

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.

यद्य 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၊ ကညိ ကျိအယိ၊ နမူနို ကျိအတံမၤစၢလၢ တလံာ်တူၣ်လၢာ်စ့၊ နီတမံၤတၢ်သ့န့ၣ်လီၤ။ ကိး 866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚክላለው 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 5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 3 yrs old)
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	NP	
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	P	QL(2 EA daily); AL(At least 3 yrs old)	<i>dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG</i>	P	
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 5 MG, 10 MG</i>	NP	QL(2 EA daily); AL(At least 3 yrs old)
<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>	P	
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 10 MG, 15 MG</i>	P	QL(2 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 5 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	VYVANSE CHEW (<i>lisdexamfetamine dimesylate</i>)	NP	
			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)		

Updated August 2026

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)
ATONCY PO 4 MG/ML	NP		JORNAY PM CP24	NP	
clonidine hcl (adhd) TB12	P		METHYLIN SOLN (methylphenidate hcl)	NP	
guanfacine hcl (adhd)	P	QL(1 EA daily); AL(At least 6 yrs old)	METHYLPHENIDATE ER TBED 8.6 MG, 17.3 MG, 25.9 MG	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	NP	
QELBREE	NP		methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	P	
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)			methylphenidate hcl CPCR	P	QL(1 EA daily); AL(At least 6 yrs old)
SUNOSI	NP		methylphenidate hcl SOLN	P	
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 TABS 10 MG, 20 MG	P	QL(3 EA daily); AL(At least 3 yrs old)
Stimulants - Misc.			methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	P	QL(1 EA daily)
APTENSIO XR CP24 (methylphenidate hcl)	NP		methylphenidate hcl TB24 36 MG	P	QL(2 EA daily)
armodafinil	PA	PA	methylphenidate hcl TBCR 27 MG, 36 MG, 54 MG	P	
AZSTARYS	NP		methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	NP	
CONCERTA TBCR 18 MG, 27 MG, 54 MG (methylphenidate hcl)	NP	QL(1 EA daily); AL(At least 6 yrs old)	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (methylphenidate hcl)	NP	QL(2 EA daily); AL(At least 6 yrs old)	methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG	P	QL(2 EA daily); AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED	NP		methylphenidate PTCH	NP	
DAYTRANA PTCH (methylphenidate)	NP				
dexamethylphenidate hcl CP24	P				
dexamethylphenidate hcl TABS	P	QL(2 EA daily); AL(At least 6 yrs old)			

Updated August 2026

Drug Name	Drug Tier	Requirements/ Limits
<i>modafinil</i>	PA	PA
NUVIGIL (<i>armodafinil</i>)	NP	
PROVIGIL (<i>modafinil</i>)	NP	
QUILLICHEW ER CHER	P	
QUILLIVANT XR SRER	P	
RELEXXII TBCR 36 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP	
RELEXXII TBCR 45 MG, 63 MG, 72 MG (<i>methylphenidate hcl</i>)	NP	
RELEXXII TBCR 18 MG, 27 MG, 54 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG (<i>methylphenidate hcl</i>)	NP	QL(3 EA daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (<i>methylphenidate hcl</i>)	NP	QL(6 EA daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	C	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	C	QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old)
AMEBICIDES		
Amebicides		
SOLOSEC	NP	ST
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	NP	SP
BETHKIS NEBU (<i>tobramycin</i>)	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	NP	SP
<i>neomycin sulfate TABS</i>	NP	
TOBI PODHALER CAPS	PA	SP; PA
TOBI NEBU (<i>tobramycin</i>)	NP	SP
TOBI NEBU (<i>tobramycin</i>)	NP	
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML</i>	C	PA
<i>tobramycin sulfate SOLR</i>	C	PA
<i>tobramycin NEBU</i>	PA	SP; PA
<i>tobramycin NEBU</i>	NP	SP
<i>tobramycin NEBU</i>	PA	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP
RINVOQ LQ SOLN	NP	SP
RINVOQ TB24	NP	SP
<i>tofacitinib citrate SOLN 1 MG/ML</i>	NP	
<i>tofacitinib citrate TABS 5 MG, 10 MG</i>	NP	Brand Preferred
<i>tofacitinib citrate TB24 11 MG, 22 MG</i>	NP	Brand Preferred
XELJANZ XR TB24 11 MG, 22 MG (<i>tofacitinib citrate</i>)	P	Brand Preferred; SP
XELJANZ SOLN 1 MG/ML (<i>tofacitinib citrate</i>)	NP	SP
XELJANZ TABS 5 MG, 10 MG (<i>tofacitinib citrate</i>)	P	Brand Preferred; SP
Antirheumatic Antimetabolites		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP	ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	NP	SP
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP
ABRILADA (1 PEN) AJKT	NP	SP	ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP
ABRILADA (2 PEN) AJKT	NP	SP	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP
ABRILADA (2 SYRINGE) PSKT	NP	SP	ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP	ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP	ADALIMUMAB-RYVK (2 PEN) AJKT	NP	
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP	AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP
ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP	AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP	AMJEVITA SOAJ	NP	SP
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP	AMJEVITA SOSY	NP	SP
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP		CYLTEZO (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADAZ SOAJ	P	SP	CYLTEZO (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-ADAZ SOSY	P	SP	CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP
ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML	P		CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP	HADLIMA PUSHTOUCH SOAJ	P	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	SP	HADLIMA SOSY	P	SP
			HULIO (2 PEN) AJKT	NP	SP
			HULIO (2 SYRINGE) PSKT	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	NP	QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	NP	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); AL(At least 2 yrs old); SP
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	NP	QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML	NP	QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	NP	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	NP	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	NP	QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	NP	QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA-PED<40KG CROHNS STARTER PSKT	NP	QL(2 EA per 365 day(s) retail); AL(At least 2 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA-PED>=40KG CROHNS START PSKT	NP	QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA-PED>=40KG UC STARTER AJKT	NP	QL(4 EA per 365 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA-PSORIASIS/VEIT STARTER AJKT	NP	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/VEIT START SOAJ	NP	SP
HYRIMOZ SOAJ	NP	SP
HYRIMOZ SOSY	NP	SP
SIMLANDI (1 PEN) AJKT	NP	SP
SIMLANDI (1 SYRINGE) PSKT	NP	SP
SIMLANDI (2 PEN) AJKT	NP	SP
SIMLANDI (2 SYRINGE) PSKT	NP	SP
SIMPONI SOAJ	NP	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 2 yrs old); SP
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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
YUFLYMA (2 SYRINGE) PSKT	NP	SP	DAYPRO TABS (oxaprozin)	NP	
YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP	diclofenac potassium CAPS	NP	
YUSIMRY	NP		diclofenac potassium TABS	NP	
YUSIMRY	NP	SP	diclofenac sodium TB24	P	
Interleukin-1 Blockers			diclofenac sodium TBEC	P	
ARCALYST	NP	SP	diclofenac w/ misoprostol TBEC	NP	
Interleukin-1 Receptor Antagonist (IL-1Ra)			etodolac CAPS	NP	
KINERET SOSY	NP	SP	etodolac TABS	NP	
Interleukin-6 Receptor Inhibitors			etodolac TB24	NP	
ACTEMRA ACTPEN SOAJ	NP	SP	fenoprofen calcium CAPS	NP	
ACTEMRA SOLN	C	SP; PA	FENOPRON CAPS	NP	
ACTEMRA SOSY	NP	SP	flurbiprofen TABS 100 MG	NP	
AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP	ibuprofen CHEW	C	
AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP	ibuprofen-famotidine	NP	
KEVZARA SOAJ	NP	SP	ibuprofen SUSP 50 MG/1.25ML	C	
KEVZARA SOSY	NP	SP	ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	P	RX/OTC
TYENNE SOAJ	NP		ibuprofen TABS 300 MG	NP	
TYENNE SOAJ	NP	SP	ibuprofen TABS 400 MG, 600 MG, 800 MG	P	
TYENNE SOSY	NP	SP	ibuprofen TABS 200 MG	C	
TYENNE SOSY	NP		indomethacin CAPS 25 MG, 50 MG	P	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			indomethacin CPCR	NP	
ARTHROTEC TBEC (diclofenac w/ misoprostol)	NP		indomethacin SUPP	NP	
CELEBREX 200 MG (celecoxib)	C	QL(2 EA daily)	indomethacin SUSP	NP	
CELEBREX (celecoxib)	NP	QL(2 EA daily)	ketoprofen CAPS	NP	
celecoxib 400 MG	C	QL(2 EA daily); PA	ketoprofen CP24	NP	
celecoxib	C	QL(2 EA daily)	ketorolac tromethamine TABS	P	QL(20 EA per 31 day(s) retail); AL(At least 17 yrs old)
celecoxib	P	QL(2 EA daily)			
COXANTO CAPS (oxaprozin)	NP		LURBIRO TABS 100 MG (flurbiprofen)	NP	

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Drug Name	Drug Tier	Requirements/ Limits
<i>meclofenamate sodium CAPS</i>	NP	
<i>mefenamic acid CAPS</i>	NP	
<i>meloxicam CAPS</i>	NP	
<i>meloxicam TABS</i>	P	
<i>nabumetone</i>	P	
NAPRELAN TB24 (<i>naproxen sodium</i>)	NP	
NAPROSYN SUSP (<i>naproxen</i>)	NP	
<i>naproxen sodium TABS 220 MG</i>	C	QL(2 EA daily)
<i>naproxen sodium TABS 275 MG, 550 MG</i>	NP	
<i>naproxen sodium TB24</i>	NP	
<i>naproxen-esomeprazole magnesium</i>	NP	
<i>naproxen SUSP</i>	P	
<i>naproxen TABS</i>	P	
<i>naproxen TBEC</i>	P	QL(2 EA daily)
<i>oxaprozin CAPS</i>	NP	
<i>oxaprozin TABS</i>	NP	
<i>piroxicam CAPS</i>	P	
RELAFEN DS	NP	
<i>sulindac TABS</i>	P	
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	
VYSCOX A 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

Drug Name	Drug Tier	Requirements/ Limits
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 30 MG	P	QL(2 EA daily); AL(At least 6 yrs old); SP
OTEZLA TABS 20 MG	P	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		
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 50 MG/ML	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP

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Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOSY 25 MG/0.5ML	P	QL(4 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		
JOURNAVX	P	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)
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		

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DILAUDID LIQD (hydromorphone hcl)	NP	Opioid Smart PA	levorphanol tartrate TABS	NP	
DILAUDID TABS 8 MG (hydromorphone hcl)	NP	Opioid Smart PA; QL(4 EA daily)	meperidine hcl SOLN PO 50 MG/5ML	P	Opioid Smart PA
DILAUDID TABS 4 MG (hydromorphone hcl)	NP	Opioid Smart PA	meperidine hcl TABS 50 MG	P	Opioid Smart PA; QL(6 EA daily)
DILAUDID TABS 2 MG (hydromorphone hcl)	NP	Opioid Smart PA; QL(8 EA daily)	methadone hcl TABS 10 MG	C	Opioid Smart PA; QL(10 EA daily); PA
fentanyl citrate LPOP 200 MCG, 1200 MCG	NP	Opioid Smart PA	methadone hcl TABS 5 MG	C	Opioid Smart PA; QL(4 EA daily); PA
fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG	NP	Opioid Smart PA	morphine sulfate beads	NP	Opioid Smart PA
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	NP		morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	NP	Opioid Smart PA
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	P	QL(0.34 EA daily)	morphine sulfate SOLN PO 10 MG/5ML	P	QL(16.67 ML daily)
hydrocodone bitartrate CP12	NP	Opioid Smart PA	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	P	Opioid Smart PA; QL(16.67 ML daily)
hydrocodone bitartrate T24A	NP	Opioid Smart PA	morphine sulfate SOLN PO 100 MG/5ML	P	Opioid Smart PA
hydromorphone hcl LIQD	P	Opioid Smart PA	morphine sulfate SUPP	P	Opioid Smart PA; QL(0.78 EA daily)
HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 EA daily)	morphine sulfate TABS	P	Opioid Smart PA; QL(6 EA daily)
hydromorphone hcl TABS 8 MG	P	Opioid Smart PA; QL(4 EA daily)	morphine sulfate TBCR	P	Opioid Smart PA; QL(3 EA daily)
hydromorphone hcl TABS 2 MG	P	Opioid Smart PA; QL(8 EA daily)	MS CONTIN TBCR 15 MG, 30 MG, 60 MG (morphine sulfate)	NP	Opioid Smart PA; QL(3 EA daily)
hydromorphone hcl TABS 4 MG	P	Opioid Smart PA	oxycodone hcl CAPS	P	Opioid Smart PA; QL(6 EA daily)
hydromorphone hcl TB24	NP	Opioid Smart PA	oxycodone hcl CONC 100 MG/5ML	P	QL(4 ML daily)
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP	Opioid Smart PA	oxycodone hcl CONC 100 MG/5ML	P	Opioid Smart PA; QL(4 ML daily)
levorphanol tartrate TABS	NP	Opioid Smart PA	oxycodone hcl SOLN	P	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(8 EA daily); AL(At least 18 yrs old)
<i>tramadol hcl TABS 50 MG</i>	P	QL(8 EA daily); AL(At least 18 yrs old)
<i>tramadol hcl TABS 25 MG</i>	P	Opioid Smart PA
<i>tramadol hcl TB24</i>	P	
<i>tramadol hcl TB24</i>	P	Opioid Smart PA
<i>tramadol hcl TB24</i>	NP	Opioid Smart PA
Opioid Combinations		
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ML daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine SOLN</i>	P	Opioid Smart PA; QL(30 ML daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	Opioid Smart PA; QL(6 EA 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>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>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	P	Opioid Smart PA
<i>butalbital-aspirin-caffeine w/cod</i>	NP	Opioid Smart PA; QL(4 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>butalbital-aspirin-caffeine w/cod</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)	<i>oxycodone w/ acetaminophen TABS</i>	P	QL(6 EA daily)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	Opioid Smart PA	<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>hydrocodone-acetaminophen SOLN</i>	P		PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP	Opioid Smart PA
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P	Opioid Smart PA	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>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)	PROLATE SOLN	NP	Opioid Smart PA
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(10 EA daily)	PROLATE TABS	NP	Opioid Smart PA
<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	P		<i>tramadol-acetaminophen</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 18 yrs old)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Opioid Smart PA; QL(10 EA daily)	Opioid Partial Agonists		
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	P	Opioid Smart PA	BELBUCA FILM	NP	Opioid Smart PA
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	P	Opioid Smart PA	BRIXADI (WEEKLY) SOSY	P	Opioid Smart PA; SP
NALOCET TABS	NP	Opioid Smart PA	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	Opioid Smart PA; SP
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	P	Opioid Smart PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	P	Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
			<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	P	QL(3 EA daily); AL(At least 16 yrs old)
			<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	P	Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	QL(12 EA daily); AL(At least 16 yrs old)
<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>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>buprenorphine hcl SUBL</i>	P	
<i>buprenorphine hcl SUBL</i>	P	Opioid Smart PA
<i>buprenorphine PTWK</i>	NP	Brand Preferred; Opioid Smart PA
<i>butorphanol tartrate NA 10 MG/ML</i>	NP	Opioid Smart PA
<i>BUTRANS PTWK (buprenorphine)</i>	P	Brand Preferred
<i>pentazocine w/ naloxone hcl</i>	NP	Opioid Smart PA
<i>SUBLOCADE SOSY</i>	P	Opioid Smart PA; SP
<i>SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)</i>	NP	QL(2 EA daily); AL(At least 16 yrs old)
<i>SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)</i>	NP	QL(3 EA daily); AL(At least 16 yrs old)
<i>ZUBSOLV SUBL</i>	NP	AL(At least 16 yrs old)
<i>ZUBSOLV SUBL</i>	NP	Opioid Smart PA; AL(At least 16 yrs old)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		

Drug Name	Drug Tier	Requirements/ Limits
<i>methylltestosterone TABS</i>	C	
<i>NATESTO GEL NA</i>	NP	
<i>TESTIM GEL TD (testosterone)</i>	PA	Brand Preferred; PA
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	C	QL(0.2858 ML daily)
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	C	QL(4 ML per 31 day(s) retail)
<i>testosterone enanthate SOLN IM</i>	C	QL(0.1429 ML daily)
<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM</i>	NP	
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	NP	Brand Preferred
<i>testosterone GEL TD 1.62 %, 1.62 %</i>	PA	PA
<i>testosterone SOLN</i>	NP	
<i>VOGELXO PUMP GEL TD (testosterone)</i>	NP	
<i>VOGELXO GEL TD (testosterone)</i>	NP	Brand Preferred
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	NP	
<i>hydrocortisone (intrarectal)</i>	C	
Rectal Steroids		
<i>hydrocortisone (rectal) EX 1 %</i>	C	1 package(s) per fill retail; RX/OTC
<i>hydrocortisone (rectal) EX 2.5 %</i>	C	
<i>PREPARATION H EX 1 %</i>	C	1 package(s) per fill retail; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PREPARATION H SOOTHING RELIEF EX 1 %	C	1 package(s) per fill retail; RX/OTC
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD</i>	C	QL(24 ML daily)
<i>alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	C	QL(24 ML daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	C	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	C	QL(3.34 EA daily)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	C	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	C	
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		
ASPRUZYO SPRINKLE PACK	NP	

Drug Name	Drug Tier	Requirements/ Limits
<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 CPR 2.5 MG, 6.5 MG, 9 MG	C	
ANTIANGXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 15 MG</i>	C	QL(4 EA daily)
<i>buspirone hcl 5 MG, 10 MG</i>	C	QL(6 EA daily)
<i>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	
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 0.5 MG, 2 MG</i>	C	QL(3 EA daily)
<i>lorazepam TABS 1 MG</i>	C	QL(4 EA daily)
<i>oxazepam CAPS</i>	C	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
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
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 75 MG/0.5ML, 150 MG/ML	PA	PA
XOLAIR SOSY	PA	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	C	QL(8 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
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 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	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	
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)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SINGULAIR TABS (montelukast sodium)	NP	QL(1 EA daily)	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	NP	Brand Preferred; QL(1 EA daily)
zafirlukast	P	MP	fluticasone propionate (inhalation) AEPB	NP	
zileuton TB12	NP		fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	P	QL(12 GM per 25 day(s) retail)
ZYFLO TABS	NP		fluticasone propionate hfa 44 MCG/ACT	P	QL(11 GM per 25 day(s) retail)
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors			PULMICORT FLEXHALER AEPB	NP	1 package(s) per fill retail
OHTUVAYRE	NP	SP	PULMICORT FLEXHALER AEPB	NP	1 package(s) per fill retail
Selective Phosphodiesterase 4 (PDE4) Inhibitors			PULMICORT SUSP 1 MG/2ML (budesonide (inhalation))	NP	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)
DALIRESP (roflumilast)	NP	QL(1 EA daily)	PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (budesonide (inhalation))	NP	QL(120 ML per fill retail); AL(Up to 8 yrs old)
roflumilast	NP	QL(1 EA daily)	QVAR REDHALER 80 MCG/ACT	P	QL(0.72 GM daily)
Steroid Inhalants			QVAR REDHALER 40 MCG/ACT	P	QL(0.36 GM daily)
ALVESCO	P		Sympathomimetics		
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate (inhalation))	P	Brand Preferred; QL(1 EA daily)	ADVAIR DISKUS AEPB (fluticasone-salmeterol)	P	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)
ASMANEX (120 METERED DOSES) AEPB	P		ADVAIR HFA AERO (fluticasone-salmeterol)	P	Brand Preferred
ASMANEX (14 METERED DOSES) AEPB	P		AIRSUPRA	NP	
ASMANEX (30 METERED DOSES) AEPB	P		albuterol sulfate AERS	P	
ASMANEX (60 METERED DOSES) AEPB	P		albuterol sulfate AERS	P	QL(17 GM per 30 day(s) retail; 17 GM per 30 days mail)
ASMANEX HFA AERO	P	QL(0.44 GM daily)			
beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	NP				
budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML	P	QL(120 ML per fill retail); AL(Up to 8 yrs old)			
budesonide (inhalation) SUSP 1 MG/2ML	P	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate AERS</i>	P	QL(36 GM per 30 day(s) retail; 36 GM per 30 days mail)	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(26.4 GM per 30 day(s) retail)
<i>albuterol sulfate AERS</i>	P	QL(13.4 GM per 30 day(s) retail)	<i>fluticasone furoate-vilanterol</i>	NP	
<i>albuterol sulfate NEBU</i>	P		<i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	NP	
<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ML per 31 day(s) retail)	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	NP	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)
<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ML daily)	<i>fluticasone-salmeterol AERO</i>	NP	Brand Preferred
<i>albuterol sulfate SYRP</i>	P		<i>formoterol fumarate NEBU</i>	NP	
<i>albuterol sulfate TABS</i>	P		<i>ipratropium-albuterol SOLN</i>	P	QL(12 ML daily)
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	P	Brand Preferred	<i>levalbuterol hcl</i>	NP	
<i>arformoterol tartrate</i>	P		<i>levalbuterol tartrate</i>	NP	QL(1 GM daily)
BEVESPI AEROSPHERE	NP		PERFORMIST NEBU (<i>formoterol fumarate</i>)	NP	
BREO ELLIPTA	NP		PROAIR RESPICLIK AEPB	P	QL(2 EA per 30 day(s) retail)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NP		SEREVENT DISKUS	P	1 package(s) per fill retail
BREZTRI AEROSPHERE	NP		STIOLTO RESPIMAT	P	
BROVANA (<i>arformoterol tartrate</i>)	NP		STRIVERDI RESPIMAT	NP	
<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred	SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	P	Brand Preferred; QL(30.6 GM per 30 day(s) retail)
<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred; QL(30.6 GM per 30 day(s) retail)	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	P	Brand Preferred; QL(20.7 GM per 30 day(s) retail)
<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred; QL(30.9 GM per 30 day(s) retail)			
COMBIVENT RESPIMAT AERS	P	QL(4 GM per 31 day(s) retail)			
DUAKLIR PRESSAIR	NP				
DULERA	P	QL(39 GM per 30 day(s) retail)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	P	Brand Preferred; QL(18 GM per 30 day(s) retail)	<i>rivaroxaban TABS 2.5 MG</i>	NP	Brand Preferred
<i>terbutaline sulfate TABS</i>	NP	ST	SAVAYSA	NP	
TRELEGY ELLIPTA	NP		XARELTO STARTER PACK TBPK	P	
<i>umeclidinium-vilanterol</i>	NP	Brand Preferred	XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	P	Brand Preferred
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	QL(16 GM per 30 day(s) retail)	XARELTO TABS 2.5 MG (<i>rivaroxaban</i>)	P	Brand Preferred
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	QL(36 GM per 30 day(s) retail)	XARELTO TABS 10 MG, 15 MG, 20 MG	P	
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP	QL(1 GM daily)	Heparins And Heparinoid-Like Agents		
Xanthines			ARIXTRA (<i>fondaparinux sodium</i>)	NP	SP
THEO-24 CP24	C		<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	QL(126 ML per 180 day(s) retail); SP
<i>theophylline ELIX</i>	C		<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(42 ML per 180 day(s) retail); SP
<i>theophylline SOLN</i>	C	QL(475 ML per fill retail)	<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(12.6 ML per 180 day(s) retail); SP
<i>theophylline TB12 300 MG, 450 MG</i>	C		<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(16.8 ML per 180 day(s) retail)
<i>theophylline TB24</i>	C		<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	P	QL(33.6 ML per 180 day(s) retail); SP
ANTICOAGULANTS - Blood Thinners			<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(16.8 ML per 180 day(s) retail); SP
Coumarin Anticoagulants			<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(25.2 ML per 180 day(s) retail); SP
<i>warfarin sodium TABS</i>	P		<i>fondaparinux sodium</i>	NP	SP
Direct Factor Xa Inhibitors			FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP
ELIQUIS (1.5 MG PACK) TBSO PO	P		FRAGMIN SOSY	NP	SP
ELIQUIS (2 MG PACK) TBSO PO	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 DVT/PE STARTER PACK TBPK	P	QL(2.47 EA daily)			
ELIQUIS CPSP PO 0.15 MG	P				
ELIQUIS TABS	P	QL(2 EA daily)			
ELIQUIS TBSO PO 0.5 MG	P				
<i>rivaroxaban SUSR 1 MG/ML</i>	NP	Brand Preferred			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEPARIN SODIUM (PORCINE) SOSY IJ	C		LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	QL(16.8 ML per 180 day(s) retail); SP
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	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
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	QL(126 ML per 180 day(s) retail); SP	Thrombin Inhibitors		
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>dabigatran etexilate mesylate CAPS</i>	NP	Brand Preferred
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	PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	P	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	PRADAXA PACK	NP	SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	QL(42 ML per 180 day(s) retail); SP	ANTICONVULSANTS - Drugs to Treat Seizures		
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	AMPA Glutamate Receptor Antagonists		
LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	QL(12.6 ML per 180 day(s) retail); SP	FYCOMPA SUSP 0.5 MG/ML (<i>perampanel</i>)	PA	Brand Preferred; PA
LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	QL(25.2 ML per 180 day(s) retail); SP	FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>perampanel</i>)	PA	Brand Preferred; PA
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	<i>perampanel SUSP 0.5 MG/ML</i>	NP	Brand Preferred
			<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	NP	Brand Preferred
			Anticonvulsants - Benzodiazepines		
			<i>clobazam SUSP</i>	P	PA
			<i>clobazam TABS</i>	P	PA
			<i>clobazam TABS</i>	P	
			<i>clonazepam TABS</i>	C	QL(4 EA daily)
			<i>diazepam (anticonvulsant) GEL</i>	P	QL(1 EA per fill retail); AL(At least 2 yrs old)
			<i>diazepam (anticonvulsant) GEL 10 MG, 20 MG</i>	C	QL(1 EA per fill retail); AL(At least 2 yrs old)
			NAYZILAM	P	QL(10 EA per 30 day(s) retail)
			ONFI SUSP (<i>clobazam</i>)	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONFI TABS (<i>clobazam</i>)	NP		DIACOMIT PACK 500 MG	NP	QL(6 EA daily); SP
SYMPAZAN FILM	NP		ELEPSIA XR TB24	NP	
VALTOCO 10 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)	EPIDIOLEX	NP	SP
VALTOCO 15 MG DOSE LQPK	P	QL(10 EA per 30 day(s) retail)	EPRONTIA SOLN 25 MG/ML (<i>topiramate</i>)	NP	
VALTOCO 20 MG DOSE LQPK	P	QL(10 EA per 30 day(s) retail)	<i>eslicarbazepine acetate</i> 200 MG, 400 MG, 600 MG, 800 MG	NP	
VALTOCO 5 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)	FINTEPLA	NP	SP
Anticonvulsants - Misc.			<i>gabapentin CAPS</i> 300 MG, 400 MG	NP	QL(9 EA daily)
APTiom 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NP		<i>gabapentin CAPS</i> 200 MG	NP	
BANZEL SUSP (<i>rufinamide</i>)	NP	SP; PA	<i>gabapentin CAPS</i>	P	QL(9 EA daily)
BANZEL TABS (<i>rufinamide</i>)	NP	SP	<i>gabapentin SOLN</i>	P	
<i>brivaracetam SOLN PO</i> 10 MG/ML	NP		<i>gabapentin TABS</i> 800 MG	P	QL(4 EA daily)
<i>brivaracetam TABS</i> 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	NP		<i>gabapentin TABS</i> 600 MG	P	QL(6 EA daily)
BRIVIACT SOLN PO 10 MG/ML (<i>brivaracetam</i>)	NP	SP	GABARONE TABS 100 MG, 400 MG	NP	
BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (<i>brivaracetam</i>)	NP	SP	KEPPRA XR TB24 (<i>levetiracetam</i>)	NP	
<i>carbamazepine CHEW</i>	P		KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	NP	QL(16 ML daily)
<i>carbamazepine CP12</i>	NP	Brand Preferred	KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	NP	
<i>carbamazepine SUSP</i>	P		KEPPRA TABS 250 MG, 750 MG (<i>levetiracetam</i>)	NP	QL(4 EA daily)
<i>carbamazepine TABS</i>	P		KEPPRA TABS 500 MG (<i>levetiracetam</i>)	NP	QL(6 EA daily)
<i>carbamazepine TB12</i>	P		<i>lacosamide SOLN PO</i> 10 MG/ML, 50 MG/5ML, 100 MG/10ML	P	
CARBATROL CP12 (<i>carbamazepine</i>)	P	Brand Preferred	<i>lacosamide TABS</i>	P	
DIACOMIT CAPS 250 MG	NP	QL(12 EA daily); SP	LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	
DIACOMIT CAPS 500 MG	NP	QL(6 EA daily); SP	LAMICTAL ODT TBDP (<i>lamotrigine</i>)	NP	
DIACOMIT PACK 250 MG	NP	QL(12 EA daily); SP	LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>)	NP	
			LAMICTAL XR KIT	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL XR TB24 (lamotrigine)	NP	QL(1 EA daily)	pregabalin CAPS	P	
LAMICTAL CHEW (lamotrigine)	NP		pregabalin SOLN	NP	
LAMICTAL TABS (lamotrigine)	NP		primidone	P	
lamotrigine CHEW	P		rufinamide SUSP	P	
lamotrigine KIT 25 MG	NP		rufinamide SUSP	P	SP
lamotrigine TABS	NP		rufinamide TABS	P	SP
lamotrigine TABS	P		SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (levetiracetam)	NP	
lamotrigine TB24	P	QL(1 EA daily)	SPRITAM TB3D	NP	
lamotrigine TBDP	P		SUBVENITE SUSP PO 10 MG/ML	NP	
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	P	QL(16 ML daily)	TEGRETOL SUSP (carbamazepine)	NP	
levetiracetam TABS 500 MG	P	QL(6 EA daily)	TEGRETOL TABS (carbamazepine)	NP	
levetiracetam TABS 1000 MG	P		TEGRETOL-XR TB12 (carbamazepine)	NP	
levetiracetam TABS 250 MG, 750 MG	P	QL(4 EA daily)	TOPAMAX SPRINKLE CPSP 25 MG (topiramate)	NP	QL(8 EA daily)
levetiracetam TB24	P		TOPAMAX SPRINKLE CPSP 15 MG (topiramate)	NP	QL(6 EA daily)
levetiracetam TB3D 250 MG, 500 MG	NP		TOPAMAX TABS 25 MG, 50 MG (topiramate)	NP	QL(6 EA daily)
LYRICA CAPS (pregabalin)	NP		TOPAMAX TABS 100 MG (topiramate)	NP	QL(4 EA daily)
LYRICA SOLN (pregabalin)	NP		TOPAMAX TABS 200 MG (topiramate)	NP	QL(2 EA daily)
MOTPOLY XR CP24	NP		topiramate CP24	NP	
NEURONTIN CAPS (gabapentin)	NP	QL(9 EA daily)	topiramate CPSP 25 MG	P	QL(8 EA daily)
NEURONTIN SOLN (gabapentin)	NP		topiramate CPSP 15 MG	P	QL(6 EA daily)
NEURONTIN TABS 600 MG (gabapentin)	NP	QL(6 EA daily)	topiramate CPSP 50 MG	P	
NEURONTIN TABS 800 MG (gabapentin)	NP	QL(4 EA daily)	topiramate CS24	NP	
oxcarbazepine SUSP	P		topiramate SOLN 25 MG/ML	NP	
oxcarbazepine TABS	P		topiramate TABS 200 MG	P	QL(2 EA daily)
oxcarbazepine TB24	NP		topiramate TABS 100 MG	P	QL(4 EA daily)
OXTELLAR XR TB24 (oxcarbazepine)	NP		topiramate TABS 25 MG, 50 MG	P	QL(6 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRILEPTAL SUSP (oxcarbazepine)	NP		DILANTIN INFATABS CHEW (phenytoin)	NP	
TRILEPTAL TABS (oxcarbazepine)	NP		DILANTIN-125 SUSP (phenytoin)	NP	
TROKENDI XR CP24 (topiramate)	NP		DILANTIN SUSP (phenytoin)	NP	
VIMPAT SOLN PO 10 MG/ML (lacosamide)	NP	PA	phenytoin sodium extended 100 MG, 200 MG, 300 MG	P	
VIMPAT TABS (lacosamide)	NP	PA	phenytoin sodium extended 200 MG, 300 MG	NP	
ZONISADE SUSP	NP		phenytoin CHEW	P	
zonisamide CAPS	P		phenytoin SUSP 125 MG/5ML	P	
ZTALMY	NP				
Carbamates			Succinimides		
felbamate SUSP	P		CELONTIN (methsuximide)	P	Brand Preferred
felbamate TABS	P		ethosuximide CAPS	P	
FELBATOL TABS (felbamate)	NP		ethosuximide SOLN	P	
XCOPRI (250 MG DAILY DOSE) TBPk	NP		methsuximide	NP	Brand Preferred
XCOPRI (350 MG DAILY DOSE) TBPk	NP		ZARONTIN CAPS (ethosuximide)	NP	
XCOPRI TABS	NP		ZARONTIN SOLN (ethosuximide)	NP	
XCOPRI TBPk	NP				
GABA Modulators			Valproic Acid		
SABRIL PACK (vigabatrin)	PA	Brand Preferred; SP; PA	DEPAKOTE ER TB24 250 MG (divalproex sodium)	NP	QL(6 EA daily)
SABRIL TABS (vigabatrin)	NP	SP; PA	DEPAKOTE ER TB24 500 MG (divalproex sodium)	NP	QL(7 EA daily)
tiagabine hcl	PA	PA	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	NP	QL(12 EA daily)
vigabatrin PACK	NP	Brand Preferred; SP	DEPAKOTE TBEC 500 MG (divalproex sodium)	NP	QL(7 EA daily)
vigabatrin TABS	PA	SP; PA	DEPAKOTE TBEC 250 MG (divalproex sodium)	NP	QL(6 EA daily)
vigabatrin TABS	NP	SP	DEPAKOTE TBEC 125 MG (divalproex sodium)	NP	QL(12 EA daily)
VIGAFYDE SOLN	NP	SP	divalproex sodium CSDR	P	QL(12 EA daily)
Hydantoins					
DILANTIN (phenytoin sodium extended)	NP				
DILANTIN	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium TB24 500 MG</i>	P	QL(7 EA daily)	AUVELITY	NP	
<i>divalproex sodium TB24 250 MG</i>	P	QL(6 EA daily)	AUVELITY TITRATION PACK PO	NP	
<i>divalproex sodium TBEC 500 MG</i>	P	QL(7 EA daily)	Antidepressants - Misc.		
<i>divalproex sodium TBEC 125 MG</i>	P	QL(12 EA daily)	<i>bupropion hcl TABS</i>	P	QL(3 EA daily)
<i>divalproex sodium TBEC 250 MG</i>	P	QL(6 EA daily)	<i>bupropion hcl TB12 150 MG</i>	P	QL(3 EA daily)
<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	C	PA	<i>bupropion hcl TB12 200 MG</i>	P	QL(2 EA daily)
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	P		<i>bupropion hcl TB12 100 MG</i>	P	QL(4 EA daily)
<i>valproic acid CAPS</i>	P		<i>bupropion hcl TB24 150 MG</i>	P	QL(3 EA daily)
ANTIDEPRESSANTS - Drugs to Treat Depression			<i>bupropion hcl TB24 300 MG</i>	P	QL(1 EA daily)
Alpha-2 Receptor Antagonists (Tetracyclics)			<i>bupropion hcl TB24 450 MG</i>	NP	
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 EA daily)	FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP	
<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 150 MG (<i>bupropion hcl</i>)	NP	QL(3 EA daily)
<i>mirtazapine TBDP 15 MG</i>	P	QL(3 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 30 MG</i>	P	QL(1.5 EA daily)	ZURZUVAE	NP	SP
REMERON SOLTAB TBDP 30 MG (<i>mirtazapine</i>)	NP	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 45 MG (<i>mirtazapine</i>)	NP	QL(1 EA daily)	MARPLAN	NP	
REMERON TABS 15 MG (<i>mirtazapine</i>)	NP	QL(3 EA daily)	MARPLAN	NP	
REMERON TABS 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 EA daily)	NARDIL (<i>phenelzine sulfate</i>)	NP	
Antidepressant Combinations			<i>phenelzine sulfate</i>	P	
			<i>tranylcypromine sulfate</i>	NP	
			Selective Serotonin Reuptake Inhibitors (SSRIs)		
			CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>)	NP	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	<i>fluoxetine hcl</i> TABS 10 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)	<i>fluoxetine hcl</i> TABS 60 MG	NP	
<i>citalopram hydrobromide</i> CAPS 30 MG	NP		FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NP	
CITALOPRAM HYDROBROMIDE CAPS 30 MG (<i>citalopram hydrobromide</i>)	NP		<i>fluvoxamine maleate</i> CP24	NP	
<i>citalopram hydrobromide</i> SOLN	P		<i>fluvoxamine maleate</i> TABS 25 MG, 50 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>citalopram hydrobromide</i> TABS 20 MG	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>fluvoxamine maleate</i> TABS 100 MG	P	QL(3 EA daily)
<i>citalopram hydrobromide</i> TABS 10 MG	P	QL(4 EA daily)	LEXAPRO TABS 20 MG (<i>escitalopram oxalate</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>citalopram hydrobromide</i> TABS 40 MG	P	QL(1 EA daily); AL(At least 7 yrs old)	LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	NP	QL(4 EA daily)
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP		LEXAPRO TABS 10 MG (<i>escitalopram oxalate</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)
<i>escitalopram oxalate</i> SOLN	NP		<i>paroxetine hcl</i> SUSP	NP	QL(40 ML daily)
<i>escitalopram oxalate</i> TABS 5 MG	P	QL(4 EA daily)	<i>paroxetine hcl</i> TABS 20 MG	P	QL(3 EA daily)
<i>escitalopram oxalate</i> TABS 10 MG	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>paroxetine hcl</i> TABS 10 MG	P	QL(6 EA daily)
<i>escitalopram oxalate</i> TABS 20 MG	P	QL(1 EA daily); AL(At least 7 yrs old)	<i>paroxetine hcl</i> TABS 30 MG, 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>fluoxetine hcl</i> CAPS 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>paroxetine hcl</i> TB24	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>fluoxetine hcl</i> CAPS 10 MG, 20 MG	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</i> CPDR	NP		PAXIL SUSP (<i>paroxetine hcl</i>)	NP	QL(40 ML daily)
<i>fluoxetine hcl</i> SOLN	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</i> TABS 20 MG	P	QL(4 EA daily)	PAXIL TABS 20 MG (<i>paroxetine hcl</i>)	NP	QL(3 EA daily)
			PAXIL TABS 10 MG (<i>paroxetine hcl</i>)	NP	QL(6 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP		<i>desvenlafaxine succinate 100 MG</i>	P	QL(4 EA daily)
SERTRALINE HCL CAPS 150 MG, 200 MG (<i>sertraline hcl</i>)	NP		<i>desvenlafaxine succinate 25 MG, 50 MG</i>	P	QL(1 EA daily)
<i>sertraline hcl CONC</i>	NP	QL(186 ML per 31 day(s) retail)	DRIZALMA SPRINKLE CSDR	NP	
<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(4 EA daily)	<i>duloxetine hcl CPEP 40 MG</i>	NP	
<i>sertraline hcl TABS 100 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
ZOLOFT CONC (<i>sertraline hcl</i>)	NP	QL(186 ML per 31 day(s) retail)	DULOXETINE HCL CPEP 80 MG, 90 MG, 120 MG	NP	
ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	QL(4 EA daily)	EFFEXOR XR CP24 75 MG (<i>venlafaxine hcl</i>)	NP	QL(5 EA daily)
ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	NP	QL(2 EA daily)
Serotonin Modulators			EFFEXOR XR CP24 37.5 MG (<i>venlafaxine hcl</i>)	NP	QL(4 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 300 MG</i>	P	QL(2 EA daily)	VENLAFAXINE BESYLATE ER	NP	
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P		<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 75 MG</i>	P	QL(5 EA daily)
VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	QL(1 EA daily)	<i>venlafaxine hcl CP24 150 MG</i>	P	QL(2 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)
DESVENLAFAXINE ER	NP		<i>venlafaxine hcl TB24 150 MG</i>	NP	QL(1 EA daily)
			Tricyclic Agents		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amitriptyline hcl TABS</i>	C		JANUMET XR TB24	P	
<i>amoxapine</i>	C		JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>sitagliptin phosphate-metformin hcl</i>)	P	Brand Preferred; ST
<i>clomipramine hcl 75 MG</i>	C		JENTADUETO XR TB24	NP	
<i>desipramine hcl TABS 25 MG</i>	C	QL(2 EA daily)	JENTADUETO TABS	P	Brand Preferred; ST
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	C		<i>pioglitazone hcl-glimepiride</i>	NP	
<i>doxepin hcl CAPS</i>	C		<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 EA daily)
<i>doxepin hcl CONC</i>	C		<i>saxagliptin-metformin hcl</i>	NP	QL(1 EA daily)
<i>imipramine hcl TABS</i>	C		SEGLUROMET	NP	QL(2 EA daily)
<i>nortriptyline hcl CAPS</i>	C		<i>sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG</i>	NP	
<i>nortriptyline hcl SOLN</i>	C	QL(20 ML daily)	<i>sitagliptin free base-metformin hcl TB24</i>	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar			<i>sitagliptin phosphate-metformin hcl TABS</i>	NP	Brand Preferred
Alpha-Glucosidase Inhibitors			SOLQUA	NP	QL(18 ML per 31 day(s) retail)
<i>acarbose</i>	P		STEGLUJAN	NP	
<i>miglitol</i>	NP		SYNJARDY XR TB24	NP	
Antidiabetic Combinations			SYNJARDY TABS	NP	
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 EA daily)	TRIJARDY XR	NP	
<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily)	XIGDUO XR TB24 PO (<i>dapagliflozin free base-metformin hcl</i>)	P	Brand Preferred; ST
<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)	XIGDUO XR TB24 PO 1000 MG-2.5 MG	P	ST
<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG</i>	NP	Brand Preferred	XIGDUO XR TB24 PO (<i>dapagliflozin free base-metformin hcl</i>)	P	Brand Preferred
<i>dapagliflozin-saxagliptin</i>	NP		XULTOPHY	NP	
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP		ZITUVIMET XR TB24	NP	
<i>glipizide-metformin hcl</i>	NP		ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>sitagliptin free base-metformin hcl</i>)	NP	
<i>glyburide-metformin</i>	P	MP			
GLYXAMBI	NP				
INVOKAMET XR TB24	NP				
INVOKAMET TABS	P	ST			

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Drug Name	Drug Tier	Requirements/ Limits
Biguanides		
<i>metformin hcl SOLN</i>	NP	
<i>metformin hcl TABS 1000 MG</i>	P	QL(2 EA daily); MP
<i>metformin hcl TABS 500 MG</i>	P	QL(5 EA daily); MP
<i>metformin hcl TABS 625 MG, 750 MG</i>	NP	
<i>metformin hcl TABS 850 MG</i>	P	QL(3 EA daily); 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
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	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	

Drug Name	Drug Tier	Requirements/ Limits
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)
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	Brand Preferred; ST
<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 10 MCG/0.04ML</i>	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>exenatide SOPN 5 MCG/0.02ML</i>	NP	QL(1.2 ML per 31 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
<i>liraglutide</i>	NP	Brand Preferred; QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail); AL(At least 10 yrs old)	FIASP PENFILL SOCT	NP	
			FIASP SOLN	NP	
			HUMALOG JUNIOR KWIKPEN SOPN	P	QL(30 ML per 31 day(s) retail)
			HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	
MOUNJARO	NP		HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	PA	HUMALOG MIX 50/50 KWIKPEN SUPN	P	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	PA	HUMALOG MIX 75/25 KWIKPEN SUPN	P	QL(30 ML per 31 day(s) retail)
OZEMPIC (2 MG/DOSE) SOPN	PA	PA	HUMALOG MIX 75/25 SUSP	P	
TRULICITY	PA	QL(2 ML per 28 day(s) retail); PA	HUMALOG TEMPO PEN SOPN	P	
VICTOZA (<i>liraglutide</i>)	PA	Brand Preferred; QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail); AL(At least 10 yrs old); PA	HUMALOG SOCT	P	
			HUMALOG SOLN IJ	P	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
			HUMULIN 70/30 KWIKPEN SUPN	P	QL(1 ML daily)
Insulin			HUMULIN 70/30 SUSP	P	Limit 40mls per month
ADMELOG SOLOSTAR SOPN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	HUMULIN N KWIKPEN SUPN	P	QL(1 ML daily)
ADMELOG SOLN IJ	NP	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)	HUMULIN N SUSP	P	Limit 40mls per month
AFREZZA POWD	NP		HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	
APIDRA SOLOSTAR SOPN	P		HUMULIN R U-500 KWIKPEN SOPN SC	P	
APIDRA SOLN	NP		HUMULIN R SOLN IJ	P	Limit 40mls per month
BASAGLAR KWIKPEN SOPN	NP	Brand Preferred	INSULIN ASPART FLEXPEN SOPN	P	QL(30 ML per 31 day(s) retail)
BASAGLAR TEMPO PEN SOPN	NP		INSULIN ASPART SOLN IJ	P	QL(30 ML per 31 day(s) retail)
FIASP FLEXTOUCH SOPN	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN DEGLUDEC FLEXTouch SOPN 200 UNIT/ML	NP	Brand Preferred; QL(0.9 ML daily)	LYUMJEV TEMPO PEN SOPN	NP	
INSULIN DEGLUDEC FLEXTouch SOPN 100 UNIT/ML	NP	Brand Preferred; QL(1.5 ML daily)	LYUMJEV SOLN	NP	
INSULIN DEGLUDEC SOLN	NP	Brand Preferred; QL(1.5 ML daily)	MERIOLOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP		MERIOLOG SOLN SC 100 UNIT/ML	NP	
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP		NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ML daily)
INSULIN GLARGINE-YFGN SOLN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ML daily)
INSULIN GLARGINE-YFGN SOPN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	NOVOLIN 70/30 RELION SUSP	NP	Limit 40mls per month
INSULIN LISPRO (1 UNIT DIAL) SOPN	P	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	NOVOLIN 70/30 SUSP	NP	Limit 40mls per month
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	QL(30 ML per 31 day(s) retail)	NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ML daily)
INSULIN LISPRO PROT & LISPRO SUPN	P	QL(30 ML per 31 day(s) retail)	NOVOLIN N FLEXPEN SUPN	NP	QL(1 ML daily)
INSULIN LISPRO SOLN IJ	P	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)	NOVOLIN N RELION SUSP	NP	Limit 40mls per month
KIRSTY SOLN IJ 100 UNIT/ML	NP		NOVOLIN N SUSP	NP	Limit 40mls per month
KIRSTY SOPN SC 100 UNIT/ML	NP		NOVOLIN R FLEXPEN RELION SOPN IJ	NP	
LANTUS SOLOSTAR SOPN	P	Brand Preferred	NOVOLIN R FLEXPEN SOPN IJ	NP	
LANTUS SOLN	P	Brand Preferred	NOVOLIN R RELION SOLN IJ	NP	Limit 40mls per month
LYUMJEV KWIKPEN SOPN	NP		NOVOLIN R SOLN IJ	NP	Limit 40mls per month
			NOVOLOG 70/30 FLEXPEN RELION SUPN	P	QL(30 ML per 31 day(s) retail)
			NOVOLOG FLEXPEN RELION SOPN	P	QL(30 ML per 31 day(s) retail)
			NOVOLOG FLEXPEN SOPN	P	QL(30 ML per 31 day(s) retail)
			NOVOLOG MIX 70/30 FLEXPEN SUPN	P	QL(30 ML per 31 day(s) retail)
			NOVOLOG MIX 70/30 RELION SUSP	P	QL(40 ML per 31 day(s) retail)
			NOVOLOG MIX 70/30 SUSP	P	QL(40 ML per 31 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG PENFILL SOCT	P	QL(30 ML per 31 day(s) retail)
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)
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 100 UNIT/ML	P	Brand Preferred; QL(1.5 ML daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	P	Brand Preferred; QL(0.9 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

Drug Name	Drug Tier	Requirements/ Limits
INVOKANA	P	ST
JARDIANCE	P	ST
STEGLATRO	NP	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 EA daily); MP
<i>glimepiride 3 MG</i>	P	MP
<i>glimepiride 4 MG</i>	P	QL(2 EA daily); MP
<i>glipizide TABS</i>	P	
<i>glipizide TB24</i>	P	MP
<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	

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

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Drug Name	Drug Tier	Requirements/ Limits
EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	NP	
EMEND TRIPACK CPPK PO (<i>aprepitant</i>)	NP	
EMEND SUSR	NP	
NEREUS CAPS PO 85 MG	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
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 150 MG</i>	P	QL(2 EA per fill retail)
<i>fluconazole TABS 100 MG, 200 MG</i>	P	
<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	
<i>posaconazole TBEC</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
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	
ANTIHIISTAMINES - Drugs to Treat Allergies		
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)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fexofenadine hcl TABS 60 MG</i>	C	QL(2 EA daily)	<i>cholestyramine light POWD</i>	P	
<i>fexofenadine hcl TABS 180 MG</i>	C	QL(1 EA daily)	<i>cholestyramine light POWD</i>	NP	
<i>levocetirizine dihydrochloride SOLN</i>	NP	AL(Up to 12 yrs old); RX/OTC	<i>cholestyramine PACK</i>	P	
<i>levocetirizine dihydrochloride TABS</i>	P	QL(1 EA daily); RX/OTC	<i>cholestyramine POWD</i>	P	
<i>loratadine CHEW</i>	P		<i>colesevelam hcl PACK</i>	NP	
<i>loratadine TABS</i>	P	QL(1 EA daily)	<i>colesevelam hcl TABS</i>	NP	
<i>loratadine TBDP 10 MG</i>	P	QL(1 EA daily); AL(Up to 12 yrs old)	COLESTID GRAN (<i>colestipol hcl</i>)	NP	
Antihistamines - Phenothiazines			COLESTID TABS (<i>colestipol hcl</i>)	NP	
<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 GRAN</i>	P	
<i>promethazine hcl SUPP</i>	P	QL(12 EA per fill retail); AL(At least 2 yrs old)	<i>colestipol hcl PACK</i>	P	
<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)	<i>colestipol hcl TABS</i>	P	
Antihistamines - Piperidines			QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP	
<i>cyproheptadine hcl SYRP</i>	C		QUESTRAN PACK (<i>cholestyramine</i>)	NP	
<i>cyproheptadine hcl TABS</i>	C		QUESTRAN POWD (<i>cholestyramine</i>)	NP	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			WELCHOL PACK (<i>colesevelam hcl</i>)	NP	
Antihyperlipidemics - Combinations			WELCHOL TABS (<i>colesevelam hcl</i>)	NP	
<i>ezetimibe-simvastatin</i>	NP	QL(1 EA daily)	Fibric Acid Derivatives		
VYTORIN (<i>ezetimibe-simvastatin</i>)	NP	QL(1 EA daily)	<i>choline fenofibrate</i>	NP	
Antihyperlipidemics - Misc.			<i>fenofibrate micronized 134 MG, 200 MG</i>	NP	QL(1 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 micronized 67 MG</i>	NP	QL(2 EA daily)
Bile Acid Sequestrants			<i>fenofibrate CAPS</i>	NP	
<i>cholestyramine light PACK</i>	P		<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
<i>cholestyramine light PACK</i>	NP		<i>fenofibrate TABS 160 MG</i>	NP	QL(1 EA daily)
			<i>fenofibrate TABS 48 MG, 145 MG</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate TABS 54 MG</i>	NP	QL(3 EA daily)
<i>fenofibric acid</i>	NP	
FIBRICOR (<i>fenofibric acid</i>)	NP	
<i>gemfibrozil TABS</i>	P	QL(2 EA daily)
LIPOFEN CAPS (<i>fenofibrate</i>)	NP	
LOPID TABS (<i>gemfibrozil</i>)	NP	QL(2 EA daily)
HMG CoA Reductase Inhibitors		
ATORVALIQ SUSP	NP	
<i>atorvastatin calcium TABS</i>	P	QL(1 EA daily)
CRESTOR TABS (<i>rosuvastatin calcium</i>)	NP	QL(1 EA daily)
EZALLOR SPRINKLE CPSP	NP	
<i>fluvastatin sodium CAPS</i>	P	MP
<i>fluvastatin sodium TB24</i>	NP	MP
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NP	MP
LIPITOR TABS (<i>atorvastatin calcium</i>)	NP	QL(1 EA daily)
LIVALO (<i>pitavastatin calcium</i>)	NP	
<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 EA daily); MP
<i>lovastatin TABS 40 MG</i>	P	QL(2 EA daily); MP
<i>pitavastatin calcium</i>	NP	
<i>pravastatin sodium</i>	P	QL(1 EA daily)
<i>rosuvastatin calcium TABS</i>	P	QL(1 EA daily)
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	P	QL(1 EA daily); MP
<i>simvastatin TABS 80 MG</i>	P	MP
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NP	QL(1 EA daily)
ZYPITAMAG 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
ZETIA (<i>ezetimibe</i>)	NP	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	NP	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 8 yrs old); SP
REPATHA PUSHTRONEX SYSTEM SOCT	PA	QL(7 ML per 28 day(s) retail; 7 ML per 28 days mail); AL(At least 10 yrs old); SP; PA
REPATHA SURECLICK SOAJ	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 10 yrs old); SP; PA
REPATHA SOSY	PA	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 10 yrs old); SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>quinapril hcl</i>)	NP	
ALTACE CAPS 1.25 MG, 5 MG (<i>ramipril</i>)	NP	QL(2 EA daily)
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 EA daily); MP
<i>benazepril hcl 40 MG</i>	P	QL(2 EA daily); MP
<i>captopril</i>	P	QL(3 EA daily)
<i>enalapril maleate SOLN</i>	NP	
<i>enalapril maleate TABS</i>	P	QL(2 EA daily); MP
EPANED SOLN (<i>enalapril maleate</i>)	NP	
<i>fosinopril sodium</i>	NP	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P		<i>valsartan TABS</i>	P	QL(1 EA daily)
LOTENSIN 40 MG (<i>benazepril hcl</i>)	NP	QL(2 EA daily)	Antiadrenergic Antihypertensives		
LOTENSIN 10 MG, 20 MG (<i>benazepril hcl</i>)	NP	QL(1 EA daily)	CARDURA (<i>doxazosin mesylate</i>)	NP	
<i>moexipril hcl</i>	NP		<i>clonidine hcl TABS</i>	P	
<i>perindopril erbumine</i>	NP		<i>clonidine PTWK</i>	P	
QBRELIS SOLN	NP		<i>clonidine TB24</i>	NP	
<i>quinapril hcl</i>	NP		<i>doxazosin mesylate</i>	P	
<i>ramipril CAPS</i>	P	QL(2 EA daily); MP	<i>guanfacine hcl</i>	P	
<i>trandolapril 1 MG, 2 MG</i>	NP	QL(1 EA daily)	JAVADIN SOLN PO 0.02 MG/ML	NP	
<i>trandolapril 4 MG</i>	NP	QL(2 EA daily)	<i>methyldopa TABS 500 MG</i>	C	
ZESTRIL TABS (<i>lisinopril</i>)	NP		<i>methyldopa TABS</i>	P	
Angiotensin II Receptor Antagonists			NEXICLON XR TB24 (<i>clonidine</i>)	NP	
ARB LI PO 10 MG/ML	NP		<i>prazosin hcl CAPS</i>	C	
ATACAND (<i>candesartan cilexetil</i>)	NP		<i>terazosin hcl</i>	P	
AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	NP	QL(1 EA daily)	TEZRULY PO 1 MG/ML	NP	
<i>azilsartan medoxomil 40 MG, 80 MG</i>	NP		Antihypertensive Combinations		
BENICAR (<i>olmesartan medoxomil</i>)	NP	QL(1 EA daily)	ACCURETIC 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(4 EA daily)
<i>candesartan cilexetil</i>	NP		ACCURETIC 12.5 MG-10 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 EA daily)
COZAAR (<i>losartan potassium</i>)	NP	QL(1 EA daily)	<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 EA daily)
DIOVAN TABS (<i>valsartan</i>)	NP	QL(1 EA daily)	<i>amlodipine besylate-olmesartan medoxomil</i>	NP	ST
EDARBI 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NP		<i>amlodipine besylate-olmesartan medoxomil</i>	NP	
<i>irbesartan</i>	P	QL(1 EA daily)	<i>amlodipine besylate-valsartan 5 MG-160 MG</i>	P	
<i>losartan potassium</i>	P	QL(1 EA daily); MP	<i>amlodipine besylate-valsartan 10 MG-160 MG, 10 MG-320 MG, 5 MG-320 MG</i>	P	
MICARDIS 40 MG, 80 MG (<i>telmisartan</i>)	NP		<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	
<i>olmesartan medoxomil</i>	P	QL(1 EA daily)			
<i>telmisartan</i>	P				
<i>valsartan SOLN</i>	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	NP		HYZAAR (losartan potassium & hydrochlorothiazide)	NP	QL(1 EA daily)
atenolol & chlorthalidone	P	QL(2 EA daily); MP	irbesartan-hydrochlorothiazide	P	QL(1 EA daily); MP
AVALIDE (irbesartan-hydrochlorothiazide)	NP	QL(1 EA daily)	lisinopril & hydrochlorothiazide	P	MP
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)
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	
captopril & hydrochlorothiazide 25 MG-50 MG	NP	QL(3 EA daily); MP	olmesartan medoxomil-amlodipine-hydrochlorothiazide	NP	ST
DIOVAN HCT (valsartan-hydrochlorothiazide)	NP	QL(1 EA daily)	olmesartan medoxomil-hydrochlorothiazide	P	QL(1 EA daily)
EDARBYCLOR	NP		quinapril-hydrochlorothiazide 25 MG-20 MG	NP	QL(2 EA daily)
enalapril maleate & hydrochlorothiazide	P	QL(2 EA daily); MP	quinapril-hydrochlorothiazide 12.5 MG-10 MG	NP	QL(3 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				
fosinopril sodium & hydrochlorothiazide	NP	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan-amlodipine</i>	NP	ST
<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 EA daily); MP
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	QL(2 EA daily)
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	

Drug Name	Drug Tier	Requirements/ Limits
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	
<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG</i>	C	
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	
<i>sulfamethoxazole-trimethoprim TABS 400 MG-80 MG</i>	C	
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); ST
<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 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 1 GM</i>	C	QL(14 EA per fill retail)
<i>vancomycin hcl SOLR IV 500 MG</i>	C	QL(14 EA per 31 day(s) retail)
VANCOMYCIN HCL SOLR IV 500 MG	C	QL(14 EA per 31 day(s) retail)
VANCOMYCIN HCL SOLR IV 1 GM	C	QL(14 EA per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
Leprostatics		
<i>dapsone</i>	C	
Lincosamides		
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>)	NP	QL(300 ML per fill retail)
CLEOCIN (<i>clindamycin hcl</i>)	NP	
<i>clindamycin hcl 300 MG</i>	C	
<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	C	QL(6 EA per fill retail); PA
SIVEXTRO TABS	NP	QL(6 EA per fill retail)
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 25 MG/5ML</i>	P	QL(40 ML daily)
<i>nitrofurantoin</i>	C	QL(40 ML daily)
NITROFURANTOIN	NP	QL(40 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin macrocrystal</i>	P	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	C	
<i>nitrofurantoin monohyd macro</i>	C	
<i>nitrofurantoin monohyd macro</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	C	QL(24 EA per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	C	QL(1 EA daily)
<i>chloroquine phosphate TABS 250 MG</i>	C	
<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	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pyrazinamide</i>	C		<i>bicalutamide</i>	C	QL(1 EA daily)
<i>rifabutin</i>	C		<i>exemestane</i>	C	
<i>rifampin CAPS</i>	C		<i>letrozole</i>	C	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			<i>megestrol acetate SUSP</i>	P	
Antimetabolites			<i>megestrol acetate TABS</i>	C	
JYLAMVO SOLN PO	NP	SP	<i>tamoxifen citrate TABS</i>	C	
<i>mercaptopurine SUSP 2000 MG/100ML</i>	C		<i>toremifene citrate</i>	C	PA
<i>mercaptopurine TABS</i>	C		Antineoplastic Combinations		
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P		PHESGO	C	SP; PA
<i>methotrexate sodium SOLR</i>	P		Antineoplastic Enzyme Inhibitors		
<i>methotrexate sodium TABS 2.5 MG</i>	P		BRAFTOVI 75 MG	C	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	NP		IBRANCE CAPS 100 MG, 125 MG	C	SP; PA
XATMEP SOLN PO	NP		IBRANCE TABS	C	SP; PA
Antineoplastic - Angiogenesis Inhibitors			ICLUSIG	C	QL(1 EA daily); SP; PA
MVASI	C	SP; PA	INREBIC	C	SP; PA
ZIRABEV	C	SP; PA	MEKTOVI	C	SP; PA
Antineoplastic - Antibodies			ROZLYTREK CAPS	C	SP; PA
ENHERTU	C	SP; PA	Antineoplastic Enzymes		
PADCEV	C	SP; PA	ASPARLAS	C	SP; PA
RUXIENCE	C	SP; PA	Antineoplastics Misc.		
TRUXIMA	C	SP; PA	<i>hydroxyurea</i>	P	
Antineoplastic - Anti-HER2 Agents			Chemotherapy Rescue/Antidote/Protective Agents		
KANJINTI	C	SP; PA	<i>leucovorin calcium TABS</i>	C	
OGIVRI	C	SP; PA	ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
TRAZIMERA 420 MG	C	SP; PA	Antiparkinson Adjunctive Therapy		
Antineoplastic - Hormonal and Related Agents			<i>carbidopa</i>	NP	
<i>abiraterone acetate</i>	C	SP; PA	NOURIANZ	NP	
<i>anastrozole</i>	C		Antiparkinson Anticholinergics		
			<i>benztropine mesylate TABS</i>	C	
			<i>benztropine mesylate TABS</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>trihexyphenidyl hcl SOLN</i>	P	QL(16.67 ML daily)	MIRAPEX ER TB24 2.25 MG, 3 MG, 3.75 MG (<i>pramipexole dihydrochloride</i>)	NP	
<i>trihexyphenidyl hcl TABS</i>	C		NEUPRO	NP	
<i>trihexyphenidyl hcl TABS</i>	P		<i>pramipexole dihydrochloride TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
Antiparkinson COMT Inhibitors			<i>pramipexole dihydrochloride TB24</i>	NP	
<i>entacapone</i>	NP		<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 EA daily)
ONGENTYS	NP		<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 EA daily)
Antiparkinson Dopaminergics			<i>ropinirole hydrochloride TB24</i>	NP	
<i>amantadine hcl CAPS</i>	C		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>amantadine hcl CAPS</i>	P		SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NP	
<i>amantadine hcl SOLN</i>	C		Antiparkinson Monoamine Oxidase Inhibitors		
<i>amantadine hcl TABS</i>	P		AZILECT (<i>rasagiline mesylate</i>)	NP	
APOKYN SOCT	NP	SP	<i>rasagiline mesylate</i>	NP	
<i>apomorphine hydrochloride SOCT</i>	NP	SP	<i>selegiline hcl CAPS</i>	C	
<i>bromocriptine mesylate CAPS</i>	P		<i>selegiline hcl CAPS</i>	P	
<i>bromocriptine mesylate TABS 2.5 MG</i>	C		<i>selegiline hcl TABS</i>	P	
<i>bromocriptine mesylate TABS 2.5 MG</i>	P		<i>selegiline hcl TABS</i>	C	
<i>carbidopa-levodopa CPCR</i>	NP		XADAGO	NP	
<i>carbidopa-levodopa-entacapone</i>	NP		ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
<i>carbidopa-levodopa TABS</i>	P		Antimanic Agents		
<i>carbidopa-levodopa TABS</i>	C		<i>lithium</i>	C	QL(10 ML daily)
<i>carbidopa-levodopa TBCR</i>	P		<i>lithium carbonate CAPS</i>	C	
<i>carbidopa-levodopa TBCR</i>	C				
<i>carbidopa-levodopa TBDP</i>	P				
CREXONT CPCR	NP				
DHIVY TABS	NP				
DUOPA SUSP	NP				
GOCOVRI CP24	NP	SP			
GOCOVRI CP24 68.5 MG	NP				
INBRIJA CAPS	NP				

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Drug Name	Drug Tier	Requirements/ Limits
<i>lithium carbonate TABS</i>	C	
<i>lithium carbonate TBCR</i>	C	
Antipsychotics - Misc.		
CAPLYTA	NP	AL(At least 18 yrs old); ST
EQUETRO	NP	
GEODON 80 MG (<i>ziprasidone hcl</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)
GEODON (<i>ziprasidone hcl</i>)	NP	QL(2 EA daily); AL(At least 18 yrs old)
LATUDA (<i>lurasidone hcl</i>)	NP	AL(At least 10 yrs old)
<i>lurasidone hcl</i>	P	AL(At least 10 yrs old)
<i>lurasidone hcl</i>	P	AL(At least 10 yrs old)
NUPLAZID CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old); ST
NUPLAZID TABS 10 MG	NP	QL(1 EA daily); AL(At least 18 yrs old); ST
VRAYLAR CAPS 0.5 MG, 0.75 MG	P	
VRAYLAR CAPS	P	AL(At least 18 yrs old)
<i>ziprasidone hcl</i>	P	QL(2 EA daily); AL(At least 18 yrs old)
<i>ziprasidone mesylate</i>	NP	AL(At least 18 yrs old); ST
Benzisoxazoles		
BYSANTI TITRATION PACK A TBPB PO	NP	
BYSANTI TITRATION PACK B TBPB PO	NP	
BYSANTI TITRATION PACK C TBPB PO	NP	
BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits
ERZOFRI 78 MG/0.5ML	NP	QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 117 MG/0.75ML	NP	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 39 MG/0.25ML	NP	QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 351 MG/2.25ML	NP	AL(At least 18 yrs old); SP
ERZOFRI 234 MG/1.5ML	NP	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 156 MG/ML	NP	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
FANAPT	NP	AL(At least 18 yrs old); ST
FANAPT TITRATION PACK A	NP	AL(At least 18 yrs old); ST
FANAPT TITRATION PACK B	NP	
FANAPT TITRATION PACK C	NP	
INVEGA 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NP	AL(At least 12 yrs old); ST
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP
INVEGA SUSTENNA 156 MG/ML	P	QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 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 SUSTENNA 39 MG/0.25ML	P	QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	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
INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	RISPERDAL SOLN (<i>risperidone</i>)	NP	QL(4 ML daily); AL(At least 7 yrs old); ST
INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ML per 28 day(s) retail); 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)
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 microspheres</i>	NP	Brand Preferred; 2 max fill(s) per 28 day(s) retail; AL(At least 18 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 microspheres</i>	NP	Brand Preferred; 2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old); SP
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); ST
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 SOLN</i>	P	QL(4 ML daily); AL(At least 7 yrs old)
<i>paliperidone</i>	NP	AL(At least 12 yrs old)	<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); ST	<i>risperidone TABS</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 TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	P	QL(4 EA daily); AL(At least 7 yrs old)
			<i>risperidone TBDP</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
			RYKINDO SRER	NP	AL(At least 18 yrs old); SP
			UZEDY SUSY	P	AL(At least 18 yrs old); SP
Butyrophenones					
			<i>haloperidol decanoate</i>	C	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol lactate CONC</i>	C		CLOZARIL TABS 25 MG, 50 MG (<i>clozapine</i>)	NP	QL(3 EA daily); AL(At least 18 yrs old)
<i>haloperidol TABS 20 MG</i>	C		CLOZARIL TABS 100 MG (<i>clozapine</i>)	NP	QL(9 EA daily); AL(At least 18 yrs old)
<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	C	QL(3 EA daily)	<i>loxapine succinate</i>	C	QL(4 EA daily); AL(At least 18 yrs old)
Dibenzapines			<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)
ADASUVE	NP	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)
<i>asenapine maleate</i>	P	AL(At least 10 yrs old)	<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)
<i>clozapine TABS 25 MG, 50 MG</i>	P	QL(3 EA daily); AL(At least 18 yrs old)	<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)
<i>clozapine TABS 200 MG</i>	P	QL(4 EA daily); AL(At least 18 yrs old)	<i>olanzapine TBDP</i>	NP	AL(At least 10 yrs old)
<i>clozapine TABS 100 MG</i>	P	QL(9 EA daily); AL(At least 18 yrs old)	<i>olanzapine TBDP</i>	NP	AL(At least 10 yrs old); ST
<i>clozapine TBDP 200 MG</i>	NP	QL(4 EA daily); AL(At least 18 yrs old)	<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); ST	<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)
<i>clozapine TBDP 100 MG</i>	NP	QL(9 EA daily); AL(At least 18 yrs old); ST	<i>quetiapine fumarate TB24</i>	P	AL(At least 10 yrs old)
<i>clozapine TBDP 150 MG</i>	NP	QL(6 EA daily); AL(At least 18 yrs old)	SAPHRIS (<i>asenapine maleate</i>)	NP	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	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)
<i>clozapine TBDP 12.5 MG, 25 MG</i>	NP	QL(3 EA daily); AL(At least 18 yrs old)	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 TABS 300 MG (<i>quetiapine fumarate</i>)	NP	QL(2 EA daily); AL(At least 10 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL TABS 25 MG, 50 MG (<i>quetiapine fumarate</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)	<i>prochlorperazine</i>	NP	
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>prochlorperazine</i>	P	
SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NP	QL(2 EA daily); AL(At least 10 yrs old)	<i>prochlorperazine maleate TABS</i>	P	
VERSACLOZ SUSP	NP	QL(18 ML daily); AL(At least 18 yrs old); ST	<i>thioridazine hcl</i>	C	QL(3 EA daily)
ZYPREXA RELPREVV	NP	AL(At least 18 yrs old); SP	<i>trifluoperazine hcl TABS</i>	C	QL(2 EA daily)
ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	NP	AL(At least 10 yrs old)	Quinolinone Derivatives		
ZYPREXA SOLR (<i>olanzapine</i>)	NP	AL(At least 18 yrs old); ST	ABILIFY ASIMTUFII PRSY	P	AL(At least 18 yrs old); SP
ZYPREXA TABS 7.5 MG, 10 MG (<i>olanzapine</i>)	NP	QL(2 EA daily); AL(At least 10 yrs old)	ABILIFY MAINTENA PRSY	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 MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ZYPREXA TABS 2.5 MG, 5 MG (<i>olanzapine</i>)	NP	QL(4 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)
Muscarinic Agents			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)
COBENFY STARTER PACK CPPK	NP	AL(At least 18 yrs old); ST	ABILIFY TABS 5 MG (<i>aripiprazole</i>)	NP	QL(1.5 EA daily); AL(At least 7 yrs old)
COBENFY CAPS	NP	AL(At least 18 yrs old)	<i>aripiprazole SOLN PO</i>	NP	QL(750 ML per 31 day(s) retail; 750 ML per 31 days mail); AL(At least 7 yrs old); ST
Phenothiazines			<i>aripiprazole SOLN PO</i>	NP	QL(750 ML per 31 day(s) retail; 750 ML per 31 days mail); AL(At least 7 yrs old)
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	C	QL(3 EA daily)	<i>aripiprazole TABS 5 MG</i>	P	QL(1.5 EA daily); AL(At least 7 yrs old)
<i>chlorpromazine hcl TABS 10 MG</i>	C	QL(10 EA daily)	<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>fluphenazine decanoate</i>	C				
<i>fluphenazine hcl TABS</i>	C				
<i>perphenazine TABS</i>	C	QL(4 EA daily); AL(At least 12 yrs old)			

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

Drug Name	Drug Tier	Requirements/ Limits
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily)
<i>abacavir sulfate TABS</i>	P	QL(2 EA daily)
<i>abacavir sulfate TABS</i>	C	QL(2 EA daily)
APTIVUS CAPS	P	QL(4 EA daily)
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 EA daily)
<i>atazanavir sulfate CAPS 300 MG</i>	C	
<i>atazanavir sulfate CAPS 300 MG</i>	P	
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	C	QL(2 EA daily)
BIKTARVY	P	QL(1 EA daily)
CIMDUO	P	QL(1 EA daily)
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
<i>darunavir TABS 600 MG</i>	C	QL(2 EA daily)
<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily)
<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily)
<i>darunavir TABS 800 MG</i>	C	QL(1 EA daily)
DELSTRIGO	P	QL(1 EA daily)
DESCOVY 120 MG-15 MG	P	QL(1 EA daily); PA
DESCOVY 200 MG-25 MG	P	QL(1 EA daily)
DOVATO	P	QL(1 EA daily)
EDURANT 25 MG (<i>rilpivirine hcl</i>)	P	QL(1 EA daily)
EDURANT PED PO 2.5 MG	P	
<i>efavirenz CAPS 200 MG</i>	C	QL(1 EA daily)
<i>efavirenz CAPS 50 MG</i>	C	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	INTELENCE	P	QL(4 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	INTELENCE (<i>etravirine</i>)	P	QL(4 EA daily)
<i>efavirenz TABS</i>	C	QL(1 EA daily)	ISENTRESS HD TABS	P	
<i>efavirenz TABS</i>	P	QL(1 EA daily)	ISENTRESS CHEW 25 MG	P	QL(12 EA daily)
<i>emtricitabine CAPS</i>	P	QL(1 EA daily)	ISENTRESS CHEW 100 MG	P	QL(6 EA daily)
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)	ISENTRESS PACK	P	QL(2 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	P		ISENTRESS TABS	P	QL(2 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 EA daily)	JULUCA	P	QL(1 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	C	QL(1 EA daily)	KALETRA SOLN	P	QL(16 ML daily)
EMTRIVA CAPS (<i>emtricitabine</i>)	P	QL(1 EA daily)	KALETRA TABS 25 MG-100 MG (<i>lopinavir-ritonavir</i>)	P	QL(4 EA daily)
EMTRIVA SOLN	P	QL(24 ML daily)	KALETRA TABS 50 MG-200 MG (<i>lopinavir-ritonavir</i>)	P	QL(6 EA daily)
EPIVIR SOLN (<i>lamivudine</i>)	P	QL(30 ML daily)	<i>lamivudine SOLN</i>	P	QL(30 ML daily)
EPIVIR TABS 300 MG (<i>lamivudine</i>)	P	QL(1 EA daily)	<i>lamivudine SOLN</i>	C	QL(30 ML daily)
EPIVIR TABS 150 MG (<i>lamivudine</i>)	P	QL(2 EA daily)	<i>lamivudine TABS 150 MG</i>	P	QL(2 EA daily)
<i>etravirine 100 MG</i>	P	QL(4 EA daily)	<i>lamivudine TABS 300 MG</i>	P	QL(1 EA daily)
<i>etravirine 200 MG</i>	P	QL(2 EA daily)	<i>lamivudine-zidovudine</i>	P	
EVOTAZ	P	QL(1 EA daily)	<i>lopinavir-ritonavir SOLN</i>	C	QL(16 ML daily)
<i>fosamprenavir calcium TABS</i>	P	QL(4 EA daily)	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 EA daily)
FUZEON SOLR	NP	SP	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 EA daily)
GENVOYA	P	QL(1 EA daily)	<i>maraviroc TABS 300 MG</i>	C	QL(4 EA daily)
IDVYNZO TABS PO	P		<i>maraviroc TABS 150 MG</i>	C	QL(2 EA daily)
INTELENCE 200 MG (<i>etravirine</i>)	P	QL(2 EA daily)	<i>maraviroc TABS 150 MG</i>	P	QL(2 EA daily)
			<i>maraviroc TABS 300 MG</i>	P	QL(4 EA daily)
			<i>nevirapine SUSP</i>	P	QL(40 ML daily)
			<i>nevirapine TABS</i>	P	QL(2 EA daily)
			<i>nevirapine TB24 400 MG</i>	P	QL(1 EA daily)
			NORVIR PACK	P	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>tenofovir disoproxil fumarate TABS</i>	P	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 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	P	
TYBOST	P	QL(1 EA daily); AL(At least 18 yrs old)
VIRACEPT TABS 250 MG	P	QL(9 EA daily)
VIRACEPT TABS 625 MG	P	QL(4 EA daily)
VIREAD POWD	P	QL(8 GM daily)
VIREAD TABS	P	QL(1 EA daily)
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)
ZIAGEN SOLN (<i>abacavir sulfate</i>)	P	QL(30 ML daily)
<i>zidovudine CAPS</i>	P	QL(6 EA daily)
<i>zidovudine SYRP</i>	P	QL(60 ML daily)
<i>zidovudine TABS</i>	P	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	C	1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old)

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PAPZIMEOS SUSP SC	C	SP; PA	<i>bisoprolol fumarate 2.5 MG</i>	P	MP
Influenza Agents			<i>bisoprolol fumarate</i>	P	QL(1 EA daily); MP
<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	BYSTOLIC (<i>nebivolol hcl</i>)	NP	
<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	KASPARGO SPRINKLE CS24	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 SOLN PO 10 MG/ML	NP	
RELENZA DISKHALER	C	1 package(s) per 31 day(s) retail; AL(At least 5 yrs old)	LOPRESSOR TABS 50 MG (<i>metoprolol tartrate</i>)	NP	QL(4 EA daily)
BETA BLOCKERS - Drugs to Treat High Blood Pressure			LOPRESSOR TABS 12.5 MG (<i>metoprolol tartrate</i>)	NP	
Alpha-Beta Blockers			LOPRESSOR TABS 100 MG (<i>metoprolol tartrate</i>)	NP	QL(4.5 EA daily)
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(2 EA daily); MP	<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 EA daily); MP
<i>carvedilol 25 MG</i>	P	QL(4 EA daily); MP	<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 EA daily); MP
<i>carvedilol phosphate</i>	NP	QL(1 EA daily)	<i>metoprolol tartrate TABS 12.5 MG, 37.5 MG, 75 MG</i>	P	MP
<i>labetalol hcl TABS 300 MG</i>	P	QL(8 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)	<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 EA daily); MP
<i>labetalol hcl TABS 400 MG</i>	P		<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)
Beta Blockers Cardio-Selective			TOPROL XL TB24 200 MG (<i>metoprolol succinate</i>)	NP	QL(2 EA daily)
<i>acebutolol hcl CAPS</i>	P	MP	TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>metoprolol succinate</i>)	NP	QL(4 EA daily)
<i>atenolol TABS</i>	P	QL(2 EA daily)	Beta Blockers Non-Selective		
<i>betaxolol hcl</i>	NP		BETAPACE AF (<i>sotalol hcl (afib/afll)</i>)	NP	QL(2 EA daily)
			BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	
			HEMANGEOL SOLN PO	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEMANGEOL SOLN PO	NP		<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	
INDERAL LA CP24 (<i>propranolol hcl</i>)	NP	QL(2 EA daily)	<i>diltiazem hcl TB24</i>	P	
INDERAL XL	NP		<i>felodipine</i>	P	QL(1 EA daily)
INNOPRAN XL	NP		<i>isradipine CAPS</i>	P	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(2 EA daily); MP	KATERZIA	NP	
<i>pindolol TABS</i>	NP		<i>nicardipine hcl CAPS</i>	P	
<i>propranolol hcl CP24</i>	P	QL(2 EA daily); MP	<i>nifedipine CAPS</i>	NP	QL(4 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	MP	<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 EA daily)
<i>propranolol hcl TABS</i>	P	MP	<i>nifedipine TB24 60 MG</i>	P	QL(2 EA daily)
<i>sotalol hcl (afib/afl)</i>	P	QL(2 EA daily); MP	<i>nimodipine CAPS</i>	NP	
<i>sotalol hcl TABS</i>	P	MP	<i>nimodipine SOLN</i>	NP	
SOTYLIZE SOLN PO	NP		<i>nisoldipine</i>	NP	
<i>timolol maleate TABS</i>	NP		NORLIQVA SOLN	NP	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			NORVASC TABS (<i>amlodipine besylate</i>)	NP	QL(1 EA daily)
Calcium Channel Blockers			NYMALIZE SOLN 6 MG/ML	NP	
<i>amlodipine besylate TABS</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		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)	SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 EA daily)	SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 EA daily)	VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 EA daily)	<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	
<i>diltiazem hcl CP12</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 240 MG</i>	P	QL(2 EA daily)	<i>verapamil hcl TABS</i>	P	QL(3 EA daily)
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 EA daily)	<i>verapamil hcl TBCR</i>	P	QL(2 EA daily)
<i>diltiazem hcl TABS</i>	P	QL(3 EA daily)	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
			Cardiac Glycosides		

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Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin SOLN PO 0.05 MG/ML</i>	C	
<i>digoxin TABS 125 MCG, 250 MCG</i>	C	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NP	
ENTRESTO CPSP	NP	
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>sacubitril-valsartan</i>)	NP	
OPSYNVI	NP	SP
<i>sacubitril-valsartan TABS</i>	P	
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
ORENITRAM TBCR	NP	SP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	P	SP
<i>bosentan TABS</i>	P	SP
<i>bosentan TBSO 32 MG</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
LETAIRIS (<i>ambrisentan</i>)	NP	SP
<i>macitentan 10 MG</i>	NP	
OPSUMIT 10 MG (<i>macitentan</i>)	NP	SP
TRACLEER TABS (<i>bosentan</i>)	NP	SP
TRACLEER TBSO 32 MG (<i>bosentan</i>)	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	SP
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NP	SP
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	PA	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	PA	PA
<i>tadalafil (pulmonary hypertension) TABS</i>	PA	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	NP	SP
UPTRAVI SOLR	C	SP; PA
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP

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

Drug Name	Drug Tier	Requirements/ Limits
<i>cefpodoxime proxetil SUSR</i>	P	
<i>cefpodoxime proxetil TABS</i>	P	
<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		
HYDROXYUREA	C	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	C	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	C	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	C	
<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	C	
<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	C	QL(1 EA daily)
<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	C	
<i>ethynodiol diacet & eth estrad 50 MCG-1 MG</i>	C	QL(1 EA daily)
<i>levonorgestrel & eth estradiol TABS</i>	C	
<i>levonorgestrel-eth estradiol (triphasic)</i>	C	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	C	
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	C	
<i>norethindrone & eth estradiol</i>	C	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone & ethinyl estradiol-fe</i>	C		<i>norethindrone (contraceptive)</i>	C	
<i>norethindrone acet & eth estra TABS</i>	C		CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	C		Glucocorticosteroids		
<i>norethindrone-eth estradiol (triphasic)</i>	C		AGAMREE	NP	SP
<i>norgestimate-ethinyl estradiol</i>	C		ALKINDI SPRINKLE CPSP	NP	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	C		<i>budesonide CPEP</i>	P	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	C	QL(2 EA daily)	<i>budesonide TB24</i>	NP	
TYBLUME CHEW	C		CORTEF TABS (<i>hydrocortisone</i>)	NP	
Combination Contraceptives - Transdermal			CORTISONE ACETATE TABS	P	
<i>norelgestromin-ethinyl estradiol</i>	C		<i>deflazacort SUSP</i>	NP	
Combination Contraceptives - Vaginal			<i>deflazacort SUSP</i>	NP	SP
<i>etonogestrel-ethinyl estradiol</i>	C	QL(6 EA per fill retail)	<i>deflazacort TABS</i>	NP	SP
Emergency Contraceptives			<i>deflazacort TABS</i>	NP	
ELLA	C	QL(4 EA per 365 day(s) retail)	DEXAMETHASONE INTENSOL CONC	NP	
<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 SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	C	QL(150 ML per 31 day(s) retail)
Progestin Contraceptives - Injectable			<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	C	QL(150 ML per 31 day(s) retail)
DEPO-SUBQ PROVERA 104 SUSY SC	C	QL(1 ML per fill retail; 1 per fill mail)	<i>dexamethasone ELIX</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	C	QL(1 ML per fill retail; 1 per fill mail)	<i>dexamethasone SOLN</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	C	QL(1 ML per fill retail; 1 per fill mail)	<i>dexamethasone TABS</i>	P	
Progestin Contraceptives - Oral			<i>dexamethasone TBPK</i>	P	
			DEXLYT TABS 0.25 MG	NP	
			EMFLAZA SUSP (<i>deflazacort</i>)	NP	SP
			EMFLAZA TABS (<i>deflazacort</i>)	NP	SP
			EOHILIA SUSP	NP	
			HEMADY TABS	NP	
			HEMADY TABS	NP	

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

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Drug Name	Drug Tier	Requirements/ Limits
LOHIST-D LIQD	C	
<i>loratadine & pseudoephedrine TB12</i>	C	QL(2 EA daily)
<i>loratadine & pseudoephedrine TB24</i>	C	QL(1 EA daily)
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
<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	C	QL(240 ML per fill retail)
<i>phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML</i>	C	QL(240 ML per 6 day(s) retail)
<i>promethazine & phenylephrine SYRP</i>	C	QL(240 ML per 6 day(s) retail); AL(At least 2 yrs old)
<i>promethazine w/codeine SOLN</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>promethazine w/codeine SYRP</i>	C	QL(240 ML per fill retail); AL(At least 18 yrs old)
<i>promethazine-dm SYRP</i>	C	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	C	QL(240 ML per fill retail)
<i>pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML</i>	C	
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	C	QL(210 EA per fill retail)
<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i>	C	
WAL-TUSSIN CF LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML	C	
Expectorants		

Drug Name	Drug Tier	Requirements/ Limits
<i>guaifenesin TB12 600 MG</i>	C	QL(40 EA per fill retail); 1 max fill(s) per 31 day(s) retail
<i>guaifenesin TB12 1200 MG</i>	C	
<i>potassium iodide (expectorant) SOLN</i>	C	
Misc. Respiratory Inhalants		
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	C	
Mucolytics		
<i>acetylcysteine SOLN</i>	C	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>adapalene-benzoyl peroxide GEL</i>	NP	
<i>adapalene CREA</i>	NP	
<i>adapalene GEL</i>	NP	RX/OTC
<i>adapalene GEL 0.3 %</i>	P	
AKLIEF	NP	
AVAR CLEANSER LIQD 10 %-5 % (<i>sulfacetamide sodium w/ sulfur</i>)	NP	
AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	
AVAR-E EMOLLIENT CREA 10 %-5 % (<i>sulfacetamide sodium w/ sulfur</i>)	NP	
<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	

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	QL(20 GM per fill retail); AL(Up to 35 yrs old)	<i>ciclopirox olamine SUSP</i>	P	
<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	AL(Up to 35 yrs old)	CICLOPIROX TREATMENT KIT 8 %	NP	
<i>tretinoin GEL 0.01 %</i>	P	QL(30 GM per fill retail); AL(Up to 35 yrs old)	<i>ciclopirox GEL</i>	NP	
<i>tretinoin GEL 0.01 %</i>	P	QL(45 GM per fill retail); AL(Up to 35 yrs old)	<i>ciclopirox SHAM</i>	NP	
<i>tretinoin GEL 0.05 %</i>	NP		<i>ciclopirox SOLN</i>	P	
TWYNEO	NP		<i>ciclopirox SOLN</i>	NP	
WINLEVI	NP		<i>clotrimazole (topical) CREA</i>	P	QL(60 GM per 31 day(s) retail; 60 GM per 31 days mail); RX/OTC
Agents for External Genital and Perianal Warts			<i>clotrimazole (topical) SOLN</i>	P	1 package(s) per fill retail; RX/OTC
VEREGEN	NP		<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per 31 day(s) retail)
Antibiotics - Topical			<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ML per 31 day(s) retail)
<i>bacitracin (topical) OINT</i>	C	1 package(s) per fill retail	<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail)
<i>bacitracin zinc OINT</i>	C	1 package(s) per fill retail	ECONAZOLE NITRATE FOAM 1 %	NP	
CENTANY AT KIT	NP		ERTACZO	NP	
<i>gentamicin sulfate (topical) CREA</i>	C	QL(1 GM daily; 30 GM per fill retail)	<i>ketoconazole (topical) CREA</i>	P	1 package(s) per 31 day(s) retail
<i>gentamicin sulfate (topical) OINT</i>	C	QL(1 GM daily; 30 GM per fill retail)	<i>ketoconazole (topical) FOAM</i>	NP	
<i>mupirocin calcium (topical)</i>	NP	1 package(s) per 31 day(s) retail	<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ML per fill retail)
<i>mupirocin OINT</i>	P	QL(30 GM per 31 day(s) retail)	<i>miconazole nitrate (topical) CREA</i>	C	QL(200 GM per 31 day(s) retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	C	QL(60 EA per 31 day(s) retail)	<i>miconazole-zinc oxide-white petrolatum</i>	NP	
<i>neomycin-polymyxin w/ pramoxine</i>	C	1 package(s) per fill retail	<i>naftifine hcl CREA</i>	NP	
XEPI	NP		<i>naftifine hcl GEL 2 %</i>	NP	
Antifungals - Topical			NAFTIN GEL 2 % (<i>naftifine hcl</i>)	NP	
<i>ciclopirox olamine CREA</i>	P		NIZORAL SHAM	C	
			<i>nystatin (topical) CREA</i>	P	1 package(s) per 31 day(s) retail

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Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (topical) OINT</i>	P	1 package(s) per fill retail
<i>nystatin (topical) POWD EX</i>	P	1 package(s) per 31 day(s) retail
<i>nystatin-triamcinolone CREA</i>	P	1 package(s) per fill retail
<i>nystatin-triamcinolone OINT</i>	P	1 package(s) per fill retail
<i>oxiconazole nitrate CREA</i>	NP	
OXISTAT LOTN	NP	
<i>tavaborole</i>	NP	
<i>terbinafine hcl (topical) CREA</i>	C	
<i>tolnaftate CREA</i>	C	QL(30 GM per fill retail)
VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP	
Antihistamines-Topical		
ITCH RELIEF CREA	C	
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	NP	
<i>diclofenac sodium (topical) GEL EX</i>	P	QL(6.68 GM daily); RX/OTC
<i>diclofenac sodium (topical) SOLN EX</i>	NP	
PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	NP	
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>fluorouracil (topical) CREA 0.5 %</i>	C	
<i>fluorouracil (topical) CREA 5 %</i>	C	QL(40 GM per 31 day(s) retail)
<i>fluorouracil (topical) SOLN</i>	C	QL(10 ML per 31 day(s) retail)
Antipruritics - Topical		

Drug Name	Drug Tier	Requirements/ Limits
<i>camphor & menthol LOTN</i>	C	1 package(s) per fill retail
Antipsoriatics		
BIMZELX SOAJ	NP	SP
BIMZELX SOSY	NP	SP
<i>calcipotriene CREA</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
CALCIPOTRIENE FOAM	NP	
<i>calcipotriene OINT</i>	P	
<i>calcipotriene SOLN</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
<i>calcitriol (topical)</i>	NP	
COSENTYX (300 MG DOSE) SOSY	NP	SP
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP
COSENTYX SENSOREADY PEN SOAJ	NP	SP
COSENTYX UNOREADY SOAJ	NP	SP
COSENTYX SOSY	NP	SP
ICOTYDE TABS PO 200 MG	NP	SP
IMULDOSA SOSY SC 45 MG/0.5ML	NP	
IMULDOSA SOSY SC 90 MG/ML	NP	SP
OTULFI SOLN SC 45 MG/0.5ML	NP	SP
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
PYZCHIVA SC 45 MG/0.5ML	NP	SP
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP
SELARSDI SOLN SC 45 MG/0.5ML	NP	SP

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

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diflorasone diacetate OINT</i>	NP		<i>halobetasol propionate OINT</i>	P	
DIPROLENE OINT (betamethasone dipropionate augmented)	NP		HALOG CREA (halcinonide)	NP	
ENSTILAR FOAM	NP		HALOG SOLN 0.1 % (halcinonide)	NP	
EPIFOAM FOAM	C		HYDRAVEX GEL 2 %	NP	
<i>fluocinolone acetonide CREA</i>	P		<i>hydrocortisone (topical) CREA 2.5 %</i>	P	QL(120 GM per 31 day(s) retail)
<i>fluocinolone acetonide OIL</i>	P		<i>hydrocortisone (topical) CREA 1 %</i>	P	1 package(s) per fill retail; RX/OTC
<i>fluocinolone acetonide OINT</i>	P		<i>hydrocortisone (topical) CREA 0.5 %</i>	C	1 package(s) per fill retail
<i>fluocinolone acetonide SOLN</i>	P		<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	1 package(s) per fill retail
<i>fluocinonide emulsified base</i>	P	1 package(s) per fill retail	<i>hydrocortisone (topical) OINT 2.5 %</i>	P	
<i>fluocinonide CREA 0.05 %</i>	P	1 package(s) per fill retail	<i>hydrocortisone (topical) OINT 1 %</i>	P	QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC
<i>fluocinonide CREA 0.1 %</i>	P				
<i>fluocinonide GEL</i>	P	1 package(s) per fill retail	<i>hydrocortisone (topical) SOLN 2.5 %</i>	NP	
<i>fluocinonide OINT</i>	NP	1 package(s) per fill retail	<i>hydrocortisone butyrate CREA</i>	NP	
<i>fluocinonide SOLN</i>	P	1 package(s) per fill retail	<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 (triamcinolone acetonide (topical))	NP	1 package(s) per fill retail
<i>halobetasol propionate FOAM</i>	NP				
HALOBETASOL PROPIONATE LOTN 0.05 %	NP				

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Drug Name	Drug Tier	Requirements/ Limits
LEXETTE FOAM (<i>halobetasol propionate</i>)	NP	
<i>mometasone furoate CREA</i>	P	1 package(s) per fill retail
<i>mometasone furoate OINT</i>	P	1 package(s) per fill retail
<i>mometasone furoate SOLN</i>	P	1 package(s) per fill retail
PANDEL	NP	
SYNALAR CREA (<i>fluocinolone acetonide</i>)	NP	
SYNALAR OINT (<i>fluocinolone acetonide</i>)	NP	
TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NP	
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

Drug Name	Drug Tier	Requirements/ Limits
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	
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
<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	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KERI NOURISHING SHEA BUTTER LOTN	C		<i>tacrolimus (topical) OINT 0.03 %</i>	P	QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 2 yrs old)
KERI ORIGINAL LOTN	C				
KERI OVERNIGHT LOTN	C		<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 16 yrs old)
KERI RENEWAL MILK BODY LOTN	C		Keratolytic/Antimitotic/Vesicant Agents		
KERI RENEWAL SKIN FIRMING LOTN	C		CONDYLOX GEL (<i>podofilox</i>)	NP	
KERI RENEWAL STRETCH MARK LOTN	C		DERMACINRX SALICYLIC ACID GEL 6 %	C	
KERI SENSITIVE SKIN LOTN	C		<i>podofilox GEL</i>	NP	
<i>lactic acid (ammonium lactate) CREA</i>	C	QL(385 GM per 31 day(s) retail); RX/OTC	<i>podofilox SOLN</i>	NP	
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	C	QL(567 GM per 31 day(s) retail); RX/OTC	<i>salicylic acid GEL 3 %, 6 %</i>	C	
LUBRIDERM LOTN	C		SALICYLIC ACID OINT	NP	RX/OTC
NIVEA VISAGE LOTN	C		Local Anesthetics - Topical		
NIVEA LOTN	C		<i>capsaicin CREA 0.025 %, 0.035 %, 0.075 %, 0.1 %</i>	C	1 package(s) per fill retail
RESTA LITE LOTN	C		DERMACINRX LIDOCAINE CREA 3 %	C	1 package(s) per fill retail; RX/OTC
Hair Growth Agents			<i>dibucaine</i>	C	1 package(s) per fill retail
LEQSELVI TABS PO 8 MG	NP	SP	<i>lidocaine hcl CREA 3 %, 4 %</i>	C	1 package(s) per fill retail
LITFULO	NP	SP	<i>lidocaine hcl GEL 2 %</i>	C	QL(1 ML daily; 30 ML per fill retail)
Immunomodulating Agents - Systemic			<i>lidocaine CREA 4 %</i>	C	1 package(s) per fill retail
NEMLUVIO	NP	SP	<i>lidocaine-prilocaine CREA</i>	C	1 package(s) per fill retail
Immunomodulating Agents - Topical			Misc. Topical		
<i>imiquimod 3.75 %</i>	NP		DRYSOL SOLN	C	
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail)	<i>lanolin (topical) CREA</i>	C	
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)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SENSI-CARE MOISTURIZING CREA	C		SOOLANTRA (<i>ivermectin (rosacea)</i>)	NP	
<i>skin protectants, misc. CREA</i>	C		Scabicides & Pediculicides		
<i>zinc oxide (topical) OINT 20 %</i>	C	1 package(s) per fill retail	<i>crotamiton LOTN</i>	NP	1 package(s) per fill retail
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			ELIMITE CREA (<i>permethrin</i>)	NP	QL(60 GM per fill retail)
EUCRISA	NP		<i>malathion</i>	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
ZORYVE CREA EX	NP	AL(At least 2 yrs old)	NATROBA (<i>spinosad</i>)	P	Brand Preferred
ZORYVE FOAM EX	NP	AL(At least 9 yrs old)	OVIDE (<i>malathion</i>)	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
Rosacea Agents			<i>permethrin CREA</i>	P	QL(60 GM per fill retail)
<i>azelaic acid GEL</i>	P		PERMETHRIN CREA 5 % (<i>permethrin</i>)	P	QL(60 GM per fill retail)
<i>brimonidine tartrate (topical)</i>	NP		<i>permethrin LIQD EX</i>	P	
<i>doxycycline (rosacea)</i>	NP		<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	C	
FINACEA FOAM	NP		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	C	
<i>ivermectin (rosacea)</i>	NP		SB LICE TREATMENT LIQD 3 %-2.4 %-0.3 %-1.2 %	C	
METROCREAM CREA (<i>metronidazole (topical)</i>)	NP	QL(45 GM per 31 day(s) retail)	<i>spinosad</i>	NP	Brand Preferred
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NP		STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	C	
<i>metronidazole (topical) CREA</i>	P	QL(45 GM per 31 day(s) retail)	Tar Products		
<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per 31 day(s) retail)	<i>coal tar extract SHAM 0.5 %</i>	C	
<i>metronidazole (topical) GEL 1 %</i>	P		DIAGNOSTIC PRODUCTS		
<i>metronidazole (topical) GEL 1 %</i>	NP		Diagnostic Tests		
<i>metronidazole (topical) LOTN</i>	P				
MIRVASO (<i>brimonidine tartrate (topical)</i>)	NP				
ORACEA (<i>doxycycline (rosacea)</i>)	NP				
RHOFADE 1 % (<i>oxymetazoline hcl (topical)</i>)	NP				

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

Drug Name	Drug Tier	Requirements/ Limits
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	C	
<i>acetazolamide TABS</i>	C	
<i>methazolamide TABS</i>	C	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	C	QL(1 EA daily)
<i>spironolactone & hydrochlorothiazide</i>	C	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	C	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	C	QL(2 EA daily)
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	C	
Loop Diuretics		
<i>bumetanide TABS</i>	C	
ENBUMYST SOLN 0.5 MG/0.1ML	C	PA
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	C	
<i>furosemide TABS</i>	C	
<i>torsemide TABS 20 MG</i>	C	
<i>torsemide TABS 5 MG, 10 MG, 100 MG</i>	C	QL(1 EA daily)
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	

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

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Drug Name	Drug Tier	Requirements/ Limits
FENSOLVI (6 MONTH) SC	C	SP; PA
Metabolic Modifiers		
<i>calcitriol CAPS</i>	C	
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	

Drug Name	Drug Tier	Requirements/ Limits
PREMPRO	C	
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	C	Limit 8 patches per month; QL(0.286 EA daily)
<i>estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i>	C	Limit 8 patches per month; QL(0.286 EA daily)
<i>estradiol PTTW 0.0375 MG/24HR</i>	C	QL(0.286 EA daily)
<i>estradiol PTWK</i>	C	Limit 4 patches per month; QL(0.143 EA daily)
<i>estradiol TABS</i>	C	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	C	QL(1 EA daily)
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		

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Drug Name	Drug Tier	Requirements/ Limits
MOTEGRITY (<i>prucalopride succinate</i>)	NP	
<i>prucalopride succinate</i>	NP	
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		
<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

Drug Name	Drug Tier	Requirements/ Limits
CIMZIA-STARTER PSKT	NP	SP
DIPENTUM	NP	
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 800 MG</i>	NP	QL(3 EA daily)
<i>mesalamine TBEC 1.2 GM</i>	NP	
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 (<i>mesalamine</i>)	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

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Drug Name	Drug Tier	Requirements/ Limits
USTEKINUMAB 130 MG/26ML	NP	SP
VELSIPITY	NP	SP
ZYMFENTRA (1 PEN) AJKT	NP	SP
ZYMFENTRA (2 PEN) AJKT	NP	SP
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	NP	
IBSRELA	NP	
LINZESS	P	
LOTRONEX (<i>alosetron hcl</i>)	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
MOVANTIK	P	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA 210 MG (<i>ferric citrate</i>)	NP	
<i>calcium acetate (phosphate binder) CAPS</i>	P	
<i>calcium acetate (phosphate binder) TABS</i>	P	RX/OTC
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	
FOSRENOL PACK	NP	
<i>lanthanum carbonate CHEW</i>	NP	
RENVELA PACK (<i>sevelamer carbonate</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
RENVELA TABS (<i>sevelamer carbonate</i>)	NP	
<i>sevelamer carbonate PACK</i>	NP	
<i>sevelamer carbonate TABS</i>	P	
<i>sevelamer hcl</i>	NP	
VELPHORO	NP	
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	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>allopurinol 100 MG, 300 MG</i>	P	
<i>allopurinol 200 MG</i>	NP	
<i>colchicine CAPS</i>	NP	
<i>colchicine TABS</i>	P	QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail
<i>febuxostat</i>	NP	
GLOPERBA SOLN PO	NP	
MITIGARE CAPS (<i>colchicine</i>)	NP	
ULORIC (<i>febuxostat</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	
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	

Drug Name	Drug Tier	Requirements/Limits
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	P	Brand Preferred; QL(2 EA daily)
<i>cilostazol</i>	C	QL(2 EA daily)
<i>clopidogrel bisulfate 300 MG</i>	P	
<i>clopidogrel bisulfate 75 MG</i>	P	QL(1 EA daily)
<i>dipyridamole</i>	NP	
EFFIENT (<i>prasugrel hcl</i>)	NP	QL(1 EA daily)
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NP	QL(1 EA daily)
<i>prasugrel hcl</i>	P	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	NP	Brand Preferred; QL(2 EA daily)
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	C	
DROXIA CAPS	P	
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		

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Drug Name	Drug Tier	Requirements/ Limits
<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		
ARANESP (ALBUMIN FREE) SOLN	NP	SP
ARANESP (ALBUMIN FREE) SOSY	NP	SP
EPOGEN 2000 UNIT/ML, 3000 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		
FERRETT'S TABS	C	QL(2 EA daily)
<i>ferrous fumarate TABS</i>	C	QL(2 EA daily)
<i>ferrous gluconate TABS 324 MG</i>	C	QL(3.34 EA daily)
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	C	QL(3.4 ML daily)
<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		

Drug Name	Drug Tier	Requirements/ Limits
Blood Disorders		
Hemostatics - Systemic		
<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	

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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 citrate 1.745 GM/30ML	P	
RESTORIL 7.5 MG, 22.5 MG (temazepam)	NP		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)	peg 3350-potassium chloride-sod bicarbonate-sod chloride	P	1 package(s) per fill retail
zolpidem tartrate TBCR	NP		sennosides-docusate sodium TABS	C	QL(4 EA daily)
Orexin Receptor Antagonists			sodium sulfate-potassium sulfate-magnesium sulfate	NP	
BELSOMRA	NP		SUFLAVE	NP	
DAYVIGO	NP		SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	NP	
QUVIVIQ	NP				
Selective Melatonin Receptor Agonists					
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					

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Fidaxomicin			FREESTYLE LIBRE 14 DAY SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
DIFICID SUSR	P	Brand Preferred	FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA
DIFICID TABS 200 MG (<i>fidaxomicin</i>)	P	Brand Preferred	FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
<i>fidaxomicin</i> TABS 200 MG	NP	Brand Preferred	FREESTYLE LIBRE 2 SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
MEDICAL DEVICES AND SUPPLIES			FREESTYLE LIBRE 3 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA
Diabetic Supplies			FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	FREESTYLE LIBRE 3 SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
ACCU-CHEK GUIDE KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC	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
DEXCOM G6 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	OMNIPOD 5 LIBRE INTRO KIT	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	OMNIPOD 5 LIBRE PODS MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 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			

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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	BREATHERRITE 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	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)	TOSYMRA	NP	
RELPAX (<i>eletriptan hydrobromide</i>)	P	Brand Preferred; QL(6 EA per 31 day(s) retail)	ZEMBRACE SYMTOUCH SOAJ	NP	
REYVOW	NP		<i>zolmitriptan SOLN 5 MG</i>	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
<i>rizatriptan benzoate TABS</i>	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)	<i>zolmitriptan SOLN 2.5 MG</i>	NP	
<i>rizatriptan benzoate TBDP</i>	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)	<i>zolmitriptan TABS</i>	NP	QL(6 EA per 31 day(s) retail)
<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>zolmitriptan TBDP</i>	NP	QL(6 EA per 31 day(s) retail)
<i>sumatriptan 5 MG/ACT</i>	NP	5 MG/ACT; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	ZOMIG SOLN	NP	
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	P		ZOMIG SOLN 5 MG (<i>zolmitriptan</i>)	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)	MINERALS & ELECTROLYTES		
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	P		Calcium		
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	P	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)	CALCIUM 600 +D HIGH POTENCY TABS	C	QL(2 EA daily)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(2.5 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 12 yrs old)	<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>sumatriptan succinate TABS</i>	P	QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)	<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 600 MG-200 UNIT</i>	C	QL(2 EA daily)
			<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	C	
			<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		
PHOSPHA 250 NEUTRAL	C	QL(8 EA daily); RX/OTC
<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	

Drug Name	Drug Tier	Requirements/ Limits
Zinc		
<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	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MYFORTIC (mycophenolate sodium)	NP		nystatin (mouth-throat)	P	2 package(s) per fill retail
MYHIBBIN SUSP	NP		Antiseptics - Mouth/Throat		
NEORAL CAPS (cyclosporine modified (for microemulsion))	NP		chlorhexidine gluconate (mouth-throat)	C	
NEORAL SOLN (cyclosporine modified (for microemulsion))	NP		Dental Products		
PROGRAF CAPS (tacrolimus)	NP		sodium fluoride (dental) CREA	C	QL(113 GM per 60 day(s) retail)
PROGRAF PACK	NP		sodium fluoride (dental) GEL	C	QL(113 GM per 60 day(s) retail)
SANDIMMUNE CAPS (cyclosporine)	P		sodium fluoride (dental) PSTE DT	C	QL(113 ML per 60 day(s) retail)
sirolimus SOLN	P		Steroids - Mouth/Throat/Dental		
sirolimus TABS	P		triamcinolone acetonide (mouth)	C	1 package(s) per fill retail
tacrolimus CAPS	P		Throat Products - Misc.		
tacrolimus CP24 0.5 MG, 1 MG, 5 MG	NP		pilocarpine hcl (oral) 5 MG	C	QL(6 EA daily)
ZORTRESS (everolimus immunosuppressant))	NP		MULTIVITAMINS		
Potassium Removing Agents			B-Complex Vitamins		
LOKELMA	P		b-complex vitamins CAPS	C	QL(1 EA daily)
sodium polystyrene sulfonate POWD	C		b-complex vitamins TABS	C	QL(1 EA daily)
sodium polystyrene sulfonate SUSP PR 30 GM/120ML	C		B-Complex w/ C		
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	P		b complex w/ c CAPS	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		
lidocaine hcl (mouth-throat) 2 %	C	QL(100 ML per fill retail)	b-complex w/ c & folic acid CAPS	C	QL(1 EA daily); RX/OTC
Anti-infectives - Throat			b-complex w/biotin & folic acid TABS	C	QL(1 EA daily)
NYSTATIN (nystatin (mouth-throat))	P	2 package(s) per fill retail	MYNEPHRON CAPS 1 MG	C	QL(1 EA daily); RX/OTC
			NUTRIVIO CAPS 1 MG	C	QL(1 EA daily); RX/OTC
			RENAL 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
RENO CAPS CAPS 1 MG	C	QL(1 EA daily); RX/OTC	SIGNACAL TABS 0.5 MG-75 UNIT-125 MG-13.63 MG-0.75 MG-15 MG-250 MG-0.25 MCG-0.25 MG-0.25 MG	C	QL(1 EA daily)
TRIPHROCAPS CAPS 1 MG	C	QL(1 EA daily); RX/OTC			
Multiple Vitamins w/ Calcium			Multiple Vitamins w/ Minerals		
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)	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
			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
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)			
ONE-A-DAY WOMENS FORMULA TABS 60 MG-2 MG-30 MCG-30 UNIT-400 MCG-1.5 MG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-15 MG-50 MG-450 MG-2 MG-2 MG-120 MCG-20 MCG	C	QL(1 EA daily)			

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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			
DEXATRAN CAPS	C	QL(1 EA daily); RX/OTC			

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

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-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			
MACUVITE EYE CARE TABs 113 MG-17.4 MG- 0.4 MG-100 UNIT-7160 UNIT	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	MEDI TAB TABs	C	QL(1 EA daily); RX/OTC
			MEGA MULTI FOR WOMEN TABs	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	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 2 CAPS	C	QL(1 EA daily); RX/OTC	QC HAIR SKIN & NAILS TABS 50 MG-50 MG-3.5 MG-6.5 MG-25 MCG-25 UNIT-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-15 MG-5 MG-25 MG-10 MG-3.3 MG-10 MG-5 MG-10 MG-20 MG-0.6 MG-150 MCG-54 MG-70 MG-897 MCG-0.6 MG	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 3 CAPS	C	QL(1 EA daily); RX/OTC	QC MENS DAILY MULTIVITAMIN TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	C	QL(1 EA daily); RX/OTC
PRESERVISION AREDS 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 MULTI-VITE 50 & OVER TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	C	QL(1 EA daily); RX/OTC	RENAPLEX-D TABS	C	QL(1 EA daily); RX/OTC
QC MULTI-VITE TABS	C	QL(1 EA daily); RX/OTC	RENAPLEX TABS 60 MG-10 MG-300 MCG-800 MCG-6 MCG-1.7 MG-20 MG-10 MG-1.5 MG-12.5 MG	C	QL(1 EA daily); RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	C	QL(1 EA daily); RX/OTC	SENIOR TABS TABS 60 MG-3 MG-30 MCG-400 MCG-1.5 MG-20 MG-25 MCG-10 MG-1.7 MG-250 MCG-300 MCG-400 UNIT-45 UNIT-100 MG-2 MG-75 MCG-5 MCG-80 MG-2 MG-150 MCG-150 MCG-2 MG-10 MCG-15 MG-200 MG-150 MCG-48 MG-20 MCG-3500 UNIT-10 MCG-72 MG	C	QL(1 EA daily); RX/OTC
QC THERIN-M TABS 90 MG-6 MG-30 MCG-400 MCG-400 UNIT-12 MCG-3.4 MG-28 MCG-20 MG-5000 UNIT-10 MG-9 MG-3 MG-100 MG-15 MG-150 MCG-7.5 MG-2 MG-40 MG-75 MCG-150 MCG-60 UNIT-31 MG-2 MG-5 MCG-10 MCG-2 MG-50 MCG-70 MCG-10 MCG-7.5 MG	C	QL(1 EA daily); RX/OTC	SENTRY SENIOR MENS 50+ TABS	C	QL(1 EA daily); RX/OTC
QC WOMENS DAILY MULTIVITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-500 UNIT-5 MCG-2500 UNIT-1.7 MG-25 MCG-10 MG-5 MG-15 MG-450 MG-5 MG-50 MG-15 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG	C	QL(1 EA daily); RX/OTC	SENTRY SENIOR/LUTEIN TABS	C	QL(1 EA daily); RX/OTC
QUIN B STRONG TABS	C	QL(1 EA daily); RX/OTC	SENTRY SENIOR TABS	C	QL(1 EA daily); RX/OTC
QUINTABS-M TABS	C	QL(1 EA daily); RX/OTC	SENTRY TABS	C	QL(1 EA daily); RX/OTC
RAYAVIT TABS	C	QL(1 EA daily); RX/OTC	SIDEROL TABS	C	QL(1 EA daily); RX/OTC
REMEDIENT CAPS	C	QL(1 EA daily); RX/OTC	SKIN HAIR & NAILS ADVANCED CAPS	C	QL(1 EA daily); RX/OTC
RENAL MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC	SOLO TABS	C	QL(1 EA daily); RX/OTC
			SPECTRAVITE TABS	C	QL(1 EA daily); RX/OTC
			STRESS B COMPLEX/ANTIOXID/ZIN C TABS 500 MG-45 MCG-400 MCG-10 MG-100 MG-5 MG-20 MG-10 MG-13.5 MG-3 MG-24 MG-77 MG-12 MCG	C	QL(1 EA daily); RX/OTC
			STRESSTABS ADVANCED TABS 30 MG-5 MG-400 MCG-400 UNIT-50 MCG-2500 UNIT-1.5 MG-20 MG-1.5 MG-30 MG-20 MG-15 UNIT	C	QL(1 EA daily); RX/OTC

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

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

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
			MINOVIA 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	<i>multiple vitamin TABS</i>	C	QL(1 EA daily); RX/OTC
DERMACINRX MULTIVITAMIN CHEW	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN ADULT TABS	C	QL(1 EA daily); RX/OTC
ESTROFACTORS TABS	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN IRON- FREE TABS 60 MG-2 MG- 400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-45 MG-1.5 MG-30 UNIT	C	QL(1 EA daily); RX/OTC
FOLACHEW CHEW	C	QL(1 EA daily); RX/OTC	MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC
FOLAWISE TABS	C	QL(1 EA daily); RX/OTC			
FOLCYTEINE TABS	C	QL(1 EA daily); RX/OTC			
GNP ESSENTIAL ONE DAILY TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-75 MG-1.5 MG-30 UNIT	C	QL(1 EA daily); RX/OTC			
HEALTHY HAIR/SKIN/NAI LS TABS 2 MG-2000 MCG-400 MCG- 25 MG-100 MG-25 MCG- 1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG	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 ML 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
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
VYLARIS TABS	C	QL(1 EA daily); RX/OTC
Vitamins w/ Lipotropics		
<i>vitamins w/ lipotropics CAPS</i>	C	QL(1 EA daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 (<i>cyclobenzaprine hcl</i>)	NP	
ATMEKSI SUSP PO 750 MG/5ML	NP	
<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	
<i>baclofen SUSP</i>	NP	
<i>baclofen TABS</i>	P	
<i>carisoprodol TABS</i>	NP	
<i>chlorzoxazone TABS</i>	P	
<i>cyclobenzaprine hcl CP24</i>	NP	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 EA daily)
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	QL(4 EA daily)
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 EA daily)
FLEQSUVY SUSP (<i>baclofen</i>)	NP	
<i>metaxalone</i>	NP	
METAXALONE 640 MG	NP	
<i>methocarbamol TABS</i>	P	
<i>methocarbamol TABS 1000 MG</i>	NP	
ONTRALFY SOLN PO 2 MG/5ML	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>orphenadrine citrate TB12</i>	P	QL(2 EA daily)
OZOBAX DS SOLN PO (<i>baclofen</i>)	NP	
SOMA TABS (<i>carisoprodol</i>)	NP	
<i>tizanidine hcl CAPS</i>	NP	
<i>tizanidine hcl TABS</i>	P	
ZANAFLEX CAPS (<i>tizanidine hcl</i>)	NP	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	NP	
<i>dantrolene sodium CAPS</i>	P	
Muscle Relaxant Combinations		
<i>orphenadrine w/ aspirin & caff</i>	NP	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
<i>saline SOLN 0.65 %</i>	C	1 package(s) per fill retail
Nasal Antiallergy		
<i>azelastine hcl 0.15 %</i>	NP	1 package(s) per 31 day(s) retail; RX/OTC
<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	

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Drug Name	Drug Tier	Requirements/ Limits
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
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		

Drug Name	Drug Tier	Requirements/ Limits
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>	P	QL(10 ML per 31 day(s) retail)
<i>dorzolamide hcl-timolol maleate</i>	NP	
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 0.5 %</i>	NP	
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ML per 31 day(s) retail)
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	QL(15 EA per 31 day(s) retail)
Cholinergic Agonists		
TYRVAYA	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 0.5 %	C		<i>ciprofloxacin hcl (ophth) SOLN</i>	P	1 package(s) per fill retail
CYCLOGYL 2 %	C	1 package(s) per 31 day(s) retail	<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>	P	2 package(s) per fill retail
Miotics			<i>gentamicin sulfate (ophth) SOLN</i>	C	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 0.1 %, 0.15 %</i>	NP	Brand Preferred	<i>sulfacetamide sodium (ophth) OINT</i>	P	QL(4 GM per 31 day(s) retail)
<i>brimonidine tartrate 0.2 %</i>	P	1 package(s) per 31 day(s) retail	<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)
Ophthalmic Anti-infectives			TOBREX OINT	NP	
AZASITE	NP		<i>trifluridine</i>	C	QL(8 ML per 31 day(s) retail)
<i>bacitracin (ophthalmic)</i>	P	QL(4 GM per 31 day(s) retail)			

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone acetate (ophth)</i>	P	QL(15 ML per 31 day(s) retail)	<i>dorzolamide hcl</i>	P	QL(10 ML per 31 day(s) retail)
PREDNISOLONE ACETATE P-F	C	QL(15 ML per 31 day(s) retail)	<i>epinastine hcl (ophth)</i>	NP	
PREDNISOLONE SODIUM PHOSPHATE	NP	1 package(s) per 31 day(s) retail	<i>flurbiprofen sodium</i>	P	QL(5 ML per 31 day(s) retail)
<i>sulfacetamide sod-prednisolone SOLN</i>	P	QL(10 ML per 31 day(s) retail)	ILEVRO	NP	
TOBRADEX ST SUSP	NP		<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	1 package(s) per 31 day(s) retail
TOBRADEX OINT	NP	QL(4 GM per 31 day(s) retail)	<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	1 max fill(s) per 31 day(s) retail
<i>tobramycin-dexamethasone SUSP</i>	P	1 package(s) per 31 day(s) retail	<i>ketotifen fumarate (ophth) 0.035 %</i>	P	QL(10 ML per 31 day(s) retail)
ZYLET 0.3 %-0.5 % (<i>loteprednol etabonate-tobramycin</i>)	NP		MIEBO	NP	
Ophthalmics - Misc.			NEVANAC	P	
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP	1 package(s) per 31 day(s) retail	<i>olopatadine hcl</i>	P	
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	NP	1 max fill(s) per 31 day(s) retail	PROLENSA (<i>bromfenac sodium (ophth)</i>)	NP	
ACUVAIL	NP		TRYPTYR SOLN OP 0.003 %	NP	
<i>azelastine hcl (ophth)</i>	NP	QL(6 ML per 31 day(s) retail)	ZERVIAE	NP	
AZOPT (<i>brinzolamide</i>)	P	Brand Preferred; 1 package(s) per 31 day(s) retail	Prostaglandins - Ophthalmic		
<i>bepotastine besilate</i>	NP		<i>bimatoprost SOLN</i>	NP	
BEPREVE (<i>bepotastine besilate</i>)	NP		<i>bimatoprost SOLN</i>	NP	Brand Preferred
<i>brinzolamide</i>	NP	Brand Preferred; 1 package(s) per 31 day(s) retail	IYUZEH SOLN	NP	
<i>bromfenac sodium (ophth)</i>	NP		<i>latanoprost SOLN</i>	P	QL(5 ML per 31 day(s) retail)
BROMSITE (<i>bromfenac sodium (ophth)</i>)	NP		LUMIGAN SOLN 0.01 % (<i>bimatoprost</i>)	P	Brand Preferred
<i>cromolyn sodium (ophth)</i>	P	QL(10 ML per 31 day(s) retail)	<i>tafluprost</i>	NP	
<i>diclofenac sodium (ophth)</i>	P	QL(3 ML per 31 day(s) retail)	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)
			XELPROS EMUL	NP	
			ZIOPTAN (<i>tafluprost</i>)	NP	
			ZOLYMBUS GEL OP 0.01 %	NP	

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Drug Name	Drug Tier	Requirements/ Limits
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) 6.5 %</i>	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-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		
<i>methylergonovine maleate TABS</i>	C	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		

Drug Name	Drug Tier	Requirements/ Limits
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	
Natural Penicillins		
EXTENCILLINE SUSR	C	QL(1 EA per 28 day(s) retail)
LENTOCILIN SUSR	C	QL(1 EA per 28 day(s) retail)

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Drug Name	Drug Tier	Requirements/Limits
<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 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 SUSR 57 MG/5ML-400 MG/5ML</i>	C	2 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>	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 TABS 125 MG-250 MG, 125 MG-500 MG</i>	C	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 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>	C	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(40 EA per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
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	
ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>donepezil hydrochloride</i> TABS 5 MG, 10 MG	P	QL(1 EA daily)	<i>olanzapine-fluoxetine hcl</i> 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG	NP	ST
<i>donepezil hydrochloride</i> TABS 23 MG	NP		<i>perphenazine-amitriptyline</i>	C	QL(4 EA daily)
<i>donepezil hydrochloride</i> TBDP	P		Fibromyalgia Agents		
EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	P	Brand Preferred	<i>milnacipran hcl</i> MISC	NP	QL(55 EA per 365 day(s) retail)
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	P	Brand Preferred; QL(1 EA daily)	<i>milnacipran hcl</i> TABS 12.5 MG, 25 MG, 50 MG, 100 MG	NP	QL(2 EA daily)
<i>galantamine hydrobromide</i> CP24	NP	QL(1 EA daily)	SAVELLA TITRATION PACK MISC (<i>milnacipran hcl</i>)	NP	QL(55 EA per 365 day(s) retail)
<i>galantamine hydrobromide</i> SOLN	NP	QL(6 ML daily)	SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (<i>milnacipran hcl</i>)	NP	QL(2 EA daily)
<i>galantamine hydrobromide</i> TABS	NP	QL(2 EA daily)	TONMYA SUBL SL 2.8 MG	NP	
<i>memantine hcl</i> CP24	NP		Movement Disorder Drug Therapy		
<i>memantine hcl-donepezil hcl</i> CP24	NP		AUSTEDO XR PATIENT TITRATION TEPK	NP	SP
<i>memantine hcl</i> SOLN	P	QL(10 ML daily)	AUSTEDO XR TB24	P	SP
<i>memantine hcl</i> TABS	NP		AUSTEDO TABS	P	SP
<i>memantine hcl</i> TABS	P	QL(2 EA daily)	INGREZZA CAPS	P	SP
NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	NP		INGREZZA CPPK	P	SP
NAMZARIC CP24	NP		INGREZZA CPSP	P	SP
<i>rivastigmine</i> 4.6 MG/24HR, 9.5 MG/24HR	NP	Brand Preferred; QL(1 EA daily)	<i>tetrabenazine</i>	P	
<i>rivastigmine</i> 13.3 MG/24HR	NP	Brand Preferred	<i>tetrabenazine</i>	P	SP
<i>rivastigmine tartrate</i> CAPS	P	QL(2 EA daily)	XENAZINE (<i>tetrabenazine</i>)	NP	SP
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP		Multiple Sclerosis Agents		
Combination Psychotherapeutics			AMPYRA (<i>dalfampridine</i>)	NP	SP
LYBALVI	NP	AL(At least 18 yrs old); ST	AMPYRA (<i>dalfampridine</i>)	NP	
<i>olanzapine-fluoxetine hcl</i> 25 MG-3 MG, 25 MG-6 MG	NP	AL(At least 10 yrs old); ST	AUBAGIO (<i>teriflunomide</i>)	NP	QL(1 EA daily); SP
			AVONEX PEN AJKT	P	SP
			AVONEX PREFILLED PSKT	P	SP
			BAFIERTAM	NP	SP

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

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Drug Name	Drug Tier	Requirements/ Limits
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 1 MG (<i>varenicline tartrate</i>)	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
CHANTIX TABS 0.5 MG (<i>varenicline tartrate</i>)	P	QL(2 EA daily)
<i>nicotine polacrilex GUM</i>	P	QL(24 EA daily)
<i>nicotine polacrilex LOZG</i>	P	QL(20 EA daily)
NICOTINE KIT	P	QL(56 EA per fill retail)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 EA daily)
NICOTROL NS SOLN	P	QL(4 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>varenicline tartrate TABS 1 MG</i>	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
<i>varenicline tartrate TABS 0.5 MG</i>	P	QL(2 EA daily)
<i>varenicline tartrate TBPK</i>	P	QL(2 EA daily; 53 EA per 30 day(s) retail)
Transthyretin Amyloidosis Agents		
TEGSEDI	C	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	NP	
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	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	NP	
DORYX MPC TBEC 60 MG	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate) CAPS</i>	NP		NP THYROID TABS	C	
<i>doxycycline (monohydrate) SUSR</i>	NP		RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
<i>doxycycline (monohydrate) TABS</i>	NP		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
<i>doxycycline hyclate CAPS</i>	P		TOXOIDS		
DOXYCYCLINE HYCLATE CAPS 75 MG	P		Toxoid Combinations		
<i>doxycycline hyclate TABS</i>	P		ADACEL SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
<i>doxycycline hyclate TBEC</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>minocycline hcl CAPS</i>	P		BOOSTRIX SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
<i>minocycline hcl TABS</i>	P		BOOSTRIX SUSY	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
<i>minocycline hcl TB24</i>	NP		TETANUS-DIPHTHERIA TOXOIDS TD SUSP	C	QL(0.5 ML per fill retail; 0.5 per fill mail)
<i>tetracycline hcl CAPS</i>	P		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
TETRACYCLINE HCL TABS	P		Antispasmodics		
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			<i>dicyclomine hcl CAPS</i>	C	
Antithyroid Agents			<i>dicyclomine hcl SOLN PO</i>	C	QL(496 ML per 31 day(s) retail)
<i>methimazole TABS</i>	C		<i>dicyclomine hcl TABS</i>	C	
<i>propylthiouracil</i>	C		<i>glycopyrrolate TABS 1 MG, 2 MG</i>	C	QL(4 EA daily)
Thyroid Hormones			<i>hyoscyamine sulfate ELIX</i>	C	
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C		<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	C	
AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	C		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	C	
ARMOUR THYROID TABS	C		<i>hyoscyamine sulfate TABS 0.125 MG</i>	C	
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	C		<i>hyoscyamine sulfate TB12 0.375 MG</i>	C	QL(4 EA daily)
<i>levothyroxine sodium TABS</i>	C				
<i>liothyronine sodium TABS</i>	C				
NIVA 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 20 MG (<i>esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC
OSCIMIN TABS 0.125 MG (<i>hyoscyamine sulfate</i>)	C		NEXIUM CPDR 40 MG (<i>esomeprazole magnesium</i>)	NP	
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 150 MG</i>	NP	QL(2 EA daily)	<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 EA daily)
<i>ranitidine hcl TABS 300 MG</i>	NP	QL(1 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)	PRILOSEC 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 20 MG</i>	NP	QL(2 EA daily); RX/OTC	Ulcer Drugs - Prostaglandins		
<i>esomeprazole magnesium CPDR 40 MG</i>	NP		<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 5 MG</i>	P	QL(3 EA daily)
<i>oxybutynin chloride TABS 2.5 MG</i>	P	
<i>oxybutynin chloride TB24</i>	P	QL(2 EA daily)
OXYTROL PTTW	NP	RX/OTC
<i>solifenacin succinate TABS</i>	P	
<i>tolterodine tartrate CP24</i>	NP	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	NP	QL(2 EA daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	NP	
<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 SRER 8 MG/ML</i>	NP	Brand Preferred
<i>mirabegron TB24</i>	NP	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits
MYRBETRIQ SRER 8 MG/ML (<i>mirabegron</i>)	NP	Brand Preferred
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)
PEDVAXHIB SUSP 7.5 MCG/0.5ML	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</i>	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>	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 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 CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	C	QL(8 EA per 31 day(s) retail)
<i>cholecalciferol LIQD PO 10 MCG/ML</i>	C	
<i>ergocalciferol CAPS</i>	C	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	C	QL(60 ML per 90 day(s) retail)
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</i>	C	QL(2 EA daily)
<i>vitamin e CAPS 100 UNIT</i>	C	
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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ACUVAIL	126	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	4	ADMELOG SOLN IJ	27
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acyclovir TABS PO 400 MG	47	ADALIMUMAB-FKJP (2 PEN) AJKT . 4		ADVAIR DISKUS AEPB (fluticasone- salmeterol)	15
acyclovir TABS PO 800 MG	47	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	4	ADVAIR HFA AERO (fluticasone- salmeterol)	15
acyclovir topical CREA	58	ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	4	ADVANCED EYE HEALTH CAPS .85	
acyclovir topical OINT	58	ADALIMUMAB-RYVK (2 PEN) AJKT . 4		ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (amphetamine)	1
ADACEL SUSP	132	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	4	AEROCHAMBER HOLDING CHAMBER DEVI	75
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	132	adapalene CREA	54	AEROCHAMBER MINI CHAMBER DEVI	75
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ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	4	ADASUVE	42	AEROCHAMBER PLUS FLO-VU LARGE DEVI	76
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	4	ADBRY SOAJ	61	AEROCHAMBER PLUS FLO-VU LARGE MISC	76
ADALIMUMAB-AATY (1 PEN) AJKT . 4		ADBRY SOSY	61	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	76
ADALIMUMAB-AATY (2 PEN) AJKT . 4		ADCIRCA TABS (tadalafil (pulmonary hypertension))	50	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	76
ADALIMUMAB-AATY (2 SYRINGE) PSKT	4	ADDERALL TABS (amphetamine- dextroamphetamine)	1	AEROCHAMBER PLUS FLO-VU SMALL DEVI	76
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	4	ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1		AEROCHAMBER PLUS FLO-VU	
ADALIMUMAB-ADAZ SOAJ	4				
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SMALL MISC	76	albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	16	ALIVE MENS ULTRA TABS	85
AEROCHAMBER PLUS FLOW VU MISC	76	albuterol sulfate NEBU	16	ALIVE MULTI-VITAMIN CHILDRENS CHEW	119
AEROCHAMBER W/FLOWSIGNAL MISC	76	albuterol sulfate SYRP	16	ALIVE ONCE DAILY WOMENS TABS	85
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	76	albuterol sulfate TABS	16	ALIVE ULTRA POTENCY ADULT TABS	85
AEROCHAMBER Z-STAT PLUS MISC	76	alclometasone dipropionate CREA	58	ALIVE ULTRA POTENCY WOMENS 50+ TABS	85
AEROCHAMBER Z-STAT PLUS/LARGE MISC	76	alclometasone dipropionate OINT	59	ALIVE WOMENS 50+ COMPLETE MV TABS	85
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	76	alendronate sodium SOLN	65	ALIVE WOMENS ENERGY TABS	85
AEROCHAMBER Z-STAT PLUS/SMALL MISC	76	alendronate sodium TABS 10 MG	65	ALKINDI SPRINKLE CPSP	52
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AGAMREE	52	ALIVE ENERGY 50+ TABS	85	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	25
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[illegible]

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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
CENTRUM KIDS MULTIGUMMIES CHEW 119	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	cetirizine hcl CHEW 31
CENTRUM MEN TABS 87		cetirizine hcl SOLN PO 31
CENTRUM MENOPAUSE HOT FLASH TABS 87		cetirizine hcl TABS 31
CENTRUM MENOPAUSE MIND/MOOD TABS 116		cetirizine-pseudoephedrine 53
		CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate) .. 131
		CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate) 131
		CHANTIX TABS 0.5 MG (varenicline tartrate) 131
		CHANTIX TABS 1 MG (varenicline tartrate) 131

CHEMET	29	CIBINQO	61	citalopram hydrobromide CAPS 30 MG	23
CHEMSTRIP K STRP	64	ciclopirox GEL	56	citalopram hydrobromide SOLN ...	23
CHILDRENS GUMMIES CHEW .	119	ciclopirox olamine CREA	56	citalopram hydrobromide TABS 10 MG	23
chlordiazepoxide hcl CAPS	13	ciclopirox olamine SUSP	56	citalopram hydrobromide TABS 20 MG	23
chlorhexidine gluconate (mouth-throat)	81	ciclopirox SHAM	56	citalopram hydrobromide TABS 40 MG	23
chlorhexidine gluconate SOLN EX 4 %	44	ciclopirox SOLN	56	CITRACAL +D3 TABS	87
chloroquine phosphate TABS 250 MG	37	CICLOPIROX TREATMENT KIT 8 % 56		cladribine (multiple sclerosis) 10 MG .	130
chloroquine phosphate TABS 500 MG	37	cilostazol	69	CLARINEX TABS (desloratadine) .	31
chlorpheniramine maleate SYRP ..	31	CILOXAN OINT	124	CLARINEX-D 12 HOUR TB12	53
chlorpheniramine maleate TABS ..	31	CIMDUO	44	clarithromycin SUSR 125 MG/5ML	72
chlorpromazine hcl TABS 10 MG ..	43	cimetidine hcl PO 300 MG/5ML ..	133	clarithromycin SUSR 250 MG/5ML	72
chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG	43	cimetidine TABS	133	clarithromycin TABS	72
chlorthalidone 25 MG, 50 MG	64	CIMZIA (1 SYRINGE) PSKT 200 MG/ML	67	clarithromycin TB24	72
chlorzoxazone TABS	122	CIMZIA (2 SYRINGE) PSKT	67	CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	71
CHOICEFUL MULTIVITAMIN CAPS .	87	CIMZIA KIT	67	CLEOCIN (clindamycin hcl)	37
cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT	138	CIMZIA-STARTER PSKT	67	CLEOCIN (clindamycin palmitate hydrochloride)	37
cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG	138	CIPRO HC 1 %-0.2 % (ciprofloxacin-hydrocortisone)	127	CLEOCIN-T LOTN (clindamycin phosphate (topical))	55
cholecalciferol CAPS	138	CIPRO SUSR	66	CLEVER CHOICE HOLDING CHAMBER DEVI	76
cholecalciferol LIQD PO 10 MCG/ML	138	CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	66	clindamycin hcl	37
cholestyramine light PACK	32	ciprofloxacin hcl (ophth) SOLN ...	124	clindamycin hcl 300 MG	37
cholestyramine light POWD	32	ciprofloxacin hcl (otic)	127	clindamycin palmitate hydrochloride .	37
cholestyramine PACK	32	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	66	clindamycin phosphate (topical) FOAM	55
cholestyramine POWD	32	ciprofloxacin-dexamethasone	127	clindamycin phosphate (topical) GEL	
choline fenofibrate	32	ciprofloxacin-hydrocortisone	127		
		CITALOPRAM HYDROBROMIDE CAPS 30 MG (citalopram hydrobromide)	23		

55	CLOBEX SPRAY LIQD (clobetasol propionate)	42
clindamycin phosphate (topical) LOTN	59	clozapine)
clindamycin phosphate (topical) SOLN	59	coal tar extract SHAM 0.5 %
clindamycin phosphate (topical) SWAB	25	COARTEM
clindamycin phosphate vaginal CREA	18	COBENFY CAPS
clindamycin phosphate-benzoyl peroxide (refrigerate)	2	COBENFY STARTER PACK CPPK 43
clindamycin phosphate-benzoyl peroxide GEL	34	codeine sulfate TABS 30 MG
clindamycin phosphate-tretinoin ..	34	CODEINE SULFATE TABS
clobazam SUSP	34	colchicine CAPS
clobazam TABS	69	colchicine TABS
CLOBETASOL PROPIONATE CREA 0.025 %	69	colchicine w/ probenecid
clobetasol propionate CREA 0.05 % . 59	13	colesevelam hcl PACK
clobetasol propionate emollient base 0.05 %	56	colesevelam hcl TABS
clobetasol propionate emulsion ...	56	COLESTID GRAN (colestipol hcl) .32
clobetasol propionate FOAM	137	COLESTID TABS (colestipol hcl) .32
clobetasol propionate GEL 0.05 % 59	137	colestipol hcl GRAN
clobetasol propionate LIQD	56	colestipol hcl PACK
clobetasol propionate LOTN	56	colestipol hcl TABS
clobetasol propionate OINT 0.05 % 59	56	COMBIGAN (brimonidine tartrate-timolol maleate)
clobetasol propionate SHAM	42	COMBIPATCH PTTW
clobetasol propionate SOLN 0.05 % . 59	42	COMBIVENT RESPIMAT AERS ..
CLOBEX SHAM (clobetasol propionate)	42	COMFORT EZ INSULIN SYRINGE . 74
	42	COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML
	42	COMIRNATY SUSY
	42	COMPACT SPACE CHAMBER DEVI
	42	COMPACT SPACE CHAMBER/LG MASK DEVI
	42	COMPACT SPACE CHAMBER/MED

MASK DEVI	76	COSENTYX SOSY	57	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	88
COMPACT SPACE CHAMBER/SM MASK DEVI	76	COSENTYX UNOREADY SOAJ ..	57	CVS DAILY MULTIV/MINERAL MENS TABS	88
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	88	COSOPT (dorzolamide hcl-timolol maleate)	123	CVS DAILY MULTIVITAMIN MENS TABS	88
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	88	COSOPT PF (dorzolamide hcl- timolol maleate)	123	CVS DAILY MULTIVITAMIN WOMENS TABS	88
COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	44	COTEMPLA XR-ODT TBED	2	CVS EYE HEALTH & LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	88
CONCERTA TBCR 18 MG, 27 MG, 54 MG (methylphenidate hcl)	2	COXANTO CAPS (oxaprozin)	6	CVS EYE HEALTH ADULT 50+ CAPS	88
CONCERTA TBCR 36 MG (methylphenidate hcl)	2	COZAAR (losartan potassium)	34	CVS GUMMY DINOS CHEW	119
CONDYLOX GEL (podofilox)	62	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	64	CVS GUMMY MULTIVITAMIN KIDS CHEW	119
CONZIP CP24 (tramadol hcl)	8	CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT	64	CVS HAIR/SKIN/NAILS TABS ...	121
COPAXONE SOSY 20 MG/ML (glatiramer acetate)	130	CRESEMBA CAPS	31	CVS IMMUNE SUPPORT CAPS ..	88
COPAXONE SOSY 40 MG/ML (glatiramer acetate)	130	CRESTOR TABS (rosuvastatin calcium)	33	CVS MENOPAUSE SUPPORT TABS	121
CORAL CALCIUM PLUS CAPS ...	88	CREXONT CPCR	39	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	88
CORTEF TABS (hydrocortisone) ..	52	cromolyn sodium (ophth)	126	CVS ONE DAILY MENS 50+ ADV TABS	88
CORTISONE ACETATE TABS	52	cromolyn sodium NEBU	14	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	88
CORTISPORIN-TC	127	crotamiton LOTN	63		
COSENTYX (300 MG DOSE) SOSY .	57	CTEXLI TABS PO 250 MG	67		
COSENTYX SENSOREADY (300 MG) SOAJ	57	CULTURELLE PROBIOTIC MEN DAILY CAPS	88		
COSENTYX SENSOREADY PEN SOAJ	57	CVS ADULT 50+ EYE HEALTH CAPS	88		
		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	88		

CVS ONE DAILY WOMENS 50+ ADV TABS	88	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	89	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	90
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	88	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	89	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	90
CVS SPECTRAVITE ADULT 50+ TABS	89	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	89	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	90
CVS SPECTRAVITE ADULTS TABS 89		CVS SPECTRAVITE ULTRA MEN 50+ TABS	90	CVS VISION HEALTH CAPS	90
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	89	CVS SPECTRAVITE ULTRA MENS TABS	90	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	90
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-		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		cyanocobalamin SOLN IJ 1000 MCG/ML	69
				cyclobenzaprine hcl CP24	122
				cyclobenzaprine hcl TABS 5 MG, 10 MG	122
				cyclobenzaprine hcl TABS 7.5 MG 122	
				CYCLOGYL 0.5 %	124

CYCLOGYL 2 %	124	MCG-30 UNIT-100 MG-15 MG-2	(dantrolene sodium)	122
cyclopentolate hcl 1 %	124	MG-2.5 MG-10 MCG-10 MCG	dantrolene sodium CAPS	122
cyclosporine (ophth) EMUL	125	DAILY MULTIVITAMIN CAPS 2 MG-	dapagliflozin free base-metformin hcl	
cyclosporine CAPS	80	30 MCG-30 UNIT-200 MCG-2000	TB24 PO 1000 MG-10 MG, 1000	
cyclosporine modified (for		UNIT-6 MCG-10 MG-1.7 MG-100	MG-5 MG	25
microemulsion) CAPS	80	MCG-20 MG-2 MG-30 MG-500	dapagliflozin TABS PO 5 MG, 10 MG	
cyclosporine modified (for		MCG-1 MG-1.5 MG-15 MG-40 MG-		29
microemulsion) SOLN	80	120 MG-2 MG-5000 UNIT-75 MCG-	dapagliflozin-saxagliptin	25
CYLTEZO (2 PEN) AJKT	4	150 MCG-120 MCG-70 MCG	dapsone (topical)	55
CYLTEZO (2 SYRINGE) PSKT	4	DAILY VALUE MULTIVITAMIN TABS	dapsone	37
CYLTEZO-CD/UC/HS STARTER		400 UNIT-60 MG-2 MG-300 MCG-30	darifenacin hydrobromide	134
AJKT	4	UNIT-400 MCG-1.5 MG-6 MCG-5000	darunavir TABS 600 MG	44
CYLTEZO-PSORIASIS/UV		UNIT-1.7 MG-20 MG-10 MG, 400	darunavir TABS 800 MG	44
STARTER AJKT	4	UNIT-60 MG-2 MG-300 MCG-400	DAVIMET-M CHEW	117
cyproheptadine hcl SYRP	32	MCG-1.5 MG-6 MCG-5000 UNIT-1.7	DAYAVITE TABS	91
cyproheptadine hcl TABS	32	MG-20 MG-10 MG-30 UNIT	DAYPRO TABS (oxaprozin)	6
dabigatran etexilate mesylate CAPS .	18	DAILY VITAMINS TABS 60 MG-2	DAYTRANA PTCH	
DAILY BETIC TABS 60 MG-2.5 MG-		MG-0.4 MG-1.5 MG-400 UNIT-6	(methylphenidate)	2
75 MCG-200 MCG-50 MG-200 UNIT-		MCG-1.7 MG-20 MG-5000 UNIT .	DAYVIGO	71
5 MCG-2500 UNIT-1.7 MG-20 MG-		116	DECUBI-VITE CAPS	91
250 MCG-10 MG-100 MG-1.5 MG-		DAILY VITE TABS 400 UNIT-60 MG-	deferasirox PACK	29
100 MG-30 UNIT-50 MG-75 MCG-		2 MG-30 UNIT-400 MCG-6 MCG-1.7	deferasirox TABS	29
7.5 MG-2.5 MG-25 MCG-50 MCG-		MG-20 MG-5000 UNIT-10 MG-1.5	deferasirox TBSO	29
100 MCG	90	MG, 60 MG-2 MG-400 UNIT-6 MCG-	deflazacort SUSP	52
DAILY COMBO MULTI VITAMINS		1.7 MG-20 MG-5000 UNIT-10 MG-	deflazacort TABS	52
TABS 400 UNIT-60 MG-2 MG-0.4		1.5 MG-30 UNIT	DEKAS PLUS CAPS	91
MG-20 MG-6 MCG-10 MG-1.7 MG-		DAILY VITES TABS 60 MG-2 MG-	DEKAS PLUS OCEAN CAPS	91
1.5 MG-30 UNIT-27 MG-15 MG-450		0.4 MG-1.5 MG-6 MCG-5000 UNIT-	DELSTRIGO	44
MG-5000 UNIT	90	10 MG-1.7 MG-20 MG-400 UNIT-30	demeclocycline hcl TABS	131
DAILY MULTIPLE VITAMINS TABS .	116	UNIT	DENAVIR (penciclovir)	58
DAILY MULTIPLE VITAMINS/MIN		DAILY-VITE MULTIVITAMIN TABS	DEPAKOTE ER TB24 250 MG	
TABS 400 UNIT-60 MG-2 MG-30		60 MG-2 MG-400 MCG-20 MG-1.5	(divalproex sodium)	21
MCG-400 MCG-6 MCG-1.7 MG-20		MG-10 MCG-6 MCG-1.7 MG-1500		
MG-5000 UNIT-10 MG-1.5 MG-100		MCG		
MG-10 MCG-130 MG-40 MG-150		117		
		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		
		117		
		dalfampridine		
		130		
		DALIRESP (roflumilast)		
		15		
		DANTRIUM CAPS 25 MG		

DEPAKOTE ER TB24 500 MG (divalproex sodium)	21	MG, 75 MG, 100 MG, 150 MG	25	MG/30ML	52
DEPAKOTE SPRINKLES CSDR (divalproex sodium)	21	desipramine hcl TABS 25 MG	25	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	52
DEPAKOTE TBEC 125 MG (divalproex sodium)	21	DESCLORATADINE SOLN PO 0.5 MG/ML	31	dexamethasone SOLN	52
DEPAKOTE TBEC 250 MG (divalproex sodium)	21	desloratadine TABS	31	dexamethasone TABS	52
DEPAKOTE TBEC 500 MG (divalproex sodium)	21	desloratadine TBDP	31	dexamethasone TBPk	52
DEPLIN MA CAPS	91	desmopressin acetate spray	66	DEXATRAN CAPS	91
DEPLINPRO MOOD HEALTH CAPS 91		desmopressin acetate spray refrigerated 0.01 %	66	dexchlorpheniramine maleate SOLN . 31	
DEPO-SUBQ PROVERA 104 SUSY SC	52	desmopressin acetate TABS	66	DEXCOM G6 RECEIVER	73
DERMACINRX DAVIMET CHEW 117		desogestrel & ethinyl estradiol	51	DEXCOM G6 SENSOR	73
DERMACINRX LIDOCAINE CREA 3 %	62	desogestrel-ethinyl estradiol (biphasic)	51	DEXCOM G6 TRANSMITTER	73
DERMACINRX MULTITAM TABS .	91	desogestrel-ethinyl estradiol (triphasic)	51	DEXCOM G7 15 DAY SENSOR ..	73
DERMACINRX MULTIVITAMIN CHEW	117	desonide CREA	59	DEXCOM G7 RECEIVER	73
DERMACINRX RIBOTIN-E TABS .	91	desonide LOTN	59	DEXCOM G7 SENSOR	73
DERMACINRX SALICYLIC ACID GEL 6 %	62	desonide OINT	59	DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	1
DERMACINRX ZINTREXYL-C TABS	91	desoximetasone CREA	59	DEXILANT (dexlansoprazole) ...	133
DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	59	desoximetasone GEL	59	dexlansoprazole	133
DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	59	desoximetasone LIQD	59	DEXLYT TABS 0.25 MG	52
DERMAVITE TABS	91	desoximetasone OINT	59	dexmethylphenidate hcl CP24	2
DESCOVY 120 MG-15 MG	44	DESVENLAFAXINE ER	24	dexmethylphenidate hcl TABS	2
DESCOVY 200 MG-25 MG	44	desvenlafaxine succinate 100 MG .	24	dextroamphetamine sulfate CP24 10 MG, 15 MG	1
desipramine hcl TABS 10 MG, 50		desvenlafaxine succinate 25 MG, 50 MG	24	dextroamphetamine sulfate CP24 5 MG	1
		dexamethasone ELIX	52	dextroamphetamine sulfate SOLN ..	1
		DEXAMETHASONE INTENSOL CONC	52	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1
		dexamethasone sodium phosphate (ophth)	125	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1	
		dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120		dextroamphetamine sulfate TABS 5	

MG, 10 MG1	DIACOMIT PACK 250 MG19	dicyclomine hcl TABS 132
dextromethorphan polistirex SUER 53	DIACOMIT PACK 500 MG19	DIFFERIN CREA (adapalene)55
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML 53	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 MCG91	DIFFERIN GEL (adapalene)55
dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 400 MG/20ML-20 MG/20ML53	DIALYVITE SUPREME D TABS ..91	DIFFERIN LOTN55
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML53	DIATROL TABS91	DIFICID SUSR73
dextromethorphan-guaifenesin TB12 600 MG-30 MG53	diazepam (anticonvulsant) GEL 10 MG, 20 MG18	DIFICID TABS 200 MG (fidaxomicin) 73
dextromethorphan-phenylephrine- acetaminophen CAPS 53	diazepam (anticonvulsant) GEL ... 18	diflorasone diacetate CREA 59
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FLEXICHAMBER DEVI	77	flucytosine	fluphenazine hcl TABS	43
FLINTSTONES + EXTRA IRON		fludrocortisone acetate TABS	flurandrenolide LOTN	60
CHEW	119	FLULAVAL SUSY	flurazepam hcl	70
FLINTSTONES COMPLETE CHEW .	119	FLUMIST	flurbiprofen sodium	126
FLINTSTONES GUMMIES BONE		flunisolide (nasal)	flurbiprofen TABS 100 MG	6
BUILD CHEW	119	fluocinolone acetate (otic)	fluticasone furoate (inhalation) 50	
FLINTSTONES GUMMIES CHEW		fluocinolone acetate CREA	MCG/ACT, 100 MCG/ACT, 200	
119		fluocinolone acetate OIL		
		fluocinolone acetate OINT		
		fluocinolone acetate SOLN		

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	fosamprenavir calcium TABS45	FT EYE HEALTH TABS94
	fosinopril sodium & hydrochlorothiazide35	FT HAIR SKIN & NAILS EXTRA STR TABS94
	fosinopril sodium33	FT ONE DAILY MENS 50+ TABS .94

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GORDONS UREA CREA 40 % ...	61	HAIR SKIN & NAILS ADVANCED TABS	96	haloperidol TABS 20 MG	42
GRALISE TABS (gabapentin (once-daily))	131	HAIR SKIN & NAILS TABS	96	HARVONI PACK	47
granisetron hcl TABS	30	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	96	HARVONI TABS	47
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GRASTEK SUBL	3			HEAD CARE PROACTIVE HEALTH TABS	96
griseofulvin microsize SUSP	31			HEALTHWISE INSULIN SYR/NEEDLE	75
griseofulvin microsize TABS	31			HEALTHY EYES SUPERVISION 2 CAPS	96
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guaifenesin TB12 600 MG	54	halcinonide CREA	60	HEMADY TABS	52
guaifenesin-codeine SOLN	53	halcinonide SOLN 0.1 %	60	HEMANGEOL SOLN PO	48
guanfacine hcl (adhd)	2	HALCION 0.25 MG (triazolam)	70	HEMANGEOL SOLN PO	49
guanfacine hcl	34	halobetasol propionate CREA	60	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	17
GUMMI BEAR MULTIVITAMIN/MIN CHEW	120	halobetasol propionate FOAM	60	HEPARIN SODIUM (PORCINE) SOSY IJ	18
GVOKE HYPOPEN 1-PACK SOAJ 26		HALOBETASOL PROPIONATE LOTN 0.05 %	60	HEPLISAV-B SOSY	136
GVOKE HYPOPEN 2-PACK SOAJ 26		halobetasol propionate OINT	60	HETLIOZ CAPS (tasimelteon)	71
GVOKE KIT SOLN	26	HALOG CREA (halcinonide)	60		
GVOKE PFS SOSY 1 MG/0.2ML ..	26	HALOG SOLN 0.1 % (halcinonide) 60			
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HADLIMA PUSHTOUCH SOAJ	4	haloperidol lactate CONC	42		
HADLIMA SOSY	4				
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HETLIOZ LQ SUSP	71	HUMIRA (2 PEN) AJKT 40 MG/0.4ML	5	HYDRAZONE LOTION LOTN	61
HIBERIX SOLR IJ	134	HUMIRA (2 PEN) AJKT 40 MG/0.8ML	5	hydrochlorothiazide CAPS	64
HIGH POTENCY MULTIVIT/FA TABS	96	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	5	hydrochlorothiazide TABS 25 MG, 50 MG	65
HIGH POTENCY MULTIVITAMIN TABS	117	HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML	5	hydrocodone bitartrate CP12	9
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 40 MG/0.4ML	5	hydrocodone bitartrate T24A	9
HM COMPLETE MEN TABS	97	HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	5	hydrocodone bitartrate-homatropine methylobromide SOLN	53
HM ULTICARE INSULIN SYRINGE . 75		HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	5	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	11
HOMATROPAIRE 5 %	124	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	5	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	11
HORIZANT	131	HUMIRA-PED<40KG CROHNS STARTER PSKT	5	hydrocodone-acetaminophen SOLN . 11	
HULIO (2 PEN) AJKT	4	HUMIRA-PED>=40KG CROHNS START PSKT	5	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	11
HULIO (2 SYRINGE) PSKT	4	HUMIRA-PED>=40KG UC STARTER AJKT	5	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	11
HUMALOG JUNIOR KWIKPEN SOPN	27	HUMIRA-PSORIASIS/UEIT STARTER AJKT	5	hydrocodone-acetaminophen TABS 325 MG-2.5 MG	11
HUMALOG KWIKPEN SOPN 100 UNIT/ML	27	HUMULIN 70/30 KWIKPEN SUPN	27	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	11
HUMALOG KWIKPEN SOPN 200 UNIT/ML	27	HUMULIN 70/30 SUSP	27	hydrocortisone (intrarectal)	12
HUMALOG MIX 50/50 KWIKPEN SUPN	27	HUMULIN N KWIKPEN SUPN	27	hydrocortisone (rectal) EX 1 %	12
HUMALOG MIX 75/25 KWIKPEN SUPN	27	HUMULIN N SUSP	27	hydrocortisone (rectal) EX 2.5 % ..	12
HUMALOG MIX 75/25 SUSP	27	HUMULIN R SOLN IJ	27	hydrocortisone (topical) CREA 0.5 % 60	
HUMALOG SOCT	27	HUMULIN R U-500 (CONCENTRATED) SOLN SC	27	hydrocortisone (topical) CREA 1 % 60	
HUMALOG SOLN IJ	27	HUMULIN R U-500 KWIKPEN SOPN SC	27	hydrocortisone (topical) CREA 2.5 %	
HUMALOG TEMPO PEN SOPN ..	27	hydralazine hcl TABS	36	60	
HUMATROPE CART IJ	65	HYDRAVEX GEL 2 %	60		

hydrocortisone (topical) LOTN 2.5 % . 60	HYLAZINC TABS 97	ibuprofen SUSP 100 MG/5ML, 200 MG/10ML 6
hydrocortisone (topical) OINT 1 % . 60	hyoscyamine sulfate ELIX 132	ibuprofen SUSP 50 MG/1.25ML 6
hydrocortisone (topical) OINT 2.5 % . 60	hyoscyamine sulfate SOLN PO 0.125 MG/ML 132	ibuprofen TABS 200 MG 6
hydrocortisone (topical) SOLN 2.5 % 60	hyoscyamine sulfate SUBL 0.125 MG 132	ibuprofen TABS 300 MG 6
hydrocortisone butyrate CREA 60	hyoscyamine sulfate TABS 0.125 MG 132	ibuprofen TABS 400 MG, 600 MG, 800 MG 6
hydrocortisone butyrate LOTN 60	hyoscyamine sulfate TB12 0.375 MG 132	ibuprofen-famotidine 6
hydrocortisone butyrate OINT 60	hyoscyamine sulfate TBDP 0.125 MG 133	ICAPS AREDS FORMULA TABS . 97
hydrocortisone butyrate SOLN 60	HYPERRHO SOSY IM 1500 UNIT 127	ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG 97
HYDROCORTISONE GEL 2 % ... 60	HYRIMOZ SOAJ 5	ICAPS LUTEIN & OMEGA-3 CAPS 240 MCG-1.2 MG-16 MG-1.3 MG-2.4 MCG-1.3 MG-10 MG-600 MCG-45 MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7 MG-1 MG-34 MCG-280 MG 97
hydrocortisone TABS 53	HYRIMOZ SOSY 5	ICAPS MV TABS 128 MG-7.5 MCG-100 MCG-0.5 MG-100 UNIT-1.5 MCG-2.5 MG-6.25 MCG-2.5 MG-1.67 MG-2.5 MG-0.83 MG-83.25 MG-0.075 MG-0.38 MG-25 MG-21.15 MG-0.9 MG-18.75 MCG-30 MCG-37.5 MCG-107.5 UNIT-35 MG-0.5 MG-10 MCG 97
hydrocortisone valerate CREA 60	HYRIMOZ-CROHNS/UC STARTER SOAJ 5	icatibant acetate SOSY 69
hydrocortisone valerate OINT 60	HYRIMOZ-PED<40KG CROHN STARTER SOSY 5	ICLUSIG 38
hydrocortisone w/acetic acid 127	HYRIMOZ-PED>=40KG CROHN START SOSY 5	icosapent ethyl 32
hydromorphone hcl LIQD 9	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ 5	ICOTYDE TABS PO 200 MG 57
HYDROMORPHONE HCL SUPP ... 9	HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG 9	IDVYNZO TABS PO 45
hydromorphone hcl TABS 2 MG 9	HYZAAR (losartan potassium & hydrochlorothiazide) 35	IGALMI FILM 70
hydromorphone hcl TABS 4 MG 9	ibandronate sodium TABS 65	ILEVRO 126
hydromorphone hcl TABS 8 MG 9	IBRANCE CAPS 100 MG, 125 MG 38	imipramine hcl TABS 25
hydromorphone hcl TB24 9	IBRANCE TABS 38	imiquimod 3.75 % 62
hydroxychloroquine sulfate 100 MG, 200 MG 37	IBSRELA 68	imiquimod 5 % 62
HYDROXYM GEL 60	ibuprofen CHEW 6	IMITREX STATDOSE REFILL SOCT
hydroxyurea 38		
HYDROXYUREA 51		
hydroxyzine hcl SYRP 13		
hydroxyzine hcl TABS 13		
hydroxyzine pamoate CAPS 13		
HYFTOR 62		

4 MG/0.5ML78	indomethacin SUSP6	INSULIN SYRINGE 75
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML78	INFLECTRA SOLR 67	INSULIN SYRINGE-NEEDLE U-100 75
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML78	INGREZZA CAPS 129	INTELENCE (etravirine) 45
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate) 78	INGREZZA CPPK 129	INTELENCE 45
IMITREX TABS (sumatriptan succinate) 78	INGREZZA CPSP 129	INTELENCE 200 MG (etravirine) .. 45
IMMUNE 24 HOUR+ CAPS 97	INNOPRAN XL 49	INTUNIV (guanfacine hcl (adhd)) .. 2
IMMUNE ESSENTIALS DAILY CAPS 97	INPEFA 50	INVEGA 3 MG, 6 MG, 9 MG (paliperidone) 40
IMOVAX RABIES SUSR 136	INREBIC 38	INVEGA HAFYERA 40
IMULDOSA SOSY SC 45 MG/0.5ML 57	INSPIREASE MISC 77	INVEGA SUSTENNA 117 MG/0.75ML 41
IMULDOSA SOSY SC 90 MG/ML .57	INSPIREASE RESERVOIR BAGS 77	INVEGA SUSTENNA 156 MG/ML .40
IMURAN TABS (azathioprine) 80	INSULIN ASPART FLEXPEN SOPN . 27	INVEGA SUSTENNA 234 MG/1.5ML 41
INATAL GT TABS 120 MG-20 MG-30 MCG-1 MG-400 UNIT-12 MCG-3.4 MG-20 MG-6 MG-200 MG-3 MG-50 MG-30 MG-15 MG-2 MG-90 MG-10 UNIT-2700 UNIT 120	INSULIN ASPART SOLN IJ 27	INVEGA SUSTENNA 39 MG/0.25ML 41
INBRIJA CAPS 39	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML 28	INVEGA SUSTENNA 78 MG/0.5ML 40
INCRELEX 65	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML 28	INVEGA TRINZA 273 MG/0.88ML 41
INCRUSE ELLIPTA 62.5 MCG/ACT (umeclidinium bromide) 14	INSULIN DEGLUDEC SOLN 28	INVEGA TRINZA 410 MG/1.32ML 41
indapamide TABS 1.25 MG, 2.5 MG . 65	INSULIN GLARGINE MAX SOLOSTAR SOPN 28	INVEGA TRINZA 546 MG/1.75ML 41
INDERAL LA CP24 (propranolol hcl) . 49	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML 28	INVEGA TRINZA 819 MG/2.63ML 41
INDERAL XL 49	INSULIN GLARGINE-YFGN SOLN 28	INVELTYS SUSP 125
indomethacin CAPS 25 MG, 50 MG 6	INSULIN GLARGINE-YFGN SOPN 28	INVOKAMET TABS 25
indomethacin CPCR 6	INSULIN LISPRO (1 UNIT DIAL) SOPN 28	INVOKAMET XR TB24 25
indomethacin SUPP 6	INSULIN LISPRO JUNIOR KWIKPEN SOPN 28	INVOKANA 29
	INSULIN LISPRO PROT & LISPRO SUPN 28	IOPIDINE 124
	INSULIN LISPRO SOLN IJ 28	IPOL IJ 136
		ipratropium bromide (nasal) 0.03 % 123
		ipratropium bromide (nasal) 0.06 % 123

ipratropium bromide hfa 17 MCG/ACT	14	IYUZEH SOLN	126	(levetiracetam)	19
ipratropium bromide SOLN 0.02 %	14	JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin phosphate-metformin hcl)	25	KEPPRA TABS 250 MG, 750 MG (levetiracetam)	19
ipratropium-albuterol SOLN	16	JANUMET XR TB24	25	KEPPRA TABS 500 MG (levetiracetam)	19
irbesartan	34	JANUVIA 25 MG, 50 MG, 100 MG (sitagliptin phosphate)	26	KEPPRA XR TB24 (levetiracetam)	19
irbesartan-hydrochlorothiazide	35	JARDIANCE	29	KERI ADVANCED MOISTURE THERAPY LOTN	61
IRON CHEWS PEDIATRIC CHEW 70		JAVADIN SOLN PO 0.02 MG/ML .	34	KERI BASIC ESSENTIALS LOTN .	61
IRON TABS 28 MG	70	JENTADUETO TABS	25	KERI NOURISHING SHEA BUTTER LOTN	62
ISENTRESS CHEW 100 MG	45	JENTADUETO XR TB24	25	KERI ORIGINAL LOTN	62
ISENTRESS CHEW 25 MG	45	JOINT HEALTH & BONE STRENGTH TABS	97	KERI OVERNIGHT LOTN	62
ISENTRESS HD TABS	45	JORNAY PM CP24	2	KERI RENEWAL MILK BODY LOTN .	62
ISENTRESS PACK	45	JOURNAVX	8	KERI RENEWAL SKIN FIRMING LOTN	62
ISENTRESS TABS	45	JULUCA	45	KERI RENEWAL STRETCH MARK LOTN	62
isoniazid SYRP	37	JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW	120	KERI SENSITIVE SKIN LOTN	62
isoniazid TABS	37	JYLAMVO SOLN PO	38	KESIMPTA	130
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	13	JYNNEOS	136	ketoconazole (topical) CREA	56
isosorbide mononitrate TABS	13	KALETRA SOLN	45	ketoconazole (topical) FOAM	56
isosorbide mononitrate TB24	13	KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir)	45	ketoconazole (topical) SHAM 2 % .	56
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	55	KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir)	45	ketoconazole	31
isradipine CAPS	49	KANJINTI	38	KETONE TEST STRP	64
ISTALOL SOLN (timolol maleate (ophth))	123	KAPSPARGO SPRINKLE CS24 ..	48	ketoprofen CAPS	6
ITCH RELIEF CREA	57	KATERZIA	49	ketoprofen CP24	6
itraconazole CAPS	31	KENALOG AERS (triamcinolone acetonide (topical))	60	ketorolac tromethamine (ophth) 0.4 %	126
itraconazole SOLN	31	KEPPRA SOLN PO 100 MG/ML (levetiracetam)	19	ketorolac tromethamine (ophth) 0.5 %	126
ivermectin (rosacea)	63	KEPPRA TABS 1000 MG		ketorolac tromethamine TABS	6
I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG .	97				
IXIARO	136				

KETOSTIX STRP	64	MCG-20 MG-3500 UNIT-10 MG-18	1000 UNIT-60 UNIT-55 MCG	98
ketotifen fumarate (ophth) 0.035 %		MG-1.5 MG-50 MG-11 MG-80 MG-75	KP WOMENS 50+ DAILY FORMULA	
126		MCG-200 MG-45 MCG-150 MCG-30	TABS 120 MG-6 MG-30 MCG-400	
KEVZARA SOAJ	6	UNIT-20 MG-0.5 MG-5 MCG-10	MCG-1000 UNIT-25 MCG-3.4 MG-20	
KEVZARA SOSY	6	MCG-2.3 MG-55 MCG-10 MCG-35	MCG-20 MG-3500 UNIT-10 MG-500	
KEY-E CHEW	138	MCG-72 MG-2 MG, 60 MG-2 MG-30	MG-4.5 MG-50 MG-24 MG-2.2 MG-	
KEYFOLIC TABS	97	MCG-400 UNIT-1.7 MG-25 MCG-20	90 MCG-150 MCG-30 UNIT-4.2 MG-	
KEYLOSA TABS	97	MG-3500 UNIT-10 MG-18 MG-1.5	180 MCG-27 MCG, 60 MG-6 MG-30	
KHINDIVI SOLN PO 1 MG/ML	53	MG-50 MG-11 MG-80 MG-200 MG-	MCG-400 MCG-1000 UNIT-25 MCG-	
KINERET SOSY	6	45 MCG-150 MCG-30 UNIT-20 MG-	3.4 MG-20 MCG-20 MG-2500 UNIT-	
KINRAY INSULIN SYRINGE	75	0.5 MG-5 MCG-10 MCG-2.3 MG-75	15 MG-4.5 MG-50 MG-22.5 MG-500	
KIRSTY SOLN IJ 100 UNIT/ML ...	28	MCG-55 MCG-10 MCG-35 MG-72	MG-90 MCG-150 MCG-22.5 UNIT-2	
KIRSTY SOPN SC 100 UNIT/ML ..	28	MG-2 MG	MG-4 MG-180 MCG-20 MCG-120	
KITABIS PAK (W/ NEBULIZER)			MG	98
NEBU 300 MG/5ML (tobramycin) ...	3	KP MENS 50+ DAILY FORMULA	KP WOMENS DAILY FORMULA	
KLOXXADO LIQD	29	TABS 120 MG-6 MG-30 MCG-400	TABS 60 MG-2 MG-30 MCG-400	
KONVOMEF SUSR	134	MCG-700 UNIT-25 MCG-3.4 MG-20	MCG-1000 UNIT-6 MCG-1.7 MG-25	
KP ADULTS 50+ DAILY FORMULA		MCG-20 MG-3500 UNIT-15 MG-120	MCG-10 MG-2500 UNIT-5 MG-18	
TABS 60 MG-3 MG-30 MCG-400		MG-370 MCG-4.5 MG-110 MG-24	MG-1.5 MG-50 MG-15 MG-500 MG-	
MCG-500 UNIT-25 MCG-1.7 MG-30		MG-90 MCG-150 MCG-30 UNIT-2.2	22.5 UNIT-2 MG-2 MG-120 MCG-20	
MCG-20 MG-250 MCG-2500 UNIT-		MG-4.2 MG-180 MCG-117 MCG, 60	MCG, 60 MG-2 MG-30 MCG-400	
10 MG-300 MCG-1.5 MG-50 MG-11		MG-6 MG-30 MCG-400 MCG-700	MCG-1000 UNIT-6 MCG-1.7 MG-25	
MG-80 MG-150 MCG-220 MG-45		UNIT-25 MCG-3.4 MG-20 MCG-20	MCG-10 MG-2500 UNIT-5 MG-18	
MCG-150 MCG-50 UNIT-20 MG-0.5		MG-2500 UNIT-15 MG-300 MG-4.5	MG-500 MG-1.6 MG-50 MG-15 MG-	
MG-5 MCG-2.3 MG-55 MCG-10		MG-100 MG-22.5 MG-120 MG-90	22.5 UNIT-2 MG-2 MG-120 MCG-20	
MCG-45 MCG-72 MG-2 MG, 60 MG-		MCG-150 MCG-22.5 UNIT-2 MG-4	MCG	98
3 MG-30 MCG-400 MCG-500 UNIT-		MG-180 MCG-110 MCG-120 MG .	K-PAX IMMUNE PROFESSIONAL	
25 MCG-1.7 MG-30 MCG-20 MG-			ST TABS	98
250 MCG-2500 UNIT-10 MG-300		KP MENS DAILY FORMULA TABS	KPN PRENATAL TABS	120
MCG-1.5 MG-50 MG-11 MG-80 MG-		60 MG-3 MG-30 MCG-400 MCG-700	KRINTAFEL	37
150 MCG-220 MG-45 MCG-150		UNIT-18 MCG-1.7 MG-20 MCG-16	labetalol hcl TABS 100 MG	48
MCG-50 UNIT-20 MG-0.5 MG-5		MG-3500 UNIT-5 MG-300 MCG-1.2	labetalol hcl TABS 200 MG	48
MCG-2.3 MG-55 MCG-10 MCG-45		MG-120 MG-15 MG-2 MG-100 MG-	labetalol hcl TABS 300 MG	48
MG-72 MG-2 MG	97	210 MG-22.5 UNIT-2 MG-120 MCG-	labetalol hcl TABS 400 MG	48
KP ADULTS DAILY FORMULA		110 MCG, 60 MG-3 MG-75 MCG-400	lacosamide SOLN PO 10 MG/ML, 50	
TABS 60 MG-2 MG-30 MCG-400		MCG-700 UNIT-18 MCG-1.7 MG-20	MG/5ML, 100 MG/10ML	19
MCG-400 UNIT-6 MCG-1.7 MG-25		MCG-18 MG-3500 UNIT-16 MG-210	lacosamide TABS	19
		MG-300 MCG-1.35 MG-140 MG-15	lactic acid (ammonium lactate) CREA	
		MG-2 MG-22.5 UNIT-2 MG-120		62
		MCG-110 MCG		
		98		
		KP VISION FORMULA TABS 60 MG-		
		40 MG-1000 UNIT-30 UNIT-2 MG-40		
		MCG		
		98		
		KP VISION FORMULA/LUTEIN		
		TABS 200 MG-2 MG-40 MG-2 MG-		

lactic acid (ammonium lactate) LOTN 12 %	62	LANTUS SOLOSTAR SOPN	28	levofloxacin (ophth) 0.5 %	124
lactulose (encephalopathy)	68	latanoprost SOLN	126	levofloxacin SOLN PO	66
lactulose PACK	72	LATUDA (lurasidone hcl)	40	levofloxacin TABS	66
lactulose SOLN	72	LEDIPASVIR-SOFOSBUVIR TABS 47		levonorgestrel & eth estradiol TABS 51	
LAMICTAL CHEW (lamotrigine) ...	20	leflunomide	7	levonorgestrel (emergency oc) 1.5 MG	52
LAMICTAL ODT KIT (lamotrigine) .	19	LENTOCILIN SUSR	127	levonorgestrel-eth estradiol (triphasic)	51
LAMICTAL ODT TBDP (lamotrigine) .	19	LEQSELVI TABS PO 8 MG	62	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	51
LAMICTAL STARTER KIT 25 MG (lamotrigine)	19	LESCOL XL TB24 (fluvastatin sodium)	33	levorphanol tartrate TABS	9
LAMICTAL TABS (lamotrigine)	20	LETAIRIS (ambrisentan)	50	levothyroxine sodium TABS	132
LAMICTAL XR KIT	19	letrozole	38	LEXAPRO TABS 10 MG (escitalopram oxalate)	23
LAMICTAL XR TB24 (lamotrigine) .	20	leucovorin calcium TABS	38	LEXAPRO TABS 20 MG (escitalopram oxalate)	23
lamivudine (hbv) TABS	47	levabuterol hcl	16	LEXAPRO TABS 5 MG (escitalopram oxalate)	23
lamivudine SOLN	45	levabuterol tartrate	16	LEXETTE FOAM (halobetasol propionate)	61
lamivudine TABS 150 MG	45	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	20	LIALDA TBEC (mesalamine)	67
lamivudine TABS 300 MG	45	levetiracetam TABS 1000 MG	20	lidocaine CREA 4 %	62
lamivudine-zidovudine	45	levetiracetam TABS 250 MG, 750 MG	20	lidocaine hcl (mouth-throat) 2 % ...	81
lamotrigine CHEW	20	levetiracetam TABS 500 MG	20	lidocaine hcl CREA 3 %, 4 %	62
lamotrigine KIT 25 MG	20	levetiracetam TB24	20	lidocaine hcl GEL 2 %	62
lamotrigine TABS	20	levetiracetam TB3D 250 MG, 500 MG	20	lidocaine-prilocaine CREA	62
lamotrigine TB24	20	levobunolol hcl 0.5 %	123	LIKMEZ SUSP	36
lamotrigine TBDP	20	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	66	linezolid SUSR	37
lanolin (topical) CREA	62	levocarnitine (metabolic modifiers) TABS	66	linezolid TABS	37
LANOLIN XX	128	levocetirizine dihydrochloride SOLN 32		LINZESS	68
lansoprazole CPDR 15 MG	133	levocetirizine dihydrochloride TABS 32		liothyronine sodium TABS	132
lansoprazole CPDR 30 MG	133			LIPIDSHIELD PLUS TABS	121
lansoprazole TBDD	133				
lanthanum carbonate CHEW	68				
LANTUS SOLN	28				

LIPITOR TABS (atorvastatin calcium)	33	LOPRESSOR TABS 12.5 MG (metoprolol tartrate)	48	LOTRONEX (alosetron hcl)	68
LIPOFEN CAPS (fenofibrate)	33	LOPRESSOR TABS 50 MG (metoprolol tartrate)	48	lovastatin TABS 10 MG, 20 MG ...	33
liraglutide	27	loratadine & pseudoephedrine TB12 .	54	lovastatin TABS 40 MG	33
lisdexamfetamine dimesylate CAPS 1		loratadine & pseudoephedrine TB24 .	54	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	18
lisdexamfetamine dimesylate CHEW .	1	loratadine CHEW	32	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	18
lisinopril & hydrochlorothiazide	35	loratadine TABS	32	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	18
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	34	loratadine TBDP 10 MG	32	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	18
LITETOUCH INSULIN SYRINGE .	75	lorazepam TABS 0.5 MG, 2 MG ...	13	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)	18
LITFULO	62	lorazepam TABS 1 MG	13	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	18
lithium	39	losartan potassium & hydrochlorothiazide	35	loxapine succinate	42
lithium carbonate CAPS	39	losartan potassium	34	lubiprostone	67
lithium carbonate TABS	40	LOTEMAX GEL (loteprednol etabonate)	125	LUBRIDERM LOTN	62
lithium carbonate TBCR	40	LOTEMAX OINT	125	LUMAVEX CAPS	81
LIVALO (pitavastatin calcium)	33	LOTEMAX SM GEL	125	LUMIGAN SOLN 0.01 % (bimatoprost)	126
LIVER DETOX TABS	98	LOTENSIN 10 MG, 20 MG (benazepril hcl)	34	LUMIVANCE CAPS	98
LOHIST-D LIQD	54	LOTENSIN 40 MG (benazepril hcl) 34		LUNAVIRA CAPS	81
LOKELMA	81	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 35		lurasidone hcl	40
loperamide hcl CAPS	29	loteprednol etabonate GEL	125	LURBIRO TABS 100 MG (flurbiprofen)	6
loperamide hcl TABS	29	loteprednol etabonate SUSP	125	LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	98
LOPID TABS (gemfibrozil)	33	loteprednol etabonate-tobramycin 125		LYBALVI	129
lopinavir-ritonavir SOLN	45	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) .	35	LYFGENIA	69
lopinavir-ritonavir TABS 25 MG-100 MG	45			LYRICA CAPS (pregabalin)	20
lopinavir-ritonavir TABS 50 MG-200 MG	45			LYRICA CR (pregabalin (once-daily))	131
LOPRESSOR SOLN PO 10 MG/ML .	48				
LOPRESSOR TABS 100 MG (metoprolol tartrate)	48				

LYRICA SOLN (pregabalin)	20	malathion	63	333.333 MG-8.333 MG-16.666 MCG-	
LYSIPLEX PLUS TABS 166.667 MG-		maraviroc TABS 150 MG	45	133.333 MCG-8.333 MG-8.333 MG-	
333.333 MG-16.667 MG-50 MCG-		maraviroc TABS 300 MG	45	133.333 UNIT-8.333 MCG-8.333	
333.333 MCG-16.667 MG-133.333		MARINOL CAPS 2.5 MG		MG-8.333 MG-8.333 MG-8.333 MG-	
MG-16.667 MG-133.333 UNIT-		(dronabinol)	30	8.333 MG-8.333 MG-8.333 MG-6.666	
16.667 MCG-133.333 MG-66.667		MARPLAN	22	MG-8.333 MG-1.333 MG-333.333	
MG-16.667 MG-5 MG-1666.667		MASK VORTEX/CHILD/FROG ...	77	MG-83.333 UNIT-33.333 MG-5000	
UNIT-66.667 MG-5 MG-66.667		MASK		UNIT-5 MG-33.333 MG-1.333 MG-	
UNIT-5 MCG-26.667 MG-3.333 MG-		VORTEX/TODDLER/LADYBUG ..	77	16.666 MCG-20 MG-0.333 MG-	
1.667 MG-0.667 MG-33.333 MCG	99			33.333 MCG-0.333 MG-5 MG-83.333	
LYUMJEV KWIKPEN SOPN	28			MG-50 MCG-10 MG-25 MCG-3.333	
LYUMJEV SOLN	28	MAVENCLAD (10 TABS) 10 MG		MG-33.333 MG-8.333 MG-1.666 MG-	
LYUMJEV TEMPO PEN SOPN ...	28	(cladribine (multiple sclerosis)) ...	130	6.666 MG-6.666 MG-1.666 MG-0.833	
macitentan 10 MG	50	MAVENCLAD (4 TABS) 10 MG		MG-11.666 MG-3.333 MG-1.666 MG-	
MACROBID (nitrofurantoin monohyd		(cladribine (multiple sclerosis)) ...	130	33.333 MG-3.333 MG-3.333 MG-	
macro)	37	MAVENCLAD (5 TABS) 10 MG		3.333 MG-16.666 MG-33.333 MG-	
MACULAR HEALTH FORMULA		(cladribine (multiple sclerosis)) ...	130	33.333 MG-3.333 MG-3.333 MG-	
CAPS 250 MG-10 MG-100 MCG-10		MAVENCLAD (6 TABS) 10 MG		3.333 MG-8.333 MG	99
MG-500 UNIT-5 MG-5 MG-1 MG-1		(cladribine (multiple sclerosis)) ...	130	MAXITROL SUSP (neomycin-	
MG-20 MG-25 MCG-200 UNIT-7.5		MAVENCLAD (7 TABS) 10 MG		polymy-dexameth)	125
MG-10 MG	99	(cladribine (multiple sclerosis)) ...	130	MAXI-TUSS PE ELIX 5 MG/5ML-2	
MACUVITE EYE CARE TABS 113		MAVENCLAD (8 TABS) 10 MG		MG/5ML	54
MG-17.4 MG-0.4 MG-100 UNIT-7160		(cladribine (multiple sclerosis)) ...	130	MAYZENT STARTER PACK TBPK	
UNIT	99	MAVENCLAD (9 TABS) 10 MG		0.25 MG	130
MACUVITE TABS 60 MG-40 MG-2		(cladribine (multiple sclerosis)) ...	130	MAYZENT TABS	130
MG-40 MCG-30 UNIT-5000 UNIT	.99	MAVYRET PACK	47	meclizine hcl TABS 12.5 MG, 25 MG,	
MAGELLAN INSULIN SAFETY SYR		MAVYRET TABS	47	50 MG	30
.....	75	MAXALT TABS 10 MG (rizatriptan		meclofenamate sodium CAPS	7
magnesium citrate 1.745 GM/30ML		benzoate)	78	MEDI TAB TABS	99
71		MAXALT-MLT TBDP 10 MG		MEDIC INSULIN SYRINGE	75
magnesium hydroxide SUSP 7.75 %,		(rizatriptan benzoate)	78	MEDROL TABS	
400 MG/5ML, 1200 MG/15ML, 2400		MAXI-COMFORT INSULIN		(methylprednisolone)	53
MG/30ML	71	SYRINGE	75	MEDROL TABS	53
magnesium oxide (mg supplement)		MAXIDEX SUSP OP	125	MEDROL TBPK	
CAPS	80	MAXIMUM DAILY GREEN TABS		(methylprednisolone)	53
magnesium oxide (mg supplement)				medroxyprogesterone acetate	
TABS	80			(contraceptive) SUSP IM	52
magnesium oxide TABS 400 MG ..	13			medroxyprogesterone acetate	
				(contraceptive) SUSY IM	52

medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	128	MEMORY COMPLEX BRAIN HEALTH TABS	121	mesalamine CPDR	67
mefenamic acid CAPS	7	MENATROL CAPS	100	mesalamine ENEM	67
mefloquine hcl	37	MENQUADFI 0.5 ML	134	mesalamine SUPP	67
MEGA MULTI FOR WOMEN TABS 99		MENS 50+ ADVANCED CAPS ...	100	mesalamine TBEC 1.2 GM	67
MEGA MULTI MEN TABS	99	MENS 50+ MULTIVITAMIN TABS 100		mesalamine TBEC 800 MG	67
MEGAVITE FRUITS & VEGGIES TABS	99	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	100	mesalamine w/ cleanser	67
megestrol acetate (appetite)	128	MENS MULTI HEALTH FORMULA TABS	100	METAVEX TABS	121
megestrol acetate SUSP	38	MENS MULTIVITAMIN TABS ...	100	metaxalone	122
megestrol acetate TABS	38	MENVEO SOLN	134	METAXALONE 640 MG	122
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	100	MENVEO SOLR	134	metformin hcl SOLN	26
MEKTOVI	38	meperidine hcl SOLN PO 50 MG/5ML	9	metformin hcl TABS 1000 MG	26
meloxicam CAPS	7	meperidine hcl TABS 50 MG	9	metformin hcl TABS 500 MG	26
meloxicam TABS	7	meprobamate	13	metformin hcl TABS 625 MG, 750 MG	26
memantine hcl CP24	129	mercaptopurine SUSP 2000 MG/100ML	38	metformin hcl TABS 850 MG	26
memantine hcl SOLN	129	mercaptopurine TABS	38	metformin hcl TB24 500 MG, 1000 MG	26
memantine hcl TABS	129	MERILOG SOLN SC 100 UNIT/ML 28		metformin hcl TB24 500 MG	26
memantine hcl-donepezil hcl CP24 129		MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	28	metformin hcl TB24 750 MG	26
		mesalamine CP24	67	methadone hcl TABS 10 MG	9
		mesalamine CPCR	67	methadone hcl TABS 5 MG	9
				methamphetamine hcl	1
				methazolamide TABS	64
				methenamine mandelate	37
				methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG . 36	
				methimazole TABS	132
				methocarbamol TABS 1000 MG .	122
				methocarbamol TABS	122
				methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250	

MG/10ML, 1000 MG/40ML 38	methylprednisolone TABS 53	MG PLUS PROTEIN TABS 121
methotrexate sodium SOLR 38	methylprednisolone TBPk 53	MICARDIS 40 MG, 80 MG (telmisartan) 34
methotrexate sodium TABS 2.5 MG 38	methyltestosterone TABS 12	MICARDIS HCT (telmisartan- hydrochlorothiazide) 35
methsuximide 21	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML 67	MICONAZOLE 7 SUPP 100 MG . 137
methylidopa TABS 500 MG 34	metoclopramide hcl TABS 67	miconazole nitrate (topical) CREA .56
methylidopa TABS 34	metolazone 65	miconazole nitrate vaginal CREA 2 % 137
methylergonovine maleate TABS 127	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG 35	miconazole nitrate vaginal KIT ... 137
METHYLIN SOLN (methylphenidate hcl) 2	metoprolol & hydrochlorothiazide TABS 50 MG-100 MG 35	miconazole nitrate vaginal SUPP 100 MG 137
METHYLPHENIDATE ER TBED 8.6 MG, 17.3 MG, 25.9 MG 2	metoprolol succinate TB24 200 MG 48	miconazole nitrate vaginal SUPP 200 MG 137
methylphenidate hcl CHEW 2	metoprolol succinate TB24 25 MG, 50 MG, 100 MG 48	miconazole-zinc oxide-white petrolatum 56
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG 2	metoprolol tartrate TABS 100 MG . 48	MICROCHAMBER DEVI 77
methylphenidate hcl CP24 2	metoprolol tartrate TABS 12.5 MG, 37.5 MG, 75 MG 48	MICROCHAMBER MISC 77
methylphenidate hcl CPCR 2	metoprolol tartrate TABS 25 MG, 50 MG 48	MICROSPACER MISC 77
methylphenidate hcl SOLN 2	METROCREAM CREA (metronidazole (topical)) 63	midazolam hcl SOLN IJ 70
methylphenidate hcl TABS 10 MG, 20 MG 2	METROGEL GEL 1 % (metronidazole (topical)) 63	MIDAZOLAM HCL SOLN IJ 70
methylphenidate hcl TABS 5 MG ... 2	metronidazole (topical) CREA 63	midodrine hcl 137
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG 2	metronidazole (topical) GEL 0.75 % 63	MIEBO 126
methylphenidate hcl TB24 36 MG .. 2	metronidazole (topical) GEL 1 % .. 63	miglitol 25
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ORKAMBI TABS	131	OVACE WASH LIQD (sulfacetamide sodium)	58	oxycodone hcl TABS	10
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orphenadrine citrate TB12	122	oxaprozin CAPS	7	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	11
orphenadrine w/ aspirin & caff ...	122			oxycodone w/ acetaminophen TABS .	11
OSCIMIN SUBL 0.125 MG				OXYCONTIN T12A 10 MG, 15 MG, 30 MG, 60 MG	10
				OXYCONTIN T12A 20 MG, 40 MG,	

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SOPN	27	PAXIL TABS 10 MG (paroxetine hcl) .	23	(diclofenac sodium (topical))	57
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MG/3ML	27	PAXIL TABS 20 MG (paroxetine hcl) .	23	pentazocine w/ naloxone hcl	12
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122		(paroxetine hcl)	23	perampanel TABS 2 MG, 4 MG, 6	
PADCEV	38	PAXLOVID (150/100)	46	MG, 8 MG, 10 MG, 12 MG	18
paliperidone	41	PAXLOVID (150/100)	47	PERCOCET TABS 325 MG-10 MG,	
PANDA MASK LARGE	77	PAXLOVID (300/100 & 150/100) .	47	325 MG-5 MG, 325 MG-7.5 MG	
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133		PEDIATRIC PANDA MASK	77	perindopril erbumine	34
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PARI VORTEX PEDIATRIC MASK		peg 3350-kcl-sod bicarb-sod		perphenazine TABS	43
77		chloride-sod sulfate SOLR	71	perphenazine-amitriptyline	129
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phenelzine sulfate	22	PIVYA TABS PO 185 MG	127	phosphate dibasic & monobasic ..	80
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phenobarbital TABS	70		69	potassium chloride CPCR 10 MEQ	80
phenylephrine-chlorphen-dm LIQD		PLEGRIDY SOAJ	130	80	
10 MG/5ML-4 MG/5ML-15 MG/5ML		PLEGRIDY SOSY IM	130	potassium chloride CPCR 8 MEQ .	80
54		PLEGRIDY STARTER PACK SOAJ .		potassium chloride	
phenylephrine-guaifenesin LIQD 5		130		microencapsulated crystals er	80
MG/5ML-100 MG/5ML	54	PLEGRIDY STARTER PACK SOSY		potassium chloride PACK PO 20	
phenytoin CHEW	21	SC	130	MEQ	80
phenytoin sodium extended 100 MG,		PNEUMOVAX 23 SOLN	135	potassium chloride SOLN PO 10 %,	
200 MG, 300 MG	21	PNEUMOVAX 23 SOSY	135	20 %, 10 %	80
phenytoin sodium extended 200 MG,		POCKET CHAMBER DEVI	77	potassium chloride TBCR	80
300 MG	21	POCKET SPACER DEVI	77	potassium citrate (alkalinizer) TBCR .	
phenytoin SUSP 125 MG/5ML	21	podofilox GEL	62	68	
PHESGO	38	podofilox SOLN	62	potassium iodide (expectorant) SOLN	
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124		POLY-VI-SOL SOLN PO	120	39	
pimecrolimus	62	POLY-VITA SOLN PO	120	pramipexole dihydrochloride TB24	39
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pioglitazone hcl-glimepiride	25	POLY-VITE/IRON SOLN	120	prazosin hcl CAPS	34
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promethazine hcl SUPP 32	pseudoephedrine hcl TB12123	MULTIVIT/MULTIMINERAL TABS 50
promethazine hcl TABS32	pseudoephedrine w/ dm-gg LIQD 100	MG-2 MG-30 MCG-400 MCG-400
promethazine w/codeine SOLN54	MG/5ML-30 MG/5ML-10 MG/5ML .54	UNIT-6 MCG-2500 UNIT-1.7 MG-25
promethazine w/codeine SYRP54	pseudoephedrine-guaifenesin TB12	MCG-20 MG-10 MG-18 MG-1.5 MG-
promethazine-dm SYRP54	1200 MG-120 MG54	100 MG-15 MG-150 MCG-80 MG-2
propafenone hcl CP12 14	pseudoephedrine-guaifenesin TB12	MG-162 MG-160 MCG-150 MCG-30
propafenone hcl TABS14	600 MG-60 MG54	UNIT-109 MG-2 MG-5 MCG-10
propranolol hcl CP2449	psyllium POWD 28.3 %, 30 %, 58.6	MCG-3.5 MG-65 MCG-20 MCG-10
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MG/5ML, 40 MG/5ML49	PULMICORT FLEXHALER AEPB .15	QC ESSENTIALS TABS 60 MG-2
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propylthiouracil132	0.5 MG/2ML (budesonide	MG-20 MG-5000 UNIT-10 MG-1.5
PRORENAL + D TABS 109	(inhalation)) 15	MG-30 UNIT 118
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MG-30 MG-5000 UNIT-40 MCG . 109	PX INSULIN SYRINGE 75	MG-25 MG-10 MG-3.3 MG-10 MG-5
PROTECT CARDIO AF CAPS ... 109	pyrazinamide38	MG-10 MG-20 MG-0.6 MG-150
PROTECT PLUS SO CAPS109	pyrethrins-piperonyl butoxide SHAM	MCG-54 MG-70 MG-897 MCG-0.6
PROTEGRA CAPS109	4 %-0.33 %63	MG 109
PROTONIX PACK (pantoprazole	pyrethrins-piperonyl butoxide-	QC MENS DAILY MULTIVITAMIN
sodium) 133	permethrin-nit remover 4 %-0.33 %-	TABS 90 MG-3 MG-30 MCG-400
PROTONIX TBEC 20 MG	0.5 %63	MCG-400 UNIT-18 MCG-1.7 MG-20
(pantoprazole sodium)133	pyridostigmine bromide TABS 60 MG	MCG-16 MG-3500 UNIT-5 MG-210
PROTONIX TBEC 40 MG	37	MG-600 MCG-1.2 MG-120 MG-15
(pantoprazole sodium)133	pyridostigmine bromide TBCR37	MG-2 MG-100 MG-45 UNIT-2 MG-
PROVIGIL (modafinil) 3	pyridoxine hcl TABS 25 MG, 50 MG,	120 MCG-105 MCG 109
prucalopride succinate67	100 MG 138	QC MULTI-VITE 50 & OVER TABS
pseudoephed-bromphen-dm SYRP	PYZCHIVA 45 MG/0.5ML, 90 MG/ML	60 MG-3 MG-30 MCG-400 MCG-500
10 MG/5ML-30 MG/5ML-2 MG/5ML	57	UNIT-25 MCG-1.7 MG-30 MCG-20
54	PYZCHIVA SC 45 MG/0.5ML57	MG-250 MCG-2500 UNIT-10 MG-
	QBRELIS SOLN 34	300 MCG-1.5 MG-50 MG-11 MG-80
	QC CALCIUM 500MG-D3 TABS .. 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 CAPS110
		QC THERIN-M TABS 90 MG-6 MG-

30 MCG-400 MCG-400 UNIT-12	quinapril-hydrochlorothiazide 12.5	REALITY INSULIN SYRINGE75
MCG-3.4 MG-28 MCG-20 MG-5000	MG-10 MG35	REBIF REBIDOSE SOAJ 130
UNIT-10 MG-9 MG-3 MG-100 MG-15	quinapril-hydrochlorothiazide 12.5	REBIF REBIDOSE TITRATION
MG-150 MCG-7.5 MG-2 MG-40 MG-	MG-20 MG35	PACK SOAJ 130
75 MCG-150 MCG-60 UNIT-31 MG-2	quinapril-hydrochlorothiazide 25 MG-	REBIF SOSY 130
MG-5 MCG-10 MCG-2 MG-50 MCG-	20 MG35	REBIF TITRATION PACK SOSY .130
70 MCG-10 MCG-7.5 MG 110	quinidine gluconate TBCR14	REBLOZYL70
QC WOMENS DAILY	quinidine sulfate TABS14	RECOMBIVAX HB SUSP 136
MULTIVITAMIN TABS 60 MG-2 MG-	QUINTABS TABS 118	RECOMBIVAX HB SUSY 136
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timolol	123	tofacitinib citrate TB24 11 MG, 22 MG	3	topiramate SOLN 25 MG/ML	20
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timolol maleate (ophth) SOLN 0.5 % .	123	tolmetin sodium CAPS	7	topiramate TABS 200 MG	20
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vigabatrin PACK	21	FORMULA CAPS	114	MG-1 MG-42.3 MG-56.7 MG-2.7 MG-
vigabatrin TABS	21	VISTA ADVANCED DRY EYE		4.3 MCG-56.7 MG-14 MCG-4.3 MG-
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XCOPRI TABS21	XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML 14	ZAVZPRET78
XCOPRI TBPK21	XOLAIR SOSY14	ZEGALOGUE SOAJ26
XELJANZ SOLN 1 MG/ML (tofacitinib citrate)3	XOPENEX HFA (levalbuterol tartrate)17	ZEGALOGUE SOSY26
	XPHOZAH66	ZEMBRACE SYMTOUCH SOAJ ..79
	XROMI SOLN PO 100 MG/ML 69	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 64
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	YELETS TEENAGE FORMULA TABS116	ZEPOSIA 7-DAY STARTER PACK CPPK 130
	YESINTEK SOLN 45 MG/0.5ML ..58	ZEPOSIA CAPS 131
	YESINTEK SOSY58	ZEPOSIA STARTER KIT CPPK ..130
	YF-VAX SUSR137	
	YUFLYMA (1 PEN) AJKT 5	
	YUFLYMA (2 PEN) AJKT 5	
	YUFLYMA (2 SYRINGE) PSKT6	

ZERVIAE	126	ZITUVIMET XR TB24	25	ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	129
ZESTORETIC (lisinopril & hydrochlorothiazide)	36	ZITUVIO 25 MG, 50 MG, 100 MG (sitagliptin)	26	ZURNAI IJ 1.5 MG/0.5ML	30
ZESTRIL TABS (lisinopril)	34	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	33	ZURZUVAE	22
ZETIA (ezetimibe)	33	zolmitriptan SOLN 2.5 MG	79	ZYBIC SUSP 7.5 MG/5ML (meloxicam)	7
ZIAGEN SOLN (abacavir sulfate) ..	46	zolmitriptan SOLN 5 MG	79	ZYFLO TABS	15
zidovudine CAPS	46	zolmitriptan TABS	79	ZYLET 0.3 %-0.5 % (loteprednol etabonate-tobramycin)	126
zidovudine SYRP	46	zolmitriptan TBDP	79	ZYMFENTRA (1 PEN) AJKT	68
zidovudine TABS	46	ZOLOFT CONC (sertraline hcl)	24	ZYMFENTRA (2 PEN) AJKT	68
zileuton TB12	15	ZOLOFT TABS 100 MG (sertraline hcl)	24	ZYMFENTRA (2 SYRINGE) PSKT ..	68
ZIMHI SOSY	30	ZOLOFT TABS 25 MG, 50 MG (sertraline hcl)	24	ZYPITAMAG 2 MG, 4 MG	33
zinc oxide (topical) OINT 20 %	63	ZOLPIDEM TARTRATE CAPS	71	ZYPREXA RELPREVV	43
zinc sulfate CAPS	80	zolpidem tartrate SUBL	71	ZYPREXA SOLR (olanzapine)	43
ZIOPTAN (tafluprost)	126	zolpidem tartrate TABS	71	ZYPREXA TABS 15 MG, 20 MG (olanzapine)	43
ziprasidone hcl	40	zolpidem tartrate TBCR	71	ZYPREXA TABS 2.5 MG, 5 MG (olanzapine)	43
ziprasidone mesylate	40	ZOLYMBUS GEL OP 0.01 %	126	ZYPREXA TABS 7.5 MG, 10 MG (olanzapine)	43
ZIRABEV	38	ZOMACTON SOLR SC	65	ZYPREXA ZYDIS TBDP (olanzapine)	43
ZITHROMAX PACK	72	ZOMIG SOLN 5 MG (zolmitriptan) .	79	ZYPREXA ZYDIS TBDP (olanzapine)	43
ZITHROMAX SUSR 100 MG/5ML (azithromycin)	72	ZOMIG SOLN	79	ZYVOX SUSR (linezolid)	37
ZITHROMAX SUSR 200 MG/5ML (azithromycin)	72	ZONISADE SUSP	21	ZYVOX TABS (linezolid)	37
ZITHROMAX TABS 250 MG (azithromycin)	72	zonisamide CAPS	21		
ZITHROMAX TABS 500 MG (azithromycin)	72	ZOO FRIENDS MULTI GUMMIES CHEW	120		
ZITHROMAX TRI-PAK TABS (azithromycin)	72	ZORTRESS (everolimus (immunosuppressant))	81		
ZITHROMAX Z-PAK TABS (azithromycin)	72	ZORYVE CREA EX	63		
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin free base- metformin hcl)	25	ZORYVE FOAM EX	63		
		ZTALMY	21		
		ZUBSOLV SUBL	12		