

Preferred Drug List

Introduction

Meridian Medicaid Plan (Meridian) is pleased to provide a preferred drug list (PDL) as a reference and tool for providers and pharmacists. The purpose of the Meridian PDL is to help providers choose clinically fit and cost-effective products for their patients. This document has facts about the drugs we cover in this plan.

The Meridian Utilization Management Committee (UMC)

The Meridian UMC comprises providers, pharmacists, and health professionals. The PDL contains clinical information that was sourced primarily from medical literature and is reviewed and approved by the UMC.

Notice

The information contained in this PDL is provided by Meridian for the convenience of medical providers. This PDL is not meant to be a substitute for the knowledge, expertise skill, and judgment of the medical provider in their choice of prescription drugs. Meridian assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should see the drug manufacturer's product literature or standard references for more detailed information.

Preface

The Meridian formulary is organized into sections. Each section includes therapeutic groups named by either drug class or disease state. Brand and common names are included as a reference to help with product recognition. Brand name drugs are capitalized (e.g., CONCERTA) and generic drugs are listed in lowercase italics (e.g., *methylphenidate HCL*). Meridian will not cover prescription drugs prescribed for experimental, investigational, or non-FDA-approved indications, dosages, or routes of administration. Other exclusions include fertility-enhancing drugs, anorexia, weight loss, or weight gain drugs, Durable Medical Equipment (DME) products and medical supplies (unless listed on the PDL), drugs and other agents used for cosmetic purposes or for hair growth, erectile dysfunction drugs prescribed to treat impotence, Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective, OTC products (unless listed on the PDL), and drugs not included in the Medicaid Drug Rebate Program drug product data file (unless listed in the PDL).

PDL Components

The Meridian PDL contains medications covered without authorization, medications that must meet step therapy protocol, medications that need prior authorization, specialty medications, and medications quantity limits. Members will not be charged a co-pay for covered medications.

Generic Substitution

Meridian is a mandatory generic plan. The Illinois Department of Healthcare and Family Services (HFS) has mandated that some brand medications are covered in place of the generic medication. Generic medication will be dispensed when available.

Covered Medications without Authorization

Meridian covers many medications without requiring authorization. These medications include many prescription and over-the-counter medications (with a valid prescription).

Prior Authorization (PA)

Drugs indicated with "PA" need prior authorization for coverage. Please call the Pharmacy Help Desk at **855-580-1688** or fax a completed prior authorization form to **855-580-1695**. All prior authorization requests will be reviewed within 24 hours.

Please note: A prior authorization is **NOT** required on any anticonvulsant medications for members with a diagnosis of epilepsy or seizure disorder. Diagnosis code must be given at point of sale or within records.

Specialty Medications (SP)

All specialty medications noted as "SP" are to be filled at contracted, in-network specialty pharmacies.

Quantity Limits (QL)

Drugs with a "QL" have a set quantity limit imposed. These limits are based on FDA-recommended dosing guidelines. The quantity limit is listed next to the drug name.

Day Supply Limit (DS)

Drugs indicated with a "DS" have a set day supply limit imposed. The day supply limit is listed next to the drug name. These medications are limited to a certain day supply in a set amount of time.

Age Limit (AL)

Drugs indicated with an "AL" have a set age limit imposed. The age limit is listed next to the drug name. These medications are limited to a specific age range.

Non-Preferred

Drugs indicated with an "NP" are Non-Preferred products. These medicines will require a prior authorization (PA).

Benefit Exception

To request non-formulary medication(s), fax a completed prior authorization form asking for an exception to the formulary. This request needs to have relevant clinical documentation showing trial and failure of all formulary agents and relevant clinical information. It should also have information showing the medication is the standard of care for the indication provided (peer-reviewed journal articles may be required). Please call the Pharmacy Help Desk at **855-580-1688** or fax a completed prior authorization exception form to **855-580-1695**.

Legend

P	Preferred Drug	Drug is preferred
NP	Non-Preferred	Drug is not preferred and requires a PA
AL	Age Limit	Drug is limited to specific ages
PA	Prior Authorization	Prior Authorization required before prescription can be filled
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame
SP	Specialty Drug	Products that must be dispensed by a specialty pharmacy
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage
RX/OTC	Both RX and OTC NDCs	Over the Counter (OTC) products eligible for coverage with a valid prescription written by a licensed physician/clinician
MP	Maintenance Product	Products used to treat long-term conditions or illnesses, available for a 90-Day (3-month) supply
NF	Non-formulary	Drug is not included on the formulary

The publication date of this preferred drug list appears at the bottom of all subsequent pages, and this list is accurate of that date. Please notify the Pharmacy Help Desk of any mistakes in the PDL. A copy of this PDL can be mailed upon request.

Contact Information
Pharmacy help desk: 855-580-1688
Prio authorization fax number: 855-580-1695
Email: pharmacy_IL@centene.com

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 *(Use amphetamine-dextroamphetamine)*	NP	QL(1 EA daily)
ADDERALL TABS *(Use amphetamine-dextroamphetamine)*	NP	QL(3 EA daily)
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG *(Use amphetamine)*	NF	
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG *(Use amphetamine)*	NP	QL(3 EA daily)
amphetamine sulfate TABS	NP	QL(3 EA daily)
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	P	QL(1 EA daily)
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	NP	
amphetamine-dextroamphetamine TABS	P	QL(3 EA daily)
amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	NP	QL(3 EA daily)
ARYNTA SOLN PO 10 MG/ML	NP	
DEXEDRINE CP24 10 MG, 15 MG *(Use dextroamphetamine sulfate)*	NP	QL(3 EA daily)
dextroamphetamine sulfate CP24	NP	QL(3 EA daily)
dextroamphetamine sulfate SOLN	NP	QL(15 ML daily); MP
dextroamphetamine sulfate TABS	NP	QL(3 EA daily)
DYANAVEL XR SUER	P	QL(15 ML daily); PA
DYANAVEL XR TBCR	NP	
EVEKEO TABS *(Use amphetamine sulfate)*	NP	QL(3 EA daily)
lisdexamfetamine dimesylate CAPS	NP	QL(1 EA daily)
lisdexamfetamine dimesylate CHEW	NP	QL(1 EA daily)
methamphetamine hcl	NP	QL(3 EA daily)
MYDAYIS CP24 *(Use amphetamine-dextroamphetamine)*	NP	
VYVANSE CAPS *(Use lisdexamfetamine dimesylate)*	P	QL(1 EA daily)
VYVANSE CHEW *(Use lisdexamfetamine dimesylate)*	P	QL(1 EA daily)
XELSTRYM	NP	
Analeptics		
CAFCIT SOLN IV 60 MG/3ML *(Use caffeine citrate)*	NF	
CAFFEINE ANHYDROUS POWD	P	RX/OTC
caffeine citrate SOLN PO 60 MG/3ML	P	
CAFFEINE CITRATE SOLN IV *(Use caffeine citrate)*	NF	
CAFFEINE POWD	P	RX/OTC
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl PO 4 MG/ML	P	
atomoxetine hcl	P	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
ATONCY PO 4 MG/ML *(Use atomoxetine hcl)*	NP	
clonidine hcl (adhd) TB12	P	QL(4 EA daily); MP
guanfacine hcl (adhd)	P	QL(1 EA daily)
INTUNIV *(Use guanfacine hcl (adhd))*	NP	QL(1 EA daily)
ONYDA XR SUER	P	PA
QELBREE	P	
STRATTERA *(Use atomoxetine hcl)*	P	QL(1 EA daily); MP
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 75 MG	NP	QL(2 EA daily)
SUNOSI 150 MG	NP	
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	NP	SP
Stimulants - Misc.		
APTENSIO XR CP24 *(Use methylphenidate hcl)*	NF	QL(3 EA daily)
armodafinil	NP	
AZSTARYS	NP	
CONCERTA TBCR *(Use methylphenidate hcl)*	P	QL(1 EA daily)
COTEMPLA XR-ODT TBED 25.9 MG	NP	QL(2 EA daily)
COTEMPLA XR-ODT TBED 8.6 MG, 17.3 MG	NP	QL(3 EA daily)
DAYTRANA PTCH *(Use methylphenidate)*	NF	QL(1 EA daily)
dexmethylphenidate hcl CP24	P	QL(1 EA daily)
dexmethylphenidate hcl TABS	P	QL(3 EA daily)
FOCALIN XR CP24 *(Use dexmethylphenidate hcl)*	P	QL(1 EA daily)
FOCALIN XR CP24 *(Use dexmethylphenidate hcl)*	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
FOCALIN TABS *(Use dexmethylphenidate hcl)*	NP	QL(3 EA daily)
FOCALIN TABS 2.5 MG, 5 MG *(Use dexmethylphenidate hcl)*	NF	QL(3 EA daily)
JORNAY PM CP24 20 MG, 40 MG	P	QL(2 EA daily); PA
JORNAY PM CP24 60 MG, 80 MG, 100 MG	P	PA
METADATE CD CPCR 50 MG, 60 MG *(Use methylphenidate hcl)*	NF	
METADATE CD CPCR 10 MG, 20 MG, 30 MG *(Use methylphenidate hcl)*	NF	QL(2 EA daily)
METADATE CD CPCR 40 MG *(Use methylphenidate hcl)*	NF	QL(1 EA daily)
METHYLIN SOLN *(Use methylphenidate hcl)*	NP	QL(15 ML daily); MP
METHYLPHENIDATE ER TBED 25.9 MG	NP	QL(2 EA daily)
METHYLPHENIDATE ER TBED 8.6 MG, 17.3 MG	NP	QL(3 EA daily)
methylphenidate hcl CHEW	NP	QL(3 EA daily)
methylphenidate hcl CP24 40 MG, 60 MG	NP	
methylphenidate hcl CP24	NP	QL(3 EA daily)
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG	NP	QL(2 EA daily)
methylphenidate hcl CPCR 50 MG, 60 MG	NP	
methylphenidate hcl CPCR 40 MG	NP	QL(1 EA daily)
methylphenidate hcl CPCR 10 MG, 20 MG, 30 MG	NP	QL(2 EA daily)
methylphenidate hcl SOLN	NP	QL(15 ML daily); MP
methylphenidate hcl TABS 20 MG	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl TABS 5 MG, 10 MG	P	QL(3 EA daily)
methylphenidate hcl TB24	NP	QL(1 EA daily)
methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	NP	
methylphenidate hcl TBCR 10 MG, 20 MG	P	QL(1 EA daily)
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	NP	QL(1 EA daily)
methylphenidate PTCH	NP	QL(1 EA daily)
modafinil	P	QL(2 EA daily)
NUVIGIL 250 MG *(Use armodafinil)*	NF	
NUVIGIL *(Use armodafinil)*	NP	
PROVIGIL *(Use modafinil)*	NP	QL(2 EA daily)
QUILLICHEW ER CHER	P	QL(2 EA daily); PA
QUILLIVANT XR SRER	P	QL(15 ML daily); PA
RELEXXII TBCR 45 MG, 63 MG, 72 MG *(Use methylphenidate hcl)*	NP	
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	NP	QL(1 EA daily)
RELEXXII TBCR 45 MG, 63 MG, 72 MG	NP	
RITALIN LA CP24 10 MG, 20 MG, 30 MG *(Use methylphenidate hcl)*	NP	QL(2 EA daily)
RITALIN LA CP24 40 MG *(Use methylphenidate hcl)*	NP	
RITALIN TABS 20 MG *(Use methylphenidate hcl)*	NP	QL(2 EA daily)
RITALIN TABS 20 MG *(Use methylphenidate hcl)*	NF	QL(2 EA daily)
RITALIN TABS 5 MG, 10 MG *(Use methylphenidate hcl)*	NF	QL(3 EA daily)
RITALIN TABS 5 MG, 10 MG *(Use methylphenidate hcl)*	NP	QL(3 EA daily)
AMEBICIDES		
Amebicides		
SOLOSEC	NP	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	P	
ARIKAYCE	NP	SP
BETHKIS NEBU *(Use tobramycin)*	NF	SP
BETHKIS NEBU *(Use tobramycin)*	NP	SP
gentamicin sulfate IJ	P	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(Use tobramycin)*	P	QL(10 ML daily); SP
neomycin sulfate TABS	P	
TOBI PODHALER CAPS	NP	SP
TOBI NEBU *(Use tobramycin)*	NP	QL(10 ML daily); SP
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	P	
tobramycin sulfate SOLR	P	
tobramycin NEBU	NP	SP
tobramycin NEBU	NP	QL(10 ML daily); SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP
RINVOQ LQ SOLN	P	SP; PA
RINVOQ TB24	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
tofacitinib citrate SOLN 1 MG/ML	NP	SP; MP
tofacitinib citrate TABS 5 MG, 10 MG	NP	SP
tofacitinib citrate TB24 11 MG, 22 MG	NP	SP
XELJANZ XR TB24 11 MG, 22 MG *(Use tofacitinib citrate)*	P	SP; PA
XELJANZ SOLN 1 MG/ML *(Use tofacitinib citrate)*	P	SP; MP; PA
XELJANZ TABS 5 MG, 10 MG *(Use tofacitinib citrate)*	P	SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML	NP	SP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	NP	SP
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP
ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP
ADALIMUMAB-ADAZ SOAJ	NP	SP
ADALIMUMAB-ADAZ SOSY	NP	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	P	SP; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML	P	SP; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	NP	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML	P	Adalimumab-adbm NDC 82009014622 is Non-Preferred; SP; PA
ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP
AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP
AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP
AMJEVITA SOAJ	NP	SP
AMJEVITA SOSY	NP	SP
CYLTEZO (2 PEN) AJKT	NP	SP
CYLTEZO (2 SYRINGE) PSKT	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
HADLIMA PUSHTOUCH SOAJ	NP	SP
HADLIMA SOSY	NP	SP
HULIO (2 PEN) AJKT	NP	SP
HULIO (2 SYRINGE) PSKT	NP	SP
HUMIRA (2 PEN) AJKT	NP	SP
HUMIRA (2 SYRINGE) PSKT	NP	SP
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	NP	SP
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	NP	SP
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP
HYRIMOZ-PED>/=40KG CROHN START SOSY	NP	SP
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	NP	SP
HYRIMOZ SOAJ 40 MG/0.4ML	NP	SP
HYRIMOZ SOSY	NP	SP
IDACIO-CROHNS/UC STARTER AJKT	NP	SP
SIMLANDI (1 PEN) AJKT	P	SP; PA
SIMLANDI (1 SYRINGE) PSKT	P	SP; PA
SIMLANDI (2 PEN) AJKT	P	SP; PA
SIMLANDI (2 SYRINGE) PSKT	P	SP; PA
SIMPONI ARIA SOLN	NP	SP; MP
SIMPONI SOAJ	NP	SP; MP
SIMPONI SOSY	NP	SP; MP
YUFLYMA (1 PEN) AJKT	NP	SP
YUFLYMA (2 PEN) AJKT	NP	SP
YUFLYMA (2 SYRINGE) PSKT	NP	SP
YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
YUSIMRY	NP	SP
Gold Compounds		
AURANOFIN 3 MG	NP	
RIDAURA	NP	
Interleukin-1 Blockers		
ARCALYST	NP	SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	NP	SP; MP
Interleukin-1beta Blockers		
ILARIS SOLN	NP	SP; MP
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	NP	SP; MP
ACTEMRA SOLN	NP	SP; MP
ACTEMRA SOSY	NP	SP; MP
AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP
AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP
KEVZARA SOAJ	NP	SP; MP
KEVZARA SOSY	NP	SP; MP
TOFIDENCE	NP	SP
TYENNE SOAJ	NP	SP
TYENNE SOLN	NP	SP
TYENNE SOSY	NP	SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ALEVE TABS *(Use naproxen sodium)*	NF	
ARTHROTEC TBEC *(Use diclofenac w/ misoprostol)*	NP	
CELEBREX *(Use celecoxib)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
CELEBREX 100 MG, 200 MG *(Use celecoxib)*	NF	MP
celecoxib	P	MP
COXANTO CAPS *(Use oxaprozin)*	NP	
DAYPRO TABS *(Use oxaprozin)*	NF	
diclofenac potassium CAPS	NP	
diclofenac potassium TABS 25 MG	NP	
diclofenac potassium TABS 50 MG	P	QL(4 EA daily)
diclofenac sodium TB24	P	QL(2 EA daily)
diclofenac sodium TBEC 25 MG, 50 MG	P	QL(4 EA daily)
diclofenac sodium TBEC 75 MG	P	QL(2 EA daily)
diclofenac w/ misoprostol TBEC	NP	
DUEXIS *(Use ibuprofen-famotidine)*	NF	MP
etodolac CAPS	P	QL(4 EA daily); MP
etodolac TABS 500 MG	P	QL(2 EA daily); MP
etodolac TABS 400 MG	P	QL(3 EA daily); MP
etodolac TB24	P	QL(1 EA daily)
fenoprofen calcium CAPS 400 MG	NP	
fenoprofen calcium CAPS	NP	
flurbiprofen TABS 100 MG	P	QL(3 EA daily)
ibuprofen-famotidine	NP	MP
ibuprofen SUSP 100 MG/5ML	P	QL(160 ML daily); MP; RX/OTC
ibuprofen SUSP 50 MG/1.25ML	P	QL(80 ML daily)
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	NP	QL(160 ML daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ibuprofen TABS 800 MG	P	QL(4 EA daily); MP
ibuprofen TABS 600 MG	P	QL(5 EA daily); MP
ibuprofen TABS 300 MG	P	
ibuprofen TABS 400 MG	P	QL(8 EA daily); MP
indomethacin CAPS 25 MG	P	QL(6 EA daily)
indomethacin CAPS 50 MG	P	QL(4 EA daily)
indomethacin CPCR	P	QL(2 EA daily)
indomethacin SUPP	P	QL(4 EA daily)
indomethacin SUSP	P	
ketoprofen CAPS 50 MG	P	
ketoprofen CAPS 75 MG	P	
ketoprofen CP24	NP	
ketorolac tromethamine TABS	P	QL(20 EA per 30 day(s) retail; 20 EA per 30 days mail)
LURBIPR TABS 100 MG *(Use flurbiprofen)*	NF	QL(3 EA daily)
LURBIRO TABS 100 MG *(Use flurbiprofen)*	NP	QL(3 EA daily)
meclofenamate sodium CAPS	NP	
mefenamic acid CAPS	NP	
meloxicam CAPS	NP	MP
meloxicam TABS	P	MP
nabumetone 750 MG	P	QL(3 EA daily)
nabumetone 500 MG	P	QL(4 EA daily)
NALFON CAPS *(Use fenoprofen calcium)*	NF	
NAPRELAN TB24 500 MG, 750 MG *(Use naproxen sodium)*	NF	
NAPRELAN TB24 375 MG, 500 MG *(Use naproxen sodium)*	NP	
naproxen sodium TABS 275 MG, 550 MG	P	MP

Drug Name	Drug Tier	Requirements/ Limits
naproxen sodium TB24	NP	
naproxen-esomeprazole magnesium	NP	MP
naproxen SUSP	P	MP
naproxen TABS	P	MP
naproxen TBEC	P	MP
ORUDIS CAPS 75 MG	NP	
oxaprozin CAPS	NP	
oxaprozin TABS	NP	
piroxicam CAPS	NP	
RELAFEN DS	NP	
sulindac TABS	P	QL(2 EA daily)
TOLECTIN DS CAPS 400 MG *(Use tolmetin sodium)*	NP	
tolmetin sodium CAPS	NP	
tolmetin sodium TABS 600 MG	NP	
tolmetin sodium TABS 200 MG	NP	
VIMOVO *(Use naproxen-esomeprazole magnesium)*	NF	MP
VYSCOXA PO 10 MG/ML	NP	
ZYBIC SUSP 7.5 MG/5ML *(Use meloxicam)*	NP	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	NP	SP
OTEZLA/OTEZLA XR INITIATION PK TBPK	NP	SP
OTEZLA TABS	NP	SP
OTEZLA TBPK	NP	SP
Pyrimidine Synthesis Inhibitors		
ARAVA *(Use leflunomide)*	NP	QL(1 EA daily)
leflunomide	P	QL(1 EA daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	NP	SP; MP
ORENCIA SOLR	NP	SP
ORENCIA SOSY	NP	SP; MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	P	SP; MP; PA
ENBREL SURECLICK SOAJ	P	SP; MP; PA
ENBREL SOLN	P	SP; MP; PA
ENBREL SOSY	P	SP; MP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
aspirin-acetaminophen-caffeine TABS	P	
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	P	QL(6 EA daily)
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	P	
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	P	QL(6 EA daily)
butalbital-acetaminophen CAPS 50 MG-300 MG	NP	
butalbital-acetaminophen TABS 50 MG-300 MG	P	
butalbital-acetaminophen TABS 50 MG-325 MG	P	QL(13 EA daily)
BUTALBITAL-APAP-CAFFEINE SOLN	NP	
butalbital-aspirin-caffeine CAPS	P	QL(6 EA daily)
ESGIC TABS *(Use butalbital-acetaminophen-caffeine)*	NF	QL(6 EA daily)
FIORICET CAPS *(Use butalbital-acetaminophen-caffeine)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX	NP	
Analgesics Other		
acetaminophen CHEW 80 MG	P	QL(50 EA daily)
acetaminophen LIQD 160 MG/5ML	P	QL(125 ML daily)
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	P	QL(125 ML daily)
acetaminophen SUPP 120 MG	P	QL(33 EA daily)
acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	P	QL(125 ML daily)
acetaminophen TABS 325 MG	P	QL(13 EA daily)
acetaminophen TABS 500 MG	P	QL(8 EA daily)
FEVERALL JUNIOR STRENGTH SUPP	P	QL(13 EA daily)
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide)	P	
aspirin CHEW	P	
ASPIRIN SUPP 300 MG	P	
aspirin TABS 325 MG	P	
aspirin TBEC 81 MG, 325 MG	P	
diflunisal TABS	P	QL(3 EA daily)
DOLOBID TABS	NP	
salsalate	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
codeine sulfate TABS 30 MG	P	QL(6 EA daily); AL(At least 18 yrs old)
CODEINE SULFATE TABS	P	QL(6 EA daily); AL(At least 18 yrs old)
CONZIP CP24 *(Use tramadol hcl)*	NP	QL(1 EA daily); AL(At least 18 yrs old)
DEMEROL SOLN IJ *(Use meperidine hcl)*	NF	
DILAUDID LIQD *(Use hydromorphone hcl)*	NP	
DILAUDID TABS 2 MG, 4 MG *(Use hydromorphone hcl)*	NP	QL(4 EA daily)
DILAUDID TABS 8 MG *(Use hydromorphone hcl)*	NP	
DISKETS TBSO 40 MG *(Use methadone hcl)*	NP	QL(4 EA daily)
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	NP	
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	NP	QL(0.34 EA daily)
hydrocodone bitartrate CP12	NP	
hydrocodone bitartrate T24A	NP	
hydromorphone hcl LIQD	P	
HYDROMORPHONE HCL SUPP	P	
hydromorphone hcl TABS 2 MG, 4 MG	P	QL(4 EA daily)
hydromorphone hcl TABS 8 MG	P	
hydromorphone hcl TB24	NP	
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	NP	
levorphanol tartrate TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
meperidine hcl SOLN PO 50 MG/5ML	NP	
meperidine hcl TABS 50 MG	NP	QL(6 EA daily)
methadone hcl CONC	NP	QL(8 ML daily)
methadone hcl SOLN PO	NP	QL(8 ML daily)
methadone hcl TABS	NP	QL(4 EA daily)
methadone hcl TBSO	NP	QL(4 EA daily)
METHADOSE SUGAR-FREE CONC *(Use methadone hcl)*	NP	QL(8 ML daily)
METHADOSE CONC *(Use methadone hcl)*	NP	QL(8 ML daily)
morphine sulfate beads	NP	
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	NP	
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 100 MG/5ML	P	QL(8 ML daily)
morphine sulfate SUPP	P	
morphine sulfate TABS	P	QL(4 EA daily)
morphine sulfate TBCR	P	QL(2 EA daily); PA
MS CONTIN TBCR 100 MG, 200 MG *(Use morphine sulfate)*	NF	QL(2 EA daily)
MS CONTIN TBCR 15 MG, 30 MG, 60 MG *(Use morphine sulfate)*	NP	QL(2 EA daily)
NUCYNTA TABS 50 MG, 75 MG, 100 MG *(Use tapentadol hcl)*	NF	
oxycodone hcl CAPS	P	QL(4 EA daily)
oxycodone hcl CONC 100 MG/5ML	P	
oxycodone hcl SOLN	P	
oxycodone hcl TABS 5 MG	P	QL(4 EA daily)
oxycodone hcl TABS 10 MG, 15 MG, 20 MG, 30 MG	P	
OXYCONTIN T12A	NP	
oxymorphone hcl TABS	NP	
oxymorphone hcl TB12	NP	
ROXICODONE TABS 15 MG, 30 MG *(Use oxycodone hcl)*	NP	
ROXYBOND TABA	NP	QL(4 EA daily)
TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG	NP	
TAPENTADOL HCL SOLN PO 20 MG/ML	NP	
tapentadol hcl TABS 50 MG, 75 MG, 100 MG	NP	
tramadol hcl CP24 100 MG, 200 MG, 300 MG	NP	QL(1 EA daily); AL(At least 18 yrs old)
tramadol hcl SOLN	NP	
TRAMADOL HCL SOLN *(Use tramadol hcl)*	NF	
tramadol hcl TABS 25 MG	NP	AL(At least 18 yrs old)
tramadol hcl TABS 100 MG	NP	QL(4 EA daily); AL(At least 18 yrs old)
tramadol hcl TABS 50 MG	P	QL(8 EA daily)
tramadol hcl TABS 75 MG	NP	
tramadol hcl TB24	NP	QL(1 EA daily); AL(At least 18 yrs old)
Opioid Combinations		
acetaminophen w/ codeine SOLN	P	QL(167 ML daily); AL(At least 18 yrs old)
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	P	QL(14 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
butalbital-acetaminophen-caffeine w/ codeine	NP	QL(6 EA daily); AL(At least 18 yrs old)
butalbital-aspirin-caffeine w/cod	P	QL(6 EA daily); AL(At least 18 yrs old)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(Use butalbital-acetaminophen-caffeine w/ codeine)*	NP	QL(6 EA daily); AL(At least 18 yrs old)
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	P	
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	P	QL(240 ML per 30 day(s) retail)
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	QL(12 EA daily)
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-2.5 MG	P	
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	P	
NALOCET TABS	NP	
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG	P	QL(13 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG, 325 MG-7.5 MG	P	QL(12 EA daily)
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG *(Use oxycodone w/ acetaminophen)*	NP	QL(13 EA daily)
PERCOCET TABS 325 MG-5 MG *(Use oxycodone w/ acetaminophen)*	NF	QL(13 EA daily)
PERCOCET TABS 325 MG-7.5 MG *(Use oxycodone w/ acetaminophen)*	NP	QL(12 EA daily)
PERCOCET TABS 325 MG-2.5 MG *(Use oxycodone w/ acetaminophen)*	NF	QL(12 EA daily)
PROLATE SOLN	NP	
PROLATE TABS	NP	
tramadol-acetaminophen	NP	QL(40 EA per fill retail); 1 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	
BRIXADI (WEEKLY) SOSY	P	SP
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	SP
buprenorphine hcl-naloxone hcl dihydrate FILM SL	P	
buprenorphine hcl-naloxone hcl dihydrate SUBL	P	
buprenorphine hcl SUBL	P	
buprenorphine PTWK	NP	
butorphanol tartrate NA 10 MG/ML	NP	
BUTRANS PTWK *(Use buprenorphine)*	NP	
pentazocine w/ naloxone hcl	NP	
SUBLOCADE SOSY	P	SP

Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM SL *(Use buprenorphine hcl-naloxone hcl dihydrate)*	P	
ZUBSOLV SUBL	P	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	P	PA
ANDROGEL PUMP GEL TD *(Use testosterone)*	NF	
AVEED SOLN	NP	SP; MP
AZMIRO SOSY	NP	
danazol CAPS	P	
JATENZO CAPS	NP	
methyltestosterone CAPS	NP	
methyltestosterone TABS	NP	
NATESTO GEL NA	NP	
TESTIM GEL TD *(Use testosterone)*	NP	
testosterone cypionate SOLN IM	NP	MP
testosterone enanthate SOLN IM	NP	
testosterone GEL TD	NP	
testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 50 MG/5GM, 1.62 %	P	PA
testosterone SOLN	NP	MP
testosterone SOLN	P	MP; PA
TLANDO CAPS	NP	
VOGELXO PUMP GEL TD *(Use testosterone)*	NF	
VOGELXO GEL TD *(Use testosterone)*	NF	
XYOSTED SOAJ	NP	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail)

Drug Name	Drug Tier	Requirements/ Limits
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	NP	
CORTENEMA *(Use hydrocortisone (intrarectal))*	NP	
CORTIFOAM EX 10 %	NP	
hydrocortisone (intrarectal)	P	
UCERIS *(Use budesonide (intrarectal))*	NF	
Rectal Combinations		
ANA-LEX KIT 2 %-2 % *(Use lidocaine-hydrocortisone acetate (rectal))*	NP	
ANALPRAM HC CREA EX *(Use hydrocortisone acetate w/ pramoxine)*	NP	
ANALPRAM HC LOTN EX	NP	
HEMORRHOIDAL 0.25 %-88.7 %	P	
LIDOCAINE-HYDROCORTISONE ACE GEL	NP	
LIDOCAINE-HYDROCORTISONE ACE KIT	NP	
lidocaine-hydrocortisone acetate (rectal) CREA EX	NP	
lidocaine-hydrocortisone acetate (rectal) KIT	NP	
LIDOCORT CREA EX 0.5 %-3 % *(Use lidocaine-hydrocortisone acetate (rectal))*	NP	
phenylephrine in hard fat	P	
PROCTOFOAM HC FOAM EX	NP	
Rectal Local Anesthetics		

Drug Name	Drug Tier	Requirements/ Limits
dibucaine (rectal) EX	P	
Rectal Steroids		
ANUCORT-HC 25 MG *(Use hydrocortisone acetate (rectal))*	NF	
ANUSOL-HC EX *(Use hydrocortisone (rectal))*	NF	
ANUSOL-HC 25 MG *(Use hydrocortisone acetate (rectal))*	NF	
HEMMOREX-HC 25 MG, 30 MG *(Use hydrocortisone acetate (rectal))*	NF	
hydrocortisone (rectal) EX	P	
hydrocortisone acetate (rectal) 30 MG	NP	
PROCTOCORT *(Use hydrocortisone acetate (rectal))*	NF	
Vasodilating Agents		
nitroglycerin (intra-anal)	NP	
RECTIV *(Use nitroglycerin (intra-anal))*	NP	
ANTACIDS		
Antacid Combinations		
ACID GONE SUSP 358 MG/15ML-95 MG/15ML	P	
alum & mag hydrox-simethicone LIQD	P	
alum & mag hydrox-simethicone SUSP	P	
ANTACID REGULAR STRENGTH SUSP *(Use alum & mag hydrox-simethicone)*	NF	
ANTACID/ANTIGAS SUSP *(Use alum & mag hydrox-simethicone)*	NF	
GAVISCON SUSP 358 MG/15ML-95 MG/15ML	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	P	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	P	
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	P	
CALCIUM CARBONATE ANTACID SUSP	P	
Antacids - Magnesium Salts		
magnesium oxide TABS 400 MG	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	NP	
BENZNIDAZOLE	NP	SP
BILTRICIDE *(Use praziquantel)*	NF	
EMVERM CHEW	NP	
ivermectin	NP	
praziquantel	P	
STROMECTOL *(Use ivermectin)*	NP	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12	NP	MP
Nitrates		
ISORDIL TITRADOSE TABS 5 MG *(Use isosorbide dinitrate)*	NF	MP
isosorbide dinitrate TABS	P	MP

Drug Name	Drug Tier	Requirements/ Limits
isosorbide mononitrate TABS	P	QL(3 EA daily); MP
isosorbide mononitrate TB24	P	QL(1 EA daily); MP
NITRO-DUR PT24	NP	
NITRO-DUR PT24 *(Use nitroglycerin)*	NP	MP
nitroglycerin OINT	P	
nitroglycerin PT24	P	MP
nitroglycerin SOLN TL 0.4 MG/SPRAY	NP	MP
nitroglycerin SUBL	P	MP
NITROLINGUAL SOLN TL *(Use nitroglycerin)*	NP	MP
NITROSTAT SUBL *(Use nitroglycerin)*	NP	MP
NITROSTAT SUBL *(Use nitroglycerin)*	NF	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
BUCAPSOL PO 5 MG, 7.5 MG, 10 MG, 15 MG	NP	
buspirone hcl 2.5 MG, 12.5 MG	P	
buspirone hcl 5 MG, 7.5 MG, 30 MG	P	QL(3 EA daily); MP
buspirone hcl 10 MG	P	QL(6 EA daily); MP
buspirone hcl 15 MG	P	QL(4 EA daily); MP
hydroxyzine hcl SYRP	P	
hydroxyzine hcl TABS	P	QL(8 EA daily)
hydroxyzine pamoate CAPS 100 MG	P	QL(4 EA daily)
hydroxyzine pamoate CAPS 25 MG, 50 MG	P	QL(8 EA daily)
meprobamate	NP	
VISTARIL CAPS 25 MG *(Use hydroxyzine pamoate)*	NF	QL(8 EA daily)
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	P	QL(10 ML daily)
alprazolam TABS 2 MG	P	QL(3 EA daily)
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG	P	QL(4 EA daily)
alprazolam TB24	NP	
alprazolam TBDP	NP	
ATIVAN TABS *(Use lorazepam)*	NF	
chlordiazepoxide hcl CAPS	P	QL(4 EA daily)
clorazepate dipotassium TABS 15 MG	P	QL(6 EA daily)
clorazepate dipotassium TABS 3.75 MG, 7.5 MG	P	QL(3 EA daily)
diazepam CONC	P	
diazepam SOLN PO 5 MG/5ML	P	
diazepam TABS	P	
lorazepam CONC	P	
lorazepam TABS	P	
LOREEV XR CS24	NP	
oxazepam CAPS	P	QL(4 EA daily)
XANAX XR TB24 *(Use alprazolam)*	NF	
XANAX XR TB24 *(Use alprazolam)*	NP	
XANAX TABS 0.5 MG *(Use alprazolam)*	NF	QL(4 EA daily)
XANAX TABS 0.25 MG, 0.5 MG, 1 MG *(Use alprazolam)*	NP	QL(4 EA daily)
XANAX TABS 2 MG *(Use alprazolam)*	NP	QL(3 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	P	MP
NORPACE CR CP12	P	MP

Drug Name	Drug Tier	Requirements/ Limits
NORPACE CAPS *(Use disopyramide phosphate)*	NP	MP
quinidine gluconate TBCR	P	MP
quinidine sulfate TABS	P	MP
Antiarrhythmics Type I-B		
mexiletine hcl	P	MP
Antiarrhythmics Type I-C		
flecainide acetate	P	MP
propafenone hcl CP12	NP	MP
propafenone hcl TABS 225 MG, 300 MG	P	QL(3 EA daily); MP
propafenone hcl TABS 150 MG	P	QL(4 EA daily); MP
Antiarrhythmics Type III		
amiodarone hcl TABS	P	QL(4 EA daily); MP
dofetilide	P	MP
MULTAQ	NP	
TIKOSYN *(Use dofetilide)*	NF	MP
TIKOSYN *(Use dofetilide)*	NP	MP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	P	SP; MP; PA
EXDENSUR SOSY SC 100 MG/ML	NP	SP
FASENRA PEN SOAJ	P	SP; MP; PA
FASENRA SOSY 30 MG/ML	P	SP; MP; PA
FASENRA SOSY 10 MG/0.5ML	P	SP; PA
NUCALA SOAJ	P	SP; MP; PA
NUCALA SOLR	P	SP; PA
NUCALA SOSY 40 MG/0.4ML	P	SP; PA
NUCALA SOSY 100 MG/ML	P	SP; MP; PA
OMLYCLO SOSY SC 75 MG/0.5ML, 150 MG/ML, 300 MG/2ML	NP	
TEZSPIRE SOAJ	P	SP; PA
TEZSPIRE SOSY	P	SP; MP; PA
XOLAIR SOAJ	P	SP; PA
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY 300 MG/2ML	P	SP; PA
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	P	SP; MP; PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	P	QL(8 ML daily); MP
Bronchodilators - Anticholinergics		
ATROVENT HFA 17 MCG/ACT *(Use ipratropium bromide hfa)*	P	QL(0.516 GM daily); MP
INCRUSE ELLIPTA 62.5 MCG/ACT *(Use umeclidinium bromide)*	P	MP
ipratropium bromide hfa 17 MCG/ACT	P	QL(0.516 GM daily); MP
ipratropium bromide SOLN 0.02 %	P	MP
SPIRIVA HANDIHALER CAPS IN *(Use tiotropium bromide)*	P	QL(1 EA daily); MP
SPIRIVA RESPIMAT AERS IN	P	QL(0.134 GM daily); MP
SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT	NP	QL(0.134 GM daily); MP
tiotropium bromide CAPS IN 18 MCG	P	QL(1 EA daily); MP
TUDORZA PRESSAIR	NP	MP
umeclidinium bromide 62.5 MCG/INH	NP	MP
YUPELRI IN 175 MCG/3ML	NP	MP
Leukotriene Modulators		

Drug Name	Drug Tier	Requirements/ Limits
ACCOLATE *(Use zafirlukast)*	NF	QL(2 EA daily); MP
montelukast sodium CHEW	P	QL(1 EA daily); MP
montelukast sodium PACK	P	QL(1 EA daily); MP
montelukast sodium TABS	P	QL(1 EA daily); MP
SINGULAIR CHEW 5 MG *(Use montelukast sodium)*	NP	QL(1 EA daily); MP
SINGULAIR CHEW 4 MG *(Use montelukast sodium)*	NF	QL(1 EA daily); MP
SINGULAIR PACK *(Use montelukast sodium)*	NF	QL(1 EA daily); MP
SINGULAIR TABS *(Use montelukast sodium)*	NP	QL(1 EA daily); MP
zafirlukast	P	QL(2 EA daily); MP
zileuton TB12	NP	MP
ZYFLO TABS	NP	MP
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	NP	SP
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(Use roflumilast)*	NP	
roflumilast	NP	
Steroid Inhalants		
ALVESCO	NP	MP
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT *(Use fluticasone furoate (inhalation))*	P	QL(1 EA daily); MP
ASMANEX (120 METERED DOSES) AEPB	P	
ASMANEX (14 METERED DOSES) AEPB	P	
ASMANEX (30 METERED DOSES) AEPB	P	

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX (60 METERED DOSES) AEPB	P	
ASMANEX HFA AERO 50 MCG/ACT	NP	QL(0.44 GM daily); MP
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	NP	MP
beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	P	
budesonide (inhalation) SUSP	P	QL(4 ML daily); AL(Up to 7 yrs old); MP
FLOVENT HFA 44 MCG/ACT *(Use fluticasone propionate hfa)*	NF	QL(0.36 GM daily)
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	P	QL(1 EA daily); MP
fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT	P	QL(2 EA daily)
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	P	QL(2 EA daily)
fluticasone propionate hfa 44 MCG/ACT	P	QL(0.36 GM daily)
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	P	QL(0.4 GM daily)
PULMICORT FLEXHALER AEPB	P	QL(0.034 EA daily); MP
PULMICORT FLEXHALER AEPB	P	QL(0.034 EA daily); MP
PULMICORT SUSP *(Use budesonide (inhalation))*	NP	QL(4 ML daily); AL(Up to 7 yrs old); MP
QVAR REDIHALER	NP	QL(0.36 GM daily); MP
Sympathomimetics		
ADVAIR DISKUS AEPB *(Use fluticasone-salmeterol)*	P	QL(2 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
ADVAIR DISKUS AEPB *(Use fluticasone-salmeterol)*	NF	QL(2 EA daily); MP
ADVAIR HFA AERO *(Use fluticasone-salmeterol)*	P	QL(0.4 GM daily); MP
AIRDUO RESPICLICK 113/14 AEPB *(Use fluticasone-salmeterol)*	NF	QL(0.034 EA daily); MP
AIRDUO RESPICLICK 232/14 AEPB *(Use fluticasone-salmeterol)*	NF	QL(0.034 EA daily); MP
AIRDUO RESPICLICK 55/14 AEPB *(Use fluticasone-salmeterol)*	NF	QL(0.034 EA daily); MP
AIRSUPRA	P	
albuterol sulfate AERS	P	2 package(s) per 30 day(s) retail; 1 max fill(s) per 15 day(s) retail; 2 package(s) per 30 day(s) mail; 1 max fill(s) per 15 day(s) mail; MP
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	P	MP
albuterol sulfate NEBU 0.083 %	P	QL(13 ML daily); MP
albuterol sulfate SYRP	NP	MP
albuterol sulfate TABS	NP	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(Use umeclidinium-vilanterol)*	P	QL(2 EA daily)
arformoterol tartrate	NP	
BEVESPI AEROSPHERE	NP	QL(0.36 GM daily); MP
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	NP	
BREO ELLIPTA *(Use fluticasone furoate-vilanterol)*	NP	QL(2 EA daily); MP
BREZTRI AEROSPHERE	NP	

Drug Name	Drug Tier	Requirements/ Limits
BREZTRI AEROSPHERE	NP	MP
BROVANA *(Use arformoterol tartrate)*	NP	
budesonide-formoterol fumarate dihydrate	NP	QL(31 GM per fill retail; 110 per fill mail); MP
budesonide-formoterol fumarate dihydrate	NP	QL(22 GM per fill retail; 110 per fill mail); MP
COMBIVENT RESPIMAT AERS	NP	MP
DUAKLIR PRESSAIR	NP	MP
DULERA	P	QL(0.44 GM daily); MP
fluticasone furoate-vilanterol	NP	QL(2 EA daily); MP
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP	QL(0.034 EA daily); MP
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	NP	QL(2 EA daily); MP
fluticasone-salmeterol AERO	NP	QL(0.4 GM daily); MP
formoterol fumarate NEBU	NP	
ipratropium-albuterol SOLN	P	MP
levalbuterol hcl	NP	MP
levalbuterol tartrate	NP	MP
PERFOROMIST NEBU *(Use formoterol fumarate)*	NP	
PROAIR RESPICLICK AEPB	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
PROVENTIL HFA AERS *(Use albuterol sulfate)*	NF	2 package(s) per 30 day(s) retail; 1 max fill(s) per 15 day(s) retail; 2 package(s) per 30 day(s) mail; 1 max fill(s) per 15 day(s) mail; MP
SEREVENT DISKUS	P	QL(2 EA daily); MP
STIOLTO RESPIMAT	NP	MP
STRIVERDI RESPIMAT	NP	MP
SYMBICORT 80 MCG/ACT-4.5 MCG/ACT *(Use budesonide-formoterol fumarate dihydrate)*	P	QL(21 GM per fill retail; 70 per fill mail); MP
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT *(Use budesonide-formoterol fumarate dihydrate)*	P	QL(18 GM per fill retail; 70 per fill mail); MP
SYMBICORT *(Use budesonide-formoterol fumarate dihydrate)*	P	QL(31 GM per fill retail; 110 per fill mail); MP
terbutaline sulfate TABS 2.5 MG	P	QL(6 EA daily); MP
terbutaline sulfate TABS 5 MG	P	QL(3 EA daily); MP
TRELEGY ELLIPTA	NP	QL(2 EA daily); MP
umeclidinium-vilanterol	P	QL(2 EA daily)
VENTOLIN HFA AERS *(Use albuterol sulfate)*	NP	2 package(s) per 30 day(s) retail; 1 max fill(s) per 15 day(s) retail; 2 package(s) per 30 day(s) mail; 1 max fill(s) per 15 day(s) mail; MP
XOPENEX HFA *(Use levalbuterol tartrate)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
Xanthines		
THEO-24 CP24	P	
theophylline ELIX	P	
theophylline SOLN	P	MP
theophylline TB12 300 MG, 450 MG	P	MP
theophylline TB12 100 MG, 200 MG	P	
theophylline TB24	P	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	P	MP
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK) TBSO PO	P	PA
ELIQUIS (2 MG PACK) TBSO PO	P	PA
ELIQUIS DVT/PE STARTER PACK TBPK	P	PA
ELIQUIS CPSP PO 0.15 MG	P	PA
ELIQUIS TABS	P	PA
ELIQUIS TBSO PO 0.5 MG	P	PA
rivaroxaban SUSR 1 MG/ML	NP	
rivaroxaban TABS 2.5 MG	NP	QL(62 EA per 31 day(s) retail; 62 EA per 31 days mail)
SAVAYSA	NP	
XARELTO STARTER PACK TBPK	P	PA
XARELTO SUSR 1 MG/ML *(Use rivaroxaban)*	P	PA
XARELTO TABS 2.5 MG, 15 MG	P	QL(62 EA per 31 day(s) retail; 62 EA per 31 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits
XARELTO TABS 10 MG, 20 MG	P	QL(31 EA per 31 day(s) retail; 31 EA per 31 days mail); PA
XARELTO TABS 2.5 MG, 15 MG *(Use rivaroxaban)*	P	QL(62 EA per 31 day(s) retail; 62 EA per 31 days mail); PA
Heparins And Heparinoid-Like Agents		
ARIXTRA 5 MG/0.4ML *(Use fondaparinux sodium)*	NP	QL(16.8 ML per 365 day(s) retail); SP
ARIXTRA 10 MG/0.8ML *(Use fondaparinux sodium)*	NP	QL(33.6 ML per 365 day(s) retail); SP
ARIXTRA 7.5 MG/0.6ML *(Use fondaparinux sodium)*	NP	QL(25.2 ML per 365 day(s) retail); SP
ARIXTRA 2.5 MG/0.5ML *(Use fondaparinux sodium)*	NP	QL(21 ML per 365 day(s) retail); SP
enoxaparin sodium SOLN IJ 300 MG/3ML	P	QL(252 ML per 365 day(s) retail); SP
enoxaparin sodium SOSY 120 MG/0.8ML	P	QL(67.2 ML per 365 day(s) retail); 21 day(s) max supply per 180 day(s) retail; SP
enoxaparin sodium SOSY 30 MG/0.3ML	P	QL(25.2 ML per 365 day(s) retail); SP
enoxaparin sodium SOSY 80 MG/0.8ML	P	QL(67.2 ML per 365 day(s) retail); SP
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	P	QL(84 ML per 365 day(s) retail); SP
enoxaparin sodium SOSY 40 MG/0.4ML	P	QL(33.6 ML per 365 day(s) retail); SP
enoxaparin sodium SOSY 60 MG/0.6ML	P	QL(50.4 ML per 365 day(s) retail); 21 day(s) max supply per 180 day(s) retail; SP
fondaparinux sodium 5 MG/0.4ML	P	QL(16.8 ML per 365 day(s) retail); SP
fondaparinux sodium 7.5 MG/0.6ML	P	QL(25.2 ML per 365 day(s) retail); SP
fondaparinux sodium 10 MG/0.8ML	P	QL(33.6 ML per 365 day(s) retail); SP
fondaparinux sodium 2.5 MG/0.5ML	P	QL(21 ML per 365 day(s) retail); SP
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP
FRAGMIN SOSY	P	SP
HEPARIN SODIUM (PORCINE) PF SOLN IJ	P	
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
HEPARIN SODIUM (PORCINE) SOSY IJ	P	
LOVENOX SOLN IJ 300 MG/3ML *(Use enoxaparin sodium)*	NP	QL(252 ML per 365 day(s) retail); SP
LOVENOX SOSY 60 MG/0.6ML *(Use enoxaparin sodium)*	NP	QL(50.4 ML per 365 day(s) retail); 21 day(s) max supply per 180 day(s) retail; SP
LOVENOX SOSY 80 MG/0.8ML *(Use enoxaparin sodium)*	NP	QL(67.2 ML per 365 day(s) retail); SP

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(Use enoxaparin sodium)*	NP	QL(84 ML per 365 day(s) retail); SP
LOVENOX SOSY 40 MG/0.4ML *(Use enoxaparin sodium)*	NP	QL(33.6 ML per 365 day(s) retail); SP
LOVENOX SOSY 120 MG/0.8ML *(Use enoxaparin sodium)*	NP	QL(67.2 ML per 365 day(s) retail); 21 day(s) max supply per 180 day(s) retail; SP
LOVENOX SOSY 30 MG/0.3ML *(Use enoxaparin sodium)*	NP	QL(25.2 ML per 365 day(s) retail); SP
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	NP	
PRADAXA CAPS *(Use dabigatran etexilate mesylate)*	NP	
PRADAXA PACK	NP	SP
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP 0.5 MG/ML *(Use perampanel)*	NP	MP
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG *(Use perampanel)*	NP	
FYCOMPA TABS	NP	
perampanel SUSP 0.5 MG/ML	NP	MP
perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP	
Anticonvulsants - Benzodiazepines		
clobazam SUSP	NP	QL(8 ML daily); MP
clobazam TABS	NP	QL(2 EA daily)
clonazepam TABS	P	
clonazepam TBDP	NP	

Drug Name	Drug Tier	Requirements/ Limits
DIASTAT PEDIATRIC GEL *(Use diazepam (anticonvulsant))*	NF	QL(0.067 EA daily); 4 max fill(s) per 365 day(s) retail
diazepam (anticonvulsant) GEL	P	QL(0.067 EA daily); 4 max fill(s) per 365 day(s) retail
KLONOPIN TABS *(Use clonazepam)*	NP	
NAYZILAM	NP	QL(0.067 EA daily); 4 max fill(s) per 365 day(s) retail
ONFI SUSP *(Use clobazam)*	NP	QL(8 ML daily); MP
ONFI TABS *(Use clobazam)*	NP	QL(2 EA daily)
SYMPAZAN FILM	NP	QL(2 EA daily)
VALTOCO 10 MG DOSE LIQD	NP	
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	NP	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	NP	
VALTOCO 5 MG DOSE LIQD	NP	
Anticonvulsants - Misc.		
APTIOM 200 MG, 400 MG, 600 MG, 800 MG *(Use eslicarbazepine acetate)*	NP	QL(2 EA daily)
BANZEL SUSP *(Use rufinamide)*	NP	QL(80 ML daily); SP; MP
BANZEL TABS 400 MG *(Use rufinamide)*	NP	QL(8 EA daily); SP; MP
BANZEL TABS 200 MG *(Use rufinamide)*	NP	QL(4 EA daily); SP; MP
brivaracetam SOLN PO 10 MG/ML	NP	QL(20 ML daily); AL(Up to 65 yrs old); SP; MP

Drug Name	Drug Tier	Requirements/ Limits
brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	NP	QL(2 EA daily); SP
BRIVIACT SOLN PO 10 MG/ML *(Use brivaracetam)*	NP	QL(20 ML daily); SP; MP
BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG *(Use brivaracetam)*	NP	QL(2 EA daily); SP
carbamazepine CHEW 100 MG	P	MP
carbamazepine CHEW 200 MG	P	
carbamazepine CP12	NP	
carbamazepine SUSP	P	MP
carbamazepine TABS	P	QL(8 EA daily); MP
carbamazepine TB12	P	
CARBATROL CP12 *(Use carbamazepine)*	NP	
DIACOMIT CAPS	NP	SP
DIACOMIT PACK	NP	SP
ELEPSIA XR TB24	NP	
EPIDIOLEX	NP	QL(20 ML daily); SP; MP
EPRONTIA SOLN 25 MG/ML *(Use topiramate)*	NP	MP
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	NP	QL(2 EA daily)
FINTEPLA	NP	SP; MP
gabapentin CAPS	P	QL(9 EA daily); MP
gabapentin CAPS 200 MG	NP	
gabapentin SOLN	P	QL(75 ML daily); MP
gabapentin TABS 600 MG	P	QL(6 EA daily); MP
gabapentin TABS 800 MG	P	QL(4 EA daily); MP
GABARONE TABS 100 MG, 400 MG	NP	
KEPPRA XR TB24 *(Use levetiracetam)*	NP	
KEPPRA SOLN PO 100 MG/ML *(Use levetiracetam)*	NP	MP
KEPPRA TABS 250 MG, 750 MG *(Use levetiracetam)*	NP	QL(4 EA daily); MP
KEPPRA TABS 1000 MG *(Use levetiracetam)*	NP	MP
KEPPRA TABS 500 MG *(Use levetiracetam)*	NP	QL(6 EA daily); MP
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	NP	MP
lacosamide TABS	NP	QL(2 EA daily)
LAMICTAL ODT KIT *(Use lamotrigine)*	NP	QL(0.94 EA daily); 1 max fill(s) per 365 day(s) retail
LAMICTAL ODT KIT *(Use lamotrigine)*	NP	QL(1.17 EA daily); 1 max fill(s) per 365 day(s) retail
LAMICTAL ODT KIT *(Use lamotrigine)*	NP	QL(1.87 EA daily); 1 max fill(s) per 365 day(s) retail
LAMICTAL ODT TBDP *(Use lamotrigine)*	NP	MP
LAMICTAL STARTER KIT 25 MG *(Use lamotrigine)*	NP	QL(1.17 EA daily); 1 max fill(s) per 365 day(s) retail
LAMICTAL STARTER KIT *(Use lamotrigine)*	NP	QL(3.27 EA daily); 1 max fill(s) per 365 day(s) retail
LAMICTAL STARTER KIT *(Use lamotrigine)*	NP	QL(1.64 EA daily); 1 max fill(s) per 365 day(s) retail
LAMICTAL XR KIT	NP	QL(1.17 EA daily); 1 max fill(s) per 365 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL XR KIT	NP	QL(0.94 EA daily); 1 max fill(s) per 365 day(s) retail
LAMICTAL XR TB24 *(Use lamotrigine)*	NP	QL(2 EA daily)
LAMICTAL CHEW *(Use lamotrigine)*	NP	MP
LAMICTAL TABS *(Use lamotrigine)*	NP	MP
lamotrigine CHEW	P	MP
lamotrigine KIT	NP	QL(0.94 EA daily); 1 max fill(s) per 365 day(s) retail
lamotrigine KIT	NP	QL(1.64 EA daily); 1 max fill(s) per 365 day(s) retail
lamotrigine KIT 25 MG	NP	QL(1.17 EA daily); 1 max fill(s) per 365 day(s) retail
lamotrigine KIT	NP	QL(1.87 EA daily); 1 max fill(s) per 365 day(s) retail
lamotrigine KIT	NP	QL(3.27 EA daily); 1 max fill(s) per 365 day(s) retail
lamotrigine TABS	P	MP
lamotrigine TB24	NP	QL(2 EA daily)
lamotrigine TBDP	NP	MP
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	P	MP
levetiracetam TABS 250 MG, 750 MG	P	QL(4 EA daily); MP
levetiracetam TABS 1000 MG	P	MP
levetiracetam TABS 500 MG	P	QL(6 EA daily); MP
levetiracetam TB24	P	
levetiracetam TB3D 250 MG, 500 MG	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 225 MG *(Use pregabalin)*	NF	QL(2 EA daily); MP
LYRICA CAPS *(Use pregabalin)*	NP	QL(2 EA daily); MP
LYRICA SOLN *(Use pregabalin)*	NF	QL(30 ML daily); MP
LYRICA SOLN *(Use pregabalin)*	NP	QL(30 ML daily); MP
MOTPOLY XR CP24	NP	
MYSOLINE *(Use primidone)*	NF	MP
NEURONTIN CAPS *(Use gabapentin)*	NP	QL(9 EA daily); MP
NEURONTIN SOLN *(Use gabapentin)*	NF	QL(75 ML daily); MP
NEURONTIN SOLN *(Use gabapentin)*	NP	QL(75 ML daily); MP
NEURONTIN TABS 800 MG *(Use gabapentin)*	NP	QL(4 EA daily); MP
NEURONTIN TABS 600 MG *(Use gabapentin)*	NP	QL(6 EA daily); MP
NEURONTIN TABS 600 MG *(Use gabapentin)*	NF	QL(6 EA daily); MP
NEURONTIN TABS 800 MG *(Use gabapentin)*	NF	QL(4 EA daily); MP
oxcarbazepine SUSP	P	QL(33.4 ML daily); MP
oxcarbazepine TABS 150 MG, 300 MG	P	QL(9 EA daily); MP
oxcarbazepine TABS 600 MG	P	QL(4 EA daily); MP
oxcarbazepine TB24	P	MP
OXTELLAR XR TB24 *(Use oxcarbazepine)*	NP	MP
pregabalin CAPS	P	QL(2 EA daily); MP
pregabalin SOLN	P	QL(30 ML daily); MP
primidone	P	MP
QUDEXY XR CS24 *(Use topiramate)*	NF	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
rufinamide SUSP	NP	QL(80 ML daily); SP; MP
rufinamide TABS 200 MG	NP	QL(4 EA daily); SP; MP
rufinamide TABS 400 MG	NP	QL(8 EA daily); SP; MP
SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG *(Use levetiracetam)*	NP	MP
SPRITAM TB3D	NP	MP
SUBVENITE SUSP PO 10 MG/ML	NP	
TEGRETOL SUSP *(Use carbamazepine)*	NP	MP
TEGRETOL TABS *(Use carbamazepine)*	NP	QL(8 EA daily); MP
TEGRETOL-XR TB12 *(Use carbamazepine)*	NP	
TOPAMAX SPRINKLE CPSP *(Use topiramate)*	NP	MP
TOPAMAX TABS 200 MG *(Use topiramate)*	NP	QL(2 EA daily); MP
TOPAMAX TABS 100 MG *(Use topiramate)*	NP	QL(4 EA daily); MP
TOPAMAX TABS 25 MG, 50 MG *(Use topiramate)*	NP	QL(6 EA daily); MP
topiramate CP24	NP	QL(1 EA daily); MP
topiramate CPSP 50 MG	P	
topiramate CPSP 15 MG, 25 MG	P	MP
topiramate CS24	NP	QL(1 EA daily); MP
topiramate SOLN 25 MG/ML	NP	MP
topiramate TABS 100 MG	P	QL(4 EA daily); MP
topiramate TABS 25 MG, 50 MG	P	QL(6 EA daily); MP
topiramate TABS 200 MG	P	QL(2 EA daily); MP
TRILEPTAL SUSP *(Use oxcarbazepine)*	NP	QL(33.4 ML daily); MP
TRILEPTAL TABS 600 MG *(Use oxcarbazepine)*	NF	QL(4 EA daily); MP
TRILEPTAL TABS 150 MG, 300 MG *(Use oxcarbazepine)*	NF	QL(9 EA daily); MP
TRILEPTAL TABS 150 MG, 300 MG *(Use oxcarbazepine)*	NP	QL(9 EA daily); MP
TRILEPTAL TABS 600 MG *(Use oxcarbazepine)*	NP	QL(4 EA daily); MP
TROKENDI XR CP24 *(Use topiramate)*	NP	QL(1 EA daily); MP
TROKENDI XR CP24 *(Use topiramate)*	NF	QL(1 EA daily); MP
VIMPAT SOLN PO 10 MG/ML *(Use lacosamide)*	NP	MP
VIMPAT TABS *(Use lacosamide)*	NP	QL(2 EA daily)
ZONEGRAN CAPS 100 MG *(Use zonisamide)*	NF	QL(6 EA daily); MP
ZONEGRAN CAPS 25 MG *(Use zonisamide)*	NF	QL(4 EA daily); MP
ZONISADE SUSP	NP	
zonisamide CAPS 25 MG, 50 MG	P	QL(4 EA daily); MP
zonisamide CAPS 100 MG	P	QL(6 EA daily); MP
ZTALMY	NP	
Carbamates		
felbamate SUSP	NP	MP
felbamate TABS	NP	MP
FELBATOL SUSP *(Use felbamate)*	NF	MP
FELBATOL TABS *(Use felbamate)*	NP	MP
XCOPRI (250 MG DAILY DOSE) TBPK	P	
XCOPRI (350 MG DAILY DOSE) TBPK	P	
XCOPRI TABS	P	
XCOPRI TBPK	P	

Drug Name	Drug Tier	Requirements/ Limits
GABA Modulators		
SABRIL PACK *(Use vigabatrin)*	NP	QL(6.1 EA daily); SP; MP
SABRIL TABS *(Use vigabatrin)*	NP	QL(6 EA daily); SP; MP
tiagabine hcl	NP	QL(4 EA daily); MP
vigabatrin PACK	NP	QL(6.1 EA daily); SP; MP
vigabatrin TABS	NP	QL(6 EA daily); SP; MP
VIGAFYDE SOLN	NP	SP
Hydantoins		
DILANTIN *(Use phenytoin sodium extended)*	NP	MP
DILANTIN *(Use phenytoin sodium extended)*	NF	MP
DILANTIN	NP	MP
DILANTIN INFATABS CHEW *(Use phenytoin)*	NF	MP
DILANTIN INFATABS CHEW *(Use phenytoin)*	NP	MP
DILANTIN-125 SUSP *(Use phenytoin)*	NP	MP
DILANTIN SUSP *(Use phenytoin)*	NF	MP
phenytoin sodium extended 100 MG, 200 MG, 300 MG	P	MP
phenytoin CHEW	P	MP
phenytoin SUSP 125 MG/5ML	P	MP
Succinimides		
CELONTIN *(Use methsuximide)*	NP	
ethosuximide CAPS	P	MP
ethosuximide SOLN	P	MP
methsuximide	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZARONTIN CAPS *(Use ethosuximide)*	NP	MP
ZARONTIN SOLN *(Use ethosuximide)*	NP	MP
Valproic Acid		
DEPAKOTE ER TB24 250 MG *(Use divalproex sodium)*	NF	
DEPAKOTE ER TB24 500 MG *(Use divalproex sodium)*	NP	
DEPAKOTE SPRINKLES CSDR *(Use divalproex sodium)*	NP	MP
DEPAKOTE TBEC *(Use divalproex sodium)*	NP	MP
divalproex sodium CSDR	P	MP
divalproex sodium TB24	P	
divalproex sodium TBEC	P	MP
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	P	MP
valproic acid CAPS	P	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	P	QL(1 EA daily); MP
mirtazapine TBDP	P	QL(1 EA daily); MP
REMERON SOLTAB TBDP *(Use mirtazapine)*	NP	QL(1 EA daily); MP
REMERON TABS 15 MG, 30 MG *(Use mirtazapine)*	NP	QL(1 EA daily); MP
Antidepressant Combinations		
AUVELITY	NP	
AUVELITY TITRATION PACK PO	NP	
Antidepressants - Misc.		
bupropion hcl TABS	P	MP

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TB12	P	QL(2 EA daily); MP
bupropion hcl TB24 450 MG	P	MP
bupropion hcl TB24 150 MG, 300 MG	P	QL(1 EA daily); MP
FORFIVO XL TB24 *(Use bupropion hcl)*	NF	MP
WELLBUTRIN SR TB12 *(Use bupropion hcl)*	NP	QL(2 EA daily); MP
WELLBUTRIN XL TB24 *(Use bupropion hcl)*	NF	QL(1 EA daily); MP
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE 20 MG, 25 MG	P	QL(28 EA per 365 day(s) retail; 28 EA per days mail); SP
ZURZUVAE 30 MG	P	QL(14 EA per 365 day(s) retail; 14 EA per days mail); SP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	NP	
MARPLAN	NP	
MARPLAN	NP	
NARDIL *(Use phenelzine sulfate)*	NP	MP
phenelzine sulfate	P	MP
tranylcypromine sulfate	P	MP
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	NP	SP; MP
SPRAVATO (84 MG DOSE)	NP	SP; MP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 20 MG *(Use citalopram hydrobromide)*	NP	QL(2 EA daily); MP
CELEXA TABS 40 MG *(Use citalopram hydrobromide)*	NP	QL(1 EA daily); MP
CELEXA TABS 10 MG *(Use citalopram hydrobromide)*	NP	QL(4 EA daily); MP
citalopram hydrobromide CAPS 30 MG	NP	
CITALOPRAM HYDROBROMIDE CAPS 30 MG *(Use citalopram hydrobromide)*	NP	
citalopram hydrobromide SOLN	P	MP
citalopram hydrobromide TABS 10 MG	P	QL(4 EA daily); MP
citalopram hydrobromide TABS 40 MG	P	QL(1 EA daily); MP
citalopram hydrobromide TABS 20 MG	P	QL(2 EA daily); MP
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	
escitalopram oxalate SOLN	P	MP
escitalopram oxalate TABS 5 MG, 10 MG	P	QL(1.5 EA daily); MP
escitalopram oxalate TABS 20 MG	P	QL(1 EA daily); MP
fluoxetine hcl CAPS 20 MG, 40 MG	P	QL(2 EA daily); MP
fluoxetine hcl CAPS 10 MG	P	QL(1 EA daily); MP
fluoxetine hcl CPDR	NP	MP
fluoxetine hcl SOLN	P	MP
fluoxetine hcl TABS 10 MG	P	QL(1 EA daily); MP
fluoxetine hcl TABS 20 MG	P	QL(2 EA daily); MP
fluoxetine hcl TABS 60 MG	P	MP
FLUOXETINE HCL TABS *(Use fluoxetine hcl)*	NF	MP

Drug Name	Drug Tier	Requirements/ Limits
fluvoxamine maleate CP24	NP	MP
fluvoxamine maleate TABS 100 MG	P	QL(3 EA daily); MP
fluvoxamine maleate TABS 25 MG, 50 MG	P	QL(2 EA daily); MP
LEXAPRO TABS 20 MG *(Use escitalopram oxalate)*	NP	QL(1 EA daily); MP
LEXAPRO TABS 5 MG, 10 MG *(Use escitalopram oxalate)*	NP	QL(1.5 EA daily); MP
paroxetine hcl SUSP	P	MP
paroxetine hcl TABS 20 MG	P	QL(3 EA daily); MP
paroxetine hcl TABS 10 MG	P	QL(6 EA daily); MP
paroxetine hcl TABS 30 MG, 40 MG	P	QL(2 EA daily); MP
paroxetine hcl TB24	NP	
PAXIL CR TB24 *(Use paroxetine hcl)*	NP	
PAXIL SUSP *(Use paroxetine hcl)*	NF	MP
PAXIL TABS 10 MG *(Use paroxetine hcl)*	NP	QL(6 EA daily); MP
PAXIL TABS 30 MG, 40 MG *(Use paroxetine hcl)*	NP	QL(2 EA daily); MP
PAXIL TABS 20 MG *(Use paroxetine hcl)*	NP	QL(3 EA daily); MP
PROZAC CAPS 10 MG *(Use fluoxetine hcl)*	NP	QL(1 EA daily); MP
PROZAC CAPS 20 MG, 40 MG *(Use fluoxetine hcl)*	NP	QL(2 EA daily); MP
sertraline hcl CAPS 150 MG, 200 MG	NP	MP
SERTRALINE HCL CAPS 150 MG, 200 MG *(Use sertraline hcl)*	NP	MP
sertraline hcl CONC	P	MP
sertraline hcl TABS	P	QL(4 EA daily); MP
ZOLOFT CONC *(Use sertraline hcl)*	NP	MP
ZOLOFT CONC *(Use sertraline hcl)*	NF	MP
ZOLOFT TABS *(Use sertraline hcl)*	NP	QL(4 EA daily); MP
ZOLOFT TABS *(Use sertraline hcl)*	NF	QL(4 EA daily); MP
Serotonin Modulators		
EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP	
nefazodone hcl	NP	MP
RALDESY SOLN PO 10 MG/ML	NP	
trazodone hcl TABS 300 MG	P	QL(2 EA daily); MP
trazodone hcl TABS 50 MG, 100 MG, 150 MG	P	MP
TRINTELLIX	NP	
VIIBRYD TABS 20 MG *(Use vilazodone hcl)*	NP	
VIIBRYD TABS 10 MG, 40 MG *(Use vilazodone hcl)*	NP	
vilazodone hcl TABS 10 MG, 40 MG	NP	
vilazodone hcl TABS 20 MG	NP	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP 20 MG *(Use duloxetine hcl)*	NP	QL(2 EA daily); MP
CYMBALTA CPEP 30 MG, 60 MG *(Use duloxetine hcl)*	NF	QL(2 EA daily); MP
DESVENLAFAXINE ER	NP	MP
desvenlafaxine succinate	NP	
DRIZALMA SPRINKLE CSDR	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
duloxetine hcl CPEP	P	QL(2 EA daily)
DULOXETINE HCL CPEP 80 MG, 90 MG, 120 MG	P	
EFFEXOR XR CP24 75 MG, 150 MG *(Use venlafaxine hcl)*	NF	
EFFEXOR XR CP24 *(Use venlafaxine hcl)*	NP	
FETZIMA TITRATION C4PK	NP	
FETZIMA CP24	NP	
PRISTIQ *(Use desvenlafaxine succinate)*	NP	
PRISTIQ 50 MG *(Use desvenlafaxine succinate)*	NF	
VENLAFAXINE BESYLATE ER	P	
venlafaxine hcl CP24	P	
venlafaxine hcl TABS	P	QL(3 EA daily)
venlafaxine hcl TB24	NP	QL(1 EA daily); MP
Tricyclic Agents		
amitriptyline hcl TABS	P	MP
amoxapine	NP	MP
ANAFRANIL *(Use clomipramine hcl)*	NP	MP
clomipramine hcl	P	MP
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	MP
desipramine hcl TABS 25 MG	P	QL(2 EA daily); MP
doxepin hcl CAPS	P	MP
doxepin hcl CONC	P	MP
imipramine hcl TABS	P	MP
imipramine pamoate	NP	MP
NORPRAMIN TABS 25 MG *(Use desipramine hcl)*	NF	QL(2 EA daily); MP
NORPRAMIN TABS 10 MG *(Use desipramine hcl)*	NF	MP
nortriptyline hcl CAPS	P	MP
nortriptyline hcl SOLN	P	MP
PAMELOR CAPS *(Use nortriptyline hcl)*	NP	MP
protriptyline hcl	P	MP
trimipramine maleate CAPS	P	MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	P	QL(3 EA daily); MP
miglitol	P	QL(3 EA daily); MP
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	NP	MP
SYMLINPEN 60 SOPN	NP	MP
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG *(Use pioglitazone hcl-metformin hcl)*	NP	MP
alogliptin-metformin hcl	NP	QL(2 EA daily); MP
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	NP	QL(1 EA daily); MP
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG	NP	
dapagliflozin-saxagliptin	NP	
DUETACT *(Use pioglitazone hcl-glimepiride)*	NP	MP
glipizide-metformin hcl 500 MG-5 MG	P	QL(4 EA daily); MP
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG	P	QL(3 EA daily); MP
glyburide-metformin 250 MG-1.25 MG, 500 MG-2.5 MG	P	QL(3 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
glyburide-metformin 500 MG-5 MG	P	QL(4 EA daily); MP
GLYXAMBI	NP	
INVOKAMET XR TB24	NP	
INVOKAMET TABS	NP	
JANUMET XR TB24 1000 MG-100 MG, 1000 MG-50 MG, 500 MG-50 MG *(Use sitagliptin phosphate-metformin hcl)*	NP	QL(2 EA daily)
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG *(Use sitagliptin phosphate-metformin hcl)*	NP	QL(2 EA daily)
JENTADUETO XR TB24	NP	
JENTADUETO TABS	NP	
pioglitazone hcl-glimepiride	NP	MP
pioglitazone hcl-metformin hcl TABS	NP	MP
saxagliptin-metformin hcl	NP	
SEGLUROMET	NP	QL(2 EA daily)
sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG	P	
sitagliptin free base-metformin hcl TB24	NP	
sitagliptin phosphate-metformin hcl TABS	NP	QL(2 EA daily)
sitagliptin phosphate-metformin hcl TB24	NP	QL(2 EA daily)
SOLIQUA	NP	MP
STEGLUJAN	NP	
SYNJARDY XR TB24	NP	
SYNJARDY TABS	NP	
TRIJARDY XR	NP	
XIGDUO XR TB24 PO *(Use dapagliflozin free base-metformin hcl)*	NP	
XULTOPHY	NP	MP
ZITUVIMET XR TB24	NP	
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG *(Use sitagliptin free base-metformin hcl)*	NP	
Biguanides		
GLUMETZA TB24 *(Use metformin hcl)*	NF	MP
metformin hcl SOLN	NP	QL(3 ML daily); MP
metformin hcl TABS 850 MG	P	QL(3 EA daily); MP
metformin hcl TABS 750 MG	P	
metformin hcl TABS 1000 MG	P	QL(2 EA daily); MP
metformin hcl TABS 625 MG	NP	
metformin hcl TABS 500 MG	P	QL(5 EA daily); MP
metformin hcl TB24 500 MG	P	QL(4 EA daily); MP
metformin hcl TB24 500 MG, 1000 MG	NP	MP
metformin hcl TB24 750 MG	P	QL(2 EA daily); MP
RIOMET SOLN *(Use metformin hcl)*	NF	QL(3 ML daily); MP
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
CVS GLUCOSE	P	
DEX4	P	
DEX4 NATURALS	P	
dextrose (diabetic use) CHEW 4 GM	P	
dextrose (diabetic use) GEL 40 %	P	
diazoxide	P	MP

Drug Name	Drug Tier	Requirements/ Limits
GLUCAGON EMERGENCY	P	QL(1 EA daily; 1 EA per fill retail); 1 max fill(s) per 180 day(s) retail
GLUCAGON EMERGENCY SOLR IJ 1 MG, 1 MG/ML *(Use glucagon)*	P	QL(1 EA daily; 1 EA per fill retail); 1 max fill(s) per 180 day(s) retail
glucagon SOLR IJ 1 MG	P	QL(1 EA daily; 1 EA per fill retail); 1 max fill(s) per 180 day(s) retail
glucose-vitamin c 6 MG-4 GM	P	
GVOKE HYPOPEN 1-PACK SOAJ	P	QL(3 ML daily)
GVOKE HYPOPEN 2-PACK SOAJ	P	QL(3 ML daily)
GVOKE KIT SOLN	P	
GVOKE PFS SOSY 1 MG/0.2ML	P	QL(0.2 ML per fill retail); 1 max fill(s) per 180 day(s) retail
KORLYM *(Use mifepristone (hyperglycemia))*	NP	SP
KROGER GLUCOSE	P	
mifepristone (hyperglycemia)	NP	SP
PROGLYCEM *(Use diazoxide)*	P	MP
RA GLUCOSE	P	
TGT GLUCOSE	P	
TRUEPLUS GLUCOSE ON THE GO CHEW	P	
TRUEPLUS GLUCOSE CHEW	P	
WALGREENS GLUCOSE	P	
ZEGALOGUE SOAJ	P	QL(0.6 ML per fill retail); 1 max fill(s) per 180 day(s) retail
ZEGALOGUE SOSY	P	QL(0.6 ML per fill retail); 1 max fill(s) per 180 day(s) retail
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	NP	QL(1 EA daily); MP
BRYNOVIN SOLN PO 25 MG/ML	NP	
JANUVIA 25 MG, 50 MG, 100 MG *(Use sitagliptin phosphate)*	P	QL(1 EA daily); MP
ONGLYZA 5 MG *(Use saxagliptin hcl)*	NF	
saxagliptin hcl	NP	
sitagliptin 25 MG, 50 MG, 100 MG	NP	
sitagliptin phosphate 25 MG, 50 MG, 100 MG	NP	QL(1 EA daily); MP
TRADJENTA	P	QL(1 EA daily); MP
ZITUVIO 25 MG, 50 MG, 100 MG *(Use sitagliptin)*	NP	
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	MP
Incretin Mimetic Agents		
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML *(Use exenatide)*	NP	MP
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML *(Use exenatide)*	NP	MP
exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	NP	MP
liraglutide	P	QL(0.3 ML daily); MP
MOUNJARO	NP	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	NP	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC (2 MG/DOSE) SOPN	NP	
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	P	PA
RYBELSUS TABS	P	PA
TRULICITY 0.75 MG/0.5ML	P	QL(0.072 ML daily)
TRULICITY 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	P	QL(0.072 ML daily)
VICTOZA *(Use liraglutide)*	P	QL(0.3 ML daily); MP
Insulin		
ADMELOG SOLOSTAR SOPN	NP	QL(2 ML daily); MP
ADMELOG SOLN IJ	NP	QL(2 ML daily); MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	MP
APIDRA SOLOSTAR SOPN	NP	MP
APIDRA SOLN	NP	MP
AWIQLI FLEXTOUCH SOPN SC 700 UNIT/ML	NP	
BASAGLAR KWIKPEN SOPN	NP	QL(2 ML daily); MP
BASAGLAR TEMPO PEN SOPN	NP	
FIASP FLEXTOUCH SOPN	NP	MP
FIASP PENFILL SOCT	NP	MP
FIASP PUMPCART SOCT	NP	MP
FIASP SOLN	NP	MP
HUMALOG JUNIOR KWIKPEN SOPN	P	MP
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	QL(2 ML daily); MP
HUMALOG MIX 50/50 KWIKPEN SUPN	P	MP
HUMALOG MIX 75/25 KWIKPEN SUPN	P	MP
HUMALOG MIX 75/25 SUSP	P	QL(1 ML daily); MP
HUMALOG TEMPO PEN SOPN	NP	
HUMALOG SOCT	P	MP
HUMALOG SOLN IJ	P	QL(2 ML daily); MP
HUMULIN 70/30 KWIKPEN SUPN	P	MP
HUMULIN 70/30 SUSP	P	QL(1 ML daily); MP
HUMULIN N KWIKPEN SUPN	P	MP
HUMULIN N SUSP	P	QL(1 ML daily); MP
HUMULIN R U-500 KWIKPEN SOPN SC	P	MP
HUMULIN R SOLN IJ	P	QL(1 ML daily); MP
INSULIN ASPART FLEXPEN SOPN	P	MP
INSULIN ASPART SOLN IJ	P	MP
INSULIN DEGLUDEC FLEXTOUCH SOPN	P	MP
INSULIN DEGLUDEC SOLN	P	MP
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	MP
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	MP
INSULIN GLARGINE-YFGN SOLN	NP	MP
INSULIN GLARGINE-YFGN SOPN	P	MP
INSULIN LISPRO (1 UNIT DIAL) SOPN	P	QL(2 ML daily); MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	MP

Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO PROT & LISPRO SUPN	P	MP
INSULIN LISPRO SOLN IJ	P	QL(2 ML daily); MP
KIRSTY SOLN IJ 100 UNIT/ML	NP	
KIRSTY SOPN SC 100 UNIT/ML	NP	
LANTUS SOLOSTAR SOPN	P	QL(2 ML daily); MP
LANTUS SOLN	P	MP
LEVEMIR FLEXPEN SOPN	P	MP
LEVEMIR SOLN	P	MP
LYUMJEV KWIKPEN SOPN	NP	MP
LYUMJEV TEMPO PEN SOPN	NP	
LYUMJEV SOLN	NP	MP
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	
MERILOG SOLN SC 100 UNIT/ML	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	MP
NOVOLIN 70/30 FLEXPEN SUPN	NP	MP
NOVOLIN 70/30 RELION SUSP	NP	QL(1 ML daily); MP
NOVOLIN 70/30 SUSP	NP	QL(1 ML daily); MP
NOVOLIN N FLEXPEN RELION SUPN	NP	MP
NOVOLIN N FLEXPEN SUPN	NP	MP
NOVOLIN N RELION SUSP	NP	QL(1 ML daily); MP
NOVOLIN N SUSP	NP	QL(1 ML daily); MP
NOVOLIN R FLEXPEN RELION SOPN IJ	NP	MP
NOVOLIN R FLEXPEN SOPN IJ	NP	MP
NOVOLIN R RELION SOLN IJ	NP	QL(1 ML daily); MP
NOVOLIN R SOLN IJ	NP	QL(1 ML daily); MP
NOVOLOG 70/30 FLEXPEN RELION SUPN	NP	MP
NOVOLOG FLEXPEN RELION SOPN	NP	MP
NOVOLOG FLEXPEN SOPN	NP	MP
NOVOLOG MIX 70/30 FLEXPEN SUPN	NP	MP
NOVOLOG MIX 70/30 RELION SUSP	NP	MP
NOVOLOG MIX 70/30 SUSP	NP	MP
NOVOLOG PENFILL SOCT	NP	MP
NOVOLOG RELION SOLN IJ	NP	MP
NOVOLOG SOLN IJ	NP	MP
REZVOGLAR KWIKPEN	NP	
SEMGLEE (YFGN) SOLN	NP	MP
SEMGLEE (YFGN) SOPN	NP	MP
TOUJEO MAX SOLOSTAR SOPN	NP	MP
TOUJEO SOLOSTAR SOPN	NP	MP
TRESIBA FLEXTOUCH SOPN	NP	MP
TRESIBA SOLN	NP	MP
Insulin Sensitizing Agents		
ACTOS *(Use pioglitazone hcl)*	NP	QL(1 EA daily); MP
pioglitazone hcl	P	QL(1 EA daily); MP
Meglitinide Analogues		
nateglinide	P	QL(3 EA daily); MP
repaglinide	NP	MP
Sodium-Glucose Co-Transporter 2 (SGLT2)		

Drug Name	Drug Tier	Requirements/ Limits
Inhibitors		
dapagliflozin TABS PO 5 MG, 10 MG	NP	QL(1 EA daily)
FARXIGA TABS PO *(Use dapagliflozin)*	P	QL(1 EA daily)
INVOKANA	P	QL(1 EA daily); MP
JARDIANCE	P	QL(1 EA daily); MP
STEGLATRO	NP	QL(1 EA daily)
Sulfonylureas		
glimepiride 1 MG, 2 MG	P	QL(4 EA daily); MP
glimepiride 3 MG	P	
glimepiride 4 MG	P	QL(2 EA daily); MP
glipizide TABS 15 MG	P	
glipizide TABS	P	MP
glipizide TB24 10 MG	P	QL(2 EA daily); MP
glipizide TB24 2.5 MG, 5 MG	P	QL(3 EA daily); MP
GLUCOTROL XL TB24 5 MG *(Use glipizide)*	NP	QL(3 EA daily); MP
GLUCOTROL XL TB24 10 MG *(Use glipizide)*	NF	QL(2 EA daily); MP
glyburide micronized 3 MG, 6 MG	P	MP
glyburide TABS	P	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	P	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	P	
bismuth subsalicylate TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	P	QL(3.94 ML daily)
diphenoxylate w/ atropine TABS	P	
LOMOTIL TABS *(Use diphenoxylate w/ atropine)*	NF	
loperamide hcl CAPS	P	RX/OTC
loperamide hcl TABS	P	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
deferasirox PACK	NP	SP
deferasirox TABS	NP	SP
deferasirox TBSO	NP	SP
deferiprone TABS	NP	SP
EXJADE TBSO *(Use deferasirox)*	NP	SP
FERRIPROX TWICE-A-DAY TABS	NP	SP
FERRIPROX SOLN	NP	SP
FERRIPROX TABS 500 MG *(Use deferiprone)*	NF	SP
FERRIPROX TABS 1000 MG *(Use deferiprone)*	NP	SP
JADENU SPRINKLE PACK *(Use deferasirox)*	NP	SP
JADENU TABS *(Use deferasirox)*	NP	SP
Opioid Antagonists		
KLOXXADO LIQD	P	
NALMEFENE HCL IJ	P	
naloxone hcl LIQD	P	RX/OTC
naloxone hcl SOCT	P	
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	P	
naloxone hcl SOSY	P	
naltrexone hcl	P	

Drug Name	Drug Tier	Requirements/ Limits
NARCAN LIQD *(Use naloxone hcl)*	NF	RX/OTC
OPVEE NA	P	
REXTOVY LIQD	P	
REZENOPY LIQD 10 MG/0.11ML	P	
VIVITROL	P	SP
ZURNAI IJ 1.5 MG/0.5ML	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	
granisetron hcl TABS	NP	
GRANISOL SOLN PO	NP	
ondansetron hcl SOLN PO 4 MG/5ML	P	
ondansetron hcl TABS 4 MG, 8 MG	P	QL(1 EA daily)
ondansetron TBDP 4 MG, 8 MG	P	QL(20 EA per fill retail)
ondansetron TBDP 16 MG	NP	
SANCUSO PTCH	NP	
Antiemetics - Anticholinergic		
ANTIVERT CHEW *(Use meclizine hcl)*	NP	RX/OTC
ANTIVERT TABS 50 MG *(Use meclizine hcl)*	NP	
dimenhydrinate TABS	P	
meclizine hcl CHEW	P	RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	P	
scopolamine	P	
TRANSDERM SCOP 1 MG/3DAYS *(Use scopolamine)*	P	
TRANSDERM-SCOP *(Use scopolamine)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
trimethobenzamide hcl CAPS	NP	QL(4 EA daily)
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	NP	
DICLEGIS TBEC *(Use doxylamine-pyridoxine)*	NP	
doxylamine-pyridoxine TBEC	NP	
dronabinol CAPS	NP	
DRONABINOL SOLN 5 MG/ML	NP	
fructose-dextrose-phosphoric acid SOLN	P	
MARINOL CAPS *(Use dronabinol)*	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS	P	
aprepitant CPPK PO	P	
EMEND BIPACK CAPS 80 MG *(Use aprepitant)*	NP	
EMEND TRIPACK CPPK PO *(Use aprepitant)*	NP	
EMEND SUSR	NP	
NEREUS CAPS PO 85 MG	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
micafungin sodium	P	
MICAFUNGIN SODIUM	P	
MYCAMINE *(Use micafungin sodium)*	NF	
Antifungals		
ANCOBON *(Use flucytosine)*	NF	
flucytosine	NP	

Drug Name	Drug Tier	Requirements/ Limits
griseofulvin microsize SUSP	P	
griseofulvin microsize TABS	P	
griseofulvin ultramicrosize	P	
griseofulvin ultramicrosize 165 MG	NP	
GRISEOFULVIN ULTRAMICROSIZE 165 MG	P	
nystatin TABS	P	QL(6 EA daily)
terbinafine hcl TABS	P	QL(1 EA daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS	NP	
DIFLUCAN SUSR 40 MG/ML *(Use fluconazole)*	NP	
DIFLUCAN TABS 100 MG, 200 MG *(Use fluconazole)*	NF	QL(1 EA daily)
fluconazole SUSR	P	
fluconazole TABS	P	QL(1 EA daily)
itraconazole CAPS	P	QL(6 EA daily)
itraconazole SOLN	NP	
ketoconazole	P	
NOXAFIL PACK	NP	
NOXAFIL SUSP *(Use posaconazole)*	NF	
NOXAFIL TBEC *(Use posaconazole)*	NF	
posaconazole SUSP	NP	
posaconazole TBEC	NP	
SPORANOX CAPS *(Use itraconazole)*	NP	QL(6 EA daily)
SPORANOX SOLN *(Use itraconazole)*	NF	
TOLSURA CAPS	NP	
VFEND SUSR *(Use voriconazole)*	NP	
VFEND TABS 200 MG *(Use voriconazole)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
VIVJOA	NP	
voriconazole SUSR	NP	
voriconazole TABS	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate TABS	P	
Antihistamines - Ethanolamines		
clemastine fumarate TABS 2.68 MG	P	
CLEMASZ TABS 2.68 MG *(Use clemastine fumarate)*	NF	
CLEMSZA TABS 2.68 MG *(Use clemastine fumarate)*	NF	
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	
diphenhydramine hcl CAPS	P	AL(Up to 65 yrs old)
diphenhydramine hcl ELIX 12.5 MG/5ML	P	
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	P	
diphenhydramine hcl SOLN 50 MG/ML	P	
diphenhydramine hcl TABS 25 MG	P	AL(Up to 65 yrs old)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 180 MG *(Use fexofenadine hcl)*	NF	QL(1 EA daily)
cetirizine hcl SOLN PO	P	RX/OTC
cetirizine hcl SYRP PO 1 MG/ML	P	RX/OTC
cetirizine hcl TABS	P	
CLARITIN ALLERGY CHILDRENS SOLN *(Use loratadine)*	NF	
CLARITIN CHILDRENS CHEW *(Use loratadine)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN REDITABS TBDP *(Use loratadine)*	NF	
CLARITIN REDITABS TBDP *(Use loratadine)*	NF	
CLARITIN CHEW *(Use loratadine)*	NF	
CLARITIN SOLN *(Use loratadine)*	NF	
CLARITIN TABS *(Use loratadine)*	NF	
fexofenadine hcl TABS 180 MG	P	QL(1 EA daily)
fexofenadine hcl TABS 60 MG	P	QL(2 EA daily)
loratadine CHEW	P	
loratadine SOLN	P	
loratadine TABS	P	
loratadine TBDP 10 MG	P	
ZYRTEC ALLERGY TABS *(Use cetirizine hcl)*	NF	
Antihistamines - Phenothiazines		
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	P	
promethazine hcl TABS	P	
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	P	
cyproheptadine hcl TABS	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	NP	QL(3 EA daily)
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	NP	MP
NEXLIZET	NP	
VYTORIN *(Use ezetimibe-simvastatin)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
Antihyperlipidemics - Misc.		
icosapent ethyl 0.5 GM	NP	
icosapent ethyl 1 GM	NP	MP
LOVAZA *(Use omega-3-acid ethyl esters)*	NF	MP
omega-3-acid ethyl esters	NP	MP
VASCEPA 0.5 GM *(Use icosapent ethyl)*	NF	
VASCEPA 1 GM *(Use icosapent ethyl)*	NF	MP
Bile Acid Sequestrants		
cholestyramine light PACK	P	MP
cholestyramine light POWD	P	MP
cholestyramine PACK	P	MP
cholestyramine POWD	P	MP
colesevelam hcl PACK	NP	MP
colesevelam hcl TABS	NP	MP
COLESTID GRAN *(Use colestipol hcl)*	NP	MP
COLESTID PACK *(Use colestipol hcl)*	NF	MP
COLESTID TABS *(Use colestipol hcl)*	NP	MP
colestipol hcl GRAN	NP	MP
colestipol hcl PACK	NP	MP
colestipol hcl TABS	NP	MP
QUESTRAN LIGHT POWD *(Use cholestyramine light)*	NP	MP
QUESTRAN PACK *(Use cholestyramine)*	NP	MP
QUESTRAN POWD *(Use cholestyramine)*	NP	MP
WELCHOL PACK *(Use colesevelam hcl)*	NP	MP
WELCHOL TABS *(Use colesevelam hcl)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
Fibric Acid Derivatives		
choline fenofibrate	P	MP
fenofibrate micronized 67 MG	P	QL(2 EA daily); MP
fenofibrate micronized 134 MG, 200 MG	P	QL(1 EA daily); MP
fenofibrate micronized 43 MG, 130 MG	P	MP
fenofibrate CAPS	P	MP
fenofibrate TABS 54 MG	P	QL(3 EA daily); MP
fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG	P	MP
fenofibrate TABS 160 MG	P	QL(1 EA daily); MP
FENOGLIDE TABS *(Use fenofibrate)*	NF	MP
gemfibrozil TABS	P	QL(2 EA daily); MP
LIPOFEN CAPS 50 MG *(Use fenofibrate)*	NF	MP
LIPOFEN CAPS *(Use fenofibrate)*	NP	MP
LOPID TABS *(Use gemfibrozil)*	NP	QL(2 EA daily); MP
TRICOR TABS *(Use fenofibrate)*	NF	MP
TRILIPIX *(Use choline fenofibrate)*	NF	MP
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
ATORVALIQ SUSP	NP	
atorvastatin calcium TABS	P	QL(1 EA daily); MP
CRESTOR TABS 5 MG, 10 MG *(Use rosuvastatin calcium)*	NF	QL(1 EA daily); MP
CRESTOR TABS 20 MG, 40 MG *(Use rosuvastatin calcium)*	NP	QL(1 EA daily); MP
fluvastatin sodium CAPS	NP	MP
fluvastatin sodium TB24	NP	MP
LESCOL XL TB24 *(Use fluvastatin sodium)*	NP	MP
LIPITOR TABS 10 MG, 20 MG, 80 MG *(Use atorvastatin calcium)*	NF	QL(1 EA daily); MP
LIPITOR TABS *(Use atorvastatin calcium)*	NP	QL(1 EA daily); MP
LIVALO *(Use pitavastatin calcium)*	NP	
lovastatin TABS	P	QL(1 EA daily); MP
pitavastatin calcium	NP	
pravastatin sodium	P	QL(1 EA daily); MP
rosuvastatin calcium TABS	P	QL(1 EA daily); MP
simvastatin TABS	P	QL(1 EA daily); MP
ZOCOR TABS 10 MG, 20 MG, 40 MG *(Use simvastatin)*	NP	QL(1 EA daily); MP
ZYPITAMAG 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	P	QL(1 EA daily); MP
ZETIA *(Use ezetimibe)*	NP	QL(1 EA daily); MP
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG	NP	SP
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TABS	NP	
niacin (antihyperlipidemic) TBCR	NP	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	SP; MP

Drug Name	Drug Tier	Requirements/ Limits
LIPFENDRA TABS PO 20 MG	NP	
PRALUENT SOAJ	NP	SP; MP
REPATHA SURECLICK SOAJ	NP	SP; MP
REPATHA SOSY	NP	SP; MP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(Use quinapril hcl)*	NF	QL(2 EA daily); MP
ALTACE CAPS 1.25 MG, 5 MG, 10 MG *(Use ramipril)*	NF	QL(2 EA daily); MP
benazepril hcl	P	QL(2 EA daily); MP
captopril	P	QL(3 EA daily); MP
enalapril maleate SOLN	NP	MP
enalapril maleate TABS	P	QL(2 EA daily); MP
EPANED SOLN *(Use enalapril maleate)*	NP	MP
fosinopril sodium 10 MG	P	QL(1 EA daily); MP
fosinopril sodium 20 MG, 40 MG	P	QL(2 EA daily); MP
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	QL(2 EA daily); MP
LOTENSIN 10 MG, 20 MG, 40 MG *(Use benazepril hcl)*	NP	QL(2 EA daily); MP
moexipril hcl	P	MP
perindopril erbumine	NP	MP
QBRELIS SOLN	NP	QL(5 ML daily); MP
quinapril hcl	P	QL(2 EA daily); MP
ramipril CAPS	P	QL(2 EA daily); MP
trandolapril 4 MG	P	QL(2 EA daily); MP
trandolapril 1 MG, 2 MG	P	QL(1 EA daily); MP
VASOTEC TABS *(Use enalapril maleate)*	NF	QL(2 EA daily); MP
ZESTRIL TABS *(Use lisinopril)*	NF	QL(2 EA daily); MP
ZESTRIL TABS *(Use lisinopril)*	NP	QL(2 EA daily); MP
Agents for Pheochromocytoma		
DEMSER *(Use metyrosine)*	NF	SP
metyrosine	P	SP
phenoxybenzamine hcl	NP	
Aldosterone Synthase Inhibitors		
BAXFENDY TABS PO 1 MG, 2 MG	NP	
Angiotensin II Receptor Antagonists		
ARBLI PO 10 MG/ML	NP	
ATACAND *(Use candesartan cilexetil)*	NP	MP
AVAPRO 150 MG, 300 MG *(Use irbesartan)*	NP	QL(1 EA daily); MP
azilsartan medoxomil 40 MG, 80 MG	NP	MP
BENICAR *(Use olmesartan medoxomil)*	NP	MP
candesartan cilexetil	NP	MP
COZAAR *(Use losartan potassium)*	NP	QL(2 EA daily); MP
DIOVAN TABS 320 MG *(Use valsartan)*	NP	QL(1 EA daily); MP
DIOVAN TABS 40 MG, 80 MG, 160 MG *(Use valsartan)*	NP	QL(2 EA daily); MP
EDARBI 40 MG, 80 MG *(Use azilsartan medoxomil)*	NP	MP
irbesartan	P	QL(1 EA daily); MP
losartan potassium	P	QL(2 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
MICARDIS *(Use telmisartan)*	NF	MP
olmesartan medoxomil	NP	MP
telmisartan	NP	MP
valsartan SOLN	P	
valsartan TABS 40 MG, 80 MG, 160 MG	P	QL(2 EA daily); MP
valsartan TABS 320 MG	P	QL(1 EA daily); MP
Antiadrenergic Antihypertensives		
CARDURA 1 MG *(Use doxazosin mesylate)*	NF	MP
CARDURA *(Use doxazosin mesylate)*	NP	MP
CATAPRES-TTS-1 PTWK *(Use clonidine)*	NF	MP
CATAPRES-TTS-2 PTWK *(Use clonidine)*	NF	MP
CATAPRES-TTS-3 PTWK *(Use clonidine)*	NF	MP
clonidine hcl TABS	P	MP
clonidine hcl TABS 0.05 MG	P	
clonidine PTWK	P	MP
clonidine TB24	NP	
doxazosin mesylate	P	MP
guanfacine hcl	P	MP
JAVADIN SOLN PO 0.02 MG/ML	NP	
methyldopa TABS	P	MP
prazosin hcl CAPS	P	MP
terazosin hcl	P	MP
TEZRULY PO 1 MG/ML	NP	
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG *(Use quinapril-hydrochlorothiazide)*	NF	QL(3 EA daily); MP
ACCURETIC 12.5 MG-20 MG *(Use quinapril-hydrochlorothiazide)*	NF	QL(4 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate-benazepril hcl 10 MG-2.5 MG, 10 MG-5 MG, 20 MG-5 MG	P	QL(2 EA daily); MP
amlodipine besylate-benazepril hcl 20 MG-10 MG, 40 MG-10 MG, 40 MG-5 MG	P	QL(1 EA daily); MP
amlodipine besylate-olmesartan medoxomil	P	MP
amlodipine besylate-valsartan	P	MP
amlodipine-valsartan-hydrochlorothiazide	P	MP
ATACAND HCT *(Use candesartan cilexetil-hydrochlorothiazide)*	NP	MP
atenolol & chlorthalidone	P	MP
AVALIDE *(Use irbesartan-hydrochlorothiazide)*	NP	QL(1 EA daily); MP
AZOR *(Use amlodipine besylate-olmesartan medoxomil)*	NP	MP
benazepril & hydrochlorothiazide	P	MP
BENICAR HCT *(Use olmesartan medoxomil-hydrochlorothiazide)*	NP	MP
bisoprolol & hydrochlorothiazide	P	MP
candesartan cilexetil-hydrochlorothiazide	P	MP
captopril & hydrochlorothiazide	P	
DIOVAN HCT *(Use valsartan-hydrochlorothiazide)*	NP	QL(1 EA daily); MP
EDARBYCLOR	NP	
enalapril maleate & hydrochlorothiazide	P	QL(2 EA daily); MP
EXFORGE *(Use amlodipine besylate-valsartan)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
EXFORGE HCT *(Use amlodipine-valsartan-hydrochlorothiazide)*	NP	MP
fosinopril sodium & hydrochlorothiazide 12.5 MG-20 MG	P	QL(4 EA daily); MP
fosinopril sodium & hydrochlorothiazide 12.5 MG-10 MG	P	QL(2 EA daily); MP
HYZAAR *(Use losartan potassium & hydrochlorothiazide)*	NP	QL(2 EA daily); MP
irbesartan-hydrochlorothiazide	P	QL(1 EA daily); MP
lisinopril & hydrochlorothiazide	P	QL(2 EA daily); MP
losartan potassium & hydrochlorothiazide	P	QL(2 EA daily); MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(Use benazepril & hydrochlorothiazide)*	NP	MP
LOTREL 20 MG-5 MG *(Use amlodipine besylate-benazepril hcl)*	NF	QL(2 EA daily); MP
LOTREL 20 MG-10 MG, 40 MG-10 MG *(Use amlodipine besylate-benazepril hcl)*	NF	QL(1 EA daily); MP
LOTREL 10 MG-5 MG *(Use amlodipine besylate-benazepril hcl)*	NP	QL(2 EA daily); MP
metoprolol & hydrochlorothiazide TABS	P	QL(2 EA daily); MP
MICARDIS HCT *(Use telmisartan-hydrochlorothiazide)*	NP	MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	P	MP
olmesartan medoxomil-hydrochlorothiazide	P	MP
quinapril-hydrochlorothiazide 12.5 MG-20 MG	P	QL(4 EA daily); MP
quinapril-hydrochlorothiazide 25 MG-20 MG	P	QL(2 EA daily); MP
quinapril-hydrochlorothiazide 12.5 MG-10 MG	P	QL(3 EA daily); MP
telmisartan-amlodipine	P	MP
telmisartan-hydrochlorothiazide	P	MP
TENORETIC 100 *(Use atenolol & chlorthalidone)*	NP	MP
TENORETIC 50 *(Use atenolol & chlorthalidone)*	NP	MP
trandolapril-verapamil hcl	P	MP
TRIBENZOR *(Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NP	MP
valsartan-hydrochlorothiazide	P	QL(1 EA daily); MP
VASERETIC 25 MG-10 MG *(Use enalapril maleate & hydrochlorothiazide)*	NF	QL(2 EA daily); MP
ZESTORETIC *(Use lisinopril & hydrochlorothiazide)*	NP	QL(2 EA daily); MP
Direct Renin Inhibitors		
aliskiren fumarate	NP	MP
TEKTURNA *(Use aliskiren fumarate)*	NP	MP
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	NP	MP
INSPRA *(Use eplerenone)*	NP	MP
INSPRA *(Use eplerenone)*	NF	MP

Drug Name	Drug Tier	Requirements/ Limits
Vasodilators		
hydralazine hcl TABS	P	MP
minoxidil 2.5 MG, 10 MG	P	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS *(Use metronidazole)*	NF	
IMPAVIDO	NP	
LIKMEZ SUSP	NP	
metronidazole CAPS	NP	
metronidazole TABS 125 MG	NP	
metronidazole TABS 250 MG, 500 MG	P	
NEBUPENT IN *(Use pentamidine isethionate)*	P	
pentamidine isethionate IN	P	
tinidazole	NP	
trimethoprim TABS	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS *(Use sulfamethoxazole-trimethoprim)*	NP	
BACTRIM TABS *(Use sulfamethoxazole-trimethoprim)*	NP	
MB CAPS CAPS 120 MG	NP	
methenamine-hyoscamine-methylene blue-sodium phosphate TABS	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS 118 MG	NP	
sulfamethoxazole-trimethoprim SUSP	P	
sulfamethoxazole-trimethoprim TABS	P	
URIMAR-T CAPS 120 MG	NP	
UROGESIC-BLUE TABS *(Use methenamine-hyoscamine-methylene blue-sodium phosphate)*	NP	
Antiprotozoal Agents		
atovaquone	P	
LAMPIT	NP	
MEPRON *(Use atovaquone)*	NP	
nitazoxanide TABS	NP	
Carbapenems		
ertapenem sodium IJ	P	SP
imipenem-cilastatin IV	P	
meropenem	P	
MEROPENEM 2 GM *(Use meropenem)*	NF	
MEROPENEM-SODIUM CHLORIDE	P	
PRIMAXIN IV IV 500 MG-500 MG *(Use imipenem-cilastatin)*	NF	
Glycopeptides		
FIRVANQ SOLR PO *(Use vancomycin hcl)*	NP	
TYZAVAN SOLN IV 500 MG/100ML, 750 MG/150ML, 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML	P	
VANCOCIN CAPS 250 MG *(Use vancomycin hcl)*	NP	QL(8 EA daily)
VANCOCIN CAPS 125 MG *(Use vancomycin hcl)*	NP	QL(4 EA daily)
vancomycin hcl CAPS 125 MG	P	QL(4 EA daily)
vancomycin hcl CAPS 250 MG	P	QL(8 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
vancomycin hcl SOLN IV 750 MG/150ML, 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML	P	
VANCOMYCIN HCL SOLN IV 500 MG/100ML	P	
vancomycin hcl SOLR IV 1 GM, 1.25 GM, 1.5 GM, 5 GM, 10 GM, 500 MG, 750 MG	P	
VANCOMYCIN HCL SOLR IV 1 GM, 1.75 GM, 2 GM, 5 GM, 10 GM, 500 MG	P	
VANCOMYCIN HCL SOLR IV *(Use vancomycin hcl)*	NF	
Leprostatics		
dapsone	P	
Lincosamides		
CLEOCIN *(Use clindamycin hcl)*	NP	
CLEOCIN *(Use clindamycin palmitate hydrochloride)*	NP	QL(30 ML daily); 1 max fill(s) per 30 day(s) retail
CLEOCIN *(Use clindamycin palmitate hydrochloride)*	NF	QL(30 ML daily); 1 max fill(s) per 30 day(s) retail
clindamycin hcl	P	
clindamycin palmitate hydrochloride	P	QL(30 ML daily); 1 max fill(s) per 30 day(s) retail
Monobactams		
AZACTAM *(Use aztreonam)*	NF	
aztreonam	P	
CAYSTON	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
Oxazolidinones		
linezolid SOLN	P	
linezolid SUSR	NP	
linezolid TABS	NP	
SIVEXTRO TABS	NP	
ZYVOX SOLN	P	
ZYVOX SOLN *(Use linezolid)*	NF	
ZYVOX SUSR *(Use linezolid)*	NF	
ZYVOX SUSR *(Use linezolid)*	NP	
ZYVOX TABS *(Use linezolid)*	NP	
Penems		
ORLYNVAH TABS PO	NP	SP
Urinary Anti-infectives		
BLUJEPA TABS PO 750 MG	NP	
fosfomycin tromethamine	P	
HIPREX *(Use methenamine hippurate)*	NF	
MACROBID *(Use nitrofurantoin monohyd macro)*	NP	
MACRODANTIN *(Use nitrofurantoin macrocrystal)*	NF	
methenamine hippurate	P	
methenamine mandelate	P	
METHENAMINE MANDELATE PO 500 MG/5ML	P	
nitrofurantoin 25 MG/5ML	P	
NITROFURANTOIN	P	
nitrofurantoin macrocrystal	P	
nitrofurantoin monohyd macro	P	

Drug Name	Drug Tier	Requirements/ Limits
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	P	
COARTEM	NP	
MALARONE *(Use atovaquone-proguanil hcl)*	NP	
Antimalarials		
chloroquine phosphate TABS 250 MG	P	QL(2 EA daily)
chloroquine phosphate TABS 500 MG	P	
DARAPRIM *(Use pyrimethamine)*	NF	SP
hydroxychloroquine sulfate	P	
KRINTAFEL	NP	
mefloquine hcl	P	
primaquine phosphate TABS	P	
PRIMAQUINE PHOSPHATE TABS *(Use primaquine phosphate)*	P	
pyrimethamine	NP	SP
QUALAQUIN CAPS *(Use quinine sulfate)*	NF	
quinine sulfate CAPS 324 MG	NP	
SOVUNA	NP	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	NP	SP
MESTINON SOLN PO *(Use pyridostigmine bromide)*	NF	MP
MESTINON TABS *(Use pyridostigmine bromide)*	NF	
MESTINON TBCR *(Use pyridostigmine bromide)*	NF	QL(2 EA daily)
pyridostigmine bromide SOLN PO	P	MP
pyridostigmine bromide TABS	P	
pyridostigmine bromide TBCR	P	QL(2 EA daily)
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	P	
ethambutol hcl TABS	P	
isoniazid SYRP	P	
isoniazid TABS	P	
MYCOBUTIN *(Use rifabutin)*	NF	
PRETOMANID	NP	QL(1 EA daily)
PRIFTIN 150 MG *(Use rifapentine)*	P	
pyrazinamide	P	
rifabutin	P	
rifampin CAPS	P	
rifapentine 150 MG	P	
SIRTURO	NP	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
cyclophosphamide CAPS	P	
CYCLOPHOSPHAMIDE TABS 50 MG	P	
GLEOSTINE *(Use lomustine)*	NF	
lomustine	P	
temozolomide CAPS 180 MG, 250 MG	P	QL(2 EA daily); SP
temozolomide CAPS 5 MG, 20 MG, 100 MG, 140 MG	P	SP
Antimetabolites		

Drug Name	Drug Tier	Requirements/ Limits
capecitabine	NP	SP
JYLAMVO SOLN PO	NP	SP
mercaptopurine SUSP 2000 MG/100ML	NP	MP
mercaptopurine TABS	P	
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	P	
methotrexate sodium TABS 2.5 MG	P	
ONUREG TABS	NP	SP
PURIXAN SUSP 2000 MG/100ML *(Use mercaptopurine)*	NF	MP
PURIXAN SUSP 2000 MG/100ML *(Use mercaptopurine)*	NP	MP
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	
XATMEP SOLN PO	NP	MP
XELODA *(Use capecitabine)*	NF	SP
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA	NP	SP
INLYTA	NP	SP
LENVIMA (10 MG DAILY DOSE)	NP	SP
LENVIMA (12 MG DAILY DOSE)	NP	SP
LENVIMA (14 MG DAILY DOSE)	NP	SP
LENVIMA (18 MG DAILY DOSE)	NP	SP
LENVIMA (20 MG DAILY DOSE)	NP	SP
LENVIMA (24 MG DAILY DOSE)	NP	SP
LENVIMA (4 MG DAILY DOSE)	NP	SP
LENVIMA (8 MG DAILY DOSE)	NP	SP
Antineoplastic - Anti-HER2 Agents		
HERNEXEOS TABS PO 60 MG	NP	SP
TUKYSA	NP	QL(4 EA daily); SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	NP	SP
VENCLEXTA TABS	NP	SP
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	P	SP
gefitinib	P	SP
GILOTRIF	NP	SP
IRESSA *(Use gefitinib)*	P	SP
LAZCLUZE	NP	SP
TAGRISSO	NP	SP
TARCEVA 100 MG, 150 MG *(Use erlotinib hcl)*	NF	SP
VIZIMPRO	NP	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	NP	SP
ERIVEDGE	P	SP
ODOMZO	NP	SP
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	P	SP
AKEEGA	NP	SP
anastrozole	P	QL(1 EA daily); AL(At least 40 yrs old)
ARIMIDEX *(Use anastrozole)*	NP	QL(1 EA daily); AL(At least 40 yrs old)
AROMASIN *(Use exemestane)*	NP	AL(At least 40 yrs old)
bicalutamide	P	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
CASODEX *(Use bicalutamide)*	NP	QL(3 EA daily)
ERLEADA	NP	SP
exemestane	P	AL(At least 40 yrs old)
FARESTON *(Use toremifene citrate)*	NP	
FEMARA *(Use letrozole)*	NP	QL(1 EA daily); AL(At least 40 yrs old)
INLURIYO TABS PO 200 MG	NP	SP
letrozole	P	QL(1 EA daily); AL(At least 40 yrs old)
LIFYORLI (125 MG DOSE) CPPK PO	NP	SP
LIFYORLI (150 MG DOSE) CPPK PO	NP	SP
LYSODREN	P	SP
megestrol acetate SUSP	P	MP
megestrol acetate TABS	P	
nilutamide	P	
NUBEQA	NP	SP
ORGOVYX	NP	SP
ORSERDU	P	SP
SOLTAMOX SOLN	P	MP
tamoxifen citrate TABS	P	QL(2 EA daily)
toremifene citrate	P	
VEPPANU TABS PO 100 MG, 200 MG	NP	
XTANDI CAPS	NP	SP
XTANDI TABS	NP	SP
YONSA	NP	SP
ZYTIGA *(Use abiraterone acetate)*	NP	SP
Antineoplastic - Immunomodulators		
pomalidomide 1 MG, 2 MG, 3 MG, 4 MG	NP	SP
POMALYST 1 MG, 2 MG, 3 MG, 4 MG *(Use pomalidomide)*	NP	SP
ZENBEXUS CAPS PO 0.75 MG, 1 MG	NP	AL(Up to 65 yrs old)
Antineoplastic - Menin Inhibitors		
KOMZIFTI CAPS PO 200 MG	NP	SP
REVUFORJ 25 MG	NP	
REVUFORJ	NP	SP
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	NP	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	NP	SP
XPOVIO (40 MG ONCE WEEKLY)	NP	SP
XPOVIO (40 MG TWICE WEEKLY) 40 MG	NP	SP
XPOVIO (60 MG ONCE WEEKLY) 60 MG	NP	SP
XPOVIO (60 MG TWICE WEEKLY)	NP	SP
XPOVIO (80 MG ONCE WEEKLY)	NP	SP
XPOVIO (80 MG TWICE WEEKLY)	NP	SP
Antineoplastic Combinations		
AVMAPKI FAKZYNJA CO-PACK THPK PO	NP	SP
INQOVI	NP	SP
LONSURF	NP	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO *(Use everolimus)*	NP	SP
AFINITOR TABS *(Use everolimus)*	NP	SP
ALECENSA	NP	SP
ALUNBRIG TABS	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG TBPK	NP	SP
AUGTYRO	NP	SP
BALVERSA	NP	SP
BOSULIF CAPS	NP	SP
BOSULIF TABS 100 MG, 400 MG, 500 MG *(Use bosutinib)*	NP	SP
bosutinib TABS 100 MG, 400 MG, 500 MG	NP	SP
BRAFTOVI 75 MG	NP	SP
BRUKINSA	NP	SP
BRUKINSA PO 160 MG	NP	SP
CABOMETYX TABS	NP	SP
CALQUENCE	NP	SP
CAPRELSA	P	SP
CAVHANZA TBDP PO 60 MG, 80 MG	NP	SP
COMETRIQ (100 MG DAILY DOSE) KIT	NP	SP
COMETRIQ (140 MG DAILY DOSE) KIT	NP	SP
COMETRIQ (60 MG DAILY DOSE) KIT	NP	SP
COPIKTRA	NP	SP
COTELLIC	NP	SP
DANZITEN	NP	SP
dasatinib	NP	SP
ENSACOVE CAPS PO 25 MG, 100 MG	NP	SP
everolimus TABS	NP	SP
everolimus TBSO	NP	SP
FOTIVDA	NP	SP
GAVRETO	NP	SP
GAVRETO	NP	SP
GLEEVEC TABS *(Use imatinib mesylate)*	NP	SP
GOMEKLI CAPS PO 1 MG, 2 MG	NP	SP
GOMEKLI TBSO PO 1 MG	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
HYRNUO TABS PO 10 MG	NP	SP
IBRANCE CAPS 100 MG, 125 MG	NP	SP
IBRANCE TABS	NP	SP
IBTROZI CAPS PO 200 MG	NP	SP
ICLUSIG	NP	SP
IDHIFA	NP	SP
imatinib mesylate TABS	NP	SP
IMBRUVICA CAPS	NP	SP
IMBRUVICA SUSP	NP	SP
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	NP	SP
IMKELDI SOLN	NP	SP
INREBIC	NP	SP
ITOVEBI	NP	SP
JAKAFI	P	SP
JAKAFI XR PO 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	NP	SP
JAYPIRCA	NP	SP
KISQALI (200 MG DOSE)	NP	SP
KISQALI (400 MG DOSE)	NP	SP
KISQALI (600 MG DOSE)	NP	SP
KOSELUGO	NP	QL(3 EA daily); SP
KOSELUGO PO 5 MG, 7.5 MG	NP	SP
KRAZATI	NP	SP
lapatinib ditosylate	NP	SP
LORBRENA	NP	SP
LUMAKRAS	NP	SP
LYNPARZA TABS	NP	SP
LYTGOBI (12 MG DAILY DOSE)	NP	SP
LYTGOBI (16 MG DAILY DOSE)	NP	SP
LYTGOBI (20 MG DAILY DOSE)	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
MEKINIST SOLR	NP	SP
MEKINIST TABS	NP	SP
MEKTOVI	NP	SP
NERLYNX	NP	SP
NEXAVAR *(Use sorafenib tosylate)*	P	SP
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	NP	SP
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	NP	SP
nilotinib hcl 50 MG, 150 MG, 200 MG	NP	SP
NINLARO	NP	SP
OGSIVEO 100 MG, 150 MG	NP	SP
OJEMDA SUSR	NP	SP
OJEMDA TABS	NP	SP
OJJAARA	NP	SP
pazopanib hcl	P	SP
PEMAZYRE	NP	QL(3 EA daily); SP
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	NP	SP
PIQRAY (200 MG DAILY DOSE)	NP	SP
PIQRAY (250 MG DAILY DOSE)	NP	SP
PIQRAY (300 MG DAILY DOSE)	NP	SP
QINLOCK	NP	SP
RETEVMO CAPS	NP	SP
RETEVMO TABS	NP	SP
REZLIDHIA	NP	SP
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	NP	SP
ROZLYTREK CAPS	NP	SP
ROZLYTREK PACK	NP	SP
RUBRACA	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
RYDAPT	NP	SP
SCEMBLIX	NP	SP
sorafenib tosylate	P	SP
SPRYCEL *(Use dasatinib)*	NP	SP
STIVARGA	NP	SP
sunitinib malate	P	SP
SUTENT *(Use sunitinib malate)*	P	SP
TABRECTA	NP	QL(3 EA daily); SP
TAFINLAR CAPS	NP	SP
TAFINLAR TBSO	NP	SP
TALZENNA	NP	SP
TASIGNA 50 MG, 150 MG, 200 MG *(Use nilotinib hcl)*	NP	SP
TEPMETKO	NP	SP
TIBSOVO	NP	SP
TRUQAP TABS	NP	SP
TRUQAP TBPK	NP	SP
TURALIO 125 MG	NP	SP
TYKERB *(Use lapatinib ditosylate)*	NP	SP
VANFLYTA	NP	SP
VERZENIO	NP	SP
VITRAKVI CAPS	NP	SP
VITRAKVI SOLN	NP	SP; MP
VONJO	NP	SP
VORANIGO	NP	SP
VOTRIENT *(Use pazopanib hcl)*	P	SP
XALKORI CAPS	NP	SP
XALKORI CPSP	NP	SP
XOSPATA	NP	SP
ZEJULA TABS	NP	SP
ZELBORAF	NP	SP
ZOLINZA	NP	SP
ZYDELIG	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
ZYKADIA TABS	NP	SP
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	NP	SP
BESREMI	NP	SP
BESREMI PEN SC 500 MCG/0.5ML	NP	SP
bexarotene	P	SP
HYDREA *(Use hydroxyurea)*	NF	
HYDREA *(Use hydroxyurea)*	NP	
hydroxyurea	P	
MATULANE	P	SP
TARGRETIN *(Use bexarotene)*	NF	SP
tretinoin (chemotherapy)	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		
IWILFIN	NP	SP
leucovorin calcium TABS 5 MG	NP	
leucovorin calcium TABS	P	
mesna TABS	P	SP
MESNEX TABS	P	SP
Mitotic Inhibitors		
etoposide CAPS	P	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	P	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	P	MP
LODOSYN *(Use carbidopa)*	NF	MP
NOURIANZ	NP	
Antiparkinson Anticholinergics		
benztropine mesylate TABS	P	MP
trihexyphenidyl hcl SOLN	P	MP
trihexyphenidyl hcl TABS	P	MP
Antiparkinson COMT Inhibitors		
entacapone	P	MP
ONGENTYS	NP	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	P	MP
amantadine hcl SOLN	P	MP
amantadine hcl TABS	P	MP
APOKYN SOCT	NP	SP; MP
apomorphine hydrochloride SOCT	NP	SP; MP
bromocriptine mesylate CAPS	P	MP
bromocriptine mesylate TABS 2.5 MG	P	
carbidopa-levodopa CPCR	NP	MP
carbidopa-levodopa-entacapone	NP	MP
carbidopa-levodopa TABS	P	MP
carbidopa-levodopa TBCR	P	
carbidopa-levodopa TBDP	NP	MP
CREXONT CPCR	NP	
DHIVY TABS	NP	MP
GOCOVRI CP24	NP	SP; MP
INBRIJA CAPS	NP	
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG *(Use pramipexole dihydrochloride)*	NF	
NEUPRO	NP	
ONAPGO SOCT 98 MG/20ML	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
PARLODEL CAPS *(Use bromocriptine mesylate)*	NF	MP
PARLODEL TABS *(Use bromocriptine mesylate)*	NF	
pramipexole dihydrochloride TABS	P	QL(3 EA daily); MP
pramipexole dihydrochloride TB24	NP	
ropinirole hydrochloride TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	P	QL(3 EA daily); MP
ropinirole hydrochloride TABS 5 MG	P	QL(5 EA daily); MP
ropinirole hydrochloride TB24	NP	MP
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG *(Use carbidopa-levodopa)*	NP	MP
SINEMET TABS 100 MG-10 MG *(Use carbidopa-levodopa)*	NP	MP
SINEMET TABS 100 MG-25 MG *(Use carbidopa-levodopa)*	NF	MP
VYALEV SOLN SC	NP	SP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(Use rasagiline mesylate)*	NP	MP
rasagiline mesylate	NP	MP
selegiline hcl CAPS	P	MP
selegiline hcl TABS	P	MP
XADAGO	NP	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	P	MP
lithium carbonate CAPS	P	MP
lithium carbonate TABS	P	MP
lithium carbonate TBCR	P	
LITHOBID TBCR *(Use lithium carbonate)*	NP	
Antipsychotics - Misc.		
CAPLYTA 42 MG	P	QL(3 EA daily)
CAPLYTA 10.5 MG, 21 MG	P	
EQUETRO	NP	
GEODON *(Use ziprasidone mesylate)*	NP	
GEODON *(Use ziprasidone mesylate)*	NF	
GEODON 60 MG *(Use ziprasidone hcl)*	NF	QL(2 EA daily); MP
GEODON 20 MG, 60 MG, 80 MG *(Use ziprasidone hcl)*	NP	QL(2 EA daily); MP
LATUDA *(Use lurasidone hcl)*	NP	AL(At least 8 yrs old)
lurasidone hcl	P	AL(At least 8 yrs old)
NUPLAZID CAPS	NP	AL(At least 8 yrs old)
NUPLAZID TABS 10 MG	NP	AL(At least 8 yrs old)
VRAYLAR CAPS 0.5 MG, 0.75 MG	P	
VRAYLAR CAPS	P	AL(At least 8 yrs old)
ziprasidone hcl	P	QL(2 EA daily); MP
ziprasidone mesylate	NP	
Benzisoxazoles		
BYSANTI TITRATION PACK A TBPK PO	NP	
BYSANTI TITRATION PACK B TBPK PO	NP	
BYSANTI TITRATION PACK C TBPK PO	NP	
BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits
ERZOFRI 351 MG/2.25ML	P	SP; PA
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	P	AL(At least 18 yrs old); SP; MP; PA
FANAPT	NP	QL(2 EA daily); AL(At least 8 yrs old)
FANAPT TITRATION PACK A	NP	QL(0.27 EA daily); AL(At least 8 yrs old)
FANAPT TITRATION PACK B	NP	
FANAPT TITRATION PACK C	NP	
INVEGA 3 MG, 6 MG, 9 MG *(Use paliperidone)*	NP	AL(At least 8 yrs old)
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP; MP; PA
INVEGA SUSTENNA	P	AL(At least 18 yrs old); SP; MP; PA
INVEGA TRINZA	P	AL(At least 18 yrs old); SP; PA
paliperidone	NP	AL(At least 8 yrs old)
PERSERIS PRSY	P	AL(At least 8 yrs old); SP; MP; PA
RISPERDAL CONSTA *(Use risperidone microspheres)*	NP	SP
RISPERDAL CONSTA 50 MG *(Use risperidone microspheres)*	NF	SP
RISPERDAL SOLN *(Use risperidone)*	NP	MP
RISPERDAL TABS 0.5 MG, 3 MG *(Use risperidone)*	NF	QL(4 EA daily); MP
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(Use risperidone)*	NP	QL(4 EA daily); MP
risperidone microspheres	NP	SP
risperidone SOLN	P	MP
risperidone TABS	P	QL(4 EA daily); MP
risperidone TBDP	NP	MP
RYKINDO SRER	NP	SP
UZEDY SUSY	P	AL(At least 18 yrs old); SP; PA
Butyrophenones		
HALDOL DECANOATE *(Use haloperidol decanoate)*	NF	
haloperidol decanoate	P	
haloperidol lactate CONC	P	MP
haloperidol TABS 0.5 MG, 1 MG, 10 MG	P	QL(3 EA daily); MP
haloperidol TABS 2 MG, 5 MG, 20 MG	P	MP
Dibenzapines		
ADASUVE	NP	
asenapine maleate 5 MG	NP	MP
asenapine maleate 2.5 MG, 10 MG	NP	AL(At least 8 yrs old); MP
clozapine TABS 25 MG, 50 MG, 200 MG	P	QL(3 EA daily); MP
clozapine TABS 100 MG	P	QL(9 EA daily); MP
clozapine TBDP	NP	AL(At least 8 yrs old); MP
CLOZARIL TABS 25 MG *(Use clozapine)*	NP	QL(3 EA daily); MP
CLOZARIL TABS 50 MG, 200 MG *(Use clozapine)*	NF	QL(3 EA daily); MP
CLOZARIL TABS 100 MG *(Use clozapine)*	NP	QL(9 EA daily); MP
loxapine succinate	P	MP
olanzapine SOLR	NP	AL(At least 8 yrs old)
olanzapine TABS 2.5 MG, 5 MG	P	QL(4 EA daily); MP
olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	P	QL(2 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
olanzapine TBDP 5 MG, 15 MG, 20 MG	P	MP
olanzapine TBDP 10 MG	P	AL(At least 8 yrs old); MP
quetiapine fumarate TABS 300 MG, 400 MG	P	QL(2 EA daily); MP
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG, 200 MG	P	QL(4 EA daily); MP
quetiapine fumarate TB24 50 MG, 150 MG, 200 MG, 400 MG	P	QL(3 EA daily)
quetiapine fumarate TB24 300 MG	P	QL(4 EA daily); MP
SAPHRIS 2.5 MG, 10 MG *(Use asenapine maleate)*	NP	AL(At least 8 yrs old); MP
SAPHRIS 10 MG *(Use asenapine maleate)*	NF	AL(At least 8 yrs old); MP
SAPHRIS 5 MG *(Use asenapine maleate)*	NP	MP
SAPHRIS 5 MG *(Use asenapine maleate)*	NF	MP
SECUADO	NP	QL(1 EA daily)
SEROQUEL XR TB24 50 MG, 150 MG, 200 MG, 400 MG *(Use quetiapine fumarate)*	NP	QL(3 EA daily)
SEROQUEL XR TB24 300 MG *(Use quetiapine fumarate)*	NP	QL(4 EA daily); MP
SEROQUEL TABS 300 MG, 400 MG *(Use quetiapine fumarate)*	NP	QL(2 EA daily); MP
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG *(Use quetiapine fumarate)*	NP	QL(4 EA daily); MP
VERSACLOZ SUSP	NP	AL(At least 8 yrs old); MP
ZYPREXA RELPREVV	NP	SP
ZYPREXA ZYDIS TBDP 5 MG, 15 MG, 20 MG *(Use olanzapine)*	NP	MP
ZYPREXA ZYDIS TBDP 10 MG *(Use olanzapine)*	NP	AL(At least 8 yrs old); MP
ZYPREXA ZYDIS TBDP 5 MG, 15 MG, 20 MG *(Use olanzapine)*	NF	MP
ZYPREXA ZYDIS TBDP 10 MG *(Use olanzapine)*	NF	AL(At least 8 yrs old); MP
ZYPREXA SOLR *(Use olanzapine)*	NP	AL(At least 8 yrs old)
ZYPREXA SOLR *(Use olanzapine)*	NF	AL(At least 8 yrs old)
ZYPREXA TABS 7.5 MG, 10 MG, 15 MG, 20 MG *(Use olanzapine)*	NF	QL(2 EA daily); MP
ZYPREXA TABS 7.5 MG, 10 MG, 15 MG, 20 MG *(Use olanzapine)*	NP	QL(2 EA daily); MP
ZYPREXA TABS 2.5 MG, 5 MG *(Use olanzapine)*	NP	QL(4 EA daily); MP
ZYPREXA TABS 2.5 MG, 5 MG *(Use olanzapine)*	NF	QL(4 EA daily); MP
Muscarinic Agents		
COBENFY STARTER PACK CPPK	P	
COBENFY CAPS	P	
Phenothiazines		
chlorpromazine hcl CONC	P	MP
chlorpromazine hcl TABS 10 MG, 25 MG, 50 MG, 200 MG	P	QL(4 EA daily); MP
chlorpromazine hcl TABS 100 MG	P	QL(5 EA daily); MP
fluphenazine hcl CONC	P	
fluphenazine hcl ELIX	P	MP
fluphenazine hcl SOLN	P	
fluphenazine hcl TABS	P	MP
perphenazine TABS	P	QL(4 EA daily); MP
prochlorperazine	P	
prochlorperazine maleate TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
thioridazine hcl 10 MG, 25 MG, 50 MG	P	QL(4 EA daily); MP
thioridazine hcl 100 MG	P	QL(8 EA daily); MP
trifluoperazine hcl TABS	P	QL(3 EA daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	P	AL(At least 18 yrs old); SP; PA
ABILIFY MAINTENA PRSY	P	AL(At least 18 yrs old); SP; MP; PA
ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old); SP; MP; PA
ABILIFY TABS *(Use aripiprazole)*	NP	QL(1 EA daily); AL(At least 6 yrs old); MP
aripiprazole SOLN PO	NP	QL(20 ML daily); AL(At least 6 yrs old); MP
aripiprazole TABS	P	QL(1 EA daily); AL(At least 6 yrs old); MP
aripiprazole TBDP	NP	AL(At least 8 yrs old); MP
ARISTADA	P	AL(At least 8 yrs old); SP; PA
ARISTADA INITIO	P	AL(At least 8 yrs old); SP; PA
OPIPZA FILM	NP	
REXULTI	P	QL(1 EA daily); AL(At least 8 yrs old)
Thioxanthenes		
thiothixene 10 MG	P	QL(6 EA daily); MP
thiothixene 1 MG, 2 MG, 5 MG	P	QL(3 EA daily); MP
ANTISEPTICS & DISINFECTANTS		
Iodine Antiseptics		
FIRST AID ANTISEPTIC OINT	P	
povidone-iodine SOLN 10 %	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	P	MP
abacavir sulfate SOLN	P	MP
abacavir sulfate TABS	P	QL(2 EA daily); MP
APRETUDE	P	
APTIVUS CAPS	P	MP
atazanavir sulfate CAPS 150 MG, 300 MG	P	QL(1 EA daily); MP
atazanavir sulfate CAPS 200 MG	P	QL(2 EA daily); MP
BIKTARVY	P	QL(1 EA daily); MP
CABENUVA	P	MP
CIMDUO	NP	MP
COMPLERA 200 MG-300 MG-25 MG *(Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	P	QL(1 EA daily); MP
darunavir TABS 600 MG	P	QL(2 EA daily); MP
darunavir TABS 800 MG	P	QL(1 EA daily); MP
DELSTRIGO	P	QL(1 EA daily); MP
DESCOVY	P	MP
DOVATO	P	QL(1 EA daily); MP
EDURANT 25 MG *(Use rilpivirine hcl)*	P	MP
EDURANT PED PO 2.5 MG	P	
efavirenz CAPS 50 MG	P	QL(2 EA daily); MP
efavirenz CAPS 200 MG	P	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
efavirenz-emtricitabine-tenofovir disoproxil fumarate	P	QL(1 EA daily); MP
efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-400 MG-300 MG	P	QL(1 EA daily); MP
efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG-300 MG	NP	QL(1 EA daily); MP
efavirenz TABS	P	QL(1 EA daily); MP
emtricitabine CAPS	P	QL(1 EA daily); MP
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	P	QL(1 EA daily); MP
emtricitabine-tenofovir disoproxil fumarate	P	MP
EMTRIVA CAPS *(Use emtricitabine)*	P	QL(1 EA daily); MP
EMTRIVA SOLN	P	MP
EPIVIR SOLN *(Use lamivudine)*	NP	MP
EPIVIR TABS 300 MG *(Use lamivudine)*	NP	QL(1 EA daily); MP
EPIVIR TABS 150 MG *(Use lamivudine)*	NP	QL(2 EA daily); MP
etravirine 200 MG	P	QL(2 EA daily); MP
etravirine 100 MG	P	QL(4 EA daily); MP
EVOTAZ	NP	MP
fosamprenavir calcium TABS	P	QL(4 EA daily); MP
GENVOYA	P	QL(1 EA daily); MP
IDVYNSO TABS PO	NP	
INTELENCE 200 MG *(Use etravirine)*	P	QL(2 EA daily); MP
INTELENCE *(Use etravirine)*	P	QL(4 EA daily); MP
INTELENCE	P	QL(4 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS HD TABS	P	QL(2 EA daily); MP
ISENTRESS CHEW 25 MG	P	QL(12 EA daily); MP
ISENTRESS CHEW 100 MG	P	QL(6 EA daily); MP
ISENTRESS PACK	P	QL(2 EA daily); MP
ISENTRESS TABS	P	QL(2 EA daily); MP
JULUCA	P	MP
KALETRA SOLN	NP	MP
KALETRA TABS 25 MG-100 MG *(Use lopinavir-ritonavir)*	P	QL(4 EA daily); MP
KALETRA TABS 50 MG-200 MG *(Use lopinavir-ritonavir)*	P	QL(6 EA daily); MP
lamivudine SOLN	P	MP
lamivudine TABS 150 MG	P	QL(2 EA daily); MP
lamivudine TABS 300 MG	P	QL(1 EA daily); MP
lamivudine-zidovudine	P	QL(2 EA daily); MP
lopinavir-ritonavir SOLN	P	MP
lopinavir-ritonavir TABS 25 MG-100 MG	P	QL(4 EA daily); MP
lopinavir-ritonavir TABS 50 MG-200 MG	P	QL(6 EA daily); MP
maraviroc TABS	P	MP
nevirapine SUSP	P	QL(40 ML daily); MP
nevirapine TABS	P	QL(2 EA daily); MP
nevirapine TB24 400 MG	P	QL(1 EA daily); MP
NORVIR PACK	P	MP
NORVIR TABS *(Use ritonavir)*	P	QL(12 EA daily); MP
ODEFSEY	P	QL(1 EA daily); MP
PIFELTRO	P	MP
PREZCOBIX	P	

Drug Name	Drug Tier	Requirements/ Limits
PREZCOBIX	P	MP
PREZISTA SUSP	P	MP
PREZISTA TABS 75 MG, 150 MG	P	MP
PREZISTA TABS 800 MG *(Use darunavir)*	P	QL(1 EA daily); MP
PREZISTA TABS 600 MG *(Use darunavir)*	P	QL(2 EA daily); MP
RETROVIR CAPS *(Use zidovudine)*	NP	QL(6 EA daily); MP
RETROVIR SOLN	P	
RETROVIR SYRP *(Use zidovudine)*	NP	MP
REYATAZ CAPS 200 MG *(Use atazanavir sulfate)*	P	QL(2 EA daily); MP
REYATAZ CAPS 300 MG *(Use atazanavir sulfate)*	P	QL(1 EA daily); MP
REYATAZ PACK	P	QL(6 EA daily); MP
rilpivirine hcl 25 MG	P	MP
ritonavir TABS	P	QL(12 EA daily); MP
RUKOBIA	P	MP
SELZENTRY SOLN	P	MP
SELZENTRY TABS *(Use maraviroc)*	NP	MP
STRIBILD	NP	MP
SUNLENCA SOLN	P	SP; PA
SUNLENCA TABS PO 300 MG	P	SP; PA
SUNLENCA TBPK 300 MG	P	SP; PA
SYMFI *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	P	QL(1 EA daily); MP
SYMFI LO *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily); MP
SYMTUZA	P	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
tenofovir disoproxil fumarate TABS	P	QL(1 EA daily); MP
TIVICAY PD TBSO	P	QL(6 EA daily); MP
TIVICAY TABS 50 MG	P	QL(2 EA daily); MP
TRIUMEQ PD TBSO	P	
TRIUMEQ TABS	P	MP
TROGARZO	P	SP; MP; PA
TRUVADA *(Use emtricitabine-tenofovir disoproxil fumarate)*	P	MP
TYBOST	NP	MP
VIRACEPT TABS 625 MG	P	QL(4 EA daily); MP
VIRACEPT TABS 250 MG	P	QL(9 EA daily); MP
VIREAD POWD	P	MP
VIREAD TABS	P	QL(1 EA daily); MP
VIREAD TABS *(Use tenofovir disoproxil fumarate)*	P	QL(1 EA daily); MP
YEZTUGO SOLN 463.5 MG/1.5ML	P	SP
YEZTUGO TABS PO 300 MG	P	SP
ZIAGEN SOLN *(Use abacavir sulfate)*	P	MP
zidovudine CAPS	P	QL(6 EA daily); MP
zidovudine SYRP	P	MP
zidovudine TABS	P	QL(2 EA daily); MP
Antiviral Combinations		
PAXLOVID (150/100)	P	AL(At least 12 yrs old)
PAXLOVID (150/100)	P	Maximum 5-day supply; AL(At least 12 yrs old)
PAXLOVID (300/100 & 150/100)	P	

Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID (300/100)	P	Maximum 5-day supply; AL(At least 12 yrs old)
PAXLOVID (300/100)	P	AL(At least 12 yrs old)
CMV Agents		
LIVTENCITY	P	SP; PA
PREVYMIS PACK	NP	SP
PREVYMIS TABS	P	SP; PA
VALCYTE SOLR *(Use valganciclovir hcl)*	NP	
VALCYTE TABS *(Use valganciclovir hcl)*	NF	QL(4 EA daily)
valganciclovir hcl SOLR	NP	
valganciclovir hcl TABS	P	QL(4 EA daily)
Hepatitis Agents		
adefovir dipivoxil	NP	
BARACLUDE SOLN	NP	MP
BARACLUDE TABS *(Use entecavir)*	NP	
entecavir TABS	P	
EPCLUSA PACK	NP	SP
EPCLUSA TABS 50 MG-200 MG	NP	SP
EPCLUSA TABS 100 MG-400 MG	NP	QL(1 EA daily); SP
HARVONI PACK	NP	SP
HARVONI TABS	NP	SP
HARVONI TABS	NP	SP
HEPCLUDEX SOLR SC 8.5 MG	NP	SP
lamivudine (hbv) TABS	NP	
LEDIPASVIR-SOFOSBUVIR TABS	NP	SP
MAVYRET PACK	P	SP
MAVYRET TABS	P	SP
PEGASYS SOSY	NP	SP
ribavirin (hepatitis c) CAPS	P	SP
ribavirin (hepatitis c) TABS 200 MG	P	SP
SOFOSBUVIR-VELPATASVIR TABS	P	QL(1 EA daily); SP
SOVALDI PACK	NP	SP
SOVALDI TABS	NP	SP
VEMLIDY	NP	SP
VOSEVI	NP	SP
ZEPATIER	NP	SP
Herpes Agents		
acyclovir CAPS	P	
acyclovir SUSP	P	MP
acyclovir TABS PO	P	
famciclovir	NP	
SITAVIG TABS BU	NP	
valacyclovir hcl 500 MG	P	QL(2 EA daily)
valacyclovir hcl 1 GM	P	
VALTREX 1 GM *(Use valacyclovir hcl)*	NP	
VALTREX 500 MG *(Use valacyclovir hcl)*	NP	QL(2 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS 45 MG	P	QL(20 EA per fill retail); 1 max fill(s) per 180 day(s) retail
oseltamivir phosphate CAPS 75 MG	P	QL(20 EA per fill retail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
oseltamivir phosphate CAPS 30 MG	P	QL(40 EA per fill retail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
oseltamivir phosphate SUSR	P	QL(120 ML per fill retail); 1 max fill(s) per 180 day(s) retail; 10 day(s) max supply per 30 day(s) retail; 1 max fill(s) per 180 day(s) mail; 10 day(s) max supply per 30 day(s) mail
RELENZA DISKHALER	P	10 day(s) max supply per 30 day(s) retail
rimantadine hydrochloride TABS	NP	
TAMIFLU CAPS 30 MG *(Use oseltamivir phosphate)*	NF	QL(40 EA per fill retail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
TAMIFLU CAPS 45 MG *(Use oseltamivir phosphate)*	NF	QL(20 EA per fill retail); 1 max fill(s) per 180 day(s) retail
TAMIFLU CAPS 75 MG *(Use oseltamivir phosphate)*	NP	QL(20 EA per fill retail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
TAMIFLU SUSR *(Use oseltamivir phosphate)*	NP	QL(120 ML per fill retail); 1 max fill(s) per 180 day(s) retail; 10 day(s) max supply per 30 day(s) retail; 1 max fill(s) per 180 day(s) mail; 10 day(s) max supply per 30 day(s) mail
XOFLUZA (40 MG DOSE) 40 MG	NP	
XOFLUZA (80 MG DOSE) 80 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits
Misc. Antivirals		
LAGEVRIO	P	Maximum 5-day supply; AL(At least 18 yrs old)
XOCOVA TABS PO 125 MG	NP	
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	P	
VIRAZOLE *(Use ribavirin)*	NF	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol	P	MP
carvedilol phosphate	NP	MP
COREG CR *(Use carvedilol phosphate)*	NF	MP
labetalol hcl TABS 400 MG	P	
labetalol hcl TABS 100 MG	P	QL(3 EA daily); MP
labetalol hcl TABS 200 MG	P	QL(6 EA daily); MP
labetalol hcl TABS 300 MG	P	QL(8 EA daily); MP
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	P	MP
atenolol TABS	P	MP
betaxolol hcl	P	MP
bisoprolol fumarate	P	MP
bisoprolol fumarate 2.5 MG	P	
BYSTOLIC 2.5 MG, 5 MG *(Use nebivolol hcl)*	NF	MP
BYSTOLIC *(Use nebivolol hcl)*	NP	MP
KAPSPARGO SPRINKLE CS24	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
LOPRESSOR SOLN PO 10 MG/ML	NP	
LOPRESSOR TABS 100 MG *(Use metoprolol tartrate)*	NP	QL(4.5 EA daily); MP
LOPRESSOR TABS 12.5 MG *(Use metoprolol tartrate)*	NF	
LOPRESSOR TABS 50 MG *(Use metoprolol tartrate)*	NP	QL(4 EA daily); MP
metoprolol succinate TB24	P	QL(1 EA daily); MP
metoprolol tartrate TABS 12.5 MG	P	
metoprolol tartrate TABS 25 MG, 50 MG	P	QL(4 EA daily); MP
metoprolol tartrate TABS 100 MG	P	QL(4.5 EA daily); MP
metoprolol tartrate TABS 37.5 MG, 75 MG	P	MP
nebivolol hcl	NP	MP
TENORMIN TABS 25 MG, 50 MG *(Use atenolol)*	NF	MP
TENORMIN TABS *(Use atenolol)*	NP	MP
TOPROL XL TB24 *(Use metoprolol succinate)*	NF	QL(1 EA daily); MP
TOPROL XL TB24 *(Use metoprolol succinate)*	NP	QL(1 EA daily); MP
Beta Blockers Non-Selective		
BETAPACE AF *(Use sotalol hcl (afib/afl))*	NP	MP
BETAPACE TABS 80 MG, 160 MG *(Use sotalol hcl)*	NP	QL(2 EA daily); MP
BETAPACE TABS 120 MG *(Use sotalol hcl)*	NP	QL(4 EA daily); MP
CORGARD TABS 20 MG, 40 MG *(Use nadolol)*	NF	QL(2 EA daily); MP
HEMANGEOL SOLN PO	P	AL(Up to 8 yrs old); SP; PA
HEMANGEOL SOLN PO	P	AL(Up to 8 yrs old); SP; PA
INDERAL LA CP24 *(Use propranolol hcl)*	NP	MP
INDERAL XL	NP	MP
INNOPRAN XL	NP	MP
nadolol TABS 20 MG, 40 MG	P	QL(2 EA daily); MP
nadolol TABS 80 MG	P	QL(4 EA daily); MP
pindolol TABS	P	MP
propranolol hcl CP24	P	MP
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	P	MP
propranolol hcl TABS	P	MP
sotalol hcl (afib/afl)	NP	MP
sotalol hcl TABS 240 MG	P	MP
sotalol hcl TABS 80 MG, 160 MG	P	QL(2 EA daily); MP
sotalol hcl TABS 120 MG	P	QL(4 EA daily); MP
SOTYLIZE SOLN PO	NP	MP
timolol maleate TABS	P	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS	P	QL(1 EA daily); MP
CARDAMYST SOLN NA	NP	
CARDIZEM CD CP24 *(Use diltiazem hcl coated beads)*	NF	QL(1 EA daily); MP
CARDIZEM LA TB24 *(Use diltiazem hcl)*	NF	
CARDIZEM TABS 30 MG, 60 MG *(Use diltiazem hcl)*	NF	QL(4 EA daily); MP
CARDIZEM TABS 120 MG *(Use diltiazem hcl)*	NF	MP
diltiazem hcl coated beads CP24	P	QL(1 EA daily); MP
diltiazem hcl extended release beads	P	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl CP12	P	QL(2 EA daily); MP
diltiazem hcl CP24 120 MG	P	MP
diltiazem hcl CP24 180 MG, 240 MG	P	QL(1 EA daily); MP
diltiazem hcl TABS 30 MG, 60 MG, 90 MG	P	QL(4 EA daily); MP
diltiazem hcl TABS 120 MG	P	MP
diltiazem hcl TB24	P	
felodipine	P	QL(1 EA daily); MP
isradipine CAPS	NP	MP
KATERZIA	NP	MP
nicardipine hcl CAPS	NP	MP
nifedipine CAPS 10 MG	P	QL(4 EA daily); MP
nifedipine CAPS 20 MG	P	QL(1 EA daily); MP
nifedipine TB24	P	QL(1 EA daily); MP
nimodipine CAPS	P	
nimodipine SOLN	NP	
nisoldipine 8.5 MG, 17 MG, 34 MG	NP	MP
NORLIQVA SOLN	NP	
NORVASC TABS 5 MG, 10 MG *(Use amlodipine besylate)*	NF	QL(1 EA daily); MP
NORVASC TABS *(Use amlodipine besylate)*	NP	QL(1 EA daily); MP
NYMALIZE SOLN 6 MG/ML	NP	QL(8 ML daily)
PROCARDIA XL TB24 30 MG, 60 MG *(Use nifedipine)*	NP	QL(1 EA daily); MP
PROCARDIA XL TB24 60 MG, 90 MG *(Use nifedipine)*	NF	QL(1 EA daily); MP
SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	
SULAR 8.5 MG, 17 MG, 34 MG *(Use nisoldipine)*	NP	MP
TIAZAC *(Use diltiazem hcl extended release beads)*	NF	QL(1 EA daily); MP
VERAPAMIL HCL ER CP24 *(Use verapamil hcl)*	P	QL(1 EA daily); MP
verapamil hcl CP24	P	QL(1 EA daily); MP
verapamil hcl TABS	P	QL(3 EA daily); MP
verapamil hcl TBCR	P	QL(1 EA daily); MP
VERELAN PM CP24 *(Use verapamil hcl)*	NP	QL(1 EA daily); MP
VERELAN CP24 *(Use verapamil hcl)*	NF	QL(1 EA daily); MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	P	MP
digoxin TABS 62.5 MCG	NP	
digoxin TABS 125 MCG, 250 MCG	P	MP
Inotropes		
milrinone lactate	P	
milrinone lactate in dextrose	P	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	NP	SP
MYQORZO TABS PO 5 MG, 10 MG, 15 MG, 20 MG	NP	SP
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
BIDIL *(Use isosorbide dinitrate-hydralazine hcl)*	P	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(Use amlodipine besylate-atorvastatin calcium)*	NP	MP
ENTRESTO CPSP	P	
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG *(Use sacubitril-valsartan)*	P	
isosorbide dinitrate-hydralazine hcl	P	
OPSYNVI	NP	SP
sacubitril-valsartan TABS	NP	
Cardiovascular Anti-inflammatory/Immune Modulators		
LODOCO	NP	
Impotence Agents		
CIALIS 5 MG *(Use tadalafil)*	NP	
tadalafil 5 MG	NP	
Prostaglandin Vasodilators		
alprostadil SOLN IJ 500 MCG/ML	NP	
AURLUMYN IV	NP	SP
epoprostenol sodium	P	SP; PA
FLOLAN 1.5 MG *(Use epoprostenol sodium)*	NF	SP
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
ORENITRAM TBCR	NP	SP
PROSTIN VR SOLN IJ 500 MCG/ML *(Use alprostadil)*	NP	
REMODULIN SOLN IJ	NP	SP
treprostinil SOLN IJ	NP	SP
TYVASO DPI INSTITUTIONAL KIT POWD	NP	SP
TYVASO DPI MAINTENANCE KIT POWD	NP	SP
TYVASO DPI TITRATION KIT POWD	NP	SP
TYVASO REFILL KIT SOLN IN	NP	SP; MP
TYVASO STARTER KIT SOLN IN	NP	SP; MP
TYVASO SOLN IN	NP	SP; MP
VELETRI *(Use epoprostenol sodium)*	NP	SP
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	NP	SP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	NP	SP
bosentan TABS	NP	SP
bosentan TBSO 32 MG	NP	SP
LETAIRIS *(Use ambrisentan)*	P	SP; PA
macitentan 10 MG	NP	SP
OPSUMIT 10 MG *(Use macitentan)*	NP	SP
TRACLEER TABS *(Use bosentan)*	P	SP; PA
TRACLEER TBSO 32 MG *(Use bosentan)*	P	SP; PA
TRACLEER TBSO 32 MG *(Use bosentan)*	NF	SP
Pulmonary Hypertension - Phosphodiesterase		

Drug Name	Drug Tier	Requirements/ Limits
Inhibitors		
ADCIRCA TABS *(Use tadalafil (pulmonary hypertension))*	P	SP; PA
REVATIO SOLN *(Use sildenafil citrate (pulmonary hypertension))*	NP	SP
REVATIO SOLN *(Use sildenafil citrate (pulmonary hypertension))*	NF	SP
REVATIO SUSR *(Use sildenafil citrate (pulmonary hypertension))*	NF	SP
REVATIO TABS *(Use sildenafil citrate (pulmonary hypertension))*	NP	SP
sildenafil citrate (pulmonary hypertension) SOLN	NP	SP
sildenafil citrate (pulmonary hypertension) SUSR	NP	SP
sildenafil citrate (pulmonary hypertension) TABS	P	SP; PA
tadalafil (pulmonary hypertension) TABS	P	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	NP	SP
UPTRAVI SOLR	NP	SP
UPTRAVI TABS	NP	SP
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP
Sinus Node Inhibitors		
CORLANOR SOLN	NP	SP; MP
CORLANOR TABS *(Use ivabradine hcl)*	NP	
ivabradine hcl TABS	NP	
Transthyretin Stabilizers		
ATTRUBY	NP	SP
VYNDAMAX	NP	SP
VYNDAQEL	NP	SP
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	P	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	P	
cefadroxil SUSR	P	
cefadroxil TABS	P	
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML, 4 %-3 GM/150ML	P	
CEFAZOLIN SODIUM-DEXTROSE SOLR	P	
cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG	P	
CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM	P	
CEFAZOLIN SODIUM SOSY IV	P	
cephalexin CAPS	P	
cephalexin SUSR	P	
cephalexin TABS 250 MG	P	
cephalexin TABS 500 MG	NP	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
cefaclor CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits
cefprozil SUSR	P	
cefprozil TABS	NP	
cefuroxime axetil TABS 500 MG	P	QL(56 EA per fill retail)
cefuroxime axetil TABS 250 MG	P	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
cefdinir CAPS	P	QL(28 EA per fill retail)
cefdinir SUSR	P	
cefixime CAPS	P	QL(1 EA daily)
cefixime SUSR	NP	
cefixime TABS	P	
cefpodoxime proxetil SUSR	P	
cefpodoxime proxetil TABS	P	
ceftazidime IJ 1 GM, 6 GM	P	
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	P	
CEFTRIAXONE SODIUM-DEXTROSE	P	
Cephalosporins - 4th Generation		
CEFEPIME HCL SOLN	P	
cefepime hcl SOLR IJ 1 GM	P	
CEFEPIME-DEXTROSE	P	
CHEMICALS		
Bulk Chemicals - F's		
FLUPHENAZINE DECANOATE POWD	P	
Bulk Chemicals - L's		
LITHIUM CITRATE TETRAHYDRATE	P	
Bulk Chemicals - P's		
PENTOSAN POLYSULFATE SODIUM	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	P	MP
BALCOLTRA *(Use levonorgestrel-ethinyl estradiol-iron)*	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
BEYAZ *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
desogestrel & ethinyl estradiol	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
desogestrel-ethinyl estradiol (biphasic)	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
desogestrel-ethinyl estradiol (triphasic)	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
drospirenone-ethinyl estradiol	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
drospirenone-ethinyl estradiol-levomefolate calcium	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
ethynodiol diacet & eth estrad 35 MCG-1 MG	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
FEMLYV TBDP	P	MP
levonorgestrel & eth estradiol TABS	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
levonorgestrel-eth estradiol (triphasic)	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
levonorgestrel-ethinyl estradiol (continuous)	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
levonorgestrel-ethinyl estradiol-iron	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
LO LOESTRIN FE TABS	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
MIRCETTE *(Use desogestrel-ethinyl estradiol (biphasic))*	NF	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
NATAZIA	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
NEXTSTELLIS	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norethin acet & estrad-fe CAPS	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norethin acet & estrad-fe CHEW	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norethindrone & eth estradiol	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norethindrone & ethinyl estradiol-fe	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norethindrone acet & eth estra TABS	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norethindrone acetate-ethinyl estradiol-fe	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norethindrone-eth estradiol (triphasic)	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norgestimate-ethinyl estradiol	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
norgestimate-ethinyl estradiol (triphasic)	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
SAFYRAL *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
SEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))*	NF	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
TAYTULLA CAPS *(Use norethin acet & estrad-fe)*	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
TYBLUME CHEW	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
YASMIN 28 *(Use drospirenone-ethinyl estradiol)*	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
YAZ *(Use drospirenone-ethinyl estradiol)*	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
Combination Contraceptives - Transdermal		
GWYN LO	P	
norelgestromin-ethinyl estradiol	P	AL(At least 10 yrs old - Up to 55 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
TWIRLA	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
Combination Contraceptives - Vaginal		
ANNOVERA	P	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); AL(At least 10 yrs old - Up to 55 yrs old); MP
etonogestrel-ethinyl estradiol	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
NUVARING *(Use etonogestrel-ethinyl estradiol)*	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
NUVARING *(Use etonogestrel-ethinyl estradiol)*	NF	AL(At least 10 yrs old - Up to 55 yrs old); MP
Emergency Contraceptives		
ELLA	P	QL(3 EA per fill retail); AL(At least 10 yrs old - Up to 55 yrs old); MP
levonorgestrel (emergency oc) 1.5 MG	P	QL(3 EA per fill retail); MP
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM *(Use medroxyprogesterone acetate (contraceptive))*	P	QL(0.012 ML daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
DEPO-PROVERA SUSY IM *(Use medroxyprogesterone acetate (contraceptive))*	P	QL(0.012 ML daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ML per fill retail; 4 ML per 365 day(s) retail; 4 ML per 365 days mail); AL(At least 10 yrs old - Up to 55 yrs old); MP
medroxyprogesterone acetate (contraceptive) SUSP IM	P	QL(0.012 ML daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
medroxyprogesterone acetate (contraceptive) SUSY IM	P	QL(0.012 ML daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
OPILL	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP
SLYND	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	NP	SP
ALKINDI SPRINKLE CPSP	NP	
budesonide CPEP	NP	
budesonide TB24	NP	
CORTEF TABS *(Use hydrocortisone)*	NP	
CORTISONE ACETATE TABS	NP	
deflazacort SUSP	NP	SP; MP
deflazacort TABS	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
DEXAMETHASONE INTENSOL CONC	P	
dexamethasone ELIX	P	
dexamethasone SOLN	P	
dexamethasone TABS	P	
dexamethasone TBPK	P	
DEXLYT TABS 0.25 MG	NP	
EMFLAZA SUSP *(Use deflazacort)*	NP	SP; MP
EMFLAZA TABS *(Use deflazacort)*	NP	SP
EOHILIA SUSP	NP	
HEMADY TABS	NP	
hydrocortisone TABS	P	
KHINDIVI SOLN PO 1 MG/ML	NP	SP
MEDROL TABS *(Use methylprednisolone)*	NP	
MEDROL TABS	NP	
MEDROL TBPK *(Use methylprednisolone)*	NP	
methylprednisolone TABS	P	
methylprednisolone TBPK	P	
PEDIAPRED SOLN *(Use prednisolone sodium phosphate)*	NF	
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML	P	
prednisolone sodium phosphate TBDP	NP	
prednisolone SOLN	P	
prednisolone TABS	P	
PREDNISONE INTENSOL CONC	P	
prednisone SOLN	P	
prednisone TABS	P	
prednisone TBEC 1 MG, 2 MG, 5 MG	NP	
prednisone TBPK	P	
TARPEYO CPDR	NP	SP
UCERIS TB24 *(Use budesonide)*	NF	
Mineralocorticoids		
fludrocortisone acetate TABS	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
dextromethorphan hbr LIQD 15 MG/5ML	P	
dextromethorphan hbr SYRP 15 MG/5ML	P	
TRIAMINIC LONG ACTING COUGH LIQD *(Use dextromethorphan hbr)*	NF	
Cough/Cold/Allergy Combinations		
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML	P	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	P	
guaifenesin-codeine SOLN	P	
promethazine-dm SYRP	P	
Expectorants		
GERI-TUSSIN SYRP	P	
guaifenesin LIQD	P	
guaifenesin TABS 200 MG	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Acne Products		
ABSORICA *(Use isotretinoin)*	NP	AL(At least 12 yrs old)
ABSORICA LD	NP	AL(At least 10 yrs old)
ACANYA GEL *(Use clindamycin phosphate-benzoyl peroxide)*	NF	AL(At least 10 yrs old)
adapalene-benzoyl peroxide GEL	NP	AL(At least 10 yrs old)
adapalene CREA	NP	AL(At least 10 yrs old)
adapalene GEL 0.3 %	NP	AL(At least 10 yrs old)
AKLIEF	NP	
ATRALIN GEL *(Use tretinoin)*	NF	AL(At least 10 yrs old)
AVAR CLEANSER LIQD 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NF	
AVAR LS CLEANSER LIQD *(Use sulfacetamide sodium w/ sulfur)*	NF	
AVAR-E EMOLLIENT CREA 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NF	
BENZAC AC WASH LIQD 5 %	NP	RX/OTC
BENZAMYCIN GEL *(Use benzoyl peroxide-erythromycin)*	NF	AL(At least 10 yrs old)
benzoyl peroxide-erythromycin GEL	P	AL(At least 10 yrs old)
benzoyl peroxide GEL 5 %, 10 %	P	
benzoyl peroxide LIQD 10 %	P	
CLEOCIN-T LOTN *(Use clindamycin phosphate (topical))*	NP	AL(At least 10 yrs old)
CLINDACIN ETZ	NP	AL(At least 10 yrs old)
CLINDACIN PAC	NP	AL(At least 10 yrs old)
CLINDAGEL GEL *(Use clindamycin phosphate (topical))*	NF	AL(At least 10 yrs old)
clindamycin phosphate (topical) FOAM	NP	AL(At least 10 yrs old)
clindamycin phosphate (topical) GEL	P	AL(At least 10 yrs old)
clindamycin phosphate (topical) LOTN	P	AL(At least 10 yrs old)
clindamycin phosphate (topical) SOLN	P	AL(At least 10 yrs old)
clindamycin phosphate (topical) SWAB	P	QL(2 EA daily); AL(At least 10 yrs old)
clindamycin phosphate-benzoyl peroxide (refrigerate)	NP	AL(At least 10 yrs old)
clindamycin phosphate-benzoyl peroxide GEL	NP	AL(At least 10 yrs old)
clindamycin phosphate-tretinoin	NP	AL(At least 10 yrs old)
dapsone (topical)	NP	AL(At least 10 yrs old)
DIFFERIN GEL 0.1 % *(Use adapalene)*	NF	RX/OTC
DIFFERIN LOTN	NP	
EPIDUO GEL *(Use adapalene-benzoyl peroxide)*	NP	AL(At least 10 yrs old)
EPSOLAY CREA	NP	
erythromycin (acne aid) GEL	P	AL(At least 10 yrs old)
erythromycin (acne aid) PADS	NP	AL(At least 10 yrs old)
erythromycin (acne aid) SOLN	P	AL(At least 10 yrs old)
isotretinoin	NP	AL(At least 12 yrs old)
KLARON *(Use sulfacetamide sodium (acne))*	NF	AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ONEXTON GEL *(Use clindamycin phosphate-benzoyl peroxide)*	NF	AL(At least 10 yrs old)
PLEXION CLEANSER LIQD *(Use sulfacetamide sodium w/ sulfur)*	NF	
PLEXION LOTN *(Use sulfacetamide sodium w/ sulfur)*	NF	
RETIN-A MICRO *(Use tretinoin microsphere)*	NF	AL(At least 10 yrs old)
RETIN-A MICRO PUMP *(Use tretinoin microsphere)*	NF	AL(At least 10 yrs old)
RETIN-A CREA *(Use tretinoin)*	NF	AL(At least 10 yrs old)
RETIN-A GEL *(Use tretinoin)*	NF	AL(At least 10 yrs old)
SSS 10-5 CREA 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NP	
sulfacetamide sodium (acne)	NP	AL(At least 10 yrs old)
sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	NP	
sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	NP	AL(At least 10 yrs old)
sulfacetamide sodium w/ sulfur LIQD	NP	
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	NP	
sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	NP	
SULFACETAMIDE SODIUM-SULFUR SUSP	NP	
SULFAMEZ WASH EMUL 10 %-1 % *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(At least 10 yrs old)
SUMADAN	NP	
SUMADAN WASH LIQD *(Use sulfacetamide sodium w/ sulfur)*	NP	
SUMAXIN CP	NP	AL(At least 10 yrs old)
SUMAXIN PADS	NP	AL(At least 10 yrs old)
TAZAROTENE FOAM	NP	AL(At least 10 yrs old - Up to 20 yrs old)
tretinoin microsphere 0.06 %, 0.08 %	NP	AL(At least 10 yrs old)
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	P	AL(At least 10 yrs old)
tretinoin GEL 0.01 %, 0.025 %, 0.05 %	P	AL(At least 10 yrs old)
TWYNEO	NP	
WINLEVI	NP	
ZIANA *(Use clindamycin phosphate-tretinoin)*	NF	AL(At least 10 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN	NP	
Antibiotics - Topical		
bacitracin (topical) OINT	P	
bacitracin zinc OINT	P	
bacitracin-polymyxin b OINT	P	
gentamicin sulfate (topical) CREA	P	QL(1 GM daily)
gentamicin sulfate (topical) OINT	P	
mupirocin calcium (topical)	NP	AL(Up to 20 yrs old)
mupirocin OINT	P	AL(Up to 20 yrs old)
neomycin-bacitracin-polymyxin OINT	P	
NEO-SYNALAR	NP	
XEPI	NP	QL(8 GM daily)
Antifungals - Topical		
ciclopirox olamine CREA	NP	
ciclopirox olamine SUSP	NP	

Drug Name	Drug Tier	Requirements/ Limits
CICLOPIROX TREATMENT KIT 8 %	NP	
ciclopirox GEL	NP	
ciclopirox SHAM	NP	
ciclopirox SOLN	NP	
clotrimazole (topical) CREA	P	RX/OTC
clotrimazole (topical) SOLN	NP	RX/OTC
clotrimazole w/ betamethasone CREA	NP	
clotrimazole w/ betamethasone LOTN	NP	
econazole nitrate CREA	P	
ECONAZOLE NITRATE FOAM 1 %	NP	
ERTACZO	NP	
FUNGIZYL AL EX	NP	
ketoconazole (topical) CREA	P	
ketoconazole (topical) FOAM	NP	
ketoconazole (topical) SHAM 2 %	P	QL(4 ML daily)
LAMISIL AT ATHLETES FOOT CREA *(Use terbinafine hcl (topical))*	NF	
LAMISIL AT JOCK ITCH CREA *(Use terbinafine hcl (topical))*	NF	
LAMISIL AT CREA *(Use terbinafine hcl (topical))*	NF	
LOTRIMIN AF JOCK ITCH CREA *(Use clotrimazole (topical))*	NF	RX/OTC
MICATIN CREA *(Use miconazole nitrate (topical))*	NF	
miconazole nitrate (topical) CREA	P	
miconazole-zinc oxide-white petrolatum	NP	

Drug Name	Drug Tier	Requirements/ Limits
MYCOZYL AL SOLN 1 %	NP	RX/OTC
MYCOZYL HC GEL	NP	
MYCOZYL HC LIQD	NP	
naftifine hcl CREA	NP	
naftifine hcl GEL 2 %	NP	
NAFTIN GEL 2 % *(Use naftifine hcl)*	NP	
nystatin (topical) CREA	P	
nystatin (topical) OINT	P	
nystatin (topical) POWD EX	P	
nystatin-triamcinolone CREA	NP	
nystatin-triamcinolone OINT	NP	
oxiconazole nitrate CREA	NP	
OXISTAT LOTN	NP	
tavaborole	NP	
terbinafine hcl (topical) CREA	P	
TINACTIN DEODORANT AERP *(Use tolnaftate)*	NF	
TINACTIN JOCK ITCH AERP *(Use tolnaftate)*	NF	
TINACTIN AERP *(Use tolnaftate)*	NF	
TINACTIN CREA *(Use tolnaftate)*	NF	
tolnaftate AERO	P	
tolnaftate AERP	P	
tolnaftate CREA	P	
VUSION *(Use miconazole-zinc oxide-white petrolatum)*	NP	
Anti-inflammatory Agents - Topical		
DERMACINRX DICLOLIDOL THPK EX	NP	
diclofenac epolamine PTCH EX	NP	

Drug Name	Drug Tier	Requirements/ Limits
diclofenac sodium (topical) GEL EX	NP	RX/OTC
diclofenac sodium (topical) SOLN EX 2 %	NP	
diclofenac sodium (topical) SOLN EX 1.5 %	NP	MP
DICLOGEN	NP	
FLECTOR PTCH EX *(Use diclofenac epolamine)*	NF	
LIXOFEN KIT	NP	
PENNSAID SOLN EX 2 % *(Use diclofenac sodium (topical))*	NF	
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	NP	
bexarotene (topical)	NP	SP
CARAC CREA *(Use fluorouracil (topical))*	NF	
diclofenac sodium (actinic keratoses) EX	NP	
EFUDEX CREA *(Use fluorouracil (topical))*	NF	
fluorouracil (topical) CREA	NP	
fluorouracil (topical) SOLN	NP	
LEVULAN KERASTICK SOLR	P	SP
TARGRETIN *(Use bexarotene (topical))*	NF	SP
VALCHLOR	NP	SP
Antipruritics - Topical		
doxepin hcl (antipruritic)	NP	
PRUDOXIN *(Use doxepin hcl (antipruritic))*	NP	
ZONALON *(Use doxepin hcl (antipruritic))*	NP	
Antipsoriatics		
acitretin	NP	

Drug Name	Drug Tier	Requirements/ Limits
BIMZELX SOAJ	NP	SP
BIMZELX SOSY	NP	SP
calcipotriene CREA	P	
CALCIPOTRIENE FOAM	NP	
calcipotriene OINT	P	
calcipotriene SOLN	P	
calcitriol (topical)	NP	
COSENTYX (300 MG DOSE) SOSY	P	SP; MP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	P	SP; MP; PA
COSENTYX SENSOREADY PEN SOAJ	P	SP; MP; PA
COSENTYX UNOREADY SOAJ	P	SP; PA
COSENTYX SOSY	P	SP; MP; PA
ICOTYDE TABS PO 200 MG	NP	SP
ILUMYA	NP	SP; MP
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
methoxsalen rapid	NP	
OTULFI SOLN SC 45 MG/0.5ML	NP	SP
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
PELLIX SOLN 0.005 % *(Use calcipotriene)*	NF	
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP
PYZCHIVA SC 45 MG/0.5ML	NP	SP
SELARSDI SOLN SC 45 MG/0.5ML	NP	SP
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
SKYRIZI PEN SOAJ	NP	SP; MP
SKYRIZI SOSY	NP	SP; MP
SKYRIZI SOSY	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
SORILUX FOAM	NP	
SOTYKTU	NP	SP
SPEVIGO SOSY	NP	SP
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
STELARA SOLN 45 MG/0.5ML	NP	SP; MP
STELARA SOSY	NP	SP; MP
STEQEYMA	NP	SP
STEQEYMA SC	NP	SP
TALTZ SOAJ	NP	SP; MP
TALTZ SOSY 80 MG/ML	NP	SP; MP
TALTZ SOSY 20 MG/0.25ML, 40 MG/0.5ML	NP	SP
tazarotene CREA	NP	
tazarotene GEL	NP	
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP
TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	NP	SP
TREMFYA SOSY 100 MG/ML	NP	SP; MP
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
USTEKINUMAB SOLN 45 MG/0.5ML	NP	SP; MP
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	SP; MP
USTEKINUMAB-TTWE	NP	SP
USTEKINUMAB-TTWE SC	NP	SP
VTAMA	NP	
YESINTEK SOLN 45 MG/0.5ML	NP	SP
YESINTEK SOSY	NP	SP
Antiseborrheic Products		
OVACE PLUS WASH GEL *(Use sulfacetamide sodium)*	NF	
OVACE PLUS WASH LIQD *(Use sulfacetamide sodium)*	NF	
OVACE WASH LIQD *(Use sulfacetamide sodium)*	NF	
selenium sulfide LOTN 2.5 %	P	
selenium sulfide SHAM 2.25 %	NP	
SELSUN BLUE CARE MENS MAX STR LOTN *(Use selenium sulfide)*	NF	
SELSUN BLUE DAILY LOTN *(Use selenium sulfide)*	NF	
SELSUN BLUE MEDICATED LOTN *(Use selenium sulfide)*	NF	
SELSUN BLUE MOISTURIZING LOTN *(Use selenium sulfide)*	NF	
SELSUN BLUE LOTN *(Use selenium sulfide)*	NF	
sulfacetamide sodium GEL	NP	
sulfacetamide sodium LIQD	NP	
Antivirals - Topical		
acyclovir topical CREA	NP	
acyclovir topical OINT	NP	
DENAVIR *(Use penciclovir)*	NP	
penciclovir	NP	
ZELSUVMI GEL EX 10.3 %	NP	
ZOVIRAX CREA *(Use acyclovir topical)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
ZOVIRAX OINT *(Use acyclovir topical)*	NF	
Burn Products		
mafenide acetate PACK	P	
RAYASORE KIT	NP	
SILVADENE *(Use silver sulfadiazine)*	NP	
silver sulfadiazine	P	
SULFAMYLON CREA	P	
Cauterizing Agents		
ARZOL SILVER NIT APPLICATORS	NP	
silver nitrate SOLN	NP	
SILVER NITRATE SOLN 0.5 %	NP	
Corticosteroids - Topical		
alclometasone dipropionate CREA	P	
alclometasone dipropionate OINT	P	
amcinonide CREA	NP	
amcinonide OINT	NP	
betamethasone dipropionate (topical) CREA	NP	
betamethasone dipropionate (topical) LOTN	NP	
betamethasone dipropionate (topical) OINT	NP	
betamethasone dipropionate augmented CREA	NP	
betamethasone dipropionate augmented GEL 0.05 %	NP	
betamethasone dipropionate augmented LOTN	NP	

Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate augmented OINT	NP	
betamethasone valerate CREA	P	
betamethasone valerate FOAM	NP	
betamethasone valerate LOTN	P	
betamethasone valerate OINT	P	
calcipotriene-betamethasone dipropionate OINT	NP	
calcipotriene-betamethasone dipropionate SUSP	NP	
clobetasol propionate emollient base 0.05 %	P	
clobetasol propionate emulsion	NP	
clobetasol propionate CREA 0.05 %	P	
CLOBETASOL PROPIONATE CREA 0.025 %	NP	
clobetasol propionate FOAM	NP	
clobetasol propionate GEL 0.05 %	P	
clobetasol propionate LIQD	NP	
clobetasol propionate LOTN	NP	
clobetasol propionate OINT 0.05 %	P	
clobetasol propionate SHAM	NP	
clobetasol propionate SOLN 0.05 %	P	
CLOBEX LOTN 0.05 % *(Use clobetasol propionate)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
clocortolone pivalate	NP	
CLODERM *(Use clocortolone pivalate)*	NF	
DERMA-SMOOTHE/FS BODY OIL *(Use fluocinolone acetonide)*	NP	
DERMA-SMOOTHE/FS SCALP OIL *(Use fluocinolone acetonide)*	NP	
desonide CREA	P	
desonide LOTN	NP	
desonide OINT	P	
desoximetasone CREA	NP	
desoximetasone GEL	NP	
desoximetasone LIQD	NP	
desoximetasone OINT	NP	
diflorasone diacetate CREA	NP	
diflorasone diacetate OINT	NP	
DIPROLENE OINT *(Use betamethasone dipropionate augmented)*	NF	
ENSTILAR FOAM	NP	
EPIFOAM FOAM	NP	
fluocinolone acetonide CREA	P	
fluocinolone acetonide OIL	P	
fluocinolone acetonide OINT	P	
fluocinolone acetonide SOLN	P	
fluocinonide emulsified base	P	
fluocinonide CREA	P	
fluocinonide GEL	P	
fluocinonide OINT	P	
fluocinonide SOLN	P	
flurandrenolide LOTN	NP	

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate CREA 0.05 %	P	
fluticasone propionate LOTN	NP	
fluticasone propionate OINT	P	
halcinonide CREA	NP	
halcinonide SOLN 0.1 %	NP	QL(3 ML daily)
halobetasol propionate CREA	P	
halobetasol propionate FOAM	NP	
HALOBETASOL PROPIONATE LOTN 0.05 %	NP	
halobetasol propionate OINT	P	
HALOG CREA *(Use halcinonide)*	NF	
HALOG CREA *(Use halcinonide)*	NP	
HALOG SOLN 0.1 % *(Use halcinonide)*	NP	QL(3 ML daily)
HYDRALYN GEL 2 %	NP	
HYDRAVEX GEL 2 %	NP	
hydrocortisone (topical) CREA 1 %, 2.5 %	P	
hydrocortisone (topical) LOTN 2.5 %	P	
hydrocortisone (topical) OINT 1 %	P	RX/OTC
hydrocortisone (topical) OINT 2.5 %	P	
hydrocortisone (topical) SOLN 2.5 %	P	
hydrocortisone acetate (topical) CREA 2.5 %	NP	
hydrocortisone acetate (topical) CREA 2.5 %	P	
hydrocortisone butyrate CREA	NP	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone butyrate LOTN	NP	
hydrocortisone butyrate OINT	NP	
hydrocortisone butyrate SOLN	NP	
hydrocortisone valerate CREA	P	QL(1.5 GM daily)
hydrocortisone valerate OINT	P	QL(1.5 GM daily)
HYDROCORTISONE GEL 2 %	NP	
HYDROXATE GEL	NP	
HYDROXYM CREA	NP	
HYDROXYM GEL	NP	
KENALOG AERS *(Use triamcinolone acetonide (topical))*	NF	
LEXETTE FOAM *(Use halobetasol propionate)*	NF	
LEXETTE FOAM *(Use halobetasol propionate)*	NP	
LIDOTRAL + HYDROCORTISONE CREA	NP	
LOCOID LOTN *(Use hydrocortisone butyrate)*	NF	
mometasone furoate CREA	P	
mometasone furoate OINT	P	
mometasone furoate SOLN	P	
PRAMOSONE CREA	NP	
PRAMOSONE CREA 2.5 %-1 % *(Use pramoxine-hc)*	NF	
PRAMOSONE LOTN	NP	
RADIAURA CREA	NP	
SYNALAR CREA *(Use fluocinolone acetonide)*	NP	
SYNALAR OINT *(Use fluocinolone acetonide)*	NP	
TACLONEX SUSP *(Use calcipotriene-betamethasone dipropionate)*	NP	
TOPICORT SPRAY LIQD *(Use desoximetasone)*	NF	
TOPICORT CREA *(Use desoximetasone)*	NF	
TOPICORT GEL *(Use desoximetasone)*	NF	
TOPICORT OINT *(Use desoximetasone)*	NF	
triamcinolone acetonide (topical) AERS	NP	
triamcinolone acetonide (topical) CREA 0.025 %	P	
triamcinolone acetonide (topical) CREA 0.1 %, 0.5 %	P	
triamcinolone acetonide (topical) LOTN	P	
triamcinolone acetonide (topical) OINT 0.1 %	P	
triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %	P	
triamcinolone acetonide (topical) OINT 0.05 %	NP	
ULTRAVATE LOTN	NP	
VANOS CREA *(Use fluocinonide)*	NF	
Eczema Agents		
ADBRY SOAJ	NP	SP
ADBRY SOSY	NP	SP; MP
ANZUPGO CREA EX 20 MG/GM	NP	
CIBINQO	NP	SP
DUPIXENT SOAJ	P	SP; PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	P	SP; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SOSY 200 MG/1.14ML	NP	SP; MP
EBGLYSS SOAJ	NP	SP
EBGLYSS SOSY	NP	SP
OPZELURA	NP	
Emollient/Keratolytic Agents		
DERMACINRX URACIN CREA 20 %	NP	RX/OTC
DERMACINRX UREA CREA 41 % *(Use urea)*	NP	
DERMACURE CREA 41 % *(Use urea)*	NP	
EVARA CREA 40.5 %	NP	
urea CREA 20 %, 39 %, 40 %, 41 %	P	
urea CREA 39.5 %	NP	
UREDEB CREA 39 % *(Use urea)*	NF	
UREMEZ-40 CREA 40 % *(Use urea)*	NF	RX/OTC
Emollients		
lactic acid (ammonium lactate) CREA	NP	RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	P	RX/OTC
VITAMIN C BRIGHTENING SERUM LIQD	NP	RX/OTC
Hair Growth Agents		
LEQSELVI TABS PO 8 MG	NP	SP
LITFULO	NP	SP
Immunomodulating Agents - Systemic		
NEMLUVIO	NP	SP
Immunomodulating Agents - Topical		
imiquimod 5 %	P	AL(At least 10 yrs old)
imiquimod 3.75 %	NP	AL(At least 10 yrs old)
ZYCLARA PUMP *(Use imiquimod)*	NF	AL(At least 10 yrs old)
Immunosuppressive Agents - Topical		
ELIDEL *(Use pimecrolimus)*	NF	
HYFTOR	NP	
pimecrolimus	P	PA
tacrolimus (topical) OINT	P	PA
Keratolytic/Antimitotic/Vesicant Agents		
CONDYLOX GEL *(Use podofilox)*	P	
DERMACINRX SALICYLIC ACID GEL 6 %	NP	
PODOCON-25 SOLN	NP	
podofilox GEL	P	
podofilox SOLN	P	
RAYASAL CREA	NP	
SALICATE LIQD	NP	
SALICYLIC ACID WART REMOVER LIQD 27.5 %	P	
salicylic acid GEL 6 %	P	
SALICYLIC ACID OINT	NP	RX/OTC
SALYCIM CREA	NP	
UREA-SALICYLIC ACID CREA	NP	
YCANTH SOLN	NP	
Local Anesthetics - Topical		
BRUSELIX CREA	NP	
BRUSELIX GEL	NP	
capsaicin CREA 0.075 %	P	
capsaicin CREA 0.025 %	P	QL(2 GM daily)
CAPZASIN-HP CREA *(Use capsaicin)*	NF	
CAPZASIN-P CREA 0.035 % *(Use capsaicin)*	NF	
COLLAVERA GEL 2 %	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DERMACINRX LIDOCAINE GEL 5 %	NP	
DERMACINRX LIDOGEL GEL 2.8 %	NP	RX/OTC
LIDEXA CREA 3.88 %	NP	
LIDEXAGEL GEL 5 %	NP	
LIDO BDK KIT 2.5 %-2.5 % *(Use lidocaine-prilocaine)*	NF	
lidocaine hcl CREA 3 %	P	RX/OTC
lidocaine hcl CREA 4.12 %	NP	
lidocaine hcl GEL 2 %	P	QL(1 ML daily)
lidocaine hcl PRSY	P	QL(0.67 ML daily)
lidocaine hcl SOLN	P	QL(1.67 ML daily)
lidocaine OINT 5 %	P	
lidocaine-prilocaine CREA	NP	
lidocaine-prilocaine KIT	NP	
lidocaine PTCH 5 %	P	
LIDODERM PTCH *(Use lidocaine)*	NF	
LIDOMAX GEL 2 %	NP	RX/OTC
LIDOPIN CREA 3 %, 3.25 % *(Use lidocaine hcl)*	NF	RX/OTC
LIDOREX GEL 2.8 %	NP	RX/OTC
LIDOTRAL 1 PTCH	NP	
LIDOTRAL ROLL-ON GEL	NP	
LIDOTRAL CREA	NP	
LIDOTRAL GEL	NP	
LIDOTRAL LIQD	NP	RX/OTC
LIDOTRAL-MENTHOL LIQD	NP	
LIDOTRAL SOLN	NP	
LIDOTRAN CREA	NP	
LIDOVARA GEL 2.8 %	NP	RX/OTC
LYDEXA CREA 4.12 % *(Use lidocaine hcl)*	NP	
NEUROZYL CREA 4.12 % *(Use lidocaine hcl)*	NP	
PLIAGLIS CREA	NP	
PREMIUM LIDOCAINE OINT 5 % *(Use lidocaine)*	NF	
QUTENZA	NP	
QUTENZA (2 PATCH)	NP	
QUTENZA (4 PATCH)	NP	
XYLIDERM	NP	
ZTLIDO PTCH	NP	
Misc. Dermatological Products		
ALADERM PLUS EMUL	NP	
NUVAIL SOLN	NP	RX/OTC
Misc. Topical		
HYCLODEX SOLN	NP	
isopropyl alcohol (skin cleanser) MISC	P	
NO-STING SKIN-PREP MISC	P	
SENSI-CARE MOISTURIZING CREA	P	
skin protectants, misc. CREA	P	
SOFDRA	NP	
THERASEAL HAND PROTECTION LOTN	P	
UNIVERSAL REMOVER WIPES MISC	P	
witch hazel (hamamelis virginiana) PADS	P	
XERAC AC	NP	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	P	PA
ZORYVE CREA EX 0.3 %	NP	
ZORYVE CREA EX	NP	
ZORYVE FOAM EX	NP	
Rosacea Agents		
azelaic acid GEL	NP	

Drug Name	Drug Tier	Requirements/ Limits
brimonidine tartrate (topical)	NP	
doxycycline (rosacea)	NP	
FINACEA FOAM	NP	
ivermectin (rosacea)	NP	
metronidazole (topical) CREA	P	QL(1.5 GM daily)
metronidazole (topical) GEL	P	
metronidazole (topical) LOTN	P	
oxymetazoline hcl (topical) 1 %	NP	
RHOFADE 1 % *(Use oxymetazoline hcl (topical))*	NP	
Scabicides & Pediculicides		
crotamiton LOTN	NP	
ELIMITE CREA *(Use permethrin)*	NF	QL(2 GM daily); AL(Up to 4 yrs old)
malathion	NP	
NATROBA *(Use spinosad)*	P	QL(4 ML daily)
OVIDE *(Use malathion)*	NF	
permethrin CREA	P	QL(2 GM daily); AL(Up to 4 yrs old)
PERMETHRIN CREA 5 % *(Use permethrin)*	P	QL(2 GM daily); AL(Up to 4 yrs old)
permethrin LIQD EX	P	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P	
spinosad	P	QL(4 ML daily)
Tar Products		
coal tar extract SHAM 0.5 %	P	
Wound Care Products		

Drug Name	Drug Tier	Requirements/ Limits
BALSAM PERU-CASTOR OIL OINT	NP	
FILSUVEZ	NP	
VYJUVEK	NP	
ZEVASKYN BATCH UP TO 12 SHEETS SHEE EX	NP	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	NP	QL(4 EA daily); MP; RX/OTC
ACCU-CHEK GUIDE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
ACCU-CHEK SMARTVIEW STRP	NP	QL(4 EA daily); MP; RX/OTC
ACCU-CLEAR PREGNANCY	P	
ACCUTREND GLUCOSE STRP	NP	QL(4 EA daily); MP; RX/OTC
ADVANCE INTUITION TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
ADVANCE MICRO-DRAW TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
ADVIN COVID-19 ANTIGEN TEST KIT	P	
ADVOCATE REDI-CODE+ TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
ADVOCATE REDI-CODE STRP	NP	QL(4 EA daily); MP; RX/OTC
ADVOCATE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
AGAMATRIX AMP TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
AGAMATRIX JAZZ TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
AGAMATRIX PRESTO TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
ASSURE 3 TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
ASSURE 4 TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
ASSURE II CHECK STRP	NP	QL(4 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ASSURE II STRP	NP	QL(4 EA daily); MP; RX/OTC
ASSURE PLATINUM STRP	NP	QL(4 EA daily); MP; RX/OTC
ASSURE PRISM MULTI TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
ASSURE PRO TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
ASSURE TITANIUM STRP	NP	QL(4 EA daily); MP; RX/OTC
BINAXNOW COVID-19 AG HOME TEST KIT	P	
BINAXNOW COVID-19 ANTIGEN SELF KIT	P	
BIOTEL CARE TEST STRIPS STRP	NP	QL(4 EA daily); MP; RX/OTC
BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	QL(4 EA daily); MP; RX/OTC
BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
BLULINK GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
CARESENS N GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
CARESENS S GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
CARESTART COVID-19 HOME TEST KIT	P	
CARETOUCH TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
CHEMSTRIP 10 MD	P	
CHEMSTRIP 10/SG	P	
CHEMSTRIP 2 GP	P	
CHEMSTRIP 5 OB	P	
CHEMSTRIP 7	P	
CHEMSTRIP 9	P	
CHEMSTRIP K STRP	P	
CLEARBLUE DIGITAL PREGNANCY	P	
CLEARBLUE PLUS PREGNANCY	P	

Drug Name	Drug Tier	Requirements/ Limits
CLEARDETECT COVID-19 AG HOME KIT	P	
CLEVER CHEK AUTO-CODE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
CLEVER CHEK AUTO-CODE VOICE STRP	NP	QL(4 EA daily); MP; RX/OTC
CLEVER CHEK TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
CLEVER CHOICE AUTO-CODE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
CLEVER CHOICE MICRO TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
CLEVER CHOICE NO CODING STRP	NP	QL(4 EA daily); MP; RX/OTC
CLEVER CHOICE TALK SYSTEM STRP	NP	QL(4 EA daily); MP; RX/OTC
CLINITEST RAPID COVID-19 TEST KIT	P	
CONTOUR NEXT TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
CONTOUR NEXT STRP	NP	QL(4 EA daily); MP; RX/OTC
CONTOUR PLUS TEST STRP	P	QL(4 EA daily); MP; RX/OTC
CONTOUR TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	QL(4 EA daily); MP; RX/OTC
COVID-19 AT HOME ANTIGEN TEST KIT	P	
COVID-19 AT-HOME TEST KIT	P	
COVID-19 OTC ANTIGEN 1-PACK KIT	P	
COVID-19 OTC ANTIGEN 2-PACK KIT	P	
CVS ADVANCED GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
CVS COVID-19 AT HOME TEST KIT KIT	P	
CVS DIGITAL PREGNANCY TEST	P	

Drug Name	Drug Tier	Requirements/ Limits
CVS EARLY PREGNANCY	P	
CVS EARLY RESULT PREGNANCY	P	
CVS GLUCOSE METER TEST STRIPS STRP	NP	QL(4 EA daily); MP; RX/OTC
CVS ONE STEP PREGNANCY	P	
CVS PREGNANCY TEST KIT	P	
CVS TRUE METRIX GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
D-CARE BLOOD GLUCOSE STRP	NP	QL(4 EA daily); MP; RX/OTC
DIASTIX	P	
DIASTIX REAGENT	P	
DIATHRIVE BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
DIATHRIVE GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
DIATHRIVE+ GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
DIATRUE PLUS TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
DIATRUST COVID-19 HOME TEST KIT	P	
DIGITAL PREGNANCY	P	
DUO-CARE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EARLY PREGNANCY	P	
EARLY RESULT PREGNANCY	P	
EASY MAX BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EASY PLUS II GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EASY STEP TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EASY TALK BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EASY TALK PLUS II TEST STRIPS STRP	NP	QL(4 EA daily); MP; RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE STRP	NP	QL(4 EA daily); MP; RX/OTC
EASY TOUCH TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EASY TRAK BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EASY TRAK II GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EASYGLUCO STRP	NP	QL(4 EA daily); MP; RX/OTC
EASYMAX 15 TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EASYMAX TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EASYPRO BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EASYPRO PLUS STRP	NP	QL(4 EA daily); MP; RX/OTC
ELEMENT COMPACT TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
ELEMENT TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
ELLUME COVID-19 HOME TEST KIT	P	
EMBRACE BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EMBRACE EVO BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EMBRACE PRO GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EMBRACE TALK GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EMBRACE WAVE BLOOD GLUCOSE STRP	NP	QL(4 EA daily); MP; RX/OTC
EPT	P	
EPT DIGITAL	P	
EQ BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
EQ PREGNANCY TEST	NP	
EQ PREGNANCY TEST EARLY RESULT	P	

Drug Name	Drug Tier	Requirements/ Limits
EQL ONE-STEP PREGNANCY	P	
EQL PREGNANCY EARLY RESULT	P	
EQL PREGNANCY TEST DIGITAL	P	
EVOLUTION AUTOCODE STRP	NP	QL(4 EA daily); MP; RX/OTC
FACT PLUS+ PREGNANCY	P	
FASTEP COVID-19 ANTIGEN TEST KIT	P	
FIFTY50 GLUCOSE TEST 2.0 STRP	NP	QL(4 EA daily); MP; RX/OTC
FIRST RESPONSE PREGNANCY	P	
FLOWFLEX COVID-19 AG HOME TEST KIT	P	
FONDCIRCLE BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA 6 CONNECT/GTEL TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA 6 CONNECT STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA D20 BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA D40/G31 BLOOD GLUCOSE STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA G20 BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA G30/PREM V10 GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA GD20 TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA GD50 BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA GTEL BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA TN'G ADVANCE PRO STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA TN'G/TN'G VOICE STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA V10 BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA V12 BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA V20 BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORA V30A BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORACARE GD40 TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORACARE PREMIUM V10 TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FORACARE TEST N GO TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FREESTYLE INSULINX TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FREESTYLE LITE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FREESTYLE PRECISION NEO TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FREESTYLE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
FT EARLY RESULT PREGNANCY	P	
FT ONE STEP PREGNANCY	NP	
GE100 BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
GENABIO COVID-19 RAPID TEST KIT	P	
GENULTIMATE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
GHT TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
GLUCO PERFECT 3 TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
GLUCOCARD 01 SENSOR PLUS STRP	NP	QL(4 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD EXPRESSION TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
GLUCOCARD SHINE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
GLUCOCARD VITAL TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
GLUCOCARD X-SENSOR STRP	NP	QL(4 EA daily); MP; RX/OTC
GLUCOCOM TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
GLUCONAVII BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
GLUCOSE METER TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
GNP ADVANCED PREGNANCY TEST	P	
GNP EARLY RESULT PREGNANCY TST	P	
GNP EASY TOUCH GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
GNP ONE STEP PREGNANCY	P	
GNP PREGNANCY TEST	P	
GNP TRUE METRIX GLUCOSE STRIPS STRP	NP	QL(4 EA daily); MP; RX/OTC
GNP TRUETRACK SMART SYSTEM STRP	NP	QL(4 EA daily); MP; RX/OTC
GNP TRUETRACK TEST STRIPS STRP	NP	QL(4 EA daily); MP; RX/OTC
GOJJI BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
GOJJI BLOOD TEST STRIP/LANCETS STRP	NP	QL(4 EA daily); MP; RX/OTC
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	P	
HW EMBRACE PRO GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
HW EMBRACE TALK GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
IGLUCOSE TEST STRIPS STRP	NP	QL(4 EA daily); MP; RX/OTC
IHEALTH BLOOD GLUCOSE TEST STR STRP	NP	QL(4 EA daily); MP; RX/OTC
IHEALTH COVID-19 RAPID TEST KIT	P	
IN TOUCH BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
INDICAID COVID-19 RAPID TEST KIT	P	
INFINITY BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
INFINITY VOICE STRP	NP	QL(4 EA daily); MP; RX/OTC
INTELISWAB COVID-19 RAPID TEST KIT	P	
KETONE TEST STRP	P	
KETOSTIX STRP	P	
KROGER HEALTHPRO GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
LIBERTY TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
LUCIRA CHECK IT COVID-19 TEST KIT	P	RX/OTC
LUCIRA COVID-19 ALL-IN-ONE KIT	P	RX/OTC
MEIJER TRUETEST TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
MEIJER TRUETRACK TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
MICRODOT TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
MM BLULINK GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
MM EASY TOUCH GLUCOSE STRP	NP	QL(4 EA daily); MP; RX/OTC
MOBI CONNECT TEST STRIPS STRP	NP	QL(4 EA daily); MP; RX/OTC
MULTISTIX 10 SG	P	
MYGLUCOHEALTH TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
NEUTEK 2TEK TEST STRP	NP	QL(4 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NOVA MAX GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
OHC COVID-19 ANTIGEN SELF TEST KIT	P	
ON CALL EXPRESS BLOOD GLUCOSE STRP	NP	QL(4 EA daily); MP; RX/OTC
ON/GO COVID-19 ANTIGEN TEST KIT	P	
ON/GO ONE COVID-19 HOME TEST KIT	P	
ONE DROP TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
ONE STEP PREGNANCY	P	
ONE-STEP PREGNANCY	P	
ONETOUCH ULTRA BLUE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
ONETOUCH ULTRA TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
ONETOUCH ULTRA STRP	NP	QL(4 EA daily); MP; RX/OTC
ONETOUCH VERIO STRP	NP	QL(4 EA daily); MP; RX/OTC
OPTIUMEZ TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
PHARMACIST CHOICE AUTOCODE STRP	NP	QL(4 EA daily); MP; RX/OTC
PHARMACIST CHOICE NO CODING STRP	NP	QL(4 EA daily); MP; RX/OTC
PILOT COVID-19 AT-HOME TEST KIT	P	
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	QL(4 EA daily); MP; RX/OTC
POCKETCHEM EZ TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
PRECISION XTRA BLOOD GLUCOSE STRP	NP	QL(4 EA daily); MP; RX/OTC
PREGNANCY TEST	P	
PREGNANCY TEST	P	
PRO VOICE V8/V9 GLUCOSE STRP	NP	QL(4 EA daily); MP; RX/OTC
PRODIGY NO CODING BLOOD GLUC STRP	NP	QL(4 EA daily); MP; RX/OTC
PTS PANELS EGLU TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
PURALIN ONE-STEP PREGNANCY	P	
QUICK TOUCH BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
QUICKTEK TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
QUICKVUE AT-HOME COVID-19 TEST KIT	P	
QUINTET AC BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
QUINTET BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
REFUAH PLUS BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
RELION BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
RELION CONFIRM/MICRO TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
RELION GLUCOSE TEST STRIPS STRP	NP	QL(4 EA daily); MP; RX/OTC
RELION KETONE TEST STRP	P	
RELION PREMIER TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
RELION PRIME TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
RELION TRUE METRIX TEST STRIPS STRP	NP	QL(4 EA daily); MP; RX/OTC
RELION ULTIMA TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
RIGHTEST GS100 BLOOD GLUCOSE STRP	NP	QL(4 EA daily); MP; RX/OTC
RIGHTEST GS300 BLOOD GLUCOSE STRP	NP	QL(4 EA daily); MP; RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE STRP	NP	QL(4 EA daily); MP; RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE STRP	NP	QL(4 EA daily); MP; RX/OTC
RIGHTEST GT333 GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SB PREGNANCY TEST KIT	P	
SM PREGNANCY TEST KIT	P	
SMARTEST BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
SOLUS V2 TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
SPEEDY SWAB COVID-19 ANTIGEN KIT	P	
SUPREME TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
TRUE FOCUS BLOOD GLUCOSE STRIP STRP	NP	QL(4 EA daily); MP; RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
TRUE METRIX PRO BLOOD GLUCOSE STRP	NP	QL(4 EA daily); MP; RX/OTC
TRUENESS BLOOD GLUCOSE STRIPS STRP	NP	QL(4 EA daily); MP; RX/OTC
TRUETEST TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
TRUETRACK TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
UNISTRIP1 GENERIC STRP	NP	QL(4 EA daily); MP; RX/OTC
VERASENS BLOOD GLUCOSE TEST STRP	NP	QL(4 EA daily); MP; RX/OTC
VIVAGUARD INO TEST STRIPS STRP	NP	QL(4 EA daily); MP; RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	
lactase TABS 3000 UNIT	P	
PERTZYE CPEP	P	PA
VIOKACE TABS	NP	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	P	QL(4 EA daily); MP
acetazolamide TABS 125 MG	P	MP
acetazolamide TABS 250 MG	P	QL(2 EA daily); MP
dichlorphenamide	NP	SP
KEVEYIS *(Use dichlorphenamide)*	NP	SP
KEVEYIS *(Use dichlorphenamide)*	NF	SP
methazolamide TABS	P	MP
Diuretic Combinations		
amiloride & hydrochlorothiazide	P	MP
spironolactone & hydrochlorothiazide	P	MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	P	QL(1 EA daily); MP
triamterene & hydrochlorothiazide TABS	P	QL(1 EA daily); MP
Loop Diuretics		
bumetanide TABS	P	MP
BUMEX TABS 0.5 MG *(Use bumetanide)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
EDECRIN *(Use ethacrynic acid)*	NF	MP
ENBUMYST SOLN 0.5 MG/0.1ML	NP	
ethacrynic acid	P	MP
FUROSCIX READYFLOW SOAJ SC 80 MG/ML	NP	
FUROSCIX CTKT	NP	SP
furosemide SOLN PO 8 MG/ML, 10 MG/ML	P	MP
furosemide TABS	P	MP
LASIX ONYU CTKT 80 MG/2.67ML	NP	SP
LASIX TABS *(Use furosemide)*	NP	MP
torsemide TABS 5 MG, 10 MG, 100 MG	P	QL(1 EA daily); MP
torsemide TABS 20 MG	P	MP
Potassium Sparing Diuretics		
ALDACTONE TABS *(Use spironolactone)*	NP	MP
amiloride hcl TABS	P	QL(12 EA daily); MP
CAROSPIR SUSP *(Use spironolactone)*	NP	MP
spironolactone SUSP	NP	MP
spironolactone TABS	P	MP
triamterene CAPS	P	MP
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	P	QL(4 EA daily); MP
HEMICLOR 12.5 MG	NP	
hydrochlorothiazide CAPS	P	MP
hydrochlorothiazide TABS	P	MP
indapamide TABS 1.25 MG, 2.5 MG	P	MP
INZIRQO SUSR PO 10 MG/ML	NP	
metolazone	P	MP
THALITONE	NP	

Drug Name	Drug Tier	Requirements/ Limits
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA 1 MG, 5 MG	NP	QL(3 EA daily); SP
RECORLEV	NP	SP
Bone Density Regulators		
ACTONEL TABS 35 MG, 150 MG *(Use risedronate sodium)*	NP	MP
ACTONEL TABS 35 MG, 150 MG *(Use risedronate sodium)*	NF	MP
alendronate sodium SOLN	P	MP
alendronate sodium TABS 10 MG	P	QL(1 EA daily); MP
alendronate sodium TABS 35 MG, 70 MG	P	QL(0.143 EA daily); MP
ATELVIA TBEC *(Use risedronate sodium)*	NP	MP
AUKELSO SOLN SC 120 MG/1.7ML	NP	SP
BILDYOS SOSY SC 60 MG/ML	NP	SP
BILPREVDA SOLN SC 120 MG/1.7ML	NP	SP
BINOSTO TBEF	NP	
BOMYNTRA SOLN SC 120 MG/1.7ML	NP	SP
BOMYNTRA SOSY SC 120 MG/1.7ML	NP	SP
BONSITY SOPN 560 MCG/2.24ML	NP	
BOSAYA SOSY SC 60 MG/ML	NP	SP
calcitonin (salmon) NA	P	MP
CONEXXENCE SOSY SC 60 MG/ML	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
ENOBY SOSY SC 60 MG/ML	NP	SP
EVENITY	NP	SP
FORTEO SOPN *(Use teriparatide)*	NP	
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG *(Use alendronate sodium)*	NP	QL(0.143 EA daily); MP
ibandronate sodium TABS	NP	MP
JUBBONTI SOSY SC 60 MG/ML	NP	SP
JUBEREQ SOLN SC 120 MG/1.7ML	NP	SP
OSENVELT SOLN SC 120 MG/1.7ML	NP	SP
OSVYRTI SOSY SC 60 MG/ML	NP	SP
PROLIA SOSY	NP	SP
risedronate sodium TABS	NP	MP
risedronate sodium TBEC	NP	MP
STOBOCLO SOSY SC 60 MG/ML	NP	SP
teriparatide SOPN	NP	
TERIPARATIDE SOPN	NP	
TYMLOS	NP	SP
WYOST SOLN SC 120 MG/1.7ML	NP	SP
XGEVA SOLN	NP	SP
XTRENBO SOLN SC 120 MG/1.7ML	NP	SP
Corticotropin-Releasing Factor (CRF) Receptor Antagonists		
CRENESSITY CAPS	NP	SP
CRENESSITY SOLN	NP	SP
GnRH/LHRH Antagonists		
ORILISSA	P	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	NP	SP
EGRIFTA WR SC 11.6 MG	NP	SP
Growth Hormones		
GENOTROPIN MINIQUICK PRSY 0.2 MG	NP	SP
GENOTROPIN MINIQUICK PRSY	P	SP; PA
GENOTROPIN CART SC	P	SP; PA
HUMATROPE CART IJ	NP	SP
NGENLA	P	Ngenla NDCs 00069052001 and 00069050501 are Non-Preferred; SP; PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	NP	SP; MP
OMNITROPE SOCT	NP	SP; MP
OMNITROPE SOLR SC	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA 11 MG	P	Skytrofa NDC 73362001002 is Non-Preferred; SP; MP; PA
SKYTROFA 0.7 MG, 1.4 MG, 1.8 MG, 2.1 MG, 2.5 MG	P	SP; PA
SKYTROFA 9.1 MG	P	Skytrofa NDC 73362000902 is Non-Preferred; SP; MP; PA
SKYTROFA 3.6 MG	P	Skytrofa NDC 73362000402 is Non-Preferred; SP; MP; PA
SKYTROFA 7.6 MG	P	Skytrofa NDC 73362000802 is Non-Preferred; SP; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
SKYTROFA 5.2 MG	P	Skytrofa NDC 73362000602 is Non-Preferred; SP; MP; PA
SKYTROFA 13.3 MG	P	Skytrofa NDC 73362001102 is Non-Preferred; SP; MP; PA
SKYTROFA 3 MG	P	Skytrofa NDC 73362000302 is Non-Preferred; SP; MP; PA
SKYTROFA 4.3 MG	P	Skytrofa NDC 73362000502 is Non-Preferred; SP; MP; PA
SKYTROFA 6.3 MG	P	Skytrofa NDC 73362000702 is Non-Preferred; SP; MP; PA
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA *(Use raloxifene hcl)*	NP	MP
OSPHENA	NP	
raloxifene hcl	NP	MP
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	NP	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants		
SYNAREL	NP	SP
Menopausal Symptoms Suppressants		
LYNKUET CAPS PO 60 MG	NP	
VEOZAH	NP	
Metabolic Modifiers		

Drug Name	Drug Tier	Requirements/ Limits
betaine	NP	SP
BUPHENYL POWD *(Use sodium phenylbutyrate)*	NP	SP
BUPHENYL TABS *(Use sodium phenylbutyrate)*	NP	SP
calcitriol CAPS	P	
calcitriol SOLN PO	P	MP
CARBAGLU *(Use carglumic acid)*	P	SP; PA
carglumic acid	P	SP; PA
CARNITOR SF SOLN PO *(Use levocarnitine (metabolic modifiers))*	NP	MP
CARNITOR SOLN PO 1 GM/10ML *(Use levocarnitine (metabolic modifiers))*	NP	MP
CARNITOR TABS *(Use levocarnitine (metabolic modifiers))*	NP	
cinacalcet hcl	NP	SP
CYSTADANE *(Use betaine)*	NP	SP
doxercalciferol CAPS	P	
GALAFOLD	NP	SP
glycerol phenylbutyrate 1.1 GM/ML	NP	SP; MP
HARLIKU TABS PO 2 MG	NP	SP
IMCIVREE SOLN SC	NP	SP
KUVAN PACK *(Use sapropterin dihydrochloride)*	NP	SP
KUVAN TABS *(Use sapropterin dihydrochloride)*	NP	SP
KYGEVVI PACK PO	NP	SP
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	NP	MP
levocarnitine (metabolic modifiers) TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
LOARGYS SOLN IJ 2 MG/0.4ML	NP	SP
nitisinone CAPS	P	SP
NITYR TABS	NP	SP
OLPRUVA (2 GM DOSE) THPK	NP	SP
OLPRUVA (3 GM DOSE) THPK	NP	SP
OLPRUVA (4 GM DOSE) THPK	NP	SP
OLPRUVA (5 GM DOSE) THPK	NP	SP
OLPRUVA (6 GM DOSE) THPK	NP	SP
OLPRUVA (6.67 GM DOSE) THPK	NP	SP
OPFOLDA	NP	SP
ORFADIN CAPS *(Use nitisinone)*	P	SP
ORFADIN SUSP	NP	SP; MP
paricalcitol CAPS	NP	
PHEBURANE PLLT	NP	
RAVICTI 1.1 GM/ML *(Use glycerol phenylbutyrate)*	NP	SP; MP
RAYALDEE	NP	
REDEMPLO SOSY SC 25 MG/0.5ML	NP	SP
ROCALTROL CAPS *(Use calcitriol)*	NF	
ROCALTROL SOLN PO *(Use calcitriol)*	NF	MP
sapropterin dihydrochloride PACK	NP	SP
sapropterin dihydrochloride TABS	NP	SP
SENSIPAR *(Use cinacalcet hcl)*	NP	SP
SEPHIENCE PACK PO 250 MG, 1000 MG	NP	SP
sodium phenylbutyrate POWD	NP	SP
sodium phenylbutyrate TABS	NP	SP
TRYNGOLZA	NP	SP
VYKAT XR TB24 PO 25 MG, 75 MG, 150 MG	NP	SP
XPHOZAH	NP	SP
XURIDEN	NP	SP
YORVIPATH	NP	SP
ZEMPLAR CAPS 1 MCG, 2 MCG *(Use paricalcitol)*	NP	
Mineralocorticoid Receptor Antagonists		
KERENDIA	P	PA
Natriuretic Peptides		
VOXZOGO	NP	SP
YUVIWEL SOLR SC 1.3 MG, 2.8 MG, 5.5 MG	NP	SP
Posterior Pituitary Hormones		
DDAVP TABS *(Use desmopressin acetate)*	NP	QL(6 EA daily); MP
DESMODA SOLN PO 0.05 MG/ML	NP	SP
desmopressin acetate spray	P	MP
desmopressin acetate TABS	P	QL(6 EA daily); MP
Progesterone Receptor Antagonists		
MIFEPREX *(Use mifepristone)*	P	
mifepristone	P	
Prolactin Inhibitors		
cabergoline	P	
Somatostatic Agents		
lanreotide acetate	NP	SP; MP
LANREOTIDE ACETATE	NP	SP; MP
MYCAPSSA CPDR	NP	SP
octreotide acetate KIT	NP	SP
octreotide acetate SOLN	NP	SP; MP

Drug Name	Drug Tier	Requirements/ Limits
octreotide acetate SOSY	NP	SP; MP
PALSONIFY TABS PO 20 MG, 30 MG	NP	SP
SANDOSTATIN LAR DEPOT KIT *(Use octreotide acetate)*	NP	SP
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML *(Use octreotide acetate)*	NP	SP; MP
SIGNIFOR	NP	SP; MP
SIGNIFOR LAR	NP	SP
SOMATULINE DEPOT	NP	SP; MP
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG *(Use tolvaptan)*	NP	SP
JYNARQUE TBPK 15 MG *(Use tolvaptan)*	NP	SP
SAMSCA TABS PO *(Use tolvaptan (hyponatremia))*	NP	SP
tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG	NP	SP
tolvaptan TABS	NP	SP
tolvaptan TBPK 15 MG	NP	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(Use estradiol & norethindrone acetate)*	NP	QL(1 EA daily)
ANGELIQ	NP	
BIJUVA	NP	
CLIMARA PRO	NP	
COMBIPATCH PTTW	P	
DUAVEE	NP	
estradiol & norethindrone acetate TABS	P	QL(1 EA daily)
MYFEMBREE	P	PA
norethindrone acetate-ethinyl estradiol	NP	QL(1 EA daily)
ORIAHNN	P	PA
PREMPHASE	P	QL(1 EA daily)
PREMPRO	P	QL(1 EA daily)
Estrogens		
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(Use estradiol)*	NP	
DELESTROGEN 40 MG/ML *(Use estradiol valerate)*	NF	
DELESTROGEN 10 MG/ML, 20 MG/ML *(Use estradiol valerate)*	NP	
DEPO-ESTRADIOL	NP	
DIVIGEL GEL *(Use estradiol)*	NP	
ELESTRIN GEL	NP	
ESTRACE TABS *(Use estradiol)*	NF	
estradiol valerate	NP	
estradiol GEL	NP	
estradiol PTTW	P	
estradiol PTWK	P	
estradiol TABS	P	
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	QL(1 EA daily)
EVAMIST SOLN	NP	MP
MENOSTAR PTWK	NP	
MINIVELLE PTTW *(Use estradiol)*	NP	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG *(Use estrogens, conjugated)*	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
VIVELLE-DOT PTTW *(Use estradiol)*	NP	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	QL(28 EA per fill retail); 1 max fill(s) per 30 day(s) retail; AL(At least 16 yrs old)
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	P	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG *(Use ciprofloxacin hcl)*	NP	
levofloxacin in d5w	P	
levofloxacin SOLN PO	P	
levofloxacin TABS	P	QL(1 EA daily)
moxifloxacin hcl TABS	P	
ofloxacin 300 MG, 400 MG	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY *(Use prucalopride succinate)*	NP	
prucalopride succinate	NP	
Antiflatulents		
simethicone CAPS 125 MG, 180 MG	P	
simethicone CHEW	P	
simethicone SUSP	P	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	SP
CTEXLI TABS PO 250 MG	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	NP	SP
Gallstone Solubilizing Agents		
RELTONE CAPS	NP	
URSO FORTE TABS *(Use ursodiol)*	NP	
ursodiol CAPS	P	QL(3 EA daily)
ursodiol TABS	NP	
URSOLIGN CAPS 150 MG	NP	
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis)	P	
GASTROCROM *(Use cromolyn sodium (mastocytosis))*	NP	
Gastrointestinal Chloride Channel Activators		
AMITIZA *(Use lubiprostone)*	NP	
lubiprostone	NP	
Gastrointestinal Stimulants		
GIMOTI SOLN NA	NP	SP
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	P	
metoclopramide hcl TABS	P	
REGLAN TABS *(Use metoclopramide hcl)*	NP	
Hepatotropics		
REZDIFFRA	P	SP; PA
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	NP	SP
BYLVAY CAPS	NP	SP
LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	NP	SP
LIVMARLI	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
LYNAVOY TABS PO 40 MG	NP	SP
Inflammatory Bowel Agents		
APRISO CP24 *(Use mesalamine)*	NF	
AVSOLA	NP	SP
AZULFIDINE EN-TABS TBEC *(Use sulfasalazine)*	NP	
AZULFIDINE TABS *(Use sulfasalazine)*	NP	
balsalazide disodium CAPS	P	QL(9 EA daily)
CANASA SUPP *(Use mesalamine)*	NP	QL(1 EA daily)
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	P	SP; PA
CIMZIA (2 SYRINGE) PSKT	P	SP; PA
CIMZIA KIT	P	SP; PA
CIMZIA-STARTER PSKT	P	SP; PA
COLAZAL CAPS *(Use balsalazide disodium)*	NF	QL(9 EA daily)
DELZICOL CPDR *(Use mesalamine)*	NF	
DIPENTUM	NP	
ENTYVIO PEN SOAJ	NP	SP
ENTYVIO SOLR	NP	SP
IMULDOSA SOLN IV 130 MG/26ML	NP	SP
INFLECTRA SOLR	NP	SP
INFLIXIMAB	NP	SP
LIALDA TBEC *(Use mesalamine)*	NP	
LIALDA TBEC *(Use mesalamine)*	NF	
mesalamine w/ cleanser	NP	
mesalamine CP24	NP	
mesalamine CPCR	P	QL(8 EA daily)
mesalamine CPDR	NP	
mesalamine ENEM	P	
mesalamine SUPP	P	QL(1 EA daily)
mesalamine TBEC	NP	
OMVOH (300 MG DOSE) SOAJ	NP	SP
OMVOH (300 MG DOSE) SOSY	NP	SP
OMVOH SOAJ	NP	SP
OMVOH SOLN	NP	SP
OMVOH SOSY	NP	SP
PENTASA CPCR *(Use mesalamine)*	P	QL(8 EA daily)
REMICADE	NP	SP
RENFLEXIS	NP	SP
ROWASA *(Use mesalamine w/ cleanser)*	NP	
SFROWASA ENEM	P	
SKYRIZI SOCT	NP	SP
SKYRIZI SOLN	NP	SP
STARJEMZA SOLN IV 130 MG/26ML	NP	SP
STELARA 130 MG/26ML	NP	SP
sulfasalazine TABS	P	
sulfasalazine TBEC	P	
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP
TREMFYA SOLN IV	NP	SP
TREMFYA SOSY SC 200 MG/2ML	NP	SP
USTEKINUMAB 130 MG/26ML	NP	SP
ZYMFENTRA (1 PEN) AJKT	NP	SP
ZYMFENTRA (2 PEN) AJKT	NP	SP
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP
Intestinal Acidifiers		
lactulose (encephalopathy)	P	MP

Drug Name	Drug Tier	Requirements/ Limits
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	NP	
IBSRELA	NP	
LINZESS	NP	
LOTRONEX *(Use alosetron hcl)*	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
alvimopan	NP	
MOVANTIK	NP	
SYMPROIC	NP	
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
IQIRVO	NP	SP
LIVDELZI	NP	SP
Phosphate Binder Agents		
AURYXIA 210 MG *(Use ferric citrate)*	NP	
calcium acetate (phosphate binder) CAPS	P	
calcium acetate (phosphate binder) TABS	P	RX/OTC
ferric citrate	NP	
FOSRENOL CHEW *(Use lanthanum carbonate)*	NP	
FOSRENOL PACK	P	
lanthanum carbonate CHEW	P	
RENVELA PACK *(Use sevelamer carbonate)*	NP	
RENVELA TABS *(Use sevelamer carbonate)*	NP	QL(8 EA daily)
RENVELA TABS *(Use sevelamer carbonate)*	NF	QL(8 EA daily)
sevelamer carbonate PACK	NP	
sevelamer carbonate TABS	P	QL(8 EA daily)
sevelamer hcl	P	
VELPHORO	NP	
Short Bowel Syndrome (SBS) Agents		
GATTEX	NP	SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	NP	
Alkalinizers		
CYTRA K CRYSTALS PACK 1002 MG-3300 MG	NP	
ORACIT	P	
pot & sod citrates w/citric ac SOLN	NP	
potassium citrate (alkalinizer) TBCR	NP	
potassium citrate-citric acid SOLN	NP	RX/OTC
sodium citrate & citric acid	P	RX/OTC
TRICITRATES SOLN *(Use pot & sod citrates w/citric ac)*	NF	
TRICITRATES SOLN 500 MG/5ML-334 MG/5ML-550 MG/5ML *(Use pot & sod citrates w/citric ac)*	NP	
UROCIT-K 10 TBCR *(Use potassium citrate (alkalinizer))*	NP	
UROCIT-K 15 TBCR *(Use potassium citrate (alkalinizer))*	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP
PROCYSBI CPDR	NP	SP
PROCYSBI PACK	NP	SP
Genitourinary Irrigants		

Drug Name	Drug Tier	Requirements/ Limits
ARGYLE STERILE SALINE 0.9 % *(Use sodium chloride (gu irrigant))*	NF	
CURITY STERILE SALINE 0.9 % *(Use sodium chloride (gu irrigant))*	NF	
sodium chloride (gu irrigant) 0.9 %	P	
IgA Nephropathy (IgAN) Agents		
FILSPARI	NP	SP
VANRAFIA TABS PO 0.75 MG	NP	SP
VOYXACT SOSY SC 400 MG/2ML	NP	SP
Interstitial Cystitis Agents		
ELMIRON CAPS	NP	QL(3 EA daily)
Prostatic Hypertrophy Agents		
alfuzosin hcl	P	MP
AVODART *(Use dutasteride)*	NF	MP
CARDURA XL	NP	
dutasteride	NP	MP
dutasteride-tamsulosin hcl	NP	MP
finasteride	P	QL(1 EA daily); MP
JALYN *(Use dutasteride-tamsulosin hcl)*	NF	MP
PROSCAR *(Use finasteride)*	NP	QL(1 EA daily); MP
RAPAFLO *(Use silodosin)*	NF	MP
silodosin	NP	MP
tamsulosin hcl	P	QL(2 EA daily); MP
Urinary Analgesics		
phenazopyridine hcl TABS 100 MG, 200 MG	P	
PYRIDIUM TABS *(Use phenazopyridine hcl)*	NP	
Urinary Stone Agents		
LITHOSTAT	NP	
THIOLA EC TBEC *(Use tiopronin)*	NP	SP
THIOLA TABS *(Use tiopronin)*	NP	SP
tiopronin TABS	NP	SP
tiopronin TBEC	NP	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	P	MP
Gout Agents		
allopurinol 100 MG, 300 MG	P	MP
allopurinol 200 MG	P	
colchicine CAPS	NP	MP
colchicine TABS	NP	MP
febuxostat	NP	MP
MITIGARE CAPS *(Use colchicine)*	NP	MP
ULORIC *(Use febuxostat)*	NP	MP
Uricosurics		
probenecid	P	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	P	SP; PA
ALHEMO	P	SP; PA
ALPHANATE SOLR	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA
ALPROLIX	P	SP; PA
BENEFIX KIT	P	SP; PA
COAGADEX	P	SP; PA
CORIFACT	P	SP; PA
ELOCTATE	P	SP; PA
ESPEROCT	P	SP; PA
FEIBA	P	SP; PA
FESILTY SOLR IV 1 GM	NP	SP
FIBRYGA 2 GM	NP	SP
HEMLIBRA 12 MG/0.4ML, 300 MG/2ML	P	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	P	SP; MP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
HUMATE-P SOLR	P	SP; PA
HYMPAVZI	P	SP; PA
IDELVION	P	SP; PA
IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	P	SP; PA
JIVI	P	SP; PA
KOATE-DVI SOLR 1000 UNIT	P	SP; PA
KOATE SOLR	P	SP; PA
KOVALTRY	P	SP; PA
NOVOEIGHT	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT	P	SP; PA
NUWIQ SOLR	P	SP; PA
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIASTAP	NP	SP
RIXUBIS SOLR	P	SP; PA
SEVENFACT	P	SP; PA
TRETTEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(Use icatibant acetate)*	NP	SP
icatibant acetate SOSY	NP	SP
Complement Inhibitors		
BERINERT KIT	P	SP; PA
BKEMV SOLN IV 300 MG/30ML	NP	SP
CINRYZE SOLR IV	NP	SP
EMPAVELI	NP	SP; MP
ENJAYMO	NP	SP
EPYSQLI SOLN IV 300 MG/30ML	NP	SP
FABHALTA	NP	SP
HAEGARDA SOLR SC	NP	SP
PIASKY	NP	SP
RUCONEST	NP	SP
SOLIRIS	NP	SP
TAVNEOS	NP	SP
ULTOMIRIS	NP	SP
VEOPOZ	NP	SP
VOYDEYA TABS	NP	SP
VOYDEYA TBPK	NP	SP
YARTEMLEA SOLN IV 370 MG/2ML	NP	
ZILBRYSQ	NP	SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
WAYRILZ TABS PO 400 MG	NP	SP
Hematological Enzymes - Misc		
ADZYNMA	NP	SP
Hematorheologic Agents		
pentoxifylline	P	QL(3 EA daily)
Plasma Factor XIIa Inhibitors		
ANDEMBRY SOAJ SC 200 MG/1.2ML	NP	SP
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	NP	SP
KALBITOR	NP	SP
ORLADEYO	NP	SP
ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG	NP	SP
TAKHZYRO SOSY	NP	SP
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(Use anagrelide hcl)*	NP	
anagrelide hcl	P	
aspirin-dipyridamole	P	
BRILINTA 60 MG, 90 MG *(Use ticagrelor)*	P	QL(2 EA daily)
cilostazol	NP	
clopidogrel bisulfate 75 MG	P	QL(1 EA daily)
clopidogrel bisulfate 300 MG	P	
dipyridamole	P	
EFFIENT *(Use prasugrel hcl)*	NP	QL(1 EA daily)
PLAVIX 75 MG *(Use clopidogrel bisulfate)*	NP	QL(1 EA daily)
prasugrel hcl	NP	QL(1 EA daily)
ticagrelor 60 MG, 90 MG	P	QL(2 EA daily)
Pyruvate Kinase Activators		
AQVESME TABS 100 MG	NP	SP
PYRUKYND TAPER PACK TBPK	NP	SP
PYRUKYND TABS	NP	SP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	NP	SP
miglustat	NP	SP
ZAVESCA *(Use miglustat)*	NP	SP
Agents for Sickle Cell Disease		
ADAKVEO	NP	SP
DROXIA CAPS	P	
ENDARI *(Use glutamine (sickle cell))*	P	SP
glutamine (sickle cell)	NP	SP
SIKLOS TABS	P	AL(At least 2 yrs old - Up to 17 yrs old)
XROMI SOLN PO 100 MG/ML	P	SP
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	P	
Folic Acid/Folates		
folic acid TABS 1 MG	P	RX/OTC
Hematopoietic Growth Factors		
ALVAIZ	NP	SP
ARANESP (ALBUMIN FREE) SOLN	NP	SP; MP
ARANESP (ALBUMIN FREE) SOSY	NP	SP; MP
ARMLUPEG SOSY SC 6 MG/0.6ML	NP	SP
DOPTELET	NP	SP
DOPTELET SPRINKLE PO 10 MG	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
eltrombopag olamine PACK 12.5 MG, 25 MG	NP	SP
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; MP; PA
EPOGEN 10000 UNIT/ML	P	AL(Up to 65 yrs old); SP; MP; PA
FILKRI SOSY IJ 300 MCG/0.5ML, 480 MCG/0.8ML	NP	SP
FULPHILA	NP	SP
FYLNETRA	NP	SP
GRANIX SOLN 300 MCG/ML	NP	SP
GRANIX SOSY	NP	SP
LEUKINE SOLR IJ	P	QL(0.47 EA daily); SP
MIRCERA 120 MCG/0.3ML	NP	SP
MIRCERA 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML	NP	SP; MP
MULPLETA	NP	SP
MULPLETA	NP	SP
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	SP
NEULASTA SOLN SC 4 MG/0.4ML	NP	SP
NEULASTA SOSY	NP	SP
NEUPOGEN SOLN 300 MCG/ML	P	QL(0.47 ML daily); SP
NEUPOGEN SOLN 480 MCG/1.6ML	P	QL(0.75 ML daily); SP
NEUPOGEN SOLN 480 MCG/1.6ML	P	QL(0.75 ML daily); AL(Up to 65 yrs old); SP
NEUPOGEN SOSY 480 MCG/0.8ML	P	QL(0.38 ML daily); SP
NEUPOGEN SOSY 300 MCG/0.5ML	P	QL(0.24 ML daily); SP
NIVESTYM SOLN	NP	SP
NIVESTYM SOSY	NP	SP
NPLATE	NP	SP
NYPOZI	NP	SP
NYVEPRIA	NP	SP
PROCRIT	P	SP; MP; PA
PROCRIT	P	SP; MP; PA
PROMACTA PACK 12.5 MG, 25 MG *(Use eltrombopag olamine)*	NP	SP
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG *(Use eltrombopag olamine)*	NP	SP
REBLOZYL	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	NP	SP; MP
ROLVEDON	NP	SP
RYZNEUTA SOSY SC 20 MG/ML	NP	SP
STIMUFEND	NP	SP
UDENYCA ONBODY SOSY	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP
VAFSEO	NP	SP
ZARXIO	NP	SP
ZIEXTENZO	NP	SP
Iron		
ferrous gluconate TABS 324 MG	P	
ferrous sulfate dried TABS	P	
ferrous sulfate SOLN 15 MG/ML, 300 MG/5ML, 15 MG/ML	P	

Drug Name	Drug Tier	Requirements/ Limits
ferrous sulfate TABS	P	
ferrous sulfate TBEC	P	
polysaccharide iron complex CAPS	P	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) CAPS	P	
diphenhydramine hcl (sleep) TABS 25 MG	P	AL(Up to 65 yrs old)
UNISOM SLEEPGELS CAPS *(Use diphenhydramine hcl (sleep))*	NF	
Barbiturate Hypnotics		
phenobarbital ELIX	P	MP
phenobarbital TABS	P	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	NP	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR 6.25 MG *(Use zolpidem tartrate)*	NF	QL(1 EA daily)
AMBIEN CR TBCR *(Use zolpidem tartrate)*	NP	QL(1 EA daily)
AMBIEN TABS *(Use zolpidem tartrate)*	NP	QL(1 EA daily)
DORAL *(Use quazepam)*	NP	
EDLUAR SUBL	NP	
estazolam	P	
eszopiclone	NP	
flurazepam hcl	NP	
HALCION 0.25 MG *(Use triazolam)*	NF	
LUNESTA *(Use eszopiclone)*	NF	
midazolam hcl SYRP	NP	

Drug Name	Drug Tier	Requirements/ Limits
quazepam	P	
RESTORIL *(Use temazepam)*	NP	
temazepam	P	
triazolam	P	
zaleplon	NP	QL(1 EA daily)
ZOLPIDEM TARTRATE CAPS	NP	
zolpidem tartrate SUBL	NP	
zolpidem tartrate TABS	P	QL(1 EA daily)
zolpidem tartrate TBCR	NP	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	NP	
DAYVIGO	NP	QL(3 EA daily)
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	NP	SP; MP
HETLIOZ CAPS *(Use tasimelteon)*	NP	SP
ramelteon	NP	
ROZEREM *(Use ramelteon)*	NP	
tasimelteon CAPS	NP	SP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	P	
KONSYL DAILY FIBER PACK 100 %	P	
methylcellulose (laxative) POWD	P	
methylcellulose (laxative) TABS	P	
psyllium CAPS 0.52 GM	P	
psyllium POWD 28.3 %, 43 %, 58.6 %, 95 %	P	
wheat dextrin POWD	P	
Electrolyte-based Osmotic Laxatives		

Drug Name	Drug Tier	Requirements/ Limits
magnesium citrate 1.745 GM/30ML	P	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML	P	
sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML	P	
Laxative Combinations		
peg 3350-potassium chloride-sod bicarbonate-sod chloride	P	
sennosides-docusate sodium TABS	P	
SUFLAVE	P	
SUTAB	P	
Laxatives - Miscellaneous		
glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 80.7 %	P	
MIRALAX POWD *(Use polyethylene glycol 3350)*	NF	
polyethylene glycol 3350 PACK	P	
polyethylene glycol 3350 POWD	P	
Stimulant Laxatives		
bisacodyl SUPP	P	
bisacodyl TBEC	P	
DULCOLAX TBEC *(Use bisacodyl)*	NF	
senna SYRP 176 MG/5ML	P	
sennosides TABS 8.6 MG, 15 MG	P	
Surfactant Laxatives		
docusate calcium	P	
docusate sodium CAPS	P	
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	P	
DOCUSATE SODIUM SYRP	P	
docusate sodium TABS	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin SUSR	P	
azithromycin TABS 500 MG	P	QL(3 EA per fill retail; 60 EA per 180 day(s) retail)
azithromycin TABS 250 MG	P	QL(60 EA per 180 day(s) retail)
azithromycin TABS 600 MG	P	QL(30 EA per fill retail)
ZITHROMAX TRI-PAK TABS *(Use azithromycin)*	NP	QL(3 EA per fill retail; 60 EA per 180 day(s) retail)
ZITHROMAX Z-PAK TABS *(Use azithromycin)*	NP	QL(60 EA per 180 day(s) retail)
ZITHROMAX SUSR 100 MG/5ML *(Use azithromycin)*	NF	
ZITHROMAX SUSR 200 MG/5ML *(Use azithromycin)*	NP	
ZITHROMAX TABS 250 MG *(Use azithromycin)*	NP	QL(60 EA per 180 day(s) retail)
ZITHROMAX TABS 250 MG *(Use azithromycin)*	NF	QL(60 EA per 180 day(s) retail)
ZITHROMAX TABS 500 MG *(Use azithromycin)*	NP	QL(3 EA per fill retail; 60 EA per 180 day(s) retail)
Clarithromycin		

Drug Name	Drug Tier	Requirements/ Limits
clarithromycin SUSR	P	QL(280 ML per fill retail)
clarithromycin TABS	P	QL(28 EA per fill retail)
clarithromycin TB24	P	QL(14 EA per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR *(Use erythromycin ethylsuccinate)*	P	
ERYPED 200 SUSR *(Use erythromycin ethylsuccinate)*	P	
ERYPED 400 SUSR *(Use erythromycin ethylsuccinate)*	P	
erythromycin base CPEP	P	
erythromycin base TABS	P	
erythromycin base TBEC	P	
erythromycin ethylsuccinate SUSR	P	
erythromycin ethylsuccinate TABS	P	
Fidaxomicin		
DIFICID SUSR	P	
DIFICID TABS 200 MG *(Use fidaxomicin)*	P	
fidaxomicin TABS 200 MG	P	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
AMD FOAM DRESSING TOPSHEET PADS	P	RX/OTC
AMD FOAM DRESSING PADS	P	RX/OTC
BAND-AID GAUZE LARGE PADS	P	RX/OTC
BAND-AID TRU-ABSORB GAUZE PADS	P	RX/OTC
COPA ISLAND BORDERED FOAM PADS	P	RX/OTC
COPA PLUS HYDROPHILIC FOAM PADS	P	RX/OTC
COVRSITE COVER DRESSING PADS	P	RX/OTC
COVRSITE PLUS COMPOSITE DRESS PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES PADS	P	RX/OTC
CURITY AMD ANTIMICROBIAL SPNGE PADS	P	RX/OTC
CURITY COVER SPONGE PADS	P	RX/OTC
CURITY DRESSING SPONGES PADS	P	RX/OTC
CURITY GAUZE SPONGE PADS	P	RX/OTC
CURITY GAUZE PADS	P	RX/OTC
CURITY SPONGES PADS	P	RX/OTC
CVS GAUZE PAD STERILE PADS	P	RX/OTC
CVS GAUZE STERILE PADS	P	RX/OTC
DERMACEA DRAIN SPONGES PADS	P	RX/OTC
DERMACEA GAUZE SPONGE PADS	P	RX/OTC
DERMACEA IV DRAIN SPONGES PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE PADS	P	RX/OTC
DERMACEA X-RAY SPONGES PADS	P	RX/OTC
DRYMAX EXTRA PADS	P	RX/OTC
EQ GAUZE PADS	P	RX/OTC
EQL GAUZE PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXCILON AMD DRAIN SPONGES PADS	P	RX/OTC
EXCILON AMD NON-WOVEN SPONGES PADS	P	RX/OTC
EXCILON DRAIN SPONGES PADS	P	RX/OTC
GAUZE DRESSING PADS	P	RX/OTC
GAUZE PADS PADS	P	RX/OTC
HM STERILE PADS PADS	P	RX/OTC
J & J GAUZE SPONGES 12-PLY MISC	P	RX/OTC
J & J GAUZE SPONGES 16-PLY MISC	P	RX/OTC
J & J GAUZE SPONGES 8-PLY MISC	P	RX/OTC
J & J GAUZE PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAM DRESS PADS	P	RX/OTC
KERLIX SPONGES PADS	P	RX/OTC
MIRASORB SPONGES MISC	P	RX/OTC
NU GAUZE 4PLY PADS	P	RX/OTC
NU GAUZE GENERAL-USE SPONGES MISC	P	RX/OTC
POLYMEM NON-ADHESIVE PADS	P	RX/OTC
QC ALL PURPOSE DRESSINGS PADS	P	RX/OTC
QC STERILE PADS PADS	P	RX/OTC
RAY-TEC X-RAY DETECTABLE SPNGE MISC	P	RX/OTC
RESTORE FOAM DRESSING PADS	P	RX/OTC
RESTORE ODOR ABSORBING DRESS PADS	P	RX/OTC
SILIGENTLE FOAM DRESSING PADS	P	RX/OTC
SM STERILE PADS	P	RX/OTC
SOF-WICK PADS	P	RX/OTC
TOPPER DRESSING SPONGES MISC	P	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC	P	
DUREX EXTRA SENSITIVE THIN DEVI	P	
DUREX EXTRA SENSITIVE THIN MISC	P	
DUREX TROPICAL MISC	P	
FANTASY LUBRICATED/SPERMICIDE MISC	P	
FANTASY LUBRICATED MISC	P	
KAMELEON LUBRICATED MISC	P	
KIMONO COLORS DEVI	P	
KIMONO MAXX-LARGE FLARE MISC	P	
KIMONO MICRO THIN PLUS MISC	P	
KIMONO MICRO THIN MISC	P	
KIMONO PLUS MISC	P	
KIMONO PS PLUS MISC	P	
KIMONO PS MISC	P	
KIMONO SENSATION PLUS MISC	P	
KIMONO SENSATION MISC	P	
KIMONO SPECIAL DEVI	P	
KIMONO MISC	P	
MAXX PLUS MISC	P	
MAXX MISC	P	
REALITY LATEX CONDOMS MISC	P	
REALITY LATEX/ULTRA TEXTURED DEVI	P	

Drug Name	Drug Tier	Requirements/ Limits
REALITY LATEX/ULTRA THIN DEVI	P	
TROJAN BARESKIN DEVI	P	
TROJAN ENZ MISC	P	
TROJAN MAGNUM MISC	P	
TROJAN ULTRA THIN/SPERMICIDAL MISC	P	
TROJAN ULTRA THIN MISC	P	
TROJAN-ENZ LUBRICATED MISC	P	
TROJAN-ENZ/SPERMICIDAL MISC	P	
TRUE COVER DEVI	P	
TRUSTEX COLOR CONDOMS + LUBE MISC	P	
TRUSTEX LUB/RIBBED/STUDDED MISC	P	
TRUSTEX LUB/SPERMICIDE EX ST MISC	P	
TRUSTEX LUB/SPERMICIDE XL MISC	P	
TRUSTEX LUBRICATED EX LARGE MISC	P	
TRUSTEX LUBRICATED EXTRA ST MISC	P	
TRUSTEX LUBRICATED/SPERMICIDE MISC	P	
TRUSTEX LUBRICATED MISC	P	
TRUSTEX NATURAL CONDOMS + LUBE MISC	P	
TRUSTEX NON-LUBRICATED MISC	P	
TRUSTEX RIA LUB/SPERMICIDE MISC	P	
TRUSTEX RIA LUBRICATED MISC	P	
TRUSTEX RIA NON-LUBRICATED MISC	P	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	P	
Diabetic Supplies		
ACCU-CHEK AVIVA PLUS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
ACCU-CHEK AVIVA SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ACCU-CHEK FASTCLIX LANCET KIT	P	QL(0.034 EA daily); 1 max fill(s) per 365 day(s) retail
ACCU-CHEK FASTCLIX LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ACCU-CHEK GUIDE ME KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
ACCU-CHEK GUIDE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	P	QL(4.45 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK SMARTVIEW CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ACCU-CHEK SOFTCLIX LANCET DEV KIT	P	QL(0.034 EA daily); 1 max fill(s) per 365 day(s) retail
ACCU-CHEK SOFTCLIX LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
ACCUTREND GLUCOSE CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ACTI-LANCE 28G	P	QL(4.45 EA daily); MP; RX/OTC
ACTI-LANCE LITE LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	P	QL(4.45 EA daily); MP; RX/OTC
ACTI-LANCE UNIVERSAL 23G	P	QL(4.45 EA daily); MP; RX/OTC
ADJUSTABLE LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
ADVANCE INTUITION METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
ADVANCE INTUITION MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
ADVANCE MICRO-DRAW CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ADVANCE MICRO-DRAW METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
ADVANCE MICRO-DRAW NORMAL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ADVANCED MOBILE LANCET	P	QL(4.45 EA daily); MP; RX/OTC
ADVANTAGE SAFETY LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
ADVOCATE BLOOD GLUCOSE MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
ADVOCATE BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
ADVOCATE CONTROL SOLUTION LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ADVOCATE LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
ADVOCATE LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
ADVOCATE LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
ADVOCATE RAPID-SAFE LANCING MISC	P	1 max fill(s) per 365 day(s) retail; MP
ADVOCATE REDI-CODE+ CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE REDI-CODE+ DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
ADVOCATE REDI-CODE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
ADVOCATE REDI-CODE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
ADVOCATE SAFETY LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
ADVOCATE SAFETY LANCETS 21G	P	QL(4.45 EA daily); MP; RX/OTC
ADVOCATE SAFETY LANCETS 23G	P	QL(4.45 EA daily); MP; RX/OTC
ADVOCATE SAFETY LANCETS 26G	P	QL(4.45 EA daily); MP; RX/OTC
ADVOCATE SAFETY LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
AGAMATRIX CONTROL LEVEL 2 SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
AGAMATRIX CONTROL LEVEL 4 SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
AGAMATRIX CONTROL NORMAL/HIGH SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
AGAMATRIX CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
AGAMATRIX JAZZ WIRELESS 2 KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
AGAMATRIX PRESTO KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
AIMSCO TWIST LANCETS 32G	P	QL(4.45 EA daily); MP; RX/OTC
AIMSCO TWIST LANCETS 33G	P	QL(4.45 EA daily); MP; RX/OTC
AMBI-TRAY MISC	P	RX/OTC
AQUALANCE LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
ASSURE 3 CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ASSURE 3 METER KIT	NP	1 max fill(s) per 365 day(s) retail
ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ASSURE 4 METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ASSURE COMFORT LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
ASSURE CONTROL SOLUTION 2/3 LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ASSURE DOSE NORM/HIGH CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ASSURE II CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ASSURE II CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ASSURE LANCE LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
ASSURE LANCE LANCETS 21G	P	QL(4.45 EA daily); MP; RX/OTC
ASSURE LANCE PLUS SAFETY 25G	P	QL(4.45 EA daily); MP; RX/OTC
ASSURE LANCE PLUS SAFETY 30G	P	QL(4.45 EA daily); MP; RX/OTC
ASSURE LANCE SAFETY LANCET 28G	P	QL(4.45 EA daily); MP; RX/OTC
ASSURE PLATINUM METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
ASSURE PRISM CONTROL LEVEL 1&2 SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ASSURE PRISM MULTI METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
ASSURE PRO BLOOD GLUCOSE METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
ASSURE PRO CONTROL LEVEL 1 & 2 LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ASSURE TITANIUM BLOOD GLUCOSE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
AURORA LANCET SUPER THIN 30G	P	QL(4.45 EA daily); MP; RX/OTC
AURORA LANCET THIN 23G	P	QL(4.45 EA daily); MP; RX/OTC
AUTO-LANCET MINI MISC	P	1 max fill(s) per 365 day(s) retail; MP
AUTO-LANCET MISC	P	1 max fill(s) per 365 day(s) retail; MP
AUTOLET II CLINISAFE KIT	P	QL(0.034 EA daily); 1 max fill(s) per 365 day(s) retail
AUTOLET LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
AUTOLET LITE CLINISAFE KIT	P	QL(0.034 EA daily); 1 max fill(s) per 365 day(s) retail
AUTOLET LITE LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
AUTOLET LITE STARTER PACK KIT	P	QL(0.034 EA daily); 1 max fill(s) per 365 day(s) retail
AUTOLET MINI MISC	P	1 max fill(s) per 365 day(s) retail; MP
AUTOLET PLATFORMS MISC	P	MP
AUTOLET PLUS MISC	P	1 max fill(s) per 365 day(s) retail; MP
BD LATITUDE DIABETES KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
BD LOGIC BLOOD GLUCOSE MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
BD MICROTAINER LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
BIGFOOT UNITY PEN CAP/ADMELOG MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP/APIDRA MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP/ASPART MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP/BASAGLAR MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP/FIASP MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP/HUMALOG MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP/LANTUS MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP/LISPRO MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP/LYUMJEV MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP/NOVOLOG MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP/TOUJEO M MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP/TOUJEO MISC	P	RX/OTC
BIGFOOT UNITY PEN CAP/TRESIBA MISC	P	RX/OTC
BIGFOOT UNITY PROGRAM KIT	NP	RX/OTC
BIOTEL CARE BLOOD GLUCOSE SYST KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
BIOTEL CARE BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
BLOOD GLUCOSE MONITOR SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
BLOOD GLUCOSE MONITORING 333 DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
BLULINK CONTROL HIGH & LOW LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
BLULINK GLUCOSE MONITORING SYS DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
CARDIOCOM LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
CAREONE ADVANCED LANCING DEV MISC	P	1 max fill(s) per 365 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
CAREONE LANCET SUPER THIN 30G	P	QL(4.45 EA daily); MP; RX/OTC
CAREONE LANCET THIN 23G	P	QL(4.45 EA daily); MP; RX/OTC
CARESENS CONTROL A SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
CARESENS CONTROL SOLUTION A/B SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
CARESENS LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
CARESENS LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
CARESENS N FELIZ BT DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
CARESENS N FELIZ DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
CARESENS N GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
CARESENS N PLUS BT KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
CARESENS N VOICE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
CARESENS S CONTROL SOLN A/B LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
CARESENS S FIT BLOOD GLUC MON DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
CARESENS S FIT BT BLOOD GLUC DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
CARETOUCH CONTROL SOL LEVEL 2 LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
CARETOUCH LANCING/EJECTOR MISC	P	1 max fill(s) per 365 day(s) retail; MP
CARETOUCH MONITOR SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
CARETOUCH SAFETY LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
CARETOUCH SAFETY LANCETS 26G	P	QL(4.45 EA daily); MP; RX/OTC
CARETOUCH TWIST LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
CARETOUCH TWIST LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
CARETOUCH TWIST LANCETS 33G	P	QL(4.45 EA daily); MP; RX/OTC
CARETOUCH TWIST MC LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
CHOSEN LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
CHOSEN LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
CHOSEN SAFETY LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEANLET LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
CLEVER CHEK AUTO-CODE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
CLEVER CHEK AUTO-CODE VOICE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
CLEVER CHEK LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
CLEVER CHEK SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
CLEVER CHOICE AUTO-CODE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
CLEVER CHOICE COMFORT EZ	P	QL(4.45 EA daily); MP; RX/OTC
CLEVER CHOICE GLUCOSE CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
CLEVER CHOICE LANCETS 21G	P	QL(4.45 EA daily); MP; RX/OTC
CLEVER CHOICE LANCETS 23G	P	QL(4.45 EA daily); MP; RX/OTC
CLEVER CHOICE LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
CLEVER CHOICE MICRO SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
CLEVER CHOICE MINI SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
CLEVER CHOICE TALK SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
COAGUCHEK LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
COMFORT ASSURED LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
COMFORT ASSURED LANCETS 33G	P	QL(4.45 EA daily); MP; RX/OTC
COMFORT TOUCH LANCETS 31G	P	QL(4.45 EA daily); MP; RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
COMFORT TOUCH TWIST LANCET 30G	P	QL(4.45 EA daily); MP; RX/OTC
CONTOUR CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
CONTOUR MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
CONTOUR NEXT CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
CONTOUR NEXT EZ KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT GEN MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
CONTOUR NEXT LINK KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
CONTOUR NEXT MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
CONTOUR NEXT ONE KIT	NP	1 max fill(s) per 365 day(s) retail
CONTOUR NEXT ONE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
CONTOUR PLUS BLUE KIT	P	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
CONTOUR PLUS CONTROL SOLUTION LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
COOL CONTROL A SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
COOL CONTROL B SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
COOL MONITOR KIT KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
COOL MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
CVS BLOOD GLUCOSE METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
CVS BLOOD GLUCOSE METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
CVS LANCETS ORIGINAL	P	QL(4.45 EA daily); MP; RX/OTC
CVS LANCETS THIN 26G	P	QL(4.45 EA daily); MP; RX/OTC
CVS LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
CVS ULTRA THIN LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
D-CARE GLUCOMETER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
DEXCOM G6 RECEIVER	P	DEXCOM G6 RECEIVER NDC 50090636500 is Non-Preferred; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
DEXCOM G6 SENSOR	P	DEXCOM G6 SENSOR NDC 50090636400 is Non-Preferred; MP; PA
DEXCOM G6 TRANSMITTER	P	DEXCOM G6 TRANSMITTER NDC 50090636600 is Non-Preferred; MP; PA
DEXCOM G7 15 DAY SENSOR	P	MP; PA
DEXCOM G7 RECEIVER	P	DEXCOM G7 RECEIVER NDC 50090642900 is Non-Preferred; MP; PA
DEXCOM G7 SENSOR	P	DEXCOM G7 SENSOR NDC 50090643000 is Non-Preferred; MP; PA
DIABETES CARE KIT	NP	RX/OTC
DIABETES MONITOR DIGIT ADD-ON KIT	NP	RX/OTC
DIABETES MONITOR DIGIT SOLN KIT	NP	RX/OTC
DIATHRIVE BLOOD GLUCOSE METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
DIATHRIVE GLUCOSE CONTROL SOLN LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
DIATHRIVE LANCET ULTRA THIN 30	P	QL(4.45 EA daily); MP; RX/OTC
DIATHRIVE LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
DIATHRIVE LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
DIATHRIVE+ GLUCOSE MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
DIATRUE CONTROL LEVEL 1 SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
DIATRUE CONTROL LEVEL 3 SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
DIATRUE PLUS BLOOD GLUCOSE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
DROPLET GENTEEL LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
DROPLET LANCETS ULTRA THIN 30G	P	QL(4.45 EA daily); MP; RX/OTC
DROPLET LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
DROPLET PERSONAL LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
DROPSAFE ACTI-LANCE 23G	P	QL(4.45 EA daily); MP; RX/OTC
DROPSAFE MEDLANCE LANCET 30G	P	QL(4.45 EA daily); MP; RX/OTC
DRUG MART ON-THE-GO LANCET 30G	P	QL(4.45 EA daily); MP; RX/OTC
DRUG MART UNILET LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
DRUG MART UNILET LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DRUG MART UNILET LANCETS 33G	P	QL(4.45 EA daily); MP; RX/OTC
DUO-CARE CONTROL SOLUTION LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EASY COMFORT LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
EASY COMFORT LANCETS TWIST TOP	P	QL(4.45 EA daily); MP; RX/OTC
EASY MAX T1 GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
EASY MINI LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
EASY PLUS II CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EASY PLUS II GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
EASY STEP CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EASY STEP GLUCOSE MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
EASY TALK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
EASY TALK CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EASY TALK PLUS II CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EASY TOUCH CONTROL HIGH & LOW SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EASY TOUCH GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
EASY TOUCH HEALTHPRO HIGH/LOW LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EASY TOUCH LANCETS 21G	P	QL(4.45 EA daily); MP; RX/OTC
EASY TOUCH LANCETS 23G	P	QL(4.45 EA daily); MP; RX/OTC
EASY TOUCH LANCETS 26G	P	QL(4.45 EA daily); MP; RX/OTC
EASY TOUCH LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 28G/TWIST	P	QL(4.45 EA daily); MP; RX/OTC
EASY TOUCH LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
EASY TOUCH LANCETS 30G/TWIST	P	QL(4.45 EA daily); MP; RX/OTC
EASY TOUCH LANCETS 32G	P	QL(4.45 EA daily); MP; RX/OTC
EASY TOUCH LANCETS 32G/TWIST	P	QL(4.45 EA daily); MP; RX/OTC
EASY TOUCH LANCETS 33G/TWIST	P	QL(4.45 EA daily); MP; RX/OTC
EASY TOUCH LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
EASY TOUCH SAFETY LANCETS 21G	P	QL(4.45 EA daily); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 23G	P	QL(4.45 EA daily); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 26G	P	QL(4.45 EA daily); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
EASY TRAK CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EASY TRAK II BLOOD GLUCOSE SYS DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
EASYGLUCO KIT	NP	1 max fill(s) per 365 day(s) retail
EASYMAX 15 LEVEL 2 CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EASYMAX 15 LEVEL 2-3 CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EASYMAX CONTROL NORMAL/HIGH LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EASYMAX NG BLOOD GLUCOSE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
EASYMAX NG BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
EASYMAX V BLOOD GLUCOSE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
EASYPRO BLOOD GLUCOSE MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
EASYPRO PLUS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
ELEMENT AUTOCODE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ELEMENT COMPACT CONTROL 2 SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ELEMENT COMPACT CONTROL 3 SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ELEMENT COMPACT GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
ELEMENT COMPACT V GLUCOSE SYS DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
ELEMENT CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ELEMENT PLUS DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
EMBRACE BLOOD GLUCOSE MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
EMBRACE CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EMBRACE EVO CONTROL LEVEL 1 LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EMBRACE EVO GLUCOSE MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
EMBRACE EVO GLUCOSE MONITORING KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
EMBRACE GLUCOSE CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EMBRACE LANCETS ULTRA THIN 30G	P	QL(4.45 EA daily); MP; RX/OTC
EMBRACE LANCING DEVICE/EJECTOR MISC	P	1 max fill(s) per 365 day(s) retail; MP
EMBRACE PRESSURE ACTIVATED 21G	P	QL(4.45 EA daily); MP; RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	P	QL(4.45 EA daily); MP; RX/OTC
EMBRACE PRO GLUCOSE CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EMBRACE PRO GLUCOSE METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
EMBRACE TALK GLUCOSE CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EMBRACE TALK MONITORING SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE WAVE BLOOD GLUCOSE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
EMBRACE WAVE GLUCOSE CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
EMBRACE WAVE GLUCOSE METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
ENLITE GLUCOSE SENSOR	NP	MP
EVERSENSE 365 SENSOR/HOLDER	NP	MP
EVERSENSE 365 SMART TRANSMIT	NP	MP
EVERSENSE E3 SENSOR/HOLDER	NP	MP
EVERSENSE E3 SMART TRANSMITTER	NP	MP
EVERSENSE SENSOR/HOLDER	NP	MP
EVERSENSE SMART TRANSMITTER	NP	MP
EVOLUTION AUTOCODE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
EXTENDED RESERVOIR 3ML MISC	NP	
FIFTY50 GLUCOSE METER 2.0 KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
FIFTY50 SAFETY SEAL LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
FIFTY50 UNILET LANCETS 33G	P	QL(4.45 EA daily); MP; RX/OTC
FINGERSTIX LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
FONDCIRCLE BLOOD GLUCOSE MONIT KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
FONDCIRCLE LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
FONDCIRCLE SINGLE USE LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
FORA CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
FORA G20 BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
FORA G30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
FORA GTEL BLOOD GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
FORA LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
FORA LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
FORA PREMIUM V10 BLE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
FORA TEST N' GO MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FORA TN'G VOICE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
FORA V10 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
FORA V10/V12/D10/D20 TEST KIT	NP	1 max fill(s) per 365 day(s) retail
FORA V12 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
FORA V20 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
FORA V30A BLOOD GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
FORA V30A BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
FORACARE GD40 MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
FORACARE GDH CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
FORACARE PREMIUM V10 DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
FORACARE TEST N GO MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
FREESTYLE CONTROL SOLUTION LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
FREESTYLE FREEDOM LITE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
FREESTYLE LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
FREESTYLE LIBRE 14 DAY READER	P	MP; PA
FREESTYLE LIBRE 14 DAY SENSOR	P	MP; PA
FREESTYLE LIBRE 2 PLUS SENSOR	P	MP; PA
FREESTYLE LIBRE 2 READER	P	FREESTYLE LIBRE 2 READER NDC 50090629200 is Non-Preferred; MP; PA
FREESTYLE LIBRE 2 SENSOR	P	FREESTYLE LIBRE 2 SENSOR NDC 50090629000 is Non-Preferred; MP; PA
FREESTYLE LIBRE 3 PLUS SENSOR	P	FREESTYLE LIBRE 3 PLUS SENSOR NDC 50090724800 is Non-Preferred; MP; PA
FREESTYLE LIBRE 3 READER	P	FREESTYLE LIBRE 3 READER NDC 50090638500 is Non-Preferred; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 3 SENSOR	P	FREESTYLE LIBRE 3 SENSOR NDC 50090638500 is Non-Preferred; MP; PA
FREESTYLE LIBRE READER	NP	FREESTYLE LIBRE READER NDC 57599000021 is Non-Preferred; MP
FREESTYLE LITE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
FREESTYLE LITE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
FREESTYLE PRECISION NEO SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
FREESTYLE UNISTICK II LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
GE100 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
GE100 BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	P	QL(4.45 EA daily); MP; RX/OTC
GENTEEL CONTACT TIPS (BLUE) MISC	P	MP
GENTEEL CONTACT TIPS (CLEAR) MISC	P	MP
GENTEEL CONTACT TIPS (GREEN) MISC	P	MP
GENTEEL CONTACT TIPS (ORANGE) MISC	P	MP
GENTEEL CONTACT TIPS (RAINBOW) MISC	P	MP
GENTEEL CONTACT TIPS (VIOLET) MISC	P	MP
GENTEEL CONTACT TIPS (YELLOW) MISC	P	MP
GENTEEL LANCING KIT (BLUE) KIT	P	QL(0.034 EA daily); 1 max fill(s) per 365 day(s) retail
GENTEEL NOZZLES MISC	P	MP
GENTEEL PLUS LANCING (BLACK) MISC	P	1 max fill(s) per 365 day(s) retail; MP
GENTEEL PLUS LANCING (PURPLE) MISC	P	1 max fill(s) per 365 day(s) retail; MP
GENTEEL PLUS LANCING (WHITE) MISC	P	1 max fill(s) per 365 day(s) retail; MP
GENTEEL PLUS LANCING DEV(BLUE) MISC	P	1 max fill(s) per 365 day(s) retail; MP
GENTEEL PLUS LANCING DEV(PINK) MISC	P	1 max fill(s) per 365 day(s) retail; MP
GHT BLOOD GLUCOSE MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
GLOBAL INJECT EASE LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
GLOBAL INJECT EASE LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
GLOBAL LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
GLUCO PERFECT 3 METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD 01 BLOOD GLUCOSE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
GLUCOCARD 01 BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
GLUCOCARD 01 CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
GLUCOCARD 01-MINI GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
GLUCOCARD EXPRESSION CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
GLUCOCARD EXPRESSION MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
GLUCOCARD SHINE CONNEX KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
GLUCOCARD SHINE CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
GLUCOCARD SHINE EXPRESS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
GLUCOCARD SHINE XL DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
GLUCOCARD SHINE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
GLUCOCARD SHINE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
GLUCOCARD VITAL MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
GLUCOCARD X-METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
GLUCOCOM CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
GLUCOCOM LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
GLUCOCOM LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
GLUCOCOM LANCETS 33G	P	QL(4.45 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
GLUCONAVII BLOOD GLUCOSE SYS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
GLUCOSE CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
GNP EASY TOUCH CONT HIGH/LOW LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
GNP EASY TOUCH CONT HIGH/LOW SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
GNP EASY TOUCH GLUCOSE METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
GNP LANCING SYSTEM DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
GNP STERILE LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
GNP STERILE LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
GNP STERILE LANCETS 33G	P	QL(4.45 EA daily); MP; RX/OTC
GNP TRUE METRIX AIR METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
GNP TRUE METRIX GLUCOSE METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	1 max fill(s) per 365 day(s) retail; MP
GOJJI STERILE LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	P	MP; PA
GUARDIAN 4 TRANSMITTER	P	MP; PA
GUARDIAN CONNECT TRANSMITTER	P	MP; PA
GUARDIAN LINK 3 TRANSMITTER	P	MP; PA
GUARDIAN REAL-TIME CHARGER MISC	NP	RX/OTC
GUARDIAN REAL-TIME REPLACE PED	NP	MP
GUARDIAN REAL-TIME TEST PLUG MISC	NP	RX/OTC
GUARDIAN SENSOR (3)	P	MP; PA
GUARDIAN SENSOR 3	P	MP; PA
HAEMOLANCE	P	QL(4.45 EA daily); MP; RX/OTC
HAEMOLANCE LOW FLOW LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
HAEMOLANCE PLUS	P	QL(4.45 EA daily); MP; RX/OTC
HAEMOLANCE PLUS HIGH FLOW	P	QL(4.45 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE PLUS LOW FLOW	P	QL(4.45 EA daily); MP; RX/OTC
HAEMOLANCE PLUS MAX FLOW	P	QL(4.45 EA daily); MP; RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	P	QL(4.45 EA daily); MP; RX/OTC
HEALTHPRO BLOOD GLUCOSE MONITO KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
H-E-B INCONTROL ADV LANCING MISC	P	1 max fill(s) per 365 day(s) retail; MP
H-E-B INCONTROL LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
H-E-B INCONTROL LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
H-E-B INCONTROL LANCETS 33G	P	QL(4.45 EA daily); MP; RX/OTC
HM EMBRACE TALK SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
HW EMBRACE PRO GLUCOSE METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
HW EMBRACE TALK BLOOD GLUCOSE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
HYPOLANCE AST LANCING KIT	P	QL(0.034 EA daily); 1 max fill(s) per 365 day(s) retail
HY-VEE LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
HY-VEE THIN LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
IGLUCOSE MONITORING SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
IHEALTH CONTROL SOLUTION LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
IHEALTH GLUCO+ KIT 100 KIT	NP	RX/OTC
IHEALTH GLUCO+ KIT 10 KIT	NP	RX/OTC
IHEALTH LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
ILET CONTACT DETACH 23" 6MM MISC	P	PA; RX/OTC
ILET INFUSION-FLEX 23" 6MM MISC	P	PA; RX/OTC
ILET INFUSION-INSET 23" 6MM MISC	P	PA; RX/OTC
ILET INFUSION-INSET 32" 6MM MISC	P	PA; RX/OTC
ILET INSULIN PUMP DEVI	P	PA
ILET STARTER - CONTACT DETACH MISC	P	PA; RX/OTC
ILET STARTER KIT - INSET 23" MISC	P	PA; RX/OTC
ILET STARTER KIT - INSET 32" MISC	P	PA; RX/OTC
IN TOUCH GLUCOSE CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
IN TOUCH LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
IN TOUCH STERILE LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
IN TOUCH DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
INFINITY BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
INFINITY CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
INFINITY VOICE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
INSUL-CAP MISC	P	RX/OTC
INSUL-EZE SPM MISC	P	RX/OTC
INSUL-EZE MISC	P	RX/OTC
KINNEY LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
KINNEY THIN LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
KROGER HEALTHPRO CONTROL HI/LO LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
KROGER HEALTHPRO LANCET 26G	P	QL(4.45 EA daily); MP; RX/OTC
KROGER LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
KROGER LANCETS SUPER THIN	P	QL(4.45 EA daily); MP; RX/OTC
KROGER LANCETS THIN	P	QL(4.45 EA daily); MP; RX/OTC
KT TAPE CGM PATCH MISC	NP	RX/OTC
LANCET DEVICE WITH EJECTOR MISC	P	1 max fill(s) per 365 day(s) retail; MP
LANCET DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
LANCETS 28G THIN	P	QL(4.45 EA daily); MP; RX/OTC
LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
LANCETS 33G	P	QL(4.45 EA daily); MP; RX/OTC
LANCETS MICRO THIN 33G	P	QL(4.45 EA daily); MP; RX/OTC
LANCETS SUPER THIN	P	QL(4.45 EA daily); MP; RX/OTC
LANCETS SUPER THIN 28G	P	QL(4.45 EA daily); MP; RX/OTC
LANCETS ULTRA THIN	P	QL(4.45 EA daily); MP; RX/OTC
LANCETS ULTRA THIN 30G	P	QL(4.45 EA daily); MP; RX/OTC
LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
LANZO MISC	P	1 max fill(s) per 365 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
LEADER ADVANCED LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
LIBERTY BLOOD GLUCOSE METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
LIBERTY GLUCOSE CONTROL MID SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
LIBERTY MEDICAL LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
LIBERTY MINI LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
LITE TOUCH LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
LITE TOUCH LANCING PEN MISC	P	1 max fill(s) per 365 day(s) retail; MP
LITETOUCH LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
LIVE BETTER LANCET SUPER THIN	P	QL(4.45 EA daily); MP; RX/OTC
MEDICHOICE SAFETY LANCET	P	QL(4.45 EA daily); MP; RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	P	QL(4.45 EA daily); MP; RX/OTC
MEDICHOICE SAFETY LANCET NORM	P	QL(4.45 EA daily); MP; RX/OTC
MEDISENSE GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
MEDISENSE HI/MID/LOW CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
MEDLANCE PLUS EXTRA 21G	P	QL(4.45 EA daily); MP; RX/OTC
MEDLANCE PLUS LITE 25G	P	QL(4.45 EA daily); MP; RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	P	QL(4.45 EA daily); MP; RX/OTC
MEDLANCE PLUS SUPERLITE 30G	P	QL(4.45 EA daily); MP; RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	P	QL(4.45 EA daily); MP; RX/OTC
MEIJER LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
MEIJER LANCETS UNIVERSAL 21G	P	QL(4.45 EA daily); MP; RX/OTC
MEIJER LANCETS UNIVERSAL 30G	P	QL(4.45 EA daily); MP; RX/OTC
MEIJER LANCETS UNIVERSAL 33G	P	QL(4.45 EA daily); MP; RX/OTC
MEIJER TRUE2GO BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
MEIJER TRUERESULT GLUCOSE SYS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEIJER TRUETRACK GLUCOSE SYS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
MICRODOT BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
MICRODOT CONTROL HIGH/LOW SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
MICROLET LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
MICROLET NEXT LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
MICROLET NEXT LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
MINI LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
MINILINK REAL-TIME TRANSMITTER	NP	MP
MINIMED 630G GUARDIAN PRESS	NP	MP
MINIMED INSTINCT GLUC SENSOR	P	MP; PA
MM BLOOD GLUCOSE SYSTEM REFILL KIT	NP	1 max fill(s) per 365 day(s) retail
MM BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
MM BLULINK GLUCOSE MONIT SYS DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
MM EASY TOUCH GLUCOSE METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
MM LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
MM TWIST LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
MOBI CONNECT GLUCOSE MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
MOBI CONNECT GLUCOSE MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
MOBI CONNECT LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
MOBI CONNECT TWIST LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
MOBILE LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
MODD1 PATIENT WELCOME KIT KIT	NP	QL(1 EA per 365 day(s) retail)
MODD1 SUPPLY KIT KIT	NP	
MONOLET LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
MONOLET OPD LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
MONOLETTOR SAFETY LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
MULTI-LANCET DEVICE 2 KIT	P	QL(0.034 EA daily); 1 max fill(s) per 365 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
MULTI-LANCET DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
MYGLUCOHEALTH BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
MYGLUCOHEALTH CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
MYGLUCOHEALTH LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
NEUTEK 2TEK CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
NOVA MAX BLOOD GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
NOVA MAX BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
NOVA MAX PLUS GLU/KET CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
NOVA SAFETY LANCETS 23G	P	QL(4.45 EA daily); MP; RX/OTC
NOVA SAFETY LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
NOVA SUREFLEX LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	P	QL(1 EA per 365 day(s) retail); PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	P	QL(0.34 EA daily); MP; PA
OMNIPOD 5 LIBRE INTRO KIT	P	QL(1 EA per 365 day(s) retail); PA
OMNIPOD 5 LIBRE PODS MISC	P	QL(0.34 EA daily); MP; PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	NP	QL(0.34 EA daily); MP
OMNIPOD DASH INTRO (GEN 4) KIT	NP	QL(1 EA per 365 day(s) retail)
OMNIPOD DASH PDM (GEN 4) KIT	NP	QL(1 EA per 365 day(s) retail)
OMNIPOD DASH PODS (GEN 4) MISC	P	QL(0.34 EA daily); MP; PA
OMNIPOD GO KIT 20 UNIT/24HR, 30 UNIT/24HR, 40 UNIT/24HR	NP	QL(1 EA per 365 day(s) retail)
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 25 UNIT/24HR, 35 UNIT/24HR	NP	
ON CALL EXPRESS MONITORING SYS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
ONE DROP BLOOD GLUCOSE MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
ONETOUCH DELICA PLUS LANCET30G	P	QL(4.45 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH DELICA PLUS LANCET33G	P	QL(4.45 EA daily); MP; RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	P	1 max fill(s) per 365 day(s) retail; MP
ONETOUCH DELICA SAFETY LANCING	P	QL(4.45 EA daily); MP; RX/OTC
ONETOUCH ULTRA 2 KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
ONETOUCH ULTRA CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ONETOUCH ULTRASOFT 2 LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
ONETOUCH VERIO FLEX SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
ONETOUCH VERIO REFLECT KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
ONETOUCH VERIO LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
OVAL TAPE MISC	NP	RX/OTC
PARADIGM REAL-TIME TRANSMITTER	NP	MP
PERFECT LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
PERFECT LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
PERFECT POINT SAFETY LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
PHARMACIST CHOICE AUTOCODE SYS KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
PHARMACIST CHOICE LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
PHARMACIST CHOICE MINI SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
PIP BLOOD GLUCOSE MONITORING DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
PIP GLUCOSE CONTROL SOLUTION LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
PIP LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
PIP LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
PIVOT INSULIN PUMP STARTER KIT KIT	NP	QL(1 EA per 365 day(s) retail)
PIVOT SUPPLY KIT KIT	NP	
POCKETCHEM EZ CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
POCKETCHEM EZ SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
POGO AUTOMATIC BLOOD GLUCOSE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
PRECISION GLUCOSE KETONE CONTR LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
PRECISION XTRA-GLUCOSE/KETONE DEVI	NP	MP
PRECISION XTRA KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
PRO COMFORT LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
PRO COMFORT LANCETS 31G	P	QL(4.45 EA daily); MP; RX/OTC
PRO COMFORT SAFETY LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
PRO VOICE V8 GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
PRO VOICE V9 GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
PRODIGY CONTROL SOLUTION SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
PRODIGY COUNT-A-DOSE MISC	P	RX/OTC
PRODIGY LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
PRODIGY LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
PRODIGY NO CODING BLOOD GLUC KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
PRODIGY POCKET BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
PRODIGY SAFETY LANCETS 26G	P	QL(4.45 EA daily); MP; RX/OTC
PRODIGY TWIST TOP LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
PRODIGY VOICE BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
PURE COMFORT LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
PURE COMFORT SAFETY LANCET 30G	P	QL(4.45 EA daily); MP; RX/OTC
PX ADVANCED LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
PX LANCETS MICROTHIN 33G	P	QL(4.45 EA daily); MP; RX/OTC
PX LANCETS ULTRA THIN 28G	P	QL(4.45 EA daily); MP; RX/OTC
QC ADVANCED LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
QC LANCETS SUPER THIN 30G	P	QL(4.45 EA daily); MP; RX/OTC
QC LANCETS ULTRA THIN	P	QL(4.45 EA daily); MP; RX/OTC
QC UNILET LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
QC UNILET LANCETS MICRO THIN	P	QL(4.45 EA daily); MP; RX/OTC
QUICK TOUCH BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
QUICKTEK CONTROL SOLUTION LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
QUICKTEK/METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
QUICKTEK KIT	NP	1 max fill(s) per 365 day(s) retail
QUINTET AC BLOOD GLUCOSE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
QUINTET BLOOD GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
QUINTET CONTROL HIGH/NORMAL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
READYLANCE SAFETY LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
REALITY LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
REALITY TRIGGER LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
REFUAH PLUS GLUCOSE CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
REFUAH PLUS MONITORING SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
RELION ALL-IN-ONE	NP	QL(0.034 EA daily); 1 max fill(s) per 365 day(s) retail; MP
RELION CONFIRM GLUCOSE MONITOR KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
RELION LANCET DEVICES 30G	P	QL(4.45 EA daily); MP; RX/OTC
RELION LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
RELION LANCETS MICRO-THIN 33G	P	QL(4.45 EA daily); MP; RX/OTC
RELION LANCETS THIN 26G	P	QL(4.45 EA daily); MP; RX/OTC
RELION LANCETS ULTRA-THIN 30G	P	QL(4.45 EA daily); MP; RX/OTC
RELION LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
RELION MICRO KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
RELION PREMIER BLU MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
RELION PREMIER CLASSIC DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
RELION PREMIER COMPACT SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
RELION PREMIER VOICE MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
RELION PRIME MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
RELION TRUE MET AIR GLUC METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
RELION ULTIMA GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
RELION ULTRA THIN LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
RIGHTEST ALTERNATE SITE ADAPT MISC	P	MP
RIGHTEST GC300 CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
RIGHTEST GD500 LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
RIGHTEST GL300 LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
RIGHTEST GM100 BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	P	QL(4.45 EA daily); MP; RX/OTC
SAFETY LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
SAFETY LANCETS 21G	P	QL(4.45 EA daily); MP; RX/OTC
SAFETY LANCETS 23G	P	QL(4.45 EA daily); MP; RX/OTC
SAFETY LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
SAPS HEALTH PLUS LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
SAPS HEALTH TWIST TOP LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
SAPS TWIST TOP LANCETS	P	QL(4.45 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAPSCARE TWIST TOP LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
SB LANCETS THIN	P	QL(4.45 EA daily); MP; RX/OTC
SB LANCETS ULTRA THIN	P	QL(4.45 EA daily); MP; RX/OTC
SELECT-LITE DEVICE/LANCETS KIT	P	QL(0.034 EA daily); 1 max fill(s) per 365 day(s) retail
SELECT-LITE LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
SENSILANCE SAFETY LANCETS 21G	P	QL(4.45 EA daily); MP; RX/OTC
SENSILANCE SAFETY LANCETS 26G	P	QL(4.45 EA daily); MP; RX/OTC
SENSILANCE SAFETY LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
SIMPLE DIAGNOSTICS LANCING DEV MISC	P	1 max fill(s) per 365 day(s) retail; MP
SIMPLERA SENSOR	P	MP; PA
SIMPLERA SYNC SENSOR	P	MP; PA
SIMPLERA SYSTEM	P	MP; PA
SINGLE-LET	P	QL(4.45 EA daily); MP; RX/OTC
SM TRUEDRAW LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
SMART DIABETES VANTAGE LANCING MISC	P	1 max fill(s) per 365 day(s) retail; MP
SMARTEST CONTROL MEDIUM SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
SMARTEST EJECT STARTER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
SMARTEST EJECT DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
SMARTEST LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
SMARTEST PERSONA STARTER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
SMARTEST PRONTO STARTER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
SMARTEST PROTEGE STARTER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
SMARTEST PROTEGE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
SOLUS V2 CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
SOLUS V2 LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
SOLUS V2 TWIST LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
STERILANCE TL	P	QL(4.45 EA daily); MP; RX/OTC
SUPER THIN LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
SUPREME II HIGH/LOW CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
SURE COMFORT LANCETS 18G	P	QL(4.45 EA daily); MP; RX/OTC
SURE COMFORT LANCETS 21G	P	QL(4.45 EA daily); MP; RX/OTC
SURE COMFORT LANCETS 23G	P	QL(4.45 EA daily); MP; RX/OTC
SURE COMFORT LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
SURE COMFORT LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
SURE COMFORT LANCING PEN MISC	P	1 max fill(s) per 365 day(s) retail; MP
SURELITE LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
TECHLITE AST LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
TECHLITE LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
TECHLITE LANCETS 26G	P	QL(4.45 EA daily); MP; RX/OTC
TEMPO REFILL KIT	NP	1 max fill(s) per 365 day(s) retail
TEMPO WELCOME KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
TODAYS HEALTH THIN LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
TODAYS HEALTH THIN LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
TRAVEL LANCETS ADVANCED 28G	P	QL(4.45 EA daily); MP; RX/OTC
TRUE COMFORT SAFETY LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
TRUE COMFORT TWIST TOP LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
TRUE FOCUS BLOOD GLUCOSE METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
TRUE METRIX AIR GLUCOSE METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
TRUE METRIX AIR GLUCOSE METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
TRUE METRIX GO GLUCOSE METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX LEVEL 1 SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
TRUE METRIX LEVEL 3 SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
TRUE METRIX METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
TRUE METRIX METER KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
TRUECONTROL GLUCOSE CONT LEV 0 LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
TRUECONTROL GLUCOSE CONT LEV 1 LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
TRUEDRAW LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
TRUENESS BLOOD GLUCOSE MONITOR DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
TRUEPLUS LANCETS 26G	P	QL(4.45 EA daily); MP; RX/OTC
TRUEPLUS LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
TRUEPLUS LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
TRUEPLUS LANCETS 33G	P	QL(4.45 EA daily); MP; RX/OTC
TRUEPLUS SAFETY LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
TRUERESULT BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
TRUETRACK BLOOD GLUCOSE DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
TRUETRACK BLOOD GLUCOSE KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
TRUETRACK SMART SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
TWIIST REFILL KIT/INFUSION SET KIT	NP	
TWIIST REFILL KIT KIT	NP	
TWIIST STARTER KIT KIT	NP	QL(1 EA per 365 day(s) retail)
TWIST TOP LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
ULTI-LANCE AUTOMATIC MISC	P	1 max fill(s) per 365 day(s) retail; MP
ULTILET CLASSIC LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
ULTILET LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
ULTILET SAFETY LANCETS	P	QL(4.45 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTILET SAFETY LANCETS 23G	P	QL(4.45 EA daily); MP; RX/OTC
ULTRA THIN LANCETS 31G	P	QL(4.45 EA daily); MP; RX/OTC
ULTRA-CARE LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
ULTRA-CARE SAFETY LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
ULTRA-THIN II AUTO LANCET	P	QL(4.45 EA daily); MP; RX/OTC
ULTRA-THIN II LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
UNILET COMFORTOUCH LANCET	P	QL(4.45 EA daily); MP; RX/OTC
UNILET EXCELITE	P	QL(4.45 EA daily); MP; RX/OTC
UNILET EXCELITE II	P	QL(4.45 EA daily); MP; RX/OTC
UNILET G.P. LANCET	P	QL(4.45 EA daily); MP; RX/OTC
UNILET G.P. SUPERLITE LANCET	P	QL(4.45 EA daily); MP; RX/OTC
UNILET GP 28 ULTRA THIN	P	QL(4.45 EA daily); MP; RX/OTC
UNILET LANCET	P	QL(4.45 EA daily); MP; RX/OTC
UNILET MICRO-THIN 33G	P	QL(4.45 EA daily); MP; RX/OTC
UNILET SUPERLITE LANCET	P	QL(4.45 EA daily); MP; RX/OTC
UNILET SUPER-THIN 30G	P	QL(4.45 EA daily); MP; RX/OTC
UNILET ULTRA-THIN 28G	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK 1	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK 2	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK 2 COMFORT	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK 2 EXTRA	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK 2 NEONATAL	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK 2 NORMAL	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK 2 SUPER	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK 3	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK 3 COMFORT	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK 3 EXTRA	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK 3 GENTLE	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK 3 NEONATAL	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK 3 NORMAL	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK CZT COMFORT	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK CZT NORMAL	P	QL(4.45 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK NORMAL	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK PRO SAFETY LANCET	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK SAFETY LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK SAFETY LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	P	QL(4.45 EA daily); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	P	QL(4.45 EA daily); MP; RX/OTC
UNISTRIP CONTROL SOLN	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
VERASENS BLOOD GLUCOSE METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
VERASENS BLOOD GLUCOSE SYSTEM KIT	NP	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; MP; RX/OTC
VERASENS GLUCOSE CONTROL LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
VERIFINE SAFE LANCET MINI 21G	P	QL(4.45 EA daily); MP; RX/OTC
VERIFINE SAFE LANCET MINI 23G	P	QL(4.45 EA daily); MP; RX/OTC
VERIFINE SAFE LANCET MINI 28G	P	QL(4.45 EA daily); MP; RX/OTC
VERIFINE SAFE LANCET MINI 30G	P	QL(4.45 EA daily); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	P	QL(4.45 EA daily); MP; RX/OTC
V-GO 20 KIT	NP	QL(1 EA per 365 day(s) retail)
V-GO 30 KIT	NP	QL(1 EA per 365 day(s) retail)
V-GO 40 KIT	NP	QL(1 EA per 365 day(s) retail)
VIVAGUARD INO CONTROL SOLUTION LIQD	P	QL(1 EA per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
VIVAGUARD INO GLUCOSE METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
VIVAGUARD INO GLUCOSE METER KIT	NP	1 max fill(s) per 365 day(s) retail
VIVAGUARD INO SMART GLUC METER DEVI	NP	QL(0.034 EA daily); MP; RX/OTC
VIVAGUARD LANCETS	P	QL(4.45 EA daily); MP; RX/OTC
VIVAGUARD LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VIVAGUARD LANCING DEVICE MISC	P	1 max fill(s) per 365 day(s) retail; MP
VIVAGUARD SAFETY LANCETS 28G	P	QL(4.45 EA daily); MP; RX/OTC
VIVI CAP1 MISC	P	RX/OTC
VIVI CAP MISC	P	RX/OTC
ZEVRX TWIST TOP LANCETS 30G	P	QL(4.45 EA daily); MP; RX/OTC
Misc. Devices		
14-COUNT WARMER MISC	P	RX/OTC
2-WAY FOLEY STABILIZATION DEV MISC	P	RX/OTC
3-IN-1 BEDSIDE TOILET MISC	P	RX/OTC
ACU-LIFE CRUSHER/CONTAINER MISC	P	RX/OTC
ADAPTER CAP MISC	P	RX/OTC
ADD-VANTAGE ADDAPTOR CONNECTOR MISC	P	RX/OTC
ADJUST BATH/SHOWER SEAT/BACK MISC	P	RX/OTC
ADJUST BATH/SHOWER SEAT MISC	P	RX/OTC
ADJUST FOLD CANE/YORK HANDLE MISC	P	RX/OTC
ADJUSTABLE ALUMINUM CANE 3/4" MISC	P	RX/OTC
ADJUSTABLE ALUMINUM CANE 5/8" MISC	P	RX/OTC
ADJUSTABLE ALUMINUM CANE 7/8" MISC	P	RX/OTC
ADJUSTABLE ALUMINUM CANE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADJUSTABLE COMMODE 3-IN-1 MISC	P	RX/OTC
ADJUSTABLE FOLDING CANE MISC	P	RX/OTC
ADULT PUSH BUTTON ALUM CRUTCH MISC	P	RX/OTC
ADVOCATE ALCOHOL PREP PADS	P	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC
ALCOHOL PADS	P	RX/OTC
ALCOHOL PREP	P	RX/OTC
ALCOHOL PREP PADS	P	RX/OTC
ALCOHOL SWABS	P	RX/OTC
ALCOHOL SWABSTICK	P	RX/OTC
ALEVE TENS REFILL PADS MISC	P	RX/OTC
ALL-BODY MASSAGE MISC	P	RX/OTC
ALPHAMOP FOAM REPLACEMENT PADS MISC	P	RX/OTC
ALUMINUM BLANKET SUPPORT MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS 13MM MISC	P	RX/OTC
ALUMINUM FLIP OFF SEALS 20MM MISC	P	RX/OTC
AMBER GLASS BOTTLE MISC	P	RX/OTC
AMBER GLASS VIALS 2ML/13MM MISC	P	RX/OTC
AMBER GLASS VIALS 2ML MISC	P	RX/OTC
AMBER GLASS VIALS 30ML/20MM MISC	P	RX/OTC
AMEDA ADAPTER CAP MISC	P	RX/OTC
AMEDA BREAST FLANGE INSERT MISC	P	RX/OTC
AMEDA CUSTOMFIT BREAST FLANGE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AMEDA DIAPHRAGMS MISC	P	RX/OTC
AMEDA DUAL HYGIENIKIT SYSTEM MISC	P	RX/OTC
AMEDA DUAL HYGIENIKIT W/ADAPT MISC	P	RX/OTC
AMEDA ELITE BREAST PUMP MISC	P	RX/OTC
AMEDA FINESSE BREAST PUMP MISC	P	RX/OTC
AMEDA FLEXISHIELD MISC	P	RX/OTC
AMEDA MYA JOY BREAST PUMP/TOTE MISC	P	RX/OTC
AMEDA MYA JOY BREAST PUMP MISC	P	RX/OTC
AMEDA ONE-HAND BREAST PUMP MISC	P	RX/OTC
AMEDA PLATINUM BREAST PUMP MISC	P	RX/OTC
AMEDA PURELY YOURS BREAST PUMP MISC	P	RX/OTC
AMEDA SILICONE TUBING MISC	P	RX/OTC
AMEDA TUBING ADAPTER MISC	P	RX/OTC
AMEDA VALVES MISC	P	RX/OTC
AMIELLE RESTORE VAG EXERCISERS MISC	P	RX/OTC
AMIELLE VAGINAL TRAINER MISC	P	RX/OTC
ANGEL WING BLOOD COLLECT SET MISC	P	RX/OTC
ANGEL WING LUER ADAPTER/HOLDER MISC	P	RX/OTC
ANGEL WING TRANSFER DEVICE MISC	P	RX/OTC
ANGEL WING TUBE HOLDER MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
APNEASTRIP MISC	P	RX/OTC
AQUA FILTER HOLDERS MISC	P	RX/OTC
ARGYLE SARATOGA SUMP DRAIN MISC	P	RX/OTC
ARGYLE TRACH TUBE HOLDER MISC	P	RX/OTC
AUM ALCOHOL PREP PADS	P	RX/OTC
AUTOCLAVE AIR FILTER MISC	P	RX/OTC
AUTOCLAVE PAPER 36" X 36" MISC	P	RX/OTC
AUTOCLAVE PRINTER PAPER MISC	P	RX/OTC
BABY FRIDGE MISC	P	RX/OTC
BAMBOO CANE MISC	P	RX/OTC
BANDAGE SCISSORS MISC	P	RX/OTC
BARIATRIC ALUMINUM CANE MISC	P	RX/OTC
BATH BENCH WITH BACK MISC	P	RX/OTC
BATH/SHOWER SEAT MISC	P	RX/OTC
BATHTUB SAFETY RAIL MISC	P	RX/OTC
BD SWAB SINGLE USE REGULAR	P	RX/OTC
BED WEDGE MISC	P	RX/OTC
BEUTLICH PH TEST ROLL MISC	P	RX/OTC
BI-FOCAL MAGNIFIER MISC	P	RX/OTC
BLOOD COLLECTION TUBE HOLDER MISC	P	RX/OTC
BLOOD PRESSURE SMART CARD MISC	P	RX/OTC
BMI DIGITAL SMART SCALE MISC	P	RX/OTC
BODY COMPOSITION SCALE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BOTTLE 120ML/SPRAY/CLR PLASTIC MISC	P	RX/OTC
BOTTLE 2OZ/BLUE GLASS/DROPPER MISC	P	RX/OTC
BOTTLE 500ML/BOSTON ROUND/CAP MISC	P	RX/OTC
BOTTLE 8OZ/BOSTON ROUND/CAP MISC	P	RX/OTC
BOTTLE AMBER GLASS 33OZ MISC	P	RX/OTC
BOTTLE AMBER GRADUATED 16OZ MISC	P	RX/OTC
BOTTLE AMBER GRADUATED 8OZ MISC	P	RX/OTC
BOTTLE/WHITE 6OZ W/TWIST TOP MISC	P	RX/OTC
BOTTLETOP DISPENSER ADAPTER MISC	P	RX/OTC
BOTTLETOP DISPENSER MISC	P	RX/OTC
BREAST PUMP MISC	P	RX/OTC
BREATHE COMFORT NASAL ASPIRATO MISC	P	RX/OTC
BREATHE COMFORT NASAL IRRIGAT MISC	P	RX/OTC
BREATHE EASE PULSE OXIMETER MISC	P	RX/OTC
BUBBLE POINT TESTER KIT/WIZARD MISC	P	RX/OTC
CANE FOR BLIND FOLDING MISC	P	RX/OTC
CANE HOLDER MISC	P	RX/OTC
CANE TIPS 3/4" MISC	P	RX/OTC
CANE TIPS 7/8" MISC	P	RX/OTC
CANE TIPS FOR ALUM 3/4" MISC	P	RX/OTC
CANE TIPS FOR WOOD 3/4" MISC	P	RX/OTC
CANE TIPS FOR WOOD 5/8" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CANE TIPS FOR WOOD 7/8" MISC	P	RX/OTC
CANE TIPS MISC	P	RX/OTC
CANE WRIST STRAP MISC	P	RX/OTC
CANE/OFFSET HANDLE MISC	P	RX/OTC
CANE/T-HANDLE MISC	P	RX/OTC
CANE MISC	P	RX/OTC
CARDIAC CARE PORT BP/ECG MONIT MISC	P	RX/OTC
CARETOUCH ALCOHOL PREP	P	RX/OTC
CARETOUCH PULSE OXIMETER MISC	P	RX/OTC
CAREX COCCYX CUSHION MISC	P	RX/OTC
CAREX ULTRA GRABBER 32" MISC	P	RX/OTC
CAREX WHEELCHAIR MISC	P	RX/OTC
CERVICAL PILLOW/COVER MISC	P	RX/OTC
CERVICAL PILLOW MISC	P	RX/OTC
CHEMO MOUTHPIECE-SMALL MISC	P	RX/OTC
CHEMO TRANSFER PIN MISC	P	RX/OTC
CINIS PREEMIE HALO LARGE MISC	P	RX/OTC
CINIS PREEMIE HALO MEDIUM MISC	P	RX/OTC
CINIS PREEMIE HALO SMALL MISC	P	RX/OTC
CLASSIC DENTAL GUARD MISC	P	RX/OTC
CLASSICS ROLLING WALKER MISC	P	RX/OTC
CLEANROOM TACKY MAT 18"X36" MISC	P	RX/OTC
CLEAR GLASS VIAL 10ML MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEAR GLASS VIALS 2ML MISC	P	RX/OTC
CLEVER CHOICE BMI SCALE MISC	P	RX/OTC
CLEVER CHOICE BREAST PUMP MISC	P	RX/OTC
CLEVER CHOICE HEARING AMPLIFIE MISC	P	RX/OTC
CLEVER CHOICE HYDROTHERAPY SYS MISC	P	RX/OTC
CLEVER CHOICE PULSE OXIMETER MISC	P	RX/OTC
CLINERE EARWAX CLEANERS MISC	P	RX/OTC
CLINERE EARWAX REMOVER MISC	P	RX/OTC
CLIP & STOR MISC	P	RX/OTC
COLD SEAL BLISTER/LG 62 DOSE MISC	P	RX/OTC
COLD SEAL BLISTER/MD 28 DOSE MISC	P	RX/OTC
COLD SEAL BLISTER/MD 31 DOSE MISC	P	RX/OTC
COLD SEAL BLISTER/MD 90 DOSE MISC	P	RX/OTC
COLD SEAL BLISTER/SM 28 DOSE MISC	P	RX/OTC
COLD SEAL BLISTER/SM 31 DOSE MISC	P	RX/OTC
COLD SEAL BLISTERS/LARGE MISC	P	RX/OTC
COMAR PRESS-IN BOTTLE ADAPTERS MISC	P	RX/OTC
COMFORT CURVE MASSAGE CUSHION MISC	P	RX/OTC
COMFORT FIT FLANGES LARGE MISC	P	RX/OTC
COMFORT PERSONAL CLEANS CART MISC	P	RX/OTC
COMFORT PERSONAL MICROWAVE MISC	P	RX/OTC
COMFORT PERSONAL SHAMPOO CAP MISC	P	RX/OTC
COMFORT PERSONAL WARMER 14-CT MISC	P	RX/OTC
COMFORT PERSONAL WARMER 28-CT MISC	P	RX/OTC
COMFORT TOUCH ALCOHOL PREP	P	RX/OTC
COMMODE 3-IN-1 MISC	P	RX/OTC
COMMODE BEDSIDE/BACK MISC	P	RX/OTC
COMMODE BEDSIDE MISC	P	RX/OTC
COMMODE PAIL MISC	P	RX/OTC
COMMODE SPLASH GUARD MISC	P	RX/OTC
COMMODE MISC	P	RX/OTC
CONTOUR BACK CUSHION MISC	P	RX/OTC
CONTOUR FITTED SHEETS MISC	P	RX/OTC
CONTOUR MATTRESS COVER MISC	P	RX/OTC
COTTON SWABS SWAB	P	
COVERALL BOOTS/DISPOSABLE/UNIV MISC	P	RX/OTC
COVERALL W/HOOD/3XL MISC	P	RX/OTC
COVERALL W/HOOD/SMALL MISC	P	RX/OTC
COVERALL W/HOOD/XL MISC	P	RX/OTC
COVERALL W/HOOD/XXL MISC	P	RX/OTC
COVERALLS ELAST BACK/WRST/ANKL MISC	P	RX/OTC
CRUTCH ACCESSORY KIT MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CRUTCH HANDGRIPS MISC	P	RX/OTC
CRUTCH PILLOWS/ARM/HAND MISC	P	RX/OTC
CRUTCH SET MISC	P	RX/OTC
CRUTCH TIPS MISC	P	RX/OTC
CRUTCH UNDERARM PADS MISC	P	RX/OTC
CRUTCHES-ALUMINUM MISC	P	RX/OTC
CRUTCH-MATE ADULT ARM MISC	P	RX/OTC
CRUTCH-MATE ADULT FOREARM MISC	P	RX/OTC
CRUTCH-MATE ADULT HAND GRIP LG MISC	P	RX/OTC
CRUTCH-MATE ADULT HAND GRIPS MISC	P	RX/OTC
CRUTCH MISC	P	RX/OTC
CURITY ALCOHOL PREPS	P	RX/OTC
CURITY COTTON TIPPED APPLIC 6" MISC	P	
CURITY COTTON TIPPED APPLICATR MISC	P	
CUSTOM-FLEX MISC	P	RX/OTC
CVS ALCOHOL PREP PADS	P	RX/OTC
CVS ALKALINE BATTERIES SIZE AA MISC	P	RX/OTC
CVS BABY SAFETY SWABS SWAB	P	
CVS CANE MISC	P	RX/OTC
CVS COTTON SWABS SWAB	P	
CVS CRUTCHES MISC	P	RX/OTC
CVS DIABETIC ORGANIZER MISC	P	RX/OTC
CVS EAR PLUGS MISC	P	RX/OTC
CVS GEL GRIP FOLDING CANE MISC	P	RX/OTC
CVS INFLATABLE VINYL CUSHION MISC	P	RX/OTC
CVS PILL SPLITTER MISC	P	RX/OTC
CVS PREP	P	RX/OTC
CVS PULSE OXIMETER MISC	P	RX/OTC
CVS QUAD CANE MISC	P	RX/OTC
CVS READY SET GO BATH BENCH MISC	P	RX/OTC
CVS REUSABLE SHEET PROTECTOR MISC	P	RX/OTC
CVS RUBBER CUSHION MISC	P	RX/OTC
DEEP-TISSUE MISC	P	RX/OTC
DENTAL GUARD MISC	P	RX/OTC
DENTEK PROF-FIT DENTAL GUARD MISC	P	RX/OTC
DEODORANT TUBES 2.65OZ-CAPS MISC	P	RX/OTC
DIAL-A-DOSE SYRINGE 15ML MISC	P	RX/OTC
DIAL-A-DOSE SYRINGE 30ML MISC	P	RX/OTC
DIAL-A-DOSE SYRINGE 60ML MISC	P	RX/OTC
DIFFUSER ULTRA SONIC MISC	P	RX/OTC
DIGITAL GLASS SCALE MISC	P	RX/OTC
DIGITAL SCALE/BLUETOOTH MISC	P	RX/OTC
DINAMAP MONITOR PROBE COVERS MISC	P	RX/OTC
DISP SINGLE HEAD STETHOSCOPE MISC	P	RX/OTC
DISPENSER 50ML/FOAMER PUMP MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DISPENSER MD JAR 50ML MISC	P	RX/OTC
DISPENSER MD PEN 6.5ML MISC	P	RX/OTC
DISPENSER MD PUMP 0.25ML MISC	P	RX/OTC
DISPENSER MD PUMP 0.5ML MISC	P	RX/OTC
DISPENSER MD PUMP 1.0ML MISC	P	RX/OTC
DISPENSER MD PUMP 1.5ML MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE 100ML MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE 150ML MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE 15ML MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE 200ML MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE 240ML MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE 30ML MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE 50ML MISC	P	RX/OTC
DISPENSER MD PUMP BOTTLE 80ML MISC	P	RX/OTC
DISPENSER MD SYRINGE 10ML MISC	P	RX/OTC
DISPENSER MD SYRINGE 5ML MISC	P	RX/OTC
DISPENSER MEGAPUMP AIRLESS MISC	P	RX/OTC
DISPENSER MEGAPUMP MEZZO RND MISC	P	RX/OTC
DISPENSER TIP CAP/PRECISEDOSE MISC	P	RX/OTC
DISPENSER/MD FOAMER MISC	P	RX/OTC
DISPOSABLE BULB/VALVE MISC	P	RX/OTC
DIVERTER VALVE MISC	P	RX/OTC
DOPRTAINERS 10ML MISC	P	RX/OTC
DOVER COMMODE SPECIMEN COLLECT MISC	P	RX/OTC
DOVER MIDSTREAM SPECIMEN CATCH MISC	P	RX/OTC
DROPPER & SCREW CAP 4OZ MISC	P	RX/OTC
DROPPING BOTTLE 30ML MISC	P	RX/OTC
DROPSAFE ALCOHOL PREP	P	RX/OTC
DROPTAINER TIP CAPS MISC	P	RX/OTC
DROPTAINERS OPHTHALMIC 15ML MISC	P	RX/OTC
DROPTAINERS OPHTHALMIC 3ML MISC	P	RX/OTC
DROPTAINERS OPHTHALMIC 7ML MISC	P	RX/OTC
DUAL PADDLE FOLDING WALKER MISC	P	RX/OTC
DUNLAP FOAM RING CUSHION MISC	P	RX/OTC
DUNLAP INFLATABLE VINYL RING MISC	P	RX/OTC
EAR WAX REMOVAL/TRI-STREAM TIP MISC	P	RX/OTC
EARPLUGS MISC	P	RX/OTC
EARPOPPER MIDDLE EAR INFLATION DEVI	P	RX/OTC
EASY COMFORT ALCOHOL PADS	P	RX/OTC
EASY FEED ELECTRIC BREAST PUMP MISC	P	RX/OTC
EASY TOUCH ALCOHOL PREP MEDIUM	P	RX/OTC
ECO-SMARTFUNNEL 186ML MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EGG CRATE BED PAD MISC	P	RX/OTC
ELECTRODES 2"X2"/REUSABLE MISC	P	RX/OTC
ELECTROTHERAPY PAIN RELIEF MISC	P	RX/OTC
ELON PROFESSIONAL NAIL CARE MISC	P	RX/OTC
ELONGATED TOILET SEAT ELEVATOR MISC	P	RX/OTC
ELOSHIELD FACE SHIELD MISC	P	RX/OTC
EMPTY VIAL 3ML MISC	P	RX/OTC
ENDOSCOPIC DELIVERY SYSTEM MISC	P	RX/OTC
ENDURANCE FOUR LEG SEAT CANE MISC	P	RX/OTC
ENDURANCE HD COMMODE MISC	P	RX/OTC
EQ BATH & SHOWER SEAT/BACK MISC	P	RX/OTC
EQ CRUTCHES MISC	P	RX/OTC
EQ FOLDING WALKER MISC	P	RX/OTC
EQ WHEELCHAIR FOLDING BLACK MISC	P	RX/OTC
EQL ALCOHOL SWABS	P	RX/OTC
EQL COTTON SWABS SWAB	P	
EQL EAR PLUGS/SILICONE MISC	P	RX/OTC
EQL MUSTACHE/BEARD SCISSORS MISC	P	RX/OTC
EQL SKIN CARE TOOL MISC	P	RX/OTC
EVERYDAY PICK MISC	P	RX/OTC
EXTENDABLE BEDSIDE RAIL MISC	P	RX/OTC
EYE/EAR DROPPER MISC	P	RX/OTC
E-Z LOCK RAISED TOILET SEAT MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EZY DOSE ADULT-LOCK PILL CUT MISC	P	RX/OTC
EZY DOSE COLD SEAL CRD 28 DOSE MISC	P	RX/OTC
EZY DOSE COLD SEAL CRD 62 DOSE MISC	P	RX/OTC
EZY DOSE COLD SEAL CRD 90 DOSE MISC	P	RX/OTC
EZY DOSE CUT N CRUSH MISC	P	RX/OTC
EZY DOSE DELUXE PILL CUTTER MISC	P	RX/OTC
EZY DOSE EAR WAX REMOVAL MISC	P	RX/OTC
EZY DOSE EZY CRUSH PILL CRUSH MISC	P	RX/OTC
EZY DOSE MEDICINE CUPS MISC	P	RX/OTC
EZY DOSE PILL CUTTER ORIGINAL MISC	P	RX/OTC
EZY DOSE PILL CUTTER MISC	P	RX/OTC
FACE SHIELD FULL LENGTH/CLEAR MISC	P	RX/OTC
FACE SHIELD FULL LENGTH MISC	P	RX/OTC
FALL MAT MISC	P	RX/OTC
FASHION CANE/T-HANDLE MISC	P	RX/OTC
FETAL DOPPLER MISC	P	RX/OTC
FIFTY50 ALCOHOL PREP	P	RX/OTC
FILTER 0.2 MICRON/25MM MISC	P	RX/OTC
FILTER 0.2 MICRON/32MM MISC	P	RX/OTC
FILTER 0.2 MICRON/47MM MISC	P	RX/OTC
FILTER 0.22 MICRON/73MM/1000ML MISC	P	RX/OTC
FILTER ATTACHMENT MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FILTER FLUORODYNE/0.22 MICRON MISC	P	RX/OTC
FILTER/MILLEX-GP/50MM/CLEAR MISC	P	RX/OTC
FLA ADJUST AIR ANKLE WALKER MISC	P	RX/OTC
FLAORTHO WALKER MISC	P	RX/OTC
FLEX & GO FOLDING CANE MISC	P	RX/OTC
FLEX SHIELD WITH EAR LOOPS MISC	P	RX/OTC
FLEX SHIELD WITH TIE STRINGS MISC	P	RX/OTC
FLEX THERAPY MISC	P	RX/OTC
FLIGHT EAR PLUGS MISC	P	RX/OTC
FOAM CHAIR CUSHION MISC	P	RX/OTC
FOAM CRUTCH PAD MISC	P	RX/OTC
FOAM CUSHION MISC	P	RX/OTC
FOAM EAR PLUGS MISC	P	RX/OTC
FOAM INVALID CUSHION MISC	P	RX/OTC
FOAM RING 2" MISC	P	RX/OTC
FOIL WRAPPER 3" X 3" MISC	P	RX/OTC
FOLDING CANE MISC	P	RX/OTC
FOLDING COMMODE MISC	P	RX/OTC
FOLDING PADDLE WALKER MISC	P	RX/OTC
FOLDING REACHER MISC	P	RX/OTC
FOLDING SEAT CANE MISC	P	RX/OTC
FOLDING WALKER/ADULT MISC	P	RX/OTC
FOLDING WALKER MISC	P	RX/OTC
FOLDING WALKING CANE MISC	P	RX/OTC
FONDCIRCLE BODY FAT SCALE MISC	P	RX/OTC
FONDCIRCLE BODY WEIGHT SCALE MISC	P	RX/OTC
FONDCIRCLE DIGITAL BODY TAPE M MISC	P	RX/OTC
FONDCIRCLE ENT SMART OTOSCOPE MISC	P	RX/OTC
FONDCIRCLE MULTI-FUNC OTOSCOPE MISC	P	RX/OTC
FONDCIRCLE PORTABLE ECG MONITO MISC	P	RX/OTC
FONDCIRCLE PULSE OXIMETER MISC	P	RX/OTC
FOOT MASSAGER MISC	P	RX/OTC
FORA GATEWAY MISC	P	RX/OTC
FORA GW9014 TELEHEALTH GATEWAY MISC	P	RX/OTC
FORA TN'G SCALE 550 MISC	P	RX/OTC
FREE SPIRIT KNEE/LEG WALKER MISC	P	RX/OTC
FREESTYLE DOUBLE BREASTPUMP MISC	P	RX/OTC
FT COMFORT FOAM EAR PLUGS MISC	P	RX/OTC
FT COTTON SWABS SWAB	P	
FT FINGERTIP PULSE OXIMETER MISC	P	RX/OTC
GETGO ROLLING WALKER MISC	P	RX/OTC
GLASS BOTTLE 15ML MISC	P	RX/OTC
GLASS BOTTLE 30ML/BRUSH CAP MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLASS BOTTLE 30ML/PHENOLIC CAP MISC	P	RX/OTC
GLASS BOTTLE 30ML MISC	P	RX/OTC
GLASS BOTTLE 60ML MISC	P	RX/OTC
GLASS SERUM BOTTLES 20ML MISC	P	RX/OTC
GLASS SERUM BOTTLES 2ML MISC	P	RX/OTC
GLASS SERUM BOTTLES 30ML MISC	P	RX/OTC
GLASS SERUM BOTTLES 5ML MISC	P	RX/OTC
GLASS VIAL 2ML MISC	P	RX/OTC
GLASS VIAL AMBER 3ML MISC	P	RX/OTC
GLOBAL ALCOHOL PREP EASE	P	RX/OTC
GNP ALCOHOL SWABS	P	RX/OTC
GNP ASSORTED COMBS MISC	P	RX/OTC
GNP COTTON SWABS SWAB	P	
GNP DELUXE PULSE OXIMETER MISC	P	RX/OTC
GNP DIGITAL WEIGHT SCALE MISC	P	RX/OTC
GNP FOAM EAR PLUGS MISC	P	RX/OTC
GNP NAIL CLIPPERS MISC	P	RX/OTC
GNP POCKET TISSUE MISC	P	RX/OTC
GNP PULSE OXIMETER MISC	P	RX/OTC
GNP REACHER 32" MISC	P	RX/OTC
GNP TWEEZERS SLANT TIP MISC	P	RX/OTC
GNP ULTRA PILL CRUSHER MISC	P	RX/OTC
GNP ULTRA PILL SPLITTER MISC	P	RX/OTC
GOJJI WEIGHT SCALE MISC	P	RX/OTC
GOODSENSE ALCOHOL SWABS	P	RX/OTC
GRADUATED BOTTLE 2OZ MISC	P	RX/OTC
GRADUATED BOTTLE 4OZ MISC	P	RX/OTC
GROOVE ROLLING WALKER MISC	P	RX/OTC
HAND HELD SHOWER SPRAY MISC	P	RX/OTC
HARMONY BREASTPUMP MISC	P	RX/OTC
HEAD COVERS 24" MISC	P	RX/OTC
HEAD HALTER OVER DOOR TRACTION MISC	P	RX/OTC
HEAD HALTER MISC	P	RX/OTC
HEAD LICE COMB MISC	P	RX/OTC
HEAT THERAPY MISC	P	RX/OTC
H-E-B INCONTROL ALCOHOL	P	RX/OTC
HEELBOOT LARGE MISC	P	RX/OTC
HEELBOOT LAUNDRY BAG MISC	P	RX/OTC
HEELBOOT LINER LARGE MISC	P	RX/OTC
HEELBOOT LINER REGULAR MISC	P	RX/OTC
HEELBOOT REGULAR MISC	P	RX/OTC
HEELBOOT WALK PAD MISC	P	RX/OTC
HIBICLENS FOOT PEDAL MISC	P	RX/OTC
HIBICLENS HAND PUMP 16OZ MISC	P	RX/OTC
HIBICLENS HAND PUMP 32OZ MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HIBICLENS HAND PUMP GALLON MISC	P	RX/OTC
HIBICLENS HAND PUMP NON FOAM MISC	P	RX/OTC
HIBICLENS PUMP ASSEMBLY MISC	P	RX/OTC
HIBICLENS WALL DISPENSER/FOOT MISC	P	RX/OTC
HIBICLENS WALL DISPENSER/HAND MISC	P	RX/OTC
HM STERILE ALCOHOL PREP	P	RX/OTC
HOME STYLE BED RAILS MISC	P	RX/OTC
HOT-COLD THERAPY MISC	P	RX/OTC
HURRICAINE DISPENSING CAP MISC	P	RX/OTC
HURRICAINE LIQUID DISPENSER MISC	P	RX/OTC
HURRICAINE SPR EXTENSION TUBES MISC	P	RX/OTC
HURRIPAK PERIO IRRIGATION TIPS MISC	P	RX/OTC
HURRIPAK PERIODONTAL ANESTHETI MISC	P	RX/OTC
HURRYCANE FREEDOM EDITION CANE MISC	P	RX/OTC
ICY DIAMOND TOTE CANVAS MISC	P	RX/OTC
ICY DIAMOND TOTE NON LEATHER MISC	P	RX/OTC
ICY HOT TENS THERAPY REFILL MISC	P	RX/OTC
ILLUSIONS AA BREAST PROSTHESIS MISC	P	RX/OTC
ILLUSIONS C BREAST PROSTHESIS MISC	P	RX/OTC
INDICATOR/BIOLOGICAL TEST KIT	P	RX/OTC
INFLATABLE NECK REST MISC	P	RX/OTC
INHALATION VIAL CAP/BLUE MISC	P	RX/OTC
INHALATION VIAL CAP/GREEN MISC	P	RX/OTC
INHALATION VIAL CAP/ORANGE MISC	P	RX/OTC
INHALATION VIAL CAP/RED MISC	P	RX/OTC
INHALATION VIAL CAP/WHITE MISC	P	RX/OTC
INHALATION VIAL CAP/YELLOW MISC	P	RX/OTC
INHALATION VIAL W/ CAP/ORANGE MISC	P	RX/OTC
INHALATION VIAL W/CAP/BLUE MISC	P	RX/OTC
INHALATION VIAL W/CAP/GREEN MISC	P	RX/OTC
INHALATION VIAL W/CAP/RED MISC	P	RX/OTC
INHALATION VIAL W/CAP/WHITE MISC	P	RX/OTC
INHALATION VIAL W/CAP/YELLOW MISC	P	RX/OTC
INHALATION VIAL W/O CAP/AMBER MISC	P	RX/OTC
INHALATION WORK STAT/50 HOLES MISC	P	RX/OTC
ITOUCH SURE PELVIC EXERCISER MISC	P	RX/OTC
J & J ANTISEPTIC WIPES MISC	P	RX/OTC
J & J INSTANT COLD PACK MISC	P	RX/OTC
J & J TOURNIQUET MISC	P	RX/OTC
JAR/8OZ/WHITE LID MISC	P	RX/OTC
JOHNSONS SAFETY SWABS SWAB	P	

Drug Name	Drug Tier	Requirements/ Limits
JOURNEY SERIES ROLLING WALKER MISC	P	RX/OTC
JUG AMBER GLASS 4L MISC	P	RX/OTC
KABOOTI ICE MISC	P	RX/OTC
KABOOTI MISC	P	RX/OTC
KANESON BREAST PUMP/NURSER MISC	P	RX/OTC
KANGAROO RIGID CONTAINER MISC	P	RX/OTC
KEGEL BALL TRAINER MISC	P	RX/OTC
KEGEL FIT MISC	P	RX/OTC
KEGEL TONER PELVIC TRAINER MISC	P	RX/OTC
LAB COAT-DISPOSABLE LARGE MISC	P	RX/OTC
LAB COAT-DISPOSABLE MEDIUM MISC	P	RX/OTC
LAB COAT-DISPOSABLE SMALL MISC	P	RX/OTC
LAB COAT-DISPOSABLE XL MISC	P	RX/OTC
LAB COAT-DISPOSABLE XXL MISC	P	RX/OTC
LAB COAT-DISPOSABLE MISC	P	RX/OTC
LADYCARE MENOPAUSE MISC	P	RX/OTC
LANSINOH BREASTFEEDING PILLOW MISC	P	RX/OTC
LANSINOH BREASTMILK COLLECTOR MISC	P	RX/OTC
LANSINOH EXTRA PUMPING SET MISC	P	RX/OTC
LANSINOH MANUAL BREAST PUMP MISC	P	RX/OTC
LANSINOH POSTPART WASH BOTTLE MISC	P	RX/OTC
LANSINOH PUMP ADAPTERS MISC	P	RX/OTC
LANSINOH SMART PUMP TOTE BAGS MISC	P	RX/OTC
LANSINOH SMARTPUMP 2.0 MISC	P	RX/OTC
LANSINOH SMARTPUMP MISC	P	RX/OTC
LATCH ASSIST NIPPLE EVERTER MISC	P	RX/OTC
LITE'N UP 50 MISC	P	RX/OTC
LITE'N UP 90 MISC	P	RX/OTC
LOS YANKAUER HOLDER MISC	P	RX/OTC
LUER TIP CAP TRAY MISC	P	RX/OTC
LULLABY DBL ELECT BREAST PUMP MISC	P	RX/OTC
LUMBAR CUSHION MISC	P	RX/OTC
LUMBAR SUPPORT CUSHION MISC	P	RX/OTC
MAD NASAL ATOMIZATION DEVICE MISC	P	RX/OTC
MAD NASAL MISC	P	RX/OTC
MAGNIFIER HANDS-FREE MISC	P	RX/OTC
MASSAGER MISC	P	RX/OTC
MATTRESS COVER MISC	P	RX/OTC
MATTRESS PAD MISC	P	RX/OTC
MAZERUSTAR MIXER/MIX CONTAINER MISC	P	RX/OTC
MEDELA DOUBLE BREAST PUMP MISC	P	RX/OTC
MEDELA LACTINA DOUBLE PUMPING MISC	P	RX/OTC
MEDELA PUMP IN STYLE MISC	P	RX/OTC
MEDICINE DROPPER/CALIBRATED MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEDICINE DROPPER MISC	P	RX/OTC
MEDICINE SPOON MISC	P	RX/OTC
MEDI-COOLER MISC	P	RX/OTC
MEDI-FRIDGE IIX MISC	P	RX/OTC
MEDI-RDT BLISTER PACKS MISC	P	RX/OTC
MEIJER ALCOHOL SWABS	P	RX/OTC
METAL REACHER MISC	P	RX/OTC
METERED NASAL SPRAY PUMP 15ML MISC	P	RX/OTC
MICROCLENS WALL MOUNT BRACKET MISC	P	RX/OTC
MINI DIFFUSER MISC	P	RX/OTC
MINI MALLET 3/4" PLASTIC MISC	P	RX/OTC
MINI TRANSFER PIN MISC	P	RX/OTC
MIXER/MAZERUSTAR EMP JAR ADP MISC	P	RX/OTC
MIXER/MAZERUSTAR KK-250S-300SS MISC	P	RX/OTC
MIXER/MAZERUSTAR KK-300SS MISC	P	RX/OTC
MIXER/MAZERUSTAR KK-400W MISC	P	RX/OTC
MIXER/MAZERUSTAR MD PUMP ADP MISC	P	RX/OTC
MIXER/MAZERUSTAR/JAR ADP SET MISC	P	RX/OTC
MIXER/MAZERUSTAR/JAR MXING ADP MISC	P	RX/OTC
MIXER/MAZERUSTAR/UNODOSE ADAPT MISC	P	RX/OTC
MN8 MISC	P	RX/OTC
MOIST-SURE REPLACEMENT COVER/L MISC	P	RX/OTC
MOIST-SURE REPLACEMENT COVER/M MISC	P	RX/OTC
MOIST-SURE REPLACEMENT COVER/P MISC	P	RX/OTC
MOISTUREPLUS COVER LARGE MISC	P	RX/OTC
MOISTUREPLUS COVER/MEDIUM MISC	P	RX/OTC
MOISTUREPLUS COVER/PETITE MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION SET MISC	P	RX/OTC
MONOJECT BLOOD COLLECTION TUBE MISC	P	RX/OTC
MONOJECT BLOOD TUBE HOLDER MISC	P	RX/OTC
MONOJECT LUER ADAPTER MISC	P	RX/OTC
MONOJECT MULT-SAMP COLLECT SET MISC	P	RX/OTC
MUCOSAL ATOMIZATION DEVICE MISC	P	RX/OTC
NAIL POLISH BOTTLE/BRUSH 15ML MISC	P	RX/OTC
NAILIT MISC	P	RX/OTC
NASADOCK MISC	P	RX/OTC
NASAL SPRAY METERED PUMP MISC	P	RX/OTC
NATURAL WOOD CANE MISC	P	RX/OTC
NATURAL WOOD WALKING STICK MISC	P	RX/OTC
NATURESPIRIT MISC	P	RX/OTC
NEXCARE COMFORT FOAM EAR PLUGS MISC	P	RX/OTC
NEXCARE REUSABLE EAR PLUGS MISC	P	RX/OTC
NG SECURE MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NIX ELECTRONIC LICE COMB MISC	P	RX/OTC
NIX METAL TWO-SIDED COMB MISC	P	RX/OTC
NOURI AUTO MISC	P	RX/OTC
NOURI DUO MISC	P	RX/OTC
NOVA BATH SEAT MISC	P	RX/OTC
NOVA CUSHION GEL SEAT PAD MISC	P	RX/OTC
NOVA QUAD TIP-FOUR PRONGS MISC	P	RX/OTC
NUASKIN FACIAL SCRUBBER MISC	P	RX/OTC
NUASKIN SKIN TAG REMOVER MISC	P	RX/OTC
NUASKIN VACUUM PRO MISC	P	RX/OTC
NVZZLER PRO DOUBLE BREAST PUMP MISC	P	RX/OTC
NVZZLER SINGLE BREAST PUMP MISC	P	RX/OTC
OFFSET CANE MISC	P	RX/OTC
OINTMENT TUBE/METAL 1OZ MISC	P	RX/OTC
OINTMENT TUBE/METAL 2OZ MISC	P	RX/OTC
OINTMENT TUBE/METAL 4OZ MISC	P	RX/OTC
OINTMENT TUBE/OPHTH TIP 1/8OZ MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC 1OZ MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC 2OZ MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC 4OZ MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC 6OZ MISC	P	RX/OTC
OINTMENT TUBE/PLASTIC 8OZ MISC	P	RX/OTC
ONE OUNCE MEDICINE CUPS MISC	P	RX/OTC
ONE STEP AT A TIME FILTERS MISC	P	RX/OTC
ONE-DAY-AT-A-TIME PLANNER MISC	P	RX/OTC
ORABRUSH MISC	P	RX/OTC
ORAL DOSE SYRINGE MISC	P	RX/OTC
ORAL ENDOTRACHEAL DEVICE MISC	P	RX/OTC
ORAL MEDICINE DROPPER MISC	P	RX/OTC
ORAL SYRINGE/BRUSH MISC	P	RX/OTC
ORIG MCKENZIE CERVICAL ROLL MISC	P	RX/OTC
O-RING CUSHION MISC	P	RX/OTC
OSTEOBOOST BELT LARGE MISC	P	RX/OTC
OSTEOBOOST BELT MEDIUM MISC	P	RX/OTC
OSTEOBOOST BELT SMALL MISC	P	RX/OTC
PATI MISC	P	RX/OTC
PEDAL EXERCISER MISC	P	RX/OTC
PELVIC MUSCLE TRAINER MISC	P	RX/OTC
PERSONALFIT FLEX CONNECTORS MISC	P	RX/OTC
PH ACCESSORIES STORAGE SOL MISC	P	RX/OTC
PHARMACIST CHOICE ALCOHOL	P	RX/OTC
PHOTHERA 100 XL MISC	P	RX/OTC
PHOTHERA 200 MISC	P	RX/OTC
PHOTHERA 600-3D MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PILL BOX 7 DAY MISC	P	RX/OTC
PILL COUNTING TRAY/RIGHT HAND MISC	P	RX/OTC
PILL CRUSHER MISC	P	RX/OTC
PILL POUCH MISC	P	RX/OTC
PILL SPLITTER MISC	P	RX/OTC
PLASTIC BED PAN MISC	P	RX/OTC
PLASTIC BOTTLES 30ML MISC	P	RX/OTC
PLASTIC BOTTLES 90ML MISC	P	RX/OTC
PLASTIC ENEMA BOTTLE MISC	P	RX/OTC
PLASTIC JAR 6OZ MISC	P	RX/OTC
PLASTIC SCOOP 1ML MISC	P	RX/OTC
PLATFORM WALKER ATTACHMENT MISC	P	RX/OTC
PLATINUM REACHER 31" MISC	P	RX/OTC
POCKET MAGNIFIER MISC	P	RX/OTC
POCKET PRO+ REPLACEMENT SENSOR MISC	P	RX/OTC
POLYPROPYLENE CAP-LINER MISC	P	RX/OTC
POSIDYNE ELD FILTER/0.2UM MISC	P	RX/OTC
POSTURE SEAT MISC	P	RX/OTC
POWDER INSUFFLATOR-#4 CAPSULES MISC	P	RX/OTC
POWER ADAPTOR PUMP IN STYLE MISC	P	RX/OTC
PRECISION CATHETER URINE SYS KIT	P	RX/OTC
PRECISION MIDSTREAM KIT KIT	P	RX/OTC
PRECISION SPECIMEN CONTAINER MISC	P	RX/OTC
PRECISION SPUTUM COLLECTOR MISC	P	RX/OTC
PRECISION STOOL COLLECTOR MISC	P	RX/OTC
PRECISION TISSUE GRINDER 15ML MISC	P	RX/OTC
PRECISION TISSUE GRINDER 50ML MISC	P	RX/OTC
PRECISION TISSUE GRINDER MISC	P	RX/OTC
PRECISION URINE SPECIMEN SYS KIT	P	RX/OTC
PRECISION URINE SPECIMEN SYS MISC	P	RX/OTC
PREMIUM PILL CRUSHER MISC	P	RX/OTC
PRESS-IN BOTTLE ADAPTERS MISC	P	RX/OTC
PRO COMFORT ALCOHOL	P	RX/OTC
PRO COMFORT FOOT BATH MISC	P	RX/OTC
PRO COMFORT PULSE OXIMETER MISC	P	RX/OTC
PROTECTIVE SAFETY EYEWARE MISC	P	RX/OTC
PROVATE 61MM MISC	P	RX/OTC
PROVATE 67MM MISC	P	RX/OTC
PROVATE 73MM MISC	P	RX/OTC
PROVATE 79MM MISC	P	RX/OTC
PROVATE 85MM MISC	P	RX/OTC
PROVATE 91MM MISC	P	RX/OTC
PULSE OXIMETER DELUXE MISC	P	RX/OTC
PULSE OXIMETER FOR FINGER MISC	P	RX/OTC
PULSE OXIMETER MISC	P	RX/OTC
PUMP IN STYLE ADVANCED MISC	P	RX/OTC
PUMP IN STYLE PRO+ MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PUMP IN STYLE/MAXFLOW TUBING MISC	P	RX/OTC
PUMP IN STYLE/MAXFLOW MISC	P	RX/OTC
PURE COMFORT ALCOHOL PREP	P	RX/OTC
PURE COMFORT LEG COMP MASSAGER MISC	P	RX/OTC
QC ALCOHOL SWABS	P	RX/OTC
Q-TIPS/SINGLE-TIP APPLICATOR SWAB	P	
Q-TIPS/SINGLE-TIP SWAB	P	
QUAD CANE TIPS MISC	P	RX/OTC
QUAD CANE/SMALL BASE MISC	P	RX/OTC
QUAD CANE MISC	P	RX/OTC
QUICK-FIT CRUTCHES MISC	P	RX/OTC
RAISED TOILET SEAT/LOCK & ARMS MISC	P	RX/OTC
RAISED TOILET SEAT/LOCK MISC	P	RX/OTC
RAISED TOILET SEAT MISC	P	RX/OTC
REALITY SWABS	P	RX/OTC
RECONSTITUBE MISC	P	RX/OTC
REFLECTIONS AA BREAST PROSTHES MISC	P	RX/OTC
REFLECTIONS C BREAST PROSTHES MISC	P	RX/OTC
RELION ALCOHOL SWABS	P	RX/OTC
RELION PULSE OXIMETER MISC	P	RX/OTC
REPLACEMENT NECKBAND STRAPS MISC	P	RX/OTC
RING CUSHION 14" MISC	P	RX/OTC
RING CUSHION 16" MISC	P	RX/OTC
RING CUSHION 18" MISC	P	RX/OTC
RO2 FINGER PULSE OXIMETER MISC	P	RX/OTC
ROLLATOR ULTRA-LIGHT MISC	P	RX/OTC
ROLLER WALKER MISC	P	RX/OTC
ROLLING WALKER/BURGUNDY MISC	P	RX/OTC
ROUND SHOWER STOOL MISC	P	RX/OTC
RUBBER BATH MAT MISC	P	RX/OTC
RUBBER INFLATABLE CUSHION MISC	P	RX/OTC
RX LOCKING CAP MISC	P	RX/OTC
SAFE-SENSE BEARD NET MISC	P	RX/OTC
SAFE-SENSE COVERALL BOOTS MISC	P	RX/OTC
SAFE-SENSE COVERALL/HOOD/L MISC	P	RX/OTC
SAFE-SENSE COVERALL/HOOD/M MISC	P	RX/OTC
SAFE-SENSE COVERALL/HOOD/S MISC	P	RX/OTC
SAFE-SENSE COVERALL/HOOD/XL MISC	P	RX/OTC
SAFE-SENSE HEAD COVER 21" MISC	P	RX/OTC
SAFE-SENSE HEAD COVER CIRC 21" MISC	P	RX/OTC
SAFE-SENSE LAB COAT-LARGE MISC	P	RX/OTC
SAFE-SENSE LAB COAT-MEDIUM MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFE-SENSE LAB COAT-SMALL MISC	P	RX/OTC
SAFE-SENSE LAB COAT-XLARGE MISC	P	RX/OTC
SAFE-SENSE SHOE COVER NON-SKID MISC	P	RX/OTC
SAPS CARE ALCOHOL PREP	P	RX/OTC
SAPS HEALTH ALCOHOL PREP	P	RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	P	RX/OTC
SB ALCOHOL PREP	P	RX/OTC
SEAL-TIGHT CAST/BANDAGE MISC	P	RX/OTC
SEAL-TIGHT MID-ARM PROTECTOR MISC	P	RX/OTC
SERUM BOTTLE STOPPER 20MM MISC	P	RX/OTC
SERUM BOTTLE MISC	P	RX/OTC
SERUM BOTTLES 30ML/AMBER GLASS MISC	P	RX/OTC
SERUM BOTTLES 50ML/CLEAR GLASS MISC	P	RX/OTC
SERUM BOTTLES/AMBER GLASS 20ML MISC	P	RX/OTC
SETTLING PLATE SDA/29ML/100X15 MISC	P	RX/OTC
SETTLING PLATE TSA/25ML/100X15 MISC	P	RX/OTC
SHAPERS LAYERED BREAST SHAPER MISC	P	RX/OTC
SHOWER-PAK MISC	P	RX/OTC
SIGNATURE PRO ELEC BREAST PUMP MISC	P	RX/OTC
SILICONE EAR PLUGS FOR KIDS MISC	P	RX/OTC
SILICONE EAR PLUGS MISC	P	RX/OTC
SIMPLE WISHES PUMPING BRA MISC	P	RX/OTC
SIMPLYGO BREAST PUMP MISC	P	RX/OTC
SITZ BATH MISC	P	RX/OTC
SLEEPRIGHT BREATHE AID MISC	P	RX/OTC
SLEEPRIGHT DENTAL GUARD DURA MISC	P	RX/OTC
SLEEPRIGHT DENTAL GUARD SLIM MISC	P	RX/OTC
SLEEPRIGHT DENTAL GUARD MISC	P	RX/OTC
SLEEPRIGHT SPORT BREATHE AID MISC	P	RX/OTC
SLEEPRIGHT VAPOR INHALER MISC	P	RX/OTC
SM ALCOHOL PREP	P	RX/OTC
SM COTTON SWABS SWAB	P	
SM FOAM EAR PLUGS MISC	P	RX/OTC
SM WALKER/YOUTH MISC	P	RX/OTC
SNAP-ON CHLOROBUTYL STOPPER MISC	P	RX/OTC
SOFT HANDS COTTON GLOVE MISC	P	RX/OTC
SOOTHIES COOLING GEL PADS MISC	P	RX/OTC
SOOTHIES GEL PADS MISC	P	RX/OTC
SPLASH SHIELD FULL FACE MISC	P	RX/OTC
SPLASH SHIELD SHORT FACE MISC	P	RX/OTC
SPLIT HANDGRIPS MISC	P	RX/OTC
SPRAY APPLICATOR KIT MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SPRAY BOTTLE/PLASTIC 120ML MISC	P	RX/OTC
STANDARD CRUTCH TIP MISC	P	RX/OTC
STEEL ROLLING WALKER MISC	P	RX/OTC
STEP COUNTER MISC	P	RX/OTC
STEP N REST II WALKER MISC	P	RX/OTC
STEP N REST WALKER MISC	P	RX/OTC
STETHOSCOPE DUAL HEAD MISC	P	RX/OTC
STETHOSCOPE SINGLE HEAD MISC	P	RX/OTC
STETHOSCOPE MISC	P	RX/OTC
STIRRING ROD/GLASS 12X1/4" MISC	P	RX/OTC
STOCKING APPLICATOR PETITE MISC	P	RX/OTC
STOCKING APPLICATOR REGULAR MISC	P	RX/OTC
STOP LICE EGG & NIT REMOVAL MISC	P	RX/OTC
STRAINER/STAINLESS STEEL/2.5" MISC	P	RX/OTC
SUCTION GRAB BAR MISC	P	RX/OTC
SUCTION TIPS MISC	P	RX/OTC
SUPPOSITORY MOLD 2GM MISC	P	RX/OTC
SUPPOSITORY MOLD/ALUMINUM 2 GM MISC	P	RX/OTC
SUPPOSITORY MOLDS 1.3 ML MISC	P	RX/OTC
SUPPOSITORY MOLDS 2 CC/V-NOTCH MISC	P	RX/OTC
SUPPOSITORY MOLDS 2 ML MISC	P	RX/OTC
SUPPOSITORY MOLDS 2.25 ML MISC	P	RX/OTC
SUPPOSITORY MOLDS 3 ML MISC	P	RX/OTC
SUPPOSITORY SHELL RACK MISC	P	RX/OTC
SUPPOSITORY SHELLS 2.0 ML MISC	P	RX/OTC
SUPPOSITORY SHELLS 2.4ML MISC	P	RX/OTC
SUPPOSITORY SHELLS SMALL 1.3ML MISC	P	RX/OTC
SURE COMFORT ALCOHOL PREP	P	RX/OTC
SURELIFE CLEARWAVE II OXIMETER MISC	P	RX/OTC
SURELIFE CLEARWAVE OXIMETER MISC	P	RX/OTC
SWIM EARPLUGS MISC	P	RX/OTC
SWING MAXI HANDS-FREE PUMP MISC	P	RX/OTC
SYMPHONY DOUBLE PUMPING SYSTEM MISC	P	RX/OTC
SYRINGE DIAL-A-DOSE MISC	P	RX/OTC
TABLET CUTTER/CRUSHER MISC	P	RX/OTC
TABLET CUTTER/DELUXE SAFETY MISC	P	RX/OTC
TABLET CUTTER/SAFETY SHIELD MISC	P	RX/OTC
TABLET CUTTER-CRUSHER MISC	P	RX/OTC
TAKEAWAY ENVIRONMENTAL RETURN MISC	P	RX/OTC
TAP-N-CLICK SILICONE PAD MISC	P	RX/OTC
THE DOCTORS NIGHTGUARD MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
THE SIDE RESTER CUSHION MISC	P	RX/OTC
TIP RECTAL/VAG W/PERFORATIONS MISC	P	RX/OTC
TOILET SAFETY FRAME MISC	P	RX/OTC
TOILET SEAT ELEVATOR MISC	P	RX/OTC
TOMMEE TIPPEE BREAST PUMP ADTP MISC	P	RX/OTC
TOMMEE TIPPEE BREAST PUMP MISC	P	RX/OTC
TONGUE CLEANER/COMFORT CURVE MISC	P	RX/OTC
TONGUE DEPRESSORS MISC	P	RX/OTC
TOOTHETTE BITE BLOCK MISC	P	RX/OTC
TOPI-CLICK 1 PORT MISC	P	RX/OTC
TOPI-CLICK 140 MISC	P	RX/OTC
TOPI-CLICK 3 PORT MISC	P	RX/OTC
TOPI-CLICK APPLICATOR MICRO MISC	P	RX/OTC
TOPI-CLICK APPLICATOR MISC	P	RX/OTC
TOPI-CLICK DOSE CHECK MISC	P	RX/OTC
TOPI-CLICK MICRO ANGLED AA MISC	P	RX/OTC
TOPI-CLICK MICRO PIN POINT AA MISC	P	RX/OTC
TOPI-CLICK MICRO ROUNDED AA MISC	P	RX/OTC
TOPI-CLICK NOZZLE MISC	P	RX/OTC
TOPI-CLICK PERL APPLICATOR 4ML MISC	P	RX/OTC
TOPI-CLICK PERL DOSE LOAD 35ML MISC	P	RX/OTC
TOPI-CLICK PERL VAGINAL DOSING MISC	P	RX/OTC
TOPI-CLICK UV BLOCKING MISC	P	RX/OTC
TOPI-CLICK VAGINAL APPLICATOR MISC	P	RX/OTC
TOPI-CLICK VAGINAL DOSE LOADER MISC	P	RX/OTC
TOPI-CLICK VAGINAL DOSING MISC	P	RX/OTC
TOTAL COMFORT CHAIR CUSHION MISC	P	RX/OTC
TOTAL COMFORT SEAT CUSHION MISC	P	RX/OTC
TRACTION FLOOR STAND MISC	P	RX/OTC
TRACTION HEAD HALTER ROPE MISC	P	RX/OTC
TRACTION PELVIC BELT MISC	P	RX/OTC
TRACTION WEIGHT BAG MISC	P	RX/OTC
TRANSFER BENCH MISC	P	RX/OTC
TRANSFER BOARD MISC	P	RX/OTC
TRANSFER PIN MISC	P	RX/OTC
TRANSPORT CHAIR MISC	P	RX/OTC
TRAVEL POUCH MISC	P	RX/OTC
TRAVELER 3 WHEEL ROLL WALKER MISC	P	RX/OTC
TRIGGER RELEASE JUNIOR WALKER MISC	P	RX/OTC
TRI-GRIP BATHTUB RAIL MISC	P	RX/OTC
TRIO ROLLING WALKER MISC	P	RX/OTC
TROCHE MOLD 30 CAVITY MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC
TRUE COMFORT FOLDING 2 WHEEL MISC	P	RX/OTC
TRUE COMFORT FOLDING WALKER MISC	P	RX/OTC
TRUE COMFORT HEIGHT ADJ CANE MISC	P	RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	P	RX/OTC
TRUE COMFORT QUAD ADJ CANE MISC	P	RX/OTC
TUB TRANSFER BOARD MISC	P	RX/OTC
TWIN MEDICINE SPOON MISC	P	RX/OTC
TYVEK PROTECTIVE SLEEVES MISC	P	RX/OTC
ULTICARE ALCOHOL SWABS	P	RX/OTC
ULTILET ALCOHOL SWABS	P	RX/OTC
ULTRA CARE EAR WAX REMOVER MISC	P	RX/OTC
ULTRA COMFORT BODY MASSAGER MISC	P	RX/OTC
ULTRA FIT SMART BODY SCALE MISC	P	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC
UNGUATOR 100/200/57MM MISC	P	RX/OTC
UNGUATOR 15/20/30/36MM MISC	P	RX/OTC
UNGUATOR 50/43MM/DISP BLADES MISC	P	RX/OTC
UNGUATOR APPLICATOR 1"-SHORT MISC	P	RX/OTC
UNGUATOR APPLICATOR 2.5"-LONG MISC	P	RX/OTC
UNGUATOR EXACTDOSE 0.5ML MISC	P	RX/OTC
UNGUATOR JAR 100/140 BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 100/140 RED LID MISC	P	RX/OTC
UNGUATOR JAR 15/20 BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 15/20 GREEN LID MISC	P	RX/OTC
UNGUATOR JAR 15/20 RED LID MISC	P	RX/OTC
UNGUATOR JAR 15/28 BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 20/33 BLUE MISC	P	RX/OTC
UNGUATOR JAR 20/33 RED LID MISC	P	RX/OTC
UNGUATOR JAR 20/33 WHITE MISC	P	RX/OTC
UNGUATOR JAR 200/280 BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 200/280 GREEN LID MISC	P	RX/OTC
UNGUATOR JAR 200/280 RED LID MISC	P	RX/OTC
UNGUATOR JAR 200/280 WHITE MISC	P	RX/OTC
UNGUATOR JAR 30/42 BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 30/42 BLUE MISC	P	RX/OTC
UNGUATOR JAR 30/42 GREEN LID MISC	P	RX/OTC
UNGUATOR JAR 30/42 RED LID MISC	P	RX/OTC
UNGUATOR JAR 30/42 TURQUOISE MISC	P	RX/OTC
UNGUATOR JAR 30/42 WHITE LID MISC	P	RX/OTC
UNGUATOR JAR 30/42 YELLOW MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNGUATOR JAR 50/70 BLUE LID MISC	P	RX/OTC
UNGUATOR JAR 50/70 BLUE MISC	P	RX/OTC
UNGUATOR JAR 50/70 GREEN LID MISC	P	RX/OTC
UNGUATOR JAR 50/70 PINK MISC	P	RX/OTC
UNGUATOR JAR 50/70 RED LID MISC	P	RX/OTC
UNGUATOR JAR 50/70 TURQUOISE MISC	P	RX/OTC
UNGUATOR JAR 50/70 WHITE LID MISC	P	RX/OTC
UNGUATOR JAR 50/70 YELLOW MISC	P	RX/OTC
UNGUATOR JAR AIRDYNAMIK MISC	P	RX/OTC
UNGUATOR JAR W/SPINDLE 300/390 MISC	P	RX/OTC
UNGUATOR JAR W/SPINDLE 500/600 MISC	P	RX/OTC
UNGUATOR LID 1000ML MISC	P	RX/OTC
UNGUATOR LID 500ML MISC	P	RX/OTC
UNGUATOR VARIONOZZLE 1MM MISC	P	RX/OTC
UNGUATOR VARIONOZZLE 4MM MISC	P	RX/OTC
UNIVERSAL QUICK ADJUST CRUTCH MISC	P	RX/OTC
UNIVERSAL TIPS MISC	P	RX/OTC
UNIVERSAL WALKER ORGANIZER MISC	P	RX/OTC
UNODOSE APPLICATOR MISC	P	RX/OTC
VAGINAL SUPPOSITORY APPLICATOR MISC	P	RX/OTC
VANISHPOINT BLOOD COLLECT SET MISC	P	RX/OTC
VANISHPOINT TUBE HOLDER MISC	P	RX/OTC
VARITHENA ADMINISTRATION PACK MISC	P	RX/OTC
VERSAJET II EXACT 14MM MISC	P	RX/OTC
VERSAJET II EXACT 8MM MISC	P	RX/OTC
VERSAJET II PLUS 14MM MISC	P	RX/OTC
VERSAJET II PLUS 8MM MISC	P	RX/OTC
VIBE 6 MISC	P	RX/OTC
VIBRATING FOOT BATH MISC	P	RX/OTC
VIDA CELLULAR SCALE MISC	P	RX/OTC
VINYL INFLATABLE CUSHION MISC	P	RX/OTC
VIRAGE CUSTOM BREAST PROSTHES MISC	P	RX/OTC
VIVI EPI MISC	P	RX/OTC
WALKER AUTO GLIDES MISC	P	RX/OTC
WALKER BASKET MISC	P	RX/OTC
WALKER GLIDE WHEELS MISC	P	RX/OTC
WALKER SKI GLIDES MISC	P	RX/OTC
WALKER SWIVEL WHEELS MISC	P	RX/OTC
WALKER TALL EXTENSION LEGS MISC	P	RX/OTC
WALKER TIPS 1-1/8" MISC	P	RX/OTC
WALKER TIPS MISC	P	RX/OTC
WALKER WHEELS MISC	P	RX/OTC
WALKER MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WALL GRAB BAR MISC	P	RX/OTC
WASH GLOVES PRE-MOISTENED MISC	P	RX/OTC
WATERPROOF SHEETING MISC	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE	P	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	P	RX/OTC
WEIGH BOAT MISC	P	RX/OTC
WET-STOP 3 MISC	P	RX/OTC
WHEELCHAIR CUSHION MISC	P	RX/OTC
WHEELCHAIR INVALID RING MISC	P	RX/OTC
WHEELCHAIR MISC	P	RX/OTC
WITHINGS BODY SCALE MISC	P	RX/OTC
WOODEN CANE 7/8" MISC	P	RX/OTC
WORK BELT MISC	P	RX/OTC
WRIST BRACE MISC	P	RX/OTC
WRIST SLEEP SUPPORT MISC	P	RX/OTC
YOUTH PUSH BUTTON ALUM CRUTCH MISC	P	RX/OTC
ZEVRX STERILE ALCOHOL PREP PAD	P	RX/OTC
ZEWA ELECTRODES MISC	P	RX/OTC
ZIPPERED MATTRESS COVER MISC	P	RX/OTC
ZOOM 20 ROLLING WALKER MISC	P	RX/OTC
Oral Hygiene Products		
ORAL SWAB PETITE SWAB	P	
TOOTHETTE PLUS UNTREATED SWAB	P	
TOOTHETTE SWABS UNTREATED SWAB	P	
TOOTHETTE SWABS/DENTIFRICE SWAB	P	
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS	NP	MP
1ST TIER UNIFINE PENTIPS PLUS	NP	MP
ADVOCATE INSULIN PEN NEEDLE	NP	MP; RX/OTC
ADVOCATE INSULIN PEN NEEDLES	NP	MP
ADVOCATE INSULIN SYRINGE	NP	MP; RX/OTC
AQ INSULIN SYRINGE	NP	MP; RX/OTC
AQINJECT PEN NEEDLE	NP	MP; RX/OTC
ASSURE ID DUO PRO PEN NEEDLES	NP	MP; RX/OTC
ASSURE ID PRO PEN NEEDLES	NP	MP; RX/OTC
ASSURE ID SAFETY PEN NEEDLES	NP	MP
AUM INSULIN SAFETY PEN NEEDLE	NP	MP
AUM MINI INSULIN PEN NEEDLE	NP	MP; RX/OTC
AUM PEN NEEDLE	NP	MP; RX/OTC
AUM READYGARD DUO PEN NEEDLE	NP	MP; RX/OTC
AUM SAFETY PEN NEEDLE	NP	MP
AURORA PEN NEEDLES	NP	MP; RX/OTC
AUTOKEEPER SAFETY PEN NEEDLE	NP	MP; RX/OTC
AUTOPEN DEVI	P	QL(1 EA per 365 day(s) retail); MP; RX/OTC
BD AUTOSHIELD DUO	NP	MP; RX/OTC
BD DISP NEEDLE	P	QL(3.34 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD DISP NEEDLES	P	QL(3.34 EA daily); RX/OTC
BD ECLIPSE NEEDLE	P	QL(3.34 EA daily); RX/OTC
BD HYPODERMIC NEEDLE	P	QL(3.34 EA daily); RX/OTC
BD INS SYR ULTRAFINE 1/2UNIT	NP	MP; RX/OTC
BD INSULIN SYR ULTRAFINE II	NP	MP; RX/OTC
BD INSULIN SYRINGE	NP	MP; RX/OTC
BD INSULIN SYRINGE HALF-UNIT	NP	MP; RX/OTC
BD INSULIN SYRINGE MICROFINE	NP	MP; RX/OTC
BD INSULIN SYRINGE U/F	NP	MP; RX/OTC
BD INSULIN SYRINGE ULTRAFINE	NP	MP
BD INTEGRA NEEDLE	P	QL(3.34 EA daily); RX/OTC
BD LUER-LOK SYRINGE	P	QL(3.34 EA daily)
BD PEN MINI MISC	P	QL(1 EA per 365 day(s) retail); MP; RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	NP	MP
BD PEN NEEDLE MINI ULTRAFINE	NP	MP; RX/OTC
BD PEN NEEDLE NANO 2ND GEN	NP	MP; RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	NP	MP; RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	NP	MP
BD PEN NEEDLE SHORT ULTRAFINE	NP	MP; RX/OTC
BD PEN MISC	P	QL(1 EA per 365 day(s) retail); MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	NP	MP; RX/OTC
BD SAFETYGLIDE NEEDLE	P	QL(3.34 EA daily); RX/OTC
BD SAFETYGLIDE SHIELDED NEEDLE	P	QL(3.34 EA daily); RX/OTC
BD VEO INSULIN SYR U/F 1/2UNIT	NP	MP; RX/OTC
BD VEO INSULIN SYR ULTRAFINE	NP	MP; RX/OTC
CAREFINE PEN NEEDLES	NP	MP; RX/OTC
CAREONE INSULIN SYRINGE	NP	MP
CAREONE UNIFINE PENTIPS PLUS	NP	MP
CAREPOINT POLY HUB NEEDLE	P	QL(3.34 EA daily); RX/OTC
CAREPOINT PRECISION POLY HUB	P	QL(3.34 EA daily); RX/OTC
CAREPOINT SAFETY 1ST NEEDLE	P	QL(3.34 EA daily); RX/OTC
CAREPOINT SYRINGE LUER LOCK	P	QL(3.34 EA daily); RX/OTC
CARETOUCH HYPODERMIC NEEDLE	P	QL(3.34 EA daily); RX/OTC
CARETOUCH INSULIN SYRINGE	NP	MP; RX/OTC
CARETOUCH PEN NEEDLES	NP	MP
CEQUR SIMPL EXT WEAR INSERTER MISC	P	PA
CEQUR SIMPLICITY 1U EXTND WEAR DEVI	P	MP; PA; RX/OTC
CEQUR SIMPLICITY 2U EXTND WEAR DEVI	P	MP; PA; RX/OTC
CEQUR SIMPLICITY 2U DEVI	P	QL(0.34 EA daily); MP; PA; RX/OTC
CEQUR SIMPLICITY 2U DEVI	NP	QL(0.34 EA daily); MP; RX/OTC
CEQUR SIMPLICITY INSERTER MISC	P	PA

Drug Name	Drug Tier	Requirements/ Limits
COMFORT EZ INSULIN SYRINGE	NP	MP; RX/OTC
COMFORT EZ MICRO PEN NEEDLES	NP	MP; RX/OTC
COMFORT EZ PEN NEEDLES	NP	MP; RX/OTC
COMFORT EZ PRO PEN NEEDLES	NP	MP
COMFORT EZ SHORT PEN NEEDLES	NP	MP; RX/OTC
COMFORT TOUCH INSULIN PEN NEED	NP	MP
DIATHRIVE PEN NEEDLE	NP	MP; RX/OTC
DROPLET INSULIN SYRINGE	NP	MP; RX/OTC
DROPLET MICRON	NP	MP
DROPLET PEN NEEDLES	NP	MP
DROPSAFE AUTOPROTECT DUO	NP	MP
DROPSAFE SAFETY PEN NEEDLES	NP	MP; RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	NP	MP; RX/OTC
DROPSAFE SICURA	P	QL(3.34 EA daily); RX/OTC
DRUG MART UNIFINE PENTIPS	NP	MP; RX/OTC
DRUG MART UNIFINE PENTIPS PLUS	NP	MP; RX/OTC
EASY COMFORT INSULIN SYRINGE	NP	MP
EASY COMFORT INSULIN SYRINGE	NP	MP
EASY COMFORT PEN NEEDLES	NP	
EASY COMFORT PEN NEEDLES	NP	MP; RX/OTC
EASY GLIDE PEN NEEDLES	NP	MP
EASY TOUCH FLIPLOCK INSULIN SY	NP	MP; RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	P	QL(3.34 EA daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYR	P	QL(3.34 EA daily); RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	P	QL(3.34 EA daily); RX/OTC
EASY TOUCH INSULIN BARRELS	NP	MP; RX/OTC
EASY TOUCH INSULIN SAFETY SYR	NP	MP; RX/OTC
EASY TOUCH INSULIN SYRINGE	NP	MP; RX/OTC
EASY TOUCH PEN NEEDLES	NP	MP
EASY TOUCH SAFETY PEN NEEDLES	NP	MP
EASY TOUCH SAFETY SYRINGE	P	QL(3.34 EA daily); RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	NP	MP; RX/OTC
EASYPOINT NEEDLE	P	QL(3.34 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	NP	MP; RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	NP	MP; RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	NP	MP; RX/OTC
EMBECTA INSULIN SYRINGE	NP	MP; RX/OTC
EMBECTA INSULIN SYRINGE U-100	NP	MP; RX/OTC
EMBECTA PEN NEEDLE NANO	NP	MP; RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	NP	MP; RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	NP	MP; RX/OTC
EMBRACE PEN NEEDLES	NP	MP; RX/OTC
FIFTY50 PEN NEEDLES	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 SUPERIOR COMFORT SYR	NP	MP; RX/OTC
GLOBAL EASE INJECT PEN NEEDLES	NP	MP; RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	NP	MP; RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES	NP	MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYR	NP	MP; RX/OTC
GLOBAL INSULIN SYRINGES	NP	MP; RX/OTC
GLUCOPRO INSULIN SYRINGE	NP	MP; RX/OTC
GNP INSULIN SYRINGE	NP	MP; RX/OTC
GNP INSULIN SYRINGES	NP	MP; RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	NP	MP; RX/OTC
GNP INSULIN SYRINGES 29GX1/2"	NP	MP; RX/OTC
GNP INSULIN SYRINGES 30GX5/16"	NP	MP; RX/OTC
GNP INSULIN SYRINGES 31GX5/16"	NP	MP; RX/OTC
GNP PEN NEEDLES	NP	MP; RX/OTC
GNP ULTICARE PEN NEEDLES	NP	MP; RX/OTC
GNP ULTIGUARD SAFEPACK NEEDLE	NP	MP; RX/OTC
GNP ULTRA COM INSULIN SYRINGE	NP	MP; RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	NP	MP; RX/OTC
HEALTHWISE MICRON PEN NEEDLES	NP	MP; RX/OTC
HEALTHWISE SHORT PEN NEEDLES	NP	MP; RX/OTC
H-E-B INCONTROL PEN NEEDLES	NP	MP; RX/OTC
H-E-B INCONTROL UNIFINE PENTIP	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HM ULTICARE INSULIN SYRINGE	NP	MP; RX/OTC
HM ULTICARE MINI PEN NEEDLES	NP	MP; RX/OTC
HM ULTICARE SHORT PEN NEEDLES	NP	MP; RX/OTC
HYPODERMIC NEEDLE	P	QL(3.34 EA daily); RX/OTC
INCONTROL ULTICARE PEN NEEDLES	NP	MP; RX/OTC
INSULIN SYRINGE	NP	MP; RX/OTC
INSULIN SYRINGE-NEEDLE U-100	NP	MP
INSUPEN PEN NEEDLES	NP	MP; RX/OTC
INSUPEN32G EXTR3ME	NP	MP
KINRAY INSULIN SYRINGE	NP	MP; RX/OTC
KROGER PEN NEEDLES	NP	MP; RX/OTC
LEADER UNIFINE PENTIPS	NP	MP; RX/OTC
LEADER UNIFINE PENTIPS PLUS	NP	MP; RX/OTC
LITETOUCH INSULIN SYRINGE	NP	MP; RX/OTC
LITETOUCH PEN NEEDLES	NP	MP; RX/OTC
MAGELLAN INSULIN SAFETY SYR	NP	MP; RX/OTC
MARATHON MEDICAL PENTIPS	NP	MP; RX/OTC
MAXICOMFORT II PEN NEEDLE	NP	MP; RX/OTC
MAXI-COMFORT INSULIN SYRINGE	NP	MP; RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE	NP	MP
MAXICOMFORT SYR 27G X 1/2"	NP	MP; RX/OTC
MEDIC INSULIN SYRINGE	NP	MP; RX/OTC
MEDICINE SHOPPE PEN NEEDLES	NP	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEIJER PEN NEEDLES	NP	MP; RX/OTC
MICRODOT PEN NEEDLE	NP	MP; RX/OTC
MM INSULIN SYRINGE/NEEDLE	NP	MP; RX/OTC
MM PEN NEEDLES	NP	MP; RX/OTC
MONOJECT HYPODERMIC NEEDLE	P	QL(3.34 EA daily); RX/OTC
MONOJECT INSULIN SYRINGE	NP	MP; RX/OTC
MONOJECT MAGELLAN SAFETY NDL	P	QL(3.34 EA daily); RX/OTC
MONOJECT MAGELLAN SYRINGE	P	QL(3.34 EA daily); RX/OTC
MONOJECT SYRINGE	P	QL(3.34 EA daily); RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	NP	MP; RX/OTC
NOVOFINE PEN NEEDLE	NP	MP
NOVOFINE PLUS PEN NEEDLE	NP	MP; RX/OTC
NOVOPEN ECHO DEVI	P	QL(1 EA per 365 day(s) retail); MP; RX/OTC
PC UNIFINE PENTIPS	NP	MP; RX/OTC
PEN NEEDLE/5-BEVEL TIP	NP	MP; RX/OTC
PEN NEEDLES	NP	MP; RX/OTC
PENTIPS	NP	MP; RX/OTC
PENTIPS GENERIC PEN NEEDLES	NP	MP
PIP PEN NEEDLES 31G X 5MM	NP	MP; RX/OTC
PIP PEN NEEDLES 32G X 4MM	NP	MP; RX/OTC
POLY HUB NEEDLE	P	QL(3.34 EA daily); RX/OTC
PRECISION SURE-DOSE SYRINGE	NP	MP; RX/OTC
PREFERRED PLUS UNIFINE PENTIPS	NP	MP; RX/OTC
PREVENT DROPSAFE PEN NEEDLES	NP	MP; RX/OTC
PREVENT SAFETY PEN NEEDLES	NP	MP; RX/OTC
PRO COMFORT INSULIN SYRINGE	NP	MP; RX/OTC
PRO COMFORT PEN NEEDLES	NP	MP; RX/OTC
PRODIGY INSULIN SYRINGE	NP	MP; RX/OTC
PURE COMFORT PEN NEEDLE	NP	MP; RX/OTC
PURE COMFORT SAFETY PEN NEEDLE	NP	MP; RX/OTC
PX INSULIN SYRINGE	NP	MP
PX MINI PEN NEEDLES	NP	MP; RX/OTC
QC PEN NEEDLES	NP	MP; RX/OTC
QC UNIFINE PENTIPS	NP	MP; RX/OTC
QUICK TOUCH INSULIN PEN NEEDLE	NP	MP
RAYA SURE PEN NEEDLE	NP	MP; RX/OTC
REALITY INSULIN SYRINGE	NP	MP; RX/OTC
RELION INSULIN SYRINGE	NP	MP; RX/OTC
RELION PEN NEEDLES	NP	MP; RX/OTC
SAFETY PEN NEEDLES	NP	MP; RX/OTC
SB INSULIN SYRINGE	NP	MP; RX/OTC
SECURESAFE INSULIN SYRINGE	NP	MP; RX/OTC
SECURESAFE SAFETY PEN NEEDLES	NP	MP; RX/OTC
SECURESAFE SYRINGE/NEEDLE	P	QL(3.34 EA daily); RX/OTC
SURE COMFORT INSULIN SYRINGE	NP	MP
SURE COMFORT PEN NEEDLES	NP	MP; RX/OTC
SYRINGE LUER LOCK	P	QL(3.34 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGE	NP	MP; RX/OTC
TECHLITE PEN NEEDLES	NP	MP; RX/OTC
TECHLITE PLUS PEN NEEDLES	NP	MP; RX/OTC
TODAYS HEALTH PEN NEEDLES	NP	MP; RX/OTC
TODAYS HEALTH SHORT PEN NEEDLE	NP	MP; RX/OTC
TOPFINE INSULIN PEN NEEDLE	NP	MP; RX/OTC
TRUE COMFORT INSULIN SYRINGE	NP	MP; RX/OTC
TRUE COMFORT PEN NEEDLES	NP	MP; RX/OTC
TRUE COMFORT PRO INSULIN SYR	NP	MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES	NP	MP; RX/OTC
TRUE COMFORT SAFETY PEN NEEDLE	NP	MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES	P	MP; RX/OTC
TRUEPLUS INSULIN SYRINGE	P	MP; RX/OTC
TRUEPLUS PEN NEEDLES	P	MP; RX/OTC
ULTICARE INSULIN SAFETY SYR	NP	MP; RX/OTC
ULTICARE INSULIN SYR 1/2 UNIT	NP	MP
ULTICARE INSULIN SYRINGE	NP	MP
ULTICARE MICRO PEN NEEDLES	NP	MP; RX/OTC
ULTICARE MINI PEN NEEDLES	NP	MP; RX/OTC
ULTICARE PEN NEEDLES	NP	MP; RX/OTC
ULTICARE SHORT PEN NEEDLES	NP	MP
ULTIGUARD SAFEPACK PEN NEEDLE	NP	MP; RX/OTC
ULTIGUARD SAFEPACK SYR/NEEDLE	NP	MP
ULTILET PEN NEEDLE	NP	MP; RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	NP	MP; RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	NP	MP; RX/OTC
ULTRA FLO INSULIN SYRINGE	NP	MP; RX/OTC
ULTRA THIN PEN NEEDLES	NP	MP; RX/OTC
ULTRACARE INSULIN SYRINGE	NP	MP; RX/OTC
ULTRACARE PEN NEEDLES	NP	MP; RX/OTC
ULTRA-THIN II INS SYR SHORT	NP	MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE	NP	MP; RX/OTC
ULTRA-THIN II MINI PEN NEEDLE	NP	MP; RX/OTC
ULTRA-THIN II PEN NEEDLE SHORT	NP	MP; RX/OTC
ULTRA-THIN II PEN NEEDLES	NP	MP
UNIFINE OTC PEN NEEDLES	NP	MP; RX/OTC
UNIFINE PENTIPS	NP	MP; RX/OTC
UNIFINE PENTIPS PLUS	NP	MP
UNIFINE PROTECT PEN NEEDLE	NP	MP; RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	NP	MP; RX/OTC
UNIFINE ULTRA PEN NEEDLE	NP	MP; RX/OTC
VANISHPOINT INSULIN SYRINGE	NP	MP
VANISHPOINT INSULIN SYRINGE	NP	

Drug Name	Drug Tier	Requirements/ Limits
VANISHPOINT SAFETY SYRINGE	P	QL(3.34 EA daily); RX/OTC
VANISHPOINT SYRINGE	P	QL(3.34 EA daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE	NP	MP; RX/OTC
VERIFINE INSULIN SYRINGE	NP	MP; RX/OTC
VERIFINE PLUS PEN NEEDLE	NP	MP; RX/OTC
WEGMANS UNIFINE PENTIPS PLUS	NP	MP; RX/OTC
ZEVRX INSULIN SYRINGE	NP	MP; RX/OTC
ZEVRX PEN NEEDLES	NP	MP; RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
ACTIVITY POUCH MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
ADULT MASK LARGE MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
ADULT MASK DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROBIKA DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER MV MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU SMALL MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROECLIPSE MASK LARGE MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROECLIPSE MASK MEDIUM MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROECLIPSE MASK SMALL MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROTRACH PLUS MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AEROVENT PLUS DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
AIRZONE PEAK FLOW METER	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 1000 PFT FILTER MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALL FLOW 3000 PFT FILTER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
ASSESS PEAK FLOW METER	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE LARGE DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE MEDIUM DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE NEB MASK/CHILD MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE NEB MASK/INFANT MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE PEAK FLOW METER	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE SMALL DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
BUBBLES THE FISH II PEDI MASK MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH CPAP & BIPAP HOSE MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH CPAP PRE-WASH SOLN MISC	P	QL(1 ML per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH CPAP TUBE BRUSH MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH UNIVERSL CPAP FILTER MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
CLEVER CHOICE PEAK FLOW METER	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
CO MONITOR REPLACEMENT PIECES MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
CO MONITOR DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
COMPACT SPACE CHAMBER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASIVENT MASK LARGE MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASIVENT MASK MEDIUM MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASIVENT MASK SMALL MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASIVENT MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY AIR NEBULIZER FILTERS MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW 300 MM HOSE MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY FLOW BLACK/RED DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW HEPA FILTER MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/BLUE DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/PINK DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/WHITE DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/YELLOW DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EASY NEB NEBULIZER FILTERS MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EBASE CONTROLLER KIT MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
FILTER AIR PP MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
FLEXICHAMBER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
FONDCIRCLE ELECTRONIC PEAK FLO	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
FULL KIT NEBULIZER SET MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
IN-CHECK DIAL FLOW TRAINER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
INSPIREASE MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
LITETOUCH MASK MEDIUM MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
LUNG PERFORM PEAK FLOW METER	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
MASK VORTEX/CHILD/FROG	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
MASK VORTEX/TODDLER/LADYBUG	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
MICROCHAMBER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
MICROCHAMBER MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
MICROLIFE DIGITAL PEAK FLOW	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
MICROSPACER MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
MINI WRIGHT PEAK FLOW METER	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
NAVAGE NASAL ASPIRATOR BABY DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER CUP/TUBING DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER MASK ADULT/TUBING MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER MASK CHILD MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER MASK PED/TUBING MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
NOSE CLIP MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
ONE FLOW SPIROMETER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PANDA MASK LARGE	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PANDA MASK MEDIUM	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PANDA MASK SMALL	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PARI BABY CONVERSION KIT MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PARI BUBBLES PEDIATRIC MASK MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PARI EXPIRATORY FILTER SET DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PARI MASK SET MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PARI SOFT PLASTIC PED MASK MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PARI TREK S COMBO PACK DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PARI VORTEX ADULT MASK	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PARI VORTEX PEDIATRIC MASK	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PEAK A-I-R FLOW METER	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
PEAK AIR PEAK FLOW METER	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
PEAK FLOW METER UNIVERSAL RANG	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
PEDIATRIC MOUTHPIECE MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PEDIATRIC PANDA MASK	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PERSONAL BEST FULL RANGE	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
PFLEX MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PHARMACIST CHOICE MASK WIPES MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PIKO 1	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PILLOW MASK/ADULT MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PILLOW MASK/CHILD MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
POCKET CHAMBER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
POCKET PEAK FLOW METER	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
POCKET SPACER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
POCKETPEAK PEAK FLOW METER	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
PRO COMFORT SPACER ADULT MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PRO COMFORT SPACER CHILD MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PRO COMFORT SPACER INFANT DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PROCARE SPACER/ADULT MASK DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PROCARE SPACER/CHILD MASK DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PROCHAMBER VHC DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PRONEB ULTRA FILTER SET MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT 3-BALL BREATHE EX DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT FLOW METER ADULT	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT FLOW METER CHILD	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
QUAKE DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
REPLACEMENT AIR FILTER MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
REPLACEMENT FILTERS MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
RESP-O2 NASAL OXY CANNULA-CUSH MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
RESP-O2 OXYGEN MASK-MEDIUM CON MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
RESP-O2 OXYGEN SUPPLY TUBING MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
RESP-O2 SML VOLUME NEB CUP MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
REUSABLE COMFORTSEAL MASK-LRG MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
REUSABLE COMFORTSEAL MASK-MED MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
REUSABLE COMFORTSEAL MASK-SML MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
RITEFLO DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
SAMI THE SEAL FILTERS MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
SIDESTREAM PEDIATRIC FACE MASK MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
SIDESTREAM PLS ADULT FACE MASK MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
SILICONE MASK/ADULT MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
SILICONE MASK/INFANT MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
SILICONE MASK/PEDIATRIC MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL 100 ADULT MASK MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL 100 MED CUP MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SPIRO PD DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
STRIVE DUAL ZONE PEAK FLOW MTR	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
THRESHOLD IMT MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
THRESHOLD PEP DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
TRUZONE PEAK FLOW METER	P	QL(1 EA per fill retail); 1 max fill(s) per 365 day(s) retail; RX/OTC
TUBING/WING TIP MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
ULTRA NEB ACCESSORIES KIT MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
VERSAPAP W/UNIVERSAL TUBING DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
VERSAPAP DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
WINDMILL TRAINER MISC	P	QL(1 EA per fill retail); 2 max fill(s) per 365 day(s) retail; RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	P	SP; MP; PA
AJOVY SOAJ	P	SP; MP; PA
AJOVY SOSY	P	SP; MP; PA
EMGALITY (300 MG DOSE) SOSY	P	SP; PA
EMGALITY SOAJ	P	SP; MP; PA
EMGALITY SOSY	P	SP; MP; PA
NURTEC	P	QL(0.54 EA daily); PA
QULIPTA	P	PA
UBRELVY 100 MG	P	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); PA
UBRELVY 50 MG	P	QL(32 EA per 30 day(s) retail; 32 EA per 30 days mail); PA
VYEPTI	P	SP; MP; PA
ZAVZPRET	P	PA

Drug Name	Drug Tier	Requirements/ Limits
Migraine Combinations		
CAFERGOT TABS *(Use ergotamine w/ caffeine)*	NP	
MIGERGOT SUPP	P	QL(0.72 EA daily)
sumatriptan-naproxen sodium	NP	
SYMBRAVO TABS PO	NP	
Migraine Products		
dihydroergotamine mesylate SOLN NA 4 MG/ML	NP	
ERGOMAR SUBL	NP	
MIGRANAL SOLN NA *(Use dihydroergotamine mesylate)*	NF	
Migraine Products - NSAIDs		
diclofenac potassium (migraine)	NP	
ELYXYB	NP	
Serotonin Agonists		
almotriptan malate	NP	
eletriptan hydrobromide	NP	
FROVA *(Use frovatriptan succinate)*	NF	
frovatriptan succinate	NP	
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	NP	
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML, 6 MG/0.5ML	NP	
IMITREX STATDOSE SYSTEM SOAJ *(Use sumatriptan succinate)*	NP	
IMITREX TABS *(Use sumatriptan succinate)*	NP	QL(0.3 EA daily); 1 max fill(s) per 23 day(s) retail
MAXALT-MLT TBDP 10 MG *(Use rizatriptan benzoate)*	NP	
MAXALT TABS 10 MG *(Use rizatriptan benzoate)*	NP	
naratriptan hcl	NP	QL(0.3 EA daily); 1 max fill(s) per 23 day(s) retail
RELPAX *(Use eletriptan hydrobromide)*	NP	
RELPAX *(Use eletriptan hydrobromide)*	NF	
REYVOW	NP	QL(0.134 EA daily)
rizatriptan benzoate TABS	P	
rizatriptan benzoate TBDP	P	
sumatriptan	P	
sumatriptan succinate SOAJ 6 MG/0.5ML	P	
sumatriptan succinate SOLN 6 MG/0.5ML	P	QL(0.067 ML daily)
sumatriptan succinate TABS	P	QL(0.3 EA daily); 1 max fill(s) per 23 day(s) retail
TOSYMRA	NP	
ZEMBRACE SYMTOUCH SOAJ	NP	
zolmitriptan SOLN	NP	
zolmitriptan TABS	NP	
zolmitriptan TBDP	NP	
ZOMIG SOLN *(Use zolmitriptan)*	NP	
ZOMIG SOLN 2.5 MG *(Use zolmitriptan)*	NF	
ZOMIG SOLN	NP	
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium acetate SOLN	P	
SODIUM ACETATE SOLN *(Use sodium acetate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
Calcium		
CALCIUM + D3 TABS 125 UNIT-250 MG	P	
calcium carbonate-cholecalciferol TABS	P	
calcium carbonate TABS 1500 MG, 600 MG, 600 MG	P	
calcium carbonate-vitamin d w/ minerals TABS	P	
calcium citrate TABS	P	
calcium citrate-vitamin d TABS 250 UNIT-200 MG, 250 UNIT-315 MG, 6.25 MCG-200 MG, 6.25 MCG-315 MG	P	
calcium gluconate SOLN	P	PA
CALCIUM GLUCONATE SOLN	P	PA
CALCIUM GLUCONATE SOLN *(Use calcium gluconate)*	NF	PA
CITRACAL PETITES/VITAMIN D TABS *(Use calcium citrate-vitamin d)*	NF	
oyster shell	P	
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	
OYSTER SHELL CALCIUM/VIT D3 TABS 200 UNIT-500 MG, 3.12 MCG-250 MG	P	
Electrolyte Mixtures		
DEXTROSE 5%/ELECTROLYTE #48	P	
dextrose in lactated ringers	P	
dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.45 %	P	
DEXTROSE-NACL	P	
DEXTROSE-SODIUM CHLORIDE	P	
DEXTROSE-SODIUM CHLORIDE *(Use dextrose w/ sodium chloride)*	NF	
oral electrolytes SOLN	P	
Fluoride		
sodium fluoride CHEW	P	
Magnesium		
magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG, 500 MG	P	
magnesium sulfate IJ 50 %	P	
MAGNESIUM SULFATE IJ 50 % *(Use magnesium sulfate)*	NF	
magnesium TABS 250 MG	P	
Phosphate		
PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG *(Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	P	QL(8 EA daily); RX/OTC
potassium & sodium phosphates PACK	P	
potassium phosphates	P	
POTASSIUM PHOSPHATES *(Use potassium phosphates)*	NF	
POTASSIUM PHOSPHATES(66 MEQ K) *(Use potassium phosphates)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
SODIUM PHOSPHATES 45 MMOLE/15ML *(Use sodium phosphates (sodium phosphate dibasic & monobasic))*	NF	PA
sodium phosphates (sodium phosphate dibasic & monobasic) 45 MMOLE/15ML	P	PA
Potassium		
KLOR-CON 10 TBCR 10 MEQ *(Use potassium chloride)*	NF	
KLOR-CON TBCR 8 MEQ *(Use potassium chloride)*	NF	
K-TAB TBCR 20 MEQ *(Use potassium chloride)*	NF	
potassium acetate SOLN 2 MEQ/ML	P	
POTASSIUM ACETATE SOLN 2 MEQ/ML	P	
POTASSIUM ACETATE SOLN *(Use potassium acetate)*	NF	
potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ	P	
potassium chloride SOLN PO 10 %, 10 %	P	
potassium chloride SOLN IV 2 MEQ/ML	P	PA
potassium chloride TBCR 8 MEQ, 10 MEQ	P	
Sodium		
AQUASTAT 0.9 %	P	
AQUASTAT SFR 0.9 %	P	
BD POSIFLUSH 0.9 %	P	
BD POSIFLUSH SAFESCRUB 0.9 %	P	
MONOJECT FLUSH SYRINGE 0.9 %	P	
MONOJECT SODIUM CHLORIDE FLUSH 0.9 %	P	
NORMAL SALINE FLUSH 0.9 %	P	
SALINE FLUSH 0.9 %	P	
SODIUM CHLORIDE FLUSH	P	
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 5 %	P	
SODIUM CHLORIDE SOLN IV 0.9 %	P	
Zinc		
zinc sulfate SOLN 1 MG/ML	P	PA
ZINC SULFATE SOLN 1 MG/ML *(Use zinc sulfate)*	NF	PA
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS *(Use penicillamine)*	NF	QL(4 EA daily); SP
CUVRIOR	NP	SP
DEPEN TITRATABS TABS *(Use penicillamine)*	P	QL(4 EA daily); SP
penicillamine CAPS	P	QL(4 EA daily); SP
penicillamine TABS	P	QL(4 EA daily); SP
SYPRINE *(Use trientine hcl)*	NF	SP
trientine hcl	P	SP
Immunomodulators		
IMAAVY SOLN IV 300 MG/1.62ML, 1200 MG/6.5ML	NP	SP
JOENJA	NP	SP
lenalidomide	NP	SP
NIKTIMVO	NP	SP
NIKTIMVO	NP	
REVLIMID *(Use lenalidomide)*	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
REZUROCK	NP	SP
RHAPSIDO TABS PO 25 MG	NP	SP
RYONCIL <12.5KG KIT IV	NP	SP
RYONCIL 100KG TO <112.5KG KIT IV	NP	SP
RYONCIL 112.5KG TO <125KG KIT IV	NP	SP
RYONCIL 12.5KG TO <25KG KIT IV	NP	SP
RYONCIL 125KG TO <137.5KG KIT IV	NP	SP
RYONCIL 137.5KG TO <150KG KIT IV	NP	SP
RYONCIL 25KG TO <37.5KG KIT IV	NP	SP
RYONCIL 37.5KG TO <50KG KIT IV	NP	SP
RYONCIL 50KG TO <62.5KG KIT IV	NP	SP
RYONCIL 62.5KG TO <75KG KIT IV	NP	SP
RYONCIL 75KG TO <87.5KG KIT IV	NP	SP
RYONCIL 87.5KG TO <100KG KIT IV	NP	SP
RYSTIGGO	NP	SP
THALOMID 50 MG, 100 MG, 200 MG	NP	SP
VYVGART	NP	SP; MP
VYVGART HYTRULO SC	NP	SP
VYVGART HYTRULO	NP	SP
Immunosuppressive Agents		
ASTAGRAF XL CP24 0.5 MG, 1 MG, 5 MG *(Use tacrolimus)*	NP	
azathioprine TABS 50 MG	P	MP
azathioprine TABS 75 MG, 100 MG	NP	
CELLCEPT CAPS *(Use mycophenolate mofetil)*	NP	MP
CELLCEPT SUSR *(Use mycophenolate mofetil)*	NP	MP
CELLCEPT TABS *(Use mycophenolate mofetil)*	NP	MP
cyclosporine modified (for microemulsion) CAPS	P	MP
cyclosporine modified (for microemulsion) SOLN	P	MP
cyclosporine CAPS	P	
ENVARSUS XR TB24	NP	
everolimus (immunosuppressant)	NP	
IMURAN TABS *(Use azathioprine)*	NP	MP
LUPKYNIS	NP	SP
mycophenolate mofetil CAPS	P	MP
mycophenolate mofetil SUSR	P	MP
mycophenolate mofetil TABS	P	MP
mycophenolate sodium	P	MP
MYFORTIC *(Use mycophenolate sodium)*	NP	MP
MYHIBBIN SUSP	NP	
NEORAL CAPS *(Use cyclosporine modified (for microemulsion))*	NP	MP
NEORAL SOLN *(Use cyclosporine modified (for microemulsion))*	NP	MP
PROGRAF CAPS *(Use tacrolimus)*	NP	MP
PROGRAF PACK	NP	
RAPAMUNE SOLN *(Use sirolimus)*	NF	MP
RAPAMUNE TABS *(Use sirolimus)*	NF	MP
SANDIMMUNE CAPS *(Use cyclosporine)*	NP	
sirolimus SOLN	P	MP

Drug Name	Drug Tier	Requirements/ Limits
sirolimus TABS	P	MP
tacrolimus CAPS	P	MP
tacrolimus CP24 0.5 MG, 1 MG, 5 MG	NP	
ZORTRESS *(Use everolimus (immunosuppressant))*	NP	
Potassium Removing Agents		
LOKELMA	NP	
sodium polystyrene sulfonate POWD	P	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	P	
VELTASSA	NP	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	NP	SP; MP
BENLYSTA SOSY	NP	SP; MP
SAPHNELO SC 120 MG/0.8ML	NP	SP
SAPHNELO PEN SC 120 MG/0.8ML	NP	SP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	P	QL(6.67 ML daily)
lidocaine hcl (mouth-throat) 4 %	P	QL(1.67 ML daily)
Anti-infectives - Throat		
clotrimazole	P	
NYSTATIN *(Use nystatin (mouth-throat))*	NF	
NYSTATIN *(Use nystatin (mouth-throat))*	P	
nystatin (mouth-throat)	P	
ORAVIG	NP	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	P	
PERIDEX *(Use chlorhexidine gluconate (mouth-throat))*	NF	
Dental Products		
DENTA 5000 PLUS SENSITIVE GEL	NP	MP
FLUORIDEX ENHANCED WHITENING PSTE DT 1.1 % *(Use sodium fluoride (dental))*	NF	MP
FRAICHE 5000 DENTAL GEL 1.1 % *(Use sodium fluoride (dental))*	NF	MP
PREVIDENT 5000 DRY MOUTH GEL *(Use sodium fluoride (dental))*	NF	MP
PREVIDENT 5000 KIDS PSTE DT *(Use sodium fluoride (dental))*	NF	MP
PREVIDENT GEL *(Use sodium fluoride (dental))*	NF	MP
SF GEL 1.1 % *(Use sodium fluoride (dental))*	NF	MP
sodium fluoride (dental) CREA	NP	
sodium fluoride (dental) GEL	NP	MP
sodium fluoride (dental) PSTE DT	NP	MP
sodium fluoride (dental) SOLN 0.2 %	NP	MP
SODIUM FLUORIDE 5000 ENAMEL GEL	NP	MP
SODIUM FLUORIDE 5000 PLUS CREA 1.1 % *(Use sodium fluoride (dental))*	NP	
SODIUM FLUORIDE 5000 PPM PSTE DT 1.1 % *(Use sodium fluoride (dental))*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
SODIUM FLUORIDE 5000 SENSITIVE GEL	NP	MP
sodium fluoride-potassium nitrate GEL 1.1 %-5 %	NP	MP
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	P	QL(0.17 GM daily)
Throat Products - Misc.		
AQUORAL SOLN	NP	RX/OTC
cevimeline hcl	NP	
EVOXAC *(Use cevimeline hcl)*	NP	
GELCLAIR	NP	
GELX GEL	NP	RX/OTC
pilocarpine hcl (oral) 5 MG	P	QL(6 EA daily)
pilocarpine hcl (oral) 7.5 MG	P	
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins TABS	P	
B-Complex w/ C		
b complex w/ c TABS	P	
b-complex w/ c & calcium	P	
b-complex w/ c & e + zn	P	
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid TABS 60 MG-10 MG-300 MCG-800 MCG-1.5 MG-6 MCG-10 MG-1.7 MG-20 MG, 0.8 MG	P	RX/OTC
NUTRICORE TABS 0.8 MG	P	RX/OTC
SYMTREX TABS 0.8 MG	P	RX/OTC
Multiple Vitamins w/ Iron		

Drug Name	Drug Tier	Requirements/ Limits
DAILY VITE MULTIVITAMIN/IRON TABS 50 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-15 MG-1.5 MG	P	RX/OTC
DERMACINRX BOOSTERVITE TABS	P	RX/OTC
DESTRESS-IRON TABS	P	RX/OTC
DUOVANCE TABS	P	RX/OTC
FLORAVITA MINI TABS	P	RX/OTC
MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG	P	RX/OTC
MIREXA TABS	P	RX/OTC
multiple vitamins w/ iron TABS	P	RX/OTC
MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT	P	RX/OTC
MULTIVITAMIN PLUS IRON ADULT TABS 60 MG-2 MG-13.5 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-75 MG-1.5 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTI-VITAMIN/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	RX/OTC
NAT-RUL DAILY-VITE+IRON TABS 60 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-2 MG-30 UNIT	P	RX/OTC
ONE DAILY MULTIVITAMIN/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	RX/OTC
ONE-DAILY MULTI-VITAMIN/IRON TABS 50 MG-1 MG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-18 MG	P	RX/OTC
ONE-DAILY/IRON TABS 50 MG-2 MG-20 MG-1 MG-400 UNIT-1 MCG-1 MG-2.5 MG-18 MG-5000 UNIT	P	RX/OTC
QC DAILY MULTIVITAMINS/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	P	RX/OTC
STRESS B COMPLEX/IRON TABS 600 MG-5 MG-45 MCG-400 MCG-12 MCG-15 MG-100 MG-20 MG-27 MG-15 MG-30 UNIT	P	RX/OTC
STRESS FORMULA/IRON/ENERGY TABS	P	RX/OTC
STRESS FORMULA/IRON TABS	P	RX/OTC
TAB-A-VITE/IRON/BETA CAROTENE TABS	P	RX/OTC
TAB-A-VITE/IRON TABS 50 MG-1 MG-400 MCG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-15 MG	P	RX/OTC
Multiple Vitamins w/ Minerals		
A THRU Z ADVANCED ADULT TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-11 MG-75 MCG-50 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	P	QL(1 EA daily); RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ABC COMPLETE MENS TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR 50+ TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ABC COMPLETE WOMENS TABS	P	QL(1 EA daily); RX/OTC
AFLORA TABS	P	QL(1 EA daily); RX/OTC
ALIVE CALCIUM BONE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
ALIVE DAILY ENERGY TABS	P	QL(1 EA daily); RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
ALIVE ENERGY 50+ TABS	P	QL(1 EA daily); RX/OTC
ALIVE GARDEN GOODNESS TABS	P	QL(1 EA daily); RX/OTC
ALIVE MENS 50+ ULTRA TABS	P	QL(1 EA daily); RX/OTC
ALIVE MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ALIVE MENS COMPLETE MULTI TABS	P	QL(1 EA daily); RX/OTC
ALIVE MENS ULTRA TABS	P	QL(1 EA daily); RX/OTC
ALIVE ONCE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ALIVE ULTRA POTENCY ADULT TABS	P	QL(1 EA daily); RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ALIVE WOMENS 50+ COMPLETE MV TABS	P	QL(1 EA daily); RX/OTC
ALIVE WOMENS ENERGY TABS	P	QL(1 EA daily); RX/OTC
ALPHA BETIC TABS	P	QL(1 EA daily); RX/OTC
ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG-10000 UNIT	P	QL(1 EA daily); RX/OTC
ANTIOXIDANT FORMULA TABS	P	QL(1 EA daily); RX/OTC
ANTIOXIDANT VITAMINS TABS 60 MG-30 UNIT-2 MG-40 MG-40 MCG-5000 UNIT	P	QL(1 EA daily); RX/OTC
BACMIN TABS	P	QL(1 EA daily); RX/OTC
BARIATRIC MULTIVITAMINS TABS	P	QL(1 EA daily); RX/OTC
BASIC AM TABS	P	QL(1 EA daily); RX/OTC
BASIC PM TABS	P	QL(1 EA daily); RX/OTC
BIOCEL TABS 500 MG-25 MG-300 MCG-1 MG-200 UNIT-25 MG-25 MG-50 MG-5000 UNIT-25 MG-33 MG-125 MG-100 UNIT-60 MG-10 MG-50 MCG	P	QL(1 EA daily); RX/OTC
BLOOD SUGAR MANAGER TABS	P	QL(1 EA daily); RX/OTC
BONEUP VEGETARIAN TABS	P	QL(1 EA daily); RX/OTC
B-PLEX PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-27 MG-20 MG-50 MG-22.5 MG-3 MG-5 MG-0.1 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
CENTAVITE A-Z COMPLETE-MINERAL TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CENTRAVITES 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
CENTRAVITES ADULTS TABS	P	QL(1 EA daily); RX/OTC
CENTRAVITES TABS 60 MG-2 MG-30 MCG-400 MCG-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-400 UNIT-18 MG-100 MG-3.5 MG-160 MCG-5 MCG-80 MG-2 MG-150 MCG-65 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-30 UNIT-109 MG-20 MCG-10 MCG-5000 UNIT-25 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-25 MCG-6 MCG-10 MG-1.7 MG-25 MCG-20 MG-1050 MCG-18 MG-1.5 MG-11 MG-50 MG-80 MG-200 MG-150 MCG-45 MCG-13.5 MG-20 MG-0.5 MG-2.3 MG-55 MCG-35 MCG-72 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM CARDIO TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MENOPAUSE HOT FLASH TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MEN TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MINIS ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MINIS MEN 50+ TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	P	QL(1 EA daily); RX/OTC
CENTRUM MINIS WOMEN IMMUNE SUP TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER 50+MEN TABS 120 MG-6 MG-30 MCG-300 MCG-1000 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-30 MCG-3500 UNIT-10 MG-210 MG-600 MCG-1.5 MG-15 MG-75 MG-80 MG-72 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.5 MG-5 MCG-4 MG-21 MCG-10 MCG-60 MCG-72 MG-2 MG, 120 MG-6 MG-30 MCG-300 MCG-1000 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-1050 MCG-10 MG-600 MCG-1.5 MG-15 MG-75 MG-80 MG-210 MG-50 MCG-150 MCG-27 MG-20 MG-0.5 MG-4 MG-21 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER 50+WOMEN TABS 100 MG-5 MG-30 MCG-400 MCG-1000 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-300 MG-1.1 MG-15 MG-100 MG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-10 MCG-52 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM SILVER ADULT 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-50 UNIT-50 MG-150 MCG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-3 MG-10 MG-1.7 MG-250 MCG-300 MCG-25 MCG-22.5 MG-50 MG-2.3 MG-45 MCG-80 MG-50 MCG-0.5 MG-11 MG-220 MG-150 MCG-20 MG-19 MCG-750 MCG-30 MCG-25 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-100 MCG-10 MG-1.7 MG-300 MCG-600 MCG-1000 UNIT-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER WOMEN 50+ TABS 100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER TABS 400 UNIT-60 MG-3 MG-30 MCG-400 MCG-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-15 MG-2 MG-45 UNIT-100 MG-80 MG-150 MCG-200 MG-75 MCG-150 MCG-48 MG-5 MCG-2 MG-150 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-2500 UNIT-10 MG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST HEART TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST IMMUNE TABS	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST VISION TABS	P	QL(1 EA daily); RX/OTC
CENTRUM ULTRA WOMENS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM WOMEN TABS 75 MG-2 MG-40 MCG-400 MCG-1000 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT-15 MG-18 MG-200 MG-1.1 MG-8 MG-100 MG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-1.8 MG-18 MCG-10 MCG-32 MCG-72 MG-2 MG, 75 MG-40 MCG-400 MCG-1.1 MG-14 MG-2 MG-15 MG-1.1 MG-25 MCG-15.8 MG-18 MG-100 MG-1.8 MG-50 MCG-80 MG-32 MCG-0.5 MG-8 MG-200 MG-150 MCG-20 MG-18 MCG-1050 MCG-50 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTURY MATURE TABS 90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-2 MG-220 MG-45 MCG-150 MCG-50 UNIT-110 MG-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CENTURY TABS 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-11 MG-150 MCG-100 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CEROVITE SENIOR TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT TABS	P	QL(1 EA daily); RX/OTC
CERTAVITE SENIOR TABS	P	QL(1 EA daily); RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	P	QL(1 EA daily); RX/OTC
CITRACAL +D3 TABS	P	QL(1 EA daily); RX/OTC
COMPANION TABS 100 MG-5 MG-30 MCG-30 UNIT-400 MCG-30 MCG-3500 UNIT-5 MG-100 MG-20 MG-10 MG-100 MG-5 MG-100 MG-15 MG-2 MG-250 MCG-2 MG-10 MCG-75 MCG-150 MCG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC
COMPETE TABS 90 MG-20.6 MG-0.4 MG-9 MCG-2.6 MG-30 MG-5000 UNIT-2 MG-400 UNIT-45 UNIT-27 MG-22.5 MG	P	QL(1 EA daily); RX/OTC
COMPLETIA DIABETIC MULTIVIT TABS	P	QL(1 EA daily); RX/OTC
COREVIA TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS DAILY MULTIPLE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-210 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIPLE WOMEN 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-500 MG-4.5 MG-50 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-3500 UNIT-27 MCG	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIV/MINERAL MENS TABS	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN MENS TABS	P	QL(1 EA daily); RX/OTC
CVS DAILY MULTIVITAMIN WOMENS TABS	P	QL(1 EA daily); RX/OTC
CVS EYE HEALTH & LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
CVS ONE DAILY ESSENTIAL TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
CVS ONE DAILY MENS 50+ ADV TABS	P	QL(1 EA daily); RX/OTC
CVS ONE DAILY MENS FORMULA TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-16 MG-300 MCG-1.35 MG-15 MG-2 MG-140 MG-210 MG-22.5 UNIT-2 MG-3500 UNIT-110 MCG-120 MCG	P	QL(1 EA daily); RX/OTC
CVS ONE DAILY WOMENS 50+ ADV TABS	P	QL(1 EA daily); RX/OTC
CVS ONE DAILY WOMENS FORMULA TABS 75 MG-1.7 MG-1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-700 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-150 MCG-7.5 MG-1.8 MG-25 MCG-27.5 MCG, 75 MG-1.7 MG-1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-700 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-7.5 MG-150 MCG-1.8 MG-25 MCG-27.5 MCG	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ADULTS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS SPECTRAVITE ADVANCED TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-10 MG-1.7 MG-300 MCG-600 MCG-25 MCG-27 MG-75 MG-4 MG-50 MCG-5 MCG-80 MG-2 MG-60 MCG-0.5 MG-10 MCG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-100 MCG-72 MG, 120 MG-6 MG-30 MCG-27 MG-300 MCG-25 MCG-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-1050 MCG-10 MG-600 MCG-1.5 MG-75 MG-15 MG-210 MG-80 MG-50 MCG-150 MCG-20 MG-0.5 MG-5 MCG-4 MG-21 MCG-10 MCG-60 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE MEN TABS 90 MG-2 MG-40 MCG-200 MCG-25 MCG-6 MCG-1.3 MG-60 MCG-16 MG-900 MCG-15 MG-8 MG-600 MCG-1.2 MG-100 MG-11 MG-210 MG-80 MG-50 MCG-150 MCG-45 MG-20 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-100 MCG-10 MCG-35 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE SENIOR TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ULTRA MEN 50+ TABS	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS TABS	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS SPECTRAVITE WOMEN 50+ TABS 100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-17.5 MG-8 MG-100 MG-2.3 MG-50 MCG-5 MCG-80 MG-2 MG-52 MCG-0.5 MG-10 MCG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1052 MCG-50 MCG-50 MCG-72 MG, 100 MG-5 MG-30 MCG-400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-1052 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-300 MG-80 MG-50 MCG-150 MCG-17.5 MG-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-10 MCG-52 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE WOMENS SENIOR TABS 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG-50 MG-15 MG-80 MG-150 MCG-500 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-50 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
CVS SPECTRAVITE WOMEN TABS 75 MG-40 MCG-400 MCG-1.1 MG-14 MG-2 MG-15 MG-1.1 MG-25 MCG-15.8 MG-18 MG-100 MG-1.8 MG-50 MCG-80 MG-32 MCG-0.5 MG-8 MG-200 MG-150 MCG-20 MG-18 MCG-1050 MCG-50 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
CVS WOMENS ACTIVE DAILY TABS 60 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-2.4 MG-50 MG-15 MG-2 MG-300 MG-30 UNIT-2 MG-120 MCG-20 MCG-180 MG	P	QL(1 EA daily); RX/OTC
DAILY BETIC TABS 60 MG-2.5 MG-75 MCG-200 MCG-50 MG-200 UNIT-5 MCG-2500 UNIT-1.7 MG-20 MG-250 MCG-10 MG-100 MG-1.5 MG-100 MG-30 UNIT-50 MG-75 MCG-7.5 MG-2.5 MG-25 MCG-50 MCG-100 MCG	P	QL(1 EA daily); RX/OTC
DAILY COMBO MULTI VITAMINS TABS 400 UNIT-60 MG-2 MG-0.4 MG-20 MG-6 MCG-10 MG-1.7 MG-1.5 MG-30 UNIT-27 MG-15 MG-450 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC
DAILY MULTIPLE VITAMINS/MIN TABS 400 UNIT-60 MG-2 MG-30 MCG-400 MCG-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-100 MG-10 MCG-130 MG-40 MG-150 MCG-30 UNIT-100 MG-15 MG-2 MG-2.5 MG-10 MCG-10 MCG	P	QL(1 EA daily); RX/OTC
DAYAVITE TABS	P	QL(1 EA daily); RX/OTC
DERMACINRX MULTITAM TABS	P	QL(1 EA daily); RX/OTC
DERMACINRX RIBOTIN-E TABS	P	QL(1 EA daily); RX/OTC
DERMACINRX ZINTREXYL-C TABS	P	QL(1 EA daily); RX/OTC
DERMAVITE TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DIABETES HEALTH FORMULA TABS 90 MG-3 MG-300 MCG-500 MCG-600 UNIT-30 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-1.5 MG-1.5 MG-50 MG-150 MCG-220 MG-80 MG-2 MG-45 MCG-150 MCG-50 UNIT-110 MG-5 MCG-2.3 MG-35 MCG-10 MCG-600 MCG-72 MG-12 MG, 90 MG-3 MG-300 MCG-500 MCG-600 UNIT-30 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-1.5 MG-1.5 MG-50 MG-45 MCG-5 MCG-150 MCG-10 MCG-220 MG-80 MG-2 MG-150 MCG-50 UNIT-110 MG-35 MCG-2.3 MG-200 MCG-72 MG-12 MG	P	QL(1 EA daily); RX/OTC
DIALYVITE 800/ULTRA D TABS 80 MG-10 MG-300 MCG-800 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-15 MG-30 UNIT-70 MCG	P	QL(1 EA daily); RX/OTC
DIALYVITE SUPREME D TABS	P	QL(1 EA daily); RX/OTC
DIATROL TABS	P	QL(1 EA daily); RX/OTC
EQ COMPLETE MULTIVIT ADULT 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
EQ COMPLETE MULTIVITAMIN-ADULT TABS	P	QL(1 EA daily); RX/OTC
EQ ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
EQ ONE DAILY MENS HEALTH TABS	P	QL(1 EA daily); RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	P	QL(1 EA daily); RX/OTC
EQL CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQL CENTURY MATURE MEN 50+ TABS 120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-10 MG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-600 MCG-1.5 MG-15 MG-0.7 MG-50 MG-5 MCG-250 MG-80 MG-15 MG-50 MCG-150 MCG-20 MG-4 MG-60 UNIT-100 MCG-72 MG-10 MCG-60 MCG-150 MCG	P	QL(1 EA daily); RX/OTC
EQL CENTURY MATURE WOMEN 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-5 MG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-8 MG-1.1 MG-15 MG-0.5 MG-50 MG-5 MCG-500 MG-80 MG-15 MG-50 MCG-150 MCG-20 MG-2.3 MG-35 UNIT-55 MCG-72 MG-10 MCG-50 MCG-150 MCG	P	QL(1 EA daily); RX/OTC
EQL CENTURY MATURE TABS 90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-2 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-110 MG-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 EA daily); RX/OTC
EQL CENTURY MENS TABS	P	QL(1 EA daily); RX/OTC
EQL CENTURY WOMENS TABS	P	QL(1 EA daily); RX/OTC
EQL CENTURY TABS 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-11 MG-150 MCG-100 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
EQL ONE DAILY MENS 50+ ADVANCE TABS 120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-24 MG-2.2 MG-110 MG-90 MCG-150 MCG-25.5 UNIT-4.2 MG-180 MCG-117 MCG	P	QL(1 EA daily); RX/OTC
EQL ONE DAILY MENS HEALTH TABS 400 UNIT-90 MG-3 MG-30 MCG-400 MCG-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-0.6 MG-1.2 MG-15 MG-2 MG-120 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	P	QL(1 EA daily); RX/OTC
EQL ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
EQL ONE DAILY WOMENS 50+ ADV TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-500 MG-4.5 MG-24 MG-2.2 MG-50 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQL VISION FORMULA TABS 200 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
ESSENTIAL BALANCE TABS 120 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-250 MCG-3000 UNIT-10 MG-9 MG-1.5 MG-15 MG-2 MG-150 MCG-20 MG-100 MG-40 MG-2 MG-100 MG-25 MCG-150 MCG-50 UNIT-77 MG-5 MCG-10 MCG-2 MG-120 MCG-25 MCG-25 MCG-10 MCG-36 MG	P	QL(1 EA daily); RX/OTC
ESSENTIA TABS 100 MG-6 MG-30 MCG-400 MCG-2000 UNIT-25 MCG-3000 UNIT-10 MG-100 MCG-100 MG-25 MG-10 MG-18 MG-100 MG-10 MG-100 MG-15 MG-2 MG-250 MCG-60 UNIT-2 MG-10 MCG-75 MCG-150 MCG-70 MCG-100 MCG	P	QL(1 EA daily); RX/OTC
EVERCORE TABS	P	QL(1 EA daily); RX/OTC
EVERVITA TABS	P	QL(1 EA daily); RX/OTC
EYE HEALTH + LUTEIN TABS	P	QL(1 EA daily); RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	P	QL(1 EA daily); RX/OTC
EYE-VITES TABS 60 MG-40 MG-2 MG-5000 UNIT-30 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
FINAZOL TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR MEN AM/PM TABS	P	QL(1 EA daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	P	QL(1 EA daily); RX/OTC
FLORRAVITE TABS	P	QL(1 EA daily); RX/OTC
FLORRAXYL TABS	P	QL(1 EA daily); RX/OTC
FOLAMAX TABS	P	QL(1 EA daily); RX/OTC
FOLAPRIME TABS	P	QL(1 EA daily); RX/OTC
FOLAREX TABS	P	QL(1 EA daily); RX/OTC
FOLATEN TABS	P	QL(1 EA daily); RX/OTC
FOLIFLEX TABS	P	QL(1 EA daily); RX/OTC
FOLITIN-Z TABS	P	QL(1 EA daily); RX/OTC
FOLIVRA TABS	P	QL(1 EA daily); RX/OTC
FOLIXIA TABS	P	QL(1 EA daily); RX/OTC
FOLYRA TABS	P	QL(1 EA daily); RX/OTC
FREEDAVITE TABS	P	QL(1 EA daily); RX/OTC
FT CENTURY 50+ TABS	P	QL(1 EA daily); RX/OTC
FT CENTURY ADULTS TABS	P	QL(1 EA daily); RX/OTC
FT CENTURY MEN 50+ TABS	P	QL(1 EA daily); RX/OTC
FT CENTURY MEN TABS	P	QL(1 EA daily); RX/OTC
FT CENTURY WOMEN 50+ TABS	P	QL(1 EA daily); RX/OTC
FT CENTURY WOMEN TABS	P	QL(1 EA daily); RX/OTC
FT EYE HEALTH TABS	P	QL(1 EA daily); RX/OTC
FT HAIR SKIN & NAILS EXTRA STR TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY MENS TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
FT ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GERI-FREEDA SENIOR FORMULA TABS	P	QL(1 EA daily); RX/OTC
GERITOL NUTRITION SUPPORT TABS 57 MG-2 MG-44 MCG-0.38 MG-400 UNIT-6.7 MCG-1.7 MG-24 MCG-13 MG-1.5 MG-13.5 MG-1.8 MG-20 MG-6100 UNIT-86 MG-36 MG-1 MCG-120 MCG-30 UNIT-118 MG-148 MG-2.4 MG-12 MCG-1 MCG-16 MG-20 MG	P	QL(1 EA daily); RX/OTC
GERIVITE COMPLETE TABS 60 MG-2 MG-45 MCG-400 MCG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-15 MCG-5 MCG-37.5 MG-80 MCG-15 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-15 MCG-10 MCG-6000 UNIT-25 MCG-34 MG	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULT FORMULA TABS 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULTS MEN TABS	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULTS WOMEN TABS	P	QL(1 EA daily); RX/OTC
GNP CENTURY ADULT TABS	P	QL(1 EA daily); RX/OTC
GNP CENTURY MATURE ADULTS 50+ TABS	P	QL(1 EA daily); RX/OTC
GNP CENTURY MATURE MEN'S 50+ TABS	P	QL(1 EA daily); RX/OTC
GNP CENTURY MATURE WOMEN'S 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-80 MG-300 MG-50 MCG-150 MCG-15.8 MG-20 MG-0.5 MG-2.3 MG-1050 MCG-22 MCG-52 MCG-72 MG	P	QL(1 EA daily); RX/OTC
GNP HAIR SKIN & NAILS EXTRA ST TABS	P	QL(1 EA daily); RX/OTC
GNP HAIR/SKIN/NAILS TABS 50 MG-3.5 MG-6.5 MG-25 MCG-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-5 MG-25 MG-10 MG-10 MG-15 MG-3.3 MG-10 MG-5 MG-20 MG-0.5 MG-150 MCG-25 UNIT-54 MG-73 MG-897 MCG-10 MG-50 MG-0.6 MG-10 MG	P	QL(1 EA daily); RX/OTC
GNP HEALTHY EYES TABS 200 MG-2 MG-27 MG-2 MG-40 MG-185 MG-55 MCG-300 MCG, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP MEGA MULTI FOR MEN TABS 150 MG-125 MCG-200 MCG-15 MG-15 MG-2.5 MG-5 MG-5 MG-15 MG-15 MG-15 MG-5 MG-250 MCG-5 MG-175 MCG-2.5 MCG-33.5 MG-25 MG-50 MG-2.5 MG-25 MCG-1 MG-12.5 MG-105 MG-75 MCG-50 MCG-25 MG-1500 MCG-37.5 MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 MG-35 MG-35 MG-15 MG-25 MG-25 MG, 150 MG-25 MG-15 MG-125 MCG-50 UNIT-200 MCG-2.5 MG-5 MG-100 UNIT-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-100 MG-2.5 MG-5000 UNIT-75 MCG-25 MG-12.5 MG-25 MCG-5 MCG-15 MG-15 MG-35 MG-35 MG-50 MCG-35 MG-25 MG-25 MG	P	QL(1 EA daily); RX/OTC
GNP MEGA MULTI FOR WOMEN TABS 100 MG-40 MG-40 MCG-50 UNIT-200 MCG-200 UNIT-40 MCG-5000 UNIT-40 MG-37.5 MCG-5 MG-10 MCG-40 MG-250 MCG-40 MG-5 MG-250 MG-40 MG-100 MG-7.5 MG-12.5 MG-13.5 MG-2.5 MG-25 MCG-1 MG-50 MCG-1 MG-50 MCG-75 MCG-12.5 MG-1 MG-1 MG-25 MG	P	QL(1 EA daily); RX/OTC
GNP ONE DAILY MAXIMUM TABS	P	QL(1 EA daily); RX/OTC
GNP ONE DAILY MENS HEALTH 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-105 MCG-120 MG	P	QL(1 EA daily); RX/OTC
GNP ONE DAILY MENS HEALTH TABS	P	QL(1 EA daily); RX/OTC
GNP ONE DAILY MENS/LYCOPENE TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	P	QL(1 EA daily); RX/OTC
GNP ONE DAILY WOMENS 50+ TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-2500 UNIT-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC
GNP ONE DAILY WOMENS TABS 60 MG-120 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG-50 MG	P	QL(1 EA daily); RX/OTC
GNP THERAPEUTIC-M TABS	P	QL(1 EA daily); RX/OTC
HAIR SKIN & NAILS ADVANCED TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HAIR SKIN & NAILS TABS	P	QL(1 EA daily); RX/OTC
HAIR SKIN AND NAILS FORMULA TABS 30 MG-2.5 MG-2500 MCG-100 MCG-5 MG-2.5 MG-500 UNIT-4 MCG-2500 UNIT-2.5 MG-5 MG-15 MG-12.5 MG-7.5 MG-5 MG-4 MG-130 MG-3.75 MG-1 MG-25 MG-7.5 UNIT-64 MG-15 MG-5 MG-50 MG-1.5 MG-25 MG	P	QL(1 EA daily); RX/OTC
HAIR/SKIN/NAILS TABS	P	QL(1 EA daily); RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	P	QL(1 EA daily); RX/OTC
HEALTHY EYES TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
HIGH POTENCY MULTIVIT/FA TABS	P	QL(1 EA daily); RX/OTC
HI-KOVITE 2-PART FORMULA TABS 400 UNIT-200 MG-10 MG-30 MCG-400 MCG-10 MG-10 MCG-5000 UNIT-10 MG-10 MG-100 MG-10 MG-9 MG-0.5 MG-7.5 MG-35 MG-60 MG-30 UNIT-1 MG-120 MG-75 MCG-17.5 MCG-10 MG-10 MG	P	QL(1 EA daily); RX/OTC
HM COMPLETE MEN TABS	P	QL(1 EA daily); RX/OTC
HYLAZINC TABS	P	QL(1 EA daily); RX/OTC
HYVITE TABS	P	QL(1 EA daily); RX/OTC
ICAPS AREDS FORMULA TABS	P	QL(1 EA daily); RX/OTC
ICAPS MV TABS 128 MG-7.5 MCG-100 MCG-0.5 MG-100 UNIT-1.5 MCG-2.5 MG-6.25 MCG-2.5 MG-1.67 MG-2.5 MG-0.83 MG-83.25 MG-0.075 MG-0.38 MG-25 MG-21.15 MG-0.9 MG-18.75 MCG-30 MCG-37.5 MCG-107.5 UNIT-35 MG-0.5 MG-10 MCG	P	QL(1 EA daily); RX/OTC
I-VITE W/LUTEIN TABS	P	QL(1 EA daily); RX/OTC
I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
JOINT HEALTH & BONE STRENGTH TABS	P	QL(1 EA daily); RX/OTC
KEYFOLIC TABS	P	QL(1 EA daily); RX/OTC
KEYLOSA TABS	P	QL(1 EA daily); RX/OTC
KP ADULTS 50+ DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KP ADULTS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-75 MCG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 UNIT-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
KP MENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-110 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-117 MCG, 60 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-300 MG-4.5 MG-100 MG-22.5 MG-120 MG-90 MCG-150 MCG-22.5 UNIT-2 MG-4 MG-180 MCG-110 MCG-120 MG	P	QL(1 EA daily); RX/OTC
KP MENS DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-210 MG-22.5 UNIT-2 MG-120 MCG-110 MCG, 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC
KP VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
KP VISION FORMULA TABS 60 MG-40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG	P	QL(1 EA daily); RX/OTC
KP WOMENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-10 MG-500 MG-4.5 MG-50 MG-24 MG-2.2 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-4.5 MG-50 MG-22.5 MG-500 MG-90 MCG-150 MCG-22.5 UNIT-2 MG-4 MG-180 MCG-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KP WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-50 MG-15 MG-500 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.6 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC
K-PAX IMMUNE PROFESSIONAL ST TABS	P	QL(1 EA daily); RX/OTC
LIVER DETOX TABS	P	QL(1 EA daily); RX/OTC
LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	P	QL(1 EA daily); RX/OTC
LYSIPLEX PLUS TABS 166.667 MG-333.333 MG-16.667 MG-50 MCG-333.333 MCG-16.667 MG-133.333 MG-16.667 MG-133.333 UNIT-16.667 MCG-133.333 MG-66.667 MG-16.667 MG-5 MG-1666.667 UNIT-66.667 MG-5 MG-66.667 UNIT-5 MCG-26.667 MG-3.333 MG-1.667 MG-0.667 MG-33.333 MCG	P	QL(1 EA daily); RX/OTC
MACUVITE EYE CARE TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT	P	QL(1 EA daily); RX/OTC
MACUVITE TABS 60 MG-40 MG-2 MG-40 MCG-30 UNIT-5000 UNIT	P	QL(1 EA daily); RX/OTC
MAXIMUM DAILY GREEN TABS 333.333 MG-8.333 MG-16.666 MCG-133.333 MCG-8.333 MG-8.333 MG-133.333 UNIT-8.333 MCG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-6.666 MG-8.333 MG-1.333 MG-333.333 MG-83.333 UNIT-33.333 MG-5000 UNIT-5 MG-33.333 MG-1.333 MG-16.666 MCG-20 MG-0.333 MG-33.333 MCG-0.333 MG-5 MG-83.333 MG-50 MCG-10 MG-25 MCG-3.333 MG-33.333 MG-8.333 MG-1.666 MG-6.666 MG-6.666 MG-1.666 MG-0.833 MG-11.666 MG-3.333 MG-1.666 MG-33.333 MG-3.333 MG-3.333 MG-3.333 MG-16.666 MG-33.333 MG-33.333 MG-3.333 MG-3.333 MG-3.333 MG-8.333 MG	P	QL(1 EA daily); RX/OTC
MEDI TAB TABS	P	QL(1 EA daily); RX/OTC
MEGA MULTI FOR WOMEN TABS	P	QL(1 EA daily); RX/OTC
MEGA MULTI MEN TABS	P	QL(1 EA daily); RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEIJER ADVANCED FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-150 MCG-300 MCG-1.5 MG-15 MG-150 MCG-100 MG-162 MG-80 MG-75 MCG-30 UNIT-10 MCG-2 MG-120 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-15 MG-2 MG-150 MCG-100 MG-200 MG-80 MG-75 MCG-150 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
MENS 50+ MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
MENS LIFE PACK TABS 300 MCG-200 UNIT-10 MG-10 MG-9 MG-10 MG-2.5 MG-15 MG-1 MG-50 MG-11.25 MG-1 MG-2500 UNIT-15 UNIT-75 MG-37.5 MCG-2.5 MG-2.5 MG-12.5 MCG, 400 UNIT-10 MG-10 MG-5000 UNIT-18 MG-10 MG-5 MG-30 MG-2 MG-100 MG-22.5 MG-2 MG-150 MG-30 UNIT-150 MG-75 MCG-5 MG-5 MG-25 MCG	P	QL(1 EA daily); RX/OTC
MENS MULTI HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC
MENS MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
MULTI COMPLETE/IRON TABS 180 MG-2 MG-30 MG-400 MCG-1000 UNIT-6 MCG-1.7 MG-80 MCG-20 MG-2500 UNIT-10 MG-18 MG-162 MG-1.5 MG-15 MG-100 MG-75 MCG-150 MCG-50 UNIT-2 MG-4 MG-120 MCG-70 MCG	P	QL(1 EA daily); RX/OTC
MULTI FOR HER 50+ TABS 180 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-15 MG-20 MG-100 MG-120 MCG-2 MG-200 MG-150 MCG-75 MCG-4 MG-60 UNIT-2500 UNIT-70 MCG	P	QL(1 EA daily); RX/OTC
MULTI FOR HER TABS 120 MG-2 MG-30 MCG-400 MCG-6 MCG-10 MG-1.7 MG-100 MCG-250 MCG-3000 UNIT-1.5 MG-100 MG-15 MG-150 MCG-400 UNIT-20 MG-18 MG-40 MG-10 MCG-120 MCG-2 MG-10 MCG-150 MCG-25 MCG-77 MG-5 MCG-2 MG-50 UNIT-25 MCG-250 MG-36 MG-2 MG	P	QL(1 EA daily); RX/OTC
MULTI FOR HIM 50+ TABS 180 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-15 MG-20 MG-100 MG-120 MCG-2 MG-162 MG-150 MCG-75 MCG-4 MG-60 UNIT-2500 UNIT-105 MCG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTI FOR HIM TABS 180 MG-4 MG-30 MCG-400 MCG-1000 UNIT-18 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-100 MG-15 MG-20 MG-120 MCG-2 MG-162 MG-150 MCG-75 MCG-4 MG-50 UNIT-2500 UNIT-70 MCG	P	QL(1 EA daily); RX/OTC
MULTI VITAMIN/MINERALS TABS 60 MG-1 MG-400 MCG-400 UNIT-1 MCG-2.5 MG-15 MG-5000 UNIT-5 MG-7.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.375 MG-0.5 MG, 90 MG-3 MG-45 MCG-400 MCG-400 UNIT-9 MCG-2.6 MG-25 MCG-20 MG-10 MG-27 MG-2.25 MG-100 MG-15 MG-5000 UNIT-30 MG-162 MG-150 MCG-34 UNIT-125 MG-2 MG-5 MG-27 MG-25 MCG-25 MCG-300 MCG-25 MCG	P	QL(1 EA daily); RX/OTC
MULTIPLE VIT/MINERALS/NO IRON TABS 60 MG-1 MG-400 MCG-400 UNIT-1 MCG-5 MG-2.5 MG-15 MG-5000 UNIT-2.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.37 MG-0.5 MG	P	QL(1 EA daily); RX/OTC
multiple vitamins w/ minerals TABS	P	QL(1 EA daily); RX/OTC
MULTIPLE VITAMINS/WOMENS TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-27 MG-15 MG-450 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC
MULTITOL-M TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULT (MINERALS) TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN ADULTS 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-12.5 MCG-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-750 MCG-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-22.75 MG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-20 MG-50 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-10 MCG-6 MCG-1.7 MG-25 MCG-20 MG-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-13.5 MG-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-1050 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-2 MG-10 MCG-35 MCG-0.5 MG-10 MCG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN HEALTH FORM/CA/FE TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-10 MG-1.7 MG-300 MCG-600 MCG-25 MCG-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-100 MCG-72 MG, 120 MG-30 MCG-400 MCG-4.5 MG-20 MG-6 MG-15 MG-3.4 MG-370 MCG-17.5 MCG-11.4 MG-110 MG-4.2 MG-90 MCG-180 MCG-2.2 MG-24 MG-120 MG-150 MCG-117 MCG-940 MCG-20 MCG-25 MCG, 120 MG-6 MG-30 MCG-27 MG-300 MCG-25 MCG-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-10 MG-600 MCG-1.5 MG-75 MG-15 MG-80 MG-210 MG-50 MCG-150 MCG-20 MG-0.5 MG-5 MCG-4 MG-1050 MCG-21 MCG-10 MCG-60 MCG-72 MG-2 MG, 120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-10 MG-600 MCG-1.5 MG-75 MG-15 MG-210 MG-80 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.5 MG-4 MG-21 MCG-60 MCG-72 MG	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN MEN TABS	P	QL(1 EA daily); RX/OTC
MULTI-VITAMIN MONOCAPS TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN WOMEN 50+ TABS 100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG-72 MG, 100 MG-5 MG-30 MCG-400 MCG-14 MG-25 MCG-50 MCG-1.1 MG-50 MCG-300 MCG-1050 MCG-5 MG-8 MG-1.1 MG-15 MG-100 MG-2 MG-300 MG-80 MG-50 MCG-150 MCG-15.7 MG-20 MG-2.3 MG-22 MCG-0.5 MG-10 MCG-52 MCG-72 MG, 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG-15 MG-35 UNIT-50 MG-500 MG-80 MG-150 MG-20 MG-0.5 MG-5 MCG-2.3 MG-150 MCG-55 MCG-50 MCG-10 MCG-50 MCG-72 MG-2 MG, 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-300 MG-1.1 MG-15 MG-35 UNIT-100 MG-80 MG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-50 MCG-10 MCG-52 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN WOMENS 50+ ADV TABS 120 MG-30 MCG-400 MCG-4.5 MG-20 MG-6 MG-15 MG-3.4 MG-25 MCG-13.5 MG-50 MG-4.2 MG-90 MCG-180 MCG-2.2 MG-24 MG-300 MG-150 MCG-27 MCG-940 MCG-20 MCG-25 MCG	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC
MULTI-VITAMIN/MINERALS TABS 60 MG-2 MG-0.4 MG-20 MG-1.2 MG-6 MCG-1.7 MG-400 UNIT-15 MG-100 MG-160 MG-150 MCG-18 MG-125 MG-5000 UNIT	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN/ZINC STRESS TABS	P	QL(1 EA daily); RX/OTC
MULTIVITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC
MYAMULTI TABS 60 MG-3 MG-30 MCG-400 MCG-1.7 MG-6 MCG-10 MG-2 MG-20 MG-5000 UNIT-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-25 MCG-5 MCG-40 MG-10 MCG-150 MCG-25 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-25 MCG-10 MCG-25 MCG-36.3 MG	P	QL(1 EA daily); RX/OTC
NAT-RUL THERAVITE-M TABS	P	QL(1 EA daily); RX/OTC
NATRUL-VITES TABS	P	QL(1 EA daily); RX/OTC
NEOVITE TABS	P	QL(1 EA daily); RX/OTC
NICADAN TABS	P	QL(1 EA daily); RX/OTC
NICAZEL FORTE TABS	P	QL(1 EA daily); RX/OTC
NICAZEL TABS	P	QL(1 EA daily); RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	P	QL(1 EA daily); RX/OTC
NORIXA TABS	P	QL(1 EA daily); RX/OTC
NORVEXA TABS	P	QL(1 EA daily); RX/OTC
NUTRALYN TABS	P	QL(1 EA daily); RX/OTC
NUTRAVANCE TABS	P	QL(1 EA daily); RX/OTC
NUTRICAP TABS	P	QL(1 EA daily); RX/OTC
NUTRIFAC ZX TABS 500 MG-25 MG-200 MCG-1000 MCG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-20 MG-50 MG-20 MG-400 UNIT-50 UNIT-2.5 MG-66 MG-50 MCG-5 MG-200 MCG	P	QL(1 EA daily); RX/OTC
OCULAR VITAMINS TABS	P	QL(1 EA daily); RX/OTC
OCULYRA TABS	P	QL(1 EA daily); RX/OTC
OCUTABS-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
OCUTABS TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
OCUVITE EXTRA TABS 200 MG-5 MG-3 MG-40 MG-40 MG-2 MG-5 MG-50 UNIT-6000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
OCUVITE EYE + MULTI TABS 75 MG-1 MG-15 MCG-200 MCG-200 UNIT-3 MCG-0.85 MG-15 MCG-10 MG-5 MG-5 MG-1 MG-150 MCG-1 MG-0.75 MG-11.5 MG-500 UNIT-50 MG-100 MG-37.5 MCG-75 MCG-25 UNIT-7 MG-60 MCG-1 MG-35 MCG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OCUVITE-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
ONCOVITE TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY MEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY TRIPLE IMMUNE SUPPRT TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY WOMEN 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
ONE A DAY WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY 50 PLUS TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-30 MCG-3.4 MG-20 MCG-20 MG-5000 UNIT-15 MG-120 MG-4.5 MG-22.5 MG-2 MG-100 MG-37.5 MG-90 MCG-150 MCG-60 UNIT-4 MG-180 MCG-105 MCG-34 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY CALCIUM/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-1.5 MG-6 MCG-10 MG-1.7 MG-20 MG-2500 UNIT-2500 UNIT-27 MG-15 MG-450 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
ONE DAILY COMPLETE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY COMPLETE TABS 60 MG-2 MG-30 MCG-400 MCG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-5000 UNIT-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-10 MCG-37.5 MG-10 MCG-2 MG-15 MG-130 MG-150 MCG-100 MG-10 MCG-34 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY FOR MEN 50+ ADVANCED TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-4 MG-180 MCG-105 MCG-120 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY FOR MEN/LYCOPENE TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY FOR WOMEN 50+ ADV TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-4 MG-180 MCG-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY FOR WOMEN TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-450 MG-1.5 MG-15 MG-50 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-450 MG-1.5 MG-50 MG-15 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY HEALTHY WEIGHT ADV TABS 60 MG-10 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.1 MG-80 MCG-25 MG-2500 UNIT-12.5 MG-18 MG-200 MG-1.9 MG-15 MG-50 MG-30 UNIT-2 MG-2 MG-200 MCG-70 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY HEALTHY WEIGHT TABS 60 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.125 MG-25 MG-12.5 MG-18 MG-300 MG-1.9 MG-50 MG-15 MG-2500 UNIT-30 UNIT-2 MG-2 MG-200 MCG-80 MCG-70 MCG-32 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-200 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG-150 MCG-150 MCG-75 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-10 MCG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY MAXIMUM TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-2500 UNIT-10 MG-18 MG-1.5 MG-100 MG-15 MG-150 MCG-162 MG-80 MG-160 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-65 MCG-3.5 MG-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY MEN FORMULA W/O IRON TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY MENS 50+ MULTIVIT TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY MENS 50+/LYCOPENE TABS 120 MG-6 MG-30 MCG-25.5 UNIT-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-24 MG-110 MG-90 MCG-150 MCG-2.2 MG-4.2 MG-180 MCG-117 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY MENS HEALTH TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY MENS TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-20 MCG-105 MCG, 99 MG-43 MCG-240 MCG-1.32 MG-17.6 MG-2.17 MG-15.5 MG-1.43 MG-210 MG-300 MCG-25 MCG-15 MG-120 MG-2.3 MG-35 MCG-0.9 MG-11 MG-150 MCG-55 MCG-900 MCG-30 MCG-6.24 MCG-408 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVIT/IRON-FREE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVITAMIN MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-300 MCG-1.35 MG-15 MG-2 MG-22.5 UNIT-140 MG-210 MG-2 MG-120 MCG-110 MCG	P	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVITAMIN WOMEN TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS 50 PLUS TABS 75 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-14 MG-3000 UNIT-5 MG-240 MG-1.1 MG-120 MG-15 MG-2 MG-100 MG-33 UNIT-2 MG-120 MCG-20 MCG-70 MCG-10 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS 50+ TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-2500 UNIT-20 MCG-120 MG	P	QL(1 EA daily); RX/OTC
ONE DAILY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ONE DAILY/MINERALS TABS 50 MG-1 MG-100 MCG-1.5 MG-3 MCG-1.7 MG-20 MG-5000 UNIT-400 UNIT-5 MG-1 MG-125 MG-150 MCG-10 UNIT	P	QL(1 EA daily); RX/OTC
ONE VITE M HIGH POTENCY TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY ENERGY TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS (MINERALS) TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY TEEN ADVANTAGE/HIM TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WEIGHT SMART ADVANCE TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY WOMENS 50 PLUS TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG-2.2 MG-500 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50+ TABS	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS HEALTHY SKIN TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS MIND & BODY TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS PETITES TABS 30 MG-1 MG-15 MCG-200 MCG-500 UNIT-3 MCG-0.85 MG-12.5 MCG-5 MG-1250 UNIT-2.5 MG-9 MG-250 MG-0.75 MG-25 MG-7.5 MG-1 MG-11.25 UNIT-1 MG-60 MCG-10 MCG	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS TABS	P	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI-VIT/MINERAL TABS 50 MG-2 MG-20 MG-1 MG-1 MG-2.5 MG-10 MCG-4.5 MG-10 MG-1 MG-5 MCG-3.75 MG-150 MCG-5 MCG-1500 MCG-1 MCG	P	QL(1 EA daily); RX/OTC
ONEVITE TABS	P	QL(1 EA daily); RX/OTC
OPTIC-VITES WITH LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
OPTIC-VITES TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
OPTIMUM PMS TABS 250 MG-4.16 MG-33.3 MCG-4.16 MG-10.4 MCG-2083.3 UNIT-4.16 MG-52.08 MG-4.16 MG-4.16 MG-16.7 UNIT-2.5 MG-41.7 MG-1.67 MG-7.9 MG-16.7 MCG-0.08 MG-4.16 MG-12.5 MCG-16.7 MCG-16.7 UNIT	P	QL(1 EA daily); RX/OTC
OPTIVITE P.M.T. TABS 250 MG-50 MG-10 MCG-33.33 MCG-52.17 MG-16.67 UNIT-2083.33 UNIT-4.17 MG-4.17 MG-4 MG-4.17 MG-4.17 MG-4.17 MG-4.17 MG-16.67 MG-16.67 UNIT-2.5 MG-41.67 MG-1.67 MG-8 MG-16.67 MCG-4.17 MG-20.83 MG-12.5 MCG-16.67 MCG-41.67 MG-15.5 MG-10 MCG	P	QL(1 EA daily); RX/OTC
OPURITY TABS	P	QL(1 EA daily); RX/OTC
OSTEOPRIME PLUS TABS	P	QL(1 EA daily); RX/OTC
OSTEOPRIME ULTRA TABS 30 MG-6.25 MG-200 MCG-5 MG-200 UNIT-12.5 MCG-5 MG-75 MCG-12.5 MG-5 MG-0.5 MG-5 MG-11.25 MCG-1.25 MG-75 MG-3.75 MG-0.75 MG-200 MG-12.5 MCG-32 MG-25 MCG-1.5 MG-5 MG-1.75 MG-50 MCG	P	QL(1 EA daily); RX/OTC
PARVLEX TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PHYTOMULTI TABS	P	QL(1 EA daily); RX/OTC
PRESERVISION AREDS TABS	P	QL(1 EA daily); RX/OTC
PREV-RX TABS	P	QL(1 EA daily); RX/OTC
PRO-CAL TABS	P	QL(1 EA daily); RX/OTC
PROCERV HP TABS	P	QL(1 EA daily); RX/OTC
PROFOLA TABS	P	QL(1 EA daily); RX/OTC
PRORENAL + D TABS	P	QL(1 EA daily); RX/OTC
PROSIGHT TABS 60 MG-40 MG-2 MG-30 MG-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
QC DAILY MULTIVIT/MULTIMINERAL TABS 50 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-2500 UNIT-1.7 MG-25 MCG-20 MG-10 MG-18 MG-1.5 MG-100 MG-15 MG-150 MCG-80 MG-2 MG-162 MG-160 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-3.5 MG-65 MCG-20 MCG-10 MCG-72 MG	P	QL(1 EA daily); RX/OTC
QC HAIR SKIN & NAILS TABS 50 MG-50 MG-3.5 MG-6.5 MG-25 MCG-25 UNIT-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-15 MG-5 MG-25 MG-10 MG-3.3 MG-10 MG-5 MG-10 MG-20 MG-0.6 MG-150 MCG-54 MG-70 MG-897 MCG-0.6 MG	P	QL(1 EA daily); RX/OTC
QC MENS DAILY MULTIVITAMIN TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG	P	QL(1 EA daily); RX/OTC
QC MULTI-VITE 50 & OVER TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
QC MULTI-VITE TABS	P	QL(1 EA daily); RX/OTC
QC THERIN-M TABS 90 MG-6 MG-30 MCG-400 MCG-400 UNIT-12 MCG-3.4 MG-28 MCG-20 MG-5000 UNIT-10 MG-9 MG-3 MG-100 MG-15 MG-150 MCG-7.5 MG-2 MG-40 MG-75 MCG-150 MCG-60 UNIT-31 MG-2 MG-5 MCG-10 MCG-2 MG-50 MCG-70 MCG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC
QC WOMENS DAILY MULTIVITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-500 UNIT-5 MCG-2500 UNIT-1.7 MG-25 MCG-10 MG-5 MG-15 MG-450 MG-5 MG-50 MG-15 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC
QUIN B STRONG TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QUINTABS-M TABS	P	QL(1 EA daily); RX/OTC
RAYAVIT TABS	P	QL(1 EA daily); RX/OTC
RENAL MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC
RENAPLEX-D TABS	P	QL(1 EA daily); RX/OTC
RENAPLEX TABS 60 MG-10 MG-300 MCG-800 MCG-6 MCG-1.7 MG-20 MG-10 MG-1.5 MG-12.5 MG	P	QL(1 EA daily); RX/OTC
REVYRA TABS	P	QL(1 EA daily); RX/OTC
SENIOR TABS TABS 60 MG-3 MG-30 MCG-400 MCG-1.5 MG-20 MG-25 MCG-10 MG-1.7 MG-250 MCG-300 MCG-400 UNIT-45 UNIT-100 MG-2 MG-75 MCG-5 MCG-80 MG-2 MG-150 MCG-150 MCG-2 MG-10 MCG-15 MG-200 MG-150 MCG-48 MG-20 MCG-3500 UNIT-10 MCG-72 MG	P	QL(1 EA daily); RX/OTC
SENTRY SENIOR MENS 50+ TABS	P	QL(1 EA daily); RX/OTC
SENTRY SENIOR/LUTEIN TABS	P	QL(1 EA daily); RX/OTC
SENTRY SENIOR TABS	P	QL(1 EA daily); RX/OTC
SENTRY TABS	P	QL(1 EA daily); RX/OTC
SIDEROL TABS	P	QL(1 EA daily); RX/OTC
SOLO TABS	P	QL(1 EA daily); RX/OTC
SPECTRAVITE TABS	P	QL(1 EA daily); RX/OTC
STRESS B COMPLEX/ANTIOXID/ZINC TABS 500 MG-45 MCG-400 MCG-10 MG-100 MG-5 MG-20 MG-10 MG-13.5 MG-3 MG-24 MG-77 MG-12 MCG	P	QL(1 EA daily); RX/OTC
STRESSTABS ADVANCED TABS 30 MG-5 MG-400 MCG-400 UNIT-50 MCG-2500 UNIT-1.5 MG-20 MG-1.5 MG-30 MG-20 MG-15 UNIT	P	QL(1 EA daily); RX/OTC
STROVITE ONE TABS	P	QL(1 EA daily); RX/OTC
SUPER AYTINAL 50 PLUS TABS 120 MG-2 MG-30 MCG-400 MCG-1.5 MG-400 UNIT-12 MCG-10 MG-1.7 MG-20 MG-275 MCG-9 MG-225 MG-100 MG-15 MG-2 MG-150 MCG-75 MCG-150 MCG-50 UNIT-2 MG-5000 UNIT-80 MCG-70 MCG-120 MCG-25 MG-25 MG	P	QL(1 EA daily); RX/OTC
SUPER AYTINAL TABS 90 MG-5 MG-40 MCG-400 MCG-400 UNIT-12 MCG-10 MG-5 MG-30 MG-275 MCG-3500 UNIT-25 MG-300 MCG-5 MG-100 MG-15 MG-3 MG-7.7 MG-150 MCG-50 MCG-162 MG-150 MCG-2 MG-50 MCG-30 UNIT-125 MG-5 MCG-10 MCG-7.5 MG-25 MCG-50 MCG-10 MCG-7 MG	P	QL(1 EA daily); RX/OTC
SUPER D-ZINC-SELENIUM-COPPER TABS	P	QL(1 EA daily); RX/OTC
SUPER THERA VITE M TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SUPER VITA-MINS TABS 250 MG-5 MG-0.4 MG-10 MG-6 MCG-20 MG-10 MG-100 MG-400 UNIT-30 UNIT-24 MG-100 MG-1.25 MG-2 MG-15 MG-0.161 MG-150 MCG-0.125 MG-10000 UNIT	P	QL(1 EA daily); RX/OTC
SUPERIOR MENS MULTI TABS	P	QL(1 EA daily); RX/OTC
SUPERIOR WOMENS MULTI TABS	P	QL(1 EA daily); RX/OTC
SYSTANE ICAPS AREDS2 TABS	P	QL(1 EA daily); RX/OTC
THERA VITAL M TABS 90 MG-3 MG-30 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-20 MG-2500 UNIT-400 UNIT-30 UNIT-2500 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG	P	QL(1 EA daily); RX/OTC
THERA VITAL-M TABS 120 MG-3 MG-15 MCG-400 MCG-400 UNIT-9 MCG-3.4 MG-30 MG-5500 UNIT-10 MG-18 MG-3 MG-100 MG-15 MG-2 MG-40 MG-7.5 MG-15 MCG-150 MCG-30 UNIT-31 MG-5 MG-15 MCG-10 MCG	P	QL(1 EA daily); RX/OTC
THERABASIC-M TABS 400 UNIT-90 MG-3 MG-35 MCG-0.4 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-27 MG-3 MG-100 MG-1250 UNIT-15 MCG-7.5 MG-15 MCG-40 MG-15 MG-150 MCG-30 UNIT-31 MG-2 MG-10 MCG-5 MG-7.5 MG	P	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M ADVANCED TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M PREMIER TABS	P	QL(1 EA daily); RX/OTC
THERAGRAN-M TABS	P	QL(1 EA daily); RX/OTC
THERA-M PLUS MV W/BETA-CAROT TABS	P	QL(1 EA daily); RX/OTC
THERAPEUTIC FORMULA/HEMATINICS TABS 3.3 MG-0.33 MG-50 MCG-3.3 MG-33.3 MG-100 MG-11.7 MG-66.7 MG-3.3 MG-41.7 MG-140 UNIT-5 UNIT-0.67 MG-1400 UNIT	P	QL(1 EA daily); RX/OTC
THERAPEUTIC-M TABS 90 MG-2 MG-30 MCG-400 MCG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-9 MG-60 MG-2 MG-15 MCG-8 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-10 MCG-30 UNIT-8 MG, 90 MG-30 MCG-400 MCG-3 MG-20 MG-6 MG-10 MG-3.4 MG-10 MCG-27 MG-9 MG-100 MG-2 MG-75 MCG-11 MG-2 MG-10 MCG-150 MCG-50 MCG-2 MG-10 MCG-15 MG-145 MG-150 MCG-35 MG-70 MCG-1500 MCG-28 MCG-12 MCG-8 MG	P	QL(1 EA daily); RX/OTC
THERA-TABS M TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
THERATRUM COMPLETE 50 PLUS TABS 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-100 MG-15 MG-150 MCG-200 MG-80 MG-75 MCG-150 MCG-48 MG-2 MG-5 MCG-2 MG-150 MCG-45 UNIT-20 MCG-10 MCG-72 MG-2 MG	P	QL(1 EA daily); RX/OTC
THERATRUM COMPLETE TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-250 MCG-5000 UNIT-10 MG-18 MG-1.5 MG-100 MG-15 MG-80 MG-2 MG-150 MCG-162 MG-150 MCG-75 MCG-30 UNIT-108 MG-2 MG-72 MG-5 MCG-10 MCG-2 MG-120 MCG-25 MCG-20 MCG-10 MCG, 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-100 MG-15 MG-80 MG-150 MCG-162 MG-72 MG-75 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-2 MG-120 MCG-20 MCG-10 MCG-2 MG	P	QL(1 EA daily); RX/OTC
THERA-VITE MAX-M TABS	P	QL(1 EA daily); RX/OTC
THRIVE FOR LIFE WOMENS TABS 60 MG-6 MG-300 MCG-400 MCG-1000 UNIT-18 MCG-5.1 MG-60 MCG-20 MG-100 MCG-3500 UNIT-15 MG-18 MG-500 MG-700 MCG-4.5 MG-50 MG-15 MG-75 MCG-150 MCG-30 UNIT-2 MG-2 MG-70 MCG-120 MCG-150 MCG	P	QL(1 EA daily); RX/OTC
TRUEVITE TABS	P	QL(1 EA daily); RX/OTC
T-VITES TABS	P	QL(1 EA daily); RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	P	QL(1 EA daily); RX/OTC
ULTRA BONEUP TABS	P	QL(1 EA daily); RX/OTC
ULTRA FREEDA/IRON TABS 133.333 UNIT-1666.667 UNIT-16.667 MG-100 MCG-66.667 UNIT-266.667 MCG-16.667 MG-33.333 MCG-16.667 MG-33.333 MG-33.333 MG-6 MG-333.333 MG-3.333 MG-33.333 MG-4.167 MCG-11.667 MG-66.667 MCG-7.5 MG-83.333 MG-50 MCG-33.333 MCG-33.333 MG	P	QL(1 EA daily); RX/OTC
ULTRA FREEDA TABS 133.333 UNIT-16.667 MG-100 MCG-266.667 MCG-16.667 MG-33.333 MCG-1666.667 UNIT-16.667 MG-33.333 MG-33.333 MG-333.333 MG-3.333 MG-33.333 MG-11.667 MG-7.5 MG-83.333 MG-50 MCG-33.333 MCG-33.333 MG-66.667 UNIT-4.167 MCG-66.667 MCG	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRACHOICE ADV FORMULA MATURE TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-24 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-0.5 MG-100 MG-2 MG-13 MCG-1 MG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-2 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-90 MG-13 MCG-2 MG-5 MG-25 MG-10 MG-1 MG-0.5 MG-1 MG-25 MG-1 MG-1 MG	P	QL(1 EA daily); RX/OTC
ULTRACHOICE ADVANCED FORMULA TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-18 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-80 MG-2 MG-13 MCG-200 MCG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-5 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-72 MG-13 MCG-10 MG-25 MG-5 MG-10 MG-25 MG-5 MG-1 MG	P	QL(1 EA daily); RX/OTC
VENEXA FE TABS	P	QL(1 EA daily); RX/OTC
VENEXA TABS	P	QL(1 EA daily); RX/OTC
VENTRIXYL FE TABS	P	QL(1 EA daily); RX/OTC
VENTRIXYL TABS	P	QL(1 EA daily); RX/OTC
VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG	P	QL(1 EA daily); RX/OTC
VISION VITAMINS TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG	P	QL(1 EA daily); RX/OTC
VITA HAIR TABS 300 MCG-400 MCG-35 MG-6 MCG-100 MG-125 MG-65 MG-30 MG-18 MG-5 MG-2 MG-15 MG-150 MCG	P	QL(1 EA daily); RX/OTC
VITA S FORTE TABS 400 UNIT-500 MG-25 MG-0.15 MG-1 MG-50 MCG-25 MG-20 MG-100 MG-10 MG-20 MG-50 MG-15 MG-3 MG-20 MCG-60 UNIT-50 MCG-0.05 MG	P	QL(1 EA daily); RX/OTC
VITABASIC COMPLETE TABS	P	QL(1 EA daily); RX/OTC
VITABASIC SENIOR TABS	P	QL(1 EA daily); RX/OTC
VITACEL TABS 500 MG-300 MCG-100 UNIT-1 MG-25 MG-25 MG-25 MG-50 MG-5000 UNIT-25 MG-33 MG-200 UNIT-125 MG-80 MG-10 MG-50 MCG	P	QL(1 EA daily); RX/OTC
VITACORE TABS	P	QL(1 EA daily); RX/OTC
VITALUX TABS	P	QL(1 EA daily); RX/OTC
VITAMINS A-D-E/SELENIUM TABS 400 UNIT-10000 UNIT-100 UNIT-50 MCG	P	QL(1 EA daily); RX/OTC
VITAROCA PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-20 MG-100 MG-5000 UNIT-25 MG-27 MG-20 MG-50 MG-5 MG-22.5 MG-3 MG-30 UNIT-0.1 MG	P	QL(1 EA daily); RX/OTC
VITASANA TABS	P	QL(1 EA daily); RX/OTC
VITASCRIPT TABS	P	QL(1 EA daily); RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VITEYES OPTIC NERVE SUPPORT TABS	P	QL(1 EA daily); RX/OTC
VITRAMYN TABS	P	QL(1 EA daily); RX/OTC
VITRANOL FE TABS	P	QL(1 EA daily); RX/OTC
VITRANOL TABS	P	QL(1 EA daily); RX/OTC
VITREXATE FE TABS	P	QL(1 EA daily); RX/OTC
VITREXATE TABS	P	QL(1 EA daily); RX/OTC
VITREXYL + IRON TABS	P	QL(1 EA daily); RX/OTC
VITREXYL TABS	P	QL(1 EA daily); RX/OTC
WELLFOLA TABS	P	QL(1 EA daily); RX/OTC
WOMENS 50+ MULTI VITAMIN TABS	P	QL(1 EA daily); RX/OTC
WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.5 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	QL(1 EA daily); RX/OTC
WOMENS LIFE PACK TABS 400 MCG-400 UNIT-25 MCG-10 MG-10 MG-250 MCG-3500 UNIT-18 MG-10 MG-300 MCG-2 MG-80 MG-150 MCG-0.75 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-120 MCG-20 MCG-10 MCG-72 MG-2 MG-30 MG, 400 UNIT-25 MCG-10 MG-10 MG-250 MCG-3500 UNIT-18 MG-10 MG-300 MCG-2 MG-150 MCG-75 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-2 MG-120 MCG-20 MCG-10 MCG	P	QL(1 EA daily); RX/OTC
WOMENS MULTIVITAMIN TABS 75 MG-1.7 MG-1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-665 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-150 MCG-3.4 MG-1.8 MG-25 MCG-27.5 MCG	P	QL(1 EA daily); RX/OTC
YELETS TEENAGE FORMULA TABS	P	QL(1 EA daily); RX/OTC
Multivitamins		
ALTRIXA TABS	P	RX/OTC
AMLADEX TABS	P	RX/OTC
ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	P	RX/OTC
AVOWISE TABS	P	RX/OTC
CENTRUM MENOPAUSE MIND/MOOD TABS	P	RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	RX/OTC
DAILY VALUE MULTIVITAMIN TABS 400 UNIT-60 MG-2 MG-300 MCG-30 UNIT-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG, 400 UNIT-60 MG-2 MG-300 MCG-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-30 UNIT	P	RX/OTC
DAILY VITAMINS TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	RX/OTC
DAILY VITES TABS 60 MG-2 MG-0.4 MG-1.5 MG-6 MCG-5000 UNIT-10 MG-1.7 MG-20 MG-400 UNIT-30 UNIT	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DAILY VITE TABS 400 UNIT-60 MG-2 MG-30 UNIT-400 MCG-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG, 60 MG-2 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	RX/OTC
DAILY-VITE MULTIVITAMIN TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	P	RX/OTC
DAILY-VITE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	RX/OTC
ESTROFACTORS TABS	P	RX/OTC
FOLAWISE TABS	P	RX/OTC
FOLCYTEINE TABS	P	RX/OTC
GNP ESSENTIAL ONE DAILY TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-75 MG-1.5 MG-30 UNIT	P	RX/OTC
HEALTHY HAIR/SKIN/NAILS TABS 2 MG-2000 MCG-400 MCG-25 MG-100 MG-25 MCG-1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG	P	RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	RX/OTC
MINCORA TABS	P	RX/OTC
MINOVIA TABS	P	RX/OTC
MULTI VITAMIN W/D-3 TABS	P	RX/OTC
MULTI VITAMIN TABS	P	RX/OTC
MULTIPLE VITAMIN-FOLIC ACID TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 UNIT	P	RX/OTC
MULTIPLE VITAMINS ESSENTIAL TABS 60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-5000 UNIT	P	RX/OTC
MULTIPLE VITAMINS TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-1.7 MG-20 MG-10 MG-1.5 MG-30 UNIT-5000 UNIT, 60 MG-400 MCG-2 MG-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-1.5 MG-400 UNIT-30 UNIT	P	RX/OTC
multiple vitamin TABS	P	RX/OTC
MULTIVITAMIN ADULT TABS	P	RX/OTC
MULTIVITAMIN IRON-FREE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-45 MG-1.5 MG-30 UNIT	P	RX/OTC
MULTIVITAMIN TABS	P	RX/OTC
MULTI-VITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	RX/OTC
NEOMULTIVITE TABS	P	RX/OTC
NEWVITE TABS	P	RX/OTC
OMNICAP TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONCE DAILY TABS 400 UNIT-50 MG-1 MG-2 MG-1 MCG-5000 UNIT-1 MG-2.5 MG-20 MG	P	RX/OTC
ONE DAILY ESSENTIALS TABS	P	RX/OTC
ONE DAILY ESSENTIAL TABS	P	RX/OTC
ONE DAILY MULTIVITAMIN ADULT TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	RX/OTC
ONE DAILY TABS 60 MG-2 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	P	RX/OTC
ONE-A-DAY ESSENTIAL TABS *(Use multiple vitamin)*	NF	RX/OTC
ONE-A-DAY MENS TABS *(Use multiple vitamin)*	NF	RX/OTC
ONE-DAILY MULTI VITAMINS TABS 50 MG-20 MG-1 MG-1.5 MG-400 UNIT-3 MCG-1 MG-1.7 MG-4000 UNIT-60 MG	P	RX/OTC
ONE-DAILY MULTI-VITAMIN TABS 50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG-60 MG	P	RX/OTC
QC ESSENTIALS TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT	P	RX/OTC
QUINTABS TABS	P	RX/OTC
RELCARE TABS	P	RX/OTC
STRESS FORMULA/ZINC/ENERGY TABS	P	RX/OTC
STRESS FORMULA TABS 500 MG-3 MG-45 MCG-400 MCG-12 MCG-20 MG-10 MG-100 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-12 MCG-10 MG-100 MG-20 MG-10 MG-30 UNIT, 500 MG-5 MG-45 MCG-400 MCG-15 MG-12 MCG-20 MG-10 MG-100 MG-30 UNIT	P	RX/OTC
STRESSTABS ENERGY TABS	P	RX/OTC
TAB-A-VITE/BETA CAROTENE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P	RX/OTC
TAB-A-VITE TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	P	RX/OTC
THERA TABS	P	RX/OTC
THERA-TABS TABS 90 MG-3 MG-30 MCG-400 MCG-3 MG-20 MG-400 UNIT-9 MCG-5000 UNIT-10 MG-3.4 MG-30 UNIT	P	RX/OTC
THEREMS TABS	P	RX/OTC
TM-DAILY VITE TABS	P	RX/OTC
TRUE DAILY VITE TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-1.7 MG-10 MCG-1500 MCG-6 MCG	P	RX/OTC
TRUE MULTIVITAMIN TABS	P	RX/OTC
TRUEONE TABS	P	RX/OTC
VALENTRA TABS	P	RX/OTC
VIRELIX TABS	P	RX/OTC
VIREXA TABS	P	RX/OTC
VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VITALEE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-30 UNIT	P	RX/OTC
VITRAX TABS	P	RX/OTC
VITRION TABS	P	RX/OTC
Ped MV w/ Fluoride		
FLORAFOL PEDIATRIC CHEW	P	AL(Up to 10 yrs old); RX/OTC
FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG	P	AL(Up to 10 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE CHEW	P	AL(Up to 10 yrs old); RX/OTC
MULTI-VIT-FLOR CHEW	P	AL(Up to 10 yrs old); RX/OTC
pediatric multivitamins w/fl CHEW	P	AL(Up to 10 yrs old); RX/OTC
POLY-VI-FLOR CHEW	P	AL(Up to 10 yrs old); RX/OTC
QUFLORA PEDIATRIC CHEW	P	AL(Up to 10 yrs old); RX/OTC
Ped MV w/ Iron		
CEROVITE JR CHEW 18 MG	P	
CHILDRENS ANIMAL SHAPES CHEW 18 MG	P	
CVS CHEWABLE CHILDRENS VITAMIN CHEW 18 MG	P	
CVS CHILDRENS COMPLETE CHEW 18 MG	P	
EQ COMPLETE MULTIVITAMIN CHILD CHEW 18 MG	P	
EQL CHILD MULTIVIT/MINERALS CHEW 18 MG	P	
FLINTSTONES PLUS EXTRA IRON CHEW 18 MG	P	
FRUITY CHEWS/IRON CHEW 60 MG-1.05 MG-300 MCG-1.05 MG-4.5 MCG-1.2 MG-13.5 MG-400 UNIT-15 UNIT-15 MG-2500 UNIT	P	
GNP CHILDRENS CHEWABLES/IRON CHEW 15 MG	P	
MULTIVITAMINS PLUS IRON CHILD CHEW	P	
pediatric multiple vitamins w/ iron CHEW 18 MG	P	
QC CHILDRENS COMPLETE CHEW 18 MG	P	
QC CHILDRENS VITAMINS/IRON CHEW 15 MG	P	
ULTRA CHOICE MULTIVITAMIN KIDS CHEW 18 MG	P	
Pediatric Multiple Vitamins		
BRAIN BUILDER KIDS CHEW	P	
CHILDRENS CHEW MULTIVITAMIN CHEW 60 MG-1.05 MG-6.75 MG-300 MCG-10 MCG-4.5 MCG-1.2 MG-13.5 MG-750 MCG-1.05 MG	P	
CHILDRENS CHEWABLE VITAMINS CHEW 60 MG-0.3 MG-4.5 MCG-2500 UNIT-1.2 MG-13.5 MG-400 UNIT-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-15 UNIT, 60 MG-1.05 MG-300 MCG-13.5 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-2500 UNIT-15 UNIT	P	

Drug Name	Drug Tier	Requirements/ Limits
CULTURELLE KIDS COMPLETE CHEW 45 MG-0.85 MG-7.5 MCG-15 UNIT-120 MCG-1200 UNIT-1.2 MCG-1200 UNIT-2.5 MG-1.88 MG-30 MCG	P	
CULTURELLE KIDS PROBIOTIC-MV CHEW 15 MCG-30 MG-15 MCG-0.85 MG-2 MCG-2.5 MG-2.5 MG-1.82 MG-10 MG-5 MG-39.75 MCG-360 MCG-100 MCG-5 MG, 45 MG-0.85 MG-7.5 MCG-10 MG-120 MCG-30 MCG-1.2 MCG-360 MCG-2.5 MG-1.88 MG-30 MCG-26 MG	P	
FLINTSTONES/MY FIRST CHEW 1.05 MG-15 UNIT-300 MCG-4.5 MCG-1.2 MG-10 MG-1998 UNIT-60 MG-1.05 MG-400 UNIT-10 MG	P	
FRUITY CHEWS CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-4.5 MCG-1.2 MG-13.5 MG-400 UNIT-15 UNIT-2500 UNIT	P	
FT CHILDRENS MULTI PLUS IMMUNE CHEW	P	
GNP CHILDRENS CHEWABLES/EX C CHEW 250 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT	P	
GNP CHILDRENS/EXTRA C CHEW	P	
GNP LITTLE ONES CHILDRENS CHEW 60 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-10 MG-1998 UNIT-1.05 MG-15 UNIT	P	
LAND BEFORE TIME MULTIVITAMIN CHEW 250 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-1.05 MG-25 MG-15 UNIT-2500 UNIT, 15 MG	P	
LITTLE ANIMALS CHEW 400 UNIT-60 MG-1.05 MG-300 MCG-4 MCG-1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT	P	
MULTIVITAMIN CHILDRENS (W/ FA) CHEW 60 MG-1.05 MG-300 MCG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-15 UNIT	P	
MULTIVITAMIN CHILDRENS CHEW	P	
ONE-A-DAY VITACRAVES+OMEGA-3 CHEW *(Use pediatric multiple vitamins)*	NF	
pediatric multiple vitamins CHEW	P	
QC CHILDRENS VITAMINS/EXTRA C CHEW 250 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT	P	
ZOO FRIENDS/EXTRA C CHEW 250 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1.05 MG-15 UNIT	P	
Prenatal Vitamins		
ALTRIXA OB	NP	
AZENTRA TABS	NP	
AZESCO TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
CITRANATAL ASSURE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
COMPLETE NATAL DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
COMPLETENATE CHEW	P	QL(1 EA daily); MP
CONCEPT DHA	NP	MP
CONCEPT OB	NP	AL(At least 10 yrs old - Up to 55 yrs old)
DERMACINRX PNV PRENATOL TABS	NP	QL(1 EA daily); MP; RX/OTC
DERMACINRX PRETRATE TABS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
EMBRIVA TABS	NP	
ENBRACE HR	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
FOLATEXCEL	NP	
FOLIVANE-OB	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
GESTYRA TABS	NP	
MATRONEX TABS	NP	QL(1 EA daily); MP; RX/OTC
M-NATAL PLUS TABS	P	QL(1 EA daily); MP; RX/OTC
NATAL PNV TABS	NP	AL(At least 10 yrs old)
NATALCHEW CHEW	NP	QL(1 EA daily); MP
NATALCORE CHEW	NP	QL(1 EA daily); MP
NEOMATERNA	NP	

Drug Name	Drug Tier	Requirements/ Limits
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	P	QL(1 EA daily); MP; RX/OTC
NEONATAL PLUS TABS	P	QL(1 EA daily); MP; RX/OTC
NEO-VITAL RX TABS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
NESTABS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
NESTABS DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
NESTABS ONE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
NIVA-PLUS TABS	P	QL(1 EA daily); MP; RX/OTC
NOVYRA TABS 1 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
OB COMPLETE ONE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
OB COMPLETE PETITE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
OB COMPLETE PREMIER	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
OB COMPLETE/DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
OB COMPLETE TABS	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
ONE VITE WOMENS PLUS TABS	P	QL(1 EA daily); MP; RX/OTC
ONENATAL RX TABS 1 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PNV 27-CA/FE/FA TABS	P	QL(1 EA daily); MP
PNV TABS 20-1	NP	

Drug Name	Drug Tier	Requirements/ Limits
PNV-DHA+DOCUSATE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PNV-OMEGA	NP	AL(At least 10 yrs old - Up to 55 yrs old)
PREGENNA	NP	
PREMESISRX	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATAL 19 CHEW	P	QL(1 EA daily); MP
PRENATAL PLUS VITAMIN/MINERAL TABS	P	QL(1 EA daily); MP; RX/OTC
PRENATAL PLUS TABS	P	QL(1 EA daily); MP; RX/OTC
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	NP	AL(At least 10 yrs old - Up to 55 yrs old)
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	P	QL(1 EA daily); MP; RX/OTC
PRENATE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE AM	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE ENHANCE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE PIXIE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATE RESTORE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PRENATOL-M TABS	NP	
PRENATRIX TABS	NP	QL(1 EA daily); MP; RX/OTC
PRENATRYL TABS	NP	QL(1 EA daily); MP; RX/OTC
PRENOVA TABS 0.8 MG	NP	RX/OTC
PRENYRA TABS 1 MG	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
PROVIDA OB	NP	AL(At least 10 yrs old - Up to 55 yrs old)
RELEVIA TABS	NP	QL(1 EA daily); MP; RX/OTC
RELNATE DHA CAPS	NP	MP
SELECT-OB+DHA MISC	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
SE-NATAL 19 CHEW	P	QL(1 EA daily); MP
TARON-C DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
THERANATAL CORE NUTRITION TABS	P	QL(1 EA daily); MP; RX/OTC
THRIVITE RX TABS	P	QL(1 EA daily); MP; RX/OTC
TRICARE TABS	P	QL(1 EA daily); MP; RX/OTC
TRINATAL RX 1 TABS	P	QL(1 EA daily); MP
TRISTART DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VINATE DHA RF	NP	MP
VITAFOL FE+	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL GUMMIES	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL ULTRA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL-NANO	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL-OB+DHA MISC	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL-OB TABS	P	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAFOL-ONE CAPS	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
VITAMEDMD ONE RX/QUATREFOLIC	NP	
VITAPEARL	NP	
VITATHELY WITH GINGER TABS	P	QL(1 EA daily); MP; RX/OTC
WESCAP-C DHA	NP	MP
WESCAP-PN DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old)
WESNATAL DHA COMPLETE	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
WESNATE DHA CAPS	NP	MP
WESTAB PLUS TABS	P	QL(1 EA daily); MP; RX/OTC
WESTGEL DHA	NP	AL(At least 10 yrs old - Up to 55 yrs old); MP
ZIPHEX TABS	NP	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 *(Use cyclobenzaprine hcl)*	NP	
ATMEKSI SUSP PO 750 MG/5ML	NP	
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	NP	
baclofen SUSP	P	
baclofen TABS	P	
carisoprodol TABS	NP	
chlorzoxazone TABS	P	
cyclobenzaprine hcl CP24	NP	
cyclobenzaprine hcl TABS 5 MG, 10 MG	P	QL(3 EA daily)
cyclobenzaprine hcl TABS 7.5 MG	P	QL(4 EA daily)
FLEQSUVY SUSP *(Use baclofen)*	NP	
LYVISPAH PACK 5 MG	NP	
metaxalone	NP	
METAXALONE 640 MG	NP	
methocarbamol TABS 500 MG, 750 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
methocarbamol TABS 1000 MG	NP	
ONTRALFY SOLN PO 2 MG/5ML	NP	
orphenadrine citrate TB12	P	
OZOBAX DS SOLN PO *(Use baclofen)*	NP	
SOMA TABS *(Use carisoprodol)*	NP	
tizanidine hcl CAPS	NP	
tizanidine hcl TABS	P	
ZANAFLEX CAPS *(Use tizanidine hcl)*	NP	
ZANAFLEX TABS 4 MG *(Use tizanidine hcl)*	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(Use dantrolene sodium)*	NP	
dantrolene sodium CAPS	P	
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	NP	SP
Muscle Relaxant Combinations		
orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG	P	
orphenadrine w/ aspirin & caff	NP	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	NP	
DYMISTA SUSP *(Use azelastine hcl-fluticasone propionate)*	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
AYR SALINE NASAL DROPS SOLN	P	
saline SOLN 0.65 %	P	
Nasal Antiallergy		
azelastine hcl 0.1 %, 137 MCG/SPRAY	P	MP
cromolyn sodium (nasal) 5.2 MG/ACT	P	
olopatadine hcl (nasal)	P	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.03 %	NP	QL(1 ML daily); MP
ipratropium bromide (nasal) 0.06 %	NP	QL(0.5 ML daily)
Nasal Steroids		
flunisolide (nasal)	P	QL(0.84 ML daily); MP
fluticasone propionate (nasal) SUSP	P	QL(0.54 GM daily); MP; RX/OTC
mometasone furoate (nasal) SUSP	NP	MP; RX/OTC
OMNARIS SUSP	NP	MP
PROPEL MINI SDS IMPL	NP	
QNASL	NP	MP
QNASL CHILDRENS	NP	MP
SINUVA IMPL	NP	
XHANCE EXHU	NP	
Sympathomimetic Decongestants		
pseudoephedrine hcl TABS 30 MG	P	QL(8 EA daily)
pseudoephedrine hcl TABS 60 MG	P	QL(4 EA daily)
SUDAFED CHILDRENS LIQD	P	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		

Drug Name	Drug Tier	Requirements/ Limits
ALS Agents		
RADICAVA ORS STARTER KIT SUSP	NP	SP
RADICAVA ORS SUSP	NP	SP
riluzole TABS	P	
TEGLUTIK SUSP	NP	SP; MP
TIGLUTIK SUSP	NP	SP; MP
Muscular Dystrophy Agents		
DUVYZAT	NP	SP
Rett Syndrome Agents		
DAYBUE	NP	SP
DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG	NP	SP
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI PO 5 MG	NP	SP
EVRYSDI	NP	SP
ITVISMA SUSP IT	NP	SP
SPINRAZA	NP	SP
NUTRIENTS		
Carbohydrates		
dextrose SOLN 10 %	P	
DEXTROSE SOLN 10 %, 20 %	P	
DEXTROSE SOLN 5 %, 10 %, 30 %, 40 %, 50 %, 70 %, 250 MG/ML *(Use dextrose)*	NF	
Lipids		
INTRALIPID 20 %	P	PA
NUTRILIPID	P	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
artificial tear solution	P	
dextran 70-hypromellose 0.3 %-0.1 %	P	
polyvinyl alcohol 1.4 %	P	
polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %	P	
white petrolatum-mineral oil	P	
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	P	MP
BETIMOL *(Use timolol)*	NP	MP
BETIMOL *(Use timolol)*	NF	MP
BETOPTIC-S SUSP	NP	MP
brimonidine tartrate-timolol maleate	NP	MP
carteolol hcl (ophth)	P	MP
COMBIGAN *(Use brimonidine tartrate-timolol maleate)*	NP	MP
COSOPT *(Use dorzolamide hcl-timolol maleate)*	NP	MP
COSOPT PF *(Use dorzolamide hcl-timolol maleate)*	NP	MP
dorzolamide hcl-timolol maleate	P	MP
ISTALOL SOLN *(Use timolol maleate (ophth))*	NP	MP
levobunolol hcl 0.5 %	P	MP
timolol	NP	MP
timolol maleate (ophth) SOLG	P	MP
timolol maleate (ophth) SOLN	NP	MP
timolol maleate (ophth) SOLN	P	MP
TIMOPTIC OCUDOSE SOLN *(Use timolol maleate (ophth))*	NP	MP
Cycloplegic Mydriatics		
ALTAFRIN SOLN 2.5 %, 10 % *(Use phenylephrine hcl (mydriatic))*	NF	

Drug Name	Drug Tier	Requirements/ Limits
atropine sulfate (ophthalmic) OINT	P	
atropine sulfate (ophthalmic) SOLN	P	MP
ATROPINE SULFATE SOLN 1 %	P	MP
CYCLOGYL	NP	
CYCLOGYL *(Use cyclopentolate hcl)*	NP	
CYCLOMYDRIL	P	
cyclopentolate hcl 1 %	P	
MYDRIACYL SOLN *(Use tropicamide)*	NP	
phenylephrine hcl (mydriatic) SOLN	NP	
PHENYLEPHRINE HCL SOLN *(Use phenylephrine hcl (mydriatic))*	NP	
tropicamide SOLN	P	
Miotics		
pilocarpine hcl SOLN 1 %, 1.25 %, 2 %, 4 %	P	MP
VUITY SOLN 1.25 % *(Use pilocarpine hcl)*	NP	MP
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(Use brimonidine tartrate)*	P	MP
apraclonidine hcl	NP	
brimonidine tartrate	P	MP
IOPIDINE	NP	
SIMBRINZA	NP	MP
Ophthalmic Anti-infectives		
AZASITE	NP	
bacitracin (ophthalmic)	P	
bacitracin-polymyxin b (ophth)	P	
besifloxacin hcl 0.6 %	NP	
BESIVANCE 0.6 % *(Use besifloxacin hcl)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
BETADINE OPHTHALMIC PREP	NP	
CILOXAN OINT	P	
ciprofloxacin hcl (ophth) SOLN	P	
erythromycin (ophth)	P	
gatifloxacin (ophth)	NP	
gentamicin sulfate (ophth) SOLN	P	
levofloxacin (ophth) 0.5 %	P	
MITOSOL KIT	NP	
moxifloxacin hcl (ophth) SOLN OP	NP	
NATACYN	NP	
neomycin-bacitracin zn-polymyxin	P	
neomycin-polymyxin-gramicidin	P	
OCUFLOX *(Use ofloxacin (ophth))*	NP	
ofloxacin (ophth)	P	
polymyxin b-trimethoprim	P	
sulfacetamide sodium (ophth) SOLN	P	
tobramycin (ophth) SOLN	P	
TOBREX OINT	P	
trifluridine	P	
VIGAMOX SOLN OP *(Use moxifloxacin hcl (ophth))*	NP	
XDEMVY	NP	
ZIRGAN GEL	P	
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	MP
cyclosporine (ophth) EMUL	NP	MP
RESTASIS MULTIDOSE EMUL	NP	MP
RESTASIS EMUL *(Use cyclosporine (ophth))*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
VERKAZIA EMUL	NP	
VEVYE SOLN	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	NP	MP
Ophthalmic Kinase Inhibitors		
RHOPRESSA	NP	MP
ROCKLATAN	NP	MP
Ophthalmic Local Anesthetics		
AKTEN	NP	
ALCAINE *(Use proparacaine hcl)*	NP	
ALTACAINE 0.5 % *(Use tetracaine hcl (ophth))*	NF	
IHEEZO	NP	SP
proparacaine hcl	NP	
TETRACAINE HCL 0.5 %	NP	
TETRACAINE HCL 0.5 % *(Use tetracaine hcl (ophth))*	NP	
tetracaine hcl (ophth)	NP	
Ophthalmic Nerve Growth Factors		
OXERVATE	NP	SP
Ophthalmic Photoenhancers		
EPIOXA HD/ EPIOXA PSKT OP	NP	SP
PHOTREXA-PHOTREXA VISCOUS KIT	NP	SP
Ophthalmic Steroids		
ALREX SUSP *(Use loteprednol etabonate)*	P	
bacitracin-poly-neomycin-hc	P	
BYQLOVI 0.05 %	NP	
dexamethasone sodium phosphate (ophth)	P	
DEXTENZA INST	NP	SP
difluprednate	NP	

Drug Name	Drug Tier	Requirements/ Limits
DUREZOL *(Use difluprednate)*	NF	
DUREZOL *(Use difluprednate)*	NP	
EYSUVIS SUSP	NP	
FLAREX	P	
fluorometholone (ophth) SUSP	P	
FML FORTE SUSP	P	
FML LIQUIFILM SUSP *(Use fluorometholone (ophth))*	NP	
INVELTYS SUSP	NP	
LOTEMAX SM GEL	NP	
LOTEMAX GEL *(Use loteprednol etabonate)*	NP	
LOTEMAX OINT	NP	
LOTEMAX SUSP *(Use loteprednol etabonate)*	NP	
loteprednol etabonate GEL	NP	
loteprednol etabonate SUSP	P	
loteprednol etabonate-tobramycin	NP	
MAXIDEX SUSP OP	P	QL(0.17 ML daily)
MAXITROL OINT *(Use neomycin-polymy-dexameth)*	NP	
MAXITROL SUSP *(Use neomycin-polymy-dexameth)*	NP	
neomycin-polymy-dexameth OINT	P	
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	P	
neomycin-polymyxin-hc (ophth)	P	

Drug Name	Drug Tier	Requirements/ Limits
PRED FORTE *(Use prednisolone acetate (ophth))*	NF	
PRED FORTE *(Use prednisolone acetate (ophth))*	NP	
PRED MILD	P	
prednisolone acetate (ophth)	P	
PREDNISOLONE SODIUM PHOSPHATE	P	
sulfacetamide sod-prednisolone SOLN	NP	
TOBRADEX ST SUSP	NP	
TOBRADEX OINT	NP	
tobramycin-dexamethasone SUSP	P	
ZYLET 0.3 %-0.5 % *(Use loteprednol etabonate-tobramycin)*	NP	
Ophthalmics - Misc.		
ACULAR *(Use ketorolac tromethamine (ophth))*	NP	
ACULAR LS *(Use ketorolac tromethamine (ophth))*	NP	
ACUVAIL	NP	
azelastine hcl (ophth)	P	QL(0.2 ML daily)
AZOPT *(Use brinzolamide)*	NF	MP
AZOPT *(Use brinzolamide)*	NP	MP
bepotastine besilate	NP	
BEPREVE *(Use bepotastine besilate)*	NP	
brinzolamide	NP	MP
bromfenac sodium (ophth)	NP	
BROMSITE *(Use bromfenac sodium (ophth))*	NP	
cromolyn sodium (ophth)	P	

Drug Name	Drug Tier	Requirements/ Limits
CYSTADROPS	NP	SP; MP
CYSTARAN	NP	SP; MP
diclofenac sodium (ophth)	P	
dorzolamide hcl	P	MP
epinastine hcl (ophth)	NP	
FLUORESCEIN SODIUM/BENOXINATE	NP	
flurbiprofen sodium	P	
ILEVRO	NP	
ketorolac tromethamine (ophth)	P	
MURO 128 SOLN	P	
NEVANAC	NP	
PROLENSA *(Use bromfenac sodium (ophth))*	NP	
sodium chloride hypertonic OINT	P	
sodium chloride hypertonic SOLN	P	
ZERVIATE	NP	QL(3 EA daily)
Prostaglandins - Ophthalmic		
bimatoprost SOLN	NP	MP
IYUZEH SOLN	NP	
latanoprost SOLN	P	MP
LUMIGAN SOLN 0.01 % *(Use bimatoprost)*	NP	MP
tafluprost	NP	MP
TRAVATAN Z SOLN *(Use travoprost)*	NP	MP
TRAVATAN Z SOLN *(Use travoprost)*	NF	MP
travoprost SOLN	NP	MP
VYZULTA	NP	MP
XALATAN SOLN *(Use latanoprost)*	NF	MP
XALATAN SOLN *(Use latanoprost)*	NP	MP
ZIOPTAN *(Use tafluprost)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
ZOLYMBUS GEL OP 0.01 %	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	
carbamide peroxide (otic) 6.5 %	P	
Otic Antifungals		
CLOTIC SOLN OT 1 %	NP	AL(Up to 65 yrs old)
Otic Anti-infectives		
ciprofloxacin hcl (otic)	NP	
ofloxacin (otic)	P	
Otic Combinations		
CIPRO HC 1 %-0.2 % *(Use ciprofloxacin-hydrocortisone)*	NF	
CIPRO HC 1 %-0.2 % *(Use ciprofloxacin-hydrocortisone)*	NP	
ciprofloxacin-dexamethasone	P	
ciprofloxacin-hydrocortisone	NP	
CORTISPORIN-TC	NP	
neomycin-polymyxin-hc (otic) SOLN	P	
neomycin-polymyxin-hc (otic) SUSP	P	
Otic Steroids		
DERMOTIC *(Use fluocinolone acetonide (otic))*	NP	
fluocinolone acetonide (otic)	NP	
hydrocortisone w/acetic acid	NP	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO MINI-DOSE SOSY IM 250 UNIT	P	QL(2 EA per 270 day(s) retail); SP
HYPERRHO SOSY IM 1500 UNIT	P	QL(2 EA per 270 day(s) retail); SP
MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	P	QL(2 EA per 270 day(s) retail); SP
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	QL(2 EA per 270 day(s) retail); SP
RHOPHYLAC SOSY IJ	P	QL(4 ML per 270 day(s) retail); SP
WINRHO SDF SOLN 15000 UNIT/13ML	P	QL(26 ML per 270 day(s) retail); SP
WINRHO SDF SOLN 2500 UNIT/2.2ML	P	QL(4.4 ML per 270 day(s) retail); SP
WINRHO SDF SOLN 5000 UNIT/4.4ML	P	QL(8.8 ML per 270 day(s) retail); SP
WINRHO SDF SOLN 1500 UNIT/1.3ML	P	QL(2.6 ML per 270 day(s) retail); SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Amidinopenicillins		
PIVYA TABS PO 185 MG	NP	
Aminopenicillins		
amoxicillin CAPS	P	
amoxicillin CHEW 125 MG, 250 MG	P	
amoxicillin SUSR	P	
amoxicillin TABS	P	
ampicillin sodium IV 1 GM, 2 GM, 10 GM	P	
ampicillin CAPS 500 MG	P	QL(4 EA daily)
Natural Penicillins		

Drug Name	Drug Tier	Requirements/ Limits
BICILLIN L-A SUSY	P	
penicillin v potassium SOLR	P	
penicillin v potassium TABS	P	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW 57 MG-400 MG	P	QL(30 EA per fill retail)
amoxicillin & pot clavulanate SUSR	P	
amoxicillin & pot clavulanate TABS 125 MG-500 MG	P	QL(42 EA per fill retail)
amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-875 MG	P	QL(30 EA per fill retail)
amoxicillin & pot clavulanate TB12	NP	
AMOXICILLIN-POT CLAVULANATE CHEW	P	QL(30 EA per fill retail)
ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM	P	
AUGMENTIN ES-600 SUSR *(Use amoxicillin & pot clavulanate)*	NF	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS 125 MG-500 MG *(Use amoxicillin & pot clavulanate)*	NF	QL(42 EA per fill retail)
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM *(Use ampicillin & sulbactam sodium)*	NF	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	P	
nafcillin sodium IJ 1 GM, 2 GM	P	
oxacillin sodium IJ 1 GM, 2 GM	P	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
STERILE WATER FOR INJECTION IJ	P	
water for injection, sterile IJ	P	
Pharmaceutical Excipients		
METHYLCELLULOSE POWD	P	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	P	
megestrol acetate (appetite)	NP	MP
norethindrone acetate TABS	NP	QL(1 EA daily)
progesterone CAPS	P	QL(2 EA daily)
progesterone OIL	P	QL(0.67 ML daily)
PROMETRIUM CAPS *(Use progesterone)*	NP	QL(2 EA daily)
PROVERA 5 MG, 10 MG *(Use medroxyprogesterone acetate)*	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	P	
disulfiram	P	
lofexidine hcl	P	

Drug Name	Drug Tier	Requirements/ Limits
LUCEMYRA *(Use lofexidine hcl)*	NF	
LUCEMYRA *(Use lofexidine hcl)*	P	
Anti-Cataplectic Agents		
sodium oxybate SOLN	NP	SP; MP
XYREM SOLN *(Use sodium oxybate)*	NP	SP; MP
XYWAV	NP	SP; MP
Antidementia Agents		
ADUHELM 170 MG/1.7ML	NP	SP; MP
ARICEPT TABS 23 MG *(Use donepezil hydrochloride)*	NP	MP
ARICEPT TABS 5 MG, 10 MG *(Use donepezil hydrochloride)*	NP	QL(2 EA daily); MP
donepezil hydrochloride TABS 23 MG	P	MP
donepezil hydrochloride TABS 5 MG, 10 MG	P	QL(2 EA daily); MP
donepezil hydrochloride TBDP	P	MP
EXELON *(Use rivastigmine)*	NP	
galantamine hydrobromide CP24	NP	QL(2 EA daily); MP
galantamine hydrobromide SOLN	NP	QL(2 ML daily); MP
galantamine hydrobromide TABS	NP	QL(2 EA daily); MP
KISUNLA	NP	SP
LEQEMBI	NP	SP
LEQEMBI IQLIK SC 360 MG/1.8ML	NP	SP
LEQEMBI IQLIK (500 MG DOSE) SC	NP	SP
memantine hcl CP24	NP	MP
memantine hcl-donepezil hcl CP24	NP	
memantine hcl TABS	P	QL(2 EA daily); MP
NAMENDA TITRATION PAK TABS *(Use memantine hcl)*	NF	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG *(Use memantine hcl)*	NF	MP
NAMZARIC CP24 *(Use memantine hcl-donepezil hcl)*	NP	
NAMZARIC CP24	NP	
rivastigmine	NP	
rivastigmine tartrate CAPS	NP	QL(2 EA daily)
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	P	
LYBALVI	P	
olanzapine-fluoxetine hcl	NP	
perphenazine-amitriptyline	P	QL(4 EA daily)
SYMBYAX 25 MG-3 MG, 25 MG-6 MG *(Use olanzapine-fluoxetine hcl)*	NF	
Fibromyalgia Agents		
milnacipran hcl MISC	NP	
milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	NP	
SAVELLA TITRATION PACK MISC *(Use milnacipran hcl)*	NP	
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG *(Use milnacipran hcl)*	NP	
TONMYA SUBL SL 2.8 MG	NP	
Movement Disorder Drug Therapy		

Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO XR PATIENT TITRATION TEPK	P	SP; PA
AUSTEDO XR TB24	P	SP; PA
AUSTEDO TABS	P	SP; PA
INGREZZA CAPS	P	SP; PA
INGREZZA CPPK	P	SP; PA
INGREZZA CPSP	P	SP; PA
tetrabenazine	NP	SP
XENAZINE *(Use tetrabenazine)*	NP	SP
Multiple Sclerosis Agents		
AMPYRA *(Use dalfampridine)*	NP	SP
AUBAGIO *(Use teriflunomide)*	NP	SP
AVONEX PEN AJKT	NP	SP
AVONEX PREFILLED PSKT	NP	QL(0.034 EA daily); SP
BAFIERTAM	NP	SP
BETASERON KIT	P	SP
BRIUMVI	NP	SP
cladribine (multiple sclerosis) 10 MG	NP	SP
COPAXONE SOSY *(Use glatiramer acetate)*	P	SP; MP
dalfampridine	NP	SP
dimethyl fumarate CDPK	P	SP
dimethyl fumarate CPDR	P	QL(2 EA daily); SP
fingolimod hcl	NP	SP
GILENYA *(Use fingolimod hcl)*	P	SP; PA
GILENYA 0.25 MG	NP	SP
glatiramer acetate SOSY	NP	SP; MP
glatiramer acetate SOSY	P	SP; MP
KESIMPTA	P	SP; MP; PA
LEMTRADA	NP	SP; MP

Drug Name	Drug Tier	Requirements/ Limits
MAVENCLAD (10 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	SP
MAVENCLAD (4 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	SP
MAVENCLAD (5 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	SP
MAVENCLAD (6 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	SP
MAVENCLAD (7 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	SP
MAVENCLAD (8 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	SP
MAVENCLAD (9 TABS) 10 MG *(Use cladribine (multiple sclerosis))*	NP	SP
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
MAYZENT TABS	NP	SP
OCREVUS	NP	SP; MP
OCREVUS ZUNOVO	NP	SP
PLEGRIDY STARTER PACK SOAJ	NP	SP
PLEGRIDY STARTER PACK SOSY SC	NP	SP
PLEGRIDY SOAJ	NP	SP
PLEGRIDY SOSY IM	NP	SP; MP
PONVORY STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
REBIF REBIDOSE TITRATION PACK SOAJ	P	SP
REBIF REBIDOSE SOAJ	P	SP
REBIF TITRATION PACK SOSY	P	SP
REBIF SOSY	P	SP
TASCENSO ODT	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
TECFIDERA CDPK *(Use dimethyl fumarate)*	P	SP
TECFIDERA CPDR *(Use dimethyl fumarate)*	P	QL(2 EA daily); SP
teriflunomide	NP	SP
TYRUKO CONC IV 300 MG/15ML	NP	SP
TYSABRI	NP	SP; MP
VUMERITY	NP	SP
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
ZEPOSIA CAPS	NP	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
gabapentin (once-daily) TABS	NP	
gabapentin (once-daily) TABS	NP	
GRALISE TABS *(Use gabapentin (once-daily))*	NP	
GRALISE TABS *(Use gabapentin (once-daily))*	NP	
LYRICA CR *(Use pregabalin (once-daily))*	NF	MP
LYRICA CR *(Use pregabalin (once-daily))*	NP	MP
pregabalin (once-daily)	NP	MP
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS 10 MG	NP	QL(1 EA daily); MP
fluoxetine hcl (pmdd) TABS 20 MG	NP	QL(2 EA daily)
Pseudobulbar Affect (PBA) Agents		
dextromethorphan hbr-quinidine sulfate	NP	
NUEDEXTA	NP	
NUEDEXTA 20 MG-10 MG *(Use dextromethorphan hbr-quinidine sulfate)*	NP	
Psychotherapeutic and Neurological Agents - Misc.		
AQNEURSA	NP	SP
MIPLYFFA	NP	SP
pimozide	P	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
bupropion hcl (smoking deterrent)	P	QL(2 EA daily); 180 day(s) max supply per 365 day(s) retail
CHANTIX CONTINUING MONTH PAK TABS *(Use varenicline tartrate)*	P	QL(2 EA daily); 180 day(s) max supply per 365 day(s) retail
CHANTIX STARTING MONTH PAK TBPK *(Use varenicline tartrate)*	P	180 day(s) max supply per 365 day(s) retail
CHANTIX TABS *(Use varenicline tartrate)*	P	QL(2 EA daily); 180 day(s) max supply per 365 day(s) retail
nicotine polacrilex GUM	P	QL(11.2 EA daily); 180 day(s) max supply per 365 day(s) retail
nicotine polacrilex LOZG	P	QL(12 EA daily); 180 day(s) max supply per 365 day(s) retail
NICOTINE KIT	P	QL(56 EA per fill retail)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	QL(1 EA daily); 180 day(s) max supply per 365 day(s) retail
NICOTROL NS SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
varenicline tartrate TABS	P	QL(2 EA daily); 180 day(s) max supply per 365 day(s) retail
varenicline tartrate TBPK	P	180 day(s) max supply per 365 day(s) retail
Transthyretin Amyloidosis Agents		
AMVUTTRA	NP	SP
WAINUA	NP	SP
WAINUA SC 45 MG/0.8ML	NP	SP
Vasomotor Symptom Agents		
paroxetine mesylate (vasomotor)	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
ALYFTREK	NP	SP
KALYDECO PACK	NP	SP
KALYDECO TABS	NP	SP
ORKAMBI PACK	NP	SP
ORKAMBI TABS	NP	SP
PULMOZYME	P	QL(2.5 ML daily); SP
SYMDEKO	NP	SP
TRIKAFTA TBPK	NP	SP
TRIKAFTA THPK	NP	SP
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(Use pirfenidone)*	NF	SP
ESBRIET TABS *(Use pirfenidone)*	NP	SP
JASCAYD TABS PO 9 MG, 18 MG	NP	SP
nintedanib esylate 100 MG, 150 MG	NP	SP
OFEV 100 MG, 150 MG *(Use nintedanib esylate)*	NP	SP
pirfenidone CAPS	NP	SP
pirfenidone TABS	NP	SP
Respiratory Agents - Misc.		
BRINSUPRI TABS PO 10 MG, 25 MG	NP	SP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	QL(34 EA per 30 day(s) retail; 34 EA per 30 days mail)
Glycylcyclines		
tigecycline	P	
TIGECYCLINE	P	
TYGACIL *(Use tigecycline)*	NF	
Tetracyclines		
demeclocycline hcl TABS 150 MG	P	QL(4 EA daily)
demeclocycline hcl TABS 300 MG	P	QL(2 EA daily)
DORYX MPC TBEC 60 MG	NP	
doxycycline (monohydrate) CAPS	P	
doxycycline (monohydrate) SUSR	P	
doxycycline (monohydrate) TABS	P	
doxycycline hyclate CAPS	P	
DOXYCYCLINE HYCLATE CAPS 75 MG	NP	
doxycycline hyclate TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
doxycycline hyclate TBEC 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	NP	
minocycline hcl CAPS	P	
minocycline hcl TABS	P	
minocycline hcl TB24	NP	
tetracycline hcl CAPS	P	
TETRACYCLINE HCL TABS	P	
VIBRAMYCIN CAPS *(Use doxycycline hyclate)*	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	P	MP
propylthiouracil	P	MP
Thyroid Hormones		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	P	
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	MP
AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	P	MP
ARMOUR THYROID TABS	P	MP
CYTOMEL TABS *(Use liothyronine sodium)*	NP	MP
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	P	MP
EVEXITHROID TABS 45 MG, 75 MG	P	
levothyroxine sodium TABS 112 MCG, 175 MCG	P	MP
levothyroxine sodium TABS	P	MP
liothyronine sodium TABS	P	MP
NIVA THYROID TABS	P	MP
NP THYROID TABS	P	MP
RENTHYROID TABS 45 MG, 75 MG	P	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	MP
SYNTHROID TABS *(Use levothyroxine sodium)*	NP	MP
THYQUIDITY SOLN PO	NP	MP
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	MP
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSP	P	
QUADRACEL SUSY	P	
TDVAX SUSP	P	
TENIVAC SUSP 2 LFU-5 LFU	P	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	P	
VAXELIS SUSP	P	
VAXELIS SUSY	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Antispasmodics		
BELLADONNA ALKALOIDS-OPIUM	P	
BENTYL SOLN IM *(Use dicyclomine hcl)*	NF	
chlordiazepoxide hcl-clidinium bromide	NP	
CUVPOSA SOLN PO *(Use glycopyrrolate)*	NP	MP
DERMACINRX DIGENYX TABS 0.125 MG	NP	
dicyclomine hcl CAPS	P	
dicyclomine hcl SOLN PO	P	MP
dicyclomine hcl TABS	P	
GLYCATE TABS	NP	
glycopyrrolate SOLN PO 1 MG/5ML	P	MP
glycopyrrolate TABS 1 MG, 2 MG	P	QL(4 EA daily)
hyoscyamine sulfate ELIX	P	MP
hyoscyamine sulfate SOLN PO 0.125 MG/ML	P	MP
hyoscyamine sulfate SUBL 0.125 MG	P	
hyoscyamine sulfate TABS 0.125 MG	P	
hyoscyamine sulfate TB12 0.375 MG	P	QL(4 EA daily)
hyoscyamine sulfate TBDP 0.125 MG	P	
LEVSIN/SL SUBL *(Use hyoscyamine sulfate)*	NP	
LEVSIN TABS *(Use hyoscyamine sulfate)*	NP	
LIBRAX *(Use chlordiazepoxide hcl-clidinium bromide)*	NF	
methscopolamine bromide	NP	
NULEV TBDP 0.125 MG *(Use hyoscyamine sulfate)*	P	
OSCIMIN SUBL 0.125 MG *(Use hyoscyamine sulfate)*	P	
OSCIMIN TABS 0.125 MG *(Use hyoscyamine sulfate)*	P	
ROBINUL-FORTE TABS *(Use glycopyrrolate)*	NP	QL(4 EA daily)
ROBINUL TABS *(Use glycopyrrolate)*	NP	QL(4 EA daily)
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	P	MP
cimetidine TABS	P	RX/OTC
famotidine SUSR	P	
famotidine TABS 20 MG, 40 MG	P	RX/OTC
nizatidine CAPS	P	
PEPCID TABS *(Use famotidine)*	NF	RX/OTC
ranitidine hcl TABS 150 MG, 300 MG	NP	
Misc. Anti-Ulcer		
CARAFATE SUSP *(Use sucralfate)*	NF	MP
CARAFATE TABS *(Use sucralfate)*	NP	QL(4 EA daily)
sucralfate SUSP	P	MP
sucralfate TABS	P	QL(4 EA daily)
Proton Pump Inhibitors		
ACIPHEX TBEC *(Use rabeprazole sodium)*	NF	QL(1 EA daily); 6 max fill(s) per 365 day(s) retail
DEXILANT 60 MG *(Use dexlansoprazole)*	NP	QL(1 EA daily); 6 max fill(s) per 365 day(s) retail
DEXILANT 30 MG *(Use dexlansoprazole)*	NP	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
dexlansoprazole 30 MG	NP	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail
dexlansoprazole 60 MG	NP	QL(1 EA daily); 6 max fill(s) per 365 day(s) retail
esomeprazole magnesium CPDR	NP	QL(1 EA daily); 6 max fill(s) per 365 day(s) retail; RX/OTC
esomeprazole magnesium PACK 2.5 MG, 5 MG	NP	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail
esomeprazole magnesium PACK 10 MG, 20 MG, 40 MG	NP	QL(1 EA daily); 6 max fill(s) per 365 day(s) retail
lansoprazole CPDR	NP	QL(1 EA daily); 6 max fill(s) per 365 day(s) retail
lansoprazole TBDD	P	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail; RX/OTC
NEXIUM 24HR CPDR *(Use esomeprazole magnesium)*	NF	QL(1 EA daily); 6 max fill(s) per 365 day(s) retail; RX/OTC
NEXIUM CPDR *(Use esomeprazole magnesium)*	NP	QL(1 EA daily); 6 max fill(s) per 365 day(s) retail; RX/OTC
NEXIUM PACK 2.5 MG, 5 MG *(Use esomeprazole magnesium)*	NP	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail
NEXIUM PACK 10 MG, 20 MG, 40 MG *(Use esomeprazole magnesium)*	NP	QL(1 EA daily); 6 max fill(s) per 365 day(s) retail
omeprazole CPDR	P	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail
pantoprazole sodium PACK	NP	QL(4 EA daily); 6 max fill(s) per 365 day(s) retail
pantoprazole sodium TBEC	P	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail
PREVACID 24HR CPDR *(Use lansoprazole)*	NF	QL(1 EA daily); 6 max fill(s) per 365 day(s) retail; RX/OTC
PREVACID SOLUTAB TBDD *(Use lansoprazole)*	NP	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail; RX/OTC
PREVACID CPDR 30 MG *(Use lansoprazole)*	NP	QL(1 EA daily); 6 max fill(s) per 365 day(s) retail
PRILOSEC PACK	NP	QL(4 EA daily); 6 max fill(s) per 365 day(s) retail
PROTONIX PACK *(Use pantoprazole sodium)*	NP	QL(4 EA daily); 6 max fill(s) per 365 day(s) retail
PROTONIX TBEC *(Use pantoprazole sodium)*	NP	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail
rabeprazole sodium TBEC	NP	QL(1 EA daily); 6 max fill(s) per 365 day(s) retail
VOQUEZNA	NP	
Ulcer Drugs - Prostaglandins		
CYTOTEC 100 MCG *(Use misoprostol)*	NF	
CYTOTEC *(Use misoprostol)*	NP	
misoprostol	P	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	NP	

Drug Name	Drug Tier	Requirements/ Limits
bismuth subcitrate potassium-metronidazole-tetracycline	NP	
KONVOMEP SUSR	NP	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail)
omeprazole-sodium bicarbonate CAPS	NP	RX/OTC
omeprazole-sodium bicarbonate PACK	NP	
PYLERA *(Use bismuth subcitrate potassium-metronidazole-tetracycline)*	NP	
TALICIA	NP	QL(3 EA daily)
VOQUEZNA DUAL PAK	NP	
VOQUEZNA TRIPLE PAK	NP	
ZEGERID CAPS *(Use omeprazole-sodium bicarbonate)*	NF	RX/OTC
ZEGERID PACK *(Use omeprazole-sodium bicarbonate)*	NF	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	NP	MP
DETROL LA CP24 *(Use tolterodine tartrate)*	NF	
DETROL TABS *(Use tolterodine tartrate)*	NF	MP
fesoterodine fumarate	NP	
oxybutynin chloride SOLN	P	MP
oxybutynin chloride TABS 2.5 MG	P	
oxybutynin chloride TABS 5 MG	P	QL(4 EA daily); MP
oxybutynin chloride TB24	P	QL(2 EA daily); MP
OXYTROL PTTW	NP	RX/OTC
solifenacin succinate TABS	P	MP
tolterodine tartrate CP24	NP	
tolterodine tartrate TABS	NP	MP
TOVIAZ *(Use fesoterodine fumarate)*	NP	
trospium chloride CP24	NP	MP
trospium chloride TABS	NP	MP
VESICARE TABS *(Use solifenacin succinate)*	NF	MP
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	P	
mirabegron SRER 8 MG/ML	P	
mirabegron TB24	P	
MYRBETRIQ SRER 8 MG/ML *(Use mirabegron)*	P	
MYRBETRIQ TB24 *(Use mirabegron)*	P	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	P	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	NP	MP
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BCG VACCINE	P	
BEXSERO 0.5 ML	P	
BIOTHRAX	P	
CAPVAXIVE	P	QL(0.5 ML per 999 day(s) retail); AL(At least 18 yrs old)
HIBERIX SOLR IJ	P	
MENQUADFI 0.5 ML	P	
MENVEO SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
MENVEO SOLR	P	
PEDVAXHIB SUSP 7.5 MCG/0.5ML	P	
PENBRAYA	P	
PENMENVY SUSR IM	P	
PNEUMOVAX 23 SOLN	P	QL(1 ML per 999 day(s) retail; 1 ML per 999 days mail); AL(At least 2 yrs old)
PNEUMOVAX 23 SOSY	P	
PREVNAR 20	P	
TRUMENBA 0.5 ML	P	
TYPHIM VI SOLN	P	
TYPHIM VI SOSY	P	
VAXCHORA	P	
VAXNEUVANCE	P	
VIVOTIF	P	
Viral Vaccines		
ABRYSVO	P	AL(At least 19 yrs old)
ACAM2000 SOLR IJ	P	
AFLURIA PRESERVATIVE FREE SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AFLURIA QUADRIVALENT SUSY 0.5 ML	P	QL(1 ML per fill retail)
AFLURIA SUSP	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AREXVY	P	AL(At least 60 yrs old)
AUDENZ EMUL	P	
AUDENZ PRSY	P	

Drug Name	Drug Tier	Requirements/ Limits
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COMIRNATY SUSP	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COMIRNATY SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
DENGVAXIA	P	
ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail
ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail
FLUAD	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUAD QUADRIVALENT	P	QL(1 ML per fill retail)
FLUARIX QUADRIVALENT SUSY	P	QL(1 ML per fill retail)
FLUARIX SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUBLOK SOSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX QUADRIVALENT SUSY	P	QL(1 ML per fill retail)
FLUCELVAX SUSP	P	

Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLULAVAL SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUMIST	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUZONE HIGH-DOSE QUADRIVALENT	P	QL(1 ML per fill retail)
FLUZONE HIGH-DOSE SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUZONE QUADRIVALENT SUSY	P	QL(1 ML per fill retail)
FLUZONE SUSP	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUZONE SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
GARDASIL 9 SUSP 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
GARDASIL 9 SUSY 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	P	
HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail
IMOVAX RABIES SUSR	P	
IPOL IJ	P	
IXIARO	P	
JYNNEOS	P	
M-M-R II SOLR	P	
MNEXSPIKE SUSY 10 MCG/0.2ML	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
MODERNA COVID-19 VAC 6M-11Y SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
MRESVIA	P	QL(0.5 ML per 999 day(s) retail); AL(At least 60 yrs old)
NOVAVAX COVID-19 VACCINE SUSY	P	
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
PRIORIX SUSR	P	
PROQUAD SUSR	P	
RABAVERT	P	
RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
ROTARIX SUSP	P	
ROTATEQ SOLN	P	
SHINGRIX IM 50 MCG/0.5ML	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
SPIKEVAX SUSP	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
SPIKEVAX SUSY	P	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
STAMARIL SUSR	P	
TICOVAC	P	
TWINRIX SUSY	P	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	P	
VAQTA	P	
VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail
YF-VAX SUSR	P	
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	NP	
TRIMO-SAN	NP	
Vaginal Anti-infectives		
CLEOCIN CREA *(Use clindamycin phosphate vaginal)*	NP	
CLEOCIN SUPP	P	
clindamycin phosphate vaginal CREA	P	
CLINDESSE	NP	
GYNAZOLE-1	NP	
metronidazole vaginal	P	
miconazole nitrate vaginal SUPP 200 MG	P	
NUVESSA	NP	
terconazole vaginal CREA	P	
terconazole vaginal SUPP	P	
VANDAZOLE	NP	
XACIATO GEL	NP	
Vaginal Contraceptive - pH Modulators		
PHEXX	P	
PHEXXI	P	
Vaginal Estrogens		
ESTRACE CREA *(Use estradiol vaginal)*	NP	MP
estradiol vaginal CREA	P	MP
estradiol vaginal TABS	NP	MP
ESTRING RING 7.5 MCG/24HR	NP	MP
FEMRING	NP	MP
IMVEXXY MAINTENANCE PACK INST	NP	MP
IMVEXXY STARTER PACK INST	NP	
PREMARIN	P	MP
VAGIFEM TABS *(Use estradiol vaginal)*	NP	MP
Vaginal Progestins		
CRINONE GEL	NP	QL(1.125 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
ENDOMETRIN INST 100 MG *(Use progesterone (vaginal))*	P	
progesterone (vaginal) INST 100 MG	P	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	P	
epinephrine (anaphylaxis) SOAJ	P	
EPIPEN 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NP	
EPIPEN JR 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NP	
NEFFY SOLN NA	P	
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	NP	SP
NORTHERA *(Use droxidopa)*	NP	SP
Vasopressors		
midodrine hcl	P	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	P	
cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG	P	
DRISDOL CAPS *(Use ergocalciferol)*	NF	QL(0.143 EA daily)
ergocalciferol CAPS	P	QL(0.143 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT	P	
Water Soluble Vitamins		
ascorbic acid CHEW 500 MG	P	
ascorbic acid TABS	P	
NIACIN ER CPCR	P	
niacin CPCR 250 MG	P	
niacin TABS 100 MG, 500 MG	P	
niacin TBCR 500 MG	P	
pyridoxine hcl TABS 25 MG, 100 MG	P	
thiamine hcl TABS 50 MG, 100 MG	P	

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A THRU Z ADVANCED ADULT TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-11 MG-75 MCG-50 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG 170

A THRU Z ADVANCED TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-11 MG-75 MCG-50 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG, 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-75 MCG-2 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG, 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-200 MG-300 MCG-1.5 MG-100 MG-11 MG-0.9 MG-80 MG-150 MCG-150 MCG-45 MCG-30 UNIT-109 MG-5 MCG-10 MCG-2.3 MG-35 MCG-25 MCG-55 MCG-10 MCG-72 MG-2 MG, 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-100 MG-11 MG-150 MCG-2 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG 171

A THRU Z HIGH POTENCY TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-162 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG-150 MCG-150 MCG-75 MCG-30 UNIT-109 MG-5 MCG-10 MCG-2 MG-120 MCG-25 MCG-20 MCG-10 MCG-72 MG-2 MG 171

A THRU Z SELECT 50+ ADVANCED TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-2 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG 171

A THRU Z SELECT 50+ MENS TABS 120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-10 MG-600 MCG-1.5 MG-15 MG-150 MCG-50 MG-2 MG-250 MG-80 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.7 MG-5 MCG-4 MG-100 MCG-10 MCG-60 MCG-72 MG 171

A THRU Z SELECT ADVANCED TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 90 MG-3 MG-30 MCG-500 MCG-1.5 MG-500 UNIT-25 MCG-10 MG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-300 MCG-50 MG-2.3 MG-45 MCG-5 MCG-80 MG-2 MG-150 MCG-45 MCG-0.9 MG-10 MCG-11 MG-220 MG-150 MCG-110 MG-55 MCG-50 UNIT-72 MG, 90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-10 MG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-300 MCG-1.5 MG-11 MG-150 MCG-2 MG-50 MG-45 MCG-80 MG-220 MG-150 MCG-50 UNIT-110 MG-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG 172

A THRU Z SELECT TABS 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-200 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG-150 MCG-150 MCG-75 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-10 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-2 MG-80 MG-100 MCG-45 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG, 90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-2 MG-80 MG-220 MG-150 MCG-45 MCG-50 UNIT-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG 172

A THRU Z SELECT ULTIMATE WOMEN TABS 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-

1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG-15 MG-150 MCG-50 MG-80 MG-500 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-50 MCG-72 MG-2 MG 172

A THRU Z ULTIMATE MENS TABS 90 MG-2 MG-40 MCG-200 MCG-600 UNIT-6 MCG-1.3 MG-60 MCG-16 MG-3500 UNIT-15 MG-8 MG-600 MCG-1.2 MG-11 MG-150 MCG-100 MG-2 MG-210 MG-80 MG-50 MCG-150 MCG-45 UNIT-20 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-100 MCG-10 MCG-35 MCG-72 MG 172

abacavir sulfate SOLN 50

abacavir sulfate TABS 50

abacavir sulfate-lamivudine 50

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ABC COMPLETE WOMENS TABS 173

ABILIFY ASIMTUFII PRSY 50

ABILIFY MAINTENA PRSY 50

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ABILIFY TABS (Use aripiprazole) . 50

abiraterone acetate 42

ABRYSVO 225

ABSORICA (Use isotretinoin) 63

ABSORICA LD 63

ACAM2000 SOLR IJ 225

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ACANYA GEL (Use clindamycin phosphate-benzoyl peroxide) 63

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ACCU-CHEK FASTCLIX LANCETS . 96

ACCU-CHEK GUIDE CONTROL LIQD 96

ACCU-CHEK GUIDE KIT 96

ACCU-CHEK GUIDE ME KIT 96

ACCU-CHEK GUIDE TEST STRP 73

ACCU-CHEK SAFE-T PRO LANCETS 96

ACCU-CHEK SMARTVIEW CONTROL LIQD 97

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ACCU-CHEK SOFTCLIX LANCETS 97

ACCU-CLEAR PREGNANCY 73

ACCUPRIL (Use quinapril hcl) 36

ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide) 37

ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide) 37

ACCUTREND GLUCOSE CONTROL SOLN 97

ACCUTREND GLUCOSE STRP .. 73

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acebutolol hcl CAPS 54

acetaminophen CHEW 80 MG 8

acetaminophen LIQD 160 MG/5ML .8

acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML 8

acetaminophen SUPP 120 MG 8

acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML .8

acetaminophen TABS 325 MG 8

acetaminophen TABS 500 MG 8

acetaminophen w/ codeine SOLN .. 9

acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG 9

acetazolamide CP12 79

acetazolamide TABS 125 MG 79

acetazolamide TABS 250 MG 79

acetic acid (otic) 215

ACID GONE SUSP 358 MG/15ML-95 MG/15ML 12

ACIPHEX TBEC (Use rabeprazole sodium) 222

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ACTEMRA ACTPEN SOAJ 5

ACTEMRA SOLN 5

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ACTI-LANCE 28G 97
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ACTI-LANCE UNIVERSAL 23G .. 97
ACTIMMUNE 100 MCG/0.5ML 46
ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate) 84
ACTIVITY POUCH MISC 153
ACTONEL TABS 35 MG, 150 MG (Use risedronate sodium) 80
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl) 26
ACTOS (Use pioglitazone hcl) 30
ACULAR (Use ketorolac tromethamine (ophth)) 214
ACULAR LS (Use ketorolac tromethamine (ophth)) 214
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acyclovir topical OINT 67
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ADALIMUMAB-AACF (2 SYRINGE) PSKT 4
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT 4
ADALIMUMAB-AACF(PS/UV STARTER) AJKT 4
ADALIMUMAB-AATY (1 PEN) AJKT . 4
ADALIMUMAB-AATY (2 PEN) AJKT . 4
ADALIMUMAB-AATY (2 SYRINGE) PSKT 4
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML 4
ADALIMUMAB-ADAZ SOAJ 4
ADALIMUMAB-ADAZ SOSY 4
ADALIMUMAB-ADBM (2 PEN) AJKT 4
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML .4
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML .4
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML 4
ADALIMUMAB-FKJP (2 PEN) AJKT . 4
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 4
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML 4
ADALIMUMAB-RYVK (2 PEN) AJKT . 4
ADALIMUMAB-RYVK (2 SYRINGE) PSKT 4
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ADDERALL TABS (Use amphetamine-dextroamphetamine) .1
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ADEMPAS 58
ADJUST BATH/SHOWER SEAT MISC 127
ADJUST BATH/SHOWER SEAT/BACK MISC 127
ADJUST FOLD CANE/YORK HANDLE MISC 127
ADJUSTABLE ALUMINUM CANE 3/4" MISC 127
ADJUSTABLE ALUMINUM CANE 5/8" MISC 127
ADJUSTABLE ALUMINUM CANE 7/8" MISC 127
ADJUSTABLE ALUMINUM CANE MISC 127
ADJUSTABLE COMMODE 3-IN-1 MISC 127
ADJUSTABLE FOLDING CANE

MISC 127

ADJUSTABLE LANCING DEVICE MISC 97

ADMELOG SOLN IJ 29

ADMELOG SOLOSTAR SOPN 29

ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 221

ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG 221

ADUHELM 170 MG/1.7ML 217

ADULT AEROSOL MASK MISC 153

ADULT MASK DEVI 153

ADULT MASK LARGE MISC 153

ADULT PUSH BUTTON ALUM CRUTCH MISC 127

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ADVAIR DISKUS AEPB (Use fluticasone-salmeterol) 16

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ADVANCE INTUITION METER DEVI 97

ADVANCE INTUITION MONITOR KIT 97

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ADVANCE MICRO-DRAW NORMAL LIQD 97

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ADVANCED MOBILE LANCET 97

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ADVOCATE ALCOHOL PREP PADS 127

ADVOCATE BLOOD GLUCOSE MONITOR DEVI 97

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ADVOCATE INSULIN PEN NEEDLES 147

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ADVOCATE REDI-CODE+ CONTROL SOLN 97

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ADVOCATE SAFETY LANCETS 98

ADVOCATE SAFETY LANCETS 21G 98

ADVOCATE SAFETY LANCETS 23G 98

ADVOCATE SAFETY LANCETS 26G 98

ADVOCATE SAFETY LANCETS 28G 98

ADVOCATE TEST STRP 73

ADYNOVATE 88

ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (Use amphetamine) 1

ADZYNMA 90

AEROBIKA DEVI 153

AEROCHAMBER HOLDING CHAMBER DEVI 153

AEROCHAMBER MINI CHAMBER DEVI 153

AEROCHAMBER MV MISC 153

AEROCHAMBER PLS FLOVU MTHPIECE DEVI 153

AEROCHAMBER PLUS FLO-VU INTERM DEVI 153

AEROCHAMBER PLUS FLO-VU LARGE DEVI 153

AEROCHAMBER PLUS FLO-VU LARGE MISC 153

AEROCHAMBER PLUS FLO-VU MEDIUM DEVI 153

AEROCHAMBER PLUS FLO-VU MEDIUM MISC 153

AEROCHAMBER PLUS FLO-VU SMALL DEVI 153

AEROCHAMBER PLUS FLO-VU SMALL MISC 154
AEROCHAMBER PLUS FLOW VU MISC 154
AEROCHAMBER W/FLOWSIGNAL MISC 154
AEROCHAMBER Z-STAT PLUS CHAMBR MISC 154
AEROCHAMBER Z-STAT PLUS MISC 154
AEROCHAMBER Z-STAT PLUS/LARGE MISC 154
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC 154
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AEROECLIPSE MASK LARGE MISC 154
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AEROECLIPSE MASK SMALL MISC 154
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AGAMATRIX PRESTO KIT 98
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AGAMATRIX ULTRA-THIN LANCETS 98
AGAMREE 61
AGRYLIN 0.5 MG (Use anagrelide hcl) 90
AIMOVIG 163
AIMSCO LUBRICATED MISC 95
AIMSCO TWIST LANCETS 32G .. 98
AIMSCO TWIST LANCETS 33G .. 98
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol) 16
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol) 16
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol) 16
AIRS PEDIATRIC AEROSOL MASK MISC 154
AIRSUPRA 16
AIRZONE PEAK FLOW METER 154
AJOVY SOAJ 163
AJOVY SOSY 163
AKEEGA 42
AKLIEF 63
AKTEN 213
AKYNZEO 32
ALADERM PLUS EMUL 72
albendazole 12
albuterol sulfate AERS 16
albuterol sulfate NEBU 0.083 % ... 16
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML 16
albuterol sulfate SYRP 16
albuterol sulfate TABS 16
ALCAINE (Use proparacaine hcl) 213
alclometasone dipropionate CREA 68
alclometasone dipropionate OINT .68
ALCOH-GLOVE CONTOURED WIPE 127
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ALCOHOL PREP 127
ALCOHOL PREP PADS 127
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ALCOHOL SWABSTICK 127
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ALECENSA 43
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alendronate sodium TABS 10 MG . 80
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alogliptin benzoate 28
alogliptin-metformin hcl 26
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG 26
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ALPHA BETIC TABS 173
ALPHAGAN P (Use brimonidine tartrate) 212
ALPHAMOP FOAM REPLACEMENT PADS MISC 127
ALPHANATE SOLR 88
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT 89
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alprazolam TABS 2 MG 13
alprazolam TB24 13
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ALTACE CAPS 1.25 MG, 5 MG, 10 MG (Use ramipril) 36
ALTAFRIN SOLN 2.5 %, 10 % (Use phenylephrine hcl (mydriatic)) 211
ALTOPREV TB24 20 MG, 40 MG, 60 MG 35
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AMBIEN CR TBCR 6.25 MG (Use zolpidem tartrate) 92
AMBIEN TABS (Use zolpidem tartrate) 92
AMBI-TRAY MISC 98
ambrisentan 57
amcinonide CREA 68
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AMD FOAM DRESSING PADS 94
AMD FOAM DRESSING TOPSHEET PADS 94
AMEDA ADAPTER CAP MISC 127
AMEDA BREAST FLANGE INSERT MISC 127
AMEDA CUSTOMFIT BREAST FLANGE MISC 127
AMEDA DIAPHRAGMS MISC 128
AMEDA DUAL HYGIENIKIT SYSTEM MISC 128
AMEDA DUAL HYGIENIKIT W/ADAPT MISC 128
AMEDA ELITE BREAST PUMP MISC 128
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AMEDA FLEXISHIELD MISC 128
AMEDA MYA JOY BREAST PUMP MISC 128
AMEDA MYA JOY BREAST PUMP/TOTE MISC 128
AMEDA ONE-HAND BREAST PUMP MISC 128
AMEDA PLATINUM BREAST PUMP MISC 128
AMEDA PURELY YOURS BREAST PUMP MISC 128
AMEDA SILICONE TUBING MISC 128
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AMEDA VALVES MISC 128
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AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG 221
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amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML 3
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AMITIZA (Use lubiprostone) 85
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AMJEVITA SOSY 4
AMJEVITA-PED 10KG TO <15KG SOSY 4
AMJEVITA-PED 15KG TO <30KG SOSY 4
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amlodipine besylate TABS 55
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amlodipine besylate-benazepril hcl 10 MG-2.5 MG, 10 MG-5 MG, 20 MG-5 MG 37
amlodipine besylate-benazepril hcl 20 MG-10 MG, 40 MG-10 MG, 40 MG-5 MG 37
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amlodipine besylate-valsartan 37
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amoxicillin & pot clavulanate CHEW

57 MG-400 MG 216

amoxicillin & pot clavulanate SUSR 216

amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-875 MG 216

amoxicillin & pot clavulanate TABS 125 MG-500 MG 216

amoxicillin & pot clavulanate TB12 216

amoxicillin CAPS 215

amoxicillin CHEW 125 MG, 250 MG . 215

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amoxicillin TABS 215

amoxicillin-clarithromycin w/ lansoprazole THPK 223

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amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG 1

amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG 1

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ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM 216

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ANAFRANIL (Use clomipramine hcl) 26

anagrelide hcl 90

ANA-LEX KIT 2 %-2 % (Use lidocaine-hydrocortisone acetate (rectal)) 11

ANALPRAM HC CREA EX (Use hydrocortisone acetate w/ pramoxine) 11

ANALPRAM HC LOTN EX 11

anastrozole 42

ANCOBON (Use flucytosine) 32

ANDEMBRY SOAJ SC 200 MG/1.2ML 90

ANDRODERM PT24 2 MG/24HR, 4 MG/24HR 11

ANDROGEL PUMP GEL TD (Use testosterone) 11

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ANGEL WING LUER ADAPTER/HOLDER MISC 128

ANGEL WING TRANSFER DEVICE MISC 128

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ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium-vilanterol) 16

ANTACID REGULAR STRENGTH SUSP (Use alum & mag hydrox-simethicone) 12

ANTACID/ANTIGAS SUSP (Use alum & mag hydrox-simethicone) .. 12

ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG-10000 UNIT 173

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ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT 202

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ANTIVERT CHEW (Use meclizine hcl) 32

ANTIVERT TABS 50 MG (Use meclizine hcl) 32

ANUCORT-HC 25 MG (Use hydrocortisone acetate (rectal)) 12

ANUSOL-HC 25 MG (Use hydrocortisone acetate (rectal)) 12

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ANZUPGO CREA EX 20 MG/GM . 70

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apraclonidine hcl 212

aprepitant CAPS 32

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APRISO CP24 (Use mesalamine) .86
APTENSIO XR CP24 (Use methylphenidate hcl) 2
APTIOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate) 19
APTIVUS CAPS 50
AQ INSULIN SYRINGE 147
AQINJECT PEN NEEDLE 147
AQNEURSA 219
AQUA FILTER HOLDERS MISC .128
AQUALANCE LANCETS 30G 98
AQUASTAT 0.9 % 166
AQUASTAT SFR 0.9 % 166
AQUORAL SOLN 169
AQVESME TABS 100 MG 90
ARANESP (ALBUMIN FREE) SOLN . 90
ARANESP (ALBUMIN FREE) SOSY . 90
ARAVA (Use leflunomide) 7
ARBLI PO 10 MG/ML 36
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MISC 100

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BILPREVDA SOLN SC 120 MG/1.7ML 80

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butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG 7

butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG 7

butalbital-acetaminophen-caffeine w/ codeine 10

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BUTRANS PTWK (Use buprenorphine) 10

BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide) 28

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calcium acetate (phosphate binder) TABS 87

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diclofenac sodium (ophth) 214

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diclofenac sodium TBEC 25 MG, 50 MG 6

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DILANTIN-125 SUSP (Use phenytoin) 23

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GNP LANCING SYSTEM DEVICE MISC 112

GNP LITTLE ONES CHILDRENS CHEW 60 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-10 MG-1998 UNIT-1.05 MG-15 UNIT 206

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GNP MEGA MULTI FOR WOMEN TABS 100 MG-40 MG-40 MCG-50 UNIT-200 MCG-200 UNIT-40 MCG-5000 UNIT-40 MG-37.5 MCG-5 MG-10 MCG-40 MG-250 MCG-40 MG-5 MG-250 MG-40 MG-100 MG-7.5 MG-12.5 MG-13.5 MG-2.5 MG-25 MCG-1 MG-50 MCG-1 MG-50 MCG-75 MCG-12.5 MG-1 MG-1 MG-25 MG 184

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hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML 10

hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-2.5 MG 10

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MULTIVITAMIN CHILDRENS CHEW 206

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