

## Comprehensive Drug List

The Absolute Total Care Comprehensive Drug List (CDL) lists drugs covered by your prescription benefit. The CDL is updated often and may change. For more information, you may view the latest CDL on our website at [absolutetotalcare.com](https://absolutetotalcare.com) or call us at 1-866-433-6041 (TTY: 711).

Comprehensive Drug List Medication Locator Instructions:

1. With the PDF open, click on the Edit menu, then click Find.
2. In the Find box type the name of the medicine you want to locate.
3. Click the Next button until you find the medicine(s) you are looking for.

## Notice of Non-Discrimination

Absolute Total Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Absolute Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

### **Absolute Total Care:**

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages
- If you need these services, contact Member Services, by mail at: 100 Center Point Circle, Suite 100, Columbia, SC 29210; by phone at: 1-866-433-6041 (TTY: 711); or by email at: [ATCMBR SVC@centene.com](mailto:ATCMBR SVC@centene.com).

If you believe that **Absolute Total Care** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator

PO Box 31384, Tampa, FL 33631

855-577-8234 (TTY: 711)

FAX: 866-388-1769

[SM\\_Section1557Coord@centene.com](mailto:SM_Section1557Coord@centene.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>

This notice is available at **Absolute Total Care's** website:

<https://www.absolutetotalcare.com/members/medicaid/nondiscrimination-notice.html>

## Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-866-433-6041 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:  
1-866-433-6041 (رقم هاتف الصم والبكم 711)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-433-6041 (TTY: 711).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-6041 (телетайп: 711).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-433-6041 (TTY: 711).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-866-433-6041 (TTY: 711)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-433-6041 (TTY: 711)

Falam tawng thiam tu na si le tawng let nak asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in na ko thei.

धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह । 1-866-433-6041 (TTY: 711) पर कॉल कर ।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-433-6041 (ATS: 711).

နမ့်ကတိ၊ ကညိ ကျိအယိ၊ နမန့် ကျိအတံမၤစၢလၢ တလံာ်ဘျုးလၢကံစ့၊ နိတံမၤဘျုးသ့န့ၣ်လီၤ။ ကိး  
866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ለተሳናቸው፡ 711)።

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-866-433-6041 (TTY: 711) သို့ ခေါ်ဆိုပါ။

## Pharmacy Program

It's important to Absolute Total Care that our members receive medications that are appropriate and high quality. We work hard to make sure you have access to safe and effective medications that are proven to help you get healthy and stay healthy.

The pharmacy program does not cover all medicines. Some medicines require prior authorization (PA). Some have limits on age, dosage and maximum quantities.

## Comprehensive Drug List (CDL)

The Absolute Total Care CDL is the list of covered drugs. The CDL applies to drugs you can receive at retail pharmacies. The Absolute Total Care CDL is reviewed often by Absolute Total Care to make sure the use of medicines is appropriate.

## Pharmacy Benefit Manager

Absolute Total Care works with Pharmacy Services to process pharmacy claims for prescribed drugs. Some drugs on the Absolute Total Care CDL may require PA. Pharmacy Services is responsible for the PA process. Express Scripts is our Pharmacy Benefit Manager (PBM).

## Specialty Drugs

The preferred specialty pharmacy provider of Absolute Total Care is AcariaHealth Specialty Pharmacy. All specialty drugs must have PA to be approved for payment by Absolute Total Care. The Absolute Total Care Medical Director and Absolute Total Care Pharmacy Director are in charge of the clinical review of these PA requests.

AcariaHealth Specialty Pharmacy provides the following services:

- Delivers drugs to your home or provider's office
- Provides staff pharmacists. The pharmacists can help you 24 hours a day, seven days a week to answer your questions and offer help with your drugs
- Gives you information, materials and ongoing support to help you take the drugs to manage your health condition
- Hepatitis C agents

## Dispensing Limits

Most drugs are limited to a maximum of 31 days' supply. Select preferred drugs used to treat conditions such as, but not limited to, diabetes, hypertension and high cholesterol may be eligible for up to a maximum of 90 days' supply. A total of 90% of the days' supply, or 28 days, must have passed before the prescription can be refilled. Some oncology agents, long-acting injectable antipsychotics, and specialty medications can be refilled at 80% of the days' supply or after 25 days have passed.

## Appropriate Use and Safety Edits

The health and safety of our members is important to Absolute Total Care. One way we make sure our members are safe is through point-of-sale (POS) edits. This happens at the time a prescription is

processed at the pharmacy. These edits are based on U.S. Food and Drug Administration (FDA) recommendations. They promote safe and effective medicine use.

### Prior Authorizations (PAs)

Some medicines listed on the Absolute Total Care CDL may need PA. The information for PAs should be sent to Pharmacy Services. The information should be sent by your provider or pharmacist. They can fill this information out on the **Medication Prior Authorization Form**. This form should be **faxed to Pharmacy Services at 1-833-982-4001**. This document can be found on the Absolute Total Care website, [absolutetotalcare.com](http://absolutetotalcare.com). All completed authorizations are reviewed within 24 hours from the time of receipt.

Absolute Total Care will cover the medicine if it is determined that:

1. There is a medical reason the member needs the specific medicine.
2. Depending on the medicine, other medicines on the CDL have not worked.

PA requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and their provider will be notified. Alternative options and appeal process information will also be provided.

### Step Therapy

Sometimes Absolute Total Care requires you to do step therapy. This means you will have to try medicines in the CDL in a certain order before we cover another medicine. If ATC does not have record that the step through medicine(s) have been tried, then a prior authorization will be required. If Absolute Total Care does not approve the prior authorization request, we will give you information about the grievance and appeal process and your right to a State Fair Hearing. If you or your provider do not agree with our decision, please let us know.

### Quantity Limits

Sometimes, Absolute Total Care limits how much of a certain medicine a member can get at once. If your provider thinks that you have a reason to get more than the limit, they can submit a PA. If Absolute Total Care does not approve the PA, we will notify the member and their provider. They will also send information about the appeal process.

### Age Limits

Sometimes, medicines on the Absolute Total Care CDL have age limits. This is because of drug maker, FDA or clinical guidelines. It is to keep you healthy and safe. Age limits meet FDA alerts for the appropriate use of pharmaceuticals. They also align with South Carolina Healthy Connections Medicaid Guidelines.

## Medical Necessity Requests

Sometimes, a member needs a medicine that is not listed in the CDL. When this happens, the member's provider can make a medical necessity (MN) request for the medicine. A MN request does not happen often. This is because the list of medicines on the CDL treat most medical conditions.

For a MN request, Absolute Total Care requires:

- Documented failure of at least two CDL drugs within the same therapeutic class for the same diagnosis. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented intolerance or contraindication to at least two CDL drugs within the same therapeutic class. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented clinical history or presentation where the patient is not a candidate for any of the CDL drugs for the indication.

These requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and provider will be notified. Alternative options and appeal process information will also be provided.

## Emergency Supply Policy

State and federal law require that a pharmacy fill a 72-hour supply of CDL medicine to any member awaiting PA determination. This is so the member's therapy is not interrupted or delayed. All participating pharmacies are authorized to provide a 72-hour supply of medicine. They are reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication. They are reimbursed whether or not the PA request ends up being approved or denied. If the pharmacy has any questions, they may call the Pharmacy Help Desk at **1-833-750-4506**.

## Exclusions

The following drug categories are not part of the Absolute Total Care CDL, unless noted as covered on the CDL. They are also not covered by the 72-hour emergency supply policy:

- Weight control products
- Pharmaceuticals used for cosmetic purposes or hair growth
- Investigational pharmaceuticals or products
- Immunizing agents
- Drug Efficacy Study Implementation (DESI) and Identical, Related, and Similar (IRS) drugs that are classified as ineffective
- Fertility products
- Erectile dysfunction products prescribed to treat impotence

- Nutritional supplements
- Injectables (except those listed in the CDL)
- Infusion supplies
- Gender transition pharmaceuticals or products

### Medicaid Drug Rebate Program

On the pharmacy benefit, Absolute Total Care only covers rebated drugs that are in the Medicaid Drug Rebate program and that are Food and Drug Administration (FDA) approved. Requests for coverage of a non-rebated drug will require an appeal for medical necessity review on a case-by-case basis.

### 340B Program

Per SCDHHS Pharmacy Services Provider Manual “340B Program Effective with dates of service on or after July 1, 2019, the following policy will apply regarding the submission of claims for drugs purchased through the 340B Program, as described in Section 340B of the Public Health Act of 1992.

For drugs purchased through the 340B Program, covered entities must submit a value of “20” in the Submission Clarification Code field (420-DK). When submitting Medicaid FFS claims, an amount not to exceed the 340B ceiling price plus an enhanced 340B dispensing fee should be submitted in the usual and customary field.”

Effective January 1, 2026, all 340B designated pharmacies under the Absolute Total Care Medicaid health plan must declare a claim as either 340B or non-340B by providing the appropriate code in the Submission Clarification Code (SCC) field. Each claim must include one of the following:

- If the claim is being filled with 340B stock, the pharmacy must include an SCC 20 designation.
- If the claim is being filled with non-340B stock, then the pharmacy must include an SCC 02 designation.
- If a claim is submitted without an SCC 02 or SCC 20, the claim will be rejected with the following reject code and secondary message:
  - Reject 70 – “SCC 20 or 02 Req'd. Resubmit with SCC 20 if 340B claim or resubmit with SCC 02 if not 340B.

This edit will apply to all claims at 340B pharmacies for all NDCs without exception. Member Prior Authorizations will not be able to override this edit. Pharmacies can override by entering either SCC 02 or 20 in one of the three available SCC fields. Transition/Emergency Supply logic will not be allowed to override this edit if applicable.

### Newly-Approved Products

Absolute Total Care reviews new drugs before adding them to the CDL. While the new drugs are being reviewed, access to them will be considered through the PA review process. If Absolute Total Care does not approve PA, we will notify the member and their practitioner. We will also provide information about the appeal process.

### Over-The-Counter (OTC) Medications

Absolute Total Care covers many OTC medicines. These medicines can be found in the Absolute Total Care CDL. These products are covered as long as you have a prescription from a licensed practitioner that meets all the legal requirements for a prescription.

## Generic Drugs

Generic drugs are made up of the same active ingredient as brand-name drugs. When generic drugs are available, the brand-name drug will not be covered without Absolute Total Care PA unless the Brand name drug is preferred by the SCDHHS Single PDL.

If you or your provider think a brand-name drug is medically necessary, the provider must request the drug using the PA process. Absolute Total Care will cover the brand-name drug according to our clinical guidelines if there is a medical reason the member needs the particular brand-name drug. If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

## Drug Efficacy Study Implementation (DESI) Drugs

DESI products and known related drug products are defined as less than effective by the FDA. This is because there is not much evidence that it is effective for all labeling indications. It is also because *justification* for their medical need has not been established. DESI products are not covered by Absolute Total Care.

## Filling a Prescription

Members can have prescriptions filled at an Absolute Total Care network pharmacy. You can find a network pharmacy near you by contacting **Absolute Total Care Member Services at 1-866-433-6041 (TTY: 711)**. You can also visit Absolute Total Care's website at [absolutetotalcare.com](https://absolutetotalcare.com) and click Find a Provider to locate a pharmacy. You can type in your address or zip code and see pharmacies that are close by. At the pharmacy, you will need to provide your prescription and your Absolute Total Care member ID card.

If members are traveling more than 30 miles from the South Carolina border, they can have a one-time fill of their medicine. All necessary prescriptions are required to be filled on the same day for a maximum 31-day supply.

## Copayments

Effective July 1, 2024, Absolute Total Care charges \$0.00 for each prescription.

## Drug Tiers

The following notations define the comprehensive drug list status in the Drug Tier column.

P:	Preferred
NP:	Non-preferred
PA:	Preferred with Clinical PA

Non-managed/Supplemental (clinical criteria may apply):

C:	Non-Managed Covered
NC:	Non-Managed Not Covered
X:	Pharmacy Benefit Exclusion

## Abbreviations

The following notations and abbreviations may be found in the drug listing requirements/limits column.

Abbreviations		
AL	Age Limit	Drug is limited to specific age.
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription or within a specific timeframe.
Max Day(s) Supply	Day(s) Supply	There is a limit on the amount of the drug that is covered per time period.
Max Fill	Fill Limit	There is a limit on the number of times the drug can be filled.
Opioid Smart PA	Unique Limits for Opioid Drugs	There may be limits on use such as maximum seven-day supply for short-acting opioids or prior authorization required. Exceptions exist for specific diagnoses and/or history of use.
PA, Smart PA	Prior Authorization	Prior authorization is required before prescription can be filled.
Pack Lmt	Package Limit	There is a limit on the number of packages covered per prescription.
Rtl	Retail	The limit or restriction applies to coverage at a retail pharmacy.
RX/OTC	Prescription/Over-the-Counter	The drug is available as both prescription and over-the-counter.
SP	Specialty Drug	High-cost drugs used to treat complex or rare conditions such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage.

## Clinical Edit Descriptions

Edit Name	Edit Description
Opioid	<p>Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve*</p> <p>Limits:</p> <ul style="list-style-type: none"> <li>• Daily Dose Max = 90 MME**</li> <li>• Day Supply Max = 7 days</li> <li>• Must use short-acting opioids before long-acting opioids</li> </ul> <p>*Treatment-Naïve means no opioid fill in last 180 days            **MME = Morphine Milligram Equivalent</p>
Test Strips	<p>Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days.</p>

## Contact Information

Contact Information	
Absolute Total Care	<p>Phone: 1-866-433-6041</p> <p>Fax: 1-855-865-9469</p> <p>Website: <a href="http://www.absolutetotalcare.com">www.absolutetotalcare.com</a></p>
AcariaHealth Specialty Pharmacy	<p>Phone: 1-855-535-1815</p> <p>Fax: 1-855-217-0926</p> <p>Website: <a href="http://www.acariahealth.com">www.acariahealth.com</a></p>
Pharmacy Services	<p>PA Phone: 1-866-399-0928</p> <p>PA Fax: 1-833-982-4001</p> <p>Help Desk: 1-800-460-8988</p>
Pharmacy Help Desk	<p>Phone: 1-833-750-4506</p>

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL XR CP24 (amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
ADDERALL TABS (amphetamine-dextroamphetamine)	P	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 (amphetamine)	NP	
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	
DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	NP	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 10 MG, 15 MG	P	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 5 MG	P	QL(1 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate SOLN	NP	
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	QL(2 EA daily); AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	P	
dextroamphetamine sulfate TABS 5 MG, 10 MG	P	QL(2 EA daily); AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	
DYANAVAL XR SUER	P	
DYANAVAL XR TBCR	NP	
EVEKEO TABS (amphetamine sulfate)	NP	
lisdexamfetamine dimesylate CAPS	NP	Brand Preferred; QL(1 EA daily)
lisdexamfetamine dimesylate CHEW	NP	Brand Preferred
methamphetamine hcl	NP	
MYDAYIS CP24 (amphetamine-dextroamphetamine)	NP	
VYVANSE CAPS	P	QL(1 EA daily)
VYVANSE CHEW	P	
XELSTRYM	NP	
<b>Analeptics</b>		
caffeine citrate SOLN PO 60 MG/3ML	C	Limit 2 fills per Lifetime; QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
atomoxetine hcl	P	AL(At least 6 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl (adhd) TB12</i>	P	
<i>guanfacine hcl (adhd)</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
INTUNIV ( <i>guanfacine hcl (adhd)</i> )	NP	QL(1 EA daily); AL(At least 6 yrs old)
ONYDA XR SUER	NP	
QELBREE	NP	
STRATTERA ( <i>atomoxetine hcl</i> )	NP	AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI	NP	
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	NP	SP
Stimulants - Misc.		
APTENSIO XR CP24 ( <i>methylphenidate hcl</i> )	NP	
<i>armodafinil</i>	PA	PA
AZSTARYS	NP	
CONCERTA TBCR 36 MG ( <i>methylphenidate hcl</i> )	NP	QL(2 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG ( <i>methylphenidate hcl</i> )	NP	QL(1 EA daily); AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED	NP	
DAYTRANA PTCH ( <i>methylphenidate</i> )	NP	
<i>dexmethylphenidate hcl CP24</i>	P	
<i>dexmethylphenidate hcl TABS</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
FOCALIN XR CP24 ( <i>dexmethylphenidate hcl</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
FOCALIN TABS ( <i>dexmethylphenidate hcl</i> )	NP	QL(2 EA daily); AL(At least 6 yrs old)
JORNAY PM CP24	NP	
METHYLIN SOLN ( <i>methylphenidate hcl</i> )	NP	
<i>methylphenidate hcl CHEW</i>	NP	
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i>	P	
<i>methylphenidate hcl CP24</i>	NP	
<i>methylphenidate hcl CPCR</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	P	
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	P	QL(3 EA daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	P	QL(6 EA daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TB24 36 MG</i>	P	QL(2 EA daily)
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	P	QL(1 EA daily)
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 27 MG, 36 MG, 54 MG</i>	P	
<i>methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG</i>	NP	
<i>methylphenidate PTCH</i>	NP	
<i>modafinil</i>	PA	PA
NUVIGIL ( <i>armodafinil</i> )	NP	
PROVIGIL ( <i>modafinil</i> )	NP	
QUILLICHEW ER CHER	P	

Updated June 2026

Drug Name	Drug Tier	Requirements/Limits
QUILLIVANT XR SRER	P	
RELEXXII TBCR 45 MG, 63 MG, 72 MG (methylphenidate hcl)	NP	
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP	
RELEXXII TBCR 36 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR 18 MG, 27 MG, 54 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG (methylphenidate hcl)	NP	QL(3 EA daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (methylphenidate hcl)	NP	QL(6 EA daily); AL(At least 3 yrs old)
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
Allergenic Extracts		
GRASTEK SUBL	C	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	C	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)
<b>AMEBICIDES</b>		
Amebicides		
SOLOSEC	NP	ST
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
ARIKAYCE	NP	SP
BETHKIS NEBU (tobramycin)	NP	SP
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin)	NP	SP
neomycin sulfate TABS	NP	
TOBI PODHALER CAPS	PA	SP; PA

Drug Name	Drug Tier	Requirements/Limits
TOBI NEBU (tobramycin)	NP	SP
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML	C	PA
tobramycin sulfate SOLR	C	PA
tobramycin NEBU	PA	PA
tobramycin NEBU	PA	SP; PA
tobramycin NEBU	NP	SP
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP
RINVOQ LQ SOLN	NP	SP
RINVOQ TB24	NP	SP
XELJANZ XR TB24	P	SP
XELJANZ SOLN	P	SP
XELJANZ TABS	P	SP
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP
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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP	AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP	AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP
ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP	AMJEVITA SOAJ	NP	SP
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP	AMJEVITA SOSY	NP	SP
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP	CYLTEZO (2 PEN) AJKT	NP	SP
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP		CYLTEZO (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-ADAZ SOAJ	P	SP	CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP
ADALIMUMAB-ADAZ SOSY	P	SP	CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP
ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML	P		HADLIMA PUSHTOUCH SOAJ	P	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP	HADLIMA SOSY	P	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	SP	HULIO (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	NP	SP	HULIO (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP	HUMIRA (2 PEN) AJKT 40 MG/0.4ML	P	QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP	HUMIRA (2 PEN) AJKT 40 MG/0.8ML	P	QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	P	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); AL(At least 2 yrs old); SP
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP		HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML	P	QL(2 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
ADALIMUMAB-RYVK (2 PEN) AJKT	NP				
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP			

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML	P	QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	P	QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	P	QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA-PSORIASIS/UEVIT STARTER AJKT	P	QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP
HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP
HYRIMOZ-PLAQ PSOR/UEVIT START SOAJ	NP	SP
HYRIMOZ SOAJ	NP	SP
HYRIMOZ SOSY	NP	SP
SIMLANDI (1 PEN) AJKT	NP	SP
SIMLANDI (1 SYRINGE) PSKT	NP	SP
SIMLANDI (2 PEN) AJKT	NP	SP
SIMLANDI (2 SYRINGE) PSKT	NP	SP
SIMPONI SOAJ	NP	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 2 yrs old); SP

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SOSY	NP	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 2 yrs old); SP
YUFLYMA (1 PEN) AJKT	NP	SP
YUFLYMA (2 PEN) AJKT	NP	SP
YUFLYMA (2 SYRINGE) PSKT	NP	SP
YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
YUSIMRY	NP	SP
YUSIMRY	NP	
Interleukin-1 Blockers		
ARCALYST	NP	SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	NP	SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	NP	SP
ACTEMRA SOLN	C	SP; PA
ACTEMRA SOSY	NP	SP
AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP
AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP
KEVZARA SOAJ	NP	SP
KEVZARA SOSY	NP	SP
TYENNE SOAJ	NP	
TYENNE SOAJ	NP	SP
TYENNE SOSY	NP	
TYENNE SOSY	NP	SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ARTHROTEC TBEC (diclofenac w/ misoprostol)	NP	
CELEBREX (celecoxib)	NP	QL(2 EA daily)
celecoxib	C	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib</i>	P	QL(2 EA daily)	<i>ketorolac tromethamine TABS</i>	P	QL(20 EA per 31 day(s) retail); AL(At least 17 yrs old)
<i>celecoxib</i>	P	QL(2 EA daily)			
COXANTO CAPS ( <i>oxaprozin</i> )	NP		LURBIRO TABS 100 MG ( <i>flurbiprofen</i> )	NP	
DAYPRO TABS ( <i>oxaprozin</i> )	NP		<i>meclofenamate sodium CAPS</i>	NP	
<i>diclofenac potassium CAPS</i>	NP		<i>mefenamic acid CAPS</i>	NP	
<i>diclofenac potassium TABS</i>	NP		<i>meloxicam CAPS</i>	NP	
<i>diclofenac sodium TB24</i>	P		<i>meloxicam TABS</i>	P	
<i>diclofenac sodium TBEC</i>	P		<i>nabumetone</i>	P	
<i>diclofenac w/ misoprostol TBEC</i>	NP		NALFON CAPS ( <i>fenoprofen calcium</i> )	NP	
<i>etodolac CAPS</i>	NP		NALFON TABS 600 MG	NP	
<i>etodolac TABS</i>	NP		NAPRELAN TB24 ( <i>naproxen sodium</i> )	NP	
<i>etodolac TB24</i>	NP		NAPROSYN SUSP ( <i>naproxen</i> )	NP	
<i>fenoprofen calcium CAPS 400 MG</i>	NP		<i>naproxen sodium TABS 275 MG, 550 MG</i>	NP	
<i>fenoprofen calcium TABS</i>	NP		<i>naproxen sodium TABS 220 MG</i>	C	QL(2 EA daily)
FENOPRON CAPS	NP		<i>naproxen sodium TB24</i>	NP	
<i>flurbiprofen TABS 100 MG</i>	NP		<i>naproxen-esomeprazole magnesium</i>	NP	
<i>ibuprofen CHEW</i>	C		<i>naproxen SUSP</i>	P	
<i>ibuprofen-famotidine</i>	NP		<i>naproxen TABS</i>	P	
<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC	<i>naproxen TBEC</i>	P	QL(2 EA daily)
<i>ibuprofen SUSP 50 MG/1.25ML</i>	C		<i>oxaprozin CAPS</i>	NP	
<i>ibuprofen TABS 300 MG</i>	NP		<i>oxaprozin TABS</i>	NP	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P		<i>piroxicam CAPS</i>	P	
<i>ibuprofen TABS 200 MG</i>	C		RELAFEN DS	NP	
<i>indomethacin CAPS 25 MG, 50 MG</i>	P		<i>sulindac TABS</i>	P	
<i>indomethacin CPCR</i>	NP		TOLECTIN DS CAPS 400 MG ( <i>tolmetin sodium</i> )	NP	
<i>indomethacin SUPP</i>	NP		<i>tolmetin sodium CAPS</i>	NP	
<i>indomethacin SUSP</i>	NP		<i>tolmetin sodium TABS 600 MG</i>	NP	
<i>ketoprofen CAPS</i>	NP				
<i>ketoprofen CP24</i>	NP				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIMOVO 500 MG-20 MG ( <i>naproxen-esomeprazole magnesium</i> )	NP		ENBREL SURECLICK SOAJ	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
VYSCOXA PO 10 MG/ML	NP	AL(At least 2 yrs old)	ENBREL SOLN	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ZYBIC SUSP 7.5 MG/5ML ( <i>meloxicam</i> )	NP		ENBREL SOSY 25 MG/0.5ML	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
Phosphodiesterase 4 (PDE4) Inhibitors			ENBREL SOSY 50 MG/ML	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
OTEZLA XR TB24 PO 75 MG	NP	SP	<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
OTEZLA/OTEZLA XR INITIATION PK TBPk	NP	1 package(s) per 365 day(s) retail; 1 package(s) per 365 day(s) mail; AL(At least 6 yrs old); SP	Analgesic Combinations		
OTEZLA TABS 20 MG	P	SP	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	C	QL(4 EA daily)
OTEZLA TABS 30 MG	P	QL(2 EA daily); AL(At least 6 yrs old); SP	<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	C	QL(4 EA daily)
OTEZLA TBPk	P	1 package(s) per 365 day(s) retail; 1 package(s) per 365 day(s) mail; AL(At least 6 yrs old); SP	<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	C	
Pyrimidine Synthesis Inhibitors			<i>butalbital-aspirin-caffeine CAPS</i>	C	QL(4 EA daily)
<i>leflunomide</i>	C	QL(1 EA daily)	Analgesics - Sodium Channel Pain Signal Inhibitors		
Selective Costimulation Modulators			JOURNAVX	P	Does not exceed healthplan QL; QL(29 EA per fill retail; 29 per fill mail); 14 day(s) max supply per 60 day(s) retail; 14 day(s) max supply per 60 day(s) mail; AL(At least 18 yrs old)
ORENCIA CLICKJECT SOAJ	NP	SP			
ORENCIA SOSY	NP	SP			
Soluble Tumor Necrosis Factor Receptor Agents					
ENBREL MINI SOCT	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics Other</b>			DILAUDID LIQD (hydromorphone hcl)	NP	Opioid Smart PA
acetaminophen CHEW	C		DILAUDID TABS 8 MG (hydromorphone hcl)	NP	Opioid Smart PA; QL(4 EA daily)
acetaminophen LIQD 160 MG/5ML	C		DILAUDID TABS 2 MG (hydromorphone hcl)	NP	Opioid Smart PA; QL(8 EA daily)
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	C	QL(240 ML per fill retail)	DILAUDID TABS 4 MG (hydromorphone hcl)	NP	Opioid Smart PA
acetaminophen SUPP 120 MG, 650 MG	C	QL(12 EA per 31 day(s) retail)	fentanyl citrate LPOP 200 MCG, 1200 MCG	NP	Opioid Smart PA
acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	C		fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG	NP	Opioid Smart PA
acetaminophen TABS 325 MG, 500 MG	C		fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	P	QL(0.34 EA daily)
FEVERALL JUNIOR STRENGTH SUPP	C	QL(12 EA per 31 day(s) retail)	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	NP	
<b>Salicylates</b>			hydrocodone bitartrate CP12	NP	Opioid Smart PA
aspirin buffered (cal carb-mag carb-mag oxide)	C		hydrocodone bitartrate T24A	NP	Opioid Smart PA
aspirin CHEW	C		hydromorphone hcl LIQD	P	Opioid Smart PA
ASPIRIN SUPP 300 MG	C	QL(12 EA per 31 day(s) retail)	HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 EA daily)
aspirin TABS 325 MG	C		hydromorphone hcl TABS 2 MG	P	Opioid Smart PA; QL(8 EA daily)
aspirin TBEC 81 MG, 325 MG	C		hydromorphone hcl TABS 8 MG	P	Opioid Smart PA; QL(4 EA daily)
diflunisal TABS	NP		hydromorphone hcl TABS 4 MG	P	Opioid Smart PA
DOLOBID TABS	NP		hydromorphone hcl TB24	NP	Opioid Smart PA
salsalate	C		HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP	Opioid Smart PA
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>			levorphanol tartrate TABS	NP	
<b>Opioid Agonists</b>					
codeine sulfate TABS 30 MG	P	Opioid Smart PA; AL(At least 12 yrs old)			
CODEINE SULFATE TABS	P	Opioid Smart PA; AL(At least 12 yrs old)			
CONZIP CP24 (tramadol hcl)	NP	Opioid Smart PA			

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Drug Name	Drug Tier	Requirements/Limits
<i>levorphanol tartrate TABS</i>	NP	Opioid Smart PA
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	Opioid Smart PA
<i>meperidine hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(6 EA daily)
<i>methadone hcl TABS 10 MG</i>	C	Opioid Smart PA; QL(10 EA daily); PA
<i>methadone hcl TABS 5 MG</i>	C	Opioid Smart PA; QL(4 EA daily); PA
<i>morphine sulfate beads</i>	NP	Opioid Smart PA
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP	Opioid Smart PA
<i>morphine sulfate SOLN PO 100 MG/5ML</i>	P	Opioid Smart PA
<i>morphine sulfate SOLN PO 10 MG/5ML</i>	P	QL(16.67 ML daily)
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	Opioid Smart PA; QL(16.67 ML daily)
<i>morphine sulfate SUPP</i>	P	Opioid Smart PA; QL(0.78 EA daily)
<i>morphine sulfate TABS</i>	P	Opioid Smart PA; QL(6 EA daily)
<i>morphine sulfate TBCR</i>	P	Opioid Smart PA; QL(3 EA daily)
<i>MS CONTIN TBCR 15 MG, 30 MG, 60 MG (morphine sulfate)</i>	NP	Opioid Smart PA; QL(3 EA daily)
<i>oxycodone hcl CAPS</i>	P	Opioid Smart PA; QL(6 EA daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	P	QL(4 ML daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	P	Opioid Smart PA; QL(4 ML daily)
<i>oxycodone hcl SOLN</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl SOLN</i>	P	Opioid Smart PA
<i>oxycodone hcl T12A 20 MG, 40 MG</i>	NP	Brand Preferred; Opioid Smart PA
<i>oxycodone hcl TABS</i>	P	Opioid Smart PA; QL(6 EA daily)
<i>oxycodone hcl TABS 5 MG, 10 MG, 20 MG</i>	P	QL(6 EA daily)
<i>OXYCONTIN T12A 20 MG, 40 MG, 80 MG</i>	P	
<i>OXYCONTIN T12A 10 MG, 15 MG, 30 MG, 60 MG</i>	P	Opioid Smart PA
<i>oxymorphone hcl TABS</i>	NP	Opioid Smart PA
<i>oxymorphone hcl TB12</i>	NP	Opioid Smart PA
<i>QDOLO SOLN (tramadol hcl)</i>	NP	Opioid Smart PA
<i>ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl)</i>	NP	Opioid Smart PA; QL(6 EA daily)
<i>ROXYBOND TABA 10 MG, 15 MG, 30 MG</i>	NP	Opioid Smart PA
<i>ROXYBOND TABA 5 MG</i>	NP	Opioid Smart PA; QL(6 EA daily)
<i>TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG</i>	NP	Opioid Smart PA
<i>tapentadol hcl TABS 50 MG, 75 MG, 100 MG</i>	NP	Opioid Smart PA
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	Opioid Smart PA
<i>tramadol hcl SOLN</i>	NP	Opioid Smart PA
<i>TRAMADOL HCL SOLN (tramadol hcl)</i>	NP	Opioid Smart PA
<i>tramadol hcl TABS 25 MG</i>	P	Opioid Smart PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(8 EA daily); AL(At least 18 yrs old)	<i>butalbital-aspirin-caffeine w/cod</i>	NP	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
<i>tramadol hcl TABS 75 MG, 100 MG</i>	NP		<i>butalbital-aspirin-caffeine w/cod</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
<i>tramadol hcl TABS 50 MG</i>	P	QL(8 EA daily); AL(At least 18 yrs old)			
<i>tramadol hcl TB24</i>	NP	Opioid Smart PA	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG ( <i>butalbital-acetaminophen-caffeine w/ codeine</i> )	NP	Opioid Smart PA
<i>tramadol hcl TB24</i>	P	Opioid Smart PA			
<i>tramadol hcl TB24</i>	P		<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	Opioid Smart PA; QL(180 ML daily)
<b>Opioid Combinations</b>			<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P	Opioid Smart PA
<i>acetaminophen w/ codeine SOLN</i>	P	Opioid Smart PA; QL(30 ML daily); AL(At least 12 yrs old)	<i>hydrocodone-acetaminophen SOLN</i>	P	
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ML daily); AL(At least 12 yrs old)	<i>hydrocodone-acetaminophen SOLN</i>	P	
<i>acetaminophen w/ codeine TABS</i>	P	QL(6 EA daily); AL(At least 12 yrs old)	<i>hydrocodone-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	Opioid Smart PA; QL(6 EA daily); AL(At least 12 yrs old)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	P	Opioid Smart PA
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP	Opioid Smart PA	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Opioid Smart PA; QL(10 EA daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	P	Opioid Smart PA	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(10 EA daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	P	Opioid Smart PA
			NALOCET TABS	NP	Opioid Smart PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen TABS</i>	P	QL(6 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	NP	Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Opioid Smart PA; QL(6 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	NP	Brand Preferred; QL(3 EA daily); AL(At least 16 yrs old)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	P	Opioid Smart PA	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	P	Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
PERCOCET TABS 325 MG-2.5 MG ( <i>oxycodone w/ acetaminophen</i> )	NP	Opioid Smart PA	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	P	Opioid Smart PA; QL(12 EA daily); AL(At least 16 yrs old)
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG ( <i>oxycodone w/ acetaminophen</i> )	NP	Opioid Smart PA; QL(6 EA daily)	<i>buprenorphine hcl SUBL</i>	P	Opioid Smart PA
PROLATE SOLN	NP	Opioid Smart PA	<i>buprenorphine hcl SUBL</i>	P	
PROLATE TABS	NP	Opioid Smart PA	<i>buprenorphine PTWK</i>	NP	Brand Preferred; Opioid Smart PA
SEGLENTIS	NP	Opioid Smart PA	<i>butorphanol tartrate NA 10 MG/ML</i>	NP	Opioid Smart PA
<i>tramadol-acetaminophen</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 18 yrs old)	BUTRANS PTWK ( <i>buprenorphine</i> )	P	
<b>Opioid Partial Agonists</b>			<i>pentazocine w/ naloxone hcl</i>	NP	Opioid Smart PA
BELBUCA FILM	NP	Opioid Smart PA	SUBLOCADE SOSY	P	Opioid Smart PA; SP
BRIXADI (WEEKLY) SOSY	P	Opioid Smart PA; SP	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	P	QL(3 EA daily); AL(At least 16 yrs old)
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	Opioid Smart PA; SP	SUBOXONE FILM SL 3 MG-12 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	P	QL(2 EA daily); AL(At least 16 yrs old)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	NP	Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)			

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Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUBL	NP	Opioid Smart PA; AL(At least 16 yrs old)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
Androgens		
<i>methyltestosterone TABS</i>	C	
NATESTO GEL NA	NP	
TESTIM GEL TD ( <i>testosterone</i> )	PA	PA
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	C	QL(0.2858 ML daily)
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	C	QL(4 ML per 31 day(s) retail)
<i>testosterone enanthate SOLN IM</i>	C	QL(0.1429 ML daily)
<i>testosterone GEL TD 1.62 %, 1.62 %</i>	PA	PA
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	NP	Brand Preferred
<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM</i>	NP	
<i>testosterone SOLN</i>	NP	
VOGELXO PUMP GEL TD ( <i>testosterone</i> )	NP	
VOGELXO GEL TD ( <i>testosterone</i> )	NP	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	NP	
<i>hydrocortisone (intrarectal)</i>	C	
Rectal Steroids		
<i>hydrocortisone (rectal) EX 2.5 %</i>	C	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (rectal) EX 1 %</i>	C	1 package(s) per fill retail; RX/OTC
PREPARATION H EX 1 %	C	1 package(s) per fill retail; RX/OTC
PREPARATION H SOOTHING RELIEF EX 1 %	C	1 package(s) per fill retail; RX/OTC
<b>ANTACIDS</b>		
Antacid Combinations		
<i>alum &amp; mag hydrox-simethicone LIQD</i>	C	QL(24 ML daily)
<i>alum &amp; 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>	C	QL(24 ML daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	C	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	C	QL(3.34 EA daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	C	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	C	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
Anthelmintics		
EMVERM CHEW	C	QL(1 EA per fill retail)
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Pain</b>		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
<i>ranolazine TB12</i>	P	
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	C	
<i>isosorbide mononitrate TABS</i>	C	QL(2 EA daily)
<i>isosorbide mononitrate TB24</i>	C	QL(1 EA daily)
<i>nitroglycerin CPCR</i>	C	
<i>nitroglycerin OINT</i>	C	
<i>nitroglycerin PT24</i>	C	
<i>nitroglycerin SUBL</i>	C	
<b>ANTIANGIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>buspirone hcl 7.5 MG, 30 MG</i>	C	QL(3 EA daily)
<i>buspirone hcl 15 MG</i>	C	QL(4 EA daily)
<i>buspirone hcl 5 MG, 10 MG</i>	C	QL(6 EA daily)
<i>hydroxyzine hcl SYRP</i>	C	
<i>hydroxyzine hcl TABS</i>	C	
<i>hydroxyzine pamoate CAPS</i>	C	
<i>meprobamate</i>	C	
Benzodiazepines		
<i>alprazolam TABS</i>	C	QL(3 EA daily)
<i>chlordiazepoxide hcl CAPS</i>	C	QL(4 EA daily)
<i>clorazepate dipotassium TABS</i>	C	QL(3 EA daily)
<i>diazepam SOLN PO 5 MG/5ML</i>	C	
<i>diazepam TABS</i>	C	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam TABS 1 MG</i>	C	QL(4 EA daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	C	QL(3 EA daily)
<i>oxazepam CAPS</i>	C	QL(4 EA daily)
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	C	
NORPACE CR CP12 150 MG	C	
<i>quinidine gluconate TBCR</i>	C	
<i>quinidine sulfate TABS</i>	C	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	C	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	C	
<i>propafenone hcl CP12</i>	C	
<i>propafenone hcl TABS</i>	C	
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	C	
<i>dofetilide</i>	C	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	PA	SP; PA
FASENRA SOSY	PA	SP; PA
NUCALA SOAJ	NP	SP
NUCALA SOLR	NP	SP
NUCALA SOSY	NP	SP
TEZSPIRE SOAJ	NP	SP
TEZSPIRE SOSY	NP	SP
XOLAIR SOAJ	PA	SP; PA
XOLAIR SOSY	PA	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	PA	PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	C	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA 17 MCG/ACT ( <i>ipratropium bromide hfa</i> )	P	1 package(s) per 31 day(s) retail
INCRUSE ELLIPTA	P	1 package(s) per 31 day(s) retail
<i>ipratropium bromide hfa 17 MCG/ACT</i>	NP	Brand Preferred; 1 package(s) per 31 day(s) retail
<i>ipratropium bromide SOLN 0.02 %</i>	P	QL(375 ML per 25 day(s) retail)
SPIRIVA HANDIHALER CAPS IN ( <i>tiotropium bromide</i> )	P	
SPIRIVA RESPIMAT AERS IN	NP	
<i>tiotropium bromide CAPS IN 18 MCG</i>	NP	Brand Preferred
TUDORZA PRESSAIR	NP	1 package(s) per 31 day(s) retail
<i>umeclidinium bromide 62.5 MCG/INH</i>	NP	Brand Preferred; 1 package(s) per 31 day(s) retail
YUPELRI IN 175 MCG/3ML	NP	
Leukotriene Modulators		
ACCOLATE ( <i>zafirlukast</i> )	NP	
<i>montelukast sodium CHEW</i>	P	QL(1 EA daily); MP
<i>montelukast sodium PACK</i>	P	QL(1 EA daily); MP
<i>montelukast sodium TABS</i>	P	QL(1 EA daily); MP
SINGULAIR CHEW ( <i>montelukast sodium</i> )	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
SINGULAIR PACK ( <i>montelukast sodium</i> )	NP	QL(1 EA daily)
SINGULAIR TABS ( <i>montelukast sodium</i> )	NP	QL(1 EA daily)
<i>zafirlukast</i>	P	MP
<i>zileuton TB12</i>	NP	
ZYFLO TABS	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	NP	SP
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP ( <i>roflumilast</i> )	NP	QL(1 EA daily)
<i>roflumilast</i>	NP	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	P	
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT ( <i>fluticasone furoate (inhalation)</i> )	P	QL(1 EA daily)
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	P	QL(0.44 GM daily)
<i>beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT</i>	NP	
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	P	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i>	P	QL(120 ML per fill retail); AL(Up to 8 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	NP	QL(1 EA daily)
<i>fluticasone propionate (inhalation) AEPB</i>	NP	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(11 GM per 25 day(s) retail)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(12 GM per 25 day(s) retail)
PULMICORT FLEXHALER AEPB	NP	1 package(s) per fill retail
PULMICORT FLEXHALER AEPB	NP	1 package(s) per fill retail
PULMICORT SUSP 1 MG/2ML ( <i>budesonide (inhalation)</i> )	NP	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML ( <i>budesonide (inhalation)</i> )	NP	QL(120 ML per fill retail); AL(Up to 8 yrs old)
QVAR REDIHALER 40 MCG/ACT	P	QL(0.36 GM daily)
QVAR REDIHALER 80 MCG/ACT	P	QL(0.72 GM daily)
Sympathomimetics		
ADVAIR DISKUS AEPB ( <i>fluticasone-salmeterol</i> )	P	QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)
ADVAIR HFA AERO ( <i>fluticasone-salmeterol</i> )	P	
AIRDUO RESPICLICK 113/14 AEPB ( <i>fluticasone-salmeterol</i> )	NP	
AIRDUO RESPICLICK 232/14 AEPB ( <i>fluticasone-salmeterol</i> )	NP	
AIRDUO RESPICLICK 55/14 AEPB ( <i>fluticasone-salmeterol</i> )	NP	
AIRSUPRA	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate AERS</i>	P	QL(17 GM per 30 day(s) retail; 17 GM per 30 days mail)
<i>albuterol sulfate AERS</i>	P	QL(36 GM per 30 day(s) retail; 36 GM per 30 days mail)
<i>albuterol sulfate AERS</i>	P	QL(13.4 GM per 30 day(s) retail)
<i>albuterol sulfate AERS</i>	P	
<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ML per 31 day(s) retail)
<i>albuterol sulfate NEBU</i>	P	
<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ML daily)
<i>albuterol sulfate SYRP</i>	P	
<i>albuterol sulfate TABS</i>	P	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT ( <i>umeclidinium-vilanterol</i> )	P	
<i>arformoterol tartrate</i>	P	
BEVESPI AEROSPHERE	NP	
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	NP	
BREO ELLIPTA	NP	
BREZTRI AEROSPHERE	NP	
BROVANA ( <i>arformoterol tartrate</i> )	NP	
<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred; QL(30.6 GM per 30 day(s) retail)
<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred; QL(30.9 GM per 30 day(s) retail)
COMBIVENT RESPIMAT AERS	P	QL(4 GM per 31 day(s) retail)
DUAKLIR PRESSAIR	NP	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(26.4 GM per 30 day(s) retail)	SYMBICORT 160 MCG/ACT-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate dihydrate</i> )	P	QL(18 GM per 30 day(s) retail)
DULERA	P	QL(39 GM per 30 day(s) retail)	<i>terbutaline sulfate</i> TABS	NP	ST
<i>fluticasone furoate-vilanterol</i>	NP		TRELEGY ELLIPTA	NP	
<i>fluticasone-salmeterol</i> AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP		<i>umeclidinium-vilanterol</i>	NP	
<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	NP	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)	VENTOLIN HFA AERS ( <i>albuterol sulfate</i> )	P	QL(16 GM per 30 day(s) retail)
<i>fluticasone-salmeterol</i> AERO	NP		VENTOLIN HFA AERS ( <i>albuterol sulfate</i> )	P	QL(36 GM per 30 day(s) retail)
<i>formoterol fumarate</i> NEBU	NP		XOPENEX HFA ( <i>levalbuterol tartrate</i> )	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)
<i>ipratropium-albuterol</i> SOLN	P	QL(12 ML daily)	<b>Xanthines</b>		
<i>levalbuterol hcl</i>	NP		THEO-24 CP24	C	
<i>levalbuterol tartrate</i>	NP	QL(0.5 GM daily; 30 GM per 30 day(s) retail)	<i>theophylline</i> ELIX	C	
PERFOROMIST NEBU ( <i>formoterol fumarate</i> )	NP		<i>theophylline</i> SOLN	C	QL(475 ML per fill retail)
PROAIR RESPICLICK AEPB	P	QL(2 EA per 30 day(s) retail)	<i>theophylline</i> TB12 300 MG, 450 MG	C	
SEREVENT DISKUS	P	1 package(s) per fill retail	<i>theophylline</i> TB24	C	
STIOLTO RESPIMAT	P		<b>ANTICOAGULANTS - Blood Thinners</b>		
STRIVERDI RESPIMAT	NP		<b>Coumarin Anticoagulants</b>		
SYMBICORT ( <i>budesonide-formoterol fumarate dihydrate</i> )	P	QL(30.6 GM per 30 day(s) retail)	<i>warfarin sodium</i> TABS	P	
SYMBICORT 80 MCG/ACT-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate dihydrate</i> )	P	QL(20.7 GM per 30 day(s) retail)	<b>Direct Factor Xa Inhibitors</b>		
			ELIQUIS (1.5 MG PACK) TBSO PO	P	
			ELIQUIS (2 MG PACK) TBSO PO	P	
			ELIQUIS DVT/PE STARTER PACK TBPK	P	QL(2.47 EA daily)
			ELIQUIS CPSP PO 0.15 MG	P	
			ELIQUIS TABS	P	QL(2 EA daily)
			ELIQUIS TBSO PO 0.5 MG	P	
			<i>rivaroxaban</i> SUSR 1 MG/ML	NP	Brand Preferred

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>rivaroxaban TABS 2.5 MG</i>	NP	Brand Preferred	HEPARIN SODIUM (PORCINE) SOSY IJ	C	
SAVAYSA	NP		LOVENOX SOLN IJ 300 MG/3ML ( <i>enoxaparin sodium</i> )	NP	Max 42 syringes in 180 days; QL(126 ML per 180 day(s) retail); SP
XARELTO STARTER PACK TBPK	P		LOVENOX SOLN IJ 300 MG/3ML ( <i>enoxaparin sodium</i> )	NP	QL(126 ML per 180 day(s) retail); SP
XARELTO SUSR 1 MG/ML ( <i>rivaroxaban</i> )	P		LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>enoxaparin sodium</i> )	NP	QL(33.6 ML per 180 day(s) retail); SP
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG ( <i>rivaroxaban</i> )	P		LOVENOX SOSY 40 MG/0.4ML ( <i>enoxaparin sodium</i> )	NP	Max 42 syringes in 180 days; QL(16.8 ML per 180 day(s) retail); SP
XARELTO TABS	P		LOVENOX SOSY 60 MG/0.6ML ( <i>enoxaparin sodium</i> )	NP	Max 42 syringes in 180 days; QL(25.2 ML per 180 day(s) retail); SP
Heparins And Heparinoid-Like Agents			LOVENOX SOSY 100 MG/ML, 150 MG/ML ( <i>enoxaparin sodium</i> )	NP	Max 42 syringes in 180 days; QL(42 ML per 180 day(s) retail); SP
ARIXTRA ( <i>fondaparinux sodium</i> )	NP	SP	LOVENOX SOSY 60 MG/0.6ML ( <i>enoxaparin sodium</i> )	NP	QL(25.2 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	QL(126 ML per 180 day(s) retail); SP	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>enoxaparin sodium</i> )	NP	Max 42 syringes in 180 days; QL(33.6 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(16.8 ML per 180 day(s) retail)	LOVENOX SOSY 40 MG/0.4ML ( <i>enoxaparin sodium</i> )	NP	QL(16.8 ML per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(16.8 ML per 180 day(s) retail); SP			
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	P	QL(33.6 ML per 180 day(s) retail); SP			
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(25.2 ML per 180 day(s) retail); SP			
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(42 ML per 180 day(s) retail); SP			
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(12.6 ML per 180 day(s) retail); SP			
<i>fondaparinux sodium</i>	NP	SP			
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP			
FRAGMIN SOSY	NP	SP			
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	C				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOSY 30 MG/0.3ML ( <i>enoxaparin sodium</i> )	NP	Max 42 syringes in 180 days; QL(12.6 ML per 180 day(s) retail); SP	ONFI TABS ( <i>clobazam</i> )	NP	
LOVENOX SOSY 100 MG/ML, 150 MG/ML ( <i>enoxaparin sodium</i> )	NP	QL(42 ML per 180 day(s) retail); SP	SYMPAZAN FILM	NP	
<b>Thrombin Inhibitors</b>			VALTOCO 10 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
<i>dabigatran etexilate mesylate</i> CAPS	NP	Brand Preferred	VALTOCO 15 MG DOSE LQPK	P	QL(10 EA per 30 day(s) retail)
PRADAXA CAPS ( <i>dabigatran etexilate mesylate</i> )	P		VALTOCO 20 MG DOSE LQPK	P	QL(10 EA per 30 day(s) retail)
PRADAXA PACK	NP	SP	VALTOCO 5 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>			<b>Anticonvulsants - Misc.</b>		
<b>AMPA Glutamate Receptor Antagonists</b>			APTiom 200 MG, 400 MG, 600 MG, 800 MG ( <i>eslicarbazepine acetate</i> )	NP	
FYCOMPA SUSP 0.5 MG/ML ( <i>perampanel</i> )	PA	PA	BANZEL SUSP ( <i>rufinamide</i> )	NP	SP; PA
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG ( <i>perampanel</i> )	PA	PA	BANZEL TABS ( <i>rufinamide</i> )	PA	SP; PA
<i>perampanel</i> SUSP 0.5 MG/ML	NP	Brand Preferred	<i>brivaracetam</i> SOLN PO 10 MG/ML	NP	
<i>perampanel</i> TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP	Brand Preferred	<i>brivaracetam</i> TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	NP	
<b>Anticonvulsants - Benzodiazepines</b>			BRIVIACT SOLN PO 10 MG/ML ( <i>brivaracetam</i> )	NP	SP
<i>clobazam</i> SUSP	P	PA	BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG ( <i>brivaracetam</i> )	NP	SP
<i>clobazam</i> TABS	P		<i>carbamazepine</i> CHEW	P	
<i>clobazam</i> TABS	P	PA	<i>carbamazepine</i> CP12	NP	Brand Preferred
<i>clonazepam</i> TABS	C	QL(4 EA daily)	<i>carbamazepine</i> SUSP	P	
<i>diazepam</i> ( <i>anticonvulsant</i> ) GEL	P	QL(1 EA per fill retail); AL(At least 2 yrs old)	<i>carbamazepine</i> TABS	P	
<i>diazepam</i> ( <i>anticonvulsant</i> ) GEL 10 MG, 20 MG	C	QL(1 EA per fill retail); AL(At least 2 yrs old)	<i>carbamazepine</i> TB12	NP	Brand Preferred
NAYZILAM	P	QL(10 EA per 30 day(s) retail)	CARBATROL CP12 ( <i>carbamazepine</i> )	P	
ONFI SUSP ( <i>clobazam</i> )	NP		DIACOMIT CAPS 250 MG	NP	QL(12 EA daily); SP
			DIACOMIT CAPS 500 MG	NP	QL(6 EA daily); SP
			DIACOMIT PACK 250 MG	NP	QL(12 EA daily); SP

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 500 MG	NP	QL(6 EA daily); SP	LAMICTAL CHEW (lamotrigine)	NP	
ELEPSIA XR TB24	NP		LAMICTAL TABS (lamotrigine)	NP	
EPIDIOLEX	NP	SP	lamotrigine CHEW	P	
EPRONTIA SOLN 25 MG/ML (topiramate)	NP		lamotrigine KIT 25 MG	NP	
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	NP		lamotrigine TABS	P	
FINTEPLA	NP	SP	lamotrigine TABS	NP	
gabapentin CAPS	P	QL(9 EA daily)	lamotrigine TB24	P	QL(1 EA daily)
gabapentin CAPS 300 MG, 400 MG	NP	QL(9 EA daily)	lamotrigine TBDP	P	
gabapentin SOLN	P		levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	P	QL(16 ML daily)
gabapentin TABS 800 MG	P	QL(4 EA daily)	levetiracetam TABS 1000 MG	P	
gabapentin TABS 600 MG	P	QL(6 EA daily)	levetiracetam TABS 500 MG	P	QL(6 EA daily)
GABARONE TABS 100 MG, 400 MG	NP		levetiracetam TABS 250 MG, 750 MG	P	QL(4 EA daily)
KEPPRA XR TB24 (levetiracetam)	NP		levetiracetam TB24	P	
KEPPRA SOLN PO 100 MG/ML (levetiracetam)	NP	QL(16 ML daily)	levetiracetam TB3D 250 MG, 500 MG	NP	
KEPPRA TABS 500 MG (levetiracetam)	NP	QL(6 EA daily)	LYRICA CAPS (pregabalin)	NP	
KEPPRA TABS 1000 MG (levetiracetam)	NP		LYRICA SOLN (pregabalin)	NP	
KEPPRA TABS 250 MG, 750 MG (levetiracetam)	NP	QL(4 EA daily)	MOTPOLY XR CP24	NP	
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	P		NEURONTIN CAPS (gabapentin)	NP	QL(9 EA daily)
lacosamide TABS	P		NEURONTIN SOLN (gabapentin)	NP	
LAMICTAL ODT KIT (lamotrigine)	NP		NEURONTIN TABS 800 MG (gabapentin)	NP	QL(4 EA daily)
LAMICTAL ODT TBDP (lamotrigine)	NP		NEURONTIN TABS 600 MG (gabapentin)	NP	QL(6 EA daily)
LAMICTAL STARTER KIT 25 MG (lamotrigine)	NP		oxcarbazepine SUSP	NP	Brand Preferred
LAMICTAL XR KIT	NP		oxcarbazepine TABS	P	
LAMICTAL XR TB24 (lamotrigine)	NP	QL(1 EA daily)	oxcarbazepine TB24	NP	
			OXTELLAR XR TB24 (oxcarbazepine)	NP	
			pregabalin CAPS	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin SOLN</i>	NP	
<i>primidone</i>	P	
<i>rufinamide SUSP</i>	PA	SP; PA
<i>rufinamide SUSP</i>	PA	PA
<i>rufinamide TABS</i>	NP	Brand Preferred; SP
SPRITAM TB3D	NP	
SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG ( <i>levetiracetam</i> )	NP	
SUBVENITE SUSP PO 10 MG/ML	NP	
TEGRETOL SUSP ( <i>carbamazepine</i> )	NP	
TEGRETOL TABS ( <i>carbamazepine</i> )	NP	
TEGRETOL-XR TB12 ( <i>carbamazepine</i> )	P	
TOPAMAX SPRINKLE CPSP 25 MG ( <i>topiramate</i> )	NP	QL(8 EA daily)
TOPAMAX SPRINKLE CPSP 15 MG ( <i>topiramate</i> )	NP	QL(6 EA daily)
TOPAMAX TABS 25 MG, 50 MG ( <i>topiramate</i> )	NP	QL(6 EA daily)
TOPAMAX TABS 100 MG ( <i>topiramate</i> )	NP	QL(4 EA daily)
TOPAMAX TABS 200 MG ( <i>topiramate</i> )	NP	QL(2 EA daily)
<i>topiramate CP24</i>	NP	
<i>topiramate CPSP 50 MG</i>	P	
<i>topiramate CPSP 15 MG</i>	P	QL(6 EA daily)
<i>topiramate CPSP 25 MG</i>	P	QL(8 EA daily)
<i>topiramate CS24</i>	NP	
<i>topiramate SOLN 25 MG/ML</i>	NP	
<i>topiramate TABS 100 MG</i>	P	QL(4 EA daily)
<i>topiramate TABS 200 MG</i>	P	QL(2 EA daily)
<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 EA daily)
TRILEPTAL SUSP ( <i>oxcarbazepine</i> )	P	

Drug Name	Drug Tier	Requirements/Limits
TRILEPTAL TABS ( <i>oxcarbazepine</i> )	NP	
TROKENDI XR CP24 ( <i>topiramate</i> )	NP	
VIMPAT SOLN PO 10 MG/ML ( <i>lacosamide</i> )	NP	PA
VIMPAT TABS ( <i>lacosamide</i> )	NP	PA
ZONISADE SUSP	NP	
<i>zonisamide CAPS</i>	P	
ZTALMY	NP	
Carbamates		
<i>felbamate SUSP</i>	P	
<i>felbamate TABS</i>	P	
FELBATOL TABS ( <i>felbamate</i> )	NP	
XCOPRI (250 MG DAILY DOSE) TBPk	NP	
XCOPRI (350 MG DAILY DOSE) TBPk	NP	
XCOPRI TABS	NP	
XCOPRI TBPk	NP	
GABA Modulators		
SABRIL PACK ( <i>vigabatrin</i> )	PA	SP; PA
SABRIL TABS ( <i>vigabatrin</i> )	NP	SP; PA
<i>tiagabine hcl</i>	PA	PA
<i>vigabatrin PACK</i>	PA	Brand Preferred; SP; PA
<i>vigabatrin PACK</i>	NP	Brand Preferred; SP
<i>vigabatrin TABS</i>	PA	SP; PA
<i>vigabatrin TABS</i>	NP	SP
VIGAFYDE SOLN	NP	SP
Hydantoins		
DILANTIN ( <i>phenytoin sodium extended</i> )	NP	
DILANTIN	NP	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	NP		<i>divalproex sodium TB24 250 MG</i>	P	QL(6 EA daily)
DILANTIN-125 SUSP ( <i>phenytoin</i> )	NP		<i>divalproex sodium TB24 500 MG</i>	P	QL(7 EA daily)
DILANTIN SUSP ( <i>phenytoin</i> )	NP		<i>divalproex sodium TBEC 500 MG</i>	P	QL(7 EA daily)
<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP		<i>divalproex sodium TBEC 125 MG</i>	P	QL(12 EA daily)
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P		<i>divalproex sodium TBEC 250 MG</i>	P	QL(6 EA daily)
<i>phenytoin CHEW</i>	P		<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	C	PA
<i>phenytoin SUSP 125 MG/5ML</i>	P		<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	P	
Succinimides			<i>valproic acid CAPS</i>	P	
CELONTIN ( <i>methsuximide</i> )	P		<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<i>ethosuximide CAPS</i>	P		Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>ethosuximide SOLN</i>	P		<i>mirtazapine TABS 15 MG</i>	P	QL(3 EA daily)
<i>methsuximide</i>	NP	Brand Preferred	<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 EA daily)
ZARONTIN CAPS ( <i>ethosuximide</i> )	NP		<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 EA daily)
ZARONTIN SOLN ( <i>ethosuximide</i> )	NP		<i>mirtazapine TBDP 15 MG</i>	P	QL(3 EA daily)
Valproic Acid			<i>mirtazapine TBDP 45 MG</i>	P	QL(1 EA daily)
DEPAKOTE ER TB24 500 MG ( <i>divalproex sodium</i> )	NP	QL(7 EA daily)	<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 EA daily)
DEPAKOTE ER TB24 250 MG ( <i>divalproex sodium</i> )	NP	QL(6 EA daily)	REMERON SOLTAB TBDP 30 MG ( <i>mirtazapine</i> )	NP	QL(1.5 EA daily)
DEPAKOTE SPRINKLES CSDR ( <i>divalproex sodium</i> )	NP	QL(12 EA daily)	REMERON SOLTAB TBDP 45 MG ( <i>mirtazapine</i> )	NP	QL(1 EA daily)
DEPAKOTE TBEC 125 MG ( <i>divalproex sodium</i> )	NP	QL(12 EA daily)	REMERON SOLTAB TBDP 15 MG ( <i>mirtazapine</i> )	NP	QL(3 EA daily)
DEPAKOTE TBEC 250 MG ( <i>divalproex sodium</i> )	NP	QL(6 EA daily)	REMERON TABS 30 MG ( <i>mirtazapine</i> )	NP	QL(1.5 EA daily)
DEPAKOTE TBEC 500 MG ( <i>divalproex sodium</i> )	NP	QL(7 EA daily)	REMERON TABS 15 MG ( <i>mirtazapine</i> )	NP	QL(3 EA daily)
<i>divalproex sodium CSDR</i>	P	QL(12 EA daily)	Antidepressant Combinations		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUVELITY	NP		CELEXA TABS 40 MG ( <i>citalopram hydrobromide</i> )	NP	QL(1 EA daily); AL(At least 7 yrs old)
Antidepressants - Misc.			<i>citalopram hydrobromide</i> CAPS 30 MG	NP	
<i>bupropion hcl</i> TABS	P	QL(3 EA daily)	CITALOPRAM HYDROBROMIDE CAPS 30 MG ( <i>citalopram hydrobromide</i> )	NP	
<i>bupropion hcl</i> TB12 100 MG	P	QL(4 EA daily)	<i>citalopram hydrobromide</i> SOLN	P	
<i>bupropion hcl</i> TB12 200 MG	P	QL(2 EA daily)	<i>citalopram hydrobromide</i> TABS 20 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>bupropion hcl</i> TB12 150 MG	P	QL(3 EA daily)	<i>citalopram hydrobromide</i> TABS 40 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
<i>bupropion hcl</i> TB24 150 MG	P	QL(3 EA daily)	<i>citalopram hydrobromide</i> TABS 10 MG	P	QL(4 EA daily)
<i>bupropion hcl</i> TB24 300 MG	P	QL(1 EA daily)	ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	
<i>bupropion hcl</i> TB24 450 MG	NP		<i>escitalopram oxalate</i> SOLN	NP	
FORFIVO XL TB24 ( <i>bupropion hcl</i> )	NP		<i>escitalopram oxalate</i> TABS 20 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
WELLBUTRIN SR TB12 200 MG ( <i>bupropion hcl</i> )	NP	QL(2 EA daily)	<i>escitalopram oxalate</i> TABS 10 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
WELLBUTRIN SR TB12 150 MG ( <i>bupropion hcl</i> )	NP	QL(3 EA daily)	<i>escitalopram oxalate</i> TABS 5 MG	P	QL(4 EA daily)
WELLBUTRIN SR TB12 100 MG ( <i>bupropion hcl</i> )	NP	QL(4 EA daily)	<i>fluoxetine hcl</i> CAPS 10 MG, 20 MG	P	QL(4 EA daily)
GABA Receptor Modulator - Neuroactive Steroid			<i>fluoxetine hcl</i> CAPS 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
ZURZUVAE	NP	SP	<i>fluoxetine hcl</i> CPDR	NP	
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluoxetine hcl</i> SOLN	P	QL(120 ML per fill retail)
EMSAM	NP		<i>fluoxetine hcl</i> TABS 60 MG	NP	
MARPLAN	NP		<i>fluoxetine hcl</i> TABS 10 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
NARDIL ( <i>phenelzine sulfate</i> )	NP				
<i>phenelzine sulfate</i>	P				
<i>tranylcypromine sulfate</i>	NP				
Selective Serotonin Reuptake Inhibitors (SSRIs)					
CELEXA TABS 10 MG ( <i>citalopram hydrobromide</i> )	NP	QL(4 EA daily)			
CELEXA TABS 20 MG ( <i>citalopram hydrobromide</i> )	NP	QL(2 EA daily); AL(At least 7 yrs old)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl TABS 20 MG</i>	P	QL(4 EA daily)	PROZAC CAPS 10 MG, 20 MG ( <i>fluoxetine hcl</i> )	NP	QL(4 EA daily)
FLUOXETINE HCL TABS ( <i>fluoxetine hcl</i> )	NP		<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP	
<i>fluvoxamine maleate CP24</i>	NP		SERTRALINE HCL CAPS 150 MG, 200 MG ( <i>sertraline hcl</i> )	NP	
<i>fluvoxamine maleate TABS 100 MG</i>	P	QL(3 EA daily)	<i>sertraline hcl CONC</i>	NP	QL(186 ML per 31 day(s) retail)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>sertraline hcl TABS 100 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
LEXAPRO TABS 5 MG ( <i>escitalopram oxalate</i> )	NP	QL(4 EA daily)	<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(4 EA daily)
LEXAPRO TABS 10 MG ( <i>escitalopram oxalate</i> )	NP	QL(2 EA daily); AL(At least 7 yrs old)	ZOLOFT CONC ( <i>sertraline hcl</i> )	NP	QL(186 ML per 31 day(s) retail)
LEXAPRO TABS 20 MG ( <i>escitalopram oxalate</i> )	NP	QL(1 EA daily); AL(At least 7 yrs old)	ZOLOFT TABS 100 MG ( <i>sertraline hcl</i> )	NP	QL(2 EA daily); AL(At least 7 yrs old)
<i>paroxetine hcl SUSP</i>	NP	QL(40 ML daily)	ZOLOFT TABS 25 MG, 50 MG ( <i>sertraline hcl</i> )	NP	QL(4 EA daily)
<i>paroxetine hcl TABS 20 MG</i>	P	QL(3 EA daily)	Serotonin Modulators		
<i>paroxetine hcl TABS 10 MG</i>	P	QL(6 EA daily)	EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	AL(At least 18 yrs old)
<i>paroxetine hcl TABS 30 MG, 40 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)	EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP	AL(At least 18 yrs old)
<i>paroxetine hcl TB24</i>	NP	QL(1 EA daily); AL(At least 7 yrs old)	<i>nefazodone hcl</i>	P	
PAXIL CR TB24 ( <i>paroxetine hcl</i> )	NP	QL(1 EA daily); AL(At least 7 yrs old)	RALDESY SOLN PO 10 MG/ML	NP	
PAXIL SUSP ( <i>paroxetine hcl</i> )	NP	QL(40 ML daily)	<i>trazodone hcl TABS 300 MG</i>	P	QL(2 EA daily)
PAXIL TABS 30 MG, 40 MG ( <i>paroxetine hcl</i> )	NP	QL(2 EA daily); AL(At least 7 yrs old)	<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P	
PAXIL TABS 20 MG ( <i>paroxetine hcl</i> )	NP	QL(3 EA daily)	TRINTELLIX	NP	QL(1 EA daily); AL(At least 18 yrs old)
PAXIL TABS 10 MG ( <i>paroxetine hcl</i> )	NP	QL(6 EA daily)	VIIBRYD TABS ( <i>vilazodone hcl</i> )	NP	QL(1 EA daily)
PROZAC CAPS 40 MG ( <i>fluoxetine hcl</i> )	NP	QL(2 EA daily); AL(At least 7 yrs old)	<i>vilazodone hcl TABS</i>	P	QL(1 EA daily)
			Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		

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Drug Name	Drug Tier	Requirements/Limits
CYMBALTA CPEP (duloxetine hcl)	NP	QL(1 EA daily); AL(At least 7 yrs old)
DESVENLAFAXINE ER	NP	
desvenlafaxine succinate 100 MG	P	QL(4 EA daily)
desvenlafaxine succinate 25 MG, 50 MG	P	QL(1 EA daily)
DRIZALMA SPRINKLE CSDR	NP	
duloxetine hcl CPEP 40 MG	NP	
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
EFFEXOR XR CP24 150 MG (venlafaxine hcl)	NP	QL(2 EA daily)
EFFEXOR XR CP24 37.5 MG (venlafaxine hcl)	NP	QL(4 EA daily)
EFFEXOR XR CP24 75 MG (venlafaxine hcl)	NP	QL(5 EA daily)
FETZIMA TITRATION C4PK	NP	
FETZIMA CP24	NP	
PRISTIQ 25 MG, 50 MG (desvenlafaxine succinate)	NP	QL(1 EA daily)
PRISTIQ 100 MG (desvenlafaxine succinate)	NP	QL(4 EA daily)
VENLAFAXINE BESYLATE ER	NP	
venlafaxine hcl CP24 37.5 MG	P	QL(4 EA daily)
venlafaxine hcl CP24 75 MG	P	QL(5 EA daily)
venlafaxine hcl CP24 150 MG	P	QL(2 EA daily)
venlafaxine hcl TABS	P	
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	NP	QL(1 EA daily); AL(At least 7 yrs old)
venlafaxine hcl TB24 150 MG	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Tricyclic Agents</b>		
amitriptyline hcl TABS	C	
amoxapine	C	
clomipramine hcl 75 MG	C	
desipramine hcl TABS 25 MG	C	QL(2 EA daily)
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	C	
doxepin hcl CAPS	C	
doxepin hcl CONC	C	
imipramine hcl TABS	C	
nortriptyline hcl CAPS	C	
nortriptyline hcl SOLN	C	QL(20 ML daily)
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
acarbose	P	
miglitol	NP	
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOPN	P	QL(11 ML per 31 day(s) retail; 11 ML per 31 days mail); ST
SYMLINPEN 60 SOPN	P	QL(6 ML per 31 day(s) retail; 6 ML per 31 days mail); ST
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl- metformin hcl)	NP	QL(2 EA daily)
alogliptin-metformin hcl	NP	QL(2 EA daily)
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	NP	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG</i>	NP	Brand Preferred	XIGDUO XR TB24 PO 1000 MG-2.5 MG	P	ST
<i>dapagliflozin-saxagliptin</i>	NP		XULTOPHY	NP	
DUETACT ( <i>pioglitazone hcl-glimepiride</i> )	NP		ZITUVIMET XR TB24	NP	
<i>glipizide-metformin hcl</i>	NP		ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG ( <i>sitagliptin free base-metformin hcl</i> )	NP	
<i>glyburide-metformin</i>	P	MP	<b>Biguanides</b>		
GLYXAMBI	NP		<i>metformin hcl SOLN</i>	NP	
INVOKAMET XR TB24	NP		<i>metformin hcl TABS 850 MG</i>	P	QL(3 EA daily); MP
INVOKAMET TABS	P	ST	<i>metformin hcl TABS 1000 MG</i>	P	QL(2 EA daily); MP
JANUMET XR TB24	NP		<i>metformin hcl TABS 625 MG, 750 MG</i>	NP	MP
JANUMET TABS	P	ST	<i>metformin hcl TABS 500 MG</i>	P	QL(5 EA daily); MP
JENTADUETO XR TB24	NP		<i>metformin hcl TB24 500 MG</i>	P	QL(4 EA daily); MP
JENTADUETO TABS	P	ST	<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	MP
<i>pioglitazone hcl-glimepiride</i>	NP		<i>metformin hcl TB24 750 MG</i>	P	QL(3 EA daily); MP
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 EA daily)	RIOMET SOLN ( <i>metformin hcl</i> )	NP	
QTERN	NP		<b>Diabetic Other</b>		
<i>saxagliptin-metformin hcl</i>	NP	QL(1 EA daily)	BAQSIMI ONE PACK POWD	P	
SEGLUROMET	NP	QL(2 EA daily)	BAQSIMI TWO PACK POWD	P	
<i>sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG</i>	NP		<i>dextrose (diabetic use) CHEW 4 GM</i>	C	Limit 50 ea per 31 days retail; QL(50 EA per 31 day(s) retail)
<i>sitagliptin free base-metformin hcl TB24</i>	NP		<i>diazoxide</i>	NP	Brand Preferred
SOLQUA	NP	QL(18 ML per 31 day(s) retail)	GLUCAGON EMERGENCY	NP	
STEGLUJAN	NP		<i>glucagon SOLR IJ 1 MG</i>	P	QL(4 EA per 365 day(s) retail)
SYNJARDY XR TB24	NP				
SYNJARDY TABS	NP				
TRIJARDY XR	NP				
XIGDUO XR TB24 PO ( <i>dapagliflozin free base-metformin hcl</i> )	P				
XIGDUO XR TB24 PO ( <i>dapagliflozin free base-metformin hcl</i> )	P	ST			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK SOAJ	P		<i>liraglutide</i>	NP	Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old)
GVOKE HYPOPEN 2-PACK SOAJ	P				
GVOKE KIT SOLN	NP				
GVOKE PFS SOSY 1 MG/0.2ML	NP				
PROGLYCEM ( <i>diazoxide</i> )	P		MOUNJARO	NP	
TRUEPLUS GLUCOSE ON THE GO CHEW	C	Limit 50 ea per 31 days retail; QL(50 EA per 31 day(s) retail)	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	PA
TRUEPLUS GLUCOSE CHEW	C	Limit 50 ea per 31 days retail; QL(50 EA per 31 day(s) retail)	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	PA
ZEGALOGUE SOAJ	P		OZEMPIC (2 MG/DOSE) SOPN	PA	PA
ZEGALOGUE SOSY	P		TRULICITY	PA	QL(2 ML per 28 day(s) retail); PA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			VICTOZA ( <i>liraglutide</i> )	PA	QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old); PA
<i>alogliptin benzoate</i>	NP	QL(1 EA daily)	Insulin		
BRYNOVIN SOLN PO 25 MG/ML	NP		ADMELOG SOLOSTAR SOPN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
JANUVIA	P	ST	ADMELOG SOLN IJ	NP	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
<i>saxagliptin hcl</i>	NP	QL(1 EA daily)	AFREZZA POWD	NP	
<i>sitagliptin 25 MG, 50 MG, 100 MG</i>	NP		APIDRA SOLOSTAR SOPN	P	
TRADJENTA	P	ST	APIDRA SOLN	NP	
ZITUVIO 25 MG, 50 MG, 100 MG ( <i>sitagliptin</i> )	NP		BASAGLAR KWIKPEN SOPN	NP	
Incretin Mimetic Agents			BASAGLAR TEMPO PEN SOPN	NP	
<i>exenatide SOPN 10 MCG/0.04ML</i>	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)	FIASP FLEXTOUCH SOPN	NP	
<i>exenatide SOPN 5 MCG/0.02ML</i>	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)	FIASP PENFILL SOCT	NP	
			FIASP SOLN	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMALOG JUNIOR KWIKPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	HUMULIN 70/30 SUSP	P	Limit 40mls per month
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	HUMULIN N KWIKPEN SUPN	P	QL(1 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	USE BRAND NAME or Authorized Generic	HUMULIN N SUSP	P	Limit 40mls per month
HUMALOG MIX 50/50 KWIKPEN SUPN	P	USE BRAND NAME or Authorized Generic	HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	
HUMALOG MIX 75/25 KWIKPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	HUMULIN R U-500 KWIKPEN SOPN SC	P	
HUMALOG MIX 75/25 SUSP	P	USE BRAND NAME or Authorized Generic	HUMULIN R SOLN IJ	P	Limit 40mls per month
HUMALOG TEMPO PEN SOPN	P	USE BRAND NAME or Authorized Generic	INSULIN ASPART FLEXPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
HUMALOG SOCT	P	USE BRAND NAME or Authorized Generic	INSULIN ASPART SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
HUMALOG SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	NP	QL(1.5 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	P	QL(1 ML daily)	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	NP	QL(0.9 ML daily)
			INSULIN DEGLUDEC SOLN	NP	QL(1.5 ML daily)
			INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	
			INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	
			INSULIN GLARGINE-YFGN SOLN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
			INSULIN GLARGINE-YFGN SOPN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO (1 UNIT DIAL) SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ML daily)
			NOVOLIN 70/30 RELION SUSP	NP	Limit 40mls per month
			NOVOLIN 70/30 SUSP	NP	Limit 40mls per month
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ML daily)
			NOVOLIN N FLEXPEN SUPN	NP	QL(1 ML daily)
			NOVOLIN N RELION SUSP	NP	Limit 40mls per month
INSULIN LISPRO PROT & LISPRO SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)	NOVOLIN N SUSP	NP	Limit 40mls per month
			NOVOLIN R FLEXPEN RELION SOPN IJ	NP	
			NOVOLIN R FLEXPEN SOPN IJ	NP	
INSULIN LISPRO SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)	NOVOLIN R RELION SOLN IJ	NP	Limit 40mls per month
			NOVOLIN R SOLN IJ	NP	Limit 40mls per month
			NOVOLOG 70/30 FLEXPEN RELION SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
KIRSTY SOLN IJ 100 UNIT/ML	NP		NOVOLOG FLEXPEN RELION SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
KIRSTY SOPN SC 100 UNIT/ML	NP		NOVOLOG FLEXPEN SOPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
LANTUS SOLOSTAR SOPN	P		NOVOLOG MIX 70/30 FLEXPEN SUPN	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
LANTUS SOLN	P				
LYUMJEV KWIKPEN SOPN	NP				
LYUMJEV TEMPO PEN SOPN	NP				
LYUMJEV SOLN	NP				
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP				
MERILOG SOLN SC 100 UNIT/ML	NP				
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ML daily)			

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 RELION SUSP	P	USE BRAND NAME or Authorized Generic
NOVOLOG MIX 70/30 SUSP	P	USE BRAND NAME or Authorized Generic
NOVOLOG PENFILL SOCT	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG RELION SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
NOVOLOG SOLN IJ	P	USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)
REZVOGLAR KWIKPEN	NP	
SEMGLEE (YFGN) SOLN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
SEMGLEE (YFGN) SOPN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
TOUJEO MAX SOLOSTAR SOPN	NP	
TOUJEO SOLOSTAR SOPN	NP	
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	P	QL(0.9 ML daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	P	QL(1.5 ML daily)
TRESIBA SOLN	P	QL(1.5 ML daily)
Insulin Sensitizing Agents		
ACTOS ( <i>pioglitazone hcl</i> )	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl</i>	P	QL(1 EA daily)
Meglitinide Analogues		
<i>nateglinide</i>	P	QL(3 EA daily)
<i>repaglinide</i>	NP	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin TABS PO 5 MG, 10 MG</i>	NP	Brand Preferred
FARXIGA TABS PO ( <i>dapagliflozin</i> )	P	ST
INVOKANA	P	ST
JARDIANCE	P	ST
STEGLATRO	NP	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 3 MG</i>	P	MP
<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 EA daily); MP
<i>glimepiride 4 MG</i>	P	QL(2 EA daily); MP
<i>glipizide TABS</i>	P	MP
<i>glipizide TB24</i>	P	MP
GLUCOTROL XL TB24 10 MG ( <i>glipizide</i> )	NP	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	MP
<i>glyburide TABS</i>	P	MP
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	C	
<i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i>	C	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	C	

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine TABS</i>	C	
<i>loperamide hcl CAPS</i>	C	QL(8 EA daily); RX/OTC
<i>loperamide hcl TABS</i>	C	QL(8 EA daily)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes - Chelating Agents		
CHEMET	C	
<i>deferasirox PACK</i>	C	SP; PA
<i>deferasirox TABS</i>	C	SP; PA
<i>deferasirox TBSO</i>	C	SP; PA
Opioid Antagonists		
KLOXXADO LIQD	NP	
<i>naloxone hcl LIQD</i>	P	QL(4 EA per 90 day(s) retail); RX/OTC
<i>naloxone hcl LIQD</i>	NP	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(2 ML per 90 day(s) retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ML per 90 day(s) retail)
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	QL(4 ML per 90 day(s) retail)
<i>naloxone hcl SOSY 0.4 MG/ML</i>	P	
<i>naltrexone hcl</i>	C	
NARCAN LIQD ( <i>naloxone hcl</i> )	P	QL(4 EA per 90 day(s) retail); RX/OTC
OPVEE NA	NP	
REXTOVY LIQD	NP	
VIVITROL	P	QL(1 EA per 30 day(s) retail); SP
ZIMHI SOSY	NP	
ZURNAI IJ 1.5 MG/0.5ML	NP	

### ANTIEMETICS - Drugs to Treat Nausea and Vomiting

Drug Name	Drug Tier	Requirements/Limits
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	NP	
GRANISOL SOLN PO	NP	
<i>ondansetron hcl SOLN IJ</i>	C	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per 31 day(s) retail)
<i>ondansetron hcl SOSY</i>	C	
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail)
<i>ondansetron TBDP 16 MG</i>	P	
<i>ondansetron TBDP 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail; 20 EA per 31 days mail)
SANCUSO PTCH	NP	
Antiemetics - Anticholinergic		
ANTIVERT CHEW 25 MG	NP	RX/OTC
ANTIVERT TABS 50 MG ( <i>meclizine hcl</i> )	NP	
<i>dimenhydrinate TABS</i>	C	QL(24 EA per fill retail)
<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	NP	RX/OTC
<i>scopolamine</i>	P	
TRANSDERM SCOP 1 MG/3DAYS ( <i>scopolamine</i> )	NP	
TRANSDERM-SCOP ( <i>scopolamine</i> )	NP	
<i>trimethobenzamide hcl CAPS</i>	NP	
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	NP	
DICLEGIS TBEC ( <i>doxylamine-pyridoxine</i> )	NP	
<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>dronabinol CAPS</i>	NP	

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Drug Name	Drug Tier	Requirements/Limits
MARINOL CAPS 2.5 MG (dronabinol)	NP	
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
<i>aprepitant CAPS</i>	P	
<i>aprepitant CPPK PO</i>	P	
EMEND BIPACK CAPS 80 MG ( <i>aprepitant</i> )	NP	
EMEND TRIPACK CPPK PO ( <i>aprepitant</i> )	NP	
EMEND SUSR	NP	
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
<i>flucytosine</i>	NP	
<i>griseofulvin microsize SUSP</i>	P	
<i>griseofulvin microsize TABS</i>	NP	
<i>griseofulvin ultramicrosize</i>	P	
GRISEOFULVIN ULTRAMICROSIZE 165 MG	P	
<i>nystatin TABS</i>	P	QL(6 EA daily)
<i>terbinafine hcl TABS</i>	P	QL(1 EA daily; 90 EA per 120 day(s) retail)
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS	NP	
DIFLUCAN SUSR 40 MG/ML ( <i>fluconazole</i> )	NP	QL(70 ML per fill retail)
<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail)
<i>fluconazole TABS 50 MG</i>	P	QL(3 EA per 14 day(s) retail)
<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail)
<i>fluconazole TABS 100 MG, 200 MG</i>	P	
<i>itraconazole CAPS</i>	NP	QL(1 EA daily)
<i>itraconazole SOLN</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole</i>	NP	
<i>posaconazole SUSP</i>	NP	
<i>posaconazole TBEC</i>	NP	
SPORANOX CAPS ( <i>itraconazole</i> )	NP	QL(1 EA daily)
SPORANOX SOLN ( <i>itraconazole</i> )	NP	
TOLSURA CAPS	NP	
VFEND SUSR ( <i>voriconazole</i> )	NP	
VIVJOA	NP	
<i>voriconazole SUSR</i>	NP	
<i>voriconazole TABS</i>	NP	
<b>ANTI-HISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
<i>chlorpheniramine maleate SYRP</i>	C	
<i>chlorpheniramine maleate TABS</i>	C	QL(120 EA per fill retail)
<i>dexchlorpheniramine maleate SOLN</i>	C	
<b>Antihistamines - Ethanolamines</b>		
<i>diphenhydramine hcl CAPS</i>	C	QL(4 EA daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	C	QL(240 ML per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	C	QL(240 ML per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	C	QL(4 EA daily)
<b>Antihistamines - Non-Sedating</b>		
<i>cetirizine hcl CHEW</i>	C	QL(1 EA daily)
<i>cetirizine hcl SOLN PO</i>	P	QL(300 ML per fill retail); AL(Up to 12 yrs old); RX/OTC
<i>cetirizine hcl TABS</i>	P	QL(1 EA daily)
CLARINEX TABS ( <i>desloratadine</i> )	NP	

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Drug Name	Drug Tier	Requirements/Limits
DESLORATADINE SOLN PO 0.5 MG/ML	NP	
<i>desloratadine TABS</i>	NP	
<i>desloratadine TBDP</i>	NP	AL(Up to 12 yrs old)
<i>fexofenadine hcl TABS 60 MG</i>	C	QL(2 EA daily)
<i>fexofenadine hcl TABS 180 MG</i>	C	QL(1 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	NP	AL(Up to 12 yrs old); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	P	QL(1 EA daily); RX/OTC
<i>loratadine CHEW</i>	P	
<i>loratadine TABS</i>	P	QL(1 EA daily)
<i>loratadine TBDP 10 MG</i>	P	QL(1 EA daily); AL(Up to 12 yrs old)
<b>Antihistamines - Phenothiazines</b>		
<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>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl SYRP</i>	C	
<i>cyproheptadine hcl TABS</i>	C	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin</i>	NP	QL(1 EA daily)
<i>VYTORIN (ezetimibe-simvastatin)</i>	NP	QL(1 EA daily)
<b>Antihyperlipidemics - Misc.</b>		
<i>icosapent ethyl</i>	P	
<i>omega-3-acid ethyl esters</i>	P	
<b>Bile Acid Sequestrants</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light PACK</i>	P	
<i>cholestyramine light PACK</i>	NP	
<i>cholestyramine light POWD</i>	NP	
<i>cholestyramine light POWD</i>	P	
<i>cholestyramine PACK</i>	P	
<i>cholestyramine POWD</i>	P	
<i>colesevelam hcl PACK</i>	NP	
<i>colesevelam hcl TABS</i>	NP	
<i>COLESTID GRAN (colestipol hcl)</i>	NP	
<i>COLESTID TABS (colestipol hcl)</i>	NP	
<i>colestipol hcl GRAN</i>	P	
<i>colestipol hcl PACK</i>	P	
<i>colestipol hcl TABS</i>	P	
<i>QUESTRAN LIGHT POWD (cholestyramine light)</i>	NP	
<i>QUESTRAN PACK (cholestyramine)</i>	NP	
<i>QUESTRAN POWD (cholestyramine)</i>	NP	
<i>WELCHOL PACK (colesevelam hcl)</i>	NP	
<i>WELCHOL TABS (colesevelam hcl)</i>	NP	
<b>Fibric Acid Derivatives</b>		
<i>choline fenofibrate</i>	NP	
<i>fenofibrate micronized 134 MG, 200 MG</i>	NP	QL(1 EA daily)
<i>fenofibrate micronized 67 MG</i>	NP	QL(2 EA daily)
<i>fenofibrate micronized 43 MG, 130 MG</i>	NP	
<i>fenofibrate CAPS</i>	NP	
<i>fenofibrate TABS 54 MG</i>	NP	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate TABS 48 MG, 145 MG</i>	P	
<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
<i>fenofibrate TABS 160 MG</i>	NP	QL(1 EA daily)
<i>fenofibric acid</i>	NP	
FIBRICOR ( <i>fenofibric acid</i> )	NP	
<i>gemfibrozil TABS</i>	P	QL(2 EA daily)
LIPOFEN CAPS ( <i>fenofibrate</i> )	NP	
LOPID TABS ( <i>gemfibrozil</i> )	NP	QL(2 EA daily)
<b>HMG CoA Reductase Inhibitors</b>		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
ATORVALIQ SUSP	NP	
<i>atorvastatin calcium TABS</i>	P	QL(1 EA daily)
CRESTOR TABS ( <i>rosuvastatin calcium</i> )	NP	QL(1 EA daily)
EZALLOR SPRINKLE CPSP	NP	
<i>fluvastatin sodium CAPS</i>	P	MP
<i>fluvastatin sodium TB24</i>	NP	MP
LESCOL XL TB24 ( <i>fluvastatin sodium</i> )	NP	MP
LIPITOR TABS ( <i>atorvastatin calcium</i> )	NP	QL(1 EA daily)
LIVALO ( <i>pitavastatin calcium</i> )	NP	
<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 EA daily); MP
<i>lovastatin TABS 40 MG</i>	P	QL(2 EA daily); MP
<i>pitavastatin calcium</i>	NP	
<i>pravastatin sodium</i>	P	QL(1 EA daily); MP
<i>rosuvastatin calcium TABS</i>	P	QL(1 EA daily)
<i>simvastatin TABS 80 MG</i>	P	MP
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	P	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits
ZOCOR TABS 10 MG, 20 MG, 40 MG ( <i>simvastatin</i> )	NP	QL(1 EA daily)
ZYPITAMAG 2 MG, 4 MG	NP	
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe</i>	P	
ZETIA ( <i>ezetimibe</i> )	NP	
<b>Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors</b>		
PRALUENT SOAJ	NP	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 8 yrs old); SP
REPATHA PUSHTRONEX SYSTEM SOCT	PA	QL(7 ML per 28 day(s) retail; 7 ML per 28 days mail); AL(At least 10 yrs old); SP; PA
REPATHA SURECLICK SOAJ	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 10 yrs old); SP; PA
REPATHA SOSY	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 10 yrs old); SP; PA
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL ( <i>quinapril hcl</i> )	NP	
ALTACE CAPS 1.25 MG, 5 MG, 10 MG ( <i>ramipril</i> )	NP	QL(2 EA daily)
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 EA daily); MP
<i>benazepril hcl 40 MG</i>	P	QL(2 EA daily); MP

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Drug Name	Drug Tier	Requirements/Limits
<i>captopril</i>	P	QL(3 EA daily); MP
<i>enalapril maleate SOLN</i>	NP	
<i>enalapril maleate TABS</i>	P	QL(2 EA daily); MP
EPANED SOLN ( <i>enalapril maleate</i> )	NP	
<i>fosinopril sodium</i>	NP	QL(1 EA daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	
LOTENSIN 10 MG, 20 MG ( <i>benazepril hcl</i> )	NP	QL(1 EA daily)
LOTENSIN 40 MG ( <i>benazepril hcl</i> )	NP	QL(2 EA daily)
<i>moexipril hcl</i>	NP	
<i>perindopril erbumine</i>	NP	
QBRELIS SOLN	NP	
<i>quinapril hcl</i>	NP	
<i>ramipril CAPS</i>	P	QL(2 EA daily); MP
<i>trandolapril 1 MG, 2 MG</i>	NP	QL(1 EA daily)
<i>trandolapril 4 MG</i>	NP	QL(2 EA daily)
ZESTRIL TABS ( <i>lisinopril</i> )	NP	
<b>Angiotensin II Receptor Antagonists</b>		
ARB LI PO 10 MG/ML	NP	
ATACAND ( <i>candesartan cilexetil</i> )	NP	
AVAPRO 150 MG, 300 MG ( <i>irbesartan</i> )	NP	QL(1 EA daily)
AZILSARTAN MEDOXOMIL 40 MG, 80 MG	NP	
BENICAR ( <i>olmesartan medoxomil</i> )	NP	QL(1 EA daily)
<i>candesartan cilexetil</i>	NP	
COZAAR ( <i>losartan potassium</i> )	NP	QL(1 EA daily)
DIOVAN TABS ( <i>valsartan</i> )	NP	QL(1 EA daily)
EDARBI	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan</i>	P	QL(1 EA daily); MP
<i>losartan potassium</i>	P	QL(1 EA daily); MP
MICARDIS 40 MG, 80 MG ( <i>telmisartan</i> )	NP	
<i>olmesartan medoxomil</i>	P	QL(1 EA daily)
<i>telmisartan</i>	P	MP
<i>valsartan SOLN</i>	NP	
<i>valsartan TABS</i>	P	QL(1 EA daily); MP
<b>Antiadrenergic Antihypertensives</b>		
CARDURA ( <i>doxazosin mesylate</i> )	NP	
<i>clonidine hcl TABS</i>	P	
<i>clonidine PTWK</i>	P	
<i>clonidine TB24</i>	NP	
<i>doxazosin mesylate</i>	P	
<i>guanfacine hcl</i>	P	
JAVADIN SOLN PO 0.02 MG/ML	NP	
<i>methyldopa TABS 500 MG</i>	C	
<i>methyldopa TABS</i>	P	
NEXICLON XR TB24 ( <i>clonidine</i> )	NP	
<i>prazosin hcl CAPS</i>	C	
<i>terazosin hcl</i>	P	
TEZRULY PO 1 MG/ML	NP	
<b>Antihypertensive Combinations</b>		
ACCURETIC 12.5 MG-20 MG ( <i>quinapril-hydrochlorothiazide</i> )	NP	QL(4 EA daily)
ACCURETIC 12.5 MG-10 MG ( <i>quinapril-hydrochlorothiazide</i> )	NP	QL(3 EA daily)
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 EA daily); MP
<i>amlodipine besylate-olmesartan medoxomil</i>	NP	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil</i>	NP	ST	<i>enalapril maleate &amp; hydrochlorothiazide</i>	P	QL(2 EA daily); MP
<i>amlodipine besylate-valsartan 10 MG-160 MG, 10 MG-320 MG, 5 MG-320 MG</i>	P		EXFORGE ( <i>amlodipine besylate-valsartan</i> )	NP	
<i>amlodipine besylate-valsartan 5 MG-160 MG</i>	P		EXFORGE HCT ( <i>amlodipine-valsartan-hydrochlorothiazide</i> )	NP	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	P		<i>fosinopril sodium &amp; hydrochlorothiazide</i>	NP	QL(1 EA daily)
ATACAND HCT ( <i>candesartan cilexetil-hydrochlorothiazide</i> )	NP		HYZAAR ( <i>losartan potassium &amp; hydrochlorothiazide</i> )	NP	QL(1 EA daily)
<i>atenolol &amp; chlorthalidone</i>	P	QL(2 EA daily); MP	<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 EA daily); MP
AVALIDE ( <i>irbesartan-hydrochlorothiazide</i> )	NP	QL(1 EA daily)	<i>lisinopril &amp; hydrochlorothiazide</i>	P	MP
AZOR ( <i>amlodipine besylate-olmesartan medoxomil</i> )	NP	ST	<i>losartan potassium &amp; hydrochlorothiazide</i>	P	QL(1 EA daily); MP
<i>benazepril &amp; hydrochlorothiazide</i>	P	QL(1 EA daily); MP	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG ( <i>benazepril &amp; hydrochlorothiazide</i> )	NP	QL(1 EA daily)
BENICAR HCT ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )	NP	QL(1 EA daily)	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG ( <i>amlodipine besylate-benazepril hcl</i> )	NP	QL(1 EA daily); MP
<i>bisoprolol &amp; hydrochlorothiazide 6.25 MG-2.5 MG</i>	P	MP	<i>metoprolol &amp; hydrochlorothiazide TABS 50 MG-100 MG</i>	NP	QL(1 EA daily)
<i>bisoprolol &amp; hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG</i>	P	QL(1 EA daily); MP	<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG</i>	NP	QL(2 EA daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	NP		MICARDIS HCT ( <i>telmisartan-hydrochlorothiazide</i> )	NP	QL(1 EA daily)
<i>captopril &amp; hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i>	NP	QL(2 EA daily); MP	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	ST
<i>captopril &amp; hydrochlorothiazide 25 MG-50 MG</i>	NP	QL(3 EA daily); MP	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP	
DIOVAN HCT ( <i>valsartan-hydrochlorothiazide</i> )	NP	QL(1 EA daily)			
EDARBYCLOR	NP				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	QL(1 EA daily); MP	LIKMEZ SUSP	NP	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	NP	QL(2 EA daily)	<i>metronidazole CAPS</i>	P	
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	NP	QL(4 EA daily)	<i>metronidazole TABS</i>	P	
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	NP	QL(3 EA daily)	<i>tinidazole</i>	NP	ST
<i>telmisartan-amlodipine</i>	NP	ST	<i>trimethoprim TABS</i>	C	
<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 EA daily); MP	Anti-infective Misc. - Combinations		
TENORETIC 100 ( <i>atenolol &amp; chlorthalidone</i> )	NP	QL(2 EA daily)	<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG</i>	C	
TENORETIC 50 ( <i>atenolol &amp; chlorthalidone</i> )	NP	QL(2 EA daily)	<i>sulfamethoxazole-trimethoprim SUSP</i>	C	
<i>trandolapril-verapamil hcl</i>	P	MP	<i>sulfamethoxazole-trimethoprim TABS</i>	C	
TRIBENZOR ( <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )	NP	ST	Antiprotozoal Agents		
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily); MP	<i>nitazoxanide TABS</i>	NP	ST
WIDAPLIK TABS PO	NP		Glycopeptides		
ZESTORETIC ( <i>lisinopril &amp; hydrochlorothiazide</i> )	NP		FIRVANQ SOLR PO ( <i>vancomycin hcl</i> )	NP	QL(300 ML per fill retail; 300 per fill mail); ST
Direct Renin Inhibitors			VANCOGIN CAPS 250 MG ( <i>vancomycin hcl</i> )	NP	QL(8 EA daily); ST
<i>aliskiren fumarate</i>	NP	Brand Preferred; ST	VANCOGIN CAPS 125 MG ( <i>vancomycin hcl</i> )	NP	QL(4 EA daily); ST
TEKTURNA ( <i>aliskiren fumarate</i> )	P	ST	<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily)
Vasodilators			<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily)
<i>hydralazine hcl TABS</i>	C		<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily); ST
<i>minoxidil 10 MG</i>	C	QL(10 EA daily)	<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily); ST
<i>minoxidil 2.5 MG</i>	C	QL(3 EA daily)	<i>vancomycin hcl SOLR IV 500 MG</i>	C	QL(14 EA per 31 day(s) retail)
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>			<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	QL(300 ML per fill retail; 300 per fill mail); ST
Anti-infective Agents - Misc.			<i>vancomycin hcl SOLR IV 1 GM</i>	C	QL(14 EA per fill retail)
			VANCOMYCIN HCL SOLR IV 500 MG	C	QL(14 EA per 31 day(s) retail)

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HCL SOLR IV 1 GM	C	QL(14 EA per fill retail)
Leprostatics		
<i>dapsone</i>	C	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	C	
<i>clindamycin palmitate hydrochloride</i>	C	QL(300 ML per fill retail)
Monobactams		
CAYSTON	NP	SP
Oxazolidinones		
SIVEXTRO TABS	C	QL(6 EA per fill retail); PA
Penems		
ORLYNVAH TABS PO	C	SP; PA
Urinary Anti-infectives		
BLUJEP A TABS PO 750 MG	C	PA
<i>methenamine mandelate</i>	C	
<i>nitrofurantoin</i>	C	QL(40 ML daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	C	
<i>nitrofurantoin monohydrate macro</i>	C	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
Antimalarial Combinations		
COARTEM	C	QL(24 EA per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	C	
<i>chloroquine phosphate TABS 500 MG</i>	C	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate 100 MG, 200 MG</i>	C	
KRINTAFEL	C	QL(0.67 EA daily)
<i>mefloquine hcl</i>	C	
<i>primaquine phosphate TABS</i>	C	
SOVUNA 200 MG	C	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
Antimyasthenic/Cholinergic Agents		
<i>pyridostigmine bromide TABS 60 MG</i>	C	
<i>pyridostigmine bromide TBCR</i>	C	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	C	
<i>isoniazid SYRP</i>	C	
<i>isoniazid TABS</i>	C	
<i>pyrazinamide</i>	C	
<i>rifabutin</i>	C	
<i>rifampin CAPS</i>	C	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
Antimetabolites		
JYLAMVO SOLN PO	NP	SP
<i>mercaptopurine SUSP 2000 MG/100ML</i>	C	
<i>mercaptopurine TABS</i>	C	
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
<i>methotrexate sodium SOLR</i>	P	
<i>methotrexate sodium TABS 2.5 MG</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	NP	
XATMEP SOLN PO	NP	
Antineoplastic - Angiogenesis Inhibitors		
MVASI	C	SP; PA
ZIRABEV	C	SP; PA
Antineoplastic - Antibodies		
ENHERTU	C	SP; PA
PADCEV	C	SP; PA
RUXIENCE	C	SP; PA
TRUXIMA	C	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	C	SP; PA
OGIVRI	C	SP; PA
TRAZIMERA 420 MG	C	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	C	SP; PA
<i>anastrozole</i>	C	
<i>bicalutamide</i>	C	QL(1 EA daily)
<i>exemestane</i>	C	
<i>letrozole</i>	C	
<i>megestrol acetate SUSP</i>	P	
<i>megestrol acetate TABS</i>	C	
<i>tamoxifen citrate TABS</i>	C	
<i>toremifene citrate</i>	C	PA
Antineoplastic Combinations		
PHESGO	C	SP; PA
Antineoplastic Enzyme Inhibitors		
BRAFTOVI 75 MG	C	SP; PA
IBRANCE CAPS 100 MG, 125 MG	C	SP; PA
IBRANCE TABS	C	SP; PA
ICLUSIG	C	QL(1 EA daily); SP; PA
INREBIC	C	SP; PA

Drug Name	Drug Tier	Requirements/Limits
MEKTOVI	C	SP; PA
ROZLYTREK CAPS	C	SP; PA
Antineoplastic Enzymes		
ASPARLAS	C	SP; PA
Antineoplastics Misc.		
<i>hydroxyurea</i>	P	
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	C	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	NP	
NOURIANZ	NP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	P	
<i>trihexyphenidyl hcl SOLN</i>	P	QL(16.67 ML daily)
<i>trihexyphenidyl hcl TABS</i>	P	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	NP	
ONGENTYS	NP	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	P	
<i>amantadine hcl SOLN</i>	P	
<i>amantadine hcl SOLN</i>	P	
<i>amantadine hcl TABS</i>	P	
APOKYN SOCT	NP	SP
<i>apomorphine hydrochloride SOCT</i>	NP	SP
<i>bromocriptine mesylate CAPS</i>	P	
<i>bromocriptine mesylate TABS 2.5 MG</i>	P	
<i>carbidopa-levodopa CPCP</i>	NP	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone</i>	NP	
<i>carbidopa-levodopa TABS</i>	P	
<i>carbidopa-levodopa TABS</i>	P	
<i>carbidopa-levodopa TBCR</i>	P	
<i>carbidopa-levodopa TBCR</i>	P	
<i>carbidopa-levodopa TBDP</i>	P	
CREXONT CPCR	NP	
DHIVY TABS	NP	
DUOPA SUSP	NP	
GOCOVRI CP24 68.5 MG	NP	
GOCOVRI CP24	NP	SP
INBRIJA CAPS	NP	
MIRAPEX ER TB24 2.25 MG, 3 MG, 3.75 MG ( <i>pramipexole dihydrochloride</i> )	NP	
NEUPRO	NP	
OSMOLEX ER TB24 193 MG	NP	
<i>pramipexole dihydrochloride TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	NP	
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 EA daily)
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 EA daily)
<i>ropinirole hydrochloride TB24</i>	NP	
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG ( <i>carbidopa-levodopa</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG ( <i>carbidopa-levodopa</i> )	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT ( <i>rasagiline mesylate</i> )	NP	
<i>rasagiline mesylate</i>	NP	
<i>selegiline hcl CAPS</i>	P	
<i>selegiline hcl TABS</i>	P	
XADAGO	NP	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
Antimanic Agents		
<i>lithium</i>	C	QL(10 ML daily)
<i>lithium carbonate CAPS</i>	C	
<i>lithium carbonate TABS</i>	C	
<i>lithium carbonate TBCR</i>	C	
Antipsychotics - Misc.		
CAPLYTA	NP	AL(At least 18 yrs old); ST
EQUETRO	NP	
GEODON 80 MG ( <i>ziprasidone hcl</i> )	NP	QL(2 EA daily); AL(At least 18 yrs old)
GEODON ( <i>ziprasidone hcl</i> )	NP	QL(2 EA daily); AL(At least 18 yrs old)
LATUDA ( <i>lurasidone hcl</i> )	NP	AL(At least 10 yrs old)
<i>lurasidone hcl</i>	P	AL(At least 10 yrs old)
<i>lurasidone hcl</i>	P	AL(At least 10 yrs old)
NUPLAZID CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old); ST
NUPLAZID TABS 10 MG	NP	QL(1 EA daily); AL(At least 18 yrs old); ST
VRAYLAR CAPS	P	AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAPS 0.5 MG, 0.75 MG	P		INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
<i>ziprasidone hcl</i>	P	QL(2 EA daily); AL(At least 18 yrs old)			
<i>ziprasidone mesylate</i>	NP	AL(At least 18 yrs old); ST	INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
Benzisoxazoles					
ERZOFRI 78 MG/0.5ML	NP	QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 117 MG/0.75ML	NP	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	INVEGA SUSTENNA 39 MG/0.25ML	P	QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 351 MG/2.25ML	NP	AL(At least 18 yrs old); SP	INVEGA SUSTENNA 156 MG/ML	P	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 234 MG/1.5ML	NP	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	INVEGA TRINZA 819 MG/2.63ML	P	QL(2.7 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
ERZOFRI 156 MG/ML	NP	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP			
ERZOFRI 39 MG/0.25ML	NP	QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	INVEGA TRINZA 546 MG/1.75ML	P	QL(1.8 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
FANAPT	NP	AL(At least 18 yrs old); ST	INVEGA TRINZA 410 MG/1.32ML	P	QL(1.4 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old); ST			
FANAPT TITRATION PACK B	NP		INVEGA TRINZA 273 MG/0.88ML	P	QL(0.88 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
FANAPT TITRATION PACK C	NP				
INVEGA 3 MG, 6 MG, 9 MG ( <i>paliperidone</i> )	NP	AL(At least 12 yrs old); ST			
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP	<i>paliperidone</i>	NP	AL(At least 12 yrs old); ST

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone</i>	NP	AL(At least 12 yrs old)
PERSERIS PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
RISPERDAL CONSTA ( <i>risperidone microspheres</i> )	P	2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old); SP
RISPERDAL SOLN ( <i>risperidone</i> )	NP	QL(4 ML daily); AL(At least 7 yrs old); ST
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>risperidone</i> )	NP	QL(4 EA daily); AL(At least 7 yrs old)
<i>risperidone microspheres</i>	NP	Brand Preferred; 2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old); SP
<i>risperidone microspheres</i>	NP	Brand Preferred; 2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old)
<i>risperidone SOLN</i>	P	QL(4 ML daily); AL(At least 7 yrs old)
<i>risperidone SOLN</i>	P	QL(4 ML daily); AL(At least 7 yrs old); ST
<i>risperidone TABS</i>	P	QL(4 EA daily); AL(At least 7 yrs old)
<i>risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	P	QL(4 EA daily); AL(At least 7 yrs old)
<i>risperidone TABS 0.25 MG</i>	P	QL(4 EA daily); AL(At least 7 yrs old); ST
<i>risperidone TBDP</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
RYKINDO SRER	NP	AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUSY	P	AL(At least 18 yrs old); SP
Butyrophenones		
<i>haloperidol decanoate</i>	C	
<i>haloperidol lactate CONC</i>	C	
<i>haloperidol TABS 20 MG</i>	C	
<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	C	QL(3 EA daily)
Dibenzapines		
ADASUVE	NP	AL(At least 18 yrs old); ST
<i>asenapine maleate</i>	P	AL(At least 10 yrs old)
<i>clozapine TABS 25 MG, 50 MG</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
<i>clozapine TABS 100 MG</i>	P	QL(9 EA daily); AL(At least 18 yrs old)
<i>clozapine TABS 200 MG</i>	P	QL(4 EA daily); AL(At least 18 yrs old)
<i>clozapine TBDP 100 MG</i>	NP	QL(9 EA daily); AL(At least 18 yrs old); ST
<i>clozapine TBDP 150 MG</i>	NP	QL(6 EA daily); AL(At least 18 yrs old)
<i>clozapine TBDP 200 MG</i>	NP	QL(4 EA daily); AL(At least 18 yrs old); ST
<i>clozapine TBDP 12.5 MG, 25 MG</i>	NP	QL(3 EA daily); AL(At least 18 yrs old); ST
<i>clozapine TBDP 200 MG</i>	NP	QL(4 EA daily); AL(At least 18 yrs old)
<i>clozapine TBDP 12.5 MG, 25 MG</i>	NP	QL(3 EA daily); AL(At least 18 yrs old)
<i>clozapine TBDP 100 MG</i>	NP	QL(9 EA daily); AL(At least 18 yrs old)
<i>clozapine TBDP 150 MG</i>	NP	QL(6 EA daily); AL(At least 18 yrs old); ST

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Drug Name	Drug Tier	Requirements/Limits
CLOZARIL TABS 200 MG (clozapine)	NP	QL(4 EA daily); AL(At least 18 yrs old)
CLOZARIL TABS 25 MG, 50 MG (clozapine)	NP	QL(3 EA daily); AL(At least 18 yrs old)
CLOZARIL TABS 100 MG (clozapine)	NP	QL(9 EA daily); AL(At least 18 yrs old)
<i>loxapine succinate</i>	C	QL(4 EA daily); AL(At least 18 yrs old)
<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)
<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)
<i>olanzapine TBDP</i>	NP	AL(At least 10 yrs old); ST
<i>quetiapine fumarate TABS 150 MG</i>	P	AL(At least 10 yrs old); ST
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TB24</i>	P	AL(At least 10 yrs old)
<i>SAPHRIS (asenapine maleate)</i>	NP	AL(At least 10 yrs old)
SECUADO	NP	AL(At least 18 yrs old); ST
SEROQUEL XR TB24 50 MG, 200 MG, 300 MG, 400 MG (quetiapine fumarate)	NP	AL(At least 10 yrs old)
SEROQUEL XR TB24 (quetiapine fumarate)	NP	AL(At least 10 yrs old)
SEROQUEL TABS 50 MG (quetiapine fumarate)	NP	QL(4 EA daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (quetiapine fumarate)	NP	QL(4 EA daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG (quetiapine fumarate)	NP	QL(2 EA daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)	NP	QL(2 EA daily); AL(At least 10 yrs old)
VERSACLOZ SUSP	NP	QL(18 ML daily); AL(At least 18 yrs old); ST
ZYPREXA RELPREVV	NP	AL(At least 18 yrs old); SP
ZYPREXA ZYDIS TBDP (olanzapine)	NP	AL(At least 10 yrs old)
ZYPREXA SOLR (olanzapine)	NP	AL(At least 18 yrs old); ST
ZYPREXA TABS 20 MG (olanzapine)	NP	QL(1 EA daily); AL(At least 10 yrs old)
ZYPREXA TABS 2.5 MG, 5 MG (olanzapine)	NP	QL(4 EA daily); AL(At least 10 yrs old)
ZYPREXA TABS 10 MG (olanzapine)	NP	QL(2 EA daily); AL(At least 10 yrs old)
<b>Muscarinic Agents</b>		
COBENFY STARTER PACK CPPK	NP	AL(At least 18 yrs old); ST
COBENFY CAPS	NP	AL(At least 18 yrs old)
<b>Phenothiazines</b>		
<i>chlorpromazine hcl TABS 10 MG</i>	C	QL(10 EA daily)
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	C	QL(3 EA daily)
<i>fluphenazine decanoate</i>	C	
<i>fluphenazine hcl TABS</i>	C	
<i>perphenazine TABS</i>	C	QL(4 EA daily); AL(At least 12 yrs old)
<i>prochlorperazine</i>	NP	

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine</i>	P	
<i>prochlorperazine maleate TABS</i>	P	
<i>thioridazine hcl</i>	C	QL(3 EA daily)
<i>trifluoperazine hcl TABS</i>	C	QL(2 EA daily)
<b>Quinolinone Derivatives</b>		
ABILIFY ASIMTUFII PRSY	P	AL(At least 18 yrs old); SP
ABILIFY MAINTENA PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old)
ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY TABS 5 MG ( <i>aripiprazole</i> )	NP	QL(1.5 EA daily); AL(At least 7 yrs old)
ABILIFY TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG ( <i>aripiprazole</i> )	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>aripiprazole SOLN PO</i>	NP	QL(750 ML per 31 day(s) retail; 750 ML per 31 days mail); AL(At least 7 yrs old); ST
<i>aripiprazole SOLN PO</i>	NP	QL(750 ML per 31 day(s) retail; 750 ML per 31 days mail); AL(At least 7 yrs old)
<i>aripiprazole TABS 5 MG</i>	P	QL(1.5 EA daily); AL(At least 7 yrs old)
<i>aripiprazole TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
<i>aripiprazole TBDP</i>	NP	QL(1 EA daily); AL(At least 7 yrs old); ST

Drug Name	Drug Tier	Requirements/Limits
ARISTADA 1064 MG/3.9ML	P	QL(4 ML per fill retail; 4 per fill mail); 1 max fill(s) per 56 day(s) retail; 1 max fill(s) per 56 day(s) mail; AL(At least 18 yrs old)
ARISTADA 662 MG/2.4ML	P	QL(2.4 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ARISTADA 882 MG/3.2ML	P	QL(3.2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ARISTADA 441 MG/1.6ML	P	QL(1.6 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ARISTADA INITIO	P	QL(2.5 ML per fill retail; 2.5 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; AL(At least 18 yrs old); SP
OPIPZA FILM	NP	AL(At least 7 yrs old); ST
REXULTI	NP	AL(At least 13 yrs old); ST
<b>Thioxanthenes</b>		
<i>thiothixene</i>	C	QL(3 EA daily)
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>Chlorine Antiseptics</b>		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	C	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily)	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily)	<i>efavirenz TABS</i>	C	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	P	QL(2 EA daily)	<i>efavirenz TABS</i>	P	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	C	QL(2 EA daily)	<i>emtricitabine CAPS</i>	P	QL(1 EA daily)
APTIVUS CAPS	P	QL(4 EA daily)	<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>atazanavir sulfate CAPS 300 MG</i>	P		<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	P	
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	C	QL(2 EA daily)	<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 EA daily)
<i>atazanavir sulfate CAPS 300 MG</i>	C		<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	C	QL(1 EA daily)
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 EA daily)	EMTRIVA CAPS ( <i>emtricitabine</i> )	P	QL(1 EA daily)
BIKTARVY	P	QL(1 EA daily)	EMTRIVA SOLN	P	QL(24 ML daily)
CIMDUO	P	QL(1 EA daily)	EPIVIR SOLN ( <i>lamivudine</i> )	P	QL(30 ML daily)
COMPLERA 200 MG-300 MG-25 MG ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	P	QL(1 EA daily)	EPIVIR TABS 150 MG ( <i>lamivudine</i> )	P	QL(2 EA daily)
<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily)	EPIVIR TABS 300 MG ( <i>lamivudine</i> )	P	QL(1 EA daily)
<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily)	<i>etravirine 100 MG</i>	P	QL(4 EA daily)
<i>darunavir TABS 800 MG</i>	C	QL(1 EA daily)	<i>etravirine 200 MG</i>	P	QL(2 EA daily)
<i>darunavir TABS 600 MG</i>	C	QL(2 EA daily)	EVOTAZ	P	QL(1 EA daily)
DELSTRIGO	P	QL(1 EA daily)	<i>fosamprenavir calcium TABS</i>	P	QL(4 EA daily)
DESCOVY 200 MG-25 MG	P	QL(1 EA daily)	FUZEON SOLR	NP	SP
DESCOVY 120 MG-15 MG	P	QL(1 EA daily); PA	GENVOYA	P	QL(1 EA daily)
DOVATO	P	QL(1 EA daily)	INTELENCE 200 MG ( <i>etravirine</i> )	P	QL(2 EA daily)
EDURANT 25 MG ( <i>rilpivirine hcl</i> )	P	QL(1 EA daily)	INTELENCE	P	QL(4 EA daily)
EDURANT PED PO 2.5 MG	P		INTELENCE ( <i>etravirine</i> )	P	QL(4 EA daily)
<i>efavirenz CAPS 50 MG</i>	C	QL(2 EA daily)	ISENTRESS HD TABS	P	
<i>efavirenz CAPS 200 MG</i>	C	QL(1 EA daily)			
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 25 MG	P	QL(12 EA daily)	PREZCOBIX	P	
ISENTRESS CHEW 100 MG	P	QL(6 EA daily)	PREZCOBIX	P	QL(1 EA daily)
ISENTRESS PACK	P	QL(2 EA daily)	PREZISTA SUSP	P	QL(12 ML daily)
ISENTRESS TABS	P	QL(2 EA daily)	PREZISTA TABS 75 MG, 600 MG	P	QL(2 EA daily)
JULUCA	P	QL(1 EA daily)	PREZISTA TABS 150 MG	P	QL(3 EA daily)
KALETRA SOLN	P	QL(16 ML daily)	PREZISTA TABS ( <i>darunavir</i> )	P	QL(2 EA daily)
KALETRA TABS 25 MG-100 MG ( <i>lopinavir-ritonavir</i> )	P	QL(4 EA daily)	PREZISTA TABS 800 MG ( <i>darunavir</i> )	P	QL(1 EA daily)
KALETRA TABS 50 MG-200 MG ( <i>lopinavir-ritonavir</i> )	P	QL(6 EA daily)	RETROVIR CAPS ( <i>zidovudine</i> )	P	QL(6 EA daily)
<i>lamivudine</i> SOLN	P	QL(30 ML daily)	RETROVIR SYRP ( <i>zidovudine</i> )	P	QL(60 ML daily)
<i>lamivudine</i> SOLN	C	QL(30 ML daily)	REYATAZ CAPS 300 MG ( <i>atazanavir sulfate</i> )	P	
<i>lamivudine</i> TABS 150 MG	P	QL(2 EA daily)	REYATAZ CAPS 200 MG ( <i>atazanavir sulfate</i> )	P	QL(2 EA daily)
<i>lamivudine</i> TABS 300 MG	P	QL(1 EA daily)	REYATAZ PACK	P	QL(6 EA daily)
<i>lamivudine</i> TABS 150 MG	C	QL(2 EA daily)	<i>rilpivirine hcl</i> 25 MG	P	QL(1 EA daily)
<i>lamivudine-zidovudine</i>	P		<i>ritonavir</i> TABS	P	QL(12 EA daily)
<i>lopinavir-ritonavir</i> SOLN	P	QL(16 ML daily)	RUKOBIA	P	
<i>lopinavir-ritonavir</i> TABS 25 MG-100 MG	P	QL(4 EA daily)	SELZENTRY SOLN	P	QL(35 ML daily)
<i>lopinavir-ritonavir</i> TABS 50 MG-200 MG	P	QL(6 EA daily)	SELZENTRY TABS 300 MG ( <i>maraviroc</i> )	P	QL(4 EA daily)
<i>maraviroc</i> TABS 300 MG	C	QL(4 EA daily)	SELZENTRY TABS 150 MG ( <i>maraviroc</i> )	P	QL(2 EA daily)
<i>maraviroc</i> TABS 300 MG	P	QL(4 EA daily)	STRIBILD	P	QL(1 EA daily)
<i>maraviroc</i> TABS 150 MG	P	QL(2 EA daily)	SYMFI ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	P	QL(1 EA daily)
<i>maraviroc</i> TABS 150 MG	C	QL(2 EA daily)	SYMFI LO ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	P	QL(1 EA daily)
<i>nevirapine</i> SUSP	P	QL(40 ML daily)	SYMTUZA	P	
<i>nevirapine</i> TABS	P	QL(2 EA daily)	<i>tenofovir disoproxil fumarate</i> TABS	C	QL(1 EA daily)
<i>nevirapine</i> TB24 400 MG	P	QL(1 EA daily)	<i>tenofovir disoproxil fumarate</i> TABS	P	QL(1 EA daily)
NORVIR PACK	P				
NORVIR TABS ( <i>ritonavir</i> )	P	QL(12 EA daily)			
ODEFSEY	P				
PIFELTRO	P	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD TBSO	P		PAXLOVID (150/100)	C	1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old)
TIVICAY TABS 50 MG	P				
TRIUMEQ PD TBSO	P		PAXLOVID (300/100 & 150/100)	P	1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old)
TRIUMEQ TABS	P	QL(1 EA daily); AL(At least 18 yrs old)			
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	P		PAXLOVID (300/100)	P	1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old)
TRUVADA 200 MG-300 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	P	QL(1 EA daily)			
TYBOST	P	QL(1 EA daily); AL(At least 18 yrs old)	PAXLOVID (300/100)	C	1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old)
VIRACEPT TABS 625 MG	P	QL(4 EA daily)			
VIRACEPT TABS 250 MG	P	QL(9 EA daily)	PAXLOVID (300/100)	C	1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old)
VIREAD POWD	P	QL(8 GM daily)			
VIREAD TABS ( <i>tenofovir disoproxil fumarate</i> )	P	QL(1 EA daily)	<b>CMV Agents</b>		
VIREAD TABS	P	QL(1 EA daily)	<i>valganciclovir hcl</i> TABS	C	QL(2 EA daily)
ZIAGEN SOLN ( <i>abacavir sulfate</i> )	P	QL(30 ML daily)	<b>Hepatitis Agents</b>		
<i>zidovudine</i> CAPS	P	QL(6 EA daily)	<i>adefovir dipivoxil</i>	NP	
<i>zidovudine</i> SYRP	P	QL(60 ML daily)	BARACLUDGE SOLN	P	
<i>zidovudine</i> TABS	P	QL(2 EA daily)	BARACLUDGE TABS ( <i>entecavir</i> )	NP	
<b>Antiviral Combinations</b>			<i>entecavir</i> TABS	P	
PAXLOVID (150/100)	P	1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old)	EPCLUSA PACK	PA	SP; PA
			EPCLUSA TABS 100 MG-400 MG	NP	QL(1 EA daily); SP
			EPCLUSA TABS 50 MG-200 MG	PA	SP; PA
			HARVONI PACK	NP	SP
			HARVONI TABS	NP	SP
			HARVONI TABS	NP	SP

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine (hbv) TABS</i>	P	
LEDIPASVIR-SOFOSBUVIR TABS	NP	SP
MAVYRET PACK	PA	QL(6 EA daily); SP; PA
MAVYRET TABS	PA	QL(3 EA daily); SP; PA
MAVYRET TABS	PA	QL(3 EA daily); PA
PEGASYS SOLN	NP	SP
PEGASYS SOSY	NP	SP
<i>ribavirin (hepatitis c) CAPS</i>	NP	SP
<i>ribavirin (hepatitis c) TABS 200 MG</i>	NP	SP
SOFOSBUVIR-VELPATASVIR TABS	PA	QL(1 EA daily); SP; PA
SOVALDI PACK	NP	SP
SOVALDI TABS	NP	SP
VEMLIDY	P	SP
VOSEVI	PA	SP; PA
ZEPATIER	NP	SP
<b>Herpes Agents</b>		
<i>acyclovir CAPS</i>	P	QL(50 EA per 31 day(s) retail)
<i>acyclovir SUSP</i>	P	QL(400 ML per 31 day(s) retail; 400 ML per 31 days mail)
<i>acyclovir TABS PO 400 MG</i>	P	QL(3 EA daily)
<i>acyclovir TABS PO 800 MG</i>	P	QL(50 EA per 31 day(s) retail)
<i>famciclovir</i>	NP	
<i>valacyclovir hcl 500 MG</i>	P	QL(2 EA daily)
<i>valacyclovir hcl 1 GM</i>	P	QL(42 EA per 21 day(s) retail)
VALTREX 1 GM ( <i>valacyclovir hcl</i> )	NP	QL(42 EA per 21 day(s) retail)
VALTREX 500 MG ( <i>valacyclovir hcl</i> )	NP	QL(2 EA daily)
<b>Human Papillomavirus (HPV) Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
PAPZIMEOS SUSP SC	C	SP; PA
<b>Influenza Agents</b>		
<i>oseltamivir phosphate CAPS 30 MG</i>	C	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	C	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>oseltamivir phosphate SUSR</i>	C	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
RELENZA DISKHALER	C	1 package(s) per 31 day(s) retail; AL(At least 5 yrs old)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol 25 MG</i>	P	QL(4 EA daily); MP
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(2 EA daily); MP
<i>carvedilol phosphate</i>	NP	QL(1 EA daily)
<i>labetalol hcl TABS 100 MG</i>	P	QL(3 EA daily); MP
<i>labetalol hcl TABS 300 MG</i>	P	QL(8 EA daily); MP
<i>labetalol hcl TABS 200 MG</i>	P	QL(6 EA daily); MP
<i>labetalol hcl TABS 400 MG</i>	P	MP
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl CAPS</i>	P	MP
<i>atenolol TABS</i>	P	QL(2 EA daily); MP
<i>betaxolol hcl</i>	NP	

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Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate</i>	P	QL(1 EA daily); MP
<i>bisoprolol fumarate 2.5 MG</i>	P	MP
BYSTOLIC ( <i>nebivolol hcl</i> )	NP	
KAPSPARGO SPRINKLE CS24	NP	
LOPRESSOR SOLN PO 10 MG/ML	NP	
LOPRESSOR TABS 100 MG ( <i>metoprolol tartrate</i> )	NP	QL(4.5 EA daily)
LOPRESSOR TABS 50 MG ( <i>metoprolol tartrate</i> )	NP	QL(4 EA daily)
LOPRESSOR TABS 12.5 MG ( <i>metoprolol tartrate</i> )	NP	
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 EA daily); MP
<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 EA daily); MP
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	P	QL(4 EA daily); MP
<i>metoprolol tartrate TABS 12.5 MG, 37.5 MG, 75 MG</i>	P	MP
<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 EA daily); MP
<i>nebivolol hcl</i>	NP	
TENORMIN TABS ( <i>atenolol</i> )	NP	QL(2 EA daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG ( <i>metoprolol succinate</i> )	NP	QL(4 EA daily)
TOPROL XL TB24 200 MG ( <i>metoprolol succinate</i> )	NP	QL(2 EA daily)
<b>Beta Blockers Non-Selective</b>		
BETAPACE AF ( <i>sotalol hcl (afib/afll)</i> )	NP	QL(2 EA daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG ( <i>sotalol hcl</i> )	NP	
HEMANGEOL SOLN PO	NP	

Drug Name	Drug Tier	Requirements/Limits
HEMANGEOL SOLN PO	NP	SP
INDERAL LA CP24 ( <i>propranolol hcl</i> )	NP	QL(2 EA daily)
INDERAL XL	NP	
INNOPRAN XL	NP	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(2 EA daily); MP
<i>pindolol TABS</i>	NP	
<i>propranolol hcl CP24</i>	P	QL(2 EA daily); MP
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	MP
<i>propranolol hcl TABS</i>	P	MP
<i>sotalol hcl (afib/afll)</i>	P	QL(2 EA daily); MP
<i>sotalol hcl TABS</i>	P	MP
SOTYLIZE SOLN PO	NP	
<i>timolol maleate TABS</i>	NP	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate TABS</i>	P	QL(1 EA daily)
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 EA daily)
<i>diltiazem hcl coated beads CP24 360 MG</i>	P	
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 EA daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl CP12</i>	P	QL(2 EA daily)
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 EA daily)
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl TABS</i>	P	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	
<i>diltiazem hcl TB24</i>	P	
<i>felodipine</i>	P	QL(1 EA daily)
<i>isradipine CAPS</i>	P	
KATERZIA	NP	
<i>levamlodipine maleate</i>	NP	
<i>nicardipine hcl CAPS</i>	P	
<i>nifedipine CAPS</i>	NP	QL(4 EA daily)
<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 EA daily)
<i>nifedipine TB24 60 MG</i>	P	QL(2 EA daily)
<i>nimodipine CAPS</i>	NP	
<i>nimodipine SOLN</i>	NP	
<i>nisoldipine</i>	NP	
NORLIQVA SOLN	NP	
NORVASC TABS ( <i>amlodipine besylate</i> )	NP	QL(1 EA daily)
NYMALIZE SOLN 6 MG/ML	NP	
PROCARDIA XL TB24 30 MG, 90 MG ( <i>nifedipine</i> )	NP	QL(1 EA daily)
PROCARDIA XL TB24 60 MG ( <i>nifedipine</i> )	NP	QL(2 EA daily)
SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	
SULAR 8.5 MG, 17 MG, 34 MG ( <i>nisoldipine</i> )	NP	
VERAPAMIL HCL ER CP24 ( <i>verapamil hcl</i> )	NP	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	P	QL(1 EA daily)
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	
<i>verapamil hcl TABS</i>	P	QL(3 EA daily)
<i>verapamil hcl TBCR</i>	P	QL(2 EA daily)
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Cardiac Glycosides</b>		
<i>digoxin SOLN PO 0.05 MG/ML</i>	C	
<i>digoxin TABS 125 MCG, 250 MCG</i>	C	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	
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>amlodipine besylate-atorvastatin calcium</i> )	NP	
ENTRESTO CPSP	NP	
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG ( <i>sacubitril-valsartan</i> )	NP	
OPSYNVI	NP	SP
<i>sacubitril-valsartan TABS</i>	P	
<b>Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors</b>		
INPEFA	NP	
<b>Prostaglandin Vasodilators</b>		
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
ORENITRAM TBCR	NP	SP
<b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>		
<i>ambrisentan</i>	P	SP

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

Drug Name	Drug Tier	Requirements/Limits
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	P	
<i>cefadroxil TABS</i>	NP	
<i>cephalexin CAPS</i>	P	
<i>cephalexin CAPS</i>	P	
<i>cephalexin SUSR</i>	P	
<i>cephalexin TABS</i>	P	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
<i>cefaclor CAPS</i>	P	
<i>cefprozil SUSR 125 MG/5ML</i>	P	2 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefprozil SUSR 250 MG/5ML</i>	P	1 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	P	QL(20 EA per fill retail)
<i>cefuroxime axetil TABS 250 MG</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>cefuroxime axetil TABS 500 MG</i>	P	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	QL(20 EA per fill retail)
<i>cefdinir SUSR</i>	P	1 package(s) per fill retail
<i>cefixime CAPS</i>	P	
<i>cefixime SUSR</i>	P	
<i>cefixime TABS</i>	P	
<i>cefpodoxime proxetil SUSR</i>	P	
<i>cefpodoxime proxetil TABS</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	C	QL(3 EA per fill retail); 1 max fill(s) per 31 day(s) retail
<b>CHEMICALS</b>		
Bulk Chemicals - H's		
HYDROXYUREA	P	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
Combination Contraceptives - Oral		
<i>desogestrel &amp; ethinyl estradiol</i>	C	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	C	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	C	
<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	C	QL(1 EA daily)
<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	C	
<i>ethynodiol diacet &amp; eth estrad 35 MCG-1 MG</i>	C	
<i>ethynodiol diacet &amp; eth estrad 50 MCG-1 MG</i>	C	QL(1 EA daily)
<i>levonorgestrel &amp; eth estradiol TABS</i>	C	
<i>levonorgestrel-eth estradiol (triphasic)</i>	C	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	C	
<i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	C	
<i>norethindrone &amp; eth estradiol</i>	C	
<i>norethindrone &amp; ethinyl estradiol-fe</i>	C	
<i>norethindrone acet &amp; eth estra TABS</i>	C	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol-fe</i>	C	
<i>norethindrone-eth estradiol (triphasic)</i>	C	
<i>norgestimate-ethinyl estradiol</i>	C	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	C	
<i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>	C	QL(2 EA daily)
TYBLUME CHEW	C	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	C	
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol</i>	C	QL(6 EA per fill retail)
Emergency Contraceptives		
ELLA	C	QL(4 EA per 365 day(s) retail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	C	QL(1 EA per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	C	QL(1 ML per fill retail; 1 per fill mail)
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	C	QL(1 ML per fill retail; 1 per fill mail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	C	QL(1 ML per fill retail; 1 per fill mail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	C	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		

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Drug Name	Drug Tier	Requirements/Limits
Glucocorticosteroids		
AGAMREE	NP	SP
ALKINDI SPRINKLE CPSP	NP	
<i>budesonide CPEP</i>	P	
<i>budesonide TB24</i>	NP	
CORTEF TABS ( <i>hydrocortisone</i> )	NP	
CORTISONE ACETATE TABS	P	
<i>deflazacort SUSP</i>	NP	SP
<i>deflazacort SUSP</i>	NP	
<i>deflazacort TABS</i>	NP	
<i>deflazacort TABS</i>	NP	SP
DEXAMETHASONE INTENSOL CONC	NP	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	C	QL(150 ML per 31 day(s) retail)
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	C	QL(150 ML per 31 day(s) retail)
<i>dexamethasone ELIX</i>	P	
<i>dexamethasone SOLN</i>	P	
<i>dexamethasone TABS</i>	P	
<i>dexamethasone TBPK</i>	P	
<i>dexamethasone TBPK</i>	NP	
EMFLAZA SUSP ( <i>deflazacort</i> )	NP	SP
EMFLAZA TABS ( <i>deflazacort</i> )	NP	SP
EOHILIA SUSP	NP	
HEMADY TABS	NP	
HEMADY TABS	NP	
<i>hydrocortisone TABS</i>	P	
KHINDIVI SOLN PO 1 MG/ML	NP	PA
MEDROL TABS ( <i>methylprednisolone</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
MEDROL TABS	NP	
MEDROL TBPK ( <i>methylprednisolone</i> )	NP	
<i>methylprednisolone TABS</i>	P	
<i>methylprednisolone TBPK</i>	P	
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	P	
PREDNISOLONE SODIUM PHOSPHATE TBP 10 MG, 15 MG, 30 MG	P	
<i>prednisolone SOLN</i>	P	
<i>prednisolone SOLN</i>	NP	
<i>prednisolone TABS</i>	NP	
PREDNISON INTENSOL CONC	NP	
<i>prednisone SOLN</i>	P	
<i>prednisone TABS</i>	P	
<i>prednisone TBEC 1 MG, 2 MG</i>	NP	
<i>prednisone TBPK</i>	P	
RAYOS TBEC	NP	
TARPEYO CPDR	NP	SP
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	C	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
Antitussives		
<i>benzonatate 100 MG</i>	C	QL(6 EA daily); AL(At least 10 yrs old)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate 200 MG</i>	C	QL(3 EA daily); 1 max fill(s) per 31 day(s) retail; AL(At least 10 yrs old)	<i>loratadine &amp; pseudoephedrine TB24</i>	C	QL(1 EA daily)
<i>dextromethorphan polistirex SUER</i>	C	QL(240 ML per 6 day(s) retail)	<i>MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML</i>	C	QL(120 ML per fill retail); 1 max fill(s) per 31 day(s) retail
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	C	AL(At least 18 yrs old)	<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	C	QL(240 ML per fill retail)
<b>Cough/Cold/Allergy Combinations</b>			<i>phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML</i>	C	QL(240 ML per 6 day(s) retail)
<i>brompheniramine &amp; phenyleph ELIX</i>	C	QL(120 ML per fill retail); 1 max fill(s) per 31 day(s) retail	<i>promethazine &amp; phenylephrine SYRP</i>	C	QL(240 ML per 6 day(s) retail); AL(At least 2 yrs old)
<i>cetirizine-pseudoephedrine</i>	C	QL(2 EA daily)	<i>promethazine w/codeine SOLN</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>CLARINEX-D 12 HOUR TB12</i>	NP		<i>promethazine w/codeine SYRP</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	C		<i>promethazine-dm SYRP</i>	C	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML</i>	C	QL(240 EA per fill retail)	<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	C	QL(240 ML per fill retail)
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	C	QL(240 ML per fill retail)	<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	C	QL(210 EA per fill retail)
<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	C	QL(2 EA daily)	<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i>	C	
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	C		<b>Expectorants</b>		
<i>guaifenesin-codeine SOLN</i>	C		<i>guaifenesin TB12 1200 MG</i>	C	
<i>LOHIST-D LIQD</i>	C		<i>guaifenesin TB12 600 MG</i>	C	QL(40 EA per fill retail); 1 max fill(s) per 31 day(s) retail
<i>loratadine &amp; pseudoephedrine TB12</i>	C	QL(2 EA daily)	<i>potassium iodide (expectorant) SOLN</i>	C	
<b>Misc. Respiratory Inhalants</b>					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	C		<i>clindamycin phosphate (topical) GEL</i>	NP	QL(60 ML per fill retail; 60 per fill mail)
Mucolytics			<i>clindamycin phosphate (topical) LOTN</i>	NP	
<i>acetylcysteine SOLN</i>	C		<i>clindamycin phosphate (topical) SOLN</i>	P	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>			<i>clindamycin phosphate (topical) SWAB</i>	NP	
Acne Products			<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	NP	
<i>adapalene-benzoyl peroxide GEL</i>	NP		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	P	
<i>adapalene CREA</i>	NP		<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP	
<i>adapalene GEL</i>	NP	RX/OTC	<i>clindamycin phosphate-tretinoin</i>	NP	
<i>adapalene GEL 0.3 %</i>	P		<i>dapsone (topical)</i>	NP	
AKLIEF	NP		DIFFERIN CREA (adapalene)	NP	
AVAR CLEANSER LIQD 10 %-5 % (sulfacetamide sodium w/ sulfur)	NP		DIFFERIN GEL (adapalene)	NP	
AVAR LS CLEANSER LIQD (sulfacetamide sodium w/ sulfur)	NP		DIFFERIN LOTN	NP	
AVAR-E EMOLLIENT CREA 10 %-5 % (sulfacetamide sodium w/ sulfur)	NP		EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	NP	
<i>benzoyl peroxide-erythromycin GEL</i>	NP		EPSOLAY CREA	NP	
<i>benzoyl peroxide FOAM 10 %</i>	P		<i>erythromycin (acne aid) GEL</i>	NP	1 package(s) per fill retail
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	C		<i>erythromycin (acne aid) PADS</i>	P	
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	P		<i>erythromycin (acne aid) SOLN</i>	P	
<i>benzoyl peroxide LOTN 5 %, 10 %</i>	C		<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	C	QL(2 EA daily); AL(At least 12 yrs old); PA
BENZOYL PEROXIDE LOTN 5 %, 10 %	C		SSS 10-5 CREA 10 %-5 % (sulfacetamide sodium w/ sulfur)	NP	
CLEOCIN-T LOTN (clindamycin phosphate (topical))	NP		<i>sulfacetamide sodium (acne)</i>	NP	QL(118 ML per fill retail)
<i>clindamycin phosphate (topical) FOAM</i>	NP				

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	
<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	
<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	NP	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	NP	1 package(s) per 31 day(s) retail
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	NP	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP	
SULFACETAMIDE SODIUM-SULFUR SUSP	NP	
SUMADAN	NP	
SUMADAN WASH LIQD ( <i>sulfacetamide sodium w/ sulfur</i> )	NP	
SUMAXIN CP	NP	
SUMAXIN PADS	NP	
TAZAROTENE FOAM	NP	
<i>tretinoin microsphere</i>	NP	
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	QL(20 GM per fill retail); AL(Up to 35 yrs old)
<i>tretinoin GEL 0.05 %</i>	NP	
<i>tretinoin GEL 0.01 %</i>	P	QL(45 GM per fill retail); AL(Up to 35 yrs old)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	AL(Up to 35 yrs old)
<i>tretinoin GEL 0.01 %</i>	P	QL(30 GM per fill retail); AL(Up to 35 yrs old)

Drug Name	Drug Tier	Requirements/Limits
TWYNEO	NP	
WINLEVI	NP	
Agents for External Genital and Perianal Warts		
VEREGEN	NP	
Antibiotics - Topical		
<i>bacitracin (topical) OINT</i>	C	1 package(s) per fill retail
<i>bacitracin zinc OINT</i>	C	1 package(s) per fill retail
CENTANY AT KIT	NP	
<i>gentamicin sulfate (topical) CREA</i>	C	QL(1 GM daily; 30 GM per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	P	QL(1 GM daily; 30 GM per fill retail)
<i>mupirocin calcium (topical)</i>	NP	1 package(s) per 31 day(s) retail
<i>mupirocin OINT</i>	P	QL(30 GM per 31 day(s) retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	C	QL(60 GM per 31 day(s) retail)
<i>neomycin-polymyxin w/ pramoxine</i>	C	1 package(s) per fill retail
XEPI	NP	
Antifungals - Topical		
<i>ciclopirox olamine CREA</i>	P	
<i>ciclopirox olamine SUSP</i>	P	
<i>ciclopirox GEL</i>	NP	
<i>ciclopirox KIT</i>	NP	
<i>ciclopirox SHAM</i>	NP	
<i>ciclopirox SOLN</i>	P	
<i>ciclopirox SOLN</i>	NP	
<i>clotrimazole (topical) CREA</i>	P	QL(60 GM per 31 day(s) retail; 60 GM per 31 days mail); RX/OTC
<i>clotrimazole (topical) SOLN</i>	P	1 package(s) per fill retail; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per 31 day(s) retail)	VUSION ( <i>miconazole-zinc oxide-white petrolatum</i> )	NP	
<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ML per 31 day(s) retail)	Anti-inflammatory Agents - Topical		
<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail)	<i>diclofenac epolamine PTCH EX</i>	NP	
ECONAZOLE NITRATE FOAM 1 %	NP		<i>diclofenac sodium (topical) GEL EX</i>	P	QL(6.68 GM daily); RX/OTC
ERTACZO	NP		<i>diclofenac sodium (topical) SOLN EX</i>	NP	
<i>ketoconazole (topical) CREA</i>	P	1 package(s) per 31 day(s) retail	PENNSAID SOLN EX 2 % ( <i>diclofenac sodium (topical)</i> )	NP	
<i>ketoconazole (topical) FOAM</i>	NP		Antineoplastic or Premalignant Lesion Agents - Topical		
<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ML per fill retail)	<i>fluorouracil (topical) CREA 5 %</i>	C	QL(40 GM per 31 day(s) retail)
<i>miconazole nitrate (topical) CREA</i>	C	QL(200 GM per 31 day(s) retail)	<i>fluorouracil (topical) CREA 0.5 %</i>	C	
<i>miconazole-zinc oxide-white petrolatum</i>	NP		<i>fluorouracil (topical) SOLN</i>	C	QL(10 ML per 31 day(s) retail)
<i>naftifine hcl CREA</i>	NP		Antipruritics - Topical		
<i>naftifine hcl GEL 2 %</i>	NP		<i>camphor &amp; menthol LOTN</i>	C	1 package(s) per fill retail
NAFTIN GEL 2 % ( <i>naftifine hcl</i> )	NP		Antipsoriatics		
<i>nystatin (topical) CREA</i>	P	1 package(s) per 31 day(s) retail	BIMZELX SOAJ	NP	SP
<i>nystatin (topical) OINT</i>	P	1 package(s) per fill retail	BIMZELX SOSY	NP	SP
<i>nystatin (topical) POWD EX</i>	P	1 package(s) per 31 day(s) retail	<i>calcipotriene CREA</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
<i>nystatin-triamcinolone CREA</i>	P	1 package(s) per fill retail	CALCIPOTRIENE FOAM	NP	
<i>nystatin-triamcinolone OINT</i>	P	1 package(s) per fill retail	<i>calcipotriene OINT</i>	P	
<i>oxiconazole nitrate CREA</i>	NP		<i>calcipotriene SOLN</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
OXISTAT LOTN	NP		<i>calcitriol (topical)</i>	NP	
<i>tavaborole</i>	NP		COSENTYX (300 MG DOSE) SOSY	NP	SP
<i>terbinafine hcl (topical) CREA</i>	C				
<i>tolnaftate CREA</i>	C	QL(30 GM per fill retail)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP	<i>tazarotene CREA</i>	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)
COSENTYX SENSOREADY PEN SOAJ	NP	SP	<i>tazarotene GEL</i>	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)
COSENTYX UNOREADY SOAJ	NP	SP	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP
COSENTYX SOSY	NP	SP	TREMFYA PEN SOAJ 100 MG/ML	NP	
ICOTYDE TABS PO 200 MG	NP	SP	USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	
IMULDOSA SOSY SC 90 MG/ML	NP	SP	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	AL(At least 6 yrs old)
IMULDOSA SOSY SC 45 MG/0.5ML	NP		USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	
OTULFI SOLN SC 45 MG/0.5ML	NP	SP	USTEKINUMAB-TTWE SC	NP	
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	USTEKINUMAB-TTWE	NP	
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP	VECTICAL ( <i>calcitriol (topical)</i> )	NP	
PYZCHIVA SC 45 MG/0.5ML	NP	SP	VTAMA	NP	
SELARSDI SOLN SC 45 MG/0.5ML	NP	SP	YESINTEK SOLN 45 MG/0.5ML	NP	SP
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	AL(At least 6 yrs old); SP	YESINTEK SOSY	NP	SP
SKYRIZI PEN SOAJ	NP	SP	Antiseborrheic Products		
SKYRIZI SOSY	NP	SP	OVACE PLUS WASH GEL ( <i>sulfacetamide sodium</i> )	NP	
SORILUX FOAM	NP		OVACE PLUS WASH LIQD ( <i>sulfacetamide sodium</i> )	NP	
SOTYKTU	NP	SP	OVACE PLUS SHAM ( <i>sulfacetamide sodium</i> )	NP	
SPEVIGO SOSY	NP	SP	OVACE WASH LIQD ( <i>sulfacetamide sodium</i> )	NP	
STARJEMZA SOLN SC 45 MG/0.5ML	P	SP	<i>selenium sulfide LOTN 1 %</i>	C	1 package(s) per fill retail
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	P	SP			
STELARA SOSY	NP	SP			
STEQEYMA	NP	SP			
STEQEYMA SC	NP	SP			
TALTZ SOAJ	NP	SP			
TALTZ SOSY	NP	SP			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>selenium sulfide LOTN 2.5 %</i>	C	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail	<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
<i>selenium sulfide SHAM 1 %</i>	C	1 package(s) per fill retail	<i>betamethasone dipropionate augmented LOTN</i>	NP	
<i>sulfacetamide sodium GEL</i>	NP		<i>betamethasone dipropionate augmented OINT</i>	NP	
<i>sulfacetamide sodium LIQD</i>	NP		<i>betamethasone valerate CREA</i>	P	
<i>sulfacetamide sodium SHAM 10 %</i>	NP		<i>betamethasone valerate FOAM</i>	NP	
Antivirals - Topical			<i>betamethasone valerate LOTN</i>	P	
<i>acyclovir topical CREA</i>	P	1 package(s) per 31 day(s) retail	<i>betamethasone valerate OINT</i>	NP	
<i>acyclovir topical OINT</i>	NP	1 package(s) per fill retail	<i>calcipotriene-betamethasone dipropionate OINT</i>	NP	
<i>DENAVIR (penciclovir)</i>	NP		<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	
<i>penciclovir</i>	NP		<i>clobetasol propionate emollient base 0.05 %</i>	P	1 package(s) per fill retail
Burn Products			<i>clobetasol propionate emulsion</i>	NP	
<i>silver sulfadiazine</i>	C		<i>clobetasol propionate CREA 0.05 %</i>	P	1 package(s) per fill retail
Corticosteroids - Topical			<i>clobetasol propionate CREA 0.025 %</i>	P	
<i>alclometasone dipropionate CREA</i>	P		<i>clobetasol propionate FOAM</i>	NP	
<i>alclometasone dipropionate OINT</i>	P		<i>clobetasol propionate GEL 0.05 %</i>	P	1 package(s) per fill retail
<i>amcinonide CREA</i>	NP		<i>clobetasol propionate LIQD</i>	NP	
<i>amcinonide OINT</i>	NP		<i>clobetasol propionate LOTN</i>	NP	
<i>APEXICON E CREA</i>	NP		<i>clobetasol propionate OINT 0.05 %</i>	P	1 package(s) per fill retail
<i>betamethasone dipropionate (topical) CREA</i>	P	1 package(s) per 30 day(s) retail	<i>clobetasol propionate SHAM</i>	NP	
<i>betamethasone dipropionate (topical) LOTN</i>	P				
<i>betamethasone dipropionate (topical) OINT</i>	NP				
<i>betamethasone dipropionate augmented CREA</i>	P	1 package(s) per fill retail			

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate SOLN 0.05 %</i>	P	1 package(s) per fill retail
CLOBEX SPRAY LIQD ( <i>clobetasol propionate</i> )	NP	
CLOBEX SHAM ( <i>clobetasol propionate</i> )	NP	
<i>clocortolone pivalate</i>	NP	
DERMA-SMOOTH/FS BODY OIL ( <i>fluocinolone acetonide</i> )	NP	
DERMA-SMOOTH/FS SCALP OIL ( <i>fluocinolone acetonide</i> )	NP	
<i>desonide CREA</i>	P	QL(2 GM daily)
<i>desonide LOTN</i>	P	
<i>desonide OINT</i>	P	QL(2 GM daily)
<i>desoximetasone CREA</i>	NP	1 package(s) per fill retail
<i>desoximetasone GEL</i>	NP	
<i>desoximetasone LIQD</i>	NP	
<i>desoximetasone OINT</i>	NP	
<i>diflorasone diacetate CREA</i>	NP	
<i>diflorasone diacetate OINT</i>	NP	
DIPROLENE OINT ( <i>betamethasone dipropionate augmented</i> )	NP	
ENSTILAR FOAM	NP	
EPIFOAM FOAM	C	
<i>fluocinolone acetonide CREA</i>	P	
<i>fluocinolone acetonide OIL</i>	P	
<i>fluocinolone acetonide OINT</i>	P	
<i>fluocinolone acetonide SOLN</i>	P	
<i>fluocinonide emulsified base</i>	P	1 package(s) per fill retail
<i>fluocinonide CREA 0.05 %</i>	P	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide CREA 0.1 %</i>	P	
<i>fluocinonide GEL</i>	P	1 package(s) per fill retail
<i>fluocinonide OINT</i>	NP	1 package(s) per fill retail
<i>fluocinonide SOLN</i>	P	1 package(s) per fill retail
<i>flurandrenolide CREA</i>	NP	
<i>flurandrenolide LOTN</i>	NP	
<i>fluticasone propionate CREA 0.05 %</i>	P	1 package(s) per 31 day(s) retail
<i>fluticasone propionate LOTN</i>	NP	
<i>fluticasone propionate OINT</i>	P	1 package(s) per fill retail
<i>halcinonide CREA</i>	NP	
<i>halcinonide SOLN 0.1 %</i>	NP	
<i>halobetasol propionate CREA</i>	P	
<i>halobetasol propionate FOAM</i>	NP	
HALOBETASOL PROPIONATE LOTN 0.05 %	NP	
<i>halobetasol propionate OINT</i>	P	
HALOG CREA ( <i>halcinonide</i> )	NP	
HALOG SOLN 0.1 % ( <i>halcinonide</i> )	NP	
<i>hydrocortisone (topical) CREA 0.5 %</i>	C	1 package(s) per fill retail
<i>hydrocortisone (topical) CREA 1 %</i>	P	1 package(s) per fill retail; RX/OTC
<i>hydrocortisone (topical) CREA 2.5 %</i>	P	QL(120 GM per 31 day(s) retail)
<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	1 package(s) per fill retail
<i>hydrocortisone (topical) OINT 2.5 %</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical) OINT 1 %</i>	P	QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC
<i>hydrocortisone (topical) SOLN 2.5 %</i>	NP	
<i>hydrocortisone butyrate CREA</i>	NP	
<i>hydrocortisone butyrate LOTN</i>	NP	
<i>hydrocortisone butyrate OINT</i>	P	
<i>hydrocortisone butyrate SOLN</i>	P	
<i>hydrocortisone valerate CREA</i>	P	
<i>hydrocortisone valerate OINT</i>	NP	
HYDROCORTISONE GEL 2 %	NP	
HYDROXYM GEL	NP	
KENALOG AERS ( <i>triamcinolone acetonide (topical)</i> )	NP	1 package(s) per fill retail
LEXETTE FOAM ( <i>halobetasol propionate</i> )	NP	
<i>mometasone furoate CREA</i>	P	1 package(s) per fill retail
<i>mometasone furoate OINT</i>	P	1 package(s) per fill retail
<i>mometasone furoate SOLN</i>	P	1 package(s) per fill retail
PANDEL	NP	
SYNALAR CREA ( <i>fluocinolone acetonide</i> )	NP	
SYNALAR OINT ( <i>fluocinolone acetonide</i> )	NP	
TACLONEX SUSP ( <i>calcipotriene-betamethasone dipropionate</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
TOPICORT SPRAY LIQD ( <i>desoximetasone</i> )	NP	
TOPICORT CREA ( <i>desoximetasone</i> )	NP	1 package(s) per fill retail
TOPICORT GEL ( <i>desoximetasone</i> )	NP	
TOPICORT OINT ( <i>desoximetasone</i> )	NP	
<i>triamcinolone acetonide (topical) AERS</i>	NP	1 package(s) per fill retail
<i>triamcinolone acetonide (topical) CREA</i>	P	1 package(s) per fill retail
<i>triamcinolone acetonide (topical) LOTN</i>	P	1 package(s) per fill retail
<i>triamcinolone acetonide (topical) OINT</i>	P	1 package(s) per fill retail
ULTRAVATE LOTN	NP	
ULTRAVATE LOTN	NP	
Eczema Agents		
ADBRY SOAJ	PA	SP; PA
ADBRY SOSY	PA	SP; PA
ANZUPGO CREA EX 20 MG/GM	NP	
CIBINQO	NP	SP
DUPIXENT SOAJ	PA	SP; PA
DUPIXENT SOSY 200 MG/1.14ML	PA	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	SP; PA
EBGLYSS SOAJ	NP	
EBGLYSS SOAJ	NP	SP
EBGLYSS SOSY	NP	SP
OPZELURA	NP	QL(240 GM per 365 day(s) retail; 240 GM per 365 days mail); AL(At least 2 yrs old)
Emollient/Keratolytic Agents		
GORDONS UREA CREA 40 %	C	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>urea CREA 40 %</i>	C	RX/OTC	NIVEA VISAGE LOTN	C	
Emollients			NIVEA LOTN	C	
AQUA LACTEN LOTN	C		RESTA LITE LOTN	C	
AQUAMED LOTN	C		Hair Growth Agents		
CAM LOTN	C		LEQSELVI TABS PO 8 MG	NP	SP
<i>emollient LOTN</i>	C		LITFULO	NP	SP
EUCERIN ORIGINAL HEALING LOTN	C		Immunomodulating Agents - Systemic		
EUCERIN PLUS LOTN	C		NEMLUVIO	NP	SP
EUCERIN PROFESSIONAL REPAIR LOTN	C		Immunomodulating Agents - Topical		
EUCERIN LOTN	C		<i>imiquimod 3.75 %</i>	NP	
GOLD BOND ULTIMATE SOFTENING LOTN	C		<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail)
HYDRAZONE LOTION LOTN	C		Immunosuppressive Agents - Topical		
KERI ADVANCED MOISTURE THERAPY LOTN	C		HYFTOR	NP	
KERI BASIC ESSENTIALS LOTN	C		<i>pimecrolimus</i>	P	QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 2 yrs old)
KERI NOURISHING SHEA BUTTER LOTN	C		<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 16 yrs old)
KERI ORIGINAL LOTN	C		<i>tacrolimus (topical) OINT 0.03 %</i>	P	QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 2 yrs old)
KERI OVERNIGHT LOTN	C		Keratolytic/Antimitotic/Vesicant Agents		
KERI RENEWAL MILK BODY LOTN	C		CONDYLOX GEL ( <i>podofilox</i> )	NP	
KERI RENEWAL SKIN FIRMING LOTN	C		DERMACINRX SALICYLIC ACID GEL 6 %	C	
KERI RENEWAL STRETCH MARK LOTN	C		<i>podofilox GEL</i>	NP	
KERI SENSITIVE SKIN LOTN	C				
<i>lactic acid (ammonium lactate) CREA</i>	C	QL(385 GM per 31 day(s) retail); RX/OTC			
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	C	QL(567 GM per 31 day(s) retail); RX/OTC			
LUBRIDERM LOTN	C				

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Drug Name	Drug Tier	Requirements/Limits
<i>podofilox SOLN</i>	NP	
<i>salicylic acid GEL 6 %</i>	C	
SALICYLIC ACID OINT	NP	RX/OTC
Local Anesthetics - Topical		
<i>capsaicin CREA 0.025 %, 0.035 %, 0.075 %, 0.1 %</i>	C	1 package(s) per fill retail
DERMACINRX LIDOCAINE CREA 3 %	C	1 package(s) per fill retail; RX/OTC
<i>dibucaine</i>	C	1 package(s) per fill retail
<i>lidocaine hcl CREA 3 %, 4 %</i>	C	1 package(s) per fill retail
<i>lidocaine hcl GEL 2 %</i>	C	QL(1 ML daily; 30 ML per fill retail)
<i>lidocaine CREA 4 %</i>	C	1 package(s) per fill retail
<i>lidocaine-prilocaine CREA</i>	C	1 package(s) per fill retail
Misc. Topical		
<i>zinc oxide (topical) OINT 20 %</i>	C	1 package(s) per fill retail
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	NP	
ZORYVE CREA EX	NP	AL(At least 2 yrs old)
ZORYVE FOAM EX	NP	AL(At least 9 yrs old)
Rosacea Agents		
<i>azelaic acid GEL</i>	P	
<i>brimonidine tartrate (topical)</i>	NP	
<i>doxycycline (rosacea)</i>	NP	
FINACEA FOAM	NP	
<i>ivermectin (rosacea)</i>	NP	
METROCREAM CREA ( <i>metronidazole (topical)</i> )	NP	QL(45 GM per 31 day(s) retail)
METROGEL GEL 1 % ( <i>metronidazole (topical)</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical) CREA</i>	P	QL(45 GM per 31 day(s) retail)
<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per 31 day(s) retail)
<i>metronidazole (topical) GEL 1 %</i>	P	
<i>metronidazole (topical) GEL 1 %</i>	NP	
<i>metronidazole (topical) LOTN</i>	P	
MIRVASO ( <i>brimonidine tartrate (topical)</i> )	NP	
ORACEA ( <i>doxycycline (rosacea)</i> )	NP	
RHOFADE	NP	
SOOLANTRA ( <i>ivermectin (rosacea)</i> )	NP	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	NP	1 package(s) per fill retail
ELIMITE CREA ( <i>permethrin</i> )	NP	QL(60 GM per fill retail)
<i>malathion</i>	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
NATROBA ( <i>spinosad</i> )	P	
OVIDE ( <i>malathion</i> )	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
<i>permethrin CREA</i>	P	QL(60 GM per fill retail)
PERMETHRIN CREA 5 % ( <i>permethrin</i> )	P	QL(60 GM per fill retail)
<i>permethrin LIQD EX</i>	P	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	C	
<i>spinosad</i>	NP	Brand Preferred
Tar Products		

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Drug Name	Drug Tier	Requirements/Limits
<i>coal tar extract SHAM 0.5 %</i>	C	
<b>DIAGNOSTIC PRODUCTS</b>		
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	P	RX/OTC
ACCU-CHEK GUIDE TEST STRP	P	RX/OTC
ACCU-CHEK SMARTVIEW STRP	P	RX/OTC
CHEMSTRIP K STRP	C	
KETONE TEST STRP	C	
KETOSTIX STRP	C	
RELION KETONE TEST STRP	C	
RELION TRUE METRIX TEST STRIPS STRP	P	RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	P	RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
Digestive Enzymes		
CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT	P	
CREON CPEP 120000 UNIT-76000 UNIT-24000 UNIT, 180000 UNIT-114000 UNIT-36000 UNIT, 30000 UNIT-19000 UNIT-6000 UNIT, 60000 UNIT-38000 UNIT-12000 UNIT	P	Smart PA
PERTZYE CPEP	NP	
VIOKACE TABS	NP	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	C	
<i>acetazolamide TABS</i>	C	
<i>methazolamide TABS</i>	C	
Diuretic Combinations		
<i>amiloride &amp; hydrochlorothiazide</i>	C	QL(1 EA daily)
<i>spironolactone &amp; hydrochlorothiazide</i>	C	
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	C	
<i>triamterene &amp; hydrochlorothiazide TABS 50 MG-75 MG</i>	C	
<i>triamterene &amp; hydrochlorothiazide TABS 25 MG-37.5 MG</i>	C	QL(2 EA daily)
Loop Diuretics		
<i>bumetanide TABS</i>	C	
ENBUMYST SOLN 0.5 MG/0.1ML	C	PA
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	C	
<i>furosemide TABS</i>	C	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>torseamide TABS 5 MG, 10 MG, 100 MG</i>	C	QL(1 EA daily)	FORTEO SOPN ( <i>teriparatide</i> )	NP	
<i>torseamide TABS 20 MG</i>	C		FORTEO SOPN ( <i>teriparatide</i> )	NP	SP
Potassium Sparing Diuretics			FOSAMAX PLUS D	NP	
<i>amiloride hcl TABS</i>	C	QL(4 EA daily)	FOSAMAX TABS 70 MG ( <i>alendronate sodium</i> )	NP	QL(0.15 EA daily)
<i>spironolactone TABS</i>	C		<i>ibandronate sodium TABS</i>	P	
Thiazides and Thiazide-Like Diuretics			<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 EA daily)
<i>chlorthalidone 25 MG, 50 MG</i>	C		<i>risedronate sodium TABS 150 MG</i>	NP	
<i>hydrochlorothiazide CAPS</i>	C		<i>risedronate sodium TABS 35 MG</i>	NP	QL(4 EA per 28 day(s) retail)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	C		<i>risedronate sodium TBEC</i>	NP	QL(4 EA per 28 day(s) retail)
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	C		<i>teriparatide SOPN</i>	P	
<i>metolazone</i>	C		<i>teriparatide SOPN</i>	P	SP
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>			TERIPARATIDE SOPN	P	SP
<b>- Drugs to Treat Bone Disease and Regulate Hormones</b>			TYMLOS	NP	SP
Bone Density Regulators			Growth Hormones		
ACTONEL TABS 35 MG ( <i>risedronate sodium</i> )	NP	QL(4 EA per 28 day(s) retail)	GENOTROPIN MINIQUICK PRSY	PA	SP; PA
ACTONEL TABS 150 MG ( <i>risedronate sodium</i> )	NP		GENOTROPIN CART SC	PA	SP; PA
<i>alendronate sodium SOLN</i>	NP	QL(10.8 ML daily)	HUMATROPE CART IJ	NP	SP
<i>alendronate sodium TABS 10 MG</i>	P	QL(1 EA daily)	NGENLA	NP	SP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 EA daily)	NORDITROPIN FLEXPPO SOPN	PA	SP; PA
ATELVIA TBEC ( <i>risedronate sodium</i> )	NP	QL(4 EA per 28 day(s) retail)	NUTROPIN AQ NUSPIN 10 SOPN	NP	SP
BINOSTO TBEF	NP		NUTROPIN AQ NUSPIN 20 SOPN	NP	SP
BONSITY SOPN 560 MCG/2.24ML	NP		NUTROPIN AQ NUSPIN 5 SOPN	NP	SP
<i>calcitonin (salmon) IJ</i>	C	QL(2 ML per fill retail)	OMNITROPE SOCT	NP	SP
<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail	OMNITROPE SOLR SC	NP	SP
			SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
			SKYTROFA	NP	SP
			SOGROYA	NP	SP

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Drug Name	Drug Tier	Requirements/Limits
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA ( <i>raloxifene hcl</i> )	NP	QL(1 EA daily)
<i>raloxifene hcl</i>	NP	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	NP	SP
INCRELEX	NP	
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	C	SP; PA
Metabolic Modifiers		
<i>calcitriol CAPS</i>	C	
CARBAGLU ( <i>carglumic acid</i> )	PA	SP; PA
<i>carglumic acid</i>	NP	Brand Preferred; SP
FORZINITY SOLN SC 280 MG/3.5ML	C	SP; PA
GALAFOLD	C	QL(0.5 EA daily); SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	C	QL(30 ML daily)
<i>levocarnitine (metabolic modifiers) TABS</i>	C	QL(3 EA daily)
SEPHIENCE PACK PO 250 MG, 1000 MG	C	SP; PA
XPHOZAH	NP	SP
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	C	QL(5 ML per fill retail); PA
<i>desmopressin acetate spray refrigerated 0.01 %</i>	C	QL(5 ML per fill retail); PA
<i>desmopressin acetate TABS</i>	C	QL(6 EA daily)
Somatostatic Agents		
<i>octreotide acetate KIT</i>	C	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
Estrogen Combinations		
COMBIPATCH PTTW	C	Limit 8 patches per month; QL(0.286 EA daily)
<i>estradiol &amp; norethindrone acetate TABS</i>	C	QL(1 EA daily)
<i>norethindrone acetate-ethinyl estradiol</i>	C	
PREMPRO	C	
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	C	Limit 8 patches per month; QL(0.286 EA daily)
<i>estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i>	C	Limit 8 patches per month; QL(0.286 EA daily)
<i>estradiol PTTW 0.0375 MG/24HR</i>	C	QL(0.286 EA daily)
<i>estradiol PTWK</i>	C	Limit 4 patches per month; QL(0.143 EA daily)
<i>estradiol TABS</i>	C	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	C	QL(1 EA daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Fluoroquinolones		
BAXDELA TABS	NP	
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
CIPRO SUSR	NP	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CIPRO TABS 250 MG, 500 MG ( <i>ciprofloxacin hcl</i> )	NP		AVSOLA	C	SP; PA
<i>levofloxacin SOLN PO</i>	NP		AZULFIDINE EN-TABS TBEC ( <i>sulfasalazine</i> )	NP	
<i>levofloxacin TABS</i>	P	QL(14 EA per fill retail)	AZULFIDINE TABS ( <i>sulfasalazine</i> )	NP	
<i>moxifloxacin hcl TABS</i>	NP		<i>balsalazide disodium CAPS</i>	P	QL(9 EA daily)
<i>ofloxacin 300 MG</i>	NP		CANASA SUPP ( <i>mesalamine</i> )	NP	
<i>ofloxacin 400 MG</i>	NP	QL(56 EA per fill retail)	CIMZIA (1 SYRINGE) PSKT 200 MG/ML	NP	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>			CIMZIA (2 SYRINGE) PSKT	NP	SP
<b>5-HT4 Receptor Agonists</b>			CIMZIA KIT	NP	SP
MOTEGRITY ( <i>prucalopride succinate</i> )	NP		CIMZIA-STARTER PSKT	NP	SP
<i>prucalopride succinate</i>	NP		DIPENTUM	NP	
<b>Antiflatulents</b>			ENTYVIO PEN SOAJ	NP	SP
<i>simethicone CHEW 80 MG</i>	C		INFLECTRA SOLR	C	SP; PA
<i>simethicone SUSP</i>	C		LIALDA TBEC ( <i>mesalamine</i> )	NP	
<b>Bile Acid Synthesis Disorder Agents</b>			<i>mesalamine w/ cleanser</i>	NP	
CTEXLI TABS PO 250 MG	C	PA	<i>mesalamine CP24</i>	P	
<b>Gallstone Solubilizing Agents</b>			<i>mesalamine CPCR</i>	NP	Brand Preferred
<i>ursodiol CAPS</i>	C		<i>mesalamine CPDR</i>	NP	
<i>ursodiol TABS 250 MG</i>	C	QL(7 EA daily)	<i>mesalamine ENEM</i>	P	QL(60 ML daily)
<b>Gastrointestinal Chloride Channel Activators</b>			<i>mesalamine SUPP</i>	P	
AMITIZA ( <i>lubiprostone</i> )	NP		<i>mesalamine TBEC 1.2 GM</i>	NP	
<i>lubiprostone</i>	P		<i>mesalamine TBEC 800 MG</i>	NP	QL(3 EA daily)
<b>Gastrointestinal Stimulants</b>			OMVOH (300 MG DOSE) SOAJ	NP	SP
GIMOTI SOLN NA	NP	SP	OMVOH (300 MG DOSE) SOSY	NP	SP
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P		OMVOH SOAJ	NP	SP
<i>metoclopramide hcl TABS</i>	P		OMVOH SOSY	NP	SP
REGLAN TABS ( <i>metoclopramide hcl</i> )	NP		PENTASA CPCR ( <i>mesalamine</i> )	P	
<b>Inflammatory Bowel Agents</b>			PENTASA CPCR	P	

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Drug Name	Drug Tier	Requirements/Limits
RENFLEXIS	C	SP; PA
ROWASA ( <i>mesalamine w/ cleanser</i> )	NP	
SFROWASA ENEM	NP	
SKYRIZI SOCT	NP	SP
<i>sulfasalazine TABS</i>	P	
<i>sulfasalazine TBEC</i>	P	
TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	
TREMFYA SOSY SC	NP	SP
USTEKINUMAB 130 MG/26ML	NP	SP
VELSIPITY	NP	SP
ZYMFENTRA (1 PEN) AJKT	NP	SP
ZYMFENTRA (2 PEN) AJKT	NP	SP
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	NP	
IBSRELA	NP	
LINZESS	P	
LOTRONEX ( <i>alosetron hcl</i> )	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
MOVANTIK	P	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA 210 MG ( <i>ferric citrate</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phosphate binder) CAPS</i>	P	
<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC
FOSRENOL CHEW ( <i>lanthanum carbonate</i> )	NP	
FOSRENOL PACK	NP	
<i>lanthanum carbonate CHEW</i>	NP	
RENVELA PACK ( <i>sevelamer carbonate</i> )	NP	
RENVELA TABS ( <i>sevelamer carbonate</i> )	NP	
<i>sevelamer carbonate PACK</i>	NP	
<i>sevelamer carbonate TABS</i>	P	
<i>sevelamer hcl</i>	NP	
VELPHORO	NP	
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	C	
SOD CITRATE-CITRIC ACID	C	QL(16.67 ML daily); RX/OTC
<i>sodium citrate &amp; citric acid</i>	C	QL(16.67 ML daily); RX/OTC
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	C	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	P	
CARDURA XL	NP	
<i>dutasteride</i>	P	
<i>dutasteride-tamsulosin hcl</i>	NP	

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Drug Name	Drug Tier	Requirements/Limits
<i>finasteride</i>	P	QL(1 EA daily)
PROSCAR ( <i>finasteride</i> )	NP	QL(1 EA daily)
RAPAFLO ( <i>silodosin</i> )	NP	
<i>silodosin</i>	NP	
<i>tamsulosin hcl</i>	P	QL(2 EA daily)
Urinary Analgesics		
<i>phenazopyridine hcl</i> TABS 100 MG, 200 MG	C	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	P	
<i>allopurinol 200 MG</i>	NP	
<i>colchicine CAPS</i>	NP	
<i>colchicine TABS</i>	P	QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail
<i>febuxostat</i>	NP	
GLOPERBA SOLN PO	NP	
MITIGARE CAPS ( <i>colchicine</i> )	NP	
ULORIC ( <i>febuxostat</i> )	NP	
Uricosurics		
<i>probenecid</i>	P	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Aminolevulinatase Synthase 1-Directed siRNA		
GIVLAARI	C	SP; PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOSY</i>	C	SP; PA
Complement Inhibitors		
HAEGARDA SOLR SC	C	SP; PA
TAVNEOS	NP	SP

Drug Name	Drug Tier	Requirements/Limits
Hematologic - Tyrosine Kinase Inhibitors		
WAYRILZ TABS PO 400 MG	C	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	C	
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	C	SP; PA
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole</i>	NP	
BRILINTA 60 MG, 90 MG ( <i>ticagrelor</i> )	P	QL(2 EA daily)
<i>cilostazol</i>	C	QL(2 EA daily)
<i>clopidogrel bisulfate 300 MG</i>	P	
<i>clopidogrel bisulfate 75 MG</i>	P	QL(1 EA daily)
<i>dipyridamole</i>	NP	
EFFIENT ( <i>prasugrel hcl</i> )	NP	QL(1 EA daily)
PLAVIX 75 MG ( <i>clopidogrel bisulfate</i> )	NP	QL(1 EA daily)
<i>prasugrel hcl</i>	P	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	NP	Brand Preferred; QL(2 EA daily)
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Agents for Gaucher Disease		
CERDELGA	C	SP; PA
CEREZYME 400 UNIT	C	SP; PA
Agents for Sickle Cell Disease		
ADAKVEO	C	SP; PA
CASGEVY	PA	SP; PA
DROXIA CAPS 200 MG	C	
DROXIA CAPS	P	
ENDARI ( <i>glutamine sickle cell</i> )	PA	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
<i>glutamine (sickle cell)</i>	PA	SP; PA
LYFGENIA	PA	SP; PA
SIKLOS TABS	P	
XROMI SOLN PO 100 MG/ML	P	SP
<b>Cobalamins</b>		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	C	QL(10 ML per 270 day(s) retail)
<b>Folic Acid/Folates</b>		
<i>folic acid TABS 400 MCG, 800 MCG</i>	C	QL(1 EA daily)
<i>folic acid TABS 1 MG</i>	C	RX/OTC
<b>Hematopoietic Growth Factors</b>		
ARANESP (ALBUMIN FREE) SOLN	NP	SP
ARANESP (ALBUMIN FREE) SOSY	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP
EPOGEN 2000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
MIRCERA	NP	SP
PROCRIT	NP	SP
PROCRIT	NP	SP
REBLOZYL	C	SP
RETACRIT	P	SP
VAFSEO	NP	SP
ZARXIO	C	SP; PA
<b>Iron</b>		
FERRETT'S TABS	C	QL(2 EA daily)
<i>ferrous fumarate TABS</i>	C	QL(2 EA daily)
<i>ferrous gluconate TABS 324 MG</i>	C	QL(3.34 EA daily)
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	C	QL(3.4 ML daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	C	
<i>ferrous sulfate TABS</i>	C	
<i>ferrous sulfate TBEC</i>	C	
IRON CHEWS PEDIATRIC CHEW	C	
<i>polysaccharide iron complex CAPS</i>	C	QL(1 EA daily)
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
<i>tranexamic acid TABS</i>	C	QL(30 EA per 5 day(s) retail); 1 max fill(s) per 31 day(s) retail; AL(At least 12 yrs old)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Antihistamine Hypnotics</b>		
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	C	QL(1 EA daily)
<i>doxylamine succinate (sleep)</i>	C	
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital ELIX</i>	C	
<i>phenobarbital TABS</i>	C	
<b>Hypnotics - Tricyclic Agents</b>		
<i>doxepin hcl (sleep)</i>	NP	
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN CR TBCR ( <i>zolpidem tartrate</i> )	NP	
AMBIEN TABS ( <i>zolpidem tartrate</i> )	NP	QL(1 EA daily)
DORAL ( <i>quazepam</i> )	NP	
EDLUAR SUBL	NP	
<i>eszopiclone</i>	NP	
<i>eszopiclone</i>	NP	

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Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam hcl</i>	NP	QL(1 EA daily)
HALCION 0.25 MG ( <i>triazolam</i> )	NP	
IGALMI FILM	NP	
<i>midazolam hcl SOLN IJ</i>	C	
MIDAZOLAM HCL SOLN IJ	C	
<i>quazepam</i>	NP	
RESTORIL 7.5 MG, 22.5 MG ( <i>temazepam</i> )	NP	
RESTORIL 15 MG, 30 MG ( <i>temazepam</i> )	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>temazepam 15 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>temazepam 7.5 MG, 22.5 MG</i>	P	
<i>triazolam</i>	NP	
<i>zaleplon 5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	NP	QL(2 EA daily); AL(At least 18 yrs old)
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	
<b>Orexin Receptor Antagonists</b>		
BELSOMRA	NP	
DAYVIGO	NP	
QUVIVIQ	NP	
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ LQ SUSP	NP	SP
HETLIOZ CAPS ( <i>tasimelteon</i> )	NP	SP
<i>ramelteon</i>	NP	
ROZEREM ( <i>ramelteon</i> )	NP	
<i>tasimelteon CAPS</i>	NP	SP

Drug Name	Drug Tier	Requirements/Limits
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
<i>calcium polycarbophil TABS</i>	C	QL(10 EA daily)
<b>Electrolyte-based Osmotic Laxatives</b>		
<i>magnesium citrate 1.745 GM/30ML</i>	P	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	C	QL(32 ML daily)
<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>	C	
<b>Laxative Combinations</b>		
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP	
GOLYTELY SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	NP	1 package(s) per fill retail
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	NP	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	1 package(s) per fill retail
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	NP	1 package(s) per fill retail
<i>sennosides-docusate sodium TABS</i>	C	QL(4 EA daily)
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP	
SUFLAVE	NP	

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Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	NP	
SUTAB	NP	
<b>Laxatives - Miscellaneous</b>		
<i>glycerin (laxative) SUPP 2 GM</i>	C	
<i>lactulose PACK</i>	NP	
<i>lactulose SOLN</i>	P	
<i>polyethylene glycol 3350 PACK</i>	P	
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)
<b>Stimulant Laxatives</b>		
<i>bisacodyl SUPP</i>	C	QL(12 EA per fill retail)
<i>bisacodyl TBEC</i>	C	QL(1 EA daily)
<i>sennosides TABS 8.6 MG</i>	C	
<b>Surfactant Laxatives</b>		
<i>docusate sodium CAPS 100 MG, 250 MG</i>	C	QL(3 EA daily)
<i>docusate sodium CAPS 50 MG</i>	C	
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	C	
DOCUSATE SODIUM SYRP	C	
<i>docusate sodium TABS</i>	C	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin PACK</i>	P	QL(2 EA per fill retail)
<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(60 ML per fill retail)
<i>azithromycin SUSR 100 MG/5ML</i>	P	1 package(s) per fill retail
<i>azithromycin TABS 500 MG</i>	P	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin TABS 600 MG</i>	P	QL(8 EA per 28 day(s) retail)
<i>azithromycin TABS 250 MG</i>	P	QL(6 EA per fill retail)
ZITHROMAX TRI-PAK TABS ( <i>azithromycin</i> )	NP	QL(4 EA daily)
ZITHROMAX Z-PAK TABS ( <i>azithromycin</i> )	NP	QL(6 EA per fill retail)
ZITHROMAX PACK	NP	QL(2 EA per fill retail)
ZITHROMAX SUSR 200 MG/5ML ( <i>azithromycin</i> )	NP	QL(60 ML per fill retail)
ZITHROMAX SUSR 100 MG/5ML ( <i>azithromycin</i> )	NP	1 package(s) per fill retail
ZITHROMAX TABS 500 MG ( <i>azithromycin</i> )	NP	QL(4 EA daily)
ZITHROMAX TABS 250 MG ( <i>azithromycin</i> )	NP	QL(6 EA per fill retail)
<b>Clarithromycin</b>		
<i>clarithromycin SUSR 125 MG/5ML</i>	P	1 package(s) per fill retail
<i>clarithromycin SUSR 250 MG/5ML</i>	P	2 package(s) per fill retail
<i>clarithromycin TABS</i>	P	QL(28 EA per fill retail)
<i>clarithromycin TB24</i>	NP	QL(14 EA per fill retail)
<b>Erythromycins</b>		
E.E.S. GRANULES SUSR ( <i>erythromycin ethylsuccinate</i> )	NP	
ERYPED 200 SUSR ( <i>erythromycin ethylsuccinate</i> )	NP	
ERYPED 400 SUSR ( <i>erythromycin ethylsuccinate</i> )	NP	
<i>erythromycin base CPEP</i>	NP	
<i>erythromycin base TABS</i>	NP	
<i>erythromycin base TBEC</i>	NP	
<i>erythromycin ethylsuccinate SUSR</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate TABS</i>	NP	
<i>erythromycin stearate TABS 250 MG</i>	P	
Fidaxomicin		
DIFICID SUSR	P	
DIFICID TABS 200 MG ( <i>fidaxomicin</i> )	P	
<i>fidaxomicin TABS 200 MG</i>	NP	Brand Preferred
<b>MEDICAL DEVICES AND SUPPLIES</b>		
Diabetic Supplies		
ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
ACCU-CHEK GUIDE KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC
DEXCOM G6 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
DEXCOM G6 SENSOR	PA	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; PA
DEXCOM G6 TRANSMITTER	PA	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
DEXCOM G7 15 DAY SENSOR	PA	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); AL(At least 18 yrs old); PA
DEXCOM G7 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G7 SENSOR	PA	QL(9 EA per 90 day(s) retail); PA
FREESTYLE LIBRE 14 DAY SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA
FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 2 SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
FREESTYLE LIBRE 3 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA
FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 3 SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G7 PODS (GEN 5) MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA	BD INSULIN SYRINGE MICROFINE	C	QL(5 EA daily); RX/OTC
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	BD INSULIN SYRINGE U/F	C	QL(5 EA daily); RX/OTC
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA	BD INSULIN SYRINGE ULTRAFINE	C	QL(5 EA daily)
OMNIPOD DASH PODS (GEN 4) MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA	BD PEN NEEDLE MICRO ULTRAFINE	C	QL(5 EA daily)
RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	BD PEN NEEDLE MINI ULTRAFINE	C	QL(5 EA daily); RX/OTC
TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	BD PEN NEEDLE NANO 2ND GEN	C	QL(5 EA daily); RX/OTC
TRUE METRIX METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	BD PEN NEEDLE NANO ULTRAFINE	C	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 28G	P	RX/OTC	BD PEN NEEDLE ORIG ULTRAFINE	C	QL(5 EA daily)
TRUEPLUS LANCETS 30G	P	RX/OTC	BD PEN NEEDLE SHORT ULTRAFINE	C	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 33G	P	RX/OTC	BD VEO INSULIN SYR ULTRAFINE	C	QL(5 EA daily); RX/OTC
Parenteral Therapy Supplies			CAREONE INSULIN SYRINGE	C	QL(5 EA daily)
AQ INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	CARETOUCH INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
BD AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC	COMFORT EZ INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
BD INSULIN SYR ULTRAFINE II	C	QL(5 EA daily); RX/OTC	DROPLET INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	EASY TOUCH FLIPLOCK INSULIN SY	C	QL(5 EA daily); RX/OTC
			EASY TOUCH INSULIN BARRELS	C	QL(5 EA daily); RX/OTC
			EASY TOUCH INSULIN SAFETY SYR	C	QL(5 EA daily); RX/OTC
			EASY TOUCH INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
			EASY TOUCH SHEATHLOCK SYRINGE	C	QL(5 EA daily); RX/OTC
			EMBECTA AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC
			EMBECTA INSULIN SYR ULTRAFINE	C	QL(5 EA daily); RX/OTC

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRACARE INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
ULTRA-THIN II INS SYR SHORT	C	QL(5 EA daily); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
ULTRA-THIN II INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER Z-STAT PLUS/SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER2GO ANTI-STATIC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	AEROVENT PLUS DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE EASE LARGE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE EASE MEDIUM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE EASE SMALL DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	CLEVER CHOICE HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/LG MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/MED MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMPACT SPACE CHAMBER/SM MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	MASK VORTEX/CHILD/FROG	C	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	MICROCHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	MICROCHAMBER MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	MICROSPACER MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-LG MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-MD MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-SM MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	C	QL(2 EA per 360 day(s) retail); RX/OTC	PANDA MASK LARGE	C	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	C	QL(2 EA per 360 day(s) retail); RX/OTC	PANDA MASK MEDIUM	C	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	C	QL(2 EA per 360 day(s) retail); RX/OTC	PANDA MASK SMALL	C	QL(2 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	PARI VORTEX ADULT MASK	C	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIREASE RESERVOIR BAGS	C	QL(3 EA per 180 day(s) retail)	PARI VORTEX PEDIATRIC MASK	C	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIREASE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	PEDIATRIC PANDA MASK	C	QL(2 EA per 360 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
POCKET CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
POCKET SPACER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER ADULT MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER CHILD MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER INFANT DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/ADULT MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/CHILD MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PROCHAMBER VHC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
RITEFLO DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
Calcitonin Gene-Related Peptide (CGRP)		

Drug Name	Drug Tier	Requirements/Limits
<b>Receptor Antag</b>		
AIMOVIG	NP	SP
AJOVY SOAJ	PA	SP; PA
AJOVY SOSY	PA	SP; PA
EMGALITY (300 MG DOSE) SOSY	NP	SP
EMGALITY SOAJ	PA	SP; PA
EMGALITY SOSY	PA	SP; PA
NURTEC	NP	
QULIPTA	PA	PA
UBRELVY	PA	PA
ZAVZPRET	NP	
<b>Migraine Combinations</b>		
<i>ergotamine w/ caffeine TABS</i>	C	AL(At least 18 yrs old)
<i>sumatriptan-naproxen sodium</i>	NP	
SYMBRAVO TABS PO	NP	
<b>Migraine Products - NSAIDs</b>		
<i>diclofenac potassium (migraine)</i>	NP	
ELYXYB	NP	
<b>Serotonin Agonists</b>		
<i>almotriptan malate</i>	NP	
<i>eletriptan hydrobromide</i>	NP	Brand Preferred; QL(6 EA per 31 day(s) retail)
FROVA ( <i>frovatriptan succinate</i> )	NP	
<i>frovatriptan succinate</i>	NP	
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	NP	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)	<i>sumatriptan succinate</i> SOAJ 6 MG/0.5ML	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP		<i>sumatriptan succinate</i> SOCT 4 MG/0.5ML	P	
IMITREX TABS ( <i>sumatriptan succinate</i> )	NP	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)	<i>sumatriptan succinate</i> SOCT 6 MG/0.5ML	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
MAXALT-MLT TBDP 10 MG ( <i>rizatriptan benzoate</i> )	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)	<i>sumatriptan succinate</i> SOLN 6 MG/0.5ML	P	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
MAXALT TABS 10 MG ( <i>rizatriptan benzoate</i> )	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)	<i>sumatriptan succinate</i> TABS	P	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)
<i>naratriptan hcl</i>	NP	QL(9 EA per 31 day(s) retail); AL(At least 18 yrs old)	TOSYMRA	NP	
RELPAX ( <i>eletriptan hydrobromide</i> )	P	QL(6 EA per 31 day(s) retail)	ZEMBRACE SYMTOUCH SOAJ	NP	
REYVOW	NP		<i>zolmitriptan</i> SOLN 5 MG	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
<i>rizatriptan benzoate</i> TABS	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)	<i>zolmitriptan</i> SOLN 2.5 MG	NP	
<i>rizatriptan benzoate</i> TBDP	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)	<i>zolmitriptan</i> TABS	NP	QL(6 EA per 31 day(s) retail)
<i>sumatriptan</i> 5 MG/ACT	NP	5 MG/ACT; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	<i>zolmitriptan</i> TBDP	NP	QL(6 EA per 31 day(s) retail)
<i>sumatriptan</i> 20 MG/ACT	NP	20 MG/ACT; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	ZOMIG SOLN 2.5 MG ( <i>zolmitriptan</i> )	NP	
<i>sumatriptan succinate</i> SOAJ 4 MG/0.5ML	P		ZOMIG SOLN 5 MG ( <i>zolmitriptan</i> )	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
<b>MINERALS &amp; ELECTROLYTES</b>					
<b>Calcium</b>					
CALCIUM 600 +D HIGH POTENCY TABS				C	QL(2 EA daily)
<i>calcium carbonate-cholecalciferol</i> TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG				C	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>	C	
<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	C	QL(2 EA daily)
<i>oyster shell</i>	C	
Electrolyte Mixtures		
<i>oral electrolytes SOLN</i>	C	
Fluoride		
<i>sodium fluoride CHEW</i>	C	
<i>sodium fluoride SOLN 0.5 MG/ML</i>	C	RX/OTC
SODIUM FLUORIDE SOLN 0.5 MG/ML	C	RX/OTC
Magnesium		
<i>magnesium oxide (mg supplement) TABS</i>	C	
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	C	QL(8 EA daily); RX/OTC
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	C	QL(8 EA daily); RX/OTC
Potassium		
EFFER-K TBEF 25 MEQ	C	
<i>potassium bicarbonate TBEF</i>	C	
<i>potassium chloride microencapsulated crystals er</i>	C	
<i>potassium chloride CPCR 10 MEQ</i>	C	
<i>potassium chloride CPCR 8 MEQ</i>	C	QL(1 EA daily)
<i>potassium chloride PACK PO 20 MEQ</i>	C	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	C	
<i>potassium chloride TBCR</i>	C	
Zinc		
<i>zinc sulfate CAPS</i>	C	QL(3.34 EA daily)
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
Chelating Agents		
<i>penicillamine TABS</i>	C	
Immunomodulators		
REZUROCK	NP	SP
RHAPSIDO TABS PO 25 MG	NP	AL(At least 18 yrs old); SP
Immunosuppressive Agents		
ASTAGRAF XL CP24 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	NP	
<i>azathioprine TABS</i>	P	
CELLCEPT CAPS ( <i>mycophenolate mofetil</i> )	NP	
CELLCEPT SUSR ( <i>mycophenolate mofetil</i> )	NP	
CELLCEPT TABS ( <i>mycophenolate mofetil</i> )	NP	
<i>cyclosporine modified (for microemulsion) CAPS</i>	P	
<i>cyclosporine modified (for microemulsion) SOLN</i>	P	
<i>cyclosporine CAPS</i>	P	USE BRAND NAME or Authorized Generic
ENSPRYNG	NP	SP
ENVARUSUS XR TB24	NP	
<i>everolimus (immunosuppressant)</i>	NP	
IMURAN TABS ( <i>azathioprine</i> )	NP	
<i>mycophenolate mofetil CAPS</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil SUSR</i>	P	
<i>mycophenolate mofetil TABS</i>	P	
<i>mycophenolate sodium</i>	P	
MYFORTIC ( <i>mycophenolate sodium</i> )	NP	
MYHIBBIN SUSP	NP	
NEORAL CAPS ( <i>cyclosporine modified (for microemulsion)</i> )	NP	
NEORAL SOLN ( <i>cyclosporine modified (for microemulsion)</i> )	NP	
PROGRAF CAPS ( <i>tacrolimus</i> )	NP	
PROGRAF PACK	NP	
SANDIMMUNE CAPS ( <i>cyclosporine</i> )	P	
<i>sirolimus SOLN</i>	P	
<i>sirolimus TABS</i>	P	
<i>tacrolimus CAPS</i>	P	
ZORTRESS ( <i>everolimus immunosuppressant</i> )	NP	
Potassium Removing Agents		
LOKELMA	P	
<i>sodium polystyrene sulfonate POWD</i>	P	
<i>sodium polystyrene sulfonate SUSP PR 30 GM/120ML</i>	P	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
VELTASSA 1 GM, 8.4 GM, 16.8 GM	P	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	C	QL(100 ML per fill retail)

Drug Name	Drug Tier	Requirements/Limits
Anti-infectives - Throat		
NYSTATIN ( <i>nystatin (mouth-throat)</i> )	P	2 package(s) per fill retail
<i>nystatin (mouth-throat)</i>	P	2 package(s) per fill retail
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	C	
Dental Products		
<i>sodium fluoride (dental) CREA</i>	C	QL(113 GM per 60 day(s) retail)
<i>sodium fluoride (dental) GEL</i>	C	QL(113 GM per 60 day(s) retail)
<i>sodium fluoride (dental) PSTE DT</i>	C	QL(113 ML per 60 day(s) retail)
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	C	1 package(s) per fill retail
Throat Products - Misc.		
<i>pilocarpine hcl (oral) 5 MG</i>	C	QL(6 EA daily)
<b>MULTIVITAMINS</b>		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	C	QL(1 EA daily)
<i>b-complex vitamins TABS</i>	C	QL(1 EA daily)
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	C	QL(1 EA daily); RX/OTC
LUMAVEX CAPS	C	QL(1 EA daily); RX/OTC
LUNAVIRA CAPS	C	QL(1 EA daily); RX/OTC
B-Complex w/ Folic Acid		
<i>b-complex w/ c &amp; folic acid CAPS</i>	C	QL(1 EA daily); RX/OTC
<i>b-complex w/biotin &amp; folic acid TABS</i>	C	QL(1 EA daily)
MYNEPHRON CAPS 1 MG	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NUTRIVIO CAPS 1 MG	C	QL(1 EA daily); RX/OTC	50+ ADULT EYE HEALTH CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	C	QL(1 EA daily); RX/OTC
RENAL CAPS 1 MG	C	QL(1 EA daily); RX/OTC			
RENO CAPS CAPS 1 MG	C	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	C	QL(1 EA daily); RX/OTC
TRIPHROCAPS CAPS 1 MG	C	QL(1 EA daily); RX/OTC			
Multiple Vitamins w/ Calcium					
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	C	QL(1 EA daily)			
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	C	QL(1 EA daily)			
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	C	QL(1 EA daily)			
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	C	QL(1 EA daily)			
Multiple Vitamins w/ Minerals					

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AZO HORMONAL HEALTH HAPPY CYCL TABS	C	QL(1 EA daily); RX/OTC	BONEUP VEGETARIAN TABS	C	QL(1 EA daily); RX/OTC
BACMIN TABS	C	QL(1 EA daily); RX/OTC	BONEUP CAPS	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	C	QL(1 EA daily); RX/OTC	BOOSTNOW IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS CAPS	C	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	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS TABS	C	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 18 CAPS	C	QL(1 EA daily); RX/OTC
BASIC AM TABS	C	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 36 CAPS	C	QL(1 EA daily); RX/OTC
BASIC PM TABS	C	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 45 CAPS	C	QL(1 EA daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	C	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 60 CAPS	C	QL(1 EA daily); RX/OTC
BIO-35 IRON FREE CAPS	C	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	C	QL(1 EA daily); RX/OTC
BIOCAL CAPS	C	QL(1 EA daily); RX/OTC	CENTRAVITES 50 PLUS TABS	C	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	C	QL(1 EA daily); RX/OTC	CENTRAVITES ADULTS TABS	C	QL(1 EA daily); RX/OTC
BIOTECT PLUS CAPS	C	QL(1 EA daily); RX/OTC			
BLOOD SUGAR MANAGER TABS	C	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	C	QL(1 EA daily); RX/OTC			
BONEUP 3 PER DAY CAPS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRAVITES TABS 60 MG-2 MG-30 MCG-400 MCG-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-400 UNIT-18 MG-100 MG-3.5 MG-160 MCG-5 MCG-80 MG-2 MG-150 MCG-65 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-30 UNIT-109 MG-20 MCG-10 MCG-5000 UNIT-25 MCG-72 MG	C	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	C	QL(1 EA daily); RX/OTC
CENTRUM CARDIO TABS	C	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	C	QL(1 EA daily); RX/OTC
CENTRUM MENOPAUSE HOT FLASH TABS	C	QL(1 EA daily); RX/OTC	CEROVITE SENIOR TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	C	QL(1 EA daily); RX/OTC
CENTRUM MEN TABS	C	QL(1 EA daily); RX/OTC	CERTAVITE SENIOR/ANTIOXIDANT TABS	C	QL(1 EA daily); RX/OTC
CENTRUM MINIS ADULTS 50+ TABS	C	QL(1 EA daily); RX/OTC	CERTAVITE SENIOR TABS	C	QL(1 EA daily); RX/OTC
CENTRUM MINIS MEN 50+ TABS	C	QL(1 EA daily); RX/OTC	CERTAVITE/ANTIOXIDANTS TABS	C	QL(1 EA daily); RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	C	QL(1 EA daily); RX/OTC	CHOICEFUL MULTIVITAMIN CAPS	C	QL(1 EA daily); RX/OTC
CENTRUM MINIS WOMEN IMMUNE SUP TABS	C	QL(1 EA daily); RX/OTC	CITRACAL +D3 TABS	C	QL(1 EA daily); RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	C	QL(1 EA daily); RX/OTC			
CENTRUM SPECIALIST HEART TABS	C	QL(1 EA daily); RX/OTC			
CENTRUM SPECIALIST IMMUNE TABS	C	QL(1 EA daily); RX/OTC			
CENTRUM SPECIALIST VISION TABS	C	QL(1 EA daily); RX/OTC			
CENTRUM ULTRA WOMENS TABS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	C	QL(1 EA daily); RX/OTC	CVS DAILY MULTIVITAMIN WOMENS TABS	C	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	C	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	C	QL(1 EA daily); RX/OTC
CORAL CALCIUM PLUS CAPS	C	QL(1 EA daily); RX/OTC	CVS EYE HEALTH ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	C	QL(1 EA daily); RX/OTC	CVS IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	C	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	C	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	C	QL(1 EA daily); RX/OTC	CVS ONE DAILY MENS 50+ ADV TABS	C	QL(1 EA daily); RX/OTC
CVS DAILY MULTIPLE WOMEN 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-500 MG-4.5 MG-50 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-3500 UNIT-27 MCG	C	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	C	QL(1 EA daily); RX/OTC
CVS DAILY MULTIPLE WOMEN 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-500 MG-4.5 MG-50 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-3500 UNIT-27 MCG	C	QL(1 EA daily); RX/OTC	CVS ONE DAILY WOMENS 50+ ADV TABS	C	QL(1 EA daily); RX/OTC
CVS DAILY MULTIV/MINERAL MENS TABS	C	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	C	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN MENS TABS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS SPECTRAVITE ADULT 50+ TABS	C	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	C	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ADULTS TABS	C	QL(1 EA daily); RX/OTC		C	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ADVANCED TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG	C	QL(1 EA daily); RX/OTC		C	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	C	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	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS SPECTRAVITE ULTRA MEN 50+ TABS	C	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE WOMEN TABS 75 MG-40	C	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS TABS	C	QL(1 EA daily); RX/OTC	MCG-400 MCG-1.1 MG- 14 MG-2 MG-15 MG-1.1		
CVS SPECTRAVITE ULTRA WOMEN TABS	C	QL(1 EA daily); RX/OTC	MG-25 MCG-15.8 MG-18 MG-100 MG-1.8 MG-50		
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	C	QL(1 EA daily); RX/OTC	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		
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	C	QL(1 EA daily); RX/OTC	CVS VISION HEALTH CAPS	C	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	C	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	C	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	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	C	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	C	QL(1 EA daily); RX/OTC
DAILY MULTIVITAMIN CAPS 2 MG-30 MCG-30 UNIT-200 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-100 MCG-20 MG-2 MG-30 MG-500 MCG-1 MG-1.5 MG-15 MG-40 MG-120 MG-2 MG-5000 UNIT-75 MCG-150 MCG-120 MCG-70 MCG	C	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	C	QL(1 EA daily); RX/OTC
DAYAVITE TABS	C	QL(1 EA daily); RX/OTC	DIALYVITE SUPREME D TABS	C	QL(1 EA daily); RX/OTC
DECUBI-VITE CAPS	C	QL(1 EA daily); RX/OTC	DIATROL TABS	C	QL(1 EA daily); RX/OTC
DEKAS PLUS OCEAN CAPS	C	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	C	QL(1 EA daily); RX/OTC
DEKAS PLUS CAPS	C	QL(1 EA daily); RX/OTC			
DEPLIN MA CAPS	C	QL(1 EA daily); RX/OTC			
DEPLINPRO MOOD HEALTH CAPS	C	QL(1 EA daily); RX/OTC			
DERMACINRX MULTITAM TABS	C	QL(1 EA daily); RX/OTC			
DERMACINRX RIBOTIN-E TABS	C	QL(1 EA daily); RX/OTC			
DERMACINRX ZINTREXYL-C TABS	C	QL(1 EA daily); RX/OTC			
DERMAVITE TABS	C	QL(1 EA daily); RX/OTC			
DEXATRAN CAPS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	C	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	C	QL(1 EA daily); RX/OTC
EQ COMPLETE MULTIVITAMIN-ADULT TABS	C	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	C	QL(1 EA daily); RX/OTC
EQ ONE DAILY MENS 50+ TABS	C	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	C	QL(1 EA daily); RX/OTC
EQ ONE DAILY MENS HEALTH TABS	C	QL(1 EA daily); RX/OTC	EQL CENTURY MENS TABS	C	QL(1 EA daily); RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	C	QL(1 EA daily); RX/OTC	EQL CENTURY WOMENS TABS	C	QL(1 EA daily); RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	C	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	C	QL(1 EA daily); RX/OTC			
EQL CENTURY MATURE ADULTS 50+ TABS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	C	QL(1 EA daily); RX/OTC	EQL VISION FORMULA TABS 200 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	C	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	C	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	C	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	C	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	C	QL(1 EA daily); RX/OTC
EQL ONE DAILY MENS TABS	C	QL(1 EA daily); RX/OTC	ESTROVEN MENOPAUSE SUPPLEMENT TABS	C	QL(1 EA daily); RX/OTC
EQL ONE DAILY WOMENS 50+ ADV TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-500 MG-4.5 MG-24 MG-2.2 MG-50 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG	C	QL(1 EA daily); RX/OTC	EYE HEALTH + LUTEIN TABS	C	QL(1 EA daily); RX/OTC
			EYE HEALTH AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC
			EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
			EYE MULTIVITAMIN/SODIUM TABS	C	QL(1 EA daily); RX/OTC
			EYE VITAMINS CAPS 60 MG-6 MG-15 MG-2 MG-30 UNIT-22 MG	C	QL(1 EA daily); RX/OTC
			EYE-VITES TABS 60 MG-40 MG-2 MG-5000 UNIT-30 UNIT-40 MCG	C	QL(1 EA daily); RX/OTC
			FINAZOL TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FITNESS TABS FOR MEN AM/PM TABS	C	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS 50+ TABS	C	QL(1 EA daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	C	QL(1 EA daily); RX/OTC	FT ONE DAILY WOMENS TABS	C	QL(1 EA daily); RX/OTC
FLORRAVITE TABS	C	QL(1 EA daily); RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	C	QL(1 EA daily); RX/OTC
FLORRAXYL TABS	C	QL(1 EA daily); RX/OTC	GERIVITE COMPLETE TABS 60 MG-2 MG-45 MCG-400 MCG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-15 MCG-5 MCG-37.5 MG-80 MCG-15 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-15 MCG-10 MCG-6000 UNIT-25 MCG-34 MG	C	QL(1 EA daily); RX/OTC
FOLAGENT DHA CAPS	C	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	C	QL(1 EA daily); RX/OTC
FOLAMAX TABS	C	QL(1 EA daily); RX/OTC	GNP CENTURY ADULTS MEN TABS	C	QL(1 EA daily); RX/OTC
FOLAMED DHA CAPS	C	QL(1 EA daily); RX/OTC	GNP CENTURY ADULTS WOMEN TABS	C	QL(1 EA daily); RX/OTC
FOLAPRIME TABS	C	QL(1 EA daily); RX/OTC	GNP CENTURY ADULT TABS	C	QL(1 EA daily); RX/OTC
FOLASYNC DHA CAPS	C	QL(1 EA daily); RX/OTC	GNP CENTURY MATURE ADULTS 50+ TABS	C	QL(1 EA daily); RX/OTC
FOLIFLEX TABS	C	QL(1 EA daily); RX/OTC	GNP CENTURY MATURE MEN'S 50+ TABS	C	QL(1 EA daily); RX/OTC
FOLITIN-Z TABS	C	QL(1 EA daily); RX/OTC			
FREEDAVITE TABS	C	QL(1 EA daily); RX/OTC			
FT CENTURY 50+ TABS	C	QL(1 EA daily); RX/OTC			
FT CENTURY ADULTS TABS	C	QL(1 EA daily); RX/OTC			
FT CENTURY MEN 50+ TABS	C	QL(1 EA daily); RX/OTC			
FT CENTURY MEN TABS	C	QL(1 EA daily); RX/OTC			
FT CENTURY WOMEN 50+ TABS	C	QL(1 EA daily); RX/OTC			
FT CENTURY WOMEN TABS	C	QL(1 EA daily); RX/OTC			
FT EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC			
FT EYE HEALTH TABS	C	QL(1 EA daily); RX/OTC			
FT HAIR SKIN & NAILS EXTRA STR TABS	C	QL(1 EA daily); RX/OTC			
FT ONE DAILY MENS 50+ TABS	C	QL(1 EA daily); RX/OTC			
FT ONE DAILY MENS TABS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP CENTURY MATURE WOMEN'S 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-80 MG-300 MG-50 MCG-150 MCG-15.8 MG-20 MG-0.5 MG-2.3 MG-1050 MCG-22 MCG-52 MCG-72 MG	C	QL(1 EA daily); RX/OTC	GNP MEGA MULTI FOR MEN TABS 150 MG-125 MCG-200 MCG-15 MG-15 MG-2.5 MG-5 MG-5 MG-15 MG-15 MG-15 MG-5 MG-250 MCG-5 MG-175 MCG-2.5 MCG-33.5 MG-25 MG-50 MG-2.5 MG-25 MCG-1 MG-12.5 MG-105 MG-75 MCG-50 MCG-25 MG-1500 MCG-37.5	C	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	C	QL(1 EA daily); RX/OTC	MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 MG-35 MG-35 MG-15 MG-25 MG-25 MG, 150 MG-25 MG-15 MG-125 MCG-50 UNIT-200 MCG-2.5 MG-5 MG-100 UNIT-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-100 MG-2.5 MG-5000 UNIT-75 MCG-25 MG-12.5 MG-25 MCG-5 MCG-15 MG-15 MG-35 MG-35 MG-50 MCG-35 MG-25 MG-25 MG	C	QL(1 EA daily); RX/OTC
GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	C	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	C	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	C	QL(1 EA daily); RX/OTC	GNP ONE DAILY MAXIMUM TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP ONE DAILY MENS HEALTH 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-105 MCG-120 MG	C	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	C	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	C	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	C	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	C	QL(1 EA daily); RX/OTC	HAIR/SKIN/NAILS CAPS	C	QL(1 EA daily); RX/OTC
			HAIR/SKIN/NAILS TABS	C	QL(1 EA daily); RX/OTC
			HEAD CARE PROACTIVE HEALTH TABS	C	QL(1 EA daily); RX/OTC
			HEALTHY EYES SUPERVISION 2 CAPS	C	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	C	QL(1 EA daily); RX/OTC	HEALTHY EYES/LUTEIN-ZEAXANTHIN CAPS 60 MG-13.5 MG-6 MG-15 MG	C	QL(1 EA daily); RX/OTC
			HEALTHY EYES TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	C	QL(1 EA daily); RX/OTC
			HIGH POTENCY MULTIVIT/FA TABS	C	QL(1 EA daily); RX/OTC
GNP THERAPEUTIC-M TABS	C	QL(1 EA daily); RX/OTC			
HAIR SKIN & NAILS ADVANCED TABS	C	QL(1 EA daily); RX/OTC			
HAIR SKIN & NAILS TABS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HI-KOVITE 2-PART FORMULA TABS 400 UNIT-200 MG-10 MG-30 MCG-400 MCG-10 MG-10 MCG-5000 UNIT-10 MG-10 MG-100 MG-10 MG-9 MG-0.5 MG-7.5 MG-35 MG-60 MG-30 UNIT-1 MG-120 MG-75 MCG-17.5 MCG-10 MG-10 MG	C	QL(1 EA daily); RX/OTC	KEYFOLIC TABS	C	QL(1 EA daily); RX/OTC
HM COMPLETE MEN TABS	C	QL(1 EA daily); RX/OTC	KEYLOSA TABS	C	QL(1 EA daily); RX/OTC
HYLAZINC TABS	C	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	C	QL(1 EA daily); RX/OTC
ICAPS AREDS FORMULA TABS	C	QL(1 EA daily); RX/OTC		KP ADULTS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-75 MCG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 UNIT-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG	C
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	C	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		C
ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG	C	QL(1 EA daily); RX/OTC		IMMUNE 24 HOUR+ CAPS	C
IMMUNE ESSENTIALS DAILY CAPS	C	QL(1 EA daily); RX/OTC	I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	C	QL(1 EA daily); RX/OTC
JOINT HEALTH & BONE STRENGTH TABS	C	QL(1 EA daily); RX/OTC	JOINT HEALTH & BONE STRENGTH TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KP MENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-110 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-117 MCG, 60 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-300 MG-4.5 MG-100 MG-22.5 MG-120 MG-90 MCG-150 MCG-22.5 UNIT-2 MG-4 MG-180 MCG-110 MCG-120 MG	C	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	C	QL(1 EA daily); RX/OTC
KP MENS DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-210 MG-22.5 UNIT-2 MG-120 MCG-110 MCG, 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	C	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	C	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	C	QL(1 EA daily); RX/OTC	K-PAX IMMUNE PROFESSIONAL ST TABS	C	QL(1 EA daily); RX/OTC
KP VISION FORMULA TABS 60 MG-40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG	C	QL(1 EA daily); RX/OTC	LIVER DETOX TABS	C	QL(1 EA daily); RX/OTC
			LUMIVANCE CAPS	C	QL(1 EA daily); RX/OTC
			LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LYSIPLEX PLUS TABS 166.667 MG-333.333 MG- 16.667 MG-50 MCG- 333.333 MCG-16.667 MG- 133.333 MG-16.667 MG- 133.333 UNIT-16.667 MCG-133.333 MG-66.667 MG-16.667 MG-5 MG- 1666.667 UNIT-66.667 MG-5 MG-66.667 UNIT-5 MCG-26.667 MG-3.333 MG-1.667 MG-0.667 MG- 33.333 MCG	C	QL(1 EA daily); RX/OTC	MAXIMUM DAILY GREEN TABS 333.333 MG-8.333 MG-16.666 MCG-133.333 MCG-8.333 MG-8.333 MG-133.333 UNIT-8.333 MCG-8.333 MG-8.333 MG-8.333 MG-8.333 MG- 8.333 MG-8.333 MG-8.333 MG-6.666 MG-8.333 MG- 1.333 MG-333.333 MG- 83.333 UNIT-33.333 MG- 5000 UNIT-5 MG-33.333 MG-1.333 MG-16.666 MCG-20 MG-0.333 MG- 33.333 MCG-0.333 MG-5 MG-83.333 MG-50 MCG- 10 MG-25 MCG-3.333 MG-33.333 MG-8.333 MG- 1.666 MG-6.666 MG-6.666 MG-1.666 MG-0.833 MG- 11.666 MG-3.333 MG- 1.666 MG-33.333 MG- 3.333 MG-3.333 MG-3.333 MG-16.666 MG-33.333 MG-33.333 MG-3.333 MG- 3.333 MG-3.333 MG-8.333 MG	C	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	C	QL(1 EA daily); RX/OTC	MEDI TAB TABS	C	QL(1 EA daily); RX/OTC
MACUVITE EYE CARE TABS 113 MG-17.4 MG- 0.4 MG-100 UNIT-7160 UNIT	C	QL(1 EA daily); RX/OTC	MEGA MULTI FOR WOMEN TABS	C	QL(1 EA daily); RX/OTC
MACUVITE TABS 60 MG- 40 MG-2 MG-40 MCG-30 UNIT-5000 UNIT	C	QL(1 EA daily); RX/OTC	MEGA MULTI MEN TABS	C	QL(1 EA daily); RX/OTC
			MEGAVITE FRUITS & VEGGIES TABS	C	QL(1 EA daily); RX/OTC
			MEGAVITE GOLDEN YEARS 55+ TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEIJER ADVANCED FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-150 MCG-300 MCG-1.5 MG-15 MG-150 MCG-100 MG-162 MG-80 MG-75 MCG-30 UNIT-10 MCG-2 MG-120 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-15 MG-2 MG-150 MCG-100 MG-200 MG-80 MG-75 MCG-150 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-20 MCG-10 MCG-72 MG-2 MG	C	QL(1 EA daily); RX/OTC	MOOD FOOD ES CAPS	C	QL(1 EA daily); RX/OTC
			MOOD FOOD CAPS	C	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	C	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	C	QL(1 EA daily); RX/OTC
MENATROL CAPS	C	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	C	QL(1 EA daily); RX/OTC
MENS 50+ ADVANCED CAPS	C	QL(1 EA daily); RX/OTC			
MENS 50+ MULTIVITAMIN TABS	C	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	C	QL(1 EA daily); RX/OTC			
MENS MULTI HEALTH FORMULA TABS	C	QL(1 EA daily); RX/OTC			
MENS MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTI FOR HER 50+ TABS 180 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-15 MG-20 MG-100 MG-120 MCG-2 MG-200 MG-150 MCG-75 MCG-4 MG-60 UNIT-2500 UNIT-70 MCG	C	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	C	QL(1 EA daily); RX/OTC
MULTI FOR HER CAPS 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG- 1.7 MG-40 MCG-20 MG- 10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG- 150 MCG-50 UNIT-4 MG- 120 MCG-20 MCG, 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG- 1.7 MG-40 MCG-20 MG- 10 MG-18 MG-100 MG-1.5 MG-40 MG-15 MG-2 MG- 2500 UNIT-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG	C	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	C	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	C	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	C	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	C	QL(1 EA daily); RX/OTC	MULTIA CAPS	C	QL(1 EA daily); RX/OTC

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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	C	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-	C	QL(1 EA daily); RX/OTC
<i>multiple vitamins w/ minerals CAPS</i>	C	QL(1 EA daily); RX/OTC			
<i>multiple vitamins w/ minerals TABS</i>	C	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	C	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	C	QL(1 EA daily); RX/OTC			
MULTITOL-M TABS	C	QL(1 EA daily); RX/OTC			
MULTIVITAMIN ADULT (MINERALS) TABS	C	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 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	C	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	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN MEN TABS	C	QL(1 EA daily); RX/OTC
MULTIVITAMIN HEALTH FORM/CA/FE TABS	C	QL(1 EA daily); RX/OTC	MULTI-VITAMIN MONOCAPS TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN WOMEN 50+ TABS 100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG-72 MG, 100 MG-5 MG-30 MCG-400 MCG-14 MG-25 MCG-50 MCG-1.1 MG-50 MCG-300 MCG-1050 MCG-5 MG-8 MG-1.1 MG-15 MG-100 MG-2 MG-300 MG-80 MG-50 MCG-150 MCG-15.7 MG-20 MG-2.3 MG-22 MCG-0.5 MG-10 MCG-52 MCG-72 MG, 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG-15 MG-35 UNIT-50 MG-500 MG-80 MG-150 MG-20 MG-0.5 MG-5 MCG-2.3 MG-150 MCG-55 MCG-50 MCG-10 MCG-50 MCG-72 MG-2 MG, 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-300 MG-1.1 MG-15 MG-35 UNIT-100 MG-80 MG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-50 MCG-10 MCG-52 MCG-72 MG-2 MG	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN WOMENS 50+ ADV TABS 120 MG-30 MCG-400 MCG-4.5 MG-20 MG-6 MG-15 MG-3.4 MG-25 MCG-13.5 MG-50 MG-4.2 MG-90 MCG-180 MCG-2.2 MG-24 MG-300 MG-150 MCG-27 MCG-940 MCG-20 MCG-25 MCG	C	QL(1 EA daily); RX/OTC
			MULTIVITAMIN WOMEN TABS	C	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	C	QL(1 EA daily); RX/OTC
			MULTIVITAMIN/ZINC STRESS TABS	C	QL(1 EA daily); RX/OTC
			MULTIVITAMIN-MINERALS TABS	C	QL(1 EA daily); RX/OTC
			MVW COMPLETE FORMULATION D3000 CAPS	C	QL(1 EA daily); RX/OTC
			MVW COMPLETE FORMULATION D5000 CAPS	C	QL(1 EA daily); RX/OTC
			MVW COMPLETE FORMULATION MINIS CAPS	C	QL(1 EA daily); RX/OTC
			MVW COMPLETE FORMULATION CAPS	C	QL(1 EA daily); RX/OTC
			MVW MODULATOR FORMULATION MINI CAPS	C	QL(1 EA daily); RX/OTC
			MVW MODULATOR FORMULATION CAPS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	C	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	C	QL(1 EA daily); RX/OTC
NAT-RUL THERAVITE-M TABS	C	QL(1 EA daily); RX/OTC	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	C	QL(1 EA daily); RX/OTC
NATRUL-VITES TABS	C	QL(1 EA daily); RX/OTC	OCUVITE ADULT 50+ CAPS	C	QL(1 EA daily); RX/OTC
NEOVITE TABS	C	QL(1 EA daily); RX/OTC	OCUVITE ADULT FORMULA CAPS	C	QL(1 EA daily); RX/OTC
NICADAN TABS	C	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	C	QL(1 EA daily); RX/OTC
NICAZEL FORTE TABS	C	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	C	QL(1 EA daily); RX/OTC
NICAZEL TABS	C	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	C	QL(1 EA daily); RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	C	QL(1 EA daily); RX/OTC	OCUVITE EYE PERFORMANCE CAPS	C	QL(1 EA daily); RX/OTC
NUTRALYN TABS	C	QL(1 EA daily); RX/OTC	OCUVITE-LUTEIN CAPS	C	QL(1 EA daily); RX/OTC
NUTRICAP TABS	C	QL(1 EA daily); RX/OTC	OCUVITE-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	C	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	C	QL(1 EA daily); RX/OTC	ONCOVITE TABS	C	QL(1 EA daily); RX/OTC
OCULAR VITAMINS TABS	C	QL(1 EA daily); RX/OTC	ONE A DAY ENERGY TABS	C	QL(1 EA daily); RX/OTC
OCUTABS-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	C	QL(1 EA daily); RX/OTC	ONE A DAY MEN 50 PLUS TABS	C	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 POSTNATAL CAPS	C	QL(1 EA daily); RX/OTC	ONE DAILY FOR MEN 50+ ADVANCED TABS	C	QL(1 EA daily); RX/OTC
ONE A DAY TRIPLE IMMUNE SUPPRT TABS	C	QL(1 EA daily); RX/OTC	120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-4 MG-180 MCG-105 MCG-120 MG		
ONE A DAY WOMEN 50 PLUS TABS	C	QL(1 EA daily); RX/OTC	ONE DAILY FOR MEN/LYCOPENE TABS	C	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	C	QL(1 EA daily); RX/OTC	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		
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	C	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	C	QL(1 EA daily); RX/OTC
ONE DAILY COMPLETE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	C	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	C	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	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY HEALTHY WEIGHT ADV TABS 60 MG-10 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.1 MG-80 MCG-25 MG-2500 UNIT-12.5 MG-18 MG-200 MG-1.9 MG-15 MG-50 MG-30 UNIT-2 MG-2 MG-200 MCG-70 MCG	C	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	C	QL(1 EA daily); RX/OTC
ONE DAILY HEALTHY WEIGHT TABS 60 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.125 MG-25 MG-12.5 MG-18 MG-300 MG-1.9 MG-50 MG-15 MG-2500 UNIT-30 UNIT-2 MG-2 MG-200 MCG-80 MCG-70 MCG-32 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-200 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG-150 MCG-150 MCG-75 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-10 MCG-20 MCG-10 MCG-72 MG-2 MG	C	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	C	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	C	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	C	QL(1 EA daily); RX/OTC
ONE DAILY MEN FORMULA W/O IRON TABS	C	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	C	QL(1 EA daily); RX/OTC
ONE DAILY MENS 50+ MULTIVIT TABS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY MULTIVITAMIN MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-300 MCG-1.35 MG-15 MG-2 MG-22.5 UNIT-140 MG-210 MG-2 MG-120 MCG-110 MCG	C	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS 50+ ADVANTAGE TABS	C	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVITAMIN WOMEN TABS	C	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS 50+ TABS	C	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS 50 PLUS TABS 75 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-14 MG-3000 UNIT-5 MG-240 MG-1.1 MG-120 MG-15 MG-2 MG-100 MG-33 UNIT-2 MG-120 MCG-20 MCG-70 MCG-10 MG	C	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS HEALTH FORMULA TABS	C	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	C	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS PRO EDGE TABS	C	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS TABS	C	QL(1 EA daily); RX/OTC	ONE-A-DAY PROACTIVE 65+ TABS	C	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	C	QL(1 EA daily); RX/OTC	ONE-A-DAY TEEN ADVANTAGE/HIM TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY ENERGY TABS	C	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS 50+ TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	C	QL(1 EA daily); RX/OTC	ONE-A-DAY WOMENS TABS	C	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS (MINERALS) TABS	C	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI CAPS CAPS	C	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	C	QL(1 EA daily); RX/OTC
			ONEVITE TABS	C	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	C	QL(1 EA daily); RX/OTC
			OPTIC-VITES TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	C	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	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OPURITY TABS	C	QL(1 EA daily); RX/OTC	PRORENAL + D W/ OMEGA-3 CAPS	C	QL(1 EA daily); RX/OTC
OSTEOPRIME PLUS TABS	C	QL(1 EA daily); RX/OTC	PRORENAL + D TABS	C	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	C	QL(1 EA daily); RX/OTC	PROSIGHT TABS 60 MG- 40 MG-2 MG-30 MG-5000 UNIT-40 MCG	C	QL(1 EA daily); RX/OTC
PARVLEX TABS	C	QL(1 EA daily); RX/OTC	PROTECT CARDIO AF CAPS	C	QL(1 EA daily); RX/OTC
PHYTOMULTI TABS	C	QL(1 EA daily); RX/OTC	PROTECT PLUS SO CAPS	C	QL(1 EA daily); RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	C	QL(1 EA daily); RX/OTC	PROTEGRA CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2+COQ10 CAPS	C	QL(1 EA daily); RX/OTC	PROVIT TABS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2+MULTI VIT CAPS	C	QL(1 EA daily); RX/OTC	QC DAILY MULTIVIT/MULTIMINERA L TABS 50 MG-2 MG-30 MCG-400 MCG-400 UNIT- 6 MCG-2500 UNIT-1.7 MG-25 MCG-20 MG-10 MG-18 MG-1.5 MG-100 MG-15 MG-150 MCG-80 MG-2 MG-162 MG-160 MCG-150 MCG-30 UNIT- 109 MG-2 MG-5 MCG-10 MCG-3.5 MG-65 MCG-20 MCG-10 MCG-72 MG	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2 CAPS	C	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	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS CAPS	C	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	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS TABS	C	QL(1 EA daily); RX/OTC			
PRESERVISION/LUTEIN CAPS	C	QL(1 EA daily); RX/OTC			
PREVENT CAPS	C	QL(1 EA daily); RX/OTC			
PREV-RX TABS	C	QL(1 EA daily); RX/OTC			
PROBIOTICS + BARIATRIC MULTI CAPS	C	QL(1 EA daily); RX/OTC			
PRO-CAL TABS	C	QL(1 EA daily); RX/OTC			
PROCERV HP TABS	C	QL(1 EA daily); RX/OTC			
PROFOLA TABS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	C	QL(1 EA daily); RX/OTC	RENAPLEX-D TABS	C	QL(1 EA daily); RX/OTC
QC MULTI-VITE TABS	C	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	C	QL(1 EA daily); RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	C	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	C	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	C	QL(1 EA daily); RX/OTC	SENTRY SENIOR MENS 50+ TABS	C	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	C	QL(1 EA daily); RX/OTC	SENTRY SENIOR/LUTEIN TABS	C	QL(1 EA daily); RX/OTC
QUIN B STRONG TABS	C	QL(1 EA daily); RX/OTC	SENTRY SENIOR TABS	C	QL(1 EA daily); RX/OTC
QUINTABS-M TABS	C	QL(1 EA daily); RX/OTC	SENTRY TABS	C	QL(1 EA daily); RX/OTC
RAYAVIT TABS	C	QL(1 EA daily); RX/OTC	SIDEROL TABS	C	QL(1 EA daily); RX/OTC
REMEDIENT CAPS	C	QL(1 EA daily); RX/OTC	SKIN HAIR & NAILS ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
RENAL MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC	SOLO TABS	C	QL(1 EA daily); RX/OTC
			SPECTRAVITE TABS	C	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	C	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	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STROVITE ONE TABS	C	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	C	QL(1 EA daily); RX/OTC
SUPER ANTIOXIDANT CAPS	C	QL(1 EA daily); RX/OTC	SUPERIOR MENS MULTI TABS	C	QL(1 EA daily); RX/OTC
SUPER ANTIOXIDANTS PROTECTOR CAPS 500 MG-400 UNIT-25000 UNIT-50 MCG	C	QL(1 EA daily); RX/OTC	SUPERIOR WOMENS MULTI TABS	C	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	C	QL(1 EA daily); RX/OTC	SUPPORT-500 CAPS	C	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	C	QL(1 EA daily); RX/OTC	SYSTANE ICAPS AREDS2 CAPS 250 MG-5 MG-1 MG-1 MG-12.5 MG- 200 UNIT	C	QL(1 EA daily); RX/OTC
SUPER D-ZINC- SELENIUM-COPPER TABS	C	QL(1 EA daily); RX/OTC	SYSTANE ICAPS AREDS2 TABS	C	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	C	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	C	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	C	QL(1 EA daily); RX/OTC

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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	C	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	C	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	C	QL(1 EA daily); RX/OTC	THERA-TABS M TABS	C	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED TABS	C	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	C	QL(1 EA daily); RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	C	QL(1 EA daily); RX/OTC			
THERAGRAN-M PREMIER TABS	C	QL(1 EA daily); RX/OTC			
THERAGRAN-M TABS	C	QL(1 EA daily); RX/OTC			
THERA-M PLUS MV W/BETA-CAROT TABS	C	QL(1 EA daily); RX/OTC			
THERAMILL FORTE CAPS	C	QL(1 EA daily); RX/OTC			
THERANATAL LACTATION ONE CAPS	C	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	C	QL(1 EA daily); RX/OTC			

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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	C	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	C	QL(1 EA daily); RX/OTC
THERA-VITE MAX-M TABS	C	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	C	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	C	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	C	QL(1 EA daily); RX/OTC
TREXION CAPS	C	QL(1 EA daily); RX/OTC			
T-VITES TABS	C	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	C	QL(1 EA daily); RX/OTC			
ULTRA BONEUP TABS	C	QL(1 EA daily); RX/OTC			

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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	C	QL(1 EA daily); RX/OTC	VISION FORMULA 2 CAPS 250 MG-5 MG-1 MG-10 MG-1 MG-90 MG	C	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	C	QL(1 EA daily); RX/OTC	VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	C	QL(1 EA daily); RX/OTC
			VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC
VENEXA FE TABS	C	QL(1 EA daily); RX/OTC	VISION OPTIMIZER CAPS	C	QL(1 EA daily); RX/OTC
			VISION VITAMINS TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	C	QL(1 EA daily); RX/OTC
VENEXA TABS	C	QL(1 EA daily); RX/OTC	VISTA ADVANCED AREDS2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC
			VISTA ADVANCED DRY EYE FORMULA CAPS	C	QL(1 EA daily); RX/OTC
VENTRIXYL FE TABS	C	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	C	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	C	QL(1 EA daily); RX/OTC
VENTRIXYL TABS	C	QL(1 EA daily); RX/OTC	VITABASIC COMPLETE TABS	C	QL(1 EA daily); RX/OTC
			VITABASIC SENIOR TABS	C	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	C	QL(1 EA daily); RX/OTC	VITABEX PLUS CAPS	C	QL(1 EA daily); RX/OTC
			VITABEX CAPS	C	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	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VITACORE TABS	C	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	C	QL(1 EA daily); RX/OTC
VITAMIN D3 COMPLETE TABS	C	QL(1 EA daily); RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	C	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	C	QL(1 EA daily); RX/OTC	VITRAMYN TABS	C	QL(1 EA daily); RX/OTC
VITAMINS A-D-E/SELENIUM TABS 400 UNIT-10000 UNIT-100 UNIT-50 MCG	C	QL(1 EA daily); RX/OTC	VITRANOL FE TABS	C	QL(1 EA daily); RX/OTC
VITASANA TABS	C	QL(1 EA daily); RX/OTC	VITRANOL TABS	C	QL(1 EA daily); RX/OTC
VITATRUM TABS	C	QL(1 EA daily); RX/OTC	VITREXATE FE TABS	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +COQ10 CAPS	C	QL(1 EA daily); RX/OTC	VITREXATE TABS	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	C	QL(1 EA daily); RX/OTC	VITREXYL + IRON TABS	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA MINI CAPS	C	QL(1 EA daily); RX/OTC	VITREXYL TABS	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC	VITRUM 50+ ADULT-MULTI TABS	C	QL(1 EA daily); RX/OTC
VITEYES CLASSIC ADVANCED CAPS	C	QL(1 EA daily); RX/OTC	VITRUM 50+ SENIOR MULTI TABS	C	QL(1 EA daily); RX/OTC
VITEYES CLASSIC MACULAR SUPPOR CAPS	C	QL(1 EA daily); RX/OTC	WELLFOLA TABS	C	QL(1 EA daily); RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC			
VITEYES CLASSIC+OMEGA-3 CAPS	C	QL(1 EA daily); RX/OTC			

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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	C	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	C	QL(1 EA daily); RX/OTC
WOMENS 50+ MULTI VITAMIN TABS	C	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	C	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	C	QL(1 EA daily); RX/OTC	YELETS TEENAGE FORMULA TABS	C	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	C	QL(1 EA daily); RX/OTC	<b>Multivitamins</b>		
			ALTRIXA TABS	C	QL(1 EA daily); RX/OTC
			AMLADEX TABS	C	QL(1 EA daily); RX/OTC
			ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	C	QL(1 EA daily); RX/OTC
			AVOWISE TABS	C	QL(1 EA daily); RX/OTC
			CENTRUM MENOPAUSE MIND/MOOD TABS	C	QL(1 EA daily); RX/OTC
			DAILY MULTIPLE VITAMINS TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAILY VALUE MULTIVITAMIN TABS 400 UNIT-60 MG-2 MG-300 MCG-30 UNIT-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG, 400 UNIT-60 MG-2 MG-300 MCG-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-30 UNIT	C	QL(1 EA daily); RX/OTC	FOLACHEW CHEW	C	QL(1 EA daily); RX/OTC
			FOLAWISE TABS	C	QL(1 EA daily); RX/OTC
			FOLCYTEINE TABS	C	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	C	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	C	QL(1 EA daily); RX/OTC	HEALTHY HAIR/SKIN/NAILS TABS 2 MG-2000 MCG-400 MCG-25 MG-100 MG-25 MCG-1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG	C	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	C	QL(1 EA daily); RX/OTC	HIGH POTENCY MULTIVITAMIN TABS	C	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	C	QL(1 EA daily); RX/OTC	MINCORA TABS	C	QL(1 EA daily); RX/OTC
			MULTI VITAMIN W/D-3 TABS	C	QL(1 EA daily); RX/OTC
			MULTI VITAMIN TABS	C	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	C	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	C	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	C	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	C	QL(1 EA daily); RX/OTC			
DAVIMET-M CHEW	C	QL(1 EA daily); RX/OTC			
DERMACINRX DAVIMET CHEW	C	QL(1 EA daily); RX/OTC			
DERMACINRX MULTIVITAMIN CHEW	C	QL(1 EA daily); RX/OTC			
ESTROFACTORS TABS	C	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	C	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	C	QL(1 EA daily); RX/OTC
<i>multiple vitamin TABS</i>	C	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	C	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULT TABS	C	QL(1 EA daily); RX/OTC	ONE VITE DAILY MULTIVITAMIN TABS	C	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	C	QL(1 EA daily); RX/OTC	ONE-A-DAY ADULT VITACRAVES+DHA CHEW	C	QL(1 EA daily); RX/OTC
MULTIVITAMIN TABS	C	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	C	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	C	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	C	QL(1 EA daily); RX/OTC
NEOMULTIVITE TABS	C	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	C	QL(1 EA daily); RX/OTC
NEVVITE TABS	C	QL(1 EA daily); RX/OTC	QUINTABS TABS	C	QL(1 EA daily); RX/OTC
NEXO CHEW CHEW	C	QL(1 EA daily); RX/OTC	RELCARE TABS	C	QL(1 EA daily); RX/OTC
OMNICAP TABS	C	QL(1 EA daily); RX/OTC	STRESS FORMULA/ZINC/ENERGY TABS	C	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	C	QL(1 EA daily); RX/OTC			
ONE DAILY ESSENTIALS TABS	C	QL(1 EA daily); RX/OTC			
ONE DAILY ESSENTIAL TABS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	C	QL(1 EA daily); RX/OTC	VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT	C	QL(1 EA daily); RX/OTC
STRESSTABS ENERGY TABS	C	QL(1 EA daily); RX/OTC	VITACHEW CHEW	C	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	C	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	C	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	C	QL(1 EA daily); RX/OTC	VITAVERA CHEW	C	QL(1 EA daily); RX/OTC
THERA TABS	C	QL(1 EA daily); RX/OTC	VITRAX TABS	C	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	C	QL(1 EA daily); RX/OTC	VITRION TABS	C	QL(1 EA daily); RX/OTC
THEREMS TABS	C	QL(1 EA daily); RX/OTC	Ped Multi Vitamins w/FI & FE		
TM-DAILY VITE TABS	C	QL(1 EA daily); RX/OTC	<i>ped multivitamins w/fl &amp; iron SOLN</i>	C	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG- 20 MG-2 MG-1.7 MG-10 MCG-1500 MCG-6 MCG	C	QL(1 EA daily); RX/OTC	Ped Multiple Vitamins w/ Minerals		
TRUE MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC	ACTIVNUTRIENTS CHEW	C	QL(1 EA daily)
VIRELIX TABS	C	QL(1 EA daily); RX/OTC	ALIVE GUMMIES FOR CHILDREN CHEW	C	QL(1 EA daily)
VIREXA TABS	C	QL(1 EA daily); RX/OTC	ALIVE KIDS PREMIUM CHEW	C	QL(1 EA daily)
			ALIVE MULTI-VITAMIN CHILDRENS CHEW	C	QL(1 EA daily)
			CENTRUM FLAVOR BURST KIDS CHEW	C	QL(1 EA daily)
			CENTRUM KIDS MULTIGUMMIES CHEW	C	QL(1 EA daily)
			CENTRUM KIDS CHEW	C	QL(1 EA daily)
			CHILDRENS GUMMIES CHEW	C	QL(1 EA daily)
			CVS GUMMY DINOS CHEW	C	QL(1 EA daily)
			CVS GUMMY MULTIVITAMIN KIDS CHEW	C	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMERGEN-C KIDZ DAILY IMMUNE CHEW 250 MG-12 MCG-0.5 MG-0.13 MG-10 MG-0.5 MG-1.4 MCG	C	QL(1 EA daily)	JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW	C	QL(1 EA daily)
EMERGEN-C KIDZ IMMUNE+ CHEW	C	QL(1 EA daily)	MULTIVITAMIN CHILDRENS GUMMIES CHEW	C	QL(1 EA daily)
EQ MULTIVITAMIN GUMMIES CHEW	C	QL(1 EA daily)	MULTIVIT-MIN GUMMIES CHILDRENS CHEW	C	QL(1 EA daily)
EQ MULTIVITAMINS GUMMY CHILD CHEW	C	QL(1 EA daily)	MVW COMPLETE FORMULATION D3000 CHEW	C	QL(1 EA daily)
EQL GUMMIES CHILDRENS CHEW	C	QL(1 EA daily)	MVW COMPLETE FORMULATION D5000 CHEW	C	QL(1 EA daily)
FLINTSTONES + EXTRA IRON CHEW	C	QL(1 EA daily)	MVW COMPLETE FORMULATION CHEW	C	QL(1 EA daily)
FLINTSTONES COMPLETE CHEW	C	QL(1 EA daily)	ONE-A-DAY JOLLY RANCHER CHEW	C	QL(1 EA daily)
FLINTSTONES GUMMIES BONE BUILD CHEW	C	QL(1 EA daily)	SMARTY PANTS KIDS COMPLETE CHEW	C	QL(1 EA daily)
FLINTSTONES GUMMIES COMPLETE CHEW	C	QL(1 EA daily)	SPONGEBOB SQUAREPANTS GUMMIES CHEW	C	QL(1 EA daily)
FLINTSTONES GUMMIES-IMMUNITY CHEW	C	QL(1 EA daily)	VITACHEW MULTIPLE VITAMIN CHEW	C	QL(1 EA daily)
FLINTSTONES SOUR GUMMIES CHEW	C	QL(1 EA daily)	VITALETS CHILDRENS CHEW	C	QL(1 EA daily)
FLINTSTONES TODDLER CHEW	C	QL(1 EA daily)	YUMVSKIDS MULTI ZERO CHEW	C	QL(1 EA daily)
FLINTSTONES-IMMUNITY SUPPORT CHEW	C	QL(1 EA daily)	ZOO FRIENDS MULTI GUMMIES CHEW	C	QL(1 EA daily)
FT CHILDRENS MULTI CHEW	C	QL(1 EA daily)	Ped MV w/ Iron		
GNP MULTI CHILDRENS CHEW	C	QL(1 EA daily)	BPROTECTED PEDIA POLY-VITE/FE SOLN	C	QL(60 ML per fill retail)
GROWING BONES & MUSCLES KIDS CHEW	C	QL(1 EA daily)	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	C	QL(60 ML per fill retail)
GUMMI BEAR MULTIVITAMIN/MIN CHEW	C	QL(1 EA daily)	MULTIVITAMIN DROPS/IRON SOLN	C	QL(60 ML per fill retail)
HEALTHY KIDS GUMMIES CHEW	C	QL(1 EA daily)	MULTIVITAMIN INFANT & TODDLER SOLN	C	QL(60 ML per fill retail)
			POLY-VITE/IRON SOLN	C	QL(60 ML per fill retail)
			Pediatric Multiple Vitamins		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BPROTECTED PEDIA POLY-VITE SOLN PO	C	QL(50 ML per fill retail)	A THRU Z ADVANTAGE TABS 120 MG-6 MG-50 MCG-60 UNIT-400 MCG-400 UNIT-18 MCG-5.1 MG-25 MCG-40 MG-3500 UNIT-12 MG-18 MG-4.5 MG-40 MG-11 MG-60 MCG-4 MG-100 MG-80 MG-75 MCG-150 MCG-48 MG-0.9 MG-5 MCG-10 MCG-4 MG-70 MCG-10 MCG-120 MCG-72 MG-50 MG-60 MG, 400 UNIT-120 MG-6 MG-40 MCG-60 UNIT-400 MCG-18 MCG-5.1 MG-25 MCG-40 MG-5000 UNIT-10 MG-18 MG-4.5 MG-40 MG-15 MG-2 MG-80 MG-60 MCG-100 MG-150 MCG-75 MCG-48 MG-72 MG-5 MCG-10 MCG-4 MG-120 MCG-70 MCG-10 MCG-4 MG-60 MG-50 MG	C	QL(1 EA daily); RX/OTC
MULTIVITAMIN INFANT & TODDLER SOLN PO	C	QL(50 ML per fill retail)			
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	C	QL(50 ML per fill retail)			
POLY-VI-SOL SOLN PO	C	QL(50 ML per fill retail)			
POLY-VITA SOLN PO	C	QL(50 ML per fill retail)			
POLY-VITE PEDIATRIC SOLN PO	C	QL(50 ML per fill retail)			
Prenatal Vitamins					
INATAL GT TABS 120 MG-20 MG-30 MCG-1 MG-400 UNIT-12 MCG-3.4 MG-20 MG-6 MG-200 MG-3 MG-50 MG-30 MG-15 MG-2 MG-90 MG-10 UNIT-2700 UNIT	C	QL(1 EA daily)			
KPN PRENATAL TABS	C	QL(1 EA daily)	ADRENAL STRESS CALM TABS	C	QL(1 EA daily); RX/OTC
SELECT-OB+DHA MISC	C	QL(1 EA daily)	ALLERWELL ALLERGY FORMULA TABS	C	QL(1 EA daily); RX/OTC
VITAFOL-ONE CAPS	C	QL(1 EA daily)	BIOTIN PLUS KERATIN TABS	C	QL(1 EA daily); RX/OTC
Specialty Vitamins Products			BRAIN MIGHT/DHA & CO Q10 TABS	C	QL(1 EA daily); RX/OTC
			CENTRUM PERFORMANCE TABS	C	QL(1 EA daily); RX/OTC
			CENTRUM SPECIALIST ENERGY TABS	C	QL(1 EA daily); RX/OTC
			CVS HAIR/SKIN/NAILS TABS	C	QL(1 EA daily); RX/OTC
			CVS MENOPAUSE SUPPORT TABS	C	QL(1 EA daily); RX/OTC
			ELON MATRIX 5000 COMPLETE TABS	C	QL(1 EA daily); RX/OTC
			ELON MATRIX 5000 TABS	C	QL(1 EA daily); RX/OTC
			ELON MATRIX COMPLETE TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELON MATRIX PLUS TABS	C	QL(1 EA daily); RX/OTC	VITAMINS FOR HAIR TABS 111 MCG-400 MCG-35 MG-250 MG-50 MG-100 MG-30 MG-15 MG-15 MG-0.15 MG-5 MG-10 MG-6 MCG-5 UNIT	C	QL(1 EA daily); RX/OTC
ELON R3 TABS	C	QL(1 EA daily); RX/OTC	Vitamins w/ Lipotropics		
GLP-DLAX TABS	C	QL(1 EA daily); RX/OTC	<i>vitamins w/ lipotropics CAPS</i>	C	QL(1 EA daily)
HAIR NOURISHING SUPPLEMENT TABS	C	QL(1 EA daily); RX/OTC	<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
HEALTHY HEART COMPLEX TABS	C	QL(1 EA daily); RX/OTC	Central Muscle Relaxants		
HEART TABS TABS	C	QL(1 EA daily); RX/OTC	AMRIX CP24 (cyclobenzaprine hcl)	NP	
LIPIDSHIELD PLUS TABS	C	QL(1 EA daily); RX/OTC	ATMEKSI SUSP PO 750 MG/5ML	NP	
MEMORY COMPLEX BRAIN HEALTH TABS	C	QL(1 EA daily); RX/OTC	<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	
METAVEX TABS	C	QL(1 EA daily); RX/OTC	<i>baclofen SUSP</i>	NP	
MG PLUS PROTEIN TABS	C	QL(1 EA daily); RX/OTC	<i>baclofen TABS</i>	P	
MIL ADREGEN TABS	C	QL(1 EA daily); RX/OTC	<i>carisoprodol TABS</i>	NP	
NERVIVE NERVE RELIEF TABS	C	QL(1 EA daily); RX/OTC	<i>chlorzoxazone TABS</i>	P	
<i>specialty vitamins products TABS</i>	C	QL(1 EA daily); RX/OTC	<i>cyclobenzaprine hcl CP24</i>	NP	
SYNVERA TABS	C	QL(1 EA daily); RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	QL(4 EA daily)
ULTIMATE FAT BURNER TABS 5 MG-12.5 MG-5 MCG-5 MG-12.5 MG-5 MG-25 MG-10 MG-125 MCG-10 MG-150 MG-25 MG-25 MG-100 MG-25 MG	C	QL(1 EA daily); RX/OTC	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 EA daily)
UPSPRING HE NATAL TABS	C	QL(1 EA daily); RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 EA daily)
VARISAN VITALITY TABS 25 MG-30 MG-25 UNIT-8 MCG-30 MG-40 MG-25 MG-10 MG-100 MG-100 MG-100 MG	C	QL(1 EA daily); RX/OTC	FLEQSUVY SUSP (baclofen)	NP	
			LYVISPAH PACK	NP	
			<i>metaxalone</i>	NP	
			METAXALONE 640 MG	NP	
			<i>methocarbamol TABS 1000 MG</i>	NP	
			<i>methocarbamol TABS</i>	P	
			ONTRALFY SOLN PO 2 MG/5ML	NP	
			<i>orphenadrine citrate TB12</i>	P	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
OZOBAX DS SOLN PO (baclofen)	NP	
SOMA TABS (carisoprodol)	NP	
tizanidine hcl CAPS	NP	
tizanidine hcl TABS	P	
ZANAFLEX CAPS	NP	
ZANAFLEX CAPS (tizanidine hcl)	NP	
ZANAFLEX TABS 4 MG (tizanidine hcl)	NP	
<b>Direct Muscle Relaxants</b>		
DANTRIUM CAPS 25 MG (dantrolene sodium)	NP	
dantrolene sodium CAPS	P	
<b>Muscle Relaxant Combinations</b>		
orphenadrine w/ aspirin & caff	NP	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agent Combinations</b>		
azelastine hcl-fluticasone propionate SUSP	NP	
DYMISTA SUSP (azelastine hcl-fluticasone propionate)	NP	
RYALTRIS	NP	
<b>Nasal Agents - Misc.</b>		
saline SOLN 0.65 %	C	1 package(s) per fill retail
<b>Nasal Antiallergy</b>		
azelastine hcl 0.15 %	NP	1 package(s) per 31 day(s) retail; RX/OTC
azelastine hcl 0.1 %, 137 MCG/SPRAY	P	1 package(s) per 31 day(s) retail; 1 package(s) per 31 day(s) mail
olopatadine hcl (nasal)	NP	

Drug Name	Drug Tier	Requirements/Limits
<b>Nasal Anticholinergics</b>		
ipratropium bromide (nasal) 0.03 %	P	QL(31 ML per 31 day(s) retail)
ipratropium bromide (nasal) 0.06 %	P	QL(15 ML per 31 day(s) retail)
<b>Nasal Steroids</b>		
budesonide (nasal)	C	QL(9 ML per 31 day(s) retail)
flunisolide (nasal)	NP	QL(25 ML per 31 day(s) retail)
fluticasone propionate (nasal) SUSP	P	1 package(s) per fill retail; RX/OTC
mometasone furoate (nasal) SUSP	P	RX/OTC
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
triamcinolone acetonide (nasal) AERO	C	QL(17 ML per 31 day(s) retail); AL(At least 2 yrs old)
XHANCE EXHU	NP	
<b>Sympathomimetic Decongestants</b>		
pseudoephedrine hcl TABS	C	
pseudoephedrine hcl TB12	C	QL(2 EA daily)
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
riluzole TABS	C	PA
<b>Muscular Dystrophy Agents</b>		
VYONDYS 53	C	SP; PA
<b>NUTRIENTS</b>		
<b>Misc. Nutritional Substances</b>		
omega-3 fatty acids CAPS 1000 MG, 1200 MG	C	QL(6 EA daily)
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Artificial Tears and Lubricants			TYRVAYA	NP	
<i>polyvinyl alcohol 1.4 %</i>	C		Cycloplegic Mydriatics		
<i>white petrolatum-mineral oil</i>	C	1 package(s) per fill retail	<i>atropine sulfate (ophthalmic) OINT</i>	C	QL(4 GM per fill retail)
Beta-blockers - Ophthalmic			<i>atropine sulfate (ophthalmic) SOLN</i>	C	
<i>betaxolol hcl (ophth) SOLN</i>	P	1 package(s) per 31 day(s) retail	ATROPINE SULFATE SOLN 1 %	C	
BETIMOL ( <i>timolol</i> )	NP		CYCLOGYL 2 %	C	1 package(s) per 31 day(s) retail
BETIMOL	NP		CYCLOGYL 0.5 %	C	
BETOPTIC-S SUSP	NP		<i>cyclopentolate hcl 1 %</i>	C	
<i>brimonidine tartrate-timolol maleate</i>	NP	Brand Preferred	<i>tropicamide SOLN</i>	C	
<i>carteolol hcl (ophth)</i>	P	1 max fill(s) per 31 day(s) retail	Miotics		
COMBIGAN ( <i>brimonidine tartrate-timolol maleate</i> )	P		<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	C	
COSOPT ( <i>dorzolamide hcl-timolol maleate</i> )	NP	QL(10 ML per 31 day(s) retail)	Ophthalmic - Angiogenesis Inhibitors		
COSOPT PF ( <i>dorzolamide hcl-timolol maleate</i> )	NP		EYLEA SOSY	C	SP; PA
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ML per 31 day(s) retail)	Ophthalmic Adrenergic Agents		
<i>dorzolamide hcl-timolol maleate</i>	NP		ALPHAGAN P ( <i>brimonidine tartrate</i> )	P	
ISTALOL SOLN ( <i>timolol maleate (ophth)</i> )	NP		<i>apraclonidine hcl</i>	NP	
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ML per 31 day(s) retail)	<i>brimonidine tartrate 0.1 %, 0.15 %</i>	NP	Brand Preferred
<i>timolol</i>	NP		<i>brimonidine tartrate 0.2 %</i>	P	1 package(s) per 31 day(s) retail
<i>timolol maleate (ophth) SOLG</i>	P		IOPIDINE	NP	
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ML per 31 day(s) retail)	SIMBRINZA	NP	
<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP		Ophthalmic Anti-infectives		
TIMOPTIC OCUDOSE SOLN ( <i>timolol maleate (ophth)</i> )	NP	QL(15 EA per 31 day(s) retail)	AZASITE	NP	
Cholinergic Agonists			<i>bacitracin (ophthalmic)</i>	P	QL(4 GM per 31 day(s) retail)
			<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 GM per 31 day(s) retail)
			<i>besifloxacin hcl 0.6 %</i>	NP	
			BESIVANCE 0.6 % ( <i>besifloxacin hcl</i> )	NP	

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Drug Name	Drug Tier	Requirements/Limits
CILOXAN OINT	NP	1 package(s) per fill retail
<i>ciprofloxacin hcl (ophth) SOLN</i>	P	1 package(s) per fill retail
<i>erythromycin (ophth)</i>	P	
<i>gatifloxacin (ophth)</i>	NP	
<i>gentamicin sulfate (ophth) SOLN</i>	P	2 package(s) per fill retail
<i>levofloxacin (ophth) 0.5 %</i>	NP	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	QL(3 ML per fill retail)
<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 GM per 31 day(s) retail)
<i>neomycin-polymyxin-gramicidin</i>	P	1 package(s) per fill retail
OCUFLOX ( <i>ofloxacin (ophth)</i> )	NP	QL(10 ML per 31 day(s) retail)
<i>ofloxacin (ophth)</i>	P	QL(10 ML per 31 day(s) retail)
<i>polymyxin b-trimethoprim</i>	P	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium (ophth) OINT</i>	P	QL(4 GM per 31 day(s) retail)
<i>sulfacetamide sodium (ophth) SOLN</i>	C	QL(15 ML per 31 day(s) retail)
<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ML per 31 day(s) retail)
<i>tobramycin (ophth) SOLN</i>	NP	QL(5 ML per 31 day(s) retail)
TOBREX OINT	NP	
<i>trifluridine</i>	C	QL(8 ML per 31 day(s) retail)
VIGAMOX SOLN OP ( <i>moxifloxacin hcl (ophth)</i> )	NP	QL(3 ML per fill retail)
<b>Ophthalmic Decongestants</b>		
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	C	QL(15 ML per 31 day(s) retail; 15 ML per 31 days mail)
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	C	QL(15 ML per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	C	1 package(s) per 31 day(s) retail
<b>Ophthalmic Immunomodulators</b>		
CEQUA SOLN	NP	
<i>cyclosporine (ophth) EMUL</i>	NP	Brand Preferred
RESTASIS MULTIDOSE EMUL	P	
RESTASIS EMUL ( <i>cyclosporine (ophth)</i> )	P	
VERKAZIA EMUL	NP	
VEVYE SOLN	NP	
<b>Ophthalmic Integrin Antagonists</b>		
XIIDRA	P	
<b>Ophthalmic Kinase Inhibitors</b>		
RHOPRESSA	P	
ROCKLATAN	P	
<b>Ophthalmic Local Anesthetics</b>		
ALTACAINE 0.5 % ( <i>tetracaine hcl (ophth)</i> )	C	
TETRACAINE HCL 0.5 %	C	
<i>tetracaine hcl (ophth)</i>	C	
<b>Ophthalmic Steroids</b>		
ALREX SUSP ( <i>loteprednol etabonate</i> )	NP	
<i>bacitracin-poly-neomycin-hc</i>	P	
BYQLOVI 0.05 %	NP	
<i>dexamethasone sodium phosphate (ophth)</i>	P	
<i>difluprednate</i>	NP	Brand Preferred
DUREZOL ( <i>difluprednate</i> )	P	
EYSUVIS SUSP	NP	
FLAREX	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone (ophth) SUSP</i>	P	1 package(s) per 31 day(s) retail
FML FORTE SUSP	NP	
FML LIQUIFILM SUSP ( <i>fluorometholone (ophth)</i> )	NP	1 package(s) per 31 day(s) retail
INVELTYS SUSP	NP	
LOTEMAX SM GEL	NP	
LOTEMAX GEL ( <i>loteprednol etabonate</i> )	NP	
LOTEMAX OINT	NP	
<i>loteprednol etabonate GEL</i>	NP	
<i>loteprednol etabonate SUSP</i>	NP	
<i>loteprednol etabonate-tobramycin</i>	NP	
MAXIDEX SUSP OP	P	
MAXITROL SUSP ( <i>neomycin-polymyx-dexameth</i> )	NP	QL(10 ML per 31 day(s) retail)
<i>neomycin-polymyx-dexameth OINT</i>	P	QL(4 GM per 31 day(s) retail)
<i>neomycin-polymyx-dexameth SUSP</i>	P	QL(10 ML per 31 day(s) retail)
<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(15 ML per 31 day(s) retail)
PRED FORTE ( <i>prednisolone acetate (ophth)</i> )	NP	QL(15 ML per 31 day(s) retail)
PRED MILD	P	1 package(s) per 31 day(s) retail
<i>prednisolone acetate (ophth)</i>	P	QL(15 ML per 31 day(s) retail)
PREDNISOLONE ACETATE P-F	C	QL(15 ML per 31 day(s) retail)
PREDNISOLONE SODIUM PHOSPHATE	NP	1 package(s) per 31 day(s) retail
<i>sulfacetamide sod-prednisolone SOLN</i>	P	QL(10 ML per 31 day(s) retail)
TOBRADEX ST SUSP	NP	

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX OINT	NP	QL(4 GM per 31 day(s) retail)
<i>tobramycin-dexamethasone SUSP</i>	P	1 package(s) per 31 day(s) retail
ZYLET 0.3 %-0.5 % ( <i>loteprednol etabonate-tobramycin</i> )	NP	
Ophthalmics - Misc.		
ACULAR ( <i>ketorolac tromethamine (ophth)</i> )	NP	1 package(s) per 31 day(s) retail
ACULAR LS ( <i>ketorolac tromethamine (ophth)</i> )	NP	1 max fill(s) per 31 day(s) retail
ACUVAIL	NP	
<i>azelastine hcl (ophth)</i>	NP	QL(6 ML per 31 day(s) retail)
AZOPT ( <i>brinzolamide</i> )	P	1 package(s) per 31 day(s) retail
<i>bepotastine besilate</i>	NP	
BEPREVE ( <i>bepotastine besilate</i> )	NP	
<i>brinzolamide</i>	NP	Brand Preferred; 1 package(s) per 31 day(s) retail
<i>bromfenac sodium (ophth)</i>	NP	
BROMSITE ( <i>bromfenac sodium (ophth)</i> )	NP	
<i>cromolyn sodium (ophth)</i>	P	QL(10 ML per 31 day(s) retail)
<i>diclofenac sodium (ophth)</i>	P	QL(3 ML per 31 day(s) retail)
<i>dorzolamide hcl</i>	P	QL(10 ML per 31 day(s) retail)
<i>epinastine hcl (ophth)</i>	NP	
<i>flurbiprofen sodium</i>	P	QL(5 ML per 31 day(s) retail)
ILEVRO	NP	
<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	1 package(s) per 31 day(s) retail
<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	1 max fill(s) per 31 day(s) retail

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Drug Name	Drug Tier	Requirements/Limits
<i>ketotifen fumarate (ophth) 0.035 %</i>	P	QL(10 ML per 31 day(s) retail)
MIEBO	NP	
NEVANAC	P	
<i>olopatadine hcl</i>	P	
PROLENSA ( <i>bromfenac sodium (ophth)</i> )	NP	
TRYPTYR SOLN OP 0.003 %	NP	
ZERVIATE	NP	
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost SOLN</i>	NP	
<i>bimatoprost SOLN</i>	NP	Brand Preferred
IYUZEH SOLN	NP	
<i>latanoprost SOLN</i>	P	QL(5 ML per 31 day(s) retail)
LUMIGAN SOLN 0.01 % ( <i>bimatoprost</i> )	P	
<i>tafluprost</i>	NP	
TRAVATAN Z SOLN ( <i>travoprost</i> )	P	
<i>travoprost SOLN</i>	NP	Brand Preferred
VYZULTA	NP	
XALATAN SOLN ( <i>latanoprost</i> )	NP	QL(5 ML per 31 day(s) retail)
XELPROS EMUL	NP	
ZIOPTAN ( <i>tafluprost</i> )	NP	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic)</i>	C	QL(15 ML per 31 day(s) retail)
<i>carbamide peroxide (otic) 6.5 %</i>	C	QL(15 ML per 31 day(s) retail)
<b>Otic Anti-infectives</b>		
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	1 package(s) per fill retail
<b>Otic Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
CIPRO HC 1 %-0.2 % ( <i>ciprofloxacin-hydrocortisone</i> )	NP	
<i>ciprofloxacin-dexamethasone</i>	P	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-dexamethasone</i>	P	Brand Preferred; QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-fluocinolone acetonide</i>	NP	
<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	1 package(s) per fill retail
<b>Otic Steroids</b>		
<i>fluocinolone acetonide (otic)</i>	C	1 package(s) per 31 day(s) retail
<i>hydrocortisone w/acetic acid</i>	C	QL(20 ML per 31 day(s) retail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<b>Oxytocics</b>		
<i>methylergonovine maleate TABS</i>	C	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		
GAMMAGARD	C	SP; PA
GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML	C	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D LESS IGA SOLR	C	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
HYPERRHO SOSY IM 1500 UNIT	C	SP
OCTAGAM SOLN 30 GM/300ML	C	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	C	SP
XEMBIFY	C	SP; PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
Amidinopenicillins		
PIVYA TABS PO 185 MG	NP	
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<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 CAPS 500 MG</i>	P	
Natural Penicillins		
EXTENCILLINE SUSR	C	QL(1 EA per 28 day(s) retail)
LENTOCILIN SUSR	C	QL(1 EA per 28 day(s) retail)
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	P	QL(20 EA per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin &amp; pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML</i>	P	1 package(s) per fill retail
<i>amoxicillin &amp; pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	C	2 package(s) per fill retail
<i>amoxicillin &amp; pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	2 package(s) per fill retail
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 EA per fill retail)
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 EA per fill retail)
<i>amoxicillin &amp; pot clavulanate TB12</i>	P	QL(40 EA per 31 day(s) retail)
AUGMENTIN ES-600 SUSR ( <i>amoxicillin &amp; pot clavulanate</i> )	NP	2 package(s) per fill retail
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	1 package(s) per fill retail
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	1 package(s) per fill retail
AUGMENTIN TABS 125 MG-500 MG ( <i>amoxicillin &amp; pot clavulanate</i> )	NP	QL(30 EA per fill retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
<b>PHARMACEUTICAL ADJUVANTS</b>		
Liquid Vehicles		
SORBITOL XX	C	RX/OTC
Semi Solid Vehicles		
LANOLIN XX	C	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
Progestins		

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	C	
<i>megestrol acetate (appetite)</i>	NP	
<i>norethindrone acetate TABS</i>	C	
<i>progesterone CAPS</i>	C	QL(1 EA daily)
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		
<i>disulfiram 250 MG</i>	C	
Antidementia Agents		
ADLARITY PTWK	NP	
ARICEPT TABS 23 MG ( <i>donepezil hydrochloride</i> )	NP	
ARICEPT TABS 5 MG, 10 MG ( <i>donepezil hydrochloride</i> )	NP	QL(1 EA daily)
<i>donepezil hydrochloride TABS 23 MG</i>	NP	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 EA daily)
<i>donepezil hydrochloride TBDP</i>	P	
EXELON 4.6 MG/24HR, 9.5 MG/24HR ( <i>rivastigmine</i> )	P	QL(1 EA daily)
EXELON 13.3 MG/24HR ( <i>rivastigmine</i> )	P	
<i>galantamine hydrobromide CP24</i>	NP	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ML daily)
<i>galantamine hydrobromide TABS</i>	NP	QL(2 EA daily)
<i>memantine hcl CP24</i>	NP	
<i>memantine hcl-donepezil hcl CP24</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl SOLN</i>	P	QL(10 ML daily)
<i>memantine hcl TABS</i>	NP	
<i>memantine hcl TABS</i>	P	QL(2 EA daily)
NAMZARIC CP24	NP	
NAMZARIC CP24 ( <i>memantine hcl-donepezil hcl</i> )	NP	
<i>rivastigmine 13.3 MG/24HR</i>	NP	Brand Preferred
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	Brand Preferred; QL(1 EA daily)
<i>rivastigmine tartrate CAPS</i>	P	QL(2 EA daily)
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Combination Psychotherapeutics		
LYBALVI	NP	AL(At least 18 yrs old); ST
<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG</i>	NP	AL(At least 10 yrs old); ST
<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG</i>	NP	ST
<i>perphenazine-amitriptyline</i>	C	QL(4 EA daily)
Fibromyalgia Agents		
<i>milnacipran hcl MISC</i>	NP	QL(55 EA per 365 day(s) retail)
<i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>	NP	QL(2 EA daily)
SAVELLA TITRATION PACK MISC ( <i>milnacipran hcl</i> )	NP	QL(55 EA per 365 day(s) retail)
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG ( <i>milnacipran hcl</i> )	NP	QL(2 EA daily)
TONMYA SUBL SL 2.8 MG	NP	
Movement Disorder Drug Therapy		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR PATIENT TITRATION TEPK	NP	SP	<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	Brand Preferred; SP
AUSTEDO XR TB24	P	SP	<i>glatiramer acetate SOSY 40 MG/ML</i>	NP	
AUSTEDO TABS	P	SP	<i>glatiramer acetate SOSY 40 MG/ML</i>	NP	SP
INGREZZA CAPS	P	SP	<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	Brand Preferred
INGREZZA CPPK	P	SP	KESIMPTA	PA	SP; PA
INGREZZA CPSP	P	SP	MAVENCLAD (10 TABS) 10 MG ( <i>cladribine (multiple sclerosis)</i> )	NP	SP
<i>tetrabenazine</i>	P	SP	MAVENCLAD (4 TABS) 10 MG ( <i>cladribine (multiple sclerosis)</i> )	NP	SP
<i>tetrabenazine</i>	P		MAVENCLAD (5 TABS) 10 MG ( <i>cladribine (multiple sclerosis)</i> )	NP	SP
XENAZINE ( <i>tetrabenazine</i> )	NP	SP	MAVENCLAD (6 TABS) 10 MG ( <i>cladribine (multiple sclerosis)</i> )	NP	SP
Multiple Sclerosis Agents			MAVENCLAD (7 TABS) 10 MG ( <i>cladribine (multiple sclerosis)</i> )	NP	SP
AMPYRA ( <i>dalfampridine</i> )	NP	SP	MAVENCLAD (8 TABS) 10 MG ( <i>cladribine (multiple sclerosis)</i> )	NP	SP
AMPYRA ( <i>dalfampridine</i> )	NP		MAVENCLAD (9 TABS) 10 MG ( <i>cladribine (multiple sclerosis)</i> )	NP	SP
AUBAGIO ( <i>teriflunomide</i> )	NP	QL(1 EA daily); SP	MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
AVONEX PEN AJKT	P	SP	MAYZENT TABS	NP	SP
AVONEX PREFILLED PSKT	P	SP	PLEGRIDY STARTER PACK SOAJ	NP	SP
BAFIERTAM	NP	SP	PLEGRIDY STARTER PACK SOSY SC	NP	SP
BETASERON KIT	P	SP	PLEGRIDY SOAJ	NP	SP
<i>cladribine (multiple sclerosis) 10 MG</i>	NP		PLEGRIDY SOSY IM	NP	SP
COPAXONE SOSY 40 MG/ML ( <i>glatiramer acetate</i> )	NP	SP	PONVORY STARTER PACK TBPK	NP	
COPAXONE SOSY 20 MG/ML ( <i>glatiramer acetate</i> )	P	SP	PONVORY TABS	NP	
<i>dalfampridine</i>	P	SP			
<i>dalfampridine</i>	P				
<i>dimethyl fumarate CDPK</i>	P	SP			
<i>dimethyl fumarate CPDR</i>	P	SP			
<i>dimethyl fumarate CPDR</i>	P				
<i> fingolimod hcl</i>	P	QL(1 EA daily); SP			
GILENYA ( <i>fingolimod hcl</i> )	NP	QL(1 EA daily); SP			
GILENYA 0.25 MG	NP	SP			

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Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE TITRATION PACK SOAJ	NP	SP
REBIF REBIDOSE SOAJ	NP	SP
REBIF TITRATION PACK SOSY	NP	SP
REBIF SOSY	NP	SP
TASCENSO ODT	NP	SP
TECFIDERA CDPK ( <i>dimethyl fumarate</i> )	NP	SP
TECFIDERA CPDR ( <i>dimethyl fumarate</i> )	NP	SP
<i>teriflunomide</i>	P	QL(1 EA daily); SP
TYRUKO CONC IV 300 MG/15ML	C	AL(At least 18 yrs old); SP; PA
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 ( <i>gabapentin (once-daily)</i> )	NP	
LYRICA CR ( <i>pregabalin (once-daily)</i> )	NP	
<i>pregabalin (once-daily)</i>	NP	
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS 20 MG</i>	P	QL(1 EA daily)
<i>fluoxetine hcl (pmdd) TABS 10 MG</i>	P	QL(2 EA daily)
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily)
CHANTIX CONTINUING MONTH PAK TABS ( <i>varenicline tartrate</i> )	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
CHANTIX STARTING MONTH PAK TBPK ( <i>varenicline tartrate</i> )	P	QL(2 EA daily; 53 EA per 30 day(s) retail)
CHANTIX TABS 0.5 MG ( <i>varenicline tartrate</i> )	P	QL(2 EA daily)
CHANTIX TABS 1 MG ( <i>varenicline tartrate</i> )	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
<i>nicotine polacrilex GUM</i>	P	QL(24 EA daily)
<i>nicotine polacrilex LOZG</i>	P	QL(20 EA daily)
NICOTINE KIT	P	QL(56 EA per fill retail)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 EA daily)
NICOTROL NS SOLN	P	QL(4 ML daily)
<i>varenicline tartrate TABS 1 MG</i>	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
<i>varenicline tartrate TABS 0.5 MG</i>	P	QL(2 EA daily)
<i>varenicline tartrate TBPK</i>	P	QL(2 EA daily; 53 EA per 30 day(s) retail)
Transthyretin Amyloidosis Agents		
TEGSEDI	C	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	NP	
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
Cystic Fibrosis Agents		
ORKAMBI PACK	C	SP; PA
ORKAMBI TABS	C	SP; PA
SYMDEKO	C	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TBPK	C	QL(3 EA daily); SP; PA
<b>Pulmonary Fibrosis Agents</b>		
<i>nintedanib esylate</i> 100 MG, 150 MG	C	SP; PA
<i>pirfenidone</i> CAPS	C	SP; PA
<i>pirfenidone</i> TABS	C	SP; PA
<b>Respiratory Agents - Misc.</b>		
BRINSUPRI TABS PO 10 MG, 25 MG	C	SP; PA
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Aminomethylcyclines</b>		
NUZYRA TABS	NP	
<b>Tetracyclines</b>		
<i>demeclocycline hcl</i> TABS	NP	
DORYX MPC TBEC 60 MG	NP	
<i>doxycycline (monohydrate)</i> CAPS	NP	
<i>doxycycline (monohydrate)</i> SUSR	NP	
<i>doxycycline (monohydrate)</i> TABS	NP	
<i>doxycycline hyclate</i> CAPS	P	
<i>doxycycline hyclate</i> TABS	P	
<i>doxycycline hyclate</i> TBEC	NP	
<i>minocycline hcl</i> CAPS	P	
<i>minocycline hcl</i> TABS	P	
<i>minocycline hcl</i> TB24	NP	
<i>tetracycline hcl</i> CAPS	P	
TETRACYCLINE HCL TABS	P	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole</i> TABS	C	

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil</i>	C	
<b>Thyroid Hormones</b>		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
ARMOUR THYROID TABS	C	
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	C	
<i>levothyroxine sodium</i> TABS	C	
<i>liothyronine sodium</i> TABS	C	
NIVA THYROID TABS	C	
NP THYROID TABS	C	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
BOOSTRIX SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
BOOSTRIX SUSY	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
<i>dicyclomine hcl</i> CAPS	C	

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl SOLN PO</i>	C	QL(496 ML per 31 day(s) retail)
<i>dicyclomine hcl TABS</i>	C	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	C	QL(4 EA daily)
<i>hyoscyamine sulfate ELIX</i>	C	
<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	C	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	C	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	C	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	C	QL(4 EA daily)
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	C	
<i>NULEV TBDP 0.125 MG (hyoscyamine sulfate)</i>	C	
<i>OSCIMIN SUBL 0.125 MG (hyoscyamine sulfate)</i>	C	
<i>OSCIMIN TABS 0.125 MG (hyoscyamine sulfate)</i>	C	
<b>H-2 Antagonists</b>		
<i>cimetidine hcl PO 300 MG/5ML</i>	NP	
<i>cimetidine TABS</i>	NP	RX/OTC
<i>famotidine SUSR</i>	P	
<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC
<i>famotidine TABS 10 MG</i>	C	
<i>nizatidine CAPS</i>	NP	
<i>ranitidine hcl TABS 300 MG</i>	NP	QL(1 EA daily)
<i>ranitidine hcl TABS 150 MG</i>	NP	QL(2 EA daily)
<b>Misc. Anti-Ulcer</b>		
<i>sucralfate SUSP</i>	C	QL(420 ML per fill retail)
<i>sucralfate TABS</i>	C	QL(4 EA daily)
<b>Proton Pump Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>DEXILANT (dexlansoprazole)</i>	P	
<i>dexlansoprazole</i>	NP	Brand Preferred
<i>esomeprazole magnesium CPDR 40 MG</i>	NP	
<i>esomeprazole magnesium CPDR 20 MG</i>	NP	QL(2 EA daily); RX/OTC
<i>esomeprazole magnesium PACK</i>	P	
<i>FIRST-OMEPRAZOLE SUSP</i>	C	QL(10 ML daily); AL(Up to 12 yrs old)
<i>lansoprazole CPDR 30 MG</i>	NP	QL(2 EA daily)
<i>lansoprazole CPDR 15 MG</i>	NP	QL(4 EA daily); RX/OTC
<i>lansoprazole TBDD</i>	NP	RX/OTC
<i>NEXIUM CPDR 40 MG (esomeprazole magnesium)</i>	NP	
<i>NEXIUM CPDR 20 MG (esomeprazole magnesium)</i>	NP	QL(2 EA daily); RX/OTC
<i>NEXIUM PACK (esomeprazole magnesium)</i>	NP	
<i>omeprazole magnesium TBEC</i>	C	QL(1 EA daily)
<i>OMEPRAZOLE+SYRSPE ND SF ALKA SUSP</i>	C	QL(10 ML daily); AL(Up to 12 yrs old)
<i>omeprazole CPDR</i>	P	QL(2 EA daily)
<i>omeprazole TBEC</i>	C	QL(1 EA daily)
<i>pantoprazole sodium PACK</i>	NP	Brand Preferred
<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 EA daily)
<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 EA daily)
<i>PREVACID SOLUTAB TBDD (lansoprazole)</i>	NP	RX/OTC
<i>PREVACID CPDR 30 MG (lansoprazole)</i>	NP	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
PRILOSEC PACK	NP	
PROTONIX PACK ( <i>pantoprazole sodium</i> )	P	
PROTONIX TBEC 20 MG ( <i>pantoprazole sodium</i> )	NP	QL(1 EA daily)
PROTONIX TBEC 40 MG ( <i>pantoprazole sodium</i> )	NP	QL(2 EA daily)
<i>rabeprazole sodium TBEC</i>	NP	
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	C	PA
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	C	14 day(s) max supply per 365 day(s) retail
KONVOMEK SUSR	NP	
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	NP	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	NP	
<i>fesoterodine fumarate</i>	P	
<i>oxybutynin chloride SOLN</i>	P	
<i>oxybutynin chloride TABS 5 MG</i>	P	QL(3 EA daily)
<i>oxybutynin chloride TABS 2.5 MG</i>	P	
<i>oxybutynin chloride TB24</i>	P	QL(2 EA daily)
OXYTROL PTTW	NP	RX/OTC
<i>solifenacin succinate TABS</i>	P	
<i>tolterodine tartrate CP24</i>	NP	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	NP	QL(2 EA daily)
TOVIAZ ( <i>fesoterodine fumarate</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>trospium chloride CP24</i>	NP	
<i>trospium chloride TABS</i>	NP	QL(2 EA daily)
VESICARE LS SUSP	NP	
VESICARE TABS ( <i>solifenacin succinate</i> )	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
<i>mirabegron TB24</i>	NP	Brand Preferred
MYRBETRIQ SRER	NP	
MYRBETRIQ TB24 ( <i>mirabegron</i> )	P	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	C	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	
<b>VACCINES</b>		
Bacterial Vaccines		
ACTHIB SOLR IM	C	
BCG VACCINE	C	
BEXSERO 0.5 ML	C	
BIOTHRAX	C	AL(Up to 65 yrs old)
CAPVAXIVE	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
HIBERIX SOLR IJ	C	
MENQUADFI 0.5 ML	C	
MENVEO SOLN	C	AL(Up to 55 yrs old)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MENVEO SOLR	C	AL(Up to 55 yrs old)	VAXNEUVANCE	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)
PEDVAX HIB SUSP	C		VIVOTIF	C	
PENBRAYA	C	AL(Up to 25 yrs old)	Viral Vaccines		
PENMENVY SUSR IM	C		ABRYSVO	C	AL(At least 60 yrs old)
PNEUMOVAX 23 SOLN	P	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)	ACAM2000 SOLR IJ	C	
PNEUMOVAX 23 SOSY	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)	AFLURIA PRESERVATIVE FREE SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
PREVNAR 20	C	Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old)	AFLURIA SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
TRUMENBA 0.5 ML	C		AREXVY	C	AL(At least 60 yrs old)
TYPHIM VI SOLN	C		COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	C	
TYPHIM VI SOSY	C		COMIRNATY SUSY	C	
VAXCHORA	C		ENGERIX-B SUSP 20 MCG/ML	C	3 max fill(s) per 999 day(s) retail
			ENGERIX-B SUSY	C	3 max fill(s) per 999 day(s) retail
			ERVEBO	C	
			FLUAD	C	QL(0.5 ML per fill retail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUARIX SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	GARDASIL 9 SUSY 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUBLOK SOSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	C	
FLUCELVAX SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	HEPLISAV-B SOSY	C	3 max fill(s) per 999 day(s) retail
FLUCELVAX SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	IMOVAX RABIES SUSR	C	
FLULAVAL SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	IPOL IJ	C	
FLUMIST	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	IXIARO	C	
FLUZONE HIGH-DOSE SUSY	C	QL(0.5 ML per fill retail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	JYNNEOS	C	
FLUZONE SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	M-M-R II SOLR	C	
FLUZONE SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	MNEXSPIKE SUSY 10 MCG/0.2ML	C	
GARDASIL 9 SUSP 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	MRESVIA	C	AL(Up to 60 yrs old)
			NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
			PREHEVBRIO	C	3 max fill(s) per 999 day(s) retail
			PRIORIX SUSR	C	
			RABAVERT	C	
			RECOMBIVAX HB SUSP	C	3 max fill(s) per 999 day(s) retail
			RECOMBIVAX HB SUSY	C	3 max fill(s) per 999 day(s) retail
			SHINGRIX	C	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
			SHINGRIX IM 50 MCG/0.5ML	C	2 max fill(s) per 999 day(s) retail; 2 max fill(s) per 999 day(s) mail; AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	C	
SPIKEVAX SUSY	C	
STAMARIL SUSR	C	
TICOVAC	C	
TWINRIX SUSY	C	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	C	
VAQTA	C	
VARIVAX SUSR	C	2 max fill(s) per 999 day(s) retail
YF-VAX SUSR	C	
<b>VAGINAL AND RELATED PRODUCTS</b>		
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	C	
<i>clotrimazole vaginal CREA 2 %</i>	C	QL(21 GM per 31 day(s) retail)
<i>clotrimazole vaginal CREA 1 %</i>	C	QL(45 GM per 31 day(s) retail)
GYNAZOLE-1	C	
<i>metronidazole vaginal</i>	C	
MICONAZOLE 7 SUPP 100 MG	C	QL(7 EA per 31 day(s) retail)
<i>miconazole nitrate vaginal CREA 2 %</i>	C	QL(45 GM per 31 day(s) retail)
<i>miconazole nitrate vaginal KIT</i>	C	1 package(s) per fill retail
<i>miconazole nitrate vaginal SUPP 100 MG</i>	C	QL(7 EA per 31 day(s) retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	C	QL(3 EA per fill retail; 3 EA per 31 day(s) retail)
<i>terconazole vaginal CREA</i>	C	
<i>terconazole vaginal SUPP</i>	C	
<i>tioconazole vaginal 6.5 %</i>	C	
VANDAZOLE	C	
Vaginal Estrogens		

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal CREA</i>	C	QL(43 GM per 31 day(s) retail)
<i>estradiol vaginal TABS</i>	C	
PREMARIN	C	
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(0.067 EA daily; 4 EA per 365 day(s) retail)
AUVI-Q SOAJ 0.1 MG/0.1ML, 0.15 MG/0.15ML	NP	
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP	
<i>epinephrine (anaphylaxis) SOAJ</i>	P	Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	NP	Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	NP	QL(0.067 EA daily; 4 EA per 365 day(s) retail)
EPIPEN 2-PAK SOAJ ( <i>epinephrine (anaphylaxis)</i> )	P	QL(0.067 EA daily; 4 EA per 365 day(s) retail)
EPIPEN JR 2-PAK SOAJ ( <i>epinephrine (anaphylaxis)</i> )	P	QL(0.067 EA daily; 4 EA per 365 day(s) retail)
Vasopressors		
<i>midodrine hcl</i>	C	
<b>VITAMINS</b>		
Oil Soluble Vitamins		

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Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol CAPS</i>	C	QL(100 EA per fill retail)
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG</i>	C	QL(2 EA daily)
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	C	QL(8 EA per 31 day(s) retail)
<i>cholecalciferol LIQD PO 10 MCG/ML</i>	C	
<i>ergocalciferol CAPS</i>	C	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	C	QL(60 ML per 90 day(s) retail)
<i>phytonadione TABS 5 MG</i>	C	
VITAMIN E/D-ALPHA CAPS 200 UNIT	C	QL(2 EA daily)
<i>vitamin e CAPS</i>	C	QL(2 EA daily)
<i>vitamin e CAPS 100 UNIT</i>	C	
VITAMIN E CAPS	C	QL(2 EA daily)
Water Soluble Vitamins		
<i>ascorbic acid TABS</i>	C	QL(3.34 EA daily)
B-1 TABS	C	QL(3.34 EA daily)
NIACIN ER TBCR	C	
<i>niacin CPCR 250 MG, 500 MG</i>	C	
<i>niacin TABS 500 MG</i>	C	
<i>niacin TBCR</i>	C	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	C	
<i>riboflavin TABS</i>	C	QL(3.34 EA daily)
<i>thiamine hcl TABS</i>	C	QL(3.34 EA daily)
<i>thiamine mononitrate TABS 100 MG</i>	C	QL(3.34 EA daily)

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clonidine hcl (adhd) TB12 .....2	COBENFY STARTER PACK CPPK 42	CONCERTA TBCR 36 MG (methylphenidate hcl) ..... 2
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clonidine PTWK .....34	CODEINE SULFATE TABS .....8	CONZIP CP24 (tramadol hcl) .....8
clonidine TB24 .....34	colchicine CAPS ..... 68	COPAXONE SOSY 20 MG/ML (glatiramer acetate) .....129
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CORAL CALCIUM PLUS CAPS ...	87	CTEXLI TABS PO 250 MG .....	66	CVS ONE DAILY MENS 50+ ADV TABS .....	87
CORTEF TABS (hydrocortisone) ..	52	CULTURELLE PROBIOTIC MEN DAILY CAPS .....	87	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 .....	87
CORTISONE ACETATE TABS .....	52	CVS ADULT 50+ EYE HEALTH CAPS .....	87	CVS ONE DAILY WOMENS 50+ ADV TABS .....	87
CORTISPORIN-TC .....	126	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 .....	87	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 .....	87
COSENTYX (300 MG DOSE) SOSY . 56		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 .....	87	CVS SPECTRAVITE ADULT 50+ TABS .....	88
COSENTYX SENSOREADY (300 MG) SOAJ .....	57	CVS DAILY MULTIV/MINERAL MENS TABS .....	87	CVS SPECTRAVITE ADULTS TABS	88
COSENTYX SENSOREADY PEN SOAJ .....	57	CVS DAILY MULTIVITAMIN WOMENS TABS .....	87	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-	
COSENTYX SOSY .....	57	CVS EYE HEALTH & LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG .....	87		
COSENTYX UNOREADY SOAJ ..	57	CVS EYE HEALTH ADULT 50+ CAPS .....	87		
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COTEMPLA XR-ODT TBED .....	2	CVS HAIR/SKIN/NAILS TABS ...	120		
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COZAAR (losartan potassium) ...	34	CVS MENOPAUSE SUPPORT TABS .....	120		
CREON CPEP 120000 UNIT-76000 UNIT-24000 UNIT, 180000 UNIT-114000 UNIT-36000 UNIT, 30000 UNIT-19000 UNIT-6000 UNIT, 60000 UNIT-38000 UNIT-12000 UNIT ...	63				
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CRESTOR TABS (rosuvastatin calcium) .....	33				
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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 .....88	TABS .....89	MG-2.4 MG-50 MG-15 MG-2 MG-300 MG-30 UNIT-2 MG-120 MCG-20 MCG-180 MG .....89
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 .....88	CVS SPECTRAVITE ULTRA WOMEN TABS .....89	cyanocobalamin SOLN IJ 1000 MCG/ML .....69
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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 .....88	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 .....89	
CVS SPECTRAVITE ULTRA MEN 50+ TABS .....89	CVS VISION HEALTH CAPS .....89	
CVS SPECTRAVITE ULTRA MENS	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	

100 MG-30 UNIT-50 MG-75 MCG-7.5 MG-2.5 MG-25 MCG-50 MCG-100 MCG .....	89	0.4 MG-1.5 MG-6 MCG-5000 UNIT-10 MG-1.7 MG-20 MG-400 UNIT-30 UNIT .....	116	deferasirox PACK .....	30
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 .....	89	DAILY-VITE MULTIVITAMIN TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG .....	116	deferasirox TABS .....	30
DAILY MULTIPLE VITAMINS TABS .	115	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 .....	116	deferasirox TBSO .....	30
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 .....	90	dalfampridine .....	129	deflazacort SUSP .....	52
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 .....	90	DALIRESP (roflumilast) .....	14	deflazacort TABS .....	52
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 .....	116	DANTRIUM CAPS 25 MG (dantrolene sodium) .....	122	DEKAS PLUS CAPS .....	90
DAILY VITAMINS TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT .	116	dantrolene sodium CAPS .....	122	DEKAS PLUS OCEAN CAPS .....	90
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 .....	116	dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG .....	25	DELSTRIGO .....	44
DAILY VITES TABS 60 MG-2 MG-		dapagliflozin TABS PO 5 MG, 10 MG .....	29	demeclocycline hcl TABS .....	131
		dapagliflozin-saxagliptin .....	25	DENAVIR (penciclovir) .....	58
		dapsone (topical) .....	54	DEPAKOTE ER TB24 250 MG (divalproex sodium) .....	21
		dapsone .....	37	DEPAKOTE ER TB24 500 MG (divalproex sodium) .....	21
		darifenacin hydrobromide .....	133	DEPAKOTE SPRINKLES CSDR (divalproex sodium) .....	21
		darunavir TABS 600 MG .....	44	DEPAKOTE TBEC 125 MG (divalproex sodium) .....	21
		darunavir TABS 800 MG .....	44	DEPAKOTE TBEC 250 MG (divalproex sodium) .....	21
		DAVIMET-M CHEW .....	116	DEPAKOTE TBEC 500 MG (divalproex sodium) .....	21
		DAYAVITE TABS .....	90	DEPLIN MA CAPS .....	90
		DAYPRO TABS (oxaprozin) .....	6	DEPLINPRO MOOD HEALTH CAPS 90	
		DAYTRANA PTCH (methylphenidate) .....	2	DEPO-SUBQ PROVERA 104 SUSY SC .....	51
		DAYVIGO .....	70	DERMACINRX DAVIMET CHEW 116	
		DECUBI-VITE CAPS .....	90	DERMACINRX LIDOCAINE CREA 3 % .....	62
				DERMACINRX MULTITAM TABS .	90
				DERMACINRX MULTIVITAMIN CHEW .....	116

DERMACINRX RIBOTIN-E TABS .90	desoximetasone LIQD ..... 59	dexmethylphenidate hcl TABS .....2
DERMACINRX SALICYLIC ACID GEL 6 % .....61	desoximetasone OINT ..... 59	dextroamphetamine sulfate CP24 10 MG, 15 MG ..... 1
DERMACINRX ZINTREXYL-C TABS .....90	DESVENLAFAXINE ER .....24	dextroamphetamine sulfate CP24 5 MG .....1
DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide) ..... 59	desvenlafaxine succinate 100 MG .24	dextroamphetamine sulfate SOLN ..1
DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide) ..... 59	desvenlafaxine succinate 25 MG, 50 MG ..... 24	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG ..... 1
DERMAVITE TABS .....90	dexamethasone ELIX .....52	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1
DESCOVY 120 MG-15 MG .....44	DEXAMETHASONE INTENSOL CONC .....52	dextroamphetamine sulfate TABS 5 MG, 10 MG ..... 1
DESCOVY 200 MG-25 MG .....44	dexamethasone sodium phosphate (ophth) .....124	dextromethorphan polistirex SUER 53
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG .... 24	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML .....52	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML ..... 53
desipramine hcl TABS 25 MG ..... 24	dexamethasone sodium phosphate SOSY IJ 4 MG/ML ..... 52	dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 400 MG/20ML-20 MG/20ML .....53
DES Loratadine SOLN PO 0.5 MG/ML ..... 32	dexamethasone SOLN .....52	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML .....53
desloratadine TABS .....32	dexamethasone TABS .....52	dextromethorphan-guaifenesin TB12 600 MG-30 MG ..... 53
desloratadine TBP .....32	dexamethasone TBP .....52	dextromethorphan-phenylephrine- acetaminophen CAPS ..... 53
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desogestrel & ethinyl estradiol ....51	DEXCOM G6 SENSOR .....72	
desogestrel-ethinyl estradiol (biphasic) .....51	DEXCOM G6 TRANSMITTER ....72	
desogestrel-ethinyl estradiol (triphasic) .....51	DEXCOM G7 15 DAY SENSOR ..72	
desonide CREA .....59	DEXCOM G7 RECEIVER .....72	
desonide LOTN .....59	DEXCOM G7 SENSOR .....72	
desonide OINT .....59	DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate) .....1	
desoximetasone CREA .....59	DEXILANT (dexlansoprazole) ... 132	
desoximetasone GEL .....59	dexlansoprazole .....132	
	dexmethylphenidate hcl CP24 ..... 2	

MCG-220 MG-80 MG-2 MG-45	diclofenac sodium (ophth) . . . . .	125	DILANTIN SUSP (phenytoin) . . . . .	21
MCG-150 MCG-50 UNIT-110 MG-5	diclofenac sodium (topical) GEL EX	56	DILANTIN-125 SUSP (phenytoin) . 21	
MCG-2.3 MG-35 MCG-10 MCG-600	diclofenac sodium (topical) SOLN EX	56	DILAUDID LIQD (hydromorphone	
MCG-72 MG-12 MG, 90 MG-3 MG-	.....	56	hcl) . . . . .	8
300 MCG-500 MCG-600 UNIT-30	diclofenac sodium TB24 . . . . .	6	DILAUDID TABS 2 MG	
MCG-1.7 MG-30 MCG-20 MG-250	diclofenac sodium TBEC . . . . .	6	(hydromorphone hcl) . . . . .	8
MCG-2500 UNIT-10 MG-1.5 MG-1.5	diclofenac w/ misoprostol TBEC . . . .	6	DILAUDID TABS 4 MG	
MG-50 MG-45 MCG-5 MCG-150	dicloxacillin sodium . . . . .	127	(hydromorphone hcl) . . . . .	8
MCG-10 MCG-220 MG-80 MG-2	dicyclomine hcl CAPS . . . . .	131	DILAUDID TABS 8 MG	
MG-150 MCG-50 UNIT-110 MG-35	dicyclomine hcl SOLN PO . . . . .	132	(hydromorphone hcl) . . . . .	8
MCG-2.3 MG-200 MCG-72 MG-12	dicyclomine hcl TABS . . . . .	132	DILAUDID TABS 8 MG	
MG . . . . .	DIFFERIN CREA (adapalene) . . . . .	54	(hydromorphone hcl) . . . . .	8
90	DIFFERIN GEL (adapalene) . . . . .	54	DILAUDID TABS 8 MG	
DIACOMIT CAPS 250 MG . . . . .	DIFFERIN LOTN . . . . .	54	(hydromorphone hcl) . . . . .	8
18	DIFICID SUSR . . . . .	72	diltiazem hcl coated beads CP24	
DIACOMIT CAPS 500 MG . . . . .	DIFICID TABS 200 MG (fidaxomicin)	72	120	
18	72		MG, 180 MG, 300 MG . . . . .	48
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18	diflorasone diacetate OINT . . . . .	59	240	
DIACOMIT PACK 500 MG . . . . .	DIFLUCAN SUSR 40 MG/ML		MG . . . . .	48
19	(fluconazole) . . . . .	31	diltiazem hcl coated beads CP24	
DIALYVITE 800/ULTRA D TABS 80	diflunisal TABS . . . . .	8	360	
MG-10 MG-300 MCG-800 MCG-	difluprednate . . . . .	124	MG . . . . .	48
2000 UNIT-6 MCG-10 MG-1.7 MG-	digoxin SOLN PO 0.05 MG/ML . . . .	49	diltiazem hcl CP12 . . . . .	48
20 MG-1.5 MG-15 MG-30 UNIT-70	digoxin TABS 125 MCG, 250 MCG	49	diltiazem hcl CP24 120 MG, 180 MG	
MCG . . . . .	49		48	
90	DILANTIN (phenytoin sodium		diltiazem hcl CP24 240 MG . . . . .	48
DIALYVITE SUPREME D TABS . . . .	extended) . . . . .	20	diltiazem hcl extended release beads	
90	DILANTIN . . . . .	20	120 MG, 180 MG, 300 MG, 360 MG,	
DIATROL TABS . . . . .	DILANTIN INFATABS CHEW		420 MG . . . . .	48
90	(phenytoin) . . . . .	21	diltiazem hcl extended release beads	
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MG, 20 MG . . . . .			diltiazem hcl TABS . . . . .	48
18			diltiazem hcl TB24 180 MG, 240 MG,	
diazepam (anticonvulsant) GEL . . .			300 MG, 360 MG, 420 MG . . . . .	49
18			diltiazem hcl TB24 . . . . .	49
diazepam SOLN PO 5 MG/5ML . . . .			dimenhydrinate TABS . . . . .	30
13			dimethyl fumarate CDPK . . . . .	129
diazepam TABS . . . . .			dimethyl fumarate CPDR . . . . .	129
13			DIOVAN HCT (valsartan-	
diazoxide . . . . .			hydrochlorothiazide) . . . . .	35
25				
dibucaine . . . . .				
62				
DICLEGIS TBEC (doxylamine-				
pyridoxine) . . . . .				
30				
diclofenac epolamine PTCH EX . . .				
56				
diclofenac potassium (migraine) . .				
77				
diclofenac potassium CAPS . . . . .				
6				
diclofenac potassium TABS . . . . .				
6				

DIOVAN TABS (valsartan) . . . . .	34	DOLOBID TABS . . . . .	8	drosiprenone-ethinyl estradiol 0.03 MG-3 MG . . . . .	51
DIPENTUM . . . . .	66	donepezil hydrochloride TABS 23 MG . . . . .	128	DROXIA CAPS 200 MG . . . . .	68
diphenhydramine hcl (sleep) TABS 25 MG . . . . .	69	donepezil hydrochloride TABS 5 MG, 10 MG . . . . .	128	DROXIA CAPS . . . . .	68
diphenhydramine hcl CAPS . . . . .	31	donepezil hydrochloride TBDP . . . . .	128	DRY EYE FORMULA CAPS 33.333 MG-3.333 MG-16.667 UNIT-6.667 MG-133.333 MG-166.667 MG . . . . .	90
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disulfiram 250 MG . . . . .	128	doxepin hcl CONC . . . . .	24	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML . . . . .	60
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divalproex sodium TB24 250 MG . . . . .	21	doxycycline (monohydrate) SUSR 131		DUREZOL (difluprednate) . . . . .	124
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divalproex sodium TBEC 250 MG . . . . .	21	doxycycline hyclate CAPS . . . . .	131	DYANAVEL XR SUER . . . . .	1
divalproex sodium TBEC 500 MG . . . . .	21	doxycycline hyclate TABS . . . . .	131	DYANAVEL XR TBCR . . . . .	1
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ENBREL SURECLICK SOAJ	7	EPCLUSA TABS 100 MG-400 MG	46	EQ ONE DAILY MENS 50+ TABS	91
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ENGERIX-B SUSY	134	epinastine hcl (ophth)	125	EQ SPACE CHAMBER ANTI- STATIC L DEVI	76
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enoxaparin sodium SOLN IJ 300 MG/3ML	17	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	136	EQ SPACE CHAMBER ANTI- STATIC	
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	17	epinephrine (anaphylaxis) SOAJ	136		
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STATIC S DEVI .....	76	MCG-35 MCG-72 MG-2 MG .....	92	EQUETRO .....	39
EQ VISION FORMULA 50+ CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG- 9 MG-90 MG-160 MG-250 MG .....	91	EQL CENTURY WOMENS TABS .	91	ergocalciferol CAPS .....	137
EQL CENTURY MATURE ADULTS 50+ TABS .....	91	EQL GUMMIES CHILDRENS CHEW .....	119	ergocalciferol SOLN PO 200 MCG/ML .....	137
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 .....	91	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 .....	92	ergotamine w/ caffeine TABS .....	77
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 .....	91	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 .....	92	ERTACZO .....	56
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 .....	91	EQL ONE DAILY MENS TABS ...	92	ERVEBO .....	134
EQL CENTURY MENS TABS .....	91	EQL ONE DAILY WOMENS 50+ ADV TABS 120 MG-6 MG-30 MCG- 400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-500 MG-4.5 MG-24 MG-2.2 MG- 50 MG-90 MCG-150 MCG-30 UNIT- 4.2 MG-180 MCG-27 MCG .....	92	ERYPED 200 SUSR (erythromycin ethylsuccinate) .....	71
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		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 ...	81	ERYPED 400 SUSR (erythromycin ethylsuccinate) .....	71
		EQL VISION FORMULA TABS 200 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG .....	92	erythromycin (acne aid) GEL .....	54
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				ERZOFRI 156 MG/ML .....	40
				ERZOFRI 234 MG/1.5ML .....	40
				ERZOFRI 351 MG/2.25ML .....	40
				ERZOFRI 39 MG/0.25ML .....	40
				ERZOFRI 78 MG/0.5ML .....	40
				ESCITALOPRAM OXALATE CAPS PO 15 MG .....	22
				escitalopram oxalate SOLN .....	22

escitalopram oxalate TABS 10 MG 22	MG/24HR ..... 65	EUCRISA .....62
escitalopram oxalate TABS 20 MG 22	estradiol PTTW 0.0375 MG/24HR .65	EVEKEO TABS (amphetamine sulfate) .....1
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esomeprazole magnesium CPDR 40 MG .....132	estradiol vaginal TABS ..... 136	EVOTAZ .....44
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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 .....92	eszopiclone .....69	exemestane ..... 38
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estazolam .....69	ethosuximide CAPS .....21	exenatide SOPN 5 MCG/0.02ML ..26
estradiol & norethindrone acetate TABS .....65	ethosuximide SOLN .....21	EXFORGE (amlodipine besylate- valsartan) .....35
estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1	ethynodiol diacet & eth estrad 35 MCG-1 MG .....51	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide) ....35
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	etodolac CAPS .....6	EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG ..... 23
	etodolac TABS ..... 6	EXXUA TITRATION PACK TB24 PO 18.2 MG .....23
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	etravirine 100 MG .....44	EYE HEALTH CAPS .....92
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EYSUVIS SUSP .....	124	fenofibric acid .....	33	FIBRICOR (fenofibric acid) .....	33
EZALLOR SPRINKLE CPSP .....	33	fenoprofen calcium CAPS 400 MG .	6	fidaxomicin TABS 200 MG .....	72
ezetimibe .....	33	fenoprofen calcium TABS .....	6	FIFTY50 SUPERIOR COMFORT SYR .....	74
ezetimibe-simvastatin .....	32	FENOPRON CAPS .....	6	FINACEA FOAM .....	62
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famotidine SUSR .....	132	fentanyl citrate LPOP 200 MCG, 1200 MCG .....	8	FINAZOL TABS .....	92
famotidine TABS 10 MG .....	132	fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG .....	8	fingolimod hcl .....	129
famotidine TABS 20 MG, 40 MG .	132	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	8	FINTEPLA .....	19
FANAPT .....	40	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....	8	FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (butalbital- acetaminophen-caffeine w/ codeine) .	10
FANAPT TITRATION PACK A ....	40	FERRETTS TABS .....	69	FIRST-OMEPRAZOLE SUSP ....	132
FANAPT TITRATION PACK B ....	40	ferrous fumarate TABS .....	69	FIRVANQ SOLR PO (vancomycin hcl) .....	36
FANAPT TITRATION PACK C ....	40	ferrous gluconate TABS 324 MG ..	69	FITNESS TABS FOR MEN AM/PM TABS .....	93
FARXIGA TABS PO (dapagliflozin) 29		ferrous sulfate SOLN 15 MG/ML, 15 MG/ML .....	69	FITNESS TABS FOR WOMEN AM/PM TABS .....	93
FASENRA PEN SOAJ .....	13	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML .....	69	FLAREX .....	124
FASENRA SOSY .....	13	ferrous sulfate TABS .....	69	flavoxate hcl .....	133
febuxostat .....	68	ferrous sulfate TBEC .....	69	flecainide acetate .....	13
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fenofibrate CAPS .....	32	fexofenadine hcl TABS 180 MG ...	32	FLEXICHAMBER DEVI .....	76
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fenofibrate micronized 43 MG, 130 MG .....	32	FIASP PENFILL SOCT .....	26		
fenofibrate micronized 67 MG .....	32				
fenofibrate TABS 160 MG .....	33				
fenofibrate TABS 40 MG, 120 MG .	33				
fenofibrate TABS 48 MG, 145 MG .	33				

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	fluocinolone acetonide CREA .....59	flurandrenolide LOTN .....59
FLINTSTONES GUMMIES BONE BUILD CHEW .....119	fluocinolone acetonide OIL .....59	flurazepam hcl .....70
FLINTSTONES GUMMIES CHEW 119	fluocinolone acetonide OINT .....59	flurbiprofen sodium .....125
	fluocinolone acetonide SOLN .....59	flurbiprofen TABS 100 MG .....6
FLINTSTONES GUMMIES COMPLETE CHEW .....119	fluocinonide CREA 0.05 % .....59	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT .....15
	fluocinonide CREA 0.1 % .....59	fluticasone furoate-vilanterol .....16
FLINTSTONES GUMMIES- IMMUNITY CHEW .....119	fluocinonide emulsified base .....59	fluticasone propionate (inhalation) AEPB .....15
	fluocinonide GEL .....59	fluticasone propionate (nasal) SUSP . 122
FLINTSTONES SOUR GUMMIES CHEW .....119	fluocinonide OINT .....59	fluticasone propionate CREA 0.05 % 59
	fluocinonide SOLN .....59	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....15
FLINTSTONES TODDLER CHEW 119	fluorometholone (ophth) SUSP ...125	fluticasone propionate hfa 44 MCG/ACT .....15
FLINTSTONES-IMMUNITY SUPPORT CHEW .....119	fluorouracil (topical) CREA 0.5 % .56	fluticasone propionate LOTN .....59
	fluorouracil (topical) CREA 5 % ...56	fluticasone propionate OINT .....59
FLORRAVITE TABS .....93	fluorouracil (topical) SOLN .....56	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....16
FLORRAXYL TABS .....93	fluoxetine hcl (pmd) TABS 10 MG 130	fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT .....16
FLUAD .....134	fluoxetine hcl (pmd) TABS 20 MG 130	fluticasone-salmeterol AERO .....16
FLUARIX SUSY .....135	fluoxetine hcl CAPS 10 MG, 20 MG 22	fluvastatin sodium CAPS .....33
FLUBLOK SOSY .....135	fluoxetine hcl CAPS 40 MG .....22	fluvastatin sodium TB24 .....33
FLUCELVAX SUSP .....135	fluoxetine hcl CPDR .....22	fluvoxamine maleate CP24 .....23
FLUCELVAX SUSY .....135	fluoxetine hcl SOLN .....22	fluvoxamine maleate TABS 100 MG . 23
fluconazole SUSR .....31	FLUOXETINE HCL TABS (fluoxetine hcl) .....23	
fluconazole TABS 100 MG, 200 MG . 31	fluoxetine hcl TABS 10 MG .....22	
fluconazole TABS 150 MG .....31	fluoxetine hcl TABS 20 MG .....23	
fluconazole TABS 50 MG .....31	fluoxetine hcl TABS 60 MG .....22	
flucytosine .....31	fluphenazine decanoate .....42	
fludrocortisone acetate TABS .....52	fluphenazine hcl TABS .....42	
FLULAVAL SUSY .....135		
FLUMIST .....135		
flunisolide (nasal) .....122		

fluvoxamine maleate TABS 25 MG, 50 MG .....	23	FOSAMAX PLUS D .....	64	FT CHILDRENS MULTI CHEW ..	119
FLUZONE HIGH-DOSE SUSY ...	135	FOSAMAX TABS 70 MG (alendronate sodium) .....	64	FT EYE HEALTH CAPS .....	93
FLUZONE SUSP .....	135	fosamprenavir calcium TABS .....	44	FT EYE HEALTH TABS .....	93
FLUZONE SUSY .....	135	fosinopril sodium & hydrochlorothiazide .....	35	FT HAIR SKIN & NAILS EXTRA STR TABS .....	93
FML FORTE SUSP .....	125	fosinopril sodium .....	34	FT ONE DAILY MENS 50+ TABS ..	93
FML LIQUIFILM SUSP (fluorometholone (ophth)) .....	125	FOSRENOL CHEW (lanthanum carbonate) .....	67	FT ONE DAILY MENS TABS .....	93
FOCALIN TABS (dexmethylphenidate hcl) .....	2	FOSRENOL PACK .....	67	FT ONE DAILY WOMENS 50+ TABS .....	93
FOCALIN XR CP24 (dexmethylphenidate hcl) .....	2	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML .....	17	FT ONE DAILY WOMENS TABS ..	93
FOLACHEW CHEW .....	116	FRAGMIN SOSY .....	17	furosemide SOLN PO 8 MG/ML, 10 MG/ML .....	63
FOLAGENT DHA CAPS .....	93	FREEDAVITE TABS .....	93	furosemide TABS .....	63
FOLAMAX TABS .....	93	FREESTYLE LIBRE 14 DAY SENSOR .....	72	FUZEON SOLR .....	44
FOLAMED DHA CAPS .....	93	FREESTYLE LIBRE 2 PLUS SENSOR .....	72	FYCOMPA SUSP 0.5 MG/ML (perampanel) .....	18
FOLAPRIME TABS .....	93	FREESTYLE LIBRE 2 READER ..	72	FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (perampanel) .....	18
FOLASYNC DHA CAPS .....	93	FREESTYLE LIBRE 2 SENSOR ..	72	gabapentin (once-daily) TABS ...	130
FOLAWISE TABS .....	116	FREESTYLE LIBRE 3 PLUS SENSOR .....	72	gabapentin CAPS 300 MG, 400 MG .	19
FOLCYTEINE TABS .....	116	FREESTYLE LIBRE 3 READER ..	72	gabapentin CAPS .....	19
folic acid TABS 1 MG .....	69	FREESTYLE LIBRE 3 SENSOR ..	72	gabapentin SOLN .....	19
folic acid TABS 400 MCG, 800 MCG .	69	FROVA (frovatriptan succinate) ...	77	gabapentin TABS 600 MG .....	19
FOLIFLEX TABS .....	93	frovatriptan succinate .....	77	gabapentin TABS 800 MG .....	19
FOLITIN-Z TABS .....	93	FT CENTURY 50+ TABS .....	93	GABARONE TABS 100 MG, 400 MG .....	19
fondaparinux sodium .....	17	FT CENTURY ADULTS TABS ....	93	GALAFOLD .....	65
FORFIVO XL TB24 (bupropion hcl)	22	FT CENTURY MEN 50+ TABS ...	93	galantamine hydrobromide CP24	128
formoterol fumarate NEBU .....	16	FT CENTURY MEN TABS .....	93	galantamine hydrobromide SOLN	128
FORTEO SOPN (teriparatide) .....	64	FT CENTURY WOMEN 50+ TABS	93	galantamine hydrobromide TABS	128
FORZINITY SOLN SC 280 MG/3.5ML .....	65	FT CENTURY WOMEN TABS ....	93		

GAMMAGARD .....	126	34 MG .....	93	TABS 60 MG-30 MCG-400 MCG-1.5	
GAMMAGARD ERC 5 GM/50ML, 10		GILENYA (fingolimod hcl) .....	129	MG-20 MG-2 MG-10 MG-1.7 MG-25	
GM/100ML .....	126	GILENYA 0.25 MG .....	129	MCG-13.5 MG-18 MG-50 MG-2.3	
GAMMAGARD S/D LESS IGA SOLR		GIMOTI SOLN NA .....	66	MG-45 MCG-80 MG-35 MCG-0.5	
.....	127	GIVLAARI .....	68	MG-11 MG-200 MG-150 MCG-20	
GAMMAKED 1 GM/10ML, 5		glatiramer acetate SOSY 20 MG/ML .		MG-55 MCG-1050 MCG-25 MCG-6	
GM/50ML, 10 GM/100ML, 20		129		MCG-72 MG .....	93
GM/200ML .....	127	glatiramer acetate SOSY 40 MG/ML .		GNP CENTURY ADULT TABS ....	93
GAMUNEX-C 1 GM/10ML, 2.5		129		GNP CENTURY ADULTS MEN	
GM/25ML, 5 GM/50ML, 10		glimepiride 1 MG, 2 MG .....	29	TABS .....	93
GM/100ML, 20 GM/200ML .....	127	glimepiride 3 MG .....	29	GNP CENTURY ADULTS WOMEN	
GARDASIL 9 SUSP 0.5 ML .....	135	glimepiride 4 MG .....	29	TABS .....	93
GARDASIL 9 SUSY 0.5 ML .....	135	glipizide TABS .....	29	GNP CENTURY MATURE ADULTS	
gatifloxacin (ophth) .....	124	glipizide TB24 .....	29	50+ TABS .....	93
gemfibrozil TABS .....	33	glipizide-metformin hcl .....	25	GNP CENTURY MATURE MEN'S	
GEMTESA .....	133	GLOPERBA SOLN PO .....	68	50+ TABS .....	93
GENOTROPIN CART SC .....	64	GLP-DLAX TABS .....	121	GNP CENTURY MATURE	
GENOTROPIN MINIQICK PRSY 64		GLUCAGON EMERGENCY .....	25	WOMEN'S 50+ TABS 100 MG-5 MG-	
gentamicin sulfate (ophth) SOLN .	124	glucagon SOLR IJ 1 MG .....	25	30 MCG-400 MCG-25 MCG-50	
gentamicin sulfate (topical) CREA .	55	GLUCOPRO INSULIN SYRINGE .	74	MCG-1.1 MG-50 MCG-14 MG-300	
gentamicin sulfate (topical) OINT .	55	GLUCOTROL XL TB24 10 MG		MCG-5 MG-8 MG-1.1 MG-100 MG-	
GENVOYA .....	44	(glipizide) .....	29	15 MG-80 MG-300 MG-50 MCG-150	
GEODON (ziprasidone hcl) .....	39	glutamine (sickle cell) .....	69	MCG-15.8 MG-20 MG-0.5 MG-2.3	
GEODON 80 MG (ziprasidone hcl)	39	glyburide micronized 1.5 MG, 3 MG,		MG-1050 MCG-22 MCG-52 MCG-72	
		6 MG .....	29	MG .....	94
GERI-FREEDA SENIOR FORMULA		glyburide TABS .....	29	GNP ESSENTIAL ONE DAILY TABS	
TABS .....	93	glyburide-metformin .....	25	60 MG-2 MG-400 MCG-400 UNIT-6	
GERIVITE COMPLETE TABS 60		glycerin (laxative) SUPP 2 GM ....	71	MCG-1.7 MG-20 MG-5000 UNIT-10	
MG-2 MG-45 MCG-400 MCG-20		glycopyrrolate TABS 1 MG, 2 MG		MG-75 MG-1.5 MG-30 UNIT .....	116
MG-1.5 MG-6 MCG-10 MG-1.7 MG-		132		GNP HAIR/SKIN/NAILS TABS 50	
400 UNIT-30 UNIT-18 MG-100 MG-		GLYXAMBI .....	25	MG-3.5 MG-6.5 MG-25 MCG-25	
2.5 MG-15 MCG-5 MCG-37.5 MG-80		GNP CENTURY ADULT FORMULA		MCG-7.5 MG-7.2 MG-50 UNIT-25	
MCG-15 MCG-2 MG-10 MCG-15				MCG-2500 UNIT-5 MG-25 MG-10	
MG-162 MG-150 MCG-125 MG-15				MG-10 MG-15 MG-3.3 MG-10 MG-5	
MCG-10 MCG-6000 UNIT-25 MCG-				MG-20 MG-0.5 MG-150 MCG-25	

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 .....94	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 94	22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG-50 MG ..... 95
GNP INSULIN SYRINGE ..... 74	GNP MULTI CHILDRENS CHEW 119	GNP THERAPEUTIC-M TABS .... 95
GNP INSULIN SYRINGES .....74	GNP ONE DAILY MAXIMUM TABS 94	GNP ULTRA COM INSULIN SYRINGE .....74
GNP INSULIN SYRINGES 28GX1/2" .....74	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 .....95	GOCOVRI CP24 68.5 MG .....39 GOCOVRI CP24 .....39
GNP INSULIN SYRINGES 30GX5/16" .....74	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 .....95	GOLD BOND ULTIMATE SOFTENING LOTN .....61
GNP INSULIN SYRINGES 31GX5/16" .....74	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 .....95	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ... 70
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 ..... 94	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 . 95	GORDONS UREA CREA 40 % ... 60
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-	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 ..... 81	GRALISE TABS (gabapentin (once- daily)) ..... 130
	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-	granisetron hcl TABS ..... 30

GVOKE HYOPEN 2-PACK SOAJ 26	HALOBETASOL PROPIONATE LOTN 0.05 % .....59	HEART TABS TABS .....121
GVOKE KIT SOLN .....26	halobetasol propionate OINT .....59	HEMADY TABS .....52
GVOKE PFS SOSY 1 MG/0.2ML ..26	HALOG CREA (halcinonide) .....59	HEMANGEOL SOLN PO .....48
GYNAZOLE-1 .....136	HALOG SOLN 0.1 % (halcinonide) 59	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....17
HADLIMA PUSHTOUCH SOAJ ....4	haloperidol decanoate .....41	HEPARIN SODIUM (PORCINE) SOSY IJ .....17
HADLIMA SOSY .....4	haloperidol lactate CONC .....41	HEPLISAV-B SOSY .....135
HAEGARDA SOLR SC .....68	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG .....41	HETLIOZ CAPS (tasimelteon) .....70
HAIR NOURISHING SUPPLEMENT TABS .....121	haloperidol TABS 20 MG .....41	HETLIOZ LQ SUSP .....70
HAIR SKIN & NAILS ADVANCED TABS .....95	HARVONI PACK .....46	HIBERIX SOLR IJ .....133
HAIR SKIN & NAILS TABS .....95	HARVONI TABS .....46	HIGH POTENCY MULTIVIT/FA TABS .....95
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 .....95	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML .....135	HIGH POTENCY MULTIVITAMIN TABS .....116
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 .....95	HEAD CARE PROACTIVE HEALTH TABS .....95	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 ... 96
HAIR/SKIN/NAI LS CAPS .....95	HEALTHWISE INSULIN SYR/NEEDLE .....74	HM COMPLETE MEN TABS .....96
HAIR/SKIN/NAI LS TABS .....95	HEALTHY EYES SUPERVISION 2 CAPS .....95	HM ULTICARE INSULIN SYRINGE . 74
halcinonide CREA .....59	HEALTHY EYES TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG .....95	HORIZANT .....130
halcinonide SOLN 0.1 % .....59	HEALTHY EYES/LUTEIN- ZEAXANTHIN CAPS 60 MG-13.5 MG-6 MG-15 MG .....95	HULIO (2 PEN) AJKT .....4
HALCION 0.25 MG (triazolam) ....70	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 .....116	HULIO (2 SYRINGE) PSKT .....4
halobetasol propionate CREA .....59	HEALTHY HEART COMPLEX TABS 121	HUMALOG JUNIOR KWIKPEN SOPN .....27
halobetasol propionate FOAM .....59	HEALTHY KIDS GUMMI ES CHEW 119	HUMALOG KWIKPEN SOPN 100 UNIT/ML .....27
		HUMALOG KWIKPEN SOPN 200

UNIT/ML .....	27	SC .....	27	59
HUMALOG MIX 50/50 KWIKPEN SUPN .....	27	hydralazine hcl TABS .....	36	hydrocortisone (topical) CREA 2.5 % .59
HUMALOG MIX 75/25 KWIKPEN SUPN .....	27	HYDRAZONE LOTION LOTN .....	61	hydrocortisone (topical) LOTN 2.5 % .59
HUMALOG MIX 75/25 SUSP .....	27	hydrochlorothiazide CAPS .....	64	hydrocortisone (topical) OINT 1 % .60
HUMALOG SOCT .....	27	hydrochlorothiazide TABS 25 MG, 50 MG .....	64	hydrocortisone (topical) OINT 2.5 % .59
HUMALOG SOLN IJ .....	27	hydrocodone bitartrate CP12 .....	8	hydrocortisone (topical) SOLN 2.5 % .60
HUMALOG TEMPO PEN SOPN ..	27	hydrocodone bitartrate T24A .....	8	hydrocortisone butyrate CREA ....
HUMATROPE CART IJ .....	64	hydrocodone bitartrate-homatropine methylbromide SOLN .....	53	hydrocortisone butyrate LOTN ....
HUMIRA (2 PEN) AJKT 40 MG/0.4ML .....	4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	10	hydrocortisone butyrate OINT .....
HUMIRA (2 PEN) AJKT 40 MG/0.8ML .....	4	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML .....	10	hydrocortisone butyrate SOLN ....
HUMIRA (2 PEN) AJKT 80 MG/0.8ML .....	4	hydrocodone-acetaminophen SOLN . 10		HYDROCORTISONE GEL 2 % ...
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML .....	4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG .....	10	hydrocortisone TABS .....
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML .....	5	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	10	hydrocortisone valerate CREA ....
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML .....	5	hydrocodone-acetaminophen TABS 325 MG-2.5 MG .....	10	hydrocortisone valerate OINT .....
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML .....	5	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . 10		hydrocortisone w/acetic acid .....
HUMIRA-PSORIASIS/UVEIT STARTER AJKT .....	5	hydrocortisone (intrarectal) .....	12	hydromorphone hcl LIQD .....
HUMULIN 70/30 KWIKPEN SUPN	27	hydrocortisone (rectal) EX 1 % ....	12	HYDROMORPHONE HCL SUPP ..
HUMULIN 70/30 SUSP .....	27	hydrocortisone (rectal) EX 2.5 % ..	12	hydromorphone hcl TABS 2 MG ....
HUMULIN N KWIKPEN SUPN ....	27	hydrocortisone (topical) CREA 0.5 % .59		hydromorphone hcl TABS 4 MG ....
HUMULIN N SUSP .....	27	hydrocortisone (topical) CREA 1 %		hydromorphone hcl TABS 8 MG ....
HUMULIN R SOLN IJ .....	27			hydromorphone hcl TB24 .....
HUMULIN R U-500 (CONCENTRATED) SOLN SC ....	27			hydroxychloroquine sulfate 100 MG, 200 MG .....
HUMULIN R U-500 KWIKPEN SOPN				HYDROXYM GEL .....

hydroxyzine pamoate CAPS .....	13	IBSRELA .....	67	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML .....	77
HYFTOR .....	61	ibuprofen CHEW .....	6	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML .....	77
HYLAZINC TABS .....	96	ibuprofen SUSP 100 MG/5ML, 200 MG/10ML .....	6	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML .....	78
hyoscyamine sulfate ELIX .....	132	ibuprofen SUSP 50 MG/1.25ML .....	6	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate) .....	78
hyoscyamine sulfate SOLN PO 0.125 MG/ML .....	132	ibuprofen TABS 200 MG .....	6	IMITREX TABS (sumatriptan succinate) .....	78
hyoscyamine sulfate SUBL 0.125 MG .....	132	ibuprofen TABS 300 MG .....	6	IMMUNE 24 HOUR+ CAPS .....	96
hyoscyamine sulfate TABS 0.125 MG .....	132	ibuprofen TABS 400 MG, 600 MG, 800 MG .....	6	IMMUNE ESSENTIALS DAILY CAPS .....	96
hyoscyamine sulfate TB12 0.375 MG 132		ibuprofen-famotidine .....	6	IMOVAX RABIES SUSR .....	135
hyoscyamine sulfate TBDP 0.125 MG .....	132	ICAPS AREDS FORMULA TABS .	96	IMULDOSA SOSY SC 45 MG/0.5ML 57	
HYPERRHO SOSY IM 1500 UNIT 127		ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG .....	96	IMULDOSA SOSY SC 90 MG/ML .	57
HYRIMOZ SOAJ .....	5	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 .....	96	IMURAN TABS (azathioprine) .....	79
HYRIMOZ SOSY .....	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 .....	96	INATAL GT TABS 120 MG-20 MG-30 MCG-1 MG-400 UNIT-12 MCG-3.4 MG-20 MG-6 MG-200 MG-3 MG-50 MG-30 MG-15 MG-2 MG-90 MG-10 UNIT-2700 UNIT .....	120
HYRIMOZ-CROHNS/UC STARTER SOAJ .....	5	icatibant acetate SOSY .....	68	INBRIJA CAPS .....	39
HYRIMOZ-PED<40KG CROHN STARTER SOSY .....	5	ICLUSIG .....	38	INCRELEX .....	65
HYRIMOZ-PED>=40KG CROHN START SOSY .....	5	icosapent ethyl .....	32	INCRUSE ELLIPTA .....	14
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ .....	5	ICOTYDE TABS PO 200 MG .....	57	indapamide TABS 1.25 MG, 2.5 MG . 64	
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG ....	8	IGALMI FILM .....	70	INDERAL LA CP24 (propranolol hcl) . 48	
HYZAAR (losartan potassium & hydrochlorothiazide) .....	35	ILEVRO .....	125	INDERAL XL .....	48
ibandronate sodium TABS .....	64	imipramine hcl TABS .....	24	indomethacin CAPS 25 MG, 50 MG 6	
IBRANCE CAPS 100 MG, 125 MG 38		imiquimod 3.75 % .....	61	indomethacin CPR .....	6
IBRANCE TABS .....	38	imiquimod 5 % .....	61	indomethacin SUPP .....	6

indomethacin SUSP .....	6	INSULIN SYRINGE .....	74	ipratropium bromide hfa 17 MCG/ACT .....	14
INFLECTRA SOLR .....	66	INSULIN SYRINGE-NEEDLE U-100 74		ipratropium bromide SOLN 0.02 %	14
INGREZZA CAPS .....	129	INTELENCE (etravirine) .....	44	ipratropium-albuterol SOLN .....	16
INGREZZA CPPK .....	129	INTELENCE .....	44	irbesartan .....	34
INGREZZA CPSP .....	129	INTELENCE 200 MG (etravirine) ..	44	irbesartan-hydrochlorothiazide ..	35
INNOPRAN XL .....	48	INTUNIV (guanfacine hcl (adhd)) ..	2	IRON CHEWS PEDIATRIC CHEW 69	
INPEFA .....	49	INVEGA 3 MG, 6 MG, 9 MG (paliperidone) .....	40	ISENTRESS CHEW 100 MG .....	45
INREBIC .....	38	INVEGA HAFYERA .....	40	ISENTRESS CHEW 25 MG .....	45
INSPIREASE MISC .....	76	INVEGA SUSTENNA 117 MG/0.75ML .....	40	ISENTRESS HD TABS .....	44
INSPIREASE RESERVOIR BAGS 76		INVEGA SUSTENNA 156 MG/ML	40	ISENTRESS PACK .....	45
INSULIN ASPART FLEXPEN SOPN . 27		INVEGA SUSTENNA 234 MG/1.5ML 40		ISENTRESS TABS .....	45
INSULIN ASPART SOLN IJ .....	27	INVEGA SUSTENNA 39 MG/0.25ML 40		isoniazid SYRP .....	37
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML .....	27	INVEGA SUSTENNA 78 MG/0.5ML 40		isoniazid TABS .....	37
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML .....	27	INVEGA TRINZA 273 MG/0.88ML	40	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....	13
INSULIN DEGLUDEC SOLN .....	27	INVEGA TRINZA 410 MG/1.32ML	40	isosorbide mononitrate TABS .....	13
INSULIN GLARGINE MAX SOLOSTAR SOPN .....	27	INVEGA TRINZA 546 MG/1.75ML	40	isosorbide mononitrate TB24 .....	13
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML .....	27	INVEGA TRINZA 819 MG/2.63ML	40	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG .....	54
INSULIN GLARGINE-YFGN SOLN 27		INVELTYS SUSP .....	125	isradipine CAPS .....	49
INSULIN GLARGINE-YFGN SOPN 27		INVOKAMET TABS .....	25	ISTALOL SOLN (timolol maleate (ophth)) .....	123
INSULIN LISPRO (1 UNIT DIAL) SOPN .....	28	INVOKAMET XR TB24 .....	25	itraconazole CAPS .....	31
INSULIN LISPRO JUNIOR KWIKPEN SOPN .....	28	INVOKANA .....	29	itraconazole SOLN .....	31
INSULIN LISPRO PROT & LISPRO SUPN .....	28	IOPIDINE .....	123	ivermectin (rosacea) .....	62
INSULIN LISPRO SOLN IJ .....	28	IPOLO IJ .....	135	I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	.96
		ipratropium bromide (nasal) 0.03 % 122		IXIARO .....	135
		ipratropium bromide (nasal) 0.06 % 122		IYUZEH SOLN .....	126
				JANUMET TABS .....	25

JANUMET XR TB24 .....	25	KEPPRA XR TB24 (levetiracetam) 19	KEYFOLIC TABS .....	96
JANUVIA .....	26	KERI ADVANCED MOISTURE THERAPY LOTN .....	KEYLOSA TABS .....	96
JARDIANCE .....	29	61	KHINDIVI SOLN PO 1 MG/ML ....	52
JAVADIN SOLN PO 0.02 MG/ML .	34	KERI BASIC ESSENTIALS LOTN .	KINERET SOSY .....	5
JENTADUETO TABS .....	25	61	KINRAY INSULIN SYRINGE .....	74
JENTADUETO XR TB24 .....	25	KERI NOURISHING SHEA BUTTER LOTN .....	KIRSTY SOLN IJ 100 UNIT/ML ...	28
JOINT HEALTH & BONE STRENGTH TABS .....	96	61	KIRSTY SOPN SC 100 UNIT/ML .	28
JORNAY PM CP24 .....	2	KERI OVERNIGHT LOTN .....	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...	3
JOURNAVX .....	7	61	KLOXXADO LIQD .....	30
JULUCA .....	45	KERI RENEWAL MILK BODY LOTN .	KONVOMEF SUSR .....	133
JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW .....	119	61	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 .....	96
JYLAMVO SOLN PO .....	37	KERI RENEWAL STRETCH MARK LOTN .....		
JYNNEOS .....	135	61		
KALETRA SOLN .....	45	KERI SENSITIVE SKIN LOTN ....		
KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir) .....	45	61		
KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir) .....	45	KESIMPTA .....		
KANJINTI .....	38	129		
KAPSPARGO SPRINKLE CS24 ..	48	ketoconazole (topical) CREA .....		
KATERZIA .....	49	56		
KENALOG AERS (triamcinolone acetonide (topical)) .....	60	ketoconazole (topical) FOAM .....		
KEPPRA SOLN PO 100 MG/ML (levetiracetam) .....	19	56		
KEPPRA TABS 1000 MG (levetiracetam) .....	19	ketoconazole (topical) SHAM 2 % .		
KEPPRA TABS 250 MG, 750 MG (levetiracetam) .....	19	56		
KEPPRA TABS 500 MG (levetiracetam) .....	19	ketoconazole .....		
		31		
		KETONE TEST STRP .....		
		63		
		ketoprofen CAPS .....		
		6		
		ketoprofen CP24 .....		
		6		
		ketorolac tromethamine (ophth) 0.4 % .....		
		125		
		ketorolac tromethamine (ophth) 0.5 % .....		
		125		
		ketorolac tromethamine TABS .....		
		6		
		KETOSTIX STRP .....		
		63		
		ketotifen fumarate (ophth) 0.035 % 126		
		5		
		KEVZARA SOAJ .....		
		5		
		KEVZARA SOSY .....		
		5		

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 .....	96	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 .....	97	LAMICTAL ODT TBDP (lamotrigine) .	19
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 .	97	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 .....	97	LAMICTAL STARTER KIT 25 MG (lamotrigine) .....	19
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 .....	97	K-PAX IMMUNE PROFESSIONAL ST TABS .....	97	LAMICTAL TABS (lamotrigine) ....	19
KP VISION FORMULA TABS 60 MG-40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG .....	97	KPN PRENATAL TABS .....	120	LAMICTAL XR KIT .....	19
KP VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG .....	97	KRINTAFEL .....	37	LAMICTAL XR TB24 (lamotrigine) .	19
KP WOMENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-10 MG-500 MG-4.5 MG-50 MG-24 MG-2.2 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-		labetalol hcl TABS 100 MG .....	47	lamivudine (hbv) TABS .....	47
		labetalol hcl TABS 200 MG .....	47	lamivudine SOLN .....	45
		labetalol hcl TABS 300 MG .....	47	lamivudine TABS 150 MG .....	45
		labetalol hcl TABS 400 MG .....	47	lamivudine TABS 300 MG .....	45
		lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML .....	19	lamivudine-zidovudine .....	45
		lacosamide TABS .....	19	lamotrigine CHEW .....	19
		lactic acid (ammonium lactate) CREA .....	61	lamotrigine KIT 25 MG .....	19
		lactic acid (ammonium lactate) LOTN 12 % .....	61	lamotrigine TABS .....	19
		lactulose (encephalopathy) .....	67	lamotrigine TB24 .....	19
		lactulose PACK .....	71	lamotrigine TBDP .....	19
		lactulose SOLN .....	71	LANOLIN XX .....	127
LAMICTAL CHEW (lamotrigine) ...	19	LAMICTAL ODT KIT (lamotrigine) .	19	lansoprazole CPDR 15 MG .....	132

LESCOL XL TB24 (fluvastatin sodium) .....	33	levonorgestrel-eth estradiol (triphasic) .....	51	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG .....	34
LETAIRIS (ambrisentan) .....	50	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG .....	51	LITETOUCH INSULIN SYRINGE .....	74
letrozole .....	38	levorphanol tartrate TABS .....	8	LITFULO .....	61
leucovorin calcium TABS .....	38	levorphanol tartrate TABS .....	9	lithium .....	39
levabuterol hcl .....	16	levothyroxine sodium TABS .....	131	lithium carbonate CAPS .....	39
levabuterol tartrate .....	16	LEXAPRO TABS 10 MG (escitalopram oxalate) .....	23	lithium carbonate TABS .....	39
levamlodipine maleate .....	49	LEXAPRO TABS 20 MG (escitalopram oxalate) .....	23	lithium carbonate TBCR .....	39
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML .....	19	LEXAPRO TABS 5 MG (escitalopram oxalate) .....	23	LIVALO (pitavastatin calcium) ....	33
levetiracetam TABS 1000 MG .....	19	LEXETTE FOAM (halobetasol propionate) .....	60	LIVER DETOX TABS .....	97
levetiracetam TABS 250 MG, 750 MG .....	19	LIALDA TBEC (mesalamine) .....	66	LOHIST-D LIQD .....	53
levetiracetam TABS 500 MG .....	19	lidocaine CREA 4 % .....	62	LOKELMA .....	80
levetiracetam TB24 .....	19	lidocaine hcl (mouth-throat) 2 % ..	80	loperamide hcl CAPS .....	30
levetiracetam TB3D 250 MG, 500 MG .....	19	lidocaine hcl CREA 3 %, 4 % .....	62	loperamide hcl TABS .....	30
levobunolol hcl 0.5 % .....	123	lidocaine hcl GEL 2 % .....	62	LOPID TABS (gemfibrozil) .....	33
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML .....	65	lidocaine-prilocaine CREA .....	62	lopinavir-ritonavir SOLN .....	45
levocarnitine (metabolic modifiers) TABS .....	65	LIKMEZ SUSP .....	36	lopinavir-ritonavir TABS 25 MG-100 MG .....	45
levocetirizine dihydrochloride SOLN 32 .....	32	LINZESS .....	67	lopinavir-ritonavir TABS 50 MG-200 MG .....	45
levocetirizine dihydrochloride TABS 32 .....	32	liothyronine sodium TABS .....	131	LOPRESSOR SOLN PO 10 MG/ML .	48
levofloxacin (ophth) 0.5 % .....	124	LIPIDSHIELD PLUS TABS .....	121	LOPRESSOR TABS 100 MG (metoprolol tartrate) .....	48
levofloxacin SOLN PO .....	66	LIPITOR TABS (atorvastatin calcium) .....	33	LOPRESSOR TABS 12.5 MG (metoprolol tartrate) .....	48
levofloxacin TABS .....	66	LIPOFEN CAPS (fenofibrate) .....	33	LOPRESSOR TABS 50 MG (metoprolol tartrate) .....	48
levonorgestrel & eth estradiol TABS 51 .....	51	liraglutide .....	26	loratadine & pseudoephedrine TB12 .	53
levonorgestrel (emergency oc) 1.5 MG .....	51	lisdexamfetamine dimesylate CAPS 1 .....	1	loratadine & pseudoephedrine TB24 .	53
		lisdexamfetamine dimesylate CHEW .	1	loratadine CHEW .....	32
		lisinopril & hydrochlorothiazide ...	35		

loratadine TABS .....	32	MG/ML (enoxaparin sodium) .....	18	MG-16.667 MG-133.333 UNIT-16.667 MCG-133.333 MG-66.667	
loratadine TDBP 10 MG .....	32	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium) .....	17	MG-16.667 MG-5 MG-1666.667	
lorazepam TABS 0.5 MG, 2 MG ...	13	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium) .....	18	UNIT-66.667 MG-5 MG-66.667	
lorazepam TABS 1 MG .....	13	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium) .....	17	UNIT-5 MCG-26.667 MG-3.333 MG-1.667 MG-0.667 MG-33.333 MCG	
losartan potassium & hydrochlorothiazide .....	35	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium) .....	17	LYUMJEV KWIKPEN SOPN .....	28
losartan potassium .....	34	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	17	LYUMJEV SOLN .....	28
LOTEMAX GEL (loteprednol etabonate) .....	125	loxapine succinate .....	42	LYUMJEV TEMPO PEN SOPN ...	28
LOTEMAX OINT .....	125	lubiprostone .....	66	LYVISPAH PACK .....	121
LOTEMAX SM GEL .....	125	LUBRIDERM LOTN .....	61	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 .....	98
LOTENSIN 10 MG, 20 MG (benazepril hcl) .....	34	LUMAVEX CAPS .....	80	MACUVITE EYE CARE TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT .....	98
LOTENSIN 40 MG (benazepril hcl) 34		LUMIGAN SOLN 0.01 % (bimatoprost) .....	126	MACUVITE TABS 60 MG-40 MG-2 MG-40 MCG-30 UNIT-5000 UNIT	.98
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)	35	LUMIVANCE CAPS .....	97	MAGELLAN INSULIN SAFETY SYR .....	74
loteprednol etabonate GEL .....	125	LUNAVIRA CAPS .....	80	magnesium citrate 1.745 GM/30ML 70	
loteprednol etabonate SUSP .....	125	lurasidone hcl .....	39	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML .....	70
loteprednol etabonate-tobramycin 125		LURBIRO TABS 100 MG (flurbiprofen) .....	6	magnesium oxide (mg supplement) TABS .....	79
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) .	35	LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG .....	97	magnesium oxide TABS 400 MG ..	12
LOTRONEX (alosetron hcl) .....	67	LYBALVI .....	128	malathion .....	62
lovastatin TABS 10 MG, 20 MG ...	33	LYFGENIA .....	69	maraviroc TABS 150 MG .....	45
lovastatin TABS 40 MG .....	33	LYRICA CAPS (pregabalin) .....	19	maraviroc TABS 300 MG .....	45
LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) .....	17	LYRICA CR (pregabalin (once-daily)) .....	130	MARINOL CAPS 2.5 MG (dronabinol) .....	31
LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium) .....	17	LYRICA SOLN (pregabalin) .....	19	MARPLAN .....	22
LOVENOX SOSY 100 MG/ML, 150		LYSIPLEX PLUS TABS 166.667 MG-333.333 MG-16.667 MG-50 MCG-333.333 MCG-16.667 MG-133.333			

MASK VORTEX/CHILD/FROG ... 76	33.333 MCG-0.333 MG-5 MG-83.333	MEGA MULTI MEN TABS .....98
MASK	MG-50 MCG-10 MG-25 MCG-3.333	MEGAVITE FRUITS & VEGGIES
VORTEX/TODDLER/LADYBUG ..76	MG-33.333 MG-8.333 MG-1.666 MG-6.666 MG-6.666 MG-1.666 MG-0.833	TABS .....98
MAVENCLAD (10 TABS) 10 MG (cladribine (multiple sclerosis)) ... 129	MG-11.666 MG-3.333 MG-1.666 MG-33.333 MG-3.333 MG-3.333 MG-3.333 MG-16.666 MG-33.333 MG-33.333 MG-3.333 MG-3.333 MG-3.333 MG-3.333 MG-8.333 MG ..... 98	MEGAVITE GOLDEN YEARS 55+ TABS .....98
MAVENCLAD (4 TABS) 10 MG (cladribine (multiple sclerosis)) ... 129		megestrol acetate (appetite) ..... 128
MAVENCLAD (5 TABS) 10 MG (cladribine (multiple sclerosis)) ... 129	MAXITROL SUSP (neomycin-polymy-dexameth) ..... 125	megestrol acetate SUSP ..... 38
MAVENCLAD (6 TABS) 10 MG (cladribine (multiple sclerosis)) ... 129	MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML ..... 53	megestrol acetate TABS ..... 38
MAVENCLAD (7 TABS) 10 MG (cladribine (multiple sclerosis)) ... 129	MAYZENT STARTER PACK TBPK 0.25 MG ..... 129	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 ..... 99
MAVENCLAD (8 TABS) 10 MG (cladribine (multiple sclerosis)) ... 129	MAYZENT TABS ..... 129	MEKTOVI ..... 38
MAVENCLAD (9 TABS) 10 MG (cladribine (multiple sclerosis)) ... 129	meclizine hcl TABS 12.5 MG, 25 MG, 50 MG ..... 30	meloxicam CAPS ..... 6
MAVYRET PACK ..... 47	meclofenamate sodium CAPS ..... 6	meloxicam TABS ..... 6
MAVYRET TABS ..... 47	MEDI TAB TABS ..... 98	memantine hcl CP24 ..... 128
MAXALT TABS 10 MG (rizatriptan benzoate) ..... 78	MEDIC INSULIN SYRINGE ..... 74	memantine hcl SOLN ..... 128
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate) ..... 78	MEDROL TABS (methylprednisolone) ..... 52	memantine hcl TABS ..... 128
MAXI-COMFORT INSULIN SYRINGE ..... 74	MEDROL TABS ..... 52	memantine hcl-donepezil hcl CP24 128
MAXICOMFORT SYR 27G X 1/2" 74	MEDROL TBPK (methylprednisolone) ..... 52	MEMORY COMPLEX BRAIN HEALTH TABS ..... 121
MAXIDEX SUSP OP ..... 125	medroxyprogesterone acetate (contraceptive) SUSP IM ..... 51	MENATROL CAPS ..... 99
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-	medroxyprogesterone acetate (contraceptive) SUSY IM ..... 51	MENQUADFI 0.5 ML ..... 133
	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG ..... 128	
	mefenamic acid CAPS ..... 6	
	mefloquine hcl ..... 37	

MENS 50+ ADVANCED CAPS . . . . .	99	mesalamine w/ cleanser . . . . .	66	methylodopa TABS 500 MG . . . . .	34
MENS 50+ MULTIVITAMIN TABS . . . . .	99	METAVEX TABS . . . . .	121	methylodopa TABS . . . . .	34
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 . . . . .	99	metaxalone . . . . .	121	methylergonovine maleate TABS	126
MENS MULTI HEALTH FORMULA TABS . . . . .	99	METAXALONE 640 MG . . . . .	121	METHYLIN SOLN (methylphenidate hcl) . . . . .	2
MENS MULTIVITAMIN TABS . . . . .	99	metformin hcl SOLN . . . . .	25	methylphenidate hcl CHEW . . . . .	2
MENVEO SOLN . . . . .	133	metformin hcl TABS 1000 MG . . . . .	25	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG . . . . .	2
MENVEO SOLR . . . . .	134	metformin hcl TABS 500 MG . . . . .	25	methylphenidate hcl CP24 . . . . .	2
meperidine hcl SOLN PO 50 MG/5ML . . . . .	9	metformin hcl TABS 625 MG, 750 MG . . . . .	25	methylphenidate hcl CPCR . . . . .	2
meperidine hcl TABS 50 MG . . . . .	9	metformin hcl TABS 850 MG . . . . .	25	methylphenidate hcl SOLN . . . . .	2
meprobamate . . . . .	13	metformin hcl TB24 500 MG, 1000 MG . . . . .	25	methylphenidate hcl TABS 10 MG, 20 MG . . . . .	2
mercaptopurine SUSP 2000 MG/100ML . . . . .	37	metformin hcl TB24 500 MG . . . . .	25	methylphenidate hcl TABS 5 MG . . . . .	2
mercaptopurine TABS . . . . .	37	metformin hcl TB24 750 MG . . . . .	25	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG . . . . .	2
MERILOG SOLN SC 100 UNIT/ML 28		methadone hcl TABS 10 MG . . . . .	9	methylphenidate hcl TB24 36 MG . . . . .	2
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML . . . . .	28	methadone hcl TABS 5 MG . . . . .	9	methylphenidate hcl TB24 36 MG . . . . .	2
mesalamine CP24 . . . . .	66	methamphetamine hcl . . . . .	1	methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG . . . . .	2
mesalamine CPCR . . . . .	66	methazolamide TABS . . . . .	63	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG . . . . .	2
mesalamine CPDR . . . . .	66	methenamine mandelate . . . . .	37	methylphenidate hcl TBCR 27 MG, 36 MG, 54 MG . . . . .	2
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ADVANTAGE TABS .....	OPTICHAMBER DIAMOND DEVI	76	orphenadrine citrate TB12 .....	121
ONE-A-DAY MENS 50+ TABS ...	OPTICHAMBER DIAMOND MISC	76	orphenadrine w/ aspirin & caff ...	122
107	OPTICHAMBER DIAMOND-LG		OSCIMIN SUBL 0.125 MG	
ONE-A-DAY MENS HEALTH	MASK DEVI .....	76	(hyoscyamine sulfate) .....	132
FORMULA TABS .....	OPTICHAMBER DIAMOND-MD		OSCIMIN TABS 0.125 MG	
ONE-A-DAY MENS PRO EDGE	MASK MISC .....	76	(hyoscyamine sulfate) .....	132
TABS .....	OPTICHAMBER DIAMOND-SM		oseltamivir phosphate CAPS 30 MG .	
ONE-A-DAY PROACTIVE 65+ TABS	MASK MISC .....	76	47	
.....	OPTIC-VITES TABS 60 MG-40 MG-2		oseltamivir phosphate CAPS 45 MG,	
107	MG-30 UNIT-5000 UNIT-40 MCG		75 MG .....	47
ONE-A-DAY TEEN	107		oseltamivir phosphate SUSR .....	47
ADVANTAGE/HIM TABS .....	OPTIC-VITES WITH LUTEIN TABS		OSMOLEX ER TB24 193 MG .....	39
107	200 MG-2 MG-40 MG-2 MG-1000		OSTEOPRIME PLUS TABS .....	108
ONE-A-DAY WOMENS 50+ TABS	UNIT-60 UNIT-55 MCG .....	107	OSTEOPRIME ULTRA TABS 30	
107			MG-6.25 MG-200 MCG-5 MG-200	
ONE-A-DAY WOMENS TABS ...	OPTIMUM PMS TABS 250 MG-4.16		UNIT-12.5 MCG-5 MG-75 MCG-12.5	
107	MG-33.3 MCG-4.16 MG-10.4 MCG-		MG-5 MG-0.5 MG-5 MG-11.25 MCG-	
ONE-DAILY MULTI CAPS CAPS	2083.3 UNIT-4.16 MG-52.08 MG-		1.25 MG-75 MG-3.75 MG-0.75 MG-	
107	4.16 MG-4.16 MG-16.7 UNIT-2.5		200 MG-12.5 MCG-32 MG-25 MCG-	
ONE-DAILY MULTI VITAMINS TABS	MG-41.7 MG-1.67 MG-7.9 MG-16.7		1.5 MG-5 MG-1.75 MG-50 MCG .	108
50 MG-20 MG-1 MG-1.5 MG-400	MCG-0.08 MG-4.16 MG-12.5 MCG-		OTEZLA TABS 20 MG .....	7
UNIT-3 MCG-1 MG-1.7 MG-4000	16.7 MCG-16.7 UNIT .....	107	OTEZLA TABS 30 MG .....	7
UNIT-60 MG .....	OPURITY TABS .....	108	OTEZLA TBPK .....	7
117	OPVEE NA .....	30		
ONE-DAILY MULTI-VIT/MINERAL	OPZELURA .....	60		
TABS 50 MG-2 MG-20 MG-1 MG-1	ORACEA (doxycycline (rosacea))	62		
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 .....				
107				
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 .....				
117				

OTEZLA XR TB24 PO 75 MG ..... 7	oxycodone hcl CAPS .....9	PANDA MASK MEDIUM .....76
OTEZLA/OTEZLA XR INITIATION PK TBPK ..... 7	oxycodone hcl CONC 100 MG/5ML 9	PANDA MASK SMALL .....76
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML .....3	oxycodone hcl SOLN .....9	PANDEL .....60
OTULFI SOLN SC 45 MG/0.5ML ..57	oxycodone hcl T12A 20 MG, 40 MG . 9	pantoprazole sodium PACK .....132
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML ..... 57	oxycodone hcl TABS 5 MG, 10 MG, 20 MG .....9	pantoprazole sodium TBEC 20 MG 132
OVACE PLUS SHAM (sulfacetamide sodium) .....57	oxycodone hcl TABS .....9	pantoprazole sodium TBEC 40 MG 132
OVACE PLUS WASH GEL (sulfacetamide sodium) .....57	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....11	PAPZIMEOS SUSP SC .....47
OVACE PLUS WASH LIQD (sulfacetamide sodium) .....57	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....11	PARI VORTEX ADULT MASK ....76
OVACE WASH LIQD (sulfacetamide sodium) .....57	oxycodone w/ acetaminophen TABS . 11	PARI VORTEX PEDIATRIC MASK 76
OVIDE (malathion) .....62	OXYCONTIN T12A 10 MG, 15 MG, 30 MG, 60 MG .....9	paroxetine hcl SUSP .....23
oxaprozin CAPS .....6	OXYCONTIN T12A 20 MG, 40 MG, 80 MG .....9	paroxetine hcl TABS 10 MG .....23
oxaprozin TABS .....6	oxymorphone hcl TABS .....9	paroxetine hcl TABS 20 MG .....23
oxazepam CAPS .....13	oxymorphone hcl TB12 .....9	paroxetine hcl TABS 30 MG, 40 MG . 23
oxcarbazepine SUSP .....19	OXYTROL PTTW .....133	paroxetine hcl TB24 .....23
oxcarbazepine TABS .....19	oyster shell .....79	paroxetine mesylate (vasomotor) 130
oxcarbazepine TB24 .....19	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN .....26	PARVLEX TABS .....108
oxiconazole nitrate CREA .....56	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML .....26	PAXIL CR TB24 (paroxetine hcl) ..23
OXISTAT LOTN .....56	OZEMPIC (2 MG/DOSE) SOPN ...26	PAXIL SUSP (paroxetine hcl) .....23
OXTELLAR XR TB24 (oxcarbazepine) .....19	OZOBAX DS SOLN PO (baclofen) 122	PAXIL TABS 10 MG (paroxetine hcl) . 23
oxybutynin chloride SOLN .....133	PADCEV .....38	PAXIL TABS 20 MG (paroxetine hcl) . 23
oxybutynin chloride TABS 2.5 MG 133	paliperidone .....40	PAXIL TABS 30 MG, 40 MG (paroxetine hcl) .....23
oxybutynin chloride TABS 5 MG . 133	paliperidone .....41	PAXLOVID (150/100) .....46
oxybutynin chloride TB24 .....133	PANDA MASK LARGE .....76	PAXLOVID (300/100 & 150/100) .46
		PAXLOVID (300/100) .....46
		PC PEDIATRIC POLY-VITAMIN

DROP SOLN PO .....	120	PERFOROMIST NEBU (formoterol fumarate) .....	16	pimecrolimus .....	61
ped multivitamins w/fl & iron SOLN 118		perindopril erbumine .....	34	pindolol TABS .....	48
PEDIATRIC PANDA MASK .....	76	PERMETHRIN CREA 5 % (permethrin) .....	62	pioglitazone hcl .....	29
PEDVAX HIB SUSP .....	134	permethrin CREA .....	62	pioglitazone hcl-glimepiride .....	25
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....	70	permethrin LIQD EX .....	62	pioglitazone hcl-metformin hcl TABS . 25	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR .....	70	perphenazine TABS .....	42	pirfenidone CAPS .....	131
peg 3350-potassium chloride-sod bicarbonate-sod chloride .....	70	perphenazine-amitriptyline .....	128	pirfenidone TABS .....	131
PEGASYS SOLN .....	47	PERSERIS PRSY .....	41	piroxicam CAPS .....	6
PEGASYS SOSY .....	47	PERTZYE CPEP .....	63	pitavastatin calcium .....	33
PENBRAYA .....	134	phenazopyridine hcl TABS 100 MG, 200 MG .....	68	PIVYA TABS PO 185 MG .....	127
penciclovir .....	58	phenelzine sulfate .....	22	PLAVIX 75 MG (clopidogrel bisulfate) .....	68
penicillamine TABS .....	79	phenobarbital ELIX .....	69	PLEGRIDY SOAJ .....	129
penicillin v potassium SOLR .....	127	phenobarbital TABS .....	69	PLEGRIDY SOSY IM .....	129
penicillin v potassium TABS .....	127	phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 53		PLEGRIDY STARTER PACK SOAJ . 129	
PENMENVY SUSR IM .....	134	phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML .....	53	PLEGRIDY STARTER PACK SOSY SC .....	129
PENNSAID SOLN EX 2 % (diclofenac sodium (topical)) .....	56	phenytoin CHEW .....	21	PNEUMOVAX 23 SOLN .....	134
PENTASA CPCR (mesalamine) ...	66	phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	21	PNEUMOVAX 23 SOSY .....	134
PENTASA CPCR .....	66	phenytoin sodium extended 200 MG, 300 MG .....	21	POCKET CHAMBER DEVI .....	77
pentazocine w/ naloxone hcl .....	11	phenytoin SUSP 125 MG/5ML ....	21	POCKET SPACER DEVI .....	77
pentoxifylline .....	68	PHESGO .....	38	podofilox GEL .....	61
perampanel SUSP 0.5 MG/ML ....	18	PHYTOMULTI TABS .....	108	podofilox SOLN .....	62
perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG .....	18	phytonadione TABS 5 MG .....	137	polyethylene glycol 3350 PACK ...	71
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen) ...	11	PIFELTRO .....	45	polyethylene glycol 3350 POWD ..	71
PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) ...	11	pilocarpine hcl (oral) 5 MG .....	80	polymyxin b-trimethoprim .....	124
		pilocarpine hcl SOLN 1 %, 2 %, 4 % .		polysaccharide iron complex CAPS 69	
				polyvinyl alcohol 1.4 % .....	123

POLY-VI-SOL SOLN PO .....	120	prasugrel hcl .....	68	PREMPRO .....	65
POLY-VITA SOLN PO .....	120	pravastatin sodium .....	33	PREPARATION H EX 1 % .....	12
POLY-VITE PEDIATRIC SOLN PO 120		prazosin hcl CAPS .....	34	PREPARATION H SOOTHING RELIEF EX 1 % .....	12
POLY-VITE/IRON SOLN .....	119	PRECISION SURE-DOSE SYRINGE .....	74	PRESCRIPTION SUPPORT MULTIVIT CAPS .....	108
PONVORY STARTER PACK TBPK 129		PRED FORTE (prednisolone acetate (ophth)) .....	125	PRESERVISION AREDS 2 CAPS 108	
PONVORY TABS .....	129	PRED MILD .....	125	PRESERVISION AREDS 2+COQ10 CAPS .....	108
posaconazole SUSP .....	31	prednisolone acetate (ophth) ....	125	PRESERVISION AREDS 2+MULTI VIT CAPS .....	108
posaconazole TBEC .....	31	PREDNISOLONE ACETATE P-F 125		PRESERVISION AREDS CAPS .	108
pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	79	PREDNISOLONE SODIUM PHOSPHATE .....	125	PRESERVISION AREDS TABS .	108
potassium bicarbonate TBEF .....	79	prednisolone sodium phosphate SOLN 20 MG/5ML .....	52	PRESERVISION/LUTEIN CAPS .	108
potassium chloride CPCR 10 MEQ 79		prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML .....	52	PREVACID CPDR 30 MG (lansoprazole) .....	132
potassium chloride CPCR 8 MEQ .	79	PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG .....	52	PREVACID SOLUTAB TBDD (lansoprazole) .....	132
potassium chloride microencapsulated crystals er ....	79	prednisolone SOLN .....	52	PREVENT CAPS .....	108
potassium chloride PACK PO 20 MEQ .....	79	prednisolone TABS .....	52	PREVNAR 20 .....	134
potassium chloride SOLN PO 10 %, 20 %, 10 % .....	79	PREDNISONE INTENSOL CONC	52	PREV-RX TABS .....	108
potassium chloride TBCR .....	79	prednisone SOLN .....	52	PREZCOBIX .....	45
potassium citrate (alkalinizer) TBCR . 67		prednisone TABS .....	52	PREZISTA SUSP .....	45
potassium iodide (expectorant) SOLN .....	53	prednisone TABS .....	52	PREZISTA TABS (darunavir) .....	45
PRADAXA CAPS (dabigatran etexilate mesylate) .....	18	prednisone TBEC 1 MG, 2 MG ....	52	PREZISTA TABS 150 MG .....	45
PRADAXA PACK .....	18	prednisone TBPK .....	52	PREZISTA TABS 75 MG, 600 MG	45
PRALUENT SOAJ .....	33	pregabalin (once-daily) .....	130	PREZISTA TABS 800 MG (darunavir) .....	45
pramipexole dihydrochloride TABS 39		pregabalin CAPS .....	19	PRILOSEC PACK .....	133
pramipexole dihydrochloride TB24	39	pregabalin SOLN .....	20	primaquine phosphate TABS .....	37
		PREHEVBRIO .....	135	primidone .....	20
		PREMARIN .....	136	PRIORIX SUSR .....	135

PRISTIQ 100 MG (desvenlafaxine succinate) .....	24	PROGRAF CAPS (tacrolimus) .....	80	sodium) .....	133
PRISTIQ 25 MG, 50 MG (desvenlafaxine succinate) .....	24	PROGRAF PACK .....	80	PROTONIX TBEC 20 MG (pantoprazole sodium) .....	133
PRO COMFORT SPACER ADULT MISC .....	77	PROLATE SOLN .....	11	PROTONIX TBEC 40 MG (pantoprazole sodium) .....	133
PRO COMFORT SPACER CHILD MISC .....	77	PROLATE TABS .....	11	PROVIGIL (modafinil) .....	2
PRO COMFORT SPACER INFANT DEVI .....	77	PROLENSA (bromfenac sodium (ophth)) .....	126	PROVIT TABS .....	108
PROAIR RESPICLICK AEPB .....	16	promethazine & phenylephrine SYRP .....	53	PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl) .....	23
probenecid .....	68	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML .....	32	PROZAC CAPS 40 MG (fluoxetine hcl) .....	23
PROBIOTICS + BARIATRIC MULTI CAPS .....	108	promethazine hcl SUPP .....	32	prucalopride succinate .....	66
PRO-CAL TABS .....	108	promethazine hcl TABS .....	32	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML .....	53
PROCARDIA XL TB24 30 MG, 90 MG (nifedipine) .....	49	promethazine w/codeine SOLN .....	53	pseudoephedrine hcl TABS .....	122
PROCARDIA XL TB24 60 MG (nifedipine) .....	49	promethazine w/codeine SYRP .....	53	pseudoephedrine hcl TB12 .....	122
PROCARE SPACER/ADULT MASK DEVI .....	77	promethazine-dm SYRP .....	53	pseudoephedrine-guaifenesin TB12 1200 MG-120 MG .....	53
PROCARE SPACER/CHILD MASK DEVI .....	77	propafenone hcl CP12 .....	13	pseudoephedrine-guaifenesin TB12 600 MG-60 MG .....	53
PROCERV HP TABS .....	108	propafenone hcl TABS .....	13	PULMICORT FLEXHALER AEPB .....	15
PROCHAMBER VHC DEVI .....	77	propranolol hcl CP24 .....	48	PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (budesonide (inhalation)) .....	15
prochlorperazine .....	42	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML .....	48	PULMICORT SUSP 1 MG/2ML (budesonide (inhalation)) .....	15
prochlorperazine .....	43	propranolol hcl TABS .....	48	PURE COMFORT SPACER CHAMBER DEVI .....	77
prochlorperazine maleate TABS .....	43	propylthiouracil .....	131	PX INSULIN SYRINGE .....	74
PROCRIT .....	69	PRORENAL + D TABS .....	108	pyrazinamide .....	37
PRODIGY INSULIN SYRINGE .....	74	PRORENAL + D W/ OMEGA-3 CAPS .....	108	pyrethrins-piperonyl butoxide SHAM 4 %-0.33 % .....	62
PROFOLA TABS .....	108	PROSCAR (finasteride) .....	68	pyridostigmine bromide TABS 60 MG .....	37
progesterone CAPS .....	128	PROSIGHT TABS 60 MG-40 MG-2 MG-30 MG-5000 UNIT-40 MCG .....	108		
PROGLYCEM (diazoxide) .....	26	PROTECT CARDIO AF CAPS .....	108		
		PROTECT PLUS SO CAPS .....	108		
		PROTEGRA CAPS .....	108		
		PROTONIX PACK (pantoprazole .....			

pyridostigmine bromide TBCR .....37	MG-150 MCG-220 MG-45 MCG-150	quetiapine fumarate TABS 300 MG,
pyridoxine hcl TABS 25 MG, 50 MG,	MCG-50 UNIT-20 MG-0.5 MG-5	400 MG ..... 42
100 MG ..... 137	MCG-2.3 MG-55 MCG-10 MCG-45	quetiapine fumarate TB24 ..... 42
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	MCG-72 MG-2 MG ..... 109	QUILLICHEW ER CHER .....2
.....57	QC MULTI-VITE TABS ..... 109	QUILLIVANT XR SRER .....3
PYZCHIVA SC 45 MG/0.5ML ..... 57	QC OCUHEALTH VISION	QUIN B STRONG TABS ..... 109
QBRELIS SOLN ..... 34	SUPPORT 2 CAPS .....109	quinapril hcl ..... 34
QC DAILY	QC THERIN-M TABS 90 MG-6 MG-	quinapril-hydrochlorothiazide 12.5
MULTIVIT/MULTIMINERAL TABS 50	30 MCG-400 MCG-400 UNIT-12	MG-10 MG ..... 36
MG-2 MG-30 MCG-400 MCG-400	MCG-3.4 MG-28 MCG-20 MG-5000	quinapril-hydrochlorothiazide 12.5
UNIT-6 MCG-2500 UNIT-1.7 MG-25	UNIT-10 MG-9 MG-3 MG-100 MG-15	MG-20 MG ..... 36
MCG-20 MG-10 MG-18 MG-1.5 MG-	MG-150 MCG-7.5 MG-2 MG-40 MG-	quinapril-hydrochlorothiazide 25 MG-
100 MG-15 MG-150 MCG-80 MG-2	75 MCG-150 MCG-60 UNIT-31 MG-2	20 MG .....36
MG-162 MG-160 MCG-150 MCG-30	MG-5 MCG-10 MCG-2 MG-50 MCG-	quinidine gluconate TBCR ..... 13
UNIT-109 MG-2 MG-5 MCG-10	70 MCG-10 MCG-7.5 MG ..... 109	quinidine sulfate TABS .....13
MCG-3.5 MG-65 MCG-20 MCG-10	QC WOMENS DAILY	QUINTABS TABS ..... 117
MCG-72 MG ..... 108	MULTIVITAMIN TABS 60 MG-2 MG-	QUINTABS-M TABS .....109
QC ESSENTIALS TABS 60 MG-2	30 MCG-400 MCG-500 UNIT-5	QULIPTA ..... 77
MG-400 MCG-400 UNIT-6 MCG-1.7	MCG-2500 UNIT-1.7 MG-25 MCG-10	QUVIVIQ .....70
MG-20 MG-5000 UNIT-10 MG-1.5	MG-5 MG-15 MG-450 MG-5 MG-50	QVAR REDHALER 40 MCG/ACT .15
MG-30 UNIT ..... 117	MG-15 MG-30 UNIT-2 MG-2 MG-120	QVAR REDHALER 80 MCG/ACT .15
QC HAIR SKIN & NAILS TABS 50	MCG-20 MCG ..... 109	RABAVERT ..... 135
MG-50 MG-3.5 MG-6.5 MG-25 MCG-	QDOLO SOLN (tramadol hcl) .....9	rabeprazole sodium TBEC ..... 133
25 UNIT-25 MCG-7.5 MG-7.2 MG-50	QELBREE ..... 2	RAGWITEK SUBL .....3
UNIT-25 MCG-2500 UNIT-15 MG-5	QNASL .....122	RALDESY SOLN PO 10 MG/ML .. 23
MG-25 MG-10 MG-3.3 MG-10 MG-5	QNASL CHILDRENS ..... 122	raloxifene hcl ..... 65
MG-10 MG-20 MG-0.6 MG-150	QTERN ..... 25	ramelteon .....70
MCG-54 MG-70 MG-897 MCG-0.6	quazepam ..... 70	ramipril CAPS .....34
MG ..... 108	QUESTRAN LIGHT POWD	ranitidine hcl TABS 150 MG .....132
QC MENS DAILY MULTIVITAMIN	(cholestyramine light) ..... 32	ranitidine hcl TABS 300 MG .....132
TABS 90 MG-3 MG-30 MCG-400	QUESTRAN PACK (cholestyramine)	ranolazine TB12 .....13
MCG-400 UNIT-18 MCG-1.7 MG-20	32	
MCG-16 MG-3500 UNIT-5 MG-210	QUESTRAN POWD (cholestyramine)	
MG-600 MCG-1.2 MG-120 MG-15	.....32	
MG-2 MG-100 MG-45 UNIT-2 MG-	quetiapine fumarate TABS 150 MG	
120 MCG-105 MCG ..... 108	42	
QC MULTI-VITE 50 & OVER TABS	quetiapine fumarate TABS 25 MG, 50	
60 MG-3 MG-30 MCG-400 MCG-500	MG, 100 MG, 200 MG ..... 42	
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		

RAPAFLO (silodosin) .....	68	METER KIT .....	73	REPATHA SURECLICK SOAJ .....	33
rasagiline mesylate .....	39	RELION TRUE METRIX TEST STRIPS STRP .....	63	RESTA LITE LOTN .....	61
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 .....	3	RELPAK (eletriptan hydrobromide) 78		RESTASIS EMUL (cyclosporine (ophth)) .....	124
RAYAVIT TABS .....	109	REMEDIENT CAPS .....	109	RESTASIS MULTIDOSE EMUL .....	124
RAYOS TBEC .....	52	REMERON SOLTAB TBDP 15 MG (mirtazapine) .....	21	RESTORIL 15 MG, 30 MG (temazepam) .....	70
REALITY INSULIN SYRINGE .....	74	REMERON SOLTAB TBDP 30 MG (mirtazapine) .....	21	RESTORIL 7.5 MG, 22.5 MG (temazepam) .....	70
REBIF REBIDOSE SOAJ .....	130	REMERON SOLTAB TBDP 45 MG (mirtazapine) .....	21	RETACRIT .....	69
REBIF REBIDOSE TITRATION PACK SOAJ .....	130	REMERON TABS 15 MG (mirtazapine) .....	21	RETROVIR CAPS (zidovudine) ...	45
REBIF SOSY .....	130	REMERON TABS 30 MG (mirtazapine) .....	21	RETROVIR SYRP (zidovudine) ...	45
REBIF TITRATION PACK SOSY .....	130	RENAL CAPS 1 MG .....	81	REVATIO TABS (sildenafil citrate (pulmonary hypertension)) .....	50
REBLOZYL .....	69	RENAL MULTIVITAMIN TABS ...	109	REXTOVY LIQD .....	30
RECOMBIVAX HB SUSP .....	135	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 .....	109	REXULTI .....	43
RECOMBIVAX HB SUSY .....	135	RENAPLEX-D TABS .....	109	REYATAZ CAPS 200 MG (atazanavir sulfate) .....	45
REGLAN TABS (metoclopramide hcl) .....	66	RENFLEXIS .....	67	REYATAZ CAPS 300 MG (atazanavir sulfate) .....	45
RELAFEN DS .....	6	RENO CAPS CAPS 1 MG .....	81	REYATAZ PACK .....	45
RELCARE TABS .....	117	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG .....	131	REYVOW .....	78
RELENZA DISKHALER .....	47	RENVELA PACK (sevelamer carbonate) .....	67	REZUROCK .....	79
RELEXXII TBCR 18 MG, 27 MG, 54 MG .....	3	RENVELA TABS (sevelamer carbonate) .....	67	REZVOGLAR KWIKPEN .....	29
RELEXXII TBCR 36 MG .....	3	repaglinide .....	29	RHAPSIDO TABS PO 25 MG .....	79
RELEXXII TBCR 45 MG, 63 MG, 72 MG (methylphenidate hcl) .....	3	REPATHA PUSHTRONEX SYSTEM SOCT .....	33	RHOFADE .....	62
RELEXXII TBCR 45 MG, 63 MG, 72 MG .....	3	REPATHA SOSY .....	33	RHOGAM ULTRA-FILTERED PLUS SOSY IM .....	127
RELION INSULIN SYRINGE .....	74			RHOPRESSA .....	124
RELION KETONE TEST STRP ...	63			ribavirin (hepatitis c) CAPS .....	47
RELION TRUE MET AIR GLUC				ribavirin (hepatitis c) TABS 200 MG	47
				riboflavin TABS .....	137

rifabutin .....	37	rivastigmine 13.3 MG/24HR .....	128	SABRIL PACK (vigabatrin) .....	20
rifampin CAPS .....	37	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR .....	128	SABRIL TABS (vigabatrin) .....	20
rilpivirine hcl 25 MG .....	45	rivastigmine tartrate CAPS .....	128	sacubitril-valsartan TABS .....	49
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risperidone microspheres .....	41	ROXYBOND TABA 5 MG .....	9	saxagliptin-metformin hcl .....	25
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risperidone TABS 0.25 MG .....	41	ROZLYTREK CAPS .....	38	scopolamine .....	30
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rivaroxaban TABS 2.5 MG .....	17				

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selenium sulfide LOTN 2.5 % .....	58	SEROQUEL TABS 50 MG (quetiapine fumarate) .....	42	silver sulfadiazine .....	58
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SEMGLEE (YFGN) SOPN .....	29	sertraline hcl CAPS 150 MG, 200 MG .....	23	SIMLANDI (2 PEN) AJKT .....	5
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 .....	109	sertraline hcl CONC .....	23	SIMLANDI (2 SYRINGE) PSKT .....	5
sennosides TABS 8.6 MG .....	71	sertraline hcl TABS 100 MG .....	23	SIMPONI SOAJ .....	5
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SENTRY TABS .....	109	SFROWASA ENEM .....	67	SINGULAIR CHEW (montelukast sodium) .....	14
SEPHIENCE PACK PO 250 MG, 1000 MG .....	65	SHINGRIX .....	135	SINGULAIR PACK (montelukast sodium) .....	14
SEREVENT DISKUS .....	16	SHINGRIX IM 50 MCG/0.5ML .....	135	SINGULAIR TABS (montelukast sodium) .....	14
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (quetiapine fumarate) .....	42	SIDEROL TABS .....	109	sirolimus SOLN .....	80
		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 .....	81	sirolimus TABS .....	80
		SIKLOS TABS .....	69	sitagliptin 25 MG, 50 MG, 100 MG 26	
				sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG .....	25

sitagliptin free base-metformin hcl TB24 .....	25	sodium polystyrene sulfonate SUSP CO 15 GM/60ML .....	80	spinosad .....	62
SIVEXTRO TABS .....	37	sodium polystyrene sulfonate SUSP PR 30 GM/120ML .....	80	SPIRIVA HANDIHALER CAPS IN (tiotropium bromide) .....	14
SKIN HAIR & NAILS ADVANCED CAPS .....	109	sodium sulfate-potassium sulfate- magnesium sulfate .....	70	SPIRIVA RESPIMAT AERS IN ....	14
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SKYRIZI SOCT .....	67	SOGROYA .....	64	spironolactone TABS .....	64
SKYRIZI SOSY .....	57	solifenacin succinate TABS .....	133	SPONGEBOB SQUAREPANTS GUMMIES CHEW .....	119
SKYTROFA .....	64	SOLIQUA .....	25	SPORANOX CAPS (itraconazole) .	31
SMARTY PANTS KIDS COMPLETE CHEW .....	119	SOLO TABS .....	109	SPORANOX SOLN (itraconazole) .	31
SOD CITRATE-CITRIC ACID .....	67	SOLOSEC .....	3	SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (levetiracetam) 20	
sodium bicarbonate (antacid) TABS 325 MG, 650 MG .....	12	SOMA TABS (carisoprodol) .....	122	SPRITAM TB3D .....	20
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sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 % .....	54	SORBITOL XX .....	127	STAMARIL SUSR .....	136
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sodium fluoride (dental) GEL .....	80	sotalol hcl TABS .....	48	STEGLATRO .....	29
sodium fluoride (dental) PSTE DT .	80	SOTYKTU .....	57	STEGLUJAN .....	25
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SODIUM FLUORIDE SOLN 0.5 MG/ML .....	79	SOVALDI TABS .....	47	STEQEYMA SC .....	57
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 .....	70	SOVUNA 200 MG .....	37	STIOLTO RESPIMAT .....	16
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		SPECTRAVITE TABS .....	109	STRESS B COMPLEX/ANTIOXID/ZINC TABS 500 MG-45 MCG-400 MCG-10 MG- 100 MG-5 MG-20 MG-10 MG-13.5 MG-3 MG-24 MG-77 MG-12 MCG 109	
		SPEVIGO SOSY .....	57		
		SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML .....	136		
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STRESS FORMULA/ZINC/ENERGY TABS .....	117	sumatriptan 5 MG/ACT .....	78
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 .....	109	sumatriptan succinate SOAJ 4 MG/0.5ML .....	78
STRESSTABS ENERGY TABS .....	118	sumatriptan succinate SOAJ 6 MG/0.5ML .....	78
STRIBILD .....	45	sumatriptan succinate SOCT 4 MG/0.5ML .....	78
STRIVERDI RESPIMAT .....	16	sumatriptan succinate SOCT 6 MG/0.5ML .....	78
STROVITE ONE TABS .....	110	sumatriptan succinate SOLN 6 MG/0.5ML .....	78
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SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate) .....	11	sumatriptan-naproxen sodium ....	77
SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate) .....	11	SUMAXIN CP .....	55
SUBVENITE SUSP PO 10 MG/ML 20		SUMAXIN PADS .....	55
sucralfate SUSP .....	132	SUNOSI .....	2
sucralfate TABS .....	132	SUPER ANTIOXIDANT CAPS ...	110
SUFLAVE .....	70	SUPER ANTIOXIDANTS PROTECTOR CAPS 500 MG-400 UNIT-25000 UNIT-50 MCG .....	110
SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine) .....	49	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 .....	110
sulfacetamide sodium (acne) .....	54	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 ....	110
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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 110		SYMLINPEN 120 SOPN .....	24	TALTZ SOAJ .....	57
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 .....	110	SYMLINPEN 60 SOPN .....	24	TALTZ SOSY .....	57
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SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate) .....	45	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 .....	118	tazarotene GEL .....	57
		TACLONEX SUSP (calcipotriene-betamethasone dipropionate) .....	60	TECFIDERA CDPK (dimethyl fumarate) .....	130
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		tacrolimus (topical) OINT 0.1 % ..	61	TECHLITE INSULIN SYRINGE ...	74
		tacrolimus CAPS .....	80	TEGRETOL SUSP (carbamazepine) .	20
		tadalafil (pulmonary hypertension) TABS .....	50	TEGRETOL TABS (carbamazepine) .	20
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testosterone cypionate SOLN IM 100	MG-30 MCG-0.4 MG-3 MG-9 MCG-	MG-0.33 MG-50 MCG-3.3 MG-33.3
MG/ML ..... 12	10 MG-3.4 MG-20 MG-2500 UNIT-	MG-100 MG-11.7 MG-66.7 MG-3.3
testosterone cypionate SOLN IM 200	400 UNIT-30 UNIT-2500 UNIT-27	MG-41.7 MG-140 UNIT-5 UNIT-0.67
MG/ML ..... 12	MG-100 MG-5 MG-15 MCG-7.5 MG-	MG-1400 UNIT ..... 111
testosterone enanthate SOLN IM ..12	15 MCG-2 MG-15 MG-40 MG-150	THERAPEUTIC-M TABS 90 MG-2
testosterone GEL TD 1 %, 10	MCG-31 MG-10 MCG-7.5 MG ... 110	MG-30 MCG-400 MCG-1.5 MG-400
MG/ACT, 20.25 MG/1.25GM, 25	THERA VITAL-M TABS 120 MG-3	UNIT-6 MCG-1.7 MG-20 MG-5000
MG/2.5GM, 40.5 MG/2.5GM .....12	MG-15 MCG-400 MCG-400 UNIT-9	UNIT-10 MG-9 MG-60 MG-2 MG-15
testosterone GEL TD 1 %, 50	MCG-3.4 MG-30 MG-5500 UNIT-10	MCG-8 MG-15 MCG-2 MG-15 MG-
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		MCG-1500 MCG-28 MCG-12 MCG-8
		MG .....111
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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	112	tiagabine hcl .....	20	TOBREX OINT .....	124
THERA-VITE MAX-M TABS .....	112	ticagrelor 60 MG, 90 MG .....	68	TOLECTIN DS CAPS 400 MG (tolmetin sodium) .....	6
THEREMS TABS .....	118	TICOVAC .....	136	tolmetin sodium CAPS .....	6
thiamine hcl TABS .....	137	timolol .....	123	tolmetin sodium TABS 600 MG .....	6
thiamine mononitrate TABS 100 MG .	137	timolol maleate (ophth) SOLG ....	123	tolnaftate CREA .....	56
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thiothixene .....	43	timolol maleate (ophth) SOLN ....	123	tolterodine tartrate CP24 .....	133
THRIVE FOR LIFE WOMENS TABS 60 MG-6 MG-300 MCG-400 MCG-1000 UNIT-18 MCG-5.1 MG-60		timolol maleate TABS .....	48	tolterodine tartrate TABS .....	133
		TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth)) .....	123	TONMYA SUBL SL 2.8 MG .....	128
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		tioconazole vaginal 6.5 % .....	136	TOPAMAX SPRINKLE CPSP 25 MG (topiramate) .....	20
		tiotropium bromide CAPS IN 18 MCG .....	14	TOPAMAX TABS 100 MG (topiramate) .....	20
		TIVICAY PD TBSO .....	46	TOPAMAX TABS 200 MG (topiramate) .....	20
		TIVICAY TABS 50 MG .....	46	TOPAMAX TABS 25 MG, 50 MG (topiramate) .....	20
		tizanidine hcl CAPS .....	122	TOPICORT CREA (desoximetasone) .....	60
		tizanidine hcl TABS .....	122	TOPICORT GEL (desoximetasone) 60	
		TM-DAILY VITE TABS .....	118	TOPICORT OINT (desoximetasone) .	60
		TOBI NEBU (tobramycin) .....	3	TOPICORT SPRAY LIQD (desoximetasone) .....	60
		TOBI PODHALER CAPS .....	3	topiramate CP24 .....	20
		TOBRADEX OINT .....	125		
		TOBRADEX ST SUSP .....	125		
		tobramycin (ophth) SOLN .....	124		
		tobramycin NEBU .....	3		

topiramate CPSP 15 MG .....	20	tramadol hcl TABS 75 MG, 100 MG 10	TRESIBA SOLN .....	29
topiramate CPSP 25 MG .....	20	tramadol hcl TB24 .....	tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	55
topiramate CPSP 50 MG .....	20	tramadol-acetaminophen .....	tretinoin GEL 0.01 %, 0.025 % .....	55
topiramate CS24 .....	20	trandolapril 1 MG, 2 MG .....	tretinoin GEL 0.01 % .....	55
topiramate SOLN 25 MG/ML .....	20	trandolapril 4 MG .....	tretinoin GEL 0.05 % .....	55
topiramate TABS 100 MG .....	20	trandolapril-verapamil hcl .....	tretinoin microsphere .....	55
topiramate TABS 200 MG .....	20	tranexamic acid TABS .....	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	38
topiramate TABS 25 MG, 50 MG ..	20	TRANSDERM SCOP 1 MG/3DAYS (scopolamine) .....	TREXION CAPS .....	112
TOPROL XL TB24 200 MG (metoprolol succinate) .....	48	TRANSDERM-SCOP (scopolamine) 30	triamcinolone acetonide (mouth) ..	80
TOPROL XL TB24 25 MG, 50 MG, 100 MG (metoprolol succinate) ..	48	tranylcypromine sulfate .....	triamcinolone acetonide (nasal) AERO .....	122
toremifene citrate .....	38	TRAVATAN Z SOLN (travoprost) 126	triamcinolone acetonide (topical) AERS .....	60
toremide TABS 20 MG .....	64	travoprost SOLN .....	triamcinolone acetonide (topical) CREA .....	60
toremide TABS 5 MG, 10 MG, 100 MG .....	64	TRAZIMERA 420 MG .....	triamcinolone acetonide (topical) LOTN .....	60
TOSYMRA .....	78	trazodone hcl TABS 300 MG .....	triamcinolone acetonide (topical) OINT .....	60
TOUJEO MAX SOLOSTAR SOPN 29	29	trazodone hcl TABS 50 MG, 100 MG, 150 MG .....	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	63
TOUJEO SOLOSTAR SOPN .....	29	TRELEGY ELLIPTA .....	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG .....	63
TOVIAZ (fesoterodine fumarate) 133	133	TREMFYA ONE-PRESS SOPN SC 100 MG/ML .....	triamterene & hydrochlorothiazide TABS 50 MG-75 MG .....	63
TRACLEER TABS (bosentan) .....	50	TREMFYA PEN SOAJ 100 MG/ML 57	triazolam .....	70
TRACLEER TBSO 32 MG (bosentan) .....	50	TREMFYA PEN SOAJ SC 200 MG/2ML .....	TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide) .....	36
TRADJENTA .....	26	TREMFYA SOSY SC .....	trifluoperazine hcl TABS .....	43
tramadol hcl CP24 100 MG, 200 MG, 300 MG .....	9	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML .....	trifluridine .....	124
TRAMADOL HCL SOLN (tramadol hcl) .....	9	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML .....	trihexyphenidyl hcl SOLN .....	38
tramadol hcl SOLN .....	9	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML .....		
tramadol hcl TABS 25 MG .....	9			
tramadol hcl TABS 50 MG .....	10			

trihexyphenidyl hcl TABS .....	38	TRUEPLUS GLUCOSE ON THE GO CHEW .....	26	UBRELVY .....	77
TRIJARDY XR .....	25	TRUEPLUS INSULIN SYRINGE ..	74	UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG .	112
TRIKAFTA TBPK .....	131	TRUEPLUS LANCETS 28G .....	73	ULORIC (febuxostat) .....	68
TRILEPTAL SUSP (oxcarbazepine) 20		TRUEPLUS LANCETS 30G .....	73	ULTIMATE FAT BURNER TABS 5 MG-12.5 MG-5 MCG-5 MG-12.5 MG-5 MG-25 MG-10 MG-125 MCG-10 MG-150 MG-25 MG-25 MG-100 MG-25 MG .....	121
TRILEPTAL TABS (oxcarbazepine) 20		TRUEPLUS LANCETS 33G .....	73	ULTRA BONEUP TABS .....	112
trimethobenzamide hcl CAPS .....	30	TRUEPLUS PEN NEEDLES .....	74	ULTRA FLO INSULIN SYR 1/2 UNIT .....	74
trimethoprim TABS .....	36	TRULICITY .....	26	ULTRA FLO INSULIN SYRINGE ..	74
TRINTELLIX .....	23	TRUMENBA 0.5 ML .....	134	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 .....	112
TRIPHROCAPS CAPS 1 MG .....	81	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate) .....	46	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 ...	112
TRIUMEQ PD TBSO .....	46	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate) .....	46	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	
TRIUMEQ TABS .....	46	TRUXIMA .....	38		
TROKENDI XR CP24 (topiramate) 20		TRYPTYR SOLN OP 0.003 % ...	126		
tropicamide SOLN .....	123	TUDORZA PRESSAIR .....	14		
tropium chloride CP24 .....	133	T-VITES TABS .....	112		
tropium chloride TABS .....	133	TWINRIX SUSY .....	136		
TRUE COMFORT INSULIN SYRINGE .....	74	TWYNEO .....	55		
TRUE COMFORT PRO INSULIN SYR .....	74	TYBLUME CHEW .....	51		
TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-1.7 MG-10 MCG-1500 MCG-6 MCG .....	118	TYBOST .....	46		
TRUE METRIX AIR GLUCOSE METER KIT .....	73	TYENNE SOAJ .....	5		
TRUE METRIX BLOOD GLUCOSE TEST STRP .....	63	TYENNE SOSY .....	5		
TRUE METRIX METER KIT .....	73	TYMLOS .....	64		
TRUE MULTIVITAMIN TABS ....	118	TYPHIM VI SOLN .....	134		
TRUEPLUS 5-BEVEL PEN NEEDLES .....	74	TYPHIM VI SOSY .....	134		
TRUEPLUS GLUCOSE CHEW ...	26	TYRUKO CONC IV 300 MG/15ML 130			
		TYRVAYA .....	123		

MCG-10 MG .....	112	urea CREA 40 % .....	61	VANCOGIN CAPS 125 MG (vancomycin hcl) .....	36
ULTRACARE INSULIN SYRINGE 75		ursodiol CAPS .....	66	VANCOGIN CAPS 250 MG (vancomycin hcl) .....	36
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 .....	113	USTEKINUMAB 130 MG/26ML ...	67	vancomycin hcl CAPS 125 MG ....	36
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 .....	113	USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML .....	57	vancomycin hcl CAPS 250 MG ....	36
ULTRA-THIN II INS SYR SHORT .75		USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML .....	57	vancomycin hcl SOLR IV 1 GM ....	36
ULTRA-THIN II INSULIN SYRINGE . 75		USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML .....	57	VANCOMYCIN HCL SOLR IV 1 GM . 37	
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UPSPRING HE NATAL TABS ....	121	VAFSEO .....	69	VANDAZOLE .....	136
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UPTRAVI TITRATION TBPK .....	50	valganciclovir hcl TABS .....	46	varenicline tartrate TABS 0.5 MG	130
		valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML .....	21	varenicline tartrate TABS 1 MG ..	130
		valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML .....	21	varenicline tartrate TBPK .....	130
		valproic acid CAPS .....	21	VARISAN VITALITY TABS 25 MG-30 MG-25 UNIT-8 MCG-30 MG-40 MG- 25 MG-10 MG-100 MG-100 MG-100 MG .....	121
		valsartan SOLN .....	34	VARIVAX SUSR .....	136
		valsartan TABS .....	34	VAXCHORA .....	134
		valsartan-hydrochlorothiazide ....	36	VAXNEUVANCE .....	134
		VALTOCO 10 MG DOSE LIQD ....	18	VECTICAL (calcitriol (topical)) ....	57
		VALTOCO 15 MG DOSE LQPK ...	18	VELPHORO .....	67
		VALTOCO 20 MG DOSE LQPK ...	18	VELSIPITY .....	67
		VALTOCO 5 MG DOSE LIQD .....	18	VELTASSA 1 GM, 8.4 GM, 16.8 GM . 80	
		VALTRESX 1 GM (valacyclovir hcl) .47			
		VALTRESX 500 MG (valacyclovir hcl) . 47			

VEMLIDY .....	47	VIC-FORTE CAPS 150 MG-2 MG-1	VISION VITAMINS TABS 60 MG-40
VENEXA FE TABS .....	113	MG-10 MCG-8000 UNIT-5 MG-25	MG-2 MG-30 UNIT-5000 UNIT-40
VENEXA TABS .....	113	MG-10 MG-10 MG-50 UNIT-80 MG-	MCG .....
VENLAFAXINE BESYLATE ER ..	24	70 MG-4 MG .....	113
venlafaxine hcl CP24 150 MG .....	24	VICTOZA (liraglutide) .....	26
venlafaxine hcl CP24 37.5 MG .....	24	vigabatrin PACK .....	20
venlafaxine hcl CP24 75 MG .....	24	vigabatrin TABS .....	20
venlafaxine hcl TABS .....	24	VIGAFYDE SOLN .....	20
venlafaxine hcl TB24 150 MG .....	24	VIGAMOX SOLN OP (moxifloxacin	VISTA ADVANCED AREDS2
venlafaxine hcl TB24 37.5 MG, 75		hcl (ophth)) .....	FORMULA CAPS .....
MG, 225 MG .....	24	VIIBRYD TABS (vilazodone hcl) ..	113
VENTOLIN HFA AERS (albuterol		vilazodone hcl TABS .....	23
sulfate) .....	16	VIMOVO 500 MG-20 MG (naproxen-	VIT E-VIT C-BETA CAROTENE
VENTRIXYL FE TABS .....	113	esomeprazole magnesium) .....	TABS 250 MG-5000 UNIT-200 UNIT
VENTRIXYL TABS .....	113	VIMPAT SOLN PO 10 MG/ML	118
verapamil hcl CP24 100 MG, 200		(lacosamide) .....	VITA HAIR TABS 300 MCG-400
MG, 300 MG .....	49	VIMPAT TABS (lacosamide) .....	MCG-35 MG-6 MCG-100 MG-125
verapamil hcl CP24 120 MG, 180		VIOKACE TABS .....	MG-65 MG-30 MG-18 MG-5 MG-2
MG, 240 MG, 360 MG .....	49	VIRACEPT TABS 250 MG .....	MG-15 MG-150 MCG .....
VERAPAMIL HCL ER CP24		VIRACEPT TABS 625 MG .....	113
(verapamil hcl) .....	49	VIREAD POWD .....	VITA S FORTE TABS 400 UNIT-500
verapamil hcl TABS .....	49	VIREAD TABS (tenofovir disoproxil	MG-25 MG-0.15 MG-1 MG-50 MCG-
verapamil hcl TBCR .....	49	fumarate) .....	25 MG-20 MG-100 MG-10 MG-20
VEREGEN .....	55	VIREAD TABS .....	MG-50 MG-15 MG-3 MG-20 MCG-60
VERKAZIA EMUL .....	124	VIRELIX TABS .....	UNIT-50 MCG-0.05 MG .....
VERSACLOZ SUSP .....	42	VIREXA TABS .....	113
VESICARE LS SUSP .....	133	VISION FORMULA 2 CAPS 250 MG-	VITABASIC COMPLETE TABS ..
VESICARE TABS (solifenacin		5 MG-1 MG-10 MG-1 MG-90 MG	113
succinate) .....	133	VISION FORMULA/LUTEIN TABS	VITABASIC SENIOR TABS .....
VEVYE SOLN .....	124	200 MG-2 MG-40 MG-2 MG-1000	113
VFEND SUSR (voriconazole) .....	31	UNIT-60 UNIT-55 MCG .....	VITABEX CAPS .....
VIBERZI .....	67	VISION HEALTH CAPS .....	113
		VISION OPTIMIZER CAPS .....	113
			VITABEX PLUS CAPS .....
			113
			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 .....
			113
			VITACHEW CHEW .....
			118
			VITACHEW MULTIPLE VITAMIN
			CHEW .....
			119
			VITACORE TABS .....
			114
			VITAFOL-ONE CAPS .....
			120
			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 .....
			118

VITALETS CHILDRENS CHEW ..119	SUPPOR CAPS ..... 114	VOGELXO GEL TD (testosterone) 12
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 .. 114	VITEYES CLASSIC MULTIVITAMIN TABS .....114	VOGELXO PUMP GEL TD (testosterone) ..... 12
VITAMIN D3 COMPLETE TABS . 114	VITEYES CLASSIC+OMEGA-3 CAPS ..... 114	voriconazole SUSR ..... 31
vitamin e CAPS 100 UNIT .....137	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 .....114	voriconazole TABS ..... 31
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VITAVERA CHEW .....118	VITREXYL + IRON TABS ..... 114	VUMERITY .....130
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		VYZULTA ..... 126
		WAKIX .....2
		warfarin sodium TABS ..... 16
		WAYRILZ TABS PO 400 MG .....68
		WELCHOL PACK (colesevelam hcl) . 32

WELCHOL TABS (colesevelam hcl) . 32	MCG-20 MCG-10 MCG-72 MG-2 MG-30 MG, 400 UNIT-25 MCG-10 MG-10 MG-250 MCG-3500 UNIT-18	XELJANZ SOLN .....3
WELLBUTRIN SR TB12 100 MG (bupropion hcl) .....22	MG-10 MG-300 MCG-2 MG-150 MCG-75 MCG-150 MCG-30 UNIT- 109 MG-2 MG-5 MCG-10 MCG-2	XELJANZ TABS .....3
WELLBUTRIN SR TB12 150 MG (bupropion hcl) .....22	MG-120 MCG-20 MCG-10 MCG . 115	XELJANZ XR TB24 ..... 3
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WOMENS 50+ MULTI VITAMIN TABS .....115	XADAGO ..... 39	XIGDUO XR TB24 PO 1000 MG-2.5 MG ..... 25
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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	XARELTO STARTER PACK TBPK 17	XOLAIR SOAJ ..... 13
	XARELTO SUSR 1 MG/ML (rivaroxaban) .....17	XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML ..... 14
	XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (rivaroxaban) .....17	XOLAIR SOSY .....13
	XARELTO TABS .....17	XOPENEX HFA (levalbuterol tartrate) .....16
	XATMEP SOLN PO .....38	XPHOZAH .....65
	XCOPRI (250 MG DAILY DOSE) TBPK .....20	XROMI SOLN PO 100 MG/ML .... 69
	XCOPRI (350 MG DAILY DOSE) TBPK .....20	XULTOPHY ..... 25
	XCOPRI TABS .....20	YELETS TEENAGE FORMULA TABS .....115
	XCOPRI TBPK .....20	YESINTEK SOLN 45 MG/0.5ML .. 57
		YESINTEK SOSY .....57
		YF-VAX SUSR .....136
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		YUFLYMA (2 PEN) AJKT .....5
		YUFLYMA (2 SYRINGE) PSKT ....5
		YUFLYMA-CD/UC/HS STARTER

AJKT .....	5	ZEPOSIA STARTER KIT CPPK .....	130	metformin hcl) .....	25
YUMVSKIDS MULTI ZERO CHEW 119		ZERVIAE .....	126	ZITUVIMET XR TB24 .....	25
YUPELRI IN 175 MCG/3ML .....	14	ZESTORETIC (lisinopril & hydrochlorothiazide) .....	36	ZITUVIO 25 MG, 50 MG, 100 MG (sitagliptin) .....	26
YUSIMRY .....	5	ZESTRIL TABS (lisinopril) .....	34	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin) .....	33
zafirlukast .....	14	ZETIA (ezetimibe) .....	33	zolmitriptan SOLN 2.5 MG .....	78
zaleplon 10 MG .....	70	ZIAGEN SOLN (abacavir sulfate) .	46	zolmitriptan SOLN 5 MG .....	78
zaleplon 5 MG .....	70	zidovudine CAPS .....	46	zolmitriptan TABS .....	78
ZANAFLEX CAPS (tizanidine hcl) 122		zidovudine SYRP .....	46	zolmitriptan TBDP .....	78
ZANAFLEX CAPS .....	122	zidovudine TABS .....	46	ZOLOFT CONC (sertraline hcl) ....	23
ZANAFLEX TABS 4 MG (tizanidine hcl) .....	122	zileuton TB12 .....	14	ZOLOFT TABS 100 MG (sertraline hcl) .....	23
ZARONTIN CAPS (ethosuximide) .	21	ZIMHI SOSY .....	30	ZOLOFT TABS 25 MG, 50 MG (sertraline hcl) .....	23
ZARONTIN SOLN (ethosuximide) .	21	zinc oxide (topical) OINT 20 % ....	62	ZOLPIDEM TARTRATE CAPS ....	70
ZARXIO .....	69	zinc sulfate CAPS .....	79	zolpidem tartrate SUBL .....	70
ZAVZPRET .....	77	ZIOPTAN (tafluprost) .....	126	zolpidem tartrate TABS .....	70
ZEGALOGUE SOAJ .....	26	ziprasidone hcl .....	40	zolpidem tartrate TBCR .....	70
ZEGALOGUE SOSY .....	26	ziprasidone mesylate .....	40	ZOMACTON SOLR SC .....	65
ZEMBRACE SYMTOUCH SOAJ ..	78	ZIRABEV .....	38	ZOMIG SOLN 2.5 MG (zolmitriptan) .	78
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 .....	63	ZITHROMAX PACK .....	71	ZOMIG SOLN 5 MG (zolmitriptan) .	78
ZEPATIER .....	47	ZITHROMAX SUSR 100 MG/5ML (azithromycin) .....	71	ZONISADE SUSP .....	20
ZEPOSIA 7-DAY STARTER PACK CPPK .....	130	ZITHROMAX SUSR 200 MG/5ML (azithromycin) .....	71	zonisamide CAPS .....	20
ZEPOSIA CAPS .....	130	ZITHROMAX TABS 250 MG (azithromycin) .....	71	ZOO FRIENDS MULTI GUMMIES CHEW .....	119
		ZITHROMAX TABS 500 MG (azithromycin) .....	71	ZORTRESS (everolimus (immunosuppressant)) .....	80
		ZITHROMAX TRI-PAK TABS (azithromycin) .....	71	ZORYVE CREA EX .....	62
		ZITHROMAX Z-PAK TABS (azithromycin) .....	71	ZORYVE FOAM EX .....	62
		ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin free base-		ZTALMY .....	20

ZUBSOLV SUBL .....	12
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG .....	128
ZURNAI IJ 1.5 MG/0.5ML .....	30
ZURZUVAE .....	22
ZYBIC SUSP 7.5 MG/5ML (meloxicam) .....	7
ZYFLO TABS .....	14
ZYLET 0.3 %-0.5 % (loteprednol etabonate-tobramycin) .....	125
ZYMFENTRA (1 PEN) AJKT .....	67
ZYMFENTRA (2 PEN) AJKT .....	67
ZYMFENTRA (2 SYRINGE) PSKT	67
ZYPITAMAG 2 MG, 4 MG .....	33
ZYPREXA RELPREVV .....	42
ZYPREXA SOLR (olanzapine) .....	42
ZYPREXA TABS 10 MG (olanzapine) .....	42
ZYPREXA TABS 2.5 MG, 5 MG (olanzapine) .....	42
ZYPREXA TABS 20 MG (olanzapine) .....	42
ZYPREXA ZYDIS TBDP (olanzapine) .....	42