA daily); MP
NOVOLOG RELION SOLN IJ	NP		<i>glimepiride 4 MG</i>	P	QL(2 EA daily); MP
NOVOLOG SOLN IJ	NP		<i>glimepiride 3 MG</i>	P	
REZVOGLAR KWIKPEN	NP		<i>glipizide TABS 2.5 MG</i>	P	
SEMGLEE (YFGN) SOLN	NP		<i>glipizide TABS</i>	P	
SEMGLEE (YFGN) SOPN	NP		<i>glipizide TB24</i>	P	MP
TOUJEO MAX SOLOSTAR SOPN	NP	QL(0.4 ML daily); MP	GLUCOTROL XL TB24 5 MG (<i>Use glipizide</i>)	NP	MP
TOUJEO SOLOSTAR SOPN	NP	QL(0.45 ML daily); MP	GLUCOTROL XL TB24 10 MG (<i>Use glipizide</i>)	NF	MP
TRESIBA FLEXTOUCH SOPN	NP	QL(2 ML daily); MP	<i>glyburide micronized 3 MG, 6 MG</i>	P	MP
TRESIBA SOLN	NP	QL(2 ML daily); MP	<i>glyburide TABS</i>	P	MP
Insulin Sensitizing Agents			ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
ACTOS (<i>Use pioglitazone hcl</i>)	NP	QL(1 EA daily); MP	Antidiarrheal/Probiotic Agents - Misc.		
<i>pioglitazone hcl</i>	P	QL(1 EA daily); MP	<i>bismuth subsalicylate CHEW 262 MG</i>	P	
Meglitinide Analogues			<i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i>	P	
<i>nateglinide</i>	P	QL(3 EA daily); MP	<i>bismuth subsalicylate TABS</i>	P	
<i>repaglinide</i>	NP	MP	Antiperistaltic Agents		
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			<i>diphenoxylate w/ atropine LIQD</i>	P	
<i>dapagliflozin TABS PO 5 MG, 10 MG</i>	NP		<i>diphenoxylate w/ atropine TABS</i>	P	
			LOMOTIL TABS (<i>Use diphenoxylate w/ atropine</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>loperamide hcl CAPS</i>	P	QL(8 EA daily); RX/OTC
<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 500 MG (<i>Use deferiprone</i>)	NF	SP
FERRIPROX TABS 1000 MG (<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>)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OPVEE NA	P	
REXTOVY LIQD	P	
REZENOPY LIQD 10 MG/0.11ML	P	
VIVITROL	P	SP
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	
GRANISOL SOLN PO	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>	NP	
<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 CHEW</i>	P	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	P	
<i>scopolamine</i>	P	
TRANSDERM SCOP 1 MG/3DAYS (<i>Use scopolamine</i>)	P	
TRANSDERM-SCOP (<i>Use scopolamine</i>)	NF	
<i>trimethobenzamide hcl CAPS</i>	NP	
Antiemetics - Miscellaneous		
AKYNZEO	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BONJESTA TBCR	NP		GRISEOFULVIN ULTRAMICROSIZED 165 MG	P	
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	NP		<i>nystatin TABS</i>	P	QL(6 EA daily)
<i>doxylamine-pyridoxine TBEC</i>	NP		<i>terbinafine hcl TABS</i>	P	QL(1 EA daily; 90 EA per 120 day(s) retail)
<i>dronabinol CAPS</i>	NP		Imidazole-Related Antifungals		
DRONABINOL SOLN 5 MG/ML	NP		CRESEMBA CAPS	NP	
MARINOL CAPS (<i>Use dronabinol</i>)	NP		DIFLUCAN SUSR 40 MG/ML (<i>Use fluconazole</i>)	NP	QL(70 ML per fill retail)
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		DIFLUCAN TABS 200 MG (<i>Use fluconazole</i>)	NF	QL(2 EA daily)
<i>aprepitant CPPK PO</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 CPPK PO (<i>Use aprepitant</i>)	NP		<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail)
EMEND SUSR	NP		<i>fluconazole TABS 100 MG</i>	P	QL(1 EA daily)
NEREUS CAPS PO 85 MG	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)
<i>micafungin sodium</i>	P		<i>itraconazole CAPS</i>	P	QL(1 EA daily)
MICAFUNGIN SODIUM	P		<i>itraconazole SOLN</i>	NP	
MYCAMINE (<i>Use micafungin sodium</i>)	NF		<i>ketoconazole</i>	P	
Antifungals			NOXAFIL PACK	NP	
ANCOBON (<i>Use flucytosine</i>)	NF		NOXAFIL SUSP (<i>Use posaconazole</i>)	NF	
<i>flucytosine</i>	NP		NOXAFIL TBEC (<i>Use posaconazole</i>)	NF	
<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 165 MG</i>	NP		SPORANOX CAPS (<i>Use itraconazole</i>)	NP	QL(1 EA daily)
<i>griseofulvin ultramicrosize</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SPORANOX SOLN (<i>Use itraconazole</i>)	NF		CLARITIN ALLERGY CHILDRENS SOLN (<i>Use loratadine</i>)	NF	QL(240 ML per fill retail)
TOLSURA CAPS	NP		CLARITIN REDITABS TBDP (<i>Use loratadine</i>)	NF	
VFEND SUSR (<i>Use voriconazole</i>)	NP		CLARITIN REDITABS TBDP (<i>Use loratadine</i>)	NF	
VFEND TABS 200 MG (<i>Use voriconazole</i>)	NP		CLARITIN SOLN (<i>Use loratadine</i>)	NF	QL(240 ML per fill retail)
VIVJOA	NP		CLARITIN TABS (<i>Use loratadine</i>)	NF	
<i>voriconazole SUSR</i>	NP		<i>fexofenadine hcl TABS 180 MG</i>	P	QL(1 EA daily)
<i>voriconazole TABS</i>	NP		<i>fexofenadine hcl TABS 60 MG</i>	P	QL(2 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies			<i>levocetirizine dihydrochloride TABS</i>	P	QL(1 EA daily); RX/OTC
Antihistamines - Alkylamines			<i>loratadine SOLN</i>	P	QL(240 ML per fill retail)
<i>chlorpheniramine maleate SYRP</i>	P	QL(60 ML daily)	<i>loratadine TABS</i>	P	
<i>chlorpheniramine maleate TABS</i>	P	QL(120 EA per fill retail)	<i>loratadine TBDP 10 MG</i>	P	
Antihistamines - Ethanolamines			ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	NF	QL(1 EA daily)
CLEMASZ TABS 2.68 MG (<i>Use clemastine fumarate</i>)	NF		Antihistamines - Phenothiazines		
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	QL(2 EA daily)	<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)
<i>diphenhydramine hcl CAPS</i>	P	QL(4 EA daily)	<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail); AL(At least 2 yrs old)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ML per fill retail)	<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	QL(240 ML per fill retail)	Antihistamines - Piperidines		
<i>diphenhydramine hcl TABS 25 MG</i>	P	QL(4 EA daily)	<i>cypiroheptadine hcl SYRP</i>	P	
Antihistamines - Non-Sedating			<i>cypiroheptadine hcl TABS</i>	P	
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	NF	QL(1 EA daily)	ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
<i>cetirizine hcl SOLN PO</i>	P	QL(480 ML per fill retail); RX/OTC	Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
<i>cetirizine hcl SYRP PO 1 MG/ML</i>	P	QL(480 ML per fill retail); RX/OTC	NEXLETOL	NP	
<i>cetirizine hcl TABS</i>	P	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antihyperlipidemics - Combinations			WELCHOL TABS (Use colesevelam hcl)	NP	MP
ezetimibe-simvastatin	NP	ST; MP	Fibric Acid Derivatives		
NEXLIZET	NP		choline fenofibrate	P	MP
VYTORIN (Use ezetimibe-simvastatin)	NP	ST; MP	fenofibrate micronized 43 MG, 130 MG	P	MP
Antihyperlipidemics - Misc.			fenofibrate micronized 134 MG, 200 MG	P	QL(1 EA daily); MP
icosapent ethyl	NP		fenofibrate micronized 67 MG	P	QL(2 EA daily); MP
LOVAZA (Use omega-3-acid ethyl esters)	NF	MP	fenofibrate CAPS	P	MP
omega-3-acid ethyl esters	NP	MP	fenofibrate TABS 54 MG	P	QL(3 EA daily); MP
VASCEPA (Use icosapent ethyl)	NF		fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG	P	MP
Bile Acid Sequestrants			fenofibrate TABS 160 MG	P	QL(1 EA daily); MP
cholestyramine light PACK	P	MP	FENOGLIDE TABS (Use fenofibrate)	NF	MP
cholestyramine light POWD	P	MP	FIBRICOR 105 MG (Use fenofibric acid)	NP	
cholestyramine PACK	P	MP	gemfibrozil TABS	P	QL(2 EA daily); MP
cholestyramine POWD	P	MP	LIPOFEN CAPS (Use fenofibrate)	NP	MP
colesevelam hcl PACK	NP	MP	LIPOFEN CAPS 50 MG (Use fenofibrate)	NF	MP
colesevelam hcl TABS	NP	MP	LOPID TABS (Use gemfibrozil)	NP	QL(2 EA daily); MP
COLESTID GRAN (Use colestipol hcl)	NP	MP	TRICOR TABS (Use fenofibrate)	NF	MP
COLESTID PACK (Use colestipol hcl)	NF	MP	TRILIPIX (Use choline fenofibrate)	NF	MP
COLESTID TABS (Use colestipol hcl)	NP	MP	HMG CoA Reductase Inhibitors		
colestipol hcl GRAN	NP	MP	ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
colestipol hcl PACK	NP	MP	ATORVALIQ SUSP	NP	
colestipol hcl TABS	NP	MP	atorvastatin calcium TABS	P	QL(1 EA daily); MP
QUESTRAN LIGHT POWD (Use cholestyramine light)	NP	MP	CRESTOR TABS 20 MG, 40 MG (Use rosuvastatin calcium)	NP	QL(1 EA daily); MP
QUESTRAN PACK (Use cholestyramine)	NP	MP			
QUESTRAN POWD (Use cholestyramine)	NP	MP			
WELCHOL PACK (Use colesevelam hcl)	NP	MP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CRESTOR TABS 5 MG, 10 MG (<i>Use rosuvastatin calcium</i>)	NF	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	LIPFENDRA TABS PO 20 MG	NP	
LESCOL XL TB24 (<i>Use fluvastatin sodium</i>)	NP	MP	PRALUENT SOAJ	NP	SP
LIPITOR TABS 10 MG, 20 MG, 80 MG (<i>Use atorvastatin calcium</i>)	NF	QL(1 EA daily); MP	REPATHA SURECLICK SOAJ	NP	SP
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NP	QL(1 EA daily); MP	REPATHA SOSY	NP	SP
LIVALO (<i>Use pitavastatin calcium</i>)	NP		ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
<i>lovastatin TABS 40 MG</i>	P	QL(2 EA daily); MP	ACE Inhibitors		
<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 EA daily); MP	ACCUPRIL (<i>Use quinapril hcl</i>)	NF	QL(1 EA daily); MP
<i>pitavastatin calcium</i>	NP		ALTACE CAPS 1.25 MG, 5 MG, 10 MG (<i>Use ramipril</i>)	NF	QL(2 EA daily); MP
<i>pravastatin sodium</i>	P	QL(1 EA daily); MP	<i>benazepril hcl 40 MG</i>	P	QL(2 EA daily); MP
<i>rosuvastatin calcium TABS</i>	P	QL(1 EA daily); MP	<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 EA daily); MP
<i>simvastatin TABS</i>	P	QL(1 EA daily); MP	<i>captopril</i>	P	QL(3 EA daily); MP
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	NP	QL(1 EA daily); MP	<i>enalapril maleate SOLN</i>	NP	MP
ZYPITAMAG 2 MG, 4 MG	NP		<i>enalapril maleate TABS</i>	P	QL(2 EA daily); MP
Intestinal Cholesterol Absorption Inhibitors			EPANED SOLN (<i>Use enalapril maleate</i>)	NP	MP
<i>ezetimibe</i>	P	MP	<i>fosinopril sodium</i>	P	QL(1 EA daily); MP
ZETIA (<i>Use ezetimibe</i>)	NP	MP	<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	MP
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			LOTENSIN 40 MG (<i>Use benazepril hcl</i>)	NP	QL(2 EA daily); MP
JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG	NP	SP	LOTENSIN 10 MG, 20 MG (<i>Use benazepril hcl</i>)	NP	QL(1 EA daily); MP
Nicotinic Acid Derivatives			<i>moexipril hcl</i>	P	MP
<i>niacin (antihyperlipidemic) TABS</i>	NP		<i>perindopril erbumine</i>	NP	MP
<i>niacin (antihyperlipidemic) TBCR</i>	NP	MP	QBRELIS SOLN	NP	MP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril hcl</i>	P	QL(1 EA daily); MP	EDARBI 40 MG, 80 MG (Use <i>azilsartan medoxomil</i>)	NP	
<i>ramipril CAPS</i>	P	QL(2 EA daily); MP	<i>irbesartan</i>	P	QL(1 EA daily); MP
<i>trandolapril 4 MG</i>	P	QL(2 EA daily); MP	<i>losartan potassium</i>	P	QL(1 EA daily); MP
<i>trandolapril 1 MG, 2 MG</i>	P	QL(1 EA daily); MP	MICARDIS (Use <i>telmisartan</i>)	NF	QL(1 EA daily); MP
VASOTEC TABS (Use <i>enalapril maleate</i>)	NF	QL(2 EA daily); MP	<i>olmesartan medoxomil</i>	NP	ST; MP
ZESTRIL TABS (Use <i>lisinopril</i>)	NF	MP	<i>telmisartan</i>	NP	QL(1 EA daily); MP
ZESTRIL TABS (Use <i>lisinopril</i>)	NP	MP	<i>valsartan SOLN</i>	P	
Agents for Pheochromocytoma			<i>valsartan TABS</i>	P	QL(1 EA daily); MP
DEMSEER (Use <i>metirosine</i>)	NF	SP; MP	Antiadrenergic Antihypertensives		
DIBENZYLINE (Use <i>phenoxybenzamine hcl</i>)	NF	MP	CARDURA (Use <i>doxazosin mesylate</i>)	NP	MP
<i>metirosine</i>	P	SP; MP	CARDURA 1 MG (Use <i>doxazosin mesylate</i>)	NF	MP
<i>phenoxybenzamine hcl</i>	NP	MP	CATAPRES-TTS-1 PTWK (Use <i>clonidine</i>)	NF	
Aldosterone Synthase Inhibitors			CATAPRES-TTS-2 PTWK (Use <i>clonidine</i>)	NF	
BAXFENDY TABS PO 1 MG, 2 MG	NP		CATAPRES-TTS-3 PTWK (Use <i>clonidine</i>)	NF	
Angiotensin II Receptor Antagonists			<i>clonidine hcl TABS</i>	P	MP
ARBLI PO 10 MG/ML	NP		<i>clonidine PTWK</i>	P	
ATACAND (Use <i>candesartan cilexetil</i>)	NP	MP	<i>clonidine TB24</i>	NP	
AVAPRO 150 MG, 300 MG (Use <i>irbesartan</i>)	NP	QL(1 EA daily); MP	<i>doxazosin mesylate</i>	P	MP
<i>azilsartan medoxomil 40 MG, 80 MG</i>	NP		<i>guanfacine hcl</i>	P	MP
BENICAR (Use <i>olmesartan medoxomil</i>)	NP	ST; MP	JAVADIN SOLN PO 0.02 MG/ML	NP	
<i>candesartan cilexetil</i>	NP	MP	<i>methyldopa TABS</i>	P	MP
COZAAR (Use <i>losartan potassium</i>)	NP	QL(1 EA daily); MP	NEXICLON XR TB24 (Use <i>clonidine</i>)	NP	
DIOVAN TABS (Use <i>valsartan</i>)	NP	QL(1 EA daily); MP	<i>prazosin hcl CAPS</i>	P	MP
			<i>terazosin hcl</i>	P	MP
			TEZRULY PO 1 MG/ML	NP	
			Antihypertensive Combinations		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	P	QL(4 EA daily); MP
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	P	QL(3 EA daily); MP
<i>telmisartan-amlodipine</i>	P	MP
<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 EA daily); MP
TENORETIC 100 (<i>Use atenolol & chlorthalidone</i>)	NP	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)		
<i>eplerenone</i>	NP	MP
INSpra (<i>Use eplerenone</i>)	NP	MP
INSpra (<i>Use eplerenone</i>)	NF	MP
Vasodilators		
<i>hydralazine hcl TABS</i>	P	MP
<i>minoxidil 2.5 MG, 10 MG</i>	P	MP

Drug Name	Drug Tier	Requirements/ Limits
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS (<i>Use metronidazole</i>)	NF	
IMPAVIDO	NP	
LIKMEZ SUSP	NP	
<i>metronidazole CAPS</i>	NP	
<i>metronidazole SOLN</i>	P	
METRONIDAZOLE SOLN (<i>Use metronidazole</i>)	NF	
<i>metronidazole TABS 125 MG</i>	NP	
<i>metronidazole TABS 250 MG, 500 MG</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	
MB CAPS CAPS 120 MG	NP	
<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i>	NP	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS 118 MG</i>	NP	
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
URIMAR-T CAPS 120 MG	NP	
UROGESIC-BLUE TABS (Use methenamine-hyoscamine-methylene blue-sodium phosphate)	NP	
Antiprotozoal Agents		
atovaquone	P	
LAMPIT	NP	
MEPRON (Use atovaquone)	NP	
nitazoxanide TABS	NP	
Carbapenems		
ertapenem sodium IJ	P	SP
imipenem-cilastatin IV	P	
meropenem	P	
MEROPENEM-SODIUM CHLORIDE	P	
PRIMAXIN IV IV 500 MG-500 MG (Use imipenem-cilastatin)	NF	
Glycopeptides		
FIRVANQ SOLR PO 25 MG/ML (Use vancomycin hcl)	NP	QL(300 ML per fill retail)
FIRVANQ SOLR PO 50 MG/ML (Use vancomycin hcl)	NP	
VANCOCIN CAPS 125 MG (Use vancomycin hcl)	NP	QL(4 EA daily)
VANCOCIN CAPS 250 MG (Use vancomycin hcl)	NP	QL(8 EA daily)
vancomycin hcl CAPS 250 MG	P	QL(8 EA daily)
vancomycin hcl CAPS 125 MG	P	QL(4 EA daily)
vancomycin hcl SOLR PO 50 MG/ML, 250 MG/5ML	P	
vancomycin hcl SOLR PO 25 MG/ML	P	QL(300 ML per fill retail)
Leprostatics		

Drug Name	Drug Tier	Requirements/Limits
dapsone	P	
Lincosamides		
CLEOCIN (Use clindamycin palmitate hydrochloride)	NP	QL(300 ML per fill retail)
CLEOCIN (Use clindamycin palmitate hydrochloride)	NF	QL(300 ML per fill retail)
CLEOCIN (Use clindamycin hcl)	NP	
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML	P	
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use clindamycin phosphate)	NF	
clindamycin hcl	P	
clindamycin palmitate hydrochloride	P	QL(300 ML per fill retail)
clindamycin phosphate in d5w	P	
CLINDAMYCIN PHOSPHATE IN NACL	P	
clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	P	
clindamycin phosphate SOLN IJ 9 GM/60ML	P	
Monobactams		
AZACTAM (Use aztreonam)	NF	
aztreonam	P	
CAYSTON	NP	SP
Oxazolidinones		
linezolid SUSR	NP	
linezolid TABS	NP	
SIVEXTRO TABS	NP	QL(6 EA per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYVOX SUSR (Use linezolid)	NP		chloroquine phosphate TABS 500 MG	P	QL(8 EA per 56 day(s) retail)
ZYVOX TABS (Use linezolid)	NP		chloroquine phosphate TABS 250 MG	P	QL(2 EA daily)
Penems			DARAPRIM (Use pyrimethamine)	NF	SP
ORLYNVAH TABS PO	NP	SP	hydroxychloroquine sulfate	P	MP
Urinary Anti-infectives			KRINTAFEL	NP	QL(2 EA per 30 day(s) retail)
BLUJEPA TABS PO 750 MG	NP		mefloquine hcl	P	MP
fosfomycin tromethamine	P		PLAQUENIL (Use hydroxychloroquine sulfate)	NF	MP
HIPREX (Use methenamine hippurate)	NF		primaquine phosphate TABS	P	MP
MACROBID (Use nitrofurantoin monohydrate macro)	NP		PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	P	MP
MACRODANTIN (Use nitrofurantoin macrocrystal)	NF		pyrimethamine	NP	SP
methenamine hippurate	P		QUALAQUIN CAPS (Use quinine sulfate)	NF	
methenamine mandelate	P		quinine sulfate CAPS 324 MG	NP	
METHENAMINE MANDELATE PO 500 MG/5ML	P		SOVUNA	NP	MP
nitrofurantoin 25 MG/5ML	P	QL(40 ML daily)	ANTIMYASTHENIC/CHOLINERGIC AGENTS		
NITROFURANTOIN	P		Antimyasthenic/Cholinergic Agents		
nitrofurantoin macrocrystal	P		FIRDAPSE	NP	SP
nitrofurantoin monohydrate macro	P		MESTINON SOLN PO (Use pyridostigmine bromide)	NF	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)			MESTINON TABS (Use pyridostigmine bromide)	NF	
Antimalarial Combinations			MESTINON TBCR (Use pyridostigmine bromide)	NF	
atovaquone-proguanil hcl	P	MP	pyridostigmine bromide SOLN PO	P	
COARTEM	NP	QL(24 EA per fill retail)	pyridostigmine bromide TABS	P	
MALARONE (Use atovaquone-proguanil hcl)	NP	MP	pyridostigmine bromide TBCR	P	
Antimalarials			ANTIMYCOBACTERIAL AGENTS - Drugs to Treat		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Tuberculosis (Bacterial Infections)			ONUREG TABS	NP	SP
Antimycobacterial Agents			PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	NP	
<i>cycloserine</i>	P		PURIXAN SUSP 2000 MG/100ML (<i>Use mercaptopurine</i>)	NF	
<i>ethambutol hcl TABS</i>	P		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	
<i>isoniazid SYRP</i>	P	MP	XATMEP SOLN PO	NP	
<i>isoniazid TABS</i>	P		XELODA (<i>Use capecitabine</i>)	NF	SP
MYCOBUTIN (<i>Use rifabutin</i>)	NF		Antineoplastic - Angiogenesis Inhibitors		
PRETOMANID	NP		FRUZAQLA	NP	SP
PRIFTIN 150 MG (<i>Use rifapentine</i>)	P		INLYTA	NP	SP
<i>pyrazinamide</i>	P		LENVIMA (10 MG DAILY DOSE)	NP	SP
<i>rifabutin</i>	P		LENVIMA (12 MG DAILY DOSE)	NP	SP
<i>rifampin CAPS</i>	P		LENVIMA (14 MG DAILY DOSE)	NP	SP
<i>rifapentine 150 MG</i>	P		LENVIMA (18 MG DAILY DOSE)	NP	SP
SIRTURO	NP		LENVIMA (20 MG DAILY DOSE)	NP	SP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			LENVIMA (24 MG DAILY DOSE)	NP	SP
Alkylating Agents			LENVIMA (4 MG DAILY DOSE)	NP	SP
<i>cyclophosphamide CAPS</i>	P		LENVIMA (8 MG DAILY DOSE)	NP	SP
CYCLOPHOSPHAMIDE TABS 50 MG	P		Antineoplastic - Anti-HER2 Agents		
GLEOSTINE (<i>Use lomustine</i>)	NF		HERNEXEOS TABS PO 60 MG	NP	SP
<i>lomustine</i>	P		TUKYSA	NP	SP
<i>temozolomide CAPS 180 MG, 250 MG</i>	P	QL(2 EA daily); SP	Antineoplastic - BCL-2 Inhibitors		
<i>temozolomide CAPS 5 MG, 20 MG, 100 MG, 140 MG</i>	P	SP	VENCLEXTA STARTING PACK TBPk	NP	SP
Antimetabolites			VENCLEXTA TABS	NP	SP
<i>capecitabine</i>	NP	SP	Antineoplastic - EGFR Inhibitors		
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				

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Drug Name	Drug Tier	Requirements/ Limits
<i>erlotinib hcl</i>	P	SP
<i>gefitinib</i>	P	SP
GILOTRIF	NP	SP
IRESSA (<i>Use gefitinib</i>)	P	SP
LAZCLUZE	NP	SP
TAGRISO	NP	SP
TARCEVA 100 MG, 150 MG (<i>Use erlotinib hcl</i>)	NF	SP
VIZIMPRO	NP	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	NP	SP
ERIVEDGE	P	SP
ODOMZO	NP	SP
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	P	SP
AKEEGA	NP	SP
<i>anastrozole</i>	P	
ARIMIDEX (<i>Use anastrozole</i>)	NP	
AROMASIN (<i>Use exemestane</i>)	NP	
<i>bicalutamide</i>	P	QL(1 EA daily)
CASODEX (<i>Use bicalutamide</i>)	NP	QL(1 EA daily)
ERLEADA	NP	SP
<i>exemestane</i>	P	
FARESTON (<i>Use toremifene citrate</i>)	NP	
FEMARA (<i>Use letrozole</i>)	NP	
INLURIYO TABS PO 200 MG	NP	SP
<i>letrozole</i>	P	
LIFYORLI (125 MG DOSE) CPPK PO	NP	SP
LIFYORLI (150 MG DOSE) CPPK PO	NP	SP
LYSODREN	P	SP
<i>megestrol acetate SUSP</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>megestrol acetate TABS</i>	P	
NILANDRON (<i>Use nilutamide</i>)	NF	
<i>nilutamide</i>	P	
NUBEQA	NP	SP
ORGOVYX	NP	SP
ORSERDU	P	SP
SOLTAMOX SOLN	P	
<i>tamoxifen citrate TABS</i>	P	
<i>toremifene citrate</i>	P	
VEPPANU TABS PO 100 MG, 200 MG	NP	
XTANDI CAPS	NP	SP
XTANDI TABS	NP	SP
YONSA	NP	SP
ZYTIGA (<i>Use abiraterone acetate</i>)	NP	SP
Antineoplastic - Immunomodulators		
<i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>	NP	SP
POMALYST 1 MG, 2 MG, 3 MG, 4 MG (<i>Use pomalidomide</i>)	NP	SP
ZENBEXUS CAPS PO 0.75 MG, 1 MG	NP	
Antineoplastic - Menin Inhibitors		
KOMZIFTI CAPS PO 200 MG	NP	SP
REVUFORJ	NP	SP
REVUFORJ 25 MG	NP	
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	NP	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	NP	SP
XPOVIO (40 MG ONCE WEEKLY)	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (40 MG TWICE WEEKLY) 40 MG	NP	SP	COMETRIQ (100 MG DAILY DOSE) KIT	NP	SP
XPOVIO (60 MG ONCE WEEKLY) 60 MG	NP	SP	COMETRIQ (140 MG DAILY DOSE) KIT	NP	SP
XPOVIO (60 MG TWICE WEEKLY)	NP	SP	COMETRIQ (60 MG DAILY DOSE) KIT	NP	SP
XPOVIO (80 MG ONCE WEEKLY)	NP	SP	COPIKTRA	NP	SP
XPOVIO (80 MG TWICE WEEKLY)	NP	SP	COTELLIC	NP	SP
Antineoplastic Combinations			DANZITEN	NP	SP
AVMAPKI FAKZYNJA CO-PACK THPK PO	NP	SP	<i>dasatinib</i>	NP	SP
INQOVI	NP	SP	ENSACOVE CAPS PO 25 MG, 100 MG	NP	SP
LONSURF	NP	SP	<i>everolimus TABS</i>	NP	SP
Antineoplastic Enzyme Inhibitors			<i>everolimus TBSO</i>	NP	SP
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP	FOTIVDA	NP	SP
AFINITOR TABS (<i>Use everolimus</i>)	NP	SP	GAVRETO	NP	SP
ALECENSA	NP	SP	GAVRETO	NP	SP
ALUNBRIG TABS	NP	SP	GLEEVEC TABS (<i>Use imatinib mesylate</i>)	NP	SP
ALUNBRIG TBPk	NP	SP	GOMEKLI CAPS PO 1 MG, 2 MG	NP	SP
AUGTYRO	NP	SP	GOMEKLI TBSO PO 1 MG	NP	SP
BALVERSA	NP	SP	HYRNUO TABS PO 10 MG	NP	SP
BOSULIF CAPS	NP	SP	IBRANCE CAPS 100 MG, 125 MG	NP	SP
BOSULIF TABS 100 MG, 400 MG, 500 MG (<i>Use bosutinib</i>)	NP	SP	IBRANCE TABS	NP	SP
<i>bosutinib TABS 100 MG, 400 MG, 500 MG</i>	NP	SP	IBTROZI CAPS PO 200 MG	NP	SP
BRAFTOVI 75 MG	NP	SP	ICLUSIG	NP	SP
BRUKINSA PO 160 MG	NP	SP	IDHIFA	NP	SP
BRUKINSA	NP	SP	<i>imatinib mesylate TABS</i>	NP	SP
CABOMETYX TABS	NP	SP	IMBRUVICA CAPS	NP	SP
CALQUENCE	NP	SP	IMBRUVICA SUSP	NP	SP
CAPRELSA	P	SP	IMBRUVICA TABS 140 MG, 280 MG, 420 MG	NP	SP
CAVHANZA TBPd PO 60 MG, 80 MG	NP	SP	IMKELDI SOLN	NP	SP
			INREBIC	NP	SP
			ITOVEBI	NP	SP

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

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Drug Name	Drug Tier	Requirements/Limits
TIBSOVO	NP	SP
TRUQAP TABS	NP	SP
TRUQAP TBPk	NP	SP
TURALIO 125 MG	NP	SP
TYKERB (Use lapatinib ditosylate)	NP	SP
VANFLYTA	NP	SP
VERZENIO	NP	SP
VITRAKVI CAPS	NP	SP
VITRAKVI SOLN	NP	SP
VONJO	NP	SP
VORANIGO	NP	SP
VOTRIENT (Use pazopanib hcl)	P	SP
XALKORI CAPS	NP	SP
XALKORI CPSP	NP	SP
XOSPATA	NP	SP
ZEJULA TABS	NP	SP
ZELBORAF	NP	SP
ZOLINZA	NP	SP
ZYDELIG	NP	SP
ZYKADIA TABS	NP	SP
Antineoplastics Misc.		
BESREMI	NP	SP
BESREMI PEN SC 500 MCG/0.5ML	NP	
bexarotene	P	SP
HYDREA (Use hydroxyurea)	NP	
HYDREA (Use hydroxyurea)	NF	
hydroxyurea	P	
MATULANE	P	SP
TARGRETIN (Use bexarotene)	NF	SP
tretinoin (chemotherapy)	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		

Drug Name	Drug Tier	Requirements/Limits
IWILFIN	NP	SP
leucovorin calcium TABS 5 MG	NP	
leucovorin calcium TABS	P	
mesna TABS	P	SP
MESNEX TABS	P	SP
Mitotic Inhibitors		
etoposide CAPS	P	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	P	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	P	MP
LODOSYN (Use carbidopa)	NF	MP
NOURIANZ	NP	
Antiparkinson Anticholinergics		
benztropine mesylate TABS	P	MP
trihexyphenidyl hcl SOLN	P	MP
trihexyphenidyl hcl TABS	P	MP
Antiparkinson COMT Inhibitors		
entacapone	P	MP
ONGENTYS	NP	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	P	MP
amantadine hcl SOLN	P	
amantadine hcl TABS	P	MP
APOKYN SOCT	NP	SP
apomorphine hydrochloride SOCT	NP	SP
bromocriptine mesylate CAPS	P	MP
bromocriptine mesylate TABS 2.5 MG	P	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa CPCR</i>	NP		SINEMET TABS 100 MG-25 MG (<i>Use carbidopa-levodopa</i>)	NF	MP
<i>carbidopa-levodopa-entacapone</i>	NP	MP	SINEMET TABS 100 MG-10 MG (<i>Use carbidopa-levodopa</i>)	NP	MP
<i>carbidopa-levodopa TABS</i>	P	MP	VYALEV SOLN SC	NP	SP
<i>carbidopa-levodopa TBCR</i>	P	MP	Antiparkinson Monoamine Oxidase Inhibitors		
<i>carbidopa-levodopa TBDP</i>	NP	MP	AZILECT (<i>Use rasagiline mesylate</i>)	NP	MP
CREXONT CPCR	NP		<i>rasagiline mesylate</i>	NP	MP
DHIVY TABS	NP	MP	<i>selegiline hcl CAPS</i>	P	MP
GOCOVRI CP24	NP	SP	<i>selegiline hcl TABS</i>	P	MP
INBRIJA CAPS	NP		XADAGO	NP	
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG (<i>Use pramipexole dihydrochloride</i>)	NF	MP	ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
NEUPRO	NP		Antimanic Agents		
ONAPGO SOCT 98 MG/20ML	NP	SP	<i>lithium</i>	P	
PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NF	MP	<i>lithium carbonate CAPS</i>	P	MP
PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	NF	MP	<i>lithium carbonate TABS</i>	P	MP
<i>pramipexole dihydrochloride TABS</i>	P	QL(3 EA daily); MP	<i>lithium carbonate TBCR</i>	P	MP
<i>pramipexole dihydrochloride TB24</i>	NP	MP	LITHOBID TBCR (<i>Use lithium carbonate</i>)	NP	MP
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 EA daily); MP	Antipsychotics - Misc.		
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 EA daily); MP	CAPLYTA	P	
<i>ropinirole hydrochloride TB24</i>	NP	MP	EQUETRO	NP	
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG (<i>Use carbidopa-levodopa</i>)	NP		GEODON (<i>Use ziprasidone mesylate</i>)	NF	
			GEODON 60 MG (<i>Use ziprasidone hcl</i>)	NF	QL(2 EA daily); AL(At least 8 yrs old); MP
			GEODON (<i>Use ziprasidone mesylate</i>)	NP	
			GEODON 20 MG, 60 MG, 80 MG (<i>Use ziprasidone hcl</i>)	NP	QL(2 EA daily); AL(At least 8 yrs old); MP
			LATUDA (<i>Use lurasidone hcl</i>)	NP	
			<i>lurasidone hcl</i>	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NUPLAZID CAPS	NP	QL(1 EA daily)	<i>paliperidone</i>	NP	AL(At least 8 yrs old); MP
NUPLAZID TABS 10 MG	NP	QL(1 EA daily)	PERSERIS PRSY	P	SP; PA
VRAYLAR CAPS 0.5 MG, 0.75 MG	P		RISPERDAL CONSTA (Use <i>risperidone microspheres</i>)	NP	SP
VRAYLAR CAPS	P	AL(At least 8 yrs old)	RISPERDAL CONSTA 50 MG (Use <i>risperidone microspheres</i>)	NF	SP
<i>ziprasidone hcl</i>	P	QL(2 EA daily); AL(At least 8 yrs old); MP	RISPERDAL SOLN (Use <i>risperidone</i>)	NP	QL(4 ML daily); AL(At least 5 yrs old); MP
<i>ziprasidone mesylate</i>	NP		RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use <i>risperidone</i>)	NP	QL(4 EA daily); AL(At least 5 yrs old); MP
Benzisoxazoles			RISPERDAL TABS 0.5 MG, 3 MG (Use <i>risperidone</i>)	NF	QL(4 EA daily); AL(At least 5 yrs old); MP
BYSANTI TITRATION PACK A TBPB PO	NP		<i>risperidone microspheres</i>	NP	SP
BYSANTI TITRATION PACK B TBPB PO	NP		<i>risperidone SOLN</i>	P	QL(4 ML daily); AL(At least 5 yrs old); MP
BYSANTI TITRATION PACK C TBPB PO	NP		<i>risperidone TABS</i>	P	QL(4 EA daily); AL(At least 5 yrs old); MP
BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP		<i>risperidone TDBP</i>	NP	QL(2 EA daily); AL(At least 5 yrs old); MP
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	P	AL(At least 18 yrs old); SP; PA	RYKINDO SRER	NP	SP
ERZOFRI 351 MG/2.25ML	P	SP; PA	UZEDY SUSY	P	SP; PA
FANAPT	NP		Butyrophenones		
FANAPT TITRATION PACK A	NP		HALDOL DECANOATE (Use <i>haloperidol decanoate</i>)	NF	
FANAPT TITRATION PACK B	NP		<i>haloperidol decanoate</i>	P	
FANAPT TITRATION PACK C	NP		<i>haloperidol lactate CONC</i>	P	MP
INVEGA 3 MG, 6 MG, 9 MG (Use <i>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>asenapine maleate</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine TABS 100 MG</i>	P	QL(9 EA daily); AL(At least 8 yrs old); MP	SEROQUEL XR TB24 (<i>Use quetiapine fumarate</i>)	NP	MP
<i>clozapine TABS 25 MG, 50 MG, 200 MG</i>	P	QL(3 EA daily); AL(At least 8 yrs old); MP	SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (<i>Use quetiapine fumarate</i>)	NP	QL(4 EA daily); AL(At least 8 yrs old); MP
<i>clozapine TBDP</i>	NP	MP	SEROQUEL TABS 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NP	QL(2 EA daily); AL(At least 8 yrs old); MP
CLOZARIL TABS 25 MG (<i>Use clozapine</i>)	NP	QL(3 EA daily); AL(At least 8 yrs old); MP	VERSACLOZ SUSP	NP	
CLOZARIL TABS 50 MG, 200 MG (<i>Use clozapine</i>)	NF	QL(3 EA daily); AL(At least 8 yrs old); MP	ZYPREXA RELPREVV	NP	SP
CLOZARIL TABS 100 MG (<i>Use clozapine</i>)	NP	QL(9 EA daily); AL(At least 8 yrs old); MP	ZYPREXA ZYDIS TBDP 20 MG (<i>Use olanzapine</i>)	NP	AL(At least 8 yrs old); MP
<i>loxapine succinate</i>	P	QL(4 EA daily); MP	ZYPREXA ZYDIS TBDP 20 MG (<i>Use olanzapine</i>)	NF	AL(At least 8 yrs old); MP
<i>olanzapine SOLR</i>	NP		ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG (<i>Use olanzapine</i>)	NP	MP
<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 8 yrs old); MP	ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG (<i>Use olanzapine</i>)	NF	MP
<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 8 yrs old); MP	ZYPREXA SOLR (<i>Use olanzapine</i>)	NF	
<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 EA daily); AL(At least 8 yrs old); MP	ZYPREXA SOLR (<i>Use olanzapine</i>)	NP	
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	P	MP	ZYPREXA TABS 7.5 MG, 10 MG (<i>Use olanzapine</i>)	NP	QL(2 EA daily); AL(At least 8 yrs old); MP
<i>olanzapine TBDP 20 MG</i>	P	AL(At least 8 yrs old); MP	ZYPREXA TABS 15 MG, 20 MG (<i>Use olanzapine</i>)	NP	QL(1 EA daily); AL(At least 8 yrs old); MP
<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	ZYPREXA TABS 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NF	QL(4 EA daily); AL(At least 8 yrs old); MP
<i>quetiapine fumarate TABS 150 MG</i>	P		ZYPREXA TABS 15 MG, 20 MG (<i>Use olanzapine</i>)	NF	QL(1 EA daily); AL(At least 8 yrs old); MP
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 EA daily); AL(At least 8 yrs old); MP	ZYPREXA TABS 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NP	QL(4 EA daily); AL(At least 8 yrs old); MP
<i>quetiapine fumarate TB24</i>	P	MP	ZYPREXA TABS 7.5 MG, 10 MG (<i>Use olanzapine</i>)	NF	QL(2 EA daily); AL(At least 8 yrs old); MP
SAPHRIS 5 MG, 10 MG (<i>Use asenapine maleate</i>)	NF		Muscarinic Agents		
SAPHRIS (<i>Use asenapine maleate</i>)	NP				
SECUADO	NP				

Drug Name	Drug Tier	Requirements/ Limits
COBENFY STARTER PACK CPPK	P	
COBENFY CAPS	P	
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		
ABILIFY ASIMTUFII PRSY	P	SP; PA
ABILIFY MAINTENA PRSY	P	AL(At least 18 yrs old); SP; PA
ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old); SP; PA
ABILIFY TABS (Use <i>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

Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole TBDP</i>	NP	QL(1 EA daily); AL(At least 6 yrs old); MP
ARISTADA	P	SP; PA
ARISTADA INITIO	P	SP; PA
OPIPZA FILM	NP	
REXULTI	P	QL(1 EA daily); AL(At least 8 yrs old)
Thioxanthenes		
<i>thiothixene</i>	P	QL(3 EA daily); MP
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
FORMALDEHYDE SOLN	P	QL(90 ML per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily); MP
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily); MP
<i>abacavir sulfate TABS</i>	P	QL(2 EA daily); MP
APRETUDE	P	
APRETUDE	NP	
APTIVUS CAPS	P	QL(4 EA daily); MP
<i>atazanavir sulfate CAPS</i>	P	QL(2 EA daily); MP
BIKTARVY 120 MG-30 MG-15 MG	P	
BIKTARVY 200 MG-50 MG-25 MG	P	QL(1 EA daily); MP
CABENUVA	P	
CIMDUO	NP	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMPLERA 200 MG-300 MG-25 MG (Use <i>emtricitabine- rilpivirine- tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily); MP	<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 EA daily); MP
<i>darunavir TABS</i>	P		EMTRIVA CAPS (Use <i>emtricitabine</i>)	P	QL(1 EA daily); MP
DELSTRIGO	P	QL(1 EA daily); MP	EMTRIVA SOLN	P	QL(24 ML daily); MP
DESCOVY 120 MG-15 MG	P		EPIVIR SOLN (Use <i>lamivudine</i>)	NP	QL(30 ML daily); MP
DESCOVY 200 MG-25 MG	P	QL(1 EA daily); MP	EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	NP	QL(1 EA daily); MP
DOVATO	P	MP	EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	NP	QL(2 EA daily); MP
EDURANT 25 MG (Use <i>rilpivirine hcl</i>)	P	QL(1 EA daily); MP	<i>etravirine 100 MG</i>	P	QL(4 EA daily); MP
EDURANT PED PO 2.5 MG	P		<i>etravirine 200 MG</i>	P	QL(2 EA daily); MP
<i>efavirenz CAPS 50 MG</i>	P	QL(2 EA daily); MP	EVOTAZ	NP	QL(1 EA daily); MP
<i>efavirenz CAPS 200 MG</i>	P	QL(1 EA daily); MP	<i>fosamprenavir calcium TABS</i>	P	QL(4 EA daily); MP
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily); MP	GENVOYA	P	QL(1 EA daily); MP
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-400 MG-300 MG</i>	P	MP	IDVYNZO TABS PO	NP	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG-300 MG</i>	NP	QL(1 EA daily); MP	INTELENCE	P	QL(4 EA daily); MP
<i>efavirenz TABS</i>	P	QL(1 EA daily); MP	INTELENCE 200 MG (Use <i>etravirine</i>)	P	QL(2 EA daily); MP
<i>emtricitabine CAPS</i>	P	QL(1 EA daily); MP	INTELENCE (Use <i>etravirine</i>)	P	QL(4 EA daily); MP
<i>emtricitabine- rilpivirine- tenofovir disoproxil fumarate</i>	P	QL(1 EA daily); MP	ISENTRESS HD 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	ISENTRESS CHEW 25 MG	P	QL(12 EA daily); MP
			ISENTRESS CHEW 100 MG	P	QL(6 EA daily); MP
			ISENTRESS PACK	P	QL(2 EA daily); MP
			ISENTRESS TABS	P	QL(2 EA daily); MP
			JULUCA	P	QL(1 EA daily); MP
			KALETRA SOLN	NP	QL(10.67 ML daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	P	QL(6 EA daily); MP	RETROVIR CAPS (<i>Use zidovudine</i>)	NP	QL(6 EA daily); MP
KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	P	QL(4 EA daily); MP	RETROVIR SOLN	P	
<i>lamivudine SOLN</i>	P	QL(30 ML daily); MP	RETROVIR SYRP (<i>Use zidovudine</i>)	NP	QL(60 ML daily); MP
<i>lamivudine TABS 150 MG</i>	P	QL(2 EA daily); MP	REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	P	QL(2 EA daily); MP
<i>lamivudine TABS 300 MG</i>	P	QL(1 EA daily); MP	REYATAZ PACK	P	QL(6 EA daily); MP
<i>lamivudine-zidovudine</i>	P	QL(2 EA daily); MP	<i>rilpivirine hcl 25 MG</i>	P	QL(1 EA daily); MP
<i>lopinavir-ritonavir SOLN</i>	P	QL(10.67 ML daily); MP	<i>ritonavir TABS</i>	P	QL(12 EA daily); MP
<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 EA daily); MP	RUKOBIA	P	MP
<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 EA daily); MP	SELZENTRY SOLN	P	QL(35 ML daily); MP
<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily); MP	SELZENTRY TABS 150 MG (<i>Use maraviroc</i>)	NP	QL(2 EA daily); MP
<i>maraviroc TABS 150 MG</i>	P	QL(2 EA daily); MP	SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	NP	QL(4 EA daily); MP
<i>nevirapine SUSP</i>	P	QL(40 ML daily); MP	STRIBILD	NP	QL(1 EA daily); MP
<i>nevirapine TABS</i>	P	QL(2 EA daily); MP	SUNLENCA SOLN	P	SP; PA
<i>nevirapine TB24 400 MG</i>	P	QL(1 EA daily); MP	SUNLENCA TABS PO 300 MG	P	SP; PA
NORVIR PACK	P	MP	SUNLENCA TBPk 300 MG	P	SP; PA
NORVIR TABS (<i>Use ritonavir</i>)	P	QL(12 EA daily); MP	SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily); MP
ODEFSEY	P	QL(1 EA daily); MP	SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	MP
PIFELTRO	P	QL(1 EA daily); MP	SYMTUZA	P	QL(1 EA daily); MP
PREZCOBIX	P		<i>tenofovir disoproxil fumarate TABS</i>	P	QL(1 EA daily); MP
PREZCOBIX	P	QL(1 EA daily); MP	TIVICAY PD TBSO	P	MP
PREZISTA SUSP	P		TIVICAY TABS 50 MG	P	MP
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P		TRIUMEQ PD TBSO	P	
PREZISTA TABS (<i>Use darunavir</i>)	P		TRIUMEQ TABS	P	MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TROGARZO	P	SP; MP; PA	CMV Agents		
TRUVADA 200 MG-300 MG (Use <i>emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily); MP	LIVTENCITY	P	SP; PA
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (Use <i>emtricitabine-tenofovir disoproxil fumarate</i>)	P	MP	PREVYMIS PACK	NP	SP
TYBOST	NP	QL(1 EA daily); MP	PREVYMIS TABS	P	SP; PA
VIRACEPT TABS 625 MG	P	QL(4 EA daily); MP	VALCYTE SOLR (Use <i>valganciclovir hcl</i>)	NP	
VIRACEPT TABS 250 MG	P	QL(9 EA daily); MP	VALCYTE TABS (Use <i>valganciclovir hcl</i>)	NF	QL(2 EA daily)
VIREAD POWD	P	QL(8 GM daily); MP	<i>valganciclovir hcl SOLR</i>	NP	
VIREAD TABS (Use <i>tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily); MP	<i>valganciclovir hcl TABS</i>	P	QL(2 EA daily)
VIREAD TABS	P	QL(1 EA daily); MP	Hepatitis Agents		
YEZTUGO SOLN 463.5 MG/1.5ML	P	SP	<i>adefovir dipivoxil</i>	NP	
YEZTUGO TABS PO 300 MG	P	SP	BARACLUDE SOLN	NP	
ZIAGEN SOLN (Use <i>abacavir sulfate</i>)	P	QL(30 ML daily); MP	BARACLUDE TABS (Use <i>entecavir</i>)	NP	
<i>zidovudine CAPS</i>	P	QL(6 EA daily); MP	<i>entecavir TABS</i>	P	
<i>zidovudine SYRP</i>	P	QL(60 ML daily); MP	EPCLUSA PACK	NP	SP
<i>zidovudine TABS</i>	P	QL(2 EA daily); MP	EPCLUSA TABS	NP	SP
Antiviral Combinations			EPCLUSA TABS	NP	SP
PAXLOVID (150/100)	P	Maximum 5-day supply; AL(At least 12 yrs old)	HARVONI PACK	NP	SP
PAXLOVID (300/100 & 150/100)	P		HARVONI TABS	NP	SP
PAXLOVID (300/100)	P	Maximum 5-day supply; AL(At least 12 yrs old)	HARVONI TABS	NP	SP
			HEPCLUDEX SOLR SC 8.5 MG	NP	SP
			<i>lamivudine (hbv) TABS</i>	NP	
			LEDIPASVIR-SOFOSBUVIR TABS	NP	SP
			MAVYRET PACK	P	SP
			MAVYRET TABS	P	QL(3 EA daily); SP
			MAVYRET TABS	NP	QL(3 EA daily); SP
			PEGASYS SOSY	NP	SP
			<i>ribavirin (hepatitis c) CAPS</i>	P	SP
			<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	SP
			SOFOSBUVIR-VELPATASVIR TABS	P	SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOVALDI PACK	NP	SP	<i>rimantadine hydrochloride TABS</i>	NP	
SOVALDI TABS	NP	SP	TAMIFLU CAPS 45 MG (Use <i>oseltamivir phosphate</i>)	NF	QL(20 EA per 30 day(s) retail)
VEMLIDY	NP	SP	TAMIFLU CAPS 30 MG (Use <i>oseltamivir phosphate</i>)	NF	QL(40 EA per 30 day(s) retail)
VOSEVI	NP	SP	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
ZEPATIER	NP	SP	TAMIFLU SUSR (Use <i>oseltamivir phosphate</i>)	NP	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail)
Herpes Agents			XOFLUZA (40 MG DOSE) 40 MG	NP	
<i>acyclovir CAPS</i>	P	QL(50 EA per 30 day(s) retail; 50 EA per 30 days mail)	XOFLUZA (80 MG DOSE) 80 MG	NP	
<i>acyclovir SUSP</i>	P	QL(400 ML per 30 day(s) retail; 400 ML per 30 days mail)	Misc. Antivirals		
<i>acyclovir TABS PO 800 MG</i>	P	QL(50 EA per 30 day(s) retail)	LAGEVRIO	P	Maximum 5-day supply; AL(At least 18 yrs old)
<i>acyclovir TABS PO 400 MG</i>	P	QL(3 EA daily)	XOCOVA TABS PO 125 MG	NP	
<i>famciclovir</i>	NP		Respiratory Syncytial Virus (RSV) Agents		
SITAVIG TABS BU	NP		<i>ribavirin</i>	P	
<i>valacyclovir hcl 1 GM</i>	P	QL(42 EA per 21 day(s) retail)	VIRAZOLE (Use <i>ribavirin</i>)	NF	
<i>valacyclovir hcl 500 MG</i>	P	QL(2 EA daily)	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
VALTREX 1 GM (Use <i>valacyclovir hcl</i>)	NP	QL(42 EA per 21 day(s) retail)	Alpha-Beta Blockers		
VALTREX 500 MG (Use <i>valacyclovir hcl</i>)	NP	QL(2 EA daily)	<i>carvedilol 25 MG</i>	P	QL(4 EA daily); MP
Influenza Agents			<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(3 EA daily); MP
<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>carvedilol phosphate</i>	NP	QL(1 EA daily); MP
<i>oseltamivir phosphate CAPS 30 MG</i>	P	QL(40 EA per 30 day(s) retail)	COREG 3.125 MG, 6.25 MG, 12.5 MG (Use <i>carvedilol</i>)	NF	QL(3 EA daily); MP
<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)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COREG 25 MG (<i>Use carvedilol</i>)	NF	QL(4 EA daily); MP	<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	P	MP
COREG CR (<i>Use carvedilol phosphate</i>)	NF	QL(1 EA daily); MP	<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	P	QL(4 EA daily); MP
<i>labetalol hcl TABS 400 MG</i>	P		<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 EA daily); MP
<i>labetalol hcl TABS 100 MG</i>	P	QL(3 EA daily); MP	<i>metoprolol tartrate TABS 12.5 MG</i>	P	QL(2 EA daily)
<i>labetalol hcl TABS 300 MG</i>	P	QL(8 EA daily); MP	<i>nebivolol hcl</i>	NP	
<i>labetalol hcl TABS 200 MG</i>	P	QL(6 EA daily); MP	TENORMIN TABS 25 MG, 50 MG (<i>Use atenolol</i>)	NF	QL(2 EA daily); MP
Beta Blockers Cardio-Selective			TENORMIN TABS (<i>Use atenolol</i>)	NP	QL(2 EA daily); MP
<i>acebutolol hcl CAPS</i>	P	MP	TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NP	QL(4 EA daily); MP
<i>atenolol TABS</i>	P	QL(2 EA daily); MP	TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NF	QL(4 EA daily); MP
<i>betaxolol hcl</i>	P	MP	TOPROL XL TB24 200 MG (<i>Use metoprolol succinate</i>)	NF	QL(2 EA daily); MP
<i>bisoprolol fumarate</i>	P	QL(1 EA daily); MP	TOPROL XL TB24 200 MG (<i>Use metoprolol succinate</i>)	NP	QL(2 EA daily); MP
<i>bisoprolol fumarate 2.5 MG</i>	P		Beta Blockers Non-Selective		
BYSTOLIC 2.5 MG, 5 MG (<i>Use nebivolol hcl</i>)	NF		BETAPACE AF (<i>Use sotalol hcl (afib/afl)</i>)	NP	QL(2 EA daily); MP
BYSTOLIC (<i>Use nebivolol hcl</i>)	NP		BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NP	QL(2 EA daily); MP
KAPSPARGO SPRINKLE CS24	NP		CORGARD TABS 20 MG, 40 MG (<i>Use nadolol</i>)	NF	QL(2 EA daily); MP
LOPRESSOR SOLN PO 10 MG/ML	NP		HEMANGEOL SOLN PO	P	SP; MP; PA
LOPRESSOR TABS 50 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4 EA daily); MP	HEMANGEOL SOLN PO	P	SP; MP; PA
LOPRESSOR TABS 12.5 MG (<i>Use metoprolol tartrate</i>)	NF	QL(2 EA daily)	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 TB24 200 MG</i>	P	QL(2 EA daily); MP	INNOPRAN XL	NP	
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 EA daily); MP	<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(2 EA daily); MP
			<i>pindolol TABS</i>	P	MP

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<i>propranolol hcl CP24</i>	P	QL(2 EA daily); MP	<i>diltiazem hcl CP12</i>	P	QL(2 EA daily); MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	MP	<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 EA daily); MP
<i>propranolol hcl TABS</i>	P	MP	<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 EA daily); MP
<i>sotalol hcl (afib/af)</i>	NP	QL(2 EA daily); MP	<i>diltiazem hcl TABS</i>	P	QL(3 EA daily); MP
<i>sotalol hcl TABS 240 MG</i>	P	MP	<i>diltiazem hcl TB24</i>	P	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	P	QL(2 EA daily); MP	<i>felodipine</i>	P	QL(1 EA daily); MP
SOTYLIZE SOLN PO	NP	MP	<i>isradipine CAPS</i>	NP	MP
<i>timolol maleate TABS</i>	P	MP	KATERZIA	NP	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>nicardipine hcl CAPS</i>	NP	MP
Calcium Channel Blockers			<i>nifedipine CAPS</i>	P	QL(4 EA daily); MP
<i>amlodipine besylate TABS</i>	P	QL(1 EA daily); MP	<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 EA daily); MP
CARDAMYST SOLN NA	NP		<i>nifedipine TB24 60 MG</i>	P	QL(2 EA daily); MP
CARDIZEM CD CP24 360 MG (<i>Use diltiazem hcl coated beads</i>)	NF	MP	<i>nimodipine CAPS</i>	P	MP
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>Use diltiazem hcl coated beads</i>)	NF	QL(1 EA daily); MP	<i>nimodipine SOLN</i>	NP	
CARDIZEM CD CP24 240 MG (<i>Use diltiazem hcl coated beads</i>)	NF	QL(2 EA daily); MP	<i>nisoldipine 8.5 MG, 17 MG, 34 MG</i>	NP	MP
CARDIZEM LA TB24 (<i>Use diltiazem hcl</i>)	NF		NORLIQVA SOLN	NP	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>Use diltiazem hcl</i>)	NF	QL(3 EA daily); MP	NORVASC TABS 5 MG, 10 MG (<i>Use amlodipine besylate</i>)	NF	QL(1 EA daily); MP
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 EA daily); MP	NORVASC TABS (<i>Use 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 90 MG (<i>Use nifedipine</i>)	NF	QL(1 EA daily); MP
<i>diltiazem hcl extended release beads</i>	P	QL(1 EA daily); MP	PROCARDIA XL TB24 30 MG (<i>Use nifedipine</i>)	NP	QL(1 EA daily); MP
			PROCARDIA XL TB24 60 MG (<i>Use nifedipine</i>)	NF	QL(2 EA daily); MP
			PROCARDIA XL TB24 60 MG (<i>Use nifedipine</i>)	NP	QL(2 EA daily); MP
			SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SULAR 8.5 MG, 17 MG, 34 MG (<i>Use nisoldipine</i>)	NP	MP	MYQORZO TABS PO 5 MG, 10 MG, 15 MG, 20 MG	NP	SP
TIAZAC (<i>Use diltiazem hcl extended release beads</i>)	NF	QL(1 EA daily); MP	Cardiovascular Agents Misc. - Combinations		
VERAPAMIL HCL ER CP24 (<i>Use verapamil hcl</i>)	P	QL(2 EA daily); MP	<i>amlodipine besylate-atorvastatin calcium</i>	NP	MP
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	P	QL(2 EA daily); MP	BIDIL (<i>Use isosorbide dinitrate-hydralazine hcl</i>)	P	
<i>verapamil hcl CP24 300 MG, 360 MG</i>	P	QL(1 EA daily); 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
<i>verapamil hcl TABS</i>	P	QL(3 EA daily); MP	ENTRESTO CPSP	P	
<i>verapamil hcl TBCR</i>	P	QL(2 EA daily); MP	ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>Use sacubitril-valsartan</i>)	P	
VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(2 EA daily); MP	<i>isosorbide dinitrate-hydralazine hcl</i>	P	
VERELAN PM CP24 300 MG (<i>Use verapamil hcl</i>)	NP	QL(1 EA daily); MP	OPSYNVI	NP	SP
VERELAN CP24 120 MG, 180 MG, 240 MG (<i>Use verapamil hcl</i>)	NF	QL(2 EA daily); MP	<i>sacubitril-valsartan TABS</i>	NP	
VERELAN CP24 360 MG (<i>Use verapamil hcl</i>)	NF	QL(1 EA daily); MP	Cardiovascular Anti-inflammatory/Immune Modulators		
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm			LODOCO	NP	
Cardiac Glycosides			Impotence Agents		
<i>digoxin SOLN PO 0.05 MG/ML</i>	P	MP	CIALIS 5 MG (<i>Use tadalafil</i>)	NP	
<i>digoxin TABS 62.5 MCG</i>	NP		<i>tadalafil 5 MG</i>	NP	
<i>digoxin TABS 125 MCG, 250 MCG</i>	P	MP	Prostaglandin Vasodilators		
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>Use digoxin</i>)	NF	MP	<i>alprostadil SOLN IJ 500 MCG/ML</i>	NP	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			AURLUMYN IV	NP	SP
Cardiac Myosin Inhibitors			<i>epoprostenol sodium</i>	P	SP; PA
CAMZYOS	NP	SP	FLOLAN 1.5 MG (<i>Use epoprostenol sodium</i>)	NF	SP
			ORENITRAM MONTH 1 TEPK	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM MONTH 2 TEPK	NP	SP	TRACLEER TBSO 32 MG (Use bosentan)	NF	SP
ORENITRAM MONTH 3 TEPK	NP	SP	TRACLEER TBSO 32 MG (Use bosentan)	P	SP; PA
ORENITRAM TBCR	NP	SP	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
PROSTIN VR SOLN IJ 500 MCG/ML (Use alprostadil)	NP		ADCIRCA TABS (Use tadalafil (pulmonary hypertension))	P	SP; PA
REMODULIN SOLN IJ	NP	SP	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension))	NF	SP
treprostinil SOLN IJ	NP	SP	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension))	NP	SP
TYVASO DPI INSTITUTIONAL KIT POWD	NP	SP	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension))	NF	SP
TYVASO DPI MAINTENANCE KIT POWD	NP	SP	REVATIO TABS (Use sildenafil citrate (pulmonary hypertension))	NP	SP
TYVASO DPI TITRATION KIT POWD	NP	SP	sildenafil citrate (pulmonary hypertension) SOLN	NP	SP
TYVASO REFILL KIT SOLN IN	NP	SP	sildenafil citrate (pulmonary hypertension) SUSR	NP	SP
TYVASO STARTER KIT SOLN IN	NP	SP	sildenafil citrate (pulmonary hypertension) TABS	P	SP; PA
TYVASO SOLN IN	NP	SP	tadalafil (pulmonary hypertension) TABS	P	SP; PA
VELETRI (Use epoprostenol sodium)	NP	SP	TADLIQ SUSP	NP	SP
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	NP	SP	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
Pulmonary Hypertension - Endothelin Receptor Antagonists			UPTRAVI TITRATION TBPk	NP	SP
ambrisentan	NP	SP	UPTRAVI SOLR	NP	SP
bosentan TABS	NP	SP	UPTRAVI TABS 100 MCG, 150 MCG	NP	
bosentan TBSO 32 MG	NP	SP	UPTRAVI TABS	NP	SP
LETAIRIS (Use ambrisentan)	P	SP; PA			
macitentan 10 MG	NP	SP			
OPSUMIT 10 MG (Use macitentan)	NP	SP			
TRACLEER TABS (Use bosentan)	P	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator			CEFAZOLIN SODIUM SOSY IV 1 GM/10ML, 2 GM/20ML	P	
ADEMPAS	NP	SP	<i>cephalexin CAPS</i>	P	
Sinus Node Inhibitors			<i>cephalexin SUSR</i>	P	
CORLANOR SOLN	NP	SP	<i>cephalexin TABS 500 MG</i>	NP	
CORLANOR TABS (<i>Use ivabradine hcl</i>)	NP		<i>cephalexin TABS 250 MG</i>	P	
<i>ivabradine hcl TABS</i>	NP		Cephalosporins - 2nd Generation		
Transthyretin Stabilizers			CEFACLOR ER TB12	NP	
ATTRUBY	NP	SP	<i>cefaclor CAPS</i>	P	
VYNDAMAX	NP	SP	<i>cefoxitin sodium IV 1 GM, 2 GM</i>	P	
VYNDAQEL	NP	SP	CEFOXITIN SODIUM-DEXTROSE	P	
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)			<i>cefprozil SUSR 125 MG/5ML</i>	P	QL(200 ML per fill retail)
VERQUVO	P	PA	<i>cefprozil SUSR 250 MG/5ML</i>	P	QL(100 ML per fill retail)
VERQUVO	NP		<i>cefprozil TABS</i>	NP	QL(20 EA per fill retail)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			<i>cefuroxime axetil TABS</i>	P	QL(20 EA per fill retail)
Cephalosporin Combinations			Cephalosporins - 3rd Generation		
AVYCAZ	P		<i>cefdinir CAPS</i>	P	QL(20 EA per fill retail)
Cephalosporins - 1st Generation			<i>cefdinir SUSR</i>	P	QL(100 ML per fill retail)
<i>cefadroxil CAPS</i>	P		<i>cefixime CAPS</i>	P	
<i>cefadroxil SUSR</i>	P		<i>cefixime SUSR</i>	NP	
<i>cefadroxil TABS</i>	P		<i>cefixime TABS</i>	P	
CEFAZOLIN IN SODIUM CHLORIDE SOLN	P		<i>cefpodoxime proxetil SUSR</i>	P	
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML	P		<i>cefpodoxime proxetil TABS</i>	P	
CEFAZOLIN SODIUM-DEXTROSE SOLR	P		<i>ceftazidime IJ 1 GM, 6 GM</i>	P	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	P		<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	P	
CEFAZOLIN SODIUM SOLR IJ 100 GM, 300 GM	P		CEFTRIAZONE SODIUM IJ 100 GM	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone sodium in dextrose</i>	P		<i>levonorgestrel-eth estradiol (triphasic)</i>	P	QL(1 EA daily); MP
CEFTRIAZONE SODIUM-DEXTROSE	P		<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	QL(1 EA daily); MP
Cephalosporins - 4th Generation			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	P	MP
CEFEPIME HCL SOLN	P		<i>levonorgestrel-ethinyl estradiol-iron</i>	P	MP
<i>cefepime hcl SOLR IJ 1 GM</i>	P		LO LOESTRIN FE TABS	P	MP
CEFEPIME-DEXTROSE	P		MIRCETTE (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	NF	QL(1 EA daily); MP
CHEMICALS			NATAZIA	P	MP
Liquids			NEXTSTELLIS	P	MP
CASTOR OIL	P	RX/OTC	<i>norethin acet & estrad-fe CAPS</i>	P	MP
QC CASTOR OIL	P	RX/OTC	<i>norethin acet & estrad-fe CHEW</i>	P	MP
CONTRACEPTIVES - Drugs to Prevent Pregnancy			<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG</i>	P	MP
Combination Contraceptives - Oral			<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
AVERI TABS PO	P	MP	<i>norethindrone & eth estradiol</i>	P	QL(1 EA daily); MP
BALCOLTRA (Use <i>levonorgestrel-ethinyl estradiol-iron</i>)	P	MP	<i>norethindrone & ethinyl estradiol-fe</i>	P	MP
BEYAZ (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	P	MP	<i>norethindrone acet & eth estra TABS</i>	P	QL(1 EA daily); MP
<i>desogestrel & ethinyl estradiol</i>	P	QL(1 EA daily); MP	<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	MP
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	QL(1 EA daily); MP	<i>norethindrone-eth estradiol (triphasic)</i>	P	QL(1 EA daily); MP
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	QL(1 EA daily); MP	<i>norgestimate-ethinyl estradiol</i>	P	QL(1 EA daily); MP
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 EA daily); MP	<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	MP
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	P	MP	<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(2 EA daily); MP
<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	P	QL(1 EA daily); MP			
FEMLYV TBDP	P	MP			
<i>levonorgestrel & eth estradiol TABS</i>	P	QL(1 EA daily); MP			

Drug Name	Drug Tier	Requirements/ Limits
SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium)	P	MP
SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	NF	QL(1 EA daily); MP
TAYTULLA CAPS (Use norethin acet & estrad-fe)	P	MP
TYBLUME CHEW	P	MP
YASMIN 28 (Use drospirenone-ethinyl estradiol)	P	QL(1 EA daily); MP
YAZ (Use drospirenone-ethinyl estradiol)	P	QL(1 EA daily); MP
Combination Contraceptives - Transdermal		
GWYN LO	P	
norelgestromin-ethinyl estradiol	P	QL(40 EA per 365 day(s) retail; 40 EA per 365 days mail); MP
TWIRLA	P	MP
Combination Contraceptives - Vaginal		
ANNOVERA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
etonogestrel-ethinyl estradiol	P	MP
NUVARING (Use etonogestrel-ethinyl estradiol)	P	MP
NUVARING (Use etonogestrel-ethinyl estradiol)	NF	MP
Emergency Contraceptives		
ELLA	P	QL(12 EA per 365 day(s) retail; 12 EA per 365 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits
levonorgestrel (emergency oc) 1.5 MG	P	QL(37 EA per 365 day(s) retail; 37 EA per 365 days mail); MP
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))	P	QL(1 ML per fill retail); MP
DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))	P	MP
DEPO-SUBQ PROVERA 104 SUSY SC	P	MP
medroxyprogesterone acetate (contraceptive) SUSP IM	P	QL(1 ML per fill retail); MP
medroxyprogesterone acetate (contraceptive) SUSY IM	P	MP
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	P	QL(1 EA daily); MP
OPILL	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
SLYND	P	MP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	NP	SP
ALKINDI SPRINKLE CPSP	NP	
budesonide CPEP	NP	
budesonide TB24	NP	
CORTEF TABS (Use hydrocortisone)	NP	
CORTISONE ACETATE TABS	NP	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>deflazacort SUSP</i>	NP	SP	<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 25 MG/5ML</i>	P	
<i>deflazacort TABS</i>	NP	SP	<i>prednisolone sodium phosphate TBDP</i>	NP	
DEXAMETHASONE INTENSOL CONC	P		<i>prednisolone SOLN</i>	P	
<i>dexamethasone ELIX</i>	P		<i>prednisolone TABS</i>	P	
<i>dexamethasone SOLN</i>	P		PREDNISONE INTENSOL CONC	P	
<i>dexamethasone TABS</i>	P		<i>prednisone SOLN</i>	P	
<i>dexamethasone TBPk</i>	P		<i>prednisone TABS</i>	P	
<i>dexamethasone TBPk</i>	NP		<i>prednisone TBEC 1 MG, 2 MG, 5 MG</i>	NP	
DEXLYT TABS 0.25 MG	NP		<i>prednisone TBPk</i>	P	
EMFLAZA SUSP (Use <i>deflazacort</i>)	NP	SP	TARPEYO CPDR	NP	SP
EMFLAZA TABS (Use <i>deflazacort</i>)	NP	SP	UCERIS TB24 (Use <i>budesonide</i>)	NF	
EOHILIA SUSP	NP		Mineralocorticoids		
HEMADY TABS	NP		<i>fludrocortisone acetate TABS</i>	P	
<i>hydrocortisone TABS</i>	P		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
KHINDIVI SOLN PO 1 MG/ML	NP	SP	Antitussives		
MEDROL TABS	NP		<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old)
MEDROL TABS (Use <i>methylprednisolone</i>)	NP		<i>benzonatate 200 MG</i>	P	QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)
MEDROL TBPk (Use <i>methylprednisolone</i>)	NP		<i>dextromethorphan polistirex SUEr</i>	P	QL(240 ML per 7 day(s) retail)
<i>methylprednisolone TABS</i>	P		HYCODAN SOLN (Use <i>hydrocodone bitartrate-homatropine methylbromide</i>)	NF	AL(At least 18 yrs old)
<i>methylprednisolone TBPk</i>	P		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old)
ORAPRED ODT TBDP (Use <i>prednisolone sodium phosphate</i>)	NF		Cough/Cold/Allergy Combinations		
PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i>)	NF				
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	P	QL(240 ML per fill retail)			
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>brompheniramine & phenyleph ELIX</i>	P	QL(120 ML per fill retail)	MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML	P	QL(120 ML per fill retail)
<i>brompheniramine & phenyleph LIQD 5 MG/10ML-2 MG/10ML</i>	P	QL(120 ML per fill retail)	<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	QL(240 ML per fill retail)
<i>brompheniramine & pseudoeph ELIX</i>	P	QL(120 ML per fill retail)	<i>phenylephrine-dm SOLN</i>	P	QL(240 ML per fill retail)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	QL(120 ML per fill retail)	<i>phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML</i>	P	QL(240 ML per 7 day(s) retail)
<i>cetirizine-pseudoephedrine</i>	P	QL(2 EA daily)	<i>promethazine & phenylephrine SYRP</i>	P	
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	NF	QL(2 EA daily)	<i>promethazine w/codeine SOLN</i>	P	QL(240 ML per fill retail); AL(At least 18 yrs old)
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	NF	QL(1 EA daily)	<i>promethazine w/codeine SYRP</i>	P	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P		<i>promethazine-dm SYRP</i>	P	QL(240 ML per fill retail)
<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 ML per fill retail)	<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	QL(240 ML per fill retail)
<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>pseudoephedrine-ibuprofen TABS</i>	P	
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P		QC DIBROMM CHILDRENS COLD/ALL LIQD	P	QL(120 ML per fill retail)
<i>guaifenesin-codeine SOLN</i>	P		SM COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ML per fill retail)
LOHIST-D LIQD	P	QL(240 ML per fill retail)	Expectorants		
<i>loratadine & pseudoephedrine TB12</i>	P	QL(2 EA daily)	GERI-TUSSIN SYRP	P	QL(240 ML per fill retail)
<i>loratadine & pseudoephedrine TB24</i>	P	QL(1 EA daily)	<i>guaifenesin LIQD</i>	P	QL(240 ML per fill retail)
			<i>guaifenesin TB12 600 MG</i>	P	QL(40 EA per fill retail)
			Misc. Respiratory Inhalants		
			NEBUSAL NEBU 3 %, 6 % (Use sodium chloride (inhalant))	NF	
			<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	P	

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Mucolytics			<i>benzoyl peroxide-erythromycin GEL</i>	P	
<i>acetylcysteine SOLN</i>	P		CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NP	QL(60 ML per fill retail)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			CLINDACIN ETZ	NP	
Acne Products			CLINDACIN PAC	NP	
ABSORICA 25 MG, 30 MG, 35 MG (<i>Use isotretinoin</i>)	NP		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 LD	NP		<i>clindamycin phosphate (topical) GEL</i>	P	QL(75 ML per fill retail)
ACANYA GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF		<i>clindamycin phosphate (topical) LOTN</i>	P	QL(60 ML per fill retail)
ACZONE (<i>Use dapsone (topical)</i>)	NF		<i>clindamycin phosphate (topical) SOLN</i>	P	
<i>adapalene-benzoyl peroxide GEL</i>	NP		<i>clindamycin phosphate (topical) SWAB</i>	P	
<i>adapalene CREA</i>	NP		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	NP	
<i>adapalene GEL 0.3 %</i>	NP		<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP	
AKLIEF	NP		<i>clindamycin phosphate-tretinoin</i>	NP	
ATRALIN GEL (<i>Use tretinoin</i>)	NF		<i>dapsone (topical)</i>	NP	
AVAR CLEANSER LIQD 10 %-5 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF		DIFFERIN CREA (<i>Use adapalene</i>)	NP	
AVAR LS CLEANSER LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF		DIFFERIN GEL 0.1 % (<i>Use adapalene</i>)	NF	RX/OTC
AVAR-E EMOLLIENT CREA 10 %-5 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF		DIFFERIN GEL 0.3 % (<i>Use adapalene</i>)	NP	
BENZAC AC WASH LIQD 5 %	NP	RX/OTC	DIFFERIN LOTN	NP	
BENZAMYCIN GEL (<i>Use benzoyl peroxide-erythromycin</i>)	NF		EPIDUO FORTE GEL (<i>Use adapalene-benzoyl peroxide</i>)	NP	
			EPIDUO GEL (<i>Use adapalene-benzoyl peroxide</i>)	NP	
			EPSOLAY CREA	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (acne aid) GEL</i>	P	QL(60 GM per fill retail)	<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	
<i>erythromycin (acne aid) PADS</i>	NP		<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	
<i>erythromycin (acne aid) SOLN</i>	P		<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP	
<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	NP	QL(2 EA daily); AL(At least 12 yrs old)	<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	NP	
<i>isotretinoin 25 MG, 30 MG, 35 MG</i>	NP		<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP	
KLARON (Use <i>sulfacetamide sodium (acne)</i>)	NF	QL(120 ML per fill retail)	SULFACETAMIDE SODIUM-SULFUR SUSP	NP	
ONEXTON GEL (Use <i>clindamycin phosphate-benzoyl peroxide</i>)	NF		SULFACLEANSE 8/4 SUSP 8 %-4 % (Use <i>sulfacetamide sodium w/ sulfur</i>)	NF	
PLEXION CLEANSER LIQD (Use <i>sulfacetamide sodium w/ sulfur</i>)	NF		SULFAMEZ WASH EMUL 10 %-1 % (Use <i>sulfacetamide sodium w/ sulfur</i>)	NF	
PLEXION LOTN (Use <i>sulfacetamide sodium w/ sulfur</i>)	NF		SUMADAN	NP	
RETIN-A MICRO (Use <i>tretinoin microsphere</i>)	NF		SUMADAN WASH LIQD (Use <i>sulfacetamide sodium w/ sulfur</i>)	NP	
RETIN-A MICRO PUMP (Use <i>tretinoin microsphere</i>)	NF		SUMAXIN CP	NP	
RETIN-A CREA 0.05 %, 0.1 % (Use <i>tretinoin</i>)	NF	QL(20 GM per 30 day(s) retail); AL(Up to 35 yrs old)	SUMAXIN PADS	NP	
RETIN-A CREA 0.025 % (Use <i>tretinoin</i>)	NF	QL(20 GM per fill retail); AL(Up to 35 yrs old)	TAZAROTENE FOAM	NP	
RETIN-A GEL (Use <i>tretinoin</i>)	NF	QL(45 GM per fill retail); AL(Up to 35 yrs old)	<i>tretinoin microsphere 0.06 %, 0.08 %</i>	NP	
SSS 10-5 CREA 10 %-5 % (Use <i>sulfacetamide sodium w/ sulfur</i>)	NP		<i>tretinoin CREA 0.025 %</i>	P	QL(20 GM per fill retail); AL(Up to 35 yrs old)
<i>sulfacetamide sodium (acne)</i>	NP	QL(120 ML per fill retail)	<i>tretinoin CREA 0.05 %, 0.1 %</i>	P	QL(20 GM per 30 day(s) retail); AL(Up to 35 yrs old)
			<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	QL(45 GM per fill retail); AL(Up to 35 yrs old)
			<i>tretinoin GEL 0.05 %</i>	P	
			TWYNEO	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WINLEVI	NP		ECONAZOLE NITRATE FOAM 1 %	NP	
ZIANA (Use clindamycin phosphate-tretinoin)	NF		ERTACZO	NP	
Agents for External Genital and Perianal Warts			FUNGIZYL AL EX	NP	
VEREGEN	NP		ketoconazole (topical) CREA	P	QL(60 GM per fill retail)
Antibiotics - Topical			ketoconazole (topical) FOAM	NP	
gentamicin sulfate (topical) CREA	P	QL(30 GM per fill retail)	ketoconazole (topical) SHAM 2 %	P	QL(120 ML per fill retail)
gentamicin sulfate (topical) OINT	P	QL(30 GM per fill retail)	LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	NF	QL(113 GM per fill retail; 113 per fill mail); RX/OTC
mupirocin calcium (topical)	NP	QL(30 GM per fill retail)	LOTRIMIN AF CREA (Use clotrimazole (topical))	NF	QL(113 GM per fill retail; 113 per fill mail); RX/OTC
mupirocin OINT	P	QL(2160 GM per fill retail)	miconazole-zinc oxide-white petrolatum	NP	
neomycin-bacitracin-polymyxin OINT	P	QL(454 EA per fill retail)	MYCOZYL AL SOLN 1 %	NP	RX/OTC
neomycin-polymyxin w/ pramoxine	P	QL(28.3 GM per fill retail)	MYCOZYL HC GEL	NP	
NEO-SYNALAR	NP		MYCOZYL HC LIQD	NP	
XEPI	NP		naftifine hcl CREA	NP	
Antifungals - Topical			naftifine hcl GEL 2 %	NP	
ciclopirox olamine CREA	NP		NAFTIN GEL 2 % (Use naftifine hcl)	NP	
ciclopirox olamine SUSP	NP		nystatin (topical) CREA	P	QL(30 GM per fill retail)
CICLOPIROX TREATMENT KIT 8 %	NP		nystatin (topical) OINT	P	QL(30 GM per fill retail)
ciclopirox GEL	NP		nystatin (topical) POWD EX	P	QL(60 GM per fill retail)
ciclopirox SHAM	NP		nystatin-triamcinolone CREA	NP	QL(60 GM per fill retail)
ciclopirox SOLN	NP		nystatin-triamcinolone OINT	NP	QL(60 GM per fill retail)
clotrimazole (topical) CREA	P	QL(113 GM per fill retail; 113 per fill mail); RX/OTC	oxiconazole nitrate CREA	NP	
clotrimazole (topical) SOLN	NP	QL(60 ML per fill retail); RX/OTC	OXISTAT LOTN	NP	
clotrimazole w/ betamethasone CREA	NP	QL(45 GM per fill retail)	tavaborole	NP	
clotrimazole w/ betamethasone LOTN	NP	QL(30 ML per fill retail)	VUSION (Use miconazole-zinc oxide-white petrolatum)	NP	
econazole nitrate CREA	P	QL(30 GM per fill retail)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Anti-inflammatory Agents - Topical			LEVULAN KERASTICK SOLR	P	SP
DERMACINRX DICLOLIDOL THPK EX	NP		TARGRETIN (Use bexarotene (topical))	NF	SP
DERMACINRX LEXITRAL PHARMAPAK (Use diclofenac sodium-capsaicin (topical))	NF		VALCHLOR	NP	SP
diclofenac epolamine PTCH EX	NP		Antipruritics - Topical		
diclofenac sodium (topical) GEL EX	NP	2 package(s) per 30 day(s) retail; RX/OTC	camphor & menthol LOTN	P	QL(222 ML per fill retail)
diclofenac sodium (topical) SOLN EX	NP		doxepin hcl (antipruritic)	NP	
DICLOGEN	NP		PRUDOXIN (Use doxepin hcl (antipruritic))	NP	
FLECTOR PTCH EX (Use diclofenac epolamine)	NF		ZONALON (Use doxepin hcl (antipruritic))	NP	
LEXITRAL PHARMAPAK II (Use diclofenac sodium-capsaicin (topical))	NF		Antipsoriatics		
LEXTOL 0.025 %-1.5 %	NP		acitretin	NP	
LIXOFEN KIT	NP		BIMZELX SOAJ	NP	SP
PENNSAID SOLN EX 2 % (Use diclofenac sodium (topical))	NF		BIMZELX SOSY	NP	SP
Antineoplastic or Premalignant Lesion Agents - Topical			calciptriene CREA	P	QL(60 GM per fill retail)
AMELUZ GEL	NP		CALCIPOTRIENE FOAM	NP	
bexarotene (topical)	NP	SP	calciptriene OINT	P	
CARAC CREA (Use fluorouracil (topical))	NF	QL(30 GM per fill retail)	calciptriene SOLN	P	QL(60 ML per fill retail)
diclofenac sodium (actinic keratoses) EX	NP		calcitriol (topical)	NP	
EFUDEX CREA (Use fluorouracil (topical))	NF	QL(40 GM per fill retail)	COSENTYX (300 MG DOSE) SOSY	P	SP; PA
fluorouracil (topical) CREA 5 %	NP	QL(40 GM per fill retail)	COSENTYX SENSOREADY (300 MG) SOAJ	P	SP; PA
fluorouracil (topical) CREA 0.5 %	NP	QL(30 GM per fill retail)	COSENTYX SENSOREADY PEN SOAJ	P	SP; PA
fluorouracil (topical) SOLN	NP	QL(10 ML per fill retail)	COSENTYX UNOREADY SOAJ	P	SP; PA
			COSENTYX SOSY	P	SP; PA
			ICOTYDE TABS PO 200 MG	NP	SP
			ILUMYA	NP	SP
			IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
			methoxsalen rapid	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OTULFI SOLN SC 45 MG/0.5ML	NP	SP	USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
PELLIX SOLN 0.005 % (Use calcipotriene)	NF	QL(60 ML per fill retail)	USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	SP
PYZCHIVA SC 45 MG/0.5ML	NP	SP	USTEKINUMAB-TTWE SC	NP	SP
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP	USTEKINUMAB-TTWE	NP	SP
SELARSDI SOLN SC 45 MG/0.5ML	NP	SP	VECTICAL (Use calcitriol (topical))	NP	
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	VTAMA	NP	
SKYRIZI PEN SOAJ	NP	SP	YESINTEK SOLN 45 MG/0.5ML	NP	SP
SKYRIZI SOSY	NP	SP	YESINTEK SOSY	NP	SP
SORILUX FOAM	NP		Antiseborrheic Products		
SOTYKTU	NP	SP	OVACE PLUS WASH GEL (Use sulfacetamide sodium)	NF	
SPEVIGO SOSY	NP	SP	OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	NF	QL(480 ML per fill retail)
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	OVACE WASH LIQD (Use sulfacetamide sodium)	NF	QL(480 ML per fill retail)
STELARA SOSY	NP	SP	selenium sulfide LOTN 2.5 %	P	QL(120 ML per fill retail)
STEQEYMA SC	NP	SP	selenium sulfide SHAM 2.25 %	NP	
STEQEYMA	NP	SP	SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide)	NF	
TALTZ SOAJ	NP	SP	SELSUN BLUE DAILY LOTN (Use selenium sulfide)	NF	
TALTZ SOSY	NP	SP	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	NF	
tazarotene CREA 0.1 %	NP	QL(60 GM per fill retail)	SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	NF	
tazarotene CREA 0.05 %	NP				
tazarotene GEL	NP	QL(100 GM per fill retail)			
TAZORAC CREA 0.1 % (Use tazarotene)	NF	QL(60 GM per fill retail)			
TAZORAC CREA 0.05 % (Use tazarotene)	NF				
TAZORAC GEL (Use tazarotene)	NF	QL(100 GM per fill retail)			
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP			
TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	NP	SP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SELSUN BLUE LOTN (Use selenium sulfide)	NF		<i>amcinonide OINT</i>	NP	
<i>sulfacetamide sodium GEL</i>	NP		<i>betamethasone dipropionate (topical) CREA</i>	NP	1 package(s) per fill retail
<i>sulfacetamide sodium LIQD</i>	NP	QL(480 ML per fill retail)	<i>betamethasone dipropionate (topical) LOTN</i>	NP	
Antivirals - Topical			<i>betamethasone dipropionate (topical) OINT</i>	NP	
<i>acyclovir topical CREA</i>	NP	QL(5 GM per fill retail)	<i>betamethasone dipropionate augmented CREA</i>	NP	QL(45 GM per fill retail)
<i>acyclovir topical OINT</i>	NP	QL(30 GM per 30 day(s) retail)	<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
DENAVIR (Use penciclovir)	NP		<i>betamethasone dipropionate augmented LOTN</i>	NP	
<i>penciclovir</i>	NP		<i>betamethasone dipropionate augmented OINT</i>	NP	
ZELSUVMI GEL EX 10.3 %	NP		<i>betamethasone valerate CREA</i>	P	QL(45 GM per fill retail)
ZOVIRAX CREA (Use acyclovir topical)	NF	QL(5 GM per fill retail)	<i>betamethasone valerate FOAM</i>	NP	
ZOVIRAX OINT (Use acyclovir topical)	NF	QL(30 GM per 30 day(s) retail)	<i>betamethasone valerate LOTN</i>	P	QL(60 ML per fill retail)
Burn Products			<i>betamethasone valerate OINT</i>	P	QL(45 GM per fill retail)
<i>mafenide acetate PACK</i>	P		<i>calcipotriene-betamethasone dipropionate OINT</i>	NP	
RAYASORE KIT	NP		<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	
SILVADENE (Use silver sulfadiazine)	NP	QL(1000 GM per fill retail)	<i>clobetasol propionate emollient base 0.05 %</i>	P	QL(60 GM per fill retail)
<i>silver sulfadiazine</i>	P	QL(1000 GM per fill retail)	<i>clobetasol propionate emulsion</i>	NP	
SULFAMYLON CREA	P		<i>clobetasol propionate CREA 0.05 %</i>	P	QL(60 GM per fill retail)
Cauterizing Agents					
ARZOL SILVER NIT APPLICATORS	NP				
<i>silver nitrate SOLN</i>	NP				
SILVER NITRATE SOLN 0.5 %	NP				
Corticosteroids - Topical					
<i>alclometasone dipropionate CREA</i>	P				
<i>alclometasone dipropionate OINT</i>	P				
<i>amcinonide CREA</i>	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLOBETASOL PROPIONATE CREA 0.025 %	NP		<i>desoximetasone CREA 0.05 %</i>	NP	QL(300 GM per fill retail)
<i>clobetasol propionate FOAM</i>	NP		<i>desoximetasone GEL</i>	NP	QL(2 GM daily)
<i>clobetasol propionate GEL 0.05 %</i>	P	QL(60 GM per fill retail)	<i>desoximetasone LIQD</i>	NP	
<i>clobetasol propionate LIQD</i>	NP		<i>desoximetasone OINT 0.25 %</i>	NP	QL(2 GM daily)
<i>clobetasol propionate LOTN</i>	NP		<i>desoximetasone OINT 0.05 %</i>	NP	
<i>clobetasol propionate OINT 0.05 %</i>	P	QL(60 GM per fill retail)	<i>diflorasone diacetate CREA</i>	NP	QL(60 GM per fill retail)
<i>clobetasol propionate SHAM</i>	NP		<i>diflorasone diacetate OINT</i>	NP	QL(100 GM per fill retail)
<i>clobetasol propionate SOLN 0.05 %</i>	P	QL(50 ML per fill retail)	DIPROLENE OINT (Use betamethasone dipropionate augmented)	NF	
CLOBEX SPRAY LIQD (Use clobetasol propionate)	NP		ENSTILAR FOAM	NP	
CLOBEX LOTN 0.05 % (Use clobetasol propionate)	NP		EPIFOAM FOAM	NP	
CLOBEX SHAM (Use clobetasol propionate)	NP		<i>fluocinolone acetonide CREA</i>	P	
<i>clocortolone pivalate</i>	NP		<i>fluocinolone acetonide OIL</i>	P	
CLODERM (Use clocortolone pivalate)	NF		<i>fluocinolone acetonide OINT</i>	P	
DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide)	NP		<i>fluocinolone acetonide SOLN</i>	P	
DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	NP		<i>fluocinonide emulsified base</i>	P	QL(60 GM per fill retail)
<i>desonide CREA</i>	P	1 package(s) per fill retail	<i>fluocinonide CREA 0.1 %</i>	P	
<i>desonide LOTN</i>	NP		<i>fluocinonide CREA 0.05 %</i>	P	QL(60 GM per fill retail)
<i>desonide OINT</i>	P	1 package(s) per 30 day(s) retail; 1 package(s) per fill retail	<i>fluocinonide GEL</i>	P	QL(60 GM per fill retail)
<i>desoximetasone CREA 0.25 %</i>	NP	QL(2 GM daily)	<i>fluocinonide OINT</i>	P	QL(60 GM per fill retail)
			<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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate OINT</i>	P	QL(60 GM per fill retail)	<i>hydrocortisone acetate (topical) CREA 2.5 %</i>	NP	
<i>halcinonide CREA</i>	NP		<i>hydrocortisone butyrate CREA</i>	NP	
<i>halcinonide SOLN 0.1 %</i>	NP		<i>hydrocortisone butyrate LOTN</i>	NP	
<i>halobetasol propionate CREA</i>	P		<i>hydrocortisone butyrate OINT</i>	NP	
<i>halobetasol propionate FOAM</i>	NP		<i>hydrocortisone butyrate SOLN</i>	NP	QL(60 ML per fill retail)
HALOBETASOL PROPIONATE LOTN 0.05 %	NP		<i>hydrocortisone valerate CREA</i>	P	
<i>halobetasol propionate OINT</i>	P		<i>hydrocortisone valerate OINT</i>	P	
HALOG CREA (Use <i>halcinonide</i>)	NP		HYDROCORTISONE GEL 2 %	NP	
HALOG CREA (Use <i>halcinonide</i>)	NF		HYDROXATE GEL	NP	
HALOG SOLN 0.1 % (Use <i>halcinonide</i>)	NP		HYDROXYM CREA	NP	
HYDRALYN GEL 2 %	NP		HYDROXYM GEL	NP	
HYDRAVEX GEL 2 %	NP		KENALOG AERS (Use <i>triamcinolone acetonide (topical)</i>)	NF	
<i>hydrocortisone (topical) CREA 2.5 %</i>	P	QL(454 GM per fill retail)	LEXETTE FOAM (Use <i>halobetasol propionate</i>)	NF	
<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	LEXETTE FOAM (Use <i>halobetasol propionate</i>)	NP	
<i>hydrocortisone (topical) CREA 0.5 %</i>	P		LIDOTRAL + HYDROCORTISONE CREA	NP	
<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	QL(118 ML per fill retail)	LOCOID LOTN (Use <i>hydrocortisone butyrate</i>)	NF	
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	QL(454 GM per fill retail); RX/OTC	<i>mometasone furoate CREA</i>	P	QL(50 GM per fill retail)
<i>hydrocortisone (topical) SOLN 2.5 %</i>	P		<i>mometasone furoate OINT</i>	P	QL(45 GM per fill retail)
<i>hydrocortisone (topical) SOLN 2.5 %</i>	NP		<i>mometasone furoate SOLN</i>	P	QL(60 ML per fill retail)
<i>hydrocortisone acetate (topical) CREA 2.5 %</i>	P		PRAMOSONE CREA (Use <i>pramoxine-hc</i>)	NF	
			PRAMOSONE CREA	NP	
			PRAMOSONE LOTN	NP	
			RADIAURA CREA	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	NP		ADBRY SOAJ	NP	SP
SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	NP		ADBRY SOSY	NP	SP
TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP		ANZUPGO CREA EX 20 MG/GM	NP	
TOPICORT SPRAY LIQD (<i>Use desoximetasone</i>)	NF		CIBINQO	NP	SP
TOPICORT CREA 0.25 % (<i>Use desoximetasone</i>)	NF	QL(2 GM daily)	DUPIXENT SOAJ	P	SP; PA
TOPICORT CREA 0.05 % (<i>Use desoximetasone</i>)	NF	QL(300 GM per fill retail)	DUPIXENT SOSY 200 MG/1.14ML	NP	SP
TOPICORT GEL (<i>Use desoximetasone</i>)	NF	QL(2 GM daily)	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	P	SP; PA
TOPICORT OINT 0.05 % (<i>Use desoximetasone</i>)	NF		EBGLYSS SOAJ	NP	SP
TOPICORT OINT 0.25 % (<i>Use desoximetasone</i>)	NF	QL(2 GM daily)	EBGLYSS SOSY	NP	SP
<i>triamcinolone acetonide (topical)</i> AERS	NP		OPZELURA	NP	
<i>triamcinolone acetonide (topical)</i> CREA 0.1 %	P	QL(454 GM per fill retail)	Emollient/Keratolytic Agents		
<i>triamcinolone acetonide (topical)</i> CREA 0.5 %	P	QL(15 GM per fill retail)	DERMACINRX URACIN CREA 20 %	NP	RX/OTC
<i>triamcinolone acetonide (topical)</i> CREA 0.025 %	P	QL(908 GM per fill retail)	DERMACINRX UREA CREA 41 % (<i>Use urea</i>)	NP	
<i>triamcinolone acetonide (topical)</i> LOTN	P	QL(60 ML per fill retail)	DERMACURE CREA 41 % (<i>Use urea</i>)	NP	
<i>triamcinolone acetonide (topical)</i> OINT 0.1 %	P	QL(60 GM per fill retail)	EVARA CREA 40.5 %	NP	
<i>triamcinolone acetonide (topical)</i> OINT 0.025 %	P	QL(454 GM per fill retail)	<i>urea</i> CREA 40 %	P	QL(200 GM per fill retail); RX/OTC
<i>triamcinolone acetonide (topical)</i> OINT 0.5 %	P	QL(15 GM per fill retail)	<i>urea</i> CREA 39.5 %	NP	
<i>triamcinolone acetonide (topical)</i> OINT 0.05 %	NP		<i>urea</i> CREA 20 %, 39 %, 41 %	P	
ULTRAVATE LOTN	NP		UREDEB CREA 39 % (<i>Use urea</i>)	NF	
VANOS CREA (<i>Use fluocinonide</i>)	NF		UREMEZ-40 CREA 40 % (<i>Use urea</i>)	NF	QL(200 GM per fill retail); RX/OTC
Eczema Agents			XUREA CREA 39 % (<i>Use urea</i>)	NF	
			Emollients		
			<i>lactic acid (ammonium lactate)</i> CREA	NP	QL(385 GM per fill retail); RX/OTC
			<i>lactic acid (ammonium lactate)</i> LOTN 12 %	P	QL(1368 GM per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VITAMIN C BRIGHTENING SERUM LIQD	NP	RX/OTC	<i>podofilox SOLN</i>	P	QL(4 ML per fill retail)
Hair Growth Agents			RAYASAL CREA	NP	
LEQSELVI TABS PO 8 MG	NP	SP	SALICATE LIQD	NP	
LITFULO	NP	SP	SALICYLIC ACID WART REMOVER LIQD 27.5 %	P	
Immunomodulating Agents - Systemic			<i>salicylic acid GEL 6 %</i>	P	
NEMLUVIO	NP	SP	SALICYLIC ACID OINT	NP	RX/OTC
Immunomodulating Agents - Topical			SALYCIM CREA	NP	
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail)	UREA-SALICYLIC ACID CREA	NP	
<i>imiquimod 3.75 %</i>	NP		YCANTH SOLN	NP	
ZYCLARA PUMP (Use <i>imiquimod</i>)	NF		Liniments		
Immunosuppressive Agents - Topical			<i>menthol-methyl salicylate (liniments) CREA</i>	P	
ELIDEL (Use <i>pimecrolimus</i>)	NF	QL(30 GM per 30 day(s) retail)	Local Anesthetics - Topical		
HYFTOR	NP		AGONEAZE KIT 2.5 %-2.5 % (Use <i>lidocaine-prilocaine</i>)	NF	
<i>pimecrolimus</i>	P	QL(30 GM per 30 day(s) retail); PA	BRUSELIX CREA	NP	
<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); PA	BRUSELIX GEL	NP	
<i>tacrolimus (topical) OINT 0.03 %</i>	P	QL(30 GM per 30 day(s) retail); PA	COLLAVERA GEL 2 %	NP	RX/OTC
Keratolytic/Antimitotic/Vesicant Agents			DERMACINRX LIDOCAINE GEL 5 %	NP	
CONDYLOX GEL (Use <i>podofilox</i>)	P		DERMACINRX LIDOGEL GEL 2.8 %	NP	RX/OTC
DERMACINRX SALICYLIC ACID GEL 6 %	NP		LIDEXA CREA 3.88 %	NP	
KERALYT GEL (Use <i>salicylic acid</i>)	NF		LIDEXAGEL GEL 5 %	NP	
PODOCON-25 SOLN	NP		LIDO BDK KIT 2.5 %-2.5 % (Use <i>lidocaine-prilocaine</i>)	NF	
<i>podofilox GEL</i>	P		<i>lidocaine hcl CREA 3 %</i>	P	RX/OTC
			<i>lidocaine hcl CREA 4.12 %</i>	NP	
			<i>lidocaine hcl GEL 2 %</i>	P	QL(30 ML per fill retail)
			<i>lidocaine hcl PRSY</i>	P	QL(30 ML per fill retail)
			<i>lidocaine hcl SOLN</i>	P	
			<i>lidocaine OINT 5 %</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine-prilocaine CREA</i>	NP	QL(30 GM per fill retail)
<i>lidocaine-prilocaine KIT</i>	NP	
<i>lidocaine PTCH 5 %</i>	P	
LIDODERM PTCH (<i>Use lidocaine</i>)	NF	
LIDOMAX GEL 2 %	NP	RX/OTC
LIDOPIN CREA 3 %, 3.25 % (<i>Use lidocaine hcl</i>)	NF	RX/OTC
LIDOREX GEL 2.8 %	NP	RX/OTC
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	
LIDOVARA GEL 2.8 %	NP	RX/OTC
LIVIXIL PAK KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF	
LYDEXA CREA 4.12 % (<i>Use lidocaine hcl</i>)	NP	
NEUROZYL CREA 4.12 % (<i>Use lidocaine hcl</i>)	NP	
PLIAGLIS CREA	NP	
PREMIUM LIDOCAINE OINT 5 % (<i>Use lidocaine</i>)	NF	
PRILOVIX PLUS KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF	
PRILOVIX KIT 2.5 %-2.5 % (<i>Use lidocaine-prilocaine</i>)	NF	
QUTENZA	NP	
QUTENZA (2 PATCH)	NP	
QUTENZA (4 PATCH)	NP	
XYLIDERM	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZTLIDO PTCH	NP	
Misc. Dermatological Products		
ALADERM PLUS EMUL	NP	
NUVAIL SOLN	NP	RX/OTC
Misc. Topical		
<i>diethyltoluamide (deet)</i> AERO 25 %, 7 %, 10 %, 15 %, 25 %, 30 %, 40 %, 98.11 %	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>diethyltoluamide (deet)</i> LOTN 20 %, 34.34 %, 40 %	P	QL(57 ML per fill retail; 114 ML per 30 day(s) retail)
HYCLODEX SOLN	NP	
SOFDRA	NP	
XERAC AC	NP	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	P	PA
ZORYVE CREA EX	NP	
ZORYVE CREA EX 0.3 %	NP	
ZORYVE FOAM EX	NP	
Pigmenting-Depigmenting Agents		
BLANCHE CREA 4 % (<i>Use hydroquinone</i>)	NF	QL(56.8 GM per fill retail)
<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	
<i>ivermectin (rosacea)</i>	NP	
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NP	QL(45 GM per fill retail)
METROGEL GEL 1 % (<i>Use metronidazole (topical)</i>)	NP	

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Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) CREA</i>	P	QL(45 GM per fill retail)
<i>metronidazole (topical) GEL 1 %</i>	P	
<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per fill retail)
<i>metronidazole (topical) LOTN</i>	P	
MIRVASO (Use <i>brimonidine tartrate (topical)</i>)	NP	
ORACEA (Use <i>doxycycline (rosacea)</i>)	NP	
<i>oxymetazoline hcl (topical) 1 %</i>	NP	
RHOFADE 1 % (Use <i>oxymetazoline hcl (topical)</i>)	NP	
SOOLANTRA (Use <i>ivermectin (rosacea)</i>)	NP	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	NP	QL(454 GM per fill retail)
ELIMITE CREA (Use <i>permethrin</i>)	NF	QL(60 GM per fill retail); AL(Up to 4 yrs old)
<i>malathion</i>	NP	QL(59 ML per fill retail)
NATROBA (Use <i>spinosad</i>)	P	
OVIDE (Use <i>malathion</i>)	NF	QL(59 ML per fill retail)
<i>permethrin CREA</i>	P	QL(60 GM per fill retail); AL(Up to 4 yrs old)
PERMETHRIN CREA 5 % (Use <i>permethrin</i>)	P	QL(60 GM per fill retail); AL(Up to 4 yrs old)
<i>permethrin LIQD EX</i>	P	2 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	P	
<i>spinosad</i>	NP	
<i>spinosad</i>	P	
Tar Products		
<i>coal tar extract SHAM 0.5 %, 1 %</i>	P	
Wound Care Products		
BALSAM PERU-CASTOR OIL OINT	NP	
<i>calcium alginate MISC</i>	P	
FILSUVEZ	NP	
VYJUVEK	NP	
ZEVASKYN BATCH UP TO 12 SHEETS SHEE EX	NP	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	NP	RX/OTC
ACCU-CHEK GUIDE TEST STRP	NP	RX/OTC
ACCU-CHEK SMARTVIEW STRP	NP	RX/OTC
ACCU-CLEAR PREGNANCY	NP	
ACCU-CLEAR PREGNANCY	P	
ACCUTREND GLUCOSE STRP	NP	RX/OTC
ADVANCE INTUITION TEST STRP	NP	RX/OTC
ADVANCE MICRO-DRAW TEST STRP	NP	RX/OTC
ADVIN COVID-19 ANTIGEN TEST KIT	P	
ADVOCATE REDI-CODE+ TEST STRP	NP	RX/OTC
ADVOCATE REDI-CODE STRP	NP	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE TEST STRP	NP	RX/OTC	CHEMSTRIP K STRP	P	
AGAMATRIX AMP TEST STRP	NP	RX/OTC	CLEARBLUE DIGITAL PREGNANCY	NP	
AGAMATRIX JAZZ TEST STRP	NP	RX/OTC	CLEARBLUE DIGITAL PREGNANCY	P	
AGAMATRIX PRESTO TEST STRP	NP	RX/OTC	CLEARBLUE PLUS PREGNANCY	NP	
ASSURE 3 TEST STRP	NP	RX/OTC	CLEARBLUE PLUS PREGNANCY	P	
ASSURE 4 TEST STRP	NP	RX/OTC	CLEARDETECT COVID-19 AG HOME KIT	P	
ASSURE II CHECK STRP	NP	RX/OTC	CLEVER CHEK AUTO-CODE TEST STRP	NP	RX/OTC
ASSURE II STRP	NP	RX/OTC	CLEVER CHEK AUTO-CODE VOICE STRP	NP	RX/OTC
ASSURE PLATINUM STRP	NP	RX/OTC	CLEVER CHEK TEST STRP	NP	RX/OTC
ASSURE PRISM MULTI TEST STRP	NP	RX/OTC	CLEVER CHOICE AUTO-CODE TEST STRP	NP	RX/OTC
ASSURE PRO TEST STRP	NP	RX/OTC	CLEVER CHOICE MICRO TEST STRP	NP	RX/OTC
ASSURE TITANIUM STRP	NP	RX/OTC	CLEVER CHOICE NO CODING STRP	NP	RX/OTC
BINAXNOW COVID-19 AG HOME TEST KIT	P		CLEVER CHOICE TALK SYSTEM STRP	NP	RX/OTC
BINAXNOW COVID-19 AG HOME TEST KIT	P		CLINITEST RAPID COVID-19 TEST KIT	P	
BINAXNOW COVID-19 ANTIGEN SELF KIT	P		CONTOUR NEXT TEST STRP	NP	RX/OTC
BIOTEL CARE TEST STRIPS STRP	NP	RX/OTC	CONTOUR NEXT STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	RX/OTC	CONTOUR PLUS TEST STRP	P	RX/OTC
BLOOD GLUCOSE TEST STRP	NP	RX/OTC	CONTOUR TEST STRP	NP	RX/OTC
BLULINK GLUCOSE TEST STRP	NP	RX/OTC	COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CARESENS N GLUCOSE TEST STRP	NP	RX/OTC	COVID-19 AT HOME ANTIGEN TEST KIT	P	
CARESENS S GLUCOSE TEST STRP	NP	RX/OTC	COVID-19 AT-HOME TEST KIT	P	
CARESTART COVID-19 HOME TEST KIT	P		COVID-19 OTC ANTIGEN 1-PACK KIT	P	
CARETOUCH TEST STRP	NP	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COVID-19 OTC ANTIGEN 2-PACK KIT	P		EASY MAX BLOOD GLUCOSE TEST STRP	NP	RX/OTC
CVS ADVANCED GLUCOSE TEST STRP	NP	RX/OTC	EASY PLUS II GLUCOSE TEST STRP	NP	RX/OTC
CVS COVID-19 AT HOME TEST KIT KIT	P		EASY STEP TEST STRP	NP	RX/OTC
CVS DIGITAL PREGNANCY TEST	P		EASY TALK BLOOD GLUCOSE TEST STRP	NP	RX/OTC
CVS EARLY PREGNANCY	P		EASY TALK PLUS II TEST STRIPS STRP	NP	RX/OTC
CVS EARLY RESULT PREGNANCY	P		EASY TOUCH HEALTHPRO GLUCOSE STRP	NP	RX/OTC
CVS EARLY RESULT PREGNANCY	NP		EASY TOUCH TEST STRP	NP	RX/OTC
CVS GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC	EASY TRAK BLOOD GLUCOSE TEST STRP	NP	RX/OTC
CVS ONE STEP PREGNANCY	NP		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
DIATHRIVE+ GLUCOSE TEST STRP	NP	RX/OTC	ELEMENT TEST STRP	NP	RX/OTC
DIATRUE PLUS TEST STRP	NP	RX/OTC	EMBRACE BLOOD GLUCOSE TEST STRP	NP	RX/OTC
DIATRUST COVID-19 HOME TEST KIT	P		EMBRACE EVO BLOOD GLUCOSE TEST STRP	NP	RX/OTC
DIGITAL PREGNANCY	P		EMBRACE PRO GLUCOSE TEST STRP	NP	RX/OTC
DUO-CARE TEST STRP	NP	RX/OTC	EMBRACE TALK GLUCOSE TEST STRP	NP	RX/OTC
EARLY PREGNANCY	P		EMBRACE WAVE BLOOD GLUCOSE STRP	NP	RX/OTC
EARLY RESULT PREGNANCY	P		EPT	P	
			EPT DIGITAL	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQ BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FORA GD20 TEST STRP	NP	RX/OTC
EQ PREGNANCY TEST	NP		FORA GD50 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EQ PREGNANCY TEST EARLY RESULT	P		FORA GTEL BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EQL ONE-STEP PREGNANCY	P		FORA TN'G ADVANCE PRO STRP	NP	RX/OTC
EQL ONE-STEP PREGNANCY	NP		FORA TN'G/TN'G VOICE STRP	NP	RX/OTC
EQL PREGNANCY EARLY RESULT	P		FORA V10 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EQL PREGNANCY TEST DIGITAL	P		FORA V12 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EVOLUTION AUTOCODE STRP	NP	RX/OTC	FORA V20 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FACT PLUS+ PREGNANCY	P		FORA V30A BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FASTEP COVID-19 ANTIGEN TEST KIT	P		FORACARE GD40 TEST STRP	NP	RX/OTC
FIFTY50 GLUCOSE TEST 2.0 STRP	NP	RX/OTC	FORACARE PREMIUM V10 TEST STRP	NP	RX/OTC
FIRST RESPONSE PREGNANCY	P		FORACARE TEST N GO TEST STRP	NP	RX/OTC
FLOWFLEX COVID-19 AG HOME TEST KIT	P		FREESTYLE INSULINX TEST STRP	NP	RX/OTC
FONDCIRCLE BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FREESTYLE LITE TEST STRP	NP	RX/OTC
FORA 6 CONNECT/GTEL TEST STRP	NP	RX/OTC	FREESTYLE PRECISION NEO TEST STRP	NP	RX/OTC
FORA 6 CONNECT STRP	NP	RX/OTC	FREESTYLE TEST STRP	NP	RX/OTC
FORA BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FT EARLY RESULT PREGNANCY	P	
FORA D15G BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FT ONE STEP PREGNANCY	NP	
FORA D20 BLOOD GLUCOSE TEST STRP	NP	RX/OTC	GE100 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FORA D40/G31 BLOOD GLUCOSE STRP	NP	RX/OTC	GENABIO COVID-19 RAPID TEST KIT	P	
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	GHT TEST STRP	NP	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCO PERFECT 3 TEST STRP	NP	RX/OTC	GOTOKNOW COVID-19 ANTIGEN RAPI KIT	P	
GLUCOCARD 01 SENSOR PLUS STRP	NP	RX/OTC	HW EMBRACE PRO GLUCOSE TEST STRP	NP	RX/OTC
GLUCOCARD EXPRESSION TEST STRP	NP	RX/OTC	HW EMBRACE TALK GLUCOSE TEST STRP	NP	RX/OTC
GLUCOCARD SHINE TEST STRP	NP	RX/OTC	IGLUCOSE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD VITAL TEST STRP	NP	RX/OTC	IHEALTH BLOOD GLUCOSE TEST STR STRP	NP	RX/OTC
GLUCOCARD X-SENSOR STRP	NP	RX/OTC	IHEALTH COVID-19 RAPID TEST KIT	P	
GLUCOCOM TEST STRP	NP	RX/OTC	IN TOUCH BLOOD GLUCOSE TEST STRP	NP	RX/OTC
GLUCONAVII BLOOD GLUCOSE TEST STRP	NP	RX/OTC	INDICAID COVID-19 RAPID TEST KIT	P	
GLUCOSE METER TEST STRP	NP	RX/OTC	INFINITY BLOOD GLUCOSE TEST STRP	NP	RX/OTC
GNP ADVANCED PREGNANCY TEST	P		INFINITY VOICE STRP	NP	RX/OTC
GNP EARLY RESULT PREGNANCY TST	NP		INTELISWAB COVID-19 RAPID TEST KIT	P	
GNP EARLY RESULT PREGNANCY TST	P		KETONE TEST STRP	P	
GNP EASY TOUCH GLUCOSE TEST STRP	NP	RX/OTC	KETOSTIX STRP	P	
GNP ONE STEP PREGNANCY	P		KROGER HEALTHPRO GLUCOSE TEST STRP	NP	RX/OTC
GNP ONE STEP PREGNANCY	NP		LIBERTY TEST STRP	NP	RX/OTC
GNP PREGNANCY TEST	P		MEIJER TRUETEST TEST STRP	NP	RX/OTC
GNP TRUE METRIX GLUCOSE STRIPS STRP	NP	RX/OTC	MEIJER TRUETRACK TEST STRP	NP	RX/OTC
GNP TRUETRACK SMART SYSTEM STRP	NP	RX/OTC	MICRODOT TEST STRP	NP	RX/OTC
GNP TRUETRACK TEST STRIPS STRP	NP	RX/OTC	MM BLULINK GLUCOSE TEST STRP	P	RX/OTC
GOJJI BLOOD GLUCOSE TEST STRP	NP	RX/OTC	MM EASY TOUCH GLUCOSE STRP	NP	RX/OTC
GOJJI BLOOD TEST STRIP/LANCETS STRP	NP	RX/OTC	MOBI CONNECT TEST STRIPS STRP	NP	RX/OTC
			MYGLUCOHEALTH TEST STRP	NP	RX/OTC
			NEUTEK 2TEK TEST STRP	NP	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOVA MAX GLUCOSE TEST STRP	NP	RX/OTC	PRODIGY NO CODING BLOOD GLUC STRP	NP	RX/OTC
OHC COVID-19 ANTIGEN SELF TEST KIT	P		PTS PANELS EGLU TEST STRP	NP	RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE STRP	NP	RX/OTC	PURALIN ONE-STEP PREGNANCY	P	
ON/GO COVID-19 ANTIGEN TEST KIT	P		QUICK TOUCH BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ON/GO ONE COVID-19 HOME TEST KIT	P		QUICKTEK TEST STRP	NP	RX/OTC
ONE DROP TEST STRP	NP	RX/OTC	QUICKVUE AT-HOME COVID-19 TEST KIT	P	
ONE STEP PREGNANCY	NP		QUINTET AC BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ONE STEP PREGNANCY	P		QUINTET BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ONE-STEP PREGNANCY	NP		REFUAH PLUS BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ONE-STEP PREGNANCY	P		RELION BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ONETOUCH ULTRA BLUE TEST STRP	NP	RX/OTC	RELION CONFIRM/MICRO TEST STRP	NP	RX/OTC
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	NP	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
PILOT COVID-19 AT-HOME TEST KIT	P		RIGHTEST GS100 BLOOD GLUCOSE STRP	NP	RX/OTC
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC	RIGHTEST GS300 BLOOD GLUCOSE STRP	NP	RX/OTC
POCKETCHEM EZ TEST STRP	NP	RX/OTC	RIGHTEST GS550 BLOOD GLUCOSE STRP	NP	RX/OTC
PRECISION XTRA BLOOD GLUCOSE STRP	NP	RX/OTC	RIGHTEST GT333 BLOOD GLUCOSE STRP	NP	RX/OTC
PREGNANCY TEST	NP				
PREGNANCY TEST	P				
PREGNANCY TEST	P				
PRO VOICE V8/V9 GLUCOSE STRP	NP	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST GT333 GLUCOSE TEST STRP	NP	RX/OTC	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	
SB PREGNANCY TEST KIT	NP				
SB PREGNANCY TEST KIT	P				
SM PREGNANCY TEST KIT	P				
SM PREGNANCY TEST KIT	NP				
SMARTEST BLOOD GLUCOSE TEST STRP	NP	RX/OTC			
SOLUS V2 TEST STRP	NP	RX/OTC			
SPEEDY SWAB COVID-19 ANTIGEN KIT	P				
SUPREME TEST STRP	NP	RX/OTC			
TRUE FOCUS BLOOD GLUCOSE STRIP STRP	NP	RX/OTC			
TRUE METRIX BLOOD GLUCOSE TEST STRP	NP	RX/OTC	DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
TRUE METRIX PRO BLOOD GLUCOSE STRP	NP	RX/OTC	Carbonic Anhydrase Inhibitors		
TRUENESS BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC	acetazolamide CP12	P	MP
TRUETEST TEST STRP	NP	RX/OTC	acetazolamide TABS	P	MP
TRUETRACK TEST STRP	NP	RX/OTC	dichlorphenamide	NP	SP
UNISTRIP1 GENERIC STRP	NP	RX/OTC	KEVEYIS (Use dichlorphenamide)	NF	SP
VERASENS BLOOD GLUCOSE TEST STRP	NP	RX/OTC	KEVEYIS (Use dichlorphenamide)	NP	SP
VIVAGUARD INO TEST STRIPS STRP	NP	RX/OTC	methazolamide TABS	P	MP
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			Diuretic Combinations		
Digestive Enzymes			amiloride & hydrochlorothiazide	P	QL(1 EA daily); MP
CREON CPEP	P		spironolactone & hydrochlorothiazide	P	MP
PERTZYE CPEP	P	PA	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	P	QL(1 EA daily); MP
VIOKACE TABS	NP		triamterene & hydrochlorothiazide TABS	P	QL(1 EA daily); MP
			Loop Diuretics		
			bumetanide TABS	P	MP
			BUMEX TABS 0.5 MG (Use bumetanide)	NP	MP
			EDECIN (Use ethacrynic acid)	NF	MP

Drug Name	Drug Tier	Requirements/Limits
ENBUMYST SOLN 0.5 MG/0.1ML	NP	
<i>ethacrynic acid</i>	P	MP
FUROSCIX READYFLOW SOAJ SC 80 MG/ML	NP	
FUROSCIX CTKT	NP	SP
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	P	MP
<i>furosemide TABS</i>	P	MP
LASIX ONYU CTKT 80 MG/2.67ML	NP	SP
LASIX TABS (<i>Use furosemide</i>)	NP	MP
<i>torsemide TABS 20 MG</i>	P	MP
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	P	QL(1 EA daily); MP
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use spironolactone</i>)	NP	MP
<i>amiloride hcl TABS</i>	P	QL(4 EA daily); MP
CAROSPIR SUSP (<i>Use spironolactone</i>)	NP	MP
DYRENIUM CAPS (<i>Use triamterene</i>)	NF	MP
<i>spironolactone SUSP</i>	NP	MP
<i>spironolactone TABS</i>	P	MP
<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
<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	

Drug Name	Drug Tier	Requirements/Limits
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 (<i>Use risedronate sodium</i>)	NP	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); MP
ACTONEL TABS 35 MG (<i>Use risedronate sodium</i>)	NF	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); MP
ACTONEL TABS 150 MG (<i>Use risedronate sodium</i>)	NF	MP
ACTONEL TABS 150 MG (<i>Use risedronate sodium</i>)	NP	MP
<i>alendronate sodium SOLN</i>	P	QL(10.8 ML daily); MP
<i>alendronate sodium TABS 10 MG</i>	P	QL(1 EA daily); MP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.143 EA daily); MP
ATELVIA TBEC (<i>Use risedronate sodium</i>)	NP	MP
AUKELSO SOLN SC 120 MG/1.7ML	NP	SP
BILDYOS SOSY SC 60 MG/ML	NP	SP
BILPREVDA SOLN SC 120 MG/1.7ML	NP	SP
BINOSTO TBEF	NP	
BOMYNTRA SOLN SC 120 MG/1.7ML	NP	SP
BOMYNTRA SOSY SC 120 MG/1.7ML	NP	SP
BONSITY SOPN 560 MCG/2.24ML	NP	

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Drug Name	Drug Tier	Requirements/Limits
BOSAYA SOSY SC 60 MG/ML	NP	SP
<i>calcitonin (salmon) NA</i>	P	QL(4 ML per 30 day(s) retail)
CONEXXENCE SOSY SC 60 MG/ML	NP	SP
ENOBYS SOSY SC 60 MG/ML	NP	SP
FORTEO SOPN (<i>Use teriparatide</i>)	NP	
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NP	QL(0.143 EA daily); MP
<i>ibandronate sodium TABS</i>	NP	MP
JUBBONTI SOSY SC 60 MG/ML	NP	SP
JUBEREQ SOLN SC 120 MG/1.7ML	NP	SP
OSENVELT SOLN SC 120 MG/1.7ML	NP	SP
OSVYRTI SOSY SC 60 MG/ML	NP	SP
<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
<i>risedronate sodium TABS 150 MG</i>	NP	MP
<i>risedronate sodium TBEC</i>	NP	MP
STOBOCLO SOSY SC 60 MG/ML	NP	SP
<i>teriparatide SOPN</i>	NP	
TERIPARATIDE SOPN	NP	
WYOST SOLN SC 120 MG/1.7ML	NP	SP
XTRENBO SOLN SC 120 MG/1.7ML	NP	SP
Corticotropin-Releasing Factor (CRF) Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
CRENESSITY CAPS	NP	SP
CRENESSITY SOLN	NP	SP
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 0.2 MG	NP	SP
GENOTROPIN MINIQUICK PRSY	P	SP; PA
GENOTROPIN CART SC	P	SP; PA
HUMATROPE CART IJ	NP	SP
NGENLA	P	Ngenla NDCs 00069052001 and 00069050501 are Non-Preferred; SP; PA
NGENLA	NP	SP
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	NP	SP
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA 11 MG	P	Skytrofa NDC 73362001002 is Non-Preferred; SP; PA
SKYTROFA 4.3 MG	P	Skytrofa NDC 73362000502 is Non-Preferred; SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SKYTROFA 0.7 MG, 1.4 MG, 1.8 MG, 2.1 MG, 2.5 MG	P	SP; PA	Insulin-Like Growth Factors (Somatomedins)		
SKYTROFA 9.1 MG	P	Skytrofa NDC 73362000902 is Non-Preferred; SP; PA	INCRELEX	NP	SP
SKYTROFA	NP	SP	LHRH/GnRH Agonist Analog Pituitary Suppressants		
SKYTROFA 3 MG	P	Skytrofa NDC 73362000302 is Non-Preferred; SP; PA	SYNAREL	NP	SP
SKYTROFA 7.6 MG	P	Skytrofa NDC 73362000802 is Non-Preferred; SP; PA	Menopausal Symptoms Suppressants		
SKYTROFA 3.6 MG	P	Skytrofa NDC 73362000402 is Non-Preferred; SP; PA	LYNKUET CAPS PO 60 MG	NP	
SKYTROFA 13.3 MG	P	Skytrofa NDC 73362001102 is Non-Preferred; SP; PA	VEOZAH	NP	
SKYTROFA 6.3 MG	P	Skytrofa NDC 73362000702 is Non-Preferred; SP; PA	Metabolic Modifiers		
SKYTROFA 5.2 MG	P	Skytrofa NDC 73362000602 is Non-Preferred; SP; PA	<i>betaine</i>	NP	SP
SOGROYA	NP	SP	BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NP	SP
ZOMACTON SOLR SC	NP	SP	BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NP	SP
Hormone Receptor Modulators			<i>calcitriol CAPS</i>	P	
EVISTA (<i>Use raloxifene hcl</i>)	NP	QL(1 EA daily); MP	<i>calcitriol SOLN PO</i>	P	
OSPHENA	NP		CARBAGLU (<i>Use carglumic acid</i>)	P	SP; PA
<i>raloxifene hcl</i>	NP	QL(1 EA daily); MP	<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>)	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	SP
			HARLIKU TABS PO 2 MG	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NP	SP	ROCALTROL SOLN PO (<i>Use calcitriol</i>)	NF	
KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	NP	SP	<i>sapropterin dihydrochloride</i> PACK	NP	SP
KYGEVVI PACK PO	NP	SP	<i>sapropterin dihydrochloride</i> TABS	NP	SP
<i>levocarnitine (metabolic modifiers)</i> SOLN PO 1 GM/10ML	NP	QL(30 ML daily)	SENSIPAR (<i>Use cinacalcet hcl</i>)	NP	SP
<i>levocarnitine (metabolic modifiers)</i> TABS	NP	QL(3 EA daily)	SEPHIENCE PACK PO 250 MG, 1000 MG	NP	SP
LOARGYS SOLN IJ 2 MG/0.4ML	NP	SP	<i>sodium phenylbutyrate</i> POWD	NP	SP
<i>nitisinone</i> CAPS	P	SP	<i>sodium phenylbutyrate</i> TABS	NP	SP
NITYR TABS	NP	SP	TRYNGOLZA	NP	SP
OLPRUVA (2 GM DOSE) THPK	NP	SP	VYKAT XR TB24 PO 25 MG, 75 MG, 150 MG	NP	SP
OLPRUVA (3 GM DOSE) THPK	NP	SP	XPHOZAH	NP	SP
OLPRUVA (4 GM DOSE) THPK	NP	SP	XURIDEN	NP	SP
OLPRUVA (5 GM DOSE) THPK	NP	SP	YORVIPATH	NP	SP
OLPRUVA (6 GM DOSE) THPK	NP	SP	ZEMPLAR CAPS 1 MCG, 2 MCG (<i>Use paricalcitol</i>)	NP	
OLPRUVA (6.67 GM DOSE) THPK	NP	SP	Mineralocorticoid Receptor Antagonists		
OPFOLDA	NP	SP	KERENDIA	P	PA
ORFADIN CAPS (<i>Use nitisinone</i>)	P	SP	Natriuretic Peptides		
ORFADIN SUSP	NP	SP	VOXZOGO	NP	SP
<i>paricalcitol</i> CAPS	NP		YUWIWEL SOLR SC 1.3 MG, 2.8 MG, 5.5 MG	NP	SP
PHEBURANE PLLT	NP		Posterior Pituitary Hormones		
RAVICTI 1.1 GM/ML (<i>Use glycerol phenylbutyrate</i>)	NP	SP	DDAVP TABS (<i>Use desmopressin acetate</i>)	NP	QL(6 EA daily)
RAYALDEE	NP		DESMODA SOLN PO 0.05 MG/ML	NP	SP
REDEMPLO SOSY SC 25 MG/0.5ML	NP	SP	<i>desmopressin acetate</i> spray	P	QL(1 ML daily); 1 package(s) per fill retail
ROCALTROL CAPS (<i>Use calcitriol</i>)	NF		<i>desmopressin acetate</i> TABS	P	QL(6 EA daily)
			Progesterone Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MIFEPREX (Use mifepristone)	P		ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	NP	QL(1 EA daily)
mifepristone	P		ANGELIQ	NP	
Prolactin Inhibitors			BIJUVA	NP	
cabergoline	P		CLIMARA PRO	NP	
Somatostatic Agents			COMBIPATCH PTTW	P	QL(0.29 EA daily)
lanreotide acetate	NP	SP	DUAVEE	NP	
LANREOTIDE ACETATE	NP	SP	estradiol & norethindrone acetate TABS	P	QL(1 EA daily)
MYCAPSSA CPDR	NP	SP	MYFEMBREE	P	PA
octreotide acetate KIT	NP	SP	norethindrone acetate-ethinyl estradiol	NP	
octreotide acetate SOLN	NP	SP	ORIAHNN	P	PA
octreotide acetate SOSY	NP	SP	PREMPHASE	P	QL(1 EA daily)
PALSONIFY TABS PO 20 MG, 30 MG	NP	SP	PREMPRO	P	QL(1 EA daily)
SANDOSTATIN LAR DEPOT KIT (Use octreotide acetate)	NP	SP	Estrogens		
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)	NP	SP	CLIMARA PTWK 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	NP	QL(0.143 EA daily)
SIGNIFOR	NP	SP	CLIMARA PTWK 0.025 MG/24HR (Use estradiol)	NP	
SIGNIFOR LAR	NP	SP	DELESTROGEN 10 MG/ML, 20 MG/ML (Use estradiol valerate)	NP	
SOMATULINE DEPOT	NP	SP	DELESTROGEN 40 MG/ML (Use estradiol valerate)	NF	
Vasopressin Receptor Antagonists			DEPO-ESTRADIOL	NP	
JYNARQUE TABS 15 MG, 30 MG (Use tolvaptan)	NP	SP	DIVIGEL GEL (Use estradiol)	NP	
JYNARQUE TBPK 15 MG (Use tolvaptan)	NP	SP	ELESTRIN GEL	NP	
SAMSCA TABS PO (Use tolvaptan (hyponatremia))	NP	SP	ESTRACE TABS (Use estradiol)	NF	
tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG	NP	SP	estradiol valerate	NP	
tolvaptan TABS	NP	SP	estradiol GEL	NP	
tolvaptan TBPK 15 MG	NP	SP	estradiol PTTW	P	QL(0.29 EA daily)
ESTROGENS - Hormone Replacement/Modifying Drugs					
Estrogen Combinations					

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol PTWK 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i>	P	QL(0.143 EA daily)
<i>estradiol PTWK 0.025 MG/24HR</i>	P	
<i>estradiol TABS</i>	P	
ESTROGEL GEL (<i>Use estradiol</i>)	NF	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	P	QL(1 EA daily)
EVAMIST SOLN	NP	
MENOSTAR PTWK	NP	
MINIVELLE PTTW (<i>Use estradiol</i>)	NP	QL(0.29 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)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NP	QL(0.29 EA daily)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	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 (<i>Use ciprofloxacin hcl</i>)	NP	
<i>levofloxacin in d5w</i>	P	
<i>levofloxacin SOLN PO</i>	P	
<i>levofloxacin SOLN IV</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin TABS</i>	P	QL(1 EA daily)
<i>moxifloxacin hcl TABS</i>	P	
<i>ofloxacin 300 MG</i>	NP	
<i>ofloxacin 400 MG</i>	NP	QL(56 EA per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY (<i>Use prucalopride succinate</i>)	NP	
<i>prucalopride succinate</i>	NP	
Antiflatulents		
GAS RELIEF LIQD PO 40 MG/0.6ML	P	
<i>simethicone CHEW 80 MG</i>	P	
<i>simethicone LIQD PO</i>	P	
<i>simethicone SUSP</i>	P	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	QL(5 EA daily); SP
CTEXLI TABS PO 250 MG	NP	SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	NP	SP
Gallstone Solubilizing Agents		
RELTONE CAPS	NP	
URSO FORTE TABS (<i>Use ursodiol</i>)	NP	
<i>ursodiol CAPS</i>	P	QL(3 EA daily)
<i>ursodiol TABS 500 MG</i>	NP	
<i>ursodiol TABS 250 MG</i>	NP	QL(7 EA daily)
URSOLIGN CAPS 150 MG	NP	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis)</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GASTROCROM (Use cromolyn sodium (mastocytosis))	NP		CIMZIA-STARTER PSKT	P	SP; PA
Gastrointestinal Chloride Channel Activators			COLAZAL CAPS (Use balsalazide disodium)	NF	QL(9 EA daily)
AMITIZA (Use lubiprostone)	NP		DELZICOL CPDR (Use mesalamine)	NF	
lubiprostone	NP		DIPENTUM	NP	
Gastrointestinal Stimulants			ENTYVIO PEN SOAJ	NP	SP
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	P		ENTYVIO SOLR	NP	SP
metoclopramide hcl TABS	P		IMULDOSA SOLN IV 130 MG/26ML	NP	SP
REGLAN TABS (Use metoclopramide hcl)	NP		INFLECTRA SOLR	NP	SP
Hepatotropics			INFLIXIMAB	NP	SP
REZDIFFRA	P	SP; PA	LIALDA TBEC (Use mesalamine)	NF	
Ileal Bile Acid Transporter (IBAT) Inhibitors			LIALDA TBEC (Use mesalamine)	NP	
LIVMARLI	NP	SP	mesalamine w/ cleanser	NP	
LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	NP	SP	mesalamine CP24	NP	
LYNAVIOY TABS PO 40 MG	NP	SP	mesalamine CPCR	P	
Inflammatory Bowel Agents			mesalamine CPDR	NP	
APRISO CP24 (Use mesalamine)	NF		mesalamine ENEM	P	QL(60 ML daily)
AVSOLA	NP	SP	mesalamine SUPP	P	
AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	NP		mesalamine TBEC 800 MG	NP	QL(3 EA daily)
AZULFIDINE TABS (Use sulfasalazine)	NP		mesalamine TBEC 1.2 GM	NP	
balsalazide disodium CAPS	P	QL(9 EA daily)	OMVOH (300 MG DOSE) SOAJ	NP	SP
CANASA SUPP (Use mesalamine)	NP		OMVOH (300 MG DOSE) SOSY	NP	SP
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	P	SP; PA	OMVOH SOAJ	NP	SP
CIMZIA (2 SYRINGE) PSKT	P	SP; PA	OMVOH SOLN	NP	SP
CIMZIA KIT	P	SP; PA	OMVOH SOSY	NP	SP
			PENTASA CPCR (Use mesalamine)	P	
			REMICADE	NP	SP
			RENFLEXIS	NP	SP
			ROWASA (Use mesalamine w/ cleanser)	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SFROWASA ENEM	P		IQIRVO	NP	SP
SKYRIZI SOCT	NP	SP	LIVDELZI	NP	SP
SKYRIZI SOLN	NP	SP	Phosphate Binder Agents		
STARJEMZA SOLN IV 130 MG/26ML	NP	SP	AURYXIA 210 MG (Use ferric citrate)	NP	
STELARA 130 MG/26ML	NP	SP	calcium acetate (phosphate binder) CAPS	P	
sulfasalazine TABS	P		calcium acetate (phosphate binder) TABS	P	RX/OTC
sulfasalazine TBEC	P		ferric citrate	NP	
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP	FOSRENOL CHEW (Use lanthanum carbonate)	NP	
TREMFYA SOLN IV	NP	SP	FOSRENOL PACK	P	
TREMFYA SOSY SC	NP	SP	lanthanum carbonate CHEW	P	
USTEKINUMAB 130 MG/26ML	NP	SP	RENVELA PACK (Use sevelamer carbonate)	NP	
ZYMFENTRA (1 PEN) AJKT	NP	SP	RENVELA TABS (Use sevelamer carbonate)	NF	
ZYMFENTRA (2 PEN) AJKT	NP	SP	RENVELA TABS (Use sevelamer carbonate)	NP	
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP	sevelamer carbonate PACK	NP	
Intestinal Acidifiers			sevelamer carbonate TABS	P	
lactulose (encephalopathy)	P		sevelamer hcl	P	
Irritable Bowel Syndrome (IBS) Agents			VELPHORO	NP	
alosetron hcl	NP		Short Bowel Syndrome (SBS) Agents		
IBSRELA	NP		GATTEX	NP	SP
LINZESS	NP		GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
LOTRONEX (Use alosetron hcl)	NP		Acidifiers		
VIBERZI	NP		K-PHOS NO 2	NP	
Peripheral Opioid Receptor Antagonists			Alkalinizers		
alvimopan	NP		CYTRA K CRYSTALS PACK 1002 MG-3300 MG	NP	
MOVANTIK	NP		ORACIT	P	
SYMPROIC	NP				
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pot & sod citrates w/citric ac SOLN</i>	NP		VANRAFIA TABS PO 0.75 MG	NP	SP
<i>potassium citrate (alkalinizer) TBCR</i>	NP		VOYXACT SOSY SC 400 MG/2ML	NP	SP
<i>potassium citrate-citric acid SOLN</i>	NP	RX/OTC	Interstitial Cystitis Agents		
<i>sodium citrate & citric acid</i>	P	QL(500 ML per 30 day(s) retail; 500 ML per 30 days mail); RX/OTC	ELMIRON CAPS	NP	QL(3 EA daily)
TRICITRATES SOLN (Use <i>pot & sod citrates w/citric ac</i>)	NF		Prostatic Hypertrophy Agents		
TRICITRATES SOLN 500 MG/5ML-334 MG/5ML-550 MG/5ML (Use <i>pot & sod citrates w/citric ac</i>)	NP		<i>alfuzosin hcl</i>	P	MP
UROKIT-K 10 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NP		AVODART (Use <i>dutasteride</i>)	NF	MP
UROKIT-K 15 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NP		CARDURA XL	NP	
Cystinosis Agents			<i>dutasteride</i>	NP	MP
CYSTAGON CAPS	P	SP	<i>dutasteride-tamsulosin hcl</i>	NP	MP
PROCYSBI CPDR	NP	SP	<i>finasteride</i>	P	QL(1 EA daily); MP
PROCYSBI PACK	NP	SP	JALYN (Use <i>dutasteride-tamsulosin hcl</i>)	NF	MP
Genitourinary Irrigants			PROSCAR (Use <i>finasteride</i>)	NP	QL(1 EA daily); MP
ARGYLE STERILE SALINE 0.9 % (Use <i>sodium chloride (gu irrigant)</i>)	NF		RAPAFLO (Use <i>silodosin</i>)	NF	MP
CURITY STERILE SALINE 0.9 % (Use <i>sodium chloride (gu irrigant)</i>)	NF		<i>silodosin</i>	NP	MP
<i>sodium chloride (gu irrigant) 0.9 %</i>	P		<i>tamsulosin hcl</i>	P	QL(2 EA daily); MP
IgA Nephropathy (IgAN) Agents			UROXATRAL (Use <i>alfuzosin hcl</i>)	NF	MP
FILSPARI	NP	SP	Urinary Analgesics		
			<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	P	
			PYRIDIUM TABS (Use <i>phenazopyridine hcl</i>)	NP	
			Urinary Stone Agents		
			LITHOSTAT	NP	
			THIOLA EC TBEC (Use <i>tiopronin</i>)	NP	SP
			THIOLA TABS (Use <i>tiopronin</i>)	NP	SP
			<i>tiopronin TABS</i>	NP	SP
			<i>tiopronin TBEC</i>	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS - Drugs to Treat Gout			HEMLIBRA	P	SP; PA
Gout Agent Combinations			HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
<i>colchicine w/ probenecid</i>	P	MP	HUMATE-P SOLR	P	SP; PA
Gout Agents			HYMPAVZI	P	SP; PA
<i>allopurinol</i>	P		IDELVION	P	SP; PA
<i>colchicine CAPS</i>	NP	MP	IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	P	SP; PA
<i>colchicine TABS</i>	NP	QL(6 EA per fill retail); MP	JIVI	P	SP; PA
<i>febuxostat</i>	NP	MP	KOATE-DVI SOLR 1000 UNIT	P	SP; PA
MITIGARE CAPS (<i>Use colchicine</i>)	NP	MP	KOATE SOLR	P	SP; PA
ULORIC (<i>Use febuxostat</i>)	NP	MP	KOVALTRY	P	SP; PA
Uricosurics			NOVOEIGHT	P	SP; PA
<i>probenecid</i>	P	MP	NOVOSEVEN RT	P	SP; PA
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			NUWIQ KIT	P	SP; PA
Antihemophilic Products			NUWIQ SOLR	P	SP; PA
ADVATE	P	SP; PA	OBIZUR	P	SP; PA
ADYNOVATE	P	SP; PA	PROFILNINE	P	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	P	SP; PA	REBINYN	P	SP; PA
ALHEMO	P	SP; PA	RECOMBINATE SOLR	P	SP; PA
ALPHANATE SOLR	P	SP; PA	RIXUBIS SOLR	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA	SEVENFACT	P	SP; PA
ALPROLIX	P	SP; PA	TRETTEN	P	SP; PA
BENEFIX KIT	P	SP; PA	VONVENDI	P	SP; PA
COAGADEX	P	SP; PA	WILATE KIT	P	SP; PA
CORIFACT	P	SP; PA	XYNTHA	P	SP; PA
ELOCTATE	P	SP; PA	XYNTHA SOLOFUSE	P	SP; PA
ESPEROCT	P	SP; PA	Bradykinin B2 Receptor Antagonists		
FEIBA	P	SP; PA	FIRAZYR SOSY (<i>Use icatibant acetate</i>)	NP	SP
FESILTY SOLR IV 1 GM	NP	SP	<i>icatibant acetate SOSY</i>	NP	SP
FIBRYGA 2 GM	NP	SP	Complement Inhibitors		
			BERINERT KIT	P	SP; PA
			BKEMV SOLN IV 300 MG/30ML	NP	SP

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EMPAVELI	NP	SP	AGRYLIN 0.5 MG (<i>Use anagrelide hcl</i>)	NP	
ENJAYMO	NP	SP	<i>anagrelide hcl</i>	P	
EPYSQLI SOLN IV 300 MG/30ML	NP	SP	<i>aspirin-dipyridamole</i>	P	
FABHALTA	NP	SP	BRILINTA 60 MG, 90 MG (<i>Use ticagrelor</i>)	P	QL(2 EA daily)
HAEGARDA SOLR SC	NP	SP	<i>cilostazol</i>	NP	QL(2 EA daily)
PIASKY	NP	SP	<i>clopidogrel bisulfate 75 MG</i>	P	QL(1 EA daily)
SOLIRIS	NP	SP	<i>clopidogrel bisulfate 300 MG</i>	P	
TAVNEOS	NP	SP	<i>dipyridamole</i>	P	MP
ULTOMIRIS	NP	SP	EFFIENT (<i>Use prasugrel hcl</i>)	NP	QL(1 EA daily)
VEOPOZ	NP	SP	PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NP	QL(1 EA daily)
VOYDEYA TABS	NP	SP	<i>prasugrel hcl</i>	NP	QL(1 EA daily)
VOYDEYA TBPk	NP	SP	<i>ticagrelor 60 MG, 90 MG</i>	P	QL(2 EA daily)
YARTEMLEA SOLN IV 370 MG/2ML	NP		Pyruvate Kinase Activators		
ZILBRYSQ	NP	SP	AQVESME TABS 100 MG	NP	SP
Hemataologic - Tyrosine Kinase Inhibitors			PYRUKYND TAPER PACK TBPk	NP	SP
TAVALISSE	NP	SP	PYRUKYND TABS	NP	SP
WAYRILZ TABS PO 400 MG	NP	SP	HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Hematological Enzymes - Misc			Agents for Sick Cell Disease		
ADZYNMA	NP	SP	ADAKVEO	NP	SP
Hematorheologic Agents			DROXIA CAPS	P	
<i>pentoxifylline</i>	P		ENDARI (<i>Use glutamine (sickle cell)</i>)	P	SP
Plasma Factor Xlla Inhibitors			<i>glutamine (sickle cell)</i>	NP	SP
ANDEMBRY SOAJ SC 200 MG/1.2ML	NP	SP	SIKLOS TABS	P	AL(At least 2 yrs old - Up to 17 yrs old)
Plasma Kallikrein Inhibitors			XROMI SOLN PO 100 MG/ML	P	SP
EKTERLY TABS PO 300 MG	NP	SP	Cobalamins		
KALBITOR	NP	SP	<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	
ORLADEYO	NP	SP			
ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG	NP	SP			
TAKHZYRO SOSY	NP	SP			
Platelet Aggregation Inhibitors					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Folic Acid/Folates			NEULASTA SOLN SC 4 MG/0.4ML	NP	SP
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	QL(1 EA daily)	NEULASTA SOSY	NP	SP
<i>folic acid TABS 1 MG</i>	P	RX/OTC	NEUPOGEN SOLN 480 MCG/1.6ML	P	
Hematopoietic Growth Factors			NEUPOGEN SOLN	P	SP
ALVAIZ	NP	SP	NEUPOGEN SOSY	P	SP
ARANESP (ALBUMIN FREE) SOLN	NP	SP	NIVESTYM SOLN	NP	SP
ARANESP (ALBUMIN FREE) SOSY	NP	SP	NIVESTYM SOSY	NP	SP
ARMLUPEG SOSY SC 6 MG/0.6ML	NP	SP	NPLATE	NP	SP
DOPTELET	NP	SP	NYPOZI	NP	SP
DOPTELET SPRINKLE PO 10 MG	NP	SP	NYVEPRIA	NP	SP
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	NP	SP	PROCRIT	P	SP; PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	NP		PROCRIT	P	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA	PROMACTA PACK 12.5 MG, 25 MG (Use <i>eltrombopag olamine</i>)	NP	SP
EPOGEN 10000 UNIT/ML	P	PA	PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (Use <i>eltrombopag olamine</i>)	NP	SP
FILKRI SOSY IJ 300 MCG/0.5ML, 480 MCG/0.8ML	NP	SP	REBLOZYL	NP	SP
FULPHILA	NP	SP	RELEUKO SOSY	NP	SP
FYLNETRA	NP	SP	RETACRIT	NP	SP
GRANIX SOLN 300 MCG/ML	NP	SP	ROLVEDON	NP	SP
GRANIX SOSY	NP	SP	RYZNEUTA SOSY SC 20 MG/ML	NP	SP
LEUKINE SOLR IJ	P	SP	STIMUFEND	NP	SP
MIRCERA	NP	SP	UDENYCA ONBODY SOSY	NP	SP
MULPLETA	NP	SP	UDENYCA SOAJ	NP	SP
MULPLETA	NP	SP	UDENYCA SOSY	NP	SP
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	SP	VAFSEO	NP	SP
			ZARXIO	NP	SP
			ZIEXTENZO	NP	SP
			Iron		
			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	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	P	QL(10 ML daily)	SILENOR (<i>Use doxepin hcl (sleep)</i>)	NF	
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	QL(16 ML daily)	Non-Barbiturate Hypnotics		
<i>ferrous sulfate TABS</i>	P		AMBIEN CR TBCR 6.25 MG (<i>Use zolpidem tartrate</i>)	NF	
<i>ferrous sulfate TBEC 325 MG</i>	P		AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	NP	
<i>polysaccharide iron complex CAPS</i>	P	QL(1 EA daily)	AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NP	QL(1 EA daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			DORAL (<i>Use quazepam</i>)	NP	
Hemostatics - Systemic			EDLUAR SUBL	NP	
<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 EA per fill retail); SP	<i>estazolam</i>	P	
<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)	<i>eszopiclone</i>	NP	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			<i>flurazepam hcl</i>	NP	QL(1 EA daily)
Antihistamine Hypnotics			HALCION 0.25 MG (<i>Use triazolam</i>)	NF	QL(1 EA daily)
<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P		LUNESTA (<i>Use eszopiclone</i>)	NF	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	QL(1 EA daily)	<i>midazolam hcl SYRP</i>	NP	
<i>doxylamine succinate (sleep)</i>	P		<i>quazepam</i>	P	
UNISOM SLEEPGELS CAPS (<i>Use diphenhydramine hcl (sleep)</i>)	NF		RESTORIL 15 MG, 30 MG (<i>Use temazepam</i>)	NP	QL(1 EA daily)
Barbiturate Hypnotics			RESTORIL 7.5 MG, 22.5 MG (<i>Use temazepam</i>)	NP	
<i>phenobarbital ELIX</i>	P		<i>temazepam 7.5 MG, 22.5 MG</i>	P	
<i>phenobarbital TABS</i>	P		<i>temazepam 15 MG, 30 MG</i>	P	QL(1 EA daily)
Hypnotics - Tricyclic Agents			<i>triazolam</i>	P	QL(1 EA daily)
<i>doxepin hcl (sleep)</i>	NP		<i>zaleplon</i>	NP	QL(1 EA daily)
			ZOLPIDEM TARTRATE CAPS	NP	
			<i>zolpidem tartrate SUBL</i>	NP	
			<i>zolpidem tartrate TABS</i>	P	QL(1 EA daily)
			<i>zolpidem tartrate TBCR</i>	NP	
			Orexin Receptor Antagonists		
			BELSOMRA	NP	
			DAYVIGO	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUVIVIQ	NP		<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(4000 ML per fill retail)
Selective Melatonin Receptor Agonists			<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ML per fill retail)
HETLIOZ LQ SUSP	NP	SP	<i>sennosides-docusate sodium TABS</i>	P	QL(4 EA daily)
HETLIOZ CAPS (<i>Use tasimelteon</i>)	NP	SP	SUFLAVE	P	
<i>ramelteon</i>	NP		SUTAB	NP	
ROZEREM (<i>Use ramelteon</i>)	NP		SUTAB	P	
<i>tasimelteon CAPS</i>	NP	SP	Laxatives - Miscellaneous		
LAXATIVES - Bowel Treatment Drugs			<i>glycerin (laxative) SUPP 2 GM, 2.1 GM, 80.7 %</i>	P	
Bulk Laxatives			<i>lactulose SOLN</i>	P	
<i>calcium polycarbophil TABS</i>	P	QL(10 EA daily)	MIRALAX POWD (<i>Use polyethylene glycol 3350</i>)	NF	QL(34 EA daily)
<i>psyllium CAPS 0.52 GM, 400 MG</i>	P		<i>polyethylene glycol 3350 PACK</i>	P	
<i>psyllium POWD 25 %, 28.3 %, 43 %, 51.7 %, 58.6 %</i>	P		<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)
SB NATURAL FIBER LAXATIVE POWD 49 %	P		Lubricant Laxatives		
Electrolyte-based Osmotic Laxatives			<i>mineral oil ENEM</i>	P	
<i>magnesium citrate 1.745 GM/30ML</i>	P		Stimulant Laxatives		
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P		<i>bisacodyl SUPP</i>	P	QL(12 EA per fill retail)
<i>sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML</i>	P		<i>bisacodyl TBEC</i>	P	QL(1 EA daily)
Laxative Combinations			<i>castor oil OIL 100 %</i>	P	
GOLYTELY SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NF	QL(4000 ML per fill retail)	DULCOLAX TBEC (<i>Use bisacodyl</i>)	NF	QL(1 EA daily)
			<i>sennosides LIQD</i>	P	
			<i>sennosides TABS 8.6 MG</i>	P	
			Surfactant Laxatives		
			<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	QL(3 EA daily)
			<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P	
			DOCUSATE SODIUM SYRP	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>docusate sodium TABS</i>	P	QL(3 EA daily)
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(60 ML per fill retail)
<i>azithromycin SUSR 100 MG/5ML</i>	P	QL(15 ML per fill retail)
<i>azithromycin TABS 500 MG</i>	P	QL(4 EA daily)
<i>azithromycin TABS 250 MG</i>	P	QL(6 EA per fill retail)
<i>azithromycin TABS 600 MG</i>	P	QL(8 EA per 28 day(s) retail)
<i>ZITHROMAX TRI-PAK TABS (Use azithromycin)</i>	NP	QL(4 EA daily)
<i>ZITHROMAX Z-PAK TABS (Use azithromycin)</i>	NP	QL(6 EA per fill retail)
<i>ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)</i>	NP	QL(60 ML per fill retail)
<i>ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)</i>	NF	QL(15 ML per fill retail)
<i>ZITHROMAX TABS 500 MG (Use azithromycin)</i>	NP	QL(4 EA daily)
<i>ZITHROMAX TABS 250 MG (Use azithromycin)</i>	NF	QL(6 EA per fill retail)
<i>ZITHROMAX TABS 250 MG (Use azithromycin)</i>	NP	QL(6 EA per fill retail)
Clarithromycin		
<i>clarithromycin SUSR 125 MG/5ML</i>	P	QL(100 ML per fill retail)
<i>clarithromycin SUSR 250 MG/5ML</i>	P	QL(200 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		

Drug Name	Drug Tier	Requirements/ Limits
<i>E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)</i>	P	
<i>ERYPED 200 SUSR (Use erythromycin ethylsuccinate)</i>	P	
<i>ERYPED 400 SUSR (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		
<i>DIFICID SUSR</i>	P	
<i>DIFICID TABS 200 MG (Use fidaxomicin)</i>	P	
<i>fidaxomicin TABS 200 MG</i>	P	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
<i>AMD FOAM DRESSING TOPSHEET PADS</i>	P	RX/OTC
<i>AMD FOAM DRESSING PADS</i>	P	RX/OTC
<i>BAND-AID FLEXIBLE ROLLED GAUZE MISC</i>	P	RX/OTC
<i>BAND-AID GAUZE LARGE PADS</i>	P	RX/OTC
<i>BAND-AID GAUZE MEDIUM PADS</i>	P	
<i>BAND-AID GAUZE SMALL PADS</i>	P	
<i>BAND-AID KLING ROLLED GAUZE LG MISC</i>	P	RX/OTC
<i>BAND-AID KLING ROLLED GAUZE MD MISC</i>	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BAND-AID KLING ROLLED GAUZE SM MISC	P	RX/OTC	CURITY MESH GAUZE BNDG 1"X30' MISC	P	RX/OTC
BAND-AID TRU-ABSORB GAUZE PADS	P	RX/OTC	CURITY MESH GAUZE BNDG 2"X30' MISC	P	RX/OTC
COMPEED SKIN PROTECTOR DRESS MISC	P	RX/OTC	CURITY MESH GAUZE BNDG 3"X30' MISC	P	RX/OTC
COPA ISLAND BORDERED FOAM PADS	P	RX/OTC	CURITY MESH GAUZE BNDG 4"X30' MISC	P	RX/OTC
COPA PLUS HYDROPHILIC FOAM PADS	P	RX/OTC	CURITY NON-ADHERENT STRIPS MISC	P	RX/OTC
COVRSITE COVER DRESSING PADS	P	RX/OTC	CURITY NON-ADHERENT STRIPS PADS	P	
COVRSITE PLUS COMPOSITE DRESS PADS	P	RX/OTC	CURITY PLAIN PACKING STRIP MISC	P	RX/OTC
CURITY #10 BURN DRESS 12"X12" MISC	P	RX/OTC	CURITY SPONGES PADS	P	
CURITY #10 BURN DRESS 18"X18" MISC	P	RX/OTC	CURITY TRIANGULAR BANDAGE MISC	P	RX/OTC
CURITY #10 BURN DRESS 36"X36" MISC	P	RX/OTC	CURPRO STRETCH GAUZE BANDAGE MISC	P	RX/OTC
CURITY #10 GAUZE BOLT 36"X300' MISC	P	RX/OTC	CVS ANTIBACTERIAL GAUZE PADS	P	
CURITY ALL PURPOSE SPONGES PADS	P		CVS GAUZE PAD STERILE PADS	P	RX/OTC
CURITY AMD ANTIMICROBIAL SPNGE PADS	P		CVS GAUZE STERILE PADS	P	RX/OTC
CURITY AMD ANTIMICROBIAL STRIP MISC	P	RX/OTC	CVS GAUZE PADS	P	
CURITY COVER SPONGE PADS	P		CVS TUBULAR GAUZE MISC	P	RX/OTC
CURITY DRESSING SPONGES PADS	P	RX/OTC	DERMACEA DRAIN SPONGES PADS	P	RX/OTC
CURITY GAUZE SPONGE PADS	P	RX/OTC	DERMACEA GAUZE FLUFF ROLL MISC	P	RX/OTC
CURITY GAUZE PADS	P		DERMACEA GAUZE ROLL 2"X4-1/8YD MISC	P	RX/OTC
CURITY IODOFORM PACKING STRIP MISC	P	RX/OTC	DERMACEA GAUZE ROLL 3"X4-1/8YD MISC	P	RX/OTC
			DERMACEA GAUZE ROLL 4"X4-1/8YD MISC	P	RX/OTC
			DERMACEA GAUZE ROLL 6"X4-1/8YD MISC	P	RX/OTC

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DERMACEA GAUZE SPONGE PADS	P		GNP STERILE GAUZE PADS	P	
DERMACEA IV DRAIN SPONGES PADS	P		HM STERILE PADS PADS	P	
DERMACEA IV SPONGES PADS	P		J & J GAUZE SPONGES 12-PLY MISC	P	RX/OTC
DERMACEA NON-WOVEN SPONGES PADS	P		J & J GAUZE SPONGES 16-PLY MISC	P	RX/OTC
DERMACEA STRETCH BANDAGE ROLL MISC	P	RX/OTC	J & J GAUZE SPONGES 8-PLY MISC	P	RX/OTC
DERMACEA STRETCH BANDAGE MISC	P	RX/OTC	J & J GAUZE PADS	P	
DERMACEA TYPE VII GAUZE PADS	P		KENDALL HYDROPHILIC FOAM DRESS PADS	P	
DERMACEA X-RAY SPONGES PADS	P	RX/OTC	KENDALL HYDROPHILIC FOAM PLUS PADS	P	
DRYMAX EXTRA PADS	P	RX/OTC	KERLIX AMD ANTIMICROBIAL MISC	P	RX/OTC
EQ GAUZE PADS	P	RX/OTC	KERLIX BANDAGE ROLL 2-1/4"X9' MISC	P	RX/OTC
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				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NU GAUZE PACKING STRIPS MISC	P	RX/OTC	SM BANDAGE ROLL MISC	P	RX/OTC
NU GAUZE UTERINE PACKING STRIP MISC	P	RX/OTC	SM STERILE PADS	P	RX/OTC
OIL EMULSIONS DRESSING/NON-ADH PADS	P		SOF-WICK PADS	P	RX/OTC
POLYMEM NON-ADHESIVE PADS	P	RX/OTC	SOF-WIK MISC	P	RX/OTC
PRIMAPORE 11-3/4"X4" MISC	P	RX/OTC	STERILE BANDAGE ROLL 2.25"X3YD MISC	P	RX/OTC
PRIMAPORE 13-3/4"X4" MISC	P	RX/OTC	STERILE GAUZE PADS	P	
PRIMAPORE 2-7/8"X2" MISC	P	RX/OTC	STERILE PADS	P	
PRIMAPORE 4"X3-1/8" MISC	P	RX/OTC	STRETCH GAUZE BANDAGE MISC	P	RX/OTC
PRIMAPORE 6"X3-1/8" MISC	P	RX/OTC	SURGICAL GAUZE SPONGE PADS	P	
PRIMAPORE 8"X4" MISC	P	RX/OTC	TELFA AMD 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)
			KAMELEON LUBRICATED MISC	P	QL(36 EA per fill retail)
			KIMONO COLORS DEVI	P	QL(36 EA per fill retail)
			KIMONO MAXX-LARGE FLARE MISC	P	QL(36 EA per fill retail)
			KIMONO MICRO THIN PLUS MISC	P	QL(36 EA per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KIMONO MICRO THIN MISC	P	QL(36 EA per fill retail)	TRUSTEX LUB/RIBBED/STUDDERED MISC	P	QL(36 EA per fill retail)
KIMONO PLUS MISC	P	QL(36 EA per fill retail)	TRUSTEX LUB/SPERMICIDE EX ST MISC	P	QL(36 EA per fill retail)
KIMONO PS PLUS MISC	P	QL(36 EA per fill retail)	TRUSTEX LUB/SPERMICIDE XL MISC	P	QL(36 EA per fill retail)
KIMONO PS MISC	P	QL(36 EA per fill retail)	TRUSTEX LUBRICATED EX LARGE MISC	P	QL(36 EA per fill retail)
KIMONO SENSATION PLUS MISC	P	QL(36 EA per fill retail)	TRUSTEX LUBRICATED EXTRA ST MISC	P	QL(36 EA per fill retail)
KIMONO SENSATION MISC	P	QL(36 EA per fill retail)	TRUSTEX LUBRICATED/SPERMICIDE MISC	P	QL(36 EA per fill retail)
KIMONO SPECIAL DEVI	P	QL(36 EA per fill retail)	TRUSTEX LUBRICATED MISC	P	QL(36 EA per fill retail)
KIMONO MISC	P	QL(36 EA per fill retail)	TRUSTEX NATURAL CONDOMS + LUBE MISC	P	QL(36 EA per fill retail)
MAXX PLUS MISC	P	QL(36 EA per fill retail)	TRUSTEX NON-LUBRICATED MISC	P	QL(36 EA per fill retail)
MAXX MISC	P	QL(36 EA per fill retail)	TRUSTEX RIA LUB/SPERMICIDE MISC	P	QL(36 EA per fill retail)
REALITY LATEX CONDOMS MISC	P	QL(36 EA per fill retail)	TRUSTEX RIA LUBRICATED MISC	P	QL(36 EA per fill retail)
REALITY LATEX/ULTRA TEXTURED DEVI	P	QL(36 EA per fill retail)	TRUSTEX RIA NON-LUBRICATED MISC	P	QL(36 EA per fill retail)
REALITY LATEX/ULTRA THIN DEVI	P	QL(36 EA per fill retail)	TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	P	QL(36 EA per fill retail)
TROJAN BARESKIN DEVI	P	QL(36 EA per fill retail)	Diabetic Supplies		
TROJAN ENZ MISC	P	QL(36 EA per fill retail)	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
TROJAN MAGNUM MISC	P	QL(36 EA per fill retail)	ACCU-CHEK FASTCLIX LANCET KIT	P	QL(1 EA per 180 day(s) retail)
TROJAN ULTRA THIN/SPERMICIDAL MISC	P	QL(36 EA per fill retail)	ACCU-CHEK FASTCLIX LANCETS	P	RX/OTC
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)			

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AGAMATRIX ULTRA-THIN LANCETS	P	RX/OTC	AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
AIMSCO TWIST LANCETS 32G	P	RX/OTC	AUTOLET LITE CLINISAFE KIT	P	QL(1 EA per 180 day(s) retail)
AIMSCO TWIST LANCETS 33G	P	RX/OTC	AUTOLET LITE LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
AQUALANCE LANCETS 30G	P	RX/OTC	AUTOLET LITE STARTER PACK KIT	P	QL(1 EA per 180 day(s) retail)
ASSURE 3 METER KIT	NP		AUTOLET MINI MISC	P	QL(1 EA per 180 day(s) retail)
ASSURE 4 METER DEVI	NP	RX/OTC	AUTOLET PLUS MISC	P	QL(1 EA per 180 day(s) retail)
ASSURE COMFORT LANCETS 28G	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	RX/OTC			
ASSURE PRISM MULTI METER DEVI	NP	RX/OTC			
ASSURE PRO BLOOD GLUCOSE METER DEVI	NP	RX/OTC			
ASSURE TITANIUM BLOOD GLUCOSE DEVI	NP	RX/OTC			
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)			

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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	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 MONITORING 333 DEVI	NP	RX/OTC	CARETOUCH SAFETY LANCETS	P	RX/OTC
BLULINK GLUCOSE MONITORING SYS DEVI	NP	RX/OTC	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	RX/OTC	CHOSEN SAFETY LANCETS 28G	P	RX/OTC
CARESENS N FELIZ DEVI	NP	RX/OTC	CLEANLET LANCETS 28G	P	RX/OTC
CARESENS N GLUCOSE SYSTEM DEVI	NP	RX/OTC	CLEVER CHEK AUTO-CODE SYSTEM DEVI	NP	RX/OTC
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	RX/OTC
CARESENS N VOICE SYSTEM DEVI	NP	RX/OTC	CLEVER CHEK LANCETS	P	RX/OTC
CARESENS S FIT BLOOD GLUC MON DEVI	NP	RX/OTC	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	RX/OTC	CLEVER CHOICE AUTO-CODE SYSTEM DEVI	NP	RX/OTC
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	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
CLEVER CHOICE MINI SYSTEM DEVI	NP	RX/OTC	CONTOUR NEXT ONE KIT	NP	
CLEVER CHOICE TALK SYSTEM DEVI	NP	RX/OTC	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	RX/OTC
COMFORT ASSURED LANCETS 33G	P	RX/OTC	CVS BLOOD GLUCOSE METER DEVI	NP	RX/OTC
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	RX/OTC			
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	DROPSAFE MEDLANCE LANCET 30G	P	RX/OTC
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	RX/OTC	EASY PLUS II GLUCOSE SYSTEM DEVI	NP	RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	P	RX/OTC	EASY STEP GLUCOSE MONITOR DEVI	NP	RX/OTC
DIATHRIVE LANCETS	P	RX/OTC	EASY TALK BLOOD GLUCOSE SYSTEM DEVI	NP	RX/OTC
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	RX/OTC	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
DIATRUE PLUS BLOOD GLUCOSE DEVI	NP	RX/OTC			
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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EASY TOUCH LANCETS 21G	P	RX/OTC	EASYMAX V BLOOD GLUCOSE DEVI	NP	RX/OTC
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	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	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 28G/TWIST	P	RX/OTC	ELEMENT COMPACT GLUCOSE SYSTEM DEVI	NP	RX/OTC
EASY TOUCH LANCETS 30G	P	RX/OTC	ELEMENT COMPACT V GLUCOSE SYS DEVI	NP	RX/OTC
EASY TOUCH LANCETS 30G/TWIST	P	RX/OTC	ELEMENT PLUS DEVI	NP	RX/OTC
EASY TOUCH LANCETS 32G	P	RX/OTC	EMBRACE BLOOD GLUCOSE MONITOR DEVI	NP	RX/OTC
EASY TOUCH LANCETS 32G/TWIST	P	RX/OTC	EMBRACE EVO GLUCOSE MONITOR DEVI	NP	RX/OTC
EASY TOUCH LANCETS 33G/TWIST	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 LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	EMBRACE LANCETS ULTRA THIN 30G	P	RX/OTC
EASY TOUCH SAFETY LANCETS 21G	P	RX/OTC	EMBRACE LANCING DEVICE/EJECTOR MISC	P	QL(1 EA per 180 day(s) retail)
EASY TOUCH SAFETY LANCETS 23G	P	RX/OTC	EMBRACE PRESSURE ACTIVATED 21G	P	RX/OTC
EASY TOUCH SAFETY LANCETS 26G	P	RX/OTC	EMBRACE PRESSURE ACTIVATED 28G	P	RX/OTC
EASY TOUCH SAFETY LANCETS 28G	P	RX/OTC			
EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	NP	RX/OTC			
EASY TRAK II BLOOD GLUCOSE SYS DEVI	NP	RX/OTC			
EASYGLUCO KIT	NP				
EASYMAX NG BLOOD GLUCOSE DEVI	NP	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			

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EMBRACE PRO GLUCOSE METER DEVI	NP	RX/OTC	FONDCIRCLE BLOOD GLUCOSE MONIT KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
EMBRACE TALK BLOOD GLUCOSE DEVI	NP	RX/OTC	FONDCIRCLE LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
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	FONDCIRCLE SINGLE USE LANCETS	P	RX/OTC
EMBRACE WAVE BLOOD GLUCOSE DEVI	NP	RX/OTC	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	RX/OTC	FORA G30A BLOOD GLUCOSE SYSTEM DEVI	NP	RX/OTC
ENLITE GLUCOSE SENSOR	NP		FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	NP	RX/OTC
EVERSENSE 365 SENSOR/HOLDER	NP		FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	NP	RX/OTC
EVERSENSE 365 SMART TRANSMIT	NP		FORA GTEL BLOOD GLUCOSE SYSTEM DEVI	NP	RX/OTC
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	RX/OTC
EVERSENSE SMART TRANSMITTER	NP		FORA TEST N' GO MONITOR DEVI	NP	RX/OTC
EVOLUTION AUTOCODE DEVI	NP	RX/OTC	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	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	FORA V10/V12/D10/D20 TEST KIT	NP	
FIFTY50 SAFETY SEAL LANCETS	P	RX/OTC	FORA V12 BLOOD GLUCOSE SYSTEM DEVI	NP	RX/OTC
FIFTY50 UNILET LANCETS 33G	P	RX/OTC			
FINGERSTIX LANCETS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
FORA V20 BLOOD GLUCOSE SYSTEM DEVI	NP	RX/OTC
FORA V30A BLOOD GLUCOSE SYSTEM DEVI	NP	RX/OTC
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
FORACARE GD40 MONITOR DEVI	NP	RX/OTC
FORACARE PREMIUM V10 DEVI	NP	RX/OTC
FORACARE TEST N GO MONITOR DEVI	NP	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
FREESTYLE LANCETS	P	RX/OTC
FREESTYLE LIBRE 14 DAY READER	P	PA
FREESTYLE LIBRE 14 DAY SENSOR	P	PA
FREESTYLE LIBRE 2 PLUS SENSOR	P	PA
FREESTYLE LIBRE 2 READER	P	PA
FREESTYLE LIBRE 2 SENSOR	P	PA
FREESTYLE LIBRE 3 PLUS SENSOR	P	PA
FREESTYLE LIBRE 3 READER	P	PA
FREESTYLE LIBRE 3 SENSOR	P	PA
FREESTYLE LIBRE READER	NP	
FREESTYLE LITE DEVI	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LITE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
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
FREESTYLE UNISTICK II LANCETS	P	RX/OTC
GE100 BLOOD GLUCOSE SYSTEM DEVI	NP	RX/OTC
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
GENTEEL BUTTERFLY TOUCH LANCET	P	RX/OTC
GENTEEL LANCING KIT (BLUE) KIT	P	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING (BLACK) MISC	P	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING (PURPLE) MISC	P	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING (WHITE) MISC	P	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING DEV(BLUE) MISC	P	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING DEV(PINK) MISC	P	QL(1 EA per 180 day(s) retail)
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

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Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE LANCETS 28G	P	RX/OTC
GLOBAL INJECT EASE LANCETS 30G	P	RX/OTC
GLOBAL LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
GLUCO PERFECT 3 METER DEVI	NP	RX/OTC
GLUCOCARD 01 BLOOD GLUCOSE DEVI	NP	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
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
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
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
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
GLUCOCARD SHINE XL DEVI	NP	RX/OTC
GLUCOCARD SHINE DEVI	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD SHINE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; 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
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
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	RX/OTC
GLUCOCOM LANCETS 28G	P	RX/OTC
GLUCOCOM LANCETS 30G	P	RX/OTC
GLUCOCOM LANCETS 33G	P	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
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
GNP EASY TOUCH GLUCOSE METER DEVI	NP	RX/OTC
GNP LANCING SYSTEM DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
GNP STERILE LANCETS 28G	P	RX/OTC
GNP STERILE LANCETS 30G	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP STERILE LANCETS 33G	P	RX/OTC	HAEMOLANCE PLUS HIGH FLOW	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 LOW FLOW	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 MAX FLOW	P	RX/OTC
GOJJI CONTROL SOLN	P	QL(1 EA per 90 day(s) retail)	HAEMOLANCE PLUS PEDIATRIC FLOW	P	RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 EA per 180 day(s) retail)	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
GOJJI STERILE LANCETS	P	RX/OTC	H-E-B INCONTROL ADV LANCING MISC	P	QL(1 EA per 180 day(s) retail)
GUARDIAN 4 GLUCOSE SENSOR	P	PA	H-E-B INCONTROL LANCETS 28G	P	RX/OTC
GUARDIAN 4 TRANSMITTER	P	PA	H-E-B INCONTROL LANCETS 30G	P	RX/OTC
GUARDIAN CONNECT TRANSMITTER	P	PA	H-E-B INCONTROL LANCETS 33G	P	RX/OTC
GUARDIAN LINK 3 TRANSMITTER	P	PA	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
GUARDIAN LINK 3 TRANSMITTER	NP		HW EMBRACE PRO GLUCOSE METER DEVI	NP	RX/OTC
GUARDIAN REAL-TIME CHARGER MISC	NP	RX/OTC	HW EMBRACE TALK BLOOD GLUCOSE DEVI	NP	RX/OTC
GUARDIAN REAL-TIME REPLACE PED	NP		HYPOLANCE AST LANCING KIT	P	QL(1 EA per 180 day(s) retail)
GUARDIAN REAL-TIME TEST PLUG MISC	NP	RX/OTC	HY-VEE LANCETS	P	RX/OTC
GUARDIAN SENSOR (3)	NP		HY-VEE THIN LANCETS	P	RX/OTC
GUARDIAN SENSOR (3)	P	PA	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
GUARDIAN SENSOR 3	P	PA	IHEALTH GLUCO+ KIT 100 KIT	NP	RX/OTC
HAEMOLANCE	P	RX/OTC			
HAEMOLANCE LOW FLOW LANCETS	P	RX/OTC			
HAEMOLANCE PLUS	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IHEALTH GLUCO+ KIT 10 KIT	NP	RX/OTC	KROGER HEALTHPRO LANCET 26G	P	RX/OTC
IHEALTH LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	KROGER LANCETS	P	RX/OTC
ILET CONTACT DETACH 23" 6MM MISC	P	PA; RX/OTC	KROGER LANCETS SUPER THIN	P	RX/OTC
ILET INFUSION-FLEX 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	RX/OTC	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
INFINITY VOICE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	LANCETS ULTRA THIN	P	RX/OTC
KINNEY LANCETS	P	RX/OTC	LANCETS ULTRA THIN 30G	P	RX/OTC
KINNEY THIN LANCETS	P	RX/OTC	LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	LANZO MISC	P	QL(1 EA per 180 day(s) retail)
			LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
			LIBERTY BLOOD GLUCOSE METER DEVI	NP	RX/OTC
			LIBERTY MEDICAL LANCETS	P	RX/OTC
			LIBERTY MINI LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
			LITE TOUCH LANCETS	P	RX/OTC

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LITE TOUCH LANCING PEN MISC	P	QL(1 EA per 180 day(s) retail)	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
LITETOUCH LANCETS	P	RX/OTC			
LIVE BETTER LANCET SUPER THIN	P	RX/OTC			
MEDICHOICE SAFETY LANCET	P	RX/OTC	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
MEDICHOICE SAFETY LANCET EXTRA	P	RX/OTC			
MEDICHOICE SAFETY LANCET NORM	P	RX/OTC	MICROLET LANCETS	P	RX/OTC
MEDLANCE PLUS EXTRA 21G	P	RX/OTC	MICROLET NEXT LANCETS	P	RX/OTC
MEDLANCE PLUS LITE 25G	P	RX/OTC	MICROLET NEXT LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
MEDLANCE PLUS SPECIAL 0.8MM	P	RX/OTC	MINI LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
MEDLANCE PLUS SUPERLITE 30G	P	RX/OTC	MINILINK REAL-TIME TRANSMITTER	NP	
MEDLANCE PLUS UNIVERSAL 21G	P	RX/OTC	MINIMED 630G GUARDIAN PRESS	NP	
MEIJER LANCETS	P	RX/OTC	MINIMED INSTINCT GLUC SENSOR	P	PA
MEIJER LANCETS UNIVERSAL 21G	P	RX/OTC	MM BLOOD GLUCOSE SYSTEM REFILL KIT	NP	
MEIJER LANCETS UNIVERSAL 30G	P	RX/OTC	MM 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
MEIJER LANCETS UNIVERSAL 33G	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	MM BLULINK GLUCOSE MONIT SYS DEVI	NP	RX/OTC
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	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
			MM LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
			MM TWIST LANCETS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MOBI CONNECT GLUCOSE MONITOR DEVI	NP	RX/OTC	NOVA SAFETY LANCETS 23G	P	RX/OTC
MOBI CONNECT GLUCOSE MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC	NOVA SAFETY LANCETS 28G	P	RX/OTC
MOBI CONNECT LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	NOVA SUREFLEX LANCETS	P	RX/OTC
MOBI CONNECT TWIST LANCETS	P	RX/OTC	NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
MOBILE LANCETS 30G	P	RX/OTC	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	P	PA
MODD1 PATIENT WELCOME KIT KIT	NP		OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	P	QL(0.34 EA daily); MP; PA
MODD1 SUPPLY KIT KIT	NP		OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	NP	QL(0.34 EA daily); MP
MONOLET LANCETS	P	RX/OTC	OMNIPOD 5 LIBRE INTRO KIT	P	PA
MONOLET OPD LANCETS	P	RX/OTC	OMNIPOD 5 LIBRE PODS MISC	P	QL(0.34 EA daily); MP; PA
MONOLETTOR SAFETY LANCETS	P	RX/OTC	OMNIPOD CLASSIC PODS (GEN 3) MISC	NP	QL(0.34 EA daily); MP
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	
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	OMNIPOD DASH PODS (GEN 4) MISC	P	QL(0.34 EA daily); MP; PA
MYGLUCOHEALTH LANCETS 30G	P	RX/OTC	OMNIPOD GO KIT	NP	
NOVA MAX BLOOD GLUCOSE SYSTEM DEVI	NP	RX/OTC	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
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	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

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Drug Name	Drug Tier	Requirements/ Limits
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
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	RX/OTC
PIP BLOOD GLUCOSE MONITORING DEVI	NP	RX/OTC
PIP LANCETS 28G	P	RX/OTC
PIP LANCETS 30G	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PIVOT INSULIN PUMP STARTER KIT KIT	NP	
PIVOT SUPPLY KIT KIT	NP	
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	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	RX/OTC
PRO VOICE V9 GLUCOSE SYSTEM DEVI	NP	RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	NP	RX/OTC
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
PRODIGY LANCETS 28G	P	RX/OTC
PRODIGY LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	QUICKTEK/METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
PRODIGY SAFETY LANCETS 26G	P	RX/OTC	QUICKTEK KIT	NP	
PRODIGY TWIST TOP LANCETS 28G	P	RX/OTC	QUINTET AC BLOOD GLUCOSE DEVI	NP	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	QUINTET BLOOD GLUCOSE SYSTEM DEVI	NP	RX/OTC
PURE COMFORT LANCETS 30G	P	RX/OTC	READYLANCER SAFETY LANCETS	P	RX/OTC
PURE COMFORT SAFETY LANCET 30G	P	RX/OTC	REALITY LANCETS	P	RX/OTC
PX ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	REALITY TRIGGER LANCETS	P	RX/OTC
PX LANCETS MICROTHIN 33G	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
PX LANCETS ULTRA THIN 28G	P	RX/OTC	RELION ALL-IN-ONE	NP	
QC ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	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
QC LANCETS SUPER THIN 30G	P	RX/OTC	RELION LANCET DEVICES 30G	P	RX/OTC
QC LANCETS ULTRA THIN	P	RX/OTC	RELION LANCETS	P	RX/OTC
QC UNILET LANCETS 28G	P	RX/OTC	RELION LANCETS MICRO-THIN 33G	P	RX/OTC
QC UNILET LANCETS MICRO THIN	P	RX/OTC	RELION LANCETS THIN 26G	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	RELION LANCETS ULTRA-THIN 30G	P	RX/OTC
			RELION LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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 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 PREMIER BLU MONITOR DEVI	NP	RX/OTC	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 PREMIER CLASSIC DEVI	NP	RX/OTC	RIGHTEST GT333 BLOOD GLUCOSE DEVI	NP	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	RX/OTC	SAFETY LANCETS	P	RX/OTC
RELION PRIME MONITOR DEVI	NP	RX/OTC	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
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	SAFETY LANCETS 28G	P	RX/OTC
RELION ULTRA THIN LANCETS 30G	P	RX/OTC	SAPS HEALTH PLUS LANCETS	P	RX/OTC
RIGHTEST GD500 LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	SAPS HEALTH TWIST TOP LANCETS	P	RX/OTC
RIGHTEST GL300 LANCETS	P	RX/OTC	SAPS TWIST TOP LANCETS	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	SAPSCARE TWIST TOP LANCETS	P	RX/OTC
			SB LANCETS THIN	P	RX/OTC
			SB LANCETS ULTRA THIN	P	RX/OTC
			SELECT-LITE DEVICE/LANCETS KIT	P	QL(1 EA per 180 day(s) retail)
			SELECT-LITE LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
			SENSILANCE SAFETY LANCETS 21G	P	RX/OTC
			SENSILANCE SAFETY LANCETS 26G	P	RX/OTC
			SENSILANCE SAFETY LANCETS 28G	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	SOLUS V2 LANCETS 28G	P	RX/OTC
SIMPLERA SYNC SENSOR	P	PA	SOLUS V2 LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
SIMPLERA SYSTEM	P	PA	SOLUS V2 TWIST LANCETS 30G	P	RX/OTC
SINGLE-LET	P	RX/OTC	STERILANCE TL	P	RX/OTC
SM TRUEDRAW LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	SUPER THIN LANCETS	P	RX/OTC
SMART DIABETES VANTAGE LANCING MISC	P	QL(1 EA per 180 day(s) retail)	SURE COMFORT LANCETS 18G	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 21G	P	RX/OTC
SMARTEST EJECT DEVI	NP	RX/OTC	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
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	SURE COMFORT LANCING PEN MISC	P	QL(1 EA per 180 day(s) retail)
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	SURELITE LANCETS	P	RX/OTC
SMARTEST PROTEGE DEVI	NP	RX/OTC	TECHLITE AST LANCETS	P	RX/OTC
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	NP	RX/OTC	TECHLITE LANCETS	P	RX/OTC
			TECHLITE LANCETS 26G	P	RX/OTC
			TEMPO REFILL KIT	NP	
			TEMPO WELCOME KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; RX/OTC
			TODAYS HEALTH LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
			TODAYS HEALTH THIN LANCETS 28G	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TODAYS HEALTH THIN LANCETS 30G	P	RX/OTC	TRUEDRAW LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
TRAVEL LANCETS ADVANCED 28G	P	RX/OTC	TRUENESS BLOOD GLUCOSE MONITOR DEVI	NP	RX/OTC
TRUE COMFORT SAFETY LANCETS	P	RX/OTC	TRUEPLUS LANCETS 26G	P	RX/OTC
TRUE COMFORT TWIST TOP LANCETS	P	RX/OTC	TRUEPLUS LANCETS 28G	P	RX/OTC
TRUE FOCUS BLOOD GLUCOSE METER DEVI	NP	RX/OTC	TRUEPLUS LANCETS 30G	P	RX/OTC
TRUE METRIX AIR GLUCOSE METER DEVI	NP	RX/OTC	TRUEPLUS LANCETS 33G	P	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	TRUEPLUS SAFETY LANCETS 28G	P	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	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 METRIX LEVEL 1 SOLN	P	QL(1 EA per 90 day(s) retail)	TRUETRACK BLOOD GLUCOSE DEVI	NP	RX/OTC
TRUE METRIX LEVEL 2 SOLN	P	QL(1 EA per 90 day(s) retail)	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 LEVEL 3 SOLN	P	QL(1 EA per 90 day(s) retail)	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
TRUE METRIX METER DEVI	NP	RX/OTC	TWIIST REFILL KIT/INFUSION SET KIT	NP	
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	TWIIST REFILL KIT KIT	NP	
TRUECONTROL GLUCOSE CONT LEV 0 LIQD	P	QL(1 EA per 90 day(s) retail)	TWIIST STARTER KIT KIT	NP	
TRUECONTROL GLUCOSE CONT LEV 1 LIQD	P	QL(1 EA per 90 day(s) retail)	TWIST TOP LANCETS 30G	P	RX/OTC
			ULTI-LANCE AUTOMATIC MISC	P	QL(1 EA per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTILET CLASSIC LANCETS	P	RX/OTC	UNISTIK 3	P	RX/OTC
ULTILET LANCETS	P	RX/OTC	UNISTIK 3 COMFORT	P	RX/OTC
ULTILET SAFETY LANCETS	P	RX/OTC	UNISTIK 3 EXTRA	P	RX/OTC
ULTILET SAFETY LANCETS 23G	P	RX/OTC	UNISTIK 3 GENTLE	P	RX/OTC
ULTRA THIN LANCETS 31G	P	RX/OTC	UNISTIK 3 NEONATAL	P	RX/OTC
ULTRA-CARE LANCETS 30G	P	RX/OTC	UNISTIK 3 NORMAL	P	RX/OTC
ULTRA-CARE SAFETY LANCETS 30G	P	RX/OTC	UNISTIK CZT COMFORT	P	RX/OTC
ULTRA-THIN II AUTO LANCET	P	RX/OTC	UNISTIK CZT NORMAL	P	RX/OTC
ULTRA-THIN II LANCETS	P	RX/OTC	UNISTIK NORMAL	P	RX/OTC
UNILET COMFORTOUCH LANCET	P	RX/OTC	UNISTIK PRO SAFETY LANCET	P	RX/OTC
UNILET EXCELITE	P	RX/OTC	UNISTIK SAFETY LANCETS 28G	P	RX/OTC
UNILET EXCELITE II	P	RX/OTC	UNISTIK SAFETY LANCETS 30G	P	RX/OTC
UNILET G.P. LANCET	P	RX/OTC	UNISTIK TOUCH SAFETY LANC 21G	P	RX/OTC
UNILET G.P. SUPERLITE LANCET	P	RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	P	RX/OTC
UNILET GP 28 ULTRA THIN	P	RX/OTC	UNISTIK TOUCH SAFETY LANC 28G	P	RX/OTC
UNILET LANCET	P	RX/OTC	UNISTIK TOUCH SAFETY LANC 30G	P	RX/OTC
UNILET MICRO-THIN 33G	P	RX/OTC	VERASENS BLOOD GLUCOSE METER DEVI	NP	RX/OTC
UNILET SUPERLITE LANCET	P	RX/OTC	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
UNILET SUPER-THIN 30G	P	RX/OTC	VERIFINE SAFE LANCET MINI 21G	P	RX/OTC
UNILET ULTRA-THIN 28G	P	RX/OTC	VERIFINE SAFE LANCET MINI 23G	P	RX/OTC
UNISTIK 1	P	RX/OTC	VERIFINE SAFE LANCET MINI 28G	P	RX/OTC
UNISTIK 2	P	RX/OTC	VERIFINE SAFE LANCET MINI 30G	P	RX/OTC
UNISTIK 2 COMFORT	P	RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	P	RX/OTC
UNISTIK 2 EXTRA	P	RX/OTC			
UNISTIK 2 NEONATAL	P	RX/OTC			
UNISTIK 2 NORMAL	P	RX/OTC			
UNISTIK 2 SUPER	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VERIFINE UNIVERSAL LANCETS 30G	P	RX/OTC	CURITY ALCOHOL PREPS	P	RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	P	RX/OTC	CVS ALCOHOL PREP PADS	P	RX/OTC
V-GO 20 KIT	NP		CVS PREP	P	RX/OTC
V-GO 30 KIT	NP		DROPSAFE ALCOHOL PREP	P	RX/OTC
V-GO 40 KIT	NP		EASY COMFORT ALCOHOL PADS	P	RX/OTC
VIVAGUARD INO GLUCOSE METER DEVI	NP	RX/OTC	EASY TOUCH ALCOHOL PREP MEDIUM	P	RX/OTC
VIVAGUARD INO GLUCOSE METER KIT	NP		EQL ALCOHOL SWABS	P	RX/OTC
VIVAGUARD INO SMART GLUC METER DEVI	NP	RX/OTC	FIFTY50 ALCOHOL PREP	P	RX/OTC
VIVAGUARD LANCETS	P	RX/OTC	GLOBAL ALCOHOL PREP EASE	P	RX/OTC
VIVAGUARD LANCETS 30G	P	RX/OTC	GNP ALCOHOL SWABS	P	RX/OTC
VIVAGUARD LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	GOODSENSE ALCOHOL SWABS	P	RX/OTC
VIVAGUARD SAFETY LANCETS 28G	P	RX/OTC	H-E-B INCONTROL ALCOHOL	P	RX/OTC
ZEV RX TWIST TOP LANCETS 30G	P	RX/OTC	HM STERILE ALCOHOL PREP	P	RX/OTC
Misc. Devices			MEIJER ALCOHOL SWABS	P	RX/OTC
ADVOCATE ALCOHOL PREP PADS	P	RX/OTC	PHARMACIST CHOICE ALCOHOL	P	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC	PRO COMFORT ALCOHOL	P	RX/OTC
ALCOHOL PADS	P	RX/OTC	PURE COMFORT ALCOHOL PREP	P	RX/OTC
ALCOHOL PREP	P	RX/OTC	QC ALCOHOL SWABS	P	RX/OTC
ALCOHOL PREP PADS	P	RX/OTC	REALITY SWABS	P	RX/OTC
ALCOHOL SWABS	P	RX/OTC	RELION ALCOHOL SWABS	P	RX/OTC
ALCOHOL SWABSTICK	P	RX/OTC	SAPS CARE ALCOHOL PREP	P	RX/OTC
AUM ALCOHOL PREP PADS	P	RX/OTC	SAPS HEALTH ALCOHOL PREP	P	RX/OTC
BD SWAB SINGLE USE REGULAR	P	RX/OTC	SAPS HEALTH CARE ALCOHOL PREP	P	RX/OTC
CARETOUCH ALCOHOL PREP	P	RX/OTC	SB ALCOHOL PREP	P	RX/OTC
COMFORT TOUCH ALCOHOL PREP	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SM ALCOHOL PREP	P	RX/OTC	ASSURE ID DUO PRO PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
SURE COMFORT ALCOHOL PREP	P	RX/OTC	ASSURE ID PRO PEN NEEDLES	NP	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC	ASSURE ID SAFETY PEN NEEDLES	NP	QL(5 EA daily)
TRUE COMFORT PRO ALCOHOL PREP	P	RX/OTC	AUM INSULIN SAFETY PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
ULTICARE ALCOHOL SWABS	P	RX/OTC	AUM INSULIN SAFETY PEN NEEDLE	NP	
ULTILET ALCOHOL SWABS	P	RX/OTC	AUM MINI INSULIN PEN NEEDLE	NP	QL(5 EA daily)
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	
ZEVRX STERILE ALCOHOL PREP PAD	P	RX/OTC	AUM PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
Parenteral Therapy Supplies			AUM PEN NEEDLE	NP	QL(5 EA daily)
1ST TIER UNIFINE PENTIPS	NP		AUM READYGARD DUO PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
1ST TIER UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC	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	AURORA PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
1ST TIER UNIFINE PENTIPS PLUS	NP		AUTOKEEPER SAFETY PEN NEEDLE	NP	RX/OTC
ADVOCATE INSULIN PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	AUTOKEEPER SAFETY PEN NEEDLE	NP	QL(5 EA daily)
ADVOCATE INSULIN PEN NEEDLES	NP		BD AUTOSHIELD DUO	NP	RX/OTC
ADVOCATE INSULIN PEN NEEDLES	NP	QL(5 EA daily)	BD ECLIPSE SYRINGE	P	RX/OTC
ADVOCATE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	BD ECLIPSE SYRINGE/NEEDLE	P	RX/OTC
AQ INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	BD INS SYR ULTRAFINE 1/2UNIT	NP	QL(5 EA daily); RX/OTC
AQINJECT PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	BD INSULIN SYR ULTRAFINE II	NP	QL(5 EA daily); RX/OTC
			BD 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
BD INSULIN SYRINGE	NP		BD VEO INSULIN SYR ULTRAFINE	NP	RX/OTC
BD INSULIN SYRINGE HALF-UNIT	NP	QL(5 EA daily); RX/OTC	BD VEO INSULIN SYR ULTRAFINE	NP	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE MICROFINE	NP	QL(5 EA daily); RX/OTC	CAREFINE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F	NP	QL(5 EA daily); RX/OTC	CAREFINE PEN NEEDLES	NP	QL(5 EA daily)
BD INSULIN SYRINGE ULTRAFINE	NP	QL(5 EA daily)	CAREONE INSULIN SYRINGE	NP	QL(5 EA daily)
BD INTEGRA SYRINGE	P	RX/OTC	CAREONE UNIFINE PENTIPS PLUS	NP	
BD LUER-LOCK SYRINGE	P	RX/OTC	CAREONE UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC
BD LUER-LOK SYRINGE	P	RX/OTC	CAREPOINT SAFETY1ST SYR/NEEDLE	P	
BD PEN NEEDLE MICRO ULTRAFINE	NP	QL(5 EA daily)	CAREPOINT SYRINGE LUER LOCK	P	RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	NP	QL(5 EA daily); RX/OTC	CARETOUCH INSULIN SYRINGE	NP	
BD PEN NEEDLE NANO 2ND GEN	NP	QL(5 EA daily); RX/OTC	CARETOUCH INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	NP	QL(5 EA daily); RX/OTC	CARETOUCH LUER LOCK	P	RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	NP	QL(5 EA daily)	CARETOUCH LUER LOCK SYR/NEEDLE	P	RX/OTC
BD PEN NEEDLE SHORT ULTRAFINE	NP	QL(5 EA daily); RX/OTC	CARETOUCH PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
BD PLASTIPAK SYRINGE	P	RX/OTC	CARETOUCH PEN NEEDLES	NP	
BD SAFETYGLIDE INSULIN SYRINGE	NP	RX/OTC	CEQUR SIMPL EXT WEAR INSERTER MISC	P	PA
BD SAFETYGLIDE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	CEQUR SIMPLICITY 1U EXTND WEAR DEVI	P	PA; RX/OTC
BD SAFETYGLIDE NEEDLE	P	RX/OTC	CEQUR SIMPLICITY 2U EXTND WEAR DEVI	P	PA; RX/OTC
BD SAFETYGLIDE SHIELDED NEEDLE	P		CEQUR SIMPLICITY 2U DEVI	NP	RX/OTC
BD SAFETYGLIDE SYRINGE/NEEDLE	P	RX/OTC	CEQUR SIMPLICITY 2U DEVI	P	PA; RX/OTC
BD SYRINGE SLIP TIP	P		CEQUR SIMPLICITY INSERTER MISC	P	PA
BD SYRINGE/NEEDLE	P	RX/OTC			
BD VEO INSULIN SYR U/F 1/2UNIT	NP	RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH PEN NEEDLES	NP	QL(5 EA daily)	EMBECTA PEN NEEDLE ULTRAFINE	NP	QL(5 EA daily)
EASY TOUCH PEN NEEDLES	NP		EMBECTA PEN NEEDLE ULTRAFINE	NP	QL(5 EA daily)
EASY TOUCH PEN NEEDLES	NP	QL(5 EA daily)	EMBRACE PEN NEEDLES	NP	QL(5 EA daily)
EASY TOUCH SAFETY PEN NEEDLES	NP	QL(5 EA daily)	EMBRACE PEN NEEDLES	NP	RX/OTC
EASY TOUCH SAFETY PEN NEEDLES	NP		FIFTY50 PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY SYRINGE	P	RX/OTC	FIFTY50 PEN NEEDLES	NP	QL(5 EA daily)
EASY TOUCH SHEATHLOCK SYRINGE	P	RX/OTC	FIFTY50 SUPERIOR COMFORT SYR	NP	QL(5 EA daily); RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	NP	QL(5 EA daily); RX/OTC	FLOW-EZE VENTED NEEDLE	P	
EASY TOUCH TB SHEATHLOCK SYR	P		GLOBAL EASE INJECT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
EASYPPOINT NEEDLE/SYRINGE	P	RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	NP	QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	NP	RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	NP	RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	NP	RX/OTC	GLOBAL EASY GLIDE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	NP	QL(5 EA daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYR	NP	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	NP	QL(5 EA daily)	GLOBAL INSULIN SYRINGES	NP	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	NP	RX/OTC	GLUCOPRO INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	NP	RX/OTC	GNP INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES	NP	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE U-100	NP	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 28GX1/2"	NP	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	NP	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 29GX1/2"	NP	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	NP	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 30GX5/16"	NP	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	NP	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 31GX5/16"	NP	QL(5 EA daily); RX/OTC
			GNP PEN NEEDLES	NP	QL(5 EA daily)

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GNP PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	INPEN 100-PINK-NOVOLOG-FIASP DEVI	NP	RX/OTC
GNP ULTICARE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
GNP ULTICARE PEN NEEDLES	NP	QL(5 EA daily)	INSULIN SYRINGE-NEEDLE U-100	NP	QL(5 EA daily); RX/OTC
GNP ULTIGUARD SAFEPACK NEEDLE	NP	QL(5 EA daily); RX/OTC	INSULIN SYRINGE-NEEDLE U-100	NP	
GNP ULTIGUARD SAFEPACK NEEDLE	NP	QL(5 EA daily)	INSULIN SYRINGE-NEEDLE U-100	NP	
GNP ULTRA COM INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	INSUPEN PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	NP	QL(5 EA daily); RX/OTC	INSUPEN32G EXTR3ME	NP	QL(5 EA daily)
HEALTHWISE MICRON PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	KINRAY INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	KROGER PEN NEEDLES	NP	
H-E-B INCONTROL PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	KROGER PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
H-E-B INCONTROL UNIFINE PENTIP	NP		LEADER UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC
H-E-B INCONTROL UNIFINE PENTIP	NP	QL(5 EA daily); RX/OTC	LEADER UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC
HM ULTICARE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	LITETOUCH INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
HM ULTICARE MINI PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	LITETOUCH PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
HM ULTICARE SHORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	LUER LOCK SAFETY SYRINGES	P	RX/OTC
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	
			MAXI-COMFORT SAFETY PEN NEEDLE	NP	QL(5 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAXICOMFORT SYR 27G X 1/2"	NP	QL(5 EA daily); RX/OTC	PENTIPS GENERIC PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
MEDIC INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	PENTIPS GENERIC PEN NEEDLES	NP	QL(5 EA daily)
MEDICINE SHOPPE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	PIP PEN NEEDLES 31G X 5MM	NP	QL(5 EA daily); RX/OTC
MEIJER PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	PIP PEN NEEDLES 32G X 4MM	NP	QL(5 EA daily); RX/OTC
MICRODOT PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	PRECISION SURE-DOSE SYRINGE	NP	QL(5 EA daily); RX/OTC
MICRODOT PEN NEEDLE	NP		PREFERRED PLUS UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC
MM INSULIN SYRINGE/NEEDLE	NP	QL(5 EA daily); RX/OTC	PREVENT DROPSAFE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
MM PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	PREVENT SAFETY PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
MONOJECT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	PRO COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
MONOJECT LIFESHIELD SYRINGE	P	RX/OTC	PRO COMFORT PEN NEEDLES	NP	QL(5 EA daily)
MONOJECT MAGELLAN SYRINGE	P	RX/OTC	PRO COMFORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
MONOJECT MEDICATION TRANSF NDL	P		PRO COMFORT PEN NEEDLES	NP	
MONOJECT SYRINGE	P	RX/OTC	PRODIGY INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	NP	QL(5 EA daily); RX/OTC	PURE COMFORT PEN NEEDLE	NP	
NOVOFINE PEN NEEDLE	NP	QL(5 EA daily)	PURE COMFORT PEN NEEDLE	NP	QL(5 EA daily)
NOVOFINE PLUS PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	PURE COMFORT PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
PC UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC	PURE COMFORT SAFETY PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
PEN NEEDLE/5-BEVEL TIP	NP	QL(5 EA daily); RX/OTC	PX INSULIN SYRINGE	NP	QL(5 EA daily)
PEN NEEDLES	NP	QL(5 EA daily)	PX MINI PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	QC PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
PEN NEEDLES	NP	RX/OTC	QC UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC
PENTIPS	NP	QL(5 EA daily); RX/OTC	QUICK TOUCH INSULIN PEN NEEDLE	NP	
PENTIPS	NP	QL(5 EA daily)			

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QUICK TOUCH INSULIN PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	TECHLITE INSULIN SYRINGE	NP	RX/OTC
QUICK TOUCH INSULIN PEN NEEDLE	NP	QL(5 EA daily)	TECHLITE PEN NEEDLES	NP	QL(5 EA daily)
RAYA SURE PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	TECHLITE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
RAYA SURE PEN NEEDLE	NP		TECHLITE PLUS PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
REALITY INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	TODAYS HEALTH PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
RELION INSULIN SYRINGE	NP	RX/OTC	TODAYS HEALTH SHORT PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
RELION INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	TOPFINE INSULIN PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
RELION PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	TRUE COMFORT INSULIN SYRINGE	NP	
SAFETY PEN NEEDLES	NP	QL(5 EA daily)	TRUE COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
SAFETY PEN NEEDLES	NP	RX/OTC	TRUE COMFORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
SB INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	TRUE COMFORT PRO INSULIN SYR	NP	QL(5 EA daily); RX/OTC
SECURESAFE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	TRUE COMFORT PRO INSULIN SYR	NP	
SECURESAFE SAFETY PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES	NP	
SECURESAFE SYRINGE/NEEDLE	P	RX/OTC	TRUE COMFORT PRO PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
SURE COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES	NP	QL(5 EA daily)
SURE COMFORT INSULIN SYRINGE	NP		TRUE COMFORT SAFETY PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
SURE COMFORT INSULIN SYRINGE	NP		TRUEPLUS 5-BEVEL PEN NEEDLES	P	QL(5 EA daily)
SURE COMFORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	TRUEPLUS INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
SURE COMFORT PEN NEEDLES	NP	QL(5 EA daily)	TRUEPLUS PEN NEEDLES	P	QL(5 EA daily); RX/OTC
SYRINGE LUER LOCK	P	RX/OTC	ULTICARE INSULIN SAFETY SYR	NP	QL(5 EA daily); RX/OTC
SYRINGE LUER SLIP	P	RX/OTC	ULTICARE INSULIN SYR 1/2 UNIT	NP	
SYRINGE/HYPODERMIC SAFETY	P	RX/OTC			
TECHLITE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC			

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ULTICARE INSULIN SYRINGE	NP		ULTRACARE PEN NEEDLES	NP	QL(5 EA daily)
ULTICARE INSULIN SYRINGE	NP		ULTRACARE PEN NEEDLES	NP	
ULTICARE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	ULTRA-THIN II INS SYR SHORT	NP	QL(5 EA daily); RX/OTC
ULTICARE MICRO PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
ULTICARE MINI PEN NEEDLES	NP	RX/OTC	ULTRA-THIN II MINI PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
ULTICARE MINI PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	ULTRA-THIN II PEN NEEDLE SHORT	NP	QL(5 EA daily); RX/OTC
ULTICARE MINI PEN NEEDLES	NP	QL(5 EA daily)	ULTRA-THIN II PEN NEEDLES	NP	QL(5 EA daily)
ULTICARE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	UNIFINE OTC PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
ULTICARE SHORT PEN NEEDLES	NP	QL(5 EA daily)	UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC
ULTICARE SYRINGE	P	RX/OTC	UNIFINE PENTIPS	NP	RX/OTC
ULTICARE TUBERCULIN SAFETY SYR MISC	P		UNIFINE PENTIPS	NP	QL(5 EA daily)
ULTIGUARD SAFEPACK PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE	NP	QL(5 EA daily)	UNIFINE PENTIPS PLUS	NP	
ULTIGUARD SAFEPACK SYR/NEEDLE	NP	QL(5 EA daily)	UNIFINE PROTECT PEN NEEDLE	NP	RX/OTC
ULTILET PEN NEEDLE	NP	QL(5 EA daily)	UNIFINE PROTECT PEN NEEDLE	NP	QL(5 EA daily)
ULTRA FLO INSULIN PEN NEEDLES	NP		UNIFINE SAFECONTROL PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE	NP	RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	NP	QL(5 EA daily); RX/OTC	UNIFINE ULTRA PEN NEEDLE	NP	QL(5 EA daily)
ULTRA FLO INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	UNIFINE ULTRA PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
ULTRA THIN PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	UNIFINE ULTRA PEN NEEDLE	NP	
ULTRACARE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	VANISHPOINT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
ULTRACARE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	VANISHPOINT INSULIN SYRINGE	NP	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
AEROCHAMBER2GO ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT 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	BREATHE COMFORT CHAMBER/CHILD DEVI	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	BREATHE EASE LARGE 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	BREATHE EASE MEDIUM DEVI	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	BREATHE EASE NEB MASK/CHILD MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
AEROTRACH PLUS MISC	P	QL(1 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
AEROVENT PLUS 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
AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	BREATHERRITE VALVED MDI CHAMBER DEVI	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	BUBBLES THE FISH II PEDI MASK MISC	P	QL(1 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	CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 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	CARETOUCH CPAP & BIPAP HOSE MISC	P	QL(1 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	CARETOUCH CPAP MASK WIPES MISC	P	QL(1 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	CARETOUCH CPAP PRE-WASH SOLN MISC	P	QL(1 ML per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
CO MONITOR REPLACEMENT PIECES MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EASY FLOW 300 MM HOSE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
CO MONITOR 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
COMPACT SPACE CHAMBER/LG MASK 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
COMPACT SPACE CHAMBER/MED MASK 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
COMPACT SPACE CHAMBER/SM MASK 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
COMPACT SPACE CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	EASY FLOW BLACK/RED 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	EASY FLOW BLACK/WHITE 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	EASY FLOW BLACK/YELLOW DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
DISPOSABLE LOW RANGE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	EASY FLOW HEPA FILTER 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	EASY FLOW WHITE/BLUE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
DISPOSABLE UNIVERSAL RANGE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	EASY FLOW WHITE/GREEN DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK LARGE MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	EASY FLOW WHITE/PINK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK MEDIUM MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	EASY FLOW WHITE/WHITE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC

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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
EBASE 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
EQ SPACE CHAMBER ANTI-STATIC L DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	KOKO PEAK PRO MOUTHPIECE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	LITETOUCH MASK LARGE 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	LITETOUCH MASK MEDIUM MISC	P	QL(1 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	LITETOUCH MASK SMALL MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
EXPIRATORY MOUTHPIECE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	MASK VORTEX/CHILD/FROG	P	QL(1 EA per 360 day(s) retail); RX/OTC
FILTER AIR PP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	P	QL(1 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 EA per 360 day(s) retail); RX/OTC	MICROCHAMBER 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	MICROCHAMBER MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 EA per 360 day(s) retail); RX/OTC	MICROSPACER MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER 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
FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	NAVAGE NASAL ASPIRATOR BABY 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	NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 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	NEBULIZER CUP/TUBING DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
NOSE CLIP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PARI BABY CONVERSION KIT 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	PARI BUBBLES PEDIATRIC MASK 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	PARI ERAPID NEBULIZER HANDSET 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	PARI EXPIRATORY FILTER SET DEVI	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	PARI MANUAL INTERRUPTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
ONE-WAY VALVED EXPIRATORY MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	PARI MASK SET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ONE-WAY VALVED INSPIRATORY MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	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
OPTICHAMBER DIAMOND-LG MASK DEVI	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
OPTICHAMBER DIAMOND-MD MASK MISC	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
OPTICHAMBER DIAMOND MISC	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
OPTICHAMBER DIAMOND-SM MASK MISC	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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
PHARMACIST CHOICE MASK WIPES MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	QUAKE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
PILLOW MASK/ADULT 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
PILLOW MASK/CHILD 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
PILLOW MASK/PEDIATRIC MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	RESP-O2 NASAL OXY CANNULA-CUSH MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
POCKET CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	RESP-O2 OXYGEN MASK-MEDIUM CON 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	RESP-O2 OXYGEN SUPPLY TUBING 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	RESP-O2 SML VOLUME NEB CUP 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	REUSABLE COMFORTSEAL MASK-LRG 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	REUSABLE COMFORTSEAL MASK-MED MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/ADULT MASK 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
PROCARE SPACER/CHILD MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	RITEFLO DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
PROCHAMBER VHC DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	SAMI THE SEAL FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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		
SOOTHENEB NBL 100 MED CUP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	AIMOVIG	P	SP; PA
SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	AJOVY SOAJ	P	SP; PA
SPIRO PD DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	AJOVY SOSY	P	SP; PA
THRESHOLD IMT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EMGALITY (300 MG DOSE) SOSY	P	SP; PA
THRESHOLD PEP DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	EMGALITY SOAJ	P	SP; PA
TUBING/WING TIP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EMGALITY SOSY	P	SP; PA
ULTRA NEB ACCESSORIES KIT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	NURTEC	P	PA
VERSAPAP W/UNIVERSAL TUBING DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	QULIPTA	P	PA
			UBRELVY 100 MG	P	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); PA
			UBRELVY 50 MG	P	QL(32 EA per 30 day(s) retail; 32 EA per 30 days mail); PA
			VYEPTI	P	SP; PA
			ZAVZPRET	P	PA
			Migraine Combinations		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NP		IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NP	QL(2 ML per 30 day(s) retail)
MIGERGOT SUPP	P		IMITREX TABS (<i>Use sumatriptan succinate</i>)	NP	QL(9 EA per 30 day(s) retail)
<i>sumatriptan-naproxen sodium</i>	NP		MAXALT-MLT TBDP 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail)
SYMBRAVO TABS PO	NP		MAXALT TABS 10 MG (<i>Use rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail)
TREXIMET (<i>Use sumatriptan-naproxen sodium</i>)	NF		<i>naratriptan hcl</i>	NP	QL(9 EA per 30 day(s) retail)
Migraine Products			RELPAK (<i>Use eletriptan hydrobromide</i>)	NP	QL(6 EA per 30 day(s) retail)
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	NP		RELPAK (<i>Use eletriptan hydrobromide</i>)	NF	QL(6 EA per 30 day(s) retail)
ERGOMAR SUBL	NP		REYVOW	NP	
MIGRANAL SOLN NA (<i>Use dihydroergotamine mesylate</i>)	NF		<i>rizatriptan benzoate TABS</i>	P	QL(12 EA per 30 day(s) retail)
Migraine Products - NSAIDs			<i>rizatriptan benzoate TBDP</i>	P	QL(12 EA per 30 day(s) retail)
CAMBIA (<i>Use diclofenac potassium (migraine)</i>)	NF		<i>sumatriptan</i>	P	QL(6 EA per 30 day(s) retail)
<i>diclofenac potassium (migraine)</i>	NP		<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(2 ML per 30 day(s) retail)
ELYXYB	NP		<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
Serotonin Agonists			<i>sumatriptan succinate TABS</i>	P	QL(9 EA per 30 day(s) retail)
<i>almotriptan malate</i>	NP		TOSYMRA	NP	
<i>eletriptan hydrobromide</i>	NP	QL(6 EA per 30 day(s) retail)	ZEMBRACE SYMTOUCH SOAJ	NP	
FROVA (<i>Use frovatriptan succinate</i>)	NF		<i>zolmitriptan SOLN 5 MG</i>	NP	QL(6 EA per 30 day(s) retail)
<i>frovatriptan succinate</i>	NP		<i>zolmitriptan SOLN 2.5 MG</i>	NP	
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(2 ML per 30 day(s) retail)	<i>zolmitriptan TABS</i>	NP	QL(6 EA per 30 day(s) retail)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	QL(3 ML per 30 day(s) retail)	<i>zolmitriptan TBDP</i>	NP	QL(6 EA per 30 day(s) retail)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	QL(3 ML per 30 day(s) retail)	ZOMIG SOLN 5 MG (<i>Use zolmitriptan</i>)	NP	QL(6 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOMIG SOLN	NP		WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	P	QL(8 EA daily); RX/OTC
ZOMIG SOLN 2.5 MG (Use zolmitriptan)	NF		Potassium		
MINERALS & ELECTROLYTES			EFFER-K TBEF 25 MEQ	P	
Calcium			KLOR-CON 10 TBCR 10 MEQ (Use potassium chloride)	NF	
CALCIUM CARBONATE CHEW	P		KLOR-CON TBCR 8 MEQ (Use potassium chloride)	NF	
calcium carbonate-cholecalciferol TABS 200 UNIT-600 MG, 5 MCG-600 MG	P		K-TAB TBCR 20 MEQ (Use potassium chloride)	NF	
Electrolyte Mixtures			potassium bicarbonate TBEF	P	
oral electrolytes SOLN	P		potassium chloride microencapsulated crystals er	P	
Fluoride			potassium chloride CPCR 8 MEQ	P	QL(1 EA daily)
sodium fluoride CHEW	P		potassium chloride CPCR 10 MEQ	P	
sodium fluoride SOLN 0.5 MG/ML	P	RX/OTC	potassium chloride PACK PO 20 MEQ	P	
SODIUM FLUORIDE SOLN 0.5 MG/ML	P	RX/OTC	potassium chloride SOLN PO 10 %, 20 %, 10 %	P	
Magnesium			potassium chloride TBCR 8 MEQ, 10 MEQ	P	
magnesium oxide (mg supplement) TABS	P		Sodium		
magnesium TABS 400 MG	P		AQUASTAT 0.9 %	P	
Phosphate			AQUASTAT SFR 0.9 %	P	
K-PHOS-NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	NF	QL(8 EA daily); RX/OTC	BD POSIFLUSH 0.9 %	P	
PHOSPHA 250 NEUTRAL	P	QL(8 EA daily); RX/OTC	BD POSIFLUSH SAFESCRUB 0.9 %	P	
PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	NF	QL(8 EA daily); RX/OTC	MONOJECT FLUSH SYRINGE 0.9 %	P	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	P	QL(8 EA daily); RX/OTC	MONOJECT SODIUM CHLORIDE FLUSH 0.9 %	P	
			NORMAL SALINE FLUSH 0.9 %	P	
			SALINE FLUSH 0.9 %	P	

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SODIUM CHLORIDE FLUSH	P		RYONCIL 12.5KG TO <25KG KIT IV	NP	SP
<i>sodium chloride SOLN IV 0.9 %</i>	P		RYONCIL 125KG TO <137.5KG KIT IV	NP	SP
SODIUM CHLORIDE SOLN IJ 0.9 %	P		RYONCIL 137.5KG TO <150KG KIT IV	NP	SP
SODIUM CHLORIDE SOLN IV 0.9 %	P		RYONCIL 25KG TO <37.5KG KIT IV	NP	SP
MISCELLANEOUS THERAPEUTIC CLASSES			RYONCIL 37.5KG TO <50KG KIT IV	NP	SP
Chelating Agents			RYONCIL 50KG TO <62.5KG KIT IV	NP	SP
CUPRIMINE CAPS (<i>Use penicillamine</i>)	NF	SP	RYONCIL 62.5KG TO <75KG KIT IV	NP	SP
CUVRIOR	NP	SP	RYONCIL 75KG TO <87.5KG KIT IV	NP	SP
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	P	SP	RYONCIL 87.5KG TO <100KG KIT IV	NP	SP
<i>penicillamine CAPS</i>	P	SP	RYSTIGGO	NP	SP
<i>penicillamine TABS</i>	P	SP	THALOMID 50 MG, 100 MG, 200 MG	NP	SP
SYPRINE (<i>Use trientine hcl</i>)	NF	SP	VYVGART	NP	SP
<i>trientine hcl</i>	P	SP	VYVGART HYTRULO	NP	SP
Immunomodulators			VYVGART HYTRULO SC	NP	SP
IMAAVY SOLN IV 300 MG/1.62ML, 1200 MG/6.5ML	NP	SP	Immunosuppressive Agents		
JOENJA	NP	SP	ASTAGRAF XL CP24 0.5 MG, 1 MG, 5 MG (<i>Use tacrolimus</i>)	NP	
<i>lenalidomide</i>	NP	SP	<i>azathioprine TABS 75 MG, 100 MG</i>	NP	QL(3 EA daily)
NIKTIMVO	NP		<i>azathioprine TABS 50 MG</i>	P	
NIKTIMVO	NP	SP	CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NP	QL(2 EA daily)
REVLIMID (<i>Use lenalidomide</i>)	NP	SP	CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	NP	QL(15 ML daily)
REZUROCK	NP	SP	CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NP	QL(4 EA daily)
RHAPSIDO TABS PO 25 MG	NP	SP	<i>cyclosporine modified (for microemulsion) CAPS</i>	P	QL(4 EA daily)
RYONCIL <12.5KG KIT IV	NP	SP	<i>cyclosporine modified (for microemulsion) SOLN</i>	P	QL(8 ML daily)
RYONCIL 100KG TO <112.5KG KIT IV	NP	SP			
RYONCIL 112.5KG TO <125KG KIT IV	NP	SP			

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine CAPS</i>	P	
ENVARUS XR TB24	NP	
<i>everolimus (immunosuppressant)</i>	NP	
IMURAN TABS (Use <i>azathioprine</i>)	NP	
LUPKYNIS	NP	SP
<i>mycophenolate mofetil CAPS</i>	P	QL(2 EA daily)
<i>mycophenolate mofetil SUSR</i>	P	QL(15 ML daily)
<i>mycophenolate mofetil TABS</i>	P	QL(4 EA daily)
<i>mycophenolate sodium 360 MG</i>	P	QL(4 EA daily)
<i>mycophenolate sodium 180 MG</i>	P	QL(2 EA daily)
MYFORTIC 180 MG (Use <i>mycophenolate sodium</i>)	NP	QL(2 EA daily)
MYFORTIC 360 MG (Use <i>mycophenolate sodium</i>)	NP	QL(4 EA daily)
MYHIBBIN SUSP	NP	
NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i>)	NP	QL(4 EA daily)
NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i>)	NP	QL(8 ML daily)
PROGRAF CAPS (Use <i>tacrolimus</i>)	NP	QL(3 EA daily)
PROGRAF PACK	NP	
RAPAMUNE SOLN (Use <i>sirolimus</i>)	NF	
RAPAMUNE TABS (Use <i>sirolimus</i>)	NF	
SANDIMMUNE CAPS (Use <i>cyclosporine</i>)	NP	
<i>sirolimus SOLN</i>	P	
<i>sirolimus TABS</i>	P	
<i>tacrolimus CAPS</i>	P	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus CP24 0.5 MG, 1 MG, 5 MG</i>	NP	
ZORTRESS (Use <i>everolimus (immunosuppressant)</i>)	NP	
Potassium Removing Agents		
LOKELMA	NP	
<i>sodium polystyrene sulfonate POWD</i>	P	QL(454 GM per fill retail)
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
VELTASSA	NP	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	NP	SP
BENLYSTA SOSY	NP	SP
SAPHNELO SC 120 MG/0.8ML	NP	SP
SAPHNELO PEN SC 120 MG/0.8ML	NP	SP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ML per fill retail)
<i>lidocaine hcl (mouth-throat) 4 %</i>	P	
Anti-infectives - Throat		
<i>clotrimazole</i>	P	
NYSTATIN (Use <i>nystatin (mouth-throat)</i>)	NF	QL(120 ML per fill retail)
NYSTATIN (Use <i>nystatin (mouth-throat)</i>)	P	QL(120 ML per fill retail)
<i>nystatin (mouth-throat)</i>	P	QL(120 ML per fill retail)
ORAVIG	NP	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PERIDEX (Use chlorhexidine gluconate (mouth-throat))	NF		PREVIDENT SOLN (Use sodium fluoride (dental))	NF	
Dental Products			SF 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental))	NF	QL(102 GM per fill retail)
CLINPRO 5000 PSTE DT 1.1 % (Use sodium fluoride (dental))	NF		SF GEL 1.1 % (Use sodium fluoride (dental))	NF	QL(672 GM per fill retail)
DENTA 5000 PLUS SENSITIVE GEL	NP		sodium fluoride (dental) CREA	NP	QL(102 GM per fill retail)
FLUORIDEX ENHANCED WHITENING PSTE DT 1.1 % (Use sodium fluoride (dental))	NF		sodium fluoride (dental) GEL	NP	QL(672 GM per fill retail)
FLUORIDEX PSTE DT 1.1 % (Use sodium fluoride (dental))	NF		sodium fluoride (dental) PSTE DT	NP	
FLUORIMAX 5000 PSTE DT 1.1 % (Use sodium fluoride (dental))	NF		sodium fluoride (dental) SOLN 0.2 %	NP	
FRAICHE 5000 DENTAL GEL 1.1 % (Use sodium fluoride (dental))	NF	QL(672 GM per fill retail)	SODIUM FLUORIDE 5000 ENAMEL GEL	NP	
JUST RIGHT 5000 PSTE DT 1.1 % (Use sodium fluoride (dental))	NF		SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental))	NP	QL(102 GM per fill retail)
PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental))	NF		SODIUM FLUORIDE 5000 PPM PSTE DT 1.1 % (Use sodium fluoride (dental))	NP	
PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	NF	QL(672 ML per fill retail)	SODIUM FLUORIDE 5000 SENSITIVE GEL	NP	
PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental))	NF		sodium fluoride-potassium nitrate GEL 1.1 %-5 %	NP	
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental))	NF		Steroids - Mouth/Throat/Dental		
PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))	NF	QL(102 GM per fill retail)	triamcinolone acetonide (mouth)	P	QL(5 GM per fill retail)
PREVIDENT GEL (Use sodium fluoride (dental))	NF	QL(672 GM per fill retail)	Throat Products - Misc.		
			AQUORAL SOLN	NP	RX/OTC
			cevimeline hcl	NP	
			EVOXAC (Use cevimeline hcl)	NP	
			GELCLAIR	NP	
			GELX GEL	NP	RX/OTC
			pilocarpine hcl (oral) 7.5 MG	P	
			pilocarpine hcl (oral) 5 MG	P	QL(6 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SALAGEN 5 MG (<i>Use pilocarpine hcl (oral)</i>)	NF	QL(6 EA daily)	EQL ONE DAILY WOMENS TABS 60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-15 MG-50 MG-120 MCG-450 MG-30 UNIT-2 MG-2 MG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-15 MG-50 MG-450 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily)
SALAGEN 7.5 MG (<i>Use pilocarpine hcl (oral)</i>)	NF				
MULTIVITAMINS					
B-Complex w/ Folic Acid					
ACTIVITE TABS 1 MG	P	QL(1 EA daily); RX/OTC			
<i>b-complex w/ c & folic acid CAPS</i>	P	QL(1 EA daily); RX/OTC			
<i>b-complex w/ c & folic acid TABS 60 MG-10 MG-300 MCG-1 MG-20 MG-0.01 MCG-10 MG-1.7 MG-1.5 MG, 1 MG</i>	P	QL(1 EA daily); RX/OTC			
DIALYVITE TABS 100 MG-10 MG-0.3 MG-1 MG-1.5 MG-0.006 MG-10 MG-1.7 MG-20 MG	P	QL(1 EA daily); RX/OTC			
METAVAX TABS 1 MG	P	QL(1 EA daily); RX/OTC	ESSENTIAL ONE DAILY MULTIVIT TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	QL(1 EA daily)
MI-VITE RX TABS 1 MG	P	QL(1 EA daily); RX/OTC			
MYNEPHRON CAPS 1 MG	P	QL(1 EA daily); RX/OTC	GNP ONE DAILY WOMENS HEALTH TABS 60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-450 MG-1.5 MG-50 MG-15 MG-30 UNIT-2 MG-120 MCG-2 MG-20 MCG	P	QL(1 EA daily)
NUTRIBOOST CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
NUTRIVIO CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
RENAL CAPS 1 MG	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS FORMULA TABS 60 MG-2 MG-30 MCG-30 UNIT-400 MCG-1.5 MG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-15 MG-50 MG-450 MG-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily)
RENO CAPS CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
TM-VITE RX TABS 1 MG	P	QL(1 EA daily); RX/OTC			
TRIPHROCAPS CAPS 1 MG	P	QL(1 EA daily); RX/OTC			
TRONVITE TABS 1 MG	P	QL(1 EA daily); RX/OTC	SIGNACAL TABS 0.5 MG-75 UNIT-125 MG-13.63 MG-0.75 MG-15 MG-250 MG-0.25 MCG-0.25 MG-0.25 MG	P	QL(1 EA daily)
TRUEBOOST TABS 1 MG	P	QL(1 EA daily); RX/OTC			
VITASURE TABS 1 MG	P	QL(1 EA daily); RX/OTC			
Multiple Vitamins w/ Calcium			Multiple Vitamins w/ Iron		

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DAILY VITE MULTIVITAMIN/IRON TABS 50 MG-2 MG-400 MCG-400 UNIT-6 MCG- 1.7 MG-20 MG-5000 UNIT-15 MG-1.5 MG	P	QL(1 EA daily); RX/OTC	MULTI-VITAMIN/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-6 MCG- 5000 UNIT-1.7 MG-20 MG-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
DERMACINRX BOOSTERVITE TABS	P	QL(1 EA daily); RX/OTC	NAT-RUL DAILY- VITE+IRON TABS 60 MG- 400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-2 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
DESTRESS-IRON TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY MULTIVITAMIN/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG- 1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
DUOVANCE TABS	P	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI- VITAMIN/IRON TABS 50 MG-1 MG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG- 1500 MCG-1 MG-18 MG	P	QL(1 EA daily); RX/OTC
FLORAVITA MINI TABS	P	QL(1 EA daily); RX/OTC	ONE-DAILY/IRON TABS 50 MG-2 MG-20 MG-1 MG-400 UNIT-1 MCG-1 MG-2.5 MG-18 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC
MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG- 10 MCG-13.5 MG-18 MG- 25 MG-900 MCG-6 MCG	P	QL(1 EA daily); RX/OTC	QC DAILY MULTIVITAMINS/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG- 1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
MIREXA TABS	P	QL(1 EA daily); RX/OTC	STRESS B COMPLEX/IRON TABS 600 MG-5 MG-45 MCG- 400 MCG-12 MCG-15 MG-100 MG-20 MG-27 MG-15 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
<i>multiple vitamins w/ iron TABS</i>	P	QL(1 EA daily); RX/OTC			
MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG- 400 UNIT-6 MCG-1.7 MG- 20 MG-5000 UNIT-10 MG- 18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG- 400 UNIT-6 MCG-10 MG- 1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC			
MULTIVITAMIN PLUS IRON ADULT TABS 60 MG-2 MG-13.5 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-75 MG-1.5 MG	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STRESS FORMULA/IRON/ENERGY TABS	P	QL(1 EA daily); RX/OTC	A THRU Z ADVANCED TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-11 MG-75 MCG-50 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG, 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-75 MCG-2 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG, 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-200 MG-300 MCG-1.5 MG-100 MG-11 MG-0.9 MG-80 MG-150 MCG-150 MCG-45 MCG-30 UNIT-109 MG-5 MCG-10 MCG-2.3 MG-35 MCG-25 MCG-55 MCG-10 MCG-72 MG-2 MG, 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-100 MG-11 MG-150 MCG-2 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	P	QL(1 EA daily); RX/OTC
STRESS FORMULA/IRON TABS	P	QL(1 EA daily); RX/OTC			
TAB-A-VITE/IRON/BETA CAROTENE TABS	P	QL(1 EA daily); RX/OTC			
TAB-A-VITE/IRON TABS 50 MG-1 MG-400 MCG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-15 MG	P	QL(1 EA daily); RX/OTC			
Multiple Vitamins w/ Minerals					
50+ ADULT EYE HEALTH CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	QL(1 EA daily); RX/OTC			
A THRU Z ADVANCED ADULT TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-11 MG-75 MCG-50 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	P	QL(1 EA daily); RX/OTC			

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A THRU Z HIGH POTENCY TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-162 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG-150 MCG-150 MCG-75 MCG-30 UNIT-109 MG-5 MCG-10 MCG-2 MG-120 MCG-25 MCG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	A THRU Z SELECT ADVANCED TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 90 MG-3 MG-30 MCG-500 MCG-1.5 MG-500 UNIT-25 MCG-10 MG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-300 MCG-50 MG-2.3 MG-45 MCG-5 MCG-80 MG-2 MG-150 MCG-45 MCG-0.9 MG-10 MCG-11 MG-220 MG-150 MCG-110 MG-55 MCG-50 UNIT-72 MG, 90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-10 MG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-300 MCG-1.5 MG-11 MG-150 MCG-2 MG-50 MG-45 MCG-80 MG-220 MG-150 MCG-50 UNIT-110 MG-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 EA daily); RX/OTC
A THRU Z SELECT 50+ ADVANCED TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-2 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 EA daily); RX/OTC	A THRU Z SELECT ULTIMATE WOMEN TABS 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG-15 MG-150 MCG-50 MG-80 MG-500 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-50 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
A THRU Z SELECT 50+ MENS TABS 120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-10 MG-600 MCG-1.5 MG-15 MG-150 MCG-50 MG-2 MG-250 MG-80 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.7 MG-5 MCG-4 MG-100 MCG-10 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
A THRU Z SELECT CHEW 75 MG-7 MG-45 MCG-500 MCG-400 UNIT-25 MCG-2.7 MG-12 MG-250 MCG-4000 UNIT-10 MG-200 MG-2.2 MG-50 MG-15 MG-2 MG-100 MCG-25 MCG-70 UNIT-125 MG-5 MCG-10 MCG-4.5 MG-100 MCG-22.5 MCG-10 MCG-4 MG	P	QL(1 EA daily); RX/OTC	A THRU Z ULTIMATE MENS TABS 90 MG-2 MG-40 MCG-200 MCG-600 UNIT-6 MCG-1.3 MG-60 MCG-16 MG-3500 UNIT-15 MG-8 MG-600 MCG-1.2 MG-11 MG-150 MCG-100 MG-2 MG-210 MG-80 MG-50 MCG-150 MCG-45 UNIT-20 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-100 MCG-10 MCG-35 MCG-72 MG	P	QL(1 EA daily); RX/OTC
A THRU Z SELECT TABS 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-200 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG-150 MCG-150 MCG-75 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-10 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-2 MG-80 MG-100 MCG-45 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG, 90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-2 MG-80 MG-220 MG-150 MCG-45 MCG-50 UNIT-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 EA daily); RX/OTC	ABC COMPLETE ADULT TABS	P	QL(1 EA daily); RX/OTC
			ABC COMPLETE MENS TABS	P	QL(1 EA daily); RX/OTC
			ABC COMPLETE SENIOR 50+ TABS	P	QL(1 EA daily); RX/OTC
			ABC COMPLETE SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
			ABC COMPLETE SENIOR WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
			ABC COMPLETE WOMENS TABS	P	QL(1 EA daily); RX/OTC
			ACTICAL CAPS	P	QL(1 EA daily); RX/OTC
			ACTIVNUTRIENTS PERFORMANCE CAPS	P	QL(1 EA daily); RX/OTC
			ACTIVNUTRIENTS W/O IRON CAPS	P	QL(1 EA daily); RX/OTC
			ACTIVNUTRIENTS CAPS	P	QL(1 EA daily); RX/OTC
			ADEK GUMMIES PLUS ZN CHEW	P	QL(1 EA daily); RX/OTC
			ADULT ONE DAILY GUMMIES CHEW	P	QL(1 EA daily); RX/OTC
			ADVANCED EYE HEALTH CAPS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVANCED MULTI EA CHEW 45 MG-2 MG-300 MCG-400 MCG-1500 UNIT-500 MCG-5000 UNIT-1.7 MG-500 MCG-10 MG-10 MG-10 MG-22.5 MG-5 MG-6.25 MG-75 UNIT-15 MG-35 MCG-25 MG-7.5 MG-25 MCG-75 MCG-75 MG-1 MG-60 MCG-1 MG-7.5 MG-1 MG	P	QL(1 EA daily); RX/OTC	ALIVE IMMUNE/ELDERBERRY CHEW	P	QL(1 EA daily); RX/OTC
AFLORA TABS	P	QL(1 EA daily); RX/OTC	ALIVE MAX 6 POTENCY CAPS	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); RX/OTC	ALIVE MENS 50+ MULTI GUMMY CHEW	P	QL(1 EA daily); RX/OTC
AIRBORNE GUMMIES CHEW 333.333 MG-3.333 UNIT-66.666 UNIT-0.333 MG-0.033 MG-3.333 MG-5 MCG	P	QL(1 EA daily); RX/OTC	ALIVE MENS 50+ ULTRA TABS	P	QL(1 EA daily); RX/OTC
AIRBORNE KIDS CHEW	P	QL(1 EA daily); RX/OTC	ALIVE MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
AIRBORNE CHEW	P	QL(1 EA daily); RX/OTC	ALIVE MENS COMPLETE MULTI TABS	P	QL(1 EA daily); RX/OTC
ALIVE ADULT PREMIUM CHEW	P	QL(1 EA daily); RX/OTC	ALIVE MENS GUMMY MULTIVITAMINS CHEW	P	QL(1 EA daily); RX/OTC
ALIVE CALCIUM BONE SUPPORT TABS	P	QL(1 EA daily); RX/OTC	ALIVE MENS PREMIUM GUMMIES CHEW	P	QL(1 EA daily); RX/OTC
ALIVE DAILY ENERGY TABS	P	QL(1 EA daily); RX/OTC	ALIVE MENS ULTRA TABS	P	QL(1 EA daily); RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	ALIVE MULTI-VITAMIN CHEW	P	QL(1 EA daily); RX/OTC
ALIVE ENERGY 50+ TABS	P	QL(1 EA daily); RX/OTC	ALIVE ONCE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	QL(1 EA daily); RX/OTC	ALIVE ULTRA POTENCY ADULT TABS	P	QL(1 EA daily); RX/OTC
ALIVE GARDEN GOODNESS TABS	P	QL(1 EA daily); RX/OTC	ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ALIVE HAIR, SKIN & NAILS CAPS	P	QL(1 EA daily); RX/OTC	ALIVE WOMENS 50+ COMPLETE MV TABS	P	QL(1 EA daily); RX/OTC
ALIVE HAIR, SKIN & NAILS CHEW	P	QL(1 EA daily); RX/OTC	ALIVE WOMENS 50+ GUMMY CHEW	P	QL(1 EA daily); RX/OTC
			ALIVE WOMENS 50+ PREMIUM GUMMY CHEW	P	QL(1 EA daily); RX/OTC
			ALIVE WOMENS 50+ CHEW	P	QL(1 EA daily); RX/OTC
			ALIVE WOMENS ENERGY TABS	P	QL(1 EA daily); RX/OTC
			ALIVE WOMENS GUMMY CHEW	P	QL(1 EA daily); RX/OTC
			ALIVE WOMENS PREMIUM GUMMIES CHEW	P	QL(1 EA daily); RX/OTC

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ALPHA BETIC TABS	P	QL(1 EA daily); RX/OTC	BASIC AM TABS	P	QL(1 EA daily); RX/OTC
AMORYN MOOD BOOSTER CAPS 10 MG- 25 MG-20 MG-300 MCG- 400 UNIT-15 MG-70 MCG-30 MCG-90 MG-18 MG	P	QL(1 EA daily); RX/OTC	BASIC PM TABS	P	QL(1 EA daily); RX/OTC
ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG-10000 UNIT	P	QL(1 EA daily); RX/OTC	BIO-35 GLUTEN-FREE CAPS	P	QL(1 EA daily); RX/OTC
ANTIOXIDANT FORMULA/MINERALS CAPS 250 MG-7.5 MG-1 MG-10000 UNIT-200 UNIT-1.5 MG-15 MCG	P	QL(1 EA daily); RX/OTC	BIO-35 IRON FREE CAPS	P	QL(1 EA daily); RX/OTC
ANTIOXIDANT FORMULA TABS	P	QL(1 EA daily); RX/OTC	BIOCAL CAPS	P	QL(1 EA daily); RX/OTC
ANTIOXIDANT VITAMINS TABS 60 MG-30 UNIT-2 MG-40 MG-40 MCG-5000 UNIT	P	QL(1 EA daily); RX/OTC	BIOCEL TABS 500 MG-25 MG-300 MCG-1 MG-200 UNIT-25 MG-25 MG-50 MG-5000 UNIT-25 MG-33 MG-125 MG-100 UNIT-60 MG-10 MG-50 MCG	P	QL(1 EA daily); RX/OTC
APETIBEX CAPS	P	QL(1 EA daily); RX/OTC	BIOTECT PLUS CAPS	P	QL(1 EA daily); RX/OTC
APPE-CURB CAPS	P	QL(1 EA daily); RX/OTC	BLOOD SUGAR MANAGER TABS	P	QL(1 EA daily); RX/OTC
BACMIN TABS	P	QL(1 EA daily); RX/OTC	BODY/HAIR/SKIN/NAILS CAPS 20 MG-0.667 MG- 200 MCG-133.333 MCG- 6.667 MG-0.5 MG-2 MCG- 0.567 MG-166.667 MG- 33.333 MG-5 MG-20 MG-3 MG-0.667 MG-33.333 MG- 1.667 MG-3.333 MG-2000 UNIT-133.333 MG-66.667 MG-50 MCG-83.333 MG- 10 UNIT	P	QL(1 EA daily); RX/OTC
BARIATRIC FUSION CHEW	P	QL(1 EA daily); RX/OTC	BONEUP 3 PER DAY CAPS	P	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMIN/IRON CHEW	P	QL(1 EA daily); RX/OTC	BONEUP VEGETARIAN TABS	P	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	P	QL(1 EA daily); RX/OTC	BONEUP CAPS	P	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CHEW	P	QL(1 EA daily); RX/OTC	BOOSTNOW IMMUNE SUPPORT CAPS	P	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS CAPS	P	QL(1 EA daily); RX/OTC	B-PLEX PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT- 27 MG-20 MG-50 MG-22.5 MG-3 MG-5 MG-0.1 MG- 30 UNIT	P	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS CHEW	P	QL(1 EA daily); RX/OTC			
BARIATRIC MULTIVITAMINS TABS	P	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CELEBRATE MULTI-COMPLETE 18 CAPS	P	QL(1 EA daily); RX/OTC	CENTRUM ADULTS MULTIGUMMIES CHEW	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 18 CHEW	P	QL(1 EA daily); RX/OTC	CENTRUM ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-25 MCG-6 MCG-10 MG-1.7 MG-25 MCG-20 MG-1050 MCG-18 MG-1.5 MG-11 MG-50 MG-80 MG-200 MG-150 MCG-45 MCG-13.5 MG-20 MG-0.5 MG-2.3 MG-55 MCG-35 MCG-72 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 36 CAPS	P	QL(1 EA daily); RX/OTC		P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 36 CHEW	P	QL(1 EA daily); RX/OTC		P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 45 CAPS	P	QL(1 EA daily); RX/OTC		P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 45 CHEW	P	QL(1 EA daily); RX/OTC		P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 60 CAPS	P	QL(1 EA daily); RX/OTC		P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMPLETE 60 CHEW	P	QL(1 EA daily); RX/OTC		P	QL(1 EA daily); RX/OTC
CENTAVITE A-Z COMPLETE-MINERAL TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC		P	QL(1 EA daily); RX/OTC
CENTRAVITES 50 PLUS TABS	P	QL(1 EA daily); RX/OTC	CENTRUM CARDIO TABS	P	QL(1 EA daily); RX/OTC
CENTRAVITES ADULTS TABS	P	QL(1 EA daily); RX/OTC	CENTRUM DUAL ACT MULTI+ BEAUTY CHEW	P	QL(1 EA daily); RX/OTC
CENTRAVITES TABS 60 MG-2 MG-30 MCG-400 MCG-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-400 UNIT-18 MG-100 MG-3.5 MG-160 MCG-5 MCG-80 MG-2 MG-150 MCG-65 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-30 UNIT-109 MG-20 MCG-10 MCG-5000 UNIT-25 MCG-72 MG	P	QL(1 EA daily); RX/OTC	CENTRUM DUAL ACT MULTI+OMEGA-3 CHEW	P	QL(1 EA daily); RX/OTC
CENTRUM ADULT 50+ MULTIGUMMIES CHEW	P	QL(1 EA daily); RX/OTC	CENTRUM FLAVOR BURST ADULT CHEW	P	QL(1 EA daily); RX/OTC
			CENTRUM FLAVOR BURST CHEW	P	QL(1 EA daily); RX/OTC
			CENTRUM FRESH/FRUITY 50+ CHEW	P	QL(1 EA daily); RX/OTC
			CENTRUM FRESH/FRUITY ADULT CHEW	P	QL(1 EA daily); RX/OTC
			CENTRUM MEN 50+ MULTIGUMMIES CHEW	P	QL(1 EA daily); RX/OTC
			CENTRUM MEN MULTIGUMMIES CHEW	P	QL(1 EA daily); RX/OTC
			CENTRUM MENOPAUSE HOT FLASH TABS	P	QL(1 EA daily); RX/OTC
			CENTRUM 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
CENTRUM MINIS ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC	CENTRUM SILVER 50+WOMEN TABS 100 MG-5 MG-30 MCG-400 MCG-1000 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-300 MG-1.1 MG-15 MG-100 MG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-10 MCG-52 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CENTRUM MINIS MEN 50+ TABS	P	QL(1 EA daily); RX/OTC			
CENTRUM MINIS WOMEN 50+ TABS	P	QL(1 EA daily); RX/OTC			
CENTRUM MINIS WOMEN IMMUNE SUP TABS	P	QL(1 EA daily); RX/OTC			
CENTRUM MULTI + OMEGA 3 CHEW	P	QL(1 EA daily); RX/OTC			
CENTRUM MULTI+ MENTAL FOCUS CHEW	P	QL(1 EA daily); RX/OTC	CENTRUM SILVER ADULT 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-50 UNIT-50 MG-150 MCG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-3 MG-10 MG-1.7 MG-250 MCG-300 MCG-25 MCG-22.5 MG-50 MG-2.3 MG-45 MCG-80 MG-50 MCG-0.5 MG-11 MG-220 MG-150 MCG-20 MG-19 MCG-750 MCG-30 MCG-25 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM POSTNATAL GUMMIES CHEW	P	QL(1 EA daily); RX/OTC			
CENTRUM SILVER 50+MEN TABS 120 MG-6 MG-30 MCG-300 MCG-1000 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-30 MCG-3500 UNIT-10 MG-210 MG-600 MCG-1.5 MG-15 MG-75 MG-80 MG-72 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.5 MG-5 MCG-4 MG-21 MCG-10 MCG-60 MCG-72 MG-2 MG, 120 MG-6 MG-30 MCG-300 MCG-1000 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-1050 MCG-10 MG-600 MCG-1.5 MG-15 MG-75 MG-80 MG-210 MG-50 MCG-150 MCG-27 MG-20 MG-0.5 MG-4 MG-21 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC			
			CENTRUM SILVER MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-100 MCG-10 MG-1.7 MG-300 MCG-600 MCG-1000 UNIT-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC
			CENTRUM SILVER ULTRA 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
CENTRUM SILVER WOMEN 50+ TABS 100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG-72 MG	P	QL(1 EA daily); RX/OTC	CENTRUM WOMEN MULTIGUMMIES CHEW	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER CHEW	P	QL(1 EA daily); RX/OTC	CENTRUM WOMEN TABS 75 MG-2 MG-40 MCG-400 MCG-1000 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT-15 MG-18 MG-200 MG-1.1 MG-8 MG-100 MG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-1.8 MG-18 MCG-10 MCG-32 MCG-72 MG-2 MG, 75 MG-40 MCG-400 MCG-1.1 MG-14 MG-2 MG-15 MG-1.1 MG-25 MCG-15.8 MG-18 MG-100 MG-1.8 MG-50 MCG-80 MG-32 MCG-0.5 MG-8 MG-200 MG-150 MCG-20 MG-18 MCG-1050 MCG-50 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER TABS 400 UNIT-60 MG-3 MG-30 MCG-400 MCG-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-15 MG-2 MG-45 UNIT-100 MG-80 MG-150 MCG-200 MG-75 MCG-150 MCG-48 MG-5 MCG-2 MG-150 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-2500 UNIT-10 MG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	CENTURY MATURE TABS 90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-2 MG-220 MG-45 MCG-150 MCG-50 UNIT-110 MG-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST HEART TABS	P	QL(1 EA daily); RX/OTC	CENTURY TABS 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-11 MG-150 MCG-100 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST IMMUNE TABS	P	QL(1 EA daily); RX/OTC			
CENTRUM SPECIALIST VISION TABS	P	QL(1 EA daily); RX/OTC			
CENTRUM ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC			
CENTRUM VITAMINTS CHEW	P	QL(1 EA daily); RX/OTC			
CENTRUM WOMEN 50+ MULTIGUMMIES CHEW	P	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CEROVITE SENIOR TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	CULTURELLE PROBIOTIC MEN DAILY CAPS	P	QL(1 EA daily); RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT TABS	P	QL(1 EA daily); RX/OTC	CULTURELLE PROBIOTICS + MULTIV CHEW	P	QL(1 EA daily); RX/OTC
CERTAVITE SENIOR TABS	P	QL(1 EA daily); RX/OTC	CVS ADULT 50+ EYE HEALTH CAPS	P	QL(1 EA daily); RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	P	QL(1 EA daily); RX/OTC	CVS ADULT MULTIVITAMIN CHEW	P	QL(1 EA daily); RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	P	QL(1 EA daily); RX/OTC	CVS AIRSHIELD IMMUNITY SUPPORT CHEW	P	QL(1 EA daily); RX/OTC
CHOICEFUL MULTIVITAMIN CHEW	P	QL(1 EA daily); RX/OTC	CVS AIRSHIELD CHEW 250 MG-7.5 UNIT-500 UNIT-2 MG-10 MG-0.75 MG-3.75 MCG	P	QL(1 EA daily); RX/OTC
CITRACAL +D3 TABS	P	QL(1 EA daily); RX/OTC	CVS DAILY GUMMIES ADULT CHEW 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT-2.5 MG	P	QL(1 EA daily); RX/OTC
COMPANION TABS 100 MG-5 MG-30 MCG-30 UNIT-400 MCG-30 MCG-3500 UNIT-5 MG-100 MG-20 MG-10 MG-100 MG-5 MG-100 MG-15 MG-2 MG-250 MCG-2 MG-10 MCG-75 MCG-150 MCG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC	CVS DAILY GUMMIES CHEW 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT-2.5 MG	P	QL(1 EA daily); RX/OTC
COMPETE TABS 90 MG-20.6 MG-0.4 MG-9 MCG-2.6 MG-30 MG-5000 UNIT-2 MG-400 UNIT-45 UNIT-27 MG-22.5 MG	P	QL(1 EA daily); RX/OTC	CVS DAILY MULTIPLE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-210 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC
COMPLETIA DIABETIC MULTIVIT TABS	P	QL(1 EA daily); RX/OTC			
CORAL CALCIUM PLUS CAPS	P	QL(1 EA daily); RX/OTC			
COREVIA TABS	P	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS DAILY MULTIPLE WOMEN 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-500 MG-4.5 MG-50 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-3500 UNIT-27 MCG	P	QL(1 EA daily); RX/OTC	CVS ONE DAILY MENS FORMULA TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-16 MG-300 MCG-1.35 MG-15 MG-2 MG-140 MG-210 MG-22.5 UNIT-2 MG-3500 UNIT-110 MCG-120 MCG	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIV/MINERAL MENS TABS	P	QL(1 EA daily); RX/OTC	CVS ONE DAILY WOMENS 50+ ADV TABS	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN MENS TABS	P	QL(1 EA daily); RX/OTC	CVS ONE DAILY WOMENS FORMULA TABS 75 MG-1.7 MG-1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-700 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-150 MCG-7.5 MG-1.8 MG-25 MCG-27.5 MCG, 75 MG-1.7 MG-1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-700 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-7.5 MG-150 MCG-1.8 MG-25 MCG-27.5 MCG	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN WOMENS TABS	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ADULT 50+ CHEW	P	QL(1 EA daily); RX/OTC
CVS EYE HEALTH & LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ADULT 50+ TABS	P	QL(1 EA daily); RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ADULTS TABS	P	QL(1 EA daily); RX/OTC
CVS IMMUNE SUPPORT CAPS	P	QL(1 EA daily); RX/OTC			
CVS MENS DAILY GUMMIES CHEW 37.5 MG-2.5 MG-300 MCG-200 MCG-200 UNIT-7.5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-75 MCG-15 UNIT-2.5 MG-55 MCG	P	QL(1 EA daily); RX/OTC			
CVS ONE DAILY ESSENTIAL TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC			
CVS ONE DAILY MENS 50+ ADV TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS SPECTRAVITE ADVANCED TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE MEN TABS 90 MG-2 MG-40 MCG-200 MCG-25 MCG-6 MCG-1.3 MG-60 MCG-16 MG-900 MCG-15 MG-8 MG-600 MCG-1.2 MG-100 MG-11 MG-210 MG-80 MG-50 MCG-150 MCG-45 MG-20 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-100 MCG-10 MCG-35 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-10 MG-1.7 MG-300 MCG-600 MCG-25 MCG-27 MG-75 MG-4 MG-50 MCG-5 MCG-80 MG-2 MG-60 MCG-0.5 MG-10 MCG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-100 MCG-72 MG, 120 MG-6 MG-30 MCG-27 MG-300 MCG-25 MCG-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-1050 MCG-10 MG-600 MCG-1.5 MG-75 MG-15 MG-210 MG-80 MG-50 MCG-150 MCG-20 MG-0.5 MG-5 MCG-4 MG-21 MCG-10 MCG-60 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE SENIOR TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
			CVS SPECTRAVITE ULTRA MEN 50+ TABS	P	QL(1 EA daily); RX/OTC
			CVS SPECTRAVITE ULTRA MENS TABS	P	QL(1 EA daily); RX/OTC
			CVS SPECTRAVITE ULTRA WOMEN TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS SPECTRAVITE WOMEN 50+ TABS 100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-17.5 MG-8 MG-100 MG-2.3 MG-50 MCG-5 MCG-80 MG-2 MG-52 MCG-0.5 MG-10 MCG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1052 MCG-50 MCG-50 MCG-72 MG, 100 MG-5 MG-30 MCG-400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-1052 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-300 MG-80 MG-50 MCG-150 MCG-17.5 MG-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-10 MCG-52 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	CVS VISION HEALTH CAPS	P	QL(1 EA daily); RX/OTC
			CVS WOMENS ACTIVE DAILY TABS 60 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-2.4 MG-50 MG-15 MG-2 MG-300 MG-30 UNIT-2 MG-120 MCG-20 MCG-180 MG	P	QL(1 EA daily); RX/OTC
			CVS WOMENS DAILY GUMMIES CHEW 15 MG-1 MG-75 MCG-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-20 MCG-15 UNIT-1.25 MG-50 MG	P	QL(1 EA daily); RX/OTC
			DAILY BETIC TABS 60 MG-2.5 MG-75 MCG-200 MCG-50 MG-200 UNIT-5 MCG-2500 UNIT-1.7 MG-20 MG-250 MCG-10 MG-100 MG-1.5 MG-100 MG-30 UNIT-50 MG-75 MCG-7.5 MG-2.5 MG-25 MCG-50 MCG-100 MCG	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE WOMEN CHEW	P	QL(1 EA daily); RX/OTC			
CVS SPECTRAVITE WOMENS SENIOR TABS 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG-50 MG-15 MG-80 MG-150 MCG-500 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-50 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	DAILY COMBO MULTI VITAMINS TABS 400 UNIT-60 MG-2 MG-0.4 MG-20 MG-6 MCG-10 MG-1.7 MG-1.5 MG-30 UNIT-27 MG-15 MG-450 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE WOMEN TABS 75 MG-40 MCG-400 MCG-1.1 MG-14 MG-2 MG-15 MG-1.1 MG-25 MCG-15.8 MG-18 MG-100 MG-1.8 MG-50 MCG-80 MG-32 MCG-0.5 MG-8 MG-200 MG-150 MCG-20 MG-18 MCG-1050 MCG-50 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC	DAILY MULTIPLE VITAMINS/MIN TABS 400 UNIT-60 MG-2 MG-30 MCG-400 MCG-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-100 MG-10 MCG-130 MG-40 MG-150 MCG-30 UNIT-100 MG-15 MG-2 MG-2.5 MG-10 MCG-10 MCG	P	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAILY MULTIVITAMIN CAPS 2 MG-30 MCG-30 UNIT-200 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-100 MCG-20 MG-2 MG-30 MG-500 MCG-1 MG-1.5 MG-15 MG-40 MG-120 MG-2 MG-5000 UNIT-75 MCG-150 MCG-120 MCG-70 MCG	P	QL(1 EA daily); RX/OTC	DIABETES HEALTH FORMULA TABS 90 MG-3 MG-300 MCG-500 MCG-600 UNIT-30 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-1.5 MG-1.5 MG-50 MG-150 MCG-220 MG-80 MG-2 MG-45 MCG-150 MCG-50 UNIT-110 MG-5 MCG-2.3 MG-35 MCG-10 MCG-600 MCG-72 MG-12 MG, 90 MG-3 MG-300 MCG-500 MCG-600 UNIT-30 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-1.5 MG-1.5 MG-50 MG-45 MCG-5 MCG-150 MCG-10 MCG-220 MG-80 MG-2 MG-150 MCG-50 UNIT-110 MG-35 MCG-2.3 MG-200 MCG-72 MG-12 MG	P	QL(1 EA daily); RX/OTC
DAYAVITE TABS	P	QL(1 EA daily); RX/OTC			
DECUBI-VITE CAPS	P	QL(1 EA daily); RX/OTC			
DEKAS BARIATRIC CHEW	P	QL(1 EA daily); RX/OTC			
DEKAS PLUS OCEAN CAPS	P	QL(1 EA daily); RX/OTC			
DEKAS PLUS CAPS	P	QL(1 EA daily); RX/OTC			
DEKAS PLUS CHEW	P	QL(1 EA daily); RX/OTC			
DEPLIN MA CAPS	P	QL(1 EA daily); RX/OTC			
DEPLINPRO MOOD HEALTH CAPS	P	QL(1 EA daily); RX/OTC			
DERMACINRX MULTITAM TABS	P	QL(1 EA daily); RX/OTC			
DERMACINRX RIBOTIN-E TABS	P	QL(1 EA daily); RX/OTC			
DERMACINRX ZINTREXYL-C TABS	P	QL(1 EA daily); RX/OTC			
DERMAVITE TABS	P	QL(1 EA daily); RX/OTC			
DEXATRAM CAPS	P	QL(1 EA daily); RX/OTC			
			DIALYVITE 800/ULTRA D TABS 80 MG-10 MG-300 MCG-800 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-15 MG-30 UNIT-70 MCG	P	QL(1 EA daily); RX/OTC
			DIALYVITE SUPREME D TABS	P	QL(1 EA daily); RX/OTC
			DIATROL TABS	P	QL(1 EA daily); RX/OTC
			DRY EYE FORMULA CAPS 33.333 MG-3.333 MG-16.667 UNIT-6.667 MG-133.333 MG-166.667 MG	P	QL(1 EA daily); RX/OTC
			EMERGEN-C APPLE CIDER VINEGAR CHEW	P	QL(1 EA daily); RX/OTC
			EMERGEN-C ASHWAGANDHA CHEW	P	QL(1 EA daily); RX/OTC
			EMERGEN-C ELDERBERRY CHEW	P	QL(1 EA daily); RX/OTC
			EMERGEN-C IMMUNE PLUS/VIT D CHEW	P	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMERGEN-C IMMUNE+ ELDERBERRY CHEW	P	QL(1 EA daily); RX/OTC	EQ ONE DAILY WOMENS HEALTH TABS	P	QL(1 EA daily); RX/OTC
EMERGEN-C IMMUNE+ CHEW	P	QL(1 EA daily); RX/OTC	EQ VISION FORMULA 50+ CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	QL(1 EA daily); RX/OTC
EMERGEN-C TURMERIC & GINGER CHEW	P	QL(1 EA daily); RX/OTC	EQL CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
EMERGEN-C VITAMIN C CHEW	P	QL(1 EA daily); RX/OTC	EQL CENTURY MATURE MEN 50+ TABS 120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-10 MG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-600 MCG-1.5 MG-15 MG-0.7 MG-50 MG-5 MCG-250 MG-80 MG-15 MG-50 MCG-150 MCG-20 MG-4 MG-60 UNIT-100 MCG-72 MG-10 MCG-60 MCG-150 MCG	P	QL(1 EA daily); RX/OTC
ENLYTE GUMMY+ CHEW	P	QL(1 EA daily); RX/OTC	EQL CENTURY MATURE WOMEN 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-5 MG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-8 MG-1.1 MG-15 MG-0.5 MG-50 MG-5 MCG-500 MG-80 MG-15 MG-50 MCG-150 MCG-20 MG-2.3 MG-35 UNIT-55 MCG-72 MG-10 MCG-50 MCG-150 MCG	P	QL(1 EA daily); RX/OTC
EQ COMPLETE MULTIVIT ADULT 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	EQL CENTURY MATURE TABS 90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-2 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-110 MG-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 EA daily); RX/OTC
EQ COMPLETE MULTIVITAMIN-ADULT TABS	P	QL(1 EA daily); RX/OTC			
EQ MULTIVITAMINS ADULT GUMMY CHEW	P	QL(1 EA daily); RX/OTC			
EQ ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC			
EQ ONE DAILY MENS HEALTH TABS	P	QL(1 EA daily); RX/OTC			
EQ ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC			

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

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EYE MULTIVITAMIN/SODIUM TABS	P	QL(1 EA daily); RX/OTC	FT CENTURY 50+ TABS	P	QL(1 EA daily); RX/OTC
EYE VITAMINS CAPS 60 MG-6 MG-15 MG-2 MG-30 UNIT-22 MG	P	QL(1 EA daily); RX/OTC	FT CENTURY ADULTS TABS	P	QL(1 EA daily); RX/OTC
EYE-VITES TABS 60 MG-40 MG-2 MG-5000 UNIT-30 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC	FT CENTURY MEN 50+ TABS	P	QL(1 EA daily); RX/OTC
FINAZOL TABS	P	QL(1 EA daily); RX/OTC	FT CENTURY MEN TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR MEN AM/PM TABS	P	QL(1 EA daily); RX/OTC	FT CENTURY WOMEN 50+ TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	P	QL(1 EA daily); RX/OTC	FT CENTURY WOMEN TABS	P	QL(1 EA daily); RX/OTC
FLORRAVITE TABS	P	QL(1 EA daily); RX/OTC	FT EYE HEALTH CAPS	P	QL(1 EA daily); RX/OTC
FLORRAXYL TABS	P	QL(1 EA daily); RX/OTC	FT EYE HEALTH TABS	P	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	P	QL(1 EA daily); RX/OTC	FT HAIR SKIN & NAILS EXTRA STR TABS	P	QL(1 EA daily); RX/OTC
FOLAMAX TABS	P	QL(1 EA daily); RX/OTC	FT IMMUNE SUPPORT CHEW	P	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FOLAPRIME TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
FOLAREX TABS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FOLASync DHA CAPS	P	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
FOLATEN TABS	P	QL(1 EA daily); RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	P	QL(1 EA daily); RX/OTC
FOLIFLEX TABS	P	QL(1 EA daily); RX/OTC	GERITOL NUTRITION SUPPORT TABS 57 MG-2 MG-44 MCG-0.38 MG-400 UNIT-6.7 MCG-1.7 MG-24 MCG-13 MG-1.5 MG-13.5 MG-1.8 MG-20 MG-6100 UNIT-86 MG-36 MG-1 MCG-120 MCG-30 UNIT-118 MG-148 MG-2.4 MG-12 MCG-1 MCG-16 MG-20 MG	P	QL(1 EA daily); RX/OTC
FOLIVRA TABS	P	QL(1 EA daily); RX/OTC			
FOLIXIA TABS	P	QL(1 EA daily); RX/OTC			
FOLYRA TABS	P	QL(1 EA daily); RX/OTC			
FREEDAVITE TABS	P	QL(1 EA daily); RX/OTC			
FT ADULT MULTI GUMMIES CHEW	P	QL(1 EA daily); RX/OTC			

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GERIVITE COMPLETE TABS 60 MG-2 MG-45 MCG-400 MCG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-15 MCG-5 MCG-37.5 MG-80 MCG-15 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-15 MCG-10 MCG-6000 UNIT-25 MCG-34 MG	P	QL(1 EA daily); RX/OTC	GNP HAIR SKIN & NAILS EXTRA ST TABS	P	QL(1 EA daily); RX/OTC
GNP ADULT MINI CHEW	P	QL(1 EA daily); RX/OTC	GNP HAIR/SKIN/NAILS TABS 50 MG-3.5 MG-6.5 MG-25 MCG-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-5 MG-25 MG-10 MG-10 MG-15 MG-3.3 MG-10 MG-5 MG-20 MG-0.5 MG-150 MCG-25 UNIT-54 MG-73 MG-897 MCG-10 MG-50 MG-0.6 MG-10 MG	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULT FORMULA TABS 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC	GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULTS MEN TABS	P	QL(1 EA daily); RX/OTC	GNP HEALTHY EYES TABS 200 MG-2 MG-27 MG-2 MG-40 MG-185 MG-55 MCG-300 MCG, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULTS WOMEN TABS	P	QL(1 EA daily); RX/OTC	GNP IMMUNE SUPPORT CHEW	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULT TABS	P	QL(1 EA daily); RX/OTC			
GNP CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC			
GNP CENTURY MATURE MEN'S 50+ TABS	P	QL(1 EA daily); RX/OTC			
GNP CENTURY MATURE WOMEN'S 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-80 MG-300 MG-50 MCG-150 MCG-15.8 MG-20 MG-0.5 MG-2.3 MG-1050 MCG-22 MCG-52 MCG-72 MG	P	QL(1 EA daily); RX/OTC			

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GNP MEGA MULTI FOR MEN TABS 150 MG-125 MCG-200 MCG-15 MG-15 MG-2.5 MG-5 MG-5 MG-15 MG-15 MG-15 MG-5 MG-250 MCG-5 MG-175 MCG-2.5 MCG-33.5 MG-25 MG-50 MG-2.5 MG-25 MCG-1 MG-12.5 MG-105 MG-75 MCG-50 MCG-25 MG-1500 MCG-37.5 MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 MG-35 MG-35 MG-15 MG-25 MG-25 MG, 150 MG-25 MG-15 MG-125 MCG-50 UNIT-200 MCG-2.5 MG-5 MG-100 UNIT-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-100 MG-2.5 MG-5000 UNIT-75 MCG-25 MG-12.5 MG-25 MCG-5 MCG-15 MG-15 MG-35 MG-35 MG-50 MCG-35 MG-25 MG-25 MG	P	QL(1 EA daily); RX/OTC	GNP ONE DAILY MENS HEALTH 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-105 MCG-120 MG	P	QL(1 EA daily); RX/OTC
			GNP ONE DAILY MENS HEALTH TABS	P	QL(1 EA daily); RX/OTC
			GNP ONE DAILY MENS/LYCOPENE TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	P	QL(1 EA daily); RX/OTC
			GNP ONE DAILY WOMENS 50+ TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-2500 UNIT-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC
GNP MEGA MULTI FOR WOMEN TABS 100 MG-40 MG-40 MCG-50 UNIT-200 MCG-200 UNIT-40 MCG-5000 UNIT-40 MG-37.5 MCG-5 MG-10 MCG-40 MG-250 MCG-40 MG-5 MG-250 MG-40 MG-100 MG-7.5 MG-12.5 MG-13.5 MG-2.5 MG-25 MCG-1 MG-50 MCG-1 MG-50 MCG-75 MCG-12.5 MG-1 MG-1 MG-25 MG	P	QL(1 EA daily); RX/OTC	GNP ONE DAILY WOMENS TABS 60 MG-120 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG-50 MG	P	QL(1 EA daily); RX/OTC
GNP ONE DAILY MAXIMUM TABS	P	QL(1 EA daily); RX/OTC	GNP THERAPEUTIC-M TABS	P	QL(1 EA daily); RX/OTC
			HAIR SKIN & NAILS ADVANCED TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAIR SKIN & NAILS TABS	P	QL(1 EA daily); RX/OTC	HI-KOVITE 2-PART FORMULA TABS 400 UNIT-200 MG-10 MG-30 MCG-400 MCG-10 MG-10 MCG-5000 UNIT-10 MG-10 MG-100 MG-10 MG-9 MG-0.5 MG-7.5 MG-35 MG-60 MG-30 UNIT-1 MG-120 MG-75 MCG-17.5 MCG-10 MG-10 MG	P	QL(1 EA daily); RX/OTC
HAIR SKIN AND NAILS FORMULA TABS 30 MG-2.5 MG-2500 MCG-100 MCG-5 MG-2.5 MG-500 UNIT-4 MCG-2500 UNIT-2.5 MG-5 MG-15 MG-12.5 MG-7.5 MG-5 MG-4 MG-130 MG-3.75 MG-1 MG-25 MG-7.5 UNIT-64 MG-15 MG-5 MG-50 MG-1.5 MG-25 MG	P	QL(1 EA daily); RX/OTC	HM COMPLETE MEN TABS	P	QL(1 EA daily); RX/OTC
HAIR SKIN NAILS CAPS 30 MG-1.667 MG-1666.667 MCG-10 UNIT-133.333 MCG-666.667 UNIT-2.667 MCG-1666.667 UNIT-1.667 MG-8.333 MG-5 MG-3.333 MG-1.667 MG-2.5 MG-10 MG-0.333 MG-10 MG-1 MG-20 MG-8.333 MG-4.167 MCG	P	QL(1 EA daily); RX/OTC	HYLAZINC TABS	P	QL(1 EA daily); RX/OTC
HAIR/SKIN/NAILS CAPS	P	QL(1 EA daily); RX/OTC	HYVITE TABS	P	QL(1 EA daily); RX/OTC
HAIR/SKIN/NAILS TABS	P	QL(1 EA daily); RX/OTC	ICAPS AREDS FORMULA TABS	P	QL(1 EA daily); RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	P	QL(1 EA daily); RX/OTC	ICAPS LUTEIN & OMEGA-3 CAPS 240 MCG-1.2 MG-16 MG-1.3 MG-2.4 MCG-1.3 MG-10 MG-600 MCG-45 MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7 MG-1 MG-34 MCG-280 MG	P	QL(1 EA daily); RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	P	QL(1 EA daily); RX/OTC	ICAPS MV TABS 128 MG-7.5 MCG-100 MCG-0.5 MG-100 UNIT-1.5 MCG-2.5 MG-6.25 MCG-2.5 MG-1.67 MG-2.5 MG-0.83 MG-83.25 MG-0.075 MG-0.38 MG-25 MG-21.15 MG-0.9 MG-18.75 MCG-30 MCG-37.5 MCG-107.5 UNIT-35 MG-0.5 MG-10 MCG	P	QL(1 EA daily); RX/OTC
HEALTHY EYES/LUTEIN-ZEAXANTHIN CAPS 60 MG-13.5 MG-6 MG-15 MG	P	QL(1 EA daily); RX/OTC	ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG	P	QL(1 EA daily); RX/OTC
HEALTHY EYES TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	IMMUNE 24 HOUR+ CAPS	P	QL(1 EA daily); RX/OTC
HIGH POTENCY MULTIVIT/FA TABS	P	QL(1 EA daily); RX/OTC	IMMUNE ESSENTIALS DAILY CAPS	P	QL(1 EA daily); RX/OTC
			IMMUNE SUPPORT CHEW	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
I-VITE W/LUTEIN TABS	P	QL(1 EA daily); RX/OTC	KP ADULTS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG- 400 UNIT-6 MCG-1.7 MG- 25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG- 75 MCG-200 MG-45 MCG-150 MCG-30 UNIT- 20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 UNIT-1.7 MG- 25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG- 200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC			
JOINT HEALTH & BONE STRENGTH TABS	P	QL(1 EA daily); RX/OTC			
KEYFOLIC TABS	P	QL(1 EA daily); RX/OTC			
KEYLOSA TABS	P	QL(1 EA daily); RX/OTC			
KP ADULTS 50+ DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG- 500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG- 300 MCG-1.5 MG-50 MG- 11 MG-80 MG-150 MCG- 220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG- 30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG- 2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	KP MENS 50+ DAILY FORMULA TABS 120 MG- 6 MG-30 MCG-400 MCG- 700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-110 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-117 MCG, 60 MG-6 MG-30 MCG-400 MCG- 700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-300 MG-4.5 MG-100 MG-22.5 MG-120 MG-90 MCG-150 MCG- 22.5 UNIT-2 MG-4 MG- 180 MCG-110 MCG-120 MG	P	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KP MENS DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-210 MG-22.5 UNIT-2 MG-120 MCG-110 MCG, 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC	KP WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-50 MG-15 MG-500 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.6 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC
KP VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	K-PAX IMMUNE PROFESSIONAL ST TABS	P	QL(1 EA daily); RX/OTC
KP VISION FORMULA TABS 60 MG-40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG	P	QL(1 EA daily); RX/OTC	LIVER DETOX TABS	P	QL(1 EA daily); RX/OTC
KP WOMENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-10 MG-500 MG-4.5 MG-50 MG-24 MG-2.2 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-4.5 MG-50 MG-22.5 MG-500 MG-90 MCG-150 MCG-22.5 UNIT-2 MG-4 MG-180 MCG-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC	LUMIVANCE CAPS	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
			LYSIPLEX PLUS TABS 166.667 MG-333.333 MG-16.667 MG-50 MCG-333.333 MCG-16.667 MG-133.333 MG-16.667 MG-133.333 UNIT-16.667 MCG-133.333 MG-66.667 MG-16.667 MG-5 MG-1666.667 UNIT-66.667 MG-5 MG-66.667 UNIT-5 MCG-26.667 MG-3.333 MG-1.667 MG-0.667 MG-33.333 MCG	P	QL(1 EA daily); RX/OTC
			MACULAR HEALTH FORMULA CAPS 250 MG-10 MG-100 MCG-10 MG-500 UNIT-5 MG-5 MG-1 MG-1 MG-20 MG-25 MCG-200 UNIT-7.5 MG-10 MG	P	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MACUVITE EYE CARE TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT	P	QL(1 EA daily); RX/OTC	MEIJER ADVANCED FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-150 MCG-300 MCG-1.5 MG-15 MG-150 MCG-100 MG-162 MG-80 MG-75 MCG-30 UNIT-10 MCG-2 MG-120 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-15 MG-2 MG-150 MCG-100 MG-200 MG-80 MG-75 MCG-150 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
MACUVITE TABS 60 MG-40 MG-2 MG-40 MCG-30 UNIT-5000 UNIT	P	QL(1 EA daily); RX/OTC	MENATROL CAPS	P	QL(1 EA daily); RX/OTC
MAXIMUM DAILY GREEN TABS 333.333 MG-8.333 MG-16.666 MCG-133.333 MCG-8.333 MG-8.333 MG-133.333 UNIT-8.333 MCG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-6.666 MG-8.333 MG-1.333 MG-333.333 MG-83.333 UNIT-33.333 MG-5000 UNIT-5 MG-33.333 MG-1.333 MG-16.666 MCG-20 MG-0.333 MG-33.333 MCG-0.333 MG-5 MG-83.333 MG-50 MCG-10 MG-25 MCG-3.333 MG-33.333 MG-8.333 MG-1.666 MG-6.666 MG-6.666 MG-1.666 MG-0.833 MG-11.666 MG-3.333 MG-1.666 MG-33.333 MG-3.333 MG-3.333 MG-3.333 MG-16.666 MG-33.333 MG-33.333 MG-3.333 MG-8.333 MG	P	QL(1 EA daily); RX/OTC	MENS 50+ ADVANCED CAPS	P	QL(1 EA daily); RX/OTC
MEDI TAB TABS	P	QL(1 EA daily); RX/OTC	MENS 50+ MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
MEGA MULTI FOR WOMEN TABS	P	QL(1 EA daily); RX/OTC	MENS LIFE PACK TABS 300 MCG-200 UNIT-10 MG-10 MG-9 MG-10 MG-2.5 MG-15 MG-1 MG-50 MG-11.25 MG-1 MG-2500 UNIT-15 UNIT-75 MG-37.5 MCG-2.5 MG-2.5 MG-12.5 MCG, 400 UNIT-10 MG-10 MG-5000 UNIT-18 MG-10 MG-5 MG-30 MG-2 MG-100 MG-22.5 MG-2 MG-150 MG-30 UNIT-150 MG-75 MCG-5 MG-5 MG-25 MCG	P	QL(1 EA daily); RX/OTC
MEGA MULTI MEN TABS	P	QL(1 EA daily); RX/OTC	MENS MULTI HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	P	QL(1 EA daily); RX/OTC	MENS MULTIVITAMIN GUMMIES CHEW	P	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MENS MULTIVITAMIN CHEW	P	QL(1 EA daily); RX/OTC	MULTI FOR HER 50+ CAPS 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-200 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-60 UNIT-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-4 MG-120 MCG-70 MCG	P	QL(1 EA daily); RX/OTC
MENS MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC			
MOOD FOOD ES CAPS	P	QL(1 EA daily); RX/OTC			
MOOD FOOD CAPS	P	QL(1 EA daily); RX/OTC			
MULTI + OMEGA-3 ADULT GUMMIES CHEW 0.9 MG-200 MCG-1000 UNIT-3 MCG-10 MG-1250 UNIT-25 MG-25 MG-5 MG-10 UNIT-1.9 MG-113.5 MG-5 MG	P	QL(1 EA daily); RX/OTC			
MULTI + OMEGA-3 GUMMIES CHEW	P	QL(1 EA daily); RX/OTC	MULTI FOR HER 50+ TABS 180 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-15 MG-20 MG-100 MG-120 MCG-2 MG-200 MG-150 MCG-75 MCG-4 MG-60 UNIT-2500 UNIT-70 MCG	P	QL(1 EA daily); RX/OTC
MULTI ADULT GUMMIES CHEW 30 MG-1 MG-75 MCG-200 MCG-500 UNIT-3 MCG-10 MG-1250 UNIT-5 MG-3.75 MG-37.5 MCG-15 UNIT	P	QL(1 EA daily); RX/OTC			
MULTI COMPLETE/IRON TABS 180 MG-2 MG-30 MG-400 MCG-1000 UNIT-6 MCG-1.7 MG-80 MCG-20 MG-2500 UNIT-10 MG-18 MG-162 MG-1.5 MG-15 MG-100 MG-75 MCG-150 MCG-50 UNIT-2 MG-4 MG-120 MCG-70 MCG	P	QL(1 EA daily); RX/OTC			
MULTI COMPLETE CAPS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC			

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

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-19 MCG-10 MCG-50 MCG-72 MG-2 MG			MULTIVITAMIN GUMMIES MENS CHEW 15 MG-2 MG-15 MCG-150 MCG-10 MG-200 UNIT-9 MCG-1250 UNIT-20 MCG- 3 MCG-5 MG-1 MG-19 MCG-15 UNIT-60 MCG- 9.4 MCG-1.9 MG-75 MCG, 22.5 MG-2.5 MG-37.5 MCG-15 UNIT-80 MCG- 500 UNIT-7.5 MCG-3 MG- 1250 UNIT-2.5 MG-75 MCG-55 MCG, 37.5 MG- 2.5 MG-300 MCG-200 MCG-200 UNIT-7.5 MCG- 2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-75 MCG-15 UNIT-55 MCG, 37.5 MG-2.5 MG-300 MCG-200 MCG-200 UNIT- 7.5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-75 MCG-15 UNIT-2.5 MG-55 MCG	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-10 MCG-6 MCG-1.7 MG-25 MCG-20 MG-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG- 200 MG-45 MCG-150 MCG-13.5 MG-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-1050 MCG- 55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-30 MCG-400 MCG- 1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-2 MG-10 MCG-35 MCG-0.5 MG-10 MCG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG- 6 MCG-72 MG	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN GUMMIES WOMENS CHEW 15 MG-1 MG-75 MCG-15 UNIT-200 MCG- 400 UNIT-4.5 MCG-1250 UNIT-20 MCG-1.25 MG- 50 MG, 15 MG-1 MG-75 MCG-200 MCG-400 UNIT- 4.5 MCG-1250 UNIT-1.25 MG-20 MCG-15 UNIT-50 MG	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN GUMMIES ADULT CHEW 30 MG-1 MG-150 MCG- 200 MCG-400 UNIT-3 MCG-1250 UNIT-20 MCG- 30 MCG-5 MG-2.5 MG-2.5 MG-1 MG-7.5 UNIT-140 MG, 30 MG-1 MG-75 MCG-20 UNIT-200 MCG- 200 UNIT-5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-40 MCG, 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG- 2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-40 MCG-20 UNIT, 30 MG-1 MG-75 MCG-200 MCG-5 MCG-4 MCG-600 MCG-5 MG-17.5 MG-40 MCG-9 MG-2.5 MG	P	QL(1 EA daily); RX/OTC	MULTI-VITAMIN GUMMIES CHEW 15 MG- 2 MG-7.5 MCG-200 MCG- 5 MG-400 UNIT-6 MCG- 1250 UNIT-20 MCG-1.5 MG-137.5 MCG-5 MG-7.5 UNIT-60 MCG-18.75 MCG-75 MCG	P	QL(1 EA daily); RX/OTC
			MULTIVITAMIN HEALTH FORM/CA/FE TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-10 MG-1.7 MG-300 MCG-600 MCG-25 MCG-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-100 MCG-72 MG, 120 MG-30 MCG-400 MCG-4.5 MG-20 MG-6 MG-15 MG-3.4 MG-370 MCG-17.5 MCG-11.4 MG-110 MG-4.2 MG-90 MCG-180 MCG-2.2 MG-24 MG-120 MG-150 MCG-117 MCG-940 MCG-20 MCG-25 MCG, 120 MG-6 MG-30 MCG-27 MG-300 MCG-25 MCG-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-10 MG-600 MCG-1.5 MG-75 MG-15 MG-80 MG-210 MG-50 MCG-150 MCG-20 MG-0.5 MG-5 MCG-4 MG-1050 MCG-21 MCG-10 MCG-60 MCG-72 MG-2 MG, 120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-10 MG-600 MCG-1.5 MG-75 MG-15 MG-210 MG-80 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.5 MG-4 MG-21 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN WOMEN 50+ TABS 100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG-72 MG, 100 MG-5 MG-30 MCG-400 MCG-14 MG-25 MCG-50 MCG-1.1 MG-50 MCG-300 MCG-1050 MCG-5 MG-8 MG-1.1 MG-15 MG-100 MG-2 MG-300 MG-80 MG-50 MCG-150 MCG-15.7 MG-20 MG-2.3 MG-22 MCG-0.5 MG-10 MCG-52 MCG-72 MG, 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG-15 MG-35 UNIT-50 MG-500 MG-80 MG-150 MG-20 MG-0.5 MG-5 MCG-2.3 MG-150 MCG-55 MCG-50 MCG-10 MCG-50 MCG-72 MG-2 MG, 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-300 MG-1.1 MG-15 MG-35 UNIT-100 MG-80 MG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-50 MCG-10 MCG-52 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN MEN TABS	P	QL(1 EA daily); RX/OTC			
MULTI-VITAMIN MONOCAPS TABS	P	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN WOMENS 50+ ADV TABS 120 MG-30 MCG-400 MCG-4.5 MG-20 MG-6 MG-15 MG-3.4 MG-25 MCG-13.5 MG-50 MG-4.2 MG-90 MCG-180 MCG-2.2 MG-24 MG-300 MG-150 MCG-27 MCG-940 MCG-20 MCG-25 MCG	P	QL(1 EA daily); RX/OTC	MYAMULTI TABS 60 MG-3 MG-30 MCG-400 MCG-1.7 MG-6 MCG-10 MG-2 MG-20 MG-5000 UNIT-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-25 MCG-5 MCG-40 MG-10 MCG-150 MCG-25 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-25 MCG-10 MCG-25 MCG-36.3 MG	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC	NAT-RUL THERAVITE-M TABS	P	QL(1 EA daily); RX/OTC
MULTI-VITAMIN/MINERALS TABS 60 MG-2 MG-0.4 MG-20 MG-1.2 MG-6 MCG-1.7 MG-400 UNIT-15 MG-100 MG-160 MG-150 MCG-18 MG-125 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC	NATRUL-VITES TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN/ZINC STRESS TABS	P	QL(1 EA daily); RX/OTC	NEOVITE TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC	NICADAN TABS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	P	QL(1 EA daily); RX/OTC	NICAZEL FORTE TABS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	P	QL(1 EA daily); RX/OTC	NICAZEL TABS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	P	QL(1 EA daily); RX/OTC	NO IRON MULT VITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION CAPS	P	QL(1 EA daily); RX/OTC	NORIXA TABS	P	QL(1 EA daily); RX/OTC
MVW HI-D ADEK GUMMIES CHEW	P	QL(1 EA daily); RX/OTC	NORVEXA TABS	P	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	P	QL(1 EA daily); RX/OTC	NUTRALYN TABS	P	QL(1 EA daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	P	QL(1 EA daily); RX/OTC	NUTRAVANCE TABS	P	QL(1 EA daily); RX/OTC
MVW ORANGE CHEWABLES CHEW	P	QL(1 EA daily); RX/OTC	NUTRICAP TABS	P	QL(1 EA daily); RX/OTC
			NUTRIFAC ZX TABS 500 MG-25 MG-200 MCG-1000 MCG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-20 MG-50 MG-20 MG-400 UNIT-50 UNIT-2.5 MG-66 MG-50 MCG-5 MG-200 MCG	P	QL(1 EA daily); RX/OTC
			OCULAR VITAMINS TABS	P	QL(1 EA daily); RX/OTC
			OCULYRA TABS	P	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OCUTABS-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	OCUVITE-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
OCUTABS TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	ONCOVITE 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	ONE A DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC
OCUVITE ADULT 50+ CAPS	P	QL(1 EA daily); RX/OTC	ONE A DAY IMMUNITY DEFENSE CHEW	P	QL(1 EA daily); RX/OTC
OCUVITE ADULT FORMULA CAPS	P	QL(1 EA daily); RX/OTC	ONE A DAY MEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
OCUVITE EXTRA TABS 200 MG-5 MG-3 MG-40 MG-40 MG-2 MG-5 MG-50 UNIT-6000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC	ONE A DAY MENS VITACRAVES CHEW	P	QL(1 EA daily); RX/OTC
OCUVITE EYE + MULTI TABS 75 MG-1 MG-15 MCG-200 MCG-200 UNIT-3 MCG-0.85 MG-15 MCG-10 MG-5 MG-5 MG-1 MG-150 MCG-1 MG-0.75 MG-11.5 MG-500 UNIT-50 MG-100 MG-37.5 MCG-75 MCG-25 UNIT-7 MG-60 MCG-1 MG-35 MCG	P	QL(1 EA daily); RX/OTC	ONE A DAY POSTNATAL CAPS	P	QL(1 EA daily); RX/OTC
OCUVITE EYE HEALTH FORMULA CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	QL(1 EA daily); RX/OTC	ONE A DAY TRIPLE IMMUNE SUPPRT TABS	P	QL(1 EA daily); RX/OTC
OCUVITE EYE HEALTH GUMMIES CHEW 50 MG-2.5 MG-0.5 MG-4.5 MG-15 UNIT	P	QL(1 EA daily); RX/OTC	ONE A DAY WOMEN 50 PLUS CHEW	P	QL(1 EA daily); RX/OTC
OCUVITE EYE PERFORMANCE CAPS	P	QL(1 EA daily); RX/OTC	ONE A DAY WOMEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
OCUVITE-LUTEIN CAPS	P	QL(1 EA daily); RX/OTC	ONE A DAY WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC
			ONE DAILY 50 PLUS TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-30 MCG-3.4 MG-20 MCG-20 MG-5000 UNIT-15 MG-120 MG-4.5 MG-22.5 MG-2 MG-100 MG-37.5 MG-90 MCG-150 MCG-60 UNIT-4 MG-180 MCG-105 MCG-34 MG	P	QL(1 EA daily); RX/OTC
			ONE DAILY CALCIUM/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-1.5 MG-6 MCG-10 MG-1.7 MG-20 MG-2500 UNIT-2500 UNIT-27 MG-15 MG-450 MG-30 UNIT	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY COMPLETE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC	ONE DAILY FOR WOMEN 50+ ADV TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-4 MG-180 MCG-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY COMPLETE TABS 60 MG-2 MG-30 MCG-400 MCG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-5000 UNIT-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-10 MCG-37.5 MG-10 MCG-2 MG-15 MG-130 MG-150 MCG-100 MG-10 MCG-34 MG	P	QL(1 EA daily); RX/OTC	ONE DAILY FOR WOMEN TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-450 MG-1.5 MG-15 MG-50 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-450 MG-1.5 MG-50 MG-15 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY FOR MEN 50+ ADVANCED TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-4 MG-180 MCG-105 MCG-120 MG	P	QL(1 EA daily); RX/OTC	ONE DAILY HEALTHY WEIGHT ADV TABS 60 MG-10 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.1 MG-80 MCG-25 MG-2500 UNIT-12.5 MG-18 MG-200 MG-1.9 MG-15 MG-50 MG-30 UNIT-2 MG-2 MG-200 MCG-70 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY FOR MEN/LYCOPENE TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY HEALTHY WEIGHT TABS 60 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.125 MG-25 MG-12.5 MG-18 MG-300 MG-1.9 MG-50 MG-15 MG-2500 UNIT-30 UNIT-2 MG-2 MG-200 MCG-80 MCG-70 MCG-32 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-200 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG-150 MCG-150 MCG-75 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-10 MCG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	ONE DAILY MENS HEALTH TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY MAXIMUM TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-2500 UNIT-10 MG-18 MG-1.5 MG-100 MG-15 MG-150 MCG-162 MG-80 MG-160 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-65 MCG-3.5 MG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC	ONE DAILY MENS TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-20 MCG-105 MCG, 99 MG-43 MCG-240 MCG-1.32 MG-17.6 MG-2.17 MG-15.5 MG-1.43 MG-210 MG-300 MCG-25 MCG-15 MG-120 MG-2.3 MG-35 MCG-0.9 MG-11 MG-150 MCG-55 MCG-900 MCG-30 MCG-6.24 MCG-408 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY MEN FORMULA W/O IRON TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY MULTIVIT/IRON-FREE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
ONE DAILY MENS 50+ MULTIVIT TABS	P	QL(1 EA daily); RX/OTC	ONE DAILY MULTIVITAMIN MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-300 MCG-1.35 MG-15 MG-2 MG-22.5 UNIT-140 MG-210 MG-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY MENS 50+/LYCOPENE TABS 120 MG-6 MG-30 MCG-25.5 UNIT-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-24 MG-110 MG-90 MCG-150 MCG-2.2 MG-4.2 MG-180 MCG-117 MCG	P	QL(1 EA daily); RX/OTC	ONE DAILY MULTIVITAMIN WOMEN 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 DAILY WOMENS 50 PLUS TABS 75 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-14 MG-3000 UNIT-5 MG-240 MG-1.1 MG-120 MG-15 MG-2 MG-100 MG-33 UNIT-2 MG-120 MCG-20 MCG-70 MCG-10 MG	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS 50+ TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-2500 UNIT-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS PRO EDGE TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS VITACRAVES CHEW	P	QL(1 EA daily); RX/OTC
ONE DAILY/MINERALS TABS 50 MG-1 MG-100 MCG-1.5 MG-3 MCG-1.7 MG-20 MG-5000 UNIT-400 UNIT-5 MG-1 MG-125 MG-150 MCG-10 UNIT	P	QL(1 EA daily); RX/OTC	ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 EA daily); RX/OTC
ONE VITE M HIGH POTENCY TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY TEEN ADVANTAGE/HIM TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY VITACRAVES ADULT CHEW	P	QL(1 EA daily); RX/OTC
ONE-A-DAY FOR HER VITACRAVES CHEW	P	QL(1 EA daily); RX/OTC	ONE-A-DAY VITACRAVES IMMUNITY CHEW	P	QL(1 EA daily); RX/OTC
ONE-A-DAY FOR HIM VITACRAVES CHEW	P	QL(1 EA daily); RX/OTC	ONE-A-DAY VITACRAVES SOUR CHEW	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY VITACRAVES CHEW	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS (MINERALS) 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
ONE-A-DAY MENS 50+ ADVANTAGE 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
ONE-A-DAY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG-2.2 MG-500 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG	P	QL(1 EA daily); RX/OTC
			ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC
			ONE-A-DAY WOMENS 50+ 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 WOMENS HEALTHY SKIN TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	OPTIMUM PMS TABS 250 MG-4.16 MG-33.3 MCG-4.16 MG-10.4 MCG-2083.3 UNIT-4.16 MG-52.08 MG-4.16 MG-4.16 MG-16.7 UNIT-2.5 MG-41.7 MG-1.67 MG-7.9 MG-16.7 MCG-0.08 MG-4.16 MG-12.5 MCG-16.7 MCG-16.7 UNIT	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS MIND & BODY TABS (Use multiple vitamins w/ minerals)	NF	QL(1 EA daily); RX/OTC	OPTISOURCE POST BARIATRIC SURG CHEW	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS PETITES TABS 30 MG-1 MG-15 MCG-200 MCG-500 UNIT-3 MCG-0.85 MG-12.5 MCG-5 MG-1250 UNIT-2.5 MG-9 MG-250 MG-0.75 MG-25 MG-7.5 MG-1 MG-11.25 UNIT-1 MG-60 MCG-10 MCG	P	QL(1 EA daily); RX/OTC	OPTIVITE P.M.T. TABS 250 MG-50 MG-10 MCG-33.33 MCG-52.17 MG-16.67 UNIT-2083.33 UNIT-4.17 MG-4.17 MG-4 MG-4.17 MG-4.17 MG-16.67 MG-16.67 UNIT-2.5 MG-41.67 MG-1.67 MG-8 MG-16.67 MCG-4.17 MG-20.83 MG-12.5 MCG-16.67 MCG-41.67 MG-15.5 MG-10 MCG	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS VITACRAVES CHEW	P	QL(1 EA daily); RX/OTC	OPURITY BYPASS OPTIMIZED CHEW	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS TABS	P	QL(1 EA daily); RX/OTC	OPURITY TABS	P	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	QL(1 EA daily); RX/OTC	OSTEOPRIME PLUS TABS	P	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI-VIT/MINERAL TABS 50 MG-2 MG-20 MG-1 MG-1 MG-2.5 MG-10 MCG-4.5 MG-10 MG-1 MG-5 MCG-3.75 MG-150 MCG-5 MCG-1500 MCG-1 MCG	P	QL(1 EA daily); RX/OTC	OSTEOPRIME ULTRA TABS 30 MG-6.25 MG-200 MCG-5 MG-200 UNIT-12.5 MCG-5 MG-75 MCG-12.5 MG-5 MG-0.5 MG-5 MG-11.25 MCG-1.25 MG-75 MG-3.75 MG-0.75 MG-200 MG-12.5 MCG-32 MG-25 MCG-1.5 MG-5 MG-1.75 MG-50 MCG	P	QL(1 EA daily); RX/OTC
ONEVITE TABS	P	QL(1 EA daily); RX/OTC	PARVLEX TABS	P	QL(1 EA daily); RX/OTC
OPTIC-VITES WITH LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC	PHYTOMULTI TABS	P	QL(1 EA daily); RX/OTC
OPTIC-VITES TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC			
OPTIFAST POST BARIATRIC CHEW	P	QL(1 EA daily); RX/OTC			
OPTIMUM AIRVITES CHEW	P	QL(1 EA daily); RX/OTC			

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PRESCRIPTION SUPPORT MULTIVIT CAPS	P	QL(1 EA daily); RX/OTC	QC DAILY MULTIVIT/MULTIMINERAL TABS 50 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-2500 UNIT-1.7 MG-25 MCG-20 MG-10 MG-18 MG-1.5 MG-100 MG-15 MG-150 MCG-80 MG-2 MG-162 MG-160 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-3.5 MG-65 MCG-20 MCG-10 MCG-72 MG	P	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2+COQ10 CAPS	P	QL(1 EA daily); RX/OTC			
PRESERVISION AREDS 2+MULTI VIT CAPS	P	QL(1 EA daily); RX/OTC			
PRESERVISION AREDS 2 CAPS	P	QL(1 EA daily); RX/OTC			
PRESERVISION AREDS 2 CHEW	P	QL(1 EA daily); RX/OTC			
PRESERVISION AREDS 3 CAPS	P	QL(1 EA daily); RX/OTC	QC HAIR SKIN & NAILS TABS 50 MG-50 MG-3.5 MG-6.5 MG-25 MCG-25 UNIT-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-15 MG-5 MG-25 MG-10 MG-3.3 MG-10 MG-5 MG-10 MG-20 MG-0.6 MG-150 MCG-54 MG-70 MG-897 MCG-0.6 MG	P	QL(1 EA daily); RX/OTC
PRESERVISION AREDS CAPS	P	QL(1 EA daily); RX/OTC			
PRESERVISION AREDS TABS	P	QL(1 EA daily); RX/OTC			
PRESERVISION/LUTEIN CAPS	P	QL(1 EA daily); RX/OTC			
PREVENT CAPS	P	QL(1 EA daily); RX/OTC	QC MENS DAILY MULTIVITAMIN TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	P	QL(1 EA daily); RX/OTC
PREV-RX TABS	P	QL(1 EA daily); RX/OTC			
PROBIOTICS + BARIATRIC MULTI CAPS	P	QL(1 EA daily); RX/OTC			
PRO-CAL TABS	P	QL(1 EA daily); RX/OTC			
PROCERV HP TABS	P	QL(1 EA daily); RX/OTC			
PROFOLA TABS	P	QL(1 EA daily); RX/OTC			
PRORENAL + D W/ OMEGA-3 CAPS	P	QL(1 EA daily); RX/OTC	QC MULTI-VITE 50 & OVER TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
PRORENAL + D TABS	P	QL(1 EA daily); RX/OTC			
PROSIGHT TABS 60 MG-40 MG-2 MG-30 MG-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC			
PROTECT CARDIO AF CAPS	P	QL(1 EA daily); RX/OTC			
PROTECT PLUS SO CAPS	P	QL(1 EA daily); RX/OTC			
PROTEGRA CAPS	P	QL(1 EA daily); RX/OTC	QC MULTI-VITE TABS	P	QL(1 EA daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERABASIC-M TABS 400 UNIT-90 MG-3 MG-35 MCG-0.4 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-27 MG-3 MG-100 MG-1250 UNIT-15 MCG- 7.5 MG-15 MCG-40 MG- 15 MG-150 MCG-30 UNIT-31 MG-2 MG-10 MCG-5 MG-7.5 MG	P	QL(1 EA daily); RX/OTC	THERAPEUTIC-M TABS 90 MG-2 MG-30 MCG-400 MCG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-9 MG-60 MG-2 MG-15 MCG-8 MG- 15 MCG-2 MG-15 MG-40 MG-150 MCG-10 MCG-30 UNIT-8 MG, 90 MG-30 MCG-400 MCG-3 MG-20 MG-6 MG-10 MG-3.4 MG- 10 MCG-27 MG-9 MG-100 MG-2 MG-75 MCG-11 MG-2 MG-10 MCG-150 MCG-50 MCG-2 MG-10 MCG-15 MG-145 MG-150 MCG-35 MG-70 MCG- 1500 MCG-28 MCG-12 MCG-8 MG	P	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	P	QL(1 EA daily); RX/OTC			
THERAGRAN-M ADVANCED TABS	P	QL(1 EA daily); RX/OTC			
THERAGRAN-M PREMIER 50 PLUS TABS	P	QL(1 EA daily); RX/OTC			
THERAGRAN-M PREMIER TABS	P	QL(1 EA daily); RX/OTC	THERA-TABS M TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M TABS	P	QL(1 EA daily); RX/OTC			
THERA-M PLUS MV W/BETA-CAROT TABS	P	QL(1 EA daily); RX/OTC	THERATRUM COMPLETE 50 PLUS TABS 60 MG-3 MG-30 MCG-400 MCG-400 UNIT- 25 MCG-1.7 MG-10 MCG- 20 MG-250 MCG-3500 UNIT-10 MG-300 MCG- 1.5 MG-100 MG-15 MG- 150 MCG-200 MG-80 MG- 75 MCG-150 MCG-48 MG-2 MG-5 MCG-2 MG- 150 MCG-45 UNIT-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
THERAMILL FORTE CAPS	P	QL(1 EA daily); RX/OTC			
THERANATAL LACTATION ONE CAPS	P	QL(1 EA daily); RX/OTC			
THERAPEUTIC FORMULA/HEMATINICS TABS 3.3 MG-0.33 MG-50 MCG-3.3 MG-33.3 MG- 100 MG-11.7 MG-66.7 MG-3.3 MG-41.7 MG-140 UNIT-5 UNIT-0.67 MG- 1400 UNIT	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERATRUM COMPLETE TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG- 1.7 MG-20 MG-250 MCG- 5000 UNIT-10 MG-18 MG- 1.5 MG-100 MG-15 MG-80 MG-2 MG-150 MCG-162 MG-150 MCG-75 MCG-30 UNIT-108 MG-2 MG-72 MG-5 MCG-10 MCG-2 MG-120 MCG-25 MCG-20 MCG-10 MCG, 60 MG-2 MG-30 MCG-400 MCG- 400 UNIT-6 MCG-1.7 MG- 25 MCG-20 MG-250 MCG-3500 UNIT-10 MG- 18 MG-300 MCG-1.5 MG- 100 MG-15 MG-80 MG- 150 MCG-162 MG-72 MG- 75 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-2 MG-120 MCG-20 MCG-10 MCG-2 MG	P	QL(1 EA daily); RX/OTC	UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG- 2.5 MG-17 MG-7.5 MG- 100 MCG-75 UNIT-320 MG	P	QL(1 EA daily); RX/OTC
			ULTRA BONEUP TABS	P	QL(1 EA daily); RX/OTC
			ULTRA FREEDA/IRON TABS 133.333 UNIT- 1666.667 UNIT-16.667 MG-100 MCG-66.667 UNIT-266.667 MCG- 16.667 MG-33.333 MCG- 16.667 MG-33.333 MG- 33.333 MG-6 MG-333.333 MG-3.333 MG-33.333 MG- 4.167 MCG-11.667 MG- 66.667 MCG-7.5 MG- 83.333 MG-50 MCG- 33.333 MCG-33.333 MG	P	QL(1 EA daily); RX/OTC
			ULTRA FREEDA TABS 133.333 UNIT-16.667 MG- 100 MCG-266.667 MCG- 16.667 MG-33.333 MCG- 1666.667 UNIT-16.667 MG-33.333 MG-33.333 MG-333.333 MG-3.333 MG-33.333 MG-11.667 MG-7.5 MG-83.333 MG-50 MCG-33.333 MCG-33.333 MG-66.667 UNIT-4.167 MCG-66.667 MCG	P	QL(1 EA daily); RX/OTC
THERA-VITE MAX-M TABS	P	QL(1 EA daily); RX/OTC	ULTRA MULTI FORMULA/IRON CAPS 40 MG-1.333 MG-200 MCG-266.667 MCG-4 MG-1000 UNIT-33.333 MCG-1.133 MG-3.333 MG-3.333 MG-16.667 MG- 3333.333 UNIT-6.667 MG- 15 MG-33.333 MG-10 MG- 10 UNIT-133.333 MG-50 MCG-0.667 MG-40 MCG- 10 MG-25 MCG-5 MG-10 MG-1 MG-23.333 MCG-10 MG	P	QL(1 EA daily); RX/OTC
THRIVE FOR LIFE WOMENS TABS 60 MG-6 MG-300 MCG-400 MCG- 1000 UNIT-18 MCG-5.1 MG-60 MCG-20 MG-100 MCG-3500 UNIT-15 MG- 18 MG-500 MG-700 MCG- 4.5 MG-50 MG-15 MG-75 MCG-150 MCG-30 UNIT-2 MG-2 MG-70 MCG-120 MCG-150 MCG	P	QL(1 EA daily); RX/OTC			
TREXION CAPS	P	QL(1 EA daily); RX/OTC			
TREXVIA CAPS	P	QL(1 EA daily); RX/OTC			
TRUEVITE TABS	P	QL(1 EA daily); RX/OTC			
T-VITES TABS	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRACHOICE ADV FORMULA MATURE TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-24 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-0.5 MG-100 MG-2 MG-13 MCG-1 MG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-2 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-90 MG-13 MCG-2 MG-5 MG-25 MG-10 MG-1 MG-0.5 MG-1 MG-25 MG-1 MG-1 MG	P	QL(1 EA daily); RX/OTC	VISION FORMULA 2 CAPS 250 MG-5 MG-1 MG-10 MG-1 MG-90 MG	P	QL(1 EA daily); RX/OTC
			VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
			VISION HEALTH CAPS	P	QL(1 EA daily); RX/OTC
			VISION OPTIMIZER CAPS	P	QL(1 EA daily); RX/OTC
			VISION VITAMINS TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
			VISTA ADVANCED AREDS2 FORMULA CAPS	P	QL(1 EA daily); RX/OTC
			VISTA ADVANCED DRY EYE FORMULA CAPS	P	QL(1 EA daily); RX/OTC
			VITA HAIR TABS 300 MCG-400 MCG-35 MG-6 MCG-100 MG-125 MG-65 MG-30 MG-18 MG-5 MG-2 MG-15 MG-150 MCG	P	QL(1 EA daily); RX/OTC
			VITA S FORTE TABS 400 UNIT-500 MG-25 MG-0.15 MG-1 MG-50 MCG-25 MG-20 MG-100 MG-10 MG-20 MG-50 MG-15 MG-3 MG-20 MCG-60 UNIT-50 MCG-0.05 MG	P	QL(1 EA daily); RX/OTC
			VITABASIC COMPLETE TABS	P	QL(1 EA daily); RX/OTC
			VITABASIC SENIOR TABS	P	QL(1 EA daily); RX/OTC
			VITABEX PLUS CAPS	P	QL(1 EA daily); RX/OTC
			VITABEX CAPS	P	QL(1 EA daily); RX/OTC
			VITACEL TABS 500 MG-300 MCG-100 UNIT-1 MG-25 MG-25 MG-25 MG-50 MG-5000 UNIT-25 MG-33 MG-200 UNIT-125 MG-80 MG-10 MG-50 MCG	P	QL(1 EA daily); RX/OTC
ULTRACHOICE ADVANCED FORMULA TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-18 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-80 MG-2 MG-13 MCG-200 MCG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-5 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-72 MG-13 MCG-10 MG-25 MG-5 MG-10 MG-25 MG-5 MG-1 MG	P	QL(1 EA daily); RX/OTC			
VENEXA FE TABS	P	QL(1 EA daily); RX/OTC			
VENEXA TABS	P	QL(1 EA daily); RX/OTC			
VENTRIXYL FE TABS	P	QL(1 EA daily); RX/OTC			
VENTRIXYL TABS	P	QL(1 EA daily); RX/OTC			
VIC-FORTE CAPS 150 MG-2 MG-1 MG-10 MCG-8000 UNIT-5 MG-25 MG-10 MG-10 MG-50 UNIT-80 MG-70 MG-4 MG	P	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VITACHEW ADULT MULTI VITAMIN CHEW	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPOR CAPS	P	QL(1 EA daily); RX/OTC
VITACORE TABS	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
VITAFUSION MULTI WOMENS CHEW	P	QL(1 EA daily); RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	P	QL(1 EA daily); RX/OTC
VITAJLOY MULTI GUMMIES ADULT CHEW	P	QL(1 EA daily); RX/OTC	VITEYES COMPLETE CAPS 83.3 MG-16.7 MG-50 MCG-133.3 MCG-3.3 MG-25 MG-66.7 UNIT-833.3 UNIT-1.67 MG-16.7 MCG-41.7 MG-83.3 MG-1.67 MG-8.3 MG-0.67 MG-3.3 MG-0.5 MG-0.33 MG-4 MG-33.3 MG-33.3 MCG-66.7 UNIT-0.83 MG-33.3 MG-20.8 MCG-1.67 MCG-16.5 MG-0.33 MG-33.3 MCG-33.3 MG-16.7 MCG-6.7 MG-83.3 MG-166.7 MCG-33.3 MCG-20 MG-6.7 MG-20 MG-33.3 MG	P	QL(1 EA daily); RX/OTC
VITA-MIN CAPS 85 MG-1.7 MG-42.3 MCG-8.3 UNIT-255 MCG-106.3 UNIT-3.3 MCG-5.7 MG-1 MG-11.3 MG-1 MG-42.3 MG-56.7 MG-2.7 MG-4.3 MCG-56.7 MG-14 MCG-4.3 MG-42.3 MCG-14 MCG-2973 UNIT	P	QL(1 EA daily); RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
VITAMINS A-D-E/SELENIUM TABS 400 UNIT-10000 UNIT-100 UNIT-50 MCG	P	QL(1 EA daily); RX/OTC	VITRAMYN TABS	P	QL(1 EA daily); RX/OTC
VITAROCA PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-20 MG-100 MG-5000 UNIT-25 MG-27 MG-20 MG-50 MG-5 MG-22.5 MG-3 MG-30 UNIT-0.1 MG	P	QL(1 EA daily); RX/OTC	VITRANOL FE TABS	P	QL(1 EA daily); RX/OTC
VITASANA TABS	P	QL(1 EA daily); RX/OTC	VITRANOL TABS	P	QL(1 EA daily); RX/OTC
VITASCRIPT TABS	P	QL(1 EA daily); RX/OTC	VITREXATE FE TABS	P	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +COQ10 CAPS	P	QL(1 EA daily); RX/OTC	VITREXATE TABS	P	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	P	QL(1 EA daily); RX/OTC	VITREXYL + IRON TABS	P	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA MINI CAPS	P	QL(1 EA daily); RX/OTC	VITREXYL TABS	P	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA CAPS	P	QL(1 EA daily); RX/OTC	WAL-BORN VITAMIN C CHEW	P	QL(1 EA daily); RX/OTC
VITEYES CLASSIC ADVANCED CAPS	P	QL(1 EA daily); RX/OTC	WELLFOLA TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WOMENS 50+ ADVANCED CAPS 72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-150 MCG-33 UNIT-5 MCG-10 MCG-180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG	P	QL(1 EA daily); RX/OTC	WOMENS MULTI CAPS 72 MG-4 MG-30 MCG-600 MCG-1000 UNIT-15 MCG-1.7 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-18 MG-21 MG-10 MG-100 MCG-234 MCG-3 MG-4 MG-15 MG-2 MG-16 MG-150 MCG-150 MCG-33 UNIT-5 MCG-10 MCG-120 MCG-70 MCG-552 MCG-6 MG-10 MCG-2 MG-2 MG-75 MCG	P	QL(1 EA daily); RX/OTC
WOMENS 50+ MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC	WOMENS MULTIVITAMIN + COLLAGEN CHEW	P	QL(1 EA daily); RX/OTC
WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.5 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC	WOMENS MULTIVITAMIN GUMMIES CHEW	P	QL(1 EA daily); RX/OTC
WOMENS LIFE PACK TABS 400 MCG-400 UNIT-25 MCG-10 MG-10 MG-250 MCG-3500 UNIT-18 MG-10 MG-300 MCG-2 MG-80 MG-150 MCG-0.75 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-120 MCG-20 MCG-10 MCG-72 MG-2 MG-30 MG, 400 UNIT-25 MCG-10 MG-10 MG-250 MCG-3500 UNIT-18 MG-10 MG-300 MCG-2 MG-150 MCG-75 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-2 MG-120 MCG-20 MCG-10 MCG	P	QL(1 EA daily); RX/OTC	WOMENS MULTIVITAMIN TABS 75 MG-1.7 MG-1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-665 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-150 MCG-3.4 MG-1.8 MG-25 MCG-27.5 MCG	P	QL(1 EA daily); RX/OTC
WOMENS MULTI GUMMIES CHEW	P	QL(1 EA daily); RX/OTC	YELETS TEENAGE FORMULA TABS	P	QL(1 EA daily); RX/OTC
			YOUR LIFE MULTI ADULT GUMMIES CHEW	P	QL(1 EA daily); RX/OTC
			YUM-VS COMPLETE MULTIVITAMIN CHEW	P	QL(1 EA daily); RX/OTC
			YUMVS MULTI ZERO CHEW	P	QL(1 EA daily); RX/OTC
			YUMVS ZERO DIABETIC MULTIVITAM CHEW	P	QL(1 EA daily); RX/OTC
			Multivitamins		
			ALTRIXA TABS	P	QL(1 EA daily); RX/OTC
			AMLADEX TABS	P	QL(1 EA daily); RX/OTC
			ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	P	QL(1 EA daily); RX/OTC
			AVOWISE TABS	P	QL(1 EA daily); RX/OTC

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

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

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STRESS FORMULA TABS 500 MG-3 MG-45 MCG-400 MCG-12 MCG-20 MG-10 MG-100 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-12 MCG-10 MG-100 MG-20 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-15 MG-12 MCG-20 MG-10 MG-100 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	VIREXA TABS	P	QL(1 EA daily); RX/OTC
STRESSTABS ENERGY TABS	P	QL(1 EA daily); RX/OTC	VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT	P	QL(1 EA daily); RX/OTC
TAB-A-VITE/BETA CAROTENE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	VITALEE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
TAB-A-VITE TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	P	QL(1 EA daily); RX/OTC	VITRAX TABS	P	QL(1 EA daily); RX/OTC
THERA TABS	P	QL(1 EA daily); RX/OTC	VITRION TABS	P	QL(1 EA daily); RX/OTC
THERA-TABS TABS 90 MG-3 MG-30 MCG-400 MCG-3 MG-20 MG-400 UNIT-9 MCG-5000 UNIT-10 MG-3.4 MG-30 UNIT	P	QL(1 EA daily); RX/OTC	Ped Multi Vitamins w/FI & FE		
THEREMS TABS	P	QL(1 EA daily); RX/OTC	<i>ped multivitamins w/fl & iron SOLN</i>	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
TM-DAILY VITE TABS	P	QL(1 EA daily); RX/OTC	Ped Multiple Vitamins w/ Minerals		
TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-1.7 MG-10 MCG-1500 MCG-6 MCG	P	QL(1 EA daily); RX/OTC	ACTIVNUTRIENTS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
TRUE MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC	ALIVE GUMMIES FOR CHILDREN CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
TRUEONE TABS	P	QL(1 EA daily); RX/OTC	ALIVE MULTI-VITAMIN CHILDRENS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
VALENTA TABS	P	QL(1 EA daily); RX/OTC	CENTRUM KIDS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
VIRELIX TABS	P	QL(1 EA daily); RX/OTC	CHILDRENS GUMMIES 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)
			CVS GUMMY MULTIVITAMIN KIDS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
			DEKAS PLUS LIQD	P	RX/OTC
			EQ MULTIVITAMIN GUMMIES CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)

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FLINTSTONES COMPLETE CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	MVW HI-D DROPS W/EXTRA VIT D LIQD	P	RX/OTC
FLINTSTONES GUMMIES BONE BUILD CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	MVW MODULATOR FORMULATION PEDS LIQD	P	RX/OTC
FLINTSTONES GUMMIES COMPLETE CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	ONE-A-DAY JOLLY RANCHER CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
FLINTSTONES GUMMIES CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	UPSPRING BABY IRON-IMMUNITY LIQD	P	RX/OTC
FLINTSTONES GUMMIES-IMMUNITY CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	UPSPRINGBABY MULTIVITAMIN/IRON LIQD	P	RX/OTC
FLINTSTONES SOUR GUMMIES CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	VITACHEW MULTIPLE VITAMIN 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)	VITALETS 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)	YUMVSKIDS MULTI ZERO 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)	ZOO FRIENDS MULTI 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)	Ped MV w/ Fluoride		
LIVITA CHILDREN LIQD	P	RX/OTC	FLORAFOL PEDIATRIC CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC
MULTIVITAMIN CHILDRENS GUMMIES 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
MULTIVIT-MIN GUMMIES CHILDRENS 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 COMPLETE FORMULATION D3000 CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	MULTIVITAMIN/FLUORIDE SUSP 0.5 MG/ML	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)	MULTI-VIT-FLOR CHEW	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)	<i>pediatric multivitamins w/fl CHEW</i>	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC

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<i>pediatric multivitamins w/fl SUSP 0.5 MG/ML</i>	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)
<i>pediatric vitamins acd w/ fluoride SOLN</i>	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)
POLY-VI-FLOR CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC	PC PEDIATRIC POLY-VITA/FE DROP SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)
QUFLORA PEDIATRIC CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC	POLY-VITA/IRON SOLN	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)
QUFLORA PEDIATRIC SUSP 0.5 MG/ML	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	POLY-VITE/IRON SOLN	P	QL(50 ML per fill retail); 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	Pediatric Multiple Vitamins		
SOLUVITA WITH FLUORIDE SUSP 0.5 MG/ML	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN PO	P	QL(50 ML per fill retail); 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	BRAIN BUILDER KIDS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
Ped MV w/ Iron			CHILDRENS CHEW MULTIVITAMIN CHEW 60 MG-1.05 MG-6.75 MG-300 MCG-10 MCG-4.5 MCG-1.2 MG-13.5 MG-750 MCG-1.05 MG	P	QL(1 EA daily); 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)	CHILDRENS CHEWABLE VITAMINS CHEW 60 MG-0.3 MG-4.5 MCG-2500 UNIT-1.2 MG-13.5 MG-400 UNIT-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-15 UNIT, 60 MG-1.05 MG-300 MCG-13.5 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-2500 UNIT-15 UNIT	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)			
MULTIVITAMIN DROPS/IRON SOLN	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)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CULTURELLE KIDS COMPLETE CHEW 45 MG-0.85 MG-7.5 MCG-15 UNIT-120 MCG-1200 UNIT-1.2 MCG-1200 UNIT-2.5 MG-1.88 MG-30 MCG	P	QL(1 EA daily); AL(Up to 13 yrs old)	GNP LITTLE ONES CHILDRENS CHEW 60 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-10 MG-1998 UNIT-1.05 MG-15 UNIT	P	QL(1 EA daily); AL(Up to 13 yrs old)
CULTURELLE KIDS PROBIOTIC-MV CHEW 15 MCG-30 MG-15 MCG-0.85 MG-2 MCG-2.5 MG-2.5 MG-1.82 MG-10 MG-5 MG-39.75 MCG-360 MCG-100 MCG-5 MG, 45 MG-0.85 MG-7.5 MCG-10 MG-120 MCG-30 MCG-1.2 MCG-360 MCG-2.5 MG-1.88 MG-30 MCG-26 MG	P	QL(1 EA daily); AL(Up to 13 yrs old)	LAND BEFORE TIME MULTIVITAMIN CHEW 250 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-1.05 MG-25 MG-15 UNIT-2500 UNIT	P	QL(1 EA daily); AL(Up to 13 yrs old)
FLINTSTONES/MY FIRST CHEW 1.05 MG-15 UNIT-300 MCG-4.5 MCG-1.2 MG-10 MG-1998 UNIT-60 MG-1.05 MG-400 UNIT-10 MG	P	QL(1 EA daily); AL(Up to 13 yrs old)	LITTLE ANIMALS CHEW 400 UNIT-60 MG-1.05 MG-300 MCG-4 MCG-1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT	P	QL(1 EA daily); AL(Up to 13 yrs old)
FRUITY CHEWS CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-4.5 MCG-1.2 MG-13.5 MG-400 UNIT-15 UNIT-2500 UNIT	P	QL(1 EA daily); AL(Up to 13 yrs old)	MULTIVITAMIN CHILDRENS (W/ FA) CHEW 60 MG-1.05 MG-300 MCG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-15 UNIT	P	QL(1 EA daily); AL(Up to 13 yrs old)
FT CHILDRENS MULTI PLUS IMMUNE CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	MULTIVITAMIN CHILDRENS CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)
GNP CHILDRENS CHEWABLES/EX C CHEW 250 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT	P	QL(1 EA daily); AL(Up to 13 yrs old)	ONE-A-DAY VITACRAVES+OMEGA-3 CHEW (<i>Use pediatric multiple vitamins</i>)	NF	QL(1 EA daily); AL(Up to 13 yrs old)
GNP CHILDRENS/EXTRA C CHEW	P	QL(1 EA daily); AL(Up to 13 yrs old)	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)
			<i>pediatric multiple vitamins CHEW</i>	P	QL(1 EA daily); AL(Up to 13 yrs old)
			POLY-VI-SOL SOLN PO	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)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
POLY-VITE PEDIATRIC SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	FT PRENATAL TABS	P	
QC CHILDRENS VITAMINS/EXTRA C CHEW 250 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT	P	QL(1 EA daily); AL(Up to 13 yrs old)	GESTYRA TABS	NP	
ZOO FRIENDS/EXTRA C CHEW 250 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT	P	QL(1 EA daily); AL(Up to 13 yrs old)	GNP PRENATAL/FOLIC ACID TABS	P	
Prenatal Vitamins			GNP PRENATAL TABS	P	
ALTRIXA OB	NP		KP PRENATAL MULTIVITAMINS TABS	P	
AZENTRA TABS	NP		MASONATAL TABS	P	
AZESCO TABS	NP		MATRONEX TABS	NP	RX/OTC
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		M-NATAL PLUS TABS	P	RX/OTC
CITRANATAL ASSURE	NP		NATAL PNV TABS	NP	
CLASSIC PRENATAL TABS	P		NATALCHEW CHEW	NP	
COMPLETE NATAL DHA	NP	MP	NATACORE CHEW	NP	
COMPLETENATE CHEW	P		NEOMATERNA	NP	
CONCEPT DHA	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
CONCEPT OB	NP	MP	NEONATAL PLUS TABS	P	RX/OTC
DERMACINRX PNV PRENATOL TABS	NP	RX/OTC	NEO-VITAL RX TABS	NP	
DERMACINRX PRETRATE TABS	NP		NESTABS	NP	MP
EMBRIVA TABS	NP		NESTABS DHA	NP	MP
ENBRACE HR	NP	MP	NESTABS ONE	NP	MP
EQL PRENATAL FORMULA TABS	P		NIVA-PLUS TABS	P	RX/OTC
FOLATEXCEL	NP		NOVYRA TABS 1 MG	NP	
			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
			ONENATAL RX TABS 1 MG	NP	
			PNV 27-CA/FE/FA TABS	P	QL(1 EA daily)
			PNV TABS 20-1	NP	

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PNV-DHA+DOCUSATE	NP		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
PNV-OMEGA	NP	MP	PRENATE ENHANCE	NP	MP
PREGENNA	NP		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
PREMESISRX	NP	MP	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
PRENATABS RX 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	P	QL(1 EA daily); RX/OTC	PRENATE PIXIE	NP	MP
PRENATAL 19 CHEW	P		PRENATE RESTORE	NP	MP
PRENATAL PLUS VITAMIN/MINERAL TABS	P	RX/OTC	PRENATOL-M TABS	NP	
PRENATAL PLUS TABS	P	RX/OTC	PRENATRIX TABS	NP	RX/OTC
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	NP	MP	PRENATRYL TABS	NP	RX/OTC
<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	PRENOVA TABS 0.8 MG	NP	RX/OTC
PRENATAL VITAMIN AND MINERAL TABS	P		PRENYRA TABS 1 MG	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		PROVIDA OB	NP	MP
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	NP	MP	QC PRENATAL TABS	P	
PRENATAL TABS	P	RX/OTC	RELEVIA TABS	NP	RX/OTC
PRENATE	NP	MP	RELNATE DHA CAPS	NP	MP
PRENATE AM	NP	MP	SELECT-OB+DHA MISC	NP	MP
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	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
			SE-NATAL 19 CHEW	P	
			SM PRENATAL VITAMINS TABS	P	
			THERANATAL CORE NUTRITION TABS	P	RX/OTC

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THRIVITE RX TABS	P	QL(1 EA daily); RX/OTC	<i>chlorzoxazone TABS</i>	P	
TRICARE TABS	P	RX/OTC	<i>cyclobenzaprine hcl CP24</i>	NP	
TRINATAL RX 1 TABS	P	QL(1 EA daily)	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 EA daily)
TRISTART DHA	NP	MP	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 EA daily)
VINATE DHA RF	NP		FLEQSUVY SUSP (<i>Use baclofen</i>)	NP	
VITAFOL FE+	NP	MP	LYVISPAH PACK 5 MG	NP	
VITAFOL GUMMIES	NP	MP	<i>metaxalone</i>	NP	
VITAFOL ULTRA	NP	MP	METAXALONE 640 MG	NP	
VITAFOL-NANO	NP	MP	<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
VITAFOL-OB+DHA MISC	NP	MP	<i>methocarbamol TABS 1000 MG</i>	NP	
VITAFOL-OB TABS	P	QL(1 EA daily)	ONTRALFY SOLN PO 2 MG/5ML	NP	
VITAFOL-ONE CAPS	NP	MP	<i>orphenadrine citrate TB12</i>	P	
VITAMEDMD ONE RX/QUATREFOLIC	NP		OZOBAX DS SOLN PO (<i>Use baclofen</i>)	NP	
VITAPEARL	NP		SOMA TABS (<i>Use carisoprodol</i>)	NP	
VITATHELY WITH GINGER TABS	P	RX/OTC	<i>tizanidine hcl CAPS</i>	NP	
WESCAP-C DHA	NP	MP	<i>tizanidine hcl TABS</i>	P	
WESCAP-PN DHA	NP	MP	ZANAFLEX CAPS (<i>Use tizanidine hcl</i>)	NP	
WESNATAL DHA COMPLETE	NP	MP	ZANAFLEX TABS 4 MG (<i>Use tizanidine hcl</i>)	NP	
WESNATE DHA CAPS	NP	MP	Direct Muscle Relaxants		
WESTAB PLUS TABS	P	RX/OTC	DANTRIUM CAPS 25 MG (<i>Use dantrolene sodium</i>)	NP	
WESTGEL DHA	NP	MP	<i>dantrolene sodium CAPS</i>	P	
ZIPHEX TABS	NP		Fibrodysplasia Ossificans Progressiva (FOP) Agents		
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	NP	SP
Central Muscle Relaxants			Muscle Relaxant Combinations		
AMRIX CP24 (<i>Use cyclobenzaprine hcl</i>)	NP				
ATMEKSI SUSP PO 750 MG/5ML	NP				
<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				

Drug Name	Drug Tier	Requirements/ Limits
<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	P	
<i>orphenadrine w/ aspirin & caff</i>	NP	
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.		
<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)
<i>olopatadine hcl (nasal)</i>	P	
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		
<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
OMNARIS SUSP	NP	
PROPEL MINI SDS IMPL	NP	
QNASL	NP	

Drug Name	Drug Tier	Requirements/ Limits
QNASL CHILDRENS	NP	
SINUVA IMPL	NP	
XHANCE EXHU	NP	
Sympathomimetic Decongestants		
<i>phenylephrine hcl (oral) TABS</i>	P	QL(24 EA per fill retail)
<i>pseudoephedrine hcl TABS</i>	P	
<i>pseudoephedrine hcl TB12</i>	P	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	P	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RADICAVA ORS STARTER KIT SUSP	NP	SP
RADICAVA ORS SUSP	NP	SP
<i>riluzole TABS</i>	P	
TEGLUTIK SUSP	NP	SP
TIGLUTIK SUSP	NP	SP
Muscular Dystrophy Agents		
DUVYZAT	NP	SP
Rett Syndrome Agents		
DAYBUE	NP	SP
DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG	NP	SP
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI PO 5 MG	NP	SP
ITVISMMA SUSP IT	NP	SP
SPINRAZA	NP	SP
NUTRIENTS		
Carbohydrates		
<i>dextrose SOLN 5 %</i>	P	
DEXTROSE SOLN 5 % (Use <i>dextrose</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
DEXTROSE SOLN 5 %	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<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)
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	P	QL(15 ML per fill retail)
BETIMOL (<i>Use timolol</i>)	NP	
BETIMOL (<i>Use timolol</i>)	NF	
BETOPTIC-S SUSP	NP	QL(15 ML per fill retail)
<i>brimonidine tartrate-timolol maleate</i>	NP	
<i>carteolol hcl (ophth)</i>	P	3 max fill(s) per 90 day(s) retail
COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	NP	
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NF	QL(10 ML per fill retail)
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ML per fill retail)
COSOPT PF (<i>Use dorzolamide hcl-timolol maleate</i>)	NF	
COSOPT PF (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	
<i>dorzolamide hcl-timolol maleate</i>	NP	
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ML per fill retail)
ISTALOL SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 ML per fill retail)
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ML per fill retail)
<i>timolol</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate (ophth) SOLG 0.25 %</i>	P	
<i>timolol maleate (ophth) SOLG 0.5 %</i>	P	QL(5 ML per fill retail)
<i>timolol maleate (ophth) SOLN</i>	NP	QL(60 EA per fill retail)
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ML per fill retail)
<i>timolol maleate (ophth) SOLN</i>	NP	QL(60 EA per fill retail)
TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(60 EA per fill retail)
TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(60 EA per fill retail)
Cycloplegic Mydriatics		
ALTAFRIN SOLN 10 % (<i>Use phenylephrine hcl (mydriatic)</i>)	NF	
ALTAFRIN SOLN 2.5 % (<i>Use phenylephrine hcl (mydriatic)</i>)	NF	QL(30 ML per fill retail)
<i>atropine sulfate (ophthalmic) OINT</i>	P	QL(4 GM per fill retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	P	QL(15 ML per fill retail)
ATROPINE SULFATE SOLN 1 %	P	QL(15 EA per fill retail)
CYCLOGYL	NP	QL(15 ML per fill retail)
CYCLOGYL 0.5 %	NP	
CYCLOGYL (<i>Use cyclopentolate hcl</i>)	NP	QL(15 ML per fill retail)
CYCLOMYDRIL	P	
<i>cyclopentolate hcl 1 %</i>	P	QL(15 ML per fill retail)
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NP	QL(15 ML per fill retail)
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	NP	QL(30 ML per fill retail)
<i>phenylephrine hcl (mydriatic) SOLN 10 %</i>	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PHENYLEPHRINE HCL SOLN (Use phenylephrine hcl (mydriatic))	NP	QL(30 ML per fill retail)	MITOSOL KIT	NP	
tropicamide SOLN	P	QL(15 ML per fill retail)	moxifloxacin hcl (ophth) SOLN OP	NP	QL(3 ML per fill retail)
Miotics			NATACYN	NP	
pilocarpine hcl SOLN 1 %, 1.25 %, 2 %, 4 %	P		neomycin-bacitracin zn-polymyxin	P	QL(4 GM per fill retail)
VUITY SOLN 1.25 % (Use pilocarpine hcl)	NP		neomycin-polymyxin-gramicidin	P	QL(10 ML per fill retail)
Ophthalmic Adrenergic Agents			OCUFLOX (Use ofloxacin (ophth))	NP	QL(10 ML per fill retail)
ALPHAGAN P (Use brimonidine tartrate)	P		ofloxacin (ophth)	P	QL(10 ML per fill retail)
apraclonidine hcl	NP		polymyxin b-trimethoprim	P	QL(10 ML per fill retail)
brimonidine tartrate 0.1 %, 0.15 %	P		sulfacetamide sodium (ophth) SOLN	P	QL(15 ML per fill retail)
brimonidine tartrate 0.2 %	P	QL(15 ML per fill retail)	tobramycin (ophth) SOLN	P	QL(5 ML per fill retail)
IOPIDINE	NP		TOBREX OINT	P	QL(4 GM per fill retail)
SIMBRINZA	NP		trifluridine	P	QL(8 ML per fill retail)
Ophthalmic Anti-infectives			VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	QL(3 ML per fill retail)
AZASITE	NP		XDEMVY	NP	
bacitracin (ophthalmic)	P	QL(4 GM per fill retail)	ZIRGAN GEL	P	
bacitracin-polymyxin b (ophth)	P	QL(4 GM per fill retail)	Ophthalmic Decongestants		
besifloxacin hcl 0.6 %	NP		tetrahydrozoline hcl (ophth) 0.05 %	P	QL(1 ML daily)
BESIVANCE 0.6 % (Use besifloxacin hcl)	NP		Ophthalmic Immunomodulators		
BETADINE OPHTHALMIC PREP	NP		CEQUA SOLN	NP	
CILOXAN OINT	P	QL(4 GM per fill retail)	cyclosporine (ophth) EMUL	NP	
ciprofloxacin hcl (ophth) SOLN	P	QL(10 ML per fill retail)	RESTASIS MULTIDOSE EMUL	NP	
erythromycin (ophth)	P	QL(4 GM per fill retail)	RESTASIS EMUL (Use cyclosporine (ophth))	NP	
gatifloxacin (ophth)	NP		VERKAZIA EMUL	NP	
gentamicin sulfate (ophth) SOLN	P	QL(15 ML per fill retail)	VEVYE SOLN	NP	
levofloxacin (ophth) 0.5 %	P		Ophthalmic Integrin Antagonists		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XIIDRA	NP		FLAREX	P	
Ophthalmic Kinase Inhibitors			<i>fluorometholone (ophth) SUSP</i>	P	QL(15 ML per fill retail)
RHOPRESSA	NP		FML FORTE SUSP	P	
ROCKLATAN	NP		FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i>)	NP	QL(15 ML per fill retail)
Ophthalmic Local Anesthetics			INVELTYS SUSP	NP	
AKTEN	NP		LOTEMAX SM GEL	NP	
ALCAINE (Use <i>proparacaine hcl</i>)	NP		LOTEMAX GEL (Use <i>loteprednol etabonate</i>)	NP	
ALTACAINE 0.5 % (Use <i>tetracaine hcl (ophth)</i>)	NF		LOTEMAX OINT	NP	
IHEEZO	NP	SP	LOTEMAX SUSP (Use <i>loteprednol etabonate</i>)	NP	
<i>proparacaine hcl</i>	NP		<i>loteprednol etabonate GEL</i>	NP	
TETRACAINE HCL 0.5 %	NP		<i>loteprednol etabonate SUSP</i>	P	
TETRACAINE HCL 0.5 % (Use <i>tetracaine hcl (ophth)</i>)	NP		<i>loteprednol etabonate-tobramycin</i>	NP	
<i>tetracaine hcl (ophth)</i>	NP		MAXIDEX SUSP OP	P	
Ophthalmic Nerve Growth Factors			MAXITROL OINT (Use <i>neomycin-polymy-dexameth</i>)	NP	QL(4 GM per fill retail)
OXERVATE	NP	SP	MAXITROL SUSP (Use <i>neomycin-polymy-dexameth</i>)	NP	QL(5 ML per fill retail)
Ophthalmic Photoenhancers			<i>neomycin-polymy-dexameth OINT</i>	P	QL(4 GM per fill retail)
EPIOXA HD/ EPIOXA PSKT OP	NP	SP	<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	P	QL(5 ML per fill retail)
Ophthalmic Steroids			<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(8 ML per fill retail)
ALREX SUSP (Use <i>loteprednol etabonate</i>)	P		PRED FORTE (Use <i>prednisolone acetate (ophth)</i>)	NF	QL(15 ML per fill retail)
<i>bacitracin-poly-neomycin-hc</i>	P		PRED FORTE (Use <i>prednisolone acetate (ophth)</i>)	NP	QL(15 ML per fill retail)
BYQLOVI 0.05 %	NP		PRED MILD	P	QL(10 ML per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	P	QL(5 ML per fill retail)			
DEXTENZA INST	NP	SP			
<i>difluprednate</i>	NP				
DUREZOL (Use <i>difluprednate</i>)	NP				
DUREZOL (Use <i>difluprednate</i>)	NF				
EYSUVIS SUSP	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone acetate (ophth)</i>	P	QL(15 ML per fill retail)	<i>dorzolamide hcl</i>	P	QL(10 ML per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ML per fill retail)	<i>epinastine hcl (ophth)</i>	NP	
<i>sulfacetamide sod-prednisolone SOLN</i>	NP	QL(10 ML per fill retail)	FLUORESCEIN SODIUM/BENOXINATE	NP	
TOBRADEX ST SUSP	NP		<i>flurbiprofen sodium</i>	P	QL(3 ML per fill retail)
TOBRADEX OINT	NP	QL(4 GM per fill retail)	ILEVRO	NP	
<i>tobramycin-dexamethasone SUSP</i>	P	QL(10 ML per fill retail)	<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	QL(10 ML per fill retail)
ZYLET 0.3 %-0.5 % (<i>Use loteprednol etabonate-tobramycin</i>)	NP		<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	3 max fill(s) per 90 day(s) retail
Ophthalmics - Misc.			NEVANAC	NP	
ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	NP	QL(10 ML per fill retail)	PROLENSA (<i>Use bromfenac sodium (ophth)</i>)	NP	
ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	NP	3 max fill(s) per 90 day(s) retail	ZERVIAE	NP	
ACUVAIL	NP		Prostaglandins - Ophthalmic		
<i>azelastine hcl (ophth)</i>	P	QL(6 ML per fill retail)	<i>bimatoprost SOLN</i>	NP	
AZOPT (<i>Use brinzolamide</i>)	NF	QL(15 ML per fill retail)	IYUZEH SOLN	NP	
AZOPT (<i>Use brinzolamide</i>)	NP	QL(15 ML per fill retail)	<i>latanoprost SOLN</i>	P	QL(3 ML per fill retail)
<i>bepotastine besilate</i>	NP		LUMIGAN SOLN 0.01 % (<i>Use bimatoprost</i>)	NP	
BEPREVE (<i>Use bepotastine besilate</i>)	NP		<i>tafluprost</i>	NP	
<i>brinzolamide</i>	NP	QL(15 ML per fill retail)	TRAVATAN Z SOLN (<i>Use travoprost</i>)	NF	
<i>bromfenac sodium (ophth)</i>	NP		TRAVATAN Z SOLN (<i>Use travoprost</i>)	NP	
BROMSITE (<i>Use bromfenac sodium (ophth)</i>)	NP		<i>travoprost SOLN</i>	NP	
<i>cromolyn sodium (ophth)</i>	P	QL(10 ML per fill retail)	VYZULTA	NP	
CYSTADROPS	NP	SP	XALATAN SOLN (<i>Use latanoprost</i>)	NP	QL(3 ML per fill retail)
CYSTARAN	NP	SP	XALATAN SOLN (<i>Use latanoprost</i>)	NF	QL(3 ML per fill retail)
<i>diclofenac sodium (ophth)</i>	P	QL(5 ML per fill retail)	ZIOPTAN (<i>Use tafluprost</i>)	NF	
			ZIOPTAN (<i>Use tafluprost</i>)	NP	
			ZOLYMBUS GEL OP 0.01 %	NP	
			OTIC AGENTS - Drugs to Treat the Ear		

Drug Name	Drug Tier	Requirements/Limits
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	P	QL(15 ML per fill retail)
Otic Antifungals		
CLOTIC SOLN OT 1 %	NP	
Otic Anti-infectives		
CETRAXAL (Use <i>ciprofloxacin hcl (otic)</i>)	NF	
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	QL(10 ML per fill retail)
Otic Combinations		
CIPRO HC 1 %-0.2 % (Use <i>ciprofloxacin-hydrocortisone</i>)	NP	
CIPRO HC 1 %-0.2 % (Use <i>ciprofloxacin-hydrocortisone</i>)	NF	
<i>ciprofloxacin-dexamethasone</i>	P	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-hydrocortisone</i>	NP	
CORTISPORIN-TC	NP	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	QL(10 ML per fill retail)
Otic Steroids		
DERMOTIC (Use <i>fluocinolone acetonide (otic)</i>)	NP	QL(20 ML per fill retail)
<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		

Drug Name	Drug Tier	Requirements/Limits
<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		
Amidinopenicillins		
PIVYA TABS PO 185 MG	NP	
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 IJ 1 GM, 2 GM, 125 MG, 250 MG, 500 MG</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
BICILLIN L-A SUSY	P	
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	P	
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	P	
<i>penicillin g sodium</i>	P	
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin & pot clavulanate CHEW 57 MG-400 MG</i>	P	QL(20 EA 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 SUSR 57 MG/5ML-400 MG/5ML</i>	P	QL(200 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 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	P	QL(30 EA 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 TB12</i>	NP	QL(40 EA per 30 day(s) retail)
AMOXICILLIN-POT CLAVULANATE CHEW	P	QL(20 EA per fill retail)
<i>ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	P	
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NF	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	

Drug Name	Drug Tier	Requirements/ Limits
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (Use <i>ampicillin & sulbactam sodium</i>)	NF	
ZOSYN	P	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Semi Solid Vehicles		
POLYETHYLENE GLYCOL 3350 POWD	P	QL(34 GM daily); RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	MP
<i>megestrol acetate (appetite)</i>	NP	
<i>norethindrone acetate TABS</i>	NP	
<i>progesterone CAPS 200 MG</i>	P	QL(20 EA per 30 day(s) retail)
<i>progesterone CAPS 100 MG</i>	P	QL(1 EA daily)
<i>progesterone OIL</i>	P	
PROMETRIUM CAPS 200 MG (Use <i>progesterone</i>)	NP	QL(20 EA per 30 day(s) retail)
PROMETRIUM CAPS 100 MG (Use <i>progesterone</i>)	NP	QL(1 EA daily)
PROVERA 5 MG, 10 MG (Use <i>medroxyprogesterone acetate</i>)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>disulfiram</i>	P		LEQEMBI IQLIK (500 MG DOSE) SC	NP	
<i>lofexidine hcl</i>	P		<i>memantine hcl CP24</i>	NP	MP
LUCEMYRA (Use <i>lofexidine hcl</i>)	P		<i>memantine hcl-donepezil hcl CP24</i>	NP	
LUCEMYRA (Use <i>lofexidine hcl</i>)	NF		<i>memantine hcl SOLN</i>	NP	MP
Anti-Cataleptic Agents			<i>memantine hcl TABS</i>	NP	QL(49 EA per fill retail); MP
<i>sodium oxybate SOLN</i>	NP	SP	<i>memantine hcl TABS</i>	P	QL(2 EA daily); MP
XYREM SOLN (Use <i>sodium oxybate</i>)	NP	SP	NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NF	QL(49 EA per fill retail); MP
XYWAV	NP	SP	NAMENDA XR CP24 14 MG, 21 MG, 28 MG (Use <i>memantine hcl</i>)	NF	MP
Antidementia Agents			NAMZARIC CP24 (Use <i>memantine hcl-donepezil hcl</i>)	NP	
ADUHELM 170 MG/1.7ML	NP	SP	NAMZARIC CP24	NP	
ARICEPT TABS 5 MG, 10 MG (Use <i>donepezil hydrochloride</i>)	NP	QL(1 EA daily); MP	<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	QL(1 EA daily)
ARICEPT TABS 23 MG (Use <i>donepezil hydrochloride</i>)	NP	MP	<i>rivastigmine 13.3 MG/24HR</i>	NP	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 EA daily); MP	<i>rivastigmine tartrate CAPS</i>	NP	QL(2 EA daily); MP
<i>donepezil hydrochloride TABS 23 MG</i>	P	MP	ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
<i>donepezil hydrochloride TBDP</i>	P	MP	Combination Psychotherapeutics		
EXELON 13.3 MG/24HR (Use <i>rivastigmine</i>)	NP		<i>chlordiazepoxide-amitriptyline</i>	P	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i>)	NP	QL(1 EA daily)	LYBALVI	P	
<i>galantamine hydrobromide CP24</i>	NP	QL(1 EA daily); MP	<i>olanzapine-fluoxetine hcl</i>	NP	
<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ML daily); MP	<i>perphenazine-amitriptyline</i>	P	QL(4 EA daily)
<i>galantamine hydrobromide TABS</i>	NP	QL(2 EA daily); MP	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use <i>olanzapine-fluoxetine hcl</i>)	NF	
KISUNLA	NP	SP	Fibromyalgia Agents		
LEQEMBI	NP	SP	<i>milnacipran hcl MISC</i>	NP	QL(55 EA per 365 day(s) retail)
LEQEMBI IQLIK SC 360 MG/1.8ML	NP	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>	NP	QL(2 EA daily)	<i>dalfampridine</i>	NP	SP
SAVELLA TITRATION PACK MISC (Use <i>milnacipran hcl</i>)	NP	QL(55 EA per 365 day(s) retail)	<i>dimethyl fumarate CDPK</i>	P	SP
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (Use <i>milnacipran hcl</i>)	NP	QL(2 EA daily)	<i>dimethyl fumarate CPDR</i>	P	SP
TONMYA SUBL SL 2.8 MG	NP		<i>ingolimod hcl</i>	NP	SP
Movement Disorder Drug Therapy			GILENYA (Use <i>ingolimod hcl</i>)	P	SP; PA
AUSTEDO XR PATIENT TITRATION TEPK	P	SP; PA	<i>glatiramer acetate SOSY</i>	NP	SP
AUSTEDO XR TB24	P	SP; PA	<i>glatiramer acetate SOSY</i>	P	SP
AUSTEDO TABS	P	SP; PA	KESIMPTA	P	SP; PA
INGREZZA CAPS	P	SP; PA	LEMTRADA	NP	SP
INGREZZA CPPK	P	SP; PA	MAVENCLAD (10 TABS) 10 MG (Use <i>cladribine (multiple sclerosis)</i>)	NP	SP
INGREZZA CPSP	P	SP; PA	MAVENCLAD (4 TABS) 10 MG (Use <i>cladribine (multiple sclerosis)</i>)	NP	SP
<i>tetrabenazine</i>	NP	SP	MAVENCLAD (5 TABS) 10 MG (Use <i>cladribine (multiple sclerosis)</i>)	NP	SP
XENAZINE (Use <i>tetrabenazine</i>)	NP	SP	MAVENCLAD (6 TABS) 10 MG (Use <i>cladribine (multiple sclerosis)</i>)	NP	SP
Multiple Sclerosis Agents			MAVENCLAD (7 TABS) 10 MG (Use <i>cladribine (multiple sclerosis)</i>)	NP	SP
AMPYRA (Use <i>dalfampridine</i>)	NP	SP	MAVENCLAD (8 TABS) 10 MG (Use <i>cladribine (multiple sclerosis)</i>)	NP	SP
AUBAGIO (Use <i>teriflunomide</i>)	NP	SP	MAVENCLAD (9 TABS) 10 MG (Use <i>cladribine (multiple sclerosis)</i>)	NP	SP
AVONEX PEN AJKT	NP	SP	MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
AVONEX PREFILLED PSKT	NP	SP	MAYZENT TABS	NP	SP
BAFIERTAM	NP	SP	OCREVUS	NP	SP
BETASERON KIT	P	SP	OCREVUS ZUNOVO	NP	SP
BRIUMVI	NP	SP	PLEGRIDY STARTER PACK SOAJ	NP	SP
<i>cladribine (multiple sclerosis) 10 MG</i>	NP	SP	PLEGRIDY STARTER PACK SOSY SC	NP	SP
COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i>)	NF	SP	PLEGRIDY SOAJ	NP	SP
COPAXONE SOSY (Use <i>glatiramer acetate</i>)	P	SP			

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Drug Name	Drug Tier	Requirements/ Limits
PLEGRIDY SOSY IM	NP	SP
PONVORY STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
REBIF REBIDOSE TITRATION PACK SOAJ	P	SP
REBIF REBIDOSE SOAJ	P	SP
REBIF TITRATION PACK SOSY	P	SP
REBIF SOSY	P	SP
TASCENSO ODT	NP	SP
TECFIDERA CDPK (Use dimethyl fumarate)	P	SP
TECFIDERA CPDR (Use dimethyl fumarate)	P	SP
teriflunomide	NP	SP
TYRUKO CONC IV 300 MG/15ML	NP	SP
TYSABRI	NP	SP
VUMERITY	NP	SP
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
ZEPOSIA CAPS	NP	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>gabapentin (once-daily) TABS</i>	NP	
GRALISE TABS (Use <i>gabapentin (once-daily)</i>)	NP	
LYRICA CR (Use <i>pregabalin (once-daily)</i>)	NP	
LYRICA CR (Use <i>pregabalin (once-daily)</i>)	NF	
<i>pregabalin (once-daily)</i>	NP	
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
Pseudobulbar Affect (PBA) Agents		
<i>dextromethorphan hbr-quinidine sulfate</i>	NP	
NUDEXTA	NP	
NUDEXTA 20 MG-10 MG (Use <i>dextromethorphan hbr-quinidine sulfate</i>)	NP	
Psychotherapeutic and Neurological Agents - Misc.		
AQNEURSA	NP	SP
MIPLYFFA	NP	SP
<i>pimozide</i>	P	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily); 180 day(s) max supply per 365 day(s) retail
CHANTIX CONTINUING MONTH PAK TABS (Use <i>varenicline tartrate</i>)	P	QL(2 EA daily); 180 day(s) max supply per 365 day(s) retail
CHANTIX STARTING MONTH PAK TBPK (Use <i>varenicline tartrate</i>)	P	180 day(s) max supply per 365 day(s) retail
CHANTIX TABS (Use <i>varenicline tartrate</i>)	P	QL(2 EA daily); 180 day(s) max supply per 365 day(s) retail
NICORETTE MINI LOZG (Use <i>nicotine polacrilex</i>)	NF	QL(20 EA daily); 180 day(s) max supply per 365 day(s) retail
<i>nicotine polacrilex GUM</i>	P	QL(24 EA daily); 180 day(s) max supply per 365 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nicotine polacrilex LOZG</i>	P	QL(20 EA daily); 180 day(s) max supply per 365 day(s) retail	ORKAMBI PACK	NP	SP
NICOTINE KIT	P	QL(56 EA per fill retail); 180 day(s) max supply per 365 day(s) retail	ORKAMBI TABS	NP	SP
<i>nicotine PT24 TD 7 MG/24HR</i>	P	180 day(s) max supply per 365 day(s) retail	PULMOZYME	P	SP
<i>nicotine PT24 TD 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 EA daily); 180 day(s) max supply per 365 day(s) retail	SYMDEKO	NP	SP
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	TRIKAFTA TBPK	NP	SP
<i>varenicline tartrate TABS</i>	P	QL(2 EA daily); 180 day(s) max supply per 365 day(s) retail	TRIKAFTA THPK	NP	SP
<i>varenicline tartrate TBPK</i>	P	180 day(s) max supply per 365 day(s) retail	Pulmonary Fibrosis Agents		
Transthyretin Amyloidosis Agents			ESBRIET CAPS (<i>Use pirfenidone</i>)	NF	SP
AMVUTTRA	NP	SP	ESBRIET TABS (<i>Use pirfenidone</i>)	NP	SP
WAINUA SC 45 MG/0.8ML	NP	SP	JASCAYD TABS PO 9 MG, 18 MG	NP	SP
WAINUA	NP	SP	<i>nintedanib esylate 100 MG, 150 MG</i>	NP	
Vasomotor Symptom Agents			OFEV 100 MG, 150 MG (<i>Use nintedanib esylate</i>)	NP	SP
<i>paroxetine mesylate (vasomotor)</i>	NP		<i>pirfenidone CAPS</i>	NP	SP
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			<i>pirfenidone TABS</i>	NP	SP
Cystic Fibrosis Agents			Respiratory Agents - Misc.		
ALYFTREK	NP	SP	BRINSUPRI TABS PO 10 MG, 25 MG	NP	SP
KALYDECO PACK	NP	SP	SULFONAMIDES - Drugs to Treat Bacterial Infections		
KALYDECO TABS	NP	SP	Sulfonamides		
			<i>sulfadiazine TABS</i>	P	
			TETRACYCLINES - Drugs to Treat Bacterial Infections		
			Aminomethylcyclines		
			NUZYRA TABS	NP	QL(34 EA per 30 day(s) retail; 34 EA per 30 days mail)
			Tetracyclines		
			<i>demeclocycline hcl TABS</i>	P	
			DORYX MPC TBEC 60 MG	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate) CAPS</i>	P		EVEXITHROID TABS 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG, 120 MG, 180 MG	P	MP
<i>doxycycline (monohydrate) SUSR</i>	P		<i>levothyroxine sodium TABS</i>	P	MP
<i>doxycycline (monohydrate) TABS</i>	P		<i>liothyronine sodium TABS</i>	P	MP
<i>doxycycline hyclate CAPS</i>	P		NIVA THYROID TABS	P	MP
DOXYCYCLINE HYCLATE CAPS 75 MG	NP		NP THYROID TABS	P	MP
<i>doxycycline hyclate SOLR</i>	P		RENTHYROID TABS 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG, 120 MG	P	
<i>doxycycline hyclate TABS</i>	P		SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	NP	MP
<i>doxycycline hyclate TBEC 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	NP		THYQUIDITY SOLN PO	NP	
<i>minocycline hcl CAPS</i>	P		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	MP
<i>minocycline hcl TABS</i>	P		TOXOIDS		
<i>minocycline hcl TB24</i>	NP		Toxoid Combinations		
<i>tetracycline hcl CAPS</i>	P		ADACEL SUSP	P	QL(0.5 ML per 999 day(s) retail)
TETRACYCLINE HCL TABS	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)
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NF		BOOSTRIX SUSP	P	QL(0.5 ML per 999 day(s) retail)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			BOOSTRIX SUSY	P	QL(0.5 ML per 999 day(s) retail)
Antithyroid Agents			DAPTACEL	P	
<i>methimazole TABS</i>	P	MP	INFANRIX	P	
<i>propylthiouracil</i>	P	MP	KINRIX SUSY	P	
Thyroid Hormones			PEDIARIX SUSY	P	
ADTHYZA TABS	P	MP	PENTACEL	P	
AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	P	MP	QUADRACEL SUSP	P	QL(0.5 ML per 999 day(s) retail)
ARMOUR THYROID TABS	P	MP	QUADRACEL SUSY	P	
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NP	MP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TDVAX SUSP	P	QL(0.5 ML per 999 day(s) retail)	<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 EA daily)
TENIVAC SUSP 2 LFU-5 LFU	P	QL(0.5 ML per 999 day(s) retail)	<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P	
TETANUS-DIPHThERIA TOXOIDS TD SUSP	P	QL(0.5 ML per 999 day(s) retail)	LEVBIID TB12 (<i>Use hyoscyamine sulfate</i>)	NF	QL(4 EA daily)
VAXELIS SUSP	P		LEVSIN/SL SUBL (<i>Use hyoscyamine sulfate</i>)	NP	
VAXELIS SUSY	P		LEVSIN TABS (<i>Use hyoscyamine sulfate</i>)	NP	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			LIBRAX (<i>Use chlordiazepoxide hcl-clidinium bromide</i>)	NF	
Antispasmodics			<i>methscopolamine bromide</i>	NP	
ANASPAZ TBDP (<i>Use hyoscyamine sulfate</i>)	NF		NULEV TBDP 0.125 MG (<i>Use hyoscyamine sulfate</i>)	P	
BELLADONNA ALKALOIDS-OPIUM	P		OSCIMIN SUBL 0.125 MG (<i>Use hyoscyamine sulfate</i>)	P	
BENTYL SOLN IM (<i>Use dicyclomine hcl</i>)	NF		OSCIMIN TABS 0.125 MG (<i>Use hyoscyamine sulfate</i>)	P	
<i>chlordiazepoxide hcl-clidinium bromide</i>	NP		ROBINUL-FORTE TABS (<i>Use glycopyrrolate</i>)	NP	QL(4 EA daily)
CUVPOSA SOLN PO (<i>Use glycopyrrolate</i>)	NP		ROBINUL TABS (<i>Use glycopyrrolate</i>)	NP	QL(4 EA daily)
DERMACINRX DIGENYX TABS 0.125 MG	NP		H-2 Antagonists		
<i>dicyclomine hcl CAPS</i>	P		<i>cimetidine hcl PO 300 MG/5ML</i>	P	
<i>dicyclomine hcl SOLN PO</i>	P	QL(40 ML daily)	<i>cimetidine TABS</i>	P	RX/OTC
<i>dicyclomine hcl TABS</i>	P		<i>famotidine SUSR</i>	P	
GLYCATE TABS	NP		<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC
<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	P		<i>nizatidine CAPS</i>	P	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 EA daily)	PEPCID TABS (<i>Use famotidine</i>)	NF	RX/OTC
<i>hyoscyamine sulfate ELIX</i>	P		<i>ranitidine hcl TABS 150 MG, 300 MG</i>	NP	QL(2 EA daily)
<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	P		Misc. Anti-Ulcer		
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	P				
<i>hyoscyamine sulfate TABS 0.125 MG</i>	P				

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CARAFATE SUSP (<i>Use sucralfate</i>)	NF		PREVACID SOLUTAB TBDD (<i>Use lansoprazole</i>)	NP	RX/OTC
CARAFATE TABS (<i>Use sucralfate</i>)	NP	QL(4 EA daily)	PREVACID CPDR 30 MG (<i>Use lansoprazole</i>)	NP	QL(2 EA daily)
<i>sucralfate SUSP</i>	P		PRILOSEC PACK	NP	
<i>sucralfate TABS</i>	P	QL(4 EA daily)	PROTONIX PACK (<i>Use pantoprazole sodium</i>)	NP	
Proton Pump Inhibitors			PROTONIX TBEC 40 MG (<i>Use pantoprazole sodium</i>)	NP	QL(2 EA daily)
ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	NF		PROTONIX TBEC 20 MG (<i>Use pantoprazole sodium</i>)	NP	QL(1 EA daily)
DEXILANT (<i>Use dexlansoprazole</i>)	NP	ST	<i>rabeprazole sodium TBEC</i>	NP	
<i>dexlansoprazole</i>	NP	ST	VOQUEZNA	NP	
<i>esomeprazole magnesium CPDR 40 MG</i>	NP		Ulcer Drugs - Prostaglandins		
<i>esomeprazole magnesium CPDR 20 MG</i>	NP	QL(2 EA daily); RX/OTC	CYTOTEC 100 MCG (<i>Use misoprostol</i>)	NF	
<i>esomeprazole magnesium PACK</i>	NP		CYTOTEC (<i>Use misoprostol</i>)	NP	
<i>lansoprazole CPDR</i>	NP	QL(2 EA daily)	<i>misoprostol</i>	P	
<i>lansoprazole TBDD</i>	P	RX/OTC	Ulcer Therapy Combinations		
NEXIUM 24HR CPDR (<i>Use esomeprazole magnesium</i>)	NF	QL(2 EA daily); RX/OTC	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	NP	
NEXIUM CPDR 20 MG (<i>Use esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC	<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	NP	
NEXIUM CPDR 40 MG (<i>Use esomeprazole magnesium</i>)	NP		KONVOMEK SUSR	NP	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail)
NEXIUM PACK (<i>Use esomeprazole magnesium</i>)	NP		<i>omeprazole-sodium bicarbonate CAPS</i>	NP	RX/OTC
<i>omeprazole CPDR</i>	P	QL(2 EA daily)	<i>omeprazole-sodium bicarbonate PACK</i>	NP	
<i>pantoprazole sodium PACK</i>	NP		PYLERA (<i>Use bismuth subcitrate potassium-metronidazole-tetracycline</i>)	NP	
<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 EA daily)	TALICIA	NP	
<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 EA daily)	VOQUEZNA DUAL PAK	NP	
PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NF	QL(2 EA daily); RX/OTC	VOQUEZNA TRIPLE PAK	NP	

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ZEGERID CAPS (Use omeprazole-sodium bicarbonate)	NF	RX/OTC	mirabegron SRER 8 MG/ML	P	
ZEGERID PACK (Use omeprazole-sodium bicarbonate)	NF		mirabegron TB24	P	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			mirabegron TB24	P	
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			MYRBETRIQ SRER 8 MG/ML (Use mirabegron)	P	
darifenacin hydrobromide	NP	MP	MYRBETRIQ TB24 (Use mirabegron)	P	
DETROL LA CP24 (Use tolterodine tartrate)	NF	QL(1 EA daily); MP	Urinary Antispasmodics - Cholinergic Agonists		
DETROL TABS (Use tolterodine tartrate)	NF	QL(2 EA daily); MP	bethanechol chloride	P	MP
fesoterodine fumarate	NP		Urinary Antispasmodics - Direct Muscle Relaxants		
oxybutynin chloride SOLN	P		flavoxate hcl	NP	MP
oxybutynin chloride TABS 5 MG	P	QL(3 EA daily); MP	VACCINES		
oxybutynin chloride TABS 2.5 MG	P		Bacterial Vaccines		
oxybutynin chloride TB24	P	QL(2 EA daily); MP	ACTHIB SOLR IM	P	
OXYTROL PTTW	NP	RX/OTC	BCG VACCINE	P	
solifenacin succinate TABS	P	MP	BEXSERO 0.5 ML	P	
tolterodine tartrate CP24	NP	QL(1 EA daily); MP	BIOTHRAX	P	
tolterodine tartrate TABS	NP	QL(2 EA daily); MP	CAPVAXIVE	P	QL(0.5 ML per 999 day(s) retail); AL(At least 18 yrs old)
TOVIAZ (Use fesoterodine fumarate)	NP		HIBERIX SOLR IJ	P	
tropium chloride CP24	NP	MP	MENQUADFI 0.5 ML	P	
tropium chloride TABS	NP	QL(2 EA daily); MP	MENVEO SOLN	P	
VESICARE TABS (Use solifenacin succinate)	NF	MP	MENVEO SOLR	P	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			PEDVAXHIB SUSP 7.5 MCG/0.5ML	P	
GEMTESA	P		PENBRAYA	P	
			PENMENVY SUSR IM	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	
			PREVNAR 20	P	

Drug Name	Drug Tier	Requirements/Limits
TRUMENBA 0.5 ML	P	
TYPHIM VI SOLN	P	
TYPHIM VI SOSY	P	
VAXCHORA	P	
VAXNEUVANCE	P	
VIVOTIF	P	
Viral Vaccines		
ABRYSVO	P	AL(At least 19 yrs old)
ACAM2000 SOLR IJ	P	
AFLURIA PRESERVATIVE FREE SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AFLURIA QUADRIVALENT SUSY 0.5 ML	P	
AFLURIA SUSP	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AREXVY	P	AL(At least 60 yrs old)
AUDENZ EMUL	P	
AUDENZ PRSY	P	
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COMIRNATY SUSP	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COMIRNATY SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
DENG VAXIA	P	

Drug Name	Drug Tier	Requirements/Limits
ENGRIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail
ENGRIX-B SUSY	P	3 max fill(s) per 999 day(s) retail
FLUAD	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUAD QUADRIVALENT	P	
FLUARIX QUADRIVALENT SUSY	P	
FLUARIX SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUBLOK SOSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX QUADRIVALENT SUSY	P	
FLUCELVAX SUSP	P	
FLUCELVAX SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLULAVAL SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUMIST	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUZONE HIGH-DOSE QUADRIVALENT	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	MRESVIA	P	QL(0.5 ML per 999 day(s) retail); AL(At least 60 yrs old)
FLUZONE QUADRIVALENT SUSY	P		NOVAVAX COVID-19 VACCINE SUSY	P	
FLUZONE SUSP	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	
FLUZONE SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
GARDASIL 9 SUSP 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
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 720 EL U/0.5ML, 1440 EL U/ML	P		PRIORIX SUSR	P	
HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail	PROQUAD SUSR	P	
IMOVAX RABIES SUSR	P		RABAVERT	P	
IPOL IJ	P		RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
IXIARO	P		RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail
JYNNEOS	P		ROTARIX SUSP	P	
M-M-R II SOLR	P		ROTATEQ SOLN	P	
MNEXSPIKE SUSY 10 MCG/0.2ML	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
MODERNA COVID-19 VAC 6M-11Y SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	SHINGRIX IM 50 MCG/0.5ML	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	NUVESSA	NP	
SPIKEVAX SUSP	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<i>terconazole vaginal CREA 0.8 %</i>	P	QL(20 GM per fill retail)
SPIKEVAX SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<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		Vaginal Contraceptive - pH Modulators		
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	P		PHEXX	P	
VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail	PHEXXI	P	
YF-VAX SUSR	P		Vaginal Estrogens		
VAGINAL AND RELATED PRODUCTS			ESTRACE CREA (<i>Use estradiol vaginal</i>)	NP	QL(43 GM per 30 day(s) retail; 129 GM per 90 days mail); MP
Miscellaneous Vaginal Products			<i>estradiol vaginal CREA</i>	P	QL(43 GM per 30 day(s) retail; 129 GM per 90 days mail); MP
INTRAROSA	NP		<i>estradiol vaginal TABS</i>	NP	MP
TRIMO-SAN	NP		ESTRING RING 7.5 MCG/24HR	NP	MP
Vaginal Anti-infectives			FEMRING	NP	MP
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	QL(40 GM per fill retail)	IMVEXXY MAINTENANCE PACK INST	NP	MP
CLEOCIN SUPP	P		IMVEXXY STARTER PACK INST	NP	MP
<i>clindamycin phosphate vaginal CREA</i>	P	QL(40 GM per fill retail)	PREMARIN	P	QL(43 GM per 30 day(s) retail; 129 GM per 90 days mail); MP
CLINDESSE	NP		VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NP	MP
GYNAZOLE-1	NP		Vaginal Progestins		
<i>metronidazole vaginal</i>	P	QL(70 GM per fill retail)	CRINONE GEL	NP	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 EA per fill retail)	ENDOMETRIN INST 100 MG (<i>Use progesterone (vaginal)</i>)	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>progesterone (vaginal)</i> <i>INST 100 MG</i>	P	

VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions

Anaphylaxis Therapy Agents

AUVI-Q SOAJ	P	
<i>epinephrine (anaphylaxis)</i> <i>SOAJ</i>	P	
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NP	
EPIPEN JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NP	
NEFFY SOLN NA	P	

Neurogenic Orthostatic Hypotension (NOH) - Agents

<i>droxidopa</i>	NP	SP
NORTHERA (Use <i>droxidopa</i>)	NP	SP

Vasopressors

<i>midodrine hcl</i>	P	MP
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VITAMINS

Oil Soluble Vitamins

<i>cholecalciferol CAPS</i>	P	
<i>cholecalciferol LIQD PO</i>	P	
<i>cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG</i>	P	
DRISDOL CAPS (Use <i>ergocalciferol</i>)	NF	
<i>ergocalciferol CAPS</i>	P	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	P	
<i>phytonadione TABS 5 MG</i>	P	
VITAMIN D3 LIQD PO 125 MCG/ML	P	

Water Soluble Vitamins

Drug Name	Drug Tier	Requirements/ Limits
NIACIN ER CPCR	P	
<i>niacin CPCR 250 MG</i>	P	

Illinois YouthCare

Updated October 2026

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

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ALEVE TABS (Use naproxen sodium)6	ALIVE MULTI-VITAMIN CHEW ..145	ALL FLOW 7000 PFT FILTER DEVI . 129
alfuzosin hcl89	ALIVE MULTI-VITAMIN CHILDRENS CHEW185	ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl)33
ALHEMO90	ALIVE ONCE DAILY WOMENS TABS145	allopurinol90
aliskiren fumarate38	ALIVE ULTRA POTENCY ADULT TABS145	almotriptan malate135
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ALIVE DAILY ENERGY TABS ...145	ALIVE WOMENS 50+ COMPLETE MV TABS145	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG26
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ALIVE ENERGY 50+ TABS145	ALIVE WOMENS 50+ PREMIUM GUMMY CHEW145	ALPHA BETIC TABS146
ALIVE EVERYDAY IMMUNE HEALTH CAPS145	ALIVE WOMENS ENERGY TABS 145	ALPHAGAN P (Use brimonidine tartrate)194
ALIVE GARDEN GOODNESS TABS 145	ALIVE WOMENS GUMMY CHEW 145	ALPHANATE SOLR90
ALIVE GUMMIES FOR CHILDREN CHEW185	ALIVE WOMENS PREMIUM GUMMIES CHEW145	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT90
ALIVE HAIR, SKIN & NAILS CAPS 145	ALKINDI SPRINKLE CPSP60	ALPRAZOLAM INTENSOL CONC 13
ALIVE HAIR, SKIN & NAILS CHEW 145	ALL FLOW 1000 PFT FILTER DEVI . 129	alprazolam TABS13
ALIVE IMMUNE/ELDERBERRY CHEW145	ALL FLOW 1000 PFT FILTER MISC . 129	alprazolam TB2413
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ALIVE MENS 50+ MULTI GUMMY CHEW145		ALPROLIX90
ALIVE MENS 50+ TABS145		alprostadil SOLN IJ 500 MCG/ML .56

ALREX SUSP (Use loteprednol etabonate)	195	AMBIEN CR TBCR 6.25 MG (Use zolpidem tartrate)	93	amlodipine besylate-olmesartan medoxomil	37
ALTACAIN 0.5 % (Use tetracaine hcl (ophth))	195	AMBIEN TABS (Use zolpidem tartrate)	93	amlodipine besylate-valsartan	37
ALTACE CAPS 1.25 MG, 5 MG, 10 MG (Use ramipril)	35	ambrisentan	57	amlodipine-valsartan-hydrochlorothiazide	37
ALTAFRIN SOLN 10 % (Use phenylephrine hcl (mydriatic))	193	amcinonide CREA	68	AMORYN MOOD BOOSTER CAPS 10 MG-25 MG-20 MG-300 MCG-400 UNIT-15 MG-70 MCG-30 MCG-90 MG-18 MG	146
ALTAFRIN SOLN 2.5 % (Use phenylephrine hcl (mydriatic))	193	amcinonide OINT	68	amoxapine	26
ALTOPREV TB24 20 MG, 40 MG, 60 MG	34	AMD FOAM DRESSING PADS ...	95	amoxicillin & pot clavulanate CHEW 57 MG-400 MG	198
ALTRIXA OB	189	AMD FOAM DRESSING TOPSHEET PADS	95	amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML	198
ALTRIXA TABS	182	AMELUZ GEL	66	amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML	198
alum & mag hydrox-simethicone LIQD	12	AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	203	amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML	198
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	12	amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	3	amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML	198
ALUMINUM HYDROXIDE GEL SUSP	12	amiloride & hydrochlorothiazide ...	80	amoxicillin & pot clavulanate TABS 125 MG-250 MG	198
ALUNBRIG TABS	43	amiloride hcl TABS	81	amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG	198
ALUNBRIG TBPK	43	aminocaproic acid TABS 500 MG .	93	amoxicillin & pot clavulanate TB12	198
ALVAIZ	92	amiodarone hcl TABS	14	amoxicillin CAPS	197
ALVESCO	15	AMITIZA (Use lubiprostone)	87	amoxicillin CHEW 125 MG, 250 MG .	197
alvimopan	88	amitriptyline hcl TABS	26	amoxicillin SUSR	197
ALYFTREK	202	AMJEVITA SOAJ	5	amoxicillin TABS	197
amantadine hcl CAPS	45	AMJEVITA SOSY	5	amoxicillin-clarithromycin w/ lansoprazole THPK	205
amantadine hcl SOLN	45	AMJEVITA-PED 10KG TO <15KG SOSY	5		
amantadine hcl TABS	45	AMJEVITA-PED 15KG TO <30KG SOSY	5		
AMBIEN CR TBCR (Use zolpidem tartrate)	93	AMLADEX TABS	182		
		amlodipine besylate TABS	55		
		amlodipine besylate-atorvastatin calcium	56		
		amlodipine besylate-benazepril hcl			

AMOXICILLIN-POT CLAVULANATE CHEW	198	sulfate)	204	ANZEMET TABS 50 MG	31
amphetamine sulfate TABS	1	anastrozole	42	ANZUPGO CREA EX 20 MG/GM .	71
amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	1	ANCOBON (Use flucytosine)	32	APETIBEX CAPS	146
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	ANDEMBRY SOAJ SC 200 MG/1.2ML	91	APIDRA SOLN	28
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	ANDROGEL PUMP GEL TD (Use testosterone)	11	APIDRA SOLOSTAR SOPN	28
amphetamine-dextroamphetamine TABS	1	ANGELIQ	85	APOKYN SOCT	45
ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM	198	ANNOVERA	60	apomorphine hydrochloride SOCT	45
ampicillin CAPS 500 MG	197	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium-vilanterol)	16	APPE-CURB CAPS	146
ampicillin sodium IJ 1 GM, 2 GM, 125 MG, 250 MG, 500 MG	197	ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG-10000 UNIT	146	apraclonidine hcl	194
AMPYRA (Use dalfampridine) ...	200	ANTIOXIDANT FORMULA TABS 146		aprepitant CAPS	32
AMRIX CP24 (Use cyclobenzaprine hcl)	191	ANTIOXIDANT FORMULA/MINERALS CAPS 250 MG-7.5 MG-1 MG-10000 UNIT-200 UNIT-1.5 MG-15 MCG	146	aprepitant CPPK PO	32
AMVUTTRA	202	ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	182	APRETUDE	49
ANAFRANIL (Use clomipramine hcl) 26		ANTIOXIDANT VITAMINS TABS 60 MG-30 UNIT-2 MG-40 MG-40 MCG-5000 UNIT	146	APRISO CP24 (Use mesalamine) .	87
anagrelide hcl	91	ANTIVERT CHEW (Use meclizine hcl)	31	APTENSIO XR CP24 (Use methylphenidate hcl)	2
ANA-LEX KIT 2 %-2 % (Use lidocaine-hydrocortisone acetate (rectal))	11	ANTIVERT TABS 50 MG (Use meclizine hcl)	31	APTIOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate)	19
ANALPRAM HC CREA EX (Use hydrocortisone acetate w/ pramoxine)	11	ANUCORT-HC 25 MG (Use hydrocortisone acetate (rectal))	12	APTIVUS CAPS	49
ANALPRAM HC LOTN EX	12	ANUSOL-HC 25 MG (Use hydrocortisone acetate (rectal))	12	AQ INSULIN SYRINGE	120
ANAPROX DS TABS (Use naproxen sodium)	6	ANUSOL-HC EX (Use hydrocortisone (rectal))	12	AQINJECT PEN NEEDLE	120
ANASPAZ TBDP (Use hyoscyamine				AQNEURSA	201
				AQUALANCE LANCETS 30G ...	101
				AQUASTAT 0.9 %	136
				AQUASTAT SFR 0.9 %	136
				AQUORAL SOLN	139
				AQVESME TABS 100 MG	91
				ARANESP (ALBUMIN FREE) SOLN .	92
				ARANESP (ALBUMIN FREE) SOSY .	92
				ARAVA (Use leflunomide)	7

ARBLI PO 10 MG/ML	36	ASMANEX (120 METERED DOSES) AEPB	15	ASSURE LANCE SAFETY LANCET 28G	101
ARCALYST	5	ASMANEX (14 METERED DOSES) AEPB	15	ASSURE PLATINUM METER DEVI 101	
AREXVY	207	ASMANEX (30 METERED DOSES) AEPB	15	ASSURE PLATINUM STRP	75
arformoterol tartrate	16	ASMANEX (60 METERED DOSES) AEPB	15	ASSURE PRISM MULTI METER DEVI	101
ARGYLE STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	89	ASMANEX HFA AERO	15	ASSURE PRISM MULTI TEST STRP	75
ARICEPT TABS 23 MG (Use donepezil hydrochloride)	199	aspirin buffered (cal carb-mag carb-mag oxide)	8	ASSURE PRO BLOOD GLUCOSE METER DEVI	101
ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride)	199	aspirin CHEW	8	ASSURE PRO TEST STRP	75
ARIKAYCE	3	aspirin-dipyridamole	91	ASSURE TITANIUM BLOOD GLUCOSE DEVI	101
ARIMIDEX (Use anastrozole)	42	ASSURE 3 METER KIT	101	ASSURE TITANIUM STRP	75
aripiprazole SOLN PO	49	ASSURE 3 TEST STRP	75	ASTAGRAF XL CP24 0.5 MG, 1 MG, 5 MG (Use tacrolimus)	137
aripiprazole TABS	49	ASSURE 4 METER DEVI	101	ATACAND (Use candesartan cilexetil)	36
aripiprazole TBDP	49	ASSURE 4 TEST STRP	75	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	37
ARISTADA	49	ASSURE COMFORT LANCETS 28G	101	atazanavir sulfate CAPS	49
ARISTADA INITIO	49	ASSURE ID DUO PRO PEN NEEDLES	120	ATELVIA TBEC (Use risedronate sodium)	81
ARIXTRA (Use fondaparinux sodium)	18	ASSURE ID PRO PEN NEEDLES 120		atenolol & chlorthalidone	37
ARMLUPEG SOSY SC 6 MG/0.6ML . 92		ASSURE ID SAFETY PEN NEEDLES	120	atenolol TABS	54
armodafinil	2	ASSURE II CHECK STRP	75	ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)	13
ARMOUR THYROID TABS	203	ASSURE II STRP	75	ATIVAN TABS 1 MG (Use lorazepam)	13
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation))	15	ASSURE LANCE LANCETS	101	ATMEKSI SUSP PO 750 MG/5ML 191	
AROMASIN (Use exemestane) ...	42	ASSURE LANCE LANCETS 21G 101		atomoxetine hcl	2
ARTHROTEC TBEC (Use diclofenac w/ misoprostol)	6	ASSURE LANCE PLUS SAFETY 25G	101	atomoxetine hcl PO 4 MG/ML	2
ARYNTA SOLN PO 10 MG/ML	1	ASSURE LANCE PLUS SAFETY 30G	101		
ARZOL SILVER NIT APPLICATORS	68				
asenapine maleate	47				

ATONCY PO 4 MG/ML (Use atomoxetine hcl)	2	AUM PEN NEEDLE	120	AVALIDE (Use irbesartan-hydrochlorothiazide)	37
ATORVALIQ SUSP	34	AUM READYGARD DUO PEN NEEDLE	120	AVAPRO 150 MG, 300 MG (Use irbesartan)	36
atorvastatin calcium TABS	34	AUM SAFETY PEN NEEDLE	120	AVAR CLEANSER LIQD 10 %-5 % (Use sulfacetamide sodium w/ sulfur)	63
atovaquone	39	AURANOFIN 3 MG	5	AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ...	63
atovaquone-proguanil hcl	40	AURLUMYN IV	56	AVAR-E EMOLLIENT CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur)	63
ATRALIN GEL (Use tretinoin)	63	AURORA LANCET SUPER THIN 30G	101	AVERI TABS PO	59
atropine sulfate (ophthalmic) OINT 193		AURORA LANCET THIN 23G ...	101	AVMAPKI FAKZYNJA CO-PACK THPK PO	43
atropine sulfate (ophthalmic) SOLN 193		AURORA PEN NEEDLES	120	AVODART (Use dutasteride)	89
ATROPINE SULFATE SOLN 1 % 193		AURYXIA 210 MG (Use ferric citrate)	88	AVONEX PEN AJKT	200
ATROVENT HFA 17 MCG/ACT (Use ipratropium bromide hfa)	14	AUSTEDO TABS	200	AVONEX PREFILLED PSKT	200
ATTRUBY	58	AUSTEDO XR PATIENT TITRATION TEPK	200	AVOWISE TABS	182
AUBAGIO (Use teriflunomide) ...	200	AUSTEDO XR TB24	200	AVSOLA	87
AUDENZ EMUL	207	AUTOKEEPER SAFETY PEN NEEDLE	120	AVTOZMA SOAJ SC 162 MG/0.9ML 6	
AUDENZ PRSY	207	AUTO-LANCET MINI MISC	101	AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	6
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	198	AUTO-LANCET MISC	101	AVTOZMA SOSY SC 162 MG/0.9ML	6
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	198	AUTOLET II CLINISAFE KIT	101	AVYCAZ	58
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 198		AUTOLET LANCING DEVICE MISC .	101	AWIQLI FLEXTOUCH SOPN SC 700 UNIT/ML	28
AUGTYRO	43	AUTOLET LITE CLINISAFE KIT .	101	AYVAKIT	42
AUKELSO SOLN SC 120 MG/1.7ML 81		AUTOLET LITE LANCING DEVICE MISC	101	AZACTAM (Use aztreonam)	39
AUM ALCOHOL PREP PADS ...	119	AUTOLET LITE STARTER PACK KIT	101	AZASITE	194
AUM INSULIN SAFETY PEN NEEDLE	120	AUTOLET MINI MISC	101	azathioprine TABS 50 MG	137
AUM MINI INSULIN PEN NEEDLE 120		AUTOLET PLUS MISC	101	azathioprine TABS 75 MG, 100 MG	
		AUVELITY	23		
		AUVELITY TITRATION PACK PO	23		
		AUVI-Q SOAJ	210		

137	baclofen SUSP	191	BARACLUDE TABS (Use entecavir) .	52	
azelaic acid GEL	73	baclofen TABS	191		
azelastine hcl (ophth)	196	BACMIN TABS	146	BARIATRIC FUSION CHEW	146
azelastine hcl 0.1 %, 137		BACTRIM DS TABS (Use		BARIATRIC MULTIVITAMIN/IRON	
MCG/SPRAY	192	sulfamethoxazole-trimethoprim) ...	38	CHEW	146
azelastine hcl-fluticasone propionate		BACTRIM TABS (Use		BARIATRIC MULTIVITAMINS CAPS	
SUSP	192	sulfamethoxazole-trimethoprim) ...	38	146	
AZENTRA TABS	189	BAFIERTAM	200	BARIATRIC MULTIVITAMINS CHEW	
AZESCO TABS	189	BALCOLTRA (Use levonorgestrel-			146
AZILECT (Use rasagiline mesylate) .		ethinyl estradiol-iron)	59	BARIATRIC MULTIVITAMINS TABS .	
46		balsalazide disodium CAPS	87	146	
azilsartan medoxomil 40 MG, 80 MG		BALSAM PERU-CASTOR OIL OINT .		BARIATRIC MULTIVITAMINS/IRON	
36		74		CAPS	146
azithromycin SUSR 100 MG/5ML .	95	BALVERSA	43	BARIATRIC MULTIVITAMINS/IRON	
azithromycin SUSR 200 MG/5ML .	95	BAND-AID FLEXIBLE ROLLED		CHEW	146
azithromycin TABS 250 MG	95	GAUZE MISC	95	BASAGLAR KWIKPEN SOPN	28
azithromycin TABS 500 MG	95	BAND-AID GAUZE LARGE PADS	95	BASAGLAR TEMPO PEN SOPN .	28
azithromycin TABS 600 MG	95	BAND-AID GAUZE MEDIUM PADS	95	BASIC AM TABS	146
AZMIRO SOSY	11	95		BASIC PM TABS	146
AZOPT (Use brinzolamide)	196	BAND-AID GAUZE SMALL PADS .	95	BAXDELA TABS	86
AZOR (Use amlodipine besylate-		BAND-AID KLING ROLLED GAUZE		BAXFENDY TABS PO 1 MG, 2 MG	
olmesartan medoxomil)	37	LG MISC	95	36	
AZSTARYS	2	BAND-AID KLING ROLLED GAUZE		BCG VACCINE	206
aztreonam	39	MD MISC	95	b-complex w/ c & folic acid CAPS	
AZULFIDINE EN-TABS TBEC (Use		BAND-AID KLING ROLLED GAUZE		140	
sulfasalazine)	87	SM MISC	96	b-complex w/ c & folic acid TABS 60	
AZULFIDINE TABS (Use		BAND-AID TRU-ABSORB GAUZE		MG-10 MG-300 MCG-1 MG-20 MG-	
sulfasalazine)	87	PADS	96	0.01 MCG-10 MG-1.7 MG-1.5 MG, 1	
bacitracin (ophthalmic)	194	BANZEL SUSP (Use rufinamide) ..	19	MG	140
bacitracin-polymyxin b (ophth) ...	194	BANZEL TABS (Use rufinamide) ..	19	BD AUTOSHIELD DUO	120
bacitracin-poly-neomycin-hc	195	BAQSIMI ONE PACK POWD	27	BD ECLIPSE SYRINGE	120
baclofen SOLN PO 5 MG/5ML, 10		BAQSIMI TWO PACK POWD	27	BD ECLIPSE SYRINGE/NEEDLE	
MG/5ML	191	BARACLUDE SOLN	52	120	
				BD HEPARIN POSIFLUSH 10	
				UNIT/ML	18

BD INS SYR ULTRAFINE 1/2UNIT 120	BD POSIFLUSH SAFESCRUB 0.9 %136	BENTYL SOLN IM (Use dicyclomine hcl)204
BD INSULIN SYR ULTRAFINE II 120	BD SAFETYGLIDE INSULIN SYRINGE 121	BENZAC AC WASH LIQD 5 %63
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BD LUER-LOCK SYRINGE121	BELBUCA FILM10	besifloxacin hcl 0.6 %194
BD LUER-LOK SYRINGE 121	BELLADONNA ALKALOIDS-OPIMUM204	BESIVANCE 0.6 % (Use besifloxacin hcl)194
BD MICROTAINER LANCETS .. 101	BELSOMRA93	BESREMI 45
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BD PEN NEEDLE MINI ULTRAFINE121	benazepril hcl 40 MG 35	BETADINE OPHTHALMIC PREP 194
BD PEN NEEDLE NANO 2ND GEN . 121	benazepril hcl 5 MG, 10 MG, 20 MG . 35	betaine 83
BD PEN NEEDLE NANO ULTRAFINE121	BENEFIX KIT 90	betamethasone dipropionate (topical) CREA 68
BD PEN NEEDLE ORIG ULTRAFINE121	BENICAR (Use olmesartan medoxomil)36	betamethasone dipropionate (topical) LOTN68
BD PEN NEEDLE SHORT ULTRAFINE121	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ...37	betamethasone dipropionate (topical) OINT 68
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	CVS SPECTRAVITE ADULTS TABS	MCG-1.2 MG-100 MG-11 MG-210
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eltrombopag olamine PACK 12.5		EMBRACE PRESSURE ACTIVATED		EMERGEN-C IMMUNE+	
MG, 25 MG	92	21G	105	ELDERBERRY CHEW	155
eltrombopag olamine TABS 12.5 MG,		EMBRACE PRESSURE ACTIVATED		EMERGEN-C TURMERIC &	
25 MG, 50 MG, 75 MG	92	28G	105	GINGER CHEW	155
ELYXYB	135	EMBRACE PRO GLUCOSE METER		EMERGEN-C VITAMIN C CHEW	
		DEVI	106	155	
EMBECTA AUTOSHIELD DUO	123	EMBRACE PRO GLUCOSE TEST		EMFLAZA SUSP (Use deflazacort)	
EMBECTA INS SYR U/F 1/2 UNIT		STRP	76	61	
123		EMBRACE TALK BLOOD GLUCOSE		EMFLAZA TABS (Use deflazacort)	
EMBECTA INSULIN SYR		DEVI	106	61	
ULTRAFINE	123	EMBRACE TALK GLUCOSE TEST		EMGALITY (300 MG DOSE) SOSY	
EMBECTA INSULIN SYRINGE	123	STRP	76	134	
EMBECTA INSULIN SYRINGE U-		EMBRACE TALK MONITORING		EMGALITY SOAJ	134
100	123	SYSTEM KIT	106	EMGALITY SOSY	134
EMBECTA PEN NEEDLE NANO		EMBRACE WAVE BLOOD		EMPAVELI	91
123		GLUCOSE DEVI	106	EMSAM	23
EMBECTA PEN NEEDLE NANO 2		EMBRACE WAVE BLOOD		emtricitabine CAPS	50
GEN	123	GLUCOSE STRP	76	emtricitabine-rilpivirine-tenofovir	
EMBECTA PEN NEEDLE		EMBRACE WAVE GLUCOSE		disoproxil fumarate	50
ULTRAFINE	123	METER DEVI	106	emtricitabine-tenofovir disoproxil	
EMBRACE BLOOD GLUCOSE		EMBRIVA TABS	189	fumarate 100 MG-150 MG, 133 MG-	
MONITOR DEVI	105	EMEND BIPACK CAPS 80 MG (Use		200 MG, 167 MG-250 MG	50
EMBRACE BLOOD GLUCOSE		aprepitant)	32	emtricitabine-tenofovir disoproxil	
TEST STRP	76	EMEND SUSR	32	fumarate 200 MG-300 MG	50
EMBRACE EVO BLOOD GLUCOSE		EMEND TRIPACK CPPK PO (Use		EMTRIVA CAPS (Use emtricitabine)	
TEST STRP	76	aprepitant)	32	50	
EMBRACE EVO GLUCOSE		EMERGEN-C APPLE CIDER		EMTRIVA SOLN	50
MONITOR DEVI	105	VINEGAR CHEW	154	EMVERM CHEW	13
EMBRACE EVO GLUCOSE		EMERGEN-C ASHWAGANDHA			

enalapril maleate & hydrochlorothiazide	37	MG/0.8ML, 120 MG/0.8ML	18	lamivudine)	50
enalapril maleate SOLN	35	ENSACOVE CAPS PO 25 MG, 100 MG	43	EPIVIR TABS 300 MG (Use lamivudine)	50
enalapril maleate TABS	35	ENSTILAR FOAM	69	eplerenone	38
ENBRACE HR	189	entacapone	45	EPOGEN 10000 UNIT/ML	92
ENBREL MINI SOCT	7	entecavir TABS	52	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	92
ENBREL SOLN	7	ENTRESTO CPSP	56	epoprostenol sodium	56
ENBREL SOSY	7	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 SURECLICK SOAJ	7	ENTYVIO PEN SOAJ	87	EPSOLAY CREA	63
ENBUMYST SOLN 0.5 MG/0.1ML	81	ENTYVIO SOLR	87	EPT	76
ENDARI (Use glutamine (sickle cell))	91	ENVARUSUS XR TB24	138	EPT DIGITAL	76
ENDOMETRIN INST 100 MG (Use progesterone (vaginal))	209	EOHILIA SUSP	61	EPYSQLI SOLN IV 300 MG/30ML	91
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ENERGIX-B SUSY	207	EPCLUSA TABS	52	EQ COMPLETE MULTIVITAMIN- ADULT TABS	155
ENJAYMO	91	EPIDIOLEX	20	EQ GAUZE PADS	97
ENLITE GLUCOSE SENSOR	106	EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)	63	EQ MULTIVITAMIN GUMMIES	
ENLYTE GUMMY+ CHEW	155	EPIDUO GEL (Use adapalene- benzoyl peroxide)	63		
ENOBY SOSY SC 60 MG/ML	82	EPIFOAM FOAM	69		
enoxaparin sodium SOLN IJ 300 MG/3ML	18	epinastine hcl (ophth)	196		
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	18	epinephrine (anaphylaxis) SOAJ	210		
enoxaparin sodium SOSY 30 MG/0.3ML	18	EPIOXA HD/ EPIOXA PSKT OP	195		
enoxaparin sodium SOSY 40 MG/0.4ML	18	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	210		
enoxaparin sodium SOSY 60 MG/0.6ML	18	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	210		
enoxaparin sodium SOSY 80		EPIVIR SOLN (Use lamivudine)	50		
		EPIVIR TABS 150 MG (Use			

CHEW	185	EQL CENTURY MATURE TABS 90	117 MCG	156
EQ MULTIVITAMINS ADULT		MG-3 MG-30 MCG-500 MCG-500	EQL ONE DAILY MENS HEALTH	
GUMMY CHEW	155	UNIT-25 MCG-1.7 MG-30 MCG-20	TABS 400 UNIT-90 MG-3 MG-30	
EQ ONE DAILY MENS 50+ TABS		MG-250 MCG-2500 UNIT-10 MG-	MCG-400 MCG-18 MCG-1.7 MG-20	
155		300 MCG-1.5 MG-11 MG-150 MCG-	MCG-16 MG-3500 UNIT-5 MG-210	
EQ ONE DAILY MENS HEALTH		50 MG-2 MG-220 MG-80 MG-45	MG-0.6 MG-1.2 MG-15 MG-2 MG-	
TABS	155	MCG-150 MCG-50 UNIT-110 MG-0.9	120 MG-100 MG-45 UNIT-2 MG-120	
EQ ONE DAILY WOMENS 50+		MG-5 MCG-2.3 MG-55 MCG-10	MCG-105 MCG	156
TABS	155	MCG-45 MCG-72 MG	EQL ONE DAILY MENS TABS ...	156
EQ ONE DAILY WOMENS HEALTH		EQL CENTURY MATURE WOMEN	EQL ONE DAILY WOMENS 50+	
TABS	155	50+ TABS 100 MG-5 MG-30 MCG-	ADV TABS 120 MG-6 MG-30 MCG-	
EQ PREGNANCY TEST	77	400 MCG-800 UNIT-50 MCG-5 MG-	400 MCG-1000 UNIT-25 MCG-3.4	
EQ PREGNANCY TEST EARLY		1.1 MG-50 MCG-14 MG-300 MCG-	MG-20 MCG-20 MG-3500 UNIT-15	
RESULT	77	3500 UNIT-8 MG-1.1 MG-15 MG-0.5	MG-500 MG-4.5 MG-24 MG-2.2 MG-	
EQ SPACE CHAMBER ANTI-		MG-50 MG-5 MCG-500 MG-80 MG-	50 MG-90 MCG-150 MCG-30 UNIT-	
STATIC DEVI	131	15 MG-50 MCG-150 MCG-20 MG-	4.2 MG-180 MCG-27 MCG	156
EQ SPACE CHAMBER ANTI-		2.3 MG-35 UNIT-55 MCG-72 MG-10	EQL ONE DAILY WOMENS TABS	
STATIC L DEVI	131	MCG-50 MCG-150 MCG	60 MG-2 MG-30 MCG-400 MCG-800	
EQ SPACE CHAMBER ANTI-		EQL CENTURY MENS TABS	UNIT-6 MCG-1.7 MG-25 MCG-10	
STATIC M DEVI	131	EQL CENTURY TABS 90 MG-2 MG-	MG-2500 UNIT-5 MG-18 MG-1.5	
EQ SPACE CHAMBER ANTI-		30 MCG-500 MCG-400 UNIT-6	MG-15 MG-50 MG-120 MCG-450	
STATIC S DEVI	131	MCG-1.7 MG-25 MCG-20 MG-250	MG-30 UNIT-2 MG-2 MG-20 MCG,	
EQ VISION FORMULA 50+ CAPS		MCG-3500 UNIT-10 MG-18 MG-300	60 MG-2 MG-30 MCG-400 MCG-800	
150 MG-30 UNIT-5 MG-1 MG-1 MG-		MCG-1.5 MG-11 MG-150 MCG-100	UNIT-6 MCG-1.7 MG-25 MCG-10	
9 MG-90 MG-160 MG-250 MG ...	155	MG-80 MG-200 MG-45 MCG-150	MG-2500 UNIT-5 MG-18 MG-1.5	
EQL ALCOHOL SWABS	119	MCG-30 UNIT-109 MG-0.9 MG-5	MG-15 MG-50 MG-450 MG-30 UNIT-	
EQL CENTURY MATURE ADULTS		MCG-10 MCG-2.3 MG-55 MCG-10	2 MG-2 MG-120 MCG-20 MCG ..	140
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MG-60 MCG-20 MG-300 MCG-3500		97	77	
UNIT-600 MCG-1.5 MG-15 MG-0.7		EQL GAUZE STERILE PADS	EQL PRENATAL FORMULA TABS	
MG-50 MG-5 MCG-250 MG-80 MG-		97	189	
15 MG-50 MCG-150 MCG-20 MG-4		EQL ONE DAILY ADULT GUMMIES	EQL VISION FORMULA TABS 200	
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EQL CENTURY MATURE MEN 50+		EQL ONE DAILY MENS 50+	EQUETRO	46
TABS 120 MG-6 MG-30 MCG-300		ADVANCE TABS 120 MG-6 MG-30	ergocalciferol CAPS	210
MCG-600 UNIT-100 MCG-10 MG-1.7		MCG-400 MCG-700 UNIT-25 MCG-		
MG-60 MCG-20 MG-300 MCG-3500		3.4 MG-20 MCG-20 MG-3500 UNIT-		
UNIT-600 MCG-1.5 MG-15 MG-0.7		15 MG-120 MG-370 MCG-4.5 MG-24		
MG-50 MG-5 MCG-250 MG-80 MG-		MG-2.2 MG-110 MG-90 MCG-150		
15 MG-50 MCG-150 MCG-20 MG-4		MCG-25.5 UNIT-4.2 MG-180 MCG-		
MG-60 UNIT-100 MCG-72 MG-10				
MCG-60 MCG-150 MCG	155			

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	dexamethylphenidate hcl)2	STRP77
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GELX GEL	139	GEODON 20 MG, 60 MG, 80 MG (Use ziprasidone hcl)	46	glimepiride 4 MG	30
gemfibrozil TABS	34	GEODON 60 MG (Use ziprasidone hcl)	46	glipizide TABS 2.5 MG	30
GEMTESA	206	GERI-FREEDA SENIOR FORMULA TABS	157	glipizide TABS	30
GENABIO COVID-19 RAPID TEST KIT	77	GERITOL NUTRITION SUPPORT TABS 57 MG-2 MG-44 MCG-0.38 MG-400 UNIT-6.7 MCG-1.7 MG-24 MCG-13 MG-1.5 MG-13.5 MG-1.8 MG-20 MG-6100 UNIT-86 MG-36 MG-1 MCG-120 MCG-30 UNIT-118 MG-148 MG-2.4 MG-12 MCG-1 MCG-16 MG-20 MG	157	glipizide TB24	30
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GENVOYA	50	GLEEVEC TABS (Use imatinib mesylate)	43	GLUCOCARD 01 BLOOD GLUCOSE KIT	108
		GLEOSTINE (Use lomustine)	41		
		glimepiride 1 MG, 2 MG	30		

GLUCOCARD 01 SENSOR PLUS STRP	123	GNP CENTURY ADULTS MEN TABS	158
GLUCOCARD 01-MINI GLUCOSE KIT	108	GNP CENTURY ADULTS WOMEN TABS	158
GLUCOCARD EXPRESSION MONITOR KIT	108	GNP CENTURY MATURE ADULTS 50+ TABS	158
GLUCOCARD EXPRESSION TEST STRP	78	GNP CENTURY MATURE MEN'S 50+ TABS	158
GLUCOCARD SHINE CONNEX KIT .	108	GNP CENTURY MATURE WOMEN'S 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-80 MG-300 MG-50 MCG-150 MCG-15.8 MG-20 MG-0.5 MG-2.3 MG-1050 MCG-22 MCG-52 MCG-72 MG	158
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GLUCOCARD VITAL TEST STRP 78		GNP HAIR SKIN & NAILS EXTRA ST TABS	158
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GLUCONAVII BLOOD GLUCOSE TEST STRP	78		
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MCG-2500 UNIT-5 MG-25 MG-10 MG-10 MG-15 MG-3.3 MG-10 MG-5 MG-20 MG-0.5 MG-150 MCG-25 UNIT-54 MG-73 MG-897 MCG-10 MG-50 MG-0.6 MG-10 MG 158	25 MG-1500 MCG-37.5 MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 MG- 35 MG-35 MG-15 MG-25 MG-25 MG, 150 MG-25 MG-15 MG-125 MCG-50 UNIT-200 MCG-2.5 MG-5 MG-100 UNIT-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-100 MG-2.5 MG-5000 UNIT-75 MCG-25 MG-12.5 MG-25 MCG-5 MCG-15 MG-15 MG-35 MG- 35 MG-50 MCG-35 MG-25 MG-25 MG 159	MG-2 MG-100 MG-45 UNIT-2 MG- 120 MCG-105 MCG 159
GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT 158	GNP MEGA MULTI FOR WOMEN TABS 100 MG-40 MG-40 MCG-50 UNIT-200 MCG-200 UNIT-40 MCG- 5000 UNIT-40 MG-37.5 MCG-5 MG- 10 MCG-40 MG-250 MCG-40 MG-5 MG-250 MG-40 MG-100 MG-7.5 MG- 12.5 MG-13.5 MG-2.5 MG-25 MCG-1 MG-50 MCG-1 MG-50 MCG-75 MCG-12.5 MG-1 MG-1 MG-25 MG 159	GNP ONE DAILY WOMENS 50+ TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-2500 UNIT-20 MCG-120 MG 159
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GNP INSULIN SYRINGE 123	GNP INSULIN SYRINGES 123	GNP ONE DAILY WOMENS TABS 60 MG-120 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG- 22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG-50 MG 159
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GNP LITTLE ONES CHILDRENS CHEW 60 MG-1.05 MG-300 MCG- 400 UNIT-4.5 MCG-1.2 MG-10 MG- 1998 UNIT-1.05 MG-15 UNIT 188	GNP ONE DAILY MENS/LYCOPENE TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15	GNP PRENATAL TABS 189
GNP MEGA MULTI FOR MEN TABS 150 MG-125 MCG-200 MCG-15 MG- 15 MG-2.5 MG-5 MG-5 MG-15 MG- 15 MG-15 MG-5 MG-250 MCG-5 MG-175 MCG-2.5 MCG-33.5 MG-25 MG-50 MG-2.5 MG-25 MCG-1 MG- 12.5 MG-105 MG-75 MCG-50 MCG-		GNP PRENATAL/FOLIC ACID TABS 189
		GNP STERILE GAUZE PADS 97
		GNP STERILE LANCETS 28G .. 108
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granisetron hcl TABS31	GUARDIAN SENSOR (3)109	HAIR SKIN NAILS CAPS 30 MG- 1.667 MG-1666.667 MCG-10 UNIT-
	GUARDIAN SENSOR 3109	
	GUMMI BEAR MULTIVITAMIN/MIN CHEW186	
	GVOKE HYPOPEN 1-PACK SOAJ	

133.333 MCG-666.667 UNIT-2.667	TABS160	HEMICLOR 12.5 MG 81
MCG-1666.667 UNIT-1.667 MG-	HEALTHPRO BLOOD GLUCOSE	HEMLIBRA90
8.333 MG-5 MG-3.333 MG-1.667	MONITO KIT109	HEMMOREX-HC 25 MG, 30 MG
MG-2.5 MG-10 MG-0.333 MG-10	HEALTHWISE INSULIN	(Use hydrocortisone acetate (rectal))
MG-1 MG-20 MG-8.333 MG-4.167	SYR/NEEDLE124	12
MCG 160	HEALTHWISE MICRON PEN	HEMOFIL M SOLR 250 UNIT, 500
HAIR/SKIN/NAILS CAPS160	NEEDLES124	UNIT, 1000 UNIT, 1700 UNIT 90
HAIR/SKIN/NAILS TABS160	HEALTHWISE SHORT PEN	HEMORRHOIDAL 0.25 %-85.5 %-3
halcinonide CREA70	NEEDLES124	% 12
halcinonide SOLN 0.1 %70	HEALTHY EYES SUPERVISION 2	HEPARIN NA (PORK) LOCK FLSH
HALCION 0.25 MG (Use triazolam)	CAPS 160	PF 10 UNIT/ML 18
93	HEALTHY EYES TABS 200 MG-2	HEPARIN SOD (PORK) LOCK
HALDOL DECANOATE (Use	MG-40 MG-2 MG-1000 UNIT-60	FLUSH 10 UNIT/ML18
haloperidol decanoate)47	UNIT-55 MCG 160	HEPARIN SODIUM (PORCINE) PF
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LOTN 0.05 %70	HEALTHY HAIR/SKIN/NAILS TABS	5000 UNIT/ML, 10000 UNIT/ML,
halobetasol propionate OINT70	2 MG-2000 MCG-400 MCG-25 MG-	20000 UNIT/ML 18
HALOG CREA (Use halcinonide) ..70	100 MG-25 MCG-1.7 MG-10 MG-40	HEPARIN SODIUM (PORCINE)
HALOG SOLN 0.1 % (Use	MG-1.5 MG-50 MG-2500 UNIT-50	SOSY IJ18
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HARVONI PACK52	H-E-B INCONTROL LANCETS 33G .	TABS160
HARVONI TABS52	109	HIGH POTENCY MULTIVITAMIN
HAVRIX IM 720 EL U/0.5ML, 1440	H-E-B INCONTROL PEN NEEDLES	TABS183
EL U/ML 208	124	HI-KOVITE 2-PART FORMULA
HEAD CARE PROACTIVE HEALTH	H-E-B INCONTROL UNIFINE	TABS 400 UNIT-200 MG-10 MG-30
	PENTIP124	MCG-400 MCG-10 MG-10 MCG-
	HEMADY TABS61	5000 UNIT-10 MG-10 MG-100 MG-
	HEMANGEOL SOLN PO 54	

10 MG-9 MG-0.5 MG-7.5 MG-35 MG-60 MG-30 UNIT-1 MG-120 MG-75 MCG-17.5 MCG-10 MG-10 MG ..	160	HUMATROPE CART IJ	82	hydrocodone bitartrate CP12	8
HIPREX (Use methenamine hippurate)	40	HUMIRA (2 PEN) AJKT	5	hydrocodone bitartrate T24A	9
HM COMPLETE MEN TABS	160	HUMIRA (2 SYRINGE) PSKT	5	hydrocodone bitartrate-homatropine methylbromide SOLN	61
HM EMBRACE TALK SYSTEM KIT 109		HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	5	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	10
HM STERILE ALCOHOL PREP ..	119	HUMIRA-PSORIASIS/UEIT STARTER AJKT	5	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	10
HM STERILE PADS PADS	97	HUMULIN 70/30 KWIKPEN SUPN ..	29	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-2.5 MG	10
HM ULTICARE INSULIN SYRINGE ..	124	HUMULIN 70/30 SUSP	29	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	10
HM ULTICARE MINI PEN NEEDLES	124	HUMULIN N KWIKPEN SUPN	29	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG 10	
HM ULTICARE SHORT PEN NEEDLES	124	HUMULIN N SUSP	29	hydrocortisone (intrarectal)	11
HORIZANT	201	HUMULIN R SOLN IJ	29	hydrocortisone (rectal) EX 1 %	12
HULIO (2 PEN) AJKT	5	HUMULIN R U-500 KWIKPEN SOPN SC	29	hydrocortisone (rectal) EX 2.5 % ..	12
HULIO (2 SYRINGE) PSKT	5	HW EMBRACE PRO GLUCOSE METER DEVI	109	hydrocortisone (topical) CREA 0.5 % 70	
HUMALOG JUNIOR KWIKPEN SOPN	28	HW EMBRACE PRO GLUCOSE TEST STRP	78	hydrocortisone (topical) CREA 1 % 70	
HUMALOG KWIKPEN SOPN 100 UNIT/ML	28	HW EMBRACE TALK BLOOD GLUCOSE DEVI	109	hydrocortisone (topical) CREA 2.5 % 70	
HUMALOG KWIKPEN SOPN 200 UNIT/ML	28	HW EMBRACE TALK GLUCOSE TEST STRP	78	hydrocortisone (topical) LOTN 2.5 % . 70	
HUMALOG MIX 50/50 KWIKPEN SUPN	28	HYCANTIN CAPS	45	hydrocortisone (topical) OINT 1 %, 2.5 %	70
HUMALOG MIX 75/25 KWIKPEN SUPN	28	HYCLODEX SOLN	73	hydrocortisone (topical) SOLN 2.5 % 70	
HUMALOG MIX 75/25 SUSP	28	HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	61	hydrocortisone acetate (rectal) 30 MG	12
HUMALOG SOCT	29	hydralazine hcl TABS	38		
HUMALOG SOLN IJ	29	HYDRALYN GEL 2 %	70		
HUMALOG TEMPO PEN SOPN ..	28	HYDRAVEX GEL 2 %	70		
HUMATE-P SOLR	90	HYDREA (Use hydroxyurea)	45		
		hydrochlorothiazide CAPS	81		
		hydrochlorothiazide TABS	81		

hydrocortisone acetate (topical) CREA 2.5 %	70	204	ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	6
hydrocortisone butyrate CREA	70	204	ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML	6
hydrocortisone butyrate LOTN	70	204	ibuprofen TABS	6
hydrocortisone butyrate OINT	70	204	ibuprofen-famotidine	6
hydrocortisone butyrate SOLN	70	204	ICAPS AREDS FORMULA TABS 160	
HYDROCORTISONE GEL 2 %	70	197	ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG	160
hydrocortisone TABS	61	109	ICAPS LUTEIN & OMEGA-3 CAPS 240 MCG-1.2 MG-16 MG-1.3 MG-2.4 MCG-1.3 MG-10 MG-600 MCG-45 MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7 MG-1 MG-34 MCG-280 MG	160
hydrocortisone valerate CREA	70	5	ICAPS MV TABS 128 MG-7.5 MCG- 100 MCG-0.5 MG-100 UNIT-1.5 MCG-2.5 MG-6.25 MCG-2.5 MG- 1.67 MG-2.5 MG-0.83 MG-83.25 MG- 0.075 MG-0.38 MG-25 MG-21.15 MG-0.9 MG-18.75 MCG-30 MCG- 37.5 MCG-107.5 UNIT-35 MG-0.5 MG-10 MCG	160
hydrocortisone valerate OINT	70	5	icatibant acetate SOSY	90
hydrocortisone w/acetic acid	197	5	ICLUSIG	43
hydromorphone hcl LIQD	9	5	icosapent ethyl	34
HYDROMORPHONE HCL SUPP	9	5	ICOTYDE TABS PO 200 MG	66
hydromorphone hcl TABS	9	5	IDACIO-CROHNS/UC STARTER AJKT	5
hydromorphone hcl TB24	9	5	IDELVION	90
hydroquinone CREA 4 %	73	43	IDHIFA	43
HYDROXATE GEL	70	9	IDVYNISO TABS PO	50
hydroxychloroquine sulfate	40	9	IGLUCOSE MONITORING SYSTEM KIT	109
HYDROXYM CREA	70	109	IGLUCOSE TEST STRIPS STRP	78
HYDROXYM GEL	70	109	IHEALTH BLOOD GLUCOSE TEST	
hydroxyurea	45	109		
hydroxyzine hcl SYRP	13	109		
hydroxyzine hcl TABS	13	160		
hydroxyzine pamoate CAPS	13	37		
HYFTOR	72	82		
HYLAZINC TABS	160	43		
HYMPAVZI	90	43		
hyoscyamine sulfate ELIX	204	88		
hyoscyamine sulfate SOLN PO 0.125 MG/ML	204	43		
hyoscyamine sulfate SUBL 0.125 MG		6		

STR STRP	78	imipramine hcl TABS	26	IN TOUCH DEVI	110
IHEALTH COVID-19 RAPID TEST KIT	78	imipramine pamoate	26	IN TOUCH LANCING DEVICE MISC 110	
IHEALTH GLUCO+ KIT 10 KIT ...	110	imiquimod 3.75 %	72	IN TOUCH STERILE LANCETS 30G	110
IHEALTH GLUCO+ KIT 100 KIT .	109	imiquimod 5 %	72	INBRIJA CAPS	46
IHEALTH LANCING DEVICE MISC 110		IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	135	IN-CHECK DIAL FLOW TRAINER DEVI	131
IHEEZO	195	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	135	IN-CHECK INSPIRATORY FLOW MTR DEVI	131
ILARIS SOLN	5	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	135	INCONTROL ULTICARE PEN NEEDLES	124
ILET CONTACT DETACH 23" 6MM MISC	110	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	135	INCRELEX	83
ILET INFUSION-FLEX 23" 6MM MISC	110	IMITREX TABS (Use sumatriptan succinate)	135	INCRUSE ELLIPTA 62.5 MCG/ACT (Use umeclidinium bromide)	14
ILET INFUSION-INSET 23" 6MM MISC	110	IMKELDI SOLN	43	indapamide TABS 1.25 MG, 2.5 MG . 81	
ILET INFUSION-INSET 32" 6MM MISC	110	IMMUNE 24 HOUR+ CAPS	160	INDERAL LA CP24 (Use propranolol hcl)	54
ILET INSULIN PUMP DEVI	110	IMMUNE ESSENTIALS DAILY CAPS	160	INDERAL XL	54
ILET STARTER - CONTACT DETACH MISC	110	IMMUNE SUPPORT CHEW	160	INDICAID COVID-19 RAPID TEST KIT	78
ILET STARTER KIT - INSET 23" MISC	110	IMOVAX RABIES SUSR	208	INDOCIN SUSP (Use indomethacin) . 6	
ILET STARTER KIT - INSET 32" MISC	110	IMPAVIDO	38	indomethacin CAPS 25 MG, 50 MG 6	
ILEVRO	196	IMULDOSA SOLN IV 130 MG/26ML . 87		indomethacin CPR	6
ILUMYA	66	IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	66	indomethacin SUPP	6
IMAAVY SOLN IV 300 MG/1.62ML, 1200 MG/6.5ML	137	IMURAN TABS (Use azathioprine) 138		indomethacin SUSP	6
imatinib mesylate TABS	43	IMVEXXY MAINTENANCE PACK INST	209	INFANRIX	203
IMBRUVICA CAPS	43	IMVEXXY STARTER PACK INST 209		INFINITY BLOOD GLUCOSE SYSTEM KIT	110
IMBRUVICA SUSP	43	IN TOUCH BLOOD GLUCOSE TEST STRP	78	INFINITY BLOOD GLUCOSE TEST STRP	78
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	43			INFINITY VOICE KIT	110
imipenem-cilastatin IV	39				

INFINITY VOICE STRP	78	INSULIN GLARGINE MAX SOLOSTAR SOPN	29	INVELTYS SUSP	195
INFLECTRA SOLR	87	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	29	INVOKAMET TABS	26
INFLIXIMAB	87	INSULIN GLARGINE-YFGN SOLN 29		INVOKAMET XR TB24	26
INGREZZA CAPS	200	INSULIN GLARGINE-YFGN SOPN 29		INVOKANA	30
INGREZZA CPPK	200	INSULIN LISPRO (1 UNIT DIAL) SOPN	29	INZIRQO SUSR PO 10 MG/ML ...	81
INGREZZA CPSP	200	INSULIN LISPRO JUNIOR KWIKPEN SOPN	29	IOPIDINE	194
INLURIYO TABS PO 200 MG	42	INSULIN LISPRO PROT & LISPRO SUPN	29	IOL J	208
INLYTA	41	INSULIN LISPRO SOLN IJ	29	ipratropium bromide (nasal) 0.03 %	192
INNOPRAN XL	54	INSULIN SYRINGE	124	ipratropium bromide (nasal) 0.06 %	192
INNOSPIRE REPLACEMENT FILTER MISC	131	INSULIN SYRINGE-NEEDLE U-100 124		ipratropium bromide hfa 17 MCG/ACT	15
INPEN 100-BLUE-LILLY-HUMALOG DEVI	124	INSUPEN PEN NEEDLES	124	ipratropium bromide SOLN 0.02 %	15
INPEN 100-BLUE-NOVOLOG-FIASP DEVI	124	INSUPEN32G EXTR3ME	124	ipratropium-albuterol SOLN	17
INPEN 100-GREY-LILLY-HUMALOG DEVI	124	INTELENCE (Use etravirine)	50	IQIRVO	88
INPEN 100-GREY-NOVOLOG- FIASP DEVI	124	INTELENCE	50	irbesartan	36
INPEN 100-PINK-LILLY-HUMALOG DEVI	124	INTELENCE 200 MG (Use etravirine)	50	irbesartan-hydrochlorothiazide	37
INQOVI	43	INTELISWAB COVID-19 RAPID TEST KIT	78	IRESSA (Use gefitinib)	42
INREBIC	43	INTRAROSA	209	ISENTRESS CHEW 100 MG	50
INSPIREASE MISC	131	INTUNIV (Use guanfacine hcl (adhd))	2	ISENTRESS CHEW 25 MG	50
INSPIRA (Use eplerenone)	38	INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone)	47	ISENTRESS HD TABS	50
INSULIN ASPART FLEXPEN SOPN . 29		INVEGA HAFYERA	47	ISENTRESS PACK	50
INSULIN ASPART SOLN IJ	29	INVEGA SUSTENNA	47	ISENTRESS TABS	50
INSULIN DEGLUDEC FLEXTOUCH SOPN	29	INVEGA TRINZA	47	isoniazid SYRP	41
INSULIN DEGLUDEC SOLN	29			isoniazid TABS	41
				ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	13
				isosorbide dinitrate TABS	13
				isosorbide dinitrate-hydralazine hcl 56	
				isosorbide mononitrate TABS	13

isosorbide mononitrate TB24	13	JAKAFI	44	JUST RIGHT 5000 PSTE DT 1.1 % (Use sodium fluoride (dental))	139
isotretinoin 10 MG, 20 MG, 40 MG	64	JAKAFI XR PO 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	44	JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG	35
isotretinoin 25 MG, 30 MG, 35 MG	64	JALYN (Use dutasteride-tamsulosin hcl)	89	JYLAMVO SOLN PO	41
isradipine CAPS	55	JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (Use sitagliptin phosphate-metformin hcl)	26	JYNARQUE TABS 15 MG, 30 MG (Use tolvaptan)	85
ISTALOL SOLN (Use timolol maleate (ophth))	193	JANUMET XR TB24 1000 MG-100 MG, 1000 MG-50 MG, 500 MG-50 MG (Use sitagliptin phosphate- metformin hcl)	26	JYNARQUE TBPK 15 MG (Use tolvaptan)	85
ISTURISA 1 MG, 5 MG	81	JANUVIA 25 MG, 50 MG, 100 MG (Use sitagliptin phosphate)	28	JYNNEOS	208
ITOVEBI	43	JARDIANCE	30	KALBITOR	91
itraconazole CAPS	32	JASCAYD TABS PO 9 MG, 18 MG 202		KALETRA SOLN	50
itraconazole SOLN	32	JATENZO CAPS	11	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	51
ITVISMA SUSP IT	192	JAVADIN SOLN PO 0.02 MG/ML .	36	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	51
ivabradine hcl TABS	58	JAYPIRCA	44	KALYDECO PACK	202
ivermectin (rosacea)	73	JENTADUETO TABS	26	KALYDECO TABS	202
ivermectin	13	JENTADUETO XR TB24	26	KAMELEON LUBRICATED MISC .	98
I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG 161		JIVI	90	KAPSPARGO SPRINKLE CS24 ..	54
I-VITE W/LUTEIN TABS	161	JOENJA	137	KATERZIA	55
IWILFIN	45	JOINT HEALTH & BONE STRENGTH TABS	161	KENALOG AERS (Use triamcinolone acetonide (topical))	70
IXIARO	208	JORNAY PM CP24	2	KENDALL HYDROPHILIC FOAM DRESS PADS	97
IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	90	JOURNAVX	8	KENDALL HYDROPHILIC FOAM PLUS PADS	97
IYUZEH SOLN	196	JUBBONTI SOSY SC 60 MG/ML .	82	KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)	20
J & J GAUZE PADS	97	JUBEREQ SOLN SC 120 MG/1.7ML 82		KEPPRA TABS 1000 MG (Use levetiracetam)	20
J & J GAUZE SPONGES 12-PLY MISC	97	JULUCA	50	KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	20
J & J GAUZE SPONGES 16-PLY MISC	97	JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW	186	KEPPRA TABS 500 MG (Use	
J & J GAUZE SPONGES 8-PLY MISC	97				
JADENU SPRINKLE PACK (Use deferasirox)	31				
JADENU TABS (Use deferasirox) .	31				

levetiracetam)20	ketorolac tromethamine TABS6	KISQALI (400 MG DOSE)44
KEPPRA XR TB24 (Use levetiracetam)20	KETOSTIX STRP78	KISQALI (600 MG DOSE)44
KERALYT GEL (Use salicylic acid) 72	KEYEYIS (Use dichlorphenamide) 80	KISUNLA199
KERENDIA84	KEVZARA SOAJ6	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin)3
KERLIX AMD ANTIMICROBIAL MISC97	KEVZARA SOSY6	KLARON (Use sulfacetamide sodium (acne))64
KERLIX BANDAGE ROLL 2-1/4"X9' MISC97	KEYFOLIC TABS161	KLING FLUFF MISC97
KERLIX BANDAGE ROLL 4.5"X9.3' MISC97	KEYLOSA TABS161	KLONOPIN TABS (Use clonazepam)19
KERLIX BANDAGE ROLL MISC ..97	KHINDIVI SOLN PO 1 MG/ML61	KLOR-CON 10 TBCR 10 MEQ (Use potassium chloride)136
KERLIX GAUZE ROLL LARGE MISC97	KIMONO COLORS DEVI98	KLOR-CON TBCR 8 MEQ (Use potassium chloride)136
KERLIX GAUZE ROLL MEDIUM MISC97	KIMONO MAXX-LARGE FLARE MISC98	KLOXXADO LIQD31
KERLIX GAUZE ROLL SMALL MISC97	KIMONO MICRO THIN MISC99	KOATE SOLR90
KERLIX SPONGES PADS97	KIMONO MICRO THIN PLUS MISC . 98	KOATE-DVI SOLR 1000 UNIT90
KERLIX X-RAY DETECTABLE SPONGE MISC97	KIMONO MISC99	KOKO PEAK PRO MOUTHPIECE MISC131
KESIMPTA200	KIMONO PLUS MISC99	KOMZIFTI CAPS PO 200 MG42
ketoconazole (topical) CREA65	KIMONO PS MISC99	KONVOMEF SUSR205
ketoconazole (topical) FOAM65	KIMONO PS PLUS MISC99	KORLYM (Use mifepristone (hyperglycemia))27
ketoconazole (topical) SHAM 2 % .65	KIMONO SENSATION MISC99	KOSELUGO44
ketoconazole32	KIMONO SENSATION PLUS MISC 99	KOSELUGO PO 5 MG, 7.5 MG ...44
KETONE TEST STRP78	KIMONO SPECIAL DEVI99	KOVALTRY90
ketoprofen CAPS 50 MG, 75 MG ...6	KINERET SOSY5	KP ADULTS 50+ DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT- 10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10
ketoprofen CP246	KINNEY LANCETS110	
ketorolac tromethamine (ophth) 0.4 %196	KINNEY THIN LANCETS110	
ketorolac tromethamine (ophth) 0.5 %196	KINRAY INSULIN SYRINGE124	
	KINRIX SUSY203	
	KIRSTY SOLN IJ 100 UNIT/ML ...29	
	KIRSTY SOPN SC 100 UNIT/ML ..29	
	KISQALI (200 MG DOSE)44	

MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MG-72 MG-2 MG 161	110 MCG, 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG 162	K-PHOS-NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) .136
KP ADULTS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-75 MCG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 UNIT-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MG-72 MG-2 MG 161	KP PRENATAL MULTIVITAMINS TABS189	KRAZATI 44
KP MENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-110 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-117 MCG, 60 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-300 MG-4.5 MG-100 MG-22.5 MG-120 MG-90 MCG-150 MCG-22.5 UNIT-2 MG-4 MG-180 MCG-110 MCG-120 MG 161	KP VISION FORMULA TABS 60 MG-40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG 162	KRINTAFEL 40
KP MENS DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-210 MG-22.5 UNIT-2 MG-120 MCG-	KP VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG 162	KROGER AUTOLET LANCING DEVICE MISC 110
	KP WOMENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-10 MG-500 MG-4.5 MG-50 MG-24 MG-2.2 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-4.5 MG-50 MG-22.5 MG-500 MG-90 MCG-150 MCG-22.5 UNIT-2 MG-4 MG-180 MCG-20 MCG-120 MG 162	KROGER HEALTHPRO GLUCOSE TEST STRP78
	KP WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-50 MG-15 MG-500 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.6 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG 162	KROGER HEALTHPRO LANCET 26G110
	K-PAX IMMUNE PROFESSIONAL ST TABS162	KROGER LANCETS110
	K-PHOS NO 288	KROGER LANCETS SUPER THIN 110
		KROGER LANCETS THIN 110
		KROGER PEN NEEDLES124
		KT TAPE CGM PATCH MISC110
		K-TAB TBCR 20 MEQ (Use potassium chloride)136
		KUVAN PACK (Use sapropterin dihydrochloride)84
		KUVAN TABS (Use sapropterin dihydrochloride)84
		KYGEVVI PACK PO84
		labetalol hcl TABS 100 MG54
		labetalol hcl TABS 200 MG54
		labetalol hcl TABS 300 MG54
		labetalol hcl TABS 400 MG54
		lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML 20
		lacosamide TABS20
		lactic acid (ammonium lactate) CREA71
		lactic acid (ammonium lactate) LOTN

12 %	71	LANCETS 28G THIN	110	DEVICE MISC	110
lactulose (encephalopathy)	88	LANCETS 30G	110	LEADER UNIFINE PENTIPS	124
lactulose SOLN	94	LANCETS 33G	110	LEADER UNIFINE PENTIPS PLUS .	124
LAGEVRIO	53	LANCETS MICRO THIN 33G	110	LEDIPASVIR-SOFOSBUVIR TABS	52
LAMICTAL CHEW (Use lamotrigine) .	20	LANCETS SUPER THIN	110	leflunomide	7
LAMICTAL ODT KIT (Use		LANCETS SUPER THIN 28G ...	110	LEMTRADA	200
lamotrigine)	20	LANCETS ULTRA THIN	110	lenalidomide	137
LAMICTAL ODT TBDP (Use		LANCETS ULTRA THIN 30G	110	LENVIMA (10 MG DAILY DOSE) .	41
lamotrigine)	20	LANCING DEVICE MISC	110	LENVIMA (12 MG DAILY DOSE) .	41
LAMICTAL STARTER KIT 25 MG		LAND BEFORE TIME		LENVIMA (14 MG DAILY DOSE) .	41
(Use lamotrigine)	20	MULTIVITAMIN CHEW 250 MG-1.05		LENVIMA (18 MG DAILY DOSE) .	41
LAMICTAL TABS (Use lamotrigine)		MG-300 MCG-400 UNIT-4.5 MCG-		LENVIMA (20 MG DAILY DOSE) .	41
20		1.2 MG-13.5 MG-1.05 MG-25 MG-15		LENVIMA (24 MG DAILY DOSE) .	41
LAMICTAL XR KIT	20	UNIT-2500 UNIT	188	LENVIMA (4 MG DAILY DOSE) ..	41
LAMICTAL XR TB24 (Use		LANOXIN TABS 62.5 MCG, 125		LENVIMA (8 MG DAILY DOSE) ..	41
lamotrigine)	20	MCG, 250 MCG (Use digoxin)	56	LEQEMBI	199
lamivudine (hbv) TABS	52	lanreotide acetate	85	LEQEMBI IQLIK (500 MG DOSE) SC	199
lamivudine SOLN	51	LANREOTIDE ACETATE	85	LEQEMBI IQLIK SC 360 MG/1.8ML	199
lamivudine TABS 150 MG	51	lansoprazole CPDR	205	LEQSELVI TABS PO 8 MG	72
lamivudine TABS 300 MG	51	lansoprazole TBDD	205	LEQVIO	35
lamivudine-zidovudine	51	lanthanum carbonate CHEW	88	LESCOL XL TB24 (Use fluvastatin	35
lamotrigine CHEW	20	LANTUS SOLN	29	sodium)	35
lamotrigine KIT 25 MG	20	LANTUS SOLOSTAR SOPN	29	LETAIRIS (Use ambrisentan)	57
lamotrigine TABS	20	LANZO MISC	110	letrozole	42
lamotrigine TB24	20	lapatinib ditosylate	44	leucovorin calcium TABS 5 MG ...	45
lamotrigine TBDP	20	LASIX ONYU CTKT 80 MG/2.67ML	81	leucovorin calcium TABS	45
LAMPIT	39	LASIX TABS (Use furosemide) ...	81	LEUKINE SOLR IJ	92
LANCET DEVICE MISC	110	latanoprost SOLN	196	levalbuterol hcl	17
LANCET DEVICE WITH EJECTOR		LATUDA (Use lurasidone hcl)	46		
MISC	110	LAZCLUZE	42		
LANCETS	110	LEADER ADVANCED LANCING			

levalbuterol tartrate	17	levonorgestrel-ethinyl estradiol (continuous)	59	LIDO BDK KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)	72
LEVIBID TB12 (Use hyoscyamine sulfate)	204	levonorgestrel-ethinyl estradiol-iron 59		lidocaine hcl (mouth-throat) 2 % ..	138
LEVEMIR FLEXPEN SOPN	29	levorphanol tartrate TABS	9	lidocaine hcl (mouth-throat) 4 % ..	138
LEVEMIR SOLN	29	levothyroxine sodium TABS	203	lidocaine hcl CREA 3 %	72
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	20	LEVSIN TABS (Use hyoscyamine sulfate)	204	lidocaine hcl CREA 4.12 %	72
levetiracetam TABS 1000 MG	20	LEVSIN/SL SUBL (Use hyoscyamine sulfate)	204	lidocaine hcl GEL 2 %	72
levetiracetam TABS 250 MG, 750 MG	20	LEVULAN KERASTICK SOLR	66	lidocaine hcl PRSY	72
levetiracetam TABS 500 MG	20	LEXAPRO TABS 10 MG (Use escitalopram oxalate)	24	lidocaine hcl SOLN	72
levetiracetam TB24	20	LEXAPRO TABS 20 MG (Use escitalopram oxalate)	24	lidocaine OINT 5 %	72
levetiracetam TB3D 250 MG, 500 MG	20	LEXAPRO TABS 5 MG (Use escitalopram oxalate)	24	lidocaine PTCH 5 %	73
levobunolol hcl 0.5 %	193	LEXETTE FOAM (Use halobetasol propionate)	70	LIDOCAINE-HYDROCORTISONE ACE GEL	12
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	84	LEXITRAL PHARMAPAK II (Use diclofenac sodium-capsaicin (topical))	66	LIDOCAINE-HYDROCORTISONE ACE KIT	12
levocarnitine (metabolic modifiers) TABS	84	LEXTOL 0.025 %-1.5 %	66	lidocaine-hydrocortisone acetate (rectal) CREA EX	12
levocetirizine dihydrochloride TABS 33		LIALDA TBEC (Use mesalamine) .	87	lidocaine-hydrocortisone acetate (rectal) KIT	12
levofloxacin (ophth) 0.5 %	194	LIBERTY BLOOD GLUCOSE METER DEVI	110	lidocaine-prilocaine CREA	73
levofloxacin in d5w	86	LIBERTY MEDICAL LANCETS ..	110	lidocaine-prilocaine KIT	73
levofloxacin SOLN IV	86	LIBERTY MINI LANCING DEVICE MISC	110	LIDOCORT CREA EX 0.5 %-3 % (Use lidocaine-hydrocortisone acetate (rectal))	12
levofloxacin SOLN PO	86	LIBERTY TEST STRP	78	LIDODERM PTCH (Use lidocaine)	73
levofloxacin TABS	86	LIBRAX (Use chlordiazepoxide hcl- clidinium bromide)	204	LIDOMAX GEL 2 %	73
levonorgestrel & eth estradiol TABS 59		LIDEXA CREA 3.88 %	72	LIDOPIN CREA 3 %, 3.25 % (Use lidocaine hcl)	73
levonorgestrel (emergency oc) 1.5 MG	60	LIDEXAGEL GEL 5 %	72	LIDOREX GEL 2.8 %	73
levonorgestrel-eth estradiol (triphasic)	59			LIDOTRAL + HYDROCORTISONE CREA	70
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	59			LIDOTRAL 1 PTCH	73
				LIDOTRAL CREA	73

LIDOTRAL GEL73	LITE TOUCH LANCING PEN MISC 111	LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG87
LIDOTRAL LIQD73	LITETOUCH INSULIN SYRINGE 124	LIVTENCITY52
LIDOTRAL ROLL-ON GEL73	LITETOUCH LANCETS111	LIXOFEN KIT66
LIDOTRAL SOLN73	LITETOUCH MASK LARGE MISC 131	LO LOESTRIN FE TABS59
LIDOTRAL-MENTHOL LIQD73	LITETOUCH MASK MEDIUM MISC . 131	LOARGYS SOLN IJ 2 MG/0.4ML .84
LIDOTRAN CREA73	LITETOUCH MASK SMALL MISC 131	LOCOID LOTN (Use hydrocortisone butyrate)70
LIDOVARA GEL 2.8 %73	LITETOUCH PEN NEEDLES124	LODINE TABS (Use etodolac)6
LIFYORLI (125 MG DOSE) CPPK PO42	LITFULO72	LODOCO56
LIFYORLI (150 MG DOSE) CPPK PO42	lithium46	LODOSYN (Use carbidopa)45
LIKMEZ SUSP38	lithium carbonate CAPS46	lofexidine hcl199
linezolid SUSR39	lithium carbonate TABS46	LOHIST-D LIQD62
linezolid TABS39	lithium carbonate TBCR46	LOKELMA138
LINZESS88	LITHOBID TBCR (Use lithium carbonate)46	LOMOTIL TABS (Use diphenoxylate w/ atropine)30
liothyronine sodium TABS203	LITHOSTAT89	lomustine41
LIPFENDRA TABS PO 20 MG35	LITTLE ANIMALS CHEW 400 UNIT- 60 MG-1.05 MG-300 MCG-4 MCG- 1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT188	LONSURF43
LIPITOR TABS (Use atorvastatin calcium)35	LIVALO (Use pitavastatin calcium) 35	loperamide hcl CAPS31
LIPITOR TABS 10 MG, 20 MG, 80 MG (Use atorvastatin calcium)35	LIVDELZI88	loperamide hcl SOLN 1 MG/7.5ML 31
LIPOFEN CAPS (Use fenofibrate) .34	LIVE BETTER LANCET SUPER THIN111	loperamide hcl TABS31
LIPOFEN CAPS 50 MG (Use fenofibrate)34	LIVER DETOX TABS162	LOPID TABS (Use gemfibrozil)34
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lisdexamphetamine dimesylate CAPS 1	LIVIXIL PAK KIT 2.5 %-2.5 % (Use lidocaine-prilocaine)73	lopinavir-ritonavir TABS 25 MG-100 MG51
lisdexamphetamine dimesylate CHEW . 1	LIVMARLI87	lopinavir-ritonavir TABS 50 MG-200 MG51
lisinopril & hydrochlorothiazide37		LOPRESSOR SOLN PO 10 MG/ML . 54
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG35		LOPRESSOR TABS 100 MG (Use metoprolol tartrate)54
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LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	54	LOTREL 10 MG-5 MG (Use amlodipine besylate-benazepril hcl) 37	LUMAKRAS	44
loratadine & pseudoephedrine TB12 . 62		LOTREL 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	LUMIGAN SOLN 0.01 % (Use bimatoprost)	196
loratadine & pseudoephedrine TB24 . 62		LOTRIMIN AF CREA (Use clotrimazole (topical))	LUMIVANCE CAPS	162
loratadine SOLN	33	LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	LUNESTA (Use eszopiclone)	93
loratadine TABS	33	LOTRONEX (Use alosetron hcl)	LUPKYNIS	138
loratadine TBDP 10 MG	33	lovastatin TABS 10 MG, 20 MG	lurasidone hcl	46
lorazepam CONC	14	lovastatin TABS 40 MG	LURBIPR TABS 100 MG (Use flurbiprofen)	7
lorazepam TABS 0.5 MG, 2 MG	14	LOVAZA (Use omega-3-acid ethyl esters)	LURBIRO TABS 100 MG (Use flurbiprofen)	7
lorazepam TABS 1 MG	14	LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	162
LORBRENA	44	LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	LYBALVI	199
LOREEV XR CS24	14	LOVENOX SOSY 120 MG/0.8ML (Use enoxaparin sodium)	LYDEXA CREA 4.12 % (Use lidocaine hcl)	73
losartan potassium & hydrochlorothiazide	37	LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	LYNAVOY TABS PO 40 MG	87
losartan potassium	36	LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	LYNKUET CAPS PO 60 MG	83
LOTEMAX GEL (Use loteprednol etabonate)	195	LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	LYNPARZA TABS	44
LOTEMAX OINT	195	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium)	LYRICA CAPS (Use pregabalin)	20
LOTEMAX SM GEL	195	loxapine succinate	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 225 MG (Use pregabalin)	20
LOTEMAX SUSP (Use loteprednol etabonate)	195	lubiprostone	LYRICA CR (Use pregabalin (once-daily))	201
LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	35	LUCEMYRA (Use lofexidine hcl)	LYRICA SOLN (Use pregabalin)	21
LOTENSIN 40 MG (Use benazepril hcl)	35	LUER LOCK SAFETY SYRINGES		
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)	37			
loteprednol etabonate GEL	195			
loteprednol etabonate SUSP	195			
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LYTGOBI (12 MG DAILY DOSE) ..	44	magnesium oxide TABS 400 MG ..	13
LYTGOBI (16 MG DAILY DOSE) ..	44	magnesium TABS 400 MG	136
LYTGOBI (20 MG DAILY DOSE) ..	44	MALARONE (Use atovaquone-proguanil hcl)	40
LYUMJEV KWIKPEN SOPN	29	malathion	74
LYUMJEV SOLN	29	MARATHON MEDICAL PENTIPS 124	
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macitentan 10 MG	57	MARINOL CAPS (Use dronabinol) 32	
MACROBID (Use nitrofurantoin monohyd macro)	40	MARPLAN	23
MACRODANTIN (Use nitrofurantoin macrocrystal)	40	MASK VORTEX/CHILD/FROG ..	131
MACULAR HEALTH FORMULA CAPS 250 MG-10 MG-100 MCG-10 MG-500 UNIT-5 MG-5 MG-1 MG-1 MG-20 MG-25 MCG-200 UNIT-7.5 MG-10 MG	162	MASK VORTEX/TODDLER/LADYBUG ..	131
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mafenide acetate PACK	68	MATULANE	45
MAGELLAN INSULIN SAFETY SYR	124	MAVENCLAD (10 TABS) 10 MG (Use cladribine (multiple sclerosis)) 200	
MAGELLAN SYRINGE-SAFETY NEEDLE	124	MAVENCLAD (4 TABS) 10 MG (Use cladribine (multiple sclerosis)) ...	200
magnesium citrate 1.745 GM/30ML 94		MAVENCLAD (5 TABS) 10 MG (Use cladribine (multiple sclerosis)) ...	200
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	94	MAVENCLAD (6 TABS) 10 MG (Use cladribine (multiple sclerosis)) ...	200
		MAVENCLAD (7 TABS) 10 MG (Use cladribine (multiple sclerosis)) ...	200
		MAVENCLAD (8 TABS) 10 MG (Use cladribine (multiple sclerosis)) ...	200
		MAVENCLAD (9 TABS) 10 MG (Use cladribine (multiple sclerosis)) ...	200
		MAVYRET PACK	52
		MAVYRET TABS	52
		MAXALT TABS 10 MG (Use rizatriptan benzoate)	135
		MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	135
		MAXICOMFORT II PEN NEEDLE 124	
		MAXI-COMFORT INSULIN SYRINGE	124
		MAXI-COMFORT SAFETY PEN NEEDLE	124
		MAXICOMFORT SYR 27G X 1/2" 125	
		MAXIDEX SUSP OP	195
		MAXIMUM DAILY GREEN TABS 333.333 MG-8.333 MG-16.666 MCG-133.333 MCG-8.333 MG-8.333 MG-133.333 UNIT-8.333 MCG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-6.666 MG-8.333 MG-1.333 MG-333.333 MG-83.333 UNIT-33.333 MG-5000 UNIT-5 MG-33.333 MG-1.333 MG-16.666 MCG-20 MG-0.333 MG-33.333 MCG-0.333 MG-5 MG-83.333 MG-50 MCG-10 MG-25 MCG-3.333 MG-33.333 MG-8.333 MG-1.666 MG-6.666 MG-6.666 MG-1.666 MG-0.833 MG-11.666 MG-3.333 MG-1.666 MG-33.333 MG-3.333 MG-3.333 MG-3.333 MG-3.333 MG-3.333 MG-3.333 MG-8.333 MG	163
		MAXITROL OINT (Use neomycin-polymy-dexameth)	195
		MAXITROL SUSP (Use neomycin-polymy-dexameth)	195
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MG/5ML62	medroxyprogesterone acetate (contraceptive) SUSP IM60	111
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MEDLANCE PLUS SPECIAL 0.8MM111		MENATROL CAPS163
MEDLANCE PLUS SUPERLITE 30G111		MENOSTAR PTWK86
MEDLANCE PLUS UNIVERSAL 21G111		MENQUADFI 0.5 ML206
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MEDROL TABS61	MEIJER LANCETS111	MENS 50+ MULTIVITAMIN TABS 163
MEDROL TBPk (Use methylprednisolone)61	MEIJER LANCETS UNIVERSAL 21G111	MENS LIFE PACK TABS 300 MCG- 200 UNIT-10 MG-10 MG-9 MG-10 MG-2.5 MG-15 MG-1 MG-50 MG- 11.25 MG-1 MG-2500 UNIT-15 UNIT-75 MG-37.5 MCG-2.5 MG-2.5
	MEIJER LANCETS UNIVERSAL 30G	

MG-12.5 MCG, 400 UNIT-10 MG-10 MG-5000 UNIT-18 MG-10 MG-5 MG- 30 MG-2 MG-100 MG-22.5 MG-2 MG-150 MG-30 UNIT-150 MG-75 MCG-5 MG-5 MG-25 MCG163	mesalamine SUPP87	METHADOSE CONC (Use methadone hcl)9
MENS MULTI HEALTH FORMULA TABS163	mesalamine TBEC 1.2 GM 87	METHADOSE SUGAR-FREE CONC (Use methadone hcl)9
MENS MULTIVITAMIN CHEW ...164	mesalamine TBEC 800 MG87	methamphetamine hcl1
MENS MULTIVITAMIN GUMMIES CHEW163	mesalamine w/ cleanser87	methazolamide TABS80
MENS MULTIVITAMIN TABS164	mesna TABS45	methenamine hippurate40
menthol-methyl salicylate (liniments) CREA72	MESNEX TABS45	methenamine mandelate40
MENVEO SOLN206	MESTINON SOLN PO (Use pyridostigmine bromide) 40	METHENAMINE MANDELATE PO 500 MG/5ML 40
MENVEO SOLR206	MESTINON TABS (Use pyridostigmine bromide) 40	methenamine-hyoscamine-methylene blue-sodium phosphate TABS38
meperidine hcl SOLN PO 50 MG/5ML 9	MESTINON TBCR (Use pyridostigmine bromide) 40	methenamine-hyosc-methylene blue- sod phos-phenyl sal CAPS 118 MG 38
meperidine hcl TABS 50 MG9	METADATE CD CPCR (Use methylphenidate hcl)2	methimazole TABS203
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MEPRON (Use atovaquone)39	metaxalone191	methocarbamol TABS 500 MG, 750 MG191
mercaptapurine SUSP 2000 MG/100ML41	METAXALONE 640 MG191	methotrexate sodium TABS 2.5 MG 41
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meropenem39	metformin hcl TABS 625 MG 27	methyldopa TABS36
MEROPENEM-SODIUM CHLORIDE39	metformin hcl TABS 750 MG 27	methylergonovine maleate TABS 197
mesalamine CP24 87	metformin hcl TABS 850 MG 27	METHYLIN SOLN (Use methylphenidate hcl)2
mesalamine CPCR87	metformin hcl TB24 500 MG, 1000 MG 27	METHYLPHENIDATE ER TBED 8.6 MG, 17.3 MG, 25.9 MG 2
mesalamine CPDR87	metformin hcl TB24 500 MG27	methylphenidate hcl CHEW2
mesalamine ENEM 87	metformin hcl TB24 750 MG27	methylphenidate hcl CP242
	methadone hcl CONC9	methylphenidate hcl CPCR 2
	methadone hcl SOLN PO9	
	methadone hcl TABS 10 MG9	
	methadone hcl TABS 5 MG9	
	methadone hcl TBSO9	

methylphenidate hcl SOLN	2	metoprolol tartrate TABS 12.5 MG	54	MICROCHAMBER DEVI	131
methylphenidate hcl TABS 10 MG, 20 MG	2	metoprolol tartrate TABS 25 MG, 50 MG	54	MICROCHAMBER MISC	131
methylphenidate hcl TABS 5 MG ...	2	metoprolol tartrate TABS 37.5 MG, 75 MG	54	MICRODOT BLOOD GLUCOSE SYSTEM KIT	111
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	3	METROCREAM CREA (Use metronidazole (topical))	73	MICRODOT PEN NEEDLE	125
methylphenidate hcl TB24 36 MG ..	3	METROGEL GEL 1 % (Use metronidazole (topical))	73	MICRODOT TEST STRP	78
methylphenidate hcl TBCR 10 MG ..	3	metronidazole (topical) CREA	74	MICROLET LANCETS	111
methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	3	metronidazole (topical) GEL 0.75 % 74		MICROLET NEXT LANCETS ...	111
methylphenidate hcl TBCR 20 MG ..	3	metronidazole (topical) GEL 1 % ..	74	MICROLET NEXT LANCING DEVICE MISC	111
methylphenidate hcl TBCR 36 MG ..	3	metronidazole (topical) LOTN	74	MICROSPACER MISC	131
methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	3	metronidazole CAPS	38	midazolam hcl SYRP	93
methylphenidate PTCH 10 MG/9HR, 20 MG/9HR, 30 MG/9HR	3	METRONIDAZOLE SOLN (Use metronidazole)	38	midodrine hcl	210
methylphenidate PTCH 15 MG/9HR .	3	metronidazole SOLN	38	MIFEPREX (Use mifepristone) ...	85
methylprednisolone TABS	61	metronidazole TABS 125 MG	38	mifepristone (hyperglycemia)	27
methylprednisolone TBPK	61	metronidazole TABS 250 MG, 500 MG	38	mifepristone	85
methyltestosterone CAPS	11	metronidazole vaginal	209	MIGERGOT SUPP	135
methyltestosterone TABS	11	metyrosine	36	miglitol	26
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	87	mexiletine hcl	14	MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	135
metoclopramide hcl TABS	87	micafungin sodium	32	milnacipran hcl MISC	199
metolazone	81	MICAFUNGIN SODIUM	32	milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	200
metoprolol & hydrochlorothiazide TABS	37	MICARDIS (Use telmisartan)	36	MINCORA TABS	183
metoprolol succinate TB24 200 MG 54		MICARDIS HCT (Use telmisartan- hydrochlorothiazide)	37	mineral oil ENEM	94
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	54	miconazole nitrate vaginal SUPP 200 MG	209	MINI LANCING DEVICE MISC ...	111
metoprolol tartrate TABS 100 MG .	54	miconazole-zinc oxide-white petrolatum	65	MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG 141	
				MINIELITE FILTER REPLACEMENTS MISC	131

MINILINK REAL-TIME TRANSMITTER	111	misoprostol	205	112	
MINIMED 630G GUARDIAN PRESS	111	MITIGARE CAPS (Use colchicine) 90		MOBILE LANCETS 30G	112
MINIMED INSTINCT GLUC SENSOR	111	MITOSOL KIT	194	modafinil	3
MINIVELLE PTTW (Use estradiol) 86		MI-VITE RX TABS 1 MG	140	MODD1 PATIENT WELCOME KIT KIT	112
minocycline hcl CAPS	203	MM BLOOD GLUCOSE SYSTEM KIT	111	MODD1 SUPPLY KIT KIT	112
minocycline hcl TABS	203	MM BLOOD GLUCOSE SYSTEM REFILL KIT	111	MODERNA COVID-19 VAC 6M-11Y SUSY	208
minocycline hcl TB24	203	MM BLULINK GLUCOSE MONIT SYS DEVI	111	moexipril hcl	35
MINOVIA TABS	183	MM BLULINK GLUCOSE TEST STRP	78	mometasone furoate (nasal) SUSP 192	
minoxidil 2.5 MG, 10 MG	38	MM EASY TOUCH GLUCOSE METER KIT	111	mometasone furoate CREA	70
MIPLYFFA	201	MM EASY TOUCH GLUCOSE STRP	78	mometasone furoate OINT	70
mirabegron SRER 8 MG/ML	206	MM INSULIN SYRINGE/NEEDLE 125		mometasone furoate SOLN	70
mirabegron TB24	206	MM LANCING DEVICE MISC	111	MONOJECT FLUSH SYRINGE 0.9 %	136
MIRALAX POWD (Use polyethylene glycol 3350)	94	MM PEN NEEDLES	125	MONOJECT INSULIN SYRINGE 125	
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG (Use pramipexole dihydrochloride)	46	MM TWIST LANCETS	111	MONOJECT LIFESHIELD SYRINGE	125
MIRASORB SPONGES MISC	97	M-M-R II SOLR	208	MONOJECT MAGELLAN SYRINGE 125	
MIRCERA	92	M-NATAL PLUS TABS	189	MONOJECT MEDICATION TRANSF NDL	125
MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	59	MNEXSPIKE SUSY 10 MCG/0.2ML .	208	MONOJECT SODIUM CHLORIDE FLUSH 0.9 %	136
MIREXA TABS	141	MOBI CONNECT GLUCOSE MONITOR DEVI	112	MONOJECT SYRINGE	125
mirtazapine TABS 15 MG	23	MOBI CONNECT GLUCOSE MONITOR KIT	112	MONOJECT ULTRA COMFORT SYRINGE	125
mirtazapine TABS 30 MG	23	MOBI CONNECT LANCING DEVICE MISC	112	MONOLET LANCETS	112
mirtazapine TABS 7.5 MG, 45 MG 23		MOBI CONNECT TEST STRIPS STRP	78	MONOLET OPD LANCETS	112
mirtazapine TBDP 15 MG	23	MOBI CONNECT TWIST LANCETS		MONOLETTOR SAFETY LANCETS 112	
mirtazapine TBDP 30 MG	23			montelukast sodium CHEW	15
mirtazapine TBDP 45 MG	23				
MIRVASO (Use brimonidine tartrate (topical))	74				

montelukast sodium PACK	15	1.9 MG-113.5 MG-5 MG	164	MCG-1.5 MG-15 MG-20 MG-100
montelukast sodium TABS	15	MULTI + OMEGA-3 GUMMIES		MG-120 MCG-2 MG-200 MG-150
MOOD FOOD CAPS	164	CHEW	164	MCG-75 MCG-4 MG-60 UNIT-2500
MOOD FOOD ES CAPS	164	MULTI ADULT GUMMIES CHEW 30		UNIT-70 MCG
morphine sulfate beads	9	MG-1 MG-75 MCG-200 MCG-500		164
morphine sulfate CP24 10 MG, 20		UNIT-3 MCG-10 MG-1250 UNIT-5		MULTI FOR HER CAPS 60 MG-2
MG, 30 MG, 50 MG, 60 MG, 80 MG,		MG-3.75 MG-37.5 MCG-15 UNIT	164	MG-30 MCG-600 MCG-1000 UNIT-6
100 MG	9	MULTI COMPLETE CAPS 60 MG-2		MCG-1.7 MG-40 MCG-20 MG-10
morphine sulfate SOLN PO 10		MG-30 MCG-400 MCG-1000 UNIT-6		MG-18 MG-1.5 MG-40 MG-15 MG-2
MG/5ML, 20 MG/5ML	9	MCG-1.7 MG-40 MCG-20 MG-10		MG-2500 UNIT-100 MG-45 MCG-
morphine sulfate SOLN PO 100		MG-18 MG-1.5 MG-40 MG-15 MG-2		150 MCG-50 UNIT-4 MG-120 MCG-
MG/5ML	9	MG-2500 UNIT-100 MG-45 MCG-		20 MCG, 60 MG-2 MG-30 MCG-600
morphine sulfate SUPP	9	150 MCG-50 UNIT-4 MG-120 MCG-		MCG-1000 UNIT-6 MCG-1.7 MG-40
morphine sulfate TABS	9	20 MCG	164	MCG-20 MG-10 MG-18 MG-100 MG-
morphine sulfate TBCR	9	MULTI COMPLETE/IRON TABS 180		1.5 MG-40 MG-15 MG-2 MG-2500
MOTTEGRITY (Use prucalopride		MG-2 MG-30 MG-400 MCG-1000		UNIT-45 MCG-150 MCG-50 UNIT-4
succinate)	86	UNIT-6 MCG-1.7 MG-80 MCG-20		MG-120 MCG-20 MCG
MOTPOLY XR CP24	21	MG-2500 UNIT-10 MG-18 MG-162		165
MOUNJARO	28	MG-1.5 MG-15 MG-100 MG-75		MULTI FOR HER TABS 120 MG-2
MOVANTIK	88	MCG-150 MCG-50 UNIT-2 MG-4		MG-30 MCG-400 MCG-6 MCG-10
moxifloxacin hcl (ophth) SOLN OP		MG-120 MCG-70 MCG	164	MG-1.7 MG-100 MCG-250 MCG-
194		MULTI FOR HER 50+ CAPS 60 MG-		3000 UNIT-1.5 MG-100 MG-15 MG-
moxifloxacin hcl TABS	86	6 MG-30 MCG-400 MCG-1000 UNIT-		150 MCG-400 UNIT-20 MG-18 MG-
MRESVIA	208	25 MCG-1.7 MG-80 MCG-20 MG-10		40 MG-10 MCG-120 MCG-2 MG-10
MS CONTIN TBCR 100 MG, 200 MG		MG-1.5 MG-100 MG-15 MG-2 MG-		MCG-150 MCG-25 MCG-77 MG-5
(Use morphine sulfate)	9	2500 UNIT-200 MG-75 MCG-150		MCG-2 MG-50 UNIT-25 MCG-250
MS CONTIN TBCR 15 MG, 30 MG,		MCG-60 UNIT-4 MG-120 MCG-70		MG-36 MG-2 MG
60 MG (Use morphine sulfate)	9	MCG, 60 MG-6 MG-30 MCG-400		165
MULPLETA	92	MCG-1000 UNIT-25 MCG-1.7 MG-80		MULTI FOR HIM 50+ TABS 180 MG-
MULTAQ	14	MCG-20 MG-10 MG-200 MG-1.5		6 MG-30 MCG-400 MCG-1000 UNIT-
MULTI + OMEGA-3 ADULT		MG-100 MG-15 MG-2 MG-2500		25 MCG-10 MG-1.7 MG-80 MCG-1.5
GUMMIES CHEW 0.9 MG-200 MCG-		UNIT-75 MCG-150 MCG-60 UNIT-4		MG-15 MG-20 MG-100 MG-120
1000 UNIT-3 MCG-10 MG-1250		MG-120 MCG-70 MCG, 60 MG-6		MCG-2 MG-162 MG-150 MCG-75
UNIT-25 MG-25 MG-5 MG-10 UNIT-		MG-30 MCG-60 UNIT-400 MCG-		MCG-4 MG-60 UNIT-2500 UNIT-105
		1000 UNIT-25 MCG-1.7 MG-80		MCG
		MCG-20 MG-10 MG-1.5 MG-100		165
		MG-15 MG-2 MG-2500 UNIT-200		MULTI FOR HIM CAPS 60 MG-4
		MG-75 MCG-150 MCG-4 MG-120		MG-30 MCG-400 MCG-1000 UNIT-
		MCG-70 MCG	164	18 MCG-1.7 MG-40 MCG-20 MG-10
		MULTI FOR HER 50+ TABS 180		MG-1.5 MG-40 MG-15 MG-2 MG-
		MG-6 MG-30 MCG-400 MCG-1000		2500 UNIT-100 MG-45 MCG-150
		UNIT-25 MCG-10 MG-1.7 MG-80		MCG-50 UNIT-4 MG-120 MCG-40
				MCG, 60 MG-4 MG-30 MCG-400
				MCG-25 MCG-18 MCG-1.7 MG-40
				MCG-20 MG-10 MG-100 MG-1.5
				MG-40 MG-15 MG-2 MG-750 MCG-
				45 MCG-150 MCG-22.5 MG-4 MG-

120 MCG-40 MCG	165	MULTIPLE VITAMINS TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-1.7 MG-20 MG-10 MG-1.5 MG-30 UNIT-5000 UNIT, 60 MG-400 MCG-2 MG-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-1.5 MG-400 UNIT-30 UNIT	184	20 MG-250 MCG-750 MCG-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-22.75 MG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-20 MG-50 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-19 MCG-10 MCG-50 MCG-72 MG-2 MG	166
MULTI FOR HIM TABS 180 MG-4 MG-30 MCG-400 MCG-1000 UNIT-18 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-100 MG-15 MG-20 MG-120 MCG-2 MG-162 MG-150 MCG-75 MCG-4 MG-50 UNIT-2500 UNIT-70 MCG	165	multiple vitamins w/ iron TABS ...	141	MULTIVITAMIN ADULTS 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-12.5 MCG-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-750 MCG-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-22.75 MG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45	
MULTI VITAMIN TABS	183	multiple vitamins w/ minerals CAPS	166		
MULTI VITAMIN W/D-3 TABS ...	183	multiple vitamins w/ minerals TABS	166		
MULTI VITAMIN/MINERALS TABS 60 MG-1 MG-400 MCG-400 UNIT-1 MCG-2.5 MG-15 MG-5000 UNIT-5 MG-7.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.375 MG-0.5 MG, 90 MG-3 MG-45 MCG-400 MCG-400 UNIT-9 MCG-2.6 MG-25 MCG-20 MG-10 MG-27 MG-2.25 MG-100 MG-15 MG-5000 UNIT-30 MG-162 MG-150 MCG-34 UNIT-125 MG-2 MG-5 MG-27 MG-25 MCG-25 MCG-300 MCG-25 MCG	165	MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT	141		
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MULTIPLE VIT/MINERALS/NO IRON TABS 60 MG-1 MG-400 MCG-400 UNIT-1 MCG-5 MG-2.5 MG-15 MG-5000 UNIT-2.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.37 MG-0.5 MG	166	MULTITOL-M TABS	166		
multiple vitamin TABS	184	MULTIVITAMIN ADULT (MINERALS) TABS	166		
MULTIPLE VITAMIN-FOLIC ACID TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 UNIT	183	MULTIVITAMIN ADULT TABS ...	184		
MULTIPLE VITAMINS ESSENTIAL TABS 60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-5000 UNIT	183	MULTIVITAMIN ADULTS 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-12.5 MCG-25 MCG-1.7 MG-30 MCG-			

MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG- 1.7 MG-30 MCG-20 MG-250 MCG- 2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG- 400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT- 10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG- 3 MG-30 MCG-400 MCG-500 UNIT- 25 MCG-1.7 MG-30 MCG-250 MCG- 2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-20 MG-50 MG- 80 MG-45 MCG-150 MCG-50 UNIT- 20 MG-0.5 MG-5 MCG-2.3 MG-19 MCG-10 MCG-50 MCG-72 MG-2 MG167	11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG167 MULTIVITAMIN CHILDRENS (W/ FA) CHEW 60 MG-1.05 MG-300 MCG-1.05 MG-400 UNIT-4.5 MCG- 1.2 MG-13.5 MG-2500 UNIT-15 UNIT188 MULTIVITAMIN CHILDRENS CHEW188 MULTIVITAMIN CHILDRENS GUMMIES CHEW186 MULTIVITAMIN DROPS/IRON SOLN187 MULTIVITAMIN GUMMIES ADULT CHEW 30 MG-1 MG-150 MCG-200 MCG-400 UNIT-3 MCG-1250 UNIT- 20 MCG-30 MCG-5 MG-2.5 MG-2.5 MG-1 MG-7.5 UNIT-140 MG, 30 MG- 1 MG-75 MCG-20 UNIT-200 MCG- 200 UNIT-5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-40 MCG, 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-2000 UNIT- 30 MCG-20 MCG-5 MG-2.5 MG-40 MCG-20 UNIT, 30 MG-1 MG-75 MCG-200 MCG-5 MCG-4 MCG-600 MCG-5 MG-17.5 MG-40 MCG-9 MG- 2.5 MG167 MULTI-VITAMIN GUMMIES CHEW 15 MG-2 MG-7.5 MCG-200 MCG-5 MG-400 UNIT-6 MCG-1250 UNIT-20 MCG-1.5 MG-137.5 MCG-5 MG-7.5 UNIT-60 MCG-18.75 MCG-75 MCG . 167 MULTIVITAMIN GUMMIES MENS CHEW 15 MG-2 MG-15 MCG-150 MCG-10 MG-200 UNIT-9 MCG-1250 UNIT-20 MCG-3 MCG-5 MG-1 MG- 19 MCG-15 UNIT-60 MCG-9.4 MCG- 1.9 MG-75 MCG, 22.5 MG-2.5 MG- 37.5 MCG-15 UNIT-80 MCG-500	UNIT-7.5 MCG-3 MG-1250 UNIT-2.5 MG-75 MCG-55 MCG, 37.5 MG-2.5 MG-300 MCG-200 MCG-200 UNIT- 7.5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-75 MCG-15 UNIT-55 MCG, 37.5 MG-2.5 MG-300 MCG-200 MCG-200 UNIT-7.5 MCG- 2000 UNIT-30 MCG-20 MCG-5 MG- 75 MCG-15 UNIT-2.5 MG-55 MCG 167 MULTIVITAMIN GUMMIES WOMENS CHEW 15 MG-1 MG-75 MCG-15 UNIT-200 MCG-400 UNIT- 4.5 MCG-1250 UNIT-20 MCG-1.25 MG-50 MG, 15 MG-1 MG-75 MCG- 200 MCG-400 UNIT-4.5 MCG-1250 UNIT-1.25 MG-20 MCG-15 UNIT-50 MG167 MULTIVITAMIN HEALTH FORM/CA/FE TABS167 MULTIVITAMIN INFANT & TODDLER SOLN187 MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML187 MULTIVITAMIN IRON-FREE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-45 MG-1.5 MG-30 UNIT184 MULTIVITAMIN MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-10 MG-1.7 MG-300 MCG- 600 MCG-25 MCG-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG- 100 MCG-72 MG, 120 MG-30 MCG- 400 MCG-4.5 MG-20 MG-6 MG-15 MG-3.4 MG-370 MCG-17.5 MCG- 11.4 MG-110 MG-4.2 MG-90 MCG- 180 MCG-2.2 MG-24 MG-120 MG- 150 MCG-117 MCG-940 MCG-20
MULTIVITAMIN ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-10 MCG-6 MCG-1.7 MG-25 MCG-20 MG-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-13.5 MG-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-1050 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG- 1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-2 MG- 10 MCG-35 MCG-0.5 MG-10 MCG-		

MCG-25 MCG, 120 MG-6 MG-30	MCG-52 MCG-72 MG, 100 MG-5	MULTIVITAMIN-MINERALS TABS
MCG-27 MG-300 MCG-25 MCG-100	MG-30 MCG-400 MCG-800 UNIT-50	169
MCG-1.7 MG-60 MCG-20 MG-300	MCG-1.1 MG-50 MCG-14 MG-300	MULTI-VIT-FLOR CHEW186
MCG-10 MG-600 MCG-1.5 MG-75	MCG-3500 UNIT-5 MG-8 MG-1.1	MULTIVIT-MIN GUMMIES
MG-15 MG-80 MG-210 MG-50 MCG-	MG-15 MG-35 UNIT-50 MG-500 MG-	CHILDRENS CHEW186
150 MCG-20 MG-0.5 MG-5 MCG-4	80 MG-150 MG-20 MG-0.5 MG-5	mupirocin calcium (topical)65
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MCG-72 MG-2 MG, 120 MG-6 MG-	MCG-10 MCG-50 MCG-72 MG-2	MVW COMPLETE FORMULATION
30 MCG-300 MCG-600 UNIT-100	MG, 100 MG-5 MG-30 MCG-400	CAPS 169
MCG-1.7 MG-60 MCG-20 MG-300	MCG-800 UNIT-50 MCG-1.1 MG-50	MVW COMPLETE FORMULATION
MCG-3500 UNIT-10 MG-600 MCG-	MCG-14 MG-300 MCG-3500 UNIT-5	CHEW186
1.5 MG-75 MG-15 MG-210 MG-80	MG-8 MG-300 MG-1.1 MG-15 MG-35	MVW COMPLETE FORMULATION
MG-50 MCG-150 MCG-60 UNIT-20	UNIT-100 MG-80 MG-150 MCG-20	D3000 CAPS 169
MG-0.5 MG-4 MG-21 MCG-60 MCG-	MG-0.5 MG-5 MCG-2.3 MG-22	MVW COMPLETE FORMULATION
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MULTI-VITAMIN MONOCAPS TABS	MULTIVITAMIN WOMEN TABS . 169	D3000 CHEW186
168	MULTIVITAMIN WOMENS 50+ ADV	MVW COMPLETE FORMULATION
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TABS 60 MG-2 MG-13.5 MG-400	4.5 MG-20 MG-6 MG-15 MG-3.4 MG-	MVW COMPLETE FORMULATION
MCG-10 MCG-6 MCG-1.7 MG-20	25 MCG-13.5 MG-50 MG-4.2 MG-90	D5000 CHEW186
MG-1500 MCG-10 MG-18 MG-75	MCG-180 MCG-2.2 MG-24 MG-300	MVW COMPLETE FORMULATION
MG-1.5 MG 141	MG-150 MCG-27 MCG-940 MCG-20	D5000 CHEW186
MULTI-VITAMIN TABS 60 MG-2 MG-	MCG-25 MCG 169	MVW COMPLETE FORMULATION
30 MCG-400 MCG-400 UNIT-6	MULTIVITAMIN/FLUORIDE CHEW	MINIS CAPS169
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MCG-20 MG-22 MCG-1050 MCG-50	MG-1.5 MG-30 UNIT 141	PEDS LIQD186
MCG-50 MCG-72 MG, 100 MG-5	MULTI-VITAMIN/MINERALS TABS	MVW ORANGE CHEWABLES
MG-30 MCG-400 MCG-14 MG-25	60 MG-2 MG-0.4 MG-20 MG-1.2 MG-	CHEW169
MCG-50 MCG-1.1 MG-50 MCG-300	6 MCG-1.7 MG-400 UNIT-15 MG-	MYAMULTI TABS 60 MG-3 MG-30
MCG-1050 MCG-5 MG-8 MG-1.1	100 MG-160 MG-150 MCG-18 MG-	MCG-400 MCG-1.7 MG-6 MCG-10
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MYCOZYL HC LIQD65	NALOCET TABS10	NARDIL (Use phenelzine sulfate) .23
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		NAYZILAM19

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NEBULIZER AIR TUBE/PLUGS		neomycin-polymyxin-hc (otic) SOLN .		NEURONTIN SOLN (Use	
MISC	131	197		gabapentin)	21
NEBULIZER CUP/TUBING DEVI	131	neomycin-polymyxin-hc (otic) SUSP .		NEURONTIN TABS 600 MG (Use	
NEBULIZER MASK ADULT MISC		197		gabapentin)	21
132		NEONATAL COMPLETE TABS	120	NEURONTIN TABS 800 MG (Use	
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MG, 100 MG, 200 MG	36	RASUVO SOAJ 7.5 MG/0.15ML, 10	
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400 MG	MG-10 MG	MG/0.3ML, 17.5 MG/0.35ML, 20	
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RIGHTEST GT333 GLUCOSE TEST STRP80	RITALIN TABS 5 MG (Use methylphenidate hcl)3	rosuvastatin calcium TABS35
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	ritonavir TABS51	ROTATEQ SOLN208
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ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl)	9	RYONCIL 75KG TO <87.5KG KIT IV 137	salsalate	8
ROXYBOND TABA	9	RYONCIL 87.5KG TO <100KG KIT IV	SALYCIM CREA	72
ROZEREM (Use ramelteon)	94	RYSTIGGO	SAMI THE SEAL FILTERS MISC	133
ROZLYTREK CAPS	44	RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG (Use carbidopa-levodopa)	SAMSCA TABS PO (Use tolvaptan (hyponatremia))	85
ROZLYTREK PACK	44	46	SANCUSO PTCH	31
RUBRACA	44	RYZNEUTA SOSY SC 20 MG/ML .92	SANDIMMUNE CAPS (Use cyclosporine)	138
rufinamide SUSP	21	SABRIL PACK (Use vigabatrin) ...	SANDOSTATIN LAR DEPOT KIT (Use octreotide acetate)	85
rufinamide TABS	21	22	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)	85
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RYBELSUS TABS	28	sacubitril-valsartan TABS	SAPHRIS (Use asenapine maleate) . 48	
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RYONCIL 12.5KG TO <25KG KIT IV 137		SAFETY LANCETS 21G	SAPS HEALTH CARE ALCOHOL PREP	119
RYONCIL 125KG TO <137.5KG KIT IV	137	115	SAPS HEALTH PLUS LANCETS 115	
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		60		
		SALAGEN 5 MG (Use pilocarpine hcl (oral))		
		140		
		SALAGEN 7.5 MG (Use pilocarpine hcl (oral))		
		140		
		SALICATE LIQD		
		72		
		salicylic acid GEL 6 %		
		72		
		SALICYLIC ACID OINT		
		72		
		SALICYLIC ACID WART REMOVER LIQD 27.5 %		
		72		
		SALINE FLUSH 0.9 %		
		136		
		saline SOLN 0.65 %		
		192		

SAVAYSA	17	90 MG/ML	67	300 MCG-400 UNIT-45 UNIT-100	
SAVELLA TABS 12.5 MG, 25 MG, 50		SELECT-LITE DEVICE/LANCETS		MG-2 MG-75 MCG-5 MCG-80 MG-2	
MG, 100 MG (Use milnacipran hcl)		KIT	115	MG-150 MCG-150 MCG-2 MG-10	
200		SELECT-LITE LANCING DEVICE		MCG-15 MG-200 MG-150 MCG-48	
SAVELLA TITRATION PACK MISC		MISC	115	MG-20 MCG-3500 UNIT-10 MCG-72	
(Use milnacipran hcl)	200	SELECT-OB CHEW 60 MG-2.5 MG-		MG	176
saxagliptin hcl	28	1 MG-400 UNIT-5 MCG-1.8 MG-15		sennosides LIQD	94
saxagliptin-metformin hcl	27	MG-1.6 MG-25 MG-15 MG-30 UNIT-		sennosides TABS 8.6 MG	94
SB ALCOHOL PREP	119	29 MG-1700 UNIT	190	sennosides-docusate sodium TABS	94
SB HEMORRHOID 0.25 %-71.9 %-		SELECT-OB+DHA MISC	190	SENSILANCE SAFETY LANCETS	
14 %-3 %	12	selegiline hcl CAPS	46	21G	115
SB INSULIN SYRINGE	126	selegiline hcl TABS	46	SENSILANCE SAFETY LANCETS	
SB LANCETS THIN	115	selenium sulfide LOTN 2.5 %	67	26G	115
SB LANCETS ULTRA THIN	115	selenium sulfide SHAM 2.25 %	67	SENSILANCE SAFETY LANCETS	
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ethinyl estradiol (91-day))	60	SELSUN BLUE MOISTURIZING		SEPHIENCE PACK PO 250 MG,	
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126		SELZENTRY TABS 150 MG (Use		SEROQUEL TABS 25 MG, 50 MG,	
SECURESAFE SAFETY PEN		maraviroc)	51	100 MG, 200 MG (Use quetiapine	
NEEDLES	126	SELZENTRY TABS 300 MG (Use		fumarate)	48
SECURESAFE SYRINGE/NEEDLE .		maraviroc)	51	SEROQUEL TABS 300 MG, 400 MG	
126		SEMGLEE (YFGN) SOLN	30	(Use quetiapine fumarate)	48
SEGLUROMET	27	SEMGLEE (YFGN) SOPN	30	SEROQUEL XR TB24 (Use	
SELARSDI SOLN SC 45 MG/0.5ML .		SE-NATAL 19 CHEW	190	quetiapine fumarate)	48
67		SENIOR TABS TABS 60 MG-3 MG-		SEROSTIM SC 4 MG, 5 MG, 6 MG	
SELARSDI SOSY SC 45 MG/0.5ML,		30 MCG-400 MCG-1.5 MG-20 MG-		82	
		25 MCG-10 MG-1.7 MG-250 MCG-		SERTRALINE HCL CAPS 150 MG,	

200 MG (Use sertraline hcl)	25	sildenafil citrate (pulmonary hypertension) SUSR	57	SIMPONI SOAJ	5
sertraline hcl CAPS 150 MG, 200 MG	25	sildenafil citrate (pulmonary hypertension) TABS	57	SIMPONI SOSY	5
sertraline hcl CONC	25	SILENOR (Use doxepin hcl (sleep)) . 93		simvastatin TABS	35
sertraline hcl TABS 100 MG	25	SILICONE MASK/ADULT MISC .134		SINEMET TABS 100 MG-10 MG (Use carbidopa-levodopa)	46
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sevelamer carbonate TABS	88	SILIGENTLE FOAM DRESSING PADS	98	SINGULAIR CHEW 4 MG (Use montelukast sodium)	15
sevelamer hcl	88	silodosin	89	SINGULAIR CHEW 5 MG (Use montelukast sodium)	15
SEVENFACT	90	SILVADENE (Use silver sulfadiazine)	68	SINGULAIR PACK (Use montelukast sodium)	15
SF 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental))	139	SILVER NITRATE SOLN 0.5 % ...	68	SINGULAIR TABS (Use montelukast sodium)	15
SF GEL 1.1 % (Use sodium fluoride (dental))	139	silver nitrate SOLN	68	SINUVA IMPL	192
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SIDESTREAM ADULT FACE MASK MISC	134	simethicone SUSP	86	sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG	27
SIDESTREAM PEDIATRIC FACE MASK MISC	134	SIMLANDI (1 PEN) AJKT	5	sitagliptin free base-metformin hcl TB24	27
SIDESTREAM PLS ADULT FACE MASK MISC	134	SIMLANDI (1 SYRINGE) PSKT	5	sitagliptin phosphate 25 MG, 50 MG, 100 MG	28
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SKYRIZI PEN SOAJ	67	SMARTEST EJECT DEVI	116	SODIUM FLUORIDE 5000 PPM PSTE DT 1.1 % (Use sodium fluoride (dental))	139
SKYRIZI SOCT	88	SMARTEST EJECT STARTER KIT 116		SODIUM FLUORIDE 5000 SENSITIVE GEL	139
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SKYTROFA 11 MG	82	SMARTEST PROTEGE STARTER KIT	116	sodium oxybate SOLN	199
SKYTROFA 13.3 MG	83	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	12	sodium phenylbutyrate POWD	84
SKYTROFA 3 MG	83	sodium chloride (gu irrigant) 0.9 %	89	sodium phenylbutyrate TABS	84
SKYTROFA 3.6 MG	83	sodium chloride (inhalant) NEBU 0.9 %, 3 %	62	sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML	94
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SM PRENATAL VITAMINS TABS 190		SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (Use sodium fluoride			
SM STERILE PADS	98				
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SOLIQUA	27	sotalol hcl TABS 240 MG	55	SPRAVATO (84 MG DOSE)	24
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SOOTHENEB NBL 100 CHILD MASK MISC	134	SPIRIVA RESPIMAT AERS IN	15	STERILE PADS	98
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		SPORANOX SOLN (Use itraconazole)	33	STRESS B COMPLEX/ANTIOXID/ZINC TABS	

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ZYKADIA TABS	45
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ZYVOX TABS (Use linezolid)	40