

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၊ ကညီ ကျိအယိ၊ နမန့် ကျိအတံမၤစၢလၢ တလံာ်တူၣ်လၢာ်စ့၊ နီတံၤတၢ်သ့န့ၣ်လီၤ။ 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 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	NP	
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	NP	QL(2 EA daily); AL(At least 3 yrs old)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	P	QL(2 EA daily); AL(At least 3 yrs old)	<i>dextroamphetamine sulfate TABS 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>	P	QL(2 EA daily); AL(At least 3 yrs old)
<i>amphetamine sulfate TABS</i>	NP		DYANAVEL XR SUER	P	
<i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	NP		DYANAVEL XR TBCR	NP	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	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 5 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	VYVANSE CAPS (<i>lisdexamfetamine dimesylate</i>)	P	Brand Preferred; QL(1 EA daily)
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)	VYVANSE CHEW (<i>lisdexamfetamine dimesylate</i>)	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)		

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Drug Name	Drug Tier	Requirements/ Limits
Agents		
<i>atomoxetine hcl</i>	P	AL(At least 6 yrs old)
<i>atomoxetine hcl PO 4 MG/ML</i>	NP	
ATONCY PO 4 MG/ML (<i>atomoxetine hcl</i>)	NP	
<i>clonidine hcl (adhd) TB12</i>	P	
<i>guanfacine hcl (adhd)</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
INTUNIV (<i>guanfacine hcl (adhd)</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
ONYDA XR SUER	NP	
QELBREE	NP	
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI	NP	
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	NP	SP
Stimulants - Misc.		
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NP	
<i>armodafinil</i>	PA	PA
AZSTARYS	NP	
CONCERTA TBCR 18 MG, 27 MG, 54 MG (<i>methylphenidate hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (<i>methylphenidate hcl</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED	NP	
DAYTRANA PTCH (<i>methylphenidate</i>)	NP	
<i>dexmethylphenidate hcl CP24</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl TABS</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NP	
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	NP	QL(2 EA daily); AL(At least 6 yrs old)
JORNAY PM CP24	NP	
METHYLIN SOLN (<i>methylphenidate hcl</i>)	NP	
METHYLPHENIDATE ER TBED 8.6 MG, 17.3 MG, 25.9 MG	NP	
<i>methylphenidate hcl CHEW</i>	NP	
<i>methylphenidate hcl CP24</i>	NP	
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i>	P	
<i>methylphenidate hcl CPCR</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	P	
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	P	QL(3 EA daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	P	QL(6 EA daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TB24 36 MG</i>	P	QL(2 EA daily)
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	P	QL(1 EA daily)
<i>methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG</i>	NP	
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i>	NP	

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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 45 MG, 63 MG, 72 MG	NP	
RELEXXII TBCR 36 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)
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 5 MG (<i>methylphenidate hcl</i>)	NP	QL(6 EA daily); AL(At least 3 yrs old)
RITALIN TABS 10 MG, 20 MG (<i>methylphenidate hcl</i>)	NP	QL(3 EA daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASSTK 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	
TOBI NEBU (<i>tobramycin</i>)	NP	SP
<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	PA
<i>tobramycin NEBU</i>	NP	SP
<i>tobramycin NEBU</i>	PA	SP; 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
			HUMIRA (2 PEN) AJKT 40 MG/0.4ML	NP	QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	SIMLANDI (1 SYRINGE) PSKT	NP	SP
			SIMLANDI (2 PEN) AJKT	NP	SP
			SIMLANDI (2 SYRINGE) PSKT	NP	SP
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	SIMPONI SOAJ	NP	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); 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	SIMPONI SOSY	NP	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); 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	YUFLYMA (1 PEN) AJKT	NP	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	YUFLYMA (2 PEN) AJKT	NP	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	YUFLYMA (2 SYRINGE) PSKT	NP	SP
			YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
HUMIRA-PSORIASIS/UEIT STARTER AJKT	NP	QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP	YUSIMRY	NP	
			YUSIMRY	NP	SP
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP	Interleukin-1 Blockers		
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP	ARCALYST	NP	SP
HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP	Interleukin-1 Receptor Antagonist (IL-1Ra)		
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP	KINERET SOSY	NP	SP
HYRIMOZ SOAJ	NP	SP	Interleukin-6 Receptor Inhibitors		
HYRIMOZ SOSY	NP	SP	ACTEMRA ACTPEN SOAJ	NP	SP
SIMLANDI (1 PEN) AJKT	NP	SP	ACTEMRA SOLN	C	SP; PA
			ACTEMRA SOSY	NP	SP
			AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP
			AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP
			KEVZARA SOAJ	NP	SP
			KEVZARA SOSY	NP	SP
			TYENNE SOAJ	NP	SP

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOLECTIN DS CAPS 400 MG (<i>tolmetin sodium</i>)	NP		ENBREL MINI SOCT	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
<i>tolmetin sodium CAPS</i>	NP		ENBREL SURECLICK SOAJ	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
<i>tolmetin sodium TABS</i>	NP		ENBREL SOLN	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
VIMOVO 500 MG-20 MG (<i>naproxen-esomeprazole magnesium</i>)	NP		ENBREL SOSY 25 MG/0.5ML	P	QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
VYSCOXIA PO 10 MG/ML	NP	AL(At least 2 yrs old)	ENBREL SOSY 50 MG/ML	P	QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP
ZYBIC SUSP 7.5 MG/5ML (<i>meloxicam</i>)	NP		ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Phosphodiesterase 4 (PDE4) Inhibitors			Analgesic Combinations		
OTEZLA XR TB24 PO 75 MG	NP	SP	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	C	QL(4 EA daily)
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	<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	C	QL(4 EA daily)
OTEZLA TABS 30 MG	P	QL(2 EA daily); AL(At least 6 yrs old); SP	<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	C	
OTEZLA TABS 20 MG	P	SP	<i>butalbital-aspirin-caffeine CAPS</i>	C	QL(4 EA daily)
OTEZLA TBPk	P	1 package(s) per 365 day(s) retail; 1 package(s) per 365 day(s) mail; AL(At least 6 yrs old); SP	Analgesics - Sodium Channel Pain Signal Inhibitors		
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					

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone bitartrate CP12</i>	NP	Opioid Smart PA	<i>morphine sulfate SOLN PO 10 MG/5ML</i>	P	QL(16.67 ML daily)
<i>hydrocodone bitartrate T24A</i>	NP	Opioid Smart PA	<i>morphine sulfate SUPP</i>	P	Opioid Smart PA; QL(0.78 EA daily)
<i>hydromorphone hcl LIQD</i>	P	Opioid Smart PA	<i>morphine sulfate TABS</i>	P	Opioid Smart PA; QL(6 EA daily)
HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 EA daily)	<i>morphine sulfate TBCR</i>	P	Opioid Smart PA; QL(3 EA daily)
<i>hydromorphone hcl TABS 2 MG</i>	P	Opioid Smart PA; QL(8 EA daily)	MS CONTIN TBCR 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NP	Opioid Smart PA; QL(3 EA daily)
<i>hydromorphone hcl TABS 4 MG</i>	P	Opioid Smart PA	<i>oxycodone hcl CAPS</i>	P	Opioid Smart PA; QL(6 EA daily)
<i>hydromorphone hcl TABS 8 MG</i>	P	Opioid Smart PA; QL(4 EA daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	P	QL(4 ML daily)
<i>hydromorphone hcl TB24</i>	NP	Opioid Smart PA	<i>oxycodone hcl CONC 100 MG/5ML</i>	P	Opioid Smart PA; QL(4 ML daily)
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP	Opioid Smart PA	<i>oxycodone hcl SOLN</i>	P	
<i>levorphanol tartrate TABS</i>	NP	Opioid Smart PA	<i>oxycodone hcl SOLN</i>	P	Opioid Smart PA
<i>levorphanol tartrate TABS</i>	NP		<i>oxycodone hcl TABS</i>	P	Opioid Smart PA; QL(6 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	P	Opioid Smart PA	<i>oxycodone hcl TABS 5 MG, 10 MG, 20 MG</i>	P	QL(6 EA daily)
<i>meperidine hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(6 EA daily)	OXYCONTIN T12A 10 MG, 15 MG, 30 MG, 60 MG	P	Opioid Smart PA
<i>methadone hcl TABS 5 MG</i>	C	Opioid Smart PA; QL(4 EA daily); PA	OXYCONTIN T12A 20 MG, 40 MG, 80 MG	P	Brand Preferred
<i>methadone hcl TABS 10 MG</i>	C	Opioid Smart PA; QL(10 EA daily); PA	<i>oxymorphone hcl TABS</i>	NP	Opioid Smart PA
<i>morphine sulfate beads</i>	NP	Opioid Smart PA	<i>oxymorphone hcl TB12</i>	NP	Opioid Smart PA
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP	Opioid Smart PA	QDOLO SOLN (<i>tramadol hcl</i>)	NP	Opioid Smart PA
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	Opioid Smart PA; QL(16.67 ML daily)	ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>)	NP	Opioid Smart PA; QL(6 EA daily)
<i>morphine sulfate SOLN PO 100 MG/5ML</i>	P	Opioid Smart PA	ROXYBOND TABA 5 MG	NP	Opioid Smart PA; QL(6 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
ROXYBOND TABA 10 MG, 15 MG, 30 MG	NP	Opioid Smart PA
TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG	NP	Opioid Smart PA
TAPENTADOL HCL SOLN PO 20 MG/ML	NP	
<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	
<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 TABS 50 MG</i>	P	Opioid Smart PA; QL(8 EA daily); AL(At least 18 yrs old)
<i>tramadol hcl TB24</i>	P	Opioid Smart PA
<i>tramadol hcl TB24</i>	NP	Opioid Smart PA
<i>tramadol hcl TB24</i>	P	
Opioid Combinations		
<i>acetaminophen w/ codeine SOLN</i>	P	Opioid Smart PA; QL(30 ML daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine SOLN</i>	P	QL(30 ML daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine TABS</i>	P	QL(6 EA daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<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>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>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine w/cod</i>	NP	Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	Opioid Smart PA
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	P	Opioid Smart PA
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	Opioid Smart PA; QL(180 ML daily)
<i>hydrocodone-acetaminophen SOLN</i>	P	
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(10 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Opioid Smart PA; QL(10 EA daily)	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	Opioid Smart PA; SP
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 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>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	P	Opioid Smart PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	P	Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)
NALOCET TABS	NP	Opioid Smart PA	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	P	Opioid Smart PA; QL(12 EA daily); AL(At least 16 yrs old)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Opioid Smart PA; QL(6 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	P	Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	P	Opioid Smart PA	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	QL(12 EA daily); AL(At least 16 yrs old)
<i>oxycodone w/ acetaminophen TABS</i>	P	QL(6 EA daily)	<i>buprenorphine hcl SUBL</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>buprenorphine hcl SUBL</i>	P	
PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP	Opioid Smart PA	<i>buprenorphine PTWK</i>	NP	Brand Preferred; Opioid Smart PA
PROLATE SOLN	NP	Opioid Smart PA	<i>butorphanol tartrate NA 10 MG/ML</i>	NP	Opioid Smart PA
PROLATE TABS	NP	Opioid Smart PA	BUTRANS PTWK (<i>buprenorphine</i>)	P	Brand Preferred
<i>tramadol-acetaminophen</i>	P	Opioid Smart PA; QL(4 EA daily); AL(At least 18 yrs old)	<i>pentazocine w/ naloxone hcl</i>	NP	Opioid Smart PA
Opioid Partial Agonists			SUBLOCADE SOSY	P	Opioid Smart PA; SP
BELBUCA FILM	NP	Opioid Smart PA	SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old)
BRIXADI (WEEKLY) SOSY	P	Opioid Smart PA; SP			

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Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)
ZUBSOLV SUBL	NP	Opioid Smart PA; AL(At least 16 yrs old)
ZUBSOLV SUBL	NP	AL(At least 16 yrs old)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
<i>methyltestosterone TABS</i>	C	
NATESTO GEL NA	NP	
TESTIM GEL TD (<i>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 %, 50 MG/5GM</i>	NP	Brand Preferred
<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM</i>	NP	
<i>testosterone GEL TD 1.62 %, 1.62 %</i>	PA	PA
<i>testosterone SOLN</i>	NP	
VOGELXO PUMP GEL TD (<i>testosterone</i>)	NP	
VOGELXO GEL TD (<i>testosterone</i>)	NP	Brand Preferred
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (intrarectal)</i>	C	
Rectal Steroids		
<i>hydrocortisone (rectal) EX 2.5 %</i>	C	
<i>hydrocortisone (rectal) EX 1 %</i>	C	1 package(s) per fill retail; RX/OTC
PREPARATION H EX 1 %	C	1 package(s) per fill retail; RX/OTC
PREPARATION H SOOTHING RELIEF EX 1 %	C	1 package(s) per fill retail; RX/OTC
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		

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Drug Name	Drug Tier	Requirements/ Limits
Infections		
Anthelmintics		
EMVERM CHEW	C	QL(1 EA per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYU SPRINKLE PACK	NP	
ranolazine TB12	P	
Nitrates		
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	C	
isosorbide mononitrate TABS	C	QL(2 EA daily)
isosorbide mononitrate TB24	C	QL(1 EA daily)
nitroglycerin OINT	C	
nitroglycerin PT24	C	
nitroglycerin SUBL	C	
NITRO-TIME CPR 2.5 MG, 6.5 MG, 9 MG	C	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl 7.5 MG, 30 MG	C	QL(3 EA daily)
buspirone hcl 5 MG, 10 MG	C	QL(6 EA daily)
buspirone hcl 15 MG	C	QL(4 EA daily)
hydroxyzine hcl SYRP	C	
hydroxyzine hcl TABS	C	
hydroxyzine pamoate CAPS	C	
meprobamate	C	
Benzodiazepines		
alprazolam TABS	C	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
chlorthalidone hcl CAPS	C	QL(4 EA daily)
clonazepam dipotassium TABS	C	QL(3 EA daily)
diazepam SOLN PO 5 MG/5ML	C	
diazepam TABS	C	QL(4 EA daily)
lorazepam TABS 0.5 MG, 2 MG	C	QL(3 EA daily)
lorazepam TABS 1 MG	C	QL(4 EA daily)
oxazepam CAPS	C	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	C	
NORPACE CR CP12 150 MG	C	
quinidine gluconate TBCR	C	
quinidine sulfate TABS	C	
Antiarrhythmics Type I-B		
mexiletine hcl	C	
Antiarrhythmics Type I-C		
flecainide acetate	C	
propafenone hcl CP12	C	
propafenone hcl TABS	C	
Antiarrhythmics Type III		
amiodarone hcl TABS 200 MG	C	
dofetilide	C	
ASTHMA 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

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Drug Name	Drug Tier	Requirements/ Limits
NUCALA SOLR	NP	SP
NUCALA SOSY	NP	SP
TEZSPIRE SOAJ	NP	SP
TEZSPIRE SOSY	NP	SP
XOLAIR SOAJ	PA	SP; PA
XOLAIR SOSY	PA	SP; PA
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	PA	PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	C	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	P	Brand Preferred; 1 package(s) per 31 day(s) retail
INCRUSE ELLIPTA 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		

Drug Name	Drug Tier	Requirements/ Limits
ACCOLATE (<i>zafirlukast</i>)	NP	
<i>montelukast sodium CHEW</i>	P	QL(1 EA daily); MP
<i>montelukast sodium PACK</i>	P	QL(1 EA daily); MP
<i>montelukast sodium TABS</i>	P	QL(1 EA daily); MP
SINGULAIR CHEW (<i>montelukast sodium</i>)	NP	QL(1 EA daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	NP	QL(1 EA daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	NP	QL(1 EA daily)
<i>zafirlukast</i>	P	MP
<i>zileuton TB12</i>	NP	
ZYFLO TABS	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	NP	SP
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>roflumilast</i>)	NP	QL(1 EA daily)
<i>roflumilast</i>	NP	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	P	
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	P	Brand Preferred; QL(1 EA daily)
ASMANEX (120 METERED DOSES) AEPB	P	
ASMANEX (14 METERED DOSES) AEPB	P	
ASMANEX (30 METERED DOSES) AEPB	P	
ASMANEX (60 METERED DOSES) AEPB	P	
ASMANEX HFA AERO	P	QL(0.44 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>beclomethasone dipropionate</i> 40 MCG/ACT, 80 MCG/ACT	NP		ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	P	Brand Preferred
<i>budesonide (inhalation) SUSP</i> 0.25 MG/2ML, 0.5 MG/2ML	P	QL(120 ML per fill retail); AL(Up to 8 yrs old)	AIRSUPRA	NP	
<i>budesonide (inhalation) SUSP</i> 1 MG/2ML	P	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)	<i>albuterol sulfate</i> AERS	P	QL(17 GM per 30 day(s) retail; 17 GM per 30 days mail)
<i>fluticasone furoate (inhalation)</i> 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	NP	Brand Preferred; QL(1 EA daily)	<i>albuterol sulfate</i> AERS	P	
<i>fluticasone propionate (inhalation)</i> AEPB	NP		<i>albuterol sulfate</i> AERS	P	QL(36 GM per 30 day(s) retail; 36 GM per 30 days mail)
<i>fluticasone propionate hfa</i> 44 MCG/ACT	P	QL(11 GM per 25 day(s) retail)	<i>albuterol sulfate</i> AERS	P	QL(13.4 GM per 30 day(s) retail)
<i>fluticasone propionate hfa</i> 110 MCG/ACT, 220 MCG/ACT	P	QL(12 GM per 25 day(s) retail)	<i>albuterol sulfate</i> AERS	P	QL(375 ML per 31 day(s) retail)
PULMICORT FLEXHALER AEPB	NP	1 package(s) per fill retail	<i>albuterol sulfate</i> NEBU 0.63 MG/3ML, 1.25 MG/3ML	P	
PULMICORT FLEXHALER AEPB	NP	1 package(s) per fill retail	<i>albuterol sulfate</i> NEBU 0.083 %	P	QL(12.5 ML daily)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old)	<i>albuterol sulfate</i> NEBU	P	
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	NP	QL(120 ML per fill retail); AL(Up to 8 yrs old)	<i>albuterol sulfate</i> SYRP	P	
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 GM daily)	<i>albuterol sulfate</i> TABS	P	
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 GM daily)	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	P	Brand Preferred
Sympathomimetics			<i>arformoterol tartrate</i>	P	
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	P	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)	BEVESPI AEROSPHERE	NP	
			BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NP	
			BREO ELLIPTA	NP	
			BREZTRI AEROSPHERE	NP	
			BROVANA (<i>arformoterol tartrate</i>)	NP	
			<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred; QL(30.9 GM per 30 day(s) retail)
			<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred

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Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred; QL(30.6 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)
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(26.4 GM per 30 day(s) retail)
<i>fluticasone furoate-vilanterol</i>	NP	
<i>fluticasone-salmeterol</i> AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP	
<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	NP	Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old)
<i>fluticasone-salmeterol</i> AERO	NP	Brand Preferred
<i>formoterol fumarate</i> NEBU	NP	
<i>ipratropium-albuterol</i> SOLN	P	QL(12 ML daily)
<i>levalbuterol hcl</i>	NP	
<i>levalbuterol tartrate</i>	NP	QL(1 GM daily)
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	NP	
PROAIR RESPICLICK AEPB	P	QL(2 EA per 30 day(s) retail)
SEREVENT DISKUS	P	1 package(s) per fill retail
STIOLTO RESPIMAT	P	
STRIVERDI RESPIMAT	NP	

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	P	Brand Preferred; QL(30.6 GM per 30 day(s) retail)
<i>terbutaline sulfate</i> TABS	NP	ST
TRELEGY ELLIPTA	NP	
<i>umeclidinium-vilanterol</i>	NP	Brand Preferred
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	QL(16 GM per 30 day(s) retail)
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	QL(36 GM per 30 day(s) retail)
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP	QL(1 GM daily)
Xanthines		
THEO-24 CP24	C	
<i>theophylline</i> ELIX	C	
<i>theophylline</i> SOLN	C	QL(475 ML per fill retail)
<i>theophylline</i> TB12 300 MG, 450 MG	C	
<i>theophylline</i> TB24	C	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium</i> TABS	P	
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK) TBSO PO	P	
ELIQUIS (2 MG PACK) TBSO PO	P	
ELIQUIS DVT/PE STARTER PACK TBPB	P	QL(2.47 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS CPSP PO 0.15 MG	P		FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	SP
ELIQUIS TABS	P	QL(2 EA daily)	FRAGMIN SOSY	NP	SP
ELIQUIS TBSO PO 0.5 MG	P		<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	C	
<i>rivaroxaban SUSR 1 MG/ML</i>	NP	Brand Preferred	HEPARIN SODIUM (PORCINE) SOSY IJ	C	
<i>rivaroxaban TABS 2.5 MG</i>	NP	Brand Preferred	LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(126 ML per 180 day(s) retail); SP
SAVAYSA	NP		LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	QL(126 ML per 180 day(s) retail); SP
XARELTO STARTER PACK TBPK	P		LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	QL(42 ML per 180 day(s) retail); SP
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	P	Brand Preferred	LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(12.6 ML per 180 day(s) retail); SP
XARELTO TABS 10 MG, 15 MG, 20 MG	P		LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	QL(12.6 ML per 180 day(s) retail); SP
XARELTO TABS 2.5 MG (<i>rivaroxaban</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
Heparins And Heparinoid-Like Agents			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
ARIXTRA (<i>fondaparinux sodium</i>)	NP	SP			
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	QL(126 ML per 180 day(s) retail); SP			
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	P	QL(33.6 ML per 180 day(s) retail); SP			
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(42 ML per 180 day(s) retail); SP			
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(25.2 ML per 180 day(s) retail); SP			
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(16.8 ML per 180 day(s) retail); SP			
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(16.8 ML per 180 day(s) retail)			
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(12.6 ML per 180 day(s) retail); SP			
<i>fondaparinux sodium</i>	NP	SP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(25.2 ML per 180 day(s) retail); SP	Anticonvulsants - Benzodiazepines		
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	QL(33.6 ML per 180 day(s) retail); SP	<i>clobazam SUSP</i>	P	PA
LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NP	QL(12.6 ML per 180 day(s) retail)	<i>clobazam TABS</i>	P	PA
LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NP	QL(25.2 ML per 180 day(s) retail); SP	<i>clobazam TABS</i>	P	
LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NP	QL(16.8 ML per 180 day(s) retail); SP	<i>clonazepam TABS</i>	C	QL(4 EA daily)
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(42 ML per 180 day(s) retail); SP	<i>diazepam (anticonvulsant) GEL</i>	P	QL(1 EA per fill retail); AL(At least 2 yrs old)
Thrombin Inhibitors			<i>diazepam (anticonvulsant) GEL 10 MG, 20 MG</i>	C	QL(1 EA per fill retail); AL(At least 2 yrs old)
<i>dabigatran etexilate mesylate CAPS</i>	NP	Brand Preferred	NAYZILAM	P	QL(10 EA per 30 day(s) retail)
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	P	Brand Preferred	ONFI SUSP (<i>clobazam</i>)	NP	
PRADAXA PACK	NP	SP	ONFI TABS (<i>clobazam</i>)	NP	
ANTICONVULSANTS - Drugs to Treat Seizures			SYMPAZAN FILM	NP	
AMPA Glutamate Receptor Antagonists			VALTOCO 10 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
FYCOMPA SUSP 0.5 MG/ML (<i>perampanel</i>)	PA	Brand Preferred; PA	VALTOCO 15 MG DOSE LQPK	P	QL(10 EA per 30 day(s) retail)
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>perampanel</i>)	PA	Brand Preferred; PA	VALTOCO 20 MG DOSE LQPK	P	QL(10 EA per 30 day(s) retail)
<i>perampanel SUSP 0.5 MG/ML</i>	NP	Brand Preferred	VALTOCO 5 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail)
<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	NP	Brand Preferred	Anticonvulsants - Misc.		
			APTiom 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NP	
			BANZEL SUSP (<i>rufinamide</i>)	NP	SP; PA
			BANZEL TABS (<i>rufinamide</i>)	NP	SP
			<i>brivaracetam SOLN PO 10 MG/ML</i>	NP	
			<i>brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	NP	
			BRIVIACT SOLN PO 10 MG/ML (<i>brivaracetam</i>)	NP	SP
			BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (<i>brivaracetam</i>)	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine CHEW</i>	P		KEPPRA TABS 500 MG (<i>levetiracetam</i>)	NP	QL(6 EA daily)
<i>carbamazepine CP12</i>	NP	Brand Preferred	<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	P	
<i>carbamazepine SUSP</i>	P		<i>lacosamide TABS</i>	P	
<i>carbamazepine TABS</i>	P		LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	
<i>carbamazepine TB12</i>	P		LAMICTAL ODT TBDP (<i>lamotrigine</i>)	NP	
CARBATROL CP12 (<i>carbamazepine</i>)	P	Brand Preferred	LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>)	NP	
DIACOMIT CAPS 250 MG	NP	QL(12 EA daily); SP	LAMICTAL XR KIT	NP	
DIACOMIT CAPS 500 MG	NP	QL(6 EA daily); SP	LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	QL(1 EA daily)
DIACOMIT PACK 250 MG	NP	QL(12 EA daily); SP	LAMICTAL CHEW (<i>lamotrigine</i>)	NP	
DIACOMIT PACK 500 MG	NP	QL(6 EA daily); SP	LAMICTAL TABS (<i>lamotrigine</i>)	NP	
ELEPSIA XR TB24	NP		<i>lamotrigine CHEW</i>	P	
EPIDIOLEX	NP	SP	<i>lamotrigine KIT 25 MG</i>	NP	
EPRONTIA SOLN 25 MG/ML (<i>topiramate</i>)	NP		<i>lamotrigine TABS</i>	NP	
<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	NP		<i>lamotrigine TABS</i>	P	
FINTEPLA	NP	SP	<i>lamotrigine TB24</i>	P	QL(1 EA daily)
<i>gabapentin CAPS 300 MG, 400 MG</i>	NP	QL(9 EA daily)	<i>lamotrigine TBDP</i>	P	
<i>gabapentin CAPS 200 MG</i>	NP		<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P	QL(16 ML daily)
<i>gabapentin CAPS</i>	P	QL(9 EA daily)	<i>levetiracetam TABS 1000 MG</i>	P	
<i>gabapentin SOLN</i>	P		<i>levetiracetam TABS 500 MG</i>	P	QL(6 EA daily)
<i>gabapentin TABS 600 MG</i>	P	QL(6 EA daily)	<i>levetiracetam TABS 250 MG, 750 MG</i>	P	QL(4 EA daily)
<i>gabapentin TABS 800 MG</i>	P	QL(4 EA daily)	<i>levetiracetam TB24</i>	P	
GABARONE TABS 100 MG, 400 MG	NP		<i>levetiracetam TB3D 250 MG, 500 MG</i>	NP	
KEPPRA XR TB24 (<i>levetiracetam</i>)	NP		LYRICA CAPS (<i>pregabalin</i>)	NP	
KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	NP	QL(16 ML daily)	LYRICA SOLN (<i>pregabalin</i>)	NP	
KEPPRA TABS 250 MG, 750 MG (<i>levetiracetam</i>)	NP	QL(4 EA daily)	MOTPOLY XR CP24	NP	
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEURONTIN CAPS (gabapentin)	NP	QL(9 EA daily)	topiramate CP24	NP	
NEURONTIN SOLN (gabapentin)	NP		topiramate CPSP 50 MG	P	
NEURONTIN TABS 600 MG (gabapentin)	NP	QL(6 EA daily)	topiramate CPSP 15 MG	P	QL(6 EA daily)
NEURONTIN TABS 800 MG (gabapentin)	NP	QL(4 EA daily)	topiramate CPSP 25 MG	P	QL(8 EA daily)
oxcarbazepine SUSP	P		topiramate CS24	NP	
oxcarbazepine TABS	P		topiramate SOLN 25 MG/ML	NP	
oxcarbazepine TB24	NP		topiramate TABS 200 MG	P	QL(2 EA daily)
OXTELLAR XR TB24 (oxcarbazepine)	NP		topiramate TABS 100 MG	P	QL(4 EA daily)
pregabalin CAPS	P		topiramate TABS 25 MG, 50 MG	P	QL(6 EA daily)
pregabalin SOLN	NP		TRILEPTAL SUSP (oxcarbazepine)	NP	
primidone	P		TRILEPTAL TABS (oxcarbazepine)	NP	
rufinamide SUSP	P	SP	TROKENDI XR CP24 (topiramate)	NP	
rufinamide SUSP	P		VIMPAT SOLN PO 10 MG/ML (lacosamide)	NP	PA
rufinamide TABS	P	SP	VIMPAT TABS (lacosamide)	NP	PA
SPRITAM TB3D	NP		ZONISADE SUSP	NP	
SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (levetiracetam)	NP		zonisamide CAPS	P	
SUBVENITE SUSP PO 10 MG/ML	NP		ZTALMY	NP	
TEGRETOL SUSP (carbamazepine)	NP		Carbamates		
TEGRETOL TABS (carbamazepine)	NP		felbamate SUSP	P	
TEGRETOL-XR TB12 (carbamazepine)	NP		felbamate TABS	P	
TOPAMAX SPRINKLE CPSP 15 MG (topiramate)	NP	QL(6 EA daily)	FELBATOL TABS (felbamate)	NP	
TOPAMAX SPRINKLE CPSP 25 MG (topiramate)	NP	QL(8 EA daily)	XCOPRI (250 MG DAILY DOSE) TBPk	NP	
TOPAMAX TABS 200 MG (topiramate)	NP	QL(2 EA daily)	XCOPRI (350 MG DAILY DOSE) TBPk	NP	
TOPAMAX TABS 25 MG, 50 MG (topiramate)	NP	QL(6 EA daily)	XCOPRI TABS	NP	
TOPAMAX TABS 100 MG (topiramate)	NP	QL(4 EA daily)	XCOPRI TBPk	NP	
			GABA Modulators		
			SABRIL PACK (vigabatrin)	PA	Brand Preferred; SP; PA

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

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Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB TBDP 15 MG (<i>mirtazapine</i>)	NP	QL(3 EA daily)
REMERON SOLTAB TBDP 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 EA daily)
REMERON SOLTAB TBDP 45 MG (<i>mirtazapine</i>)	NP	QL(1 EA daily)
REMERON TABS 15 MG (<i>mirtazapine</i>)	NP	QL(3 EA daily)
REMERON TABS 30 MG (<i>mirtazapine</i>)	NP	QL(1.5 EA daily)
Antidepressant Combinations		
AUVELITY	NP	
AUVELITY TITRATION PACK PO	NP	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	P	QL(3 EA daily)
<i>bupropion hcl TB12 150 MG</i>	P	QL(3 EA daily)
<i>bupropion hcl TB12 200 MG</i>	P	QL(2 EA daily)
<i>bupropion hcl TB12 100 MG</i>	P	QL(4 EA daily)
<i>bupropion hcl TB24 150 MG</i>	P	QL(3 EA daily)
<i>bupropion hcl TB24 450 MG</i>	NP	
<i>bupropion hcl TB24 300 MG</i>	P	QL(1 EA daily)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP	
WELLBUTRIN SR TB12 150 MG (<i>bupropion hcl</i>)	NP	QL(3 EA daily)
WELLBUTRIN SR TB12 100 MG (<i>bupropion hcl</i>)	NP	QL(4 EA daily)
WELLBUTRIN SR TB12 200 MG (<i>bupropion hcl</i>)	NP	QL(2 EA daily)
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE	NP	SP

Drug Name	Drug Tier	Requirements/Limits
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	NP	
MARPLAN	NP	
MARPLAN	NP	
NARDIL (<i>phenelzine sulfate</i>)	NP	
<i>phenelzine sulfate</i>	P	
<i>tranylcypromine sulfate</i>	NP	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>)	NP	QL(4 EA daily)
CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)
CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)
<i>citalopram hydrobromide CAPS 30 MG</i>	NP	
CITALOPRAM HYDROBROMIDE CAPS 30 MG (<i>citalopram hydrobromide</i>)	NP	
<i>citalopram hydrobromide SOLN</i>	P	
<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>citalopram hydrobromide TABS 40 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
<i>citalopram hydrobromide TABS 10 MG</i>	P	QL(4 EA daily)
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	
<i>escitalopram oxalate SOLN</i>	NP	
<i>escitalopram oxalate TABS 5 MG</i>	P	QL(4 EA daily)
<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate</i> TABS 10 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 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)	PAXIL CR TB24 (<i>paroxetine hcl</i>)	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 SUSP (<i>paroxetine hcl</i>)	NP	QL(40 ML daily)
<i>fluoxetine hcl</i> CPDR	NP		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> SOLN	P	QL(120 ML per fill retail)	PAXIL TABS 20 MG (<i>paroxetine hcl</i>)	NP	QL(3 EA daily)
<i>fluoxetine hcl</i> TABS 10 MG	P	QL(1 EA daily); AL(At least 7 yrs old)	PAXIL TABS 10 MG (<i>paroxetine hcl</i>)	NP	QL(6 EA daily)
<i>fluoxetine hcl</i> TABS 20 MG	P	QL(4 EA daily)	<i>sertraline hcl</i> CAPS 150 MG, 200 MG	NP	
<i>fluoxetine hcl</i> TABS 60 MG	NP		SERTRALINE HCL CAPS 150 MG, 200 MG (<i>sertraline hcl</i>)	NP	
FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NP		<i>sertraline hcl</i> CONC	NP	QL(186 ML per 31 day(s) retail)
<i>fluvoxamine maleate</i> CP24	NP		<i>sertraline hcl</i> TABS 25 MG, 50 MG	P	QL(4 EA daily)
<i>fluvoxamine maleate</i> TABS 25 MG, 50 MG	P	QL(2 EA daily); AL(At least 7 yrs old)	<i>sertraline hcl</i> TABS 100 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
<i>fluvoxamine maleate</i> TABS 100 MG	P	QL(3 EA daily)	ZOLOFT CONC (<i>sertraline hcl</i>)	NP	QL(186 ML per 31 day(s) retail)
LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	NP	QL(4 EA daily)	ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)
LEXAPRO TABS 20 MG (<i>escitalopram oxalate</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)	ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	QL(4 EA daily)
LEXAPRO TABS 10 MG (<i>escitalopram oxalate</i>)	NP	QL(2 EA daily); AL(At least 7 yrs old)	Serotonin Modulators		
<i>paroxetine hcl</i> SUSP	NP	QL(40 ML daily)	EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	AL(At least 18 yrs old)
<i>paroxetine hcl</i> TABS 20 MG	P	QL(3 EA daily)	EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP	AL(At least 18 yrs old)
<i>paroxetine hcl</i> TABS 10 MG	P	QL(6 EA daily)	<i>nefazodone hcl</i>	P	
<i>paroxetine hcl</i> TABS 30 MG, 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)	RALDESY SOLN PO 10 MG/ML	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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 150 MG</i>	P	QL(2 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 37.5 MG</i>	P	QL(4 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)
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	P	QL(1 EA daily)	Tricyclic Agents		
<i>desvenlafaxine succinate 100 MG</i>	P	QL(4 EA daily)	<i>amitriptyline hcl TABS</i>	C	
DRIZALMA SPRINKLE CSDR	NP		<i>amoxapine</i>	C	
<i>duloxetine hcl CPEP 40 MG</i>	NP		<i>clomipramine hcl 75 MG</i>	C	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)	<i>desipramine hcl TABS 25 MG</i>	C	QL(2 EA daily)
DULOXETINE HCL CPEP 80 MG, 90 MG, 120 MG	NP		<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	C	
EFFEXOR XR CP24 75 MG (<i>venlafaxine hcl</i>)	NP	QL(5 EA daily)	<i>doxepin hcl CAPS</i>	C	
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	NP	QL(2 EA daily)	<i>doxepin hcl CONC</i>	C	
EFFEXOR XR CP24 37.5 MG (<i>venlafaxine hcl</i>)	NP	QL(4 EA daily)	<i>imipramine hcl TABS</i>	C	
FETZIMA TITRATION C4PK	NP		<i>nortriptyline hcl CAPS</i>	C	
FETZIMA CP24	NP		<i>nortriptyline hcl SOLN</i>	C	QL(20 ML daily)
PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	QL(4 EA daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NP	QL(1 EA daily)	Alpha-Glucosidase Inhibitors		
			<i>acarbose</i>	P	
			<i>miglitol</i>	NP	
			Antidiabetic Combinations		
			ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 EA daily)
			<i>alogliptin-metformin hcl</i>	NP	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 EA daily)	<i>sitagliptin phosphate-metformin hcl TB24</i>	NP	Brand Preferred
<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG</i>	NP	Brand Preferred	SOLQUA	NP	QL(18 ML per 31 day(s) retail)
<i>dapagliflozin-saxagliptin</i>	NP		STEGLUJAN	NP	
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP		SYNJARDY XR TB24	NP	
<i>glipizide-metformin hcl</i>	NP		SYNJARDY TABS	NP	
<i>glyburide-metformin</i>	P	MP	TRIJARDY XR	NP	
GLYXAMBI	NP		XIGDUO XR TB24 PO 1000 MG-2.5 MG	P	ST
INVOKAMET XR TB24	NP		XIGDUO XR TB24 PO (<i>dapagliflozin free base-metformin hcl</i>)	P	Brand Preferred
INVOKAMET TABS	P	ST	XIGDUO XR TB24 PO (<i>dapagliflozin free base-metformin hcl</i>)	P	Brand Preferred; ST
JANUMET XR TB24 1000 MG-100 MG, 1000 MG-50 MG, 500 MG-50 MG (<i>sitagliptin phosphate-metformin hcl</i>)	P	Brand Preferred	XULTOPHY	NP	
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>sitagliptin phosphate-metformin hcl</i>)	P	Brand Preferred; ST	ZITUVIMET XR TB24	NP	
JENTADUETO XR TB24	NP		ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>sitagliptin free base-metformin hcl</i>)	NP	
JENTADUETO TABS	P	Brand Preferred; ST	Biguanides		
<i>pioglitazone hcl-glimepiride</i>	NP		<i>metformin hcl SOLN</i>	NP	
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 EA daily)	<i>metformin hcl TABS 625 MG, 750 MG</i>	NP	
<i>saxagliptin-metformin hcl</i>	NP	QL(1 EA daily)	<i>metformin hcl TABS 1000 MG</i>	P	QL(2 EA daily); MP
SEGLUROMET	NP	QL(2 EA daily)	<i>metformin hcl TABS 850 MG</i>	P	QL(3 EA daily); MP
<i>sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG</i>	NP		<i>metformin hcl TABS 500 MG</i>	P	QL(5 EA daily); MP
<i>sitagliptin free base-metformin hcl TB24</i>	NP		<i>metformin hcl TB24 500 MG</i>	P	QL(4 EA daily); MP
<i>sitagliptin phosphate-metformin hcl TABS</i>	NP	Brand Preferred	<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	
			<i>metformin hcl TB24 750 MG</i>	P	QL(3 EA daily); MP
			RIOMET SOLN (<i>metformin hcl</i>)	NP	
			Diabetic Other		

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Drug Name	Drug Tier	Requirements/ Limits
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
<i>dextrose (diabetic use) CHEW 4 GM</i>	C	Limit 50 ea per 31 days retail; QL(50 EA per 31 day(s) retail)
<i>diazoxide</i>	NP	Brand Preferred
GLUCAGON EMERGENCY	NP	
<i>glucagon SOLR IJ 1 MG</i>	P	QL(4 EA per 365 day(s) retail)
GVOKE HYPOPEN 1-PACK SOAJ	P	
GVOKE HYPOPEN 2-PACK SOAJ	P	
GVOKE KIT SOLN	NP	
GVOKE PFS SOSY 1 MG/0.2ML	NP	
PROGLYCEM (<i>diazoxide</i>)	P	Brand Preferred
TRUEPLUS GLUCOSE ON THE GO CHEW	C	Limit 50 ea per 31 days retail; QL(50 EA per 31 day(s) retail)
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>sitagliptin phosphate 25 MG, 50 MG, 100 MG</i>	NP	Brand Preferred
TRADJENTA	P	ST
ZITUVIO 25 MG, 50 MG, 100 MG (<i>sitagliptin</i>)	NP	
Incretin Mimetic Agents		
<i>exenatide SOPN 5 MCG/0.02ML</i>	NP	QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>exenatide SOPN 10 MCG/0.04ML</i>	NP	QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)
<i>liraglutide</i>	NP	Brand Preferred; QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail); AL(At least 10 yrs old)
MOUNJARO	NP	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	PA	PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	PA	PA
OZEMPIC (2 MG/DOSE) SOPN	PA	PA
TRULICITY	PA	QL(2 ML per 28 day(s) retail); PA
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
Insulin		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADMELOG SOLOSTAR SOPN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	HUMULIN 70/30 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 70/30 SUSP	P	Limit 40mls per month
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP		HUMULIN N KWIKPEN SUPN	P	QL(1 ML daily)
APIDRA SOLOSTAR SOPN	P		HUMULIN N SUSP	P	Limit 40mls per month
APIDRA SOLN	NP		HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	
AWIQLI FLEXTOUCH SOPN SC 700 UNIT/ML	NP		HUMULIN R U-500 KWIKPEN SOPN SC	P	
BASAGLAR KWIKPEN SOPN	NP	Brand Preferred	HUMULIN R SOLN IJ	P	Limit 40mls per month
BASAGLAR TEMPO PEN SOPN	NP		INSULIN ASPART FLEXPEN SOPN	P	QL(30 ML per 31 day(s) retail)
FIASP FLEXTOUCH SOPN	NP		INSULIN ASPART SOLN IJ	P	QL(30 ML per 31 day(s) retail)
FIASP PENFILL SOCT	NP		INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	NP	Brand Preferred; QL(1.5 ML daily)
FIASP SOLN	NP		INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	NP	Brand Preferred; QL(0.9 ML daily)
HUMALOG JUNIOR KWIKPEN SOPN	P	QL(30 ML per 31 day(s) retail)	INSULIN DEGLUDEC SOLN	NP	Brand Preferred; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P		INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	
HUMALOG MIX 50/50 KWIKPEN SUPN	P		INSULIN GLARGINE-YFGN SOLN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
HUMALOG MIX 75/25 KWIKPEN SUPN	P	QL(30 ML per 31 day(s) retail)	INSULIN GLARGINE-YFGN SOPN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
HUMALOG MIX 75/25 SUSP	P				
HUMALOG TEMPO PEN SOPN	P				
HUMALOG SOCT	P				
HUMALOG SOLN IJ	P	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO (1 UNIT DIAL) SOPN	P	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)	NOVOLIN N SUSP	NP	Limit 40mls per month
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	QL(30 ML per 31 day(s) retail)	NOVOLIN R FLEXPEN RELION SOPN IJ	NP	
INSULIN LISPRO PROT & LISPRO SUPN	P	QL(30 ML per 31 day(s) retail)	NOVOLIN R FLEXPEN SOPN IJ	NP	
INSULIN LISPRO SOLN IJ	P	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)	NOVOLIN R RELION SOLN IJ	NP	Limit 40mls per month
KIRSTY SOLN IJ 100 UNIT/ML	NP		NOVOLIN R SOLN IJ	NP	Limit 40mls per month
KIRSTY SOPN SC 100 UNIT/ML	NP		NOVOLOG 70/30 FLEXPEN RELION SUPN	P	QL(30 ML per 31 day(s) retail)
LANTUS SOLOSTAR SOPN	P	Brand Preferred	NOVOLOG FLEXPEN RELION SOPN	P	QL(30 ML per 31 day(s) retail)
LANTUS SOLN	P	Brand Preferred	NOVOLOG FLEXPEN SOPN	P	QL(30 ML per 31 day(s) retail)
LYUMJEV KWIKPEN SOPN	NP		NOVOLOG MIX 70/30 FLEXPEN SUPN	P	QL(30 ML per 31 day(s) retail)
LYUMJEV TEMPO PEN SOPN	NP		NOVOLOG MIX 70/30 RELION SUSP	P	QL(40 ML per 31 day(s) retail)
LYUMJEV SOLN	NP		NOVOLOG MIX 70/30 SUSP	P	QL(40 ML per 31 day(s) retail)
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP		NOVOLOG PENFILL SOCT	P	QL(30 ML per 31 day(s) retail)
MERILOG SOLN SC 100 UNIT/ML	NP		NOVOLOG RELION SOLN IJ	P	QL(30 ML per 31 day(s) retail)
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ML daily)	NOVOLOG SOLN IJ	P	QL(30 ML per 31 day(s) retail)
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ML daily)	REZVOGLAR KWIKPEN	NP	
NOVOLIN 70/30 RELION SUSP	NP	Limit 40mls per month	SEMGLEE (YFGN) SOLN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
NOVOLIN 70/30 SUSP	NP	Limit 40mls per month	SEMGLEE (YFGN) SOPN	NP	QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)
NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ML daily)	TOUJEO MAX SOLOSTAR SOPN	NP	
NOVOLIN N FLEXPEN SUPN	NP	QL(1 ML daily)	TOUJEO SOLOSTAR SOPN	NP	
NOVOLIN N RELION SUSP	NP	Limit 40mls per month	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	P	Brand Preferred; QL(1.5 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
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
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 4 MG</i>	P	QL(2 EA daily); MP
<i>glimepiride 3 MG</i>	P	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	

Drug Name	Drug Tier	Requirements/ Limits
<i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i>	C	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	C	
<i>diphenoxylate w/ atropine TABS</i>	C	
<i>loperamide hcl CAPS</i>	C	QL(8 EA daily); RX/OTC
<i>loperamide hcl TABS</i>	C	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	C	
<i>deferasirox PACK</i>	C	SP; PA
<i>deferasirox TABS</i>	C	SP; PA
<i>deferasirox TBSO</i>	C	SP; PA
Opioid Antagonists		
KLOXXADO LIQD	NP	
<i>naloxone hcl LIQD</i>	P	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
<i>naloxone hcl LIQD</i>	NP	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(2 ML per 90 day(s) retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ML per 90 day(s) retail)
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	QL(4 ML per 90 day(s) retail)
<i>naloxone hcl SOSY 0.4 MG/ML</i>	P	
<i>naltrexone hcl</i>	C	

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Drug Name	Drug Tier	Requirements/ Limits
NARCAN LIQD (<i>naloxone hcl</i>)	P	Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC
OPVEE NA	NP	
REXTOVY LIQD	NP	
VIVITROL	P	QL(1 EA per 30 day(s) retail); SP
ZIMHI SOSY	NP	
ZURNAI IJ 1.5 MG/0.5ML	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	NP	
GRANISOL SOLN PO	NP	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per 31 day(s) retail)
<i>ondansetron hcl SOLN IJ</i>	C	
<i>ondansetron hcl SOSY</i>	C	
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail)
<i>ondansetron TBDP 16 MG</i>	P	
<i>ondansetron TBDP 4 MG, 8 MG</i>	P	QL(20 EA per 31 day(s) retail; 20 EA per 31 days mail)
SANCUSO PTCH	NP	
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	RX/OTC
ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	NP	
<i>dimenhydrinate TABS</i>	C	QL(24 EA per fill retail)
<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	NP	
<i>scopolamine</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
TRANSDERM SCOP 1 MG/3DAYS (<i>scopolamine</i>)	NP	
TRANSDERM-SCOP (<i>scopolamine</i>)	NP	
<i>trimethobenzamide hcl CAPS</i>	NP	
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	NP	
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	NP	
<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>dronabinol CAPS</i>	NP	
DRONABINOL SOLN 5 MG/ML	NP	
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS</i>	P	
<i>aprepitant CPPK PO</i>	P	
EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	NP	
EMEND TRIPACK CPPK PO (<i>aprepitant</i>)	NP	
EMEND SUSR	NP	
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	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GRISEOFULVIN ULTRAMICROSIZED 165 MG	P		Antihistamines - Ethanolamines		
<i>nystatin TABS</i>	P	QL(6 EA daily)	<i>diphenhydramine hcl CAPS</i>	C	QL(4 EA daily)
<i>terbinafine hcl TABS</i>	P	QL(1 EA daily; 90 EA per 120 day(s) retail)	<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	C	QL(240 ML per fill retail)
Imidazole-Related Antifungals			<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	C	QL(240 ML per fill retail)
CRESEMBA CAPS	NP		<i>diphenhydramine hcl TABS 25 MG</i>	C	QL(4 EA daily)
DIFLUCAN SUSR 40 MG/ML (<i>fluconazole</i>)	NP	QL(70 ML per fill retail)	Antihistamines - Non-Sedating		
<i>fluconazole SUSR</i>	P	QL(70 ML per fill retail)	<i>cetirizine hcl CHEW</i>	C	QL(1 EA daily)
<i>fluconazole TABS 100 MG, 200 MG</i>	P		<i>cetirizine hcl SOLN PO</i>	P	QL(300 ML per fill retail); AL(Up to 12 yrs old); RX/OTC
<i>fluconazole TABS 150 MG</i>	P	QL(2 EA per fill retail)	<i>cetirizine hcl TABS</i>	P	QL(1 EA daily)
<i>fluconazole TABS 50 MG</i>	P	QL(3 EA per 14 day(s) retail)	CLARINEX TABS (<i>desloratadine</i>)	NP	
<i>itraconazole CAPS</i>	NP	QL(1 EA daily)	DESLORATADINE SOLN PO 0.5 MG/ML	NP	
<i>itraconazole SOLN</i>	NP		<i>desloratadine TABS</i>	NP	
<i>ketoconazole</i>	NP		<i>desloratadine TBDP</i>	NP	AL(Up to 12 yrs old)
<i>posaconazole SUSP</i>	NP		<i>fexofenadine hcl TABS 180 MG</i>	C	QL(1 EA daily)
<i>posaconazole TBEC</i>	NP		<i>fexofenadine hcl TABS 60 MG</i>	C	QL(2 EA daily)
SPORANOX CAPS (<i>itraconazole</i>)	NP	QL(1 EA daily)	<i>levocetirizine dihydrochloride SOLN</i>	NP	AL(Up to 12 yrs old); RX/OTC
TOLSURA CAPS	NP		<i>levocetirizine dihydrochloride TABS</i>	P	QL(1 EA daily); RX/OTC
VFEND SUSR (<i>voriconazole</i>)	NP		<i>loratadine CHEW</i>	P	
VIVJOA	NP		<i>loratadine TABS</i>	P	QL(1 EA daily)
<i>voriconazole SUSR</i>	NP		<i>loratadine TBDP 10 MG</i>	P	QL(1 EA daily); AL(Up to 12 yrs old)
<i>voriconazole TABS</i>	NP		Antihistamines - Phenothiazines		
ANTI-HISTAMINES - Drugs to Treat Allergies			<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)
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				

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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<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 10 MG</i>	C	QL(10 EA daily)
<i>minoxidil 2.5 MG</i>	C	QL(3 EA daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
LIKMEZ SUSP	NP	
<i>metronidazole CAPS</i>	P	
<i>metronidazole TABS</i>	P	
<i>tinidazole</i>	NP	ST
<i>trimethoprim TABS</i>	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	NP	
<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG</i>	C	
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim SUSP</i>	C	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin hcl 300 MG</i>	C	
<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ML per fill retail)
<i>clindamycin palmitate hydrochloride</i>	C	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)
SIVEXTRO TABS	C	QL(6 EA per fill retail); PA
ZYVOX SUSR (<i>linezolid</i>)	NP	
ZYVOX TABS (<i>linezolid</i>)	NP	
Penems		
ORLYNVAH TABS PO	C	SP; PA
Urinary Anti-infectives		
BLUJEPa TABS PO 750 MG	C	PA
MACROBID (<i>nitrofurantoin monohyd macro</i>)	NP	
<i>methenamine mandelate</i>	C	
<i>nitrofurantoin 25 MG/5ML</i>	P	QL(40 ML daily)
<i>nitrofurantoin</i>	C	QL(40 ML daily)
NITROFURANTOIN	NP	QL(40 ML daily)
<i>nitrofurantoin macrocrystal</i>	P	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	C	
<i>nitrofurantoin monohyd macro</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
<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 250 MG</i>	C	
<i>chloroquine phosphate TABS 500 MG</i>	C	QL(1 EA daily)
<i>hydroxychloroquine sulfate 100 MG, 200 MG</i>	C	
KRINTAFEL	C	QL(0.67 EA daily)
<i>mefloquine hcl</i>	C	
<i>primaquine phosphate TABS</i>	C	
SOVUNA 200 MG	C	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
<i>pyridostigmine bromide TABS 60 MG</i>	C	
<i>pyridostigmine bromide TBCR</i>	C	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	C	
<i>isoniazid SYRP</i>	C	
<i>isoniazid TABS</i>	C	
<i>pyrazinamide</i>	C	
<i>rifabutin</i>	C	
<i>rifampin CAPS</i>	C	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		

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Drug Name	Drug Tier	Requirements/ Limits
Antimetabolites		
JYLAMVO SOLN PO	NP	SP
<i>mercaptopurine SUSP 2000 MG/100ML</i>	C	
<i>mercaptopurine TABS</i>	C	
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
<i>methotrexate sodium SOLR</i>	P	
<i>methotrexate sodium TABS 2.5 MG</i>	P	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	NP	
XATMEP SOLN PO	NP	
Antineoplastic - Angiogenesis Inhibitors		
MVASI	C	SP; PA
ZIRABEV	C	SP; PA
Antineoplastic - Antibodies		
ENHERTU	C	SP; PA
PADCEV	C	SP; PA
RUXIENCE	C	SP; PA
TRUXIMA	C	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	C	SP; PA
OGIVRI	C	SP; PA
TRAZIMERA 420 MG	C	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	C	SP; PA
<i>anastrozole</i>	C	
<i>bicalutamide</i>	C	QL(1 EA daily)
<i>exemestane</i>	C	
<i>letrozole</i>	C	
<i>megestrol acetate SUSP</i>	P	
<i>megestrol acetate TABS</i>	C	
<i>tamoxifen citrate TABS</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
<i>toremifene citrate</i>	C	PA
Antineoplastic Combinations		
PHESGO	C	SP; PA
Antineoplastic Enzyme Inhibitors		
BRAFTOVI 75 MG	C	SP; PA
IBRANCE CAPS 100 MG, 125 MG	C	SP; PA
IBRANCE TABS	C	SP; PA
ICLUSIG	C	QL(1 EA daily); SP; PA
INREBIC	C	SP; PA
MEKTOVI	C	SP; PA
ROZLYTREK CAPS	C	SP; PA
Antineoplastic Enzymes		
ASPARLAS	C	SP; PA
Antineoplastics Misc.		
<i>hydroxyurea</i>	P	
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	C	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	NP	
NOURIANZ	NP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	P	
<i>benztropine mesylate TABS</i>	C	
<i>trihexyphenidyl hcl SOLN</i>	P	QL(16.67 ML daily)
<i>trihexyphenidyl hcl TABS</i>	P	
<i>trihexyphenidyl hcl TABS</i>	C	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	NP	

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Drug Name	Drug Tier	Requirements/ Limits
ONGENTYS	NP	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	C	
<i>amantadine hcl CAPS</i>	P	
<i>amantadine hcl SOLN</i>	C	
<i>amantadine hcl SOLN</i>	P	
<i>amantadine hcl TABS</i>	P	
APOKYN SOCT	NP	SP
<i>apomorphine hydrochloride SOCT</i>	NP	SP
<i>bromocriptine mesylate CAPS</i>	P	
<i>bromocriptine mesylate TABS 2.5 MG</i>	P	
<i>bromocriptine mesylate TABS 2.5 MG</i>	C	
<i>carbidopa-levodopa CPCR</i>	NP	
<i>carbidopa-levodopa-entacapone</i>	NP	
<i>carbidopa-levodopa TABS</i>	C	
<i>carbidopa-levodopa TABS</i>	P	
<i>carbidopa-levodopa TBCR</i>	C	
<i>carbidopa-levodopa TBCR</i>	P	
<i>carbidopa-levodopa TBCR</i>	P	
CREXONT CPCR	NP	
DHIVY TABS	NP	
DUOPA SUSP	NP	
GOCOVRI CP24	NP	SP
GOCOVRI CP24 68.5 MG	NP	
INBRIJA CAPS	NP	
MIRAPEX ER TB24 2.25 MG, 3 MG, 3.75 MG (<i>pramipexole dihydrochloride</i>)	NP	
NEUPRO	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>pramipexole dihydrochloride TABS</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	NP	
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 EA daily)
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 EA daily)
<i>ropinirole hydrochloride TB24</i>	NP	
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG (<i>carbidopa-levodopa</i>)	NP	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (<i>rasagiline mesylate</i>)	NP	
<i>rasagiline mesylate</i>	NP	
<i>selegiline hcl CAPS</i>	P	
<i>selegiline hcl CAPS</i>	C	
<i>selegiline hcl TABS</i>	C	
<i>selegiline hcl TABS</i>	P	
XADAGO	NP	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	C	QL(10 ML daily)
<i>lithium carbonate CAPS</i>	C	
<i>lithium carbonate TABS</i>	C	
<i>lithium carbonate TBCR</i>	C	
Antipsychotics - Misc.		
CAPLYTA	NP	AL(At least 18 yrs old); ST

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Drug Name	Drug Tier	Requirements/ Limits
EQUETRO	NP	
GEODON 80 MG (ziprasidone hcl)	NP	QL(2 EA daily); AL(At least 18 yrs old)
GEODON (ziprasidone hcl)	NP	QL(2 EA daily); AL(At least 18 yrs old)
LATUDA (lurasidone hcl)	NP	AL(At least 10 yrs old)
lurasidone hcl	P	AL(At least 10 yrs old)
lurasidone hcl	P	AL(At least 10 yrs old)
NUPLAZID CAPS	NP	QL(1 EA daily); AL(At least 18 yrs old); ST
NUPLAZID TABS 10 MG	NP	QL(1 EA daily); AL(At least 18 yrs old); ST
VRAYLAR CAPS	P	AL(At least 18 yrs old)
VRAYLAR CAPS 0.5 MG, 0.75 MG	P	
ziprasidone hcl	P	QL(2 EA daily); AL(At least 18 yrs old)
ziprasidone mesylate	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	
ERZOFRI 78 MG/0.5ML	NP	QL(0.5 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

Drug Name	Drug Tier	Requirements/ Limits
ERZOFRI 39 MG/0.25ML	NP	QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 234 MG/1.5ML	NP	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
ERZOFRI 351 MG/2.25ML	NP	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
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 (paliperidone)	NP	AL(At least 12 yrs old); ST
INVEGA HAFYERA	P	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
INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ML per 28 day(s) retail); 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 39 MG/0.25ML	P	QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>risperidone microspheres</i>	NP	Brand Preferred; 2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old); SP
INVEGA TRINZA 273 MG/0.88ML	P	QL(0.88 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP	<i>risperidone microspheres</i>	NP	Brand Preferred; 2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old)
INVEGA TRINZA 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 SOLN</i>	P	QL(4 ML daily); AL(At least 7 yrs old); ST
INVEGA TRINZA 410 MG/1.32ML	P	QL(1.4 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP	<i>risperidone SOLN</i>	P	QL(4 ML daily); AL(At least 7 yrs old)
INVEGA TRINZA 546 MG/1.75ML	P	QL(1.8 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP	<i>risperidone TABS</i>	P	QL(4 EA daily); AL(At least 7 yrs old)
<i>paliperidone</i>	NP	AL(At least 12 yrs old)	<i>risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	P	QL(4 EA daily); AL(At least 7 yrs old)
<i>paliperidone</i>	NP	AL(At least 12 yrs old); ST	<i>risperidone TABS 0.25 MG</i>	P	QL(4 EA daily); AL(At least 7 yrs old); ST
PERSERIS PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>risperidone TBDP</i>	P	QL(2 EA daily); AL(At least 7 yrs old)
RISPERDAL CONSTA (<i>risperidone microspheres</i>)	P	Brand Preferred; 2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old); SP	RYKINDO SRER	NP	AL(At least 18 yrs old); SP
RISPERDAL SOLN (<i>risperidone</i>)	NP	QL(4 ML daily); AL(At least 7 yrs old); ST	UZEDY SUSY	P	AL(At least 18 yrs old); SP
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NP	QL(4 EA daily); AL(At least 7 yrs old)	Butyrophenones		
			<i>haloperidol decanoate</i>	C	
			<i>haloperidol lactate CONC</i>	C	
			<i>haloperidol TABS 20 MG</i>	C	
			<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	C	QL(3 EA daily)
			Dibenzapines		
			ADASUVE	NP	AL(At least 18 yrs old); ST
			<i>asenapine maleate</i>	P	AL(At least 10 yrs old)

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA RELPREVV	NP	AL(At least 18 yrs old); SP	ABILIFY MAINTENA PRSY	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	NP	AL(At least 10 yrs old)	ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old)
ZYPREXA SOLR (<i>olanzapine</i>)	NP	AL(At least 18 yrs old); ST	ABILIFY MAINTENA SRER	P	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	NP	QL(1 EA daily); AL(At least 10 yrs old)	ABILIFY TABS 5 MG (<i>aripiprazole</i>)	NP	QL(1.5 EA daily); AL(At least 7 yrs old)
ZYPREXA TABS 2.5 MG, 5 MG (<i>olanzapine</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)	ABILIFY TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG (<i>aripiprazole</i>)	NP	QL(1 EA daily); AL(At least 7 yrs old)
ZYPREXA TABS 7.5 MG, 10 MG (<i>olanzapine</i>)	NP	QL(2 EA daily); AL(At least 10 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
Muscarinic Agents			<i>aripiprazole SOLN PO</i>	NP	QL(750 ML per 31 day(s) retail; 750 ML per 31 days mail); AL(At least 7 yrs old)
COBENFY STARTER PACK CPPK	NP	AL(At least 18 yrs old); ST	<i>aripiprazole TABS 5 MG</i>	P	QL(1.5 EA daily); AL(At least 7 yrs old)
COBENFY CAPS	NP	AL(At least 18 yrs old)	<i>aripiprazole TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
Phenothiazines			<i>aripiprazole TBDP</i>	NP	QL(1 EA daily); AL(At least 7 yrs old); ST
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	C	QL(3 EA daily)	ARISTADA 441 MG/1.6ML	P	QL(1.6 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
<i>chlorpromazine hcl TABS 10 MG</i>	C	QL(10 EA daily)			
<i>fluphenazine decanoate</i>	C				
<i>fluphenazine hcl TABS</i>	C				
<i>perphenazine TABS</i>	C	QL(4 EA daily); AL(At least 12 yrs old)			
<i>prochlorperazine</i>	NP				
<i>prochlorperazine</i>	P				
<i>prochlorperazine maleate TABS</i>	P				
<i>thioridazine hcl</i>	C	QL(3 EA daily)			
<i>trifluoperazine hcl TABS</i>	C	QL(2 EA daily)			
Quinolone Derivatives					
ABILIFY ASIMTUFII PRSY	P	AL(At least 18 yrs old); SP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARISTADA 1064 MG/3.9ML	P	QL(4 ML per fill retail; 4 per fill mail); 1 max fill(s) per 56 day(s) retail; 1 max fill(s) per 56 day(s) mail; AL(At least 18 yrs old)	<i>abacavir sulfate TABS</i>	C	QL(2 EA daily)
			<i>abacavir sulfate TABS</i>	P	QL(2 EA daily)
			APTIVUS CAPS	P	QL(4 EA daily)
			<i>atazanavir sulfate CAPS 300 MG</i>	P	
			<i>atazanavir sulfate CAPS 300 MG</i>	C	
ARISTADA 662 MG/2.4ML	P	QL(2.4 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 EA daily)
			<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	C	QL(2 EA daily)
ARISTADA 882 MG/3.2ML	P	QL(3.2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP	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)
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	<i>darunavir TABS 800 MG</i>	C	QL(1 EA daily)
			<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily)
			<i>darunavir TABS 600 MG</i>	C	QL(2 EA daily)
			<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily)
			DELSTRIGO	P	QL(1 EA daily)
OPIPZA FILM	NP	AL(At least 7 yrs old); ST	DESCOVY 120 MG-15 MG	P	QL(1 EA daily); PA
REXULTI	NP	AL(At least 13 yrs old); ST	DESCOVY 200 MG-25 MG	P	QL(1 EA daily)
Thioxanthenes			DOVATO	P	QL(1 EA daily)
<i>thiothixene</i>	C	QL(3 EA daily)	EDURANT 25 MG (<i>rilpivirine hcl</i>)	P	QL(1 EA daily)
ANTISEPTICS & DISINFECTANTS			EDURANT PED PO 2.5 MG	P	
Chlorine Antiseptics			<i>efavirenz CAPS 50 MG</i>	C	QL(2 EA daily)
<i>chlorhexidine gluconate SOLN EX 4 %</i>	C		<i>efavirenz CAPS 200 MG</i>	C	QL(1 EA daily)
ANTIVIRALS - Drugs to Treat Viral Infections			<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
Antiretrovirals			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>abacavir sulfate-lamivudine</i>	P	QL(1 EA daily)	<i>efavirenz TABS</i>	P	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ML daily)	<i>efavirenz TABS</i>	C	QL(1 EA daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
PREZISTA TABS (<i>darunavir</i>)	P	QL(2 EA daily)
PREZISTA TABS 150 MG	P	QL(3 EA daily)
PREZISTA TABS 75 MG, 600 MG	P	QL(2 EA daily)
PREZISTA TABS 800 MG (<i>darunavir</i>)	P	QL(1 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 300 MG (<i>maraviroc</i>)	P	QL(4 EA daily)
SELZENTRY TABS 150 MG (<i>maraviroc</i>)	P	QL(2 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>	P	QL(1 EA daily)
<i>tenofovir disoproxil fumarate TABS</i>	C	QL(1 EA daily)
TIVICAY PD TBSO	P	
TIVICAY TABS 50 MG	P	
TRIUMEQ PD TBSO	P	
TRIUMEQ TABS	P	QL(1 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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 625 MG	P	QL(4 EA daily)
VIRACEPT TABS 250 MG	P	QL(9 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)
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID (300/100)	C	1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old)	<i>ribavirin (hepatitis c) TABS 200 MG</i>	NP	SP
PAXLOVID (300/100)	P	1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old)	SOFOSBUVIR-VELPATASVIR TABS	NP	QL(1 EA daily); SP
CMV Agents			SOVALDI PACK	NP	SP
<i>valganciclovir hcl TABS</i>	C	QL(2 EA daily)	SOVALDI TABS	NP	SP
Hepatitis Agents			VEMLIDY	P	SP
<i>adefovir dipivoxil</i>	NP		VOSEVI	NP	SP
BARACLUDE SOLN	P		ZEPATIER	NP	SP
BARACLUDE TABS (<i>entecavir</i>)	NP		Herpes Agents		
<i>entecavir TABS</i>	P		<i>acyclovir CAPS</i>	P	QL(50 EA per 31 day(s) retail)
EPCLUSA PACK	NP	SP	<i>acyclovir SUSP</i>	P	QL(400 ML per 31 day(s) retail; 400 ML per 31 days mail)
EPCLUSA TABS 50 MG-200 MG	NP	SP	<i>acyclovir TABS PO 400 MG</i>	P	QL(3 EA daily)
EPCLUSA TABS 100 MG-400 MG	NP	QL(1 EA daily); SP	<i>acyclovir TABS PO 800 MG</i>	P	QL(50 EA per 31 day(s) retail)
HARVONI PACK	NP	SP	<i>famciclovir</i>	NP	
HARVONI TABS	NP	SP	<i>valacyclovir hcl 1 GM</i>	P	QL(42 EA per 21 day(s) retail)
HARVONI TABS	NP	SP	<i>valacyclovir hcl 500 MG</i>	P	QL(2 EA daily)
<i>lamivudine (hbv) TABS</i>	P		VALTREX 500 MG (<i>valacyclovir hcl</i>)	NP	QL(2 EA daily)
LEDIPASVIR-SOFOSBUVIR TABS	NP	SP	VALTREX 1 GM (<i>valacyclovir hcl</i>)	NP	QL(42 EA per 21 day(s) retail)
MAVYRET PACK	P	QL(6 EA daily); SP	Human Papillomavirus (HPV) Agents		
MAVYRET TABS	P	QL(3 EA daily); SP	PAPZIMEOS SUSP SC	C	SP; PA
MAVYRET TABS	P	QL(3 EA daily)	Influenza Agents		
PEGASYS SOLN	NP	SP	<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	C	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
PEGASYS SOSY	NP	SP	<i>oseltamivir phosphate CAPS 30 MG</i>	C	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>ribavirin (hepatitis c) CAPS</i>	NP	SP			

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>sotalol hcl (afib/afl)</i>	P	QL(2 EA daily); MP
<i>sotalol hcl TABS</i>	P	MP
SOTYLIZE SOLN PO	NP	
<i>timolol maleate TABS</i>	NP	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	P	QL(1 EA daily)
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl coated beads CP24 360 MG</i>	P	
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 EA daily)
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 EA daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl CP12</i>	P	QL(2 EA daily)
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 EA daily)
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 EA daily)
<i>diltiazem hcl TABS</i>	P	QL(3 EA daily)
<i>diltiazem hcl TB24</i>	P	
<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	
<i>felodipine</i>	P	QL(1 EA daily)
<i>isradipine CAPS</i>	P	
KATERZIA	NP	
<i>nicardipine hcl CAPS</i>	P	
<i>nifedipine CAPS</i>	NP	QL(4 EA daily)
<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 EA daily)
<i>nifedipine TB24 60 MG</i>	P	QL(2 EA daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
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	
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		

Drug Name	Drug Tier	Requirements/ Limits
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	
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	PA	PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	PA	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	PA	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	NP	SP
UPTRAVI SOLR	C	SP; PA
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Transthyretin Stabilizers		
VYNDAMAX	C	SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	P	
<i>cefadroxil TABS</i>	NP	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cephalexin CAPS 250 MG, 500 MG</i>	C	
<i>cephalexin CAPS</i>	P	
<i>cephalexin SUSR</i>	P	
<i>cephalexin TABS</i>	P	
Cephalosporins - 2nd Generation		
<i>CEFACTOR ER TB12</i>	NP	
<i>cefactor CAPS</i>	P	
<i>cefprozil SUSR 125 MG/5ML</i>	P	2 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefprozil SUSR 250 MG/5ML</i>	P	1 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	P	QL(20 EA per fill retail)
<i>cefuroxime axetil TABS 250 MG</i>	P	QL(20 EA per fill retail; 20 per fill mail)
<i>cefuroxime axetil TABS 500 MG</i>	P	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	QL(20 EA per fill retail)
<i>cefdinir SUSR</i>	P	1 package(s) per fill retail
<i>cefixime CAPS</i>	P	
<i>cefixime SUSR</i>	P	
<i>cefixime TABS</i>	P	
<i>cefpodoxime proxetil SUSR</i>	P	
<i>cefpodoxime proxetil TABS</i>	P	
<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		
<i>HYDROXYUREA</i>	C	

Drug Name	Drug Tier	Requirements/ Limits
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 50 MCG-1 MG</i>	C	QL(1 EA daily)
<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	C	
<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	
<i>norethindrone & ethinyl estradiol-fe</i>	C	
<i>norethindrone acet & eth estra TABS</i>	C	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	C	
<i>norethindrone-eth estradiol (triphasic)</i>	C	
<i>norgestimate-ethinyl estradiol</i>	C	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	C	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	C	QL(2 EA daily)	CORTEF TABS (<i>hydrocortisone</i>)	NP	
TYBLUME CHEW	C		CORTISONE ACETATE TABS	P	
Combination Contraceptives - Transdermal			<i>deflazacort SUSP</i>	NP	
<i>norelgestromin-ethinyl estradiol</i>	C		<i>deflazacort SUSP</i>	NP	SP
Combination Contraceptives - Vaginal			<i>deflazacort TABS</i>	NP	SP
<i>etonogestrel-ethinyl estradiol</i>	C	QL(6 EA per fill retail)	<i>deflazacort TABS</i>	NP	
Emergency Contraceptives			DEXAMETHASONE INTENSOL CONC	NP	
ELLA	C	QL(4 EA per 365 day(s) retail)	<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	C	QL(150 ML per 31 day(s) retail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	C	QL(1 EA per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail	<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	C	QL(150 ML per 31 day(s) retail)
Progestin Contraceptives - Injectable			<i>dexamethasone ELIX</i>	P	
DEPO-SUBQ PROVERA 104 SUSY SC	C	QL(1 ML per fill retail; 1 per fill mail)	<i>dexamethasone SOLN</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	C	QL(1 ML per fill retail; 1 per fill mail)	<i>dexamethasone TABS</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	C	QL(1 ML per fill retail; 1 per fill mail)	<i>dexamethasone TBPk</i>	P	
Progestin Contraceptives - Oral			DEXLYT TABS 0.25 MG	NP	
<i>norethindrone (contraceptive)</i>	C		EMFLAZA SUSP (<i>deflazacort</i>)	NP	SP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			EMFLAZA TABS (<i>deflazacort</i>)	NP	SP
Glucocorticosteroids			EOHILIA SUSP	NP	
AGAMREE	NP	SP	HEMADY TABS	NP	
ALKINDI SPRINKLE CPSP	NP		HEMADY TABS	NP	
<i>budesonide CPEP</i>	P		<i>hydrocortisone TABS</i>	P	
<i>budesonide TB24</i>	NP		KHINDIVI SOLN PO 1 MG/ML	NP	PA
			MEDROL TABS	NP	
			MEDROL TABS (<i>methylprednisolone</i>)	NP	
			MEDROL TBPk (<i>methylprednisolone</i>)	NP	
			<i>methylprednisolone TABS</i>	P	
			<i>methylprednisolone TBPk</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ML per fill retail)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	P	
<i>prednisolone sodium phosphate TBDP</i>	P	
<i>prednisolone SOLN</i>	P	
<i>prednisolone SOLN</i>	NP	
<i>prednisolone TABS</i>	NP	
PREDNISON INTENSOL CONC	NP	
<i>prednisone SOLN</i>	P	
<i>prednisone TABS</i>	P	
<i>prednisone TBEC 1 MG, 2 MG</i>	NP	
<i>prednisone TBPk</i>	P	
RAYOS TBEC	NP	
TARPEYO CPDR	NP	SP
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	C	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 200 MG</i>	C	QL(3 EA daily); 1 max fill(s) per 31 day(s) retail; AL(At least 10 yrs old)
<i>benzonatate 100 MG</i>	C	QL(6 EA daily); AL(At least 10 yrs old)
<i>dextromethorphan polistirex SUER</i>	C	QL(240 ML per 6 day(s) retail)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	C	AL(At least 18 yrs old)
Cough/Cold/Allergy Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>brompheniramine & phenyleph ELIX</i>	C	QL(120 ML per fill retail); 1 max fill(s) per 31 day(s) retail
<i>cetirizine-pseudoephedrine</i>	C	QL(2 EA daily)
CLARINEX-D 12 HOUR TB12	NP	
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML</i>	C	QL(240 EA per fill retail)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	C	
<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>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	C	QL(2 EA daily)
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	C	
<i>guaifenesin-codeine SOLN</i>	C	
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)

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Drug Name	Drug Tier	Requirements/ Limits
<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 1200 MG-120 MG</i>	C	
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	C	QL(210 EA per fill retail)
<i>WAL-TUSSIN CF LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML</i>	C	
Expectorants		
<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	

Drug Name	Drug Tier	Requirements/ Limits
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	
<i>adapalene GEL 0.3 %</i>	P	
<i>AKLIEF</i>	NP	
<i>AVAR CLEANSER LIQD 10 %-5 % (sulfacetamide sodium w/ sulfur)</i>	NP	
<i>AVAR LS CLEANSER LIQD (sulfacetamide sodium w/ sulfur)</i>	NP	
<i>AVAR-E EMOLLIENT CREA 10 %-5 % (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	
<i>benzoyl peroxide LIQD 4 %</i>	C	
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	P	
<i>benzoyl peroxide LOTN 5 %, 10 %</i>	C	
<i>BENZOYL PEROXIDE LOTN 5 %, 10 %</i>	C	
<i>CLEOCIN-T LOTN (clindamycin phosphate (topical))</i>	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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 %, 10 %-5 %</i>	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>erythromycin (acne aid) GEL</i>	NP	1 package(s) per fill retail	<i>tretinoin microsphere</i>	NP	
<i>erythromycin (acne aid) PADS</i>	P		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	QL(20 GM per fill retail); AL(Up to 35 yrs old)
<i>erythromycin (acne aid) SOLN</i>	P		<i>tretinoin GEL 0.05 %</i>	NP	
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	C	QL(2 EA daily); AL(At least 12 yrs old); PA	<i>tretinoin GEL 0.01 %</i>	P	QL(30 GM per fill retail); AL(Up to 35 yrs old)
SSS 10-5 CREA 10 %-5 % (<i>sulfacetamide sodium w/ sulfur</i>)	NP		<i>tretinoin GEL 0.01 %</i>	P	QL(45 GM per fill retail); AL(Up to 35 yrs old)

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYNALAR CREA <i>(fluocinolone acetonide)</i>	NP		OPZELURA	NP	QL(240 GM per 365 day(s) retail; 240 GM per 365 days mail); AL(At least 2 yrs old)
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	Emollient/Keratolytic Agents		
TOPICORT GEL <i>(desoximetasone)</i>	NP		GORDONS UREA CREA 40 %	C	RX/OTC
TOPICORT OINT <i>(desoximetasone)</i>	NP		<i>urea CREA 40 %</i>	C	RX/OTC
<i>triamcinolone acetonide (topical) AERS</i>	NP	1 package(s) per fill retail	<i>urea LOTN 40 %</i>	C	
<i>triamcinolone acetonide (topical) CREA</i>	P	1 package(s) per fill retail	Emollients		
<i>triamcinolone acetonide (topical) LOTN</i>	P	1 package(s) per fill retail	AQUA LACTEN LOTN	C	
<i>triamcinolone acetonide (topical) OINT</i>	P	1 package(s) per fill retail	AQUAMED LOTN	C	
ULTRAVATE LOTN	NP		CAM LOTN	C	
ULTRAVATE LOTN	NP		<i>emollient LOTN</i>	C	
Eczema Agents			EUCERIN ORIGINAL HEALING LOTN	C	
ADBRY SOAJ	PA	SP; PA	EUCERIN PLUS LOTN	C	
ADBRY SOSY	PA	SP; PA	EUCERIN PROFESSIONAL REPAIR LOTN	C	
ANZUPGO CREA EX 20 MG/GM	NP		EUCERIN LOTN	C	
CIBINQO	NP	SP	GOLD BOND ULTIMATE SOFTENING LOTN	C	
DUPIXENT SOAJ	PA	SP; PA	HYDRAZONE LOTION LOTN	C	
DUPIXENT SOSY 200 MG/1.14ML	PA	PA	KERI ADVANCED MOISTURE THERAPY LOTN	C	
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	PA	SP; PA	KERI BASIC ESSENTIALS LOTN	C	
EBGLYSS SOAJ	NP	SP	KERI NOURISHING SHEA BUTTER LOTN	C	
EBGLYSS SOAJ	NP		KERI ORIGINAL LOTN	C	
EBGLYSS SOSY	NP	SP	KERI OVERNIGHT LOTN	C	
			KERI RENEWAL MILK BODY LOTN	C	
			KERI RENEWAL SKIN FIRMING LOTN	C	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KERI RENEWAL STRETCH MARK 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 SENSITIVE SKIN LOTN	C		Keratolytic/Antimitotic/Vesicant Agents		
<i>lactic acid (ammonium lactate) CREA</i>	C	QL(385 GM per 31 day(s) retail); RX/OTC	CONDYLOX GEL (<i>podofilox</i>)	NP	
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	C	QL(567 GM per 31 day(s) retail); RX/OTC	DERMACINRX SALICYLIC ACID GEL 6 %	C	
LUBRIDERM LOTN	C		<i>podofilox GEL</i>	NP	
NIVEA VISAGE LOTN	C		<i>podofilox SOLN</i>	NP	
NIVEA LOTN	C		<i>salicylic acid GEL 3 %, 6 %</i>	C	
RESTA LITE LOTN	C		SALICYLIC ACID OINT	NP	RX/OTC
Hair Growth Agents			Local Anesthetics - Topical		
LEQSELVI TABS PO 8 MG	NP	SP	<i>capsaicin CREA 0.025 %, 0.035 %, 0.075 %, 0.1 %</i>	C	1 package(s) per fill retail
LITFULO	NP	SP	DERMACINRX LIDOCAINE CREA 3 %	C	1 package(s) per fill retail; RX/OTC
Immunomodulating Agents - Systemic			<i>dibucaine</i>	C	1 package(s) per fill retail
NEMLUVIO	NP	SP	<i>lidocaine hcl CREA 3 %, 4 %</i>	C	1 package(s) per fill retail
Immunomodulating Agents - Topical			<i>lidocaine hcl GEL 2 %</i>	C	QL(1 ML daily; 30 ML per fill retail)
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail)	<i>lidocaine CREA 4 %</i>	C	1 package(s) per fill retail
<i>imiquimod 3.75 %</i>	NP		<i>lidocaine-prilocaine CREA</i>	C	1 package(s) per fill retail
Immunosuppressive Agents - Topical			Misc. Topical		
HYFTOR	NP		DRYSOL SOLN	C	
<i>pimecrolimus</i>	P	QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 2 yrs old)	<i>lanolin (topical) CREA</i>	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)	SENSI-CARE MOISTURIZING CREA	C	
			<i>skin protectants, misc. CREA</i>	C	
			<i>zinc oxide (topical) OINT 20 %</i>	C	1 package(s) per fill retail

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Drug Name	Drug Tier	Requirements/ Limits
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	NP	
ZORYVE CREA EX	NP	AL(At least 2 yrs old)
ZORYVE FOAM EX	NP	AL(At least 9 yrs old)
Rosacea Agents		
<i>azelaic acid GEL</i>	P	
<i>brimonidine tartrate (topical)</i>	NP	
<i>doxycycline (rosacea)</i>	NP	
FINACEA FOAM	NP	
<i>ivermectin (rosacea)</i>	NP	
METROCREAM CREA (<i>metronidazole (topical)</i>)	NP	QL(45 GM per 31 day(s) retail)
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NP	
<i>metronidazole (topical) CREA</i>	P	QL(45 GM per 31 day(s) retail)
<i>metronidazole (topical) GEL 1 %</i>	P	
<i>metronidazole (topical) GEL 1 %</i>	NP	
<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per 31 day(s) retail)
<i>metronidazole (topical) LOTN</i>	P	
MIRVASO (<i>brimonidine tartrate (topical)</i>)	NP	
ORACEA (<i>doxycycline (rosacea)</i>)	NP	
<i>oxymetazoline hcl (topical) 1 %</i>	NP	
RHOFADE 1 % (<i>oxymetazoline hcl (topical)</i>)	NP	
SOOLANTRA (<i>ivermectin (rosacea)</i>)	NP	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	NP	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
ELIMITE CREA (<i>permethrin</i>)	NP	QL(60 GM per fill retail)
<i>malathion</i>	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
NATROBA (<i>spinosad</i>)	P	Brand Preferred
OVIDE (<i>malathion</i>)	NP	QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail
<i>permethrin CREA</i>	P	QL(60 GM per fill retail)
PERMETHRIN CREA 5 % (<i>permethrin</i>)	P	QL(60 GM per fill retail)
<i>permethrin LIQD EX</i>	P	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	C	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	C	
SB LICE TREATMENT LIQD 3 %-2.4 %-0.3 %-1.2 %	C	
<i>spinosad</i>	NP	Brand Preferred
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	C	
Tar Products		
<i>coal tar extract SHAM 0.5 %</i>	C	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	P	RX/OTC
ACCU-CHEK GUIDE TEST STRP	P	RX/OTC
ACCU-CHEK SMARTVIEW STRP	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	C	
acetazolamide TABS	C	

Drug Name	Drug Tier	Requirements/ Limits
methazolamide TABS	C	
Diuretic Combinations		
amiloride & hydrochlorothiazide	C	QL(1 EA daily)
spironolactone & hydrochlorothiazide	C	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	C	
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	C	QL(2 EA daily)
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	C	
Loop Diuretics		
bumetanide TABS	C	
ENBUMYST SOLN 0.5 MG/0.1ML	C	PA
furosemide SOLN PO 8 MG/ML, 10 MG/ML	C	
furosemide TABS	C	
torsemide TABS 5 MG, 10 MG, 100 MG	C	QL(1 EA daily)
torsemide TABS 20 MG	C	
Potassium Sparing Diuretics		
amiloride hcl TABS	C	QL(4 EA daily)
spironolactone TABS	C	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	C	
hydrochlorothiazide CAPS	C	
hydrochlorothiazide TABS 25 MG, 50 MG	C	
indapamide TABS 1.25 MG, 2.5 MG	C	
metolazone	C	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate		

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

Drug Name	Drug Tier	Requirements/ Limits
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	PA	SP; PA
GENOTROPIN CART SC	PA	SP; PA
HUMATROPE CART IJ	NP	SP
NGENLA	NP	SP
NORDITROPIN FLEXPPO SOPN	PA	SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	NP	QL(1 EA daily)
<i>raloxifene hcl</i>	NP	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	NP	SP
INCRELEX	NP	
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	C	SP; PA
Metabolic Modifiers		
<i>calcitriol CAPS</i>	C	
CARBAGLU (<i>carglumic acid</i>)	PA	Brand Preferred; SP; PA
<i>carglumic acid</i>	NP	Brand Preferred; SP

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Drug Name	Drug Tier	Requirements/ Limits
FORZINITY SOLN SC 280 MG/3.5ML	C	SP; PA
GALAFOLD	C	QL(0.5 EA daily); SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	C	QL(30 ML daily)
<i>levocarnitine (metabolic modifiers) TABS</i>	C	QL(3 EA daily)
SEPHIENCE PACK PO 250 MG, 1000 MG	C	SP; PA
XPHOZAH	NP	SP
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	C	QL(5 ML per fill retail); PA
<i>desmopressin acetate spray refrigerated 0.01 %</i>	C	QL(5 ML per fill retail); PA
<i>desmopressin acetate TABS</i>	C	QL(6 EA daily)
Somatostatic Agents		
<i>octreotide acetate KIT</i>	C	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
COMBIPATCH PTTW	C	Limit 8 patches per month; QL(0.286 EA daily)
<i>estradiol & norethindrone acetate TABS</i>	C	QL(1 EA daily)
<i>norethindrone acetate-ethinyl estradiol</i>	C	
PREMPRO	C	
Estrogens		
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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY (<i>prucalopride succinate</i>)	NP	
<i>prucalopride succinate</i>	NP	
Antiflatulents		
<i>simethicone CHEW 80 MG</i>	C	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>simethicone SUSP</i>	C		<i>mesalamine w/ cleanser</i>	NP	
Bile Acid Synthesis Disorder Agents			<i>mesalamine CP24</i>	P	
CTEXLI TABS PO 250 MG	C	PA	<i>mesalamine CPCR</i>	NP	Brand Preferred
Gallstone Solubilizing Agents			<i>mesalamine CPDR</i>	NP	
<i>ursodiol CAPS</i>	C		<i>mesalamine ENEM</i>	P	QL(60 ML daily)
<i>ursodiol TABS 250 MG</i>	C	QL(7 EA daily)	<i>mesalamine SUPP</i>	P	
Gastrointestinal Chloride Channel Activators			<i>mesalamine TBEC 1.2 GM</i>	NP	
<i>lubiprostone</i>	P		<i>mesalamine TBEC 800 MG</i>	NP	QL(3 EA daily)
Gastrointestinal Stimulants			OMVOH (300 MG DOSE) SOAJ	NP	SP
GIMOTI SOLN NA	NP	SP	OMVOH (300 MG DOSE) SOSY	NP	SP
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P		OMVOH SOAJ	NP	SP
<i>metoclopramide hcl TABS</i>	P		OMVOH SOSY	NP	SP
REGLAN TABS (<i>metoclopramide hcl</i>)	NP		PENTASA CPCR (<i>mesalamine</i>)	P	Brand Preferred
Inflammatory Bowel Agents			RENFLEXIS	C	SP; PA
AVSOLA	C	SP; PA	ROWASA (<i>mesalamine w/ cleanser</i>)	NP	
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP		SFROWASA ENEM	NP	
AZULFIDINE TABS (<i>sulfasalazine</i>)	NP		SKYRIZI SOCT	NP	SP
<i>balsalazide disodium CAPS</i>	P	QL(9 EA daily)	<i>sulfasalazine TABS</i>	P	
CANASA SUPP (<i>mesalamine</i>)	NP		<i>sulfasalazine TBEC</i>	P	
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	NP		TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP
CIMZIA (2 SYRINGE) PSKT	NP	SP	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	
CIMZIA KIT	NP	SP	TREMFYA SOSY SC	NP	SP
CIMZIA-STARTER PSKT	NP	SP	USTEKINUMAB 130 MG/26ML	NP	SP
DIPENTUM	NP		VELSIPITY	NP	SP
ENTYVIO PEN SOAJ	NP	SP	ZYMFENTRA (1 PEN) AJKT	NP	SP
INFLECTRA SOLR	C	SP; PA	ZYMFENTRA (2 PEN) AJKT	NP	SP
LIALDA TBEC (<i>mesalamine</i>)	NP				

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

Drug Name	Drug Tier	Requirements/ Limits
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		
<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	

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Drug Name	Drug Tier	Requirements/ Limits
MITIGARE CAPS (<i>colchicine</i>)	NP	
ULORIC (<i>febuxostat</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinate Synthase 1-Directed siRNA		
GIVLAARI	C	SP; PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOSY</i>	C	SP; PA
Complement Inhibitors		
HAEGARDA SOLR SC	C	SP; PA
TAVNEOS	NP	SP
Hemataologic - Tyrosine Kinase Inhibitors		
WAYRILZ TABS PO 400 MG	C	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	C	
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	C	SP; PA
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole</i>	NP	
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	P	Brand Preferred; QL(2 EA daily)
<i>cilostazol</i>	C	QL(2 EA daily)
<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)

Drug Name	Drug Tier	Requirements/ Limits
<i>prasugrel hcl</i>	P	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	NP	Brand Preferred; QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	C	SP; PA
CEREZYME 400 UNIT	C	SP; PA
Agents for Sickle Cell Disease		
ADAKVEO	C	SP; PA
CASGEVY	PA	SP; PA
DROXIA CAPS	P	
DROXIA CAPS	C	
ENDARI (<i>glutamine sickle cell</i>)	PA	SP; PA
<i>glutamine sickle cell</i>	PA	SP; PA
LYFGENIA	PA	SP; PA
SIKLOS TABS	P	
XROMI SOLN PO 100 MG/ML	P	SP
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	C	QL(10 ML per 270 day(s) retail)
Folic Acid/Folates		
<i>folic acid TABS 400 MCG, 800 MCG</i>	C	QL(1 EA daily)
<i>folic acid TABS 1 MG</i>	C	RX/OTC
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	NP	
ARANESP (ALBUMIN FREE) SOLN	NP	SP
ARANESP (ALBUMIN FREE) SOSY	NP	SP

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Drug Name	Drug Tier	Requirements/ Limits
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 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		

Drug Name	Drug Tier	Requirements/ Limits
AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	C	QL(1 EA daily)
<i>doxylamine succinate (sleep)</i>	C	
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	C	
<i>phenobarbital TABS</i>	C	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	NP	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NP	
AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	QL(1 EA daily)
DORAL (<i>quazepam</i>)	NP	
EDLUAR SUBL	NP	
<i>estazolam</i>	NP	
<i>eszopiclone</i>	NP	
<i>flurazepam hcl</i>	NP	QL(1 EA daily)
HALCION 0.25 MG (<i>triazolam</i>)	NP	
IGALMI FILM	NP	
<i>midazolam hcl SOLN IJ</i>	C	
MIDAZOLAM HCL SOLN IJ	C	
<i>quazepam</i>	NP	
RESTORIL 15 MG, 30 MG (<i>temazepam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
RESTORIL 7.5 MG, 22.5 MG (<i>temazepam</i>)	NP	
<i>temazepam 15 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>temazepam 7.5 MG, 22.5 MG</i>	P	
<i>triazolam</i>	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zaleplon 5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML</i>	C	
<i>zaleplon 10 MG</i>	NP	QL(2 EA daily); AL(At least 18 yrs old)			
ZOLPIDEM TARTRATE CAPS	NP				
<i>zolpidem tartrate SUBL</i>	NP				
<i>zolpidem tartrate TABS</i>	P	QL(1 EA daily)			
<i>zolpidem tartrate TBCR</i>	NP		Laxative Combinations		
Orexin Receptor Antagonists			CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP	
BELSOMRA	NP		GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	1 package(s) per fill retail
DAYVIGO	NP		<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	NP	
QUVIVIQ	NP		<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	1 package(s) per fill retail
Selective Melatonin Receptor Agonists			<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	1 package(s) per fill retail
HETLIOZ LQ SUSP	NP	SP	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	NP	1 package(s) per fill retail
HETLIOZ CAPS (<i>tasimelteon</i>)	NP	SP	<i>sennosides-docusate sodium TABS</i>	C	QL(4 EA daily)
<i>ramelteon</i>	NP		<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP	
ROZEREM (<i>ramelteon</i>)	NP		SUFLAVE	NP	
<i>tasimelteon CAPS</i>	NP	SP	SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NP	
LAXATIVES - Bowel Treatment Drugs			SUTAB	NP	
Bulk Laxatives			Laxatives - Miscellaneous		
<i>calcium polycarbophil TABS</i>	C	QL(10 EA daily)	<i>glycerin (laxative) SUPP 2 GM</i>	C	
<i>psyllium POWD 28.3 %, 30 %, 58.6 %, 100 %</i>	C		<i>lactulose PACK</i>	NP	
Electrolyte-based Osmotic Laxatives					
<i>magnesium citrate 1.745 GM/30ML</i>	P				
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	C	QL(32 ML daily)			

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Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose SOLN</i>	P	
<i>polyethylene glycol 3350 PACK</i>	P	
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 GM daily)
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	C	QL(12 EA per fill retail)
<i>bisacodyl TBEC</i>	C	QL(1 EA daily)
<i>sennosides TABS 8.6 MG</i>	C	
Surfactant Laxatives		
<i>docusate sodium CAPS 100 MG, 250 MG</i>	C	QL(3 EA daily)
<i>docusate sodium CAPS 50 MG</i>	C	
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	C	
DOCUSATE SODIUM SYRP	C	
<i>docusate sodium TABS</i>	C	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	P	QL(2 EA per fill retail)
<i>azithromycin SUSR 100 MG/5ML</i>	P	1 package(s) per fill retail
<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(60 ML per fill retail)
<i>azithromycin TABS 500 MG</i>	P	QL(4 EA daily)
<i>azithromycin TABS 600 MG</i>	P	QL(8 EA per 28 day(s) retail)
<i>azithromycin TABS 250 MG</i>	P	QL(6 EA per fill retail)
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NP	QL(4 EA daily)
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NP	QL(6 EA per fill retail)
ZITHROMAX SUSR 100 MG/5ML (<i>azithromycin</i>)	NP	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX SUSR 200 MG/5ML (<i>azithromycin</i>)	NP	QL(60 ML per fill retail)
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NP	QL(6 EA per fill retail)
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NP	QL(4 EA daily)
Clarithromycin		
<i>clarithromycin SUSR 250 MG/5ML</i>	P	2 package(s) per fill retail
<i>clarithromycin SUSR 125 MG/5ML</i>	P	1 package(s) per fill retail
<i>clarithromycin TABS</i>	P	QL(28 EA per fill retail)
<i>clarithromycin TB24</i>	NP	QL(14 EA per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
<i>erythromycin base CPEP</i>	NP	
<i>erythromycin base TABS</i>	NP	
<i>erythromycin base TBEC</i>	NP	
<i>erythromycin ethylsuccinate SUSR</i>	P	
<i>erythromycin ethylsuccinate TABS</i>	NP	
Fidaxomicin		
DIFICID SUSR	P	Brand Preferred
DIFICID TABS 200 MG (<i>fidaxomicin</i>)	P	Brand Preferred
<i>fidaxomicin TABS 200 MG</i>	NP	Brand Preferred
MEDICAL DEVICES AND SUPPLIES		
Diabetic Supplies		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK GUIDE ME KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	FREESTYLE LIBRE 2 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	FREESTYLE LIBRE 3 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA
ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC	FREESTYLE LIBRE 3 READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
DEXCOM G6 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	FREESTYLE LIBRE 3 SENSOR	PA	QL(6 EA per 90 day(s) retail); PA
DEXCOM G6 SENSOR	PA	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; PA	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
DEXCOM G6 TRANSMITTER	PA	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA
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	OMNIPOD 5 LIBRE INTRO KIT	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
DEXCOM G7 RECEIVER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	OMNIPOD 5 LIBRE PODS MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA
DEXCOM G7 SENSOR	PA	QL(9 EA per 90 day(s) retail); PA	OMNIPOD DASH PODS (GEN 4) MISC	PA	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA
FREESTYLE LIBRE 14 DAY SENSOR	PA	QL(6 EA per 90 day(s) retail); PA	RELION TRUE MET AIR GLUC METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
FREESTYLE LIBRE 2 PLUS SENSOR	PA	QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA	TRUE METRIX AIR GLUCOSE METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC
FREESTYLE LIBRE 2 READER	PA	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX METER KIT	P	QL(1 EA per 365 day(s) retail); RX/OTC	COMFORT EZ INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 28G	P	RX/OTC	DROPLET INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 30G	P	RX/OTC	EASY TOUCH FLIPLOCK INSULIN SY	C	QL(5 EA daily); RX/OTC
TRUEPLUS LANCETS 33G	P	RX/OTC	EASY TOUCH INSULIN BARRELS	C	QL(5 EA daily); RX/OTC
Parenteral Therapy Supplies			EASY TOUCH INSULIN SAFETY SYR	C	QL(5 EA daily); RX/OTC
AQ INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	EASY TOUCH INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
BD AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC	EASY TOUCH SHEATHLOCK SYRINGE	C	QL(5 EA daily); RX/OTC
BD INSULIN SYR ULTRAFINE II	C	QL(5 EA daily); RX/OTC	EMBECTA AUTOSHIELD DUO	C	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	EMBECTA INSULIN SYR ULTRAFINE	C	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE MICROFINE	C	QL(5 EA daily); RX/OTC	EMBECTA INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F	C	QL(5 EA daily); RX/OTC	EMBECTA PEN NEEDLE NANO	C	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE	C	QL(5 EA daily)	EMBECTA PEN NEEDLE NANO 2 GEN	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	C	QL(5 EA daily)	EMBECTA PEN NEEDLE ULTRAFINE	C	QL(5 EA daily)
BD PEN NEEDLE MINI ULTRAFINE	C	QL(5 EA daily); RX/OTC	FIFTY50 SUPERIOR COMFORT SYR	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	C	QL(5 EA daily); RX/OTC	GLUCOPRO INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	C	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	C	QL(5 EA daily)	GNP INSULIN SYRINGES	C	QL(5 EA daily); RX/OTC
BD PEN NEEDLE SHORT ULTRAFINE	C	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 28GX1/2"	C	QL(5 EA daily); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	C	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 29GX1/2"	C	QL(5 EA daily); RX/OTC
CAREONE INSULIN SYRINGE	C	QL(5 EA daily)	GNP INSULIN SYRINGES 30GX5/16"	C	QL(5 EA daily); RX/OTC
CARETOUCH INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES 31GX5/16"	C	QL(5 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
PX INSULIN SYRINGE	C	QL(5 EA daily)	AEROCHAMBER PLUS FLO-VU INTERM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
REALITY INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
RELION INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
SB INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC			
SECURESAFE INSULIN SYRINGE	C	QL(5 EA daily); RX/OTC			
SURE COMFORT INSULIN SYRINGE	C	QL(5 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE EASE MEDIUM DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE EASE SMALL DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	CLEVER CHOICE HOLDING CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/LG MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/MED MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	EASIVENT MASK LARGE MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	EASIVENT MASK MEDIUM MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	EASIVENT MASK SMALL MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	EASIVENT MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC
AEROVENT PLUS DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/ADULT 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
BREATHE COMFORT CHAMBER/CHILD DEVI	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
BREATHE EASE LARGE DEVI	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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
OPTICHAMBER DIAMOND-LG MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC	PROCARE SPACER/CHILD MASK DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	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
OPTICHAMBER DIAMOND MISC	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
OPTICHAMBER DIAMOND-SM MASK MISC	C	QL(2 EA per 360 day(s) retail); RX/OTC	RITEFLO DEVI	C	QL(2 EA per 360 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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		
<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		

Drug Name	Drug Tier	Requirements/ Limits
<i>almotriptan malate</i>	NP	
<i>eletriptan hydrobromide</i>	NP	Brand Preferred; QL(6 EA per 31 day(s) retail)
FROVA (<i>frovatriptan succinate</i>)	NP	
<i>frovatriptan succinate</i>	NP	
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)
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)
<i>naratriptan hcl</i>	NP	QL(9 EA per 31 day(s) retail); AL(At least 18 yrs old)
RELPAX (<i>eletriptan hydrobromide</i>)	P	Brand Preferred; QL(6 EA per 31 day(s) retail)
REYVOW	NP	
<i>rizatriptan benzoate TABS</i>	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate TBDP</i>	P	QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)	ZOMIG SOLN	NP	
<i>sumatriptan 20 MG/ACT</i>	NP	20 MG/ACT; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	MINERALS & ELECTROLYTES		
<i>sumatriptan 5 MG/ACT</i>	NP	5 MG/ACT; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	Calcium		
<i>sumatriptan succinate SOAJ 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 SOCT 6 MG/0.5ML</i>	P	QL(2 ML per 31 day(s) retail); 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 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-vitamin d TABS 600 MG-200 UNIT</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-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	C	
TOSYMRA	NP		<i>oyster shell</i>	C	
ZEMBRACE SYMTOUCH SOAJ	NP		OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	C	
<i>zolmitriptan SOLN 2.5 MG</i>	NP		PARVA-CAL 200 UNIT-500 MG	C	
<i>zolmitriptan SOLN 5 MG</i>	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	QC CALCIUM 500MG-D3 TABS	C	
<i>zolmitriptan TABS</i>	NP	QL(6 EA per 31 day(s) retail)	Electrolyte Mixtures		
<i>zolmitriptan TBDP</i>	NP	QL(6 EA per 31 day(s) retail)	<i>oral electrolytes SOLN</i>	C	
ZOMIG SOLN 5 MG (<i>zolmitriptan</i>)	NP	QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)	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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	C	QL(8 EA daily); RX/OTC	CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	NP	
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	C	QL(8 EA daily); RX/OTC	CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NP	
Potassium			<i>cyclosporine modified (for microemulsion) CAPS</i>	P	
EFFER-K TBEF 25 MEQ	C		<i>cyclosporine modified (for microemulsion) SOLN</i>	P	
<i>potassium bicarbonate TBEF</i>	C		<i>cyclosporine CAPS</i>	P	
<i>potassium chloride microencapsulated crystals er</i>	C		ENSPRYNG	NP	SP
<i>potassium chloride CPCR 10 MEQ</i>	C		ENVARUSUS XR TB24	NP	
<i>potassium chloride CPCR 8 MEQ</i>	C	QL(1 EA daily)	<i>everolimus (immunosuppressant)</i>	NP	
<i>potassium chloride PACK PO 20 MEQ</i>	C		IMURAN TABS (<i>azathioprine</i>)	NP	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	C		<i>mycophenolate mofetil CAPS</i>	P	
<i>potassium chloride TBCR</i>	C		<i>mycophenolate mofetil SUSR</i>	P	
Zinc			<i>mycophenolate mofetil TABS</i>	P	
<i>zinc sulfate CAPS</i>	C	QL(3.34 EA daily)	<i>mycophenolate sodium</i>	P	
MISCELLANEOUS THERAPEUTIC CLASSES			MYFORTIC (<i>mycophenolate sodium</i>)	NP	
Chelating Agents			MYHIBBIN SUSP	NP	
<i>penicillamine TABS</i>	C	SP	NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	NP	
Immunomodulators			NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	NP	
REZUROCK	NP	SP	PROGRAF CAPS (<i>tacrolimus</i>)	NP	
RHAPSIDO TABS PO 25 MG	NP	AL(At least 18 yrs old); SP	PROGRAF PACK	NP	
Immunosuppressive Agents			SANDIMMUNE CAPS (<i>cyclosporine</i>)	P	
ASTAGRAF XL CP24 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NP		<i>sirolimus SOLN</i>	P	
<i>azathioprine TABS</i>	P		<i>sirolimus TABS</i>	P	
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NP		<i>tacrolimus CAPS</i>	P	
			<i>tacrolimus CP24 0.5 MG, 1 MG, 5 MG</i>	NP	

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Drug Name	Drug Tier	Requirements/ Limits
ZORTRESS (<i>everolimus (immunosuppressant)</i>)	NP	
Potassium Removing Agents		
LOKELMA	P	
<i>sodium polystyrene sulfonate POWD</i>	C	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
<i>sodium polystyrene sulfonate SUSP PR 30 GM/120ML</i>	C	
VELTASSA 1 GM, 8.4 GM, 16.8 GM	P	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	C	QL(100 ML per fill retail)
Anti-infectives - Throat		
NYSTATIN (<i>nystatin (mouth-throat)</i>)	P	2 package(s) per fill retail
<i>nystatin (mouth-throat)</i>	P	2 package(s) per fill retail
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	C	
Dental Products		
<i>sodium fluoride (dental) CREA</i>	C	QL(113 GM per 60 day(s) retail)
<i>sodium fluoride (dental) GEL</i>	C	QL(113 GM per 60 day(s) retail)
<i>sodium fluoride (dental) PSTE DT</i>	C	QL(113 ML per 60 day(s) retail)
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	C	1 package(s) per fill retail
Throat Products - Misc.		
<i>pilocarpine hcl (oral) 5 MG</i>	C	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	C	QL(1 EA daily)
<i>b-complex vitamins TABS</i>	C	QL(1 EA daily)
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	C	QL(1 EA daily); RX/OTC
LUMAVEX CAPS	C	QL(1 EA daily); RX/OTC
LUNAVIRA CAPS	C	QL(1 EA daily); RX/OTC
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	C	QL(1 EA daily); RX/OTC
<i>b-complex w/biotin & folic acid TABS</i>	C	QL(1 EA daily)
MYNEPHRON CAPS 1 MG	C	QL(1 EA daily); RX/OTC
NUTRIBOOST 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
RENO CAPS CAPS 1 MG	C	QL(1 EA daily); RX/OTC
TRIPHROCAPS CAPS 1 MG	C	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Calcium		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
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)	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
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)			
SIGNACAL TABS 0.5 MG-75 UNIT-125 MG-13.63 MG-0.75 MG-15 MG-250 MG-0.25 MCG-0.25 MG-0.25 MG	C	QL(1 EA daily)			
Multiple Vitamins w/ Minerals					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
A THRU Z ADVANCED TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT- 6 MCG-1.7 MG-25 MCG- 20 MG-3500 UNIT-10 MG- 18 MG-1.5 MG-11 MG-75 MCG-50 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG, 60 MG-2 MG-30 MCG-400 MCG- 400 UNIT-6 MCG-1.7 MG- 25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-75 MCG-2 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG, 90 MG-2 MG-30 MCG-500 MCG-400 UNIT- 6 MCG-1.7 MG-20 MG- 250 MCG-3500 UNIT-10 MG-18 MG-200 MG-300 MCG-1.5 MG-100 MG-11 MG-0.9 MG-80 MG-150 MCG-150 MCG-45 MCG- 30 UNIT-109 MG-5 MCG- 10 MCG-2.3 MG-35 MCG- 25 MCG-55 MCG-10 MCG-72 MG-2 MG, 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG- 1.7 MG-25 MCG-20 MG- 250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-100 MG-11 MG-150 MCG-2 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	C	QL(1 EA daily); RX/OTC	A THRU Z HIGH POTENCY TABS 60 MG-2 MG-30 MCG-400 MCG- 400 UNIT-6 MCG-1.7 MG- 20 MG-250 MCG-3500 UNIT-10 MG-18 MG-162 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG- 150 MCG-150 MCG-75 MCG-30 UNIT-109 MG-5 MCG-10 MCG-2 MG-120 MCG-25 MCG-20 MCG-10 MCG-72 MG-2 MG	C	QL(1 EA daily); RX/OTC
			A THRU Z SELECT 50+ ADVANCED TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG- 1.7 MG-30 MCG-20 MG- 250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-2 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT- 20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	C	QL(1 EA daily); RX/OTC
			A THRU Z SELECT 50+ MENS TABS 120 MG-6 MG-30 MCG-300 MCG- 600 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-10 MG- 600 MCG-1.5 MG-15 MG- 150 MCG-50 MG-2 MG- 250 MG-80 MG-50 MCG- 150 MCG-60 UNIT-20 MG-0.7 MG-5 MCG-4 MG- 100 MCG-10 MCG-60 MCG-72 MG	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
A THRU Z SELECT ADVANCED TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG- 1.7 MG-30 MCG-20 MG- 250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 90 MG-3 MG- 30 MCG-500 MCG-1.5 MG-500 UNIT-25 MCG-10 MG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT- 300 MCG-50 MG-2.3 MG- 45 MCG-5 MCG-80 MG-2 MG-150 MCG-45 MCG- 0.9 MG-10 MCG-11 MG- 220 MG-150 MCG-110 MG-55 MCG-50 UNIT-72 MG, 90 MG-3 MG-30 MCG-500 MCG-500 UNIT- 25 MCG-10 MG-1.7 MG- 30 MCG-20 MG-250 MCG-2500 UNIT-300 MCG-1.5 MG-11 MG-150 MCG-2 MG-50 MG-45 MCG-80 MG-220 MG-150 MCG-50 UNIT-110 MG- 0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	C	QL(1 EA daily); RX/OTC	A THRU Z SELECT TABS 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG- 1.7 MG-20 MG-250 MCG- 3500 UNIT-10 MG-200 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG- 150 MCG-150 MCG-75 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-10 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG- 30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG- 2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-2 MG-80 MG-100 MCG-45 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG, 90 MG-3 MG-30 MCG-500 MCG-500 UNIT- 25 MCG-1.7 MG-30 MCG- 20 MG-250 MCG-2500 UNIT-10 MG-300 MCG- 1.5 MG-50 MG-11 MG-150 MCG-2 MG-80 MG-220 MG-150 MCG-45 MCG-50 UNIT-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	C	QL(1 EA daily); RX/OTC
A THRU Z SELECT ULTIMATE WOMEN TABS 100 MG-5 MG-30 MCG-400 MCG-800 UNIT- 50 MCG-1.1 MG-50 MCG- 14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG- 15 MG-150 MCG-50 MG- 80 MG-500 MG-50 MCG- 150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-50 MCG-72 MG-2 MG	C	QL(1 EA daily); RX/OTC	A THRU Z ULTIMATE MENS TABS 90 MG-2 MG-40 MCG-200 MCG- 600 UNIT-6 MCG-1.3 MG- 60 MCG-16 MG-3500 UNIT-15 MG-8 MG-600 MCG-1.2 MG-11 MG-150 MCG-100 MG-2 MG-210 MG-80 MG-50 MCG-150 MCG-45 UNIT-20 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-100 MCG-10 MCG-35 MCG-72 MG	C	QL(1 EA daily); RX/OTC
			ABC COMPLETE ADULT TABS	C	QL(1 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ABC COMPLETE MENS TABS	C	QL(1 EA daily); RX/OTC	ALIVE MENS COMPLETE MULTI TABS	C	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR 50+ TABS	C	QL(1 EA daily); RX/OTC	ALIVE MENS ULTRA TABS	C	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS	C	QL(1 EA daily); RX/OTC	ALIVE ONCE DAILY WOMENS TABS	C	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	C	QL(1 EA daily); RX/OTC	ALIVE ULTRA POTENCY ADULT TABS	C	QL(1 EA daily); RX/OTC
ABC COMPLETE WOMENS TABS	C	QL(1 EA daily); RX/OTC	ALIVE ULTRA POTENCY WOMENS 50+ TABS	C	QL(1 EA daily); RX/OTC
ACTICAL CAPS	C	QL(1 EA daily); RX/OTC	ALIVE WOMENS 50+ COMPLETE MV TABS	C	QL(1 EA daily); RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	C	QL(1 EA daily); RX/OTC	ALIVE WOMENS ENERGY TABS	C	QL(1 EA daily); RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	C	QL(1 EA daily); RX/OTC	ALPHA BETIC TABS	C	QL(1 EA daily); RX/OTC
ACTIVNUTRIENTS CAPS	C	QL(1 EA daily); RX/OTC	AMORYN MOOD BOOSTER CAPS 10 MG-25 MG-20 MG-300 MCG-400 UNIT-15 MG-70 MCG-30 MCG-90 MG-18 MG	C	QL(1 EA daily); RX/OTC
ADVANCED EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC	ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG-10000 UNIT	C	QL(1 EA daily); RX/OTC
AFLORA TABS	C	QL(1 EA daily); RX/OTC	ANTIOXIDANT FORMULA/MINERALS CAPS 250 MG-7.5 MG-1 MG-10000 UNIT-200 UNIT-1.5 MG-15 MCG	C	QL(1 EA daily); RX/OTC
ALIVE CALCIUM BONE SUPPORT TABS	C	QL(1 EA daily); RX/OTC	ANTIOXIDANT FORMULA TABS	C	QL(1 EA daily); RX/OTC
ALIVE DAILY ENERGY TABS	C	QL(1 EA daily); RX/OTC	ANTIOXIDANT VITAMINS TABS 60 MG-30 UNIT-2 MG-40 MG-40 MCG-5000 UNIT	C	QL(1 EA daily); RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC	APETIBEX CAPS	C	QL(1 EA daily); RX/OTC
ALIVE ENERGY 50+ TABS	C	QL(1 EA daily); RX/OTC	APPE-CURB CAPS	C	QL(1 EA daily); RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	C	QL(1 EA daily); RX/OTC	AZO HORMONAL HEALTH CYCLE CARE TABS	C	QL(1 EA daily); RX/OTC
ALIVE GARDEN GOODNESS TABS	C	QL(1 EA daily); RX/OTC			
ALIVE HAIR, SKIN & NAILS CAPS	C	QL(1 EA daily); RX/OTC			
ALIVE MAX 6 POTENCY CAPS	C	QL(1 EA daily); RX/OTC			
ALIVE MENS 50+ ULTRA TABS	C	QL(1 EA daily); RX/OTC			
ALIVE MENS 50+ TABS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AZO HORMONAL HEALTH HAPPY CYCL TABS	C	QL(1 EA daily); RX/OTC	BONEUP VEGETARIAN TABS	C	QL(1 EA daily); RX/OTC
BACMIN TABS	C	QL(1 EA daily); RX/OTC	BONEUP CAPS	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	C	QL(1 EA daily); RX/OTC	BOOSTNOW IMMUNE SUPPORT CAPS	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS CAPS	C	QL(1 EA daily); RX/OTC	B-PLEX PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-27 MG-20 MG-50 MG-22.5 MG-3 MG-5 MG-0.1 MG-30 UNIT	C	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS TABS	C	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 18 CAPS	C	QL(1 EA daily); RX/OTC
BASIC AM TABS	C	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 36 CAPS	C	QL(1 EA daily); RX/OTC
BASIC PM TABS	C	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 45 CAPS	C	QL(1 EA daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	C	QL(1 EA daily); RX/OTC	CELEBRATE MULTI-COMplete 60 CAPS	C	QL(1 EA daily); RX/OTC
BIO-35 IRON FREE CAPS	C	QL(1 EA daily); RX/OTC	CENTAVITE A-Z COMPLETE-MINERAL TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG	C	QL(1 EA daily); RX/OTC
BIOCAL CAPS	C	QL(1 EA daily); RX/OTC	CENTRAVITES 50 PLUS TABS	C	QL(1 EA daily); RX/OTC
BIOCEL TABS 500 MG-25 MG-300 MCG-1 MG-200 UNIT-25 MG-25 MG-50 MG-5000 UNIT-25 MG-33 MG-125 MG-100 UNIT-60 MG-10 MG-50 MCG	C	QL(1 EA daily); RX/OTC	CENTRAVITES ADULTS TABS	C	QL(1 EA daily); RX/OTC
BIOTECT PLUS CAPS	C	QL(1 EA daily); RX/OTC			
BLOOD SUGAR MANAGER TABS	C	QL(1 EA daily); RX/OTC			
BODY/HAIR/SKIN/NAIls CAPS 20 MG-0.667 MG-200 MCG-133.333 MCG-6.667 MG-0.5 MG-2 MCG-0.567 MG-166.667 MG-33.333 MG-5 MG-20 MG-3 MG-0.667 MG-33.333 MG-1.667 MG-3.333 MG-2000 UNIT-133.333 MG-66.667 MG-50 MCG-83.333 MG-10 UNIT	C	QL(1 EA daily); RX/OTC			
BONEUP 3 PER DAY CAPS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRAVITES TABS 60 MG-2 MG-30 MCG-400 MCG-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-400 UNIT-18 MG-100 MG-3.5 MG-160 MCG-5 MCG-80 MG-2 MG-150 MCG-65 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-30 UNIT-109 MG-20 MCG-10 MCG-5000 UNIT-25 MCG-72 MG	C	QL(1 EA daily); RX/OTC	CENTURY MATURE TABS 90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-2 MG-220 MG-45 MCG-150 MCG-50 UNIT-110 MG-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	C	QL(1 EA daily); RX/OTC
CENTRUM CARDIO TABS	C	QL(1 EA daily); RX/OTC	CENTURY TABS 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-11 MG-150 MCG-100 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	C	QL(1 EA daily); RX/OTC
CENTRUM MENOPAUSE HOT FLASH TABS	C	QL(1 EA daily); RX/OTC			
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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAILY MULTIPLE VITAMINS/MIN TABS 400 UNIT-60 MG-2 MG-30 MCG-400 MCG-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-100 MG-10 MCG-130 MG-40 MG-150 MCG-30 UNIT-100 MG-15 MG-2 MG-2.5 MG-10 MCG-10 MCG	C	QL(1 EA daily); RX/OTC	DIABETES HEALTH FORMULA TABS 90 MG-3 MG-300 MCG-500 MCG-600 UNIT-30 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-1.5 MG-1.5 MG-50 MG-150 MCG-220 MG-80 MG-2 MG-45 MCG-150 MCG-50 UNIT-110 MG-5 MCG-2.3 MG-35 MCG-10 MCG-600 MCG-72 MG-12 MG, 90 MG-3 MG-300 MCG-500 MCG-600 UNIT-30 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-1.5 MG-1.5 MG-50 MG-45 MCG-5 MCG-150 MCG-10 MCG-220 MG-80 MG-2 MG-150 MCG-50 UNIT-110 MG-35 MCG-2.3 MG-200 MCG-72 MG-12 MG	C	QL(1 EA daily); RX/OTC
DAILY MULTIVITAMIN CAPS 2 MG-30 MCG-30 UNIT-200 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-100 MCG-20 MG-2 MG-30 MG-500 MCG-1 MG-1.5 MG-15 MG-40 MG-120 MG-2 MG-5000 UNIT-75 MCG-150 MCG-120 MCG-70 MCG	C	QL(1 EA daily); RX/OTC	DIALYVITE 800/ULTRA D TABS 80 MG-10 MG-300 MCG-800 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-15 MG-30 UNIT-70 MCG	C	QL(1 EA daily); RX/OTC
DAYAVITE TABS	C	QL(1 EA daily); RX/OTC	DIALYVITE SUPREME D TABS	C	QL(1 EA daily); RX/OTC
DECUBI-VITE CAPS	C	QL(1 EA daily); RX/OTC	DIATROL TABS	C	QL(1 EA daily); RX/OTC
DEKAS PLUS OCEAN CAPS	C	QL(1 EA daily); RX/OTC	DRY EYE FORMULA CAPS 33.333 MG-3.333 MG-16.667 UNIT-6.667 MG-133.333 MG-166.667 MG	C	QL(1 EA daily); RX/OTC
DEKAS PLUS CAPS	C	QL(1 EA daily); RX/OTC			
DEPLIN MA CAPS	C	QL(1 EA daily); RX/OTC			
DEPLINPRO MOOD HEALTH CAPS	C	QL(1 EA daily); RX/OTC			
DERMACINRX MULTITAM TABS	C	QL(1 EA daily); RX/OTC			
DERMACINRX RIBOTIN-E TABS	C	QL(1 EA daily); RX/OTC			
DERMACINRX ZINTREXYL-C TABS	C	QL(1 EA daily); RX/OTC			
DERMAVITE TABS	C	QL(1 EA daily); RX/OTC			
DEXATRAM CAPS	C	QL(1 EA daily); RX/OTC			

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQL CENTURY TABS 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-11 MG-150 MCG-100 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG	C	QL(1 EA daily); RX/OTC	EQL VISION FORMULA TABS 200 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	C	QL(1 EA daily); RX/OTC
EQL ONE DAILY MENS 50+ ADVANCE TABS 120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-24 MG-2.2 MG-110 MG-90 MCG-150 MCG-25.5 UNIT-4.2 MG-180 MCG-117 MCG	C	QL(1 EA daily); RX/OTC	ESSENTIAL BALANCE TABS 120 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-250 MCG-3000 UNIT-10 MG-9 MG-1.5 MG-15 MG-2 MG-150 MCG-20 MG-100 MG-40 MG-2 MG-100 MG-25 MCG-150 MCG-50 UNIT-77 MG-5 MCG-10 MCG-2 MG-120 MCG-25 MCG-25 MCG-10 MCG-36 MG	C	QL(1 EA daily); RX/OTC
EQL ONE DAILY MENS HEALTH TABS 400 UNIT-90 MG-3 MG-30 MCG-400 MCG-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-0.6 MG-1.2 MG-15 MG-2 MG-120 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	C	QL(1 EA daily); RX/OTC	ESSENTIA TABS 100 MG-6 MG-30 MCG-400 MCG-2000 UNIT-25 MCG-3000 UNIT-10 MG-100 MCG-100 MG-25 MG-10 MG-18 MG-100 MG-10 MG-100 MG-15 MG-2 MG-250 MCG-60 UNIT-2 MG-10 MCG-75 MCG-150 MCG-70 MCG-100 MCG	C	QL(1 EA daily); RX/OTC
EQL ONE DAILY MENS TABS	C	QL(1 EA daily); RX/OTC	ESTROVEN MENOPAUSE SUPPLEMENT TABS	C	QL(1 EA daily); RX/OTC
EQL ONE DAILY WOMENS 50+ ADV TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-500 MG-4.5 MG-24 MG-2.2 MG-50 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG	C	QL(1 EA daily); RX/OTC	EYE HEALTH + LUTEIN TABS	C	QL(1 EA daily); RX/OTC
			EYE HEALTH AREDS 2 CAPS	C	QL(1 EA daily); RX/OTC
			EYE HEALTH CAPS	C	QL(1 EA daily); RX/OTC
			EYE MULTIVITAMIN/SODIUM TABS	C	QL(1 EA daily); RX/OTC
			EYE VITAMINS CAPS 60 MG-6 MG-15 MG-2 MG-30 UNIT-22 MG	C	QL(1 EA daily); RX/OTC
			EYE-VITES TABS 60 MG-40 MG-2 MG-5000 UNIT-30 UNIT-40 MCG	C	QL(1 EA daily); RX/OTC
			FINAZOL TABS	C	QL(1 EA daily); RX/OTC

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP CENTURY MATURE WOMEN'S 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-80 MG-300 MG-50 MCG-150 MCG-15.8 MG-20 MG-0.5 MG-2.3 MG-1050 MCG-22 MCG-52 MCG-72 MG	C	QL(1 EA daily); RX/OTC	GNP MEGA MULTI FOR MEN TABS 150 MG-125 MCG-200 MCG-15 MG-15 MG-2.5 MG-5 MG-5 MG-15 MG-15 MG-15 MG-5 MG-250 MCG-5 MG-175 MCG-2.5 MCG-33.5 MG-25 MG-50 MG-2.5 MG-25 MCG-1 MG-12.5 MG-105 MG-75 MCG-50 MCG-25 MG-1500 MCG-37.5 MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 MG-35 MG-15 MG-25 MG-25 MG, 150 MG-25 MG-15 MG-125 MCG-50 UNIT-200 MCG-2.5 MG-5 MG-100 UNIT-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-100 MG-2.5 MG-5000 UNIT-75 MCG-25 MG-12.5 MG-25 MCG-5 MCG-15 MG-15 MG-35 MG-35 MG-50 MCG-35 MG-25 MG-25 MG	C	QL(1 EA daily); RX/OTC
GNP HAIR/SKIN/NAILS TABS 50 MG-3.5 MG-6.5 MG-25 MCG-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-5 MG-25 MG-10 MG-10 MG-15 MG-3.3 MG-10 MG-5 MG-20 MG-0.5 MG-150 MCG-25 UNIT-54 MG-73 MG-897 MCG-10 MG-50 MG-0.6 MG-10 MG	C	QL(1 EA daily); RX/OTC	GNP MEGA MULTI FOR WOMEN TABS 100 MG-40 MG-40 MCG-50 UNIT-200 MCG-200 UNIT-40 MCG-5000 UNIT-40 MG-37.5 MCG-5 MG-10 MCG-40 MG-250 MCG-40 MG-5 MG-250 MG-40 MG-100 MG-7.5 MG-12.5 MG-13.5 MG-2.5 MG-25 MCG-1 MG-50 MCG-1 MG-50 MCG-75 MCG-12.5 MG-1 MG-1 MG-25 MG	C	QL(1 EA daily); RX/OTC
GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	C	QL(1 EA daily); RX/OTC	GNP ONE DAILY MAXIMUM TABS	C	QL(1 EA daily); RX/OTC
GNP HEALTHY EYES TABS 200 MG-2 MG-27 MG-2 MG-40 MG-185 MG-55 MCG-300 MCG, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP ONE DAILY MENS HEALTH 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-105 MCG-120 MG	C	QL(1 EA daily); RX/OTC	HAIR SKIN AND NAILS FORMULA TABS 30 MG-2.5 MG-2500 MCG-100 MCG-5 MG-2.5 MG-500 UNIT-4 MCG-2500 UNIT-2.5 MG-5 MG-15 MG-12.5 MG-7.5 MG-5 MG-4 MG-130 MG-3.75 MG-1 MG-25 MG-7.5 UNIT-64 MG-15 MG-5 MG-50 MG-1.5 MG-25 MG	C	QL(1 EA daily); RX/OTC
GNP ONE DAILY MENS/LYCOPENE TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	C	QL(1 EA daily); RX/OTC	HAIR SKIN NAILS CAPS 30 MG-1.667 MG-1666.667 MCG-10 UNIT-133.333 MCG-666.667 UNIT-2.667 MCG-1666.667 UNIT-1.667 MG-8.333 MG-5 MG-3.333 MG-1.667 MG-2.5 MG-10 MG-0.333 MG-10 MG-1 MG-20 MG-8.333 MG-4.167 MCG	C	QL(1 EA daily); RX/OTC
GNP ONE DAILY WOMENS 50+ TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-2500 UNIT-20 MCG-120 MG	C	QL(1 EA daily); RX/OTC	HAIR/SKIN/NAILS CAPS	C	QL(1 EA daily); RX/OTC
			HAIR/SKIN/NAILS TABS	C	QL(1 EA daily); RX/OTC
			HEAD CARE PROACTIVE HEALTH TABS	C	QL(1 EA daily); RX/OTC
			HEALTHY EYES SUPERVISION 2 CAPS	C	QL(1 EA daily); RX/OTC
GNP ONE DAILY WOMENS TABS 60 MG-120 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG-50 MG	C	QL(1 EA daily); RX/OTC	HEALTHY EYES/LUTEIN-ZEAXANTHIN CAPS 60 MG-13.5 MG-6 MG-15 MG	C	QL(1 EA daily); RX/OTC
			HEALTHY EYES TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	C	QL(1 EA daily); RX/OTC
			HIGH POTENCY MULTIVIT/FA TABS	C	QL(1 EA daily); RX/OTC
GNP THERAPEUTIC-M TABS	C	QL(1 EA daily); RX/OTC			
HAIR SKIN & NAILS ADVANCED TABS	C	QL(1 EA daily); RX/OTC			
HAIR SKIN & NAILS TABS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HI-KOVITE 2-PART FORMULA TABS 400 UNIT-200 MG-10 MG-30 MCG-400 MCG-10 MG-10 MCG-5000 UNIT-10 MG-10 MG-100 MG-10 MG-9 MG-0.5 MG-7.5 MG-35 MG-60 MG-30 UNIT-1 MG-120 MG-75 MCG-17.5 MCG-10 MG-10 MG	C	QL(1 EA daily); RX/OTC	KEYFOLIC TABS	C	QL(1 EA daily); RX/OTC
HM COMPLETE MEN TABS	C	QL(1 EA daily); RX/OTC	KEYLOSA TABS	C	QL(1 EA daily); RX/OTC
HYLAZINC TABS	C	QL(1 EA daily); RX/OTC	KP ADULTS 50+ DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MG-72 MG-2 MG	C	QL(1 EA daily); RX/OTC
ICAPS AREDS FORMULA TABS	C	QL(1 EA daily); RX/OTC	KP ADULTS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-75 MCG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 UNIT-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MG-72 MG-2 MG	C	QL(1 EA daily); RX/OTC
ICAPS LUTEIN & OMEGA-3 CAPS 240 MCG-1.2 MG-16 MG-1.3 MG-2.4 MCG-1.3 MG-10 MG-600 MCG-45 MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7 MG-1 MG-34 MCG-280 MG	C	QL(1 EA daily); RX/OTC			
ICAPS MV TABS 128 MG-7.5 MCG-100 MCG-0.5 MG-100 UNIT-1.5 MCG-2.5 MG-6.25 MCG-2.5 MG-1.67 MG-2.5 MG-0.83 MG-83.25 MG-0.075 MG-0.38 MG-25 MG-21.15 MG-0.9 MG-18.75 MCG-30 MCG-37.5 MCG-107.5 UNIT-35 MG-0.5 MG-10 MCG	C	QL(1 EA daily); RX/OTC			
ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG	C	QL(1 EA daily); RX/OTC			
IMMUNE 24 HOUR+ CAPS	C	QL(1 EA daily); RX/OTC			
IMMUNE ESSENTIALS DAILY CAPS	C	QL(1 EA daily); RX/OTC			
I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	C	QL(1 EA daily); RX/OTC			
JOINT HEALTH & BONE STRENGTH TABS	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KP MENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-110 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-117 MCG, 60 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-300 MG-4.5 MG-100 MG-22.5 MG-120 MG-90 MCG-150 MCG-22.5 UNIT-2 MG-4 MG-180 MCG-110 MCG-120 MG	C	QL(1 EA daily); RX/OTC	KP WOMENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-10 MG-500 MG-4.5 MG-50 MG-24 MG-2.2 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-4.5 MG-50 MG-22.5 MG-500 MG-90 MCG-150 MCG-22.5 UNIT-2 MG-4 MG-180 MCG-20 MCG-120 MG	C	QL(1 EA daily); RX/OTC
KP MENS DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-210 MG-22.5 UNIT-2 MG-120 MCG-110 MCG, 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	C	QL(1 EA daily); RX/OTC	KP WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-50 MG-15 MG-500 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.6 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG	C	QL(1 EA daily); RX/OTC
KP VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	C	QL(1 EA daily); RX/OTC	K-PAX IMMUNE PROFESSIONAL ST TABS	C	QL(1 EA daily); RX/OTC
KP VISION FORMULA TABS 60 MG-40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG	C	QL(1 EA daily); RX/OTC	LIVER DETOX TABS	C	QL(1 EA daily); RX/OTC
			LUMIVANCE CAPS	C	QL(1 EA daily); RX/OTC
			LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	C	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LYSIPLEX PLUS TABS 166.667 MG-333.333 MG- 16.667 MG-50 MCG- 333.333 MCG-16.667 MG- 133.333 MG-16.667 MG- 133.333 UNIT-16.667 MCG-133.333 MG-66.667 MG-16.667 MG-5 MG- 1666.667 UNIT-66.667 MG-5 MG-66.667 UNIT-5 MCG-26.667 MG-3.333 MG-1.667 MG-0.667 MG- 33.333 MCG	C	QL(1 EA daily); RX/OTC	MAXIMUM DAILY GREEN TABs 333.333 MG-8.333 MG-16.666 MCG-133.333 MCG-8.333 MG-8.333 MG-133.333 UNIT-8.333 MCG-8.333 MG-8.333 MG-8.333 MG-8.333 MG- 8.333 MG-8.333 MG-8.333 MG-6.666 MG-8.333 MG- 1.333 MG-333.333 MG- 83.333 UNIT-33.333 MG- 5000 UNIT-5 MG-33.333 MG-1.333 MG-16.666 MCG-20 MG-0.333 MG- 33.333 MCG-0.333 MG-5 MG-83.333 MG-50 MCG- 10 MG-25 MCG-3.333 MG-33.333 MG-8.333 MG- 1.666 MG-6.666 MG-6.666 MG-1.666 MG-0.833 MG- 11.666 MG-3.333 MG- 1.666 MG-33.333 MG- 3.333 MG-3.333 MG-3.333 MG-16.666 MG-33.333 MG-33.333 MG-3.333 MG- 3.333 MG-3.333 MG-8.333 MG	C	QL(1 EA daily); RX/OTC
MACULAR HEALTH FORMULA CAPS 250 MG-10 MG-100 MCG-10 MG-500 UNIT-5 MG-5 MG-1 MG-1 MG-20 MG-25 MCG-200 UNIT-7.5 MG- 10 MG	C	QL(1 EA daily); RX/OTC			
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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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			
THERAGRAN-M ADVANCED TABS	C	QL(1 EA daily); RX/OTC			
THERAGRAN-M PREMIER 50 PLUS TABS	C	QL(1 EA daily); RX/OTC			
THERAGRAN-M PREMIER TABS	C	QL(1 EA daily); RX/OTC	THERA-TABS M 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	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
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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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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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/NAILS TABS 2 MG-2000 MCG-400 MCG- 25 MG-100 MG-25 MCG- 1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG	C	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTI-VITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	C	QL(1 EA daily); RX/OTC	ONE-DAILY MULTI-VITAMIN TABS 50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG-60 MG	C	QL(1 EA daily); RX/OTC
NEOMULTIVITE TABS	C	QL(1 EA daily); RX/OTC	QC ESSENTIALS TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	C	QL(1 EA daily); RX/OTC
NEVVITE TABS	C	QL(1 EA daily); RX/OTC	QUINTABS TABS	C	QL(1 EA daily); RX/OTC
NEXOCHW CHEW	C	QL(1 EA daily); RX/OTC	RELCARE TABS	C	QL(1 EA daily); RX/OTC
OMNICAP TABS	C	QL(1 EA daily); RX/OTC	STRESS FORMULA/ZINC/ENERGY TABS	C	QL(1 EA daily); RX/OTC
ONCE DAILY TABS 400 UNIT-50 MG-1 MG-2 MG-1 MCG-5000 UNIT-1 MG-2.5 MG-20 MG	C	QL(1 EA daily); RX/OTC	STRESS FORMULA TABS 500 MG-3 MG-45 MCG-400 MCG-12 MCG-20 MG-10 MG-100 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-12 MCG-10 MG-100 MG-20 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-15 MG-12 MCG-20 MG-10 MG-100 MG-30 UNIT	C	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIALS TABS	C	QL(1 EA daily); RX/OTC	STRESSTABS ENERGY TABS	C	QL(1 EA daily); RX/OTC
ONE DAILY ESSENTIAL TABS	C	QL(1 EA daily); RX/OTC	TAB-A-VITE/BETA CAROTENE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	C	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVITAMIN ADULT TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	C	QL(1 EA daily); RX/OTC	TAB-A-VITE TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	C	QL(1 EA daily); RX/OTC
ONE DAILY TABS 60 MG-2 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	C	QL(1 EA daily); RX/OTC	THERA TABS	C	QL(1 EA daily); RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC			
ONE-A-DAY ADULT VITACRAVES+DHA CHEW	C	QL(1 EA daily); RX/OTC			
ONE-DAILY MULTI VITAMINS TABS 50 MG-20 MG-1 MG-1.5 MG-400 UNIT-3 MCG-1 MG-1.7 MG-4000 UNIT-60 MG	C	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERA-TABS TABS 90 MG-3 MG-30 MCG-400 MCG-3 MG-20 MG-400 UNIT-9 MCG-5000 UNIT-10 MG-3.4 MG-30 UNIT	C	QL(1 EA daily); RX/OTC	ALIVE GUMMIES FOR CHILDREN CHEW	C	QL(1 EA daily)
THEREMS TABS	C	QL(1 EA daily); RX/OTC	ALIVE KIDS PREMIUM CHEW	C	QL(1 EA daily)
TM-DAILY VITE TABS	C	QL(1 EA daily); RX/OTC	ALIVE MULTI-VITAMIN CHILDRENS 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 FLAVOR BURST KIDS CHEW	C	QL(1 EA daily)
TRUE MULTIVITAMIN TABS	C	QL(1 EA daily); RX/OTC	CENTRUM KIDS MULTIGUMMIES CHEW	C	QL(1 EA daily)
VALENTA 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)
			FLINTSTONES GUMMIES CHEW	C	QL(1 EA daily)
			FLINTSTONES GUMMIES-IMMUNITY CHEW	C	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
FLINTSTONES SOUR GUMMIES CHEW	C	QL(1 EA daily)
FLINTSTONES TODDLER CHEW	C	QL(1 EA daily)
FLINTSTONES-IMMUNITY SUPPORT CHEW	C	QL(1 EA daily)
FT CHILDRENS MULTI CHEW	C	QL(1 EA daily)
GNP MULTI CHILDRENS CHEW	C	QL(1 EA daily)
GROWING BONES & MUSCLES KIDS CHEW	C	QL(1 EA daily)
GUMMI BEAR MULTIVITAMIN/MIN CHEW	C	QL(1 EA daily)
JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW	C	QL(1 EA daily)
MULTIVITAMIN CHILDRENS GUMMIES CHEW	C	QL(1 EA daily)
MULTIVIT-MIN GUMMIES CHILDRENS CHEW	C	QL(1 EA daily)
MVW COMPLETE FORMULATION D3000 CHEW	C	QL(1 EA daily)
MVW COMPLETE FORMULATION D5000 CHEW	C	QL(1 EA daily)
MVW COMPLETE FORMULATION CHEW	C	QL(1 EA daily)
ONE-A-DAY JOLLY RANCHER CHEW	C	QL(1 EA daily)
SMARTY PANTS KIDS COMPLETE CHEW	C	QL(1 EA daily)
SPONGEBOB SQUAREPANTS GUMMIES CHEW	C	QL(1 EA daily)
VITACHEW MULTIPLE VITAMIN CHEW	C	QL(1 EA daily)
VITALETS CHILDRENS CHEW	C	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
YUMVSKIDS MULTI ZERO CHEW	C	QL(1 EA daily)
ZOO FRIENDS MULTI GUMMIES CHEW	C	QL(1 EA daily)
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/FE SOLN	C	QL(60 ML per fill retail)
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	C	QL(60 ML per fill retail)
MULTIVITAMIN DROPS/IRON SOLN	C	QL(60 ML per fill retail)
MULTIVITAMIN INFANT & TODDLER SOLN	C	QL(60 ML per fill retail)
MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML	C	QL(60 ML per fill retail)
POLY-VITE/IRON SOLN	C	QL(60 ML per fill retail)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN PO	C	QL(50 ML per fill retail)
MULTIVITAMIN INFANT & TODDLER SOLN PO	C	QL(50 ML per fill retail)
MULTIVITAMIN INFANTS/TODDLERS SOLN PO	C	QL(50 ML per fill retail)
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	C	QL(50 ML per fill retail)
POLY-VI-SOL SOLN PO	C	QL(50 ML per fill retail)
POLY-VITA SOLN PO	C	QL(50 ML per fill retail)
POLY-VITE PEDIATRIC SOLN PO	C	QL(50 ML per fill retail)
Prenatal Vitamins		
ATABEX OB	C	QL(1 EA daily)

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
TOBREX OINT	NP	
<i>trifluridine</i>	C	QL(8 ML per 31 day(s) retail)
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	QL(3 ML per fill retail)
Ophthalmic Decongestants		
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	C	QL(15 ML per 31 day(s) retail; 15 ML per 31 days mail)
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	C	QL(15 ML per 31 day(s) retail)
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	C	1 package(s) per 31 day(s) retail
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
<i>cyclosporine (ophth) EMUL</i>	NP	Brand Preferred
RESTASIS MULTIDOSE EMUL	P	Brand Preferred
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	P	Brand Preferred
VERKAZIA EMUL	NP	
VEVYE SOLN	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	P	
Ophthalmic Kinase Inhibitors		
RHOPRESSA	P	
ROCKLATAN	P	
Ophthalmic Local Anesthetics		
ALTACAIN 0.5 % (<i>tetracaine hcl (ophth)</i>)	C	
TETRACAIN HCL 0.5 % <i>tetracaine hcl (ophth)</i>	C	
Ophthalmic Steroids		
ALREX SUSP (<i>loteprednol etabonate</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>bacitracin-poly-neomycin-hc</i>	P	
BYQLOVI 0.05 %	NP	
<i>dexamethasone sodium phosphate (ophth)</i>	P	
<i>difluprednate</i>	NP	Brand Preferred
DUREZOL (<i>difluprednate</i>)	P	Brand Preferred
EYSUVIS SUSP	NP	
FLAREX	P	
<i>fluorometholone (ophth) SUSP</i>	P	1 package(s) per 31 day(s) retail
FML FORTE SUSP	NP	
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NP	1 package(s) per 31 day(s) retail
INVELTYS SUSP	NP	
LOTEMAX SM GEL	NP	
LOTEMAX GEL (<i>loteprednol etabonate</i>)	NP	
LOTEMAX OINT	NP	
<i>loteprednol etabonate GEL</i>	NP	
<i>loteprednol etabonate SUSP</i>	NP	
<i>loteprednol etabonate-tobramycin</i>	NP	
MAXIDEX SUSP OP	P	
MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	NP	QL(10 ML per 31 day(s) retail)
<i>neomycin-polymy-dexameth OINT</i>	P	QL(4 GM per 31 day(s) retail)
<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	P	QL(10 ML per 31 day(s) retail)
<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(15 ML per 31 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits
PRED FORTE (prednisolone acetate ophth))	NP	QL(15 ML per 31 day(s) retail)
PRED MILD	P	1 package(s) per 31 day(s) retail
<i>prednisolone acetate ophth)</i>	P	QL(15 ML per 31 day(s) retail)
PREDNISOLONE ACETATE P-F	C	QL(15 ML per 31 day(s) retail)
PREDNISOLONE SODIUM PHOSPHATE	NP	1 package(s) per 31 day(s) retail
<i>sulfacetamide sod-prednisolone SOLN</i>	P	QL(10 ML per 31 day(s) retail)
TOBRADEX ST SUSP	NP	
TOBRADEX OINT	NP	QL(4 GM per 31 day(s) retail)
<i>tobramycin-dexamethasone SUSP</i>	P	1 package(s) per 31 day(s) retail
ZYLET 0.3 %-0.5 % (loteprednol etabonate-tobramycin)	NP	
Ophthalmics - Misc.		
ACULAR (<i>ketorolac tromethamine ophth)</i>)	NP	1 package(s) per 31 day(s) retail
ACULAR LS (<i>ketorolac tromethamine ophth)</i>)	NP	1 max fill(s) per 31 day(s) retail
ACUVAIL	NP	
<i>azelastine hcl ophth)</i>	NP	QL(6 ML per 31 day(s) retail)
AZOPT (<i>brinzolamide</i>)	P	Brand Preferred; 1 package(s) per 31 day(s) retail
<i>bepotastine besilate</i>	NP	
BEPREVE (<i>bepotastine besilate</i>)	NP	
<i>brinzolamide</i>	NP	Brand Preferred; 1 package(s) per 31 day(s) retail
<i>bromfenac sodium ophth)</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
BROMSITE (<i>bromfenac sodium ophth)</i>)	NP	
<i>cromolyn sodium ophth)</i>	P	QL(10 ML per 31 day(s) retail)
<i>diclofenac sodium ophth)</i>	P	QL(3 ML per 31 day(s) retail)
<i>dorzolamide hcl</i>	P	QL(10 ML per 31 day(s) retail)
<i>epinastine hcl ophth)</i>	NP	
<i>flurbiprofen sodium</i>	P	QL(5 ML per 31 day(s) retail)
ILEVRO	NP	
<i>ketorolac tromethamine ophth)</i> 0.4 %	P	1 max fill(s) per 31 day(s) retail
<i>ketorolac tromethamine ophth)</i> 0.5 %	P	1 package(s) per 31 day(s) retail
<i>ketotifen fumarate ophth)</i> 0.035 %	P	QL(10 ML per 31 day(s) retail)
MIEBO	NP	
NEVANAC	P	
<i>olopatadine hcl</i>	P	
PROLENSA (<i>bromfenac sodium ophth)</i>)	NP	
TRYPTYR SOLN OP 0.003 %	NP	
ZERVIAE	NP	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	NP	Brand Preferred
<i>bimatoprost SOLN</i>	NP	
IYUZEH SOLN	NP	
<i>latanoprost SOLN</i>	P	QL(5 ML per 31 day(s) retail)
LUMIGAN SOLN 0.01 % (<i>bimatoprost</i>)	P	Brand Preferred
<i>tafluprost</i>	NP	
TRAVATAN Z SOLN (<i>travoprost</i>)	P	Brand Preferred
<i>travoprost SOLN</i>	NP	Brand Preferred
VYZULTA	NP	

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Drug Name	Drug Tier	Requirements/Limits
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	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	C	QL(15 ML per 31 day(s) retail)
<i>carbamide peroxide (otic)</i> 6.5 %	C	QL(15 ML per 31 day(s) retail)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	1 package(s) per fill retail
Otic Combinations		
CIPRO HC 1 %-0.2 % (<i>ciprofloxacin-hydrocortisone</i>)	NP	
<i>ciprofloxacin-dexamethasone</i>	P	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-hydrocortisone</i>	NP	
CORTISPORIN-TC	NP	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	1 package(s) per fill retail
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	C	1 package(s) per 31 day(s) retail
<i>hydrocortisone w/acetic acid</i>	C	QL(20 ML per 31 day(s) retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		

Drug Name	Drug Tier	Requirements/Limits
<i>methylergonovine maleate TABS</i>	C	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD	C	SP; PA
GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML	C	SP; PA
GAMMAGARD S/D LESS IGA SOLR	C	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
HYPERRHO SOSY IM 1500 UNIT	C	SP
OCTAGAM SOLN 30 GM/300ML	C	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	C	SP
XEMBIFY	C	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Amidinopenicillins		
PIVYA TABS PO 185 MG	NP	
Aminopenicillins		
<i>amoxicillin CAPS</i>	C	
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR 400 MG/5ML</i>	C	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
Natural Penicillins		
EXTENCILLINE SUSR	C	QL(1 EA per 28 day(s) retail)
LENTOCILIN SUSR	C	QL(1 EA per 28 day(s) retail)
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS 500 MG</i>	C	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML</i>	P	1 package(s) per fill retail
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	C	1 package(s) per fill retail
<i>amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>	C	2 package(s) per fill retail
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	2 package(s) per fill retail
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	C	QL(20 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-250 MG, 125 MG-500 MG</i>	C	QL(30 EA per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(40 EA per 31 day(s) retail)
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP	2 package(s) per fill retail
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	C	1 package(s) per fill retail
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	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	

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Drug Name	Drug Tier	Requirements/ Limits
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 EA daily)
<i>donepezil hydrochloride</i> TABS 5 MG, 10 MG	P	QL(1 EA daily)
<i>donepezil hydrochloride</i> TABS 23 MG	NP	
<i>donepezil hydrochloride</i> TBDP	P	
EXELON 13.3 MG/24HR (<i>rivastigmine</i>)	P	Brand Preferred
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	P	Brand Preferred; QL(1 EA daily)
<i>galantamine hydrobromide</i> CP24	NP	QL(1 EA daily)
<i>galantamine hydrobromide</i> SOLN	NP	QL(6 ML daily)
<i>galantamine hydrobromide</i> TABS	NP	QL(2 EA daily)
<i>memantine hcl</i> CP24	NP	
<i>memantine hcl-donepezil hcl</i> CP24	NP	
<i>memantine hcl</i> SOLN	P	QL(10 ML daily)
<i>memantine hcl</i> TABS	NP	
<i>memantine hcl</i> TABS	P	QL(2 EA daily)
NAMZARIC CP24	NP	
NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	NP	
<i>rivastigmine</i> 4.6 MG/24HR, 9.5 MG/24HR	NP	Brand Preferred; QL(1 EA daily)
<i>rivastigmine</i> 13.3 MG/24HR	NP	Brand Preferred
<i>rivastigmine tartrate</i> CAPS	P	QL(2 EA daily)
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Combination Psychotherapeutics		
LYBALVI	NP	AL(At least 18 yrs old); ST

Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine-fluoxetine hcl</i> 25 MG-3 MG, 25 MG-6 MG	NP	AL(At least 10 yrs old); ST
<i>olanzapine-fluoxetine hcl</i> 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG	NP	ST
<i>perphenazine-amitriptyline</i>	C	QL(4 EA daily)
Fibromyalgia Agents		
<i>milnacipran hcl</i> MISC	NP	QL(55 EA per 365 day(s) retail)
<i>milnacipran hcl</i> TABS 12.5 MG, 25 MG, 50 MG, 100 MG	NP	QL(2 EA daily)
SAVELLA TITRATION PACK MISC (<i>milnacipran hcl</i>)	NP	QL(55 EA per 365 day(s) retail)
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (<i>milnacipran hcl</i>)	NP	QL(2 EA daily)
TONMYA SUBL SL 2.8 MG	NP	
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	NP	SP
AUSTEDO XR TB24	P	SP
AUSTEDO TABS	P	SP
INGREZZA CAPS	P	SP
INGREZZA CPPK	P	SP
INGREZZA CPSP	P	SP
<i>tetrabenazine</i>	P	
<i>tetrabenazine</i>	P	SP
XENAZINE (<i>tetrabenazine</i>)	NP	SP
Multiple Sclerosis Agents		
AMPYRA (<i>dalfampridine</i>)	NP	SP
AMPYRA (<i>dalfampridine</i>)	NP	
AUBAGIO (<i>teriflunomide</i>)	NP	QL(1 EA daily); SP
AVONEX PEN AJKT	P	SP

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

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Drug Name	Drug Tier	Requirements/ Limits
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
ZEPOSIA CAPS	NP	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>gabapentin (once-daily) TABS</i>	NP	
GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP	
LYRICA CR (<i>pregabalin (once-daily)</i>)	NP	
<i>pregabalin (once-daily)</i>	NP	
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS 10 MG</i>	P	QL(2 EA daily)
<i>fluoxetine hcl (pmdd) TABS 20 MG</i>	P	QL(1 EA daily)
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 EA daily)
CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	P	QL(2 EA daily; 53 EA per 30 day(s) retail)
CHANTIX TABS 0.5 MG (<i>varenicline tartrate</i>)	P	QL(2 EA daily)
CHANTIX TABS 1 MG (<i>varenicline tartrate</i>)	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
<i>nicotine polacrilex GUM</i>	P	QL(24 EA daily)
<i>nicotine polacrilex LOZG</i>	P	QL(20 EA daily)
NICOTINE KIT	P	QL(56 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 EA daily)
NICOTROL NS SOLN	P	QL(4 ML daily)
<i>varenicline tartrate TABS 0.5 MG</i>	P	QL(2 EA daily)
<i>varenicline tartrate TABS 1 MG</i>	P	QL(2 EA daily; 56 EA per 30 day(s) retail)
<i>varenicline tartrate TBPK</i>	P	QL(2 EA daily; 53 EA per 30 day(s) retail)
Transthyretin Amyloidosis Agents		
TEGSEDI	C	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
ORKAMBI PACK	C	SP; PA
ORKAMBI TABS	C	SP; PA
SYMDEKO	C	SP; PA
TRIKAFTA TBPK	C	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
<i>nintedanib esylate 100 MG, 150 MG</i>	C	SP; PA
<i>pirfenidone CAPS</i>	C	SP; PA
<i>pirfenidone TABS</i>	C	SP; PA
Respiratory Agents - Misc.		
BRINSUPRI TABS PO 10 MG, 25 MG	C	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Tetracyclines			<i>levothyroxine sodium TABS</i>	C	
<i>demeclocycline hcl TABS</i>	NP		<i>liothyronine sodium TABS</i>	C	
DORYX MPC TBEC 60 MG	NP		NIVA THYROID TABS	C	
<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				
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	C				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate TABS 0.125 MG</i>	C		FIRST-OMEPRAZOLE SUSP	C	QL(10 ML daily); AL(Up to 12 yrs old)
<i>hyoscyamine sulfate TB12 0.375 MG</i>	C	QL(4 EA daily)	<i>lansoprazole CPDR 15 MG</i>	NP	QL(4 EA daily); RX/OTC
<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>esomeprazole magnesium PACK</i>	P				

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Drug Name	Drug Tier	Requirements/ Limits
<i>misoprostol</i>	C	PA
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	C	14 day(s) max supply per 365 day(s) retail
KONVOMEK SUSR	NP	
<i>omeprazole-sodium bicarbonate CAPS</i>	NP	
<i>omeprazole-sodium bicarbonate PACK</i>	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	NP	
<i>fesoterodine fumarate</i>	P	
<i>oxybutynin chloride SOLN</i>	P	
<i>oxybutynin chloride TABS 2.5 MG</i>	P	
<i>oxybutynin chloride TABS 5 MG</i>	P	QL(3 EA daily)
<i>oxybutynin chloride TB24</i>	P	QL(2 EA daily)
OXYTROL PTTW	NP	RX/OTC
<i>solifenacin succinate TABS</i>	P	
<i>tolterodine tartrate CP24</i>	NP	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	NP	QL(2 EA daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	NP	
<i>trospium chloride CP24</i>	NP	
<i>trospium chloride TABS</i>	NP	QL(2 EA daily)
VESICARE TABS (<i>solifenacin succinate</i>)	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
<i>mirabegron SRER 8 MG/ML</i>	NP	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits
<i>mirabegron TB24</i>	NP	Brand Preferred
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 SUSP 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	GARDASIL 9 SUSY 0.5 ML	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
FLUCELVAX SUSP	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 SUSY	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
FLULAVAL SUSY	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	IMOVAX RABIES SUSR	C	
FLUMIST	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	IPOLE IJ	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; AL(At least 65 yrs old)	IXIARO	C	
FLUZONE SUSP	C	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	JYNNEOS	C	
FLUZONE SUSY	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	
			MNEXSPIKE SUSY 10 MCG/0.2ML	C	
			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 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
SHINGRIX	C	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>tioconazole vaginal 6.5 %</i>	C	
VANDAZOLE	C	
Vaginal Estrogens		
<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	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 180 day(s) retail; 2 max fill(s) per 180 day(s) mail
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	Brand Preferred; QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 180 day(s) retail; 2 max fill(s) per 180 day(s) mail
<i>epinephrine (anaphylaxis) SOAJ</i>	NP	Brand Preferred; QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 180 day(s) retail; 2 max fill(s) per 180 day(s) mail
<i>epinephrine (anaphylaxis) SOAJ</i>	P	Brand and Authorized Generic ONLY preferred; QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 180 day(s) retail; 2 max fill(s) per 180 day(s) mail

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 180 day(s) retail; 2 max fill(s) per 180 day(s) mail	KEY-E CHEW	C	QL(2 EA daily)
EPIPEN 2-PAK SOAJ <i>(epinephrine (anaphylaxis))</i>	P	Brand and Authorized Generic ONLY preferred; QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 180 day(s) retail; 2 max fill(s) per 180 day(s) mail	<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)
EPIPEN JR 2-PAK SOAJ <i>(epinephrine (anaphylaxis))</i>	P	Brand and Authorized Generic ONLY preferred; QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 180 day(s) retail; 2 max fill(s) per 180 day(s) mail	<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)
Vasopressors					
<i>midodrine hcl</i>	C				
VITAMINS					
Oil Soluble Vitamins					
<i>cholecalciferol CAPS</i>	C	QL(100 EA per fill retail)			
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG</i>	C	QL(2 EA daily)			
<i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>	C	QL(8 EA per 31 day(s) retail)			
<i>cholecalciferol LIQD PO 10 MCG/ML</i>	C				
<i>ergocalciferol CAPS</i>	C				
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	C	QL(60 ML per 90 day(s) retail)			

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UNIT-6 MCG-1.7 MG-20 MG-250	TABS 60 MG-3 MG-30 MCG-400	MG-30 MCG-400 MCG-400 UNIT-25
MCG-3500 UNIT-10 MG-18 MG-200	MCG-500 UNIT-25 MCG-1.7 MG-30	MCG-1.7 MG-20 MG-250 MCG-3500
MG-300 MCG-1.5 MG-100 MG-11	MCG-20 MG-250 MCG-2500 UNIT-	UNIT-10 MG-200 MG-300 MCG-1.5
MG-0.9 MG-80 MG-150 MCG-150	10 MG-300 MCG-1.5 MG-11 MG-150	MG-100 MG-15 MG-2 MG-80 MG-
MCG-45 MCG-30 UNIT-109 MG-5	MCG-50 MG-2 MG-220 MG-80 MG-	150 MCG-150 MCG-75 MCG-45
MCG-10 MCG-2.3 MG-35 MCG-25	45 MCG-150 MCG-50 UNIT-20 MG-	UNIT-48 MG-5 MCG-2 MG-150
MCG-55 MCG-10 MCG-72 MG-2	0.5 MG-5 MCG-2.3 MG-55 MCG-10	MCG-10 MCG-20 MCG-10 MCG-72
MG, 90 MG-2 MG-30 MCG-500	MCG-45 MCG-72 MG 83	MG-2 MG, 60 MG-3 MG-30 MCG-
MCG-400 UNIT-6 MCG-1.7 MG-25	A THRU Z SELECT 50+ MENS	400 MCG-500 UNIT-25 MCG-1.7
MCG-20 MG-250 MCG-3500 UNIT-	TABS 120 MG-6 MG-30 MCG-300	MG-30 MCG-20 MG-250 MCG-2500
10 MG-18 MG-300 MCG-1.5 MG-100	MCG-600 UNIT-100 MCG-1.7 MG-60	UNIT-10 MG-220 MG-300 MCG-1.5
MG-11 MG-150 MCG-2 MG-80 MG-	MCG-20 MG-300 MCG-3500 UNIT-	MG-50 MG-11 MG-150 MCG-2 MG-
200 MG-45 MCG-150 MCG-30 UNIT-	10 MG-600 MCG-1.5 MG-15 MG-150	80 MG-100 MCG-45 MCG-50 UNIT-
109 MG-0.9 MG-5 MCG-10 MCG-2.3	MCG-50 MG-2 MG-250 MG-80 MG-	20 MG-0.5 MG-5 MCG-2.3 MG-55
MG-55 MCG-10 MCG-35 MCG-72		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 MG84	ABILIFY ASIMTUFII PRSY 43 ABILIFY MAINTENA PRSY 43 ABILIFY MAINTENA SRER 43 ABILIFY TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG (aripiprazole) . 43 ABILIFY TABS 5 MG (aripiprazole) 43 abiraterone acetate38 ABRILADA (1 PEN) AJKT4 ABRILADA (2 PEN) AJKT4 ABRILADA (2 SYRINGE) PSKT4 ABRYSVO135 ACAM2000 SOLR IJ135 acarbose24 ACCOLATE (zafirlukast) 14 ACCU-CHEK AVIVA PLUS STRP .63 ACCU-CHEK GUIDE KIT73 ACCU-CHEK GUIDE ME KIT73 ACCU-CHEK GUIDE TEST STRP 63 ACCU-CHEK SMARTVIEW STRP 63 ACCU-CHEK SOFTCLIX LANCETS 73 ACCUPRIL (quinapril hcl)33 ACCURETIC 12.5 MG-10 MG (quinapril-hydrochlorothiazide)34 ACCURETIC 12.5 MG-20 MG (quinapril-hydrochlorothiazide)34 acebutolol hcl CAPS48 acetaminophen CHEW8 acetaminophen LIQD 160 MG/5ML .8 acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML8	MG/20.3ML8 acetaminophen SUPP 120 MG, 650 MG8 acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML .8 acetaminophen TABS 325 MG, 500 MG8 acetaminophen w/ codeine SOLN .10 acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG10 acetaminophen w/ codeine TABS . 10 acetazolamide CP1264 acetazolamide TABS 64 acetic acid (otic)127 acetylcysteine SOLN54 ACTEMRA ACTPEN SOAJ5 ACTEMRA SOLN 5 ACTEMRA SOSY 5 ACTHIB SOLR IM 134 ACTICAL CAPS85 ACTIVNUTRIENTS CAPS85 ACTIVNUTRIENTS CHEW119 ACTIVNUTRIENTS PERFORMANCE CAPS85 ACTIVNUTRIENTS W/O IRON CAPS85 ACTONEL TABS 150 MG (risedronate sodium)65 ACTONEL TABS 35 MG (risedronate sodium)65 ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 24
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ACTOS (pioglitazone hcl)	29	MG/0.1ML	4	adefovir dipivoxil	47
ACULAR (ketorolac tromethamine (ophth))	126	ADALIMUMAB-ADAZ SOSY	4	ADEMPAS	50
ACULAR LS (ketorolac tromethamine (ophth))	126	ADALIMUMAB-ADBM (2 PEN) AJKT 4		ADLARITY PTWK	128
ACUVAIL	126	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	4	ADMELOG SOLN IJ	27
acyclovir CAPS	47	ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	4	ADMELOG SOLOSTAR SOPN ...	27
acyclovir SUSP	47	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	4	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	132
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
ADAKVEO	69	adapalene GEL 0.3 %	54	AEROCHAMBER MV MISC	75
ADALIMUMAB-AACF (2 PEN) AJKT . 4		adapalene GEL	54	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	75
ADALIMUMAB-AACF (2 SYRINGE) PSKT	4	adapalene-benzoyl peroxide GEL .54		AEROCHAMBER PLUS FLO-VU INTERM DEVI	75
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	4	ADASUVE	41	AEROCHAMBER PLUS FLO-VU LARGE DEVI	75
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	4	ADBRY SOAJ	61	AEROCHAMBER PLUS FLO-VU LARGE MISC	75
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				
ADALIMUMAB-ADAZ SOSY 10					

SMALL MISC	76	albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	15	ALIVE MENS ULTRA TABS	85
AEROCHAMBER PLUS FLOW VU MISC	76	albuterol sulfate NEBU	15	ALIVE MULTI-VITAMIN CHILDRENS CHEW	119
AEROCHAMBER W/FLOWSIGNAL MISC	76	albuterol sulfate SYRP	15	ALIVE ONCE DAILY WOMENS TABS	85
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	76	albuterol sulfate TABS	15	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	58	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
AEROCHAMBER2GO ANTI-STATIC DEVI	76	alendronate sodium TABS 35 MG, 70 MG	65	ALLERWELL ALLERGY FORMULA TABS	121
AEROVENT PLUS DEVI	76	alfuzosin hcl	68	allopurinol 100 MG, 300 MG	68
AFLORA TABS	85	aliskiren fumarate	36	allopurinol 200 MG	68
AFLURIA PRESERVATIVE FREE SUSY	135	ALIVE CALCIUM BONE SUPPORT TABS	85	almotriptan malate	78
AFLURIA SUSP	135	ALIVE DAILY ENERGY TABS	85	alogliptin benzoate	26
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	27	ALIVE DIABETIC MULTIVITAMIN TABS	85	alogliptin-metformin hcl	24
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
AIMOVIG	78	ALIVE EVERYDAY IMMUNE HEALTH CAPS	85	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	66
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AJOVY SOAJ	78	ALIVE GUMMIES FOR CHILDREN CHEW	119	ALPHA BETIC TABS	85
AJOVY SOSY	78	ALIVE HAIR, SKIN & NAILS CAPS	85	ALPHAGAN P (brimonidine tartrate) 124	
AKLIEF	54	ALIVE KIDS PREMIUM CHEW ..	119	alprazolam TABS	13
AKYNZEO	30	ALIVE MAX 6 POTENCY CAPS ..	85	ALREX SUSP (loteprednol etabonate)	125
albuterol sulfate AERS	15	ALIVE MENS 50+ TABS	85	ALTACAINE 0.5 % (tetracaine hcl (ophth))	125
albuterol sulfate NEBU 0.083 % ...	15	ALIVE MENS 50+ ULTRA TABS ..	85		

ALTACE CAPS 1.25 MG, 5 MG (ramipril)	33	AMJEVITA-PED 15KG TO <30KG SOSY	4	amoxicillin & pot clavulanate TABS 125 MG-875 MG	128
ALTRIXA TABS	116	AMLADEX TABS	116	amoxicillin & pot clavulanate TB12 128	
alum & mag hydrox-simethicone LIQD	12	amlodipine besylate TABS	49	amoxicillin CAPS	127
alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	12	amlodipine besylate-atorvastatin calcium	49	amoxicillin CHEW 125 MG, 250 MG . 127	
ALUMINUM HYDROXIDE GEL SUSP	12	amlodipine besylate-benazepril hcl 34		amoxicillin SUSR 400 MG/5ML ...	127
ALVESCO	14	amlodipine besylate-olmesartan medoxomil	34	amoxicillin SUSR	127
amantadine hcl CAPS	39	amlodipine besylate-valsartan 10 MG-160 MG, 10 MG-320 MG, 5 MG- 320 MG	34	amoxicillin TABS	127
amantadine hcl SOLN	39	amlodipine besylate-valsartan 5 MG- 160 MG	34	amoxicillin-clarithromycin w/ lansoprazole THPK	134
amantadine hcl TABS	39	amlodipine-valsartan- hydrochlorothiazide	34	amphetamine sulfate TABS	1
AMBIEN CR TBCR (zolpidem tartrate)	70	AMORYN MOOD BOOSTER CAPS 10 MG-25 MG-20 MG-300 MCG-400 UNIT-15 MG-70 MCG-30 MCG-90 MG-18 MG	85	amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	1
AMBIEN TABS (zolpidem tartrate) 70		amoxapine	24	amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	1
ambrisentan	50	amoxicillin & pot clavulanate CHEW . 128		amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1
amcinonide CREA	58	amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML	128	amphetamine-dextroamphetamine TABS	1
amcinonide OINT	58	amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML	128	ampicillin CAPS 500 MG	127
AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	132	amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML	128	AMPYRA (dalfampridine)	129
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amiloride hcl TABS	64	amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG 128		anastrozole	38
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amitriptyline hcl TABS	24			ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG- 10000 UNIT	85
AMJEVITA SOAJ	4				
AMJEVITA SOSY	4				
AMJEVITA-PED 10KG TO <15KG SOSY	4				

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BETHKIS NEBU (tobramycin)	3	bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG	35	BRAFTOVI 75 MG	38
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EQ COMPLETE MULTIVITAMIN- ADULT TABS92	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 MCG92	EQL ONE DAILY MENS TABS93
EQ MULTIVITAMIN GUMMIES CHEW119	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 MCG92	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 93
EQ MULTIVITAMINS GUMMY CHILD CHEW119	EQL CENTURY MENS TABS 92	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 ... 82
EQ ONE DAILY MENS 50+ TABS .92	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 MG93	EQL VISION FORMULA TABS 200 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG93
EQ ONE DAILY MENS HEALTH TABS92	EQL CENTURY WOMENS TABS .92	EQUETRO 40
EQ ONE DAILY WOMENS 50+ TABS92	EQL GUMMIES CHILDRENS CHEW119	ergocalciferol CAPS 138
EQ ONE DAILY WOMENS HEALTH TABS92	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 MCG93	ergocalciferol SOLN PO 200 MCG/ML 138
EQ SPACE CHAMBER ANTI- STATIC DEVI76	EQL ONE DAILY MENS HEALTH TABS 400 UNIT-90 MG-3 MG-30 MCG-400 MCG-18 MCG-1.7 MG-20	ergotamine w/ caffeine TABS78
EQ SPACE CHAMBER ANTI- STATIC L DEVI76		ERTACZO56
EQ SPACE CHAMBER ANTI- STATIC M DEVI76		ERVEBO 135
EQ SPACE CHAMBER ANTI- STATIC S DEVI76		ERYPED 200 SUSR (erythromycin ethylsuccinate)72
EQ VISION FORMULA 50+ CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG- 9 MG-90 MG-160 MG-250 MG 92		ERYPED 400 SUSR (erythromycin ethylsuccinate)72
EQL CENTURY MATURE ADULTS 50+ TABS92		erythromycin (acne aid) GEL 55
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 MCG92		

erythromycin (acne aid) PADS	55	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 93	ethosuximide CAPS	21
erythromycin (acne aid) SOLN	55		ethosuximide SOLN	21
erythromycin (ophth)	124		ethynodiol diacet & eth estrad 35 MCG-1 MG	51
erythromycin base CPEP	72		ethynodiol diacet & eth estrad 50 MCG-1 MG	51
erythromycin base TABS	72	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	etodolac CAPS	6
erythromycin ethylsuccinate SUSR 72			etodolac TABS	6
erythromycin ethylsuccinate TABS 72			etodolac TB24	6
ERZOFRI 117 MG/0.75ML	40		etonogestrel-ethinyl estradiol	52
ERZOFRI 156 MG/ML	40	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	etravirine 100 MG	45
ERZOFRI 234 MG/1.5ML	40		etravirine 200 MG	45
ERZOFRI 351 MG/2.25ML	40		EUCERIN LOTN	61
ERZOFRI 39 MG/0.25ML	40		EUCERIN ORIGINAL HEALING LOTN	61
ERZOFRI 78 MG/0.5ML	40	estazolam	EUCERIN PLUS LOTN	61
ESCITALOPRAM OXALATE CAPS PO 15 MG	22	estradiol & norethindrone acetate TABS	EUCERIN PROFESSIONAL REPAIR LOTN	61
escitalopram oxalate SOLN	22	estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	EUCRISA	63
escitalopram oxalate TABS 10 MG 23			EVEKEO TABS (amphetamine sulfate)	1
escitalopram oxalate TABS 20 MG 22		estradiol PTTW 0.0375 MG/24HR .66	everolimus (immunosuppressant) .80	
escitalopram oxalate TABS 5 MG .22		estradiol PTWK	EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	132
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	19	estradiol TABS	EVISTA (raloxifene hcl)	65
esomeprazole magnesium CPDR 20 MG	133	estradiol vaginal CREA	EVOTAZ	45
esomeprazole magnesium CPDR 40 MG	133	estradiol vaginal TABS	EXELON 13.3 MG/24HR (rivastigmine)	129
esomeprazole magnesium PACK 133		ESTROFACTORS TABS	EXELON 4.6 MG/24HR, 9.5 MG/24HR (rivastigmine)	129
ESSENTIA TABS 100 MG-6 MG-30 MCG-400 MCG-2000 UNIT-25 MCG-3000 UNIT-10 MG-100 MCG-100		estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	exemestane	38
		ESTROVEN MENOPAUSE SUPPLEMENT TABS	exenatide SOPN 10 MCG/0.04ML .26	
		eszopiclone		
		ethambutol hcl TABS		

exenatide SOPN 5 MCG/0.02ML ..26	FARXIGA TABS PO (dapagliflozin) 29	ferrous fumarate TABS 70
EXFORGE (amlodipine besylate-valsartan)35	FASENRA PEN SOAJ13	ferrous gluconate TABS 324 MG ..70
EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)35	FASENRA SOSY 13	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML 70
EXTENCILLINE SUSR 128	febuxostat 68	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML 70
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG23	felbamate SUSP 20	ferrous sulfate TABS70
EXXUA TITRATION PACK TB24 PO 18.2 MG23	felbamate TABS20	ferrous sulfate TBEC70
EYE HEALTH + LUTEIN TABS93	FELBATOL TABS (felbamate)20	fesoterodine fumarate134
EYE HEALTH AREDS 2 CAPS93	felodipine49	FETZIMA CP2424
EYE HEALTH CAPS93	fenofibrate CAPS32	FETZIMA TITRATION C4PK24
EYE MULTIVITAMIN/SODIUM TABS93	fenofibrate micronized 134 MG, 200 MG 32	FEVERALL JUNIOR STRENGTH SUPP8
EYE VITAMINS CAPS 60 MG-6 MG-15 MG-2 MG-30 UNIT-22 MG93	fenofibrate micronized 43 MG, 130 MG 32	fexofenadine hcl TABS 180 MG ...31
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EYLEA SOSY124	fenofibrate TABS 160 MG 32	FIASP FLEXTOUCH SOPN27
EYSUVIS SUSP 125	fenofibrate TABS 40 MG, 120 MG .32	FIASP PENFILL SOCT 27
EZALLOR SPRINKLE CPSP32	fenofibrate TABS 48 MG, 145 MG .32	FIASP SOLN27
ezetimibe33	fenofibrate TABS 54 MG32	FIBRICOR (fenofibric acid)32
ezetimibe-simvastatin32	fenofibric acid32	fidaxomicin TABS 200 MG72
famciclovir47	fenoprofen calcium CAPS6	FIFTY50 SUPERIOR COMFORT SYR74
famotidine SUSR 133	FENOPRON CAPS6	FINACEA FOAM63
famotidine TABS 10 MG133	FENSOLVI (6 MONTH) SC65	finasteride 68
famotidine TABS 20 MG, 40 MG .133	fentanyl citrate LPOP 200 MCG, 1200 MCG8	FINAZOL TABS93
FANAPT40	fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG8	finbolimod hcl 130
FANAPT TITRATION PACK A40	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR8	FINTEPLA19
FANAPT TITRATION PACK B40	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR8	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-cafeine w/ codeine) . 10
FANAPT TITRATION PACK C40	FERRETTS TABS 70	FIRST-OMEPRAZOLE SUSP133

FIRVANQ SOLR PO (vancomycin hcl)	36	FLORRAVITE TABS	94	fluorouracil (topical) CREA 5 %	57
FITNESS TABS FOR MEN AM/PM TABS	94	FLORRAXYL TABS	94	fluorouracil (topical) SOLN	57
FITNESS TABS FOR WOMEN AM/PM TABS	94	FLUAD	135	fluoxetine hcl (pmdd) TABS 10 MG	131
FLAREX	125	FLUARIX SUSY	136	fluoxetine hcl (pmdd) TABS 20 MG	131
flavoxate hcl	134	FLUBLOK SOSY	136	fluoxetine hcl CAPS 10 MG, 20 MG	23
flecainide acetate	13	FLUCELVAX SUSP	136	fluoxetine hcl CAPS 40 MG	23
FLEQSUVY SUSP (baclofen)	122	FLUCELVAX SUSY	136	fluoxetine hcl CPDR	23
FLEXICHAMBER ADULT MASK/SMALL	77	fluconazole SUSR	31	fluoxetine hcl SOLN	23
FLEXICHAMBER CHILD MASK/LARGE	77	fluconazole TABS 100 MG, 200 MG .	31	FLUOXETINE HCL TABS (fluoxetine hcl)	23
FLEXICHAMBER CHILD MASK/SMALL	77	fluconazole TABS 150 MG	31	fluoxetine hcl TABS 10 MG	23
FLEXICHAMBER DEVI	77	fluconazole TABS 50 MG	31	fluoxetine hcl TABS 20 MG	23
FLINTSTONES + EXTRA IRON CHEW	119	flucytosine	30	fluoxetine hcl TABS 60 MG	23
FLINTSTONES COMPLETE CHEW .	119	fludrocortisone acetate TABS	53	fluphenazine decanoate	43
FLINTSTONES GUMMIES BONE BUILD CHEW	119	FLULAVAL SUSY	136	fluphenazine hcl TABS	43
FLINTSTONES GUMMIES CHEW	119	FLUMIST	136	flurandrenolide LOTN	60
FLINTSTONES GUMMIES COMPLETE CHEW	119	flunisolide (nasal)	123	flurazepam hcl	70
FLINTSTONES GUMMIES-IMMUNITY CHEW	119	fluocinolone acetonide (otic)	127	flurbiprofen sodium	126
FLINTSTONES SOUR GUMMIES CHEW	120	fluocinolone acetonide CREA	59	flurbiprofen TABS 100 MG	6
FLINTSTONES TODDLER CHEW	120	fluocinolone acetonide OIL	60	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	15
FLINTSTONES-IMMUNITY SUPPORT CHEW	120	fluocinolone acetonide OINT	60	fluticasone furoate-vilanterol	16
		fluocinolone acetonide SOLN	60	fluticasone propionate (inhalation) AEPB	15
		fluocinonide CREA 0.05 %	60	fluticasone propionate (nasal) SUSP .	123
		fluocinonide CREA 0.1 %	60	fluticasone propionate CREA 0.05 %	60
		fluocinonide emulsified base	60	fluticasone propionate hfa	110
		fluocinonide GEL	60		
		fluocinonide OINT	60		
		fluocinonide SOLN	60		
		fluorometholone (ophth) SUSP ...	125		
		fluorouracil (topical) CREA 0.5 % ..	57		

MCG/ACT, 220 MCG/ACT	15	FOLAMED DHA CAPS	94	FREESTYLE LIBRE 2 PLUS SENSOR	73
fluticasone propionate hfa 44 MCG/ACT	15	FOLAPRIME TABS	94	FREESTYLE LIBRE 2 READER ..	73
fluticasone propionate LOTN	60	FOLASYNC DHA CAPS	94	FREESTYLE LIBRE 2 SENSOR ..	73
fluticasone propionate OINT	60	FOLAWISE TABS	117	FREESTYLE LIBRE 3 PLUS SENSOR	73
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	16	FOLCYTEINE TABS	117	FREESTYLE LIBRE 3 READER ..	73
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	16	folic acid TABS 1 MG	69	FREESTYLE LIBRE 3 SENSOR ..	73
fluticasone-salmeterol AERO	16	folic acid TABS 400 MCG, 800 MCG . 69		FROVA (frovatriptan succinate) ...	78
fluvastatin sodium CAPS	33	FOLIFLEX TABS	94	frovatriptan succinate	78
fluvastatin sodium TB24	33	FOLITIN-Z TABS	94	FT CENTURY 50+ TABS	94
fluvoxamine maleate CP24	23	fondaparinux sodium	17	FT CENTURY ADULTS TABS	94
fluvoxamine maleate TABS 100 MG . 23		FORFIVO XL TB24 (bupropion hcl) 22		FT CENTURY MEN 50+ TABS	94
fluvoxamine maleate TABS 25 MG, 50 MG	23	formoterol fumarate NEBU	16	FT CENTURY MEN TABS	94
FLUZONE HIGH-DOSE SUSY ...	136	FORTEO SOPN (teriparatide)	65	FT CENTURY WOMEN 50+ TABS 94	
FLUZONE SUSP	136	FORZINITY SOLN SC 280 MG/3.5ML	66	FT CENTURY WOMEN TABS	94
FLUZONE SUSY	136	FOSAMAX PLUS D	65	FT CHILDRENS MULTI CHEW ..	120
FML FORTE SUSP	125	FOSAMAX TABS 70 MG (alendronate sodium)	65	FT EYE HEALTH CAPS	94
FML LIQUIFILM SUSP (fluorometholone (ophth))	125	fosamprenavir calcium TABS	45	FT EYE HEALTH TABS	94
FOCALIN TABS (dexmethylphenidate hcl)	2	fosinopril sodium & hydrochlorothiazide	35	FT HAIR SKIN & NAILS EXTRA STR TABS	94
FOCALIN XR CP24 (dexmethylphenidate hcl)	2	fosinopril sodium	33	FT ONE DAILY MENS 50+ TABS .	94
FOLACHEW CHEW	117	FOSRENOL CHEW (lanthanum carbonate)	68	FT ONE DAILY MENS TABS	94
FOLAGENT DHA CAPS	94	FOSRENOL PACK	68	FT ONE DAILY WOMENS 50+ TABS	94
FOLAMAX TABS	94	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	17	FT ONE DAILY WOMENS TABS ..	94
		FRAGMIN SOSY	17	furosemide SOLN PO 8 MG/ML, 10 MG/ML	64
		FREEDAVITE TABS	94	furosemide TABS	64
		FREESTYLE LIBRE 14 DAY SENSOR	73	FUZEON SOLR	45
				FYCOMPA SUSP 0.5 MG/ML	

(perampanel)	18	GEMTESA	134	glipizide-metformin hcl	25
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (perampanel)	18	GENOTROPIN CART SC	65	GLOPERBA SOLN PO	68
gabapentin (once-daily) TABS ...	131	GENOTROPIN MINIQUICK PRSY	65	GLP-DLAX TABS	121
gabapentin CAPS 200 MG	19	gentamicin sulfate (ophth) SOLN	.124	GLUCAGON EMERGENCY	26
gabapentin CAPS 300 MG, 400 MG .	19	gentamicin sulfate (topical) CREA	.56	glucagon SOLR IJ 1 MG	26
gabapentin CAPS	19	gentamicin sulfate (topical) OINT	.56	GLUCOPRO INSULIN SYRINGE	.74
gabapentin SOLN	19	GENVOYA	45	glutamine (sickle cell)	69
gabapentin TABS 600 MG	19	GEODON (ziprasidone hcl)	40	glyburide micronized 1.5 MG, 3 MG, 6 MG	29
gabapentin TABS 800 MG	19	GEODON 80 MG (ziprasidone hcl) 40		glyburide TABS	29
GABARONE TABS 100 MG, 400 MG	19	GERI-FREEDA SENIOR FORMULA TABS	94	glyburide-metformin	25
GALAFOLD	66	GERIVITE COMPLETE TABS 60 MG-2 MG-45 MCG-400 MCG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG- 400 UNIT-30 UNIT-18 MG-100 MG- 2.5 MG-15 MCG-5 MCG-37.5 MG-80 MCG-15 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-15 MCG-10 MCG-6000 UNIT-25 MCG- 34 MG	94	glycerin (laxative) SUPP 2 GM	71
galantamine hydrobromide CP24	129	GILENYA (fingolimod hcl)	130	glycopyrrolate TABS 1 MG, 2 MG 132	
galantamine hydrobromide SOLN	129	GILENYA 0.25 MG	130	GLYXAMBI	25
galantamine hydrobromide TABS	129	GIMOTI SOLN NA	67	GNP CENTURY ADULT FORMULA TABS 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG	94
GAMMAGARD	127	GIVLAARI	69	GNP CENTURY ADULT TABS	94
GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML	127	glatiramer acetate SOSY 20 MG/ML .	130	GNP CENTURY ADULTS MEN TABS	94
GAMMAGARD S/D LESS IGA SOLR	127	glatiramer acetate SOSY 40 MG/ML .	130	GNP CENTURY ADULTS WOMEN TABS	94
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	127	glimepiride 1 MG, 2 MG	29	GNP CENTURY MATURE ADULTS 50+ TABS	94
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	127	glimepiride 3 MG	29	GNP CENTURY MATURE MEN'S 50+ TABS	94
GARDASIL 9 SUSP 0.5 ML	136	glimepiride 4 MG	29	GNP CENTURY MATURE WOMEN'S 50+ TABS 100 MG-5 MG- 30 MCG-400 MCG-25 MCG-50	
GARDASIL 9 SUSY 0.5 ML	136	glipizide TABS	29		
gatifloxacin (ophth)	124	glipizide TB24	29		
gemfibrozil TABS	32				

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 95	MG-175 MCG-2.5 MCG-33.5 MG-25 MG-50 MG-2.5 MG-25 MCG-1 MG- 12.5 MG-105 MG-75 MCG-50 MCG- 25 MG-1500 MCG-37.5 MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 MG- 35 MG-35 MG-15 MG-25 MG-25 MG, 150 MG-25 MG-15 MG-125 MCG-50 UNIT-200 MCG-2.5 MG-5 MG-100 UNIT-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-100 MG-2.5 MG-5000 UNIT-75 MCG-25 MG-12.5 MG-25 MCG-5 MCG-15 MG-15 MG-35 MG- 35 MG-50 MCG-35 MG-25 MG-25 MG 95	MG-2 MG-100 MG-45 UNIT-2 MG- 120 MCG-105 MCG 96
GNP ESSENTIAL ONE DAILY TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-75 MG-1.5 MG-30 UNIT 117		GNP ONE DAILY WOMENS 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 . 96
GNP HAIR/SKIN/NAILS TABS 50 MG-3.5 MG-6.5 MG-25 MCG-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-5 MG-25 MG-10 MG-10 MG-15 MG-3.3 MG-10 MG-5 MG-20 MG-0.5 MG-150 MCG-25 UNIT-54 MG-73 MG-897 MCG-10 MG-50 MG-0.6 MG-10 MG 95	GNP 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 95	GNP ONE DAILY WOMENS HEALTH TABS 60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG- 1.7 MG-25 MCG-10 MG-2500 UNIT- 5 MG-18 MG-450 MG-1.5 MG-50 MG-15 MG-30 UNIT-2 MG-120 MCG-2 MG-20 MCG 82
GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT 95	GNP MULTI CHILDRENS CHEW 120	GNP ONE DAILY WOMENS TABS 60 MG-120 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG- 22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG-50 MG 96
GNP HEALTHY EYES TABS 200 MG-2 MG-27 MG-2 MG-40 MG-185 MG-55 MCG-300 MCG, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG 95	GNP ONE DAILY MAXIMUM TABS 95	GNP THERAPEUTIC-M TABS 96
GNP INSULIN SYRINGE 74		GNP ULTRA COM INSULIN SYRINGE 75
GNP INSULIN SYRINGES 74		GOCOVRI CP24 68.5 MG 39
GNP INSULIN SYRINGES 28GX1/2" 74	GNP ONE DAILY MENS HEALTH 50+ TABS 120 MG-6 MG-30 MCG- 400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-105 MCG-120 MG 96	GOCOVRI CP24 39
GNP INSULIN SYRINGES 29GX1/2" 74		GOLD BOND ULTIMATE SOFTENING LOTN 61
GNP INSULIN SYRINGES 30GX5/16" 74	GNP ONE DAILY MENS/LYCOPENE TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ... 71
GNP INSULIN SYRINGES 31GX5/16" 74		GORDONS UREA CREA 40 % ... 61
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		GRALISE TABS (gabapentin (once- daily)) 131
		granisetron hcl TABS 30
		GRANISOL SOLN PO 30
		GRASTEK SUBL 3

griseofulvin microsize SUSP	30	130 MG-3.75 MG-1 MG-25 MG-7.5	HEALTHWISE INSULIN
griseofulvin microsize TABS	30	UNIT-64 MG-15 MG-5 MG-50 MG-	SYR/NEEDLE
griseofulvin ultramicrosize	30	1.5 MG-25 MG	75
GRISEOFULVIN ULTRAMICROSIZE		HAIR SKIN NAILS CAPS 30 MG-	HEALTHY EYES SUPERVISION 2
165 MG	31	1.667 MG-1666.667 MCG-10 UNIT-	CAPS
GROWING BONES & MUSCLES		133.333 MCG-666.667 UNIT-2.667	96
KIDS CHEW	120	MCG-1666.667 UNIT-1.667 MG-	HEALTHY EYES TABS 200 MG-2
guaifenesin TB12 1200 MG	54	8.333 MG-5 MG-3.333 MG-1.667	MG-40 MG-2 MG-1000 UNIT-60
guaifenesin TB12 600 MG	54	MG-2.5 MG-10 MG-0.333 MG-10	UNIT-55 MCG
guaifenesin-codeine SOLN	53	MG-1 MG-20 MG-8.333 MG-4.167	96
guanfacine hcl (adhd)	2	MCG	HEALTHY EYES/LUTEIN-
guanfacine hcl	34	HAIR/SKIN/NAILS CAPS	ZEAXANTHIN CAPS 60 MG-13.5
GUMMI BEAR MULTIVITAMIN/MIN		96	MG-6 MG-15 MG
CHEW	120	HAIR/SKIN/NAILS TABS	96
GVOKE HYPOPEN 1-PACK SOAJ		96	HEALTHY HAIR/SKIN/NAILS TABS
26		60	2 MG-2000 MCG-400 MCG-25 MG-
GVOKE HYPOPEN 2-PACK SOAJ		60	100 MG-25 MCG-1.7 MG-10 MG-40
26		60	MG-1.5 MG-50 MG-2500 UNIT-50
GVOKE KIT SOLN	26	60	MG-50 MG
GVOKE PFS SOSY 1 MG/0.2ML ..	26	60	117
GYNAZOLE-1	137	60	HEART TABS TABS
HADLIMA PUSHTOUCH SOAJ	4	60	121
HADLIMA SOSY	4	41	HEMADY TABS
HAEGARDA SOLR SC	69	41	52
HAIR NOURISHING SUPPLEMENT		41	HEMANGEOL SOLN PO
TABS	121	41	48
HAIR SKIN & NAILS ADVANCED		41	heparin sodium (porcine) SOLN IJ
TABS	96	41	1000 UNIT/ML, 5000 UNIT/0.5ML,
HAIR SKIN & NAILS TABS	96	41	5000 UNIT/ML, 10000 UNIT/ML,
HAIR SKIN AND NAILS FORMULA		41	20000 UNIT/ML
TABS 30 MG-2.5 MG-2500 MCG-100		41	17
MCG-5 MG-2.5 MG-500 UNIT-4		41	HEPARIN SODIUM (PORCINE)
MCG-2500 UNIT-2.5 MG-5 MG-15		41	SOSY IJ
MG-12.5 MG-7.5 MG-5 MG-4 MG-		41	17
		41	HEPLISAV-B SOSY
		41	136
		41	HETLIOZ CAPS (tasimelteon)
		41	71
		41	HETLIOZ LQ SUSP
		41	71
		41	HIBERIX SOLR IJ
		41	134
		41	HIGH POTENCY MULTIVIT/FA
		41	TABS
		41	96
		41	HIGH POTENCY MULTIVITAMIN
		41	TABS
		41	117
		41	HI-KOVITE 2-PART FORMULA
		41	TABS 400 UNIT-200 MG-10 MG-30
		41	MCG-400 MCG-10 MG-10 MCG-
		41	5000 UNIT-10 MG-10 MG-100 MG-
		41	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/0.8ML 5	300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG 11
HM COMPLETE MEN TABS 97	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML 5	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 10
HM ULTICARE INSULIN SYRINGE . 75	HUMIRA-PSORIASIS/UEIT STARTER AJKT 5	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 11
HOMATROPAIRE 5 % 124	HUMULIN 70/30 KWIKPEN SUPN 27	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 11
HORIZANT 131	HUMULIN 70/30 SUSP 27	hydrocodone-acetaminophen TABS 325 MG-2.5 MG 10
HULIO (2 PEN) AJKT 4	HUMULIN N KWIKPEN SUPN 27	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG 11
HULIO (2 SYRINGE) PSKT 4	HUMULIN N SUSP 27	hydrocortisone (intrarectal) 12
HUMALOG JUNIOR KWIKPEN SOPN 27	HUMULIN R SOLN IJ 27	hydrocortisone (rectal) EX 1 % 12
HUMALOG KWIKPEN SOPN 100 UNIT/ML 27	HUMULIN R U-500 (CONCENTRATED) SOLN SC 27	hydrocortisone (rectal) EX 2.5 % .. 12
HUMALOG KWIKPEN SOPN 200 UNIT/ML 27	HUMULIN R U-500 KWIKPEN SOPN SC 27	hydrocortisone (topical) CREA 0.5 % 60
HUMALOG MIX 50/50 KWIKPEN SUPN 27	hydralazine hcl TABS 36	hydrocortisone (topical) CREA 1 % 60
HUMALOG MIX 75/25 KWIKPEN SUPN 27	HYDRAVEX GEL 2 % 60	hydrocortisone (topical) CREA 2.5 % 60
HUMALOG MIX 75/25 SUSP 27	HYDRAZONE LOTION LOTN 61	hydrocortisone (topical) LOTN 2.5 % . 60
HUMALOG SOCT 27	hydrochlorothiazide CAPS 64	hydrocortisone (topical) OINT 1 % .60
HUMALOG SOLN IJ 27	hydrochlorothiazide TABS 25 MG, 50 MG 64	hydrocortisone (topical) OINT 2.5 % . 60
HUMALOG TEMPO PEN SOPN .. 27	hydrocodone bitartrate CP12 9	hydrocortisone (topical) SOLN 2.5 % 60
HUMATROPE CART IJ 65	hydrocodone bitartrate T24A 9	hydrocortisone butyrate CREA 60
HUMIRA (2 PEN) AJKT 40 MG/0.4ML 4	hydrocodone bitartrate-homatropine methylbromide SOLN 53	hydrocortisone butyrate LOTN 60
HUMIRA (2 PEN) 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 10	hydrocortisone butyrate OINT 60
HUMIRA (2 PEN) AJKT 80 MG/0.8ML 5	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML 10	hydrocortisone butyrate SOLN 60
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML 5	hydrocodone-acetaminophen SOLN . 10	HYDROCORTISONE GEL 2 % ... 60
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML 5	hydrocodone-acetaminophen TABS	hydrocortisone TABS 52

hydrocortisone valerate CREA 60	HYRIMOZ SOAJ 5	MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7
hydrocortisone valerate OINT 60	HYRIMOZ SOSY 5	MG-1 MG-34 MCG-280 MG 97
hydrocortisone w/acetic acid 127	HYRIMOZ-CROHNS/UC STARTER SOAJ 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
hydromorphone hcl LIQD 9	HYRIMOZ-PED<40KG CROHN STARTER SOSY 5	
HYDROMORPHONE HCL SUPP ... 9	HYRIMOZ-PED>=40KG CROHN START SOSY 5	
hydromorphone hcl TABS 2 MG 9		
hydromorphone hcl TABS 4 MG 9		
hydromorphone hcl TABS 8 MG 9	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ 5	icatibant acetate SOSY 69
hydromorphone hcl TB24 9		ICLUSIG 38
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HYDROXYUREA 51	IBRANCE CAPS 100 MG, 125 MG 38	IGALMI FILM 70
hydroxyzine hcl SYRP 13	IBRANCE TABS 38	ILEVRO 126
hydroxyzine hcl TABS 13	IBSRELA 68	imipramine hcl TABS 24
hydroxyzine pamoate CAPS 13	ibuprofen CHEW 6	imiquimod 3.75 % 62
HYFTOR 62	ibuprofen SUSP 100 MG/5ML, 200 MG/10ML 6	imiquimod 5 % 62
HYLAZINC TABS 97	ibuprofen SUSP 50 MG/1.25ML 6	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML 78
hyoscyamine sulfate ELIX 132	ibuprofen TABS 200 MG 6	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML 78
hyoscyamine sulfate SOLN PO 0.125 MG/ML 132	ibuprofen TABS 300 MG 6	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML 78
hyoscyamine sulfate SUBL 0.125 MG 132	ibuprofen TABS 400 MG, 600 MG, 800 MG 6	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate) 78
hyoscyamine sulfate TABS 0.125 MG 133	ibuprofen-famotidine 6	IMITREX TABS (sumatriptan succinate) 78
hyoscyamine sulfate TB12 0.375 MG 133	ICAPS AREDS FORMULA TABS . 97	IMMUNE 24 HOUR+ CAPS 97
hyoscyamine sulfate TBDP 0.125 MG 133	ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG 97	IMMUNE ESSENTIALS DAILY CAPS 97
HYPERRHO SOSY IM 1500 UNIT 127	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	IMOVAX RABIES SUSR 136

IMULDOSA SOSY SC 45 MG/0.5ML 57	27	INVEGA SUSTENNA 156 MG/ML .40
IMULDOSA SOSY SC 90 MG/ML .57	INSULIN ASPART SOLN IJ 27	INVEGA SUSTENNA 234 MG/1.5ML 41
IMURAN TABS (azathioprine)80	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML 27	INVEGA SUSTENNA 39 MG/0.25ML 40
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 UNIT121	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML 27	INVEGA SUSTENNA 78 MG/0.5ML 40
INBRIJA CAPS39	INSULIN DEGLUDEC SOLN 27	INVEGA TRINZA 273 MG/0.88ML 41
INCRELEX 65	INSULIN GLARGINE MAX SOLOSTAR SOPN 27	INVEGA TRINZA 410 MG/1.32ML 41
INCRUSE ELLIPTA 62.5 MCG/ACT (umeclidinium bromide)14	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML 27	INVEGA TRINZA 546 MG/1.75ML 41
indapamide TABS 1.25 MG, 2.5 MG . 64	INSULIN GLARGINE-YFGN SOLN 27	INVEGA TRINZA 819 MG/2.63ML 41
INDERAL LA CP24 (propranolol hcl) . 48	INSULIN GLARGINE-YFGN SOPN 27	INVELTYS SUSP125
INDERAL XL 48	INSULIN LISPRO (1 UNIT DIAL) SOPN 28	INVOKAMET TABS25
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INFLECTRA SOLR 67	INSULIN SYRINGE-NEEDLE U-100 75	ipratropium bromide (nasal) 0.03 % 123
INGREZZA CAPS 129	INTELENCE (etravirine)45	ipratropium bromide (nasal) 0.06 % 123
INGREZZA CPPK 129	INTELENCE45	ipratropium bromide hfa 17 MCG/ACT 14
INGREZZA CPSP 129	INTELENCE 200 MG (etravirine) ..45	ipratropium bromide SOLN 0.02 % 14
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INREBIC38	INVEGA HAFYERA40	irbesartan-hydrochlorothiazide35
INSPIREASE MISC77	INVEGA SUSTENNA 117 MG/0.75ML40	IRON CHEWS PEDIATRIC CHEW 70
INSPIREASE RESERVOIR BAGS 77		IRON TABS 28 MG 70
INSULIN ASPART FLEXPEN SOPN .		ISENTRESS CHEW 100 MG45
		ISENTRESS CHEW 25 MG 45

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

KHINDIVI SOLN PO 1 MG/ML52	MG-2 MG97	MG-4 MG-180 MCG-20 MCG-120 MG 98
KINERET SOSY5	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 . 98	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 MCG98
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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 MG97	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 98	K-PAX IMMUNE PROFESSIONAL ST TABS98
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		labetalol hcl TABS 300 MG48
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		lacosamide TABS19
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		LAMICTAL ODT KIT (lamotrigine) .19
		LAMICTAL ODT TBDP (lamotrigine) . 19

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

lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	33	loratadine TABS	31	MG/ML (enoxaparin sodium)	18
LITETOUCH INSULIN SYRINGE	75	loratadine TBDP 10 MG	31	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	17
LITFULO	62	lorazepam TABS 0.5 MG, 2 MG ...	13	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	18
lithium	39	lorazepam TABS 1 MG	13	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	17
lithium carbonate CAPS	39	losartan potassium & hydrochlorothiazide	35	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	18
lithium carbonate TABS	39	losartan potassium	34	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)	18
lithium carbonate TBCR	39	LOTEMAX GEL (loteprednol etabonate)	125	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	17
LIVALO (pitavastatin calcium)	33	LOTEMAX OINT	125	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	18
LIVER DETOX TABS	98	LOTEMAX SM GEL	125	loxapine succinate	42
LOHIST-D LIQD	53	LOTENSIN 10 MG, 20 MG (benazepril hcl)	33	lubiprostone	67
LOKELMA	81	LOTENSIN 40 MG (benazepril hcl) 33		LUBRIDERM LOTN	62
loperamide hcl CAPS	29	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 35		LUMAVEX CAPS	81
loperamide hcl TABS	29	loteprednol etabonate GEL	125	LUMIGAN SOLN 0.01 % (bimatoprost)	126
LOPID TABS (gemfibrozil)	32	loteprednol etabonate SUSP	125	LUMIVANCE CAPS	98
lopinavir-ritonavir SOLN	45	loteprednol etabonate-tobramycin 125		LUNAVIRA CAPS	81
lopinavir-ritonavir TABS 25 MG-100 MG	45	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) .	35	lurasidone hcl	40
lopinavir-ritonavir TABS 50 MG-200 MG	45	LOTRONEX (alosetron hcl)	68	LURBIRO TABS 100 MG (flurbiprofen)	6
LOPRESSOR SOLN PO 10 MG/ML .	48	lovastatin TABS 10 MG, 20 MG ...	33	LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	98
LOPRESSOR TABS 100 MG (metoprolol tartrate)	48	lovastatin TABS 40 MG	33	LYBALVI	129
LOPRESSOR TABS 12.5 MG (metoprolol tartrate)	48	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	17	LYFGENIA	69
LOPRESSOR TABS 50 MG (metoprolol tartrate)	48	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	17	LYRICA CAPS (pregabalin)	19
loratadine & pseudoephedrine TB12 .	53	LOVENOX SOSY 100 MG/ML, 150		LYRICA CR (pregabalin (once-daily))	131
loratadine & pseudoephedrine TB24 .	53				
loratadine CHEW	31				

LYRICA SOLN (pregabalin)	19	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	53
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	6
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)	52
MG/30ML	71	SYRINGE	75	MEDROL TABS	52
magnesium oxide (mg supplement)		MAXIDEX SUSP OP	125	MEDROL TBPK	
CAPS	79	MAXIMUM DAILY GREEN TABS		(methylprednisolone)	52
magnesium oxide (mg supplement)				medroxyprogesterone acetate	
TABS	79			(contraceptive) SUSP IM	52
magnesium oxide TABS 400 MG ..	12			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	6	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	25
MEKTOVI	38	meperidine hcl SOLN PO 50 MG/5ML	9	metformin hcl TABS 1000 MG	25
meloxicam CAPS	6	meperidine hcl TABS 50 MG	9	metformin hcl TABS 500 MG	25
meloxicam TABS	6	meprobamate	13	metformin hcl TABS 625 MG, 750 MG	25
memantine hcl CP24	129	mercaptopurine SUSP 2000 MG/100ML	38	metformin hcl TABS 850 MG	25
memantine hcl SOLN	129	mercaptopurine TABS	38	metformin hcl TB24 500 MG, 1000 MG	25
memantine hcl TABS	129	MERILOG SOLN SC 100 UNIT/ML 28		metformin hcl TB24 500 MG	25
memantine hcl-donepezil hcl CP24 129		MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	28	metformin hcl TB24 750 MG	25
		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	methyltestosterone TABS12	(telmisartan)34
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MG, 30 MG, 40 MG, 60 MG2	metoprolol tartrate TABS 100 MG .48	MICROCHAMBER DEVI77
methylphenidate hcl CP242	metoprolol tartrate TABS 12.5 MG,	MICROCHAMBER MISC77
methylphenidate hcl CPR2	37.5 MG, 75 MG48	MICROSPACER MISC77
methylphenidate hcl SOLN2	metoprolol tartrate TABS 25 MG, 50	midazolam hcl SOLN IJ70
methylphenidate hcl TABS 10 MG,	MG48	MIDAZOLAM HCL SOLN IJ 70
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methylphenidate hcl TABS 5 MG ...2	(metronidazole (topical))63	MIEBO 126
methylphenidate hcl TB24 18 MG, 27	METROGEL GEL 1 %	miglitol24
MG, 54 MG2	(metronidazole (topical))63	MIL ADREGEN TABS121
methylphenidate hcl TB24 36 MG ..2	metronidazole (topical) CREA63	milnacipran hcl MISC129
methylphenidate hcl TBCR 10 MG,	metronidazole (topical) GEL 0.75 %	milnacipran hcl TABS 12.5 MG, 25
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methylphenidate hcl TBCR 18 MG,	metronidazole (topical) GEL 1 % ..63	MINCORA TABS 117
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mirabegron SRER 8 MG/ML 134	montelukast sodium TABS14	MG-2 MG-30 MG-400 MCG-1000
mirabegron TB24 134	MOOD FOOD CAPS 100	UNIT-6 MCG-1.7 MG-80 MCG-20
MIRAPEX ER TB24 2.25 MG, 3 MG, 3.75 MG (pramipexole dihydrochloride)39	MOOD FOOD ES CAPS 100	MG-2500 UNIT-10 MG-18 MG-162
MIRCERA 70	morphine sulfate beads9	MG-1.5 MG-15 MG-100 MG-75
mirtazapine TABS 15 MG21	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG9	MCG-150 MCG-50 UNIT-2 MG-4
mirtazapine TABS 30 MG21	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML9	MG-120 MCG-70 MCG100
mirtazapine TABS 7.5 MG, 45 MG 21	morphine sulfate SOLN PO 10 MG/5ML9	MULTI FOR HER 50+ CAPS 60 MG-
mirtazapine TBDP 15 MG 21	morphine sulfate SOLN PO 100 MG/5ML9	6 MG-30 MCG-400 MCG-1000 UNIT-
mirtazapine TBDP 30 MG 21	morphine sulfate SUPP9	25 MCG-1.7 MG-80 MCG-20 MG-10
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mometasone furoate CREA60	MULTI COMPLETE CAPS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6	MG-6 MG-30 MCG-400 MCG-1000
mometasone furoate OINT 60	MCG-1.7 MG-40 MCG-20 MG-10	UNIT-25 MCG-10 MG-1.7 MG-80
mometasone furoate SOLN60	MG-18 MG-1.5 MG-40 MG-15 MG-2	MCG-1.5 MG-15 MG-20 MG-100
MONOJECT INSULIN SYRINGE .75	MG-2500 UNIT-100 MG-45 MCG-	MG-120 MCG-2 MG-200 MG-150
MONOJECT ULTRA COMFORT SYRINGE75	150 MCG-50 UNIT-4 MG-120 MCG-	MCG-75 MCG-4 MG-60 UNIT-2500
montelukast sodium CHEW14	20 MCG100	UNIT-70 MCG 101
		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 MCG101

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 101	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 101	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 102
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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 101	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 117	MULTIVITAMIN ADULT TABS ... 117
MULTI VITAMIN TABS 117	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 117	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-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300
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			SUPPORT 2 CAPS
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			75 MCG-150 MCG-60 UNIT-31 MG-2

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REVELA TABS (sevelamer carbonate)	68	RHOFADE 1 % (oxymetazoline hcl (topical))	63	RITALIN TABS 10 MG, 20 MG (methylphenidate hcl)	3
repaglinide	29	RHOGAM ULTRA-FILTERED PLUS SOSY IM	127	RITALIN TABS 5 MG (methylphenidate hcl)	3
REPATHA PUSHTRONEX SYSTEM SOCT	33	RHOPRESSA	125	RITEFLO DEVI	77
REPATHA SOSY	33	ribavirin (hepatitis c) CAPS	47	ritonavir TABS	46
REPATHA SURECLICK SOAJ	33	ribavirin (hepatitis c) TABS 200 MG 47		rivaroxaban SUSR 1 MG/ML	17
RESTA LITE LOTN	62	riboflavin TABS	138	rivaroxaban TABS 2.5 MG	17
RESTASIS EMUL (cyclosporine (ophth))	125	rifabutin	37	rivastigmine 13.3 MG/24HR	129
RESTASIS MULTIDOSE EMUL ..	125	rifampin CAPS	37	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	129
RESTORIL 15 MG, 30 MG (temazepam)	70	rilpivirine hcl 25 MG	46	rivastigmine tartrate CAPS	129
RESTORIL 7.5 MG, 22.5 MG (temazepam)	70	riluzole TABS	123	rizatriptan benzoate TABS	78
RETACRIT	70	RINVOQ LQ SOLN	3	rizatriptan benzoate TBDP	79
RETROVIR CAPS (zidovudine) ...	46	RINVOQ TB24	3	ROCKLATAN	125
RETROVIR SYRP (zidovudine) ...	46	RIOMET SOLN (metformin hcl) ...	25	roflumilast	14
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		risedronate sodium TABS 35 MG	65	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	39
		risedronate sodium TABS 5 MG, 30 MG	65	ropinirole hydrochloride TB24	39
		risedronate sodium TBEC	65		

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SIMPONI SOAJ5		
SIMPONI SOSY5		

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SOMA TABS (carisoprodol)	122	SSS 10-5 CREA 10 %-5 %		STRIBILD	46
SOOLANTRA (ivermectin (rosacea))		(sulfacetamide sodium w/ sulfur) ..	55	STRIVERDI RESPIMAT	16
.....	63	SSS 10-5 FOAM 10 %-5 %	55	STROVITE ONE TABS	111
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SORILUX FOAM	57	STARJEMZA SOLN SC 45		SUBOXONE FILM SL 0.5 MG-2 MG,	
sotalol hcl (afib/af)	49	MG/0.5ML	57	1 MG-4 MG, 2 MG-8 MG	
sotalol hcl TABS	49	STARJEMZA SOSY SC 45		(buprenorphine hcl-naloxone hcl	
SOTYKTU	57	MG/0.5ML, 90 MG/ML	58	dihydrate)	12
SOTYLIZE SOLN PO	49	STEGLATRO	29	SUBOXONE FILM SL 3 MG-12 MG	
SOVALDI PACK	47	STEGLUJAN	25	(buprenorphine hcl-naloxone hcl	
SOVALDI TABS	47	STELARA SOSY	58	dihydrate)	11
SOVUNA 200 MG	37	STEQEYMA	58	SUBVENITE SUSP PO 10 MG/ML	
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MCG/0.25ML	137	COMPLEX/ANTIOXID/ZINC TABS		(nisoldipine)	49
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spinosad	63	100 MG-5 MG-20 MG-10 MG-13.5		sulfacetamide sodium (ophth) OINT	
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.....	64	MCG-10 MG-100 MG-20 MG-10 MG-		58	
spironolactone TABS	64	30 UNIT, 500 MG-5 MG-45 MCG-400		sulfacetamide sodium w/ sulfur	
		MCG-15 MG-12 MCG-20 MG-10		CREA 10 %-2 %, 10 %-5 %	55
SPONGEBOB SQUAREPANTS		MG-100 MG-30 UNIT	118	sulfacetamide sodium w/ sulfur	
GUMMIES CHEW	120	STRESS FORMULA/ZINC/ENERGY		EMUL 10 %-1 %	55
SPORANOX CAPS (itraconazole) .	31	TABS	118	sulfacetamide sodium w/ sulfur LIQD	
SPRITAM TB3D 250 MG, 500 MG,		STRESSTABS ADVANCED TABS			
		30 MG-5 MG-400 MCG-400 UNIT-50			
		MCG-2500 UNIT-1.5 MG-20 MG-1.5			

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sulfamethoxazole-trimethoprim SUSP	36		SYMBICORT (budesonide- formoterol fumarate dihydrate)	16
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sulfamethoxazole-trimethoprim TABS	36		SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate)	16
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TAB-A-VITE/BETA CAROTENE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	118	TAVNEOS	69	terconazole vaginal CREA	137
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tadalafil (pulmonary hypertension) TABS	50	TECHLITE INSULIN SYRINGE ...	75	testosterone cypionate SOLN IM 100 MG/ML	12
TADLIQ SUSP	50	TEGRETOL SUSP (carbamazepine) .	20	testosterone cypionate SOLN IM 200 MG/ML	12
tafluprost	126	TEGRETOL TABS (carbamazepine) .	20	testosterone enanthate SOLN IM ..	12
TALTZ SOAJ	58	TEGRETOL-XR TB12 (carbamazepine)	20	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM	12
TALTZ SOSY	58	TEGSEDI	131	testosterone GEL TD 1 %, 50 MG/5GM	12
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		tenofovir disoproxil fumarate TABS 46		tetracycline hcl CAPS	132
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		TENORETIC 50 (atenolol & chlorthalidone)	35	tetrahydrozoline hcl (ophth) 0.05 %	125
		TENORMIN TABS (atenolol)	48	TEZRULY PO 1 MG/ML	34
		terazosin hcl	34	TEZSPIRE SOAJ	14

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TRANSDERM SCOP 1 MG/3DAYS (scopolamine)	30	TREXION CAPS	113	trimethoprim TABS	36
TRANSDERM-SCOP (scopolamine) 30		TREXVIA CAPS	113	TRINTELLIX	24
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