

## Preferred Drug List

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

### Preferred 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 (ATC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATC provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact our Manager of 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: [ATC.MBR SVC@centene.com](mailto:ATC.MBR SVC@centene.com).

If you believe that ATC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are 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 or by phone at: 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.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.

धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह । 1-866-433-6041 (TTY: 711) पर कॉल कर ।  
한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

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

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

နမူကတိက ကညီ ကျိာ်အယိ, နမနာ် ကျိာ်အတာ်မာ်စာ်လၢ တလၢ်ဘူၣ်လၢ်စ့ၤ နိတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး  
866-433-6041 (TTY: 711)

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

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငွ်အတွက် 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.

## Preferred Drug List (PDL)

The Absolute Total Care PDL is the list of covered drugs. The PDL applies to drugs you can receive at retail pharmacies. The Absolute Total Care PDL is reviewed often by the Absolute Total Care Pharmacy and Therapeutics (P&T) Committee to make sure the use of medicines is appropriate.

The P&T Committee is made up of the Absolute Total Care Medical Director, Absolute Total Care Pharmacy Director, and many South Carolina physicians, pharmacists, and other healthcare professionals.

## Pharmacy Benefit Manager

Absolute Total Care works with Pharmacy Services to process pharmacy claims for prescribed drugs. Some drugs on the Absolute Total Care PDL may require PA. Pharmacy Services is responsible for the PA process. CVS 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; and
- Gives you information, materials, and ongoing support to help you take the drugs to manage your health condition.
- Hepatitis C agents.

Any member of Absolute Total Care requesting a hepatitis C agent should have their physician send a PA request to:

- Pharmacy Services:  
Phone: 1-866-399-0928  
Fax: 1-833-982-4001

### Dispensing Limits

Drugs may be filled up to a maximum of 31 days' supply for each new prescription or refill. A total of 80% of the days' supply or 25 days must have passed before the prescription can be refilled for non-controlled-substance PDL drugs. A total of 90% of the days' supply must have passed before the prescription can be refilled for controlled substances and narcotic PDL drugs.

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

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

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

PA requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Absolute Total Care P&T Committee. If the request is approved, Pharmacy Services notifies the provider by fax. If the information provided does not meet the criteria for the requested medicine, Absolute Total Care will let the member and their provider know. They will also provide alternative options and send information about the appeal process.

### Step Therapy

Sometimes Absolute Total Care requires you to do step therapy. This means you will have to try medicines in the PDL in a certain order before we cover another medicine.

If Absolute Total Care has record that the first medicine was tried and did not work, the next medicine is automatically covered. If Absolute Total Care does not have a record that the required medicine was tried, the provider may have to send more information about the request.

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.

### 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 PDL 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 PDL. 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 PDL treat most medical conditions.

For a MN request, Absolute Total Care requires:

- Documented failure of at least two PDL 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 PDL 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 PDL drugs for the indication.

These requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Absolute Total Care P&T Committee. If the request is approved, Pharmacy Services notifies the provider by fax. If the information provided does not meet the criteria for the requested medicine, Absolute Total Care will let the member and their provider know. We will also provide alternative options and send information about the appeal process.

## Emergency Supply Policy

State and federal law require that a pharmacy fill a 72-hour supply of PDL 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 CVS Pharmacy Help Desk **at 1-844-297-0512**.

## Exclusions

The following drug categories are not part of the Absolute Total Care PDL. They are 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 PDL); or
- Infusion supplies.

## Newly-Approved Products

Absolute Total Care reviews new drugs before adding them to the PDL. 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 PDL. 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.

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 them 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](http://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 onetime fill of their medicine. All necessary prescriptions are required to be filled on the same day for a maximum of 31 days' supply.

#### Copayments

Absolute Total Care only charges \$3.40 for each prescription. Providers are responsible for collecting the copayment. Providers must provide service whether a member can pay or not. If a member is not able to pay at the time of service, the member is still responsible for the copayment. The following are categories of Medicaid members that are exempt from copayment:

- From birth to the date of their 19th birthday;
- Living in long-term care facilities;
- Receiving hospice care;
- Family planning prescriptions;
- During pregnancy;
- Enrolled in South Carolina Department of Disabilities and Special Needs' Mental Retardation or Related Disabilities or Head and Spinal Cord Injuries waiver program; and
- Enrolled in DHHS VENT, HIV/AIDS, SC Choice, or elderly and disabled waiver program.

Absolute Total Care will waive copays for all members on designated PDL agents in the following categories:

- Asthma;
- Chronic Obstructive Pulmonary Disorder (COPD); and
- Diabetes.

Any member who gets a prescription for an asthma, COPD, or diabetes medication that is on the PDL will have a \$0.00 copay for those medications.

Absolute Total Care will waive copays for all members who obtain a prescription for any tobacco cessation products on the PDL.



## Drug Tiers

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

P:	Preferred drug product
NP:	Non-preferred drug product

## Abbreviations

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

AL:	Age Limit	Drug is limited to a 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.
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 a maximum five-day supply for short-acting opioids or prior authorization required. Exceptions exist for specific diagnoses and/or history of use.
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 forms.
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.

Contact Information  
Absolute Total care

Phone: 1-866-433-6041  
Fax: 1-855-865-9469  
Website: [absolutetotalcare.com](http://absolutetotalcare.com)

AcariaHealth Specialty Pharmacy

Phone: 1-855-535-1815  
Fax: 1-855-217-0926  
Website: [www.acariahealth.com](http://www.acariahealth.com)

Absolute Total Care Pharmacy  
Services

PA Phone: 1-866-399-0928  
PA Fax: 1-833-982-4001  
Help Desk: 1-800-460-8988

CVS Pharmacy Help Desk

Phone: 1-844-297-0512

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL TABS (amphetamine-dextroamphetamine)	NP	QL(2 ea daily); AL(At least 3 yrs old)
ADDERALL XR CP24 (amphetamine-dextroamphetamine)	NP	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine tabs	P	QL(2 ea daily); AL(At least 3 yrs old)
amphetamine-dextroamphetamine cp24	P	QL(1 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 5 MG (dextroamphetamine sulfate)	NP	QL(1 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	NP	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 5 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate tabs 5 mg, 10 mg	P	QL(2 ea daily); AL(At least 3 yrs old)
dextroamphetamine sulfate cp24 10 mg, 15 mg	P	QL(2 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS	P	QL(1 ea daily); ST
<b>Analeptics</b>		
caffeine citrate soln or	P	Limit 2 fills per Lifetime; 2 rtl MAX fill; 999 rtl day(s) supply; QL(45 ml per fill retail)
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl	P	AL(At least 6 yrs old); ST
clonidine hcl (adhd) tb12	P	
guanfacine hcl (adhd)	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV (guanfacine hcl (adhd))	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (clonidine hcl (adhd))	NP	
STRATTERA (atomoxetine hcl)	NP	AL(At least 6 yrs old); ST
<b>Histamine H3-Receptor Antagonist/Inverse Agonists</b>		
WAKIX	P	SP; PA
<b>Stimulants - Misc.</b>		
CONCERTA TBCR 18 MG, 27 MG, 54 MG (methylphenidate hcl)	NP	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (methylphenidate hcl)	NP	QL(2 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl tabs	P	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (dexmethylphenidate hcl)	NP	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcR 18 mg, 27 mg, 54 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tb24 18 mg, 27 mg, 54 mg	P	QL(1 ea daily)
methylphenidate hcl tb24 36 mg	P	QL(2 ea daily)
methylphenidate hcl cpcr	P	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcR 10 mg, 20 mg, 36 mg	P	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tabs 10 mg, 20 mg	P	QL(3 ea daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tabs 5 mg</i>	P	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)
RITALIN TABS 5 MG ( <i>methylphenidate hcl</i> )	NP	QL(6 ea daily); AL(At least 3 yrs old)
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
Allergenic Extracts		
GRASTEK SUBL	P	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old)
RAGWITEK SUBL	P	QL(1 ea daily); AL(At least 18 yrs old - Up to 65 yrs old)
<b>ALTERNATIVE MEDICINES</b>		
Alternative Medicine - G's		
<i>ginger (zingiber officinalis) caps 250 mg</i>	P	QL(4 ea daily)
Alternative Medicine - M's		
<i>melatonin tabs 3 mg, 5 mg</i>	P	QL(1 ea daily)
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
ARIKAYCE	P	SP; PA
<i>neomycin sulfate tabs</i>	P	
<i>tobramycin sulfate solr</i>	P	PA
<i>tobramycin sulfate soln ij</i>	P	PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	P	SP; PA
XELJANZ TABS	P	SP; PA
XELJANZ XR TB24	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Antirheumatic Antimetabolites		
METHOTREXATE	P	
OTREXUP SOAJ	P	SP; PA
RASUVO SOAJ	P	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PSKT	P	SP; PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	SP; PA
HUMIRA PEN PNKT	P	SP; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP; PA
HUMIRA PEN-PS/UV STARTER PNKT	P	SP; PA
SIMPONI SOAJ	P	SP; PA
SIMPONI SOSY	P	SP; PA
SIMPONI ARIA SOLN	P	SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOSY	P	SP; PA
ACTEMRA SOLN	P	SP; PA
ACTEMRA ACTPEN SOAJ	P	SP; PA
KEVZARA SOSY	P	SP; PA
KEVZARA SOAJ	P	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ALEVE TABS ( <i>naproxen sodium</i> )	NP	QL(2 ea daily)
ALEVE ARTHRITIS TABS ( <i>naproxen sodium</i> )	NP	QL(2 ea daily)
ANAPROX DS TABS ( <i>naproxen sodium</i> )	NP	
CELEBREX ( <i>celecoxib</i> )	NP	QL(2 ea daily); PA
<i>celecoxib</i>	P	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
CHILDRENS ADVIL SUSP ( <i>ibuprofen</i> )	NP	RX/OTC
CHILDRENS MOTRIN SUSP ( <i>ibuprofen</i> )	NP	RX/OTC
DAYPRO ( <i>oxaprozin</i> )	NP	
<i>diclofenac potassium tabs 50 mg</i>	P	
<i>diclofenac sodium tb24</i>	P	
<i>diclofenac sodium tbec</i>	P	
EC-NAPROSYN TBEC ( <i>naproxen</i> )	NP	QL(2 ea daily)
<i>etodolac tb24</i>	P	
<i>etodolac tabs</i>	P	
<i>etodolac caps</i>	P	
FELDENE CAPS ( <i>piroxicam</i> )	NP	
<i>flurbiprofen tabs</i>	P	
<i>ibuprofen chew</i>	P	
<i>ibuprofen tabs 200 mg, 400 mg, 600 mg, 800 mg</i>	P	
<i>ibuprofen susp</i>	P	RX/OTC
<i>indomethacin cpcr</i>	P	
<i>indomethacin caps 25 mg, 50 mg</i>	P	
INFANTS ADVIL SUSP ( <i>ibuprofen</i> )	NP	
<i>ketoprofen cp24</i>	P	
<i>ketoprofen caps 50 mg, 75 mg</i>	P	
<i>ketorolac tromethamine tabs</i>	P	QL(20 ea per 31 days retail); AL(At least 17 yrs old)
LODINE TABS ( <i>etodolac</i> )	NP	
<i>meloxicam tabs</i>	P	
MOBIC TABS ( <i>meloxicam</i> )	NP	
MOTRIN CHILDRENS CHEW ( <i>ibuprofen</i> )	NP	
MOTRIN INFANTS DROPS SUSP ( <i>ibuprofen</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone</i>	P	
NAPROSYN TABS 500 MG ( <i>naproxen</i> )	NP	
NAPROSYN SUSP ( <i>naproxen</i> )	NP	
<i>naproxen tabs</i>	P	
<i>naproxen susp</i>	P	
<i>naproxen tbec</i>	P	QL(2 ea daily)
<i>naproxen sodium tabs 220 mg</i>	P	QL(2 ea daily)
<i>naproxen sodium tabs 275 mg, 550 mg</i>	P	
<i>oxaprozin</i>	P	
<i>piroxicam caps</i>	P	
<i>sulindac tabs</i>	P	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TBPK	P	SP; PA
OTEZLA TABS	P	SP; PA
Pyrimidine Synthesis Inhibitors		
ARAVA ( <i>leflunomide</i> )	NP	QL(1 ea daily)
<i>leflunomide</i>	P	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOSY	P	SP; PA
ENBREL SOLR	P	SP; PA
ENBREL SOLN	P	SP; PA
ENBREL MINI SOCT	P	SP; PA
ENBREL SURECLICK SOAJ	P	SP; PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
Analgesic Combinations		
BUTALBITAL/ASPIRIN/CAFFEINE TABS 40 MG-50 MG-325 MG	P	QL(4 ea daily)
<i>butalbital-acetaminophen tabs 50 mg-325 mg</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg</i>	P	QL(4 ea daily)	TYLENOL EXTRA STRENGTH TABS ( <i>acetaminophen</i> )	NP	
<i>butalbital-acetaminophen-caffeine caps 40 mg-50 mg-325 mg</i>	P	QL(4 ea daily)	TYLENOL FOR CHILDREN/ADULTS SUSP ( <i>acetaminophen</i> )	NP	
<i>butalbital-aspirin-caffeine caps 40 mg-50 mg-325 mg</i>	P	QL(4 ea daily)	TYLENOL INFANTS PAIN+FEVER SUSP ( <i>acetaminophen</i> )	NP	
ESGIC TABS 325 MG-40 MG-50 MG ( <i>butalbital-acetaminophen-caffeine</i> )	NP	QL(4 ea daily)	<b>Salicylates</b>		
<b>Analgesics Other</b>			<i>aspirin tabs 325 mg</i>	P	
<i>acetaminophen elix</i>	P		<i>aspirin tbec 81 mg, 325 mg</i>	P	
<i>acetaminophen liqd 160 mg/5ml</i>	P		<i>aspirin chew</i>	P	
<i>acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	P	QL(240 ml per fill retail)	ASPIRIN SUPP 300 MG, 600 MG	P	QL(12 ea per 31 days retail)
<i>acetaminophen supp</i>	P	QL(12 ea per 31 days retail)	<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
<i>acetaminophen tabs 325 mg, 500 mg</i>	P		BUFFERIN 34 MG-63 MG-158 MG-325 MG ( <i>aspirin buffered (cal carb-mag carb-mag oxide)</i> )	NP	
<i>acetaminophen chew</i>	P		<i>diflunisal tabs</i>	P	
<i>acetaminophen susp 80 mg/2.5ml, 160 mg/5ml, 650 mg/20.3ml</i>	P		ECOTRIN TBEC ( <i>aspirin</i> )	NP	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 ea per 31 days retail)	ECOTRIN REGULAR STRENGTH TBEC ( <i>aspirin</i> )	NP	
INFANTS SILAPAP SOLN OR	P	QL(30 ml per fill retail)	<i>salsalate</i>	P	
TYLENOL TABS ( <i>acetaminophen</i> )	NP		ST JOSEPH ADULT CHEW	P	
TYLENOL CHILDRENS SUSP ( <i>acetaminophen</i> )	NP		ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE CHEW	P	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW ( <i>acetaminophen</i> )	NP		<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
TYLENOL CHILDRENS PAIN +FEVER SUSP ( <i>acetaminophen</i> )	NP		<b>Opioid Agonists</b>		
			<i>codeine sulfate tabs</i>	P	Opioid Smart PA; AL(At least 12 yrs old)
			CODEINE SULFATE TABS	P	Opioid Smart PA; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DILAUDID TABS 4 MG <i>(hydromorphone hcl)</i>	NP	Opioid Smart PA	<i>morphine sulfate tabs</i>	P	Opioid Smart PA; QL(6 ea daily)
DILAUDID TABS 2 MG <i>(hydromorphone hcl)</i>	NP	Opioid Smart PA; QL(8 ea daily)	MS CONTIN TBCR <i>(morphine sulfate)</i>	NP	Opioid Smart PA; QL(3 ea daily)
DILAUDID TABS 8 MG <i>(hydromorphone hcl)</i>	NP	Opioid Smart PA; QL(4 ea daily)	OXAYDO TABS	P	Opioid Smart PA; QL(6 ea daily)
DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR <i>(fentanyl)</i>	NP	Opioid Smart PA; QL(0.34 ea daily)	<i>oxycodone hcl soln</i>	P	Opioid Smart PA
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	P	Opioid Smart PA; QL(0.34 ea daily)	<i>oxycodone hcl caps</i>	P	Opioid Smart PA; QL(6 ea daily)
<i>hydromorphone hcl tabs 4 mg</i>	P	Opioid Smart PA	<i>oxycodone hcl tabs</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	Opioid Smart PA; QL(4 ml daily)
<i>hydromorphone hcl tabs 2 mg</i>	P	Opioid Smart PA; QL(8 ea daily)	ROXICODONE TABS <i>(oxycodone hcl)</i>	NP	Opioid Smart PA; QL(6 ea daily)
HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 ea daily)	<i>tramadol hcl tabs 50 mg</i>	P	Opioid Smart PA; QL(8 ea daily); AL(At least 18 yrs old)
<i>meperidine hcl soln or 50 mg/5ml</i>	P	Opioid Smart PA	ULTRAM TABS <i>(tramadol hcl)</i>	NP	Opioid Smart PA; QL(8 ea daily); AL(At least 18 yrs old)
<i>meperidine hcl tabs 50 mg</i>	P	Opioid Smart PA; QL(6 ea daily)	<b>Opioid Combinations</b>		
<i>methadone hcl tabs 5 mg</i>	P	QL(4 ea daily); PA	<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	P	Opioid Smart PA; QL(30 ml daily); AL(At least 12 yrs old)
<i>methadone hcl tabs 10 mg</i>	P	QL(10 ea daily); PA	<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>morphine sulfate soln or 10 mg/5ml, 20 mg/5ml</i>	P	Opioid Smart PA; QL(16.67 ml daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 mg-40 mg-50 mg-325 mg</i>	P	Opioid Smart PA; QL(4 ea daily); AL(At least 12 yrs old)
<i>morphine sulfate supp</i>	P	Opioid Smart PA; QL(0.78 ea daily)			
<i>morphine sulfate tbcR</i>	P	Opioid Smart PA; QL(3 ea daily)			
<i>morphine sulfate soln or 10 mg/0.5ml, 20 mg/ml, 100 mg/5ml</i>	P	Opioid Smart PA			

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine w/cod 30 mg-40 mg-50 mg-325 mg</i>	P	Opioid Smart PA; QL(4 ea daily); AL(At least 12 yrs old)
<i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i>	P	Opioid Smart PA; QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-10 mg, 325 mg-5 mg, 5 mg-325 mg</i>	P	Opioid Smart PA; QL(6 ea daily)
<i>oxycodone w/acetaminophen tabs 10 mg-325 mg, 325 mg-10 mg, 325 mg-5 mg, 325 mg-7.5 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	P	Opioid Smart PA; QL(6 ea daily)
<i>oxycodone w/acetaminophen soln 5 mg/5ml-325 mg/5ml</i>	P	Opioid Smart PA
<i>oxycodone-aspirin 4.835 mg-325 mg</i>	P	Opioid Smart PA; QL(6 ea daily)
PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG ( <i>oxycodone w/acetaminophen</i> )	NP	Opioid Smart PA; QL(6 ea daily)
<i>tramadol-acetaminophen 37.5 mg-325 mg</i>	P	Opioid Smart PA; QL(4 ea daily); AL(At least 18 yrs old)
ULTRACET 37.5 MG-325 MG ( <i>tramadol-acetaminophen</i> )	NP	Opioid Smart PA; QL(4 ea daily); AL(At least 18 yrs old)
<b>Opioid Partial Agonists</b>		
<i>buprenorphine hcl subl</i>	P	PA

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg</i>	P	QL(12 ea daily); AL(At least 16 yrs old)
<i>buprenorphine hcl-naloxone hcl dihydrate film sl 0.5 mg-2 mg, 1 mg-4 mg, 2 mg-0.5 mg</i>	P	QL(3 ea daily); AL(At least 16 yrs old)
SUBLOCADE SOSY	P	SP
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 4 MG-1 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	NP	QL(3 ea daily); AL(At least 16 yrs old)
SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	NP	QL(2 ea daily); AL(At least 16 yrs old)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Androgens</b>		
DEPO-TESTOSTERONE SOLN IM 100 MG/ML ( <i>testosterone cypionate</i> )	NP	QL(0.2858 ml daily)
DEPO-TESTOSTERONE SOLN IM 200 MG/ML ( <i>testosterone cypionate</i> )	NP	QL(4 ml per 31 days retail)
METHITEST TABS	P	
<i>testosterone cypionate soln im 100 mg/ml</i>	P	QL(0.2858 ml daily)
<i>testosterone cypionate soln im 200 mg/ml</i>	P	QL(4 ml per 31 days retail)
<i>testosterone enanthate soln im</i>	P	QL(0.1429 ml daily)
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
CORTENEMA ( <i>hydrocortisone intrarectal</i> )	NP	
<i>hydrocortisone intrarectal</i>	P	



Drug Name	Drug Tier	Requirements/Limits
<b>Rectal Combinations</b>		
ANALPRAM-HC LOTN EX 1 %-2.5 %	P	QL(62 ml per 31 days retail)
<i>phenylephrine-shark liver oil-cocoa butter 0.25 %-3 %-85.5 %</i>	P	QL(12 ea per 31 days retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum 0.25 %-3 %-14 %-71.9 %</i>	P	QL(60 gm per 31 days retail)
<b>Rectal Steroids</b>		
ANUSOL-HC EX ( <i>hydrocortisone (rectal)</i> )	NP	
<i>hydrocortisone (rectal) ex 2.5 %</i>	P	
<b>ANTACIDS</b>		
<b>Antacid Combinations</b>		
<i>alum &amp; mag hydrox-simethicone liqd</i>	P	QL(24 ml daily)
<i>alum &amp; mag hydrox-simethicone susp</i>	P	QL(24 ml daily)
<b>Antacids - Aluminum Salts</b>		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
<b>Antacids - Bicarbonate</b>		
<i>sodium bicarbonate (antacid) tabs 325 mg, 650 mg</i>	P	QL(3.34 ea daily)
<b>Antacids - Calcium Salts</b>		
<i>calcium carbonate (antacid) chew 500 mg</i>	P	
TUMS CHEW ( <i>calcium carbonate (antacid)</i> )	NP	
TUMS LASTING EFFECTS CHEW ( <i>calcium carbonate (antacid)</i> )	NP	
<b>Antacids - Magnesium Salts</b>		
<i>magnesium oxide tabs 400 mg</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
EMVERM CHEW	P	QL(1 ea per fill retail)
<i>pyrantel pamoate susp 144 mg/ml</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(60 ml per fill retail)
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Nitrates</b>		
ISORDIL TITRADOSE TABS 5 MG ( <i>isosorbide dinitrate</i> )	NP	
<i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg, 30 mg</i>	P	
<i>isosorbide mononitrate tb24</i>	P	QL(1 ea daily)
<i>isosorbide mononitrate tabs</i>	P	QL(2 ea daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 ( <i>nitroglycerin</i> )	NP	
<i>nitroglycerin cpcr</i>	P	
<i>nitroglycerin subl</i>	P	
<i>nitroglycerin pt24</i>	P	
NITROSTAT SUBL ( <i>nitroglycerin</i> )	NP	
<b>ANTIANSIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>buspirone hcl 7.5 mg, 30 mg</i>	P	QL(3 ea daily)
<i>buspirone hcl 15 mg</i>	P	QL(4 ea daily)
<i>buspirone hcl 5 mg, 10 mg</i>	P	QL(6 ea daily)
<i>hydroxyzine hcl tabs</i>	P	
<i>hydroxyzine hcl syrpf</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate caps</i>	P	
<i>meprobamate</i>	P	
VISTARIL CAPS ( <i>hydroxyzine pamoate</i> )	NP	
<b>Benzodiazepines</b>		
<i>alprazolam tabs</i>	P	QL(3 ea daily)
ATIVAN TABS .5 MG, 2 MG ( <i>lorazepam</i> )	NP	QL(3 ea daily)
ATIVAN TABS 1 MG ( <i>lorazepam</i> )	NP	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	P	QL(4 ea daily)
<i>clorazepate dipotassium tabs</i>	P	QL(3 ea daily)
<i>diazepam soln or 5 mg/5ml</i>	P	
<i>diazepam tabs</i>	P	QL(4 ea daily)
<i>lorazepam tabs 1 mg</i>	P	QL(4 ea daily)
<i>lorazepam tabs .5 mg, 2 mg</i>	P	QL(3 ea daily)
<i>oxazepam caps</i>	P	QL(4 ea daily)
TRANXENE T TABS 7.5 MG ( <i>clorazepate dipotassium</i> )	NP	QL(3 ea daily)
VALIUM TABS ( <i>diazepam</i> )	NP	QL(4 ea daily)
XANAX TABS ( <i>alprazolam</i> )	NP	QL(3 ea daily)
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	P	
NORPACE CAPS ( <i>disopyramide phosphate</i> )	NP	
NORPACE CR CP12 150 MG	P	
<i>quinidine gluconate tbcr</i>	P	
<i>quinidine sulfate tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl</i>	P	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate</i>	P	
<i>propafenone hcl cp12</i>	P	
<i>propafenone hcl tabs</i>	P	
RYTHMOL SR CP12 ( <i>propafenone hcl</i> )	NP	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl tabs 200 mg</i>	P	
<i>dofetilide</i>	P	
TIKOSYN ( <i>dofetilide</i> )	NP	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Antiasthmatic - Monoclonal Antibodies</b>		
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY	P	SP; PA
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu</i>	P	QL(8 ml daily)
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
INCRUSE ELLIPTA	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>ipratropium bromide soln .02 %</i>	P	QL(375 ml per 25 days retail)
TUDORZA PRESSAIR	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<b>Leukotriene Modulators</b>		
<i>montelukast sodium pack</i>	P	QL(1 ea daily)
<i>montelukast sodium tabs</i>	P	QL(1 ea daily)
<i>montelukast sodium chew</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP ( <i>roflumilast</i> )	NP	QL(1 ea daily)
<i>roflumilast</i>	P	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	P	QL(1 ea daily)
ASMANEX HFA AERO	P	QL(0.44 gm daily)
<i>budesonide (inhalation) susp 1 mg/2ml</i>	P	QL(60 ml per 31 days retail); AL(Up to 8 yrs old)
<i>budesonide (inhalation) susp .25 mg/2ml, .5 mg/2ml</i>	P	QL(120 ml per fill retail); AL(Up to 8 yrs old)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT	P	QL(11 gm per 25 days retail); AL(Up to 12 yrs old)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per 25 days retail); AL(Up to 12 yrs old)
PULMICORT SUSP .25 MG/2ML, .5 MG/2ML ( <i>budesonide (inhalation)</i> )	NP	QL(120 ml per fill retail); AL(Up to 8 yrs old)
PULMICORT SUSP 1 MG/2ML ( <i>budesonide (inhalation)</i> )	NP	QL(60 ml per 31 days retail); AL(Up to 8 yrs old)
QVAR REDIHALER 40 MCG/ACT	P	QL(0.36 gm daily)
QVAR REDIHALER 80 MCG/ACT	P	QL(0.72 gm daily)
Sympathomimetics		

Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKUS AEPB ( <i>fluticasone-salmeterol</i> )	NP	QL(60 ea per 30 days retail); AL(At least 4 yrs old)
<i>albuterol sulfate nebu .083 %</i>	P	QL(12.5 ml daily)
<i>albuterol sulfate nebu .63 mg/3ml, 1.25 mg/3ml</i>	P	QL(375 ml per 31 days retail)
<i>albuterol sulfate aers</i>	P	QL(8.5 gm per fill retail; 17 gm per 30 days retail)
<i>albuterol sulfate nebu .5 %, 2.5 mg/0.5ml</i>	P	
<i>albuterol sulfate aers</i>	P	Limit: 1 inhaler per fill, 2 per month; QL(18 gm per fill retail; 36 gm per 30 days retail)
<i>albuterol sulfate aers</i>	P	QL(6.7 gm per fill retail; 13.4 gm per 30 days retail)
<i>albuterol sulfate tb12</i>	P	
<i>albuterol sulfate syrup</i>	P	
<i>albuterol sulfate tabs</i>	P	
ALBUTEROL SULFATE NEBU	P	
<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS 20 MCG/ACT-100 MCG/ACT	P	QL(4 gm per 31 days retail)
<i>fluticasone-salmeterol aepb 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/act-500 mcg/act</i>	P	QL(60 ea per 30 days retail); AL(At least 4 yrs old)
<i>ipratropium-albuterol soln 0.5 mg/3ml-2.5 mg/3ml</i>	P	QL(12 ml daily)
SEREVENT DISKUS	P	1 rtl pack lmt per fill
<i>terbutaline sulfate tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Xanthines</b>			<i>enoxaparin sodium sosy 30 mg/0.3ml</i>	P	Max 42 syringes in 180 days; QL(12.6 ml per 180 days retail); SP
THEO-24 CP24	P				
<i>theophylline tb24</i>	P				
<i>theophylline tb12 300 mg, 450 mg</i>	P		HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P	
<i>theophylline soln</i>	P	QL(475 ml per fill retail)	<i>heparin sodium (porcine) soln ij 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	P	
<i>theophylline elix</i>	P				
<b>ANTICOAGULANTS - Blood Thinners</b>					
<b>Coumarin Anticoagulants</b>					
<i>warfarin sodium tabs</i>	P		LOVENOX SOSY 40 MG/0.4ML ( <i>enoxaparin sodium</i> )	NP	Max 42 syringes in 180 days; QL(16.8 ml per 180 days retail); SP
<b>Direct Factor Xa Inhibitors</b>					
ELIQUIS TABS	P	QL(2 ea daily)			
ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)	LOVENOX SOLN IJ 300 MG/3ML ( <i>enoxaparin sodium</i> )	NP	Max 42 syringes in 180 days; QL(126 ml per 180 days retail); SP
<b>Heparins And Heparinoid-Like Agents</b>					
<i>enoxaparin sodium sosy 100 mg/ml, 150 mg/ml</i>	P	Max 42 syringes in 180 days; QL(42 ml per 180 days retail); SP	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>enoxaparin sodium</i> )	NP	Max 42 syringes in 180 days; QL(33.6 ml per 180 days retail); SP
<i>enoxaparin sodium sosy 80 mg/0.8ml, 120 mg/0.8ml</i>	P	Max 42 syringes in 180 days; QL(33.6 ml per 180 days retail); SP	LOVENOX SOSY 60 MG/0.6ML ( <i>enoxaparin sodium</i> )	NP	Max 42 syringes in 180 days; QL(25.2 ml per 180 days retail); SP
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	P	Max 42 syringes in 180 days; QL(126 ml per 180 days retail); SP	LOVENOX SOSY 100 MG/ML, 150 MG/ML ( <i>enoxaparin sodium</i> )	NP	Max 42 syringes in 180 days; QL(42 ml per 180 days retail); SP
<i>enoxaparin sodium sosy 40 mg/0.4ml</i>	P	Max 42 syringes in 180 days; QL(16.8 ml per 180 days retail); SP	LOVENOX SOSY 30 MG/0.3ML ( <i>enoxaparin sodium</i> )	NP	Max 42 syringes in 180 days; QL(12.6 ml per 180 days retail); SP
<i>enoxaparin sodium sosy 60 mg/0.6ml</i>	P	Max 42 syringes in 180 days; QL(25.2 ml per 180 days retail); SP	<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>Anticonvulsants - Benzodiazepines</b>					
			<i>clonazepam tabs</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIASTAT ACUDIAL GEL <i>(diazepam (anticonvulsant))</i>	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	KEPPRA TABS 500 MG <i>(levetiracetam)</i>	NP	QL(6 ea daily)
DIASTAT PEDIATRIC GEL <i>(diazepam (anticonvulsant))</i>	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	KEPPRA XR TB24 <i>(levetiracetam)</i>	NP	ST
<i>diazepam (anticonvulsant) gel</i>	P	QL(1 ea per fill retail); AL(At least 2 yrs old)	LAMICTAL TABS <i>(lamotrigine)</i>	NP	
KLONOPIN TABS <i>(clonazepam)</i>	NP	QL(4 ea daily)	LAMICTAL CHEWABLE DISPERSIBLE CHEW <i>(lamotrigine)</i>	NP	
NAYZILAM	P	QL(10 ea per 30 days retail); PA	LAMICTAL XR TB24 <i>(lamotrigine)</i>	NP	QL(1 ea daily); ST
VALTOCO LIQD	P	QL(10 ea per 30 days retail); PA	<i>lamotrigine chew</i>	P	
VALTOCO LQPK	P	QL(10 ea per 30 days retail); PA	<i>lamotrigine tb24</i>	P	QL(1 ea daily); ST
Anticonvulsants - Misc.			<i>lamotrigine tabs</i>	P	
<i>carbamazepine susp</i>	P		<i>levetiracetam tabs 250 mg, 750 mg</i>	P	QL(4 ea daily)
<i>carbamazepine tb12</i>	P		<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	P	QL(16 ml daily)
<i>carbamazepine chew</i>	P		<i>levetiracetam tabs 500 mg</i>	P	QL(6 ea daily)
<i>carbamazepine tabs</i>	P		<i>levetiracetam tb24</i>	P	ST
DIACOMIT CAPS 250 MG	P	QL(12 ea daily); SP; PA	<i>levetiracetam tabs 1000 mg</i>	P	
DIACOMIT PACK 500 MG	P	QL(6 ea daily); SP; PA	MYSOLINE <i>(primidone)</i>	NP	
DIACOMIT PACK 250 MG	P	QL(12 ea daily); SP; PA	NEURONTIN SOLN <i>(gabapentin)</i>	NP	
DIACOMIT CAPS 500 MG	P	QL(6 ea daily); SP; PA	NEURONTIN CAPS <i>(gabapentin)</i>	NP	QL(9 ea daily)
<i>gabapentin tabs 600 mg</i>	P	QL(6 ea daily)	NEURONTIN TABS 800 MG <i>(gabapentin)</i>	NP	QL(4 ea daily)
<i>gabapentin caps</i>	P	QL(9 ea daily)	NEURONTIN TABS 600 MG <i>(gabapentin)</i>	NP	QL(6 ea daily)
<i>gabapentin tabs 800 mg</i>	P	QL(4 ea daily)	<i>oxcarbazepine susp</i>	P	
<i>gabapentin soln</i>	P		<i>oxcarbazepine tabs</i>	P	
KEPPRA TABS 250 MG, 750 MG <i>(levetiracetam)</i>	NP	QL(4 ea daily)	<i>primidone</i>	P	
KEPPRA TABS 1000 MG <i>(levetiracetam)</i>	NP		TEGRETOL TABS <i>(carbamazepine)</i>	NP	
KEPPRA SOLN OR 100 MG/ML <i>(levetiracetam)</i>	NP	QL(16 ml daily)	TEGRETOL SUSP <i>(carbamazepine)</i>	NP	
			TEGRETOL-XR TB12 <i>(carbamazepine)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPAMAX TABS 25 MG, 50 MG ( <i>topiramate</i> )	NP	QL(6 ea daily)	DILANTIN-125 SUSP ( <i>phenytoin</i> )	NP	
TOPAMAX TABS 200 MG ( <i>topiramate</i> )	NP	QL(2 ea daily)	<i>phenytoin susp</i>	P	
TOPAMAX TABS 100 MG ( <i>topiramate</i> )	NP	QL(4 ea daily)	<i>phenytoin chew</i>	P	
TOPAMAX SPRINKLE CPSP 15 MG ( <i>topiramate</i> )	NP	QL(6 ea daily)	<i>phenytoin sodium extended 30 mg, 100 mg</i>	P	
TOPAMAX SPRINKLE CPSP 25 MG ( <i>topiramate</i> )	NP	QL(8 ea daily)	Succinimides		
<i>topiramate tabs 25 mg, 50 mg</i>	P	QL(6 ea daily)	<i>ethosuximide soln</i>	P	
<i>topiramate cpsp 15 mg</i>	P	QL(6 ea daily)	<i>ethosuximide caps</i>	P	
<i>topiramate tabs 100 mg</i>	P	QL(4 ea daily)	ZARONTIN CAPS ( <i>ethosuximide</i> )	NP	
<i>topiramate cpsp 25 mg</i>	P	QL(8 ea daily)	ZARONTIN SOLN ( <i>ethosuximide</i> )	NP	
<i>topiramate tabs 200 mg</i>	P	QL(2 ea daily)	Valproic Acid		
TRILEPTAL TABS ( <i>oxcarbazepine</i> )	NP		DEPAKOTE TBEC 500 MG ( <i>divalproex sodium</i> )	NP	QL(7 ea daily)
TRILEPTAL SUSP ( <i>oxcarbazepine</i> )	NP		DEPAKOTE TBEC 125 MG ( <i>divalproex sodium</i> )	NP	QL(2 ea daily)
ZONEGRAN CAPS 25 MG, 100 MG ( <i>zonisamide</i> )	NP		DEPAKOTE TBEC 250 MG ( <i>divalproex sodium</i> )	NP	QL(3 ea daily)
<i>zonisamide caps</i>	P		DEPAKOTE ER TB24 250 MG ( <i>divalproex sodium</i> )	NP	QL(3 ea daily)
Carbamates			DEPAKOTE ER TB24 500 MG ( <i>divalproex sodium</i> )	NP	QL(7 ea daily)
<i>felbamate tabs</i>	P		DEPAKOTE SPRINKLES CSDR ( <i>divalproex sodium</i> )	NP	QL(8 ea daily)
<i>felbamate susp</i>	P		<i>divalproex sodium csdr</i>	P	QL(8 ea daily)
FELBATOL TABS ( <i>felbamate</i> )	NP		<i>divalproex sodium tb24 250 mg</i>	P	QL(3 ea daily)
FELBATOL SUSP ( <i>felbamate</i> )	NP		<i>divalproex sodium tbec 125 mg</i>	P	QL(2 ea daily)
GABA Modulators			<i>divalproex sodium tbec 500 mg</i>	P	QL(7 ea daily)
GABITRIL ( <i>tiagabine hcl</i> )	NP		<i>divalproex sodium tb24 500 mg</i>	P	QL(7 ea daily)
<i>tiagabine hcl</i>	P		<i>divalproex sodium tbec 250 mg</i>	P	QL(3 ea daily)
Hydantoins			<i>valproate sodium soln iv 100 mg/ml</i>	P	PA
DILANTIN ( <i>phenytoin sodium extended</i> )	NP				
DILANTIN	P				
DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	NP				

Drug Name	Drug Tier	Requirements/Limits
<i>valproate sodium soln or 250 mg/5ml</i>	P	
<i>valproic acid caps</i>	P	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs 30 mg</i>	P	QL(1.5 ea daily)
<i>mirtazapine tabs 7.5 mg, 45 mg</i>	P	QL(1 ea daily)
<i>mirtazapine tabs 15 mg</i>	P	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	P	QL(1.5 ea daily)
<i>mirtazapine tbdp 15 mg</i>	P	QL(3 ea daily)
<i>mirtazapine tbdp 45 mg</i>	P	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)
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)
Antidepressants - Misc.		
<i>bupropion hcl tb12 150 mg</i>	P	QL(3 ea daily)
<i>bupropion hcl tb24 150 mg</i>	P	QL(3 ea daily)
<i>bupropion hcl tb12 200 mg</i>	P	QL(2 ea daily)
<i>bupropion hcl tb24 300 mg</i>	P	QL(1 ea daily)
<i>bupropion hcl tb12 100 mg</i>	P	QL(4 ea daily)
<i>bupropion hcl tabs</i>	P	QL(3 ea daily)
<i>maprotiline hcl</i>	P	

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR TB12 100 MG ( <i>bupropion hcl</i> )	NP	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG ( <i>bupropion hcl</i> )	NP	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG ( <i>bupropion hcl</i> )	NP	QL(2 ea daily)
WELLBUTRIN XL TB24 300 MG ( <i>bupropion hcl</i> )	NP	QL(1 ea daily)
WELLBUTRIN XL TB24 150 MG ( <i>bupropion hcl</i> )	NP	QL(3 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL ( <i>phenelzine sulfate</i> )	NP	
PARNATE ( <i>tranylcypromine sulfate</i> )	NP	
<i>phenelzine sulfate</i>	P	
<i>tranylcypromine sulfate</i>	P	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG ( <i>citalopram hydrobromide</i> )	NP	QL(4 ea daily)
CELEXA TABS 20 MG ( <i>citalopram hydrobromide</i> )	NP	QL(2 ea daily); AL(At least 7 yrs old)
CELEXA TABS 40 MG ( <i>citalopram hydrobromide</i> )	NP	QL(1 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 20 mg</i>	P	QL(2 ea daily); AL(At least 7 yrs old)
<i>citalopram hydrobromide tabs 10 mg</i>	P	QL(4 ea daily)
<i>citalopram hydrobromide soln</i>	P	
<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)
<i>escitalopram oxalate tabs 10 mg</i>	P	QL(2 ea daily); AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl caps 10 mg, 20 mg</i>	P	QL(4 ea daily)	PROZAC CAPS 40 MG ( <i>fluoxetine hcl</i> )	NP	QL(2 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl caps 40 mg</i>	P	QL(2 ea daily); AL(At least 7 yrs old)	PROZAC CAPS 10 MG, 20 MG ( <i>fluoxetine hcl</i> )	NP	QL(4 ea daily)
<i>fluoxetine hcl tabs 20 mg</i>	P	QL(4 ea daily)	<i>sertraline hcl conc</i>	P	QL(186 ml per 31 days retail)
<i>fluoxetine hcl tabs 10 mg</i>	P	QL(1 ea daily); AL(At least 7 yrs old)	<i>sertraline hcl tabs 100 mg</i>	P	QL(2 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl soln</i>	P	QL(120 ml per fill retail)	<i>sertraline hcl tabs 25 mg, 50 mg</i>	P	QL(4 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	P	QL(2 ea daily); AL(At least 7 yrs old)	ZOLOFT TABS 100 MG ( <i>sertraline hcl</i> )	NP	QL(2 ea daily); AL(At least 7 yrs old)
<i>fluvoxamine maleate tabs 100 mg</i>	P	QL(3 ea daily)	ZOLOFT TABS 25 MG, 50 MG ( <i>sertraline hcl</i> )	NP	QL(4 ea daily)
LEXAPRO TABS 20 MG ( <i>escitalopram oxalate</i> )	NP	QL(1 ea daily); AL(At least 7 yrs old)	ZOLOFT CONC ( <i>sertraline hcl</i> )	NP	QL(186 ml per 31 days retail)
LEXAPRO TABS 10 MG ( <i>escitalopram oxalate</i> )	NP	QL(2 ea daily); AL(At least 7 yrs old)	Serotonin Modulators		
LEXAPRO TABS 5 MG ( <i>escitalopram oxalate</i> )	NP	QL(4 ea daily)	<i>nefazodone hcl</i>	P	
<i>paroxetine hcl tabs 30 mg, 40 mg</i>	P	QL(2 ea daily); AL(At least 7 yrs old)	<i>trazodone hcl tabs 50 mg, 100 mg, 150 mg</i>	P	
<i>paroxetine hcl tabs 10 mg</i>	P	QL(6 ea daily)	<i>trazodone hcl tabs 300 mg</i>	P	QL(2 ea daily)
<i>paroxetine hcl tb24</i>	P	QL(1 ea daily); AL(At least 7 yrs old)	TRINTELLIX	P	QL(1 ea daily); AL(At least 18 yrs old); PA
<i>paroxetine hcl susp</i>	P	QL(40 ml daily); PA	VIIBRYD TABS ( <i>vilazodone hcl</i> )	NP	QL(1 ea daily); PA
<i>paroxetine hcl tabs 20 mg</i>	P	QL(3 ea daily)	<i>vilazodone hcl tabs</i>	P	QL(1 ea daily); PA
PAXIL TABS 30 MG, 40 MG ( <i>paroxetine hcl</i> )	NP	QL(2 ea daily); AL(At least 7 yrs old)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
PAXIL TABS 10 MG ( <i>paroxetine hcl</i> )	NP	QL(6 ea daily)	CYMBALTA CPEP ( <i>duloxetine hcl</i> )	NP	QL(1 ea daily); AL(At least 7 yrs old)
PAXIL TABS 20 MG ( <i>paroxetine hcl</i> )	NP	QL(3 ea daily)	<i>desvenlafaxine succinate 25 mg, 50 mg</i>	P	QL(1 ea daily)
PAXIL SUSP ( <i>paroxetine hcl</i> )	NP	QL(40 ml daily); PA	<i>desvenlafaxine succinate 100 mg</i>	P	QL(4 ea daily)
PAXIL CR TB24 ( <i>paroxetine hcl</i> )	NP	QL(1 ea daily); AL(At least 7 yrs old)	<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	P	QL(1 ea daily); AL(At least 7 yrs old)



Drug Name	Drug Tier	Requirements/Limits
EFFEXOR XR CP24 37.5 MG ( <i>venlafaxine hcl</i> )	NP	QL(4 ea daily)
EFFEXOR XR CP24 75 MG ( <i>venlafaxine hcl</i> )	NP	QL(5 ea daily)
EFFEXOR XR CP24 150 MG ( <i>venlafaxine hcl</i> )	NP	QL(2 ea daily)
PRISTIQ 25 MG, 50 MG ( <i>desvenlafaxine succinate</i> )	NP	QL(1 ea daily)
PRISTIQ 100 MG ( <i>desvenlafaxine succinate</i> )	NP	QL(4 ea daily)
<i>venlafaxine hcl cp24 37.5 mg</i>	P	QL(4 ea daily)
<i>venlafaxine hcl tb24 37.5 mg, 75 mg, 225 mg</i>	P	QL(1 ea daily); AL(At least 7 yrs old)
<i>venlafaxine hcl tabs</i>	P	
<i>venlafaxine hcl cp24 150 mg</i>	P	QL(2 ea daily)
<i>venlafaxine hcl cp24 75 mg</i>	P	QL(5 ea daily)
<i>venlafaxine hcl tb24 150 mg</i>	P	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	P	
<i>amoxapine</i>	P	
ANAFRANIL 75 MG ( <i>clomipramine hcl</i> )	NP	
<i>clomipramine hcl 75 mg</i>	P	
<i>desipramine hcl tabs 10 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	P	
<i>desipramine hcl tabs 25 mg</i>	P	QL(2 ea daily)
<i>doxepin hcl caps</i>	P	
<i>doxepin hcl conc</i>	P	
<i>imipramine hcl tabs</i>	P	
NORPRAMIN TABS 10 MG ( <i>desipramine hcl</i> )	NP	
NORPRAMIN TABS 25 MG ( <i>desipramine hcl</i> )	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl caps</i>	P	
<i>nortriptyline hcl soln</i>	P	QL(20 ml daily)
PAMELOR CAPS ( <i>nortriptyline hcl</i> )	NP	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	QL(11 ml per 31 days retail)
SYMLINPEN 60 SOPN	P	QL(6 ml per 31 days retail)
Antidiabetic Combinations		
ACTOPLUS MET TABS ( <i>pioglitazone hcl-metformin hcl</i> )	NP	QL(2 ea daily)
<i>alogliptin-metformin hcl</i>	P	QL(2 ea daily)
<i>alogliptin-pioglitazone</i>	P	QL(1 ea daily)
<i>glipizide-metformin hcl</i>	P	
<i>glyburide-metformin</i>	P	
<i>pioglitazone hcl-metformin hcl tabs</i>	P	QL(2 ea daily)
SEGLUROMET	P	QL(2 ea daily)
SOLIQUA 100/33 33 MCG/ML-100 UNIT/ML	P	QL(0.6 ml daily); ST
Biguanides		
<i>metformin hcl tabs 850 mg, 1000 mg</i>	P	
<i>metformin hcl tb24 750 mg</i>	P	QL(3 ea daily)
<i>metformin hcl tabs 500 mg</i>	P	QL(5 ea daily)
<i>metformin hcl tb24 500 mg</i>	P	QL(4 ea daily)
Diabetic Other		
BD GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
CVS GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
CVS SOFT GLUCOSE CHEW	P	Limit 50 ea per 31 days retail

Drug Name	Drug Tier	Requirements/Limits
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
<i>glucagon (rdna)</i>	P	Limit 4 ea per 365 days retail
GLUCAGON EMERGENCY KIT ( <i>glucagon (rdna)</i> )	NP	Limit 4 ea per 365 days retail
GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
GNP GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
GNP QUICK DISSOLVE GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
SM GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
TRUEPLUS GLUCOSE CHEW	P	Limit 50 ea per 31 days retail
TRUEPLUS GLUCOSE ON THE GO CHEW	P	Limit 50 ea per 31 days retail
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	P	QL(1 ea daily)
Incretin Mimetic Agents		
ADLYXIN SOPN	P	QL(0.2 ml daily); PA
ADLYXIN STARTER PACK PNKT	P	QL(0.2 ml daily); PA
BYDUREON BCISE AUIJ	P	QL(3.4 ml per 28 days retail); PA
BYDUREON PEN PEN	P	QL(4 ea per 28 days retail); AL(At least 18 yrs old); PA
BYETTA SOPN 10 MCG/0.04ML	P	QL(2.4 ml per 31 days retail); AL(At least 18 yrs old); PA
BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 31 days retail); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
TRULICITY	P	QL(2 ml per 28 days retail); PA
Insulin		
ADMELOG SOLN IJ	P	QL(30 ml per 31 days retail)
ADMELOG SOLOSTAR SOPN	P	QL(30 ml per 31 days retail)
BASAGLAR KWIKPEN SOPN	P	QL(1 ml daily)
HUMULIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	P	QL(40 ml per 31 days retail)
HUMULIN 70/30 KWIKPEN SUPN 30 UNIT/ML-70 UNIT/ML	P	QL(30 ml per 31 days retail)
HUMULIN N SUSP	P	QL(40 ml per 31 days retail)
HUMULIN N KWIKPEN SUPN	P	QL(30 ml per 31 days retail)
HUMULIN R SOLN IJ	P	QL(40 ml per 31 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP 30 %-70 %	P	QL(40 ml per 31 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML	P	QL(30 ml per 31 days retail)
INSULIN GLARGINE SOLN	P	Viatrix Brand Only; QL(1 ml daily)
INSULIN GLARGINE SOPN	P	Viatrix Brand Only; QL(1 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML	P	QL(30 ml per 31 days retail)
NOVOLIN 70/30 SUSP 30 UNIT/ML-70 UNIT/ML	P	QL(40 ml per 31 days retail)
NOVOLIN 70/30 FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML	P	QL(30 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN RELION SUPN 30 UNIT/ML-70 UNIT/ML	P	QL(30 ml per 31 days retail)	<i>glimepiride 1 mg, 2 mg</i>	P	QL(4 ea daily)
NOVOLIN 70/30 RELION SUSP 30 UNIT/ML-70 UNIT/ML	P	QL(40 ml per 31 days retail)	<i>glimepiride 4 mg</i>	P	QL(2 ea daily)
NOVOLIN N SUSP	P	QL(40 ml per 31 days retail)	<i>glipizide tb24</i>	P	
NOVOLIN N FLEXPEN SUPN	P	QL(30 ml per 31 days retail)	<i>glipizide tabs</i>	P	
NOVOLIN N FLEXPEN RELION SUPN	P	QL(30 ml per 31 days retail)	GLUCOTROL TABS 10 MG ( <i>glipizide</i> )	NP	
NOVOLIN N RELION SUSP	P	QL(40 ml per 31 days retail)	GLUCOTROL XL TB24 ( <i>glipizide</i> )	NP	
NOVOLIN R SOLN IJ	P	QL(40 ml per 31 days retail)	<i>glyburide tabs</i>	P	
NOVOLIN R RELION SOLN IJ	P	QL(40 ml per 31 days retail)	<i>glyburide micronized 1.5 mg, 3 mg, 6 mg</i>	P	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 30 UNIT/ML-70 UNIT/ML	P	QL(30 ml per 31 days retail)	GLYNASE ( <i>glyburide micronized</i> )	NP	
NOVOLOG MIX 70/30 RELION SUSP 30 UNIT/ML-70 UNIT/ML	P	QL(40 ml per 31 days retail)	<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Insulin Sensitizing Agents</b>			Antidiarrheal/Probiotic Agents - Misc.		
ACTOS ( <i>pioglitazone hcl</i> )	NP	QL(1 ea daily)	<i>bismuth subsalicylate chew 262 mg</i>	P	
<i>pioglitazone hcl</i>	P	QL(1 ea daily)	<i>bismuth subsalicylate susp 525 mg/15ml, 1050 mg/30ml</i>	P	
<b>Meglitinide Analogues</b>			PEPTO-BISMOL CHEW ( <i>bismuth subsalicylate</i> )	NP	
<i>nateglinide</i>	P	QL(3 ea daily)	PEPTO-BISMOL MAX STRENGTH SUSP ( <i>bismuth subsalicylate</i> )	NP	
STARLIX 120 MG ( <i>nateglinide</i> )	NP	QL(3 ea daily)	PEPTO-BISMOL TO-GO CHEW ( <i>bismuth subsalicylate</i> )	NP	
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>			<b>Antiperistaltic Agents</b>		
STEGLATRO	P	QL(1 ea daily)	ANTI-DIARRHEAL LIQD	P	QL(40 ml daily)
<b>Sulfonylureas</b>			<i>diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg</i>	P	
AMARYL 1 MG, 2 MG ( <i>glimepiride</i> )	NP	QL(4 ea daily)	<i>diphenoxylate w/ atropine liqd 0.025 mg/5ml-2.5 mg/5ml</i>	P	
AMARYL 4 MG ( <i>glimepiride</i> )	NP	QL(2 ea daily)	IMODIUM A-D CAPS ( <i>loperamide hcl</i> )	NP	QL(8 ea daily); RX/OTC
			IMODIUM A-D TABS ( <i>loperamide hcl</i> )	NP	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LOMOTIL TABS 0.025 MG-2.5 MG (diphenoxylate w/ atropine)	NP	
<i>loperamide hcl caps</i>	P	QL(8 ea daily); RX/OTC
<i>loperamide hcl tabs</i>	P	QL(8 ea daily)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes - Chelating Agents		
CHEMET	P	
<i>deferasirox pack</i>	P	SP; PA
<i>deferasirox tabs</i>	P	SP; PA
<i>deferasirox tbso</i>	P	SP; PA
EXJADE TBSO ( <i>deferasirox</i> )	NP	SP; PA
JADENU TABS ( <i>deferasirox</i> )	NP	SP; PA
JADENU SPRINKLE PACK ( <i>deferasirox</i> )	NP	SP; PA
Antidotes and Specific Antagonists		
VISTOGARD	P	
Opioid Antagonists		
<i>naloxone hcl liqd</i>	P	QL(4 ea per 90 days retail)
<i>naloxone hcl soct</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl soln .4 mg/ml, 4 mg/10ml</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl sosy</i>	P	QL(4 ml per 90 days retail)
<i>naltrexone hcl</i>	P	
NARCAN LIQD ( <i>naloxone hcl</i> )	NP	QL(4 ea per 90 days retail)
VIVITROL	P	QL(1 ea per 30 days retail); SP
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
5-HT3 Receptor Antagonists		
<i>ondansetron tbdp</i>	P	QL(20 ea per 31 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl sosy</i>	P	
<i>ondansetron hcl soln or 4 mg/5ml</i>	P	QL(50 ml per 31 days retail)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	P	QL(20 ea per 31 days retail)
<i>ondansetron hcl tabs 24 mg</i>	P	QL(1 ea per 14 days retail)
<i>ondansetron hcl soln ij</i>	P	
ZOFRAN TABS 4 MG ( <i>ondansetron hcl</i> )	NP	QL(20 ea per 31 days retail)
Antiemetics - Anticholinergic		
ANTIVERT CHEW ( <i>meclizine hcl</i> )	NP	RX/OTC
<i>dimenhydrinate tabs</i>	P	QL(24 ea per fill retail)
DRAMAMINE CHEW	P	QL(24 ea per fill retail)
<i>meclizine hcl chew</i>	P	RX/OTC
<i>meclizine hcl tabs 12.5 mg, 25 mg</i>	P	RX/OTC
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
Antifungals		
<i>griseofulvin microsize tabs</i>	P	
<i>griseofulvin microsize susp</i>	P	
<i>griseofulvin ultramicrosize</i>	P	
<i>nystatin tabs</i>	P	QL(6 ea daily)
<i>terbinafine hcl tabs</i>	P	QL(1 ea daily; 90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN TABS 50 MG ( <i>fluconazole</i> )	NP	QL(3 ea per 14 days retail)
DIFLUCAN TABS 100 MG, 200 MG ( <i>fluconazole</i> )	NP	
DIFLUCAN SUSR ( <i>fluconazole</i> )	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 150 MG ( <i>fluconazole</i> )	NP	QL(2 ea per fill retail)
<i>fluconazole susr</i>	P	QL(70 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tabs 50 mg</i>	P	QL(3 ea per 14 days retail)
<i>fluconazole tabs 100 mg, 200 mg</i>	P	
<i>fluconazole tabs 150 mg</i>	P	QL(2 ea per fill retail)
<i>itraconazole caps</i>	P	QL(1 ea daily); PA
SPORANOX CAPS ( <i>itraconazole</i> )	NP	QL(1 ea daily); PA
SPORANOX PULSEPAK CAPS ( <i>itraconazole</i> )	NP	QL(1 ea daily); PA
<b>ANTI-HISTAMINES - Drugs to Treat Allergies</b>		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate tabs</i>	P	QL(120 ea per fill retail)
<i>chlorpheniramine maleate syrup</i>	P	
CHLOR-TRIMETON SYRP ( <i>chlorpheniramine maleate</i> )	NP	
<i>dexchlorpheniramine maleate soln</i>	P	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY EXTRA STRENGTH TABS	P	
<i>clemastine fumarate tabs 1.34 mg</i>	P	QL(2 ea daily)
<i>diphenhydramine hcl tabs 25 mg</i>	P	QL(4 ea daily)
<i>diphenhydramine hcl elix 12.5 mg/5ml</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl caps</i>	P	QL(4 ea daily)
<i>diphenhydramine hcl liqd 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml</i>	P	QL(240 ml per fill retail)
Antihistamines - Non-Sedating		
<i>cetirizine hcl tabs</i>	P	QL(1 ea daily)
<i>cetirizine hcl chew</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine hcl soln or</i>	P	QL(300 ml per fill retail); RX/OTC
<i>cetirizine hcl syrup or</i>	P	QL(300 ml per fill retail); RX/OTC
<i>fexofenadine hcl tabs 180 mg</i>	P	QL(1 ea daily)
<i>fexofenadine hcl tabs 60 mg</i>	P	QL(2 ea daily)
<i>levocetirizine dihydrochloride tabs</i>	P	QL(1 ea daily); RX/OTC
<i>loratadine tabs</i>	P	QL(1 ea daily)
<i>loratadine tbdp</i>	P	QL(1 ea daily)
<i>loratadine syrup</i>	P	QL(300 ml per fill retail)
<i>loratadine soln</i>	P	QL(300 ml per fill retail)
XYZAL ALLERGY 24HR TABS ( <i>levocetirizine dihydrochloride</i> )	NP	QL(1 ea daily); RX/OTC
Antihistamines - Phenothiazines		
<i>promethazine hcl syrup</i>	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl soln 6.25 mg/5ml</i>	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl supp</i>	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl tabs</i>	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl tabs</i>	P	
<i>cyproheptadine hcl syrup</i>	P	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	P	QL(1 ea daily); ST
VYTORIN ( <i>ezetimibe-simvastatin</i> )	NP	QL(1 ea daily); ST

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Bile Acid Sequestrants</b>			PRAVACHOL 20 MG, 40 MG ( <i>pravastatin sodium</i> )	NP	QL(1 ea daily)
<i>cholestyramine powd</i>	P		<i>pravastatin sodium</i>	P	QL(1 ea daily)
<i>cholestyramine pack</i>	P		<i>rosuvastatin calcium tabs</i>	P	QL(1 ea daily)
<i>cholestyramine light pack</i>	P		<i>simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg</i>	P	QL(1 ea daily)
<i>cholestyramine light powd</i>	P		ZOCOR TABS 10 MG, 20 MG, 40 MG ( <i>simvastatin</i> )	NP	QL(1 ea daily)
COLESTID TABS ( <i>colestipol hcl</i> )	NP		<b>Intestinal Cholesterol Absorption Inhibitors</b>		
COLESTID GRAN ( <i>colestipol hcl</i> )	NP		<i>ezetimibe</i>	P	ST
COLESTID FLAVORED GRAN ( <i>colestipol hcl</i> )	NP		ZETIA ( <i>ezetimibe</i> )	NP	ST
<i>colestipol hcl gran</i>	P		<b>Nicotinic Acid Derivatives</b>		
<i>colestipol hcl tabs</i>	P		<i>niacin (antihyperlipidemic) tbc</i>	P	
QUESTRAN POWD ( <i>cholestyramine</i> )	NP		<i>niacin (antihyperlipidemic) tabs</i>	P	
QUESTRAN PACK ( <i>cholestyramine</i> )	NP		NIASPAN TBCR ( <i>niacin (antihyperlipidemic)</i> )	NP	
QUESTRAN LIGHT POWD ( <i>cholestyramine light</i> )	NP		<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>Fibric Acid Derivatives</b>			<b>ACE Inhibitors</b>		
<i>fenofibrate tabs 160 mg</i>	P	QL(1 ea daily)	ACCUPRIL ( <i>quinapril hcl</i> )	NP	
<i>fenofibrate tabs 54 mg</i>	P	QL(3 ea daily)	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG ( <i>ramipril</i> )	NP	QL(2 ea daily)
FENOFIBRATE TABS	P	QL(1 ea daily)	<i>benazepril hcl 5 mg, 10 mg, 20 mg</i>	P	QL(1 ea daily)
<i>fenofibrate micronized 67 mg</i>	P	QL(2 ea daily)	<i>benazepril hcl 40 mg</i>	P	QL(2 ea daily)
<i>fenofibrate micronized 134 mg, 200 mg</i>	P	QL(1 ea daily)	<i>captopril</i>	P	QL(3 ea daily)
<i>gemfibrozil tabs</i>	P	QL(2 ea daily)	<i>enalapril maleate tabs</i>	P	QL(2 ea daily)
LOPID TABS ( <i>gemfibrozil</i> )	NP	QL(2 ea daily)	<i>fosinopril sodium</i>	P	QL(1 ea daily)
<b>HMG CoA Reductase Inhibitors</b>			<i>lisinopril tabs 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	P	
<i>atorvastatin calcium</i>	P	QL(1 ea daily)	LOTENSIN 10 MG, 20 MG ( <i>benazepril hcl</i> )	NP	QL(1 ea daily)
CRESTOR TABS ( <i>rosuvastatin calcium</i> )	NP	QL(1 ea daily)	LOTENSIN 40 MG ( <i>benazepril hcl</i> )	NP	QL(2 ea daily)
LIPITOR ( <i>atorvastatin calcium</i> )	NP	QL(1 ea daily)	PRINIVIL TABS ( <i>lisinopril</i> )	NP	
<i>lovastatin tabs 10 mg, 20 mg</i>	P	QL(1 ea daily)			
<i>lovastatin tabs 40 mg</i>	P	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl</i>	P	
<i>ramipril caps</i>	P	QL(2 ea daily)
<i>trandolapril 4 mg</i>	P	QL(2 ea daily)
<i>trandolapril 1 mg, 2 mg</i>	P	QL(1 ea daily)
VASOTEC TABS ( <i>enalapril maleate</i> )	NP	QL(2 ea daily)
ZESTRIL TABS ( <i>lisinopril</i> )	NP	
Angiotensin II Receptor Antagonists		
ATACAND ( <i>candesartan cilexetil</i> )	NP	
AVAPRO ( <i>irbesartan</i> )	NP	QL(1 ea daily)
BENICAR ( <i>olmesartan medoxomil</i> )	NP	QL(1 ea daily); ST
<i>candesartan cilexetil</i>	P	
COZAAR ( <i>losartan potassium</i> )	NP	QL(1 ea daily)
DIOVAN TABS ( <i>valsartan</i> )	NP	QL(1 ea daily)
<i>irbesartan</i>	P	QL(1 ea daily)
<i>losartan potassium</i>	P	QL(1 ea daily)
MICARDIS ( <i>telmisartan</i> )	NP	
<i>olmesartan medoxomil</i>	P	QL(1 ea daily); ST
<i>telmisartan</i>	P	
<i>valsartan tabs</i>	P	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA ( <i>doxazosin mesylate</i> )	NP	
<i>clonidine hcl tabs</i>	P	
<i>doxazosin mesylate</i>	P	
<i>guanfacine hcl</i>	P	
<i>methyldopa tabs</i>	P	
MINIPRESS CAPS ( <i>prazosin hcl</i> )	NP	
<i>prazosin hcl caps</i>	P	
<i>terazosin hcl</i>	P	
Antihypertensive Combinations		

Drug Name	Drug Tier	Requirements/Limits
ACCURETIC 20 MG-25 MG ( <i>quinapril-hydrochlorothiazide</i> )	NP	QL(2 ea daily)
ACCURETIC 10 MG-12.5 MG ( <i>quinapril-hydrochlorothiazide</i> )	NP	QL(3 ea daily)
ACCURETIC 12.5 MG-20 MG ( <i>quinapril-hydrochlorothiazide</i> )	NP	QL(4 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	P	ST
<i>amlodipine besylate-valsartan</i>	P	ST
<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	ST
ATACAND HCT ( <i>candesartan cilexetil-hydrochlorothiazide</i> )	NP	
<i>atenolol &amp; chlorthalidone</i>	P	QL(2 ea daily)
AVALIDE ( <i>irbesartan-hydrochlorothiazide</i> )	NP	QL(1 ea daily)
AZOR ( <i>amlodipine besylate-olmesartan medoxomil</i> )	NP	ST
<i>benazepril &amp; hydrochlorothiazide</i>	P	QL(1 ea daily)
BENICAR HCT ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )	NP	QL(1 ea daily); ST
<i>bisoprolol &amp; hydrochlorothiazide 5 mg-6.25 mg, 6.25 mg-10 mg</i>	P	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	P	
<i>captopril &amp; hydrochlorothiazide 15 mg-25 mg, 15 mg-50 mg, 25 mg-25 mg</i>	P	QL(2 ea daily)
DIOVAN HCT ( <i>valsartan-hydrochlorothiazide</i> )	NP	QL(1 ea daily)
DUTOPROL TB24	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate &amp; hydrochlorothiazide</i>	P	QL(2 ea daily)	<i>quinapril-hydrochlorothiazide 10 mg-12.5 mg</i>	P	QL(3 ea daily)
EXFORGE ( <i>amlodipine besylate-valsartan</i> )	NP	ST	TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG ( <i>trandolapril-verapamil hcl</i> )	NP	
EXFORGE HCT ( <i>amlodipine-valsartan-hydrochlorothiazide</i> )	NP	ST	<i>telmisartan-amlodipine</i>	P	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	P	QL(1 ea daily)	<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
HYZAAR ( <i>losartan potassium &amp; hydrochlorothiazide</i> )	NP	QL(1 ea daily)	TENORETIC 100 25 MG-100 MG ( <i>atenolol &amp; chlorthalidone</i> )	NP	QL(2 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 ea daily)	TENORETIC 50 25 MG-50 MG ( <i>atenolol &amp; chlorthalidone</i> )	NP	QL(2 ea daily)
<i>lisinopril &amp; hydrochlorothiazide</i>	P		<i>trandolapril-verapamil hcl</i>	P	
<i>losartan potassium &amp; hydrochlorothiazide</i>	P	QL(1 ea daily)	TRIBENZOR ( <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )	NP	ST
LOTENSIN HCT 10 MG-12.5 MG, 12.5 MG-20 MG, 20 MG-25 MG ( <i>benazepril &amp; hydrochlorothiazide</i> )	NP	QL(1 ea daily)	TWYNSTA ( <i>telmisartan-amlodipine</i> )	NP	
LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG ( <i>amlodipine besylate-benazepril hcl</i> )	NP	QL(1 ea daily)	<i>valsartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>metoprolol &amp; hydrochlorothiazide tabs 25 mg-100 mg, 25 mg-50 mg</i>	P	QL(2 ea daily)	VASERETIC 10 MG-25 MG ( <i>enalapril maleate &amp; hydrochlorothiazide</i> )	NP	QL(2 ea daily)
MICARDIS HCT ( <i>telmisartan-hydrochlorothiazide</i> )	NP	QL(1 ea daily)	ZESTORETIC ( <i>lisinopril &amp; hydrochlorothiazide</i> )	NP	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P	ST	ZIAC 5 MG-6.25 MG, 6.25 MG-10 MG ( <i>bisoprolol &amp; hydrochlorothiazide</i> )	NP	QL(1 ea daily)
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	QL(1 ea daily); ST	<b>Vasodilators</b>		
<i>propranolol &amp; hydrochlorothiazide</i>	P	QL(2 ea daily)	<i>hydralazine hcl tabs</i>	P	
<i>quinapril-hydrochlorothiazide 12.5 mg-20 mg</i>	P	QL(4 ea daily)	<i>minoxidil 2.5 mg</i>	P	QL(3 ea daily)
			<i>minoxidil 10 mg</i>	P	QL(10 ea daily)
			<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
			<b>Anti-infective Agents - Misc.</b>		
			FLAGYL TABS 500 MG ( <i>metronidazole</i> )	NP	



Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole tabs</i>	P	
<i>trimethoprim tabs</i>	P	
TRIMETHOPRIM TABS	P	
Anti-infective Misc. - Combinations		
BACTRIM TABS 80 MG-400 MG ( <i>sulfamethoxazole-trimethoprim</i> )	NP	
BACTRIM DS TABS 160 MG-800 MG ( <i>sulfamethoxazole-trimethoprim</i> )	NP	
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal tabs 0.12 mg-10.8 mg-36.2 mg-40.8 mg-81.6 mg</i>	P	
<i>sulfamethoxazole-trimethoprim tabs</i>	P	
<i>sulfamethoxazole-trimethoprim susp 40 mg/5ml-200 mg/5ml</i>	P	
Glycopeptides		
FIRVANQ SOLR OR	P	QL(300 ml per fill retail)
VANCOBIN CAPS 250 MG ( <i>vancomycin hcl</i> )	NP	QL(8 ea daily)
VANCOBIN CAPS 125 MG ( <i>vancomycin hcl</i> )	NP	QL(4 ea daily)
<i>vancomycin hcl solr iv 1 gm, 1000 mg</i>	P	QL(14 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg</i>	P	QL(14 ea per 31 days retail)
<i>vancomycin hcl caps 125 mg</i>	P	QL(4 ea daily)
<i>vancomycin hcl caps 250 mg</i>	P	QL(8 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	QL(300 ml per fill retail)
Leprostatics		

Drug Name	Drug Tier	Requirements/Limits
<i>dapsone</i>	P	
Lincosamides		
CLEOCIN 150 MG, 300 MG ( <i>clindamycin hcl</i> )	NP	
CLEOCIN PEDIATRIC GRANULES ( <i>clindamycin palmitate hydrochloride</i> )	NP	QL(300 ml per fill retail)
<i>clindamycin hcl 150 mg, 300 mg</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ml per fill retail)
Oxazolidinones		
SIVEXTRO TABS	P	QL(6 ea per fill retail); PA
Pleuromutilins		
XENLETA TABS	P	SP; PA
Urinary Anti-infectives		
MACROBID ( <i>nitrofurantoin monohyd macro</i> )	NP	
MACRODANTIN 50 MG, 100 MG ( <i>nitrofurantoin macrocrystal</i> )	NP	
<i>methenamine mandelate</i>	P	
<i>nitrofurantoin</i>	P	QL(40 ml daily)
<i>nitrofurantoin macrocrystal 50 mg, 100 mg</i>	P	
<i>nitrofurantoin monohyd macro</i>	P	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
Antimalarial Combinations		
COARTEM 20 MG-120 MG	P	QL(24 ea per fill retail)
Antimalarials		
<i>chloroquine phosphate tabs 250 mg</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate tabs 500 mg</i>	P	QL(1 ea daily)
<i>hydroxychloroquine sulfate 200 mg</i>	P	
KRINTAFEL	P	QL(0.67 ea daily)
<i>mefloquine hcl</i>	P	
PLAQUENIL ( <i>hydroxychloroquine sulfate</i> )	NP	
<i>primaquine phosphate tabs</i>	P	
PRIMAQUINE PHOSPHATE TABS ( <i>primaquine phosphate</i> )	NP	

#### ANTIMYASTHENIC/CHOLINERGIC AGENTS

Antimyasthenic/Cholinergic Agents		
MESTINON TABS ( <i>pyridostigmine bromide</i> )	NP	
MESTINON TIMESPAN TBCR ( <i>pyridostigmine bromide</i> )	NP	
<i>pyridostigmine bromide tabs 60 mg</i>	P	
<i>pyridostigmine bromide tbc</i>	P	

#### ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)

Antimycobacterial Agents		
<i>ethambutol hcl tabs</i>	P	
<i>isoniazid syrup</i>	P	
<i>isoniazid tabs</i>	P	
MYAMBUTOL TABS 400 MG ( <i>ethambutol hcl</i> )	NP	
MYCOBUTIN ( <i>rifabutin</i> )	NP	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin caps</i>	P	
TRECTOR	P	

#### ANTINEOPLASTICS AND ADJUNCTIVE

Drug Name	Drug Tier	Requirements/Limits
<b>THERAPIES - Drugs to Treat Cancer</b>		
Alkylating Agents		
ALKERAN ( <i>melphalan</i> )	NP	
LEUKERAN	P	
<i>melphalan</i>	P	
MYLERAN TABS	P	
Antimetabolites		
<i>mercaptopurine tabs</i>	P	
<i>methotrexate sodium tabs 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg</i>	P	
<i>methotrexate sodium soln 1 gm/40ml, 50 mg/2ml, 250 mg/10ml, 1000 mg/40ml</i>	P	
PURIXAN SUSP	P	
TREXALL TABS	P	
Antineoplastic - Angiogenesis Inhibitors		
ZIRABEV	P	SP; PA
Antineoplastic - Antibodies		
ENHERTU	P	SP; PA
PADCEV	P	SP; PA
RUXIENCE	P	SP; PA
TRUXIMA	P	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	P	SP; PA
OGIVRI	P	SP; PA
TRAZIMERA 420 MG	P	SP; PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	P	SP; PA
<i>anastrozole</i>	P	
ARIMIDEX ( <i>anastrozole</i> )	NP	
AROMASIN ( <i>exemestane</i> )	NP	
<i>bicalutamide</i>	P	QL(1 ea daily)
CASODEX ( <i>bicalutamide</i> )	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EULEXIN	P	
<i>exemestane</i>	P	
FARESTON ( <i>toremifene citrate</i> )	NP	PA
FEMARA ( <i>letrozole</i> )	NP	
<i>flutamide</i>	P	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	P	QL(0.167 ml daily); AL(At least 16 yrs old); SP; PA
<i>letrozole</i>	P	
<i>megestrol acetate tabs</i>	P	
<i>megestrol acetate susp</i>	P	
<i>tamoxifen citrate tabs</i>	P	
<i>toremifene citrate</i>	P	PA
ZYTIGA ( <i>abiraterone acetate</i> )	NP	SP; PA
Antineoplastic Combinations		
PHESGO	P	SP; PA
Antineoplastic Enzyme Inhibitors		
BRAFTOVI 75 MG	P	SP; PA
IBRANCE CAPS	P	SP; PA
IBRANCE TABS	P	SP; PA
ICLUSIG	P	QL(1 ea daily); SP; PA
INREBIC	P	SP; PA
MEKTOVI	P	SP; PA
ROZLYTREK	P	SP; PA
Antineoplastic Enzymes		
ASPARLAS	P	SP; PA
Antineoplastics Misc.		
HYDREA ( <i>hydroxyurea</i> )	NP	
<i>hydroxyurea</i>	P	
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium tabs</i>	P	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	P	
LODOSYN ( <i>carbidopa</i> )	NP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate tabs</i>	P	
<i>trihexyphenidyl hcl tabs</i>	P	
<i>trihexyphenidyl hcl soln</i>	P	QL(16.67 ml daily)
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	P	
<i>amantadine hcl soln</i>	P	
<i>bromocriptine mesylate caps</i>	P	
<i>bromocriptine mesylate tabs 2.5 mg</i>	P	
<i>carbidopa-levodopa tabs</i>	P	
<i>carbidopa-levodopa tbc</i>	P	
DHIVY TABS 25 MG-100 MG	P	
MIRAPEX TABS .125 MG, .5 MG, .75 MG, 1 MG ( <i>pramipexole dihydrochloride</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
PARLODEL CAPS ( <i>bromocriptine mesylate</i> )	NP	
PARLODEL TABS ( <i>bromocriptine mesylate</i> )	NP	
<i>pramipexole dihydrochloride tabs</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>ropinirole hydrochloride tabs .5 mg, 1 mg, 2 mg, 5 mg</i>	P	QL(3 ea daily)
<i>ropinirole hydrochloride tabs .25 mg, 3 mg, 4 mg</i>	P	QL(6 ea daily)
SINEMET TABS 10 MG-100 MG, 25 MG-100 MG ( <i>carbidopa-levodopa</i> )	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl caps</i>	P	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate tabs</i>	P	
<i>lithium carbonate tbc</i>	P	
<i>lithium carbonate caps</i>	P	
LITHIUM CARBONATE POWD	P	
LITHOBID TBCR ( <i>lithium carbonate</i> )	NP	
<b>Antipsychotics - Misc.</b>		
GEODON ( <i>ziprasidone hcl</i> )	NP	QL(2 ea daily); AL(At least 18 yrs old)
NUPLAZID TABS 10 MG	P	QL(1 ea daily); PA
NUPLAZID CAPS	P	QL(1 ea daily); PA
<i>ziprasidone hcl</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
<b>Benzisoxazoles</b>		
INVEGA SUSTENNA 39 MG/0.25ML	P	QL(0.25 ml per 28 days retail); SP; PA
INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ml per 28 days retail); SP; PA
INVEGA SUSTENNA 156 MG/ML	P	QL(2 ml per 28 days retail); SP; PA
INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ml per 28 days retail); SP; PA
INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ml per 28 days retail); SP; PA
INVEGA TRINZA 410 MG/1.32ML	P	1 rtl MAX fill; 84 rtl day(s) supply; QL(1.4 ml per fill retail); SP; PA

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA 546 MG/1.75ML	P	1 rtl MAX fill; 84 rtl day(s) supply; QL(1.8 ml per fill retail); SP; PA
INVEGA TRINZA 273 MG/0.88ML	P	1 rtl MAX fill; 84 rtl day(s) supply; QL(0.88 ml per fill retail); SP; PA
INVEGA TRINZA 819 MG/2.63ML	P	1 rtl MAX fill; 84 rtl day(s) supply; QL(2.7 ml per fill retail); SP; PA
PERSERIS PRSY	P	QL(1 ea per 28 days retail); SP; PA
RISPERDAL SOLN ( <i>risperidone</i> )	NP	QL(4 ml daily); AL(At least 5 yrs old)
RISPERDAL TABS .5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>risperidone</i> )	NP	QL(4 ea daily); AL(At least 5 yrs old)
RISPERDAL CONSTA	P	QL(2 ea per 28 days retail); SP; PA
<i>risperidone soln</i>	P	QL(4 ml daily); AL(At least 5 yrs old)
<i>risperidone tabs</i>	P	QL(4 ea daily); AL(At least 5 yrs old)
<i>risperidone tbdp</i>	P	QL(2 ea daily); AL(At least 5 yrs old)
<b>Butyrophenones</b>		
HALDOL DECANOATE 100 ( <i>haloperidol decanoate</i> )	NP	
HALDOL DECANOATE 50 ( <i>haloperidol decanoate</i> )	NP	
<i>haloperidol tabs .5 mg, 1 mg, 2 mg, 5 mg, 10 mg</i>	P	QL(3 ea daily)
<i>haloperidol tabs 20 mg</i>	P	
<i>haloperidol decanoate</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate conc</i>	P		<i>chlorpromazine hcl tabs 10 mg</i>	P	QL(10 ea daily)
<b>Dibenzapines</b>			<i>chlorpromazine hcl tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	P	QL(3 ea daily)
<i>clozapine tabs 100 mg</i>	P	QL(9 ea daily); AL(At least 18 yrs old)	<i>fluphenazine decanoate</i>	P	
<i>clozapine tabs 25 mg, 50 mg, 200 mg</i>	P	QL(3 ea daily); AL(At least 18 yrs old)	<i>fluphenazine hcl tabs</i>	P	
CLOZARIL TABS 100 MG ( <i>clozapine</i> )	NP	QL(9 ea daily); AL(At least 18 yrs old)	<i>perphenazine tabs</i>	P	QL(4 ea daily)
CLOZARIL TABS 25 MG, 50 MG, 200 MG ( <i>clozapine</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)	<i>prochlorperazine</i>	P	
<i>loxapine succinate</i>	P	QL(4 ea daily)	<i>prochlorperazine maleate tabs</i>	P	
<i>olanzapine tabs 7.5 mg, 10 mg</i>	P	QL(2 ea daily); AL(At least 10 yrs old)	<i>thioridazine hcl</i>	P	QL(3 ea daily)
<i>olanzapine tabs 2.5 mg, 5 mg</i>	P	QL(4 ea daily); AL(At least 10 yrs old)	<i>trifluoperazine hcl tabs</i>	P	QL(2 ea daily)
<i>olanzapine tabs 15 mg, 20 mg</i>	P	QL(1 ea daily); AL(At least 10 yrs old)	<b>Quinolinone Derivatives</b>		
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	P	QL(4 ea daily); AL(At least 10 yrs old)	ABILIFY TABS ( <i>aripiprazole</i> )	NP	QL(1 ea daily); AL(At least 6 yrs old)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	P	QL(2 ea daily); AL(At least 10 yrs old)	ABILIFY MAINTENA PRSY	P	QL(1 ea per 28 days retail); SP; PA
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)	ABILIFY MAINTENA SRER	P	QL(1 ea per 28 days retail); SP; PA
SEROQUEL TABS 300 MG, 400 MG ( <i>quetiapine fumarate</i> )	NP	QL(2 ea daily); AL(At least 10 yrs old)	<i>aripiprazole soln or</i>	P	QL(750 ml per 31 days retail); AL(At least 6 yrs old); PA
ZYPREXA TABS 7.5 MG, 10 MG ( <i>olanzapine</i> )	NP	QL(2 ea daily); AL(At least 10 yrs old)	<i>aripiprazole tbdp</i>	P	QL(1 ea daily); AL(At least 6 yrs old); PA
ZYPREXA TABS 2.5 MG, 5 MG ( <i>olanzapine</i> )	NP	QL(4 ea daily); AL(At least 10 yrs old)	<i>aripiprazole tabs</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
ZYPREXA TABS 15 MG, 20 MG ( <i>olanzapine</i> )	NP	QL(1 ea daily); AL(At least 10 yrs old)	ARISTADA 441 MG/1.6ML	P	QL(1.6 ml per 28 days retail); SP; PA
<b>Phenothiazines</b>			ARISTADA 662 MG/2.4ML	P	QL(2.4 ml per 28 days retail); SP; PA
			ARISTADA 1064 MG/3.9ML	P	1 rtl MAX fill; 56 rtl day(s) supply; QL(4 ml per fill retail); SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARISTADA 882 MG/3.2ML	P	QL(3.2 ml per 28 days retail); SP; PA	COMPLERA 25 MG-200 MG-300 MG	P	QL(1 ea daily)
ARISTADA INITIO	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(2.5 ml per fill retail); SP; PA	CRIXIVAN 400 MG	P	QL(6 ea daily)
Thioxanthenes			DELSTRIGO 100 MG-300 MG-300 MG	P	QL(1 ea daily)
<i>thiothixene</i>	P	QL(3 ea daily)	DESCOVY	P	QL(1 ea daily); PA
<b>ANTISEPTICS &amp; DISINFECTANTS</b>			<i>didanosine cpdr 200 mg, 250 mg, 400 mg</i>	P	QL(1 ea daily)
Antiseptics & Disinfectants			DOVATO 300 MG-50 MG	P	QL(1 ea daily)
<i>formaldehyde soln 10 %</i>	P	QL(90 ml per fill retail)	EDURANT	P	QL(1 ea daily)
Chlorine Antiseptics			<i>efavirenz tabs</i>	P	QL(1 ea daily)
<i>chlorhexidine gluconate liqd</i>	P		<i>efavirenz caps 200 mg</i>	P	QL(1 ea daily)
HIBICLENS LIQD ( <i>chlorhexidine gluconate</i> )	NP		<i>efavirenz caps 50 mg</i>	P	QL(2 ea daily)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>			<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg-600 mg</i>	P	QL(1 ea daily)
Antiretrovirals			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)
<i>abacavir sulfate tabs</i>	P	QL(2 ea daily)	<i>emtricitabine caps</i>	P	QL(1 ea daily)
<i>abacavir sulfate soln</i>	P	QL(30 ml daily)	<i>emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg, 300 mg-200 mg</i>	P	QL(1 ea daily)
<i>abacavir sulfate-lamivudine 600 mg-300 mg</i>	P	QL(1 ea daily)	EMTRIVA SOLN	P	QL(24 ml daily)
<i>abacavir sulfate-lamivudine-zidovudine 150 mg-300 mg-300 mg</i>	P	QL(2 ea daily)	EMTRIVA CAPS ( <i>emtricitabine</i> )	NP	QL(1 ea daily)
APTIVUS SOLN	P	QL(10 ml daily); ST	EPIVIR TABS 300 MG ( <i>lamivudine</i> )	NP	QL(1 ea daily)
APTIVUS CAPS	P	QL(4 ea daily); ST	EPIVIR TABS 150 MG ( <i>lamivudine</i> )	NP	QL(2 ea daily)
<i>atazanavir sulfate caps 300 mg</i>	P		EPIVIR SOLN ( <i>lamivudine</i> )	NP	QL(30 ml daily)
<i>atazanavir sulfate caps 150 mg, 200 mg</i>	P	QL(2 ea daily)	EPZICOM 300 MG-600 MG ( <i>abacavir sulfate-lamivudine</i> )	NP	QL(1 ea daily)
BIKTARVY	P	QL(1 ea daily)	<i>etravirine</i>	P	QL(4 ea daily)
CIMDUO 300 MG-300 MG	P	QL(1 ea daily); ST	<i>etravirine 200 mg</i>	P	QL(2 ea daily)
			EVOTAZ 150 MG-300 MG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir calcium tabs</i>	P	QL(4 ea daily)	<i>nevirapine tb24 100 mg</i>	P	QL(3 ea daily)
GENVOYA 10 MG-150 MG-150 MG-200 MG	P	QL(1 ea daily)	<i>nevirapine tb24 400 mg</i>	P	QL(1 ea daily)
INTELENCE 100 MG ( <i>etravirine</i> )	NP	QL(4 ea daily)	<i>nevirapine susp</i>	P	QL(40 ml daily)
INTELENCE 200 MG ( <i>etravirine</i> )	NP	QL(2 ea daily)	NORVIR TABS ( <i>ritonavir</i> )	NP	QL(12 ea daily)
INTELENCE	P	QL(4 ea daily)	NORVIR SOLN	P	QL(15 ml daily)
INVIRASE TABS	P	QL(4 ea daily); ST	ODEFSEY 200 MG-25 MG-25 MG	P	
ISENTRESS CHEW 25 MG	P	QL(12 ea daily)	PIFELTRO	P	QL(1 ea daily)
ISENTRESS CHEW 100 MG	P	QL(6 ea daily)	PREZCOBIX 150 MG-800 MG	P	QL(1 ea daily)
ISENTRESS PACK	P	QL(2 ea daily)	PREZISTA TABS 800 MG	P	QL(1 ea daily); ST
ISENTRESS TABS	P	QL(2 ea daily)	PREZISTA TABS 150 MG	P	QL(3 ea daily); ST
JULUCA 50 MG-25 MG	P	QL(1 ea daily)	PREZISTA TABS 75 MG, 600 MG	P	QL(2 ea daily); ST
KALETRA SOLN 100 MG/5ML-400 MG/5ML ( <i>lopinavir-ritonavir</i> )	NP	QL(16 ml daily)	PREZISTA SUSP	P	QL(12 ml daily); ST
KALETRA TABS 50 MG-200 MG ( <i>lopinavir-ritonavir</i> )	NP	QL(6 ea daily)	RETROVIR SYRP ( <i>zidovudine</i> )	NP	QL(60 ml daily)
KALETRA TABS ( <i>lopinavir-ritonavir</i> )	NP	QL(4 ea daily)	RETROVIR CAPS ( <i>zidovudine</i> )	NP	QL(6 ea daily)
<i>lamivudine tabs 150 mg</i>	P	QL(2 ea daily)	REYATAZ PACK	P	QL(6 ea daily)
<i>lamivudine soln</i>	P	QL(30 ml daily)	REYATAZ CAPS 150 MG, 200 MG ( <i>atazanavir sulfate</i> )	NP	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	P	QL(1 ea daily)	REYATAZ CAPS 300 MG ( <i>atazanavir sulfate</i> )	NP	
LEXIVA SUSP	P	QL(56 ml daily)	<i>ritonavir tabs</i>	P	QL(12 ea daily)
LEXIVA TABS ( <i>fosamprenavir calcium</i> )	NP	QL(4 ea daily)	RUKOBIA	P	PA
<i>lopinavir-ritonavir tabs 50 mg-200 mg</i>	P	QL(6 ea daily)	SELZENTRY TABS 300 MG ( <i>maraviroc</i> )	NP	QL(4 ea daily)
<i>lopinavir-ritonavir soln 400 mg/5ml-100 mg/5ml</i>	P	QL(16 ml daily)	SELZENTRY TABS 150 MG ( <i>maraviroc</i> )	NP	QL(2 ea daily)
<i>lopinavir-ritonavir tabs 100 mg-25 mg</i>	P	QL(4 ea daily)	SELZENTRY SOLN	P	QL(35 ml daily)
<i>maraviroc tabs 150 mg</i>	P	QL(2 ea daily)	<i>stavudine caps</i>	P	QL(2 ea daily)
<i>maraviroc tabs 300 mg</i>	P	QL(4 ea daily)	STRIBILD 150 MG-150 MG-200 MG-300 MG	P	QL(1 ea daily)
<i>nevirapine tabs</i>	P	QL(2 ea daily)	SUSTIVA CAPS 50 MG ( <i>efavirenz</i> )	NP	QL(2 ea daily)
			SUSTIVA CAPS 200 MG ( <i>efavirenz</i> )	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SUSTIVA TABS (efavirenz)	NP	QL(1 ea daily)
SYMFI 300 MG-300 MG-600 MG (efavirenz-lamivudine-tenofovir disoproxil fumarate)	NP	QL(1 ea daily)
SYMFI LO 300 MG-300 MG-400 MG (efavirenz-lamivudine-tenofovir disoproxil fumarate)	NP	QL(1 ea daily)
TEMIXYS 300 MG-300 MG	P	QL(1 ea daily); ST
tenofovir disoproxil fumarate tabs	P	QL(1 ea daily)
TIVICAY TABS 50 MG	P	
TRIUMEQ TABS 50 MG-300 MG-600 MG	P	QL(1 ea daily); AL(At least 18 yrs old)
TRIZIVIR 150 MG-300 MG-300 MG	P	QL(2 ea daily)
TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	NP	QL(1 ea daily)
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)
VIRAMUNE SUSP (nevirapine)	NP	QL(40 ml daily)
VIRAMUNE XR TB24 400 MG (nevirapine)	NP	QL(1 ea daily)
VIREAD TABS	P	QL(1 ea daily)
VIREAD POWD	P	QL(8 gm daily)
VIREAD TABS (tenofovir disoproxil fumarate)	NP	QL(1 ea daily)
ZIAGEN SOLN (abacavir sulfate)	NP	QL(30 ml daily)
ZIAGEN TABS (abacavir sulfate)	NP	QL(2 ea daily)
zidovudine tabs	P	QL(2 ea daily)
zidovudine caps	P	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
zidovudine syrp	P	QL(60 ml daily)
CMV Agents		
VALCYTE TABS (valganciclovir hcl)	NP	QL(2 ea daily)
valganciclovir hcl tabs	P	QL(2 ea daily)
Hepatitis Agents		
MAVYRET TABS 40 MG-100 MG	P	QL(3 ea daily); SP; PA
MAVYRET PACK 50 MG-20 MG	P	QL(6 ea daily); SP; PA
SOFOSBUVIR/VELPATA SVIR TABS 100 MG-400 MG	P	QL(1 ea daily); SP; PA
VEMLIDY	P	SP; PA
Herpes Agents		
acyclovir susp	P	QL(400 ml per 31 days retail)
acyclovir tabs or 400 mg	P	QL(3 ea daily)
acyclovir caps	P	QL(50 ea per 31 days retail)
acyclovir tabs or 800 mg	P	QL(50 ea per 31 days retail)
famciclovir	P	
valacyclovir hcl 1 gm, 1000 mg	P	QL(42 ea per 21 days retail)
valacyclovir hcl 500 mg	P	QL(2 ea daily)
VALTREX 1 GM (valacyclovir hcl)	NP	QL(42 ea per 21 days retail)
VALTREX 500 MG (valacyclovir hcl)	NP	QL(2 ea daily)
ZOVIRAX SUSP (acyclovir)	NP	QL(400 ml per 31 days retail)
Influenza Agents		
oseltamivir phosphate susr	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate caps 30 mg</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 31 days retail)	<i>labetalol hcl tabs 300 mg</i>	P	QL(8 ea daily)
<i>oseltamivir phosphate caps 45 mg, 75 mg</i>	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)	<b>Beta Blockers Cardio-Selective</b>		
RELENZA DISKHALER	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s); AL(At least 5 yrs old)	<i>acebutolol hcl caps</i>	P	
TAMIFLU SUSR ( <i>oseltamivir phosphate</i> )	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)	<i>atenolol tabs</i>	P	QL(2 ea daily)
TAMIFLU CAPS 45 MG, 75 MG ( <i>oseltamivir phosphate</i> )	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)	<i>bisoprolol fumarate</i>	P	QL(1 ea daily)
TAMIFLU CAPS 30 MG ( <i>oseltamivir phosphate</i> )	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 31 days retail)	LOPRESSOR TABS 100 MG ( <i>metoprolol tartrate</i> )	NP	QL(4.5 ea daily)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>			LOPRESSOR TABS 50 MG ( <i>metoprolol tartrate</i> )	NP	QL(4 ea daily)
<b>Alpha-Beta Blockers</b>			<i>metoprolol succinate tb24 200 mg</i>	P	QL(2 ea daily)
<i>carvedilol 25 mg</i>	P	QL(4 ea daily)	<i>metoprolol succinate tb24 25 mg, 50 mg, 100 mg</i>	P	QL(4 ea daily)
<i>carvedilol 3.125 mg, 6.25 mg, 12.5 mg</i>	P	QL(2 ea daily)	<i>metoprolol tartrate tabs 25 mg, 50 mg</i>	P	QL(4 ea daily)
<i>carvedilol phosphate</i>	P	QL(1 ea daily)	<i>metoprolol tartrate tabs 100 mg</i>	P	QL(4.5 ea daily)
COREG 3.125 MG, 6.25 MG, 12.5 MG ( <i>carvedilol</i> )	NP	QL(2 ea daily)	TENORMIN TABS ( <i>atenolol</i> )	NP	QL(2 ea daily)
COREG 25 MG ( <i>carvedilol</i> )	NP	QL(4 ea daily)	TOPROL XL TB24 25 MG, 50 MG, 100 MG ( <i>metoprolol succinate</i> )	NP	QL(4 ea daily)
COREG CR ( <i>carvedilol phosphate</i> )	NP	QL(1 ea daily)	TOPROL XL TB24 200 MG ( <i>metoprolol succinate</i> )	NP	QL(2 ea daily)
<i>labetalol hcl tabs 100 mg</i>	P	QL(3 ea daily)	<b>Beta Blockers Non-Selective</b>		
<i>labetalol hcl tabs 200 mg</i>	P	QL(6 ea daily)	BETAPACE TABS 80 MG, 120 MG, 160 MG ( <i>sotalol hcl</i> )	NP	
			BETAPACE AF ( <i>sotalol hcl (afib/afll)</i> )	NP	QL(2 ea daily)
			CORGARD TABS 20 MG, 40 MG, 80 MG ( <i>nadolol</i> )	NP	QL(2 ea daily)
			INDERAL LA CP24 ( <i>propranolol hcl</i> )	NP	QL(2 ea daily)
			<i>nadolol tabs 20 mg, 40 mg, 80 mg</i>	P	QL(2 ea daily)
			<i>pindolol tabs</i>	P	
			<i>propranolol hcl tabs</i>	P	
			<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl cp24</i>	P	QL(2 ea daily)
<i>sotalol hcl tabs</i>	P	
<i>sotalol hcl (afib/af)</i>	P	QL(2 ea daily)
<i>timolol maleate tabs</i>	P	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
Calcium Channel Blockers		
<i>amlodipine besylate tabs</i>	P	QL(1 ea daily)
CALAN SR TBCR ( <i>verapamil hcl</i> )	NP	QL(2 ea daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG ( <i>diltiazem hcl</i> )	NP	QL(3 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG ( <i>diltiazem hcl coated beads</i> )	NP	QL(1 ea daily)
CARDIZEM CD CP24 240 MG ( <i>diltiazem hcl coated beads</i> )	NP	QL(2 ea daily)
<i>diltiazem hcl cp12</i>	P	QL(2 ea daily)
<i>diltiazem hcl tabs</i>	P	QL(3 ea daily)
<i>diltiazem hcl cp24 120 mg, 180 mg</i>	P	QL(1 ea daily)
<i>diltiazem hcl cp24 240 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl coated beads cp24 240 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg</i>	P	QL(1 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>felodipine</i>	P	QL(1 ea daily)
<i>nicardipine hcl caps</i>	P	
<i>nifedipine caps</i>	P	QL(4 ea daily)
<i>nifedipine tb24 30 mg, 90 mg</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tb24 60 mg</i>	P	QL(2 ea daily)
NORVASC TABS ( <i>amlodipine besylate</i> )	NP	QL(1 ea daily)
PROCARDIA CAPS ( <i>nifedipine</i> )	NP	QL(4 ea daily)
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)
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG ( <i>diltiazem hcl extended release beads</i> )	NP	QL(1 ea daily)
TIAZAC 240 MG ( <i>diltiazem hcl extended release beads</i> )	NP	QL(2 ea daily)
<i>verapamil hcl tbc</i>	P	QL(2 ea daily)
<i>verapamil hcl tabs</i>	P	QL(3 ea daily)
<i>verapamil hcl cp24 120 mg, 180 mg, 240 mg, 360 mg</i>	P	QL(1 ea daily)
VERELAN CP24 ( <i>verapamil hcl</i> )	NP	QL(1 ea daily)
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
Cardiac Glycosides		
<i>digoxin tabs .125 mg, .25 mg, 125 mcg, 250 mcg</i>	P	
<i>digoxin soln or .05 mg/ml</i>	P	
LANOXIN TABS 125 MCG, 250 MCG ( <i>digoxin</i> )	NP	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI SOLR	P	SP; PA
UPTRAVI TABS	P	SP; PA
UPTRAVI TITRATION PACK TBPK	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Transthyretin Stabilizers		
VYNDAMAX	P	SP; PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	P	
<i>cefadroxil tabs</i>	P	
<i>cefadroxil susr</i>	P	
<i>cephalexin susr</i>	P	
<i>cephalexin caps 250 mg, 500 mg</i>	P	
Cephalosporins - 2nd Generation		
<i>cefaclor susr 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	P	
<i>cefaclor caps</i>	P	
CEFACLOR SUSR	P	
<i>cefprozil susr 125 mg/5ml</i>	P	2 rtl pack lmt per fill; AL(Up to 12 yrs old)
<i>cefprozil susr 250 mg/5ml</i>	P	1 rtl pack lmt per fill; AL(Up to 12 yrs old)
<i>cefprozil tabs</i>	P	QL(20 ea per fill retail)
<i>cefuroxime axetil tabs</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 rtl pack lmt per fill
<i>cefixime caps</i>	P	
<i>ceftriaxone sodium inj 1 gm, 250 mg, 500 mg</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(3 ea per fill retail)
SUPRAX CAPS ( <i>cefixime</i> )	NP	
<b>CHEMICALS</b>		
Bulk Chemicals - H's		
HYDROXYUREA	P	

Drug Name	Drug Tier	Requirements/Limits
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
Combination Contraceptives - Oral		
<i>desogestrel &amp; ethinyl estradiol</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	
<i>drospirenone-ethinyl estradiol</i>	P	
ESTROSTEP FE 1 MG-75 MG ( <i>norethindrone acetate-ethinyl estradiol-fe</i> )	NP	
<i>ethynodiol diacet &amp; eth estrad</i>	P	
GENERESS FE 0.8 MG-25 MCG-75 MG ( <i>norethindrone &amp; ethinyl estradiol-fe</i> )	NP	
<i>levonorgestrel &amp; eth estradiol tabs</i>	P	
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 mg-0.15 mg</i>	P	
MIRCETTE 0 ( <i>desogestrel-ethinyl estradiol (biphasic)</i> )	NP	
<i>norethin acet &amp; estrad-fe tabs</i>	P	
<i>norethindrone &amp; eth estradiol</i>	P	
<i>norethindrone &amp; ethinyl estradiol-fe</i>	P	
<i>norethindrone acet &amp; eth estra</i>	P	
<i>norethindrone acetate-ethinyl estradiol-fe 1 mg-75 mg</i>	P	
<i>norethindrone-eth estradiol (triphasic) 0</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol 35 mcg-0.25 mg</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic) 0</i>	P	
<i>norgestrel &amp; ethinyl estradiol 0.3 mg-30 mcg</i>	P	QL(2 ea daily)
SEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	NP	
TYBLUME CHEW 0.1 MG-20 MCG	P	
YASMIN 28 0.03 MG-3 MG ( <i>drospirenone-ethinyl estradiol</i> )	NP	
YAZ 0.02 MG-3 MG ( <i>drospirenone-ethinyl estradiol</i> )	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol 35 mcg/24hr-150 mcg/24hr</i>	P	
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol 0.12 mg/24hr-0.015 mg/24hr</i>	P	QL(6 ea per fill retail)
NUVARING 0.015 MG/24HR-0.12 MG/24HR ( <i>etonogestrel-ethinyl estradiol</i> )	NP	QL(6 ea per fill retail)
Emergency Contraceptives		
ELLA	P	QL(4 ea per 365 days retail)
<i>levonorgestrel (emergency oc) 1.5 mg</i>	P	4 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per 21 days retail)
PLAN B ONE-STEP ( <i>levonorgestrel (emergency oc)</i> )	NP	4 rtl MAX fill; 365 rtl day(s) supply; QL(1 ea per 21 days retail)
Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE SUSP IM ( <i>medroxyprogesterone acetate (contraceptive)</i> )	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY IM ( <i>medroxyprogesterone acetate (contraceptive)</i> )	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susy im</i>	P	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susp im</i>	P	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	P	
ORTHO MICRONOR ( <i>norethindrone (contraceptive)</i> )	NP	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
Glucocorticosteroids		
CORTEF TABS ( <i>hydrocortisone</i> )	NP	
CORTISONE ACETATE TABS	P	
<i>dexamethasone soln</i>	P	
<i>dexamethasone elix</i>	P	
<i>dexamethasone tabs</i>	P	
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	P	QL(150 ml per 31 days retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	P	QL(150 ml per 31 days retail)
<i>hydrocortisone tabs</i>	P	
MEDROL TABS 4 MG, 8 MG ( <i>methylprednisolone</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEDROL DOSEPAK TBPK (methylprednisolone)	NP		DELSYM COUGH CHILDRENS SUER (dextromethorphan polistirex)	NP	QL(240 ml per 6 days retail)
<i>methylprednisolone tabs 4 mg, 8 mg</i>	P		<i>dextromethorphan hbr liqd 7.5 mg/5ml</i>	P	QL(240 ml per 6 days retail)
<i>methylprednisolone tbpk</i>	P		<i>dextromethorphan polistirex suer</i>	P	QL(240 ml per 6 days retail)
MILLIPRED TABS	P		<i>dextromethorphan polistirex lqcr</i>	P	QL(240 ml per 6 days retail)
PEDIAPRED SOLN (prednisolone sodium phosphate)	NP		HYCODAN SOLN 1.5 MG/5ML-5 MG/5ML (hydrocodone bitartrate-homatropine methylbromide)	NP	AL(At least 18 yrs old)
<i>prednisolone soln</i>	P		<i>hydrocodone bitartrate-homatropine methylbromide soln 1.5 mg/5ml-5 mg/5ml</i>	P	AL(At least 18 yrs old)
<i>prednisolone sodium phosphate soln 20 mg/5ml</i>	P	QL(150 ml per fill retail)	TESSALON PERLES (benzonatate)	NP	QL(6 ea daily); AL(At least 10 yrs old)
<i>prednisolone sodium phosphate soln 5 mg/5ml, 6.7 mg/5ml, 15 mg/5ml</i>	P		TRIAMINIC LONG ACTING COUGH LIQD (dextromethorphan hbr)	NP	QL(240 ml per 6 days retail)
<i>prednisone soln</i>	P		<b>Cough/Cold/Allergy Combinations</b>		
<i>prednisone tabs</i>	P		<i>brompheniramine &amp; phenyleph elix 1 mg/5ml-2.5 mg/5ml</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(120 ml per fill retail)
<i>prednisone tbpk</i>	P		<i>brompheniramine &amp; pseudoeph elix 1 mg/5ml-15 mg/5ml</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(120 ml per fill retail)
PREDNISON INTENSOL CONC	P		<i>brompheniramine &amp; pseudoeph liqd 1 mg/5ml-15 mg/5ml</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(120 ml per fill retail)
<b>Mineralocorticoids</b>			<i>cetirizine-pseudoephedrine 5 mg-120 mg</i>	P	QL(2 ea daily)
<i>fludrocortisone acetate tabs</i>	P		COLD & FLU RELIEF NIGHTTIME D LIQD 6.25 MG/15ML-15 MG/15ML-30 MG/15ML-500 MG/15ML	P	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>					
<b>Antitussives</b>					
<i>benzonatate 100 mg</i>	P	QL(6 ea daily); AL(At least 10 yrs old)			
<i>benzonatate 200 mg</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(3 ea daily); AL(At least 10 yrs old)			
DELSYM SUER (dextromethorphan polistirex)	NP	QL(240 ml per 6 days retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-doxylamine-acetaminophen liqd</i>	P		<i>loratadine &amp; pseudoephedrine tb24 10 mg-240 mg</i>	P	QL(1 ea daily)
<i>dextromethorphan-guaifenesin syrp 10 mg/5ml-10 mg/5ml-100 mg/5ml-100 mg/5ml, 10 mg/5ml-100 mg/5ml</i>	P	QL(240 ml per fill retail)	<i>loratadine &amp; pseudoephedrine tb12 5 mg-120 mg</i>	P	QL(2 ea daily)
<i>dextromethorphan-guaifenesin liqd 100 mg/5ml-5 mg/5ml, 20 mg/20ml-400 mg/20ml, 30 mg/5ml-200 mg/5ml, 30 mg/5ml-30 mg/5ml-200 mg/5ml-200 mg/5ml, 400 mg/20ml-20 mg/20ml, 5 mg/5ml-100 mg/5ml</i>	P		MAXI-TUSS PE LIQD 5 MG/5ML-2 MG/5ML	P	
<i>dextromethorphan-guaifenesin tb12 30 mg-600 mg</i>	P	QL(2 ea daily)	MAXI-TUSS PE MAX LIQD 100 MG/5ML-5 MG/5ML	P	QL(240 ml per 6 days retail)
<i>dextromethorphan-guaifenesin liqd 10 mg/5ml-100 mg/5ml, 10 mg/5ml-200 mg/5ml, 100 mg/5ml-10 mg/5ml, 15 mg/7.5ml-150 mg/7.5ml, 20 mg/10ml-200 mg/10ml, 200 mg/10ml-20 mg/10ml, 200 mg/5ml-10 mg/5ml</i>	P	QL(240 ml per fill retail)	MUCINEX D TB12 60 MG-600 MG ( <i>pseudoephedrine-guaifenesin</i> )	NP	QL(210 ea per fill retail)
<i>dextromethorphan-phenylephrine-acetaminophen caps 5 mg-10 mg-325 mg</i>	P		MUCINEX D MAXIMUM STRENGTH TB12 120 MG-1200 MG ( <i>pseudoephedrine-guaifenesin</i> )	NP	QL(0 ea daily)
DIMETAPP COLD & ALLERGY ELIX ( <i>brompheniramine &amp; phenyleph</i> )	NP	1 rtl MAX fill; 31 rtl day(s) supply; QL(120 ml per fill retail)	MUCINEX DM TB12 30 MG-600 MG ( <i>dextromethorphan-guaifenesin</i> )	NP	QL(2 ea daily)
ED BRON GP LIQD 5 MG/5ML-100 MG/5ML	P	QL(240 ml per 6 days retail)	<i>phenylephrine-chlorphen-dm liqd 4 mg/5ml-10 mg/5ml-15 mg/5ml</i>	P	QL(240 ml per fill retail)
<i>guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml</i>	P		<i>phenylephrine-dm soln 5 mg/5ml-2.5 mg/5ml</i>	P	QL(240 ml per fill retail)
<i>guaifenesin-codeine syrp 10 mg/5ml-100 mg/5ml</i>	P		<i>phenylephrine-dm liqd 2.5 mg/5ml-5 mg/5ml</i>	P	QL(240 ml per fill retail)
<i>guaifenesin-codeine soln</i>	P		<i>promethazine &amp; phenylephrine syrp 5 mg/5ml-6.25 mg/5ml</i>	P	QL(240 ml per 6 days retail); AL(At least 2 yrs old)
LOHIST-D LIQD 2 MG/5ML-30 MG/5ML	P		<i>promethazine w/codeine syrp 10 mg/5ml-6.25 mg/5ml</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
			<i>promethazine w/codeine soln 6.25 mg/5ml-10 mg/5ml</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
			<i>promethazine-dm syrp 6.25 mg/5ml-15 mg/5ml</i>	P	QL(240 ml per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenylephrine-codeine 5 mg/5ml-6.25 mg/5ml-10 mg/5ml</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old)	MUCINEX TB12 ( <i>guaifenesin</i> )	NP	1 rtl MAX fill; 31 rtl day(s) supply; QL(40 ea per fill retail)
<i>pseudoephed-bromphen-dm syrps 2 mg/5ml-10 mg/5ml-30 mg/5ml, 30 mg/5ml-2 mg/5ml-10 mg/5ml</i>	P	QL(240 ml per fill retail)	MUCINEX MAXIMUM STRENGTH TB12 ( <i>guaifenesin</i> )	NP	QL(0 ea daily)
<i>pseudoephedrine w/ dm-gg liqd 10 mg/5ml-30 mg/5ml-100 mg/5ml</i>	P	QL(240 ml per 6 days retail)	<i>potassium iodide (expectorant) soln</i>	P	
<i>pseudoephedrine-guaifenesin syrps 30 mg/5ml-100 mg/5ml</i>	P		SSKI SOLN ( <i>potassium iodide (expectorant)</i> )	NP	
<i>pseudoephedrine-guaifenesin tb12 60 mg-600 mg, 600 mg-60 mg</i>	P	QL(210 ea per fill retail)	Misc. Respiratory Inhalants		
<i>pseudoephedrine-guaifenesin tb12 120 mg-1200 mg</i>	P	QL(0 ea daily)	<i>sodium chloride (inhalant) nebu .9 %, 3 %, 10 %</i>	P	
<i>pseudoephedrine-ibuprofen tabs 30 mg-200 mg</i>	P		<i>sodium chloride (inhalant) aers</i>	P	QL(240 ml per fill retail)
PX DAYTIME MULTI-SYMP TOM CAPS 15 MG-30 MG-325 MG	P		Mucolytics		
PX NITETIME MULTI-SYMP TOM CAPS 6.25 MG-15 MG-30 MG-325 MG	P		<i>acetylcysteine soln</i>	P	
SCOT-TUSSIN DM LIQD 2 MG/5ML-15 MG/5ML	P		<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
VIRTUSSIN DAC SOLN 70 %-10 MG/5ML-30 MG/5ML-100 MG/5ML	P		Acne Products		
Expectorants			ABSORICA 10 MG, 20 MG, 30 MG, 40 MG ( <i>isotretinoin</i> )	NP	QL(2 ea daily); AL(At least 12 yrs old); PA
<i>guaifenesin tb12 1200 mg</i>	P	QL(0 ea daily)	ACNE MEDICATION 10 LOTN	P	
<i>guaifenesin tb12 600 mg</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(40 ea per fill retail)	ACNE MEDICATION 5 LOTN	P	
			BENZAC AC WASH LIQD 5 % ( <i>benzoyl peroxide</i> )	NP	RX/OTC
			<i>benzoyl peroxide bar</i>	P	
			<i>benzoyl peroxide liqd 4 %, 5 %, 6 %, 10 %</i>	P	
			<i>benzoyl peroxide gel 2.5 %, 5 %, 10 %</i>	P	
			BENZOYL PEROXIDE CLEANSER LIQD	P	
			CLEOCIN-T LOTN ( <i>clindamycin phosphate (topical)</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLINDAGEL GEL (clindamycin phosphate (topical))	NP	QL(60 ml per fill retail)	<i>tretinoin crea .025 % , .05 % , .1 %</i>	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)
<i>clindamycin phosphate (topical) soln</i>	P		<i>tretinoin gel .01 %</i>	P	QL(15 gm per fill retail); AL(Up to 35 yrs old)
<i>clindamycin phosphate (topical) lotn</i>	P		<b>Antibiotics - Topical</b>		
<i>clindamycin phosphate (topical) gel</i>	P	QL(60 gm per fill retail)	<i>bacitracin (topical) oint</i>	P	1 rtl pack lmt per fill
DIFFERIN DAILY DEEP CLEANSER LIQD (benzoyl peroxide)	NP	RX/OTC	<i>bacitracin zinc oint</i>	P	1 rtl pack lmt per fill
ERYGEL GEL (erythromycin (acne aid))	NP	1 rtl pack lmt per fill	CENTANY OINT	P	QL(30 gm per 31 days retail)
<i>erythromycin (acne aid) gel</i>	P	1 rtl pack lmt per fill	<i>gentamicin sulfate (topical) oint</i>	P	QL(1 gm daily; 30 gm per fill retail)
<i>erythromycin (acne aid) soln</i>	P		<i>gentamicin sulfate (topical) crea</i>	P	QL(1 gm daily; 30 gm per fill retail)
<i>isotretinoin 10 mg, 20 mg, 30 mg, 40 mg</i>	P	QL(2 ea daily); AL(At least 12 yrs old); PA	<i>mupirocin oint</i>	P	QL(30 gm per 31 days retail)
KLARON ( <i>sulfacetamide sodium (acne)</i> )	NP	QL(118 ml per fill retail)	<i>mupirocin calcium (topical)</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
RETIN-A CREA ( <i>tretinoin</i> )	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>neomycin-bacitracin- polymyxin oint 3.5 mg/gm- 400 unit/gm-5000 unit/gm</i>	P	QL(60 ea per 31 days retail)
RETIN-A GEL .01 % ( <i>tretinoin</i> )	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old)	<i>neomycin-polymyxin w/ pramoxine 3.5 mg/gm-10 mg/gm-10000 unit/gm</i>	P	1 rtl pack lmt per fill
RETIN-A GEL .025 % ( <i>tretinoin</i> )	NP	AL(Up to 35 yrs old)	NEOSPORIN ORIGINAL OINT 3.5 MG/GM-400 UNIT/GM-5000 UNIT/GM ( <i>neomycin-bacitracin- polymyxin</i> )	NP	QL(60 ea per 31 days retail)
SODIUM SULFACETAMIDE/SULFU R SUSP 5 %-10 %	P	1 rtl pack lmt per fill; 1 rtl MAX fill; 30 rtl day(s) supply	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH 3.5 MG/GM- 10 MG/GM-10000 UNIT/GM ( <i>neomycin- polymyxin w/ pramoxine</i> )	NP	1 rtl pack lmt per fill
<i>sulfacetamide sodium (acne)</i>	P	QL(118 ml per fill retail)	<b>Antifungals - Topical</b>		
<i>sulfacetamide sodium w/ sulfur lotn 5 %-10 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	<i>clotrimazole (topical) soln</i>	P	1 rtl pack lmt per fill; RX/OTC
<i>tretinoin gel .025 %</i>	P	AL(Up to 35 yrs old)			



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole (topical) crea</i>	P	QL(60 gm per 31 days retail); RX/OTC	<i>nystatin-triamcinolone crea 1 mg/gm-100000 unit/gm</i>	P	1 rtl pack lmt per fill
<i>clotrimazole w/ betamethasone lotn 0.05 %-1 %</i>	P	QL(31 ml per 31 days retail)	<i>terbinafine hcl (topical) crea</i>	P	
<i>clotrimazole w/ betamethasone crea 0.05 %-1 %</i>	P	QL(45 gm per 31 days retail)	TINACTIN CREA ( <i>tolnaftate</i> )	NP	QL(30 gm per fill retail)
<i>econazole nitrate crea</i>	P	QL(30 gm per fill retail)	<i>tolnaftate crea</i>	P	QL(30 gm per fill retail)
<i>ketoconazole (topical) crea</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	Antihistamines-Topical		
<i>ketoconazole (topical) sham 2 %</i>	P	QL(120 ml per fill retail)	ITCH RELIEF CREA	P	
<i>ketoconazole (topical) sham 1 %</i>	P		Anti-inflammatory Agents - Topical		
LAMISIL AT CREA ( <i>terbinafine hcl (topical)</i> )	NP		<i>diclofenac sodium (topical) gel ex</i>	P	QL(6.68 gm daily); RX/OTC
LAMISIL AT JOCK ITCH CREA ( <i>terbinafine hcl (topical)</i> )	NP		VOLTAREN GEL EX ( <i>diclofenac sodium (topical)</i> )	NP	QL(6.68 gm daily); RX/OTC
LOTRIMIN AF CREA ( <i>clotrimazole (topical)</i> )	NP	QL(60 gm per 31 days retail); RX/OTC	Antineoplastic or Premalignant Lesion Agents - Topical		
LOTRIMIN AF JOCK ITCH CREA ( <i>clotrimazole (topical)</i> )	NP	QL(60 gm per 31 days retail); RX/OTC	CARAC CREA ( <i>fluorouracil (topical)</i> )	NP	
MICATIN CREA ( <i>miconazole nitrate (topical)</i> )	NP	QL(200 gm per 31 days retail)	EFUDEX CREA ( <i>fluorouracil (topical)</i> )	NP	QL(40 gm per 31 days retail)
<i>miconazole nitrate (topical) crea</i>	P	QL(200 gm per 31 days retail)	<i>fluorouracil (topical) soln</i>	P	QL(10 ml per 31 days retail)
<i>nystatin (topical) oint</i>	P	1 rtl pack lmt per fill	<i>fluorouracil (topical) crea 5 %</i>	P	QL(40 gm per 31 days retail)
<i>nystatin (topical) powd ex</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	<i>fluorouracil (topical) crea .5 %</i>	P	
<i>nystatin (topical) crea</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)	Antipruritics - Topical		
<i>nystatin-triamcinolone oint 0.1 %-100000 unit/gm</i>	P	1 rtl pack lmt per fill	<i>camphor &amp; menthol lotn 0.5 %-0.5 %</i>	P	1 rtl pack lmt per fill
			SARNA LOTN 0.5 %-0.5 % ( <i>camphor &amp; menthol</i> )	NP	1 rtl pack lmt per fill
			Antipsoriatics		
			<i>calcipotriene soln</i>	P	1 rtl pack lmt per fill; 1 rtl MAX fill; 31 rtl day(s) supply

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene crea</i>	P	1 rtl pack lmt per fill; 1 rtl MAX fill; 31 rtl day(s) supply	SELSUN BLUE MEDICATED LOTN ( <i>selenium sulfide</i> )	NP	1 rtl pack lmt per fill
DOVONEX CREA ( <i>calcipotriene</i> )	NP	1 rtl pack lmt per fill; 1 rtl MAX fill; 31 rtl day(s) supply	SELSUN BLUE MOISTURIZING LOTN ( <i>selenium sulfide</i> )	NP	1 rtl pack lmt per fill
SILIQ	P	SP; PA	<i>sulfacetamide sodium liqd</i>	P	
TALTZ SOAJ	P	SP; PA	Antivirals - Topical		
TALTZ SOSY	P	SP; PA	<i>acyclovir topical oint</i>	P	1 rtl pack lmt per fill
<i>tazarotene crea</i>	P	1 rtl pack lmt per fill; AL(Up to 18 yrs old)	<i>acyclovir topical crea</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>tazarotene gel</i>	P	1 rtl pack lmt per fill; AL(Up to 18 yrs old)	ZOVIRAX CREA ( <i>acyclovir topical</i> )	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
TAZORAC CREA ( <i>tazarotene</i> )	NP	1 rtl pack lmt per fill; AL(Up to 18 yrs old)	ZOVIRAX OINT ( <i>acyclovir topical</i> )	NP	1 rtl pack lmt per fill
TAZORAC GEL ( <i>tazarotene</i> )	NP	1 rtl pack lmt per fill; AL(Up to 18 yrs old)	Burn Products		
TAZORAC CREA	P	1 rtl pack lmt per fill; AL(Up to 18 yrs old)	SILVADENE ( <i>silver sulfadiazine</i> )	NP	
Antiseborrheic Products			<i>silver sulfadiazine</i>	P	
OVACE PLUS WASH LIQD ( <i>sulfacetamide sodium</i> )	NP		Corticosteroids - Topical		
OVACE WASH LIQD ( <i>sulfacetamide sodium</i> )	NP		<i>betamethasone dipropionate (topical) crea</i>	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
<i>selenium sulfide lotn 1 %</i>	P	1 rtl pack lmt per fill	<i>betamethasone dipropionate augmented crea</i>	P	1 rtl pack lmt per fill
<i>selenium sulfide sham 1 %</i>	P	1 rtl pack lmt per fill	<i>betamethasone valerate crea</i>	P	
<i>selenium sulfide lotn 2.5 %</i>	P	1 rtl pack lmt per fill; 1 rtl MAX fill; 30 rtl day(s) supply	<i>betamethasone valerate lotn</i>	P	
SELSUN BLUE LOTN ( <i>selenium sulfide</i> )	NP	1 rtl pack lmt per fill	<i>betamethasone valerate oint</i>	P	
SELSUN BLUE DAILY LOTN ( <i>selenium sulfide</i> )	NP	1 rtl pack lmt per fill	<i>clobetasol propionate soln .05 %</i>	P	1 rtl pack lmt per fill
			<i>clobetasol propionate crea .05 %</i>	P	1 rtl pack lmt per fill
			<i>clobetasol propionate oint .05 %</i>	P	1 rtl pack lmt per fill

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate gel .05 %</i>	P	1 rtl pack lmt per fill
<i>clobetasol propionate emollient base .05 %</i>	P	1 rtl pack lmt per fill
<i>desonide crea</i>	P	QL(2 gm daily)
<i>desonide oint</i>	P	QL(2 gm daily)
DESOWEN CREA ( <i>desonide</i> )	NP	QL(2 gm daily)
<i>desoximetasone crea .25 %</i>	P	1 rtl pack lmt per fill
<i>desoximetasone crea .05 %</i>	P	1 rtl pack lmt per fill
DIPROLENE AF CREA ( <i>betamethasone dipropionate augmented</i> )	NP	1 rtl pack lmt per fill
EPIFOAM FOAM 1 %-1 %	P	
<i>fluocinonide crea .05 %</i>	P	1 rtl pack lmt per fill
<i>fluocinonide soln</i>	P	1 rtl pack lmt per fill
<i>fluocinonide gel</i>	P	1 rtl pack lmt per fill
<i>fluocinonide oint</i>	P	1 rtl pack lmt per fill
<i>fluocinonide emulsified base</i>	P	1 rtl pack lmt per fill
<i>fluticasone propionate crea .05 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>fluticasone propionate oint</i>	P	1 rtl pack lmt per fill
<i>hydrocortisone (topical) oint 2.5 %</i>	P	
<i>hydrocortisone (topical) oint 1 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s); QL(2 gm daily); RX/OTC
<i>hydrocortisone (topical) crea .5 %, 1 %</i>	P	1 rtl pack lmt per fill; RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	P	QL(120 gm per 31 days retail)
<i>hydrocortisone (topical) lotn 1 %, 2.5 %</i>	P	1 rtl pack lmt per fill

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate soln</i>	P	
<i>mometasone furoate crea</i>	P	1 rtl pack lmt per fill
<i>mometasone furoate oint</i>	P	1 rtl pack lmt per fill
<i>mometasone furoate soln</i>	P	1 rtl pack lmt per fill
MONISTAT SOOTHING CARE ITCH RELIEF CREA ( <i>hydrocortisone (topical)</i> )	NP	1 rtl pack lmt per fill; RX/OTC
TEMOVATE CREA ( <i>clobetasol propionate</i> )	NP	1 rtl pack lmt per fill
TEMOVATE OINT ( <i>clobetasol propionate</i> )	NP	1 rtl pack lmt per fill
TOPICORT CREA .25 % ( <i>desoximetasone</i> )	NP	1 rtl pack lmt per fill
TOPICORT CREA .05 % ( <i>desoximetasone</i> )	NP	1 rtl pack lmt per fill
<i>triamcinolone acetonide (topical) crea .5 %</i>	P	1 rtl pack lmt per fill
<i>triamcinolone acetonide (topical) lotn</i>	P	1 rtl pack lmt per fill
<i>triamcinolone acetonide (topical) oint .1 %</i>	P	
<i>triamcinolone acetonide (topical) crea .1 %</i>	P	
<i>triamcinolone acetonide (topical) oint .025 %, .5 %</i>	P	1 rtl pack lmt per fill
<i>triamcinolone acetonide (topical) crea .025 %</i>	P	QL(30 gm per fill retail)
TRIDESILON CREA .05 % ( <i>desonide</i> )	NP	QL(2 gm daily)
Emollient/Keratolytic Agents		
<i>urea crea 40 %</i>	P	RX/OTC
<i>urea lotn 40 %</i>	P	
Emollients		
EMOLLIENT LOTION - MISC	P	

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) crea</i>	P	QL(385 gm per 31 days retail); RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	P	QL(567 gm per 31 days retail); RX/OTC
Immunomodulating Agents - Topical		
ALDARA ( <i>imiquimod</i> )	NP	QL(48 ea per 180 days retail)
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL ( <i>pimecrolimus</i> )	NP	QL(100 gm per 31 days retail); AL(At least 2 yrs old); PA
<i>pimecrolimus</i>	P	QL(100 gm per 31 days retail); AL(At least 2 yrs old); PA
PROTOPIC OINT .03 % ( <i>tacrolimus (topical)</i> )	NP	QL(100 gm per 31 days retail); AL(At least 2 yrs old); PA
PROTOPIC OINT .1 % ( <i>tacrolimus (topical)</i> )	NP	QL(100 gm per 31 days retail); AL(At least 16 yrs old); PA
<i>tacrolimus (topical) oint .03 %</i>	P	QL(100 gm per 31 days retail); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) oint .1 %</i>	P	QL(100 gm per 31 days retail); AL(At least 16 yrs old); PA
Keratolytic/Antimitotic Agents		
DERMAREST PSORIASIS GEL	P	
KERALYT GEL	P	
KERALYT GEL ( <i>salicylic acid</i> )	NP	
<i>podofilox soln</i>	P	
<i>salicylic acid gel 3 %, 6 %</i>	P	
Local Anesthetics - Topical		

Drug Name	Drug Tier	Requirements/Limits
<i>capsaicin crea .025 %, .035 %, .075 %, .1 %</i>	P	1 rtl pack lmt per fill
CAPZASIN-HP CREA ( <i>capsaicin</i> )	NP	1 rtl pack lmt per fill
CAPZASIN-P CREA	P	1 rtl pack lmt per fill
CASTIVA WARMING LOTN	P	1 rtl pack lmt per fill
<i>dibucaine</i>	P	1 rtl pack lmt per fill
<i>lidocaine crea 4 %</i>	P	1 rtl pack lmt per fill
<i>lidocaine hcl gel 2 %</i>	P	QL(1 ml daily; 30 ml per fill retail)
<i>lidocaine hcl crea 3 %, 4 %</i>	P	1 rtl pack lmt per fill
<i>lidocaine-prilocaine crea 2.5 %-2.5 %</i>	P	1 rtl pack lmt per fill
LMX 4 CREA ( <i>lidocaine</i> )	NP	1 rtl pack lmt per fill
RA ARTHRITIS PAIN RELIEF CREA	P	1 rtl pack lmt per fill
Misc. Topical		
BASIS FACIAL MOISTURIZER CREA	P	
BASIS OVERNIGHT CREA	P	
CARRINGTON MOISTURE BARRIER CREA	P	
CARRINGTON MOISTURE BARRIER/ZINC CREA 10 %-78 %	P	
DRYSOL SOLN	P	
EUCERIN ORIGINAL HEALING CREA ( <i>skin protectants, misc.</i> )	NP	
HYDROCERIN CREA	P	
<i>lanolin (topical) crea</i>	P	
LANOLOR CREA 0	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REMEDY PHYTOPLEX HYDRAGUARD CREA	P		<i>permethrin lotn</i>	P	QL(60 ml per fill retail)
SENSI-CARE MOISTURIZING CREA	P		<i>pyrethrins-piperonyl butoxide sham</i>	P	
<i>skin protectants, misc. crea</i>	P		<i>pyrethrins-piperonyl butoxide liqd</i>	P	
SORBIDON HYDRATE CREA	P		<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 0.33 %-0.5 %-4 %</i>	P	
<i>zinc oxide (topical) oint 20 %</i>	P	1 rtl pack lmt per fill	RID LIQD 0.33 %-4 % ( <i>pyrethrins-piperonyl butoxide</i> )	NP	
Rosacea Agents			RID COMPLETE LICE ELIMINATION 0.33 %-0.5 %-4 % ( <i>pyrethrins-piperonyl butoxide-permethrin-nit remover</i> )	NP	
METROCREAM CREA ( <i>metronidazole (topical)</i> )	NP	QL(45 gm per 31 days retail)	RID ESSENTIAL LICE ELIMINATION KIT KIT EX 0.33 %-4 %	P	
METROLOTION LOTN ( <i>metronidazole (topical)</i> )	NP		SCHOOLTIME SHAMPOO SHAM	P	1 rtl pack lmt amt; 14 rtl pack lmt day(s)
<i>metronidazole (topical) lotn</i>	P		<i>spinosad</i>	P	Limited to Age 6 months and older
<i>metronidazole (topical) crea</i>	P	QL(45 gm per 31 days retail)	Tar Products		
<i>metronidazole (topical) gel .75 %</i>	P	QL(45 gm per 31 days retail)	<i>coal tar extract sham .5 %</i>	P	
Scabicides & Pediculicides			DHS TAR SHAM ( <i>coal tar extract</i> )	NP	
<i>crotamiton lotn</i>	P	1 rtl pack lmt per fill	DHS TAR GEL SHAM ( <i>coal tar extract</i> )	NP	
ELIMITE CREA ( <i>permethrin</i> )	NP	QL(60 gm per fill retail)	NEUTROGENA T/GEL SHAM .5 % ( <i>coal tar extract</i> )	NP	
LICEMD GEL 0.33 %-4 %	P		<b>DIAGNOSTIC PRODUCTS</b>		
<i>malathion</i>	P	2 rtl MAX fill; 31 rtl day(s) supply; QL(59 ml per fill retail)	Diagnostic Tests		
NATROBA ( <i>spinosad</i> )	NP	Limited to Age 6 months and older	CHEMSTRIP-K STRP	P	
NIX CREME RINSE LIQD EX ( <i>permethrin</i> )	NP		KETONE STRP	P	
OVIDE ( <i>malathion</i> )	NP	2 rtl MAX fill; 31 rtl day(s) supply; QL(59 ml per fill retail)	KETONE TEST STRIPS STRP	P	
<i>permethrin crea</i>	P	QL(60 gm per fill retail)	KETOSTIX STRP	P	
<i>permethrin liqd ex</i>	P				

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRA STRP	P	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	RX/OTC
RELION KETONE TEST STRIPS STRP	P	
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
Digestive Enzymes		
CREON CPEP	P	Smart PA
PANCREAZE CPEP	P	Smart PA
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	P	
<i>acetazolamide tabs</i>	P	
<i>methazolamide tabs</i>	P	
Diuretic Combinations		
ALDACTAZIDE 25 MG-25 MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	NP	
<i>amiloride &amp; hydrochlorothiazide 5 mg-50 mg</i>	P	QL(1 ea daily)
MAXZIDE TABS 50 MG-75 MG ( <i>triamterene &amp; hydrochlorothiazide</i> )	NP	
MAXZIDE-25 TABS 25 MG-37.5 MG ( <i>triamterene &amp; hydrochlorothiazide</i> )	NP	QL(2 ea daily)
<i>spironolactone &amp; hydrochlorothiazide 25 mg-25 mg</i>	P	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	P	QL(2 ea daily)
<i>triamterene &amp; hydrochlorothiazide caps 25 mg-37.5 mg</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene &amp; hydrochlorothiazide tabs 50 mg-75 mg</i>	P	
Loop Diuretics		
<i>bumetanide tabs</i>	P	
BUMEX TABS .5 MG ( <i>bumetanide</i> )	NP	
<i>furosemide tabs</i>	P	
<i>furosemide soln or 10 mg/ml, 40 mg/5ml</i>	P	
LASIX TABS ( <i>furosemide</i> )	NP	
<i>torseamide tabs 5 mg, 10 mg, 100 mg</i>	P	QL(1 ea daily)
<i>torseamide tabs 20 mg</i>	P	
Potassium Sparing Diuretics		
ALDACTONE TABS ( <i>spironolactone</i> )	NP	
<i>amiloride hcl tabs</i>	P	QL(4 ea daily)
<i>spironolactone tabs</i>	P	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 mg, 50 mg</i>	P	
<i>hydrochlorothiazide caps</i>	P	
<i>hydrochlorothiazide tabs 25 mg, 50 mg</i>	P	
<i>indapamide tabs 1.25 mg, 2.5 mg</i>	P	
<i>metolazone</i>	P	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
Bone Density Regulators		
ACTONEL TABS 35 MG ( <i>risedronate sodium</i> )	NP	QL(4 ea per 28 days retail); PA
<i>alendronate sodium soln</i>	P	QL(10.8 ml daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	P	QL(0.15 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tabs 5 mg, 10 mg</i>	P	QL(1 ea daily)
ATELVIA TBEC ( <i>risedronate sodium</i> )	NP	QL(4 ea per 28 days retail); PA
<i>calcitonin (salmon) na</i>	P	1 rtl pack lmt per fill
<i>calcitonin (salmon) ij</i>	P	QL(2 ml per fill retail)
FORTEO SOPN	P	SP; PA
FOSAMAX TABS 70 MG ( <i>alendronate sodium</i> )	NP	QL(0.15 ea daily)
MIACALCIN IJ ( <i>calcitonin (salmon)</i> )	NP	QL(2 ml per fill retail)
<i>risedronate sodium tabs 35 mg</i>	P	QL(4 ea per 28 days retail); PA
<i>risedronate sodium tbec</i>	P	QL(4 ea per 28 days retail); PA
<i>risedronate sodium tabs 5 mg, 30 mg</i>	P	QL(1 ea daily); PA
TYMLOS	P	SP; PA
Growth Hormones		
NORDITROPIN FLEXPRO SOPN	P	SP; PA
Hormone Receptor Modulators		
EVISTA ( <i>raloxifene hcl</i> )	NP	QL(1 ea daily)
<i>raloxifene hcl</i>	P	QL(1 ea daily)
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI	P	SP; PA
Metabolic Modifiers		
<i>calcitriol caps</i>	P	
CARNITOR SOLN OR ( <i>levocarnitine (metabolic modifiers)</i> )	NP	QL(30 ml daily)
CARNITOR TABS ( <i>levocarnitine (metabolic modifiers)</i> )	NP	QL(3 ea daily)
CARNITOR SF SOLN OR ( <i>levocarnitine (metabolic modifiers)</i> )	NP	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits
GALAFOLD	P	QL(0.5 ea daily); SP; PA
<i>levocarnitine (metabolic modifiers) tabs</i>	P	QL(3 ea daily)
<i>levocarnitine (metabolic modifiers) soln or 1 gm/10ml</i>	P	QL(30 ml daily)
ROCALTROL CAPS ( <i>calcitriol</i> )	NP	
Posterior Pituitary Hormones		
DDAVP TABS ( <i>desmopressin acetate</i> )	NP	QL(6 ea daily)
DDAVP	P	QL(5 ml per fill retail); PA
<i>desmopressin acetate tabs</i>	P	QL(6 ea daily)
<i>desmopressin acetate spray</i>	P	QL(5 ml per fill retail); PA
<i>desmopressin acetate spray refrigerated</i>	P	QL(5 ml per fill retail); PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
Estrogen Combinations		
ACTIVELLA TABS 0.5 MG-1 MG ( <i>estradiol &amp; norethindrone acetate</i> )	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	Limit 8 patches per month; QL(0.286 ea daily)
<i>estradiol &amp; norethindrone acetate tabs</i>	P	QL(1 ea daily)
FEMHRT 0.5 MG-2.5 MCG ( <i>norethindrone acetate-ethinyl estradiol</i> )	NP	
<i>norethindrone acetate-ethinyl estradiol</i>	P	
PREMPRO	P	
Estrogens		

Drug Name	Drug Tier	Requirements/Limits
ALORA PTTW	P	Limit 8 patches per month; QL(0.286 ea daily)
CLIMARA PTWK ( <i>estradiol</i> )	NP	Limit 4 patches per month; QL(0.143 ea daily)
ESTRACE TABS ( <i>estradiol</i> )	NP	
<i>estradiol ptwk</i>	P	Limit 4 patches per month; QL(0.143 ea daily)
<i>estradiol ptw .025 mg/24hr, .05 mg/24hr, .075 mg/24hr, .1 mg/24hr</i>	P	Limit 8 patches per month; QL(0.286 ea daily)
<i>estradiol tabs</i>	P	
<i>estradiol ptw .0375 mg/24hr</i>	P	QL(0.286 ea daily)
MINIVELLE PTTW .025 MG/24HR, .05 MG/24HR, .075 MG/24HR, .1 MG/24HR ( <i>estradiol</i> )	NP	Limit 8 patches per month; QL(0.286 ea daily)
MINIVELLE PTTW .0375 MG/24HR ( <i>estradiol</i> )	NP	QL(0.286 ea daily)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW .025 MG/24HR, .05 MG/24HR, .075 MG/24HR, .1 MG/24HR ( <i>estradiol</i> )	NP	Limit 8 patches per month; QL(0.286 ea daily)
VIVELLE-DOT PTTW .0375 MG/24HR ( <i>estradiol</i> )	NP	QL(0.286 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG ( <i>ciprofloxacin hcl</i> )	NP	
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	P	
<i>ciprofloxacin hcl tabs 100 mg</i>	P	QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tabs</i>	P	QL(14 ea per fill retail)
<i>ofloxacin 400 mg</i>	P	QL(56 ea per fill retail)
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
Antiflatulents		
MYLICON INFANTS GAS RELIEF SUSP ( <i>simethicone</i> )	NP	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP ( <i>simethicone</i> )	NP	
<i>simethicone susp</i>	P	
<i>simethicone liqd or 20 mg/0.3ml</i>	P	
<i>simethicone chew 80 mg</i>	P	
Gallstone Solubilizing Agents		
URSO 250 TABS ( <i>ursodiol</i> )	NP	QL(7 ea daily)
<i>ursodiol caps</i>	P	
<i>ursodiol tabs 250 mg</i>	P	QL(7 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl tabs</i>	P	
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	P	
REGLAN TABS ( <i>metoclopramide hcl</i> )	NP	
Inflammatory Bowel Agents		
APRISO CP24 ( <i>mesalamine</i> )	NP	
ASACOL HD TBEC ( <i>mesalamine</i> )	NP	QL(3 ea daily)
AVSOLA	P	SP; PA
AZULFIDINE TABS ( <i>sulfasalazine</i> )	NP	
AZULFIDINE EN-TABS TBEC ( <i>sulfasalazine</i> )	NP	
<i>balsalazide disodium caps</i>	P	QL(9 ea daily)



Drug Name	Drug Tier	Requirements/Limits
CIMZIA PSKT	P	SP; PA
CIMZIA KIT	P	SP; PA
CIMZIA STARTER KIT PSKT	P	SP; PA
COLAZAL CAPS (balsalazide disodium)	NP	QL(9 ea daily)
DELZICOL CPDR (mesalamine)	NP	
INFLECTRA	P	SP; PA
LIALDA TBEC (mesalamine)	NP	
mesalamine tbec 1.2 gm	P	
mesalamine tbec 800 mg	P	QL(3 ea daily)
mesalamine enem	P	QL(60 ml daily)
mesalamine cpdr	P	
mesalamine cp24	P	
RENFLEXIS	P	SP; PA
SFROWASA ENEM	P	
sulfasalazine tabs	P	
sulfasalazine tbec	P	
Intestinal Acidifiers		
lactulose (encephalopathy)	P	
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps	P	
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Alkalinizers		
potassium citrate (alkalinizer) tbc 10 meq, 540 mg, 1080 mg	P	
sodium citrate & citric acid 334 mg/5ml-500 mg/5ml	P	QL(16.67 ml daily); RX/OTC
UROCIT-K 10 TBCR (potassium citrate (alkalinizer))	NP	

Drug Name	Drug Tier	Requirements/Limits
UROCIT-K 5 TBCR (potassium citrate (alkalinizer))	NP	
Genitourinary Irrigants		
sodium chloride (gu irrigant) .9 %	P	
Prostatic Hypertrophy Agents		
finasteride	P	QL(1 ea daily)
FLOMAX (tamsulosin hcl)	NP	QL(2 ea daily)
PROSCAR (finasteride)	NP	QL(1 ea daily)
tamsulosin hcl	P	QL(2 ea daily)
Urinary Analgesics		
phenazopyridine hcl tabs 100 mg, 100 mg, 200 mg	P	
PYRIDIDIUM TABS (phenazopyridine hcl)	NP	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
colchicine w/ probenecid 0.5 mg-500 mg	P	
Gout Agents		
allopurinol	P	
colchicine tabs	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(6 ea per fill retail)
COLCRYS TABS (colchicine)	NP	1 rtl MAX fill; 31 rtl day(s) supply; QL(6 ea per fill retail)
ZYLOPRIM (allopurinol)	NP	
Uricosurics		
probenecid	P	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Aminolevulinatase Synthase 1-Directed siRNA		
GIVLAARI	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR ( <i>icatibant acetate</i> )	NP	SP; PA
<i>icatibant acetate</i>	P	SP; PA
<b>Complement Inhibitors</b>		
HAEGARDA SOLR SC	P	SP; PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline</i>	P	
<b>Platelet Aggregation Inhibitors</b>		
BRILINTA	P	QL(2 ea daily)
<i>cilostazol</i>	P	QL(2 ea daily)
<i>clopidogrel bisulfate 75 mg</i>	P	QL(1 ea daily)
<i>dipyridamole</i>	P	
EFFIENT ( <i>prasugrel hcl</i> )	NP	QL(1 ea daily)
PLAVIX 75 MG ( <i>clopidogrel bisulfate</i> )	NP	QL(1 ea daily)
<i>prasugrel hcl</i>	P	QL(1 ea daily)
<b>HEMATOPOIETIC AGENTS - Drugs to Treat</b>		
<b>Blood Disorders</b>		
<b>Agents for Sickle Cell Disease</b>		
ADAKVEO	P	SP; PA
DROXIA CAPS	P	
<b>Cobalamins</b>		
<i>cyanocobalamin soln ij</i>	P	QL(10 ml per 270 days retail)
<b>Folic Acid/Folates</b>		
<i>folic acid tabs 1 mg</i>	P	RX/OTC
<i>folic acid tabs 400 mcg, 800 mcg</i>	P	QL(1 ea daily)
<b>Hematopoietic Growth Factors</b>		
REBLOZYL	P	SP; PA
RETACRIT	P	SP; PA
RETACRIT	P	SP; PA
ZARXIO	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs 0.8 mg-1 mg-1.3 mg-5 mg-6 mg-6.9 mg-10 mg-10 mg-15 mcg-18.2 mg-30 mg-200 mg-324 mg</i>	P	QL(1 ea daily)
<b>Iron</b>		
FER-IN-SOL SOLN ( <i>ferrous sulfate</i> )	NP	QL(3.4 ml daily)
FERRETT'S TABS	P	QL(2 ea daily)
<i>ferrous fumarate tabs</i>	P	QL(2 ea daily)
FERROUS GLUCONATE TABS 324 MG	P	QL(3.34 ea daily)
<i>ferrous sulfate elix</i>	P	
<i>ferrous sulfate soln</i>	P	QL(3.4 ml daily)
<i>ferrous sulfate tabs 28 mg, 65 mg, 325 mg</i>	P	
<i>ferrous sulfate tbec</i>	P	
FERROUS SULFATE TBEC	P	
IRON TABS 28 MG, 65 MG, 325 MG	P	
IRON CHEWS PEDIATRIC CHEW	P	
<i>polysaccharide iron complex caps 150 mg</i>	P	QL(1 ea daily)
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat</b>		
<b>Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
LYSTEDA TABS ( <i>tranexamic acid</i> )	NP	1 rtl MAX fill; 31 rtl day(s) supply; QL(30 ea per 5 days retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid tabs</i>	P	1 rtl MAX fill; 31 rtl day(s) supply; QL(30 ea per 5 days retail); AL(At least 12 yrs old)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) tabs 25 mg</i>	P	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) caps 50 mg</i>	P	
<i>diphenhydramine hcl (sleep) tabs 50 mg</i>	P	
<i>doxylamine succinate (sleep)</i>	P	
Barbiturate Hypnotics		
<i>phenobarbital elix</i>	P	
<i>phenobarbital tabs</i>	P	
Non-Barbiturate Hypnotics		
AMBIEN TABS ( <i>zolpidem tartrate</i> )	NP	QL(1 ea daily)
<i>flurazepam hcl</i>	P	QL(1 ea daily)
HALCION .25 MG ( <i>triazolam</i> )	NP	
<i>midazolam hcl soln ij</i>	P	
RESTORIL 15 MG, 30 MG ( <i>temazepam</i> )	NP	QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam 15 mg, 30 mg</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
<i>triazolam</i>	P	
<i>zaleplon 10 mg</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon 5 mg</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tabs</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>LAXATIVES - Bowel Treatment Drugs</b>		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	P	QL(10 ea daily)
FIBERCON TABS ( <i>calcium polycarbophil</i> )	NP	QL(10 ea daily)
NATURAL FIBER LAXATIVE POWD	P	
<i>psyllium caps .52 gm</i>	P	
<i>psyllium powd 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 68 %, 100 %</i>	P	
Laxative Combinations		
GOLYTELY SOLR 2.97 GM-5.86 GM-6.74 GM-22.74 GM-236 GM ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	NP	1 rtl pack lmt per fill
NULYTELY 1.48 GM-5.72 GM-11.2 GM-420 GM ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	NP	1 rtl pack lmt per fill
NULYTELY/FLAVOR PACKS 1.48 GM-5.72 GM-11.2 GM-420 GM ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	NP	1 rtl pack lmt per fill
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	P	1 rtl pack lmt per fill
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride 1.48 gm-5.72 gm-11.2 gm-420 gm</i>	P	1 rtl pack lmt per fill
PEG-PREP 0.74 GM-2.86 GM-5 MG-5.6 GM-210 GM	P	
<i>sennosides-docusate sodium tabs 8.6 mg-50 mg</i>	P	QL(4 ea daily)
SENOKOT S TABS 50 MG-8.6 MG ( <i>sennosides-docusate sodium</i> )	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Laxatives - Miscellaneous</b>		
<i>glycerin (laxative) supp 2 gm</i>	P	
GLYCERIN ADULT SUPP ( <i>glycerin (laxative)</i> )	NP	
<i>lactulose soln</i>	P	
MIRALAX POWD ( <i>polyethylene glycol 3350</i> )	NP	QL(34 gm daily)
<i>polyethylene glycol 3350 powd</i>	P	QL(34 gm daily)
<b>Saline Laxatives</b>		
FLEET ENEMA ENEM 7 GM/197ML-19 GM/197ML ( <i>sodium phosphates</i> )	NP	
FLEET PEDIATRIC ENEM 3.5 GM/59ML-9.5 GM/59ML ( <i>sodium phosphates</i> )	NP	
<i>magnesium citrate</i>	P	
<i>magnesium hydroxide susp 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml</i>	P	QL(32 ml daily)
<i>sodium phosphates enem</i>	P	
<b>Stimulant Laxatives</b>		
<i>bisacodyl tbec</i>	P	QL(1 ea daily)
<i>bisacodyl supp</i>	P	QL(12 ea per fill retail)
DULCOLAX SUPP ( <i>bisacodyl</i> )	NP	QL(12 ea per fill retail)
DULCOLAX TBEC ( <i>bisacodyl</i> )	NP	QL(1 ea daily)
DULCOLAX PINK LAXATIVE TBEC ( <i>bisacodyl</i> )	NP	QL(1 ea daily)
<i>sennosides tabs 8.6 mg</i>	P	
SENOKOT TABS ( <i>sennosides</i> )	NP	
<b>Surfactant Laxatives</b>		

Drug Name	Drug Tier	Requirements/Limits
COLACE CAPS 100 MG ( <i>docusate sodium</i> )	NP	QL(3 ea daily)
COLACE CLEAR CAPS ( <i>docusate sodium</i> )	NP	
<i>docusate sodium tabs</i>	P	
<i>docusate sodium caps 50 mg</i>	P	
<i>docusate sodium syrpf</i>	P	
<i>docusate sodium caps 100 mg, 250 mg</i>	P	QL(3 ea daily)
<i>docusate sodium liqd</i>	P	
DOCUSATE SODIUM SYRP	P	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin susr 200 mg/5ml</i>	P	QL(60 ml per fill retail)
<i>azithromycin susr 100 mg/5ml</i>	P	1 rtl pack lmt per fill
<i>azithromycin tabs 500 mg</i>	P	QL(4 ea daily)
<i>azithromycin tabs 600 mg</i>	P	QL(8 ea per 28 days retail)
<i>azithromycin pack</i>	P	QL(2 ea per fill retail)
<i>azithromycin tabs 250 mg</i>	P	QL(6 ea per fill retail)
ZITHROMAX SUSR 100 MG/5ML ( <i>azithromycin</i> )	NP	1 rtl pack lmt per fill
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)
ZITHROMAX SUSR 200 MG/5ML ( <i>azithromycin</i> )	NP	QL(60 ml per fill retail)
ZITHROMAX PACK ( <i>azithromycin</i> )	NP	QL(2 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)
<b>Clarithromycin</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin susr 125 mg/5ml</i>	P	1 rtl pack lmt per fill	1ST TIER UNILET COMFORTOUCH LANCETS 28G	P	QL(6.67 ea daily)
<i>clarithromycin susr 250 mg/5ml</i>	P	2 rtl pack lmt per fill	1ST TIER UNILET COMFORTOUCH LANCETS 30G	P	QL(6.67 ea daily)
<i>clarithromycin tb24</i>	P	QL(14 ea per fill retail)	ACCU-CHEK FASTCLIX LANCETS	P	QL(6.67 ea daily)
<i>clarithromycin tabs</i>	P	QL(28 ea per fill retail)	ACCU-CHEK SAFE-T-PRO LANCETS	P	QL(6.67 ea daily)
<b>Erythromycins</b>			ACCU-CHEK SAFE-T-PRO PLUSLANCETS	P	QL(6.67 ea daily)
E.E.S. GRANULES SUSR ( <i>erythromycin ethylsuccinate</i> )	NP		ACCU-CHEK SOFTCLIX LANCETS	P	QL(6.67 ea daily)
ERYPED 200 SUSR ( <i>erythromycin ethylsuccinate</i> )	NP		ACTI-LANCE LANCETS 28G	P	QL(6.67 ea daily)
ERYPED 400 SUSR ( <i>erythromycin ethylsuccinate</i> )	NP		ACTI-LANCE LITE SAFETY LANCETS 28G	P	QL(6.67 ea daily)
<i>erythromycin base tbec</i>	P		ACTI-LANCE SPECIAL SAFETY LANCETS 17G	P	QL(6.67 ea daily)
<i>erythromycin base cpep</i>	P		ACTI-LANCE SPECIAL SAFETYLANCETS 17G	P	QL(6.67 ea daily)
<i>erythromycin base tabs</i>	P		ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	P	QL(6.67 ea daily)
<i>erythromycin ethylsuccinate susr</i>	P		ADVANCED MOBILE LANCET 30G	P	QL(6.67 ea daily)
<i>erythromycin ethylsuccinate tabs</i>	P		ADVOCATE LANCETS	P	QL(6.67 ea daily)
<i>erythromycin stearate tabs 250 mg</i>	P		ADVOCATE LANCETS 30G	P	QL(6.67 ea daily)
<b>MEDICAL DEVICES AND SUPPLIES</b>			ADVOCATE SAFETY LANCETS	P	QL(6.67 ea daily)
<b>Bandages-Dressings-Tape</b>			ADVOCATE SAFETY LANCETS 26G	P	QL(6.67 ea daily)
BANDAGES-DRESSINGS-TAPE - MISC	P		AGAMATRIX ULTRA-THIN LANCETS 33G	P	QL(6.67 ea daily)
<b>Contraceptives</b>			AIMSCO TWIST LANCETS 32G	P	QL(6.67 ea daily)
CONDOMS-MISC	P	36 per 31 days	AIMSCO TWIST LANCETS 33G	P	QL(6.67 ea daily)
FC2 FEMALE CONDOM	P	Limit 12 ea per 31 days retail; QL(12 ea per 31 days retail)	AQUALANCE LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)
<b>Diabetic Supplies</b>					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASSURE COMFORT LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)	CARETOUCH SAFETY LANCETS/28G	P	QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	P	QL(6.67 ea daily)	CARETOUCH SAFETY LANCETS/30G	P	QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	P	QL(6.67 ea daily)	CARETOUCH TWIST LANCETS 28G	P	QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	P	QL(6.67 ea daily)	CARETOUCH TWIST LANCETS 30G	P	QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	P	QL(6.67 ea daily)	CARETOUCH TWIST LANCETS 33G	P	QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	P	QL(6.67 ea daily)	CARETOUCH TWIST LANCETS MULTI COLOR/30G	P	QL(6.67 ea daily)
ASSURE LANCE LANCETS	P	QL(6.67 ea daily)	CLEANLET LANCETS 28G	P	QL(6.67 ea daily)
ASSURE LANCE LANCETS 21G	P	QL(6.67 ea daily)	CLEVER CHEK LANCETS ULTRATHIN	P	QL(6.67 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 25G	P	QL(6.67 ea daily)	CLEVER CHEK LANCETS ULTRATHIN 30G	P	QL(6.67 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G	P	QL(6.67 ea daily)	CLEVER CHOICE COMFORT EZLANCETS 21G	P	QL(6.67 ea daily)
ASSURE LANCE SAFETY LANCET 28G	P	QL(6.67 ea daily)	CLEVER CHOICE COMFORT EZLANCETS 23G	P	QL(6.67 ea daily)
AURORA LANCET SUPER THIN30G	P	QL(6.67 ea daily)	CLEVER CHOICE COMFORT EZLANCETS 28G	P	QL(6.67 ea daily)
AURORA LANCET THIN 23G	P	QL(6.67 ea daily)	COAGUCHEK LANCETS	P	QL(6.67 ea daily)
BD LANCET ULTRAFINE 30G	P	QL(6.67 ea daily)	COMFORT ASSURED LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)
BD LANCET ULTRAFINE 33G	P	QL(6.67 ea daily)	COMFORT ASSURED LANCETS SUPER THIN 28G	P	QL(6.67 ea daily)
BD MICROTAINER LANCETS	P	QL(6.67 ea daily)	COMFORT LANCETS	P	QL(6.67 ea daily)
CAREONE LANCET SUPER THIN/30G	P	QL(6.67 ea daily)	COMFORT TOUCH LANCETS ULTRA THIN 31G	P	QL(6.67 ea daily)
CAREONE LANCET THIN	P	QL(6.67 ea daily)			
CARESENS LANCETS	P	QL(6.67 ea daily)			
CARETOUCH SAFETY LANCETS/26G	P	QL(6.67 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	P	QL(6.67 ea daily)	DRUG MART UNILET MICRO THIN LANCETS 33G	P	QL(6.67 ea daily)
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	P	QL(6.67 ea daily)	EASY COMFORT LANCETS	P	QL(6.67 ea daily)
CVS LANCETS 21G	P	QL(6.67 ea daily)	EASY COMFORT LANCETS 30G/PULL TOP	P	QL(6.67 ea daily)
CVS LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)	EASY COMFORT LANCETS 30G/THIN TOP	P	QL(6.67 ea daily)
CVS LANCETS MICRO-THIN 33G	P	QL(6.67 ea daily)	EASY COMFORT LANCETS TWIST TOP	P	QL(6.67 ea daily)
CVS LANCETS ORIGINAL	P	QL(6.67 ea daily)	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	P	QL(6.67 ea daily)
CVS LANCETS THIN 26G	P	QL(6.67 ea daily)	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	P	QL(6.67 ea daily)
CVS LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	P	QL(6.67 ea daily)
CVS LANCETS ULTRA-THIN 30G	P	QL(6.67 ea daily)	EASY TOUCH LANCETS 26G/PULL-TOP	P	QL(6.67 ea daily)
CVS ULTRA THIN LANCETS	P	QL(6.67 ea daily)	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	P	QL(6.67 ea daily)
DIATHRIVE LANCETS	P	QL(6.67 ea daily)	EASY TOUCH LANCETS 28G/PULL-TOP	P	QL(6.67 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)	EASY TOUCH LANCETS 28G/TWIST	P	QL(6.67 ea daily)
DROPLET LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	P	QL(6.67 ea daily)
DROPLET PERSONAL LANCETS30G	P	QL(6.67 ea daily)	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	P	QL(6.67 ea daily)
DRUG MART LANCETS THIN	P	QL(6.67 ea daily)	EASY TOUCH LANCETS 30G/PULL-TOP	P	QL(6.67 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G	P	QL(6.67 ea daily)	EASY TOUCH LANCETS 30G/TWIST	P	QL(6.67 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G	P	QL(6.67 ea daily)	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	P	QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G	P	QL(6.67 ea daily)	EASY TOUCH LANCETS 32G/PULL-TOP	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 32G/TWIST	P	QL(6.67 ea daily)	E-Z JECT LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
EASY TOUCH LANCETS 33G/TWIST	P	QL(6.67 ea daily)	E-Z JECT LANCETS THIN 26G	P	QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	P	QL(6.67 ea daily)	E-ZJECT LANCETS MICRO-THIN 33G	P	QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	P	QL(6.67 ea daily)	EZ-LETS LANCETS 21G	P	QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	P	QL(6.67 ea daily)	EZ-LETS LANCETS 26G SUPER-SOFT	P	QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	P	QL(6.67 ea daily)	EZ-LETS LANCETS 28G ULTRA-SOFT	P	QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	P	QL(6.67 ea daily)	EZ-LETS LANCETS 30G	P	QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	P	QL(6.67 ea daily)	FIFTY50 SAFETY SEAL LANCETS 30G	P	QL(6.67 ea daily)
EMBRACE LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)	FIFTY50 SAFETY SEAL LANCETS 32G	P	QL(6.67 ea daily)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	P	QL(6.67 ea daily)	FIFTY50 UNILET LANCETS 33G	P	QL(6.67 ea daily)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	P	QL(6.67 ea daily)	FINE 30	P	QL(6.67 ea daily)
EQL COLOR LANCETS 21G	P	QL(6.67 ea daily)	FINGERSTIX LANCETS	P	QL(6.67 ea daily)
EQL COLOR LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)	FORA LANCETS	P	QL(6.67 ea daily)
EQL SUPER THIN LANCETS 30G	P	QL(6.67 ea daily)	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
EQL THIN LANCETS 26G	P	QL(6.67 ea daily)	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)
E-Z JECT LANCETS	P	QL(6.67 ea daily)	FREESTYLE LANCETS	P	QL(6.67 ea daily)
E-Z JECT LANCETS 21G	P	QL(6.67 ea daily)	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA
E-Z JECT LANCETS COLOR	P	QL(6.67 ea daily)	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA
			FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA	GNP STERILE LANCETS 30G	P	QL(6.67 ea daily)
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA	GNP STERILE LANCETS 33G	P	QL(6.67 ea daily)
FREESTYLE UNISTICK II LANCETS	P	QL(6.67 ea daily)	GOJJI STERILE LANCETS 30G	P	QL(6.67 ea daily)
GENTEEL BUTTERFLY TOUCH LANCETS	P	QL(6.67 ea daily)	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(6.67 ea daily)
GENTLE-LET GP LANCETS	P	QL(6.67 ea daily)	GOODSENSE LANCETS MICRO-THIN 33G	P	QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	P	QL(6.67 ea daily)	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P	QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	P	QL(6.67 ea daily)	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	P	QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	P	QL(6.67 ea daily)	GOODSENSE LANCETS ULTRA-THIN 30G	P	QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	P	QL(6.67 ea daily)	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	QL(6.67 ea daily)
GLOBAL INJECT EASE LANCETS 28G	P	QL(6.67 ea daily)	HAEMOLANCE	P	QL(6.67 ea daily)
GLOBAL INJECT EASE LANCETS 30G	P	QL(6.67 ea daily)	HAEMOLANCE LOW FLOW LANCETS	P	QL(6.67 ea daily)
GLUCOCOM LANCETS 28G	P	QL(6.67 ea daily)	HAEMOLANCE PLUS	P	QL(6.67 ea daily)
GLUCOCOM LANCETS 30G	P	QL(6.67 ea daily)	HAEMOLANCE PLUS HIGH FLOW	P	QL(6.67 ea daily)
GLUCOCOM LANCETS 33G	P	QL(6.67 ea daily)	HAEMOLANCE PLUS LOW FLOW	P	QL(6.67 ea daily)
GNP LANCETS 21G	P	QL(6.67 ea daily)	HAEMOLANCE PLUS MAX FLOW	P	QL(6.67 ea daily)
GNP LANCETS THIN	P	QL(6.67 ea daily)	HAEMOLANCE PLUS PEDIATRIC FLOW	P	QL(6.67 ea daily)
GNP LANCETS THIN 26G	P	QL(6.67 ea daily)	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
GNP STERILE LANCETS 28G	P	QL(6.67 ea daily)	H-E-B INCONTROL LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
H-E-B INCONTROL LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)	LANCETS 33G UNIVERSAL DESIGN	P	QL(6.67 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)	LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)
HY-VEE LANCETS	P	QL(6.67 ea daily)	LANCETS SUPER THIN 28G	P	QL(6.67 ea daily)
HY-VEE THIN LANCETS	P	QL(6.67 ea daily)	LANCETS THIN	P	QL(6.67 ea daily)
IN TOUCH STERILE LANCETS30G	P	QL(6.67 ea daily)	LANCETS ULTRA THIN	P	QL(6.67 ea daily)
KINNEY LANCETS	P	QL(6.67 ea daily)	LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)
KINNEY THIN LANCETS	P	QL(6.67 ea daily)	LIBERTY MEDICAL LANCETS 30G	P	QL(6.67 ea daily)
KROGER HEALTHPRO TWIST LANCETS/26G	P	QL(6.67 ea daily)	LIFESCAN UNISTIK 2 DEEP PENETRATION	P	QL(6.67 ea daily)
KROGER LANCETS	P	QL(6.67 ea daily)	LIFESCAN UNISTIK II LANCETS	P	QL(6.67 ea daily)
KROGER LANCETS 21G	P	QL(6.67 ea daily)	LITE TOUCH LANCETS	P	QL(6.67 ea daily)
KROGER LANCETS MICRO THIN33G	P	QL(6.67 ea daily)	LITETOUCH LANCETS MICRO THIN 33G	P	QL(6.67 ea daily)
KROGER LANCETS SUPER THIN	P	QL(6.67 ea daily)	LIVE BETTER LANCET SUPERTHIN 30G	P	QL(6.67 ea daily)
KROGER LANCETS THIN	P	QL(6.67 ea daily)	LIVE BETTER LANCET ULTRATHIN 28G	P	QL(6.67 ea daily)
KROGER LANCETS THIN 26G	P	QL(6.67 ea daily)	LONGS LANCETS STANDARD	P	QL(6.67 ea daily)
KROGER LANCETS ULTRATHIN30G	P	QL(6.67 ea daily)	LONGS LANCETS THIN	P	QL(6.67 ea daily)
LANCET DEVICE - MISC	P	1 per 180 days	LONGS LANCETS ULTRA THIN	P	QL(6.67 ea daily)
LANCETS	P	QL(6.67 ea daily)	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	P	QL(6.67 ea daily)
LANCETS - MISC	P	200 per 31 days	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	P	QL(6.67 ea daily)
LANCETS 30G	P	QL(6.67 ea daily)	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	P	QL(6.67 ea daily)
LANCETS 30G TWIST TOP	P	QL(6.67 ea daily)	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	P	QL(6.67 ea daily)
LANCETS 30G/TWIST TOP	P	QL(6.67 ea daily)			
LANCETS 33G EXTRA FINE	P	QL(6.67 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEDICHOICE SAFETY LANCETEXTRA	P	QL(6.67 ea daily)	MEIJER LANCETS UNIVERSAL33G	P	QL(6.67 ea daily)
MEDICHOICE SAFETY LANCETNORMAL	P	QL(6.67 ea daily)	MEIJER SUPER THIN LANCETS	P	QL(6.67 ea daily)
MEDISENSE THIN LANCETS	P	QL(6.67 ea daily)	MICROLET LANCETS	P	QL(6.67 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G	P	QL(6.67 ea daily)	MM TWIST LANCETS	P	QL(6.67 ea daily)
MEDLANCE PLUS LANCETS	P	QL(6.67 ea daily)	MONOLET LANCETS	P	QL(6.67 ea daily)
MEDLANCE PLUS LANCETS LITE 25G	P	QL(6.67 ea daily)	MONOLET OPD LANCETS	P	QL(6.67 ea daily)
MEDLANCE PLUS LITE LANCETS 25G	P	QL(6.67 ea daily)	MONOLETTOR SAFETY LANCETS	P	QL(6.67 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	P	QL(6.67 ea daily)	MPD SAFETY LANCET 21G/1.8MM	P	QL(6.67 ea daily)
MEDLANCE PLUS SUPERLITE 30G	P	QL(6.67 ea daily)	MPD SAFETY LANCET 28G/1.8MM	P	QL(6.67 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	P	QL(6.67 ea daily)	MPD SAFETY LANCET 30G/1.8MM	P	QL(6.67 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G	P	QL(6.67 ea daily)	MPD SAFETY LANCETS 23G/1.8MM	P	QL(6.67 ea daily)
MEDLANCE PLUS/LITE 25G	P	QL(6.67 ea daily)	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	P	QL(6.67 ea daily)
MEDLANCE/EXTRA	P	QL(6.67 ea daily)	NOVA SAFETY LANCETS 23G	P	QL(6.67 ea daily)
MEDLANCE/LITE	P	QL(6.67 ea daily)	NOVA SAFETY LANCETS 28G	P	QL(6.67 ea daily)
MEDLANCE/UNIVERSAL	P	QL(6.67 ea daily)	NOVA SUREFLEX LANCETS	P	QL(6.67 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G	P	QL(6.67 ea daily)	ONETOUCH CLUB LANCETS FINE POINT	P	QL(6.67 ea daily)
MEIJER LANCETS	P	QL(6.67 ea daily)	ONETOUCH DELICA LANCETS EXTRA FINE 33G	P	QL(6.67 ea daily)
MEIJER LANCETS THIN	P	QL(6.67 ea daily)	ONETOUCH DELICA LANCETS FINE 30G	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G	P	QL(6.67 ea daily)	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL30G	P	QL(6.67 ea daily)	ONETOUCH DELICA PLUS LANCETS FINE 30G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUGH FINEPOINT LANCETS	P	QL(6.67 ea daily)	PHARMACIST CHOICE ULTRA THIN LANCETS 28G	P	QL(6.67 ea daily)
ONETOUGH ULTRA 2 KIT	P	QL(1 ea per 365 days retail); RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 30G	P	QL(6.67 ea daily)
ONETOUGH ULTRA CONTROL SOLN	P		PHARMACIST CHOICE ULTRA THIN LANCETS 31G	P	QL(6.67 ea daily)
ONETOUGH ULTRA MINI KIT	P	QL(1 ea per 365 days retail); RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	P	QL(6.67 ea daily)
ONETOUGH ULTRASOFT LANCETS	P	QL(6.67 ea daily)	PHARMACY COUNTER LANCETS	P	QL(6.67 ea daily)
ONETOUGH VERIO KIT	P	QL(1 ea per 365 days retail); RX/OTC	PIP LANCETS/28G	P	QL(6.67 ea daily)
ONETOUGH VERIO CONTROL SOLUTION HIGH SOLN	P		PIP LANCETS/30G	P	QL(6.67 ea daily)
ONETOUGH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	QL(1 ea per 365 days retail); RX/OTC	PRECISION THINS GP LANCET	P	QL(6.67 ea daily)
ONETOUGH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	P	QL(1 ea per 365 days retail); RX/OTC	PREFERRED PLUS LANCETS COLORED 21G	P	QL(6.67 ea daily)
ONETOUGH VERIO MID CONTROL SOLUTION SOLN	P		PREFERRED PLUS LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)
ONETOUGH VERIO REFLECT KIT	P	QL(1 ea per 365 days retail); RX/OTC	PREFERRED PLUS LANCETS THIN 26G	P	QL(6.67 ea daily)
PC LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)	PRESSURE ACTIVATED SAFETYLANCET 21G	P	QL(6.67 ea daily)
PERFECT LANCETS 30G	P	QL(6.67 ea daily)	PRO COMFORT LANCETS 30G	P	QL(6.67 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	P	QL(6.67 ea daily)	PRO COMFORT LANCETS 31G	P	QL(6.67 ea daily)
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	P	QL(6.67 ea daily)	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	P	QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS	P	QL(6.67 ea daily)	PRODIGY SAFETY LANCETS	P	QL(6.67 ea daily)
			PRODIGY TWIST TOP LANCETS	P	QL(6.67 ea daily)
			PSS SELECT GP LANCETS	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PSS SELECT SAFETY LANCETS	P	QL(6.67 ea daily)	REALITY TRIGGER LANCETS	P	QL(6.67 ea daily)
PURE COMFORT LANCETS 30G	P	QL(6.67 ea daily)	RELION LANCETS MICRO-THIN33G	P	QL(6.67 ea daily)
PUSH BUTTON SAFETY LANCETS 21G	P	QL(6.67 ea daily)	RELION LANCETS THIN 26G	P	QL(6.67 ea daily)
PUSH BUTTON SAFETY LANCETS 28G	P	QL(6.67 ea daily)	RELION LANCETS ULTRA-THIN30G	P	QL(6.67 ea daily)
PX LANCETS MICROTHIN 33G	P	QL(6.67 ea daily)	RELION ULTRA THIN LANCETS/30G	P	QL(6.67 ea daily)
PX LANCETS ULTRA THIN	P	QL(6.67 ea daily)	RELION ULTRA THIN LANCETS30G	P	QL(6.67 ea daily)
PX LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)	RELION ULTRA THIN PLUS LANCETS 32G	P	QL(6.67 ea daily)
QC LANCETS SUPER THIN	P	QL(6.67 ea daily)	RELION ULTRA THIN PLUS LANCETS 33G	P	QL(6.67 ea daily)
QC LANCETS ULTRA THIN	P	QL(6.67 ea daily)	REXALL LANCETS ULTRA THIN	P	QL(6.67 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN	P	QL(6.67 ea daily)	RIGHTEST GL300 LANCETS	P	QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN	P	QL(6.67 ea daily)	SAFE-T-LANCE LOW FLOW 25G	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS 28G	P	QL(6.67 ea daily)	SAFE-T-LANCE NORMAL FLOW21G	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 26G	P	QL(6.67 ea daily)	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G	P	QL(6.67 ea daily)	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	P	QL(6.67 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G	P	QL(6.67 ea daily)	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	P	QL(6.67 ea daily)
READYLANCE SAFETY LANCETS/21G/2.2MM	P	QL(6.67 ea daily)	SAFETY LANCET 21G/PRESSURE ACTIVATED	P	QL(6.67 ea daily)
READYLANCE SAFETY LANCETS/23G/1.8MM	P	QL(6.67 ea daily)	SAFETY LANCET 23G/PRESSURE ACTIVATED	P	QL(6.67 ea daily)
READYLANCE SAFETY LANCETS/26G/1.8MM	P	QL(6.67 ea daily)	SAFETY LANCET 28G/PRESSURE ACTIVATED	P	QL(6.67 ea daily)
READYLANCE SAFETY LANCETS/28G/1.8MM	P	QL(6.67 ea daily)			
READYLANCE SAFETY LANCETS/30G/1.6MM	P	QL(6.67 ea daily)			
REALITY LANCETS	P	QL(6.67 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAFETY LANCET 30G/PRESSURE ACTIVATED	P	QL(6.67 ea daily)	SMART SENSE THIN LANCETSUNIVERSAL 26G	P	QL(6.67 ea daily)
SAFETY LANCETS	P	QL(6.67 ea daily)	SMARTEST LANCETS 28G	P	QL(6.67 ea daily)
SAFETY LANCETS 21G	P	QL(6.67 ea daily)	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	P	QL(6.67 ea daily)
SAFETY LANCETS 28G	P	QL(6.67 ea daily)	SOLUS V2 TWIST LANCETS 30G	P	QL(6.67 ea daily)
SAPS HEALTH CARE TWIST TOP LANCETS	P	QL(6.67 ea daily)	STERILANCE TL	P	QL(6.67 ea daily)
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	P	QL(6.67 ea daily)	SUPER THIN LANCETS	P	QL(6.67 ea daily)
SAPS HEALTH TWIST TOP LANCETS 30G	P	QL(6.67 ea daily)	SURE COMFORT LANCETS 18G	P	QL(6.67 ea daily)
SAPSCARE TWIST TOP LANCETS 30G	P	QL(6.67 ea daily)	SURE COMFORT LANCETS 21G	P	QL(6.67 ea daily)
SB LANCETS THIN	P	QL(6.67 ea daily)	SURE COMFORT LANCETS 23G	P	QL(6.67 ea daily)
SB LANCETS ULTRA THIN	P	QL(6.67 ea daily)	SURE COMFORT LANCETS 28G	P	QL(6.67 ea daily)
SHOPKO ON-THE-GO COMFORTLANCETS 30G	P	QL(6.67 ea daily)	SURE COMFORT LANCETS 30G	P	QL(6.67 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)	SURE-LANCE FLAT LANCETS	P	QL(6.67 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)	SURE-LANCE LANCETS 26G	P	QL(6.67 ea daily)
SIDE BUTTON SAFETY LANCET21G	P	QL(6.67 ea daily)	SURE-LANCE THIN LANCETS 28G	P	QL(6.67 ea daily)
SINGLE-LET	P	QL(6.67 ea daily)	SURE-LANCE ULTRA THIN LANCETS	P	QL(6.67 ea daily)
SM MICRO THIN LANCETS 33G	P	QL(6.67 ea daily)	SURELITE LANCETS	P	QL(6.67 ea daily)
SMART SENSE COLOR LANCETS UNIVERSAL 33G	P	QL(6.67 ea daily)	SURE-TOUCH LANCETS UNIVERSAL	P	QL(6.67 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	QL(6.67 ea daily)	TECHLITE AST LANCETS	P	QL(6.67 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	QL(6.67 ea daily)	TECHLITE LANCETS	P	QL(6.67 ea daily)
			TECHLITE LANCETS 30G	P	QL(6.67 ea daily)
			TGT LANCET MICRO THIN 33G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TGT LANCET THIN 26G	P	QL(6.67 ea daily)	ULTILET SAFETY LANCETS 21G X 2.2MM	P	QL(6.67 ea daily)
TGT LANCET ULTRA THIN 30G	P	QL(6.67 ea daily)	ULTILET SAFETY LANCETS 23G	P	QL(6.67 ea daily)
THINLETS GP LANCETS	P	QL(6.67 ea daily)	ULTRA THIN LANCETS 31G	P	QL(6.67 ea daily)
TODAYS HEALTH SUPER THINLANCETS 30G	P	QL(6.67 ea daily)	ULTRA-CARE LANCETS 30G	P	QL(6.67 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G	P	QL(6.67 ea daily)	ULTRA-THIN II AUTO LANCET	P	QL(6.67 ea daily)
TOPCARE LANCETS MICRO-THIN 33G	P	QL(6.67 ea daily)	ULTRA-THIN II LANCETS 28G	P	QL(6.67 ea daily)
TRAVEL LANCETS 30G	P	QL(6.67 ea daily)	ULTRA-THIN II LANCETS 30G	P	QL(6.67 ea daily)
TRAVEL LANCETS ADVANCED 28G	P	QL(6.67 ea daily)	UNILET COMFORTOUCH LANCET	P	QL(6.67 ea daily)
TRUE COMFORT SAFETY LANCETS/30G	P	QL(6.67 ea daily)	UNILET EXCELITE	P	QL(6.67 ea daily)
TRUE COMFORT TWIST TOP LANCETS 30G	P	QL(6.67 ea daily)	UNILET EXCELITE II	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 26G	P	QL(6.67 ea daily)	UNILET G.P. LANCET	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 28G	P	QL(6.67 ea daily)	UNILET G.P. SUPERLITE LANCET	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN	P	QL(6.67 ea daily)	UNILET GP 28 ULTRA THIN	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 30G	P	QL(6.67 ea daily)	UNILET LANCET	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN	P	QL(6.67 ea daily)	UNILET LANCETS MICRO-THIN33G	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 33G	P	QL(6.67 ea daily)	UNILET LANCETS SUPER-THIN30G	P	QL(6.67 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN	P	QL(6.67 ea daily)	UNILET LANCETS ULTRA-THIN 28G	P	QL(6.67 ea daily)
TRUEPLUS SAFETY LANCETS 28G	P	QL(6.67 ea daily)	UNILET SUPERLITE LANCET	P	QL(6.67 ea daily)
ULTILET CLASSIC LANCETS	P	QL(6.67 ea daily)	UNISTIK 3 GENTLE	P	QL(6.67 ea daily)
ULTILET LANCETS	P	QL(6.67 ea daily)	UNISTIK PRO SAFETY LANCET 21G	P	QL(6.67 ea daily)
ULTILET LANCETS 33G	P	QL(6.67 ea daily)	UNISTIK PRO SAFETY LANCET 25G	P	QL(6.67 ea daily)
			UNISTIK PRO SAFETY LANCET 28G	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNISTIK SAFETY LANCETS 28G	P	QL(6.67 ea daily)	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	P	QL(6.67 ea daily)
UNISTIK SAFETY LANCETS 30G	P	QL(6.67 ea daily)	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G	P	QL(6.67 ea daily)	WALGREENS LANCETS	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G	P	QL(6.67 ea daily)	WALGREENS THIN LANCETS	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G	P	QL(6.67 ea daily)	WALGREENS ULTRA THIN LANCETS	P	QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G	P	QL(6.67 ea daily)	ZEV RX TWIST TOP LANCETS 30G	P	QL(6.67 ea daily)
UNIVERSAL 1 LANCETS THIN 26G	P	QL(6.67 ea daily)	<b>Misc. Devices</b>		
UNIVERSAL 1 LANCETS ULTRA THIN 30G	P	QL(6.67 ea daily)	ADVOCATE ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	P	QL(6.67 ea daily)	ALCOH-GLOVE CONTOURED WIPE	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
VALUE PLUS LANCETS STANDARD 21G	P	QL(6.67 ea daily)	ALCOHOL PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
VALUE PLUS LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)	ALCOHOL PREP PAD	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
VALUE PLUS LANCETS THIN 26G	P	QL(6.67 ea daily)	ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
VALUMARK LANCET SUPER THIN 30G	P	QL(6.67 ea daily)	ALCOHOL PREP PADS - MISC	P	400 per claim
VALUMARK LANCET ULTRA THIN 28G	P	QL(6.67 ea daily)	ALCOHOL PREPS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
VIDA MIA UNILET LANCETS SUPER THIN 30G	P	QL(6.67 ea daily)	ALCOHOL SWABS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	P	QL(6.67 ea daily)			
VIVAGUARD LANCETS	P	QL(6.67 ea daily)			
VIVAGUARD SAFETY LANCETS/28G	P	QL(6.67 ea daily)			
WALGREENS ADVANCED TRAVEL LANCETS 28G	P	QL(6.67 ea daily)			



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALCOHOL SWABSTICK	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	EQL ALCOHOL SWABS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
APLICARE ALCOHOL SWABSTICK	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	FIFTY50 ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
BD SWABS SINGLE USE	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	GLOBAL ALCOHOL PREP EASEPADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
BD SWABS SINGLE USE BUTTERFLY	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	GNP ALCOHOL SWABS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
CARETOUCH ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	H-E-B INCONTROL ALCOHOL PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	HM STERILE ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	MEIJER ALCOHOL SWABS EXTRA-THICK	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
CVS ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	PHARMACIST CHOICE ALCOHOL PRED PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
CVS PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	PHARMACIST CHOICE ALCOHOLPREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	PRO COMFORT ALCOHOL PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
EASY COMFORT ALCOHOL PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	PURE COMFORT ALCOHOL PREPPADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	QC ALCOHOL SWABS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RA ALCOHOL SWABS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	ULTICARE ALCOHOL SWABS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
REALITY SWABS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	ULTILET ALCOHOL SWABS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
RELION ALCOHOL SWABS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	ULTRA-CARE ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
SAPS CARE ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	WEBCOL ALCOHOL PREP LARGE 1 PLY	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
SAPS HEALTH ALCOHOL PREPPADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	WEBCOL ALCOHOL PREP LARGE 2 PLY	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
SAPS HEALTH CARE ALCOHOLPREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
SB ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	ZEVrx STERILE ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC
SM ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	<b>Parenteral Therapy Supplies</b>		
SURE COMFORT ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	BD AUTOSHIELD 29G X 3/16"	P	QL(5 ea daily)
SURE-PREP ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	BD AUTOSHIELD DUO 30G X 5MM	P	QL(5 ea daily)
TRUE COMFORT ALCOHOL PREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	BD PEN NEEDLES	P	5 per day
TRUE COMFORT PRO ALCOHOLPREP PADS	P	QL(16.67 ea daily; 400 ea per fill retail); RX/OTC	INSULIN SYRINGES - MISC	P	5 per day
			<b>Respiratory Therapy Supplies</b>		
			ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ea per 360 days retail); RX/OTC
			ACTIVITY POUCH MISC	P	QL(1 ea per 360 days retail); RX/OTC
			ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
ADULT MASK DEVI	P	RX/OTC	AEROCHAMBER/FLOWSIGNAL MISC	P	QL(2 ea per 360 days retail); RX/OTC
ADULT MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC	AEROTRACH PLUS MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROBIKA DEVI	P	RX/OTC	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROCHAMBER MV MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	P	QL(2 ea per 360 days retail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	P	QL(2 ea per 360 days retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	P	QL(2 ea per 360 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	P	RX/OTC	CO MONITOR DEVI	P	RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	P	RX/OTC	CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 days retail); RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ea per 360 days retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 days retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ea per 360 days retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 days retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 days retail); RX/OTC	DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 days retail); RX/OTC			
CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 days retail); RX/OTC	EASY FLOW WHITE/BLUE DEVI	P	RX/OTC
DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC	EASY FLOW WHITE/GREEN DEVI	P	RX/OTC
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 days retail); RX/OTC	EASY FLOW WHITE/PINK DEVI	P	RX/OTC
DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	EASY FLOW WHITE/WHITE DEVI	P	RX/OTC
EASIVENT MISC	P	QL(2 ea per 360 days retail); RX/OTC	EASY FLOW WHITE/YELLOW DEVI	P	RX/OTC
EASIVENT/MASK-LARGE MISC	P	QL(2 ea per 360 days retail); RX/OTC	EASE CONTROLLER KIT MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	P	QL(2 ea per 360 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-SMALL MISC	P	QL(2 ea per 360 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 ea per 360 days retail); RX/OTC	EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	RX/OTC	FILTER AIR PP MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC	FLEXICHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/RED DEVI	P	RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	RX/OTC	FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC	HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
EASY FLOW HEPA FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IN-CHECK DIAL INSPIRATORY FLOW TRAINER DEVI	P	RX/OTC	MICROSPACER MISC	P	QL(2 ea per 360 days retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	P	RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 days retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	RX/OTC	NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 days retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC	NEBULIZER CUP/TUBING DEVI	P	RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	P	QL(2 ea per 360 days retail); RX/OTC	NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	P	QL(2 ea per 360 days retail); RX/OTC	NEBULIZER MASK CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERM MASK/INSPIRAMASK/MEDIUM DEVI	P	QL(2 ea per 360 days retail); RX/OTC	NOSE CLIP MISC	P	QL(1 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERM MASK/INSPIRAMASK/SMALL DEVI	P	QL(2 ea per 360 days retail); RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC
INSPIREASE DRUG DELIVERY SYSTEM MISC	P	QL(2 ea per 360 days retail); RX/OTC	ONE FLOW FVC MONITORING SPIROMETER DEVI	P	RX/OTC
INSPIREASE RESERVOIR BAGS	P	QL(3 ea per 180 days retail)	ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
KOKO PEAK PRO REPLACEMENT PLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	ONE-WAY VALVED EXPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 ea per 360 days retail); RX/OTC	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND MISC	P	QL(2 ea per 360 days retail); RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	P	QL(2 ea per 360 days retail); RX/OTC
MICROCHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND/LARGE FACE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
			OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	1 per 360 days
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC	PFLEX MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ea per 360 days retail); RX/OTC	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC	P	QL(1 ea per 360 days retail); RX/OTC	PILLOW MASK/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	P	QL(1 ea per 360 days retail); RX/OTC	PILLOW MASK/CHILD MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail); RX/OTC	PILLOW MASK/PEDIATRIC MISC	P	QL(1 ea per 360 days retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ea per 360 days retail); RX/OTC	POCKET CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	RX/OTC	POCKET SPACER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PARI MASK SET MISC	P	QL(1 ea per 360 days retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	QL(2 ea per 360 days retail); RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ea per 360 days retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	P	QL(2 ea per 360 days retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PARI TREK S COMBO PACK DEVI	P	RX/OTC	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PARI VORTEX ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	P	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC	PURE COMFORT 3-BALL BREATH EXERCISER DEVI	P	RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 days retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SOOTHENE NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
QUAKE DEVI	P	RX/OTC	SOOTHENE NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 days retail); RX/OTC
REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 days retail); RX/OTC	SOOTHENE NBL 100 MESH CAP MISC	P	QL(1 ea per 360 days retail); RX/OTC
REPLACEMENT FILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC	SOOTHENE NBL100 ADULT MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC
RITEFLO DEVI	P	QL(2 ea per 360 days retail); RX/OTC	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	P	2 per 360 days
SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ea per 360 days retail); RX/OTC	SPIRO PD DEVI	P	RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	THRESHOLD IMT MISC	P	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	THRESHOLD PEP DEVI	P	RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ea per 360 days retail); RX/OTC	TUBING/WING TIP MISC	P	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ea per 360 days retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	P	RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	P	RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 days retail); RX/OTC	WINDMILL TRAINER MISC	P	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ea per 360 days retail); RX/OTC	<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail); RX/OTC	Migraine Combinations		
			CAFERGOT TABS 1 MG-100 MG ( <i>ergotamine w/ caffeine</i> )	NP	AL(At least 18 yrs old)
			<i>ergotamine w/ caffeine tabs 100 mg-1 mg</i>	P	AL(At least 18 yrs old)
			Serotonin Agonists		



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AMERGE ( <i>naratriptan hcl</i> )	NP	QL(9 ea per 31 days retail); AL(At least 18 yrs old)	<i>sumatriptan</i>	P	QL(6 ea per 31 days retail); AL(At least 12 yrs old)
<i>eletriptan hydrobromide</i>	P	QL(6 ea per 31 days retail)	<i>sumatriptan succinate tabs</i>	P	QL(9 ea per 31 days retail); AL(At least 12 yrs old)
IMITREX 5 MG/ACT, 20 MG/ACT ( <i>sumatriptan</i> )	NP	QL(6 ea per 31 days retail); AL(At least 12 yrs old)	<i>sumatriptan succinate sosal 6 mg/0.5ml</i>	P	QL(2 ml per 31 days retail); AL(At least 12 yrs old)
IMITREX SOLN 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	NP	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)	<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	P	QL(2 ml per 31 days retail); AL(At least 12 yrs old)
IMITREX TABS ( <i>sumatriptan succinate</i> )	NP	QL(9 ea per 31 days retail); AL(At least 12 yrs old)	<i>sumatriptan succinate soln 6 mg/0.5ml</i>	P	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	NP	QL(2 ml per 31 days retail); AL(At least 12 yrs old)	<i>sumatriptan succinate soct 6 mg/0.5ml</i>	P	QL(2 ml per 31 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	NP	QL(2 ml per 31 days retail); AL(At least 12 yrs old)	<i>zolmitriptan soln 5 mg</i>	P	QL(6 ea per 31 days retail); AL(At least 12 yrs old)
MAXALT TABS 10 MG ( <i>rizatriptan benzoate</i> )	NP	QL(12 ea per 31 days retail); AL(At least 6 yrs old)	<i>zolmitriptan tabs</i>	P	QL(6 ea per 31 days retail)
MAXALT-MLT TBDP 10 MG ( <i>rizatriptan benzoate</i> )	NP	QL(12 ea per 31 days retail); AL(At least 6 yrs old)	<i>zolmitriptan tbdp</i>	P	QL(6 ea per 31 days retail)
<i>naratriptan hcl</i>	P	QL(9 ea per 31 days retail); AL(At least 18 yrs old)	ZOMIG SOLN 5 MG ( <i>zolmitriptan</i> )	NP	QL(6 ea per 31 days retail); AL(At least 12 yrs old)
RELPAK ( <i>eletriptan hydrobromide</i> )	NP	QL(6 ea per 31 days retail)	ZOMIG TABS 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	NP	QL(6 ea per 31 days retail)
<i>rizatriptan benzoate tbdp</i>	P	QL(12 ea per 31 days retail); AL(At least 6 yrs old)	ZOMIG ZMT TBDP ( <i>zolmitriptan</i> )	NP	QL(6 ea per 31 days retail)
<i>rizatriptan benzoate tabs</i>	P	QL(12 ea per 31 days retail); AL(At least 6 yrs old)	<b>MINERALS &amp; ELECTROLYTES</b>		
			Calcium		
			CALCIUM 600+D HIGH POTENCY TABS 400 UNIT-600 MG	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-cholecalciferol tabs 125 unit-500 mg, 200 unit-500 mg, 200 unit-500 mg-500 mg-200 unit, 5 mcg-500 mg</i>	P		ENFAMIL ENFALYTE SOLN 2.5 MEQ/100ML-3.3 MEQ/100ML-4.5 MEQ/100ML-5 MEQ/100ML	P	
<i>calcium carbonate-cholecalciferol tabs 10 mcg-600 mg, 200 unit-600 mg, 400 unit-600 mg, 5 mcg-600 mg, 600 mg-200 unit, 600 mg-400 unit</i>	P	QL(2 ea daily)	EQUALYTE SOLN 67.6 MEQ/L-20 MEQ/L-25 GM/L-30.1 MEQ/L-78.2 MEQ/L ( <i>oral electrolytes</i> )	NP	
<i>calcium carbonate-vitamin d tabs 125 unit-250 mg, 200 unit-500 mg, 250 mg-125 unit</i>	P		HYDRALYTE SOLN 107.5 MG/250ML-132.5 MG/250ML-140 MG/250ML	P	
<i>calcium carbonate-vitamin d tabs 200 unit-600 mg, 400 unit-600 mg</i>	P	QL(2 ea daily)	HYDRALYTE FREEZER POPS SOLN 16 GM/L-20 MEQ/L-45 MEQ/L-55 MEQ/L-90 MEQ/L	P	
<i>oyster shell</i>	P		KINDERLYTE SOLN 8.6 MG/L-840 MG/L-1270 MG/L-1590 MG/L	P	
OYSTER SHELL CALCIUM/D TABS 200 UNIT-500 MG	P		KINDERLYTE PREMAX SOLN 3.1 MG/360ML-330 MG/360ML-620 MG/360ML-630 MG/360ML	P	
PARVA-CAL 200 UNIT-500 MG	P		<i>oral electrolytes soln 7.8 mg/l-20 gm/l-20 meq/l-40 meq/l-50 meq/l</i>	P	
QC CALCIUM 500MG/D3 TABS 200 UNIT-500 MG	P		PEDIALYTE SOLN 2.8 MG/355ML-130 MG/355ML-240 MG/355ML-250 MG/355ML ( <i>oral electrolytes</i> )	NP	
Electrolyte Mixtures			PEDIALYTE ADVANCED CARE SOLN 2.8 MG/360ML-20 MEQ/L-50 MEQ/L-60 MEQ/L ( <i>oral electrolytes</i> )	NP	
BIOLYTE SOLN 1 MCG/437ML-1.1 GM/437ML-3 MG/437ML-5 MG/437ML-8 GM/473ML-16 MG/437ML-400 MG/437ML-500 MCG/437ML-700 MG/437ML	P		PEDIALYTE FREEZER POPS SOLN 20 MEQ/L-25 GM/L-30 MEQ/L-35 MEQ/L-45 MEQ/L ( <i>oral electrolytes</i> )	NP	
CERASPORT SOLN 4 MEQ/L-6 MEQ/L-18 MEQ/L-20 MEQ/L	P				
CERASPORT EX1 SOLN 10 MEQ/L-15 MEQ/L-30 MEQ/L-35 MEQ/L	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEDIALYTE SINGLES SOLN 1.6 MG/200ML-4 MEQ/200ML-5.6 GM/200ML-7 MEQ/200ML-9 MEQ/200ML (oral electrolytes)	NP		<i>potassium chloride soln or 10 %, 20 %</i>	P	
			<i>potassium chloride tbc 8 meq, 10 meq</i>	P	
			<i>potassium chloride cpcr 8 meq</i>	P	QL(1 ea daily)
			<i>potassium chloride pack or 20 meq</i>	P	
			<i>potassium chloride microencapsulated crystals er</i>	P	
Fluoride			Zinc		
<i>sodium fluoride soln .125 mg/drop, .5 mg/ml</i>	P	RX/OTC	<i>zinc sulfate caps</i>	P	QL(3.34 ea daily)
<i>sodium fluoride chew .25 mg, .5 mg, 1 mg, 2.2 mg</i>	P		<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
Magnesium			Chelating Agents		
MAGNESIUM CAPS 400 MG	P		DEPEN TITRATABS TABS ( <i>penicillamine</i> )	NP	
MAGNESIUM EXTRA STRENGTH CAPS	P		<i>penicillamine tabs</i>	P	
MAGNESIUM OXIDE CAPS	P		Immunosuppressive Agents		
<i>magnesium oxide (mg supplement) tabs 400 mg</i>	P		<i>azathioprine tabs</i>	P	
MAGOX 400 TABS ( <i>magnesium oxide (mg supplement)</i> )	NP		CELLCEPT TABS ( <i>mycophenolate mofetil</i> )	NP	
Phosphate			CELLCEPT CAPS ( <i>mycophenolate mofetil</i> )	NP	
K-PHOS NEUTRAL 130 MG-155 MG-852 MG ( <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )	NP	QL(8 ea daily); RX/OTC	CELLCEPT SUSR ( <i>mycophenolate mofetil</i> )	NP	
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic 130 mg-155 mg-852 mg</i>	P	QL(8 ea daily); RX/OTC	<i>cyclosporine caps</i>	P	
Potassium			<i>cyclosporine modified (for microemulsion) soln</i>	P	
K-TAB TBCR 8 MEQ, 10 MEQ ( <i>potassium chloride</i> )	NP		<i>cyclosporine modified (for microemulsion) caps</i>	P	
<i>potassium bicarbonate tbcf</i>	P		ENSPRYNG	P	SP; PA
<i>potassium chloride cpcr 10 meq</i>	P		IMURAN TABS ( <i>azathioprine</i> )	NP	
			<i>mycophenolate mofetil susr</i>	P	
			<i>mycophenolate mofetil caps</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil tabs</i>	P		PERIDEX ( <i>chlorhexidine gluconate (mouth-throat)</i> )	NP	
<i>mycophenolate sodium</i>	P		<b>Dental Products</b>		
MYFORTIC ( <i>mycophenolate sodium</i> )	NP		PREVIDENT 5000 BOOSTER PLUS PSTE DT ( <i>sodium fluoride (dental)</i> )	NP	QL(113 ml per 60 days retail)
NEORAL SOLN ( <i>cyclosporine modified (for microemulsion)</i> )	NP		PREVIDENT 5000 DRY MOUTH GEL ( <i>sodium fluoride (dental)</i> )	NP	QL(113 ml per 60 days retail)
NEORAL CAPS ( <i>cyclosporine modified (for microemulsion)</i> )	NP		PREVIDENT 5000 ORTHO DEFENSE PSTE DT ( <i>sodium fluoride (dental)</i> )	NP	QL(113 ml per 60 days retail)
PROGRAF CAPS ( <i>tacrolimus</i> )	NP		PREVIDENT 5000 PLUS CREA ( <i>sodium fluoride (dental)</i> )	NP	QL(113 gm per 60 days retail)
RAPAMUNE SOLN ( <i>sirolimus</i> )	NP		PREVIDENT FLUORIDE GEL ( <i>sodium fluoride (dental)</i> )	NP	QL(113 gm per 60 days retail)
RAPAMUNE TABS ( <i>sirolimus</i> )	NP		<i>sodium fluoride (dental) crea</i>	P	QL(113 gm per 60 days retail)
SANDIMMUNE CAPS ( <i>cyclosporine</i> )	NP		<i>sodium fluoride (dental) gel</i>	P	QL(113 gm per 60 days retail)
SANDIMMUNE SOLN OR <i>sirolimus soln</i>	P	QL(8 ml daily)	<i>sodium fluoride (dental) pste dt</i>	P	QL(113 gm per 60 days retail)
<i>sirolimus tabs</i>	P		<b>Steroids - Mouth/Throat/Dental</b>		
<i>tacrolimus caps</i>	P		<i>triamcinolone acetonide (mouth)</i>	P	1 rtl pack lmt per fill
<b>Potassium Removing Agents</b>			<b>Throat Products - Misc.</b>		
<i>sodium polystyrene sulfonate powd</i>	P		AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	P		BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
<b>MOUTH/THROAT/DENTAL AGENTS</b>			CAPHOSOL SOLN 0.009 %-0.032 %-0.052 %-0.569 %	P	QL(900 ml per fill retail); RX/OTC
<b>Anesthetics Topical Oral</b>			CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ml per fill retail)			
<b>Anti-infectives - Throat</b>					
<i>nystatin (mouth-throat)</i>	P	2 rtl pack lmt per fill			
<b>Antiseptics - Mouth/Throat</b>					
<i>chlorhexidine gluconate (mouth-throat)</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail); RX/OTC	<i>b-complex w/ c &amp; folic acid caps 1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg-1000 mcg</i>	P	QL(1 ea daily); RX/OTC
MOI-STIR SOLN	P	QL(900 ml per fill retail); RX/OTC	<i>b-complex w/ folic acid caps 10 mg-10 mg-50 mg-100 mcg-103 mg-150 mg-500 mcg</i>	P	QL(1 ea daily); PA
MOUTH KOTE SOLN	P	QL(900 ea per fill retail); RX/OTC	<i>b-complex w/biotin &amp; folic acid tabs 50 mg-0.05 mg-50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-86 mg-300 mcg-400 mcg</i>	P	QL(1 ea daily); PA
MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail); RX/OTC	<b>Multiple Vitamins w/ Calcium</b>		
NUMOISYN LIQD	P	QL(900 ml per fill retail); RX/OTC	<i>multiple vitamins w/ calcium tabs 0.25 mcg-0.25 mg-0.25 mg-0.5 mg-0.75 mg-13.63 mg-15 mg-75 unit-125 mg-250 mg</i>	P	QL(1 ea daily)
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail); RX/OTC	ONE-A-DAY WOMENS FORMULA TABS 5 MG-1.5 MG-1.7 MG-2 MG-2 MG-2 MG-6 MCG-10 MG-15 MG-18 MG-20 MCG-25 MCG-30 MCG-30 UNIT-50 MG-60 MG-120 MCG-400 MCG-450 MG-800 UNIT-2500 UNIT ( <i>multiple vitamins w/ calcium</i> )	NP	QL(1 ea daily)
<i>pilocarpine hcl (oral) 5 mg</i>	P	QL(6 ea daily)	SM ONE DAILY ESSENTIAL TABS 6 MCG-1.5 MG-1.7 MG-2 MG-10 MG-20 MG-30 UNIT-45 MG-60 MG-400 MCG-400 UNIT-3000 UNIT	P	QL(1 ea daily)
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail); RX/OTC	<b>Multiple Vitamins w/ Iron</b>		
SALAGEN 5 MG ( <i>pilocarpine hcl (oral)</i> )	NP	QL(6 ea daily)	<i>multiple vitamins w/ iron tabs 1.5 mg-1.7 mg-2 mg-6 mcg-10 mcg-10 mg-13.5 mg-18 mg-20 mg-25 mg-60 mg-400 mcg-900 mcg</i>	P	QL(1 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC			
<b>MULTIVITAMINS</b>					
<b>B-Complex Vitamins</b>					
<i>b-complex vitamins tabs 4 mg-5 mg-7 mg-10 mg-25 mcg</i>	P	QL(1 ea daily)			
<i>b-complex vitamins caps 1 mg-1.5 mg-2 mg-10 mg-70 mg-100 mcg-100 mg</i>	P	QL(1 ea daily)			
<b>B-Complex w/ C</b>					
<i>b complex w/ c caps 5 mg-10 mg-10.2 mg-15 mg-50 mg-300 mg</i>	P	QL(1 ea daily)			
<b>B-Complex w/ Folic Acid</b>					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-18 MG-20 MG-60 MG-400 MCG-1500 MCG	P	QL(1 ea daily)	BARIATRIC MULTIVITAMINS/IRON CAPS 2 MG-2 MG-12 MG-12 MG-15 MG-20 MG-20 MG-40 MG-45 MG-60 UNIT-75 MCG-100 MCG-100 MCG-120 MCG-130 MG-150 MCG-200 MG-600 MCG-800 MCG-1000 MCG-3000 UNIT-10000 UNIT	P	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Minerals					
ACTIVNUTRIENTS CAPS 0.125 MG-1.25 MCG-3 MG-3.25 MG-5 MG-5 MG-5 MG-9 MG-9 MG-12.5 MCG-16 MG-24.75 MG-25 MCG-25 MCG-25 MG-25 MG-33.5 MG-50 MG-62.5 MG-125 MCG-125 MCG-170 MCG-187.5 MCG-250 MCG-560 MCG	P	QL(1 ea daily); RX/OTC	BIO-35 GLUTEN-FREE CAPS 5 MCG-1 MG-1 MG-3 MG-5 MG-5 MG-5 MG-5 MG-6 MG-7 MG-10 UNIT-12.5 MG-15 MG-17.5 MG-25 MG-32.5 MG-32.5 MG-33.334 MCG-33.334 MCG-33.334 MG-33.5 MG-37.834 MG-45 MG-50 MCG-50 MG-50 MG-50 UNIT-66.667 MG-100 MG-113 MG-133.334 MCG-1000 UNIT	P	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS 0.125 MG-0.25 MG-1.25 MCG-3.25 MG-3.25 MG-5 MG-5 MG-5 MG-9 MG-9 MG-12.5 MCG-16 MG-24.75 MG-25 MCG-25 MCG-25 MG-25 MG-33.5 MG-50 MG-62.5 MG-100 MCG-125 MCG-125 MCG-187.5 MCG-250 MCG-560 MCG	P	QL(1 ea daily); RX/OTC	BIO-35 IRON FREE CAPS 1 MG-1 MG-5 MCG-5 MG-5 MG-5 MG-5 MG-6 MG-7 MG-10 UNIT-12.5 MG-15 MG-15 MG-17.5 MG-20 MG-25 MG-32.5 MG-32.5 MG-33.334 MCG-33.334 MCG-33.334 MG-33.5 MG-37.834 MG-45 MG-50 MCG-50 MG-50 MG-50 MG-50 MG-50 UNIT-66.667 MG-113 MG-133.334 MCG-1000 UNIT	P	QL(1 ea daily); RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS 5.5 MG-20 MCG-20 MG-90 MG-150 MG-900 MCG	P	QL(1 ea daily); RX/OTC	BIOCAL CAPS 40 MCG-45 MG-100 UNIT-500 MG-800 MCG	P	QL(1 ea daily); RX/OTC
APPE-CURB CAPS 9.375 MG-15 MCG-18.75 MG-93.75 MG-125 MG-187.5 MG-250 MG	P	QL(1 ea daily); RX/OTC			

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CELEBRATE MULTI-COMplete18 CAPS 0.666 MG-1.133 MG-1.333 MG-2 MG-5 MG-10 UNIT- 13.333 MCG-13.333 MG- 25 MCG-30 MG-0.666 MG-6 MG-6.666 MG- 33.333 MG-46.666 MCG- 50 MCG-66.666 MCG- 166.666 MCG-200 MCG- 266.666 MCG-1000 UNIT- 1666.666 UNIT	P	QL(1 ea daily); RX/OTC	CHOICEFUL MULTIVITAMIN CAPS 1 MG-1.5 MG-1.9 MG-5 MCG-8 MG-15 MG-18 MG-30 MG-80 MCG-170 UNIT-180 MCG-700 MCG- 1000 UNIT-14000 UNIT	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete36 CAPS 0.666 MG-1 MG-1.333 MG-4 MG-4 MG-6.666 MG-10 MG-12 MG-13.333 MG-20 UNIT-25 MCG- 33.333 MG-40 MCG- 46.666 MCG-50 MCG-60 MG-66.666 MCG-166.666 MCG-200 MCG-200 MCG- 1000 UNIT-3333.333 UNIT	P	QL(1 ea daily); RX/OTC	CVS ADULT 50+ EYE HEALTH CAPS 1 MG-1 MG-5 MG-9 MG-30 UNIT- 90 MG-150 MG-160 MG	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete45 CAPS 4 MG-0.666 MG-1 MG-1.33 MG-4 MG-6.666 MG-10 MG-13.333 MG-15 MG-20 UNIT-25 MCG-33.333 MG-40 MCG-46.666 MCG-50 MCG-60 MG- 66.666 MCG-200 MCG- 266.666 MCG-333.333 MCG-1000 UNIT- 3333.333 UNIT	P	QL(1 ea daily); RX/OTC	CVS EYE HEALTH ADULT 50+ CAPS 1 MG-1 MG-5 MG-9 MG-30 UNIT- 90 MG-150 MG-160 MG- 250 MG	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete60 CAPS 0.666 MG-1 MG-1.333 MG-4 MG-4 MG-6.666 MG-10 MG-13.333 MG-20 MG-20 UNIT-25 MCG- 33.333 MG-40 MCG- 46.666 MCG-50 MCG-60 MG-66.666 MCG-200 MCG-266.666 MCG- 333.333 MCG-1000 UNIT- 3333.333 UNIT	P	QL(1 ea daily); RX/OTC	CVS VISION HEALTH CAPS 1 MG-1 MG-5 MG- 10 MG-200 UNIT-250 MG	P	QL(1 ea daily); RX/OTC
			DECUBI-VITE CAPS 3 MG-3 MG-3.4 MG-9 MCG- 10 MG-15 MCG-30 MG-30 UNIT-50 MG-200 UNIT- 400 MCG-500 MG-2500 UNIT	P	QL(1 ea daily); RX/OTC
			DEKAS PLUS CAPS 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-75 MCG-75 MG-100 MCG-150 UNIT- 200 MCG-1000 MCG- 3000 UNIT-18167 UNIT	P	QL(1 ea daily); RX/OTC
			DEKAS PLUS OCEAN CAPS 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG- 12 MCG-12 MG-75 MCG- 75 MCG-75 MG-100 MCG-101 MG-200 MCG- 1000 MCG-5450 MCG	P	QL(1 ea daily); RX/OTC
			EYE HEALTH CAPS 1 MG-1 MG-5 MG-10 MG- 200 UNIT-250 MG	P	QL(1 ea daily); RX/OTC
			EYE MULTIVITAMIN CAPS 1 MG-2 MG-5 MG- 40 MG-90 MG-250 MG	P	QL(1 ea daily); RX/OTC

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EYE MULTIVITAMIN/LUTEIN CAPS 2 MG-5 MG-34.8 MG-90 MG-226 MG	P	QL(1 ea daily); RX/OTC	MENS 50+ ADVANCED CAPS 2 MG-2 MG-3.4 MG-4 MG-4 MG-4.5 MG-5 MCG-6 MG-6 MG-9.5 MG-10 MCG-10 MCG-10 MG-16 MG-20 MCG-20 MG-20 MG-21 MG-22.5 MG-25 MCG-30 MCG-33 UNIT-72 MG-90 MCG-100 MCG-105 MCG-150 MCG-150 MCG-180 MCG-234 MCG-300 MCG-400 MCG-552 MCG-1000 UNIT-2500 UNIT	P	QL(1 ea daily); RX/OTC
FOLAGENT DHA CAPS 1.7 MG-2 MG-2 MG-2.5 MG-8 MCG-10 MCG-10 MG-15 MG-20 MG-20.1 MG-28 MG-35 MG-50 MG-60 MG-150 MCG-200 MG-200 MG-300 MCG-1000 MCG-1200 MCG	P	QL(1 ea daily); RX/OTC	MOOD FOOD ES CAPS 10 MG-25 MCG-1.5 MG-2.5 MG-15 MCG-35 MG-50 MG-50 MG-50 MG-150 MG-255 MCG	P	QL(1 ea daily); RX/OTC
FOLAMED DHA CAPS 2.5 MG-1.7 MG-2 MG-2 MG-8 MCG-10 MCG-10 MG-15 MG-20 MG-20.1 MG-28 MG-35 MG-50 MG-60 MG-150 MCG-200 MG-200 MG-300 MCG-1000 MCG-1200 MCG	P	QL(1 ea daily); RX/OTC	<i>multiple vitamins w/ minerals caps 6 mg-13.5 mg-15 mg-60 mg</i>	P	QL(1 ea daily); RX/OTC
GENADEK STEP 1 CAPS 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-75 MCG-75 MCG-75 MG-100 MCG-100.5 MG-200 MCG-1000 MCG-5450 MCG	P	QL(1 ea daily); RX/OTC	MULTIPLE VITAMINS W/ MINERALS TABS - MISC	P	1 per day
GENADEK STEP 2 CAPS 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-75 MCG-75 MG-100 MCG-100.5 MG-125 MCG-200 MCG-1000 MCG-5450 MCG	P	QL(1 ea daily); RX/OTC	MVW COMPLETE FORMULATION CAPS 1.5 MG-1.7 MG-1.9 MG-6 MCG-10 MG-12 MG-20 MG-100 MCG-100 MG-200 MCG-200 UNIT-800 MCG-1500 UNIT-16000 UNIT	P	QL(1 ea daily); RX/OTC
HEALTHY EYES SUPERVISION2 CAPS 1 MG-1 MG-5 MG-10 MG-90 MG-250 MG	P	QL(1 ea daily); RX/OTC	MVW COMPLETE FORMULATIOND3000 CAPS 6 MCG-1.5 MG-1.7 MG-1.9 MG-10 MG-12 MG-20 MG-100 MCG-100 MG-200 MCG-200 UNIT-800 MCG-3000 UNIT-16000 UNIT	P	QL(1 ea daily); RX/OTC
			MVW COMPLETE FORMULATIOND500 CAPS 1.5 MG-1.7 MG-1.9 MG-6 MCG-10 MG-12 MG-20 MG-100 MCG-100 MG-200 MCG-200 UNIT-800 MCG-5000 UNIT-16000 UNIT	P	QL(1 ea daily); RX/OTC



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MVW COMPLETE FORMULATION MINIS CAPS 1.5 MG-1.7 MG-1.9 MG-6 MCG-10 MG-12 MG-20 MG-100 MCG-100 MG-200 MCG-200 UNIT-1000 MCG-1500 UNIT-16000 UNIT	P	QL(1 ea daily); RX/OTC	PRESERVISION AREDS 2 + MULTI VITAMIN CAPS 0.75 MG-0.85 MG-1 MG-1 MG-1 MG-5 MG-5 MG-9.5 MCG-10 MG-12.5 MCG-15 MCG-15 MCG-22.5 MCG-25 MCG-40 MG-50 MG-75 MCG-200 UNIT-200 UNIT-250 MG-300 UNIT	P	QL(1 ea daily); RX/OTC
OCUVEL CAPS	P	QL(1 ea daily); RX/OTC	PRESERVISION/LUTEIN CAPS 0.8 MG-5 MG-34.8 MG-200 UNIT-226 MG	P	QL(1 ea daily); RX/OTC
OCUVITE ADULT 50+ CAPS 1 MG-1 MG-5 MG-9 MG-30 UNIT-90 MG-150 MG-160 MG-250 MG	P	QL(1 ea daily); RX/OTC	PRORENAL+D/OMEGA-3 CAPS 0.75 MG-1 MG-4 MG-4 MG-5 MG-5 UNIT-10 MG-15 MCG-0.45 MG-1.2 MG-2.5 MG-21.5 MCG-30 MG-110 MG-165 MG-400 MCG-500 MG-500 UNIT	P	QL(1 ea daily); RX/OTC
OCUVITE ADULT FORMULA CAPS 1 MG-2 MG-9 MG-15 UNIT-100 MG-100 MG	P	QL(1 ea daily); RX/OTC	PROTECT CARDIO AF CAPS 25 MG-25 MG-25 MG-25 MG-25 MG-30 MG-32 UNIT-50 MCG-50 MCG-50 MCG-50 MG-50 MG-60 MG-75 MCG-90 MG-100 MG-120 UNIT-174 MG-200 UNIT-250 MG-340 MG-500 MCG-1100 MCG	P	QL(1 ea daily); RX/OTC
OCUVITE LUTEIN CAPS 2 MG-5 MG-15 MG-30 UNIT-60 MG	P	QL(1 ea daily); RX/OTC	PROTECT PLUS SO CAPS 5 MCG-0.5 MG-0.5 MG-2.5 MG-15 MG-15 MG-15 MG-15 MG-20 MG-25 MCG-25 MCG-25 MCG-25 MG-25 MG-25 MG-25 MG-25 MG-50 MCG-50 MCG-50 MG-100 MCG-100 MG-144 MG-150 MCG-250 MG-500 MCG-2875 MCG	P	QL(1 ea daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS 1 MG-2 MG-10 MCG-10 MG-10 MG-15 MG-5 MG-5 MG-10 MG-15 MG-15 MG-25 MG-25 MG-40 MG-50 MG-75 MCG-100 MCG-100 MCG-100 MCG-100 MCG-150 MCG-150 MG-500 MCG-500 MCG-800 MCG-3000 MCG	P	QL(1 ea daily); RX/OTC	PROTEGRA CAPS 1 MG-1.5 MG-15 MCG-50 MG-60 UNIT-250 MG-5000 UNIT-7.5 MG	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS CAPS 0.8 MG-34.8 MG-200 UNIT-226 MG-14320 UNIT	P	QL(1 ea daily); RX/OTC			
PRESERVISION AREDS 2 CAPS 1 MG-1 MG-5 MG-40 MG-90 MG-250 MG	P	QL(1 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QC OCUHEALTH VISION SUPPORT 2 CAPS 1 MG-1 MG-5 MG-10 MG-90 MG-250 MG	P	QL(1 ea daily); RX/OTC	VISTA ADVANCED DRY EYE FORMULA CAPS 12.5 MCG-1 MG-3 MG-5 MG-12.5 MG-25 MG-25 MG-37.5 MG-133 MG-250 MG-333 MG-667 MG	P	QL(1 ea daily); RX/OTC
REMEDIENT CAPS 1 MG-3.6 MG-6 MCG-8 MG-8.5 MG-20 MCG-28 MG-40 MG-60.3 MG-200 MG	P	QL(1 ea daily); RX/OTC	VITABEX CAPS 2 MG-3 MG-3 MG-6 MG-12 MCG-15 UNIT-25 MCG-25 MCG-25 MG-25 MG-50 MG-50 MG-250 MG-500 UNIT-800 MCG-2500 UNIT	P	QL(1 ea daily); RX/OTC
SUPER ANTIOXIDANT CAPS 5 MG-10 MG-2 MG-3 MG-6.67 MG-10 MG-10 MG-25 MCG-30 UNIT-166.67 MG-333.33 MG-333.33 UNIT-1000 MCG-1000 MCG-1000 MCG-1000 MCG	P	QL(1 ea daily); RX/OTC	VITABEX PLUS CAPS 3 MG-3 MG-5 MG-6 MCG-10 MCG-10 MG-10 UNIT-25 MG-120 MG-10 MG-25 MCG-25 MG-500 MCG-1000 UNIT	P	QL(1 ea daily); RX/OTC
THERAMILL FORTE CAPS 4 MG-0.25 MG-2 MG-4 MG-2.5 MG-3 MCG-8 MCG-8 MG-12.5 MG-12.5 MG-12.5 MG-16.5 MCG-16.5 MG-17 MG-17 MG-17 MG-17 MG-33 MCG-33 MCG-33 MCG-33 UNIT-34 MG-50 MCG-67 MCG-67 MG-67 MG-67 UNIT-167 MG-3500 UNIT	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC CAPS 0.6 MG-1 MG-5 MG-12.5 MG-89 MG-250 MG	P	QL(1 ea daily); RX/OTC
THERANATAL LACTATION ONE CAPS 1.7 MG-2 MG-2.5 MG-8 MCG-9 MG-30 MG-30 UNIT-60 MG-220 MCG-300 MCG-300 MG-400 MCG-6400 UNIT	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC ADVANCED CAPS 0.6 MG-1.75 MG-5 MG-12.5 MG-20 MG-25 MG-25 MG-100 MCG-134.5 MG-250 MG	P	QL(1 ea daily); RX/OTC
VISION HEALTH CAPS 40 MG-1 MG-2 MG-5 MG-90 MG-250 MG	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPORT CAPS 0.6 MG-1 MG-5 MG-12.5 MG-89 MG-250 MG	P	QL(1 ea daily); RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS 1 MG-1 MG-5 MG-12.5 MG-25 MG-27.5 MCG-137.5 MG-250 MG	P	QL(1 ea daily); RX/OTC	VITEYES CLASSIC/OMEGA-3 CAPS 8.333 MG-0.4 MG-0.667 MG-3.333 MG-89.333 MG-116.667 MG-166.667 MG-216.667 MG-360 MG	P	QL(1 ea daily); RX/OTC
			VITEYES CLASSIC+OMEGA-3 CAPS 0.4 MG-0.667 MG-3.333 MG-8.333 MG-89.333 MG-116.667 MG-166.667 MG-216.667 MG-360 MG	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYVANA CAPS 6 MG-11.5 MG-20.5 MCG-48.5 MCG-263.5 MG	P	QL(1 ea daily); RX/OTC	MULTI VITAMIN/D-3 TABS 1.5 MG-1.9 MG-2 MG-6 MCG-20 MG-30 UNIT-40 MG-50 MG-60 MG-400 MCG-400 UNIT-3000 UNIT	P	QL(1 ea daily); RX/OTC
Multivitamins					
AMLADEX TABS 1 MG-1 MG-5 MG-12.5 MCG-12.5 MG-25 MG-50 MG-125 MG	P	QL(1 ea daily); RX/OTC	<i>multiple vitamin tabs 1 mg-1 mg-1.5 mg-1.7 mg-3 mcg-10 mcg-20 mg-50 mg-60 mg-1200 mcg</i>	P	QL(1 ea daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-20 MG-21 MG-60 MG-400 MCG-900 MCG	P	QL(1 ea daily); RX/OTC	MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
DERMACINRX DAVIMET CHEW 1.05 MG-1.05 MG-1.2 MG-4.5 MCG-10 MCG-10 MG-13.5 MG-60 MG-750 MCG-1000 MCG	P	QL(1 ea daily); RX/OTC	MULTIVITAMIN ADULT TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-20 MG-60 MG-400 MCG-1500 MCG	P	QL(1 ea daily); RX/OTC
ESTROFACTORS TABS 0.67 MG-10 MCG-13 MCG-16.7 MG-30 MG-33 MG-66.7 MG-66.7 MG-66.7 UNIT-66.7 UNIT-70 MG-266 MCG-833 UNIT	P	QL(1 ea daily); RX/OTC	NEOMULTIVITE TABS 2 MG-1.5 MG-1.7 MG-2 MCG-5 MCG-6 MCG-10 MCG-20 MG-60 MG-400 MCG-1500 MCG	P	QL(1 ea daily); RX/OTC
GENICIN VITA-Q TABS 5 MG-12.5 MCG-12.5 MG-25 MG-50 MG-125 MG-1000 MCG-1000 MCG	P	QL(1 ea daily); RX/OTC	OMNICAP TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MG-20 MG-30 UNIT-60 MG-400 MCG-400 UNIT-3000 UNIT	P	QL(1 ea daily); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MCG-10 MG-13.6 MG-20 MG-30 MCG-35 MG-45 MG-90 MG-400 MCG-1500 MCG	P	QL(1 ea daily); RX/OTC	ONE DAILY ESSENTIAL TABS 1.5 MG-1.7 MG-2 MG-3.3 MG-6 MCG-10 MG-20 MCG-20 MG-45 MG-60 MG-500 MCG-900 MCG	P	QL(1 ea daily); RX/OTC
MULTI VITAMIN TABS 2 MG-6 MCG-10 MG-20 MG-45 MG-60 MG-400 MCG-400 UNIT-3000 UNIT-1.5 MG-1.7 MG-30 UNIT	P	QL(1 ea daily); RX/OTC	ONE-A-DAY ADULT VITACRAVES MULTI+OMEGA-3 DHA GUMMIES CHEW 1 MG-4.5 MCG-7.5 UNIT-16 MCG-30 MG-75 MCG-200 MCG-200 UNIT-2000 UNIT	P	QL(1 ea daily); RX/OTC
			ONE-A-DAY ESSENTIAL TABS 0.4 MG-1.5 MG-1.7 MG-2 MG-6 MCG-10 MG-20 MG-30 UNIT-60 MG-400 UNIT-5000 UNIT <i>(multiple vitamin)</i>	NP	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY MENS TABS 0.4 MG-2.25 MG-2.55 MG-3 MG-9 MCG-10 MG-20 MG-45 UNIT-400 UNIT-5000 UNIT-200 MG <i>(multiple vitamin)</i>	NP	QL(1 ea daily); RX/OTC	CENTRUM FLAVOR BURST KIDS CHEW 2.5 MG-0.5 MG-1.25 MG-2.5 MCG-10 MCG-10 UNIT-15 MG-19 MG-20 MCG-37.5 MCG-100 MCG-200 UNIT-500 UNIT	P	QL(1 ea daily)
QUINTABS TABS 30 MCG-30 MCG-30 MG-30 MG-30 MG-30 MG-50 UNIT-100 MG-300 MG-400 MCG-400 UNIT-5000 UNIT	P	QL(1 ea daily); RX/OTC	CENTRUM KIDS CHEW 1 MG-1.5 MG-1.7 MG-2 MG-2 MG-6 MCG-8 MG-10 MCG-10 MCG-10 MG-13.5 MG-15 MG-20 MCG-20 MCG-20 MG-40 MG-45 MCG-50 MG-60 MG-108 MG-150 MCG-400 MCG-450 MCG	P	QL(1 ea daily)
THERA TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MG-20 MG-30 MCG-30 UNIT-45 MG-90 MG-400 MCG-400 UNIT-5000 UNIT	P	QL(1 ea daily); RX/OTC	FLINTSTONES GUMMIES CHEW 0.35 MG-0.4 MG-1.25 MG-1.5 MCG-2.5 UNIT-20 MG-22.5 MCG-35 MCG-300 UNIT-800 UNIT <i>(pediatric multiple vitamin w/ minerals &amp; c)</i>	NP	QL(1 ea daily)
THEREMS MULTIVITAMIN TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MCG-10 MG-13.6 MG-20 MG-30 MCG-35 MG-45 MG-90 MG-400 MCG-1500 MCG	P	QL(1 ea daily); RX/OTC	FLINTSTONES GUMMIES COMPLETE CHEW 0.5 MG-1.25 MG-1.5 MCG-2.5 MG-9 UNIT-15 MCG-15 MG-37.5 MCG-100 MCG-300 UNIT-1000 UNIT <i>(pediatric multiple vitamin w/ minerals &amp; c)</i>	NP	QL(1 ea daily)
Ped Multi Vitamins w/FI & FE					
<i>ped multivitamins w/fl &amp; iron soln 0.25 mg/ml-0.4 mg/ml-0.5 mg/ml-0.6 mg/ml-5 unit/ml-8 mg/ml-10 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	FLINTSTONES GUMMIES PLUSIMMUNITY SUPPORT/EXTRA C CHEW 0.5 MG-2.5 MCG-2.5 MG-10 MCG-20 MCG-37.5 MCG-62.5 MG-100 MCG-100 UNIT-1000 UNIT-1.25 MG-10 UNIT <i>(pediatric multiple vitamin w/ minerals &amp; c)</i>	NP	QL(1 ea daily)
Ped Multiple Vitamins w/ Minerals					
ACTIVNUTRIENTS CHEW 0.125 MG-0.125 MG-0.625 MG-0.75 MG-1.25 MG-1.25 MG-1.875 MG-2.5 MG-2.5 MG-3 MCG-3.125 MCG-3.75 MCG-8.375 MG-12.5 MCG-12.5 MCG-12.5 MCG-12.5 MG-12.5 MG-18.75 MCG-30.75 MCG-37.5 MCG-61.5 MCG-62.5 MG-85 MCG-150 MCG	P	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLINTSTONES SOUR GUMMIES CHEW 0.5 MG-1.25 MG-1.5 MCG-2.5 MG-9 UNIT-15 MCG-15 MG-19 MG-37.5 MCG-100 MCG-200 UNIT-1000 UNIT ( <i>pediatric multiple vitamin w/ minerals &amp; c</i> )	NP	QL(1 ea daily)	ONE-A-DAY SCOOPY-DOO GUMMIES CHEW 2.5 MG-0.5 MG-1.25 MG-2.5 MCG-10 MCG-10 UNIT-15 MCG-15 MG-20 MCG-37.5 MCG-100 MCG-100 UNIT-1000 UNIT ( <i>pediatric multiple vitamin w/ minerals &amp; c</i> )	NP	QL(1 ea daily)
FLINTSTONES TODDLER/TASTISMOOTH CHEW 0.7 MG-0.7 MG-0.8 MG-1.6 MG-2.5 MG-3 MCG-6 MG-10 UNIT-40 MG-70 MCG-80 MG-100 MCG-150 MCG-600 UNIT-1600 UNIT	P	QL(1 ea daily)	ONE-A-DAY/JOLLY RANCHER CHEW 0.5 MG-1.25 MG-2.5 MCG-2.5 MG-10 MCG-10 UNIT-15 MCG-15 MG-20 MCG-37.5 MCG-100 MCG-100 UNIT-1000 UNIT ( <i>pediatric multiple vitamin w/ minerals &amp; c</i> )	NP	QL(1 ea daily)
HEALTHY KIDS GUMMIES CHEW 1 MG-2.5 MG-5 MCG-5 MG-20 MCG-30 MG-38 MG-40 MCG-75 MCG-200 MCG-200 UNIT-200 UNIT-2000 UNIT	P	QL(1 ea daily)	<i>pediatric multiple vitamin w/ minerals &amp; c chew</i>	P	QL(1 ea daily)
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW 1 MG-1 MG-1.25 MG-1.5 MCG-1.5 MG-1.5 MG-7.5 MCG-10 MCG-15 MG-40 MCG-300 MCG	P	QL(1 ea daily)	VITALETS CHILDRENS CHEW 0.1 MG-0.75 MG-0.8 MG-0.85 MG-1 MG-3 MCG-5 MG-10 MG-10 MG-15 UNIT-20 MG-40 MG-60 MG-80 MG-150 MCG-200 MCG-200 UNIT-2500 UNIT	P	QL(1 ea daily)
MULTIVITAMIN GUMMIES CHILDRENS CHEW	P	QL(1 ea daily)	Ped MV w/ Fluoride		
MVW COMPLETE FORMULATION CHEW 6 MCG-1.5 MG-1.7 MG-1.9 MG-10 MG-12 MG-15 MG-100 MCG-100 MG-200 MCG-200 UNIT-1000 MCG-1500 UNIT-16000 UNIT	P	QL(1 ea daily)	PEDIATRIC MULTIVITAMIN W/FL CHEW	P	AL: Up to 15 years
			PEDIATRIC MULTIVITAMIN W/FL SOLN	P	AL: Up to 15 years
			Ped MV w/ Iron		
			BPROTECTED PEDIA POLY-VITE/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	P	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-11 MG/ML-50 MG/ML-250 MCG/ML	P	QL(60 ml per fill retail)	MULTIVITAMIN INFANT & TODDLER SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-50 MG/ML-250 MCG/ML	P	QL(50 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	P	QL(60 ml per fill retail)	MULTIVITAMIN INFANT/TODDLER SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-50 MG/ML-250 MCG/ML-400 UNIT/ML	P	QL(50 ml per fill retail)
POLY-VI-SOL/IRON SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-11 MG/ML-50 MG/ML-250 MCG/ML	P	QL(60 ml per fill retail)	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-750 UNIT/ML	P	QL(50 ml per fill retail)
POLY-VITA/IRON SOLN 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-5 MG/ML-8 MG/ML-10 MCG/ML-10 MG/ML-35 MG/ML-412.5 MCG/ML	P	QL(60 ml per fill retail)	POLY-VI-SOL SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-50 MG/ML-250 MCG/ML	P	QL(50 ml per fill retail)
POLY-VITE/IRON SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 UNIT/ML-11 MG/ML-50 MG/ML-400 UNIT/ML-833 UNIT/ML	P	QL(60 ml per fill retail)	POLY-VITA SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 MG/ML-8 MG/ML-10 MCG/ML-35 MG/ML-412.5 MCG/ML	P	QL(50 ml per fill retail)
Pediatric Multiple Vitamins			POLY-VITE PEDIATRIC SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 UNIT/ML-50 MG/ML-400 UNIT/ML-833 UNIT/ML	P	QL(50 ml per fill retail)
BPROTECTED PEDIA POLY-VITE SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	P	QL(50 ml per fill retail)	Prenatal Vitamins		
			PRENATAL VITAMINS - MISC	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SELECT-OB+DHA MISC 1 MG-1.6 MG-1.8 MG-2.5 MG-5 MCG-15 MG-15 MG-20 MG-25 MG-29 MG- 30 UNIT-60 MG-250 MG- 400 UNIT-1700 UNIT	P	QL(1 ea daily)	CENTRUM PERFORMANCE TABS 0.9 MG-4 MG-4 MG-4.5 MG-5 MCG-5.1 MG-6 MG- 10 MCG-10 MCG-11 MG- 12 MG-18 MCG-18 MG-25 MCG-40 MG-40 MG-48 MG-50 MCG-50 MG-60 MCG-60 UNIT-70 MCG-72 MG-75 MCG-80 MG-100 MG-120 MCG-120 MG- 150 MCG-400 MCG-400 UNIT-3500 UNIT	P	QL(1 ea daily); RX/OTC
VITAFOL-ONE CAPS 1 MG-1.6 MG-1.8 MG-2 MG- 2.5 MG-12 MCG-15 MG- 20 MG-20 UNIT-25 MG-29 MG-30 MG-150 MCG-200 MG-1000 UNIT-1100 UNIT	P	QL(1 ea daily)	CENTRUM SPECIALIST ENERGY TABS 4.5 MG- 0.9 MG-4 MG-4 MG-5 MCG-5.1 MG-6 MG-10 MCG-10 MCG-11 MG-12 MG-18 MCG-18 MG-25 MCG-40 MG-40 MG-48 MG-50 MCG-50 MG-60 MCG-60 UNIT-70 MCG-72 MG-75 MCG-80 MG-100 MG-120 MCG-120 MG- 150 MCG-400 MCG-400 UNIT-3500 UNIT	P	QL(1 ea daily); RX/OTC
Specialty Vitamins Products			CVS HAIR/SKIN/NAILS TABs 2.5 MG-0.5 MG- 0.75 MG-0.85 MG-6.25 MG-7.5 MG-10 MG-30 UNIT-50 MG-50 MG-60 MG-100 MCG-100 MG- 250 MCG-500 UNIT-1500 MCG-2500 UNIT	P	QL(1 ea daily); RX/OTC
ADRENAL STRESS CALM TABS 1 MG-5 MG- 12 MG-20 MG-60 MG-80 MG-80 MG-150 MG	P	QL(1 ea daily); RX/OTC	ELON MATRIX 5000 TABs 50 MG-100 MG- 5000 MCG	P	QL(1 ea daily); RX/OTC
ALLERWELL ALLERGY FORMULA TABS 0.12 MG-1 MG-1.5 MG-2 MG-3 MG-3 MG-4.5 MG-5 MG- 15 MG-15 MG-18 MCG-25 MG-25 MG-25 MG-25 MG- 40 MG-40 MG-40 MG-80 MG-90 MG-90 MG-120 MG-200 MG	P	QL(1 ea daily); RX/OTC	ELON MATRIX PLUS TABs 50 MG-100 MG- 3000 MCG	P	QL(1 ea daily); RX/OTC
BIOTIN PLUS KERATIN TABs 100 MG-10000 MCG	P	QL(1 ea daily); RX/OTC	ELON MATRIX 5000 COMPLETE TABs 1.7 MG-8.3 MG-10 MG-15 MG-33 MCG-33 MG-33 MG-33 UNIT-50 MG-50 MG-100 MG-100 MG-200 MG-250 MCG-333 UNIT- 1666 UNIT-5000 MCG	P	QL(1 ea daily); RX/OTC
BRAIN MIGHT/DHA & CO Q10 TABs 1 MG-1.6 MCG-1.6 MG-3.3 MG-10 MG-10 MG-100 MG-100 MG-111 MG-111 MG-140 MG-334 MCG-334 MCG	P	QL(1 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELON MATRIX COMPLETE TABS 1.7 MG-8.3 MG-10 MG-15 MG-33 MCG-33 MG-33 MG-33 UNIT-50 MG-50 MG-100 MG-100 MG-200 MG-250 MCG-333 UNIT-1666 UNIT-3000 MCG	P	QL(1 ea daily); RX/OTC	RA EAR CARE TABS 0.333 MG-0.333 MG-1 MG-1.667 MCG-1.667 MG-3.333 MG-29 MG-100 MG-113.333 MG-113.333 MG-200 MG	P	QL(1 ea daily); RX/OTC
ELON R3 TABS 25 MG-100 MG-2500 MCG	P	QL(1 ea daily); RX/OTC	<i>specialty vitamins products tabs 1 mg-1 mg-1 mg-1.67 mg-1.67 mg-1.67 mg-1.67 mg-2.5 mg-2.67 mcg-4.167 mcg-4.167 mg-5 mg-5 unit-8.333 mg-8.333 mg-8.333 mg-8.333 mg-10 mg-10 mg-25 mg-33.333 mg-33.333 unit-37.5 mcg-40 mg-50 mg-66.67 mcg-237 mg-1666.67 unit</i>	P	QL(1 ea daily); RX/OTC
HAIR FARE TABS 1 MG-4.5 MG-4.5 MG-5 MCG-5 MG-10 MG-30 MG-35 MG-100 MG-100 MG-100 MG-100 MG-125 MG-150 MCG-150 MCG-400 MCG	P	QL(1 ea daily); RX/OTC	THERABETIC EYE HEALTH TABS 2 MG-10 MG-50 MG-100 MG-100 MG-2000 MCG	P	QL(1 ea daily); RX/OTC
HAIR NOURISHING SUPPLEMENT TABS 6 MG-7.5 MG-10 MG-12 MG-15 MG-36.7 MG-59 MG-3000 MCG	P	QL(1 ea daily); RX/OTC	UPSPRING HE NATAL TABS 0.166 MG-8.333 MG-22.333 MG-23.333 MCG-33.333 MCG-83.333 MG-233.333 MG-266.666 MCG-697 MCG	P	QL(1 ea daily); RX/OTC
HEALTHY HEART COMPLEX TABS 800 MCG-100 MG-100 MG-200 MCG	P	QL(1 ea daily); RX/OTC	<b>Vitamins w/ Lipotropics</b>		
HEART TABS TABS 1 MG-1 MG-3 MCG-3 MG-5 MG-15 MCG-20 MCG-25 MG-25 MG-25 MG-50 MCG-50 MG-50 MG-50 MG-95 UNIT-100 MCG-100 MG-100 MG-200 UNIT-250 UNIT-500 MCG-1250 UNIT-2000 MCG	P	QL(1 ea daily); RX/OTC	<i>vitamins w/ lipotropics caps 50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-100 mcg</i>	P	QL(1 ea daily)
LIPIDSHIELD PLUS TABS	P	QL(1 ea daily); RX/OTC	<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
MG PLUS PROTEIN TABS 133 MG	P	QL(1 ea daily); RX/OTC	<b>Central Muscle Relaxants</b>		
MIL ADREGEN TABS 10 MG-25 MG-50 MG-50 MG-50 MG-60 MG-250 MG-250 MG	P	QL(1 ea daily); RX/OTC	<i>baclofen tabs 10 mg, 20 mg</i>	P	
			<i>chlorzoxazone tabs 500 mg</i>	P	
			<i>cyclobenzaprine hcl tabs 7.5 mg</i>	P	QL(4 ea daily)



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl tabs 5 mg, 10 mg</i>	P	QL(3 ea daily)	<i>ipratropium bromide (nasal) .03 %</i>	P	QL(31 ml per 31 days retail)
<i>methocarbamol tabs</i>	P		<i>ipratropium bromide (nasal) .06 %</i>	P	QL(15 ml per 31 days retail)
<i>orphenadrine citrate tb12</i>	P	QL(2 ea daily)	<b>Nasal Steroids</b>		
ROBAXIN-750 TABS ( <i>methocarbamol</i> )	NP		<i>budesonide (nasal)</i>	P	QL(9 ml per 31 days retail)
<i>tizanidine hcl tabs</i>	P		FLONASE ALLERGY RELIEF SUSP ( <i>fluticasone propionate (nasal)</i> )	NP	1 rtl pack lmt per fill; RX/OTC
ZANAFLEX TABS 4 MG ( <i>tizanidine hcl</i> )	NP		FLONASE ALLERGY RELIEF CHILDRENS SUSP ( <i>fluticasone propionate (nasal)</i> )	NP	1 rtl pack lmt per fill; RX/OTC
<b>Viscosupplements</b>			<i>flunisolide (nasal) .025 %</i>	P	QL(25 ml per 31 days retail)
EUFLEXXA SOSY	P	SP; PA	<i>fluticasone propionate (nasal) susp</i>	P	1 rtl pack lmt per fill; RX/OTC
HYALGAN SOSY	P	SP; PA	NASACORT ALLERGY 24HR AERO ( <i>triamcinolone acetonide (nasal)</i> )	NP	QL(17 ml per 31 days retail); AL(At least 2 yrs old)
MONOVISC	P	SP; PA	NASACORT ALLERGY 24HR CHILDRENS AERO ( <i>triamcinolone acetonide (nasal)</i> )	NP	QL(17 ml per 31 days retail); AL(At least 2 yrs old)
ORTHOVISC	P	SP; PA	<i>triamcinolone acetonide (nasal) aero</i>	P	QL(17 ml per 31 days retail); AL(At least 2 yrs old)
SYNOJOYNT SOSY	P	SP; PA	<b>Sympathomimetic Decongestants</b>		
SYNVISC SOSY	P	SP; PA	<i>phenylephrine hcl (oral) tabs</i>	P	QL(24 ea per fill retail)
SYNVISC ONE SOSY	P	SP; PA	<i>pseudoephedrine hcl liqd 15 mg/5ml</i>	P	
TRILURON SOSY	P	SP; PA	<i>pseudoephedrine hcl tabs</i>	P	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>			<i>pseudoephedrine hcl tb12</i>	P	QL(2 ea daily)
<b>Nasal Agents - Misc.</b>			SUDAFED CHILDRENS LIQD	P	
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	1 rtl pack lmt per fill	<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
OCEAN NASAL SPRAY SOLN ( <i>saline</i> )	NP	1 rtl pack lmt per fill			
<i>saline soln</i>	P	1 rtl pack lmt per fill			
<b>Nasal Antiallergy</b>					
<i>azelastine hcl</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s); RX/OTC			
<i>cromolyn sodium (nasal) 5.2 mg/act</i>	P	QL(26 ml per 31 days retail)			
NASALCROM ( <i>cromolyn sodium (nasal)</i> )	NP	QL(26 ml per 31 days retail)			
<b>Nasal Anticholinergics</b>					

Drug Name	Drug Tier	Requirements/Limits
<b>ALS Agents</b>		
RILUTEK TABS ( <i>riluzole</i> )	NP	PA
<i>riluzole tabs</i>	P	PA
<b>Muscular Dystrophy Agents</b>		
VYONDYS 53	P	SP; PA
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX IJ	P	SP; PA
DYSPORE	P	SP; PA
XEOMIN	P	SP; PA
<b>NUTRIENTS</b>		
<b>Carbohydrates</b>		
POLYCOSE LIQD	P	QL(124 ml per 31 days retail)
POLYCOSE POWD	P	QL(350 gm per 31 days retail)
<b>Misc. Nutritional Substances</b>		
<i>omega-3 fatty acids caps</i>	P	QL(6 ea daily)
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		
<i>polyvinyl alcohol 1.4 %</i>	P	
<i>white petrolatum-mineral oil 15 %-83 %</i>	P	1 rtl pack lmt per fill
<b>Beta-blockers - Ophthalmic</b>		
<i>betaxolol hcl (ophth) soln</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>carteolol hcl (ophth)</i>	P	1 rtl MAX fill; 31 rtl day(s) supply
COSOPT 6.8 MG/ML-22.3 MG/ML ( <i>dorzolamide hcl-timolol maleate</i> )	NP	QL(10 ml per 31 days retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE 0.5 %-2 %	P	QL(10 ml per 31 days retail)
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol hcl .5 %</i>	P	QL(15 ml per 31 days retail)
<i>timolol maleate (ophth) soln</i>	P	QL(15 ea per 31 days retail)
TIMOPTIC SOLN ( <i>timolol maleate (ophth)</i> )	NP	QL(15 ml per 31 days retail)
TIMOPTIC OCUDOSE SOLN ( <i>timolol maleate (ophth)</i> )	NP	QL(15 ea per 31 days retail)
<b>Cycloplegic Mydriatics</b>		
ATROPINE SULFATE SOLN 1 % ( <i>atropine sulfate (ophthalmic)</i> )	NP	
<i>atropine sulfate (ophthalmic) soln</i>	P	
<i>atropine sulfate (ophthalmic) oint</i>	P	QL(4 gm per fill retail)
CYCLOGYL 2 % ( <i>cyclopentolate hcl</i> )	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
CYCLOGYL .5 %, 1 % ( <i>cyclopentolate hcl</i> )	NP	
<i>cyclopentolate hcl .5 %, 1 %</i>	P	
<i>cyclopentolate hcl 2 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>homatropine hbr</i>	P	
MYDRIACYL SOLN ( <i>tropicamide</i> )	NP	
<i>tropicamide soln</i>	P	
<b>Miotics</b>		
ISOPTO CARPINE SOLN ( <i>pilocarpine hcl</i> )	NP	
<i>pilocarpine hcl soln 1 %, 2 %, 4 %</i>	P	
<b>Ophthalmic - Angiogenesis Inhibitors</b>		
BEOVU SOLN	P	SP; PA
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
EYLEA SOSY	P	SP; PA
<b>Ophthalmic Adrenergic Agents</b>		
<i>apraclonidine hcl</i>	P	
<i>brimonidine tartrate .2 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
IOPIDINE	P	
<b>Ophthalmic Anti-infectives</b>		
BACIGUENT	P	QL(4 gm per 31 days retail)
<i>bacitracin (ophthalmic)</i>	P	QL(4 gm per 31 days retail)
<i>bacitracin-polymyxin b (ophth) 500 unit/gm-10000 unit/gm</i>	P	QL(4 gm per 31 days retail)
BLEPH-10 SOLN ( <i>sulfacetamide sodium (ophth)</i> )	NP	QL(15 ml per 31 days retail)
CILOXAN OINT	P	1 rtl pack lmt per fill
CILOXAN SOLN ( <i>ciprofloxacin hcl (ophth)</i> )	NP	1 rtl pack lmt per fill
<i>ciprofloxacin hcl (ophth) soln</i>	P	1 rtl pack lmt per fill
<i>erythromycin (ophth)</i>	P	
<i>gentamicin sulfate (ophth) soln</i>	P	2 rtl pack lmt per fill
<i>gentamicin sulfate (ophth) oint</i>	P	QL(4 gm per 31 days retail)
<i>moxifloxacin hcl (ophth) soln op</i>	P	QL(3 ml per fill retail)
<i>neomycin-bacitracin zn-polymyxin 3.5 mg/gm-400 unit/gm-10000 unit/gm</i>	P	QL(4 gm per 31 days retail)
<i>neomycin-polymyxin-gramicidin 0.025 mg/ml-1.75 mg/ml-10000 unit/ml</i>	P	1 rtl pack lmt per fill
OCUFLOX ( <i>ofloxacin (ophth)</i> )	NP	QL(10 ml per 31 days retail)
<i>ofloxacin (ophth)</i>	P	QL(10 ml per 31 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim 0.1 %-10000 unit/ml</i>	P	1 rtl pack lmt per fill; 1 rtl MAX fill; 30 rtl day(s) supply
POLYTRIM 0.1 %-10000 UNIT/ML ( <i>polymyxin b-trimethoprim</i> )	NP	1 rtl pack lmt per fill; 1 rtl MAX fill; 30 rtl day(s) supply
<i>sulfacetamide sodium (ophth) oint</i>	P	QL(4 gm per 31 days retail)
<i>sulfacetamide sodium (ophth) soln</i>	P	QL(15 ml per 31 days retail)
<i>tobramycin (ophth) soln</i>	P	QL(5 ml per 31 days retail)
TOBREX SOLN ( <i>tobramycin (ophth)</i> )	NP	QL(5 ml per 31 days retail)
TOBREX OINT	P	
<i>trifluridine</i>	P	QL(8 ml per 31 days retail)
VIGAMOX SOLN OP ( <i>moxifloxacin hcl (ophth)</i> )	NP	QL(3 ml per fill retail)
<b>Ophthalmic Decongestants</b>		
<i>naphazoline w/ pheniramine</i>	P	QL(15 ml per 31 days retail)
NAPHCON-A 0.025 %-0.3 % ( <i>naphazoline w/ pheniramine</i> )	NP	QL(15 ml per 31 days retail)
OPCON-A 0.315 %-0.027 % ( <i>naphazoline w/ pheniramine</i> )	NP	QL(15 ml per 31 days retail)
<i>tetrahydrozoline hcl (ophth) .05 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
VISINE RED EYE COMFORT ( <i>tetrahydrozoline hcl (ophth)</i> )	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<b>Ophthalmic Local Anesthetics</b>		
<i>tetracaine hcl (ophth)</i>	P	
<b>Ophthalmic Steroids</b>		
BLEPHAMIDE SUSP 0.2 %-10 %	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)

Drug Name	Drug Tier	Requirements/Limits
BLEPHAMIDE S.O.P. OINT 0.2 %-10 %	P	
<i>dexamethasone sodium phosphate (ophth)</i>	P	
<i>fluorometholone (ophth) susp</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
FML OINT	P	QL(4 gm per 31 days retail)
FML LIQUIFILM SUSP ( <i>fluorometholone (ophth)</i> )	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
MAXITROL SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML ( <i>neomycin-polymyx-dexameth</i> )	NP	QL(10 ml per 31 days retail)
MAXITROL OINT 0.1 %-3.5 MG/GM-10000 UNIT/GM ( <i>neomycin-polymyx-dexameth</i> )	NP	QL(4 gm per 31 days retail)
<i>neomycin-polymyx-dexameth oint 0.1 %-3.5 mg/gm-10000 unit/gm</i>	P	QL(4 gm per 31 days retail)
<i>neomycin-polymyx-dexameth susp 0.1 %-3.5 mg/ml-10000 unit/ml</i>	P	QL(10 ml per 31 days retail)
<i>neomycin-polymyxin-hc (ophth) 1 %-3.5 mg/ml-10000 unit/ml</i>	P	QL(15 ml per 31 days retail)
PRED FORTE ( <i>prednisolone acetate (ophth)</i> )	NP	QL(15 ml per 31 days retail)
PRED MILD	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
PRED-G SUSP 0.3 %-1 %	P	1 rtl pack lmt per fill
<i>prednisolone acetate (ophth)</i>	P	QL(15 ml per 31 days retail)
PREDNISOLONE ACETATE P-F	P	QL(15 ml per 31 days retail)
PREDNISOLONE SODIUM PHOSPHATE	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sod-prednisolone soln 0.23 %-10 %</i>	P	QL(10 ml per 31 days retail)
TOBRADEX OINT 0.1 %-0.3 %	P	QL(4 gm per 31 days retail)
TOBRADEX SUSP 0.1 %-0.3 % ( <i>tobramycin-dexamethasone</i> )	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>tobramycin-dexamethasone susp 0.1 %-0.3 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
Ophthalmics - Misc.		
ACULAR ( <i>ketorolac tromethamine (ophth)</i> )	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
ACULAR LS ( <i>ketorolac tromethamine (ophth)</i> )	NP	1 rtl MAX fill; 31 rtl day(s) supply
ALOCRIAL	P	QL(5 ml per 31 days retail)
ALOMIDE	P	QL(10 ml per 31 days retail)
<i>azelastine hcl (ophth)</i>	P	QL(6 ml per 31 days retail)
AZOPT ( <i>brinzolamide</i> )	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>brinzolamide</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>cromolyn sodium (ophth)</i>	P	QL(10 ml per 31 days retail)
<i>diclofenac sodium (ophth)</i>	P	QL(3 ml per 31 days retail)
<i>dorzolamide hcl</i>	P	QL(10 ml per 31 days retail)
DORZOLAMIDE HCL	P	QL(10 ml per 31 days retail)
<i>flurbiprofen sodium</i>	P	QL(5 ml per 31 days retail)
<i>ketorolac tromethamine (ophth) .4 %</i>	P	1 rtl MAX fill; 31 rtl day(s) supply
<i>ketorolac tromethamine (ophth) .5 %</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)

Drug Name	Drug Tier	Requirements/Limits
<i>ketotifen fumarate (ophth) .025 %</i>	P	QL(10 ml per 31 days retail)
TRUSOPT ( <i>dorzolamide hcl</i> )	NP	QL(10 ml per 31 days retail)
ZADITOR ( <i>ketotifen fumarate (ophth)</i> )	NP	QL(10 ml per 31 days retail)
Prostaglandins - Ophthalmic		
<i>latanoprost soln</i>	P	QL(5 ml per 31 days retail)
LATANOPROST SOLN	P	QL(5 ml per 31 days retail)
XALATAN SOLN ( <i>latanoprost</i> )	NP	QL(5 ml per 31 days retail)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	P	QL(15 ml per 31 days retail)
<i>carbamide peroxide (otic) 6.5 %</i>	P	QL(15 ml per 31 days retail)
DEBROX 6.5 % ( <i>carbamide peroxide (otic)</i> )	NP	QL(15 ml per 31 days retail)
Otic Anti-infectives		
<i>ofloxacin (otic)</i>	P	1 rtl pack lmt per fill
Otic Combinations		
CIPRODEX 0.1 %-0.3 % ( <i>ciprofloxacin-dexamethasone</i> )	NP	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
<i>ciprofloxacin-dexamethasone 0.1 %-0.3 %</i>	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp 1 %-3.5 mg/ml-10000 unit/ml</i>	P	1 rtl pack lmt per fill
<i>neomycin-polymyxin-hc (otic) soln 1 %-3.5 mg/ml-10000 unit/ml</i>	P	QL(10 ml per fill retail)
Otic Steroids		

Drug Name	Drug Tier	Requirements/Limits
DERMOTIC ( <i>fluocinolone acetonide (otic)</i> )	NP	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>fluocinolone acetonide (otic)</i>	P	1 rtl pack lmt amt; 31 rtl pack lmt day(s)
<i>hydrocortisone w/acetic acid 1 %-2 %</i>	P	QL(20 ml per 31 days retail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
Oxytocics		
<i>methylergonovine maleate tabs</i>	P	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
Immune Serums		
GAMMAGARD LIQUID	P	SP; PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	P	SP; PA
GAMMAKED	P	SP; PA
GAMUNEX-C	P	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
OCTAGAM SOLN 30 GM/300ML	P	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
XEMBIFY	P	SP; PA
Monoclonal Antibodies		
SYNAGIS SOLN	P	SP; PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
Aminopenicillins		
<i>amoxicillin susr</i>	P	
<i>amoxicillin caps</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin chew 125 mg, 250 mg</i>	P	
<i>amoxicillin tabs 875 mg</i>	P	
<i>ampicillin caps 500 mg</i>	P	
Natural Penicillins		
<i>penicillin v potassium tabs</i>	P	
<i>penicillin v potassium solr</i>	P	
Penicillin Combinations		
<i>amoxicillin &amp; pot clavulanate tb12 62.5 mg-1000 mg</i>	P	QL(40 ea per 31 days retail)
<i>amoxicillin &amp; pot clavulanate tabs</i>	P	QL(30 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate chew</i>	P	QL(20 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate susr</i>	P	1 rtl pack lmt per fill
<i>amoxicillin &amp; pot clavulanate tabs 125 mg-875 mg, 875 mg-125 mg</i>	P	QL(20 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate susr 42.9 mg/5ml-600 mg/5ml, 57 mg/5ml-400 mg/5ml, 600 mg/5ml-42.9 mg/5ml</i>	P	2 rtl pack lmt per fill
AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	NP	1 rtl pack lmt per fill
AUGMENTIN TABS 125 MG-500 MG ( <i>amoxicillin &amp; pot clavulanate</i> )	NP	QL(30 ea per fill retail)
AUGMENTIN SUSR	P	1 rtl pack lmt per fill
AUGMENTIN ES-600 SUSR 42.9 MG/5ML-600 MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	NP	2 rtl pack lmt per fill
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
<b>PHARMACEUTICAL ADJUVANTS</b>		

Drug Name	Drug Tier	Requirements/Limits
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	P	AL(At least 1 yrs old)
SIMPLYTHICK EASY MIX	P	AL(At least 1 yrs old)
SIMPLYTHICK EASYMIX	P	AL(At least 1 yrs old)
Liquid Vehicles		
SORBITOL XX 70 %	P	RX/OTC
Semi Solid Vehicles		
<i>lanolin xx</i>	P	RX/OTC
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
Progestins		
AYGESTIN TABS ( <i>norethindrone acetate</i> )	NP	
<i>hydroxyprogesterone caproate oil</i>	P	SP; PA
MAKENA OIL ( <i>hydroxyprogesterone caproate</i> )	NP	SP; PA
MAKENA SOAJ	P	SP; PA
<i>medroxyprogesterone acetate 2.5 mg, 5 mg, 10 mg</i>	P	
<i>norethindrone acetate tabs</i>	P	
<i>progesterone caps</i>	P	QL(1 ea daily)
PROMETRIUM CAPS ( <i>progesterone</i> )	NP	QL(1 ea daily)
PROVERA ( <i>medroxyprogesterone acetate</i> )	NP	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		
<i>disulfiram 250 mg</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<b>Antidementia Agents</b>		
ARICEPT TABS 5 MG, 10 MG ( <i>donepezil hydrochloride</i> )	NP	QL(1 ea daily)
<i>donepezil hydrochloride tabs 5 mg, 10 mg</i>	P	QL(1 ea daily)
EXELON 4.6 MG/24HR, 9.5 MG/24HR ( <i>rivastigmine</i> )	NP	QL(1 ea daily); PA
<i>galantamine hydrobromide tabs</i>	P	QL(2 ea daily)
<i>galantamine hydrobromide cp24</i>	P	QL(1 ea daily)
<i>galantamine hydrobromide soln</i>	P	QL(6 ml daily)
<i>memantine hcl tabs</i>	P	
<i>memantine hcl soln</i>	P	QL(10 ml daily); PA
<i>memantine hcl tabs</i>	P	QL(2 ea daily)
NAMENDA TABS ( <i>memantine hcl</i> )	NP	QL(2 ea daily)
NAMENDA TITRATION PAK TABS ( <i>memantine hcl</i> )	NP	
RAZADYNE ER CP24 ( <i>galantamine hydrobromide</i> )	NP	QL(1 ea daily)
<i>rivastigmine 4.6 mg/24hr, 9.5 mg/24hr</i>	P	QL(1 ea daily); PA
<i>rivastigmine tartrate caps</i>	P	QL(2 ea daily); PA
<b>Combination Psychotherapeutics</b>		
<i>perphenazine-amitriptyline</i>	P	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	P	QL(2 ea daily); PA
SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 days retail); PA
<b>Movement Disorder Drug Therapy</b>		
<i>tetrabenazine</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
XENAZINE ( <i>tetrabenazine</i> )	NP	SP; PA
<b>Multiple Sclerosis Agents</b>		
AUBAGIO	P	QL(1 ea daily); SP; PA
AVONEX PSKT	P	SP; PA
AVONEX PEN AJKT	P	SP; PA
COPAXONE SOSY ( <i>glatiramer acetate</i> )	NP	SP; PA
<i>dimethyl fumarate cpdr</i>	P	SP; PA
<i>dimethyl fumarate misc</i>	P	SP; PA
EXTAVIA KIT	P	SP; PA
<i>glatiramer acetate sosy</i>	P	SP; PA
PLEGRIDY SOSY SC	P	SP; PA
PLEGRIDY SOPN	P	SP; PA
PLEGRIDY STARTER PACK SOPN	P	SP; PA
PLEGRIDY STARTER PACK SOSY SC	P	SP; PA
REBIF SOSY	P	SP; PA
REBIF REBIDOSE SOAJ	P	SP; PA
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP; PA
REBIF TITRATION PACK SOSY	P	SP; PA
TECFIDERA CPDR ( <i>dimethyl fumarate</i> )	NP	SP; PA
TECFIDERA STARTER PACK MISC ( <i>dimethyl fumarate</i> )	NP	SP; PA
<b>Smoking Deterrents</b>		
APO-VARENICLINE TABS 1 MG	P	QL(2 ea daily; 56 ea per fill retail)
APO-VARENICLINE TABS .5 MG	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl (smoking deterrent)</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)	NICORETTE MINI LOZG ( <i>nicotine polacrilex</i> )	NP	Limit: 2 Smoking Cessation Treatments per Year; QL(20 ea daily)
CHANTIX TABS 1 MG ( <i>varenicline tartrate</i> )	NP	QL(2 ea daily; 56 ea per fill retail)	NICORETTE STARTER KIT GUM ( <i>nicotine polacrilex</i> )	NP	Limit: 2 Smoking Cessation Treatments per Year; QL(24 ea daily)
CHANTIX TABS .5 MG ( <i>varenicline tartrate</i> )	NP	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)	<i>nicotine pt24 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(1 ea daily)
CHANTIX CONTINUING MONTHPAK TABS ( <i>varenicline tartrate</i> )	NP	QL(2 ea daily; 56 ea per fill retail)	<i>nicotine polacrilex gum</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(24 ea daily)
CHANTIX STARTING MONTH PAK TBPK ( <i>varenicline tartrate</i> )	NP	Limit: 2 Smoking Cessation Treatments per Year; 2 rtl MAX fill; 365 rtl day(s) supply; QL(53 ea per fill retail)	<i>nicotine polacrilex lozg</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(20 ea daily)
NICODERM CQ PT24 ( <i>nicotine</i> )	NP	Limit: 2 Smoking Cessation Treatments per Year; QL(1 ea daily)	NICOTINE TRANSDERMAL SYSTEM KIT	P	Limit: 2 Smoking Cessation Treatments per Year; 2 rtl MAX fill; 365 rtl day(s) supply; QL(56 ea per fill retail)
NICORETTE GUM ( <i>nicotine polacrilex</i> )	NP	Limit: 2 Smoking Cessation Treatments per Year; QL(24 ea daily)	NICOTROL INHALER INHA	P	Limit: 2 Smoking Cessation Treatments per Year; QL(16.8 ea daily); SL
NICORETTE LOZG ( <i>nicotine polacrilex</i> )	NP	Limit: 2 Smoking Cessation Treatments per Year; QL(20 ea daily)			



Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN	P	Limit: 2 Smoking Cessation Treatments per Year; QL(4 ml daily); SL
<i>varenicline tartrate tabs .5 mg</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)
<i>varenicline tartrate tbpk</i>	P	Limit: 2 Smoking Cessation Treatments per Year; 2 rtl MAX fill; 365 rtl day(s) supply; QL(53 ea per fill retail)
<i>varenicline tartrate tabs 1 mg</i>	P	QL(2 ea daily; 56 ea per fill retail)
<b>Transthyretin Amyloidosis Agents</b>		
TEGSEDI	P	SP; PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Cystic Fibrosis Agents</b>		
ORKAMBI TABS	P	SP; PA
ORKAMBI PACK	P	SP; PA
SYMDEKO	P	SP; PA
TRIKAFTA	P	QL(3 ea daily); SP; PA
<b>Pulmonary Fibrosis Agents</b>		
OFEV	P	SP; PA
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	P	PA

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) tabs 50 mg, 100 mg</i>	P	PA
<i>doxycycline hyclate tabs 100 mg</i>	P	
<i>doxycycline hyclate caps</i>	P	
<i>minocycline hcl caps</i>	P	
<i>tetracycline hcl caps 500 mg</i>	P	
VIBRAMYCIN CAPS ( <i>doxycycline hyclate</i> )	NP	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs</i>	P	
<i>propylthiouracil</i>	P	
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABS	P	
CYTOMEL TABS ( <i>liothyronine sodium</i> )	NP	
<i>levothyroxine sodium tabs</i>	P	
<i>liothyronine sodium tabs</i>	P	
SYNTHROID TABS ( <i>levothyroxine sodium</i> )	NP	
<i>thyroid tabs 15 mg, 30 mg, 60 mg, 90 mg, 120 mg, 180 mg, 240 mg, 300 mg</i>	P	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSP 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	P	1 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX SUSP 2.5 LF/0.5ML-5 LF/0.5ML-18.5 MCG/0.5ML	P	1 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	1 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)
KINRIX SUSY 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML	P	1 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail)
QUADRACEL SUSY 5 LFU/0.5ML-15 LFU/0.5ML-48 MCG/0.5ML	P	1 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail)

### ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions

Antispasmodics		
<i>dicyclomine hcl tabs</i>	P	
<i>dicyclomine hcl caps</i>	P	
<i>dicyclomine hcl soln or</i>	P	QL(496 ml per 31 days retail)
<i>glycopyrrolate tabs 1 mg, 2 mg</i>	P	QL(4 ea daily)
<i>hyoscyamine sulfate tbdp .125 mg</i>	P	
<i>hyoscyamine sulfate tb12 .375 mg</i>	P	QL(4 ea daily)
<i>hyoscyamine sulfate elix</i>	P	
<i>hyoscyamine sulfate soln or .125 mg/ml</i>	P	
<i>hyoscyamine sulfate subl .125 mg</i>	P	
<i>hyoscyamine sulfate tabs .125 mg</i>	P	
LEVBIID TB12 ( <i>hyoscyamine sulfate</i> )	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ROBINUL TABS ( <i>glycopyrrolate</i> )	NP	QL(4 ea daily)
ROBINUL FORTE TABS ( <i>glycopyrrolate</i> )	NP	QL(4 ea daily)
H-2 Antagonists		
<i>cimetidine tabs</i>	P	RX/OTC
<i>cimetidine hcl or 300 mg/5ml, 400 mg/6.67ml</i>	P	
<i>famotidine tabs</i>	P	RX/OTC
<i>famotidine susr</i>	P	
PEPCID TABS ( <i>famotidine</i> )	NP	RX/OTC
PEPCID AC TABS ( <i>famotidine</i> )	NP	
PEPCID AC MAXIMUM STRENGTH TABS ( <i>famotidine</i> )	NP	RX/OTC
TAGAMET HB TABS ( <i>cimetidine</i> )	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE TABS ( <i>sucralfate</i> )	NP	QL(4 ea daily)
CARAFATE SUSP ( <i>sucralfate</i> )	NP	QL(420 ml per fill retail)
<i>sucralfate susp</i>	P	QL(420 ml per fill retail)
<i>sucralfate tabs</i>	P	QL(4 ea daily)
Proton Pump Inhibitors		
DEXILANT ( <i>dexlansoprazole</i> )	NP	ST
<i>dexlansoprazole</i>	P	ST
<i>esomeprazole magnesium cpdr 20 mg</i>	P	QL(2 ea daily); RX/OTC
FIRST-OMEPRAZOLE SUSP	P	QL(10 ml daily)
<i>lansoprazole cpdr 15 mg</i>	P	QL(4 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	P	QL(2 ea daily)
NEXIUM 24HR CPDR ( <i>esomeprazole magnesium</i> )	P	OTC Covered Only; QL(2 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
NEXIUM 24HR CLEAR MINIS CPDR (esomeprazole magnesium)	P	OTC Covered Only; QL(2 ea daily); RX/OTC
omeprazole tbec	P	QL(1 ea daily)
omeprazole cpdr	P	QL(2 ea daily); RX/OTC
omeprazole magnesium tbec	P	QL(1 ea daily)
pantoprazole sodium tbec 20 mg	P	QL(1 ea daily)
pantoprazole sodium tbec 40 mg	P	QL(2 ea daily)
PREVACID CPDR 30 MG (lansoprazole)	NP	QL(2 ea daily)
PRILOSEC OTC TBEC (omeprazole magnesium)	NP	QL(1 ea daily)
PROTONIX TBEC 40 MG (pantoprazole sodium)	NP	QL(2 ea daily)
PROTONIX TBEC 20 MG (pantoprazole sodium)	NP	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC (misoprostol)	NP	
misoprostol	P	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole 30 mg-500 mg-500 mg	P	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL TABS (tolterodine tartrate)	NP	QL(2 ea daily)
DETROL LA CP24 (tolterodine tartrate)	NP	QL(1 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride)	NP	QL(2 ea daily)
oxybutynin chloride tb24	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride syr	P	QL(16 ml daily)
oxybutynin chloride tabs	P	QL(3 ea daily)
tolterodine tartrate tabs	P	QL(2 ea daily)
tolterodine tartrate cp24	P	QL(1 ea daily)
tropium chloride tabs	P	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	P	
<b>VACCINES</b>		
Bacterial Vaccines		
PNEUMOVAX 23	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)
PNEUMOVAX 23/1 DOSE	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)
PREVNAR 13	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)
PREVNAR 20	P	AL(At least 19 yrs old)
VAXNEUVANCE	P	AL(At least 19 yrs old)
Viral Vaccines		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES (H.D.C.V.) SUSR	P	4 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 18 yrs old)	<i>miconazole nitrate vaginal supp 200 mg</i>	P	QL(3 ea per fill retail; 3 ea per 31 days retail)
RABAVERT	P	4 rtl MAX fill; 999 rtl day(s) supply; QL(1 ea per fill retail); AL(At least 18 yrs old)	<i>miconazole nitrate vaginal crea 4 %</i>	P	QL(25 gm per 31 days retail)
SEASONAL INFLUENZA VACCINES	P	1 rtl MAX fill, 180 rtl day(s) supply	<i>miconazole nitrate vaginal kit 0</i>	P	1 rtl pack lmt per fill
<b>VAGINAL AND RELATED PRODUCTS</b>			MONISTAT 3 CREA ( <i>miconazole nitrate vaginal</i> )	NP	QL(25 gm per 31 days retail)
Spermicides			MONISTAT 3 COMBINATION PACK KIT 0 ( <i>miconazole nitrate vaginal</i> )	NP	1 rtl pack lmt per fill
VCF VAGINAL CONTRACEPTIVE FILM FILM	P	1 rtl pack lmt per fill	MONISTAT 7 SIMPLY CURE CREA ( <i>miconazole nitrate vaginal</i> )	NP	QL(45 gm per 31 days retail)
Vaginal Anti-infectives			<i>terconazole vaginal supp</i>	P	
CLEOCIN CREA ( <i>clindamycin phosphate vaginal</i> )	NP		<i>terconazole vaginal crea</i>	P	
<i>clindamycin phosphate vaginal crea</i>	P		<i>tioconazole vaginal 6.5 %</i>	P	
<i>clotrimazole vaginal crea 1 %</i>	P	QL(45 gm per 31 days retail)	VANDAZOLE	P	
<i>clotrimazole vaginal crea 2 %</i>	P	QL(21 gm per 31 days retail)	Vaginal Estrogens		
GYNAZOLE-1	P		ESTRACE CREA ( <i>estradiol vaginal</i> )	NP	QL(43 gm per 31 days retail)
GYNE-LOTRIMIN CREA ( <i>clotrimazole vaginal</i> )	NP	QL(45 gm per 31 days retail)	<i>estradiol vaginal crea</i>	P	QL(43 gm per 31 days retail)
GYNE-LOTRIMIN 3 CREA ( <i>clotrimazole vaginal</i> )	NP	QL(21 gm per 31 days retail)	<i>estradiol vaginal tabs</i>	P	
<i>metronidazole vaginal</i>	P		PREMARIN	P	
<i>miconazole nitrate vaginal supp 100 mg</i>	P	QL(7 ea per 31 days retail)	VAGIFEM TABS ( <i>estradiol vaginal</i> )	NP	
<i>miconazole nitrate vaginal crea 2 %</i>	P	QL(45 gm per 31 days retail)	<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
			Anaphylaxis Therapy Agents		
			<i>epinephrine (anaphylaxis) soaj</i>	P	QL(0.067 ea daily; 4 ea per 365 days retail)
			<i>epinephrine (anaphylaxis) soaj .3 mg/0.3ml</i>	P	Limit 4 per year; QL(0.067 ea daily; 4 ea per 365 days retail)

Drug Name	Drug Tier	Requirements/Limits
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	NP	Limit 4 per year; QL(2 ea per 30 days retail)
<b>Vasopressors</b>		
midodrine hcl	P	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
cholecalciferol caps 25 mcg, 50 mcg, 1000 unit, 2000 unit	P	QL(100 ea per fill retail)
cholecalciferol caps 1.25 mg, 1.25 mg, 50000 unit	P	QL(8 ea per 31 days retail)
cholecalciferol caps 125 mcg, 5000 unit	P	QL(2 ea daily)
DRISDOL CAPS (ergocalciferol)	NP	
ergocalciferol caps	P	
ergocalciferol soln or 8000 unit/ml	P	QL(60 ml per 90 days retail)
KEY-E CHEW	P	QL(2 ea daily)
MEPHYTON TABS (phytonadione)	NP	
phytonadione tabs 5 mg	P	
vitamin e caps 45 mg, 90 mg, 100 unit, 180 mg, 200 unit, 268 mg, 400 unit	P	QL(2 ea daily)
VITAMIN E CHEW	P	QL(2 ea daily)
<b>Water Soluble Vitamins</b>		
ascorbic acid tabs	P	QL(3.34 ea daily)
B-1 TABS	P	QL(3.34 ea daily)
niacin cpcr 250 mg, 500 mg	P	
niacin tabs 500 mg	P	
niacin tbc	P	
NIACIN TR TBCR	P	
pyridoxine hcl tabs 25 mg, 50 mg, 100 mg	P	

Drug Name	Drug Tier	Requirements/Limits
riboflavin tabs	P	QL(3.34 ea daily)
SLO-NIACIN TBCR (niacin)	NP	
thiamine hcl tabs	P	QL(3.34 ea daily)
thiamine mononitrate tabs	P	QL(3.34 ea daily)

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ASSURE LANCE SAFETY LANCET 28G .....	52	BACIGUENT .....	89	BD AUTOSHIELD DUO 30G X 5MM .	64		
atazanavir sulfate caps 150 mg, 200 mg.....	28	bacitracin (ophthalmic) .....	89	BD GLUCOSE CHEW.....	15		
atazanavir sulfate caps 300 mg....	28	bacitracin (topical) oint.....	38	BD LANCET ULTRAFINE 30G ....	52		
atenolol & chlorthalidone .....	21	bacitracin zinc oint.....	38	BD LANCET ULTRAFINE 33G ....	52		
atenolol tabs.....	31	bacitracin-polymyxin b (ophth) 500 unit/gm-10000 unit/gm.....	89	BD LANCET ULTRAFINE 33G ....	52		
atomoxetine hcl .....	1	baclofen tabs 10 mg, 20 mg.....	86	BD MICROTAINER LANCETS ....	52		
atorvastatin calcium .....	20	balsalazide disodium caps.....	46	BD PEN NEEDLES .....	64		
atropine sulfate (ophthalmic) oint..	88	BANDAGES-DRESSINGS-TAPE - MISC .....	51	BD SWABS SINGLE USE .....	63		
atropine sulfate (ophthalmic) soln..	88	BARIATRIC MULTIVITAMINS/IRON CAPS 2 MG-2 MG-12 MG-12 MG-15 MG-20 MG-20 MG-40 MG-45 MG-60 UNIT-75 MCG-100 MCG-100 MCG-120 MCG-130 MG-150 MCG-200 MG-600 MCG-800 MCG-1000 MCG-3000 UNIT-10000 UNIT.....	76	BD SWABS SINGLE USE BUTTERFLY .....	63		
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AUGMENTIN SUSR.....	92	BASIS OVERNIGHT CREA.....	42	benazepril hcl 40 mg.....	20		
AURORA LANCET SUPER THIN30G .....	52	b-complex vitamins caps 1 mg-1.5 mg-2 mg-10 mg-70 mg-100 mcg-100 mg.....	75	benazepril hcl 5 mg, 10 mg, 20 mg.	20		
AURORA LANCET THIN 23G ....	52	b-complex vitamins tabs 4 mg-5 mg-7 mg-10 mg-25 mcg.....	75	benzonatate 100 mg.....	35		
AVONEX PEN AJKT.....	93	b-complex w/ c & folic acid caps 1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg-1000 mcg....	75	benzonatate 200 mg.....	35		
AVONEX PSKT.....	93	b-complex w/ folic acid caps 10 mg-10 mg-50 mg-100 mcg-103 mg-150 mg-500 mcg.....	75	benzoyl peroxide bar.....	37		
AVSOLA .....	46			BENZOYL PEROXIDE CLEANSER LIQD.....	37		
azathioprine tabs.....	73			benzoyl peroxide gel 2.5 %, 5 %, 10 %.....	37		
azelastine hcl (ophth) .....	90			benzoyl peroxide liqd 4 %, 5 %, 6 %, 10 %.....	37		
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azithromycin pack.....	50			BEOVU SOLN.....	88		
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azithromycin susr 200 mg/5ml.....	50						
azithromycin tabs 250 mg.....	50						
azithromycin tabs 500 mg.....	50						

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BIO-35 GLUTEN-FREE CAPS 5 MCG-1 MG-1 MG-3 MG-5 MG-5 MG- 5 MG-5 MG-6 MG-7 MG-10 UNIT- 12.5 MG-15 MG-17.5 MG-25 MG- 32.5 MG-32.5 MG-33.334 MCG- 33.334 MCG-33.334 MG-33.5 MG- 37.834 MG-45 MG-50 MCG-50 MG- 50 MG-50 UNIT-66.667 MG-100 MG- 113 MG-133.334 MCG-1000 UNIT.76	BLEPHAMIDE SUSP 0.2 %-10 %.. 89	BRILINTA ..... 48
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66	cefadroxil susr.....	33	MG-20 MG-20 UNIT-25 MCG-33.333
CARETOUCH CPAP TUBE	cefadroxil tabs.....	33	MG-40 MCG-46.666 MCG-50 MCG-
CLEANING BRUSH MISC.....	66	60 MG-66.666 MCG-200 MCG-	
CARETOUCH SAFETY	cefdinir caps.....	33	266.666 MCG-333.333 MCG-1000
LANCETS/26G .....	52	cefdinir susr.....	33
CARETOUCH SAFETY	cefixime caps.....	33	UNIT-3333.333 UNIT.....
LANCETS/28G .....	52	cefprozil susr 125 mg/5ml.....	33
CARETOUCH SAFETY	cefprozil susr 250 mg/5ml.....	33	celecoxib .....
LANCETS/30G .....	52	cefprozil tabs.....	33
CARETOUCH TWIST LANCETS	ceftriaxone sodium ij 1 gm, 250 mg,	33	CENTANY OINT.....
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30G .....	52	CELEBRATE MULTI-COMPLETE18	CHEW 2.5 MG-0.5 MG-1.25 MG-2.5
CARETOUCH TWIST LANCETS	CAPS 0.666 MG-1.133 MG-1.333	18	MCG-10 MCG-10 UNIT-15 MG-19
33G .....	52	MG-2 MG-5 MG-10 UNIT-13.333	MG-20 MCG-37.5 MCG-100 MCG-
CARETOUCH TWIST LANCETS	MCG-13.333 MG-25 MCG-30 MG-	18	200 UNIT-500 UNIT.....
MULTI COLOR/30G .....	52	0.666 MG-6 MG-6.666 MG-33.333	82
CARETOUCH UNIVERSAL	MG-46.666 MCG-50 MCG-66.666	18	CENTRUM KIDS CHEW 1 MG-1.5
CPAPFILTERS MISC.....	66	MCG-166.666 MCG-200 MCG-	MG-1.7 MG-2 MG-2 MG-6 MCG-8
CARRINGTON MOISTURE	CARRINGTON MOISTURE	42	MG-10 MCG-10 MCG-10 MG-13.5
BARRIER CREA.....	42	266.666 MCG-1000 UNIT-1666.666	MG-15 MG-20 MCG-20 MCG-20
CARRINGTON MOISTURE	CARRINGTON MOISTURE	42	MG-40 MG-45 MCG-50 MG-60 MG-
BARRIER/ZINC CREA 10 %-78 %	42	UNIT.....	108 MG-150 MCG-400 MCG-450
carteolol hcl (ophth) .....	88	CELEBRATE MULTI-COMPLETE36	MCG.....
carvedilol 25 mg.....	31	CAPS 0.666 MG-1 MG-1.333 MG-4	82
carvedilol 3.125 mg, 6.25 mg, 12.5	31	MG-4 MG-6.666 MG-10 MG-12 MG-	CENTRUM PERFORMANCE TABS
mg.....	31	13.333 MG-20 UNIT-25 MCG-33.333	0.9 MG-4 MG-4 MG-4.5 MG-5 MCG-
carvedilol phosphate .....	31	MG-40 MCG-46.666 MCG-50 MCG-	5.1 MG-6 MG-10 MCG-10 MCG-11
CASTIVA WARMING LOTN.....	42	60 MG-66.666 MCG-166.666 MCG-	MG-12 MG-18 MCG-18 MG-25
cefaclor caps.....	33	200 MCG-200 MCG-1000 UNIT-	MCG-40 MG-40 MG-48 MG-50
cefaclor susr 125 mg/5ml, 250	33	3333.333 UNIT.....	MCG-50 MG-60 MCG-60 UNIT-70
mg/5ml, 375 mg/5ml.....	33	CELEBRATE MULTI-COMPLETE45	MCG-72 MG-75 MCG-80 MG-100
CEFACTOR SUSR.....	33	CAPS 4 MG-0.666 MG-1 MG-1.33	MG-120 MCG-120 MG-150 MCG-
cefadroxil caps.....	33	MG-4 MG-6.666 MG-10 MG-13.333	400 MCG-400 UNIT-3500 UNIT....
		MG-15 MG-20 UNIT-25 MCG-33.333	85
		MG-40 MCG-46.666 MCG-50 MCG-	CENTRUM SPECIALIST ENERGY
		60 MG-66.666 MCG-200 MCG-	TABS 4.5 MG-0.9 MG-4 MG-4 MG-5
		266.666 MCG-333.333 MCG-1000	MCG-5.1 MG-6 MG-10 MCG-10
		UNIT-3333.333 UNIT.....	MCG-11 MG-12 MG-18 MCG-18
		77	MG-25 MCG-40 MG-40 MG-48 MG-
		CELEBRATE MULTI-COMPLETE60	50 MCG-50 MG-60 MCG-60 UNIT-70
		CAPS 0.666 MG-1 MG-1.333 MG-4	MCG-72 MG-75 MCG-80 MG-100
		MG-4 MG-6.666 MG-10 MG-13.333	MG-120 MCG-120 MG-150 MCG-
			400 MCG-400 UNIT-3500 UNIT....
			85
			cephalexin caps 250 mg, 500 mg..
			33
			cephalexin susr.....
			33
			CERASPORT EX1 SOLN 10 MEQ/L-
			15 MEQ/L-30 MEQ/L-35 MEQ/L...
			72

CERASPORT SOLN 4 MEQ/L-6 MEQ/L-18 MEQ/L-20 MEQ/L.....	72	cholecalciferol caps 25 mcg, 50 mcg, 1000 unit, 2000 unit.....	99	CLEANLET LANCETS 28G .....	52
cetirizine hcl chew.....	19	cholestyramine light pack.....	20	clemastine fumarate tabs 1.34 mg. 19	
cetirizine hcl soln or.....	19	cholestyramine light powd.....	20	CLEVER CHEK LANCETS	
cetirizine hcl syrp or.....	19	cholestyramine pack.....	20	ULTRATHIN .....	52
cetirizine hcl tabs.....	19	cholestyramine powd.....	20	CLEVER CHEK LANCETS	
cetirizine-pseudoephedrine 5 mg-120 mg.....	35	cilostazol .....	48	ULTRATHIN 30G .....	52
CHEMET .....	18	CILOXAN OINT.....	89	CLEVER CHOICE ANTI-STATICVALVED HOLDING	
CHEMSTRIP-K STRP.....	43	CIMDUO 300 MG-300 MG.....	28	CHAMBER/ADULT LARGE DEVI..	66
chlordiazepoxide hcl caps.....	8	cimetidine hcl or 300 mg/5ml, 400 mg/6.67ml.....	96	CLEVER CHOICE ANTI-STATICVALVED HOLDING	
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chlorhexidine gluconate liqd.....	28	CIMZIA KIT.....	47	CLEVER CHOICE ANTI-STATICVALVED HOLDING	
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chloroquine phosphate tabs 500 mg 24		CIMZIA STARTER KIT PSKT.....	47	CLEVER CHOICE ANTI-STATICVALVED HOLDING	
chlorpheniramine maleate syrp.....	19	ciprofloxacin hcl (ophth) soln.....	89	CHAMBER/SMALL DEVI.....	66
chlorpheniramine maleate tabs.....	19	ciprofloxacin hcl tabs 100 mg.....	46	CLEVER CHOICE ANTI-STATICVALVED HOLDING	
chlorpromazine hcl tabs 10 mg.....	27	ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg.....	46	CHAMBER/SMALL INFANT DEVI.	66
chlorpromazine hcl tabs 25 mg, 50 mg, 100 mg, 200 mg.....	27	ciprofloxacin-dexamethasone 0.1 %-0.3 %.....	91	CLEVER CHOICE COMFORT	
chlorthalidone 25 mg, 50 mg.....	44	citalopram hydrobromide soln.....	13	EZLANCETS 21G .....	52
chlorzoxazone tabs 500 mg.....	86	citalopram hydrobromide tabs 10 mg. 13		CLEVER CHOICE COMFORT	
CHOICEFUL MULTIVITAMIN CAPS 1 MG-1.5 MG-1.9 MG-5 MCG-8 MG-15 MG-18 MG-30 MG-80 MCG-170 UNIT-180 MCG-700 MCG-1000 UNIT-14000 UNIT.....	77	citalopram hydrobromide tabs 20 mg. 13		EZLANCETS 23G .....	52
cholecalciferol caps 1.25 mg, 1.25 mg, 50000 unit.....	99	citalopram hydrobromide tabs 40 mg. 13		CLEVER CHOICE COMFORT	
cholecalciferol caps 125 mcg, 5000 unit.....	99	clarithromycin susr 125 mg/5ml....	51	EZLANCETS 28G .....	52
		clarithromycin susr 250 mg/5ml....	51	clindamycin hcl 150 mg, 300 mg... 23	
		clarithromycin tabs.....	51	clindamycin palmitate hydrochloride 23	
		clarithromycin tb24.....	51	clindamycin phosphate (topical) gel 38	
				clindamycin phosphate (topical) lotn 38	
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98	colchicine tabs.....	47	COMPLERA 25 MG-200 MG-300 MG	28
clobetasol propionate crea .05 %..	40	colchicine w/ probenecid 0.5 mg-500	mg.....	47
clobetasol propionate emollient base	.05 %.....	41	COLD & FLU RELIEF NIGHTTIME D	LIQD 6.25 MG/15ML-15 MG/15ML-
clobetasol propionate gel .05 %....	41	30 MG/15ML-500 MG/15ML.....	35	CONDOMS-MISC .....
clobetasol propionate oint .05 %... 40		colestipol hcl gran.....	20	CORTISONE ACETATE TABS....
clobetasol propionate soln .05 %... 40		colestipol hcl tabs.....	20	CREON CPEP.....
clomipramine hcl 75 mg.....	15	COMBIPATCH PTTW.....	45	CRIVAN 400 MG.....
clonazepam tabs.....	10	COMBIVENT RESPIMAT AERS 20	MCG/ACT-100 MCG/ACT.....	9
clonidine hcl (adhd) tb12.....	1	COMFORT ASSURED LANCETS	MICRO THIN 33G .....	52
clonidine hcl tabs.....	21	COMFORT ASSURED LANCETS	SUPER THIN 28G .....	52
clopidogrel bisulfate 75 mg.....	48	COMFORT LANCETS .....	52	COMFORT TOUCH ALCOHOL
clorazepate dipotassium tabs.....	8	COMFORT TOUCH ALCOHOL	PREP PADS .....	63
clotrimazole (topical) crea.....	39	COMFORT TOUCH LANCETS	ULTRA THIN 31G .....	52
clotrimazole (topical) soln.....	38	COMFORT TOUCH PLUS SAFETY	LANCETS PRESSURE ACTIVATED	28G .....
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clotrimazole vaginal crea 2 %.....	98	LANCETS PRESSURE ACTIVATED	30G .....	53
clotrimazole w/ betamethasone crea	0.05 %-1 %.....	39	COMPACT SPACE	CHAMBER/ANTI-STATIC DEVI... 66
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clozapine tabs 100 mg.....	27	66	MASK DEVI.....	66
clozapine tabs 25 mg, 50 mg, 200 mg	27	COMPACT SPACE	CHAMBER/ANTI-STATIC/MEDIUM	MASK DEVI.....
CO MONITOR DEVI.....	66	66	66	66
CO MONITOR REPLACEMENT	TPIECES MISC.....	66	66	66
COAGUCHEK LANCETS .....	52	66	66	66
coal tar extract sham .5 %.....	43	66	66	66
COARTEM 20 MG-120 MG.....	23	66	66	66
codeine sulfate tabs.....	4	66	66	66
CODEINE SULFATE TABS.....	4	66	66	66

CVS LANCETS THIN 26G .....	53	deferasirox tabs.....	18	desoximetasone crea .05 %.....	41
CVS LANCETS ULTRA THIN 30G	53	deferasirox tbso.....	18	desoximetasone crea .25 %.....	41
CVS LANCETS ULTRA-THIN 30G	53	DEKAS PLUS CAPS 1.5 MG-1.7		desvenlafaxine succinate 100 mg..	14
CVS PREP PADS .....	63	MG-1.9 MG-10 MG-10 MG-10 MG-12		desvenlafaxine succinate 25 mg, 50	
CVS SOFT GLUCOSE CHEW.....	15	MCG-12 MG-75 MCG-75 MG-100		mg.....	14
CVS ULTRA THIN LANCETS .....	53	MCG-150 UNIT-200 MCG-1000		DEX4 QUICK DISSOLVE GLUCOSE	
CVS VISION HEALTH CAPS 1 MG-1	77	MCG-3000 UNIT-18167 UNIT.....	77	CHEW.....	16
		DEKAS PLUS OCEAN CAPS 1.5		dexamethasone elix.....	34
		MG-1.7 MG-1.9 MG-10 MG-10 MG-		dexamethasone sodium phosphate	
		10 MG-12 MCG-12 MG-75 MCG-75		(ophth) .....	90
		MCG-75 MG-100 MCG-101 MG-200		dexamethasone sodium phosphate	
		MCG-1000 MCG-5450 MCG.....	77	soln ij 4 mg/ml, 20 mg/5ml, 120	
cyanocobalamin soln ij.....	48	DELSTRIGO 100 MG-300 MG-300		mg/30ml.....	34
cyclobenzaprine hcl tabs 5 mg, 10		MG.....	28	DEXAMETHASONE SODIUM	
mg.....	87	DEPO-SUBQ PROVERA 104 SUSY		PHOSPHATE SOLN IJ.....	34
cyclobenzaprine hcl tabs 7.5 mg...	86	SC.....	34	dexamethasone soln.....	34
cyclopentolate hcl .5 %, 1 %.....	88	DERMACINRX DAVIMET CHEW		dexamethasone tabs.....	34
cyclopentolate hcl 2 %.....	88	1.05 MG-1.05 MG-1.2 MG-4.5 MCG-		dexchlorpheniramine maleate soln.	19
cyclosporine caps.....	73	10 MCG-10 MG-13.5 MG-60 MG-750		dexlansoprazole .....	96
cyclosporine modified (for		MCG-1000 MCG.....	81	dexmethylphenidate hcl tabs.....	1
microemulsion) caps.....	73	DERMAREST PSORIASIS GEL...	42	dextroamphetamine sulfate cp24 10	
cyclosporine modified (for		DESCOVY .....	28	mg, 15 mg.....	1
microemulsion) soln.....	73	desipramine hcl tabs 10 mg, 50 mg,		dextroamphetamine sulfate cp24 5	
cyproheptadine hcl syrpf.....	19	75 mg, 100 mg, 150 mg.....	15	mg.....	1
cyproheptadine hcl tabs.....	19	desipramine hcl tabs 25 mg.....	15	dextroamphetamine sulfate tabs 5	
DAILY MULTIPLE VITAMINS TABS		desmopressin acetate spray .....	45	mg, 10 mg.....	1
1.5 MG-1.7 MG-2 MG-6 MCG-10		desmopressin acetate spray		dextromethorphan hbr liqrd 7.5	
MCG-10 MG-13.5 MG-20 MG-21		refrigerated .....	45	mg/5ml.....	35
MG-60 MG-400 MCG-900 MCG...	81	desmopressin acetate tabs.....	45	dextromethorphan polistirex lqcr...	35
dapsone .....	23	desogestrel & ethinyl estradiol .....	33	dextromethorphan polistirex suer...	35
DDAVP .....	45	desogestrel-ethinyl estradiol		dextromethorphan-doxyamine-	
DECUBI-VITE CAPS 3 MG-3 MG-3.4		(biphasic) .....	33	acetaminophen liqrd.....	36
MG-9 MCG-10 MG-15 MCG-30 MG-		desogestrel-ethinyl estradiol		dextromethorphan-guaifenesin liqrd	
30 UNIT-50 MG-200 UNIT-400 MCG-		(triphasic) .....	33	10 mg/5ml-100 mg/5ml, 10 mg/5ml-	
500 MG-2500 UNIT.....	77	desonide crea.....	41		
deferasirox pack.....	18	desonide oint.....	41		

200 mg/5ml, 100 mg/5ml-10 mg/5ml, 15 mg/7.5ml-150 mg/7.5ml, 20 mg/10ml-200 mg/10ml, 200 mg/10ml- 20 mg/10ml, 200 mg/5ml-10 mg/5ml 36	diclofenac sodium tb24..... 3	diphenhydramine hcl (sleep) tabs 50 mg..... 49
dextromethorphan-guaifenesin liqd 100 mg/5ml-5 mg/5ml, 20 mg/20ml- 400 mg/20ml, 30 mg/5ml-200 mg/5ml, 30 mg/5ml-30 mg/5ml-200 mg/5ml-200 mg/5ml, 400 mg/20ml-20 mg/20ml, 5 mg/5ml-100 mg/5ml.... 36	diclofenac sodium tbec..... 3	diphenhydramine hcl caps..... 19
dextromethorphan-guaifenesin syrp 10 mg/5ml-10 mg/5ml-100 mg/5ml- 100 mg/5ml, 10 mg/5ml-100 mg/5ml 36	dicloxacillin sodium ..... 92	diphenhydramine hcl elix 12.5 mg/5ml..... 19
dextromethorphan-guaifenesin tb12 30 mg-600 mg..... 36	dicyclomine hcl caps..... 96	diphenhydramine hcl liqd 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml.. 19
dextromethorphan-phenylephrine- acetaminophen caps 5 mg-10 mg- 325 mg..... 36	dicyclomine hcl soln or..... 96	diphenhydramine hcl tabs 25 mg... 19
DHIVY TABS 25 MG-100 MG..... 25	dicyclomine hcl tabs..... 96	diphenoxylate w/ atropine liqd 0.025 mg/5ml-2.5 mg/5ml..... 17
DIACOMIT CAPS 250 MG..... 11	didanosine cpdr 200 mg, 250 mg, 400 mg..... 28	diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg..... 17
DIACOMIT CAPS 500 MG..... 11	diflunisal tabs..... 4	dipyridamole ..... 48
DIACOMIT PACK 250 MG..... 11	digoxin soln or .05 mg/ml..... 32	disopyramide phosphate caps..... 8
DIACOMIT PACK 500 MG..... 11	digoxin tabs .125 mg, .25 mg, 125 mcg, 250 mcg..... 32	DISPOSABLE MOUTHPIECE FULL RANGE MISC..... 66
DIATHRIVE LANCETS ..... 53	DILANTIN ..... 12	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC... 67
DIATHRIVE LANCETS ULTRA THIN 30G ..... 53	diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg..... 32	DISPOSABLE MOUTHPIECE/LOW RANGE MISC..... 67
diazepam (anticonvulsant) gel..... 11	diltiazem hcl coated beads cp24 240 mg..... 32	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC..... 67
diazepam soln or 5 mg/5ml..... 8	diltiazem hcl cp12..... 32	DISPOSABLE PAPER MOUTHPIECE MISC..... 67
diazepam tabs..... 8	diltiazem hcl cp24 120 mg, 180 mg 32	disulfiram 250 mg..... 92
dibucaine ..... 42	diltiazem hcl cp24 240 mg..... 32	divalproex sodium csdr..... 12
diclofenac potassium tabs 50 mg.... 3	diltiazem hcl extended release beads 120 mg, 180 mg, 300 mg, 360 mg, 420 mg..... 32	divalproex sodium tb24 250 mg.... 12
diclofenac sodium (ophth) ..... 90	diltiazem hcl extended release beads 240 mg..... 32	divalproex sodium tb24 500 mg.... 12
diclofenac sodium (topical) gel ex.. 39	diltiazem hcl tabs..... 32	divalproex sodium tbec 125 mg.... 12
	dimenhydrinate tabs..... 18	divalproex sodium tbec 250 mg.... 12
	dimethyl fumarate cpdr..... 93	divalproex sodium tbec 500 mg.... 12
	dimethyl fumarate misc..... 93	docusate sodium caps 100 mg, 250 mg..... 50
	diphenhydramine hcl (sleep) caps 50 mg..... 49	
	diphenhydramine hcl (sleep) tabs 25 mg..... 49	



docusate sodium caps 50 mg.....	50	DROXIA CAPS.....	48	EASY FLOW BLACK/ORANGE DEVI	67
docusate sodium liqd.....	50	DRUG MART LANCETS THIN .....	53	EASY FLOW BLACK/RED DEVI...	67
docusate sodium syrpf.....	50	DRUG MART ON-THE-GO		EASY FLOW BLACK/WHITE DEVI	67
DOCUSATE SODIUM SYRP.....	50	LANCETS GENTLE 30G .....	53	EASY FLOW BLACK/YELLOW DEVI.	67
docusate sodium tabs.....	50	DRUG MART UNILET		EASY FLOW HEPA FILTER MISC.	67
dofetilide .....	8	LANCETSSUPER THIN 30G .....	53	EASY FLOW WHITE/BLUE DEVI..	67
donepezil hydrochloride tabs 5 mg,		DRUG MART UNILET		EASY FLOW WHITE/GREEN DEVI	67
10 mg.....	93	LANCETSULTRA THIN 28G .....	53	EASY FLOW WHITE/PINK DEVI..	67
dorzolamide hcl .....	90	DRUG MART UNILET MICRO THIN		EASY FLOW WHITE/WHITE DEVI	67
DORZOLAMIDE HCL .....	90	LANCETS 33G .....	53	EASY FLOW WHITE/YELLOW DEVI.	67
DORZOLAMIDE HCL/TIMOLOL		DRYSOL SOLN.....	42	EASY TOUCH ALCOHOL PREP	
MALEATE 0.5 %-2 %.....	88	duloxetine hcl cpep 20 mg, 30 mg, 60		PADS/MEDIUM .....	63
dorzolamide hcl-timolol maleate ...	88	mg.....	14	EASY TOUCH LANCETS	
DOVATO 300 MG-50 MG.....	28	DUTOPROL TB24.....	21	21G/PRESSURE ACTIVATED .....	53
doxazosin mesylate .....	21	DYSPORT .....	88	EASY TOUCH LANCETS	
doxepin hcl caps.....	15	EASIVENT MISC.....	67	23G/PRESSURE ACTIVATED .....	53
doxepin hcl conc.....	15	EASIVENT/MASK-LARGE MISC..	67	EASY TOUCH LANCETS	
doxycycline (monohydrate) caps 50		EASIVENT/MASK-MEDIUM MISC.	67	26G/PRESSURE ACTIVATED .....	53
mg, 100 mg.....	95	EASIVENT/MASK-SMALL MISC..	67	EASY TOUCH LANCETS	
doxycycline (monohydrate) tabs 50		EASY COMFORT ALCOHOL PADS .		28G/PRESSURE ACTIVATED .....	53
mg, 100 mg.....	95	63		EASY TOUCH LANCETS	
doxycycline hyclate caps.....	95	EASY COMFORT LANCETS .....	53	EASY TOUCH LANCETS 26G/PULL-	
doxycycline hyclate tabs 100 mg...95		EASY COMFORT LANCETS		TOP .....	53
doxylamine succinate (sleep) .....	49	30G/PULL TOP .....	53	EASY TOUCH LANCETS	
DRAMAMINE CHEW .....	18	EASY COMFORT LANCETS		28G/PRESSURE ACTIVATED .....	53
DROPLET LANCETS ULTRA THIN		30G/THIN TOP .....	53	EASY TOUCH LANCETS 28G/PULL-	
30G .....	53	EASY COMFORT LANCETS TWIST		TOP .....	53
DROPLET PERSONAL		TOP .....	53	EASY TOUCH LANCETS	
LANCETS30G .....	53	EASY FLOW 300 MM HOSE MISC		28G/TWIST .....	53
DROPSAFE ALCOHOL PREP PADS		67		EASY TOUCH LANCETS	
.....	63	EASY FLOW 400 MM HOSE MISC		30G/BUTTON-ACTIVATED .....	53
drosiprone-ethinyl estradiol .....	33	67		EASY TOUCH LANCETS	
		EASY FLOW AIR NOZZLE MISC..	67	30G/PRESSURE ACTIVATED .....	53
		EASY FLOW BLACK/BLUE DEVI..	67	EASY TOUCH LANCETS	
				30G/PULL-	

TOP .....	53	efavirenz tabs.....	28	fumarate 200 mg-300 mg, 300 mg-200 mg.....	28
EASY TOUCH LANCETS 30G/TWIST .....	53	efavirenz-emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg-600 mg.....	28	EMTRIVA SOLN.....	28
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED ....	53	efavirenz-lamivudine-tenofovir disoproxil fumarate .....	28	EMVERM CHEW.....	7
EASY TOUCH LANCETS 32G/PULL-TOP .....	53	eletriptan hydrobromide .....	71	enalapril maleate & hydrochlorothiazide .....	22
EASY TOUCH LANCETS 32G/TWIST .....	54	ELIQUIS STARTER PACK TBPk..	10	enalapril maleate tabs.....	20
EASY TOUCH LANCETS 33G/TWIST .....	54	ELIQUIS TABS.....	10	ENBREL MINI SOCT.....	3
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED .....	54	ELLA .....	34	ENBREL SOLN.....	3
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED .....	54	ELON MATRIX 5000 TABS 50 MG-100 MG-5000 MCG.....	85	ENBREL SOLR.....	3
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED .....	54	ELON MATRIX PLUS TABS 50 MG-100 MG-3000 MCG.....	85	ENBREL SOSY.....	3
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED .....	54	ELON MATRIX 5000 COMPLETE TABS 1.7 MG-8.3 MG-10 MG-15 MG-33 MCG-33 MG-33 MG-33 UNIT-50 MG-50 MG-100 MG-100 MG-200 MG-250 MCG-333 UNIT-1666 UNIT-5000 MCG.....	85	ENBREL SURECLICK SOAJ.....	3
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	54	ELON MATRIX COMPLETE TABS 1.7 MG-8.3 MG-10 MG-15 MG-33 MCG-33 MG-33 MG-33 UNIT-50 MG-50 MG-100 MG-100 MG-200 MG-250 MCG-333 UNIT-1666 UNIT-3000 MCG.....	86	ENFAMIL ENFALYTE SOLN 2.5 MEQ/100ML-3.3 MEQ/100ML-4.5 MEQ/100ML-5 MEQ/100ML.....	72
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	54	ELON R3 TABS 25 MG-100 MG-2500 MCG.....	86	ENHERTU .....	24
EBASE CONTROLLER KIT MISC.	67	EMBRACE LANCETS ULTRA THIN 30G .....	54	enoxaparin sodium soln ij 300 mg/3ml.....	10
econazole nitrate crea.....	39	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G .....	54	enoxaparin sodium sosy 100 mg/ml, 150 mg/ml.....	10
ED BRON GP LIQD 5 MG/5ML-100 MG/5ML.....	36	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G .....	54	enoxaparin sodium sosy 30 mg/0.3ml 10	
EDURANT .....	28	EMOLLIENT LOTION - MISC .....	41	enoxaparin sodium sosy 40 mg/0.4ml 10	
efavirenz caps 200 mg.....	28	emtricitabine caps.....	28	enoxaparin sodium sosy 60 mg/0.6ml 10	
efavirenz caps 50 mg.....	28	emtricitabine-tenofovir disoproxil		enoxaparin sodium sosy 80 mg/0.8ml, 120 mg/0.8ml.....	10
				ENSPRYNG .....	73
				EPIFOAM FOAM 1 %-1 %.....	41
				epinephrine (anaphylaxis) soaj .3 mg/0.3ml.....	98
				epinephrine (anaphylaxis) soaj.....	98
				EQ SPACE CHAMBER ANTI-	

STATIC DEVI.....	67	esomeprazole magnesium cpdr 20 mg.....	96	EXTAVIA KIT.....	93
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI.....	67	estradiol & norethindrone acetate tabs.....	45	EYE HEALTH CAPS 1 MG-1 MG-5 MG-10 MG-200 UNIT-250 MG.....	77
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI.....	67	estradiol pttw .025 mg/24hr, .05 mg/24hr, .075 mg/24hr, .1 mg/24hr	46	EYE MULTIVITAMIN CAPS 1 MG-2 MG-5 MG-40 MG-90 MG-250 MG .	77
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI.....	67	estradiol pttw .0375 mg/24hr.....	46	EYE MULTIVITAMIN/LUTEIN CAPS 2 MG-5 MG-34.8 MG-90 MG-226 MG	78
EQL ALCOHOL SWABS .....	63	estradiol ptwk.....	46	EYLEA SOSY.....	89
EQL COLOR LANCETS 21G .....	54	estradiol tabs.....	46	E-Z JECT LANCETS .....	54
EQL COLOR LANCETS MICRO THIN 33G .....	54	estradiol vaginal crea.....	98	E-Z JECT LANCETS 21G .....	54
EQL DRY MOUTH ORAL RINSE SOLN.....	75	estradiol vaginal tabs.....	98	E-Z JECT LANCETS COLOR .....	54
EQL SUPER THIN LANCETS 30G 54		ESTROFACTORS TABS 0.67 MG-10 MCG-13 MCG-16.7 MG-30 MG-33 MG-66.7 MG-66.7 MG-66.7 UNIT-66.7 UNIT-70 MG-266 MCG-833 UNIT.....	81	E-Z JECT LANCETS SUPER THIN 30G .....	54
EQL THIN LANCETS 26G .....	54	ethambutol hcl tabs.....	24	E-Z JECT LANCETS THIN 26G ...	54
ergocalciferol caps.....	99	ethosuximide caps.....	12	ezetimibe .....	20
ergocalciferol soln or 8000 unit/ml.	99	ethosuximide soln.....	12	ezetimibe-simvastatin .....	19
ergotamine w/ caffeine tabs 100 mg-1 mg.....	70	ethynodiol diacet & eth estrad .....	33	E-ZJECT LANCETS MICRO-THIN 33G .....	54
erythromycin (acne aid) gel.....	38	etodolac caps.....	3	EZ-LETS LANCETS 21G .....	54
erythromycin (acne aid) soln.....	38	etodolac tabs.....	3	EZ-LETS LANCETS 26G SUPER-SOFT .....	54
erythromycin (ophth) .....	89	etodolac tb24.....	3	EZ-LETS LANCETS 28G ULTRA-SOFT .....	54
erythromycin base cpep.....	51	etonogestrel-ethinyl estradiol 0.12 mg/24hr-0.015 mg/24hr.....	34	EZ-LETS LANCETS 30G .....	54
erythromycin base tabs.....	51	etravirine .....	28	famciclovir .....	30
erythromycin base tbec.....	51	etravirine 200 mg.....	28	famotidine susr.....	96
erythromycin ethylsuccinate susr...	51	EUFLEXXA SOSY.....	87	famotidine tabs.....	96
erythromycin ethylsuccinate tabs...	51	EULEXIN .....	25	FC2 FEMALE CONDOM .....	51
erythromycin stearate tabs 250 mg	51	EVOTAZ 150 MG-300 MG.....	28	felbamate susp.....	12
escitalopram oxalate tabs 10 mg...	13	exemestane .....	25	felbamate tabs.....	12
escitalopram oxalate tabs 20 mg...	13	EXPIRATORY MOUTHPIECE MISC.	67	felodipine .....	32
escitalopram oxalate tabs 5 mg...	13			fenofibrate micronized 134 mg, 200	

mg.....	20	FILTER AIR PP MISC.....	67	fluoxetine hcl caps 40 mg.....	14
fenofibrate micronized 67 mg.....	20	finasteride .....	47	fluoxetine hcl soln.....	14
fenofibrate tabs 160 mg.....	20	FINE 30 .....	54	fluoxetine hcl tabs 10 mg.....	14
fenofibrate tabs 54 mg.....	20	FINGERSTIX LANCETS .....	54	fluoxetine hcl tabs 20 mg.....	14
FENOFIBRATE TABS.....	20	FIRST-OMEPRAZOLE SUSP.....	96	fluphenazine decanoate .....	27
FENSOLVI .....	45	FIRVANQ SOLR OR.....	23	fluphenazine hcl tabs.....	27
fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr..	5	flavoxate hcl .....	97	flurazepam hcl .....	49
FERRETT'S TABS.....	48	flecainide acetate .....	8	flurbiprofen sodium .....	90
ferrous fumarate tabs.....	48	FLEXICHAMBER DEVI.....	67	flurbiprofen tabs.....	3
ferrous fumarate-fa-b complex-c-zn- mg-mn-cu tabs 0.8 mg-1 mg-1.3 mg- 5 mg-6 mg-6.9 mg-10 mg-10 mg-15 mcg-18.2 mg-30 mg-200 mg-324 mg.	48	FLINTSTONES		flutamide .....	25
FERROUS GLUCONATE TABS 324 MG.....	48	TODDLER/TASTISMOOTH CHEW 0.7 MG-0.7 MG-0.8 MG-1.6 MG-2.5 MG-3 MCG-6 MG-10 UNIT-40 MG- 70 MCG-80 MG-100 MCG-150 MCG- 600 UNIT-1600 UNIT.....	83	fluticasone propionate (nasal) susp	87
ferrous sulfate elix.....	48	fluconazole susr.....	18	fluticasone propionate crea .05 %..	41
ferrous sulfate soln.....	48	fluconazole tabs 100 mg, 200 mg..	19	FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT.....	9
ferrous sulfate tabs 28 mg, 65 mg, 325 mg.....	48	fluconazole tabs 150 mg.....	19	FLUTICASONE PROPIONATE HFA 44 MCG/ACT.....	9
ferrous sulfate tbec.....	48	fluconazole tabs 50 mg.....	19	fluticasone propionate oint.....	41
FERROUS SULFATE TBEC.....	48	fludrocortisone acetate tabs.....	35	fluticasone-salmeterol aepb 50 mcg/act-100 mcg/act, 50 mcg/act- 250 mcg/act, 50 mcg/act-500 mcg/act	9
FEVERALL JUNIOR STRENGTH SUPP.....	4	flunisolide (nasal) .025 %.....	87	9	
fexofenadine hcl tabs 180 mg.....	19	fluocinolone acetonide (otic) .....	91	fluvoxamine maleate tabs 100 mg..	14
fexofenadine hcl tabs 60 mg.....	19	fluocinonide crea .05 %.....	41	fluvoxamine maleate tabs 25 mg, 50 mg.....	14
FIFTY50 ALCOHOL PREP PADS .63		fluocinonide emulsified base .....	41	FLYP HYPERSONIQ CARTRIDGE MISC.....	67
FIFTY50 SAFETY SEAL LANCETS 30G .....	54	fluocinonide gel.....	41	FML OINT.....	90
FIFTY50 SAFETY SEAL LANCETS 32G .....	54	fluocinonide oint.....	41	FOLAGENT DHA CAPS 1.7 MG-2 MG-2 MG-2.5 MG-8 MCG-10 MCG- 10 MG-15 MG-20 MG-20.1 MG-28 MG-35 MG-50 MG-60 MG-150 MCG- 200 MG-200 MG-300 MCG-1000 MCG-1200 MCG.....	78
FIFTY50 UNILET LANCETS 33G .54		fluocinonide soln.....	41	FOLAMED DHA CAPS 2.5 MG-1.7	
		fluorometholone (ophth) susp.....	90		
		fluorouracil (topical) crea .5 %.....	39		
		fluorouracil (topical) crea 5 %.....	39		
		fluorouracil (topical) soln.....	39		
		fluoxetine hcl caps 10 mg, 20 mg..	14		

MG-2 MG-2 MG-8 MCG-10 MCG-10	FULL KIT NEBULIZER SET MISC .67	gentamicin sulfate (topical) oint. . . . 38
MG-15 MG-20 MG-20.1 MG-28 MG-35	furosemide soln or 10 mg/ml, 40	GENTEEL BUTTERFLY TOUCH
MG-50 MG-60 MG-150 MCG-200	mg/5ml. . . . .44	LANCETS . . . . .55
MG-200 MG-300 MCG-1000 MCG-1200	furosemide tabs. . . . .44	GENTLE-LET GP LANCETS . . . . .55
MCG. . . . .78	gabapentin caps. . . . .11	GENTLE-LET LANCETS GENERAL
folic acid tabs 1 mg. . . . .48	gabapentin soln. . . . .11	PURPOSE STYLE/FINE POINT . . .55
folic acid tabs 400 mcg, 800 mcg. . .48	gabapentin tabs 600 mg. . . . .11	GENTLE-LET LANCETS GENERAL
FORA LANCETS . . . . .54	gabapentin tabs 800 mg. . . . .11	PURPOSE STYLE/MEDIUM POINT .
formaldehyde soln 10 % . . . . .28	GALAFOLD . . . . .45	55
FORTEO SOPN. . . . .45	galantamine hydrobromide cp24. . .93	GENTLE-LET LANCETS SAFETY
fosamprenavir calcium tabs. . . . .29	galantamine hydrobromide soln. . .93	STYLE/FINE POINT . . . . .55
fosinopril sodium &	galantamine hydrobromide tabs. . .93	GENTLE-LET LANCETS SAFETY
hydrochlorothiazide . . . . .22	GAMMAGARD LIQUID . . . . .91	STYLE/MEDIUM POINT . . . . .55
fosinopril sodium . . . . .20	GAMMAGARD S/D IGA LESS THAN	GENVOYA 10 MG-150 MG-150 MG-
FREDS PHARMACY UNILET	1MCG/ML SOLR. . . . .91	200 MG. . . . .29
LANCETS SUPER THIN 30G . . . . .54	GAMMAKED . . . . .91	ginger (zingiber officinalis) caps 250
FREDS PHARMACY UNILET	GAMUNEX-C . . . . .91	mg. . . . .2
LANCETS ULTRA THIN 28G . . . . .54	gemfibrozil tabs. . . . .20	GIVLAARI . . . . .47
FREESTYLE LANCETS . . . . .54	GENADEK STEP 1 CAPS 1.5 MG-	glatiramer acetate sosy. . . . .93
FREESTYLE LIBRE 14	1.7 MG-1.9 MG-10 MG-10 MG-10	glimepiride 1 mg, 2 mg. . . . .17
DAY/READER/FLASH	MG-12 MCG-12 MG-75 MCG-75	glimepiride 4 mg. . . . .17
MONITORING SYSTEM . . . . .54	MCG-75 MG-100 MCG-100.5 MG-	glipizide tabs. . . . .17
FREESTYLE LIBRE 14	200 MCG-1000 MCG-5450 MCG. .78	glipizide tb24. . . . .17
DAY/SENSOR/FLASH	GENADEK STEP 2 CAPS 1.5 MG-	glipizide-metformin hcl . . . . .15
MONITORING SYSTEM . . . . .54	1.7 MG-1.9 MG-10 MG-10 MG-10	GLOBAL ALCOHOL PREP
FREESTYLE LIBRE	MG-12 MCG-12 MG-75 MCG-75	EASEPADS . . . . .63
2/READER/FLASH GLUCOSE	MG-100 MCG-100.5 MG-125 MCG-	GLOBAL INJECT EASE LANCETS
MONITORING SYSTEM . . . . .54	200 MCG-1000 MCG-5450 MCG. .78	28G . . . . .55
FREESTYLE LIBRE	GENICIN VITA-Q TABS 5 MG-12.5	GLOBAL INJECT EASE LANCETS
2/SENSOR/FLASH GLUCOSE	MCG-12.5 MG-25 MG-50 MG-125	30G . . . . .55
MONITORING SYSTEM . . . . .55	MG-1000 MCG-1000 MCG. . . . .81	glucagon (rdna) . . . . .16
FREESTYLE	gentamicin sulfate (ophth) oint. . . .89	GLUCOCOM LANCETS 28G . . . . .55
LIBRE/READER/FLASH	gentamicin sulfate (ophth) soln. . . .89	GLUCOCOM LANCETS 30G . . . . .55
MONITORING SYSTEM . . . . .55	gentamicin sulfate (topical) crea. . .38	GLUCOCOM LANCETS 33G . . . . .55
FREESTYLE UNISTICK II LANCETS		
. . . . .55		

GLUCOSE CHEW.....	16	griseofulvin ultramicrosize .....	18	haloperidol tabs .5 mg, 1 mg, 2 mg, 5 mg, 10 mg.....	26
glyburide micronized 1.5 mg, 3 mg, 6 mg.....	17	guaifenesin tb12 1200 mg.....	37	haloperidol tabs 20 mg.....	26
glyburide tabs.....	17	guaifenesin tb12 600 mg.....	37	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G .....	55
glyburide-metformin .....	15	guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml.....	36	HEALTHY EYES SUPERVISION2 CAPS 1 MG-1 MG-5 MG-10 MG-90 MG-250 MG.....	78
glycerin (laxative) supp 2 gm.....	50	guaifenesin-codeine soln.....	36	HEALTHY HEART COMPLEX TABS 800 MCG-100 MG-100 MG-200 MCG	86
glycopyrrolate tabs 1 mg, 2 mg.....	96	guaifenesin-codeine syrpf 10 mg/5ml-100 mg/5ml.....	36	HEALTHY KIDS GUMMIES CHEW 1 MG-2.5 MG-5 MCG-5 MG-20 MCG-30 MG-38 MG-40 MCG-75 MCG-200 MCG-200 UNIT-200 UNIT-2000 UNIT.....	83
GNP ALCOHOL SWABS .....	63	guanfacine hcl (adhd) .....	1	HEART TABS TABS 1 MG-1 MG-3 MCG-3 MG-5 MG-15 MCG-20 MCG-25 MG-25 MG-25 MG-50 MCG-50 MG-50 MG-50 MG-95 UNIT-100 MCG-100 MG-100 MG-200 UNIT-250 UNIT-500 MCG-1250 UNIT-2000 MCG.....	86
GNP GLUCOSE CHEW.....	16	guanfacine hcl .....	21	H-E-B INCONTROL ALCOHOL PADS .....	63
GNP LANCETS 21G .....	55	GYNAZOLE-1 .....	98	H-E-B INCONTROL LANCETS MICRO THIN 33G .....	55
GNP LANCETS THIN .....	55	HAEGARDA SOLR SC.....	48	H-E-B INCONTROL LANCETS SUPER THIN 30G .....	56
GNP LANCETS THIN 26G .....	55	HAEMOLANCE .....	55	H-E-B INCONTROL LANCETS ULTRA THIN 28G .....	56
GNP QUICK DISSOLVE GLUCOSE CHEW.....	16	HAEMOLANCE LOW FLOW LANCETS .....	55	heparin sodium (porcine) soln ij 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml.....	10
GNP STERILE LANCETS 28G .....	55	HAEMOLANCE PLUS .....	55	HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML.....	10
GNP STERILE LANCETS 30G .....	55	HAEMOLANCE PLUS HIGH FLOW 55		HIGH POTENCY MULTIVITAMIN TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MCG-10 MG-13.6 MG-20 MG-30	
GNP STERILE LANCETS 33G .....	55	HAEMOLANCE PLUS LOW FLOW 55			
GOJJI STERILE LANCETS 30G ..	55	HAEMOLANCE PLUS MAX FLOW 55			
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ...	55	HAEMOLANCE PLUS PEDIATRIC FLOW .....	55		
GOODSENSE LANCETS MICRO-THIN 33G .....	55	HAIR FARE TABS 1 MG-4.5 MG-4.5 MG-5 MCG-5 MG-10 MG-30 MG-35 MG-100 MG-100 MG-100 MG-100 MG-125 MG-150 MCG-150 MCG-400 MCG.....	86		
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL .....	55	HAIR NOURISHING SUPPLEMENT TABS 6 MG-7.5 MG-10 MG-12 MG-15 MG-36.7 MG-59 MG-3000 MCG	86		
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL .....	55	haloperidol decanoate .....	26		
GOODSENSE LANCETS ULTRA-THIN 30G .....	55	haloperidol lactate conc.....	27		
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL .....	55				
GRASTEK SUBL.....	2				
griseofulvin microsize susp.....	18				
griseofulvin microsize tabs.....	18				

MCG-35 MG-45 MG-90 MG-400 MCG-1500 MCG.....81	hydrochlorothiazide tabs 25 mg, 50 mg.....44	HYDROXYUREA ..... 33
HM STERILE ALCOHOL PREP PADS .....63	hydrocodone bitartrate-homatropine methylbromide soln 1.5 mg/5ml-5 mg/5ml.....35	hydroxyzine hcl syrps..... 7
homatropine hbr .....88	hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml- 217 mg/10ml, 7.5 mg/15ml-325 mg/15ml.....6	hydroxyzine hcl tabs.....7
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC.....67	hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-10 mg, 325 mg- 5 mg, 5 mg-325 mg.....6	hydroxyzine pamoate caps..... 8
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT... 2	hydrocortisone (intrarectal) .....6	hyoscyamine sulfate elix.....96
HUMIRA PEN PNKT.....2	hydrocortisone (rectal) ex 2.5 %.....7	hyoscyamine sulfate soln or .125 mg/ml..... 96
HUMIRA PEN-CD/UC/HS STARTER PNKT.....2	hydrocortisone (topical) crea .5 %, 1 %.....41	hyoscyamine sulfate subl .125 mg.96
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT.....2	hydrocortisone (topical) crea 2.5 %41	hyoscyamine sulfate tabs .125 mg.96
HUMIRA PEN-PS/UV STARTER PNKT.....2	hydrocortisone (topical) lotn 1 %, 2.5 %.....41	hyoscyamine sulfate tb12 .375 mg.96
HUMIRA PSKT.....2	hydrocortisone (topical) oint 1 %...41	hyoscyamine sulfate tbdp .125 mg.96
HUMULIN 70/30 KWIKPEN SUPN 30 UNIT/ML-70 UNIT/ML..... 16	hydrocortisone (topical) oint 2.5 % .41	HYPERRHO S/D SOSY IM 1500 UNIT..... 91
HUMULIN 70/30 SUSP 70 UNIT/ML- 30 UNIT/ML.....16	hydrocortisone butyrate soln..... 41	HY-VEE LANCETS ..... 56
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HUMULIN N SUSP..... 16	hydrocortisone w/acetic acid 1 %-2 % 91	IBRANCE CAPS.....25
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HYALGAN SOSY.....87	hydromorphone hcl tabs 2 mg.....5	ibuprofen chew.....3
hydralazine hcl tabs..... 22	hydromorphone hcl tabs 4 mg.....5	ibuprofen susp..... 3
HYDRALYTE FREEZER POPS SOLN 16 GM/L-20 MEQ/L-45 MEQ/L-55 MEQ/L-90 MEQ/L.....72	hydromorphone hcl tabs 8 mg.....5	ibuprofen tabs 200 mg, 400 mg, 600 mg, 800 mg..... 3
HYDRALYTE SOLN 107.5 MG/250ML-132.5 MG/250ML-140 MG/250ML.....72	hydroxychloroquine sulfate 200 mg24	icatibant acetate ..... 48
HYDROCERIN CREA.....42	hydroxyprogesterone caproate (antineoplastic) .....25	ICLUSIG ..... 25
hydrochlorothiazide caps.....44	hydroxyprogesterone caproate oil..92	imipramine hcl tabs.....15
	hydroxyurea .....25	imiquimod 5 %.....42
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INCRUSE ELLIPTA .....	8	INTELENCE .....	29	isoniazid tabs.....	24
indapamide tabs 1.25 mg, 2.5 mg .	44	INVEGA SUSTENNA 117 MG/0.75ML.....	26	isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg, 30 mg.....	7
indomethacin caps 25 mg, 50 mg...	3	INVEGA SUSTENNA 156 MG/ML .	26	isosorbide mononitrate tabs.....	7
indomethacin cpcr.....	3	INVEGA SUSTENNA 234 MG/1.5ML .	26	isosorbide mononitrate tb24.....	7
INFANTS SILAPAP SOLN OR.....	4	INVEGA SUSTENNA 39 MG/0.25ML .	26	isotretinoin 10 mg, 20 mg, 30 mg, 40 mg.....	38
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INNOSPIRE REPLACEMENT FILTER MISC.....	68	INVEGA TRINZA 273 MG/0.88ML .	26	itraconazole caps.....	19
INREBIC .....	25	INVEGA TRINZA 410 MG/1.32ML .	26	JULUCA 50 MG-25 MG.....	29
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI.....	68	INVEGA TRINZA 546 MG/1.75ML .	26	JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW 1 MG-1 MG-1.25 MG-1.5 MCG-1.5 MG-1.5 MG-7.5 MCG-10 MCG-15 MG-40 MCG-300 MCG.....	83
INSPIRACHAMBER/LARGE DEVI.	68	INVEGA TRINZA 819 MG/2.63ML .	26	KANJINTI .....	24
INSPIRACHAMBER/SOOTHERMAS K/INSPIRAMASK/MEDIUM DEVI..	68	INVIRASE TABS.....	29	KERALYT GEL.....	42
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INSPIREASE DRUG DELIVERYSYSTEM MISC.....	68	ipratropium bromide (nasal) .03 % .	87	ketoconazole (topical) sham 1 %...	39
INSPIREASE RESERVOIR BAGS	68	ipratropium bromide (nasal) .06 % .	87	ketoconazole (topical) sham 2 %...	39
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML.....	16	ipratropium bromide soln .02 %.....	8	KETONE STRP.....	43
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP 30 %-70 %.....	16	ipratropium-albuterol soln 0.5 mg/3ml-2.5 mg/3ml.....	9	KETONE TEST STRIPS STRP....	43
INSULIN GLARGINE SOLN.....	16	irbesartan .....	21	ketoprofen caps 50 mg, 75 mg.....	3
INSULIN GLARGINE SOPN.....	16	irbesartan-hydrochlorothiazide ....	22	ketoprofen cp24.....	3
INSULIN LISPRO PROTAMINE/INSULIN LISPRO		IRON CHEWS PEDIATRIC CHEW	48	ketorolac tromethamine (ophth) .4 % .	90
		IRON TABS 28 MG, 65 MG, 325 MG .	48	ketorolac tromethamine (ophth) .5 % .	90
		ISENTRESS CHEW 100 MG.....	29	ketorolac tromethamine tabs.....	3
		ISENTRESS CHEW 25 MG.....	29	KETOSTIX STRP.....	43
		ISENTRESS PACK.....	29	ketotifen fumarate (ophth) .025 %..	91



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KEVZARA SOSY.....	2	lactulose (encephalopathy) .....	47	leflunomide .....	3
KEY-E CHEW.....	99	lactulose soln.....	50	letrozole .....	25
KINDERLYTE PREMAX SOLN 3.1 MG/360ML-330 MG/360ML-620 MG/360ML-630 MG/360ML.....	72	lamivudine soln.....	29	leucovorin calcium tabs.....	25
KINDERLYTE SOLN 8.6 MG/L-840 MG/L-1270 MG/L-1590 MG/L.....	72	lamivudine tabs 150 mg.....	29	LEUKERAN .....	24
KINNEY LANCETS .....	56	lamivudine tabs 300 mg.....	29	levetiracetam soln or 100 mg/ml, 500 mg/5ml.....	11
KINNEY THIN LANCETS .....	56	lamotrigine chew.....	11	levetiracetam tabs 1000 mg.....	11
KINRIX SUSY 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML.....	96	lamotrigine tabs.....	11	levetiracetam tabs 250 mg, 750 mg 11	
KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC.....	68	lamotrigine tb24.....	11	levetiracetam tabs 500 mg.....	11
KRINTAFEL .....	24	LANCET DEVICE - MISC .....	56	levetiracetam tb24.....	11
KROGER HEALTHPRO TWIST LANCETS/26G .....	56	LANCETS - MISC .....	56	levobunolol hcl .5 %.....	88
KROGER LANCETS .....	56	LANCETS .....	56	levocarnitine (metabolic modifiers) soln or 1 gm/10ml.....	45
KROGER LANCETS 21G .....	56	LANCETS 30G .....	56	levocarnitine (metabolic modifiers) tabs.....	45
KROGER LANCETS MICRO THIN33G .....	56	LANCETS 30G TWIST TOP .....	56	levocetirizine dihydrochloride tabs. 19	
KROGER LANCETS SUPER THIN 56		LANCETS 30G/TWIST TOP .....	56	levofloxacin tabs.....	46
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KROGER LANCETS THIN 26G ...	56	LANCETS 33G UNIVERSAL DESIGN .....	56	levonorgestrel (emergency oc) 1.5 mg.....	34
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labetalol hcl tabs 200 mg.....	31	LANCETS THIN .....	56	levothyroxine sodium tabs.....	95
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		lanolin xx.....	92	lidocaine crea 4 %.....	42
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lidocaine hcl crea 3 %, 4 % . . . . .	42	LONGS LANCETS ULTRA THIN . . . . .	56	MAGNESIUM OXIDE CAPS . . . . .	73
lidocaine hcl gel 2 % . . . . .	42	loperamide hcl caps . . . . .	18	magnesium oxide tabs 400 mg . . . . .	7
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lisinopril & hydrochlorothiazide . . . . .	22	loratadine & pseudoephedrine tb24 10 mg-240 mg . . . . .	36	MAVYRET PACK 50 MG-20 MG . . . . .	30
lisinopril tabs 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg . . . . .	20	loratadine soln . . . . .	19	MAVYRET TABS 40 MG-100 MG . . . . .	30
LITE TOUCH LANCETS . . . . .	56	loratadine syrup . . . . .	19	MAXI-TUSS PE LIQD 5 MG/5ML-2 MG/5ML . . . . .	36
LITETOUCH LANCETS MICRO THIN 33G . . . . .	56	loratadine tabs . . . . .	19	MAXI-TUSS PE MAX LIQD 100 MG/5ML-5 MG/5ML . . . . .	36
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LITETOUCH MASK SMALL MISC .68		lorazepam tabs 1 mg . . . . .	8	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE . . . . .	56
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LITHIUM CARBONATE POWD . . . . .	26	losartan potassium . . . . .	21	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW . . . . .	56
lithium carbonate tabs . . . . .	26	lovastatin tabs 10 mg, 20 mg . . . . .	20	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW . . . . .	56
lithium carbonate tbc . . . . .	26	lovastatin tabs 40 mg . . . . .	20	MEDICHOICE SAFETY LANCETEXTRA . . . . .	57
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LIVE BETTER LANCET SUPERTHIN 30G . . . . .	56	MAGNESIUM CAPS 400 MG . . . . .	73	MEDISENSE THIN LANCETS . . . . .	57
LIVE BETTER LANCET ULTRATHIN 28G . . . . .	56	magnesium citrate . . . . .	50	MEDLANCE PLUS EXTRA LANCETS 21G . . . . .	57
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LONGS LANCETS STANDARD . . . . .	56	magnesium hydroxide susp 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml . . . . .	50		

MEDLANCE PLUS LANCETS LITE 25G .....	57	methadone hcl tabs 10 mg.....	5
MEDLANCE PLUS LITE LANCETS 25G .....	57	methadone hcl tabs 5 mg.....	5
MEDLANCE PLUS SPECIAL LANCETS 0.8MM .....	57	methazolamide tabs.....	44
MEDLANCE PLUS SUPERLITE 30G .....	57	methenamine mandelate .....	23
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX .....	57	methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 0.12 mg-10.8 mg-36.2 mg-40.8 mg-81.6 mg	23
MEDLANCE PLUS UNIVERSAL LANCETS 21G .....	57	methimazole tabs.....	95
MEDLANCE PLUS/LITE 25G .....	57	METHITEST TABS.....	6
MEDLANCE/EXTRA .....	57	methocarbamol tabs.....	87
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MEDLANCE/UNIVERSAL .....	57	methotrexate sodium soln 1 gm/40ml, 50 mg/2ml, 250 mg/10ml, 1000 mg/40ml.....	24
medroxyprogesterone acetate (contraceptive) susp im.....	34	methotrexate sodium tabs 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg.....	24
medroxyprogesterone acetate (contraceptive) susy im.....	34	methyl dopa tabs.....	21
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mefloquine hcl .....	24	methylphenidate hcl cpcr.....	1
megestrol acetate susp.....	25	methylphenidate hcl tabs 10 mg, 20 mg.....	1
megestrol acetate tabs.....	25	methylphenidate hcl tabs 5 mg.....	2
MEIJER ALCOHOL SWABS EXTRA-THICK .....	63	methylphenidate hcl tb24 18 mg, 27 mg, 54 mg .....	1
MEIJER COLOR LANCETS UNIVERSAL 33G .....	57	methylphenidate hcl tb24 36 mg.....	1
MEIJER LANCETS .....	57	methylphenidate hcl tbcr 10 mg, 20 mg, 36 mg .....	1
MEIJER LANCETS THIN .....	57	methylphenidate hcl tbcr 18 mg, 27 mg, 54 mg .....	1
MEIJER LANCETS UNIVERSAL21G 57		methylprednisolone tabs 4 mg, 8 mg	35
MEIJER LANCETS UNIVERSAL30G		methylprednisolone tbpk.....	35
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meloxicam tabs.....	3		
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memantine hcl tabs.....	93		
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meperidine hcl tabs 50 mg.....	5		
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metformin hcl tabs 850 mg, 1000 mg. 15			
metformin hcl tb24 500 mg.....	15		
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metoprolol & hydrochlorothiazide		250 MG-250 MG.....	mg/0.5ml, 20 mg/ml, 100 mg/5ml....	5
tabs 25 mg-100 mg, 25 mg-50 mg.	22	MILLIPRED TABS.....	35	
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metoprolol succinate tb24 25 mg, 50		REPLACEMENTS MISC.....	20 mg/5ml.....	5
mg, 100 mg.....	31	minocycline hcl caps.....	95	
metoprolol tartrate tabs 100 mg....	31	minoxidil 10 mg.....	22	
metoprolol tartrate tabs 25 mg, 50 mg	31	minoxidil 2.5 mg.....	22	
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metronidazole (topical) gel .75 %..	43	mirtazapine tabs 30 mg.....	13	
metronidazole (topical) lotn.....	43	mirtazapine tabs 7.5 mg, 45 mg....	13	
metronidazole tabs.....	23	mirtazapine tbdp 15 mg.....	13	
metronidazole vaginal .....	98	mirtazapine tbdp 30 mg.....	13	
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midodrine hcl .....	99	MOOD FOOD ES CAPS 10 MG-25		
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		MG-50 MG-50 MG-50 MG-150 MG-		

400 mcg-900 mcg.....	75	MVW COMPLETE	mg.....	3
multiple vitamins w/ minerals caps 6		FORMULATIOND3000 CAPS 6	naproxen susp.....	3
mg-13.5 mg-15 mg-60 mg.....	78	MCG-1.5 MG-1.7 MG-1.9 MG-10	naproxen tabs.....	3
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SOLN OR 0.3 MG/ML-0.3 MG/ML-		UNIT-16000 UNIT.....	MG-1.7 MG-2 MCG-5 MCG-6 MCG-	
0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5		mycophenolate mofetil caps.....	10 MCG-20 MG-60 MG-400 MCG-	
MG/ML-50 MG/ML-250 MCG/ML-400		73	1500 MCG.....	81
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MULTIVITAMIN TABS.....	81	73	neomycin-bacitracin zn-polymyxin 3.5	
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W/IRON/INFANT/TODDLER SOLN		74	neomycin-bacitracin-polymyxin oint	
0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-4		mycophenolate sodium .....	3.5 mg/gm-400 unit/gm-5000 unit/gm.	
MG/ML-5 MG/ML-10 MCG/ML-11		74	38	
MG/ML-50 MG/ML-250 MCG/ML..	84	MYGLUCOHEALTH MGH	neomycin-polymy-dexameth oint 0.1	
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MCG-10 MG-12 MG-20 MG-100		nabumetone .....	3.5 mg/gm-10 mg/gm-10000 unit/gm.	
MCG-100 MG-200 MCG-200 UNIT-		3	38	
MCG-100 MG-200 MCG-200 UNIT-		nadolol tabs 20 mg, 40 mg, 80 mg.	neomycin-polymyxin-gramicidin	
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		naloxone hcl sosy.....		
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		naltrexone hcl .....		
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		naphazoline w/ pheniramine .....		
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SAFETY LANCETS .....	58	UNIT.....	79	psyllium powd 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 58.6 %, 68 %, 100 %.	49
PRODIGY SAFETY LANCETS ....	58	PROTECT CARDIO AF CAPS 25		PURE COMFORT 3-BALL BREATH	
PRODIGY TWIST TOP LANCETS	58	MG-25 MG-25 MG-25 MG-25 MG-30		EXERCISER DEVI.....	69
progesterone caps.....	92	MG-32 UNIT-50 MCG-50 MCG-50		PURE COMFORT ALCOHOL	
promethazine & phenylephrine syrp 5		MCG-50 MG-50 MG-60 MG-75		PREPPADS .....	63
mg/5ml-6.25 mg/5ml.....	36	MCG-90 MG-100 MG-120 UNIT-174		PURE COMFORT INHALER	
promethazine hcl soln 6.25 mg/5ml	19	MG-200 UNIT-250 MG-340 MG-500		SPACER CHAMBER ADULT DEVI70	
promethazine hcl supp.....	19	MCG-1100 MCG.....	79	PURE COMFORT LANCETS 30G	59
promethazine hcl syrp.....	19	PROTECT PLUS SO CAPS 5 MCG-		PURIXAN SUSP.....	24
promethazine hcl tabs.....	19	0.5 MG-0.5 MG-2.5 MG-15 MG-15		PUSH BUTTON SAFETY LANCETS	
promethazine w/codeine soln 6.25		MG-15 MG-15 MG-20 MG-25 MCG-		21G .....	59
mg/5ml-10 mg/5ml.....	36	25 MCG-25 MCG-25 MG-25 MG-25		PUSH BUTTON SAFETY LANCETS	
promethazine w/codeine syrp 10		MG-25 MG-25 MG-25 MG-25 MG-50		28G .....	59
mg/5ml-6.25 mg/5ml.....	36	MCG-50 MCG-50 MG-100 MCG-100		PX DAYTIME MULTI-SYMPATOM	
promethazine-dm syrp 6.25 mg/5ml-		MG-144 MG-150 MCG-250 MG-500		CAPS 15 MG-30 MG-325 MG.....	37
15 mg/5ml.....	36	MCG-2875 MCG.....	79	PX LANCETS MICROTHIN 33G ..	59
promethazine-phenylephrine-codeine		PROTEGRA CAPS 1 MG-1.5 MG-15		PX LANCETS ULTRA THIN .....	59
5 mg/5ml-6.25 mg/5ml-10 mg/5ml..	37	MCG-50 MG-60 UNIT-250 MG-5000			
		UNIT-7.5 MG.....	79		
		pseudoephed-bromphen-dm syrp 2			
		mg/5ml-10 mg/5ml-30 mg/5ml, 30			
		mg/5ml-2 mg/5ml-10 mg/5ml.....	37		
		pseudoephedrine hcl liqd 15 mg/5ml			
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PX LANCETS ULTRA THIN 28G ..59	quinapril hcl ..... 21	LANCETS/21G/2.2MM ..... 59
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pyrazinamide .....24	quinidine gluconate tbc..... 8	READYLANCE SAFETY LANCETS/28G/1.8MM ..... 59
pyrethrins-piperonyl butoxide liqd.. 43	quinidine sulfate tabs..... 8	READYLANCE SAFETY LANCETS/30G/1.6MM ..... 59
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pyrethrins-piperonyl butoxide- permethrin-nit remover 0.33 %-0.5 %-4 %.....43	QVAR REDIHALER 40 MCG/ACT... 9	REALITY SWABS ..... 64
pyridostigmine bromide tabs 60 mg24	QVAR REDIHALER 80 MCG/ACT... 9	REALITY TRIGGER LANCETS ... 59
pyridostigmine bromide tbc..... 24	RA ALCOHOL SWABS ..... 64	REBIF REBIDOSE SOAJ..... 93
pyridoxine hcl tabs 25 mg, 50 mg, 100 mg.....99	RA ARTHRITIS PAIN RELIEF CREA. 42	REBIF REBIDOSE TITRATIONPACK SOAJ..... 93
QC ALCOHOL SWABS .....63	RA DRY MOUTH SOLN.....75	REBIF SOSY..... 93
QC CALCIUM 500MG/D3 TABS 200 UNIT-500 MG.....72	RA EAR CARE TABS 0.333 MG- 0.333 MG-1 MG-1.667 MCG-1.667 MG-3.333 MG-29 MG-100 MG- 113.333 MG-113.333 MG-200 MG.86	REBIF TITRATION PACK SOSY.. 93
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QUADRACEL SUSY 5 LFU/0.5ML- 15 LFU/0.5ML-48 MCG/0.5ML..... 96	RAGWITEK SUBL..... 2	RELION LANCETS THIN 26G .... 59
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REMIAGENT CAPS 1 MG-3.6 MG-6 MCG-8 MG-8.5 MG-20 MCG-28 MG-40 MG-60.3 MG-200 MG.....	80	rivastigmine tartrate caps.....	93	salicylic acid gel 3 %, 6 %.....	42
REMEDY PHYTOPLEX HYDRAGUARD CREA.....	43	rizatriptan benzoate tabs.....	71	saline soln.....	87
RENFLEXIS .....	47	rizatriptan benzoate tbdp.....	71	salsalate .....	4
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REPLACEMENT FILTERS MISC..	70	ropinirole hydrochloride tabs .25 mg, 3 mg, 4 mg.....	25	REPLACEMENTFILTERS MISC...	70
RETACRIT .....	48	ropinirole hydrochloride tabs .5 mg, 1 mg, 2 mg, 5 mg.....	25	SANDIMMUNE SOLN OR.....	74
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REYATAZ PACK.....	29	ROZLYTREK .....	25	SAPS HEALTH ALCOHOL PREPPADS .....	64
RHOGAM ULTRA-FILTERED PLUS SOSY IM.....	91	RUKOBIA .....	29	SAPS HEALTH CARE ALCOHOLPREP PADS .....	64
riboflavin tabs.....	99	RUXIENCE .....	24	SAPS HEALTH CARE TWIST TOP LANCETS .....	60
RID ESSENTIAL LICE ELIMINATION KIT KIT EX 0.33 %-4 %.....	43	SAFE-T-LANCE LOW FLOW 25G .	59	SAPS HEALTH PLUS TWIST TOP LANCETS 30G .....	60
rifabutin .....	24	SAFE-T-LANCE NORMAL FLOW21G .....	59	SAPS HEALTH TWIST TOP LANCETS 30G .....	60
rifampin caps.....	24	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW ...	59	SAPSCARE TWIST TOP LANCETS 30G .....	60
RIGHTEST GL300 LANCETS .....	59	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW ....	59	SAVELLA TABS.....	93
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risedronate sodium tabs 35 mg....	45	SAFETY LANCET 21G/PRESSURE ACTIVATED .....	59	SB ALCOHOL PREP PADS .....	64
risedronate sodium tabs 5 mg, 30 mg 45		SAFETY LANCET 23G/PRESSURE ACTIVATED .....	59	SB LANCETS THIN .....	60
risedronate sodium tbec.....	45	SAFETY LANCET 28G/PRESSURE ACTIVATED .....	59	SB LANCETS ULTRA THIN .....	60
RISPERDAL CONSTA .....	26	SAFETY LANCET 30G/PRESSURE ACTIVATED .....	60	SCHOOLTIME SHAMPOO SHAM.	43
risperidone soln.....	26	SAFETY LANCETS .....	60	SCOT-TUSSIN DM LIQD 2 MG/5ML-15 MG/5ML.....	37
risperidone tabs.....	26	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW ....	59	SEASONAL INFLUENZA VACCINES .....	98
risperidone tbdp.....	26	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 59		SEGLUROMET .....	15
RITEFLO DEVI.....	70	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 59		SELECT-OB+DHA MISC 1 MG-1.6	
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sodium polystyrene sulfonate powd 74	spinosad .....43	sumatriptan .....71
sodium polystyrene sulfonate susp or 15 gm/60ml.....74	SPIRO PD DEVI.....70	sumatriptan succinate soaj 6 mg/0.5ml.....71
SODIUM	spironolactone & hydrochlorothiazide 25 mg-25 mg.....44	sumatriptan succinate soct 6 mg/0.5ml.....71
SULFACETAMIDE/SULFUR SUSP 5 %-10 %.....38	spironolactone tabs.....44	sumatriptan succinate soln 6 mg/0.5ml.....71
SOFOSBUVIR/VELPATASVIR TABS 100 MG-400 MG.....30	ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE CHEW.....4	sumatriptan succinate sosy 6 mg/0.5ml.....71
SOLIQUA 100/33 33 MCG/ML-100 UNIT/ML.....15	ST JOSEPH ADULT CHEW.....4	sumatriptan succinate tabs.....71
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G .....60	stavudine caps.....29	SUPER ANTIOXIDANT CAPS 5 MG- 10 MG-2 MG-3 MG-6.67 MG-10 MG- 10 MG-25 MCG-30 UNIT-166.67 MG-333.33 MG-333.33 UNIT-1000 MCG-1000 MCG-1000 MCG-1000 MCG.....80
SOLUS V2 TWIST LANCETS 30G 60	STRIKATRO .....17	SUPER THIN LANCETS .....60
SOOTHENE NBL 100 CHILD MASK MISC.....70	STERILANCE TL .....60	SURE COMFORT ALCOHOL PREP PADS .....64
SOOTHENE NBL 100 MEDICATION CUP MISC.....70	STRIBILD 150 MG-150 MG-200 MG- 300 MG.....29	SURE COMFORT LANCETS 18G 60
SOOTHENE NBL 100 MESH CAP MISC.....70	SUBLOCADE SOSY.....6	SURE COMFORT LANCETS 21G 60
SOOTHENE NBL100 ADULT MASK MISC.....70	sucrafate susp.....96	SURE COMFORT LANCETS 23G 60
SORBITON HYDRATE CREA.....43	sucrafate tabs.....96	SURE COMFORT LANCETS 28G 60
SORBITOL XX 70 %.....92	SUDAFED CHILDRENS LIQD.....87	SURE COMFORT LANCETS 30G 60
sotalol hcl (afib/af) .....32	sulfacetamide sodium (acne) .....38	SURE-LANCE FLAT LANCETS ...60
sotalol hcl tabs.....32	sulfacetamide sodium (ophth) oint.89	SURE-LANCE LANCETS 26G ....60
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....70	sulfacetamide sodium (ophth) soln.89	SURE-LANCE THIN LANCETS 28G . 60
specialty vitamins products tabs 1 mg-1 mg-1 mg-1.67 mg-1.67 mg-1.67 mg-1.67 mg-2.5 mg-2.67 mcg-4.167 mcg-4.167 mg-5 mg-5 unit-8.333 mg- 8.333 mg-8.333 mg-8.333 mg-10 mg- 10 mg-25 mg-33.333 mg-33.333 unit- 37.5 mcg-40 mg-50 mg-66.67 mcg- 237 mg-1666.67 unit.....86	sulfacetamide sodium liqd.....40	SURE-LANCE ULTRA THIN LANCETS .....60
	sulfacetamide sodium w/ sulfur lotn 5 %-10 %.....38	SURELITE LANCETS .....60
	sulfacetamide sod-prednisolone soln 0.23 %-10 %.....90	SURE-PREP ALCOHOL PREP PADS .....64
	sulfamethoxazole-trimethoprim susp 40 mg/5ml-200 mg/5ml.....23	SURE-TOUCH LANCETS
	sulfamethoxazole-trimethoprim tabs 23	UNIVERSAL .....60
	sulfasalazine tabs.....47	
	sulfasalazine tbec.....47	
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SYMDEKO .....	95	tenofovir disoproxil fumarate tabs ..	30	MCG-8 MCG-8 MG-12.5 MG-12.5	
SYMLINPEN 120 SOPN.....	15	terazosin hcl .....	21	MG-12.5 MG-16.5 MCG-16.5 MG-17	
SYMLINPEN 60 SOPN.....	15	terbinafine hcl (topical) crea.....	39	MG-17 MG-17 MG-17 MG-33 MCG-	
SYNAGIS SOLN.....	91	terbinafine hcl tabs.....	18	33 MCG-33 MCG-33 UNIT-34 MG-50	
SYNOJOYNT SOSY.....	87	terbutaline sulfate tabs.....	9	MCG-67 MCG-67 MG-67 MG-67	
SYNVISC ONE SOSY.....	87	terconazole vaginal tabs.....	98	UNIT-167 MG-3500 UNIT.....	80
SYNVISC SOSY.....	87	terconazole vaginal supp.....	98	THERANATAL LACTATION ONE	
TAB-A-VITE MULTIVITAMIN/IRON		testosterone cypionate soln im 100		CAPS 1.7 MG-2 MG-2.5 MG-8 MCG-	
AND BETA-CAROTENE TABS 1.5		mg/ml.....	6	9 MG-30 MG-30 UNIT-60 MG-220	
MG-1.7 MG-2 MG-6 MCG-10 MCG-		testosterone cypionate soln im 200		MCG-300 MCG-300 MG-400 MCG-	
10 MG-13.5 MG-18 MG-20 MG-60		mg/ml.....	6	6400 UNIT.....	80
MG-400 MCG-1500 MCG.....	76	testosterone enanthate soln im.....	6	THEREMS MULTIVITAMIN TABS 3	
tacrolimus (topical) oint .03 %.....	42	tetrabenazine .....	93	MG-3 MG-3.4 MG-9 MCG-10 MCG-	
tacrolimus (topical) oint .1 %.....	42	tetracaine hcl (ophth) .....	89	10 MG-13.6 MG-20 MG-30 MCG-35	
tacrolimus caps.....	74	tetracycline hcl caps 500 mg.....	95	MG-45 MG-90 MG-400 MCG-1500	
TALTZ SOAJ.....	40	tetrahydrozoline hcl (ophth) .05 % ..	89	MCG.....	82
TALTZ SOSY.....	40	TGT LANCET MICRO THIN 33G ..	60	thiamine hcl tabs.....	99
tamoxifen citrate tabs.....	25	TGT LANCET THIN 26G .....	61	thiamine mononitrate tabs.....	99
tamsulosin hcl .....	47	TGT LANCET ULTRA THIN 30G ..	61	THINLETS GP LANCETS .....	61
tazarotene crea.....	40	THEO-24 CP24.....	10	thioridazine hcl .....	27
tazarotene gel.....	40	theophylline elix.....	10	thiothixene .....	28
TAZORAC CREA.....	40	theophylline soln.....	10	THRESHOLD IMT MISC.....	70
TECHLITE AST LANCETS .....	60	theophylline tb12 300 mg, 450 mg ..	10	THRESHOLD PEP DEVI.....	70
TECHLITE LANCETS .....	60	theophylline tb24.....	10	thyroid tabs 15 mg, 30 mg, 60 mg, 90	
TECHLITE LANCETS 30G .....	60	THERA TABS 3 MG-3 MG-3.4 MG-9		mg, 120 mg, 180 mg, 240 mg, 300	
TEGSEDI .....	95	MCG-10 MG-20 MG-30 MCG-30		mg.....	95
telmisartan .....	21	UNIT-45 MG-90 MG-400 MCG-400		tiagabine hcl .....	12
telmisartan-amlodipine .....	22	UNIT-5000 UNIT.....	82	timolol maleate (ophth) soln.....	88
telmisartan-hydrochlorothiazide ...	22	THERABETIC EYE HEALTH TABS 2		timolol maleate tabs.....	32
temazepam 15 mg, 30 mg.....	49	MG-10 MG-50 MG-100 MG-100 MG-		tioconazole vaginal 6.5 %.....	98
TEMIXYS 300 MG-300 MG.....	30	2000 MCG.....	86	TIVICAY TABS 50 MG.....	30
		THERAMILL FORTE CAPS 4 MG-		tizanidine hcl tabs.....	87
		0.25 MG-2 MG-4 MG-2.5 MG-3		TOBRADEX OINT 0.1 %-0.3 %.....	90
				tobramycin (ophth) soln.....	89
				tobramycin sulfate soln ij.....	2



tobramycin sulfate solr.....	2	28G .....	61	trihexyphenidyl hcl soln.....	25
tobramycin-dexamethasone susp 0.1 %-0.3 %.....	90	TRAZIMERA 420 MG.....	24	trihexyphenidyl hcl tabs.....	25
TOBEX OINT.....	89	trazodone hcl tabs 300 mg.....	14	TRIKAFTA .....	95
TODAYS HEALTH SUPER THINLANCETS 30G .....	61	trazodone hcl tabs 50 mg, 100 mg, 150 mg.....	14	TRILURON SOSY.....	87
TODAYS HEALTH ULTRA THINLANCETS 28G .....	61	TRECTOR .....	24	trimethoprim tabs.....	23
tolnaftate crea.....	39	tretinoin crea .025 %, .05 %, .1 %..	38	TRIMETHOPRIM TABS.....	23
tolterodine tartrate cp24.....	97	tretinoin gel .01 %.....	38	TRINTELLIX .....	14
tolterodine tartrate tabs.....	97	tretinoin gel .025 %.....	38	TRIUMEQ TABS 50 MG-300 MG-600 MG.....	30
TOPCARE LANCETS MICRO-THIN 33G .....	61	TREXALL TABS.....	24	TRIZIVIR 150 MG-300 MG-300 MG 30	
topiramate csp 15 mg.....	12	triamcinolone acetonide (mouth) ..	74	tropicamide soln.....	88
topiramate csp 25 mg.....	12	triamcinolone acetonide (nasal) aero. 87		tropium chloride tabs.....	97
topiramate tabs 100 mg.....	12	triamcinolone acetonide (topical) crea .025 %.....	41	TRUE COMFORT ALCOHOL PREP PADS .....	64
topiramate tabs 200 mg.....	12	triamcinolone acetonide (topical) crea .1 %.....	41	TRUE COMFORT PRO ALCOHOLPREP PADS .....	64
topiramate tabs 25 mg, 50 mg.....	12	triamcinolone acetonide (topical) crea .5 %.....	41	TRUE COMFORT SAFETY LANCETS/30G .....	61
toremifene citrate .....	25	triamcinolone acetonide (topical) lotn. 41		TRUE COMFORT TWIST TOP LANCETS 30G .....	61
toremide tabs 20 mg.....	44	triamcinolone acetonide (topical) oint .025 %, .5 %.....	41	TRUEPLUS GLUCOSE CHEW....	16
toremide tabs 5 mg, 10 mg, 100 mg. 44		triamcinolone acetonide (topical) oint .1 %.....	41	TRUEPLUS GLUCOSE ON THE GO CHEW.....	16
tramadol hcl tabs 50 mg.....	5	triamterene & hydrochlorothiazide caps 25 mg-37.5 mg.....	44	TRUEPLUS LANCETS 26G .....	61
tramadol-acetaminophen 37.5 mg- 325 mg.....	6	triamterene & hydrochlorothiazide tabs 50 mg-75 mg.....	44	TRUEPLUS LANCETS 28G .....	61
trandolapril 1 mg, 2 mg.....	21	triamterene & hydrochlorothiazide tabs.....	44	TRUEPLUS LANCETS 28G SUPER THIN .....	61
trandolapril 4 mg.....	21	triazolam .....	49	TRUEPLUS LANCETS 30G .....	61
trandolapril-verapamil hcl .....	22	trifluoperazine hcl tabs.....	27	TRUEPLUS LANCETS 30G ULTRA THIN .....	61
tranexamic acid tabs.....	49	trifluridine .....	89	TRUEPLUS LANCETS 33G .....	61
tranylcypromine sulfate .....	13			TRUEPLUS LANCETS 33G MICRO	
TRAVEL LANCETS 30G .....	61				
TRAVEL LANCETS ADVANCED					



vancomycin hcl caps 125 mg.....	23	VIRACEPT TABS 625 MG.....	30	unit.....	99
vancomycin hcl caps 250 mg.....	23	VIREAD POWD.....	30	VITAMIN E CHEW.....	99
vancomycin hcl solr iv 1 gm, 1000 mg 23		VIREAD TABS.....	30	vitamins w/ lipotropics caps 50 mcg- 50 mcg-50 mg-50 mg-50 mg-50 mg- 50 mg-50 mg-50 mg-50 mg-100 mcg.	86
vancomycin hcl solr iv 500 mg.....	23	VIRTUSSIN DAC SOLN 70 %-10 MG/5ML-30 MG/5ML-100 MG/5ML	37	VITEYES CLASSIC ADVANCED CAPS 0.6 MG-1.75 MG-5 MG-12.5 MG-20 MG-25 MG-25 MG-100 MCG- 134.5 MG-250 MG.....	80
VANCOMYCIN HYDROCHLORIDE SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML.....	23	VISION HEALTH CAPS 40 MG-1 MG-2 MG-5 MG-90 MG-250 MG...	80	VITEYES CLASSIC CAPS 0.6 MG-1 MG-5 MG-12.5 MG-89 MG-250 MG	80
VANDAZOLE.....	98	VISTA ADVANCED ARES2 FORMULA CAPS 1 MG-1 MG-5 MG- 12.5 MG-25 MG-27.5 MCG-137.5 MG-250 MG.....	80	VITEYES CLASSIC/OMEGA-3 CAPS 8.333 MG-0.4 MG-0.667 MG-3.333 MG-89.333 MG-116.667 MG-166.667 MG-216.667 MG-360 MG.....	80
varenicline tartrate tabs .5 mg.....	95	VISTA ADVANCED DRY EYE FORMULA CAPS 12.5 MCG-1 MG-3 MG-5 MG-12.5 MG-25 MG-25 MG- 37.5 MG-133 MG-250 MG-333 MG- 667 MG.....	80	VITEYES CLASSIC+OMEGA-3 CAPS 0.4 MG-0.667 MG-3.333 MG- 8.333 MG-89.333 MG-116.667 MG- 166.667 MG-216.667 MG-360 MG.	80
varenicline tartrate tabs 1 mg.....	95	VISTOGARD.....	18	VIVAGUARD LANCETS.....	62
varenicline tartrate tbpk.....	95	VITABEX CAPS 2 MG-3 MG-3 MG-6 MG-12 MCG-15 UNIT-25 MCG-25 MCG-25 MG-25 MG-50 MG-50 MG- 250 MG-500 UNIT-800 MCG-2500 UNIT.....	80	VIVAGUARD SAFETY LANCETS/28G.....	62
VAXNEUVANCE.....	97	VITABEX PLUS CAPS 3 MG-3 MG-5 MG-6 MCG-10 MCG-10 MG-10 UNIT-25 MG-120 MG-10 MG-25 MCG-25 MG-500 MCG-1000 UNIT	80	VIVITROL.....	18
VCF VAGINAL CONTRACEPTIVE FILM FILM.....	98	VITAFOL-ONE CAPS 1 MG-1.6 MG- 1.8 MG-2 MG-2.5 MG-12 MCG-15 MG-20 MG-20 UNIT-25 MG-29 MG- 30 MG-150 MCG-200 MG-1000 UNIT-1100 UNIT.....	85	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI.....	70
VEMLIDY.....	30	VITALET'S CHILDRENS CHEW 0.1 MG-0.75 MG-0.8 MG-0.85 MG-1 MG- 3 MCG-5 MG-10 MG-10 MG-15 UNIT-20 MG-40 MG-60 MG-80 MG- 150 MCG-200 MCG-200 UNIT-2500 UNIT.....	83	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI.....	70
venlafaxine hcl cp24 150 mg.....	15	vitamin e caps 45 mg, 90 mg, 100 unit, 180 mg, 200 unit, 268 mg, 400		VYNDAMAX.....	33
venlafaxine hcl cp24 37.5 mg.....	15			VYONDYS 53.....	88
venlafaxine hcl cp24 75 mg.....	15				
venlafaxine hcl tabs.....	15				
venlafaxine hcl tb24 150 mg.....	15				
venlafaxine hcl tb24 37.5 mg, 75 mg, 225 mg.....	15				
verapamil hcl cp24 120 mg, 180 mg, 240 mg, 360 mg.....	32				
verapamil hcl tabs.....	32				
verapamil hcl tbcr.....	32				
VIDA MIA UNILET LANCETS SUPER THIN 30G.....	62				
VIDA MIA UNILET LANCETS ULTRA THIN 28G.....	62				
vilazodone hcl tabs.....	14				
VIRACEPT TABS 250 MG.....	30				

VYVANSE CAPS.....1	zaleplon 5 mg.....49
WAKIX .....1	ZARXIO .....48
WALGREENS ADVANCED TRAVELLANCETS 28G .....62	ZEVRX STERILE ALCOHOL PREP PADS .....64
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G .....62	ZEVRX TWIST TOP LANCETS 30G . 62
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G .....62	zidovudine caps.....30
WALGREENS LANCETS .....62	zidovudine syrp.....30
WALGREENS THIN LANCETS ... 62	zidovudine tabs.....30
WALGREENS ULTRA THIN LANCETS .....62	zinc oxide (topical) oint 20 %.....43
warfarin sodium tabs.....10	zinc sulfate caps.....73
WEBCOL ALCOHOL PREP LARGE 1 PLY .....64	ziprasidone hcl .....26
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