

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 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: ATCMBRSVC@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

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 língua 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.

यदि 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).

နမူကတိ၊ ကညီ ကျိအယိ၊ နမန့် ကျိအတံမၤစၢလၢ တလံာ်တူၣ်လၢာ်စ့၊ နီတံမၤတၢ်သ့န့ၣ်လီၤ။ ကိး 866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዙት ተዘጋጅተዋል፡ ወደ ሚክላው 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. 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 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	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* Limits: • Daily Dose Max = 90 MME** • Day Supply Max = 7 days • Must use short-acting opioids before long-acting opioids *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
Test Strips	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days.

Contact Information

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			<i>dextroamphetamine sulfate SOLN</i>	NP	
Amphetamines			<i>dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG</i>	P	
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	NP	QL(2 EA daily); AL(At least 3 yrs old)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	P	QL(2 EA daily); AL(At least 3 yrs old)	<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	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 (<i>amphetamine</i>)	NP		<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	NP	
<i>amphetamine sulfate TABS</i>	NP		DYANAVEL XR SUER	P	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	DYANAVEL XR TBCR	NP	
<i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	NP		EVEKEO TABS (<i>amphetamine sulfate</i>)	NP	
<i>amphetamine-dextroamphetamine TABS</i>	P	QL(2 EA daily); AL(At least 3 yrs old)	<i>lisdexamfetamine dimesylate CAPS</i>	NP	Brand Preferred; QL(1 EA daily)
<i>amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG</i>	NP		<i>lisdexamfetamine dimesylate CHEW</i>	NP	Brand Preferred
ARYNTA SOLN PO 10 MG/ML	NP		<i>methamphetamine hcl</i>	NP	
DEXEDRINE CP24 10 MG, 15 MG (<i>dextroamphetamine sulfate</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)	MYDAYIS CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	
<i>dextroamphetamine sulfate CP24 5 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	VYVANSE CAPS (<i>lisdexamfetamine dimesylate</i>)	P	Brand Preferred; QL(1 EA daily)
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)	VYVANSE CHEW (<i>lisdexamfetamine dimesylate</i>)	P	Brand Preferred
			XELSTRYM	NP	
			Analeptics		
			<i>caffeine citrate SOLN PO 60 MG/3ML</i>	C	Limit 2 fills per Lifetime; QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail
			Attention-Deficit/Hyperactivity Disorder (ADHD)		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Agents			FOCALIN XR CP24 (dexamethylphenidate hcl)	NP	
atomoxetine hcl	P	AL(At least 6 yrs old)	FOCALIN TABS (dexamethylphenidate hcl)	NP	QL(2 EA daily); AL(At least 6 yrs old)
clonidine hcl (adhd) TB12	P		JORNAY PM CP24	NP	
guanfacine hcl (adhd)	P	QL(1 EA daily); AL(At least 6 yrs old)	METHYLIN SOLN (methylphenidate hcl)	NP	
INTUNIV (guanfacine hcl (adhd))	NP	QL(1 EA daily); AL(At least 6 yrs old)	methylphenidate hcl CHEW	NP	
ONYDA XR SUER	NP		methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	P	
QELBREE	NP		methylphenidate hcl CP24	NP	
STRATTERA (atomoxetine hcl)	NP	AL(At least 6 yrs old)	methylphenidate hcl CPCR	P	QL(1 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)			methylphenidate hcl SOLN	P	
SUNOSI	NP		methylphenidate hcl TABS 10 MG, 20 MG	P	QL(3 EA daily); AL(At least 3 yrs old)
Histamine H3-Receptor Antagonist/Inverse Agonists			methylphenidate hcl TABS 5 MG	P	QL(6 EA daily); AL(At least 3 yrs old)
WAKIX	NP	SP	methylphenidate hcl TB24 36 MG	P	QL(2 EA daily)
Stimulants - Misc.			methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	P	QL(1 EA daily)
APTENSIO XR CP24 (methylphenidate hcl)	NP		methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG	P	QL(2 EA daily); AL(At least 6 yrs old)
armodafinil	PA	PA	methylphenidate hcl TBCR 27 MG, 36 MG, 54 MG	P	
AZSTARYS	NP		methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (methylphenidate hcl)	NP	QL(1 EA daily); AL(At least 6 yrs old)	methylphenidate hcl PTCH	NP	
CONCERTA TBCR 36 MG (methylphenidate hcl)	NP	QL(2 EA daily); AL(At least 6 yrs old)	modafinil	PA	PA
COTEMPLA XR-ODT TBED	NP		NUVIGIL (armodafinil)	NP	
DAYTRANA PTCH (methylphenidate)	NP				
dexamethylphenidate hcl CP24	P				
dexamethylphenidate hcl TABS	P	QL(2 EA daily); AL(At least 6 yrs old)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROVIGIL (<i>modafinil</i>)	NP		<i>neomycin sulfate TABS</i>	NP	
QUILLICHEW ER CHER	P		TOBI PODHALER CAPS	PA	SP; PA
QUILLIVANT XR SRER	P		TOBI NEBU (<i>tobramycin</i>)	NP	SP
RELEXXII TBCR 18 MG, 27 MG, 54 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML</i>	C	PA
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP		<i>tobramycin sulfate SOLR</i>	C	PA
RELEXXII TBCR 45 MG, 63 MG, 72 MG (<i>methylphenidate hcl</i>)	NP		<i>tobramycin NEBU</i>	NP	SP
RELEXXII TBCR 36 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)	<i>tobramycin NEBU</i>	PA	PA
RITALIN TABS 10 MG, 20 MG (<i>methylphenidate hcl</i>)	NP	QL(3 EA daily); AL(At least 3 yrs old)	<i>tobramycin NEBU</i>	PA	SP; PA
RITALIN TABS 5 MG (<i>methylphenidate hcl</i>)	NP	QL(6 EA daily); AL(At least 3 yrs old)	ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
ALLERGENIC EXTRACTS/BIOLOGICALS MISC			Antirheumatic - Enzyme Inhibitors		
Allergenic Extracts			OLUMIANT	NP	SP
GRASTEK SUBL	C	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)	RINVOQ LQ SOLN	NP	SP
RAGWITEK SUBL	C	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)	RINVOQ TB24	NP	SP
AMEBICIDES			XELJANZ XR TB24	P	SP
Amebicides			XELJANZ XR TB24 11 MG, 22 MG (<i>tofacitinib citrate</i>)	P	SP
SOLOSEC	NP	ST	XELJANZ SOLN 1 MG/ML (<i>tofacitinib citrate</i>)	NP	SP
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			XELJANZ TABS 5 MG, 10 MG (<i>tofacitinib citrate</i>)	P	SP
Aminoglycosides			Antirheumatic Antimetabolites		
ARIKAYCE	NP	SP	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP
BETHKIS NEBU (<i>tobramycin</i>)	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
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	NP	SP	Anti-TNF-alpha - Monoclonal Antibodies		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ABRILADA (1 PEN) AJKT	NP	SP	ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	
ABRILADA (2 PEN) AJKT	NP	SP	ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP
ABRILADA (2 SYRINGE) PSKT	NP	SP	ADALIMUMAB-RYVK (2 PEN) AJKT	NP	
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP	AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP	AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP	AMJEVITA SOAJ	NP	SP
ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP	AMJEVITA SOSY	NP	SP
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP	CYLTEZO (2 PEN) AJKT	NP	SP
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP	CYLTEZO (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP		CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP
ADALIMUMAB-ADAZ SOAJ	P	SP	CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP
ADALIMUMAB-ADAZ SOSY	P	SP	HADLIMA PUSHTOUCH SOAJ	P	SP
ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML	P		HADLIMA SOSY	P	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP	HULIO (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	SP	HULIO (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	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-ADBM(PS/UV STARTER) 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 PEN) 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 SYRINGE) PSKT	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 (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
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/UEIT 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/UEIT 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

Drug Name	Drug Tier	Requirements/ Limits
SIMPONI SOAJ	NP	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 2 yrs old); SP
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	
YUSIMRY	NP	SP
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	SP
TYENNE SOSY	NP	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		

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

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Drug Name	Drug Tier	Requirements/ Limits
TOLECTIN DS CAPS 400 MG (<i>tolmetin sodium</i>)	NP	
<i>tolmetin sodium CAPS</i>	NP	
<i>tolmetin sodium TABS</i>	NP	
VIMOVO 500 MG-20 MG (<i>naproxen-esomeprazole magnesium</i>)	NP	
VYSCOXIA PO 10 MG/ML	NP	AL(At least 2 yrs old)
ZYBIC SUSP 7.5 MG/5ML (<i>meloxicam</i>)	NP	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	NP	SP
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
OTEZLA TABS 20 MG	P	SP
OTEZLA TABS 30 MG	P	QL(2 EA daily); AL(At least 6 yrs old); SP
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
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	C	QL(1 EA daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	NP	SP
ORENCIA SOSY	NP	SP
Soluble Tumor Necrosis Factor Receptor Agents		

Drug Name	Drug Tier	Requirements/ Limits
ENBREL MINI SOCT	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ENBREL SURECLICK SOAJ	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ENBREL SOLN	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ENBREL SOSY 25 MG/0.5ML	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ENBREL SOSY 50 MG/ML	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	C	QL(4 EA daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	C	QL(4 EA daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	C	
<i>butalbital-aspirin-caffeine CAPS</i>	C	QL(4 EA daily)
Analgesics - Sodium Channel Pain Signal Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
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)
Analgesics Other		
<i>acetaminophen CHEW</i>	C	
<i>acetaminophen LIQD 160 MG/5ML</i>	C	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	C	QL(240 ML per fill retail)
<i>acetaminophen SUPP 120 MG, 650 MG</i>	C	QL(12 EA per 31 day(s) retail)
<i>acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	C	
<i>acetaminophen TABS 325 MG, 500 MG</i>	C	
FEVERALL JUNIOR STRENGTH SUPP	C	QL(12 EA per 31 day(s) retail)
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	C	
<i>aspirin CHEW</i>	C	
ASPIRIN SUPP 300 MG	C	QL(12 EA per 31 day(s) retail)
<i>aspirin TABS 325 MG</i>	C	
<i>aspirin TBEC 81 MG, 325 MG</i>	C	
<i>diflunisal TABS</i>	NP	
DOLOBID TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>salsalate</i>	C	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
<i>codeine sulfate TABS 30 MG</i>	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 (<i>tramadol hcl</i>)	NP	Opioid Smart PA
DILAUDID LIQD (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA
DILAUDID TABS 2 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(8 EA daily)
DILAUDID TABS 8 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(4 EA daily)
DILAUDID TABS 4 MG (<i>hydromorphone hcl</i>)	NP	Opioid Smart PA
<i>fentanyl citrate LPOP 200 MCG, 1200 MCG</i>	NP	Opioid Smart PA
<i>fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG</i>	NP	Opioid Smart PA
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	QL(0.34 EA daily)
<i>hydrocodone bitartrate CP12</i>	NP	Opioid Smart PA
<i>hydrocodone bitartrate T24A</i>	NP	Opioid Smart PA
<i>hydromorphone hcl LIQD</i>	P	Opioid Smart PA
HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hcl TABS 8 MG</i>	P	Opioid Smart PA; QL(4 EA daily)	<i>morphine sulfate TBCR</i>	P	Opioid Smart PA; QL(3 EA daily)
<i>hydromorphone hcl TABS 2 MG</i>	P	Opioid Smart PA; QL(8 EA daily)	MS CONTIN TBCR 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NP	Opioid Smart PA; QL(3 EA daily)
<i>hydromorphone hcl TABS 4 MG</i>	P	Opioid Smart PA	<i>oxycodone hcl CAPS</i>	P	Opioid Smart PA; QL(6 EA daily)
<i>hydromorphone hcl TB24</i>	NP	Opioid Smart PA	<i>oxycodone hcl CONC 100 MG/5ML</i>	P	Opioid Smart PA; QL(4 ML daily)
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP	Opioid Smart PA	<i>oxycodone hcl CONC 100 MG/5ML</i>	P	QL(4 ML daily)
<i>levorphanol tartrate TABS</i>	NP	Opioid Smart PA	<i>oxycodone hcl SOLN</i>	P	Opioid Smart PA
<i>levorphanol tartrate TABS</i>	NP		<i>oxycodone hcl SOLN</i>	P	
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	Opioid Smart PA	<i>oxycodone hcl T12A 20 MG, 40 MG</i>	NP	Brand Preferred; Opioid Smart PA
<i>meperidine hcl TABS 50 MG</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>methadone hcl TABS 5 MG</i>	C	Opioid Smart PA; QL(4 EA daily); PA	<i>oxycodone hcl TABS</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	OXYCONTIN T12A 20 MG, 40 MG, 80 MG	P	Brand Preferred
<i>morphine sulfate beads</i>	NP	Opioid Smart PA	OXYCONTIN T12A 10 MG, 15 MG, 30 MG, 60 MG	P	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>oxymorphone hcl TABS</i>	NP	Opioid Smart PA
<i>morphine sulfate SOLN PO 100 MG/5ML</i>	P	Opioid Smart PA	<i>oxymorphone hcl TB12</i>	NP	Opioid Smart PA
<i>morphine sulfate SOLN PO 10 MG/5ML</i>	P	QL(16.67 ML daily)	QDOLO SOLN (<i>tramadol hcl</i>)	NP	Opioid Smart PA
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	Opioid Smart PA; QL(16.67 ML daily)	ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>)	NP	Opioid Smart PA; QL(6 EA daily)
<i>morphine sulfate SUPP</i>	P	Opioid Smart PA; QL(0.78 EA daily)	ROXYBOND TABA 10 MG, 15 MG, 30 MG	NP	Opioid Smart PA
<i>morphine sulfate TABS</i>	P	Opioid Smart PA; QL(6 EA daily)	ROXYBOND TABA 5 MG	NP	Opioid Smart PA; QL(6 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG	NP	Opioid Smart PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP	Opioid Smart PA
<i>tapentadol hcl TABS 50 MG, 75 MG, 100 MG</i>	NP	Opioid Smart PA	<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>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	Opioid Smart PA	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	P	Opioid Smart PA
<i>tramadol hcl SOLN</i>	NP	Opioid Smart PA	<i>butalbital-aspirin-caffeine w/cod</i>	NP	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
TRAMADOL HCL SOLN (<i>tramadol hcl</i>)	NP	Opioid Smart PA	<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	Opioid Smart PA; QL(8 EA daily); AL(At least 18 yrs old)	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	Opioid Smart PA
<i>tramadol hcl TABS 25 MG</i>	P	Opioid Smart PA	<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P	Opioid Smart PA
<i>tramadol hcl TABS 50 MG</i>	P	QL(8 EA daily); AL(At least 18 yrs old)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	Opioid Smart PA; QL(180 ML daily)
<i>tramadol hcl TABS 75 MG, 100 MG</i>	NP		<i>hydrocodone-acetaminophen SOLN</i>	P	
<i>tramadol hcl TB24</i>	P		<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>tramadol hcl TB24</i>	NP	Opioid Smart PA	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	P	Opioid Smart PA
<i>tramadol hcl TB24</i>	P	Opioid Smart PA			
Opioid Combinations					
<i>acetaminophen w/ codeine SOLN</i>	P	Opioid Smart PA; QL(30 ML daily); AL(At least 12 yrs old)			
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ML daily); AL(At least 12 yrs old)			
<i>acetaminophen w/ codeine TABS</i>	P	QL(6 EA daily); AL(At least 12 yrs old)			
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	Opioid Smart PA; QL(6 EA daily); AL(At least 12 yrs old)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(10 EA daily)	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	Opioid Smart PA; SP
<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	P		<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>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	P	Opioid Smart PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	NP	Brand Preferred; QL(3 EA daily); AL(At least 16 yrs old)
NALOCET TABS	NP	Opioid Smart PA	<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)
<i>oxycodone w/ acetaminophen TABS</i>	P	QL(6 EA daily)	<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)
<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)
<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 SUBL</i>	P	
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
PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP	Opioid Smart PA	<i>buprenorphine PTWK</i>	NP	Brand Preferred; Opioid Smart PA
PROLATE SOLN	NP	Opioid Smart PA	<i>butorphanol tartrate NA 10 MG/ML</i>	NP	Opioid Smart PA
PROLATE TABS	NP	Opioid Smart PA	BUTRANS PTWK (<i>buprenorphine</i>)	P	Brand Preferred
SEGLENTIS	NP	Opioid Smart PA	<i>pentazocine w/ naloxone hcl</i>	NP	Opioid Smart PA
<i>tramadol-acetaminophen</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 18 yrs old)	SUBLOCADE SOSY	P	Opioid Smart PA; SP
Opioid Partial Agonists					
BELBUCA FILM	NP	Opioid Smart PA			
BRIXADI (WEEKLY) SOSY	P	Opioid Smart PA; SP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	P	Brand Preferred; QL(2 EA daily); AL(At least 16 yrs old)	Intrarectal Steroids		
			budesonide (intrarectal)	NP	
			hydrocortisone (intrarectal)	C	
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	P	Brand Preferred; QL(3 EA daily); AL(At least 16 yrs old)	Rectal Steroids		
ZUBSOLV SUBL	NP	Opioid Smart PA; AL(At least 16 yrs old)	hydrocortisone (rectal) EX 2.5 %	C	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			hydrocortisone (rectal) EX 1 %	C	1 package(s) per fill retail; RX/OTC
Androgens			PREPARATION H EX 1 %	C	1 package(s) per fill retail; RX/OTC
methyltestosterone TABS	C		PREPARATION H SOOTHING RELIEF EX 1 %	C	1 package(s) per fill retail; RX/OTC
NATESTO GEL NA	NP		ANTACIDS		
TESTIM GEL TD (testosterone)	PA	Brand Preferred; PA	Antacid Combinations		
testosterone cypionate SOLN IM 100 MG/ML	C	QL(0.2858 ML daily)	alum & mag hydrox-simethicone LIQD	C	QL(24 ML daily)
testosterone cypionate SOLN IM 200 MG/ML	C	QL(4 ML per 31 day(s) retail)	alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	C	QL(24 ML daily)
testosterone enanthate SOLN IM	C	QL(0.1429 ML daily)	Antacids - Aluminum Salts		
testosterone GEL TD 1 %, 50 MG/5GM	NP	Brand Preferred	ALUMINUM HYDROXIDE GEL SUSP	C	
testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM	NP		Antacids - Bicarbonate		
testosterone GEL TD 1.62 %, 1.62 %	PA	PA	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	C	QL(3.34 EA daily)
testosterone SOLN	NP		Antacids - Calcium Salts		
VOGELXO PUMP GEL TD (testosterone)	NP		calcium carbonate (antacid) CHEW 500 MG	C	
VOGELXO GEL TD (testosterone)	NP	Brand Preferred	Antacids - Magnesium Salts		
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching					

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Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium oxide TABS 400 MG</i>	C	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
EMVERM CHEW	C	QL(1 EA per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYU 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 OINT</i>	C	
<i>nitroglycerin PT24</i>	C	
<i>nitroglycerin SUBL</i>	C	
NITRO-TIME CPCRP 2.5 MG, 6.5 MG, 9 MG	C	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 5 MG, 10 MG</i>	C	QL(6 EA daily)
<i>buspirone hcl 15 MG</i>	C	QL(4 EA daily)
<i>buspirone hcl 7.5 MG, 30 MG</i>	C	QL(3 EA daily)
<i>hydroxyzine hcl SYRP</i>	C	
<i>hydroxyzine hcl TABS</i>	C	
<i>hydroxyzine pamoate CAPS</i>	C	
<i>meprobamate</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
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)
<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)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
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	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	PA	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
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
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	Brand Preferred; 1 package(s) per 31 day(s) retail
INCRUSE ELLIPTA	P	Brand Preferred; 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	Brand Preferred
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	

Drug Name	Drug Tier	Requirements/ Limits
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)
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	Brand Preferred; 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	

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Drug Name	Drug Tier	Requirements/ Limits
ASMANEX HFA AERO	P	QL(0.44 GM daily)
<i>beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT</i>	NP	
<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)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	P	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	NP	Brand Preferred; 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 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)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 GM daily)
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 GM daily)
Sympathomimetics		

Drug Name	Drug Tier	Requirements/ Limits
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	P	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	P	Brand Preferred
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	
<i>albuterol sulfate AERS</i>	P	QL(13.4 GM per 30 day(s) retail)
<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	
<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ML daily)
<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 SYRP</i>	P	
<i>albuterol sulfate TABS</i>	P	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	P	Brand Preferred
<i>arformoterol tartrate</i>	P	
BEVESPI AEROSPHERE	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BREO ELLIPTA (fluticasone furoate-vilanterol)	NP		levalbuterol hcl	NP	
BREO ELLIPTA	NP		levalbuterol tartrate	NP	QL(1 GM daily)
BREZTRI AEROSPHERE	NP		PERFOROMIST NEBU (formoterol fumarate)	NP	
BROVANA (arformoterol tartrate)	NP		PROAIR RESPICLIK AEPB	P	QL(2 EA per 30 day(s) retail)
budesonide-formoterol fumarate dihydrate	NP	Brand Preferred; QL(30.9 GM per 30 day(s) retail)	SEREVENT DISKUS	P	1 package(s) per fill retail
budesonide-formoterol fumarate dihydrate	NP	Brand Preferred; QL(30.6 GM per 30 day(s) retail)	STIOLTO RESPIMAT	P	
COMBIVENT RESPIMAT AERS	P	QL(4 GM per 31 day(s) retail)	STRIVERDI RESPIMAT	NP	
DUAKLIR PRESSAIR	NP		SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate)	P	Brand Preferred; QL(18 GM per 30 day(s) retail)
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(26.4 GM per 30 day(s) retail)	SYMBICORT (budesonide-formoterol fumarate dihydrate)	P	Brand Preferred; QL(30.6 GM per 30 day(s) retail)
DULERA	P	QL(39 GM per 30 day(s) retail)	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate)	P	Brand Preferred; QL(20.7 GM per 30 day(s) retail)
fluticasone furoate-vilanterol	NP		terbutaline sulfate TABS	NP	ST
fluticasone-salmeterol 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)	TRELEGY ELLIPTA	NP	
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP		umeclidinium-vilanterol	NP	Brand Preferred
fluticasone-salmeterol AERO	NP	Brand Preferred	VENTOLIN HFA AERS (albuterol sulfate)	P	QL(36 GM per 30 day(s) retail)
formoterol fumarate NEBU	NP		VENTOLIN HFA AERS (albuterol sulfate)	P	QL(16 GM per 30 day(s) retail)
ipratropium-albuterol SOLN	P	QL(12 ML daily)	XOPENEX HFA (levalbuterol tartrate)	NP	QL(1 GM daily)
			Xanthines		
			THEO-24 CP24	C	
			theophylline ELIX	C	
			theophylline SOLN	C	QL(475 ML per fill retail)
			theophylline TB12 300 MG, 450 MG	C	
			theophylline TB24	C	
			ANTICOAGULANTS - Blood Thinners		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Coumarin Anticoagulants			<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(16.8 ML per 180 day(s) retail)
<i>warfarin sodium TABS</i>	P		<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(16.8 ML per 180 day(s) retail); SP
Direct Factor Xa Inhibitors			<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(42 ML per 180 day(s) retail); SP
ELIQUIS (1.5 MG PACK) TBSO PO	P		<i>fondaparinux sodium</i>	NP	SP
ELIQUIS (2 MG PACK) TBSO PO	P		FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP
ELIQUIS DVT/PE STARTER PACK TBPB	P	QL(2.47 EA daily)	FRAGMIN SOSY	NP	SP
ELIQUIS CPSP PO 0.15 MG	P		<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	C	
ELIQUIS TABS	P	QL(2 EA daily)	HEPARIN SODIUM (PORCINE) SOSY IJ	C	
ELIQUIS TBSO PO 0.5 MG	P		LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	QL(126 ML per 180 day(s) retail); SP
<i>rivaroxaban SUSR 1 MG/ML</i>	NP	Brand Preferred	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
<i>rivaroxaban TABS 2.5 MG</i>	NP	Brand Preferred	LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	QL(25.2 ML per 180 day(s) retail); SP
SAVAYSA	NP		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 STARTER PACK TBPB	P		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
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	P	Brand Preferred			
XARELTO TABS 10 MG, 15 MG, 20 MG	P				
XARELTO TABS 2.5 MG (<i>rivaroxaban</i>)	P	Brand Preferred			
Heparins And Heparinoid-Like Agents					
ARIXTRA (<i>fondaparinux sodium</i>)	NP	SP			
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	QL(126 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 30 MG/0.3ML</i>	P	QL(12.6 ML per 180 day(s) retail); SP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	<i>perampanel SUSP 0.5 MG/ML</i>	NP	Brand Preferred
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	QL(42 ML per 180 day(s) retail); SP	<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	NP	Brand Preferred
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	Anticonvulsants - Benzodiazepines		
LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	QL(16.8 ML per 180 day(s) retail); SP	<i>clobazam SUSP</i>	P	PA
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	<i>clobazam TABS</i>	P	
LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	QL(12.6 ML per 180 day(s) retail); SP	<i>clobazam TABS</i>	P	PA
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	<i>clonazepam TABS</i>	C	QL(4 EA daily)
Thrombin Inhibitors			<i>diazepam (anticonvulsant) GEL</i>	P	QL(1 EA per fill retail); AL(At least 2 yrs old)
<i>dabigatran etexilate mesylate CAPS</i>	NP	Brand Preferred	<i>diazepam (anticonvulsant) GEL 10 MG, 20 MG</i>	C	QL(1 EA per fill retail); AL(At least 2 yrs old)
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	P	Brand Preferred	NAYZILAM	P	QL(10 EA per 30 day(s) retail)
PRADAXA PACK	NP	SP	ONFI SUSP (<i>clobazam</i>)	NP	
ANTICONVULSANTS - Drugs to Treat Seizures			ONFI TABS (<i>clobazam</i>)	NP	
AMPA Glutamate Receptor Antagonists			SYMPAZAN FILM	NP	
FYCOMPA SUSP 0.5 MG/ML (<i>perampanel</i>)	PA	Brand Preferred; PA	VALTOCO 10 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>perampanel</i>)	PA	Brand Preferred; PA	VALTOCO 15 MG DOSE LQPK	P	QL(10 EA per 30 day(s) retail)
			VALTOCO 20 MG DOSE LQPK	P	QL(10 EA per 30 day(s) retail)
			VALTOCO 5 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
			Anticonvulsants - Misc.		
			APTiom 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NP	
			BANZEL SUSP (<i>rufinamide</i>)	NP	SP; PA
			BANZEL TABS (<i>rufinamide</i>)	PA	Brand Preferred; SP; PA
			<i>brivaracetam SOLN PO 10 MG/ML</i>	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>brivaracetam</i> TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	NP		KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	NP	QL(16 ML daily)
BRIVIACT SOLN PO 10 MG/ML (<i>brivaracetam</i>)	NP	SP	KEPPRA TABS 250 MG, 750 MG (<i>levetiracetam</i>)	NP	QL(4 EA daily)
BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (<i>brivaracetam</i>)	NP	SP	KEPPRA TABS 500 MG (<i>levetiracetam</i>)	NP	QL(6 EA daily)
<i>carbamazepine</i> CHEW	P		KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	NP	
<i>carbamazepine</i> CP12	NP	Brand Preferred	<i>lacosamide</i> SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	P	
<i>carbamazepine</i> SUSP	P		<i>lacosamide</i> TABS	P	
<i>carbamazepine</i> TABS	P		LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	
<i>carbamazepine</i> TB12	NP	Brand Preferred	LAMICTAL ODT TBDP (<i>lamotrigine</i>)	NP	
CARBATROL CP12 (<i>carbamazepine</i>)	P	Brand Preferred	LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>)	NP	
DIACOMIT CAPS 500 MG	NP	QL(6 EA daily); SP	LAMICTAL XR KIT	NP	
DIACOMIT CAPS 250 MG	NP	QL(12 EA daily); SP	LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	QL(1 EA daily)
DIACOMIT PACK 500 MG	NP	QL(6 EA daily); SP	LAMICTAL CHEW (<i>lamotrigine</i>)	NP	
DIACOMIT PACK 250 MG	NP	QL(12 EA daily); SP	LAMICTAL TABS (<i>lamotrigine</i>)	NP	
ELEPSIA XR TB24	NP		<i>lamotrigine</i> CHEW	P	
EPIDIOLEX	NP	SP	<i>lamotrigine</i> KIT 25 MG	NP	
EPRONTIA SOLN 25 MG/ML (<i>topiramate</i>)	NP		<i>lamotrigine</i> TABS	NP	
<i>eslicarbazepine acetate</i> 200 MG, 400 MG, 600 MG, 800 MG	NP		<i>lamotrigine</i> TABS	P	
FINTEPLA	NP	SP	<i>lamotrigine</i> TB24	P	QL(1 EA daily)
<i>gabapentin</i> CAPS	P	QL(9 EA daily)	<i>lamotrigine</i> TBDP	P	
<i>gabapentin</i> CAPS 300 MG, 400 MG	NP	QL(9 EA daily)	<i>levetiracetam</i> SOLN PO 100 MG/ML, 500 MG/5ML	P	QL(16 ML daily)
<i>gabapentin</i> SOLN	P		<i>levetiracetam</i> TABS 250 MG, 750 MG	P	QL(4 EA daily)
<i>gabapentin</i> TABS 800 MG	P	QL(4 EA daily)	<i>levetiracetam</i> TABS 1000 MG	P	
<i>gabapentin</i> TABS 600 MG	P	QL(6 EA daily)	<i>levetiracetam</i> TABS 500 MG	P	QL(6 EA daily)
GABARONE TABS 100 MG, 400 MG	NP		<i>levetiracetam</i> TB24	P	
KEPPRA XR TB24 (<i>levetiracetam</i>)	NP				

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Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam TB3D 250 MG, 500 MG</i>	NP	
LYRICA CAPS (<i>pregabalin</i>)	NP	
LYRICA SOLN (<i>pregabalin</i>)	NP	
MOTPOLY XR CP24	NP	
NEURONTIN CAPS (<i>gabapentin</i>)	NP	QL(9 EA daily)
NEURONTIN SOLN (<i>gabapentin</i>)	NP	
NEURONTIN TABS 600 MG (<i>gabapentin</i>)	NP	QL(6 EA daily)
NEURONTIN TABS 800 MG (<i>gabapentin</i>)	NP	QL(4 EA daily)
<i>oxcarbazepine SUSP</i>	NP	Brand Preferred
<i>oxcarbazepine TABS</i>	P	
<i>oxcarbazepine TB24</i>	NP	
OXTELLAR XR TB24 (<i>oxcarbazepine</i>)	NP	
<i>pregabalin CAPS</i>	P	
<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	Brand Preferred
TOPAMAX SPRINKLE CPSP 15 MG (<i>topiramate</i>)	NP	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
TOPAMAX SPRINKLE CPSP 25 MG (<i>topiramate</i>)	NP	QL(8 EA daily)
TOPAMAX TABS 200 MG (<i>topiramate</i>)	NP	QL(2 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)
<i>topiramate CP24</i>	NP	
<i>topiramate CPSP 25 MG</i>	P	QL(8 EA daily)
<i>topiramate CPSP 50 MG</i>	P	
<i>topiramate CPSP 15 MG</i>	P	QL(6 EA daily)
<i>topiramate CS24</i>	NP	
<i>topiramate SOLN 25 MG/ML</i>	NP	
<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 EA daily)
<i>topiramate TABS 100 MG</i>	P	QL(4 EA daily)
<i>topiramate TABS 200 MG</i>	P	QL(2 EA daily)
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	P	Brand Preferred
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	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XCOPRI (350 MG DAILY DOSE) TBPk	NP		<i>ethosuximide SOLN</i>	P	
XCOPRI TABS	NP		<i>methsuximide</i>	NP	Brand Preferred
XCOPRI TBPk	NP		ZARONTIN CAPS (<i>ethosuximide</i>)	NP	
GABA Modulators			ZARONTIN SOLN (<i>ethosuximide</i>)	NP	
SABRIL PACK (<i>vigabatrin</i>)	PA	Brand Preferred; SP; PA	Valproic Acid		
SABRIL TABS (<i>vigabatrin</i>)	NP	SP; PA	DEPAKOTE ER TB24 250 MG (<i>divalproex sodium</i>)	NP	QL(6 EA daily)
<i>tiagabine hcl</i>	PA	PA	DEPAKOTE ER TB24 500 MG (<i>divalproex sodium</i>)	NP	QL(7 EA daily)
<i>vigabatrin PACK</i>	NP	Brand Preferred; SP	DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	NP	QL(12 EA daily)
<i>vigabatrin PACK</i>	PA	Brand Preferred; SP; PA	DEPAKOTE TBEC 250 MG (<i>divalproex sodium</i>)	NP	QL(6 EA daily)
<i>vigabatrin TABS</i>	NP	SP	DEPAKOTE TBEC 500 MG (<i>divalproex sodium</i>)	NP	QL(7 EA daily)
<i>vigabatrin TABS</i>	PA	SP; PA	DEPAKOTE TBEC 125 MG (<i>divalproex sodium</i>)	NP	QL(12 EA daily)
VIGAFYDE SOLN	NP	SP	<i>divalproex sodium CSDR</i>	P	QL(12 EA daily)
Hydantoins			<i>divalproex sodium TB24 250 MG</i>	P	QL(6 EA daily)
DILANTIN (<i>phenytoin sodium extended</i>)	NP		<i>divalproex sodium TB24 500 MG</i>	P	QL(7 EA daily)
DILANTIN	NP		<i>divalproex sodium TBEC 250 MG</i>	P	QL(6 EA daily)
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	NP		<i>divalproex sodium TBEC 125 MG</i>	P	QL(12 EA daily)
DILANTIN-125 SUSP (<i>phenytoin</i>)	NP		<i>divalproex sodium TBEC 500 MG</i>	P	QL(7 EA daily)
DILANTIN SUSP (<i>phenytoin</i>)	NP		<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	P	
<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP		<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	C	PA
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P		<i>valproic acid CAPS</i>	P	
<i>phenytoin CHEW</i>	P		ANTIDEPRESSANTS - Drugs to Treat Depression		
<i>phenytoin SUSP 125 MG/5ML</i>	P		Alpha-2 Receptor Antagonists (Tetracyclics)		
Succinimides					
CELONTIN (<i>methsuximide</i>)	P	Brand Preferred			
<i>ethosuximide CAPS</i>	P				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 EA daily)	WELLBUTRIN SR TB12 150 MG (<i>bupropion hcl</i>)	NP	QL(3 EA daily)
<i>mirtazapine TABS 15 MG</i>	P	QL(3 EA daily)	WELLBUTRIN SR TB12 200 MG (<i>bupropion hcl</i>)	NP	QL(2 EA daily)
<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 EA daily)	WELLBUTRIN SR TB12 100 MG (<i>bupropion hcl</i>)	NP	QL(4 EA daily)
<i>mirtazapine TBDP 45 MG</i>	P	QL(1 EA daily)	GABA Receptor Modulator - Neuroactive Steroid		
<i>mirtazapine TBDP 15 MG</i>	P	QL(3 EA daily)	ZURZUVAE	NP	SP
<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 EA daily)	Monoamine Oxidase Inhibitors (MAOIs)		
REMERON SOLTAB TBDP 15 MG (<i>mirtazapine</i>)	NP	QL(3 EA daily)	EMSAM	NP	
REMERON SOLTAB TBDP 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 EA daily)	MARPLAN	NP	
REMERON SOLTAB TBDP 45 MG (<i>mirtazapine</i>)	NP	QL(1 EA daily)	MARPLAN	NP	
REMERON TABS 15 MG (<i>mirtazapine</i>)	NP	QL(3 EA daily)	NARDIL (<i>phenelzine sulfate</i>)	NP	
REMERON TABS 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 EA daily)	<i>phenelzine sulfate</i>	P	
Antidepressant Combinations			<i>tranylcypromine sulfate</i>	NP	
AUVELITY	NP		Selective Serotonin Reuptake Inhibitors (SSRIs)		
Antidepressants - Misc.			CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>bupropion hcl TABS</i>	P	QL(3 EA daily)	CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>)	NP	QL(4 EA daily)
<i>bupropion hcl TB12 150 MG</i>	P	QL(3 EA daily)	CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)
<i>bupropion hcl TB12 100 MG</i>	P	QL(4 EA daily)	<i>citalopram hydrobromide CAPS 30 MG</i>	NP	
<i>bupropion hcl TB12 200 MG</i>	P	QL(2 EA daily)	CITALOPRAM HYDROBROMIDE CAPS 30 MG (<i>citalopram hydrobromide</i>)	NP	
<i>bupropion hcl TB24 150 MG</i>	P	QL(3 EA daily)	<i>citalopram hydrobromide SOLN</i>	P	
<i>bupropion hcl TB24 450 MG</i>	NP		<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>bupropion hcl TB24 300 MG</i>	P	QL(1 EA daily)	<i>citalopram hydrobromide TABS 10 MG</i>	P	QL(4 EA daily)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP		<i>citalopram hydrobromide TABS 40 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP		<i>paroxetine hcl SUSP</i>	NP	QL(40 ML daily)
<i>escitalopram oxalate SOLN</i>	NP		<i>paroxetine hcl TABS 10 MG</i>	P	QL(6 EA daily)
<i>escitalopram oxalate TABS 5 MG</i>	P	QL(4 EA daily)	<i>paroxetine hcl TABS 20 MG</i>	P	QL(3 EA daily)
<i>escitalopram oxalate TABS 10 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>paroxetine hcl TABS 30 MG, 40 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)	<i>paroxetine hcl TB24</i>	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	P	QL(4 EA daily)	PAXIL CR TB24 (<i>paroxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>fluoxetine hcl CAPS 40 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)	PAXIL SUSP (<i>paroxetine hcl</i>)	NP	QL(40 ML daily)
<i>fluoxetine hcl CPDR</i>	NP		PAXIL TABS 20 MG (<i>paroxetine hcl</i>)	NP	QL(3 EA daily)
<i>fluoxetine hcl SOLN</i>	P	QL(120 ML per fill retail)	PAXIL TABS 30 MG, 40 MG (<i>paroxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)
<i>fluoxetine hcl TABS 10 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)	PAXIL TABS 10 MG (<i>paroxetine hcl</i>)	NP	QL(6 EA daily)
<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)
<i>fluoxetine hcl TABS 60 MG</i>	NP		PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)
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 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)	<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)	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 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	EFFEXOR XR CP24 37.5 MG (<i>venlafaxine hcl</i>)	NP	QL(4 EA daily)
Serotonin Modulators			EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	NP	QL(2 EA daily)
EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	AL(At least 18 yrs old)	FETZIMA TITRATION C4PK	NP	
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP	AL(At least 18 yrs old)	FETZIMA CP24	NP	
<i>nefazodone hcl</i>	P		PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	QL(4 EA daily)
RALDESY SOLN PO 10 MG/ML	NP		PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NP	QL(1 EA daily)
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P		VENLAFAXINE BESYLATE ER	NP	
<i>trazodone hcl TABS 300 MG</i>	P	QL(2 EA daily)	<i>venlafaxine hcl CP24 37.5 MG</i>	P	QL(4 EA daily)
TRINTELLIX	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>venlafaxine hcl CP24 150 MG</i>	P	QL(2 EA daily)
VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	QL(1 EA daily)	<i>venlafaxine hcl CP24 75 MG</i>	P	QL(5 EA daily)
<i>vilazodone hcl TABS</i>	P	QL(1 EA daily)	<i>venlafaxine hcl TABS</i>	P	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	NP	QL(1 EA daily); AL(At least 7 yrs old)
CYMBALTA CPEP (<i>duloxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)	<i>venlafaxine hcl TB24 150 MG</i>	NP	QL(1 EA daily)
DESVENLAFAXINE ER	NP		Tricyclic Agents		
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	P	QL(1 EA daily)	<i>amitriptyline hcl TABS</i>	C	
<i>desvenlafaxine succinate 100 MG</i>	P	QL(4 EA daily)	<i>amoxapine</i>	C	
DRIZALMA SPRINKLE CSDR	NP		<i>clomipramine hcl 75 MG</i>	C	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)	<i>desipramine hcl TABS 25 MG</i>	C	QL(2 EA daily)
<i>duloxetine hcl CPEP 40 MG</i>	NP		<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	C	
EFFEXOR XR CP24 75 MG (<i>venlafaxine hcl</i>)	NP	QL(5 EA daily)	<i>doxepin hcl CAPS</i>	C	
			<i>doxepin hcl CONC</i>	C	
			<i>imipramine hcl TABS</i>	C	
			<i>nortriptyline hcl CAPS</i>	C	
			<i>nortriptyline hcl SOLN</i>	C	QL(20 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	P	
<i>miglitol</i>	NP	
Antidiabetic - Amylin Analogs		
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
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 EA daily)
<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily)
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 EA daily)
<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG</i>	NP	Brand Preferred
<i>dapagliflozin-saxagliptin</i>	NP	
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	
<i>glipizide-metformin hcl</i>	NP	
<i>glyburide-metformin</i>	P	MP
GLYXAMBI	NP	
INVOKAMET XR TB24	NP	
INVOKAMET TABS	P	ST
JANUMET XR TB24	P	
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>sitagliptin phosphate-metformin hcl</i>)	P	Brand Preferred; ST
JENTADUETO XR TB24	NP	

Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO TABS	P	Brand Preferred; ST
<i>pioglitazone hcl-glimepiride</i>	NP	
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 EA daily)
<i>saxagliptin-metformin hcl</i>	NP	QL(1 EA daily)
SEGLUROMET	NP	QL(2 EA daily)
<i>sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG</i>	NP	
<i>sitagliptin free base-metformin hcl TB24</i>	NP	
<i>sitagliptin phosphate-metformin hcl TABS</i>	NP	Brand Preferred
SOLQUA	NP	QL(18 ML per 31 day(s) retail)
STEGLUJAN	NP	
SYNJARDY XR TB24	NP	
SYNJARDY TABS	NP	
TRIJARDY XR	NP	
XIGDUO XR TB24 PO 1000 MG-2.5 MG	P	ST
XIGDUO XR TB24 PO (<i>dapagliflozin free base-metformin hcl</i>)	P	Brand Preferred
XIGDUO XR TB24 PO (<i>dapagliflozin free base-metformin hcl</i>)	P	Brand Preferred; ST
XULTOPHY	NP	
ZITUVIMET XR TB24	NP	
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>sitagliptin free base-metformin hcl</i>)	NP	
Biguanides		
<i>metformin hcl SOLN</i>	NP	
<i>metformin hcl TABS 850 MG</i>	P	QL(3 EA daily); MP
<i>metformin hcl TABS 500 MG</i>	P	QL(5 EA daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl TABS 625 MG, 750 MG</i>	NP	
<i>metformin hcl TABS 1000 MG</i>	P	QL(2 EA daily); MP
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	MP
<i>metformin hcl TB24 500 MG</i>	P	QL(4 EA daily); MP
<i>metformin hcl TB24 750 MG</i>	P	QL(3 EA daily); MP
RIOMET SOLN (<i>metformin hcl</i>)	NP	
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
<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>diazoxide</i>	NP	Brand Preferred
GLUCAGON EMERGENCY	NP	
<i>glucagon SOLR IJ 1 MG</i>	P	QL(4 EA per 365 day(s) retail)
GVOKE HYPOPEN 1-PACK SOAJ	P	
GVOKE HYPOPEN 2-PACK SOAJ	P	
GVOKE KIT SOLN	NP	
GVOKE PFS SOSY 1 MG/0.2ML	NP	
PROGLYCEM (<i>diazoxide</i>)	P	Brand Preferred
TRUEPLUS GLUCOSE ON THE GO CHEW	C	Limit 50 ea per 31 days retail; QL(50 EA per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS GLUCOSE CHEW	C	Limit 50 ea per 31 days retail; QL(50 EA per 31 day(s) retail)
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	NP	QL(1 EA daily)
BRYNOVIN SOLN PO 25 MG/ML	NP	
JANUVIA 25 MG, 50 MG, 100 MG (<i>sitagliptin phosphate</i>)	P	ST
ONGLYZA 5 MG (<i>saxagliptin hcl</i>)	P	QL(1 EA daily)
<i>saxagliptin hcl</i>	NP	QL(1 EA daily)
<i>sitagliptin 25 MG, 50 MG, 100 MG</i>	NP	
<i>sitagliptin phosphate 25 MG, 50 MG, 100 MG</i>	NP	Brand Preferred
TRADJENTA	P	ST
ZITUVIO 25 MG, 50 MG, 100 MG (<i>sitagliptin</i>)	NP	
Incretin Mimetic Agents		
<i>exenatide SOPN 5 MCG/0.02ML</i>	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>exenatide SOPN 10 MCG/0.04ML</i>	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>liraglutide</i>	NP	Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old)
MOUNJARO	NP	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	PA	HUMALOG MIX 50/50 KWIKPEN SUPN	P	
OZEMPIC (2 MG/DOSE) SOPN	PA	PA	HUMALOG MIX 75/25 KWIKPEN SUPN	P	QL(30 ML per 31 day(s) retail)
TRULICITY	PA	QL(2 ML per 28 day(s) retail); PA	HUMALOG MIX 75/25 SUSP	P	
VICTOZA (<i>liraglutide</i>)	PA	Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old); PA	HUMALOG TEMPO PEN SOPN	P	
Insulin			HUMALOG SOCT	P	
ADMELOG SOLOSTAR SOPN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	HUMALOG SOLN IJ	P	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
ADMELOG SOLN IJ	NP	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)	HUMULIN 70/30 KWIKPEN SUPN	P	QL(1 ML daily)
AFREZZA POWD	NP		HUMULIN 70/30 SUSP	P	Limit 40mls per month
APIDRA SOLOSTAR SOPN	P		HUMULIN N KWIKPEN SUPN	P	QL(1 ML daily)
APIDRA SOLN	NP		HUMULIN N SUSP	P	Limit 40mls per month
BASAGLAR KWIKPEN SOPN	NP	Brand Preferred	HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	
BASAGLAR TEMPO PEN SOPN	NP		HUMULIN R U-500 KWIKPEN SOPN SC	P	
FIASP FLEXTOUCH SOPN	NP		HUMULIN R SOLN IJ	P	Limit 40mls per month
FIASP PENFILL SOCT	NP		INSULIN ASPART FLEXPEN SOPN	P	QL(30 ML per 31 day(s) retail)
FIASP SOLN	NP		INSULIN ASPART SOLN IJ	P	QL(30 ML per 31 day(s) retail)
HUMALOG JUNIOR KWIKPEN SOPN	P	QL(30 ML per 31 day(s) retail)	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	NP	Brand Preferred; QL(0.9 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P		INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	NP	Brand Preferred; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	INSULIN DEGLUDEC SOLN	NP	Brand Preferred; QL(1.5 ML daily)
			INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP		NOVOLIN 70/30 RELION SUSP	NP	Limit 40mls per month
INSULIN GLARGINE-YFGN SOLN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	NOVOLIN 70/30 SUSP	NP	Limit 40mls per month
INSULIN GLARGINE-YFGN SOPN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ML daily)
INSULIN LISPRO (1 UNIT DIAL) SOPN	P	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	NOVOLIN N FLEXPEN SUPN	NP	QL(1 ML daily)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	QL(30 ML per 31 day(s) retail)	NOVOLIN N RELION SUSP	NP	Limit 40mls per month
INSULIN LISPRO PROT & LISPRO SUPN	P	QL(30 ML per 31 day(s) retail)	NOVOLIN N SUSP	NP	Limit 40mls per month
INSULIN LISPRO SOLN IJ	P	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)	NOVOLIN R FLEXPEN RELION SOPN IJ	NP	
KIRSTY SOLN IJ 100 UNIT/ML	NP		NOVOLIN R FLEXPEN SOPN IJ	NP	
KIRSTY SOPN SC 100 UNIT/ML	NP		NOVOLIN R RELION SOLN IJ	NP	Limit 40mls per month
LANTUS SOLOSTAR SOPN	P	Brand Preferred	NOVOLIN R SOLN IJ	NP	Limit 40mls per month
LANTUS SOLN	P	Brand Preferred	NOVOLOG 70/30 FLEXPEN RELION SUPN	P	QL(30 ML per 31 day(s) retail)
LYUMJEV KWIKPEN SOPN	NP		NOVOLOG FLEXPEN RELION SOPN	P	QL(30 ML per 31 day(s) retail)
LYUMJEV TEMPO PEN SOPN	NP		NOVOLOG FLEXPEN SOPN	P	QL(30 ML per 31 day(s) retail)
LYUMJEV SOLN	NP		NOVOLOG MIX 70/30 FLEXPEN SUPN	P	QL(30 ML per 31 day(s) retail)
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP		NOVOLOG MIX 70/30 RELION SUSP	P	QL(40 ML per 31 day(s) retail)
MERILOG SOLN SC 100 UNIT/ML	NP		NOVOLOG MIX 70/30 SUSP	P	QL(40 ML per 31 day(s) retail)
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ML daily)	NOVOLOG PENFILL SOCT	P	QL(30 ML per 31 day(s) retail)
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ML daily)	NOVOLOG RELION SOLN IJ	P	QL(30 ML per 31 day(s) retail)
			NOVOLOG SOLN IJ	P	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)

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Drug Name	Drug Tier	Requirements/ Limits
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	Brand Preferred; QL(0.9 ML daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	P	Brand Preferred; QL(1.5 ML daily)
TRESIBA SOLN	P	Brand Preferred; QL(1.5 ML daily)
Insulin Sensitizing Agents		
ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 EA daily)
<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	Brand Preferred; ST
INVOKANA	P	ST
JARDIANCE	P	ST
STEGLATRO	NP	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 4 MG</i>	P	QL(2 EA daily); MP
<i>glimepiride 3 MG</i>	P	MP
<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide TABS</i>	P	
<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
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
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	
<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)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
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	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl LIQD</i>	NP	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC	SANCUSO PTCH	NP	
<i>naloxone hcl SOCT</i>	P	QL(2 ML per 90 day(s) retail)	Antiemetics - Anticholinergic		
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ML per 90 day(s) retail)	ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	RX/OTC
<i>naloxone hcl SOSY 0.4 MG/ML</i>	P		ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	NP	
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	QL(4 ML per 90 day(s) retail)	<i>dimenhydrinate TABS</i>	C	QL(24 EA per fill retail)
<i>naltrexone hcl</i>	C		<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	NP	RX/OTC
NARCAN LIQD (<i>naloxone hcl</i>)	P	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC	<i>scopolamine</i>	P	
OPVEE NA	NP		TRANSDERM SCOP 1 MG/3DAYS (<i>scopolamine</i>)	NP	
REXTOVY LIQD	NP		TRANSDERM-SCOP (<i>scopolamine</i>)	NP	
VIVITROL	P	QL(1 EA per 30 day(s) retail); SP	<i>trimethobenzamide hcl CAPS</i>	NP	
ZIMHI SOSY	NP		Antiemetics - Miscellaneous		
ZURNAI IJ 1.5 MG/0.5ML	NP		AKYNZEO	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			BONJESTA TBCR	NP	
5-HT3 Receptor Antagonists			DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	NP	
<i>granisetron hcl TABS</i>	NP		<i>doxylamine-pyridoxine TBEC</i>	NP	
GRANISOL SOLN PO	NP		<i>dronabinol CAPS</i>	NP	
<i>ondansetron hcl SOLN IJ</i>	C		MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NP	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per 31 day(s) retail)	Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>ondansetron hcl SOSY</i>	C		<i>aprepitant CAPS</i>	P	
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail)	<i>aprepitant CPPK PO</i>	P	
<i>ondansetron TBDP 16 MG</i>	P		EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	NP	
<i>ondansetron TBDP 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail; 20 EA per 31 days mail)	EMEND TRIPACK CPPK PO (<i>aprepitant</i>)	NP	
			EMEND SUSR	NP	
			NEREUS CAPS PO 85 MG	NP	
			ANTIFUNGALS - Drugs to Treat Fungal Infections		

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Drug Name	Drug Tier	Requirements/ Limits
Antifungals		
<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)
Imidazole-Related Antifungals		
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 100 MG, 200 MG</i>	P	
<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail)
<i>fluconazole TABS 50 MG</i>	P	QL(3 EA per 14 day(s) retail)
<i>itraconazole CAPS</i>	NP	QL(1 EA daily)
<i>itraconazole SOLN</i>	NP	
<i>ketoconazole</i>	NP	
<i>posaconazole SUSP</i>	NP	
<i>posaconazole TBEC</i>	NP	
SPORANOX CAPS (<i>itraconazole</i>)	NP	QL(1 EA daily)
TOLSURA CAPS	NP	
VFEND SUSR (<i>voriconazole</i>)	NP	
VIVJOA	NP	
<i>voriconazole SUSR</i>	NP	
<i>voriconazole TABS</i>	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		

Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	C	
<i>chlorpheniramine maleate TABS</i>	C	QL(120 EA per fill retail)
<i>dexchlorpheniramine maleate SOLN</i>	C	
Antihistamines - Ethanolamines		
<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)
Antihistamines - Non-Sedating		
<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	
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)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>loratadine TBDP 10 MG</i>	P	QL(1 EA daily); AL(Up to 12 yrs old)	COLESTID TABS (<i>colestipol hcl</i>)	NP	
Antihistamines - Phenothiazines			<i>colestipol hcl GRAN</i>	P	
<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>colestipol hcl PACK</i>	P	
<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail); AL(At least 2 yrs old)	<i>colestipol hcl TABS</i>	P	
<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)	QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP	
Antihistamines - Piperidines			QUESTRAN PACK (<i>cholestyramine</i>)	NP	
<i>cyproheptadine hcl SYRP</i>	C		QUESTRAN POWD (<i>cholestyramine</i>)	NP	
<i>cyproheptadine hcl TABS</i>	C		WELCHOL PACK (<i>colesevelam hcl</i>)	NP	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			WELCHOL TABS (<i>colesevelam hcl</i>)	NP	
Antihyperlipidemics - Combinations			Fibric Acid Derivatives		
<i>ezetimibe-simvastatin</i>	NP	QL(1 EA daily)	<i>choline fenofibrate</i>	NP	
VYTORIN (<i>ezetimibe-simvastatin</i>)	NP	QL(1 EA daily)	<i>fenofibrate micronized 134 MG, 200 MG</i>	NP	QL(1 EA daily)
Antihyperlipidemics - Misc.			<i>fenofibrate micronized 67 MG</i>	NP	QL(2 EA daily)
<i>icosapent ethyl</i>	P		<i>fenofibrate micronized 43 MG, 130 MG</i>	NP	
<i>omega-3-acid ethyl esters</i>	P		<i>fenofibrate CAPS</i>	NP	
Bile Acid Sequestrants			<i>fenofibrate TABS 160 MG</i>	NP	QL(1 EA daily)
<i>cholestyramine light PACK</i>	P		<i>fenofibrate TABS 54 MG</i>	NP	QL(3 EA daily)
<i>cholestyramine light PACK</i>	NP		<i>fenofibrate TABS 48 MG, 145 MG</i>	P	
<i>cholestyramine light POWD</i>	P		<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
<i>cholestyramine light POWD</i>	NP		<i>fenofibric acid</i>	NP	
<i>cholestyramine PACK</i>	P		FIBRICOR (<i>fenofibric acid</i>)	NP	
<i>cholestyramine POWD</i>	P		<i>gemfibrozil TABS</i>	P	QL(2 EA daily)
<i>colesevelam hcl PACK</i>	NP		LIPOFEN CAPS (<i>fenofibrate</i>)	NP	
<i>colesevelam hcl TABS</i>	NP		LOPID TABS (<i>gemfibrozil</i>)	NP	QL(2 EA daily)
COLESTID GRAN (<i>colestipol hcl</i>)	NP		HMG CoA Reductase Inhibitors		
			ATORVALIQ SUSP	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>atorvastatin calcium TABS</i>	P	QL(1 EA daily)	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
CRESTOR TABS (<i>rosuvastatin calcium</i>)	NP	QL(1 EA daily)			
EZALLOR SPRINKLE CPSP	NP		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
<i>fluvastatin sodium CAPS</i>	P	MP			
<i>fluvastatin sodium TB24</i>	NP	MP	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
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NP	MP			
LIPITOR TABS (<i>atorvastatin calcium</i>)	NP	QL(1 EA daily)	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
LIVALO (<i>pitavastatin calcium</i>)	NP		ACE Inhibitors		
<i>lovastatin TABS 40 MG</i>	P	QL(2 EA daily); MP	ACCUPRIL (<i>quinapril hcl</i>)	NP	
<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 EA daily); MP	ALTACE CAPS 1.25 MG, 5 MG, 10 MG (<i>ramipril</i>)	NP	QL(2 EA daily)
<i>pitavastatin calcium</i>	NP		<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 EA daily); MP
<i>pravastatin sodium</i>	P	QL(1 EA daily)	<i>benazepril hcl 40 MG</i>	P	QL(2 EA daily); MP
<i>rosuvastatin calcium TABS</i>	P	QL(1 EA daily)	<i>captopril</i>	P	QL(3 EA daily); MP
<i>simvastatin TABS 80 MG</i>	P	MP	<i>enalapril maleate SOLN</i>	NP	
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	P	QL(1 EA daily); MP	<i>enalapril maleate TABS</i>	P	QL(2 EA daily); MP
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NP	QL(1 EA daily)	EPANED SOLN (<i>enalapril maleate</i>)	NP	
ZYPITAMAG 2 MG, 4 MG	NP		<i>fosinopril sodium</i>	NP	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors			<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	
<i>ezetimibe</i>	P		LOTENSIN 10 MG, 20 MG (<i>benazepril hcl</i>)	NP	QL(1 EA daily)
ZETIA (<i>ezetimibe</i>)	NP		LOTENSIN 40 MG (<i>benazepril hcl</i>)	NP	QL(2 EA daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			<i>moexipril hcl</i>	NP	
PRALUENT SOAJ	NP	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 8 yrs old); SP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>perindopril erbumine</i>	NP		<i>doxazosin mesylate</i>	P	
QBRELIS SOLN	NP		<i>guanfacine hcl</i>	P	
<i>quinapril hcl</i>	NP		JAVADIN SOLN PO 0.02 MG/ML	NP	
<i>ramipril CAPS</i>	P	QL(2 EA daily); MP	<i>methyldopa TABS 500 MG</i>	C	
<i>trandolapril 4 MG</i>	NP	QL(2 EA daily)	<i>methyldopa TABS</i>	P	
<i>trandolapril 1 MG, 2 MG</i>	NP	QL(1 EA daily)	NEXICLON XR TB24 (<i>clonidine</i>)	NP	
ZESTRIL TABS (<i>lisinopril</i>)	NP		<i>prazosin hcl CAPS</i>	C	
Angiotensin II Receptor Antagonists			<i>terazosin hcl</i>	P	
ARBLI PO 10 MG/ML	NP		TEZRULY PO 1 MG/ML	NP	
ATACAND (<i>candesartan cilexetil</i>)	NP		Antihypertensive Combinations		
AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	NP	QL(1 EA daily)	ACCURETIC 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(4 EA daily)
<i>azilsartan medoxomil 40 MG, 80 MG</i>	NP		ACCURETIC 12.5 MG-10 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 EA daily)
BENICAR (<i>olmesartan medoxomil</i>)	NP	QL(1 EA daily)	<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 EA daily); MP
<i>candesartan cilexetil</i>	NP		<i>amlodipine besylate-olmesartan medoxomil</i>	NP	
COZAAR (<i>losartan potassium</i>)	NP	QL(1 EA daily)	<i>amlodipine besylate-olmesartan medoxomil</i>	NP	ST
DIOVAN TABS (<i>valsartan</i>)	NP	QL(1 EA daily)	<i>amlodipine besylate-valsartan 5 MG-160 MG</i>	P	
EDARBI 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NP		<i>amlodipine besylate-valsartan 10 MG-160 MG, 10 MG-320 MG, 5 MG-320 MG</i>	P	
<i>irbesartan</i>	P	QL(1 EA daily)	<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	
<i>losartan potassium</i>	P	QL(1 EA daily); MP	ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NP	
MICARDIS 40 MG, 80 MG (<i>telmisartan</i>)	NP		<i>atenolol & chlorthalidone</i>	P	QL(2 EA daily); MP
<i>olmesartan medoxomil</i>	P	QL(1 EA daily)	AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>telmisartan</i>	P	MP			
<i>valsartan SOLN</i>	NP				
<i>valsartan TABS</i>	P	QL(1 EA daily); MP			
Antiadrenergic Antihypertensives					
CARDURA (<i>doxazosin mesylate</i>)	NP				
<i>clonidine hcl TABS</i>	P				
<i>clonidine PTWK</i>	P				
<i>clonidine TB24</i>	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AZOR (amlodipine besylate-olmesartan medoxomil)	NP	ST	losartan potassium & hydrochlorothiazide	P	QL(1 EA daily); MP
benazepril & hydrochlorothiazide	P	QL(1 EA daily); MP	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)	NP	QL(1 EA daily)
BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide)	NP	QL(1 EA daily)	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl)	NP	QL(1 EA daily); MP
bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG	P	QL(1 EA daily); MP	metoprolol & hydrochlorothiazide TABS 50 MG-100 MG	NP	QL(1 EA daily)
bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG	P	MP	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG	NP	QL(2 EA daily)
candesartan cilexetil-hydrochlorothiazide	NP		MICARDIS HCT (telmisartan-hydrochlorothiazide)	NP	QL(1 EA daily)
captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG	NP	QL(2 EA daily); MP	olmesartan medoxomil-amlodipine-hydrochlorothiazide	NP	ST
captopril & hydrochlorothiazide 25 MG-50 MG	NP	QL(3 EA daily); MP	olmesartan medoxomil-amlodipine-hydrochlorothiazide	NP	
DIOVAN HCT (valsartan-hydrochlorothiazide)	NP	QL(1 EA daily)	olmesartan medoxomil-hydrochlorothiazide	P	QL(1 EA daily)
EDARBYCLOR	NP		quinapril-hydrochlorothiazide 12.5 MG-10 MG	NP	QL(3 EA daily)
enalapril maleate & hydrochlorothiazide	P	QL(2 EA daily); MP	quinapril-hydrochlorothiazide 25 MG-20 MG	NP	QL(2 EA daily)
EXFORGE (amlodipine besylate-valsartan)	NP		quinapril-hydrochlorothiazide 12.5 MG-20 MG	NP	QL(4 EA daily)
EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	NP		telmisartan-amlodipine	NP	ST
fosinopril sodium & hydrochlorothiazide	NP	QL(1 EA daily)	telmisartan-hydrochlorothiazide	P	QL(1 EA daily); MP
HYZAAR (losartan potassium & hydrochlorothiazide)	NP	QL(1 EA daily)	TENORETIC 100 (atenolol & chlorthalidone)	NP	QL(2 EA daily)
irbesartan-hydrochlorothiazide	P	QL(1 EA daily); MP			
lisinopril & hydrochlorothiazide	P	MP			

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Drug Name	Drug Tier	Requirements/ Limits
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	QL(2 EA daily)
<i>trandolapril-verapamil hcl</i>	P	MP
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	ST
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily); MP
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	NP	
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	NP	Brand Preferred; ST
TEKTURNA (<i>aliskiren fumarate</i>)	P	Brand Preferred; ST
Vasodilators		
<i>hydralazine hcl TABS</i>	C	
<i>minoxidil 2.5 MG</i>	C	QL(3 EA daily)
<i>minoxidil 10 MG</i>	C	QL(10 EA daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
LIKMEZ SUSP	NP	
<i>metronidazole CAPS</i>	P	
<i>metronidazole TABS</i>	P	
<i>tinidazole</i>	NP	ST
<i>trimethoprim TABS</i>	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS 81.6 MG</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	
Antiprotozoal Agents		
<i>nitazoxanide TABS</i>	NP	ST
Glycopeptides		
FIRVANQ SOLR PO (<i>vancomycin hcl</i>)	NP	QL(300 ML per fill retail; 300 per fill mail); ST
VANCOCIN CAPS 250 MG (<i>vancomycin hcl</i>)	NP	QL(8 EA daily); ST
VANCOCIN CAPS 125 MG (<i>vancomycin hcl</i>)	NP	QL(4 EA daily); ST
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily)
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily)
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 EA daily); ST
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 EA daily); ST
<i>vancomycin hcl SOLR IV 1 GM</i>	C	QL(14 EA per fill retail)
<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
<i>vancomycin hcl SOLR IV 500 MG</i>	C	QL(14 EA per 31 day(s) retail)
VANCOMYCIN HCL SOLR IV 1 GM	C	QL(14 EA per fill retail)
VANCOMYCIN HCL SOLR IV 500 MG	C	QL(14 EA per 31 day(s) retail)
Leprostatics		
<i>dapsone</i>	C	
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	NP	
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>)	NP	QL(300 ML per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin hcl</i>	P	
<i>clindamycin palmitate hydrochloride</i>	C	QL(300 ML per fill retail)
<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ML per fill retail)
Monobactams		
CAYSTON	NP	SP
Oxazolidinones		
<i>linezolid SUSR</i>	P	
<i>linezolid TABS</i>	P	
SIVEXTRO TABS	NP	QL(6 EA per fill retail); PA
SIVEXTRO TABS	C	QL(6 EA per fill retail); PA
ZYVOX SUSR (<i>linezolid</i>)	NP	
ZYVOX TABS (<i>linezolid</i>)	NP	
Penems		
ORLYNVAH TABS PO	C	SP; PA
Urinary Anti-infectives		
BLUJEPA TABS PO 750 MG	C	PA
MACROBID (<i>nitrofurantoin monohyd macro</i>)	NP	
<i>methenamine mandelate</i>	C	
<i>nitrofurantoin</i>	P	QL(40 ML daily)
NITROFURANTOIN	NP	QL(40 ML daily)
<i>nitrofurantoin macrocrystal</i>	P	
<i>nitrofurantoin monohyd macro</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	C	QL(24 EA per fill retail)
Antimalarials		

Drug Name	Drug Tier	Requirements/ Limits
<i>chloroquine phosphate TABS 250 MG</i>	C	
<i>chloroquine phosphate TABS 500 MG</i>	C	QL(1 EA daily)
<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	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
<i>pyridostigmine bromide TABS 60 MG</i>	C	
<i>pyridostigmine bromide TBCR</i>	C	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
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	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>methotrexate sodium SOLR</i>	P	
<i>methotrexate sodium TABS 2.5 MG</i>	P	
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

Drug Name	Drug Tier	Requirements/ Limits
IBRANCE TABS	C	SP; PA
ICLUSIG	C	QL(1 EA daily); SP; PA
INREBIC	C	SP; PA
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	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	NP	
NOURIANZ	NP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	P	
<i>benztropine mesylate TABS</i>	C	
<i>trihexyphenidyl hcl SOLN</i>	P	QL(16.67 ML daily)
<i>trihexyphenidyl hcl TABS</i>	C	
<i>trihexyphenidyl hcl TABS</i>	P	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	NP	
ONGENTYS	NP	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	C	
<i>amantadine hcl CAPS</i>	P	
<i>amantadine hcl SOLN</i>	C	
<i>amantadine hcl SOLN</i>	P	
<i>amantadine hcl TABS</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APOKYN SOCT	NP	SP	<i>ropinirole hydrochloride</i> TABS 0.25 MG, 3 MG, 4 MG	P	QL(6 EA daily)
<i>apomorphine hydrochloride</i> SOCT	NP	SP	<i>ropinirole hydrochloride</i> TB24	NP	
<i>bromocriptine mesylate</i> CAPS	P		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	
<i>bromocriptine mesylate</i> TABS 2.5 MG	C		SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NP	
<i>bromocriptine mesylate</i> TABS 2.5 MG	P		Antiparkinson Monoamine Oxidase Inhibitors		
<i>carbidopa-levodopa</i> CPCR	NP		AZILECT (<i>rasagiline mesylate</i>)	NP	
<i>carbidopa-levodopa-entacapone</i>	NP		<i>rasagiline mesylate</i>	NP	
<i>carbidopa-levodopa</i> TABS	C		<i>selegiline hcl</i> CAPS	P	
<i>carbidopa-levodopa</i> TABS	P		<i>selegiline hcl</i> CAPS	C	
<i>carbidopa-levodopa</i> TBCR	C		<i>selegiline hcl</i> TABS	P	
<i>carbidopa-levodopa</i> TBCR	P		<i>selegiline hcl</i> TABS	C	
<i>carbidopa-levodopa</i> TBCR	P		XADAGO	NP	
<i>carbidopa-levodopa</i> TBDP	P		ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
CREXONT CPCR	NP		Antimanic Agents		
DHIVY TABS	NP		<i>lithium</i>	C	QL(10 ML daily)
DUOPA SUSP	NP		<i>lithium carbonate</i> CAPS	C	
GOCOVRI CP24	NP	SP	<i>lithium carbonate</i> TABS	C	
GOCOVRI CP24 68.5 MG	NP		<i>lithium carbonate</i> TBCR	C	
INBRIJA CAPS	NP		Antipsychotics - Misc.		
MIRAPEX ER TB24 2.25 MG, 3 MG, 3.75 MG (<i>pramipexole dihydrochloride</i>)	NP		CAPLYTA	NP	AL(At least 18 yrs old); ST
NEUPRO	NP		EQUETRO	NP	
OSMOLEX ER TB24 193 MG	NP		GEODON (<i>ziprasidone hcl</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride</i> TABS	P	QL(3 EA daily); AL(At least 18 yrs old)	GEODON 80 MG (<i>ziprasidone hcl</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride</i> TB24	NP				
<i>ropinirole hydrochloride</i> TABS 0.5 MG, 1 MG, 2 MG, 5 MG	P	QL(3 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LATUDA (<i>lurasidone hcl</i>)	NP	AL(At least 10 yrs old)	ERZOFRI 117 MG/0.75ML	NP	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
<i>lurasidone hcl</i>	P	AL(At least 10 yrs old)			
<i>lurasidone hcl</i>	P	AL(At least 10 yrs old)	ERZOFRI 234 MG/1.5ML	NP	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
NUPLAZID CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old); ST	FANAPT	NP	AL(At least 18 yrs old); ST
NUPLAZID TABS 10 MG	NP	QL(1 EA daily); AL(At least 18 yrs old); ST	FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old); ST
VRAYLAR CAPS	P	AL(At least 18 yrs old)	FANAPT TITRATION PACK B	NP	
VRAYLAR CAPS 0.5 MG, 0.75 MG	P		FANAPT TITRATION PACK C	NP	
<i>ziprasidone hcl</i>	P	QL(2 EA daily); AL(At least 18 yrs old)	INVEGA 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NP	AL(At least 12 yrs old); ST
<i>ziprasidone mesylate</i>	NP	AL(At least 18 yrs old); ST	INVEGA HAFYERA	P	AL(At least 18 yrs old); SP
Benzisoxazoles			INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
BYANTI TITRATION PACK A TBPB PO	NP		INVEGA SUSTENNA 39 MG/0.25ML	P	QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
BYANTI TITRATION PACK B TBPB PO	NP		INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
BYANTI TITRATION PACK C TBPB PO	NP		INVEGA SUSTENNA 156 MG/ML	P	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
BYANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP		INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 78 MG/0.5ML	NP	QL(0.5 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			
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			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	<i>risperidone microspheres</i>	NP	Brand Preferred; 2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old)
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	<i>risperidone SOLN</i>	P	QL(4 ML daily); AL(At least 7 yrs old)
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	<i>risperidone SOLN</i>	P	QL(4 ML daily); AL(At least 7 yrs old); ST
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	<i>risperidone TABS 0.25 MG</i>	P	QL(4 EA daily); AL(At least 7 yrs old); ST
<i>paliperidone</i>	NP	AL(At least 12 yrs old)	<i>risperidone TABS</i>	P	QL(4 EA daily); AL(At least 7 yrs old)
<i>paliperidone</i>	NP	AL(At least 12 yrs old); ST	<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)
PERSERIS PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>risperidone TBDP</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
RISPERDAL CONSTA (<i>risperidone microspheres</i>)	P	Brand Preferred; 2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old); SP	RYKINDO SRER	NP	AL(At least 18 yrs old); SP
RISPERDAL SOLN (<i>risperidone</i>)	NP	QL(4 ML daily); AL(At least 7 yrs old); ST	UZEDY SUSY	P	AL(At least 18 yrs old); SP
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)	Butyrophenones		
<i>risperidone microspheres</i>	NP	Brand Preferred; 2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old); SP	<i>haloperidol decanoate</i>	C	
			<i>haloperidol lactate CONC</i>	C	
			<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	C	QL(3 EA daily)
			<i>haloperidol TABS 20 MG</i>	C	
			Dibenzapines		
			ADASUVE	NP	AL(At least 18 yrs old); ST
			<i>asenapine maleate</i>	P	AL(At least 10 yrs old)
			<i>clozapine TABS 200 MG</i>	P	QL(4 EA daily); AL(At least 18 yrs old)
			<i>clozapine TABS 25 MG, 50 MG</i>	P	QL(3 EA daily); AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine TABS 100 MG</i>	P	QL(9 EA daily); AL(At least 18 yrs old)	<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)
<i>clozapine TBDP 150 MG</i>	NP	QL(6 EA daily); AL(At least 18 yrs old)	<i>olanzapine TBDP</i>	NP	AL(At least 10 yrs old); ST
<i>clozapine TBDP 12.5 MG, 25 MG</i>	NP	QL(3 EA daily); AL(At least 18 yrs old)	<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>clozapine TBDP 12.5 MG, 25 MG</i>	NP	QL(3 EA daily); AL(At least 18 yrs old); ST	<i>quetiapine fumarate TABS 150 MG</i>	P	AL(At least 10 yrs old); ST
<i>clozapine TBDP 100 MG</i>	NP	QL(9 EA daily); AL(At least 18 yrs old)	<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)
<i>clozapine TBDP 200 MG</i>	NP	QL(4 EA daily); AL(At least 18 yrs old)	<i>quetiapine fumarate TB24</i>	P	AL(At least 10 yrs old)
<i>clozapine TBDP 100 MG</i>	NP	QL(9 EA daily); AL(At least 18 yrs old); ST	SAPHRIS (<i>asenapine maleate</i>)	NP	AL(At least 10 yrs old)
<i>clozapine TBDP 200 MG</i>	NP	QL(4 EA daily); AL(At least 18 yrs old); ST	SECUADO	NP	AL(At least 18 yrs old); ST
<i>clozapine TBDP 150 MG</i>	NP	QL(6 EA daily); AL(At least 18 yrs old); ST	SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	NP	AL(At least 10 yrs old)
CLOZARIL TABS 200 MG (<i>clozapine</i>)	NP	QL(4 EA daily); AL(At least 18 yrs old)	SEROQUEL XR TB24 50 MG, 200 MG, 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NP	AL(At least 10 yrs old)
CLOZARIL TABS 25 MG, 50 MG (<i>clozapine</i>)	NP	QL(3 EA daily); AL(At least 18 yrs old)	SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NP	QL(2 EA daily); AL(At least 10 yrs old)
CLOZARIL TABS 100 MG (<i>clozapine</i>)	NP	QL(9 EA daily); AL(At least 18 yrs old)	SEROQUEL TABS 50 MG (<i>quetiapine fumarate</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)
<i>loxapine succinate</i>	C	QL(4 EA daily); AL(At least 18 yrs old)	SEROQUEL TABS 300 MG (<i>quetiapine fumarate</i>)	NP	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)	SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (<i>quetiapine fumarate</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)
<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)	VERSACLOZ SUSP	NP	QL(18 ML daily); AL(At least 18 yrs old); ST
<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)	ZYPREXA RELPREVV	NP	AL(At least 18 yrs old); SP
			ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	NP	AL(At least 10 yrs old)
			ZYPREXA SOLR (<i>olanzapine</i>)	NP	AL(At least 18 yrs old); ST

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA TABS 7.5 MG, 10 MG (<i>olanzapine</i>)	NP	QL(2 EA daily); AL(At least 10 yrs old)	ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	NP	QL(1 EA daily); AL(At least 10 yrs old)	ABILIFY TABS 5 MG (<i>aripiprazole</i>)	NP	QL(1.5 EA daily); AL(At least 7 yrs old)
ZYPREXA TABS 2.5 MG, 5 MG (<i>olanzapine</i>)	NP	QL(4 EA daily); AL(At least 10 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)
Muscarinic Agents			<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)
COBENFY STARTER PACK CPPK	NP	AL(At least 18 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); ST
COBENFY CAPS	NP	AL(At least 18 yrs old)	<i>aripiprazole TABS 5 MG</i>	P	QL(1.5 EA daily); AL(At least 7 yrs old)
Phenothiazines			<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>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	C	QL(3 EA daily)	<i>aripiprazole TBDP</i>	NP	QL(1 EA daily); AL(At least 7 yrs old); ST
<i>chlorpromazine hcl TABS 10 MG</i>	C	QL(10 EA daily)	ARISTADA 882 MG/3.2ML	P	QL(3.2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
<i>fluphenazine decanoate</i>	C		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)
<i>fluphenazine hcl TABS</i>	C				
<i>perphenazine TABS</i>	C	QL(4 EA daily); AL(At least 12 yrs old)			
<i>prochlorperazine</i>	P				
<i>prochlorperazine</i>	NP				
<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)			
Quinolone Derivatives					
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)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARISTADA 441 MG/1.6ML	P	QL(1.6 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	C	QL(2 EA daily)
ARISTADA 662 MG/2.4ML	P	QL(2.4 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>atazanavir sulfate CAPS 300 MG</i>	C	
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	BIKTARVY	P	QL(1 EA daily)
OPIPZA FILM	NP	AL(At least 7 yrs old); ST	CIMDUO	P	QL(1 EA daily)
REXULTI	NP	AL(At least 13 yrs old); ST	COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
Thioxanthenes			<i>darunavir TABS 600 MG</i>	C	QL(2 EA daily)
<i>thiothixene</i>	C	QL(3 EA daily)	<i>darunavir TABS 800 MG</i>	C	QL(1 EA daily)
ANTISEPTICS & DISINFECTANTS			<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily)
Chlorine Antiseptics			<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily)
<i>chlorhexidine gluconate SOLN EX 4 %</i>	C		DELSTRIGO	P	QL(1 EA daily)
ANTIVIRALS - Drugs to Treat Viral Infections			DESCOVY 200 MG-25 MG	P	QL(1 EA daily)
Antiretrovirals			DESCOVY 120 MG-15 MG	P	QL(1 EA daily); PA
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily)	DOVATO	P	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily)	EDURANT 25 MG (<i>rilpivirine hcl</i>)	P	QL(1 EA daily)
<i>abacavir sulfate TABS</i>	P	QL(2 EA daily)	EDURANT PED PO 2.5 MG	P	
<i>abacavir sulfate TABS</i>	C	QL(2 EA daily)	<i>efavirenz CAPS 50 MG</i>	C	QL(2 EA daily)
APTIVUS CAPS	P	QL(4 EA daily)	<i>efavirenz CAPS 200 MG</i>	C	QL(1 EA daily)
<i>atazanavir sulfate CAPS 300 MG</i>	P		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 EA daily)	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
			<i>efavirenz TABS</i>	C	QL(1 EA daily)
			<i>efavirenz TABS</i>	P	QL(1 EA daily)
			<i>emtricitabine CAPS</i>	P	QL(1 EA daily)
			<i>emtricitabine-rilpivirine-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
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	P		KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	P	QL(6 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 EA daily)	KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	P	QL(4 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	C	QL(1 EA daily)	<i>lamivudine SOLN</i>	C	QL(30 ML daily)
EMTRIVA CAPS (<i>emtricitabine</i>)	P	QL(1 EA daily)	<i>lamivudine SOLN</i>	P	QL(30 ML daily)
EMTRIVA SOLN	P	QL(24 ML daily)	<i>lamivudine TABS 150 MG</i>	P	QL(2 EA daily)
EPIVIR SOLN (<i>lamivudine</i>)	P	QL(30 ML daily)	<i>lamivudine TABS 150 MG</i>	C	QL(2 EA daily)
EPIVIR TABS 150 MG (<i>lamivudine</i>)	P	QL(2 EA daily)	<i>lamivudine TABS 300 MG</i>	P	QL(1 EA daily)
EPIVIR TABS 300 MG (<i>lamivudine</i>)	P	QL(1 EA daily)	<i>lamivudine-zidovudine</i>	P	
<i>etravirine 200 MG</i>	P	QL(2 EA daily)	<i>lopinavir-ritonavir SOLN</i>	C	QL(16 ML daily)
<i>etravirine 100 MG</i>	P	QL(4 EA daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 EA daily)
EVOTAZ	P	QL(1 EA daily)	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 EA daily)
<i>fosamprenavir calcium TABS</i>	P	QL(4 EA daily)	<i>maraviroc TABS 150 MG</i>	C	QL(2 EA daily)
FUZEON SOLR	NP	SP	<i>maraviroc TABS 150 MG</i>	P	QL(2 EA daily)
GENVOYA	P	QL(1 EA daily)	<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily)
IDVYNZO TABS PO	P		<i>maraviroc TABS 300 MG</i>	C	QL(4 EA daily)
INTELENCE (<i>etravirine</i>)	P	QL(4 EA daily)	<i>nevirapine SUSP</i>	P	QL(40 ML daily)
INTELENCE 200 MG (<i>etravirine</i>)	P	QL(2 EA daily)	<i>nevirapine TABS</i>	P	QL(2 EA daily)
INTELENCE	P	QL(4 EA daily)	<i>nevirapine TB24 400 MG</i>	P	QL(1 EA daily)
ISENTRESS HD TABS	P		NORVIR PACK	P	
ISENTRESS CHEW 100 MG	P	QL(6 EA daily)	NORVIR TABS (<i>ritonavir</i>)	P	QL(12 EA daily)
ISENTRESS CHEW 25 MG	P	QL(12 EA daily)	ODEFSEY	P	
ISENTRESS PACK	P	QL(2 EA daily)	PIFELTRO	P	QL(1 EA daily)
ISENTRESS TABS	P	QL(2 EA daily)	PREZCOBIX	P	QL(1 EA daily)
JULUCA	P	QL(1 EA daily)	PREZCOBIX	P	
KALETRA SOLN	P	QL(16 ML daily)	PREZISTA SUSP	P	QL(12 ML daily)
			PREZISTA TABS 150 MG	P	QL(3 EA daily)
			PREZISTA TABS 800 MG (<i>darunavir</i>)	P	QL(1 EA daily)
			PREZISTA TABS (<i>darunavir</i>)	P	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREZISTA TABS 75 MG, 600 MG	P	QL(2 EA daily)	TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
RETROVIR CAPS (<i>zidovudine</i>)	P	QL(6 EA daily)	TYBOST	P	QL(1 EA daily); AL(At least 18 yrs old)
RETROVIR SYRP (<i>zidovudine</i>)	P	QL(60 ML daily)	VIRACEPT TABS 625 MG	P	QL(4 EA daily)
REYATAZ CAPS 300 MG (<i>atazanavir sulfate</i>)	P		VIRACEPT TABS 250 MG	P	QL(9 EA daily)
REYATAZ CAPS 200 MG (<i>atazanavir sulfate</i>)	P	QL(2 EA daily)	VIREAD POWD	P	QL(8 GM daily)
REYATAZ PACK	P	QL(6 EA daily)	VIREAD TABS	P	QL(1 EA daily)
<i>rilpivirine hcl 25 MG</i>	P	QL(1 EA daily)	VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
<i>ritonavir TABS</i>	P	QL(12 EA daily)	ZIAGEN SOLN (<i>abacavir sulfate</i>)	P	QL(30 ML daily)
RUKOBIA	P		<i>zidovudine CAPS</i>	P	QL(6 EA daily)
SELZENTRY SOLN	P	QL(35 ML daily)	<i>zidovudine SYRP</i>	P	QL(60 ML daily)
SELZENTRY TABS 150 MG (<i>maraviroc</i>)	P	QL(2 EA daily)	<i>zidovudine TABS</i>	P	QL(2 EA daily)
SELZENTRY TABS 300 MG (<i>maraviroc</i>)	P	QL(4 EA daily)	Antiviral Combinations		
STRIBILD	P	QL(1 EA daily)	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)
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)	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)
SYMTUZA	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)
<i>tenofovir disoproxil fumarate TABS</i>	P	QL(1 EA daily)			
<i>tenofovir disoproxil fumarate TABS</i>	C	QL(1 EA daily)			
TIVICAY PD TBSO	P				
TIVICAY TABS 50 MG	P				
TRIUMEQ PD TBSO	P				
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				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)	<i>ribavirin (hepatitis c) CAPS</i>	NP	SP
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)	<i>ribavirin (hepatitis c) TABS 200 MG</i>	NP	SP
CMV Agents			SOFOSBUVIR-VELPATASVIR TABS	PA	QL(1 EA daily); SP; PA
<i>valganciclovir hcl TABS</i>	C	QL(2 EA daily)	SOVALDI PACK	NP	SP
Hepatitis Agents			SOVALDI TABS	NP	SP
<i>adefovir dipivoxil</i>	NP		VEMLIDY	P	SP
BARACLUDE SOLN	P		VOSEVI	PA	SP; PA
BARACLUDE TABS (<i>entecavir</i>)	NP		ZEPATIER	NP	SP
<i>entecavir TABS</i>	P		Herpes Agents		
EPCLUSA PACK	PA	SP; PA	<i>acyclovir CAPS</i>	P	QL(50 EA per 31 day(s) retail)
EPCLUSA TABS 50 MG-200 MG	PA	SP; PA	<i>acyclovir SUSP</i>	P	QL(400 ML per 31 day(s) retail; 400 ML per 31 days mail)
EPCLUSA TABS 100 MG-400 MG	NP	QL(1 EA daily); SP	<i>acyclovir TABS PO 800 MG</i>	P	QL(50 EA per 31 day(s) retail)
HARVONI PACK	NP	SP	<i>acyclovir TABS PO 400 MG</i>	P	QL(3 EA daily)
HARVONI TABS	NP	SP	<i>famciclovir</i>	NP	
HARVONI TABS	NP	SP	<i>valacyclovir hcl 1 GM</i>	P	QL(42 EA per 21 day(s) retail)
<i>lamivudine (hbv) TABS</i>	P		<i>valacyclovir hcl 500 MG</i>	P	QL(2 EA daily)
LEDIPASVIR-SOFOSBUVIR TABS	NP	SP	VALTREX 1 GM (<i>valacyclovir hcl</i>)	NP	QL(42 EA per 21 day(s) retail)
MAVYRET PACK	PA	QL(6 EA daily); SP; PA	VALTREX 500 MG (<i>valacyclovir hcl</i>)	NP	QL(2 EA daily)
MAVYRET TABS	PA	QL(3 EA daily); PA	Human Papillomavirus (HPV) Agents		
MAVYRET TABS	PA	QL(3 EA daily); SP; PA	PAPZIMEOS SUSP SC	C	SP; PA
PEGASYS SOLN	NP	SP	Influenza Agents		
PEGASYS SOSY	NP	SP	<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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	LOPRESSOR SOLN PO 10 MG/ML	NP	
<i>oseltamivir phosphate SUSR</i>	C	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>)	NP	QL(4 EA daily)
RELENZA DISKHALER	C	1 package(s) per 31 day(s) retail; AL(At least 5 yrs old)	LOPRESSOR TABS 12.5 MG (<i>metoprolol tartrate</i>)	NP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure			LOPRESSOR TABS 100 MG (<i>metoprolol tartrate</i>)	NP	QL(4.5 EA daily)
Alpha-Beta Blockers			<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 EA daily); MP
<i>carvedilol 25 MG</i>	P	QL(4 EA daily); MP	<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 EA daily); MP
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(2 EA daily); MP	<i>metoprolol tartrate TABS 12.5 MG, 37.5 MG, 75 MG</i>	P	MP
<i>carvedilol phosphate</i>	NP	QL(1 EA daily)	<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	P	QL(4 EA daily); MP
<i>labetalol hcl TABS 100 MG</i>	P	QL(3 EA daily); MP	<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 EA daily); MP
<i>labetalol hcl TABS 400 MG</i>	P	MP	<i>nebivolol hcl</i>	NP	
<i>labetalol hcl TABS 200 MG</i>	P	QL(6 EA daily); MP	TENORMIN TABS (<i>atenolol</i>)	NP	QL(2 EA daily)
<i>labetalol hcl TABS 300 MG</i>	P	QL(8 EA daily); MP	TOPROL XL TB24 200 MG (<i>metoprolol succinate</i>)	NP	QL(2 EA daily)
Beta Blockers Cardio-Selective			TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>metoprolol succinate</i>)	NP	QL(4 EA daily)
<i>acebutolol hcl CAPS</i>	P	MP	Beta Blockers Non-Selective		
<i>atenolol TABS</i>	P	QL(2 EA daily); MP	BETAPACE AF (<i>sotalol hcl (afib/afI)</i>)	NP	QL(2 EA daily)
<i>betaxolol hcl</i>	NP		BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	
<i>bisoprolol fumarate</i>	P	QL(1 EA daily); MP	HEMANGEOL SOLN PO	NP	SP
<i>bisoprolol fumarate 2.5 MG</i>	P	MP	HEMANGEOL SOLN PO	NP	
BYSTOLIC (<i>nebivolol hcl</i>)	NP		INDERAL LA CP24 (<i>propranolol hcl</i>)	NP	QL(2 EA daily)
KAPSPARGO SPRINKLE CS24	NP		INDERAL XL	NP	
			INNOPRAN XL	NP	
			<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(2 EA daily); MP

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<i>pindolol TABS</i>	NP		<i>levamlodipine maleate</i>	NP	
<i>propranolol hcl CP24</i>	P	QL(2 EA daily); MP	<i>nicardipine hcl CAPS</i>	P	
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	MP	<i>nifedipine CAPS</i>	NP	QL(4 EA daily)
<i>propranolol hcl TABS</i>	P	MP	<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 EA daily)
<i>sotalol hcl (afib/af)</i>	P	QL(2 EA daily); MP	<i>nifedipine TB24 60 MG</i>	P	QL(2 EA daily)
<i>sotalol hcl TABS</i>	P	MP	<i>nimodipine CAPS</i>	NP	
SOTYLIZE SOLN PO	NP		<i>nimodipine SOLN</i>	NP	
<i>timolol maleate TABS</i>	NP		<i>nisoldipine</i>	NP	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			NORLIQVA SOLN	NP	
Calcium Channel Blockers			NORVASC TABS (<i>amlodipine besylate</i>)	NP	QL(1 EA daily)
<i>amlodipine besylate TABS</i>	P	QL(1 EA daily)	NYMALIZE SOLN 6 MG/ML	NP	
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 EA daily)	PROCARDIA XL TB24 30 MG, 90 MG (<i>nifedipine</i>)	NP	QL(1 EA daily)
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 EA daily)	PROCARDIA XL TB24 60 MG (<i>nifedipine</i>)	NP	QL(2 EA daily)
<i>diltiazem hcl coated beads CP24 360 MG</i>	P		SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 EA daily)	SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 EA daily)	VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	
<i>diltiazem hcl CP12</i>	P	QL(2 EA daily)	<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 EA daily)	<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 EA daily)	<i>verapamil hcl TABS</i>	P	QL(3 EA daily)
<i>diltiazem hcl TABS</i>	P	QL(3 EA daily)	<i>verapamil hcl TBCR</i>	P	QL(2 EA daily)
<i>diltiazem hcl TB24</i>	P		CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP		Cardiac Glycosides		
<i>felodipine</i>	P	QL(1 EA daily)	<i>digoxin SOLN PO 0.05 MG/ML</i>	C	
<i>isradipine CAPS</i>	P		<i>digoxin TABS 125 MCG, 250 MCG</i>	C	
KATERZIA	NP		CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Cardiovascular Agents Misc. - Combinations			TRACLEER TBSO 32 MG (<i>bosentan</i>)	NP	SP
<i>amlodipine besylate-atorvastatin calcium</i>	NP		Pulmonary Hypertension - Phosphodiesterase Inhibitors		
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		ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	SP
ENTRESTO CPSP	NP		REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>sacubitril-valsartan</i>)	NP		<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NP	SP
OPSYNVI	NP	SP	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	PA	SP; PA
<i>sacubitril-valsartan TABS</i>	P		<i>sildenafil citrate (pulmonary hypertension) TABS</i>	PA	PA
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors			<i>tadalafil (pulmonary hypertension) TABS</i>	PA	SP; PA
INPEFA	NP		TADLIQ SUSP	NP	SP
Prostaglandin Vasodilators			Pulmonary Hypertension - Prostacyclin Receptor Agonist		
ORENITRAM MONTH 1 TEPK	NP	SP	UPTRAVI TITRATION TBPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP	UPTRAVI SOLR	C	SP; PA
ORENITRAM MONTH 3 TEPK	NP	SP	UPTRAVI TABS	NP	SP
ORENITRAM TBCR	NP	SP	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
Pulmonary Hypertension - Endothelin Receptor Antagonists			ADEMPAS	NP	SP
<i>ambrisentan</i>	P	SP	Transthyretin Stabilizers		
<i>bosentan TABS</i>	P	SP	VYNDAMAX	C	SP; PA
<i>bosentan TBSO 32 MG</i>	NP		CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
LETAIRIS (<i>ambrisentan</i>)	NP	SP	Cephalosporins - 1st Generation		
<i>macitentan 10 MG</i>	NP		<i>cefadroxil CAPS</i>	P	
OPSUMIT	NP	SP	<i>cefadroxil SUSR</i>	P	
TRACLEER TABS (<i>bosentan</i>)	NP	SP			

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<i>cefadroxil TABS</i>	NP		HYDROXYUREA	C	
<i>cephalexin CAPS</i>	P		CONTRACEPTIVES - Drugs to Prevent Pregnancy		
<i>cephalexin CAPS 250 MG, 500 MG</i>	C		Combination Contraceptives - Oral		
<i>cephalexin SUSR</i>	P		<i>desogestrel & ethinyl estradiol</i>	C	
<i>cephalexin TABS</i>	P		<i>desogestrel-ethinyl estradiol (biphasic)</i>	C	
Cephalosporins - 2nd Generation			<i>desogestrel-ethinyl estradiol (triphasic)</i>	C	
CEFACLOR ER TB12	NP		<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	C	
<i>cefaclor CAPS</i>	P		<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	C	QL(1 EA daily)
<i>cefprozil SUSR 250 MG/5ML</i>	P	1 package(s) per fill retail; AL(Up to 12 yrs old)	<i>ethynodiol diacet & eth estrad 50 MCG-1 MG</i>	C	QL(1 EA daily)
<i>cefprozil SUSR 125 MG/5ML</i>	P	2 package(s) per fill retail; AL(Up to 12 yrs old)	<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	C	
<i>cefprozil TABS</i>	P	QL(20 EA per fill retail)	<i>levonorgestrel & eth estradiol TABS</i>	C	
<i>cefuroxime axetil TABS 250 MG</i>	P	QL(20 EA per fill retail; 20 per fill mail)	<i>levonorgestrel-eth estradiol (triphasic)</i>	C	
<i>cefuroxime axetil TABS 500 MG</i>	P	QL(20 EA per fill retail)	<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	C	
Cephalosporins - 3rd Generation			<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	C	
<i>cefdinir CAPS</i>	P	QL(20 EA per fill retail)	<i>norethindrone & eth estradiol</i>	C	
<i>cefdinir SUSR</i>	P	1 package(s) per fill retail	<i>norethindrone & ethinyl estradiol-fe</i>	C	
<i>cefixime CAPS</i>	P		<i>norethindrone acet & eth estra TABS</i>	C	
<i>cefixime SUSR</i>	P		<i>norethindrone acetate-ethinyl estradiol-fe</i>	C	
<i>cefixime TABS</i>	P		<i>norethindrone-eth estradiol (triphasic)</i>	C	
<i>cefpodoxime proxetil SUSR</i>	P		<i>norgestimate-ethinyl estradiol</i>	C	
<i>cefpodoxime proxetil TABS</i>	P		<i>norgestimate-ethinyl estradiol (triphasic)</i>	C	
<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			
CHEMICALS					
Bulk Chemicals - H's					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	C	QL(2 EA daily)	CORTEF TABS (<i>hydrocortisone</i>)	NP	
TYBLUME CHEW	C		CORTISONE ACETATE TABS	P	
Combination Contraceptives - Transdermal			<i>deflazacort SUSP</i>	NP	
<i>norelgestromin-ethinyl estradiol</i>	C		<i>deflazacort SUSP</i>	NP	SP
Combination Contraceptives - Vaginal			<i>deflazacort TABS</i>	NP	
<i>etonogestrel-ethinyl estradiol</i>	C	QL(6 EA per fill retail)	<i>deflazacort TABS</i>	NP	SP
Emergency Contraceptives			DEXAMETHASONE INTENSOL CONC	NP	
ELLA	C	QL(4 EA per 365 day(s) retail)	<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>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	<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	C	QL(150 ML per 31 day(s) retail)
Progestin Contraceptives - Injectable			<i>dexamethasone ELIX</i>	P	
DEPO-SUBQ PROVERA 104 SUSY SC	C	QL(1 ML per fill retail; 1 per fill mail)	<i>dexamethasone SOLN</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	C	QL(1 ML per fill retail; 1 per fill mail)	<i>dexamethasone TABS</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	C	QL(1 ML per fill retail; 1 per fill mail)	<i>dexamethasone TBPk</i>	P	
Progestin Contraceptives - Oral			<i>dexamethasone TBPk</i>	NP	
<i>norethindrone (contraceptive)</i>	C		DEXLYT TABS 0.25 MG	NP	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			EMFLAZA SUSP (<i>deflazacort</i>)	NP	SP
Glucocorticosteroids			EMFLAZA TABS (<i>deflazacort</i>)	NP	SP
AGAMREE	NP	SP	EOHILIA SUSP	NP	
ALKINDI SPRINKLE CPSP	NP		HEMADY TABS	NP	
<i>budesonide CPEP</i>	P		HEMADY TABS	NP	
<i>budesonide TB24</i>	NP		<i>hydrocortisone TABS</i>	P	
			KHINDIVI SOLN PO 1 MG/ML	NP	PA
			MEDROL TABS (<i>methylprednisolone</i>)	NP	
			MEDROL TABS	NP	
			MEDROL TBPk (<i>methylprednisolone</i>)	NP	
			<i>methylprednisolone TABS</i>	P	
			<i>methylprednisolone TBPk</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail)	<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	C	AL(At least 18 yrs old)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	P		Cough/Cold/Allergy Combinations		
PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG	P		<i>brompheniramine & phenyleph ELIX</i>	C	QL(120 ML per fill retail); 1 max fill(s) per 31 day(s) retail
<i>prednisolone SOLN</i>	NP		<i>cetirizine-pseudoephedrine</i>	C	QL(2 EA daily)
<i>prednisolone SOLN</i>	P		CLARINEX-D 12 HOUR TB12	NP	
<i>prednisolone TABS</i>	NP		<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	C	
PREDNISON INTENSOL CONC	NP		<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>prednisone SOLN</i>	P		<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>prednisone TABS</i>	P		<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	C	QL(2 EA daily)
<i>prednisone TBEC 1 MG, 2 MG</i>	NP		<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	C	
<i>prednisone TBPK</i>	P		<i>guaifenesin-codeine SOLN</i>	C	
RAYOS TBEC	NP		LOHIST-D LIQD	C	
TARPEYO CPDR	NP	SP	<i>loratadine & pseudoephedrine TB12</i>	C	QL(2 EA daily)
Mineralocorticoids			<i>loratadine & pseudoephedrine TB24</i>	C	QL(1 EA daily)
<i>fludrocortisone acetate TABS</i>	C		MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML	C	QL(120 ML per fill retail); 1 max fill(s) per 31 day(s) retail
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms					
Antitussives					
<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>benzonatate 100 MG</i>	C	QL(6 EA daily); AL(At least 10 yrs old)			
<i>dextromethorphan polistirex SUER</i>	C	QL(240 ML per 6 day(s) retail)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	C	QL(240 ML per fill retail)	Misc. Respiratory Inhalants		
<i>phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML</i>	C	QL(240 ML per 6 day(s) retail)	<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	C	
<i>promethazine & phenylephrine SYRP</i>	C	QL(240 ML per 6 day(s) retail); AL(At least 2 yrs old)	Mucolytics		
<i>promethazine w/codeine SOLN</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)	<i>acetylcysteine SOLN</i>	C	
<i>promethazine w/codeine SYRP</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
<i>promethazine-dm SYRP</i>	C	QL(240 ML per fill retail); AL(At least 2 yrs old)	Acne Products		
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	C	QL(240 ML per fill retail)	<i>adapalene-benzoyl peroxide GEL</i>	NP	
<i>pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML</i>	C		<i>adapalene CREA</i>	NP	
<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i>	C		<i>adapalene GEL</i>	NP	RX/OTC
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	C	QL(210 EA per fill retail)	<i>adapalene GEL 0.3 %</i>	P	
WAL-TUSSIN CF LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML	C		AKLIEF	NP	
Expectorants			AVAR CLEANSER LIQD 10 %-5 % (<i>sulfacetamide sodium w/ sulfur</i>)	NP	
<i>guaifenesin TB12 1200 MG</i>	C		AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	
<i>guaifenesin TB12 600 MG</i>	C	QL(40 EA per fill retail); 1 max fill(s) per 31 day(s) retail	AVAR-E EMOLLIENT CREA 10 %-5 % (<i>sulfacetamide sodium w/ sulfur</i>)	NP	
<i>potassium iodide (expectorant) SOLN</i>	C		<i>benzoyl peroxide BAR</i>	C	
			<i>benzoyl peroxide-erythromycin GEL</i>	NP	
			<i>benzoyl peroxide FOAM 10 %</i>	P	
			<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	C	
			<i>benzoyl peroxide LIQD 4 %</i>	C	
			<i>benzoyl peroxide LIQD 5 %, 10 %</i>	P	
			<i>benzoyl peroxide LOTN 5 %, 10 %</i>	C	
			BENZOYL PEROXIDE LOTN 5 %, 10 %	C	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN-T LOTN (clindamycin phosphate (topical))	NP		SSS 10-5 CREA 10 %-5 % (sulfacetamide sodium w/ sulfur)	NP	
clindamycin phosphate (topical) FOAM	NP		SSS 10-5 FOAM 10 %-5 %	NP	
clindamycin phosphate (topical) GEL	NP	QL(60 ML per fill retail; 60 per fill mail)	sulfacetamide sodium (acne)	NP	QL(118 ML per fill retail)
clindamycin phosphate (topical) LOTN	NP		sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	NP	
clindamycin phosphate (topical) SOLN	P		sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	NP	
clindamycin phosphate (topical) SWAB	NP		sulfacetamide sodium w/ sulfur LIQD	NP	
clindamycin phosphate- benzoyl peroxide (refrigerate)	NP		sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	NP	1 package(s) per 31 day(s) retail
clindamycin phosphate- benzoyl peroxide (refrigerate)	P		sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	NP	
clindamycin phosphate- benzoyl peroxide GEL	NP		sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	NP	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
clindamycin phosphate- tretinoin	NP		sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	NP	
dapsone (topical)	NP		SULFACETAMIDE SODIUM-SULFUR SUSP	NP	
DIFFERIN CREA (adapalene)	NP		SUMADAN	NP	
DIFFERIN GEL (adapalene)	NP		SUMADAN WASH LIQD (sulfacetamide sodium w/ sulfur)	NP	
DIFFERIN LOTN	NP		SUMAXIN CP	NP	
EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	NP		SUMAXIN PADS	NP	
EPSOLAY CREA	NP		TAZAROTENE FOAM	NP	
erythromycin (acne aid) GEL	NP	1 package(s) per fill retail	tretinoin microsphere	NP	
erythromycin (acne aid) PADS	P		tretinoin CREA 0.025 %, 0.05 %, 0.1 %	P	QL(20 GM per fill retail); AL(Up to 35 yrs old)
erythromycin (acne aid) SOLN	P		tretinoin GEL 0.05 %	NP	
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	C	QL(2 EA daily); AL(At least 12 yrs old); PA	tretinoin GEL 0.01 %	P	QL(45 GM per fill retail); AL(Up to 35 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin GEL 0.01 %</i>	P	QL(30 GM per fill retail); AL(Up to 35 yrs old)	<i>clotrimazole (topical) CREA</i>	P	QL(60 GM per 31 day(s) retail; 60 GM per 31 days mail); RX/OTC
<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	AL(Up to 35 yrs old)	<i>clotrimazole (topical) SOLN</i>	P	1 package(s) per fill retail; RX/OTC
TWYNEO	NP		<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per 31 day(s) retail)
WINLEVI	NP		<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ML per 31 day(s) retail)
Agents for External Genital and Perianal Warts			<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail)
VEREGEN	NP		ECONAZOLE NITRATE FOAM 1 %	NP	
Antibiotics - Topical			ERTACZO	NP	
<i>bacitracin (topical) OINT</i>	C	1 package(s) per fill retail	<i>ketoconazole (topical) CREA</i>	P	1 package(s) per 31 day(s) retail
<i>bacitracin zinc OINT</i>	C	1 package(s) per fill retail	<i>ketoconazole (topical) FOAM</i>	NP	
CENTANY AT KIT	NP		<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ML per fill retail)
<i>gentamicin sulfate (topical) CREA</i>	C	QL(1 GM daily; 30 GM per fill retail)	<i>miconazole nitrate (topical) CREA</i>	C	QL(200 GM per 31 day(s) retail)
<i>gentamicin sulfate (topical) OINT</i>	C	QL(1 GM daily; 30 GM per fill retail)	<i>miconazole-zinc oxide-white petrolatum</i>	NP	
<i>mupirocin calcium (topical)</i>	NP	1 package(s) per 31 day(s) retail	<i>naftifine hcl CREA</i>	NP	
<i>mupirocin OINT</i>	P	QL(30 GM per 31 day(s) retail)	<i>naftifine hcl GEL 2 %</i>	NP	
<i>neomycin-bacitracin-polymyxin OINT</i>	C	QL(60 EA per 31 day(s) retail)	NAFTIN GEL 2 % (<i>naftifine hcl</i>)	NP	
<i>neomycin-polymyxin w/ pramoxine</i>	C	1 package(s) per fill retail	NIZORAL SHAM	C	
XEPI	NP		<i>nystatin (topical) CREA</i>	P	1 package(s) per 31 day(s) retail
Antifungals - Topical			<i>nystatin (topical) OINT</i>	P	1 package(s) per fill retail
<i>ciclopirox olamine CREA</i>	P		<i>nystatin (topical) POWD EX</i>	P	1 package(s) per 31 day(s) retail
<i>ciclopirox olamine SUSP</i>	P		<i>nystatin-triamcinolone CREA</i>	P	1 package(s) per fill retail
CICLOPIROX TREATMENT KIT 8 %	NP		<i>nystatin-triamcinolone OINT</i>	P	1 package(s) per fill retail
<i>ciclopirox GEL</i>	NP				
<i>ciclopirox SHAM</i>	NP				
<i>ciclopirox SOLN</i>	P				
<i>ciclopirox SOLN</i>	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxiconazole nitrate CREA</i>	NP		CALCIPOTRIENE FOAM	NP	
OXISTAT LOTN	NP		<i>calcipotriene OINT</i>	P	
<i>tavaborole</i>	NP		<i>calcipotriene SOLN</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
<i>terbinafine hcl (topical) CREA</i>	C		<i>calcitriol (topical)</i>	NP	
<i>tolnaftate CREA</i>	C	QL(30 GM per fill retail)	COSENTYX (300 MG DOSE) SOSY	NP	SP
VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP		COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP
Antihistamines-Topical			COSENTYX SENSOREADY PEN SOAJ	NP	SP
ITCH RELIEF CREA	C		COSENTYX UNOREADY SOAJ	NP	SP
Anti-inflammatory Agents - Topical			COSENTYX SOSY	NP	SP
<i>diclofenac epolamine PTCH EX</i>	NP		ICOTYDE TABS PO 200 MG	NP	SP
<i>diclofenac sodium (topical) GEL EX</i>	P	QL(6.68 GM daily); RX/OTC	IMULDOSA SOSY SC 90 MG/ML	NP	SP
<i>diclofenac sodium (topical) SOLN EX</i>	NP		IMULDOSA SOSY SC 45 MG/0.5ML	NP	
PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	NP		OTULFI SOLN SC 45 MG/0.5ML	NP	SP
Antineoplastic or Premalignant Lesion Agents - Topical			OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
<i>fluorouracil (topical) CREA 5 %</i>	C	QL(40 GM per 31 day(s) retail)	PYZCHIVA SC 45 MG/0.5ML	NP	SP
<i>fluorouracil (topical) CREA 0.5 %</i>	C		PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP
<i>fluorouracil (topical) SOLN</i>	C	QL(10 ML per 31 day(s) retail)	SELARSDI SOLN SC 45 MG/0.5ML	NP	SP
Antipruritics - Topical			SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	AL(At least 6 yrs old); SP
<i>camphor & menthol LOTN</i>	C	1 package(s) per fill retail	SKYRIZI PEN SOAJ	NP	SP
Antipsoriatics			SKYRIZI SOSY	NP	SP
BIMZELX SOAJ	NP	SP	SORILUX FOAM	NP	
BIMZELX SOSY	NP	SP	SOTYKTU	NP	SP
<i>calcipotriene CREA</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail	SPEVIGO SOSY	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STARJEMZA SOLN SC 45 MG/0.5ML	P	SP	OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NP	
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	P	SP	OVACE PLUS SHAM (<i>sulfacetamide sodium</i>)	NP	
STELARA SOSY	NP	SP	OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	NP	
STEQEYMA SC	NP	SP	<i>selenium sulfide LOTN 2.5 %</i>	C	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
STEQEYMA	NP	SP	<i>selenium sulfide LOTN 1 %</i>	C	1 package(s) per fill retail
TALTZ SOAJ	NP	SP	<i>selenium sulfide SHAM 1 %</i>	C	1 package(s) per fill retail
TALTZ SOSY	NP	SP	<i>sulfacetamide sodium GEL</i>	NP	
<i>tazarotene CREA</i>	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)	<i>sulfacetamide sodium LIQD</i>	NP	
<i>tazarotene GEL</i>	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)	<i>sulfacetamide sodium SHAM 10 %</i>	NP	
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP	Antivirals - Topical		
TREMFYA PEN SOAJ 100 MG/ML	NP		<i>acyclovir topical CREA</i>	P	1 package(s) per 31 day(s) retail
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP		<i>acyclovir topical OINT</i>	NP	1 package(s) per fill retail
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	AL(At least 6 yrs old)	DENAVIR (<i>penciclovir</i>)	NP	
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP		<i>penciclovir</i>	NP	
USTEKINUMAB-TTWE SC	NP		Burn Products		
USTEKINUMAB-TTWE	NP		<i>silver sulfadiazine</i>	C	
VECTICAL (<i>calcitriol (topical)</i>)	NP		Corticosteroids - Topical		
VTAMA	NP		<i>alclometasone dipropionate CREA</i>	P	
YESINTEK SOLN 45 MG/0.5ML	NP	SP	<i>alclometasone dipropionate OINT</i>	P	
YESINTEK SOSY	NP	SP	<i>amcinonide CREA</i>	NP	
Antiseborrheic Products			<i>amcinonide OINT</i>	NP	
OVACE PLUS WASH GEL (<i>sulfacetamide sodium</i>)	NP		APEXICON E CREA	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical) CREA</i>	P	1 package(s) per 30 day(s) retail	<i>clobetasol propionate FOAM</i>	NP	
<i>betamethasone dipropionate (topical) LOTN</i>	P		<i>clobetasol propionate GEL 0.05 %</i>	P	1 package(s) per fill retail
<i>betamethasone dipropionate (topical) OINT</i>	NP		<i>clobetasol propionate LIQD</i>	NP	
<i>betamethasone dipropionate augmented CREA</i>	P	1 package(s) per fill retail	<i>clobetasol propionate LOTN</i>	NP	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP		<i>clobetasol propionate OINT 0.05 %</i>	P	1 package(s) per fill retail
<i>betamethasone dipropionate augmented LOTN</i>	NP		<i>clobetasol propionate SHAM</i>	NP	
<i>betamethasone dipropionate augmented OINT</i>	NP		<i>clobetasol propionate SOLN 0.05 %</i>	P	1 package(s) per fill retail
<i>betamethasone valerate CREA</i>	P		CLOBEX SPRAY LIQD (<i>clobetasol propionate</i>)	NP	
<i>betamethasone valerate FOAM</i>	NP		CLOBEX SHAM (<i>clobetasol propionate</i>)	NP	
<i>betamethasone valerate LOTN</i>	P		<i>clocortolone pivalate</i>	NP	
<i>betamethasone valerate OINT</i>	NP		DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	NP	
<i>calcipotriene-betamethasone dipropionate OINT</i>	NP		DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NP	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP		<i>desonide CREA</i>	P	QL(2 GM daily)
<i>clobetasol propionate emollient base 0.05 %</i>	P	1 package(s) per fill retail	<i>desonide LOTN</i>	P	
<i>clobetasol propionate emulsion</i>	NP		<i>desonide OINT</i>	P	QL(2 GM daily)
<i>clobetasol propionate CREA 0.05 %</i>	P	1 package(s) per fill retail	<i>desoximetasone CREA</i>	NP	1 package(s) per fill retail
CLOBETASOL PROPIONATE CREA 0.025 %	P		<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	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide CREA</i>	P		HYDRAVEX GEL 2 %	NP	
<i>fluocinolone acetonide OIL</i>	P		<i>hydrocortisone (topical) CREA 0.5 %</i>	C	1 package(s) per fill retail
<i>fluocinolone acetonide OINT</i>	P		<i>hydrocortisone (topical) CREA 2.5 %</i>	P	QL(120 GM per 31 day(s) retail)
<i>fluocinolone acetonide SOLN</i>	P		<i>hydrocortisone (topical) CREA 1 %</i>	P	1 package(s) per fill retail; RX/OTC
<i>fluocinonide emulsified base</i>	P	1 package(s) per fill retail	<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	1 package(s) per fill retail
<i>fluocinonide CREA 0.1 %</i>	P		<i>hydrocortisone (topical) OINT 1 %</i>	P	QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC
<i>fluocinonide CREA 0.05 %</i>	P	1 package(s) per fill retail			
<i>fluocinonide GEL</i>	P	1 package(s) per fill retail	<i>hydrocortisone (topical) OINT 2.5 %</i>	P	
<i>fluocinonide OINT</i>	NP	1 package(s) per fill retail	<i>hydrocortisone (topical) SOLN 2.5 %</i>	NP	
<i>fluocinonide SOLN</i>	P	1 package(s) per fill retail	<i>hydrocortisone butyrate CREA</i>	NP	
<i>flurandrenolide CREA</i>	NP		<i>hydrocortisone butyrate LOTN</i>	NP	
<i>flurandrenolide LOTN</i>	NP		<i>hydrocortisone butyrate OINT</i>	P	
<i>fluticasone propionate CREA 0.05 %</i>	P	1 package(s) per 31 day(s) retail	<i>hydrocortisone butyrate SOLN</i>	P	
<i>fluticasone propionate LOTN</i>	NP		<i>hydrocortisone valerate CREA</i>	P	
<i>fluticasone propionate OINT</i>	P	1 package(s) per fill retail	<i>hydrocortisone valerate OINT</i>	NP	
<i>halcinonide CREA</i>	NP		HYDROCORTISONE GEL 2 %	NP	
<i>halcinonide SOLN 0.1 %</i>	NP		HYDROXYM GEL	NP	
<i>halobetasol propionate CREA</i>	P		KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP	1 package(s) per fill retail
<i>halobetasol propionate FOAM</i>	NP		LEXETTE FOAM (<i>halobetasol propionate</i>)	NP	
HALOBETASOL PROPIONATE LOTN 0.05 %	NP		<i>mometasone furoate CREA</i>	P	1 package(s) per fill retail
<i>halobetasol propionate OINT</i>	P		<i>mometasone furoate OINT</i>	P	1 package(s) per fill retail
HALOG CREA (<i>halcinonide</i>)	NP				
HALOG SOLN 0.1 % (<i>halcinonide</i>)	NP				

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Drug Name	Drug Tier	Requirements/ Limits
<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	
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, 300 MG/2ML	PA	SP; PA
DUPIXENT SOSY 200 MG/1.14ML	PA	PA
EBGLYSS SOAJ	NP	

Drug Name	Drug Tier	Requirements/ Limits
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
<i>urea CREA 40 %</i>	C	RX/OTC
UREA CREA	C	RX/OTC
<i>urea LOTN 40 %</i>	C	
Emollients		
AQUA LACTEN LOTN	C	
AQUAMED LOTN	C	
CAM LOTN	C	
<i>emollient LOTN</i>	C	
EUCERIN ORIGINAL HEALING LOTN	C	
EUCERIN PLUS LOTN	C	
EUCERIN PROFESSIONAL REPAIR LOTN	C	
EUCERIN LOTN	C	
GOLD BOND ULTIMATE SOFTENING LOTN	C	
HYDRAZONE LOTION LOTN	C	
KERI ADVANCED MOISTURE THERAPY LOTN	C	
KERI BASIC ESSENTIALS LOTN	C	
KERI NOURISHING SHEA BUTTER LOTN	C	
KERI ORIGINAL LOTN	C	
KERI OVERNIGHT LOTN	C	

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Drug Name	Drug Tier	Requirements/ Limits
KERI RENEWAL MILK BODY LOTN	C	
KERI RENEWAL SKIN FIRMING LOTN	C	
KERI RENEWAL STRETCH MARK LOTN	C	
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	
NIVEA VISAGE LOTN	C	
NIVEA LOTN	C	
RESTA LITE LOTN	C	
Hair Growth Agents		
LEQSELVI TABS PO 8 MG	NP	SP
LITFULO	NP	SP
Immunomodulating Agents - Systemic		
NEMLUVIO	NP	SP
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail)
<i>imiquimod 3.75 %</i>	NP	
Immunosuppressive Agents - Topical		
HYFTOR	NP	
<i>pimecrolimus</i>	P	QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<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)
<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)
Keratolytic/Antimitotic/Vesicant Agents		
CONDYLOX GEL (<i>podofilox</i>)	NP	
DERMACINRX SALICYLIC ACID GEL 6 %	C	
<i>podofilox GEL</i>	NP	
<i>podofilox SOLN</i>	NP	
<i>salicylic acid GEL 3 %, 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		
DRYSOL SOLN	C	
<i>lanolin (topical) CREA</i>	C	

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Drug Name	Drug Tier	Requirements/ Limits
SENSI-CARE MOISTURIZING CREA	C	
<i>skin protectants, misc. CREA</i>	C	
<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	
<i>metronidazole (topical) CREA</i>	P	QL(45 GM per 31 day(s) retail)
<i>metronidazole (topical) GEL 1 %</i>	NP	
<i>metronidazole (topical) GEL 1 %</i>	P	
<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per 31 day(s) retail)
<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		

Drug Name	Drug Tier	Requirements/ Limits
<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	Brand Preferred
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-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	C	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	C	
SB LICE TREATMENT LIQD 3 %-2.4 %-0.3 %-1.2 %	C	
<i>spinosad</i>	NP	Brand Preferred
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	C	
Tar Products		
<i>coal tar extract SHAM 0.5 %</i>	C	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	P	RX/OTC
ACCU-CHEK GUIDE TEST STRP	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK SMARTVIEW STRP	P	RX/OTC	<i>acetazolamide CP12</i>	C	
CHEMSTRIP K STRP	C		<i>acetazolamide TABS</i>	C	
KETONE TEST STRP	C		<i>methazolamide TABS</i>	C	
KETOSTIX STRP	C		Diuretic Combinations		
RELION KETONE TEST STRP	C		<i>amiloride & hydrochlorothiazide</i>	C	QL(1 EA daily)
RELION TRUE METRIX TEST STRIPS STRP	P	RX/OTC	<i>spironolactone & hydrochlorothiazide</i>	C	
TRUE METRIX BLOOD GLUCOSE TEST STRP	P	RX/OTC	<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	C	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	C	
Digestive Enzymes			<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	C	QL(2 EA daily)
CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT	P		Loop Diuretics		
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	<i>bumetanide TABS</i>	C	
PERTZYE CPEP	NP		ENBUMYST SOLN 0.5 MG/0.1ML	C	PA
VIOKACE TABS	NP		<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	C	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P		<i>furosemide TABS</i>	C	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			<i>torseamide TABS 5 MG, 10 MG, 100 MG</i>	C	QL(1 EA daily)
Carbonic Anhydrase Inhibitors			<i>torseamide TABS 20 MG</i>	C	
			Potassium Sparing Diuretics		
			<i>amiloride hcl TABS</i>	C	QL(4 EA daily)
			<i>spironolactone TABS</i>	C	
			Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone 25 MG, 50 MG</i>	C	
			<i>hydrochlorothiazide CAPS</i>	C	
			<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	C	
			<i>indapamide TABS 1.25 MG, 2.5 MG</i>	C	
			<i>metolazone</i>	C	

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Drug Name	Drug Tier	Requirements/ Limits
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NP	QL(4 EA per 28 day(s) retail)
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NP	
<i>alendronate sodium SOLN</i>	NP	QL(10.8 ML daily)
<i>alendronate sodium TABS 10 MG</i>	P	QL(1 EA daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 EA daily)
ATELVIA TBEC (<i>risedronate sodium</i>)	NP	QL(4 EA per 28 day(s) retail)
BINOSTO TBEF	NP	
BONSITY SOPN 560 MCG/2.24ML	NP	
<i>calcitonin (salmon) IJ</i>	C	QL(2 ML per fill retail)
<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail
FORTEO SOPN (<i>teriparatide</i>)	NP	SP
FORTEO SOPN (<i>teriparatide</i>)	NP	
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	QL(0.15 EA daily)
<i>ibandronate sodium TABS</i>	P	
<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 EA daily)
<i>risedronate sodium TABS 35 MG</i>	NP	QL(4 EA per 28 day(s) retail)
<i>risedronate sodium TABS 150 MG</i>	NP	
<i>risedronate sodium TBEC</i>	NP	QL(4 EA per 28 day(s) retail)
<i>teriparatide SOPN</i>	P	
<i>teriparatide SOPN</i>	P	SP

Drug Name	Drug Tier	Requirements/ Limits
TERIPARATIDE SOPN	P	SP
TYMLOS	NP	SP
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	PA	SP; PA
GENOTROPIN CART SC	PA	SP; PA
HUMATROPE CART IJ	NP	SP
NGENLA	NP	SP
NORDITROPIN FLEXPPO SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP
SOGROYA	NP	SP
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	

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Drug Name	Drug Tier	Requirements/ Limits
CARBAGLU (<i>carglumic acid</i>)	PA	Brand Preferred; 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
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
COMBIPATCH PTTW	C	Limit 8 patches per month; QL(0.286 EA daily)
<i>estradiol & norethindrone acetate TABS</i>	C	QL(1 EA daily)
<i>norethindrone acetate-ethinyl estradiol</i>	C	
PREMPRO	C	
Estrogens		

Drug Name	Drug Tier	Requirements/ Limits
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)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NP	
<i>levofloxacin SOLN PO</i>	NP	
<i>levofloxacin TABS</i>	P	QL(14 EA per fill retail)
<i>moxifloxacin hcl TABS</i>	NP	
<i>ofloxacin 400 MG</i>	NP	QL(56 EA per fill retail)
<i>ofloxacin 300 MG</i>	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY (<i>prucalopride succinate</i>)	NP	
<i>prucalopride succinate</i>	NP	

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Drug Name	Drug Tier	Requirements/ Limits
Antiflatulents		
<i>simethicone CHEW 80 MG</i>	C	
<i>simethicone SUSP</i>	C	
Bile Acid Synthesis Disorder Agents		
CTEXLI TABS PO 250 MG	C	PA
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	C	
<i>ursodiol TABS 250 MG</i>	C	QL(7 EA daily)
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	NP	
<i>lubiprostone</i>	P	
Gastrointestinal Stimulants		
GIMOTI SOLN NA	NP	SP
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P	
<i>metoclopramide hcl TABS</i>	P	
REGLAN TABS (<i>metoclopramide hcl</i>)	NP	
Inflammatory Bowel Agents		
AVSOLA	C	SP; PA
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP	
AZULFIDINE TABS (<i>sulfasalazine</i>)	NP	
<i>balsalazide disodium CAPS</i>	P	QL(9 EA daily)
CANASA SUPP (<i>mesalamine</i>)	NP	
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	NP	
CIMZIA (2 SYRINGE) PSKT	NP	SP
CIMZIA KIT	NP	SP
CIMZIA-STARTER PSKT	NP	SP
DIPENTUM	NP	

Drug Name	Drug Tier	Requirements/ Limits
ENTYVIO PEN SOAJ	NP	SP
INFLECTRA SOLR	C	SP; PA
LIALDA TBEC (<i>mesalamine</i>)	NP	
<i>mesalamine w/ cleanser</i>	NP	
<i>mesalamine CP24</i>	P	
<i>mesalamine CPCR</i>	NP	Brand Preferred
<i>mesalamine CPDR</i>	NP	
<i>mesalamine ENEM</i>	P	QL(60 ML daily)
<i>mesalamine SUPP</i>	P	
<i>mesalamine TBEC 1.2 GM</i>	NP	
<i>mesalamine TBEC 800 MG</i>	NP	QL(3 EA daily)
OMVOH (300 MG DOSE) SOAJ	NP	SP
OMVOH (300 MG DOSE) SOSY	NP	SP
OMVOH SOAJ	NP	SP
OMVOH SOSY	NP	SP
PENTASA CPCR (<i>mesalamine</i>)	P	Brand Preferred
PENTASA CPCR 250 MG	P	
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

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Drug Name	Drug Tier	Requirements/ Limits
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	
<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	
REVELA PACK (<i>sevelamer carbonate</i>)	NP	
REVELA TABS (<i>sevelamer carbonate</i>)	NP	
<i>sevelamer carbonate PACK</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>sevelamer carbonate TABS</i>	P	
<i>sevelamer hcl</i>	NP	
VELPHORO	NP	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	C	
<i>sodium citrate & 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	
<i>finasteride</i>	P	QL(1 EA daily)
PROSCAR (<i>finasteride</i>)	NP	QL(1 EA daily)
<i>silodosin</i>	NP	
<i>tamsulosin hcl</i>	P	QL(2 EA daily)
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	C	
PHENAZOPYRIDINE HCL TABS 100 MG, 200 MG	C	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol 200 MG</i>	NP	
<i>allopurinol 100 MG, 300 MG</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<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	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinate 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
Hemataologic - 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	Brand Preferred; QL(2 EA daily)
<i>cilostazol</i>	C	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate 75 MG</i>	P	QL(1 EA daily)
<i>clopidogrel bisulfate 300 MG</i>	P	
<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)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
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	P	
DROXIA CAPS	C	
ENDARI (<i>glutamine (sickle cell)</i>)	PA	SP; PA
<i>glutamine (sickle cell)</i>	PA	SP; PA
LYFGENIA	PA	SP; PA
SIKLOS TABS	P	
XROMI SOLN PO 100 MG/ML	P	SP
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	C	QL(10 ML per 270 day(s) retail)
Folic Acid/Folates		
<i>folic acid TABS 400 MCG, 800 MCG</i>	C	QL(1 EA daily)
<i>folic acid TABS 1 MG</i>	C	RX/OTC
Hematopoietic Growth Factors		

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Drug Name	Drug Tier	Requirements/ Limits
ARANESP (ALBUMIN FREE) SOLN	NP	SP
ARANESP (ALBUMIN FREE) SOSY	NP	SP
EPOGEN 2000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP
MIRCERA	NP	SP
PROCRIT	NP	SP
PROCRIT	NP	SP
REBLOZYL	C	SP
RETACRIT	P	SP
VAFSEO	NP	SP
ZARXIO	C	SP; PA
Iron		
FERRETTTS 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)
<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	
IRON TABS 28 MG	C	
<i>polysaccharide iron complex CAPS</i>	C	QL(1 EA daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		

Drug Name	Drug Tier	Requirements/ Limits
<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)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	C	QL(1 EA daily)
<i>doxylamine succinate (sleep)</i>	C	
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	C	
<i>phenobarbital TABS</i>	C	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	NP	
Non-Barbiturate Hypnotics		
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>estazolam</i>	NP	
<i>eszopiclone</i>	NP	
<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	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RESTORIL 15 MG, 30 MG (temazepam)	NP	QL(1 EA daily); AL(At least 18 yrs old)	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	C	QL(32 ML daily)
temazepam 15 MG, 30 MG	P	QL(1 EA daily); AL(At least 18 yrs old)	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	C	
temazepam 7.5 MG, 22.5 MG	P		Laxative Combinations		
triazolam	NP		CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP	
zaleplon 5 MG	NP	QL(1 EA daily); AL(At least 18 yrs old)	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	NP	1 package(s) per fill retail
zaleplon 10 MG	NP	QL(2 EA daily); AL(At least 18 yrs old)	peg 3350-kcl-nacl-na sulfate-na ascorbate- ascorbic acid	NP	
ZOLPIDEM TARTRATE CAPS	NP		peg 3350-kcl-sod bicarb- sod chloride-sod sulfate SOLR	P	1 package(s) per fill retail
zolpidem tartrate SUBL	NP		peg 3350-potassium chloride-sod bicarbonate- sod chloride	NP	1 package(s) per fill retail
zolpidem tartrate TABS	P	QL(1 EA daily)	sennosides-docusate sodium TABS	C	QL(4 EA daily)
zolpidem tartrate TBCR	NP		sodium sulfate-potassium sulfate-magnesium sulfate	NP	
Orexin Receptor Antagonists			SUFLAVE	NP	
BELSOMRA	NP		SUPREP BOWEL PREP KIT (sodium sulfate- potassium sulfate- magnesium sulfate)	NP	
DAYVIGO	NP		SUTAB	NP	
QUVIVIQ	NP		Laxatives - Miscellaneous		
Selective Melatonin Receptor Agonists			glycerin (laxative) SUPP 2 GM	C	
HETLIOZ LQ SUSP	NP	SP			
HETLIOZ CAPS (tasimelteon)	NP	SP			
ramelteon	NP				
ROZEREM (ramelteon)	NP				
tasimelteon CAPS	NP	SP			
LAXATIVES - Bowel Treatment Drugs					
Bulk Laxatives					
calcium polycarbophil TABS	C	QL(10 EA daily)			
psyllium POWD 28.3 %, 30 %, 58.6 %, 100 %	C				
Electrolyte-based Osmotic Laxatives					
magnesium citrate 1.745 GM/30ML	P				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose PACK</i>	NP		ZITHROMAX PACK	NP	QL(2 EA per fill retail)
<i>lactulose SOLN</i>	P		ZITHROMAX SUSR 100 MG/5ML (<i>azithromycin</i>)	NP	1 package(s) per fill retail
<i>polyethylene glycol 3350 PACK</i>	P		ZITHROMAX SUSR 200 MG/5ML (<i>azithromycin</i>)	NP	QL(60 ML per fill retail)
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)	ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NP	QL(6 EA per fill retail)
Stimulant Laxatives			ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NP	QL(4 EA daily)
<i>bisacodyl SUPP</i>	C	QL(12 EA per fill retail)	Clarithromycin		
<i>bisacodyl TBEC</i>	C	QL(1 EA daily)	<i>clarithromycin SUSR 250 MG/5ML</i>	P	2 package(s) per fill retail
<i>sennosides TABS 8.6 MG</i>	C		<i>clarithromycin SUSR 125 MG/5ML</i>	P	1 package(s) per fill retail
Surfactant Laxatives			<i>clarithromycin TABS</i>	P	QL(28 EA per fill retail)
<i>docusate sodium CAPS 100 MG, 250 MG</i>	C	QL(3 EA daily)	<i>clarithromycin TB24</i>	NP	QL(14 EA per fill retail)
<i>docusate sodium CAPS 50 MG</i>	C		Erythromycins		
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	C		E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
DOCUSATE SODIUM SYRP	C		ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
<i>docusate sodium TABS</i>	C		ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
MACROLIDES - Drugs to Treat Bacterial Infections			<i>erythromycin base CPEP</i>	NP	
Azithromycin			<i>erythromycin base TABS</i>	NP	
<i>azithromycin PACK</i>	P	QL(2 EA per fill retail)	<i>erythromycin base TBEC</i>	NP	
<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(60 ML per fill retail)	<i>erythromycin ethylsuccinate SUSR</i>	P	
<i>azithromycin SUSR 100 MG/5ML</i>	P	1 package(s) per fill retail	<i>erythromycin ethylsuccinate TABS</i>	NP	
<i>azithromycin TABS 600 MG</i>	P	QL(8 EA per 28 day(s) retail)	<i>erythromycin stearate TABS 250 MG</i>	P	
<i>azithromycin TABS 500 MG</i>	P	QL(4 EA daily)	Fidaxomicin		
<i>azithromycin TABS 250 MG</i>	P	QL(6 EA per fill retail)	DIFICID SUSR	P	Brand Preferred
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)			

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Drug Name	Drug Tier	Requirements/ Limits
DIFICID TABS 200 MG (fidaxomicin)	P	Brand Preferred
<i>fidaxomicin TABS 200 MG</i>	NP	Brand Preferred
MEDICAL DEVICES AND SUPPLIES		
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
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

Drug Name	Drug Tier	Requirements/ Limits
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 LIBRE INTRO KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
OMNIPOD 5 LIBRE PODS MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 ORIG 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 SHORT 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 VEO INSULIN SYR ULTRAFINE	C	QL(5 EA daily); RX/OTC
TRUE METRIX METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	CAREONE INSULIN SYRINGE	C	QL(5 EA daily)
TRUEPLUS LANCETS 28G	P	RX/OTC	CARETOUCH INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 30G	P	RX/OTC	COMFORT EZ INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 33G	P	RX/OTC	DROPLET INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
Parenteral Therapy Supplies			EASY TOUCH FLIPLOCK INSULIN SY	C	QL(5 EA daily); RX/OTC
AQ INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	EASY TOUCH INSULIN BARRELS	C	QL(5 EA daily); RX/OTC
BD AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC	EASY TOUCH INSULIN SAFETY SYR	C	QL(5 EA daily); RX/OTC
BD INSULIN SYR ULTRAFINE II	C	QL(5 EA daily); RX/OTC	EASY TOUCH INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	EASY TOUCH SHEATHLOCK SYRINGE	C	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE MICROFINE	C	QL(5 EA daily); RX/OTC	EMBECTA AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F	C	QL(5 EA daily); RX/OTC	EMBECTA INSULIN SYR ULTRAFINE	C	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE	C	QL(5 EA daily)	EMBECTA INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	C	QL(5 EA daily)	EMBECTA PEN NEEDLE NANO	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	C	QL(5 EA daily); RX/OTC	EMBECTA PEN NEEDLE NANO 2 GEN	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	C	QL(5 EA daily); RX/OTC	EMBECTA PEN NEEDLE ULTRAFINE	C	QL(5 EA daily)
BD PEN NEEDLE NANO ULTRAFINE	C	QL(5 EA daily); RX/OTC	FIFTY50 SUPERIOR COMFORT SYR	C	QL(5 EA daily); RX/OTC
			GLUCOPRO INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
			GNP 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
GNP INSULIN SYRINGES	C	QL(5 EA daily); RX/OTC	REALITY INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	C	QL(5 EA daily); RX/OTC	RELION INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 29GX1/2"	C	QL(5 EA daily); RX/OTC	SB INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 30GX5/16"	C	QL(5 EA daily); RX/OTC	SECURESAFE INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 31GX5/16"	C	QL(5 EA daily); RX/OTC	SURE COMFORT INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
GNP ULTRA COM INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	TECHLITE INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	C	QL(5 EA daily); RX/OTC	TRUE COMFORT INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
HM ULTICARE INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	TRUE COMFORT PRO INSULIN SYR	C	QL(5 EA daily); RX/OTC
INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES	C	QL(5 EA daily)
INSULIN SYRINGE-NEEDLE U-100	C	QL(5 EA daily); RX/OTC	TRUEPLUS INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
KINRAY INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	TRUEPLUS PEN NEEDLES	C	QL(5 EA daily); RX/OTC
LITETOUCH INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	ULTRA FLO INSULIN SYR 1/2 UNIT	C	QL(5 EA daily); RX/OTC
MAGELLAN INSULIN SAFETY SYR	C	QL(5 EA daily); RX/OTC	ULTRA FLO INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	ULTRACARE INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
MAXICOMFORT SYR 27G X 1/2"	C	QL(5 EA daily); RX/OTC	ULTRA-THIN II INS SYR SHORT	C	QL(5 EA daily); RX/OTC
MEDIC INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	ULTRA-THIN II INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
MM INSULIN SYRINGE/NEEDLE	C	QL(5 EA daily); RX/OTC	Respiratory Therapy Supplies		
MONOJECT INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER MINI CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PRECISION SURE-DOSE SYRINGE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER MV MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
PRODIGY INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC			
PX INSULIN SYRINGE	C	QL(5 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	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 PLUS FLO-VU INTERM 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 LARGE 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 MISC	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 MEDIUM DEVI	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 MISC	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 SMALL DEVI	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 MISC	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 FLOW VU 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 W/FLOWSIGNAL 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 Z-STAT PLUS CHAMBR MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	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
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	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
AEROCHAMBER Z-STAT PLUS/SMALL MISC	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
AEROCHAMBER Z-STAT PLUS 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
AEROCHAMBER2GO ANTI-STATIC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	EASIVENT 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
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
MASK VORTEX/CHILD/FROG	C	QL(2 EA per 360 day(s) retail); RX/OTC	POCKET 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	POCKET SPACER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER 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
MICROCHAMBER 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
MICROSPACER 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
OPTICHAMBER DIAMOND 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

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Drug Name	Drug Tier	Requirements/Limits
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

MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches

Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
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	
Migraine Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>ergotamine w/ caffeine TABS</i>	C	AL(At least 18 yrs old)
<i>sumatriptan-naproxen sodium</i>	NP	
SYMBRAVO TABS PO	NP	
Migraine Products - NSAIDs		
<i>diclofenac potassium (migraine)</i>	NP	
ELYXYB	NP	
Serotonin Agonists		
<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 6 MG/0.5ML	NP	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	
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)
IMITREX TABS (<i>sumatriptan succinate</i>)	NP	QL(9 EA 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)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NP	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<i>naratriptan hcl</i>	NP	QL(9 EA per 31 day(s) retail); AL(At least 18 yrs old)
RELPAX (<i>eletriptan hydrobromide</i>)	P	Brand Preferred; QL(6 EA per 31 day(s) retail)
REYVOW	NP	
<i>rizatriptan benzoate TABS</i>	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP</i>	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)
<i>sumatriptan 5 MG/ACT</i>	NP	5 MG/ACT; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan 20 MG/ACT</i>	NP	20 MG/ACT; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	P	
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	P	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate TABS</i>	P	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)
TOSYMRA	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZEMBRACE SYMTOUCH SOAJ	NP	
<i>zolmitriptan SOLN 2.5 MG</i>	NP	
<i>zolmitriptan SOLN 5 MG</i>	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
<i>zolmitriptan TABS</i>	NP	QL(6 EA per 31 day(s) retail)
<i>zolmitriptan TBDP</i>	NP	QL(6 EA per 31 day(s) retail)
ZOMIG SOLN 2.5 MG (<i>zolmitriptan</i>)	NP	
ZOMIG SOLN 5 MG (<i>zolmitriptan</i>)	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM 600 +D HIGH POTENCY TABS	C	QL(2 EA daily)
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG</i>	C	QL(2 EA daily)
<i>calcium carbonate-cholecalciferol TABS 125 UNIT-500 MG, 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>	C	
<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	C	
<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	C	QL(2 EA daily)
<i>oyster shell</i>	C	
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	C	
PARVA-CAL 200 UNIT-500 MG	C	

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Drug Name	Drug Tier	Requirements/ Limits
QC CALCIUM 500MG-D3 TABS	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) CAPS</i>	C	
<i>magnesium oxide (mg supplement) TABS</i>	C	
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic & 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 8 MEQ</i>	C	QL(1 EA daily)
<i>potassium chloride CPCR 10 MEQ</i>	C	
<i>potassium chloride PACK PO 20 MEQ</i>	C	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	C	
<i>potassium chloride TBCR</i>	C	
Zinc		

Drug Name	Drug Tier	Requirements/ Limits
<i>zinc sulfate CAPS</i>	C	QL(3.34 EA daily)
MISCELLANEOUS THERAPEUTIC CLASSES		
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	
ENSPRYNG	NP	SP
ENVARUS XR TB24	NP	
<i>everolimus (immunosuppressant)</i>	NP	
IMURAN TABS (<i>azathioprine</i>)	NP	
<i>mycophenolate mofetil CAPS</i>	P	
<i>mycophenolate mofetil SUSR</i>	P	
<i>mycophenolate mofetil TABS</i>	P	
<i>mycophenolate sodium</i>	P	
MYFORTIC (<i>mycophenolate sodium</i>)	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MYHIBBIN SUSP	NP		Antiseptics - Mouth/Throat		
NEORAL CAPS (cyclosporine modified (for microemulsion))	NP		<i>chlorhexidine gluconate (mouth-throat)</i>	C	
NEORAL SOLN (cyclosporine modified (for microemulsion))	NP		Dental Products		
PROGRAF CAPS (tacrolimus)	NP		<i>sodium fluoride (dental) CREA</i>	C	QL(113 GM per 60 day(s) retail)
PROGRAF PACK	NP		<i>sodium fluoride (dental) GEL</i>	C	QL(113 GM per 60 day(s) retail)
SANDIMMUNE CAPS (cyclosporine)	P		<i>sodium fluoride (dental) PSTE DT</i>	C	QL(113 ML per 60 day(s) retail)
<i>sirolimus SOLN</i>	P		Steroids - Mouth/Throat/Dental		
<i>sirolimus TABS</i>	P		<i>triamcinolone acetonide (mouth)</i>	C	1 package(s) per fill retail
<i>tacrolimus CAPS</i>	P		Throat Products - Misc.		
<i>tacrolimus CP24 0.5 MG, 1 MG, 5 MG</i>	NP		<i>pilocarpine hcl (oral) 5 MG</i>	C	QL(6 EA daily)
ZORTRESS (<i>everolimus (immunosuppressant)</i>)	NP		MULTIVITAMINS		
Potassium Removing Agents			B-Complex Vitamins		
LOKELMA	P		<i>b-complex vitamins CAPS</i>	C	QL(1 EA daily)
<i>sodium polystyrene sulfonate POWD</i>	C		<i>b-complex vitamins TABS</i>	C	QL(1 EA daily)
<i>sodium polystyrene sulfonate SUSP PR 30 GM/120ML</i>	C		B-Complex w/ C		
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P		<i>b complex w/ c CAPS</i>	C	QL(1 EA daily); RX/OTC
VELTASSA 1 GM, 8.4 GM, 16.8 GM	P		LUMAVEX CAPS	C	QL(1 EA daily); RX/OTC
MOUTH/THROAT/DENTAL AGENTS			LUNAVIRA CAPS	C	QL(1 EA daily); RX/OTC
Anesthetics Topical Oral			B-Complex w/ Folic Acid		
<i>lidocaine hcl (mouth-throat) 2 %</i>	C	QL(100 ML per fill retail)	<i>b-complex w/ c & folic acid CAPS</i>	C	QL(1 EA daily); RX/OTC
Anti-infectives - Throat			<i>b-complex w/biotin & folic acid TABS</i>	C	QL(1 EA daily)
NYSTATIN (<i>nystatin (mouth-throat)</i>)	P	2 package(s) per fill retail	MYNEPHRON CAPS 1 MG	C	QL(1 EA daily); RX/OTC
<i>nystatin (mouth-throat)</i>	P	2 package(s) per fill retail	NUTRIVIO CAPS 1 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

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

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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			
CENTRUM MEN TABS	C	QL(1 EA daily); RX/OTC			
CENTRUM MINIS ADULTS 50+ TABS	C	QL(1 EA daily); RX/OTC			
CENTRUM MINIS MEN 50+ TABS	C	QL(1 EA daily); RX/OTC			
CENTRUM MINIS WOMEN 50+ TABS	C	QL(1 EA daily); RX/OTC			
CENTRUM MINIS WOMEN IMMUNE SUP 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			
			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
			CERTAVITE SENIOR/ANTIOXIDANT TABS	C	QL(1 EA daily); RX/OTC
			CERTAVITE SENIOR TABS	C	QL(1 EA daily); RX/OTC
			CERTAVITE/ANTIOXIDANTS TABS	C	QL(1 EA daily); RX/OTC
			CHOICEFUL MULTIVITAMIN CAPS	C	QL(1 EA daily); RX/OTC
			CITRACAL +D3 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 MULTIV/MINERAL MENS TABS	C	QL(1 EA daily); RX/OTC	CVS ONE DAILY WOMENS 50+ ADV TABS	C	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN 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

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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	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 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	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 MCG-400 MCG-1.1 MG- 14 MG-2 MG-15 MG-1.1 MG-25 MCG-15.8 MG-18 MG-100 MG-1.8 MG-50 MCG-80 MG-32 MCG-0.5 MG-8 MG-200 MG-150 MCG-20 MG-18 MCG- 1050 MCG-50 MCG-6 MCG-72 MG	C	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS TABS	C	QL(1 EA daily); RX/OTC	CVS VISION HEALTH CAPS	C	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE WOMEN 50+ TABS 100 MG-30 MCG-400 MCG- 1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-17.5 MG-8 MG-100 MG-2.3 MG-50 MCG-5 MCG-80 MG-2 MG-52 MCG-0.5 MG-10 MCG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1052 MCG- 50 MCG-50 MCG-72 MG, 100 MG-5 MG-30 MCG- 400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-1052 MCG- 5 MG-8 MG-1.1 MG-100 MG-15 MG-300 MG-80 MG-50 MCG-150 MCG- 17.5 MG-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-10 MCG-52 MCG-72 MG-2 MG	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
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	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

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			
DEXATLAN 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			

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 MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 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 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	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 SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	C	QL(1 EA daily); RX/OTC	GNP ONE DAILY MAXIMUM TABS	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			

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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-75 MCG-55 MCG-10 MCG-35 MG-72 MG-2 MG	C	QL(1 EA daily); RX/OTC
ICAPS LUTEIN & OMEGA-3 CAPS 240 MCG-1.2 MG-16 MG-1.3 MG-2.4 MCG-1.3 MG-10 MG-600 MCG-45 MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7 MG-1 MG-34 MCG- 280 MG	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	QL(1 EA daily); RX/OTC			
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	QL(1 EA daily); RX/OTC			
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			

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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

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

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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

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 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	C	QL(1 EA daily); RX/OTC
ONE A DAY TRIPLE IMMUNE SUPPRT TABS	C	QL(1 EA daily); RX/OTC	ONE DAILY FOR MEN/LYCOPENE TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	C	QL(1 EA daily); RX/OTC
ONE A DAY WOMEN 50 PLUS TABS	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 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	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 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 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 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			

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	PROFOLA TABS	C	QL(1 EA daily); RX/OTC
OSTEOPRIME PLUS TABS	C	QL(1 EA daily); RX/OTC	PRORENAL + D W/ OMEGA-3 CAPS	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	PRORENAL + D TABS	C	QL(1 EA daily); RX/OTC
PARVLEX TABS	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
PHYTOMULTI TABS	C	QL(1 EA daily); RX/OTC	PROTECT CARDIO AF CAPS	C	QL(1 EA daily); RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	C	QL(1 EA daily); RX/OTC	PROTECT PLUS SO CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2+COQ10 CAPS	C	QL(1 EA daily); RX/OTC	PROTEGRA CAPS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2+MULTI VIT CAPS	C	QL(1 EA daily); RX/OTC	PROVIT TABS	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC	QC DAILY MULTIVIT/MULTIMINERAL TABS 50 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-2500 UNIT-1.7 MG-25 MCG-20 MG-10 MG-18 MG-1.5 MG-100 MG-15 MG-150 MCG-80 MG-2 MG-162 MG-160 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-3.5 MG-65 MCG-20 MCG-10 MCG-72 MG	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 3 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			
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			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	QUIN B STRONG TABS	C	QL(1 EA daily); RX/OTC
			QUINTABS-M TABS	C	QL(1 EA daily); RX/OTC
			RAYAVIT TABS	C	QL(1 EA daily); RX/OTC
			REMEDIENT CAPS	C	QL(1 EA daily); RX/OTC
			RENAL MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
QC MULTI-VITE 50 & OVER TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	C	QL(1 EA daily); RX/OTC	RENAPLEX-D 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 MULTI-VITE TABS	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 OCUHEALTH VISION SUPPORT 2 CAPS	C	QL(1 EA daily); RX/OTC	SENTRY SENIOR MENS 50+ TABS	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/LUTEIN TABS	C	QL(1 EA daily); RX/OTC
			SENTRY SENIOR TABS	C	QL(1 EA daily); RX/OTC
			SENTRY 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	SIDEROL TABS	C	QL(1 EA daily); RX/OTC
			SKIN HAIR & NAILS ADVANCED CAPS	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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
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	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
STROVITE ONE TABS	C	QL(1 EA daily); RX/OTC	SUPERIOR MENS MULTI TABS	C	QL(1 EA daily); RX/OTC
SUPER ANTIOXIDANT CAPS	C	QL(1 EA daily); RX/OTC	SUPERIOR WOMENS 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	SUPPORT-500 CAPS	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	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 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 TABS	C	QL(1 EA daily); RX/OTC
SUPER D-ZINC- SELENIUM-COPPER TABS	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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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
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	THERA-TABS M TABS	C	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS 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 ADVANCED TABS	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 BONEUP TABS	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
			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
THERA-VITE MAX-M TABS	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
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			
TREXION CAPS	C	QL(1 EA daily); RX/OTC			
TREXVIA 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			

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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
			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
			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
			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
			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
			VITABASIC COMPLETE TABS	C	QL(1 EA daily); RX/OTC
			VITABASIC SENIOR TABS	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
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			
VENEXA FE TABS	C	QL(1 EA daily); RX/OTC			
VENEXA TABS	C	QL(1 EA daily); RX/OTC			
VENTRIXYL FE TABS	C	QL(1 EA daily); RX/OTC			
VENTRIXYL 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			

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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
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	VITEYES OPTIC NERVE SUPPORT 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	VITRAMYN TABS	C	QL(1 EA daily); RX/OTC
VITASANA TABS	C	QL(1 EA daily); RX/OTC	VITRANOL FE TABS	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +COQ10 CAPS	C	QL(1 EA daily); RX/OTC	VITRANOL TABS	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	C	QL(1 EA daily); RX/OTC	VITREXATE FE TABS	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA MINI CAPS	C	QL(1 EA daily); RX/OTC	VITREXATE TABS	C	QL(1 EA daily); RX/OTC
VITEYES AREDS 2 FORMULA CAPS	C	QL(1 EA daily); RX/OTC	VITREXYL + IRON TABS	C	QL(1 EA daily); RX/OTC
VITEYES CLASSIC ADVANCED CAPS	C	QL(1 EA daily); RX/OTC	VITREXYL 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	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
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+ 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	Multivitamins		
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	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
			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
			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
			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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	HIGH POTENCY MULTIVITAMIN TABS	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
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 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 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	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
DAVIMET-M CHEW	C	QL(1 EA daily); RX/OTC	MULTIPLE VITAMINS TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-1.7 MG-20 MG-10 MG-1.5 MG-30 UNIT-5000 UNIT, 60 MG-400 MCG-2 MG-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-1.5 MG-400 UNIT-30 UNIT	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	<i>multiple vitamin TABS</i>	C	QL(1 EA daily); RX/OTC
ESTROFACTORS TABS	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN ADULT TABS	C	QL(1 EA daily); RX/OTC
FOLACHEW CHEW	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
FOLAWISE TABS	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN 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			
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			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
NEXOCHW 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	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
ONE DAILY ESSENTIALS TABS	C	QL(1 EA daily); RX/OTC	STRESSTABS ENERGY TABS	C	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIAL TABS	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
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	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
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	THERA TABS	C	QL(1 EA daily); RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC			
ONE-A-DAY ADULT VITACRAVES+DHA CHEW	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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	ALIVE KIDS PREMIUM CHEW	C	QL(1 EA daily)
THEREMS TABS	C	QL(1 EA daily); RX/OTC	ALIVE MULTI-VITAMIN CHILDRENS CHEW	C	QL(1 EA daily)
TM-DAILY VITE TABS	C	QL(1 EA daily); RX/OTC	CENTRUM FLAVOR BURST KIDS CHEW	C	QL(1 EA daily)
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	CENTRUM KIDS MULTIGUMMIES CHEW	C	QL(1 EA daily)
TRUE MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC	CENTRUM KIDS CHEW	C	QL(1 EA daily)
VIRELIX TABS	C	QL(1 EA daily); RX/OTC	CHILDRENS GUMMIES CHEW	C	QL(1 EA daily)
VIREXA TABS	C	QL(1 EA daily); RX/OTC	CVS GUMMY DINOS CHEW	C	QL(1 EA daily)
VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT	C	QL(1 EA daily); RX/OTC	CVS GUMMY MULTIVITAMIN KIDS CHEW	C	QL(1 EA daily)
VITACHEW CHEW	C	QL(1 EA daily); RX/OTC	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)
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	EMERGEN-C KIDZ IMMUNE+ CHEW	C	QL(1 EA daily)
VITAVERA CHEW	C	QL(1 EA daily); RX/OTC	EQ MULTIVITAMIN GUMMIES CHEW	C	QL(1 EA daily)
VITRAX TABS	C	QL(1 EA daily); RX/OTC	EQ MULTIVITAMINS GUMMY CHILD CHEW	C	QL(1 EA daily)
VITRION TABS	C	QL(1 EA daily); RX/OTC	EQL GUMMIES CHILDRENS CHEW	C	QL(1 EA daily)
Ped Multi Vitamins w/FI & FE			FLINTSTONES + EXTRA IRON CHEW	C	QL(1 EA daily)
<i>ped multivitamins w/fl & iron SOLN</i>	C	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	FLINTSTONES COMPLETE CHEW	C	QL(1 EA daily)
Ped Multiple Vitamins w/ Minerals			FLINTSTONES GUMMIES BONE BUILD CHEW	C	QL(1 EA daily)
ACTIVNUTRIENTS CHEW	C	QL(1 EA daily)	FLINTSTONES GUMMIES COMPLETE CHEW	C	QL(1 EA daily)
ALIVE GUMMIES FOR CHILDREN CHEW	C	QL(1 EA daily)	FLINTSTONES GUMMIES CHEW	C	QL(1 EA daily)
			FLINTSTONES GUMMIES-IMMUNITY CHEW	C	QL(1 EA daily)
			FLINTSTONES SOUR GUMMIES CHEW	C	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLINTSTONES TODDLER CHEW	C	QL(1 EA daily)	ZOO FRIENDS MULTI GUMMIES CHEW	C	QL(1 EA daily)
FLINTSTONES-IMMUNITY SUPPORT CHEW	C	QL(1 EA daily)	Ped MV w/ Iron		
FT CHILDRENS MULTI CHEW	C	QL(1 EA daily)	BPROTECTED PEDIA POLY-VITE/FE SOLN	C	QL(60 ML per fill retail)
GNP MULTI CHILDRENS CHEW	C	QL(1 EA daily)	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	C	QL(60 ML per fill retail)
GROWING BONES & MUSCLES KIDS CHEW	C	QL(1 EA daily)	MULTIVITAMIN DROPS/IRON SOLN	C	QL(60 ML per fill retail)
GUMMI BEAR MULTIVITAMIN/MIN CHEW	C	QL(1 EA daily)	MULTIVITAMIN INFANT & TODDLER SOLN	C	QL(60 ML per fill retail)
JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW	C	QL(1 EA daily)	MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML	C	QL(60 EA per fill retail)
MULTIVITAMIN CHILDRENS GUMMIES CHEW	C	QL(1 EA daily)	POLY-VITE/IRON SOLN	C	QL(60 ML per fill retail)
MULTIVIT-MIN GUMMIES CHILDRENS CHEW	C	QL(1 EA daily)	Pediatric Multiple Vitamins		
MVW COMPLETE FORMULATION D3000 CHEW	C	QL(1 EA daily)	BPROTECTED PEDIA POLY-VITE SOLN PO	C	QL(50 ML per fill retail)
MVW COMPLETE FORMULATION D5000 CHEW	C	QL(1 EA daily)	MULTIVITAMIN INFANT & TODDLER SOLN PO	C	QL(50 ML per fill retail)
MVW COMPLETE FORMULATION CHEW	C	QL(1 EA daily)	MULTIVITAMIN INFANTS/TODDLERS SOLN PO	C	QL(50 ML per fill retail)
ONE-A-DAY JOLLY RANCHER CHEW	C	QL(1 EA daily)	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	C	QL(50 ML per fill retail)
SMARTY PANTS KIDS COMPLETE CHEW	C	QL(1 EA daily)	POLY-VI-SOL SOLN PO	C	QL(50 ML per fill retail)
SPONGEBOB SQUAREPANTS GUMMIES CHEW	C	QL(1 EA daily)	POLY-VITA SOLN PO	C	QL(50 ML per fill retail)
VITACHEW MULTIPLE VITAMIN CHEW	C	QL(1 EA daily)	POLY-VITE PEDIATRIC SOLN PO	C	QL(50 ML per fill retail)
VITALETS CHILDRENS CHEW	C	QL(1 EA daily)	Prenatal Vitamins		
YUMVSKIDS MULTI ZERO CHEW	C	QL(1 EA daily)	ATABEX OB	C	QL(1 EA daily)
			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)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SELECT-OB+DHA MISC	C	QL(1 EA daily)	ELON MATRIX COMPLETE TABS	C	QL(1 EA daily); RX/OTC
VINATE II	C	QL(1 EA daily)	ELON MATRIX PLUS TABS	C	QL(1 EA daily); RX/OTC
VITAFOL-ONE CAPS	C	QL(1 EA daily)	ELON R3 TABS	C	QL(1 EA daily); RX/OTC
Specialty Vitamins Products			GLP-DLAX TABS	C	QL(1 EA daily); RX/OTC
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	HAIR NOURISHING SUPPLEMENT TABS	C	QL(1 EA daily); RX/OTC
ALLERWELL ALLERGY FORMULA TABS	C	QL(1 EA daily); RX/OTC	HEART TABS TABS	C	QL(1 EA daily); RX/OTC
BIOTIN PLUS KERATIN TABS	C	QL(1 EA daily); RX/OTC	LIPIDSHIELD PLUS TABS	C	QL(1 EA daily); RX/OTC
CENTRUM PERFORMANCE TABS	C	QL(1 EA daily); RX/OTC	MEMORY COMPLEX BRAIN HEALTH TABS	C	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST ENERGY TABS	C	QL(1 EA daily); RX/OTC	METAVEX TABS	C	QL(1 EA daily); RX/OTC
CVS HAIR/SKIN/NAILS TABS	C	QL(1 EA daily); RX/OTC	MG PLUS PROTEIN TABS	C	QL(1 EA daily); RX/OTC
CVS MENOPAUSE SUPPORT TABS	C	QL(1 EA daily); RX/OTC	MIL ADREGEN TABS	C	QL(1 EA daily); RX/OTC
ELON MATRIX 5000 COMPLETE TABS	C	QL(1 EA daily); RX/OTC	NERVIVE NERVE RELIEF TABS	C	QL(1 EA daily); RX/OTC
ELON MATRIX 5000 TABS	C	QL(1 EA daily); RX/OTC	<i>specialty vitamins products TABS</i>	C	QL(1 EA daily); RX/OTC
			SYNVERA TABS	C	QL(1 EA daily); RX/OTC
			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
			UPSPRING HE NATAL TABS	C	QL(1 EA daily); RX/OTC
			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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	ONTRALFY SOLN PO 2 MG/5ML	NP	
VYLARIS TABS	C	QL(1 EA daily); RX/OTC	<i>orphenadrine citrate TB12</i>	P	QL(2 EA daily)
Vitamins w/ Lipotropics			OZOBAX DS SOLN PO (<i>baclofen</i>)	NP	
<i>vitamins w/ lipotropics CAPS</i>	C	QL(1 EA daily)	SOMA TABS (<i>carisoprodol</i>)	NP	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			<i>tizanidine hcl CAPS</i>	NP	
Central Muscle Relaxants			<i>tizanidine hcl TABS</i>	P	
AMRIX CP24 (<i>cyclobenzaprine hcl</i>)	NP		ZANAFLEX CAPS (<i>tizanidine hcl</i>)	NP	
ATMEKSI SUSP PO 750 MG/5ML	NP		ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NP	
<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP		Direct Muscle Relaxants		
<i>baclofen SUSP</i>	NP		DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	NP	
<i>baclofen TABS</i>	P		<i>dantrolene sodium CAPS</i>	P	
<i>carisoprodol TABS</i>	NP		Muscle Relaxant Combinations		
<i>chlorzoxazone TABS</i>	P		<i>orphenadrine w/ aspirin & caff</i>	NP	
<i>cyclobenzaprine hcl CP24</i>	NP		NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 EA daily)	Nasal Agent Combinations		
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	QL(4 EA daily)	<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 EA daily)	DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	NP	
FLEQSUVY SUSP (<i>baclofen</i>)	NP		RYALTRIS	NP	
LYVISPAH PACK	NP		Nasal Agents - Misc.		
<i>metaxalone</i>	NP		<i>saline SOLN 0.65 %</i>	C	1 package(s) per fill retail
METAXALONE 640 MG	NP		Nasal Antiallergy		
<i>methocarbamol TABS 1000 MG</i>	NP		<i>azelastine hcl 0.15 %</i>	NP	1 package(s) per 31 day(s) retail; RX/OTC
<i>methocarbamol TABS</i>	P				

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Drug Name	Drug Tier	Requirements/ Limits
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	1 package(s) per 31 day(s) retail; 1 package(s) per 31 day(s) mail
<i>olopatadine hcl (nasal)</i>	NP	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	P	QL(31 ML per 31 day(s) retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	P	QL(15 ML per 31 day(s) retail)
Nasal Steroids		
<i>budesonide (nasal)</i>	C	QL(9 ML per 31 day(s) retail)
<i>flunisolide (nasal)</i>	NP	QL(25 ML per 31 day(s) retail)
<i>fluticasone propionate (nasal) SUSP</i>	P	1 package(s) per fill retail; RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	P	RX/OTC
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
<i>triamcinolone acetonide (nasal) AERO</i>	C	QL(17 ML per 31 day(s) retail); AL(At least 2 yrs old)
XHANCE EXHU	NP	
Sympathomimetic Decongestants		
<i>pseudoephedrine hcl TABS</i>	C	
<i>pseudoephedrine hcl TB12</i>	C	QL(2 EA daily)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	C	PA
Muscular Dystrophy Agents		
VYONDYS 53	C	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
NUTRIENTS		
Misc. Nutritional Substances		
<i>omega-3 fatty acids CAPS 1000 MG, 1200 MG</i>	C	QL(6 EA daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>polyvinyl alcohol 1.4 %</i>	C	
<i>white petrolatum-mineral oil</i>	C	1 package(s) per fill retail
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	P	1 package(s) per 31 day(s) retail
BETIMOL (<i>timolol</i>)	NP	
BETOPTIC-S SUSP	NP	
<i>brimonidine tartrate-timolol maleate</i>	NP	Brand Preferred
<i>carteolol hcl (ophth)</i>	P	1 max fill(s) per 31 day(s) retail
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	P	Brand Preferred
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ML per 31 day(s) retail)
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NP	
<i>dorzolamide hcl-timolol maleate</i>	NP	
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ML per 31 day(s) retail)
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	NP	
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ML per 31 day(s) retail)
<i>timolol</i>	NP	
<i>timolol maleate (ophth) SOLG</i>	P	
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ML per 31 day(s) retail)
<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(15 EA per 31 day(s) retail)	Ophthalmic Anti-infectives		
Cholinergic Agonists			AZASITE	NP	
TYRVAYA	NP		<i>bacitracin (ophthalmic)</i>	P	QL(4 GM per 31 day(s) retail)
Cycloplegic Mydriatics			<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 GM per 31 day(s) retail)
<i>atropine sulfate (ophthalmic) OINT</i>	C	QL(4 GM per fill retail)	<i>besifloxacin hcl 0.6 %</i>	NP	
<i>atropine sulfate (ophthalmic) SOLN</i>	C		BESIVANCE 0.6 % (<i>besifloxacin hcl</i>)	NP	
ATROPINE SULFATE SOLN 1 %	C		CILOXAN OINT	NP	1 package(s) per fill retail
CYCLOGYL 2 %	C	1 package(s) per 31 day(s) retail	<i>ciprofloxacin hcl (ophth) SOLN</i>	P	1 package(s) per fill retail
CYCLOGYL 0.5 %	C		<i>erythromycin (ophth)</i>	P	
<i>cyclopentolate hcl 1 %</i>	C		<i>erythromycin (ophth)</i>	C	
HOMATROPAIRE 5 %	C		<i>gatifloxacin (ophth)</i>	NP	
<i>tropicamide SOLN</i>	C		<i>gentamicin sulfate (ophth) SOLN</i>	C	2 package(s) per fill retail
Miotics			<i>gentamicin sulfate (ophth) SOLN</i>	P	2 package(s) per fill retail
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	C		<i>levofloxacin (ophth) 0.5 %</i>	NP	
Ophthalmic - Angiogenesis Inhibitors			<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	QL(3 ML per fill retail)
BEVACIZUMAB IZ 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 3.25 MG/0.13ML	C	PA	<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 GM per 31 day(s) retail)
EYLEA SOSY	C	SP; PA	<i>neomycin-polymyxin-gramicidin</i>	P	1 package(s) per fill retail
Ophthalmic Adrenergic Agents			OCUFLOX (<i>ofloxacin (ophth)</i>)	NP	QL(10 ML per 31 day(s) retail)
ALPHAGAN P (<i>brimonidine tartrate</i>)	P	Brand Preferred	<i>ofloxacin (ophth)</i>	P	QL(10 ML per 31 day(s) retail)
<i>apraclonidine hcl</i>	NP		<i>polymyxin b-trimethoprim</i>	P	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
<i>brimonidine tartrate 0.2 %</i>	P	1 package(s) per 31 day(s) retail	<i>sulfacetamide sodium (ophth) OINT</i>	P	QL(4 GM per 31 day(s) retail)
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	NP	Brand Preferred	<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ML per 31 day(s) retail)
IOPIDINE	NP		<i>sulfacetamide sodium (ophth) SOLN</i>	C	QL(15 ML per 31 day(s) retail)
SIMBRINZA	NP		<i>tobramycin (ophth) SOLN</i>	NP	QL(5 ML per 31 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOBREX OINT	NP		<i>bacitracin-poly-neomycin-hc</i>	P	
<i>trifluridine</i>	C	QL(8 ML per 31 day(s) retail)	BYQLOVI 0.05 %	NP	
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ML per fill retail)	<i>dexamethasone sodium phosphate (ophth)</i>	P	
Ophthalmic Decongestants			<i>difluprednate</i>	NP	Brand Preferred
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	C	QL(15 ML per 31 day(s) retail)	DUREZOL (<i>difluprednate</i>)	P	Brand Preferred
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	C	QL(15 ML per 31 day(s) retail; 15 ML per 31 days mail)	EYSUVIS SUSP	NP	
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	C	1 package(s) per 31 day(s) retail	FLAREX	P	
Ophthalmic Immunomodulators			<i>fluorometholone (ophth) SUSP</i>	P	1 package(s) per 31 day(s) retail
CEQUA SOLN	NP		FML FORTE SUSP	NP	
<i>cyclosporine (ophth) EMUL</i>	NP	Brand Preferred	FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NP	1 package(s) per 31 day(s) retail
RESTASIS MULTIDOSE EMUL	P	Brand Preferred	INVELTYS SUSP	NP	
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	P	Brand Preferred	LOTEMAX SM GEL	NP	
VERKAZIA EMUL	NP		LOTEMAX GEL (<i>loteprednol etabonate</i>)	NP	
VEVYE SOLN	NP		LOTEMAX OINT	NP	
Ophthalmic Integrin Antagonists			<i>loteprednol etabonate GEL</i>	NP	
XIIDRA	P		<i>loteprednol etabonate SUSP</i>	NP	
Ophthalmic Kinase Inhibitors			<i>loteprednol etabonate-tobramycin</i>	NP	
RHOPRESSA	P		MAXIDEX SUSP OP	P	
ROCKLATAN	P		MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	NP	QL(10 ML per 31 day(s) retail)
Ophthalmic Local Anesthetics			<i>neomycin-polymy-dexameth OINT</i>	P	QL(4 GM per 31 day(s) retail)
ALTACAIN 0.5 % (<i>tetracaine hcl (ophth)</i>)	C		<i>neomycin-polymy-dexameth SUSP</i>	P	QL(10 ML per 31 day(s) retail)
TETRACAIN HCL 0.5 %	C		<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(15 ML per 31 day(s) retail)
<i>tetracaine hcl (ophth)</i>	C		PRED FORTE (<i>prednisolone acetate (ophth)</i>)	NP	QL(15 ML per 31 day(s) retail)
Ophthalmic Steroids					
ALREX SUSP (<i>loteprednol etabonate</i>)	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRED MILD	P	1 package(s) per 31 day(s) retail	<i>cromolyn sodium (ophth)</i>	P	QL(10 ML per 31 day(s) retail)
<i>prednisolone acetate (ophth)</i>	P	QL(15 ML per 31 day(s) retail)	<i>diclofenac sodium (ophth)</i>	P	QL(3 ML per 31 day(s) retail)
PREDNISOLONE ACETATE P-F	C	QL(15 ML per 31 day(s) retail)	<i>dorzolamide hcl</i>	P	QL(10 ML per 31 day(s) retail)
PREDNISOLONE SODIUM PHOSPHATE	NP	1 package(s) per 31 day(s) retail	<i>epinastine hcl (ophth)</i>	NP	
<i>sulfacetamide sod-prednisolone SOLN</i>	P	QL(10 ML per 31 day(s) retail)	<i>flurbiprofen sodium</i>	P	QL(5 ML per 31 day(s) retail)
TOBRADEX ST SUSP	NP		ILEVRO	NP	
TOBRADEX OINT	NP	QL(4 GM per 31 day(s) retail)	<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	1 package(s) per 31 day(s) retail
<i>tobramycin-dexamethasone SUSP</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
ZYLET 0.3 %-0.5 % (<i>loteprednol etabonate-tobramycin</i>)	NP		<i>ketotifen fumarate (ophth) 0.035 %</i>	P	QL(10 ML per 31 day(s) retail)
Ophthalmics - Misc.			MIEBO	NP	
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP	1 package(s) per 31 day(s) retail	NEVANAC	P	
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	NP	1 max fill(s) per 31 day(s) retail	<i>olopatadine hcl</i>	P	
ACUVAIL	NP		PROLENSA (<i>bromfenac sodium (ophth)</i>)	NP	
<i>azelastine hcl (ophth)</i>	NP	QL(6 ML per 31 day(s) retail)	TRYPTYR SOLN OP 0.003 %	NP	
AZOPT (<i>brinzolamide</i>)	P	Brand Preferred; 1 package(s) per 31 day(s) retail	ZERVIAE	NP	
<i>bepotastine besilate</i>	NP		Prostaglandins - Ophthalmic		
BEPREVE (<i>bepotastine besilate</i>)	NP		<i>bimatoprost SOLN</i>	NP	
<i>brinzolamide</i>	NP	Brand Preferred; 1 package(s) per 31 day(s) retail	<i>bimatoprost SOLN</i>	NP	Brand Preferred
<i>bromfenac sodium (ophth)</i>	NP		IYUZEH SOLN	NP	
BROMSITE (<i>bromfenac sodium (ophth)</i>)	NP		<i>latanoprost SOLN</i>	P	QL(5 ML per 31 day(s) retail)
			LUMIGAN SOLN 0.01 % (<i>bimatoprost</i>)	P	Brand Preferred
			<i>tafluprost</i>	NP	
			TRAVATAN Z SOLN (<i>travoprost</i>)	P	Brand Preferred
			<i>travoprost SOLN</i>	NP	Brand Preferred
			VYZULTA	NP	
			XALATAN SOLN (<i>latanoprost</i>)	NP	QL(5 ML per 31 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits
XELPROS EMUL	NP	
ZIOPTAN (<i>tafluprost</i>)	NP	
ZOLYMBUS GEL OP 0.01 %	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	C	QL(15 ML per 31 day(s) retail)
<i>carbamide peroxide (otic)</i> 6.5 %	C	QL(15 ML per 31 day(s) retail)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	1 package(s) per fill retail
Otic Combinations		
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-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
Otic Steroids		
<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)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		

Drug Name	Drug Tier	Requirements/ Limits
<i>methylergonovine maleate TABS</i>	C	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD	C	SP; PA
GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML	C	SP; PA
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
PENICILLINS - Drugs to Treat Bacterial Infections		
Amidinopenicillins		
PIVYA TABS PO 185 MG	NP	
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CAPS</i>	C	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR 400 MG/5ML</i>	C	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
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 500 MG</i>	C	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML</i>	C	1 package(s) per fill retail
<i>amoxicillin & 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 & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	C	2 package(s) per fill retail
<i>amoxicillin & 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 & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	C	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 EA per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	C	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(40 EA per 31 day(s) retail)
AUGMENTIN ES-600 SUSR (<i>amoxicillin & 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	C	1 package(s) per fill retail
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
SORBITOL XX	C	RX/OTC
Semi Solid Vehicles		
LANOLIN XX	C	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<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)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>disulfiram 250 MG</i>	C	
Antidementia Agents		
ADLARITY PTWK	NP	

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Drug Name	Drug Tier	Requirements/ Limits
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 EA daily)
ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	
<i>donepezil hydrochloride</i> TABS 5 MG, 10 MG	P	QL(1 EA daily)
<i>donepezil hydrochloride</i> TABS 23 MG	NP	
<i>donepezil hydrochloride</i> TBDP	P	
EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	P	Brand Preferred
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	P	Brand Preferred; QL(1 EA daily)
<i>galantamine hydrobromide</i> CP24	NP	QL(1 EA daily)
<i>galantamine hydrobromide</i> SOLN	NP	QL(6 ML daily)
<i>galantamine hydrobromide</i> TABS	NP	QL(2 EA daily)
<i>memantine hcl</i> CP24	NP	
<i>memantine hcl-donepezil hcl</i> CP24	NP	
<i>memantine hcl</i> SOLN	P	QL(10 ML daily)
<i>memantine hcl</i> TABS	P	QL(2 EA daily)
<i>memantine hcl</i> TABS	NP	
NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	NP	
NAMZARIC CP24	NP	
<i>rivastigmine</i> 4.6 MG/24HR, 9.5 MG/24HR	NP	Brand Preferred; QL(1 EA daily)
<i>rivastigmine</i> 13.3 MG/24HR	NP	Brand Preferred
<i>rivastigmine tartrate</i> CAPS	P	QL(2 EA daily)
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Combination Psychotherapeutics		

Drug Name	Drug Tier	Requirements/ Limits
LYBALVI	NP	AL(At least 18 yrs old); ST
<i>olanzapine-fluoxetine hcl</i> 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG	NP	ST
<i>olanzapine-fluoxetine hcl</i> 25 MG-3 MG, 25 MG-6 MG	NP	AL(At least 10 yrs old); ST
<i>perphenazine-amitriptyline</i>	C	QL(4 EA daily)
Fibromyalgia Agents		
<i>milnacipran hcl</i> MISC	NP	QL(55 EA per 365 day(s) retail)
<i>milnacipran hcl</i> TABS 12.5 MG, 25 MG, 50 MG, 100 MG	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		
AUSTEDO XR PATIENT TITRATION TEPK	NP	SP
AUSTEDO XR TB24	P	SP
AUSTEDO TABS	P	SP
INGREZZA CAPS	P	SP
INGREZZA CPPK	P	SP
INGREZZA CPSP	P	SP
<i>tetrabenazine</i>	P	
<i>tetrabenazine</i>	P	SP
XENAZINE (<i>tetrabenazine</i>)	NP	SP
Multiple Sclerosis Agents		
AMPYRA (<i>dalfampridine</i>)	NP	SP
AMPYRA (<i>dalfampridine</i>)	NP	
AUBAGIO (<i>teriflunomide</i>)	NP	QL(1 EA daily); SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AVONEX PEN AJKT	P	SP	MAVENCLAD (6 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	NP	SP
AVONEX PREFILLED PSKT	P	SP	MAVENCLAD (7 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	NP	SP
BAFIERTAM	NP	SP	MAVENCLAD (8 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	NP	SP
BETASERON KIT	P	SP	MAVENCLAD (9 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	NP	SP
<i>cladribine (multiple sclerosis) 10 MG</i>	NP		MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	P	Brand Preferred; SP	MAYZENT TABS	NP	SP
COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	NP	SP	PLEGRIDY STARTER PACK SOAJ	NP	SP
<i>dalfampridine</i>	P	SP	PLEGRIDY STARTER PACK SOSY SC	NP	SP
<i>dalfampridine</i>	P		PLEGRIDY SOAJ	NP	SP
<i>dimethyl fumarate CDPK</i>	P	SP	PLEGRIDY SOSY IM	NP	SP
<i>dimethyl fumarate CPDR</i>	P	SP	PONVORY STARTER PACK TBPK	NP	
<i>dimethyl fumarate CPDR</i>	P		PONVORY TABS	NP	
<i> fingolimod hcl</i>	P	QL(1 EA daily); SP	REBIF REBIDOSE TITRATION PACK SOAJ	NP	SP
<i> fingolimod hcl</i>	P	QL(1 EA daily)	REBIF REBIDOSE SOAJ	NP	SP
GILENYA (<i>fingolimod hcl</i>)	NP	QL(1 EA daily); SP	REBIF TITRATION PACK SOSY	NP	SP
GILENYA 0.25 MG	NP	SP	REBIF SOSY	NP	SP
<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	Brand Preferred	TASCENSO ODT	NP	SP
<i>glatiramer acetate SOSY 20 MG/ML</i>	NP	Brand Preferred; SP	TECFIDERA CDPK (<i>dimethyl fumarate</i>)	NP	SP
<i>glatiramer acetate SOSY 40 MG/ML</i>	NP		TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP
<i>glatiramer acetate SOSY 40 MG/ML</i>	NP	SP	<i>teriflunomide</i>	P	QL(1 EA daily); SP
KESIMPTA	PA	SP; PA	TYRUKO CONC IV 300 MG/15ML	C	AL(At least 18 yrs old); SP; PA
MAVENCLAD (10 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	NP	SP	VUMERITY	NP	SP
MAVENCLAD (4 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	NP	SP			
MAVENCLAD (5 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	NP	SP			

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Drug Name	Drug Tier	Requirements/Limits
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 10 MG</i>	P	QL(2 EA daily)
<i>fluoxetine hcl (pmdd) TABS 20 MG</i>	P	QL(1 EA daily)
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
<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)

Drug Name	Drug Tier	Requirements/Limits
<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 0.5 MG</i>	P	QL(2 EA daily)
<i>varenicline tartrate TABS 1 MG</i>	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
<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	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
ORKAMBI PACK	C	SP; PA
ORKAMBI TABS	C	SP; PA
SYMDEKO	C	SP; PA
TRIKAFTA TBPK	C	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
<i>nintedanib esylate 100 MG, 150 MG</i>	C	SP; PA
<i>pirfenidone CAPS</i>	C	SP; PA
<i>pirfenidone TABS</i>	C	SP; PA
Respiratory Agents - Misc.		
BRINSUPRI TABS PO 10 MG, 25 MG	C	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Tetracyclines			RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
<i>demeclocycline hcl TABS</i>	NP		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
DORYX MPC TBEC 60 MG	NP		TOXOIDS		
<i>doxycycline (monohydrate) CAPS</i>	NP		Toxoid Combinations		
<i>doxycycline (monohydrate) SUSR</i>	NP		ADACEL SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
<i>doxycycline (monohydrate) TABS</i>	NP		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)
<i>doxycycline hyclate CAPS</i>	P		BOOSTRIX SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
<i>doxycycline hyclate TABS</i>	P		BOOSTRIX SUSY	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
<i>doxycycline hyclate TBEC</i>	NP		TETANUS-DIPHTHERIA TOXOIDS TD SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
<i>minocycline hcl CAPS</i>	P		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
<i>minocycline hcl TABS</i>	P		Antispasmodics		
<i>minocycline hcl TB24</i>	NP		<i>dicyclomine hcl CAPS</i>	C	
<i>tetracycline hcl CAPS</i>	P		<i>dicyclomine hcl SOLN PO</i>	C	QL(496 ML per 31 day(s) retail)
TETRACYCLINE HCL TABS	P		<i>dicyclomine hcl TABS</i>	C	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			<i>glycopyrrolate TABS 1 MG, 2 MG</i>	C	QL(4 EA daily)
Antithyroid Agents			<i>hyoscyamine sulfate ELIX</i>	C	
<i>methimazole TABS</i>	C		<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	C	
<i>propylthiouracil</i>	C		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	C	
Thyroid Hormones			<i>hyoscyamine sulfate TABS 0.125 MG</i>	C	
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C		<i>hyoscyamine sulfate TB12 0.375 MG</i>	C	QL(4 EA daily)
ARMOUR THYROID TABS	C				
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	C				
<i>levothyroxine sodium TABS</i>	C				
<i>liothyronine sodium TABS</i>	C				
NIVA THYROID TABS	C				
NP THYROID TABS	C				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	C		<i>lansoprazole CPDR 30 MG</i>	NP	QL(2 EA daily)
NULEV TBDP 0.125 MG (<i>hyoscyamine sulfate</i>)	C		<i>lansoprazole TBDD</i>	NP	RX/OTC
OSCIMIN SUBL 0.125 MG (<i>hyoscyamine sulfate</i>)	C		NEXIUM CPDR 40 MG (<i>esomeprazole magnesium</i>)	NP	
OSCIMIN TABS 0.125 MG (<i>hyoscyamine sulfate</i>)	C		NEXIUM CPDR 20 MG (<i>esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC
H-2 Antagonists			NEXIUM PACK (<i>esomeprazole magnesium</i>)	NP	
<i>cimetidine hcl PO 300 MG/5ML</i>	NP		<i>omeprazole magnesium TBEC</i>	C	QL(1 EA daily)
<i>cimetidine TABS</i>	NP	RX/OTC	OMEPRAZOLE+SYRSPE ND SF ALKA SUSP	C	QL(10 ML daily); AL(Up to 12 yrs old)
<i>famotidine SUSR</i>	P		<i>omeprazole CPDR</i>	P	QL(2 EA daily)
<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC	<i>omeprazole TBEC</i>	C	QL(1 EA daily)
<i>famotidine TABS 10 MG</i>	C		<i>pantoprazole sodium PACK</i>	NP	Brand Preferred
<i>nizatidine CAPS</i>	NP		<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 EA daily)
<i>ranitidine hcl TABS 300 MG</i>	NP	QL(1 EA daily)	<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 EA daily)
<i>ranitidine hcl TABS 150 MG</i>	NP	QL(2 EA daily)	PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	NP	RX/OTC
Misc. Anti-Ulcer			PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NP	QL(2 EA daily)
<i>sucralfate SUSP</i>	C	QL(420 ML per fill retail)	PRIOSEC PACK	NP	
<i>sucralfate TABS</i>	C	QL(4 EA daily)	PROTONIX PACK (<i>pantoprazole sodium</i>)	P	Brand Preferred
Proton Pump Inhibitors			PROTONIX TBEC 20 MG (<i>pantoprazole sodium</i>)	NP	QL(1 EA daily)
DEXILANT (<i>dexlansoprazole</i>)	P	Brand Preferred	PROTONIX TBEC 40 MG (<i>pantoprazole sodium</i>)	NP	QL(2 EA daily)
<i>dexlansoprazole</i>	NP	Brand Preferred	<i>rabeprazole sodium TBEC</i>	NP	
<i>esomeprazole magnesium CPDR 40 MG</i>	NP		Ulcer Drugs - Prostaglandins		
<i>esomeprazole magnesium CPDR 20 MG</i>	NP	QL(2 EA daily); RX/OTC	<i>misoprostol</i>	C	PA
<i>esomeprazole magnesium PACK</i>	P		Ulcer Therapy Combinations		
FIRST-OMEPRAZOLE SUSP	C	QL(10 ML daily); AL(Up to 12 yrs old)			
<i>lansoprazole CPDR 15 MG</i>	NP	QL(4 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits
<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	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	NP	
<i>fesoterodine fumarate</i>	P	
<i>oxybutynin chloride SOLN</i>	P	
<i>oxybutynin chloride TABS 2.5 MG</i>	P	
<i>oxybutynin chloride TABS 5 MG</i>	P	QL(3 EA daily)
<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	
<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 8 MG/ML (<i>mirabegron</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ TB24 (<i>mirabegron</i>)	P	Brand Preferred
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	C	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	NP	
VACCINES		
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)
MENVEO SOLR	C	AL(Up to 55 yrs old)
PEDVAX HIB SUSP	C	
PENBRAYA	C	AL(Up to 25 yrs old)
PENMENVY SUSR IM	C	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)	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)
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)	VIVOTIF	C	
			Viral Vaccines		
			ABRYSVO	C	AL(At least 60 yrs old)
			ACAM2000 SOLR IJ	C	
			AFLURIA PRESERVATIVE FREE SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
			AFLURIA SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
			AREXVY	C	AL(At least 60 yrs old)
			COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	C	
			COMIRNATY SUSY	C	
			ENGRIX-B SUSP 20 MCG/ML	C	3 max fill(s) per 999 day(s) retail
			ENGRIX-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
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)			
TRUMENBA 0.5 ML	C				
TYPHIM VI SOLN	C				
TYPHIM VI SOSY	C				
VAXCHORA	C				

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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	C	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	C	
VARIVAX SUSR	C	2 max fill(s) per 999 day(s) retail
YF-VAX SUSR	C	
VAGINAL AND RELATED PRODUCTS		
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 200 MG</i>	C	QL(3 EA per fill retail; 3 EA per 31 day(s) retail)
<i>miconazole nitrate vaginal SUPP 100 MG</i>	C	QL(7 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	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.1 MG/0.1ML, 0.15 MG/0.15ML	NP	
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP	
<i>epinephrine (anaphylaxis) SOAJ</i>	NP	Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	P	Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	P	Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
EPIPEN JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	P	Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail)
Vasopressors		
<i>midodrine hcl</i>	C	
VITAMINS		

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Drug Name	Drug Tier	Requirements/ Limits
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	C	QL(8 EA per 31 day(s) retail)
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG</i>	C	QL(2 EA daily)
<i>cholecalciferol CAPS</i>	C	QL(100 EA per fill 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)
KEY-E CHEW	C	QL(2 EA daily)
<i>phytonadione TABS 5 MG</i>	C	
VITAMIN E/D-ALPHA CAPS 200 UNIT	C	QL(2 EA daily)
<i>vitamin e CAPS 100 UNIT</i>	C	
<i>vitamin e CAPS</i>	C	QL(2 EA daily)
VITAMIN E CAPS	C	QL(2 EA daily)
VITAMIN E CHEW	C	QL(2 EA daily)
Water Soluble Vitamins		
<i>ascorbic acid TABS</i>	C	QL(3.34 EA daily)
NIACIN ER TBCR	C	
<i>niacin CPCR 250 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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50+ ADULT EYE HEALTH CAPS 150	MG 83	50 MCG-150 MCG-60 UNIT-20 MG-
MG-30 UNIT-5 MG-1 MG-1 MG-9	A THRU Z ADVANTAGE TABS 120	0.7 MG-5 MCG-4 MG-100 MCG-10
MG-90 MG-160 MG-250 MG 82	MG-6 MG-50 MCG-60 UNIT-400	MCG-60 MCG-72 MG 83
A THRU Z ADVANCED ADULT	MCG-400 UNIT-18 MCG-5.1 MG-25	A THRU Z SELECT ADVANCED
TABS 60 MG-2 MG-30 MCG-400	MCG-40 MG-3500 UNIT-12 MG-18	TABS 60 MG-3 MG-30 MCG-400
MCG-400 UNIT-6 MCG-1.7 MG-25	MG-4.5 MG-40 MG-11 MG-60 MCG-	MCG-500 UNIT-25 MCG-1.7 MG-30
MCG-20 MG-3500 UNIT-10 MG-18	4 MG-100 MG-80 MG-75 MCG-150	MCG-20 MG-250 MCG-2500 UNIT-
MG-1.5 MG-11 MG-75 MCG-50 MG-	MCG-48 MG-0.9 MG-5 MCG-10	10 MG-300 MCG-1.5 MG-11 MG-150
2 MG-200 MG-80 MG-45 MCG-150	MCG-4 MG-70 MCG-10 MCG-120	MCG-50 MG-220 MG-80 MG-45
MCG-30 UNIT-20 MG-0.5 MG-5	MCG-72 MG-50 MG-60 MG, 400	MCG-150 MCG-50 UNIT-20 MG-0.5
MCG-10 MCG-2.3 MG-55 MCG-10	UNIT-120 MG-6 MG-40 MCG-60	MG-5 MCG-2.3 MG-55 MCG-10
MCG-35 MCG-72 MG 82	UNIT-400 MCG-18 MCG-5.1 MG-25	MCG-45 MCG-72 MG-2 MG, 90 MG-
A THRU Z ADVANCED TABS 60	MCG-40 MG-5000 UNIT-10 MG-18	3 MG-30 MCG-500 MCG-1.5 MG-
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MCG-45 MCG-30 UNIT-109 MG-5	MCG-50 MG-2 MG-220 MG-80 MG-	150 MCG-150 MCG-75 MCG-45
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109 MG-0.9 MG-5 MCG-10 MCG-2.3	MCG-50 MG-2 MG-250 MG-80 MG-	20 MG-0.5 MG-5 MCG-2.3 MG-55
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AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	76	albuterol sulfate NEBU	15	ALIVE ONCE DAILY WOMENS TABS	85
AEROCHAMBER Z-STAT PLUS/SMALL MISC	76	albuterol sulfate SYRP	15	ALIVE ULTRA POTENCY ADULT TABS	85
AEROCHAMBER2GO ANTI-STATIC DEVI	76	albuterol sulfate TABS	15	ALIVE ULTRA POTENCY WOMENS 50+ TABS	85
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AGAMREE	52	alfuzosin hcl	68	allopurinol 200 MG	68
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		ALIVE EVERYDAY IMMUNE HEALTH CAPS	85	alosetron hcl	68
		ALIVE GARDEN GOODNESS TABS	85	ALPHA BETIC TABS	85
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bismuth subsalicylate CHEW 262 MG	29			BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (brivaracetam) . 19	
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bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG	35				
bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG	35				

BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	11	dihydrate SUBL 2 MG-8 MG	11	BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG .	40
bromfenac sodium (ophth)	126	buprenorphine PTWK	11	BYSANTI TITRATION PACK A TBPK PO	40
bromocriptine mesylate CAPS	39	bupropion hcl (smoking deterrent) 131		BYSANTI TITRATION PACK B TBPK PO	40
bromocriptine mesylate TABS 2.5 MG	39	bupropion hcl TABS	22	BYSANTI TITRATION PACK C TBPK PO	40
brompheniramine & phenyleph ELIX . 53		bupropion hcl TB12 100 MG	22		
BROMSITE (bromfenac sodium (ophth))	126	bupropion hcl TB12 150 MG	22	BYSTOLIC (nebivolol hcl)	48
BROVANA (arformoterol tartrate) .	16	bupropion hcl TB12 200 MG	22	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 (amlodipine besylate-atorvastatin calcium)	50
BRYNOVIN SOLN PO 25 MG/ML .	26	bupropion hcl TB24 150 MG	22	caffeine citrate SOLN PO 60 MG/3ML	1
budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML	15	bupropion hcl TB24 300 MG	22	calcipotriene CREA	57
budesonide (inhalation) SUSP 1 MG/2ML	15	bupropion hcl TB24 450 MG	22	CALCIPOTRIENE FOAM	57
budesonide (intrarectal)	12	buspirone hcl 15 MG	13	calcipotriene OINT	57
budesonide (nasal)	123	buspirone hcl 5 MG, 10 MG	13	calcipotriene SOLN	57
budesonide CPEP	52	buspirone hcl 7.5 MG, 30 MG	13	calcipotriene-betamethasone dipropionate OINT	59
budesonide TB24	52	butalbital-acetaminophen TABS 50 MG-325 MG	7	calcipotriene-betamethasone dipropionate SUSP	59
budesonide-formoterol fumarate dihydrate	16	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	7	calcitonin (salmon) IJ	65
bumetanide TABS	64	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	7	calcitonin (salmon) NA	65
buprenorphine hcl SUBL	11	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	10	calcitriol (topical)	57
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	11	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	10	calcitriol CAPS	65
buprenorphine hcl-naloxone hcl dihydrate FILM SL	11	butalbital-aspirin-caffeine CAPS	7	CALCIUM 600 +D HIGH POTENCY TABS	79
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	11	butalbital-aspirin-caffeine w/cod ...	10	calcium acetate (phosphate binder) CAPS	68
buprenorphine hcl-naloxone hcl		butorphanol tartrate NA 10 MG/ML 11		calcium acetate (phosphate binder) TABS	68
		BUTRANS PTWK (buprenorphine) 11		calcium carbonate (antacid) CHEW	
		BYQLOVI 0.05 %	125		

500 MG	12	carbamazepine TABS	19	cefdinir SUSR	51
calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT- 600 MG, 400 UNIT-600 MG, 5 MCG- 600 MG	79	carbamazepine TB12	19	cefixime CAPS	51
calcium carbonate-cholecalciferol TABS 125 UNIT-500 MG, 200 UNIT- 500 MG, 5 MCG-500 MG, 500 MG-5 MCG	79	carbamide peroxide (otic) 6.5 % ..	127	cefixime SUSR	51
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT	79	CARBATROL CP12 (carbamazepine)	19	cefixime TABS	51
calcium carbonate-vitamin d TABS 600 MG-200 UNIT	79	carbidopa	38	cefpodoxime proxetil SUSR	51
calcium polycarbophil TABS	71	carbidopa-levodopa CPCR	39	cefpodoxime proxetil TABS	51
CAM LOTN	61	carbidopa-levodopa TABS	39	cefprozil SUSR 125 MG/5ML	51
camphor & menthol LOTN	57	carbidopa-levodopa TBCR	39	cefprozil SUSR 250 MG/5ML	51
CANASA SUPP (mesalamine)	67	carbidopa-levodopa TBDP	39	cefprozil TABS	51
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candesartan cilexetil- hydrochlorothiazide	35	CARDURA (doxazosin mesylate) .	34	cefuroxime axetil TABS 250 MG ..	51
CAPLYTA	39	CARDURA XL	68	cefuroxime axetil TABS 500 MG ..	51
capsaicin CREA 0.025 %, 0.035 %, 0.075 %, 0.1 %	62	CAREONE INSULIN SYRINGE ..	74	CELEBRATE MULTI-COMPLETE 18 CAPS	86
captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG- 25 MG	35	CARETOUCH INSULIN SYRINGE 74		CELEBRATE MULTI-COMPLETE 36 CAPS	86
captopril & hydrochlorothiazide 25 MG-50 MG	35	carglumic acid	66	CELEBRATE MULTI-COMPLETE 45 CAPS	86
captopril	33	carisoprodol TABS	122	CELEBRATE MULTI-COMPLETE 60 CAPS	86
CAPVAXIVE	134	carteolol hcl (ophth)	123	CELEBREX (celecoxib)	6
CARBAGLU (carglumic acid)	66	carvedilol 25 MG	48	celecoxib	6
carbamazepine CHEW	19	carvedilol 3.125 MG, 6.25 MG, 12.5 MG	48	celecoxib 400 MG	6
carbamazepine CP12	19	carvedilol phosphate	48	celecoxib 50 MG, 100 MG, 200 MG	6
carbamazepine SUSP	19	CASGEVY	69	CELEXA TABS 10 MG (citalopram hydrobromide)	22
		CAYSTON	37	CELEXA TABS 20 MG (citalopram hydrobromide)	22
		cefaclor CAPS	51	CELEXA TABS 40 MG (citalopram hydrobromide)	22
		CEFACLOER ER TB12	51	CELLCEPT CAPS (mycophenolate mofetil)	80
		cefadroxil CAPS	50		
		cefadroxil SUSR	50		
		cefadroxil TABS	51		
		cefdinir CAPS	51		

CELLCEPT SUSR (mycophenolate mofetil) 80	CENTRUM MINIS MEN 50+ TABS 87	51
CELLCEPT TABS (mycophenolate mofetil) 80	CENTRUM MINIS WOMEN 50+ TABS 87	cephalexin CAPS 51
CELONTIN (methsuximide) 21	CENTRUM MINIS WOMEN IMMUNE SUP TABS 87	cephalexin SUSR 51
CENTANY AT KIT 56	CENTRUM PERFORMANCE TABS . 121	cephalexin TABS 51
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 86	CENTRUM SILVER ULTRA WOMENS TABS 87	CEQUA SOLN 125
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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 87	CENTRUM SPECIALIST IMMUNE TABS 87	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 87
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CENTRUM KIDS CHEW 119	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 87	CERTAVITE/ANTIOXIDANTS TABS . 87
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clindamycin phosphate-benzoyl peroxide (refrigerate)	55	clonidine hcl TABS	34	CODEINE SULFATE TABS	8
clindamycin phosphate-benzoyl peroxide GEL	55	clonidine PTWK	34	colchicine CAPS	69
clindamycin phosphate-tretinoin ..	55	clonidine TB24	34	colchicine TABS	69
clobazam SUSP	18	clopidogrel bisulfate 300 MG	69	colchicine w/ probenecid	68
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		CLOZARIL TABS 100 MG (clozapine)	42	COMPACT SPACE CHAMBER/MED MASK DEVI	76
		CLOZARIL TABS 200 MG (clozapine)	42	COMPACT SPACE CHAMBER/SM MASK DEVI	76
		CLOZARIL TABS 25 MG, 50 MG (clozapine)	42		
		coal tar extract SHAM 0.5 %	63		

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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 MCG88	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 MG89	MG-22 MCG-10 MCG-52 MCG-72 MG-2 MG90
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EQ ONE DAILY WOMENS 50+ TABS	92	EQL CENTURY WOMENS TABS	92	EQUETRO	39
EQ ONE DAILY WOMENS HEALTH TABS	92	EQL GUMMIES CHILDRENS CHEW	119	ergocalciferol CAPS	138
EQ SPACE CHAMBER ANTI-STATIC DEVI	77	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	93	ergocalciferol SOLN PO 200 MCG/ML	138
EQ SPACE CHAMBER ANTI-STATIC L DEVI	77			ergotamine w/ caffeine TABS	78
EQ SPACE CHAMBER ANTI-STATIC M DEVI	77	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		ERTACZO	56
EQ SPACE CHAMBER ANTI-STATIC S DEVI	77			ERVEBO	135
EQ VISION FORMULA 50+ CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	92			ERYPED 200 SUSR (erythromycin ethylsuccinate)	72
EQL CENTURY MATURE ADULTS 50+ TABS	92			ERYPED 400 SUSR (erythromycin ethylsuccinate)	72
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	92			erythromycin (acne aid) GEL	55
EQL CENTURY MATURE TABS 90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20				erythromycin (acne aid) PADS	55
				erythromycin (acne aid) SOLN	55

erythromycin (ophth)	124	10 MG-100 MG-15 MG-2 MG-250	ethosuximide CAPS	21
erythromycin base CPEP	72	MCG-60 UNIT-2 MG-10 MCG-75	ethosuximide SOLN	21
erythromycin base TABS	72	MCG-150 MCG-70 MCG-100 MCG		
erythromycin base TBEC	72	93	ethynodiol diacet & eth estrad 35	
erythromycin ethylsuccinate SUSR		ESSENTIAL BALANCE TABS 120	MCG-1 MG	51
72		MG-2 MG-30 MCG-400 MCG-400	ethynodiol diacet & eth estrad 50	
erythromycin ethylsuccinate TABS 72		UNIT-6 MCG-1.7 MG-250 MCG-3000	MCG-1 MG	51
		UNIT-10 MG-9 MG-1.5 MG-15 MG-2	etodolac CAPS	6
erythromycin stearate TABS 250 MG		MG-150 MCG-20 MG-100 MG-40	etodolac TABS	6
72		MG-2 MG-100 MG-25 MCG-150	etodolac TB24	6
ERZOFRI 117 MG/0.75ML	40	MCG-50 UNIT-77 MG-5 MCG-10	etonogestrel-ethinyl estradiol	52
ERZOFRI 156 MG/ML	40	MCG-2 MG-120 MCG-25 MCG-25	etravirine 100 MG	45
ERZOFRI 234 MG/1.5ML	40	MCG-10 MCG-36 MG	etravirine 200 MG	45
ERZOFRI 351 MG/2.25ML	40	93	EUCERIN LOTN	61
ERZOFRI 39 MG/0.25ML	40	ESSENTIAL ONE DAILY MULTIVIT	EUCERIN ORIGINAL HEALING	
ERZOFRI 78 MG/0.5ML	40	TABS 60 MG-2 MG-400 MCG-400	LOTN	61
ESCITALOPRAM OXALATE CAPS		UNIT-6 MCG-1.7 MG-20 MG-3000	EUCERIN PLUS LOTN	61
PO 15 MG	23	UNIT-10 MG-1.5 MG-45 MG-30 UNIT	EUCERIN PROFESSIONAL REPAIR	
escitalopram oxalate SOLN	23		LOTN	61
escitalopram oxalate TABS 10 MG		82	EUCRISA	63
23		estazolam	EVEKEO TABS (amphetamine	
escitalopram oxalate TABS 20 MG		70	sulfate)	1
23		estradiol & norethindrone acetate	everolimus (immunosuppressant) .	80
escitalopram oxalate TABS 5 MG .	23	TABS	EVEXITHROID TABS 15 MG, 30	
eslicarbazepine acetate 200 MG, 400		66	MG, 60 MG, 90 MG, 120 MG, 180	
MG, 600 MG, 800 MG	19	estradiol PTTW 0.025 MG/24HR,	MG	132
esomeprazole magnesium CPDR 20		0.05 MG/24HR, 0.075 MG/24HR, 0.1	EVISTA (raloxifene hcl)	65
MG	133	MG/24HR	EVOTAZ	45
esomeprazole magnesium CPDR 40		66	EXELON 13.3 MG/24HR	
MG	133	estradiol PTTW 0.0375 MG/24HR .	(rivastigmine)	129
esomeprazole magnesium PACK 133		66	EXELON 4.6 MG/24HR, 9.5	
ESSENTIA TABS 100 MG-6 MG-30		estradiol PTWK	MG/24HR (rivastigmine)	129
MCG-400 MCG-2000 UNIT-25 MCG-		66	exemestane	38
3000 UNIT-10 MG-100 MCG-100		estradiol TABS	exenatide SOPN 10 MCG/0.04ML .	26
MG-25 MG-10 MG-18 MG-100 MG-		137		
		ESTROFACTORS TABS		
		117		
		estrogens, conjugated TABS 0.3 MG,		
		0.45 MG, 0.625 MG, 0.9 MG, 1.25		
		MG		
		66		
		ESTROVEN MENOPAUSE		
		SUPPLEMENT TABS		
		93		
		eszopiclone		
		70		
		ethambutol hcl TABS		
		37		

exenatide SOPN 5 MCG/0.02ML ..26	FARXIGA TABS PO (dapagliflozin) 29	FERRETT'S TABS 70
EXFORGE (amlodipine besylate-valsartan)35	FASENRA PEN SOAJ13	ferrous fumarate TABS 70
EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)35	FASENRA SOSY 14	ferrous gluconate TABS 324 MG ..70
EXTENCILLINE SUSR 128	febuxostat 69	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML 70
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG 24	felbamate SUSP 20	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML 70
EXXUA TITRATION PACK TB24 PO 18.2 MG24	felbamate TABS20	ferrous sulfate TABS70
EYE HEALTH + LUTEIN TABS93	FELBATOL TABS (felbamate)20	ferrous sulfate TBEC70
EYE HEALTH AREDS 2 CAPS93	felodipine49	fesoterodine fumarate134
EYE HEALTH CAPS93	fenofibrate CAPS32	FETZIMA CP2424
EYE MULTIVITAMIN/SODIUM TABS93	fenofibrate micronized 134 MG, 200 MG 32	FETZIMA TITRATION C4PK 24
EYE VITAMINS CAPS 60 MG-6 MG-15 MG-2 MG-30 UNIT-22 MG 93	fenofibrate micronized 43 MG, 130 MG 32	FEVERALL JUNIOR STRENGTH SUPP8
EYE-VITES TABS 60 MG-40 MG-2 MG-5000 UNIT-30 UNIT-40 MCG .93	fenofibrate micronized 67 MG 32	fexofenadine hcl TABS 180 MG ...31
EYLEA SOSY124	fenofibrate TABS 160 MG 32	fexofenadine hcl TABS 60 MG31
EYSUVIS SUSP 125	fenofibrate TABS 40 MG, 120 MG .32	FIASP FLEXTOUCH SOPN 27
EZALLOR SPRINKLE CPSP33	fenofibrate TABS 48 MG, 145 MG .32	FIASP PENFILL SOCT 27
ezetimibe33	fenofibrate TABS 54 MG32	FIASP SOLN27
ezetimibe-simvastatin32	fenofibric acid32	FIBRICOR (fenofibric acid)32
famciclovir47	fenoprofen calcium CAPS6	fidaxomicin TABS 200 MG73
famotidine SUSR 133	fenoprofen calcium TABS6	FIFTY50 SUPERIOR COMFORT SYR74
famotidine TABS 10 MG133	FENOPRON CAPS6	FINACEA FOAM63
famotidine TABS 20 MG, 40 MG .133	FENSOLVI (6 MONTH) SC65	finasteride 68
FANAPT40	fentanyl citrate LPOP 200 MCG, 1200 MCG8	FINAZOL TABS93
FANAPT TITRATION PACK A40	fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG8	finingolimod hcl 130
FANAPT TITRATION PACK B40	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR8	FINTEPLA19
FANAPT TITRATION PACK C40	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR8	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) . 10

FIRST-OMEPRAZOLE SUSP133	SUPPORT CHEW120	fluorouracil (topical) CREA 0.5 % ..57
FIRVANQ SOLR PO (vancomycin hcl) 36	FLORRAVITE TABS94	fluorouracil (topical) CREA 5 %57
FITNESS TABS FOR MEN AM/PM TABS94	FLORRAXYL TABS94	fluorouracil (topical) SOLN57
FITNESS TABS FOR WOMEN AM/PM TABS94	FLUAD 135	fluoxetine hcl (pmdd) TABS 10 MG 131
FLAREX125	FLUARIX SUSY 136	fluoxetine hcl (pmdd) TABS 20 MG 131
flavoxate hcl134	FLUBLOK SOSY 136	fluoxetine hcl CAPS 10 MG, 20 MG 23
flecainide acetate13	FLUCELVAX SUSP 136	fluoxetine hcl CAPS 40 MG23
FLEQSUVY SUSP (baclofen) 122	fluconazole SUSR31	fluoxetine hcl CPDR 23
FLEXICHAMBER ADULT MASK/SMALL77	fluconazole TABS 100 MG, 200 MG . 31	fluoxetine hcl SOLN23
FLEXICHAMBER CHILD MASK/LARGE77	fluconazole TABS 150 MG31	FLUOXETINE HCL TABS (fluoxetine hcl) 23
FLEXICHAMBER CHILD MASK/SMALL77	fluconazole TABS 50 MG31	fluoxetine hcl TABS 10 MG23
FLEXICHAMBER DEVI77	flucytosine31	fluoxetine hcl TABS 20 MG23
FLINTSTONES + EXTRA IRON CHEW119	fludrocortisone acetate TABS53	fluoxetine hcl TABS 60 MG23
FLINTSTONES COMPLETE CHEW . 119	FLULAVAL SUSY 136	fluphenazine decanoate43
FLINTSTONES GUMMIES BONE BUILD CHEW119	FLUMIST136	fluphenazine hcl TABS43
FLINTSTONES GUMMIES CHEW 119	flunisolide (nasal) 123	flurandrenolide CREA60
FLINTSTONES GUMMIES COMPLETE CHEW 119	fluocinolone acetonide (otic)127	flurandrenolide LOTN60
FLINTSTONES GUMMIES-IMMUNITY CHEW119	fluocinolone acetonide CREA60	flurazepam hcl70
FLINTSTONES SOUR GUMMIES CHEW119	fluocinolone acetonide OIL 60	flurbiprofen sodium126
FLINTSTONES TODDLER CHEW 120	fluocinolone acetonide OINT60	flurbiprofen TABS 100 MG6
FLINTSTONES-IMMUNITY	fluocinolone acetonide SOLN60	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT 15
	fluocinonide CREA 0.05 %60	fluticasone furoate-vilanterol 16
	fluocinonide CREA 0.1 %60	fluticasone propionate (inhalation) AEPB15
	fluocinonide emulsified base60	fluticasone propionate (nasal) SUSP . 123
	fluocinonide GEL60	fluticasone propionate CREA 0.05 %
	fluocinonide OINT60	
	fluocinonide SOLN60	
	fluorometholone (ophth) SUSP ...125	

60	FOLAGENT DHA CAPS94	FREEDAVITE TABS94
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT15	FOLAMAX TABS94	FREESTYLE LIBRE 14 DAY SENSOR 73
fluticasone propionate hfa 44 MCG/ACT15	FOLAMED DHA CAPS 94	FREESTYLE LIBRE 2 PLUS SENSOR 73
fluticasone propionate LOTN 60	FOLAPRIME TABS94	FREESTYLE LIBRE 2 READER ..73
fluticasone propionate OINT60	FOLASYNC DHA CAPS94	FREESTYLE LIBRE 2 SENSOR ..73
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT16	FOLAWISE TABS117	FREESTYLE LIBRE 3 PLUS SENSOR 73
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT16	FOLCYTEINE TABS117	FREESTYLE LIBRE 3 READER ..73
fluticasone-salmeterol AERO 16	folic acid TABS 1 MG 69	FREESTYLE LIBRE 3 SENSOR ..73
fluvastatin sodium CAPS33	folic acid TABS 400 MCG, 800 MCG . 69	FROVA (frovatriptan succinate) ...78
fluvastatin sodium TB24 33	FOLIFLEX TABS94	frovatriptan succinate 78
fluvoxamine maleate CP2423	FOLITIN-Z TABS94	FT CENTURY 50+ TABS94
fluvoxamine maleate TABS 100 MG . 23	fondaparinux sodium17	FT CENTURY ADULTS TABS94
fluvoxamine maleate TABS 25 MG, 50 MG23	FORFIVO XL TB24 (bupropion hcl) 22	FT CENTURY MEN 50+ TABS94
FLUZONE HIGH-DOSE SUSY ...136	formoterol fumarate NEBU16	FT CENTURY MEN TABS94
FLUZONE SUSP 136	FORTEO SOPN (teriparatide)65	FT CENTURY WOMEN 50+ TABS 94
FLUZONE SUSY 136	FORZINITY SOLN SC 280 MG/3.5ML66	FT CENTURY WOMEN TABS94
FML FORTE SUSP125	FOSAMAX PLUS D65	FT CHILDRENS MULTI CHEW ..120
FML LIQUIFILM SUSP (fluorometholone (ophth)) 125	FOSAMAX TABS 70 MG (alendronate sodium)65	FT EYE HEALTH CAPS94
FOCALIN TABS (dexmethylphenidate hcl) 2	fosamprenavir calcium TABS45	FT EYE HEALTH TABS 94
FOCALIN XR CP24 (dexmethylphenidate hcl) 2	fosinopril sodium & hydrochlorothiazide35	FT HAIR SKIN & NAILS EXTRA STR TABS94
FOLACHEW CHEW117	fosinopril sodium 33	FT ONE DAILY MENS 50+ TABS .94
	FOSRENOL CHEW (lanthanum carbonate)68	FT ONE DAILY MENS TABS94
	FOSRENOL PACK68	FT ONE DAILY WOMENS 50+ TABS94
	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML17	FT ONE DAILY WOMENS TABS ..94
	FRAGMIN SOSY17	furosemide SOLN PO 8 MG/ML, 10 MG/ML 64

furosemide TABS	64	gatifloxacin (ophth)	124	glipizide TABS	29
FUZEON SOLR	45	gemfibrozil TABS	32	glipizide TB24	29
FYCOMPA SUSP 0.5 MG/ML (perampanel)	18	GEMTESA	134	glipizide-metformin hcl	25
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (perampanel)	18	GENOTROPIN CART SC	65	GLOPERBA SOLN PO	69
gabapentin (once-daily) TABS ...	131	GENOTROPIN MINQUICK PRSY	65	GLP-DLAX TABS	121
gabapentin CAPS 300 MG, 400 MG . 19		gentamicin sulfate (ophth) SOLN	124	GLUCAGON EMERGENCY	26
gabapentin CAPS	19	gentamicin sulfate (topical) CREA	56	glucagon SOLR IJ 1 MG	26
gabapentin SOLN	19	gentamicin sulfate (topical) OINT	56	GLUCOPRO INSULIN SYRINGE	74
gabapentin TABS 600 MG	19	GENVOYA	45	GLUCOTROL XL TB24 10 MG (glipizide)	29
gabapentin TABS 800 MG	19	GEODON (ziprasidone hcl)	39	glutamine (sickle cell)	69
GABARONE TABS 100 MG, 400 MG	19	GEODON 80 MG (ziprasidone hcl) 39		glyburide micronized 1.5 MG, 3 MG, 6 MG	29
GALAFOLD	66	GERI-FREEDA SENIOR FORMULA TABS	94	glyburide TABS	29
galantamine hydrobromide CP24	129	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	94	glyburide-metformin	25
galantamine hydrobromide SOLN 129		GILENYA (fingolimod hcl)	130	glycerin (laxative) SUPP 2 GM	71
galantamine hydrobromide TABS	129	GILENYA 0.25 MG	130	glycopyrrolate TABS 1 MG, 2 MG 132	
GAMMAGARD	127	GIMOTI SOLN NA	67	GLYXAMBI	25
GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML	127	GIVLAARI	69	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	94
GAMMAGARD S/D LESS IGA SOLR	127	glatiramer acetate SOSY 20 MG/ML . 130		GNP CENTURY ADULT TABS	94
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	127	glatiramer acetate SOSY 40 MG/ML . 130		GNP CENTURY ADULTS MEN TABS	94
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	127	glimepiride 1 MG, 2 MG	29	GNP CENTURY ADULTS WOMEN TABS	94
GARDASIL 9 SUSP 0.5 ML	136	glimepiride 3 MG	29	GNP CENTURY MATURE ADULTS 50+ TABS	94
GARDASIL 9 SUSY 0.5 ML	136	glimepiride 4 MG	29		

GNP CENTURY MATURE MEN'S 50+ TABS	31GX5/16"75	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	96
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	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	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
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	117	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	82
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	95	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	96
GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	95	GNP THERAPEUTIC-M TABS	96
GNP HEALTHY EYES TABS 200 MG-2 MG-27 MG-2 MG-40 MG-185 MG-55 MCG-300 MCG, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	95	GNP ULTRA COM INSULIN SYRINGE	75
GNP INSULIN SYRINGE	74	GOCOVRI CP24 68.5 MG	39
GNP INSULIN SYRINGES	75	GOCOVRI CP24	39
GNP INSULIN SYRINGES 28GX1/2"	75	GOLD BOND ULTIMATE SOFTENING LOTN	61
GNP INSULIN SYRINGES 29GX1/2"	75	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...	71
GNP INSULIN SYRINGES 30GX5/16"	75	GORDONS UREA CREA 40 % ...	61
GNP INSULIN SYRINGES		GRALISE TABS (gabapentin (once- daily))	131

granisetron hcl TABS	30	HAIR SKIN AND NAILS FORMULA	HAVRIX IM 720 EL U/0.5ML, 1440
GRANISOL SOLN PO	30	TABS 30 MG-2.5 MG-2500 MCG-100	EL U/ML
GRASTEK SUBL	3	MCG-5 MG-2.5 MG-500 UNIT-4	136
griseofulvin microsize SUSP	31	MCG-2500 UNIT-2.5 MG-5 MG-15	HEAD CARE PROACTIVE HEALTH
griseofulvin microsize TABS	31	MG-12.5 MG-7.5 MG-5 MG-4 MG-	TABS
griseofulvin ultramicrosize	31	130 MG-3.75 MG-1 MG-25 MG-7.5	96
GRISEOFULVIN ULTRAMICROSIZE		UNIT-64 MG-15 MG-5 MG-50 MG-	HEALTHWISE INSULIN
165 MG	31	1.5 MG-25 MG	SYR/NEEDLE
GROWING BONES & MUSCLES		96	75
KIDS CHEW	120	HAIR SKIN NAILS CAPS 30 MG-	HEALTHY EYES SUPERVISION 2
guaifenesin TB12 1200 MG	54	1.667 MG-1666.667 MCG-10 UNIT-	CAPS
guaifenesin TB12 600 MG	54	133.333 MCG-666.667 UNIT-2.667	96
guaifenesin-codeine SOLN	53	MCG-1666.667 UNIT-1.667 MG-	HEALTHY EYES TABS 200 MG-2
guanfacine hcl (adhd)	2	8.333 MG-5 MG-3.333 MG-1.667	MG-40 MG-2 MG-1000 UNIT-60
guanfacine hcl	34	MG-2.5 MG-10 MG-0.333 MG-10	UNIT-55 MCG
GUMMI BEAR MULTIVITAMIN/MIN		MG-1 MG-20 MG-8.333 MG-4.167	96
CHEW	120	MCG	HEALTHY EYES/LUTEIN-
GVOKE HYPOPEN 1-PACK SOAJ		96	ZEAXANTHIN CAPS 60 MG-13.5
26		HAIR/SKIN/NAILS CAPS	MG-6 MG-15 MG
GVOKE HYPOPEN 2-PACK SOAJ		96	HEALTHY HAIR/SKIN/NAILS TABS
26		HAIR/SKIN/NAILS TABS	2 MG-2000 MCG-400 MCG-25 MG-
GVOKE KIT SOLN	26	60	100 MG-25 MCG-1.7 MG-10 MG-40
GVOKE PFS SOSY 1 MG/0.2ML ..	26	60	MG-1.5 MG-50 MG-2500 UNIT-50
GYNAZOLE-1	137	60	MG-50 MG
HADLIMA PUSHTOUCH SOAJ	4	70	117
HADLIMA SOSY	4	60	HEART TABS TABS
HAEGARDA SOLR SC	69	60	121
HAIR NOURISHING SUPPLEMENT		60	HEMADY TABS
TABS	121	60	52
HAIR SKIN & NAILS ADVANCED		60	HEMANGEOL SOLN PO
TABS	96	60	48
HAIR SKIN & NAILS TABS	96	60	heparin sodium (porcine) SOLN IJ
		41	1000 UNIT/ML, 5000 UNIT/0.5ML,
		41	5000 UNIT/ML, 10000 UNIT/ML,
		41	20000 UNIT/ML
		47	17
		47	HEPARIN SODIUM (PORCINE)
		47	SOSY IJ
		47	17
		47	HEPLISAV-B SOSY
		47	136
		47	HETLIOZ CAPS (tasimelteon)
		47	71
		47	HETLIOZ LQ SUSP
		47	71
		47	HIBERIX SOLR IJ
		47	134
		47	HIGH POTENCY MULTIVIT/FA
		47	TABS
		47	96
		47	HIGH POTENCY MULTIVITAMIN
		47	TABS
		47	117

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 ... 97	HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML5 HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML5 HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML5	325 MG/15ML-10 MG/15ML10 hydrocodone-acetaminophen SOLN . 10 hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG10
HM COMPLETE MEN TABS 97	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML5	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG10
HM ULTICARE INSULIN SYRINGE . 75	HUMIRA-PSORIASIS/UVEIT STARTER AJKT5	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG11
HOMATROPAIRE 5 % 124	HUMULIN 70/30 KWIKPEN SUPN 27	hydrocodone-acetaminophen TABS 325 MG-2.5 MG11
HORIZANT131	HUMULIN 70/30 SUSP27	hydrocodone-acetaminophen TABS 325 MG-2.5 MG11
HULIO (2 PEN) AJKT4	HUMULIN N KWIKPEN SUPN 27	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG 11
HULIO (2 SYRINGE) PSKT4	HUMULIN N SUSP 27	hydrocortisone (intrarectal)12
HUMALOG JUNIOR KWIKPEN SOPN 27	HUMULIN R U-500 (CONCENTRATED) SOLN SC27	hydrocortisone (rectal) EX 1 % 12
HUMALOG KWIKPEN SOPN 100 UNIT/ML 27	HUMULIN R U-500 KWIKPEN SOPN SC27	hydrocortisone (rectal) EX 2.5 % .. 12
HUMALOG KWIKPEN SOPN 200 UNIT/ML 27	hydralazine hcl TABS36	hydrocortisone (topical) CREA 0.5 % 60
HUMALOG MIX 50/50 KWIKPEN SUPN 27	HYDRAVEX GEL 2 % 60	hydrocortisone (topical) CREA 1 % 60
HUMALOG MIX 75/25 KWIKPEN SUPN 27	HYDRAZONE LOTION LOTN61	hydrocortisone (topical) CREA 2.5 % 60
HUMALOG MIX 75/25 SUSP27	hydrochlorothiazide CAPS64	hydrocortisone (topical) LOTN 2.5 % . 60
HUMALOG SOCT 27	hydrochlorothiazide TABS 25 MG, 50 MG 64	hydrocortisone (topical) OINT 1 % .60
HUMALOG SOLN IJ27	hydrocodone bitartrate CP128	hydrocortisone (topical) OINT 2.5 % . 60
HUMALOG TEMPO PEN SOPN .. 27	hydrocodone bitartrate T24A8	hydrocortisone (topical) SOLN 2.5 % 60
HUMATROPE CART IJ65	hydrocodone bitartrate-homatropine methylbromide SOLN53	hydrocortisone butyrate CREA 60
HUMIRA (2 PEN) AJKT 40 MG/0.4ML4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML10	hydrocortisone butyrate LOTN60
HUMIRA (2 PEN) AJKT 40 MG/0.8ML4	hydrocodone-acetaminophen SOLN	
HUMIRA (2 PEN) AJKT 80 MG/0.8ML4		

hydrocortisone butyrate OINT 60	hyoscyamine sulfate TBDP 0.125 MG133	MG-14320 UNIT-200 MG97
hydrocortisone butyrate SOLN60		ICAPS LUTEIN & OMEGA-3 CAPS
HYDROCORTISONE GEL 2 %60	HYPERRHO SOSY IM 1500 UNIT 127	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 97
hydrocortisone TABS 52	HYRIMOZ SOAJ 5	
hydrocortisone valerate CREA 60	HYRIMOZ SOSY5	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 97
hydrocortisone valerate OINT 60	HYRIMOZ-CROHNS/UC STARTER SOAJ 5	
hydrocortisone w/acetic acid127	HYRIMOZ-PED<40KG CROHN STARTER SOSY5	
hydromorphone hcl LIQD 8	HYRIMOZ-PED>=40KG CROHN START SOSY 5	icatibant acetate SOSY69
HYDROMORPHONE HCL SUPP ..8		ICLUSIG38
hydromorphone hcl TABS 2 MG9	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ5	icosapent ethyl 32
hydromorphone hcl TABS 4 MG9		ICOTYDE TABS PO 200 MG57
hydromorphone hcl TABS 8 MG9	HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG9	IDVYNZO TABS PO45
hydromorphone hcl TB24 9	HYZAAR (losartan potassium & hydrochlorothiazide) 35	IGALMI FILM70
hydroxychloroquine sulfate 100 MG, 200 MG37	ibandronate sodium TABS65	ILEVRO 126
HYDROXYM GEL60	IBRANCE CAPS 100 MG, 125 MG 38	imipramine hcl TABS 24
hydroxyurea 38	IBRANCE TABS 38	imiquimod 3.75 %62
HYDROXYUREA51	IBSRELA 68	imiquimod 5 % 62
hydroxyzine hcl SYRP 13	ibuprofen CHEW 6	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML78
hydroxyzine hcl TABS 13	ibuprofen SUSP 100 MG/5ML, 200 MG/10ML6	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML78
hydroxyzine pamoate CAPS13	ibuprofen SUSP 50 MG/1.25ML 6	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML78
HYFTOR62	ibuprofen TABS 200 MG6	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate) 78
HYLAZINC TABS97	ibuprofen TABS 300 MG6	IMITREX TABS (sumatriptan succinate) 78
hyoscyamine sulfate ELIX132	ibuprofen TABS 400 MG, 600 MG, 800 MG6	IMMUNE 24 HOUR+ CAPS 97
hyoscyamine sulfate SOLN PO 0.125 MG/ML132	ibuprofen-famotidine6	
hyoscyamine sulfate SUBL 0.125 MG132	ICAPS AREDS FORMULA TABS . 97	
hyoscyamine sulfate TABS 0.125 MG132	ICAPS CAPS 226 MG-34.8 MG-0.8	
hyoscyamine sulfate TB12 0.375 MG 132		

IMMUNE ESSENTIALS DAILY CAPS	77	INVEGA SUSTENNA 117	
.....97	INSULIN ASPART FLEXPEN SOPN	MG/0.75ML	40
IMOVAX RABIES SUSR	27	INVEGA SUSTENNA 156 MG/ML	40
IMULDOSA SOSY SC 45 MG/0.5ML	INSULIN ASPART SOLN IJ	INVEGA SUSTENNA 234 MG/1.5ML	40
57	INSULIN DEGLUDEC FLEXTOUCH	INVEGA SUSTENNA 39 MG/0.25ML	40
IMULDOSA SOSY SC 90 MG/ML	SOPN 100 UNIT/ML	INVEGA SUSTENNA 78 MG/0.5ML	40
IMURAN TABS (azathioprine)	INSULIN DEGLUDEC FLEXTOUCH	INVEGA TRINZA 273 MG/0.88ML	41
.....80	SOPN 200 UNIT/ML	INVEGA TRINZA 410 MG/1.32ML	41
INATAL GT TABS 120 MG-20 MG-30	INSULIN DEGLUDEC SOLN	INVEGA TRINZA 546 MG/1.75ML	41
MCG-1 MG-400 UNIT-12 MCG-3.4	INSULIN GLARGINE MAX	INVEGA TRINZA 819 MG/2.63ML	41
MG-20 MG-6 MG-200 MG-3 MG-50	SOLOSTAR SOPN	INVELTYS SUSP	125
MG-30 MG-15 MG-2 MG-90 MG-10	INSULIN GLARGINE SOLOSTAR	INVOKAMET TABS	25
UNIT-2700 UNIT	SOPN 300 UNIT/ML	INVOKAMET XR TB24	25
INBRIJA CAPS	INSULIN GLARGINE-YFGN SOLN	INVOKANA	29
.....39	28	IOPIDINE	124
INCRELEX	INSULIN GLARGINE-YFGN SOPN	IPOLE IJ	136
.....65	28	ipratropium bromide (nasal) 0.03 %	123
INCRUSE ELLIPTA	INSULIN LISPRO (1 UNIT DIAL)	ipratropium bromide (nasal) 0.06 %	123
.....14	SOPN	ipratropium bromide hfa 17	14
indapamide TABS 1.25 MG, 2.5 MG	INSULIN LISPRO JUNIOR	MCG/ACT	14
64	KWIKPEN SOPN	ipratropium bromide SOLN 0.02 %	14
INDERAL LA CP24 (propranolol hcl)	INSULIN LISPRO PROT & LISPRO	ipratropium-albuterol SOLN	16
.....48	SUPN	irbesartan	34
INDERAL XL	INSULIN LISPRO SOLN IJ	irbesartan-hydrochlorothiazide	35
.....48	75	IRON CHEWS PEDIATRIC CHEW	70
indomethacin CAPS 25 MG, 50 MG	INSULIN SYRINGE-NEEDLE U-100	IRON TABS 28 MG	70
6	75	ISENTRESS CHEW 100 MG	45
indomethacin CPR	INTELENCE (etravirine)		
.....6	45		
indomethacin SUPP	INTELENCE		
.....6	45		
indomethacin SUSP	INTELENCE 200 MG (etravirine)		
.....6	45		
INFLECTRA SOLR	INTUNIV (guanfacine hcl (adhd))		
.....67	2		
INGREZZA CAPS	INVEGA 3 MG, 6 MG, 9 MG		
.....129	(paliperidone)		
INGREZZA CPPK	INVEGA HAFYERA		
.....129	40		
INGREZZA CPSP			
.....129			
INNOPRAN XL			
.....48			
INPEFA			
.....50			
INREBIC			
.....38			
INSPIREASE MISC			
.....77			
INSPIREASE RESERVOIR BAGS			

ISENTRESS CHEW 25 MG 45	JENTADUETO XR TB24 25	KERI ORIGINAL LOTN 61
ISENTRESS HD TABS 45	JOINT HEALTH & BONE STRENGTH TABS 97	KERI OVERNIGHT LOTN 61
ISENTRESS PACK 45	JORNAY PM CP24 2	KERI RENEWAL MILK BODY LOTN . 62
ISENTRESS TABS 45	JOURNAVX 8	KERI RENEWAL SKIN FIRMING LOTN 62
isoniazid SYRP 37	JULUCA 45	KERI RENEWAL STRETCH MARK LOTN 62
isoniazid TABS 37	JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW 120	KERI SENSITIVE SKIN LOTN 62
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG 13	JYLAMVO SOLN PO 37	KESIMPTA 130
isosorbide mononitrate TABS 13	JYNNEOS 136	ketoconazole (topical) CREA 56
isosorbide mononitrate TB24 13	KALETRA SOLN 45	ketoconazole (topical) FOAM 56
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG 55	KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir) 45	ketoconazole (topical) SHAM 2 % .56
isradipine CAPS 49	KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir) 45	ketoconazole 31
ISTALOL SOLN (timolol maleate (ophth)) 123	KANJINTI 38	KETONE TEST STRP 64
ITCH RELIEF CREA 57	KAPSPARGO SPRINKLE CS24 .. 48	ketoprofen CAPS 6
itraconazole CAPS 31	KATERZIA 49	ketoprofen CP24 6
itraconazole SOLN 31	KENALOG AERS (triamcinolone acetonide (topical)) 60	ketorolac tromethamine (ophth) 0.4 % 126
ivermectin (rosacea) 63	KEPPRA SOLN PO 100 MG/ML (levetiracetam) 19	ketorolac tromethamine (ophth) 0.5 % 126
I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG .97	KEPPRA TABS 1000 MG (levetiracetam) 19	ketorolac tromethamine TABS 6
IXIARO 136	KEPPRA TABS 250 MG, 750 MG (levetiracetam) 19	KETOSTIX STRP 64
IYUZEH SOLN 126	KEPPRA TABS 500 MG (levetiracetam) 19	ketotifen fumarate (ophth) 0.035 % 126
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin phosphate-metformin hcl) 25	KEPPRA XR TB24 (levetiracetam) 19	KEVZARA SOAJ 5
JANUMET XR TB24 25	KERI ADVANCED MOISTURE THERAPY LOTN 61	KEVZARA SOSY 5
JANUVIA 25 MG, 50 MG, 100 MG (sitagliptin phosphate) 26	KERI BASIC ESSENTIALS LOTN .61	KEY-E CHEW 138
JARDIANCE 29	KERI NOURISHING SHEA BUTTER LOTN 61	KEYFOLIC TABS 97
JAVADIN SOLN PO 0.02 MG/ML . 34		KEYLOSA TABS 97
JENTADUETO TABS 25		KHINDIVI SOLN PO 1 MG/ML 52
		KINERET SOSY 5

KINRAY INSULIN SYRINGE	75	TABS 120 MG-6 MG-30 MCG-400	KP WOMENS DAILY FORMULA
KIRSTY SOLN IJ 100 UNIT/ML ...	28	MCG-700 UNIT-25 MCG-3.4 MG-20	TABS 60 MG-2 MG-30 MCG-400
KIRSTY SOPN SC 100 UNIT/ML ..	28	MCG-20 MG-3500 UNIT-15 MG-120	MCG-1000 UNIT-6 MCG-1.7 MG-25
KITABIS PAK (W/ NEBULIZER)		MG-370 MCG-4.5 MG-110 MG-24	MCG-10 MG-2500 UNIT-5 MG-18
NEBU 300 MG/5ML (tobramycin) ...	3	MG-90 MCG-150 MCG-30 UNIT-2.2	MG-1.5 MG-50 MG-15 MG-500 MG-
KLOXXADO LIQD	29	MG-4.2 MG-180 MCG-117 MCG, 60	22.5 UNIT-2 MG-2 MG-120 MCG-20
KONVOMEK SUSR	134	MG-6 MG-30 MCG-400 MCG-700	MCG, 60 MG-2 MG-30 MCG-400
KP ADULTS 50+ DAILY FORMULA		UNIT-25 MCG-3.4 MG-20 MCG-20	MCG-1000 UNIT-6 MCG-1.7 MG-25
TABS 60 MG-3 MG-30 MCG-400		MG-2500 UNIT-15 MG-300 MG-4.5	MCG-10 MG-2500 UNIT-5 MG-18
MCG-500 UNIT-25 MCG-1.7 MG-30		MG-100 MG-22.5 MG-120 MG-90	MG-500 MG-1.6 MG-50 MG-15 MG-
MCG-20 MG-250 MCG-2500 UNIT-		MCG-150 MCG-22.5 UNIT-2 MG-4	22.5 UNIT-2 MG-2 MG-120 MCG-20
10 MG-300 MCG-1.5 MG-50 MG-11		MG-180 MCG-110 MCG-120 MG .	MCG
MG-80 MG-150 MCG-220 MG-45			98
MCG-150 MCG-50 UNIT-20 MG-0.5		KP MENS DAILY FORMULA TABS	K-PAX IMMUNE PROFESSIONAL
MG-5 MCG-2.3 MG-55 MCG-10		60 MG-3 MG-30 MCG-400 MCG-700	ST TABS
MCG-45 MCG-72 MG-2 MG, 60 MG-		UNIT-18 MCG-1.7 MG-20 MCG-16	98
3 MG-30 MCG-400 MCG-500 UNIT-		MG-3500 UNIT-5 MG-300 MCG-1.2	KPN PRENATAL TABS
25 MCG-1.7 MG-30 MCG-20 MG-		MG-120 MG-15 MG-2 MG-100 MG-	120
250 MCG-2500 UNIT-10 MG-300		210 MG-22.5 UNIT-2 MG-120 MCG-	KRINTAFEL
MCG-1.5 MG-50 MG-11 MG-80 MG-		110 MCG, 60 MG-3 MG-75 MCG-400	37
150 MCG-220 MG-45 MCG-150		MCG-700 UNIT-18 MCG-1.7 MG-20	labetalol hcl TABS 100 MG
MCG-50 UNIT-20 MG-0.5 MG-5		MCG-18 MG-3500 UNIT-16 MG-210	48
MCG-2.3 MG-55 MCG-10 MCG-45		MG-300 MCG-1.35 MG-140 MG-15	labetalol hcl TABS 200 MG
MG-72 MG-2 MG	97	MG-2 MG-22.5 UNIT-2 MG-120	48
KP ADULTS DAILY FORMULA		MCG-110 MCG	48
TABS 60 MG-2 MG-30 MCG-400			labetalol hcl TABS 400 MG
MCG-400 UNIT-6 MCG-1.7 MG-25		KP VISION FORMULA TABS 60 MG-	48
MCG-20 MG-3500 UNIT-10 MG-18		40 MG-1000 UNIT-30 UNIT-2 MG-40	lacosamide SOLN PO 10 MG/ML, 50
MG-1.5 MG-50 MG-11 MG-80 MG-75		MCG	MG/5ML, 100 MG/10ML
MCG-200 MG-45 MCG-150 MCG-30		98	19
UNIT-20 MG-0.5 MG-5 MCG-10		KP VISION FORMULA/LUTEIN	lacosamide TABS
MCG-2.3 MG-55 MCG-10 MCG-35		TABS 200 MG-2 MG-40 MG-2 MG-	19
MCG-72 MG-2 MG, 60 MG-2 MG-30		1000 UNIT-60 UNIT-55 MCG	62
MCG-400 UNIT-1.7 MG-25 MCG-20		98	lactic acid (ammonium lactate) CREA
MG-3500 UNIT-10 MG-18 MG-1.5		KP WOMENS 50+ DAILY FORMULA	
MG-50 MG-11 MG-80 MG-200 MG-		TABS 120 MG-6 MG-30 MCG-400	62
45 MCG-150 MCG-30 UNIT-20 MG-		MCG-1000 UNIT-25 MCG-3.4 MG-20	lactic acid (ammonium lactate) LOTN
0.5 MG-5 MCG-10 MCG-2.3 MG-75		MCG-20 MG-3500 UNIT-10 MG-500	12 %
MCG-55 MCG-10 MCG-35 MG-72		MG-4.5 MG-50 MG-24 MG-2.2 MG-	62
MG-2 MG	97	90 MCG-150 MCG-30 UNIT-4.2 MG-	lactulose (encephalopathy)
KP MENS 50+ DAILY FORMULA		180 MCG-27 MCG, 60 MG-6 MG-30	68
		MCG-400 MCG-1000 UNIT-25 MCG-	lactulose PACK
		3.4 MG-20 MCG-20 MG-2500 UNIT-	72
		15 MG-4.5 MG-50 MG-22.5 MG-500	lactulose SOLN
		MG-90 MCG-150 MCG-22.5 UNIT-2	72
		MG-4 MG-180 MCG-20 MCG-120	LAMICTAL CHEW (lamotrigine) ...
		MG	19
		98	LAMICTAL ODT KIT (lamotrigine) .
			19
			LAMICTAL ODT TBDP (lamotrigine) .
			19
			LAMICTAL STARTER KIT 25 MG
			(lamotrigine)
			19

LAMICTAL TABS (lamotrigine)	19	letrozole	38	levorphanol tartrate TABS	9
LAMICTAL XR KIT	19	leucovorin calcium TABS	38	levothyroxine sodium TABS	132
LAMICTAL XR TB24 (lamotrigine) .	19	levalbuterol hcl	16	LEXAPRO TABS 10 MG (escitalopram oxalate)	23
lamivudine (hbv) TABS	47	levalbuterol tartrate	16	LEXAPRO TABS 20 MG (escitalopram oxalate)	23
lamivudine SOLN	45	levamlodipine maleate	49	LEXAPRO TABS 5 MG (escitalopram oxalate)	23
lamivudine TABS 150 MG	45	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	19	LEXETTE FOAM (halobetasol propionate)	60
lamivudine TABS 300 MG	45	levetiracetam TABS 1000 MG	19	LIALDA TBEC (mesalamine)	67
lamivudine-zidovudine	45	levetiracetam TABS 250 MG, 750 MG	19	lidocaine CREA 4 %	62
lamotrigine CHEW	19	levetiracetam TABS 500 MG	19	lidocaine hcl (mouth-throat) 2 % ...	81
lamotrigine KIT 25 MG	19	levetiracetam TB24	19	lidocaine hcl CREA 3 %, 4 %	62
lamotrigine TABS	19	levetiracetam TB3D 250 MG, 500 MG	20	lidocaine hcl GEL 2 %	62
lamotrigine TB24	19	levobunolol hcl 0.5 %	123	lidocaine-prilocaine CREA	62
lamotrigine TBDP	19	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	66	LIKMEZ SUSP	36
lanolin (topical) CREA	62	levocarnitine (metabolic modifiers) TABs	66	linezolid SUSR	37
LANOLIN XX	128	levocetirizine dihydrochloride SOLN 31	31	linezolid TABS	37
lansoprazole CPDR 15 MG	133	levocetirizine dihydrochloride TABS 31	31	LINZESS	68
lansoprazole CPDR 30 MG	133	levofloxacin (ophth) 0.5 %	124	liothyronine sodium TABS	132
lansoprazole TBDD	133	levofloxacin SOLN PO	66	LIPIDSHIELD PLUS TABS	121
lanthanum carbonate CHEW	68	levofloxacin TABS	66	LIPITOR TABS (atorvastatin calcium)	33
LANTUS SOLN	28	levonorgestrel & eth estradiol TABS 51	51	LIPOFEN CAPS (fenofibrate)	32
LANTUS SOLOSTAR SOPN	28	levonorgestrel (emergency oc) 1.5 MG	52	liraglutide	26
latanoprost SOLN	126	levonorgestrel-eth estradiol (triphasic)	51	lisdexamphetamine dimesylate CAPS 1	
LATUDA (lurasidone hcl)	40	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	51	lisdexamphetamine dimesylate CHEW . 1	
LEDIPASVIR-SOFOSBUVIR TABS 47				lisinopril & hydrochlorothiazide ...	35
leflunomide	7			lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	33
LENTOCILIN SUSR	128				
LEQSELVI TABS PO 8 MG	62				
LESCOL XL TB24 (fluvastatin sodium)	33				
LETAIRIS (ambrisentan)	50				

LITETOUCH INSULIN SYRINGE .75	lorazepam TABS 0.5 MG, 2 MG ...13	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)17
LITFULO62	lorazepam TABS 1 MG13	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)18
lithium39	losartan potassium & hydrochlorothiazide35	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)17
lithium carbonate CAPS39	losartan potassium34	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)18
lithium carbonate TABS39	LOTEMAX GEL (loteprednol etabonate)125	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...18
lithium carbonate TBCR39	LOTEMAX OINT125	loxapine succinate42
LIVALO (pitavastatin calcium)33	LOTEMAX SM GEL125	lubiprostone67
LIVER DETOX TABS98	LOTENSIN 10 MG, 20 MG (benazepril hcl)33	LUBRIDERM LOTN62
LOHIST-D LIQD53	LOTENSIN 40 MG (benazepril hcl) 33	LUMAVEX CAPS81
LOKELMA81	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 35	LUMIGAN SOLN 0.01 % (bimatoprost)126
loperamide hcl CAPS29	loteprednol etabonate GEL125	LUMIVANCE CAPS98
loperamide hcl TABS29	loteprednol etabonate SUSP125	LUNAVIRA CAPS81
LOPID TABS (gemfibrozil)32	loteprednol etabonate-tobramycin 125	lurasidone hcl40
lopinavir-ritonavir SOLN45	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 35	LURBIRO TABS 100 MG (flurbiprofen)6
lopinavir-ritonavir TABS 25 MG-100 MG45	LOTRONEX (alosetron hcl)68	LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG98
lopinavir-ritonavir TABS 50 MG-200 MG45	lovastatin TABS 10 MG, 20 MG ...33	LYBALVI129
LOPRESSOR SOLN PO 10 MG/ML . 48	lovastatin TABS 40 MG33	LYFGENIA69
LOPRESSOR TABS 100 MG (metoprolol tartrate)48	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)17	LYRICA CAPS (pregabalin)20
LOPRESSOR TABS 12.5 MG (metoprolol tartrate)48	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)18	LYRICA CR (pregabalin (once- daily))131
LOPRESSOR TABS 50 MG (metoprolol tartrate)48	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)17	LYRICA SOLN (pregabalin)20
loratadine & pseudoephedrine TB12 . 53	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)18	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
loratadine & pseudoephedrine TB24 . 53		
loratadine CHEW31		
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paroxetine hcl TABS 10 MG	23	penciclovir	58	PERTZYE CPEP	64
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paroxetine hcl TABS 30 MG, 40 MG . 23		penicillin v potassium SOLR	128	PHENAZOPYRIDINE HCL TABS 100 MG, 200 MG	68
paroxetine hcl TB24	23	penicillin v potassium TABS 500 MG . 128		phenelzine sulfate	22
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PARVA-CAL 200 UNIT-500 MG ...	79	PENMENVY SUSR IM	134	phenobarbital TABS	70
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propafenone hcl TABS	13	pseudoephedrine w/ dm-gg LIQD 100		MG-2 MG-30 MCG-400 MCG-400
propranolol hcl CP24	49	MG/5ML-30 MG/5ML-10 MG/5ML .54		UNIT-6 MCG-2500 UNIT-1.7 MG-25
propranolol hcl SOLN PO 20		pseudoephedrine-guaifenesin TB12		MCG-20 MG-10 MG-18 MG-1.5 MG-
MG/5ML, 40 MG/5ML	49	1200 MG-120 MG	54	100 MG-15 MG-150 MCG-80 MG-2
propranolol hcl TABS	49	pseudoephedrine-guaifenesin TB12		MG-162 MG-160 MCG-150 MCG-30
propylthiouracil	132	600 MG-60 MG	54	UNIT-109 MG-2 MG-5 MCG-10
PRORENAL + D TABS	109	psyllium POWD 28.3 %, 30 %, 58.6		MCG-3.5 MG-65 MCG-20 MCG-10
PRORENAL + D W/ OMEGA-3		%, 100 %	71	MCG-72 MG
CAPS	109	PULMICORT FLEXHALER AEPB .15		109
PROSCAR (finasteride)	68	PULMICORT SUSP 0.25 MG/2ML,		QC ESSENTIALS TABS 60 MG-2
PROSIGHT TABS 60 MG-40 MG-2		0.5 MG/2ML (budesonide		MG-400 MCG-400 UNIT-6 MCG-1.7
MG-30 MG-5000 UNIT-40 MCG .	109	(inhalation))	15	MG-20 MG-5000 UNIT-10 MG-1.5
PROTECT CARDIO AF CAPS ...	109	PULMICORT SUSP 1 MG/2ML		MG-30 UNIT
PROTECT PLUS SO CAPS	109	(budesonide (inhalation))	15	QC HAIR SKIN & NAILS TABS 50
PROTEGRA CAPS	109	PURE COMFORT SPACER		MG-50 MG-3.5 MG-6.5 MG-25 MCG-
PROTONIX PACK (pantoprazole		CHAMBER DEVI	78	25 UNIT-25 MCG-7.5 MG-7.2 MG-50
sodium)	133	PX INSULIN SYRINGE	75	UNIT-25 MCG-2500 UNIT-15 MG-5
PROTONIX TBEC 20 MG		pyrazinamide	37	MG-25 MG-10 MG-3.3 MG-10 MG-5
(pantoprazole sodium)	133	pyrethrins-piperonyl butoxide SHAM		MG-10 MG-20 MG-0.6 MG-150
PROTONIX TBEC 40 MG		4 %-0.33 %	63	MCG-54 MG-70 MG-897 MCG-0.6
(pantoprazole sodium)	133	pyrethrins-piperonyl butoxide-		MG
PROVIGIL (modafinil)	3	permethrin-nit remover 4 %-0.33 %-		QC MENS DAILY MULTIVITAMIN
PROVIT TABS	109	0.5 %	63	TABS 90 MG-3 MG-30 MCG-400
PROZAC CAPS 10 MG, 20 MG		pyridostigmine bromide TABS 60 MG		MCG-400 UNIT-18 MCG-1.7 MG-20
(fluoxetine hcl)	23		37	MCG-16 MG-3500 UNIT-5 MG-210
PROZAC CAPS 40 MG (fluoxetine		pyridostigmine bromide TBCR	37	MG-600 MCG-1.2 MG-120 MG-15
hcl)	23	pyridoxine hcl TABS 25 MG, 50 MG,		MG-2 MG-100 MG-45 UNIT-2 MG-
prucalopride succinate	66	100 MG	138	120 MCG-105 MCG
pseudoephed-bromphen-dm SYRP		PYZCHIVA 45 MG/0.5ML, 90 MG/ML		110
10 MG/5ML-30 MG/5ML-2 MG/5ML			57	QC MULTI-VITE 50 & OVER TABS
54		PYZCHIVA SC 45 MG/0.5ML	57	60 MG-3 MG-30 MCG-400 MCG-500
pseudoephedrine hcl TABS	123	QBRELIS SOLN	34	UNIT-25 MCG-1.7 MG-30 MCG-20
		QC CALCIUM 500MG-D3 TABS ..	80	MG-250 MCG-2500 UNIT-10 MG-
		QC DAILY		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
				110
				QC MULTI-VITE TABS
				110
				QC OCUHEALTH VISION
				SUPPORT 2 CAPS
				110
				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 110	MG-10 MG 35	REBIF REBIDOSE SOAJ 130
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 110	quinapril-hydrochlorothiazide 12.5 MG-20 MG 35	REBIF REBIDOSE TITRATION PACK SOAJ 130
QDOLO SOLN (tramadol hcl) 9	quinapril-hydrochlorothiazide 25 MG- 20 MG 35	REBIF SOSY 130
QELBREE 2	quinidine gluconate TBCR 13	REBIF TITRATION PACK SOSY 130
QNASL 123	quinidine sulfate TABS 13	REBLOZYL 70
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QUESTRAN LIGHT POWD (cholestyramine light) 32	QULIPTA 78	REGLAN TABS (metoclopramide hcl) 67
QUESTRAN PACK (cholestyramine) 32	QUVIVIQ 71	RELAFEN DS 6
QUESTRAN POWD (cholestyramine) 32	QVAR REDIHALER 40 MCG/ACT .15	RELCARE TABS 118
quetiapine fumarate TABS 150 MG 42	QVAR REDIHALER 80 MCG/ACT .15	RELENZA DISKHALER 48
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG 42	RABAVERT 136	RELEXXII TBCR 18 MG, 27 MG, 54 MG 3
quetiapine fumarate TABS 300 MG, 400 MG 42	rabeprazole sodium TBEC 133	RELEXXII TBCR 36 MG 3
quetiapine fumarate TB24 42	RAGWITEK SUBL 3	RELEXXII TBCR 45 MG, 63 MG, 72 MG (methylphenidate hcl) 3
QUILLICHEW ER CHER 3	RALDESY SOLN PO 10 MG/ML .. 24	RELEXXII TBCR 45 MG, 63 MG, 72 MG 3
QUILLIVANT XR SRER 3	raloxifene hcl 65	RELION INSULIN SYRINGE 75
QUIN B STRONG TABS 110	ramelteon 71	RELION KETONE TEST STRP ... 64
quinapril hcl 34	ramipril CAPS 34	RELION TRUE MET AIR GLUC METER KIT 74
quinapril-hydrochlorothiazide 12.5	ranitidine hcl TABS 150 MG 133	RELION TRUE METRIX TEST STRIPS STRP 64
	ranitidine hcl TABS 300 MG 133	RELPAK (eletriptan hydrobromide) 79
	ranolazine TB12 13	REMEDIENT CAPS 110
	rasagiline mesylate 39	REMERON SOLTAB TBDP 15 MG (mirtazapine) 22
	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	REMERON SOLTAB TBDP 30 MG (mirtazapine) 22
	RAYAVIT TABS 110	
	RAYOS TBEC 53	
	REALITY INSULIN SYRINGE 75	

REMERON SOLTAB TBDP 45 MG (mirtazapine)	22	RETROVIR CAPS (zidovudine) ...	46	risedronate sodium TABS 5 MG, 30 MG	65
REMERON TABS 15 MG (mirtazapine)	22	RETROVIR SYRP (zidovudine) ...	46	risedronate sodium TBEC	65
REMERON TABS 30 MG (mirtazapine)	22	REVATIO TABS (sildenafil citrate (pulmonary hypertension))	50	RISPERDAL CONSTA (risperidone microspheres)	41
RENAL CAPS 1 MG	81	REXTOVY LIQD	30	RISPERDAL SOLN (risperidone) ..	41
RENAL MULTIVITAMIN TABS ...	110	REXULTI	44	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	41
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 ..	110	REYATAZ CAPS 200 MG (atazanavir sulfate)	46	risperidone microspheres	41
RENAPLEX-D TABS	110	REYATAZ CAPS 300 MG (atazanavir sulfate)	46	risperidone SOLN	41
RENFLEXIS	67	REYATAZ PACK	46	risperidone TABS 0.25 MG	41
RENO CAPS CAPS 1 MG	81	REYVOW	79	risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	41
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	132	REZUROCK	80	risperidone TABS	41
RENVELA PACK (sevelamer carbonate)	68	REZVOGLAR KWIKPEN	28	risperidone TBDP	41
RENVELA TABS (sevelamer carbonate)	68	RHAPSIDO TABS PO 25 MG	80	RITALIN TABS 10 MG, 20 MG (methylphenidate hcl)	3
repaglinide	29	RHOFADE	63	RITALIN TABS 5 MG (methylphenidate hcl)	3
REPATHA PUSHTRONEX SYSTEM SOCT	33	RHOGAM ULTRA-FILTERED PLUS SOSY IM	127	RITEFLO DEVI	78
REPATHA SOSY	33	RHOPRESSA	125	ritonavir TABS	46
REPATHA SURECLICK SOAJ	33	ribavirin (hepatitis c) CAPS	47	rivaroxaban SUSR 1 MG/ML	17
RESTA LITE LOTN	62	ribavirin (hepatitis c) TABS 200 MG 47		rivaroxaban TABS 2.5 MG	17
RESTASIS EMUL (cyclosporine (ophth))	125	riboflavin TABS	138	rivastigmine 13.3 MG/24HR	129
RESTASIS MULTIDOSE EMUL ..	125	rifabutin	37	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	129
RESTORIL 15 MG, 30 MG (temazepam)	71	rifampin CAPS	37	rivastigmine tartrate CAPS	129
RESTORIL 7.5 MG, 22.5 MG (temazepam)	70	rilpivirine hcl 25 MG	46	rizatriptan benzoate TABS	79
RETACRIT	70	riluzole TABS	123	rizatriptan benzoate TBDP	79
		RINVOQ LQ SOLN	3	ROCKLATAN	125
		RINVOQ TB24	3	roflumilast	14
		RIOMET SOLN (metformin hcl) ...	26	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	39
		risedronate sodium TABS 150 MG	65		
		risedronate sodium TABS 35 MG ..	65		

ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	39	SAPHRIS (asenapine maleate) ...	42	(maraviroc)	46
ropinirole hydrochloride TB24	39	SAVAYSA	17	SEMGLEE (YFGN) SOLN	28
rosuvastatin calcium TABS	33	SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (milnacipran hcl) ...	129	SEMGLEE (YFGN) SOPN	29
ROWASA (mesalamine w/ cleanser) 67		SAVELLA TITRATION PACK MISC (milnacipran hcl)	129	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	110
ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl)	9	saxagliptin hcl	26	sennosides TABS 8.6 MG	72
ROXYBOND TABA 10 MG, 15 MG, 30 MG	9	saxagliptin-metformin hcl	25	sennosides-docusate sodium TABS 71	
ROXYBOND TABA 5 MG	9	SB INSULIN SYRINGE	75	SENSI-CARE MOISTURIZING CREA	63
ROZEREM (ramelteon)	71	SB LICE TREATMENT LIQD 3 %-2.4 %-0.3 %-1.2 %	63	SENTRY SENIOR MENS 50+ TABS .	110
ROZLYTREK CAPS	38	scopolamine	30	SENTRY SENIOR TABS	110
rufinamide SUSP	20	SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	49	SENTRY SENIOR/LUTEIN TABS 110	
rufinamide TABS	20	SECUADO	42	SENTRY TABS	110
RUKOBIA	46	SECURESAFE INSULIN SYRINGE .	75	SEPHIENCE PACK PO 250 MG, 1000 MG	66
RUXIENCE	38	SEGLENTIS	11	SEREVENT DISKUS	16
RYALTRIS	122	SEGLUROMET	25	SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (quetiapine fumarate)	42
RYKINDO SRER	41	SELARSDI SOLN SC 45 MG/0.5ML .	57	SEROQUEL TABS 300 MG (quetiapine fumarate)	42
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG (carbidopa-levodopa)	39	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	57	SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)	42
SABRIL PACK (vigabatrin)	21	SELECT-OB+DHA MISC	121	SEROQUEL TABS 50 MG (quetiapine fumarate)	42
SABRIL TABS (vigabatrin)	21	selegiline hcl CAPS	39	SEROQUEL XR TB24 (quetiapine fumarate)	42
sacubitril-valsartan TABS	50	selegiline hcl TABS	39		
salicylic acid GEL 3 %, 6 %	62	selenium sulfide LOTN 1 %	58		
SALICYLIC ACID OINT	62	selenium sulfide LOTN 2.5 %	58		
saline SOLN 0.65 %	122	selenium sulfide SHAM 1 %	58		
salsalate	8	SELZENTRY SOLN	46		
SANCUSO PTCH	30	SELZENTRY TABS 150 MG (maraviroc)	46		
SANDIMMUNE CAPS (cyclosporine) 81		SELZENTRY TABS 300 MG			

SEROQUEL XR TB24 50 MG, 200 MG, 300 MG, 400 MG (quetiapine fumarate)	42	SIMLANDI (1 PEN) AJKT	5	SKYRIZI PEN SOAJ	57
SEROSTIM SC 4 MG, 5 MG, 6 MG 65		SIMLANDI (1 SYRINGE) PSKT	5	SKYRIZI SOCT	67
SERTRALINE HCL CAPS 150 MG, 200 MG (sertraline hcl)	23	SIMLANDI (2 PEN) AJKT	5	SKYRIZI SOSY	57
sertraline hcl CAPS 150 MG, 200 MG	23	SIMLANDI (2 SYRINGE) PSKT	5	SKYTROFA	65
sertraline hcl CONC	23	SIMPONI SOAJ	5	SMARTY PANTS KIDS COMPLETE CHEW	120
sertraline hcl TABS 100 MG	23	SIMPONI SOSY	5	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	12
sertraline hcl TABS 25 MG, 50 MG 23		simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	33	sodium chloride (gu irrigant) 0.9 %	68
sevelamer carbonate PACK	68	simvastatin TABS 80 MG	33	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	54
sevelamer carbonate TABS	68	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	39	sodium citrate & citric acid	68
sevelamer hcl	68	SINGULAIR CHEW (montelukast sodium)	14	sodium fluoride (dental) CREA	81
SFROWASA ENEM	67	SINGULAIR PACK (montelukast sodium)	14	sodium fluoride (dental) GEL	81
SHINGRIX	136	SINGULAIR TABS (montelukast sodium)	14	sodium fluoride (dental) PSTE DT .	81
SHINGRIX IM 50 MCG/0.5ML	136	sirolimus SOLN	81	sodium fluoride CHEW	80
SIDEROL TABS	110	sirolimus TABS	81	sodium fluoride SOLN 0.5 MG/ML .	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	82	sitagliptin 25 MG, 50 MG, 100 MG	26	SODIUM FLUORIDE SOLN 0.5 MG/ML	80
SIKLOS TABS	69	sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG	25	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	71
sildenafil citrate (pulmonary hypertension) SUSR	50	sitagliptin free base-metformin hcl TB24	25	sodium polystyrene sulfonate POWD	81
sildenafil citrate (pulmonary hypertension) TABS	50	sitagliptin phosphate 25 MG, 50 MG, 100 MG	26	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	81
silodosin	68	sitagliptin phosphate-metformin hcl TABS	25	sodium polystyrene sulfonate SUSP PR 30 GM/120ML	81
silver sulfadiazine	58	SIVEXTRO TABS	37	sodium sulfate-potassium sulfate-magnesium sulfate	71
SIMBRINZA	124	SKIN HAIR & NAILS ADVANCED CAPS	110	SOFOSBUVIR-VELPATASVIR TABS	
simethicone CHEW 80 MG	67	skin protectants, misc. CREA	63		
simethicone SUSP	67				

47	SPONGEBOB SQUAREPANTS	MG-100 MG-30 UNIT118
SOGROYA65	GUMMIES CHEW 120	STRESS FORMULA/ZINC/ENERGY
solifenacin succinate TABS 134	SPORANOX CAPS (itraconazole) .31	TABS118
SOLQUA25	SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (levetiracetam) 20	STRESSTABS ADVANCED TABS
SOLO TABS110	SPRITAM TB3D20	30 MG-5 MG-400 MCG-400 UNIT-50
SOLOSEC3	SSS 10-5 CREA 10 %-5 % (sulfacetamide sodium w/ sulfur) .. 55	MCG-2500 UNIT-1.5 MG-20 MG-1.5
SOMA TABS (carisoprodol) 122	SSS 10-5 FOAM 10 %-5 %55	MG-30 MG-20 MG-15 UNIT111
SOOLANTRA (ivermectin (rosacea))63	STAMARIL SUSR 137	STRESSTABS ENERGY TABS ..118
SORBITOL XX128	STARJEMZA SOLN SC 45 MG/0.5ML58	STRIBILD46
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timolol	123	tolnaftate CREA	57	TOPROL XL TB24 200 MG (metoprolol succinate)	48
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tinidazole	36	TOPAMAX SPRINKLE CPSP 25 MG (topiramate)	20	TOUJEO MAX SOLOSTAR SOPN 29	
tioconazole vaginal 6.5 %	137	TOPAMAX TABS 100 MG (topiramate)	20	TOUJEO SOLOSTAR SOPN	29
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TOBI NEBU (tobramycin)	3	topiramate CP24	20	tramadol hcl SOLN	10
TOBI PODHALER CAPS	3	topiramate CPSP 15 MG	20	tramadol hcl TABS 25 MG	10
TOBRADEX OINT	126	topiramate CPSP 25 MG	20	tramadol hcl TABS 50 MG	10
TOBRADEX ST SUSP	126	topiramate CPSP 50 MG	20	tramadol hcl TABS 75 MG, 100 MG 10	
tobramycin (ophth) SOLN	124	topiramate CS24	20	tramadol hcl TB24	10
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tobramycin sulfate SOLR	3			trandolapril 4 MG	34
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tranexamic acid TABS	70	tretinoin microsphere	55	TRILEPTAL TABS (oxcarbazepine)
TRANSDERM SCOP 1 MG/3DAYS		TREXALL TABS 5 MG, 7.5 MG, 10		20
(scopolamine)	30	MG, 15 MG	38	trimethobenzamide hcl CAPS
TRANSDERM-SCOP (scopolamine)		TREXION CAPS	113	36
30		TREXVIA CAPS	113	trimethoprim TABS
tranylcypromine sulfate	22			36
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travoprost SOLN	126	triamcinolone acetonide (nasal)		24
		AERO	123	TRIPHROCAPS CAPS 1 MG
TRAZIMERA 420 MG	38	triamcinolone acetonide (topical)		82
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		triamcinolone acetonide (topical)		46
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TREMFYA PEN SOAJ 100 MG/ML		triamterene & hydrochlorothiazide		trospium chloride CP24
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TREMFYA PEN SOAJ SC 200		triamterene & hydrochlorothiazide		trospium chloride TABS
MG/2ML	67	TABS 25 MG-37.5 MG	64	134
TREMFYA SOSY SC	67			TRUE COMFORT INSULIN
		triamterene & hydrochlorothiazide		SYRINGE
TREMFYA-CD/UC INDUCTION		TABS 50 MG-75 MG	64	75
SOAJ SC 200 MG/2ML	67	triazolam	71	TRUE COMFORT PRO INSULIN
		TRIBENZOR (olmesartan		SYR
TRESIBA FLEXTOUCH SOPN 100		medoxomil-amlodipine-		75
UNIT/ML	29	hydrochlorothiazide)	36	TRUE DAILY VITE TABS 60 MG-400
TRESIBA FLEXTOUCH SOPN 200		trifluoperazine hcl TABS	43	MCG-1.5 MG-20 MG-2 MG-1.7 MG-
UNIT/ML	29			10 MCG-1500 MCG-6 MCG
TRESIBA SOLN	29	trifluridine	125	119
		trihexyphenidyl hcl SOLN	38	TRUE METRIX AIR GLUCOSE
tretinoin CREA 0.025 %, 0.05 %, 0.1		trihexyphenidyl hcl TABS	38	METER KIT
%	55			74
tretinoin GEL 0.01 %, 0.025 %	56	TRIJARDY XR	25	TRUE METRIX BLOOD GLUCOSE
tretinoin GEL 0.01 %	55	TRIKAFTA TBPK	131	TEST STRP
tretinoin GEL 0.01 %	56			64
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TRUEPLUS PEN NEEDLES 75	5 MG-25 MG-10 MG-125 MCG-10	MCG-18 MG-300 MCG-100 MG-15
TRULICITY 27	MG-150 MG-25 MG-25 MG-100 MG-	MG-3.5 MG-0.5 MG-100 MG-2 MG-
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TRUVADA 100 MG-150 MG, 133	ULTRA BONEUP TABS 113	150 MCG-200 MCG-60 UNIT-80 MG-
MG-200 MG, 167 MG-250 MG	ULTRA FLO INSULIN SYR 1/2 UNIT	6.5 MCG-10 MG-2 MG-7.5 MG-5000
(emtricitabine-tenofovir disoproxil	 75	UNIT-80 MCG-200 MCG-90 MG-13
fumarate) 46	ULTRA FLO INSULIN SYRINGE . 75	MCG-2 MG-5 MG-25 MG-10 MG-1
TRUVADA 200 MG-300 MG	ULTRA FREEDA TABS 133.333	MG-0.5 MG-1 MG-25 MG-1 MG-1
(emtricitabine-tenofovir disoproxil	UNIT-16.667 MG-100 MCG-266.667	MG 114
fumarate) 46	MCG-16.667 MG-33.333 MCG-	ULTRACHOICE ADVANCED
TRUXIMA 38	1666.667 UNIT-16.667 MG-33.333	FORMULA TABS 120 MG-6 MG-60
TRYPTYR SOLN OP 0.003 % ... 126	MG-33.333 MG-333.333 MG-3.333	MCG-400 MCG-4.5 MG-400 UNIT-18
TUDORZA PRESSAIR 14	MG-33.333 MG-11.667 MG-7.5 MG-	MCG-10 MG-5.1 MG-40 MG-275
T-VITES TABS 113	83.333 MG-50 MCG-33.333 MCG-	MCG-18 MG-300 MCG-100 MG-15
TWINRIX SUSY 137	33.333 MG-66.667 UNIT-4.167	MG-3.5 MG-80 MG-2 MG-13 MCG-
TWYNEO 56	MCG-66.667 MCG 113	200 MCG-200 MCG-165 MG-150
TYBLUME CHEW 52	ULTRA FREEDA/IRON TABS	MCG-200 MCG-60 UNIT-80 MG-6.5
TYBOST 46	133.333 UNIT-1666.667 UNIT-	MCG-10 MG-5 MG-7.5 MG-5000
TYENNE SOAJ 5	16.667 MG-100 MCG-66.667 UNIT-	UNIT-80 MCG-200 MCG-72 MG-13
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130	MCG-33.333 MCG-33.333 MG ... 113	ULTRAVATE LOTN 61
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	10 MG-10 UNIT-133.333 MG-50	UPTRAVI TITRATION TBPK 50
	MCG-0.667 MG-40 MCG-10 MG-25	urea CREA 40 % 61
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USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML 58	vancomycin hcl SOLR IV 1 GM 36	venlafaxine hcl CP24 37.5 MG 24
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML 58	VANCOMYCIN HCL SOLR IV 1 GM . 36	venlafaxine hcl CP24 75 MG 24
USTEKINUMAB-TTWE 58	vancomycin hcl SOLR IV 500 MG . 36	venlafaxine hcl TABS 24
USTEKINUMAB-TTWE SC 58	VANCOMYCIN HCL SOLR IV 500 MG 36	venlafaxine hcl TB24 150 MG 24
UZEDY SUSY 41	vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML . 36	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG 24
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