

Comprehensive

DRUG FORMULARY LIST

Delaware First Health

Delaware First Health: Drug Formulary List



This Drug Formulary List is searchable. Here is how to search for a drug:

1. Press Control F to open the search tool
2. Type the drug name into the text box
3. Press Enter

Delaware First Health Plan Pharmacy Program

Delaware First Health Plan, Inc. (Delaware First Health) is committed to providing appropriate, high quality, and cost-effective drug therapy to all Delaware First Health members. Delaware First Health works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered according to Centers for Medicare and Medicaid Services (CMS) designation of an outpatient covered drug. Delaware First Health covers prescription medications and certain over the counter (OTC) medications when ordered by a physician/clinician. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

This section provides an overview of the Delaware First Health pharmacy program. For more detailed information, please visit our website at [Delawarefirsthealth.com](https://www.delawarefirsthealth.com) or call Pharmacy Services to talk to someone about the list of drugs Delaware First Health covers. The Pharmacy Services phone number is 1-833-236-1887 (TTY 711).

Preferred Drug List (PDL)

Delaware First Health uses the Preferred Drug List (PDL) as developed by the Delaware Medicaid Program. The comprehensive drug formulary list contains additional drugs that are not listed on the Delaware Medicaid Program PDL. For more detailed information, please visit their website at <https://medicaid.dhss.delaware.gov/provider/Home/PharmacyCornerLanding/tabid/2096/Default.aspx>

Prior Authorization (PA) Process

Delaware First Health works with Centene Pharmacy Services to process all pharmacy claims for prescribed drugs. Some drugs on the Delaware First Health Drug List (DL) require a PA as well as any brand name drugs not listed on the PDL. Centene Pharmacy Services is responsible for administering this process.

Delaware First Health will cover the medication if it is determined that:

1. There is a medical reason you need the specific medication.
2. Depending on the medication, other medications on the PDL have not worked or cannot be tried

Follow these guidelines for efficient processing of your authorization requests:

1. Complete the Delaware First Health Prior Authorization Request Form for Prescription Drugs which can be found at Delawarefirsthealth.com
2. Fax to Centene Pharmacy Services at 1-844-233-6130.
3. Prior Authorization decisions will be completed within 24 hours of receipt.
4. Once approved, Centene Pharmacy Services notifies the prescriber
5. If the clinical information provided does not explain the medical necessity for the requested PA medication, the request will be denied, and the prescriber and the member will be notified.
6. A pharmacy can provide up to a 72-hour supply of a medication by calling Pharmacy Services at 1-833-236-1887

Transition Period

Delaware First Health members new to the plan will be able to receive their prescription drugs with no new prior authorization (PA) requirements for first 60 days for regular non-Behavioral Health Medications and 90 days for Behavioral Health Medications. Specialty medications and non-formulary diabetic meters are exceptions to the transition period allowance and will require coverage determination. This transition period will allow you and your doctor time to consider other medications that do not require PA and to learn the steps to getting a PA. Delaware First Health's PDL and PA List identify the drugs that will require a PA. If you are not sure when you will need to have your medications prior authorized or have other questions about continuing to get your medications, Pharmacy Services at 1-833-236-1887 (TTY 711).

72-Hour Supply Policy

State and federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether the PA request is ultimately approved or denied. The pharmacy must call the Pharmacy Services at 1-833-236-1887 (TTY 711) for a prescription override to submit the 72-hour medication supply for payment.

Dispensing Limits, Quantity Limits, and Age Limits

You may receive up to a maximum 34-day supply for each new or refill prescription. A total of 90 percent (90%) of the days supplied must have elapsed before the prescription for a medication can be refilled. For example, with a 34 day supply you must have taken 31 days of the medication before you can get the next refill. Prescriptions that exceed the quantity limit (QL) allowed or age limits (AL) require PA. Delaware First Health may limit how much of a medication you can get at one time. If the physician/clinician feels you have a medical reason for getting a larger amount, he or she can ask for PA. If Delaware First Health does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process. Some medications on

the Delaware First Health Drug List may have Age Limits. These are set for certain drugs based on Food and Drug Administration (FDA) approved labeling and for safety concerns and quality standards of care. The Age Limit aligns with current FDA alerts for the appropriate use of pharmaceuticals.

Medical Necessity Requests

If you require a medication that does not appear on the Preferred Drug List (PDL), you or your physician/clinician can make a medical necessity request for the medication. It is anticipated that such exceptions will be rare and that Drug List medications will be appropriate to treat the vast majority of medical conditions. Delaware First Health requires:

Documentation of failure of at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications) for the same diagnosis (e.g., migraine, neuropathic pain, etc.); or

Documented intolerance or contraindication to at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications); or

Documented clinical history or presentation where the patient is not a candidate for any of the PDL agents for the indication.

Appropriate Use and Safety Edits

Your health and safety are a priority for Delaware First Health. One of the ways we address your safety is through Point-of-Sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

Medicare Eligible Members

Members that are also eligible for Medicare must bill the pharmacy claim to Medicare first. Delaware First Health will not cover medications covered by Medicare. If the drug is part of the Medicare benefit but Medicare denies coverage, Delaware First Health will not cover the drug. Delaware First Health will cover medications not covered by Medicare if they are covered by Medicaid.

DUR (Drug Utilization Review) Programs

Delaware First Health will monitor ongoing prescribing of medications for clinical appropriateness. Delaware First Health reviews prescribing retrospectively to review for both safety and efficacy. Delaware First Health will work with Centene Pharmacy Services to review for such things as disease management, fraud and abuse, and prescriber profiling. Prescriber or member outreach may occur based on prescribing/dispensing patterns.

Delaware First Health will continue to monitor for issues going forward and take action as needed.

Mandatory Generic Substitution

When generic drugs are available, the brand name drug will not be covered without Delaware First Health PA. Generic drugs have the same active ingredient and work the same as brand name drugs. If you or your physician/clinician feels a brand name drug is medically necessary, the physician/clinician can ask for PA.

We will cover the brand name drug according to our clinical guidelines if there is a medical reason you need the particular brand name drug. If Delaware First Health does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process. Certain brand name drugs that have generics available are preferred (covered) on the Medicaid PDL and will be covered by Delaware First Health as determined by Delaware Medicaid.

Over-The-Counter Medications

The pharmacy program covers a selection of OTC medications. All covered OTC medications appear in the Drug List. All OTC medications must be written on a valid prescription by a licensed physician/clinician in order to be reimbursed.

Drug Efficacy Study and Implementation Drugs

Drug Efficacy Study and Implementation (DESI) drugs are said to be less effective by the Food and Drug Administration. DESI products are not covered by Delaware First Health Plan.

Filling a Prescription

You can have prescriptions filled at a Delaware First Health network pharmacy. If you decide to have a prescription filled at a network pharmacy, you can locate a pharmacy near you by contacting Pharmacy Services at 1-833-236-1887 (TTY 711).

Specialty Medication

AcaciaHealth is one of the providers of specialty medications for Delaware First Health. Most specialty drugs require a PA to be approved for payment.

Providers can request that AcaciaHealth deliver the specialty drug to the office/member. If you want AcaciaHealth to deliver the specialty drug to the office/member, contact them at 1-800-511-5144 (TTY 711).

Unapproved Use of Preferred Medication

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications may also be covered if they are accepted as safe and effective using current medical and pharmaceutical reference texts and evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by Delaware First Health. Experimental drugs and investigational drugs are not eligible for coverage.

Benefit Exclusions

The following drug categories are not part of the Delaware First Health benefit and are not covered by the 72-hour supply policy:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) – drugs that are classified as ineffective- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Bulk powders, because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established.
- Drugs and devices classified as experimental by the FDA
- Drugs and devices not approved by the FDA

Newly Approved Products

We review new drugs for safety and effectiveness before adding them to the Delaware First Health Drug List. During this period, access to these medications will be considered through the PA review process. If Delaware First Health does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process.

DME/Home Health Benefits

The following medical services are a part of the Delaware First Health medical benefit and are not available at the retail pharmacy:

1. Enteral products
2. Nebulizers
3. Medical Supplies – this does not include diabetic supplies as those are available at the retail pharmacy.

Contacts for Pharmacy Appeals/Grievances

Members: In the event a member disagrees with the decision regarding coverage of a medication, the member may file an appeal with Delaware First Health by calling Pharmacy Services at 1-833-236-1887 (TTY 711).

Physicians / Clinicians: In the event a clinician disagrees with the decision regarding coverage of a medication, the clinician may request an appeal by submitting additional information to Delaware First Health in writing to the Appeals Department at the following address:

Delaware First Health
Appeals Department
PO Box 31398
Tampa, FL 33631-3398
Appeals Fax: 1-888-865-6531

A decision will be rendered, and the clinician will be notified with a mailed response. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously jeopardize the life or health of a member by calling Pharmacy Services at 1-833-236-1887(TTY 711). A response will be rendered the same day as receipt of complete information. In circumstances that require research, a same day response may not be possible.

Member Copay Responsibility

Price of Medication \$10.00 or less = \$0.50 copay

Price of Medication \$10.01 to \$25.00 = \$1.00 copay

Price of Medication \$25.01 to \$50.00 = \$2.00 copay

Price of Medication \$50.01 or more = \$3.00 copay

The most a member will pay for prescription copays, in a calendar month, is \$15. Once the member reaches the \$15 of accumulated prescription copays in a calendar month, copays are waived for the remainder of the calendar month in which the member reaches the \$15 maximum. The copays and the \$15 copay maximum will start over on the next calendar month.

Members and Services exempt for copays:

1. Children under the age of 21
2. Pregnant women, including the post-partum period (12 months)
3. Chronic Renal Disease Program (CRDP) members
4. Individuals eligible under the long-term care nursing facility group or the acute care hospital group
5. Family planning services and supplies
6. Hospice services
7. Naloxone opioid overdose rescue medications
8. Medication-Assisted Treatment (MAT) used for Opioid Use Disorder
9. Tobacco cessation products

Contact Information

Delaware First Health Member Services:	1-877-236-1341 (TTY 711)
Pharmacy Prior Authorizations Telephone:	1-833-236-1887 (TTY 711)
Pharmacy Prior Authorizations Fax:	1-844-233-6130
Pharmacy Services (Member and Provider):	1-833-236-1887 (TTY 711)
AcariaHealth Shipping Questions:	1-800-511-5144 (TTY 711)

Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS			
Tier		Tier Definitions	
P		Preferred Drug	
NP		Non-Preferred Drug	
REQUIREMENT or LIMITS			
Requirement/Limits		Requirement/Limit Description	
AL		Age Limit: Drug is limited to a specific age	
PA		Prior Authorization: Review required before prescription can be filled	
QL		Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.	
Rx/OTC		Product has both prescription and over the counter coverage	
SP		Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.	
ST		Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.	
STANDARD ABBREVIATIONS			
Dose Form		Dose Form Description	
AEPB	Aerosol Powder Breath Activated	EX	External
AERB	Aerosol, breath activated	GRAN	Granules
AERO	Aerosol	IJ	Injection
AJKT	Auto-injector Kit	IMPL	Implant
AUIJ	Auto-injector	INHA	Inhaler
CAPS	Capsule	INJ	Injectable
CHEW	Tablet Chewable	IUD	Intrauterine Device
CONC	Concentrate	IV	Intravenous
CP12	Capsule ER 12 HR	LIQD	Liquid
CP24	Capsule ER 24 HR	LOTN	Lotion
CPCR	Capsule ER	LOZG	Lozenge
CPDR	Capsule Delayed Release	LPOP	Lollipop
CPEP	Capsule Enteric Coated Particles	MISC	Miscellaneous
CPSP	Capsule Sprinkle	NA	Nasal
CREA	Cream	NEBU	Nebulization solution
CSDR	Capsule Delayed Release Sprinkle	OINT	Ointment
DEVI	Device	OP	Ophthalmic
ELIX	Elixir	OPHT	Ophthalmic
EMUL	Emulsion	OR	Oral
ENEM	Enema	PACK	Packet

Dose Form	Dose Form Description	Dose Form	Dose Form Description
<i>PEN</i>	Pen-injector	<i>SUER</i>	Suspension Extended Release
<i>PNKT</i>	Pen-injector Kit	<i>SUPN</i>	Suspension Pen-injector
<i>POT</i>	Potassium	<i>SUPP</i>	Suppository
<i>POWD</i>	Powder	<i>SUSP</i>	Suspension
<i>PRSY</i>	Prefilled Syringe	<i>SUSR</i>	Suspension Reconstituted
<i>PSKT</i>	Prefilled Syringe Kit	<i>SUSY</i>	Suspension Prefilled Syringe
<i>PSTE</i>	Paste	<i>SYRP</i>	Syrup
<i>PT24</i>	Patch 24 Hour	<i>T12A</i>	Tablet ER 12 Hour Abuse-Deterrent
<i>PT72</i>	Patch 72 Hour	<i>TABS</i>	Tablets
<i>PTCH</i>	Patch	<i>TB12</i>	Tablet ER 12 Hour
<i>PTTW</i>	Patch Biweekly	<i>TB24</i>	Tablet ER 24 Hour
<i>PTWK</i>	Patch Weekly	<i>TBCR</i>	Tablet ER
<i>RE</i>	Rectal	<i>TBDP</i>	Tablet Dispersible
<i>S.O.P.</i>	Sterile Ophthalmic Preparation	<i>TBEC</i>	Tablet Enteric Coated
<i>SHAM</i>	Shampoo	<i>TBEF</i>	Tablet Effervescent
<i>SOAJ</i>	Solution Auto-injector	<i>TBPK</i>	Tablet Therapy Pack
<i>SOCT</i>	Solution Cartridge	<i>TBSO</i>	Tablet Soluble
<i>SOLN</i>	Solution	<i>TEST</i>	Diagnostic Test
<i>SOLR</i>	Solution Reconstituted	<i>TINC</i>	Tincture
<i>SOPN</i>	Solution Pen-injector	<i>TROC</i>	Troche
<i>SOSY</i>	Solution Prefilled Syringe	<i>VA</i>	Vaginal
<i>SRER</i>	Suspension Reconstituted ER	<i>VI</i>	Visual Indicator
<i>STRP</i>	Strip	<i>WAFR</i>	Wafer
<i>SUBL</i>	Tablet Sublingual	<i>XR</i>	Extended Release

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			<i>dextroamphetamine sulfate CP24</i>	P	AL(Up to 21 yrs old)
Amphetamines			<i>dextroamphetamine sulfate SOLN</i>	P	Brand Preferred; QL(15 ML daily); AL(Up to 21 yrs old)
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	AL(Up to 21 yrs old)	<i>dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG</i>	P	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	NP	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)	<i>dextroamphetamine sulfate TABS 30 MG</i>	P	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (<i>amphetamine</i>)	NP	AL(Up to 21 yrs old); ST	DYANAVEL XR SUER	P	AL(Up to 21 yrs old)
<i>amphetamine sulfate TABS 10 MG</i>	NP	QL(180 EA per 30 day(s) retail); AL(Up to 21 yrs old)	DYANAVEL XR TBCR	NP	AL(Up to 21 yrs old)
<i>amphetamine sulfate TABS 5 MG</i>	NP	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)	EVEKEO TABS 10 MG (<i>amphetamine sulfate</i>)	NP	QL(180 EA per 30 day(s) retail); AL(Up to 21 yrs old)
<i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	NP	AL(Up to 21 yrs old)	EVEKEO TABS 5 MG (<i>amphetamine sulfate</i>)	NP	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	P	AL(Up to 21 yrs old)	<i>lisdexamfetamine dimesylate CAPS</i>	NP	Brand Preferred; AL(Up to 21 yrs old)
<i>amphetamine-dextroamphetamine TABS</i>	P	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)	<i>lisdexamfetamine dimesylate CHEW</i>	NP	AL(Up to 21 yrs old)
<i>amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG</i>	NP	AL(Up to 21 yrs old); ST	<i>methamphetamine hcl</i>	NP	QL(5 EA daily; 150 EA per 30 day(s) retail); AL(Up to 21 yrs old)
ARYNTA SOLN PO 10 MG/ML	NP		MYDAYIS CP24 (<i>amphetamine-dextroamphetamine</i>)	NP	AL(Up to 21 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (<i>dextroamphetamine sulfate</i>)	NP	AL(Up to 21 yrs old)	VYVANSE CAPS (<i>lisdexamfetamine dimesylate</i>)	P	Brand Preferred; AL(Up to 21 yrs old)
			VYVANSE CHEW (<i>lisdexamfetamine dimesylate</i>)	NP	AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
XELSTRYM	NP	
Anorexiant Non-Amphetamine		
ADIPEX-P TABS (<i>phentermine hcl</i>)	NP	PA
<i>benzphetamine hcl</i> 50 MG	NP	PA
<i>diethylpropion hcl</i> TABS	NP	PA
<i>diethylpropion hcl</i> TB24	NP	PA
PHENDIMETRAZINE TARTRATE ER CP24	NP	PA
<i>phendimetrazine tartrate</i> TABS	NP	PA
<i>phentermine hcl</i> CAPS	P	PA
<i>phentermine hcl</i> TABS	P	PA
<i>phentermine hcl-</i> <i>topiramate</i>	NP	
Anti-Obesity Agents		
FOUNDAYO TABS PO 0.8 MG, 2.5 MG, 5.5 MG, 9 MG, 14.5 MG, 17.2 MG	NP	
<i>liraglutide (weight management)</i> 18 MG/3ML	NP	PA
<i>orlistat</i>	NP	PA
SAXENDA 18 MG/3ML (<i>liraglutide (weight management)</i>)	NP	PA
WEGOVY PO 1.5 MG, 4 MG, 9 MG, 25 MG	NP	PA
WEGOVY	P	PA
WEGOVY HD 7.2 MG/0.75ML	P	PA
XENICAL (<i>orlistat</i>)	NP	PA
ZEPBOUND KWIKPEN SOPN SC 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML, 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML	P	PA
ZEPBOUND SOAJ	P	PA
ZEPBOUND SOLN	NP	PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		

Drug Name	Drug Tier	Requirements/ Limits
Agents		
<i>atomoxetine hcl</i>	P	AL(Up to 21 yrs old)
ATONCY PO 4 MG/ML	NP	Age over 10 would be required to give a reason for why the generic Strattera capsules could not be used; PA
<i>clonidine hcl (adhd)</i> TB12	P	AL(Up to 21 yrs old)
<i>guanfacine hcl (adhd)</i> 1 MG, 2 MG	P	QL(1 EA daily); AL(Up to 21 yrs old)
<i>guanfacine hcl (adhd)</i> 3 MG, 4 MG	P	AL(Up to 21 yrs old)
INTUNIV 1 MG, 2 MG (<i>guanfacine hcl (adhd)</i>)	NP	QL(1 EA daily); AL(Up to 21 yrs old)
INTUNIV 3 MG, 4 MG (<i>guanfacine hcl (adhd)</i>)	NP	AL(Up to 21 yrs old)
ONYDA XR SUER	NP	
QELBREE	NP	AL(Up to 21 yrs old)
STRATTERA (<i>atomoxetine hcl</i>)	NP	AL(Up to 21 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI	NP	AL(Up to 21 yrs old)
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX 4.45 MG	NP	AL(Up to 21 yrs old); SP
WAKIX 17.8 MG	NP	SP
Stimulants - Misc.		
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)
<i>armodafinil</i>	P	AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AZSTARYS	NP	AL(Up to 21 yrs old)	<i>methylphenidate hcl CP24</i>	NP	AL(Up to 21 yrs old)
CONCERTA TBCR (<i>methylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)	<i>methylphenidate hcl CPCR</i>	P	AL(Up to 21 yrs old)
COTEMPLA XR-ODT TBED	NP	AL(Up to 21 yrs old); ST	<i>methylphenidate hcl SOLN 5 MG/5ML</i>	P	QL(60 ML daily); AL(Up to 21 yrs old)
DAYTRANA PTCH (<i>methylphenidate</i>)	NP	AL(Up to 21 yrs old)	<i>methylphenidate hcl SOLN 10 MG/5ML</i>	P	QL(30 ML daily); AL(Up to 21 yrs old)
<i>dexmethylphenidate hcl CP24</i>	P	AL(Up to 21 yrs old)	<i>methylphenidate hcl TABS</i>	P	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)
<i>dexmethylphenidate hcl TABS 2.5 MG, 10 MG</i>	P	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)	<i>methylphenidate hcl TB24</i>	P	AL(Up to 21 yrs old)
<i>dexmethylphenidate hcl TABS 5 MG</i>	P	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)	<i>methylphenidate hcl TBCR 10 MG, 18 MG, 20 MG, 27 MG, 36 MG, 54 MG</i>	P	AL(Up to 21 yrs old)
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)	<i>methylphenidate hcl TBCR 72 MG</i>	NP	AL(Up to 21 yrs old)
FOCALIN TABS 5 MG (<i>dexmethylphenidate hcl</i>)	NP	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)	<i>methylphenidate hcl TBCR 45 MG, 63 MG</i>	NP	
FOCALIN TABS 2.5 MG, 10 MG (<i>dexmethylphenidate hcl</i>)	NP	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)	<i>methylphenidate PTCH</i>	NP	AL(Up to 21 yrs old)
JORNAY PM CP24	NP	AL(Up to 21 yrs old)	<i>modafinil</i>	P	AL(Up to 21 yrs old)
METHYLIN SOLN 10 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL(30 ML daily); AL(Up to 21 yrs old)	NUVIGIL (<i>armodafinil</i>)	NP	AL(Up to 21 yrs old)
METHYLIN SOLN 5 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL(60 ML daily); AL(Up to 21 yrs old)	PROVIGIL (<i>modafinil</i>)	NP	AL(Up to 21 yrs old)
METHYLPHENIDATE ER TBED 8.6 MG, 17.3 MG, 25.9 MG	NP	AL(Up to 21 yrs old)	QUILLICHEW ER CHER	P	AL(Up to 21 yrs old)
<i>methylphenidate hcl CHEW</i>	NP	QL(3 EA daily; 90 EA per 30 day(s) retail); AL(Up to 21 yrs old)	QUILLIVANT XR SRER	P	AL(Up to 21 yrs old)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i>	P	AL(Up to 21 yrs old)	RELEXXII TBCR 45 MG, 63 MG (<i>methylphenidate hcl</i>)	NP	
			RELEXXII TBCR	NP	AL(Up to 21 yrs old)
			RITALIN LA CP24 (<i>methylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)
			RITALIN TABS (<i>methylphenidate hcl</i>)	NP	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALTERNATIVE MEDICINES			OLUMIANT 4 MG	NP	SP; PA
Alternative Medicine - C's			OLUMIANT 1 MG, 2 MG	NP	QL(1 EA daily); SP; PA
<i>calcium glycerophosphate 340 MG, 65 MG-50 MG-340 MG</i>	P		RINVOQ LQ SOLN	NP	SP; PA
Alternative Medicine - L's			RINVOQ TB24	P	SP; PA
<i>lycopene CAPS</i>	P		<i>tofacitinib citrate SOLN 1 MG/ML</i>	NP	SP; PA
AMEBICIDES			<i>tofacitinib citrate TABS 5 MG, 10 MG</i>	P	SP; PA
Amebicides			<i>tofacitinib citrate TB24 11 MG</i>	P	SP; PA
SOLOSEC	NP		<i>tofacitinib citrate TB24 22 MG</i>	NP	SP; PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			XELJANZ XR TB24 11 MG, 22 MG (<i>tofacitinib citrate</i>)	NP	SP; PA
Aminoglycosides			XELJANZ SOLN 1 MG/ML (<i>tofacitinib citrate</i>)	NP	SP; PA
ARIKAYCE	NP	SP; ST	XELJANZ TABS 5 MG, 10 MG (<i>tofacitinib citrate</i>)	NP	SP; PA
BETHKIS NEBU (<i>tobramycin</i>)	NP	SP; ST	Anti-TNF-alpha - Monoclonal Antibodies		
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %</i>	P		ABRILADA (1 PEN) AJKT	NP	SP; PA
<i>gentamicin sulfate IJ 40 MG/ML</i>	P		ABRILADA (2 PEN) AJKT	NP	SP; PA
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	NP	SP; ST	ABRILADA (2 SYRINGE) PSKT	NP	SP; PA
<i>neomycin sulfate TABS</i>	P		ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP; PA
TOBI PODHALER CAPS	NP	SP; ST	ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP; PA
TOBI NEBU (<i>tobramycin</i>)	NP	SP; ST	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP; PA
TOBI NEBU (<i>tobramycin</i>)	NP	SP	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP; PA
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 80 MG/2ML</i>	P		ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP; PA
<i>tobramycin NEBU</i>	P	SP	ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP; PA
Antirheumatic - Enzyme Inhibitors					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP; PA	HADLIMA PUSHTOUCH SOAJ	P	SP; PA
ADALIMUMAB-ADAZ SOAJ	P	SP; PA	HADLIMA SOSY	P	SP; PA
ADALIMUMAB-ADAZ SOSY	P	SP; PA	HULIO (2 PEN) AJKT	NP	SP; PA
ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	NP	SP; PA	HULIO (2 SYRINGE) PSKT	NP	SP; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP; PA	HUMIRA (2 PEN) AJKT	P	Brand Preferred; SP; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	SP; PA	HUMIRA (2 SYRINGE) PSKT	P	Brand Preferred; SP; PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	NP	SP; PA	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	P	Brand Preferred; SP; PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP; PA	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	NP	Brand Preferred; SP; PA
ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP; PA	HUMIRA-PED<40KG CROHNS STARTER PSKT	NP	SP; PA
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP; PA	HUMIRA-PED>=40KG CROHNS START PSKT	NP	SP; PA
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP; PA	HUMIRA-PED>=40KG UC STARTER AJKT	NP	Brand Preferred; SP; PA
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP; PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	P	Brand Preferred; SP; PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP; PA	HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP; PA
AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP; PA	HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP; PA
AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP; PA	HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP; PA
AMJEVITA SOAJ	NP	SP; PA	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP; PA
AMJEVITA SOSY	NP	SP; PA	HYRIMOZ SOAJ	NP	SP; PA
CYLTEZO (2 PEN) AJKT	NP	SP; PA	HYRIMOZ SOSY	NP	SP; PA
CYLTEZO (2 SYRINGE) PSKT	NP	SP; PA	IDACIO (2 PEN) AJKT	NP	SP; PA
CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP; PA	IDACIO (2 SYRINGE) PSKT	NP	SP; PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IDACIO-CROHNS/UC STARTER AJKT	NP	SP; PA	AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP
IDACIO-PSORIASIS STARTER AJKT	NP	SP; PA	AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP
SIMLANDI (1 PEN) AJKT	NP	SP; PA	KEVZARA SOAJ	NP	SP; PA
SIMLANDI (1 SYRINGE) PSKT	NP	SP; PA	KEVZARA SOSY	NP	SP; PA
SIMLANDI (2 PEN) AJKT	NP	SP; PA	TOFIDENCE	NP	SP; PA
SIMLANDI (2 SYRINGE) PSKT	NP	SP; PA	TYENNE SOAJ	P	SP; PA
SIMPONI ARIA SOLN	NP	SP; PA	TYENNE SOLN	P	SP; PA
SIMPONI SOAJ	NP	SP; PA	TYENNE SOSY	P	SP; PA
SIMPONI SOSY	NP	SP; PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
YUFLYMA (1 PEN) AJKT	NP	SP; PA	ARTHROTEC TBEC (<i>diclofenac w/ misoprostol</i>)	NP	
YUFLYMA (2 PEN) AJKT	NP	SP; PA	CELEBREX (<i>celecoxib</i>)	NP	
YUFLYMA (2 SYRINGE) PSKT	NP	SP; PA	<i>celecoxib</i>	NP	
YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP; PA	<i>celecoxib</i>	P	
YUSIMRY	NP	SP; PA	COXANTO CAPS (<i>oxaprozin</i>)	NP	
Gold Compounds			DAYPRO TABS (<i>oxaprozin</i>)	NP	
AURANOFIN 3 MG	P		<i>diclofenac potassium CAPS</i>	NP	
RIDAURA	P		<i>diclofenac potassium TABS</i>	NP	
Interleukin-1 Blockers			<i>diclofenac sodium TB24</i>	P	
ARCALYST	NP	SP; PA	<i>diclofenac sodium TBEC</i>	P	
Interleukin-1 Receptor Antagonist (IL-1Ra)			<i>diclofenac w/ misoprostol TBEC</i>	NP	
KINERET SOSY	P	SP; PA	DUEXIS (<i>ibuprofen-famotidine</i>)	NP	
Interleukin-1beta Blockers			<i>etodolac CAPS</i>	NP	
ILARIS SOLN	NP	SP; PA	<i>etodolac TABS</i>	NP	
Interleukin-6 Receptor Inhibitors			<i>etodolac TB24</i>	NP	
ACTEMRA ACTPEN SOAJ	NP	SP; PA	<i>fenoprofen calcium CAPS</i>	NP	
ACTEMRA SOLN	NP	SP; PA	FENOPRON CAPS	NP	
ACTEMRA SOSY	NP	SP; PA	<i>flurbiprofen TABS 100 MG</i>	NP	
AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP	<i>ibuprofen CAPS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ibuprofen CHEW</i>	P		<i>naproxen sodium CAPS</i>	NP	
<i>ibuprofen-famotidine</i>	NP		<i>naproxen sodium TABS 220 MG</i>	P	
<i>ibuprofen SUSP 100 MG/5ML</i>	NP	RX/OTC	<i>naproxen sodium TABS</i>	NP	
<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	P		<i>naproxen sodium TB24</i>	NP	
<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	P		<i>naproxen-esomeprazole magnesium</i>	NP	
<i>ibuprofen TABS 300 MG, 400 MG, 600 MG, 800 MG</i>	NP		<i>naproxen SUSP</i>	NP	
<i>indomethacin CAPS 25 MG, 50 MG</i>	P		<i>naproxen TABS 250 MG, 375 MG</i>	NP	
<i>indomethacin CPCR</i>	P		<i>naproxen TABS</i>	P	
<i>indomethacin SUPP</i>	NP		<i>naproxen TBEC</i>	NP	
<i>indomethacin SUSP</i>	NP		ORUDIS CAPS 75 MG	NP	
<i>ketoprofen CAPS</i>	NP		<i>oxaprozin CAPS</i>	NP	
<i>ketoprofen CP24</i>	NP		<i>oxaprozin TABS</i>	NP	
<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	NP		<i>piroxicam CAPS</i>	NP	
<i>ketorolac tromethamine TABS</i>	P		RELAFFEN DS	NP	
LURBIRO TABS 100 MG (<i>flurbiprofen</i>)	NP		<i>sulindac TABS</i>	P	
<i>meclofenamate sodium CAPS</i>	NP		TOLECTIN DS CAPS 400 MG (<i>tolmetin sodium</i>)	NP	
<i>mefenamic acid CAPS</i>	NP		<i>tolmetin sodium CAPS</i>	NP	
<i>meloxicam CAPS 10 MG</i>	NP		<i>tolmetin sodium TABS</i>	NP	
<i>meloxicam CAPS 5 MG</i>	NP	QL(1 EA daily)	VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	
<i>meloxicam TABS 7.5 MG</i>	P	QL(1 EA daily)	VYSCOXIA PO 10 MG/ML	NP	
<i>meloxicam TABS 15 MG</i>	NP		ZYBIC SUSP 7.5 MG/5ML (<i>meloxicam</i>)	NP	
<i>meloxicam TABS 15 MG</i>	P		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>meloxicam TABS 7.5 MG</i>	NP	QL(1 EA daily)	OTEZLA XR TB24 PO 75 MG	NP	SP
<i>nabumetone</i>	P		OTEZLA/OTEZLA XR INITIATION PK TBPK	NP	SP
NAPRELAN TB24 (<i>naproxen sodium</i>)	NP		OTEZLA TABS 30 MG	P	SP; PA
NAPROSYN SUSP (<i>naproxen</i>)	NP		OTEZLA TABS 20 MG	NP	SP; PA
			OTEZLA TBPK	P	SP; PA
			Pyrimidine Synthesis Inhibitors		
			<i>leflunomide 20 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>leflunomide 10 MG</i>	P	QL(1 EA daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	P	SP; PA
ORENCIA SOLR	P	SP; PA
ORENCIA SOSY	P	SP; PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	P	SP; PA
ENBREL SURECLICK SOAJ	P	SP; PA
ENBREL SOLN	P	SP; PA
ENBREL SOSY	P	SP; PA
ENBREL SOSY 25 MG/0.5ML	NP	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>acetaminophen w/ pamabrom</i>	P	
<i>acetaminophen-caffeine TABS</i>	P	
<i>acetaminophen-pamabrom-pyridamine TABS</i>	P	
ANACIN TABS	P	
<i>aspirin-acetaminophen-caffeine TABS</i>	P	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	
BUTALBITAL-APAP-CAFFEINE SOLN	P	
<i>butalbital-aspirin-caffeine CAPS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
VANQUISH	P	
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX	P	QL(30 EA per 14 day(s) retail; 30 EA per 14 days mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail
Analgesics Other		
<i>acetaminophen CAPS 500 MG</i>	P	
<i>acetaminophen CHEW</i>	P	
<i>acetaminophen ELIX</i>	P	
<i>acetaminophen LIQD</i>	P	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	
<i>acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	
<i>acetaminophen TABS 325 MG, 500 MG</i>	P	
<i>acetaminophen TBCR</i>	P	
FEVERALL INFANTS SUPP	P	
FEVERALL JUNIOR STRENGTH SUPP	P	
TRIAMINIC FEVER REDUCER SYRP	P	
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
<i>aspirin effervescent</i>	P	
<i>aspirin CHEW</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASPIRIN SUPP 300 MG	P		<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	PA
<i>aspirin TABS 325 MG, 500 MG</i>	P		FENTORA TABS (<i>fentanyl citrate</i>)	NP	
<i>aspirin TBEC 81 MG, 325 MG</i>	P		<i>hydrocodone bitartrate CP12</i>	NP	PA
<i>diflunisal TABS</i>	NP		<i>hydrocodone bitartrate T24A</i>	NP	PA
DOLOBID TABS	NP	Five (5) preferred products required before Dolobid will be approved.; PA	<i>hydromorphone hcl LIQD</i>	NP	
<i>magnesium salicylate 500 MG</i>	P		HYDROMORPHONE HCL SUPP	NP	
<i>magnesium salicylate tetrahydrate</i>	P		<i>hydromorphone hcl TABS</i>	P	
<i>salsalate</i>	P		<i>hydromorphone hcl TB24</i>	NP	PA
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			HYSINGLA ER T24A	NP	PA
Opioid Agonists			<i>levorphanol tartrate TABS</i>	NP	
ACTIQ LPOP 400 MCG (<i>fentanyl citrate</i>)	NP		<i>meperidine hcl SOLN PO 50 MG/5ML</i>	NP	
<i>codeine sulfate TABS 30 MG</i>	P		<i>meperidine hcl TABS 50 MG</i>	NP	
CODEINE SULFATE TABS 60 MG	P		<i>morphine sulfate beads</i>	NP	PA
CONZIP CP24 (<i>tramadol hcl</i>)	NP	PA	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP	PA
DILAUDID LIQD (<i>hydromorphone hcl</i>)	NP		<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	P	
DILAUDID TABS (<i>hydromorphone hcl</i>)	NP		<i>morphine sulfate SUPP</i>	NP	
<i>fentanyl citrate LPOP</i>	NP		<i>morphine sulfate TABS</i>	P	
<i>fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG</i>	NP		<i>morphine sulfate TBCR</i>	P	PA
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	PA	MS CONTIN TBCR (<i>morphine sulfate</i>)	NP	PA
			<i>oxycodone hcl CAPS</i>	P	
			<i>oxycodone hcl CONC 100 MG/5ML</i>	NP	
			<i>oxycodone hcl SOLN</i>	P	
			<i>oxycodone hcl T12A 20 MG, 40 MG</i>	NP	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl TABS</i>	P		FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	
OXYCONTIN T12A	NP	PA			
<i>oxymorphone hcl TABS</i>	NP				
<i>oxymorphone hcl TB12</i>	NP	PA			
QDOLO SOLN (<i>tramadol hcl</i>)	NP		<i>hydrocodone-acetaminophen SOLN</i>	P	
ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>)	NP		<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	
ROXYBOND TABA	NP				
TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG	NP	PA	<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	NP	
<i>tapentadol hcl TABS 50 MG, 75 MG, 100 MG</i>	NP		<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	NP	
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	PA	NALOCET TABS	NP	
<i>tramadol hcl SOLN</i>	NP		<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	
TRAMADOL HCL SOLN (<i>tramadol hcl</i>)	NP		PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP	
<i>tramadol hcl TABS 50 MG</i>	P		PROLATE SOLN	NP	
<i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>	NP		PROLATE TABS	NP	
<i>tramadol hcl TB24</i>	P	PA	SEGLENTIS	NP	
Opioid Combinations			<i>tramadol-acetaminophen</i>	P	
<i>acetaminophen w/ codeine SOLN</i>	P		Opioid Partial Agonists		
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P		BELBUCA FILM	NP	PA
APADAZ	NP		BRIXADI (WEEKLY) SOSY	P	SP
BENZHYDROCODONE-ACETAMINOPHEN	P		BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	SP
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	P				
<i>butalbital-aspirin-caffeine w/cod</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	P	QL(3 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG</i>	P	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	P	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	P	QL(3 EA daily)
<i>buprenorphine hcl SUBL</i>	P	
<i>buprenorphine PTWK</i>	NP	Brand Preferred; PA
<i>butorphanol tartrate NA 10 MG/ML</i>	NP	
<i>BUTRANS PTWK (buprenorphine)</i>	P	Brand Preferred; PA
<i>pentazocine w/ naloxone hcl</i>	NP	
<i>SUBLOCADE SOSY</i>	P	SP
<i>SUBOXONE FILM SL 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)</i>	NP	QL(3 EA daily)
<i>SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)</i>	NP	
<i>ZUBSOLV SUBL</i>	NP	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
<i>ANDRODERM PT24 2 MG/24HR, 4 MG/24HR</i>	NP	PA
<i>ANDROGEL PUMP GEL TD (testosterone)</i>	NP	PA
<i>AVEED SOLN</i>	NP	SP; PA
<i>AZMIRO SOSY</i>	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>danazol CAPS</i>	P	PA
<i>JATENZO CAPS</i>	NP	PA
<i>methyltestosterone CAPS</i>	NP	PA
<i>methyltestosterone TABS</i>	NP	PA
<i>NATESTO GEL NA</i>	NP	PA
<i>TESTIM GEL TD (testosterone)</i>	NP	PA
<i>TESTOPEL PLLT</i>	NP	SP; PA
<i>testosterone cypionate SOLN IM</i>	P	PA
<i>testosterone enanthate SOLN IM</i>	P	PA
<i>testosterone GEL TD 1 %, 1.62 %, 10 MG/ACT, 1.62 %</i>	P	PA
<i>testosterone GEL TD 1 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	NP	PA
<i>testosterone SOLN</i>	P	PA
<i>TLANDO CAPS</i>	NP	PA
<i>UNDECATREX CAPS</i>	NP	PA
<i>VOGELXO PUMP GEL TD (testosterone)</i>	NP	PA
<i>VOGELXO GEL TD (testosterone)</i>	NP	PA
<i>XYOSTED SOAJ</i>	NP	PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	NP	
<i>hydrocortisone (intrarectal)</i>	P	
Rectal Combinations		
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	P	
Rectal Local Anesthetics		
<i>AMERICAINE</i>	P	
<i>dibucaine (rectal) EX</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine (anorectal) CREA</i>	P	
Rectal Steroids		
<i>hydrocortisone (rectal) EX</i>	NP	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	NP	
RECTIV (<i>nitroglycerin (intra-anal)</i>)	NP	
ANTACIDS		
Antacid Combinations		
ACID GONE SUSP 358 MG/15ML-95 MG/15ML	P	
<i>alum & mag hydrox-simethicone CHEW</i>	P	
<i>alum & mag hydrox-simethicone LIQD</i>	P	
<i>alum & mag hydrox-simethicone SUSP</i>	P	
<i>aluminum hydroxide-mag carb CHEW</i>	P	
<i>aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML</i>	P	
ANTACID CHEW	P	
<i>calcium carbonate-mag hydrox SUSP</i>	P	
CVS ANTACID & ANTI-GAS CHEW 1000 MG-60 MG	P	
GAVISCON SUSP 358 MG/15ML-95 MG/15ML	P	
SM FOAMING ANTACID	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	P	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 400 MG, 420 MG, 500 MG, 750 MG, 1000 MG</i>	P	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	P	
BENZNIDAZOLE	P	SP
<i>praziquantel</i>	P	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
<i>ranolazine TB12</i>	P	
Nitrates		
<i>isosorbide dinitrate TABS</i>	P	
<i>isosorbide dinitrate TABS 40 MG</i>	NP	
<i>isosorbide mononitrate TABS</i>	P	
<i>isosorbide mononitrate TB24</i>	P	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	NP	
NITRO-DUR PT24	NP	
<i>nitroglycerin OINT</i>	NP	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NP	
<i>nitroglycerin SUBL</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NITROLINGUAL SOLN TL (nitroglycerin)	NP		lorazepam TABS	P	
NITROSTAT SUBL (nitroglycerin)	NP		LOREEV XR CS24 1 MG, 2 MG, 3 MG	NP	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety			oxazepam CAPS	NP	
Antianxiety Agents - Misc.			VALIUM TABS (diazepam)	NP	
BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	NP		XANAX XR TB24 (alprazolam)	NP	
buspirone hcl	P		XANAX TABS (alprazolam)	NP	
droperidol SOLN 2.5 MG/ML	P		ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
hydroxyzine hcl SYRP	P		Antiarrhythmics Type I-A		
hydroxyzine hcl TABS	P		disopyramide phosphate CAPS	P	
hydroxyzine pamoate CAPS	P		NORPACE CR CP12	P	
meprobamate	NP		quinidine gluconate TBCR	P	
VISTARIL CAPS 25 MG (hydroxyzine pamoate)	NP		quinidine sulfate TABS	P	
Benzodiazepines			Antiarrhythmics Type I-B		
ALPRAZOLAM INTENSOL CONC	NP		mexiletine hcl	P	
alprazolam TABS	NP		Antiarrhythmics Type I-C		
alprazolam TB24	NP		flecainide acetate	P	
alprazolam TBDP	NP	ST	propafenone hcl TABS	P	
ATIVAN TABS (lorazepam)	NP		Antiarrhythmics Type III		
chlordiazepoxide hcl CAPS	P		amiodarone hcl SOLN 150 MG/3ML	P	
clorazepate dipotassium TABS	P		amiodarone hcl TABS	P	
diazepam CONC	NP		dofetilide	P	
diazepam SOLN PO 5 MG/5ML	P		MULTAQ	P	
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	NP		ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
DIAZEPAM SOLN IJ 5 MG/ML	NP		Antiasthmatic - Monoclonal Antibodies		
diazepam TABS	P		CINQAIR	NP	SP; PA
lorazepam CONC	NP		EXDENSUR SOSY SC 100 MG/ML	NP	SP
			FASENRA PEN SOAJ	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FASENRA SOSY	P	SP; PA	<i>montelukast sodium PACK</i>	NP	ST
NUCALA SOAJ	P	SP; PA	<i>montelukast sodium TABS</i>	P	
NUCALA SOLR	P	SP; PA	SINGULAIR CHEW (<i>montelukast sodium</i>)	NP	ST
NUCALA SOSY	P	SP; PA	SINGULAIR PACK (<i>montelukast sodium</i>)	NP	ST
TEZSPIRE SOAJ	P	SP; PA	SINGULAIR TABS (<i>montelukast sodium</i>)	NP	ST
TEZSPIRE SOSY	P	SP; PA	<i>zafirlukast</i>	NP	QL(1 EA daily); ST
XOLAIR SOAJ	P	SP; PA	<i>zileuton TB12</i>	NP	ST
XOLAIR SOLR	P	SP; PA	ZYFLO TABS	NP	ST
XOLAIR SOSY	P	SP; PA	Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
Bronchodilators - Anticholinergics			OHTUVAYRE	NP	SP; ST
ATROVENT HFA 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	P	Brand Preferred	Selective Phosphodiesterase 4 (PDE4) Inhibitors		
INCRUSE ELLIPTA 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	P	Brand Preferred	DALIRESP (<i>roflumilast</i>)	NP	
<i>ipratropium bromide hfa 17 MCG/ACT</i>	NP	Brand Preferred	<i>roflumilast</i>	NP	
<i>ipratropium bromide SOLN 0.02 %</i>	P		Steroid Inhalants		
SPIRIVA HANDIHALER CAPS IN (<i>tiotropium bromide</i>)	P	Brand Preferred	ALVESCO	NP	
SPIRIVA RESPIMAT AERS IN	P		ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	P	Brand Preferred
SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT	NP		ASMANEX (120 METERED DOSES) AEPB	P	
<i>tiotropium bromide CAPS IN 18 MCG</i>	NP	Brand Preferred	ASMANEX (14 METERED DOSES) AEPB	P	
TUDORZA PRESSAIR	NP		ASMANEX (30 METERED DOSES) AEPB	P	
<i>umeclidinium bromide 62.5 MCG/INH</i>	NP	Brand Preferred	ASMANEX (60 METERED DOSES) AEPB	P	
YUPELRI IN 175 MCG/3ML	NP		ASMANEX HFA AERO	P	
Leukotriene Modulators			<i>beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT</i>	NP	
ACCOLATE (<i>zafirlukast</i>)	NP	QL(1 EA daily); ST			
<i>montelukast sodium CHEW</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i>	P		<i>albuterol sulfate SYRP</i>	P	
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	NP		<i>albuterol sulfate TABS</i>	NP	
FLOVENT HFA 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	P		ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	P	Brand Preferred
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	NP	Brand Preferred	<i>arformoterol tartrate</i>	NP	
<i>fluticasone propionate (inhalation) AEPB</i>	P	AL(Up to 18 yrs old)	BEVESPI AEROSPHERE	NP	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P		BREO ELLIPTA	NP	
<i>fluticasone propionate hfa</i>	P	AL(Up to 18 yrs old)	BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NP	
PULMICORT FLEXHALER AEPB	P		BREZTRI AEROSPHERE	NP	
PULMICORT FLEXHALER AEPB	P		BROVANA (<i>arformoterol tartrate</i>)	NP	
PULMICORT SUSP (<i>budesonide (inhalation)</i>)	NP		<i>budesonide-formoterol fumarate dihydrate</i>	NP	Brand Preferred
QVAR REDHALER	P		COMBIVENT RESPIMAT AERS	P	
Sympathomimetics			DUAKLIR PRESSAIR	NP	
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	P	Brand Preferred	DULERA	P	
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	P	Brand Preferred	<i>fluticasone furoate-vilanterol</i>	NP	
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NP		<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	NP	Brand Preferred
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NP		<i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	NP	
AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NP		<i>fluticasone-salmeterol AERO</i>	NP	Brand Preferred
AIRSUPRA	NP		<i>formoterol fumarate NEBU</i>	NP	
<i>albuterol sulfate AERS</i>	P	Brand Preferred	<i>ipratropium-albuterol SOLN</i>	P	
<i>albuterol sulfate NEBU</i>	P		<i>levalbuterol hcl</i>	NP	
			<i>levalbuterol tartrate</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PERFOROMIST NEBU (formoterol fumarate)	NP		rivaroxaban SUSR 1 MG/ML	NP	
PROAIR RESPICLICK AEPB	NP		rivaroxaban TABS 2.5 MG	P	
SEREVENT DISKUS	P		SAVAYSA 15 MG, 30 MG	NP	QL(1 EA daily); 42 day(s) max supply per 365 day(s) retail
STIOLTO RESPIMAT	P				
STRIVERDI RESPIMAT	P		SAVAYSA 60 MG	NP	42 day(s) max supply per 365 day(s) retail
SYMBICORT (budesonide-formoterol fumarate dihydrate)	P	Brand Preferred	XARELTO STARTER PACK TBPK	P	
terbutaline sulfate TABS	P		XARELTO SUSR 1 MG/ML (rivaroxaban)	NP	
TRELEGY ELLIPTA	P		XARELTO TABS 10 MG, 15 MG, 20 MG	P	
umeclidinium-vilanterol	NP	Brand Preferred	XARELTO TABS 2.5 MG, 10 MG, 15 MG	NP	
VENTOLIN HFA AERS (albuterol sulfate)	P	Brand Preferred	XARELTO TABS 2.5 MG, 10 MG, 15 MG (rivaroxaban)	NP	
XOPENEX HFA (levalbuterol tartrate)	NP				
Xanthines			Heparins And Heparinoid-Like Agents		
theophylline ELIX	P		ARIXTRA (fondaparinux sodium)	NP	42 day(s) max supply per 365 day(s) retail; SP
theophylline SOLN	P				
theophylline TB12 300 MG, 450 MG	P		BD HEPARIN POSIFLUSH 10 UNIT/ML, 100 UNIT/ML	P	
theophylline TB24	P		enoxaparin sodium SOLN IJ 300 MG/3ML	P	42 day(s) max supply per 365 day(s) retail; SP
ANTICOAGULANTS - Blood Thinners			enoxaparin sodium SOSY	P	42 day(s) max supply per 365 day(s) retail; SP
Coumarin Anticoagulants			fondaparinux sodium	NP	42 day(s) max supply per 365 day(s) retail; SP
warfarin sodium TABS	P		FRAGMIN SOLN 10000 UNIT/4ML	NP	SP
Direct Factor Xa Inhibitors					
ELIQUIS (1.5 MG PACK) TBSO PO	NP				
ELIQUIS (2 MG PACK) TBSO PO	NP				
ELIQUIS DVT/PE STARTER PACK TBPK	P				
ELIQUIS CPSP PO 0.15 MG	NP				
ELIQUIS TABS	P				
ELIQUIS TBSO PO 0.5 MG	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SOLN 95000 UNIT/3.8ML	NP	42 day(s) max supply per 365 day(s) retail; SP	FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (<i>perampanel</i>)	NP	
FRAGMIN SOSY	NP	42 day(s) max supply per 365 day(s) retail; SP	FYCOMPA TABS	NP	
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	P		<i>perampanel SUSP 0.5 MG/ML</i>	NP	
HEPARIN NA (PORK) LOCK FLSH PF 10 UNIT/ML, 100 UNIT/ML	P		<i>perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG</i>	NP	
HEPARIN SOD (PORCINE) IN D5W	P		Anticonvulsants - Benzodiazepines		
HEPARIN SOD (PORK) LOCK FLUSH 10 UNIT/ML, 100 UNIT/ML	P		<i>clobazam SUSP</i>	P	
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P		<i>clobazam TABS</i>	P	
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	42 day(s) max supply per 365 day(s) retail; SP	<i>clonazepam TABS</i>	P	
LOVENOX SOSY (<i>enoxaparin sodium</i>)	NP	42 day(s) max supply per 365 day(s) retail; SP	<i>clonazepam TBDP</i>	NP	ST
Thrombin Inhibitors			DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	P	
<i>dabigatran etexilate mesylate CAPS</i>	P		<i>diazepam (anticonvulsant) GEL</i>	P	
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	NP		KLONOPIN TABS (<i>clonazepam</i>)	P	
PRADAXA PACK	NP	SP	LIBERVANT FILM	NP	
ANTICONVULSANTS - Drugs to Treat Seizures			NAYZILAM	P	
AMPA Glutamate Receptor Antagonists			ONFI SUSP (<i>clobazam</i>)	P	
FYCOMPA SUSP 0.5 MG/ML (<i>perampanel</i>)	NP		ONFI TABS (<i>clobazam</i>)	P	
FYCOMPA SUSP	NP		SYMPAZAN FILM	NP	
			VALTOCO 10 MG DOSE LIQD	P	
			VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	P	
			VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	P	
			VALTOCO 5 MG DOSE LIQD	P	
			Anticonvulsants - Misc.		
			APTOM 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NP	
			BANZEL SUSP (<i>rufinamide</i>)	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BANZEL TABS (rufinamide)	NP	SP	GABARONE TABS 100 MG, 400 MG	NP	
brivaracetam SOLN PO 10 MG/ML	P	SP	KEPPRA XR TB24 (levetiracetam)	NP	
brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	P	SP	KEPPRA SOLN PO 100 MG/ML (levetiracetam)	P	
BRIVIACT SOLN PO 10 MG/ML (brivaracetam)	NP	SP	KEPPRA TABS (levetiracetam)	P	
BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (brivaracetam)	NP	SP	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	P	
carbamazepine CHEW 100 MG	P		lacosamide TABS	P	
carbamazepine CHEW 200 MG	NP		LAMICTAL ODT KIT (lamotrigine)	NP	ST
carbamazepine CP12	P		LAMICTAL ODT TBDP (lamotrigine)	NP	ST
carbamazepine SUSP	P		LAMICTAL STARTER KIT 25 MG (lamotrigine)	NP	
carbamazepine TABS	P		LAMICTAL XR KIT	NP	
carbamazepine TB12	P		LAMICTAL XR TB24 (lamotrigine)	NP	
CARBATROL CP12 (carbamazepine)	P		LAMICTAL CHEW (lamotrigine)	P	
DIACOMIT CAPS	NP	SP	LAMICTAL TABS (lamotrigine)	P	
DIACOMIT PACK	NP	SP	lamotrigine CHEW	P	
ELEPSIA XR TB24	NP		lamotrigine KIT 25 MG	P	
EPIDIOLEX	NP	SP	lamotrigine KIT	NP	ST
EPRONTIA SOLN 25 MG/ML (topiramate)	NP		lamotrigine TABS	P	
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	NP		lamotrigine TB24	NP	
FINTEPLA	NP	QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail); SP	lamotrigine TBDP	NP	ST
gabapentin CAPS 200 MG	NP		levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	P	
gabapentin CAPS	P		levetiracetam TABS	P	
gabapentin SOLN	P		levetiracetam TB24	NP	
gabapentin TABS 600 MG, 800 MG	P		levetiracetam TB3D 250 MG, 500 MG	NP	
			LYRICA CAPS (pregabalin)	P	
			LYRICA SOLN (pregabalin)	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MOTPOLY XR CP24	NP		<i>topiramate CPSP 15 MG, 25 MG</i>	P	
MYSOLINE (<i>primidone</i>)	P		<i>topiramate CS24</i>	NP	
NEURONTIN CAPS (<i>gabapentin</i>)	P		<i>topiramate SOLN 25 MG/ML</i>	NP	
NEURONTIN SOLN (<i>gabapentin</i>)	P		<i>topiramate TABS</i>	P	
NEURONTIN TABS (<i>gabapentin</i>)	P		TRILEPTAL SUSP (<i>oxcarbazepine</i>)	NP	
<i>oxcarbazepine SUSP</i>	P		TRILEPTAL TABS (<i>oxcarbazepine</i>)	P	
<i>oxcarbazepine TABS</i>	P		TROKENDI XR CP24 (<i>topiramate</i>)	NP	
<i>oxcarbazepine TB24</i>	NP		VIMPAT SOLN PO 10 MG/ML (<i>lacosamide</i>)	P	
OXTELLAR XR TB24 (<i>oxcarbazepine</i>)	NP		VIMPAT TABS (<i>lacosamide</i>)	P	
<i>pregabalin CAPS</i>	P		ZONEGRAN CAPS 25 MG, 100 MG (<i>zonisamide</i>)	P	
<i>pregabalin SOLN</i>	P		ZONISADE SUSP	NP	
<i>primidone</i>	P		<i>zonisamide CAPS</i>	P	
<i>primidone</i>	P		<i>zonisamide CAPS</i>	P	
QUDEXY XR CS24 (<i>topiramate</i>)	NP		ZTALMY	NP	
<i>rufinamide SUSP</i>	NP	SP	Carbamates		
<i>rufinamide TABS</i>	NP	SP	<i>felbamate SUSP</i>	NP	
SPRITAM TB3D	NP		<i>felbamate TABS</i>	NP	
SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG (<i>levetiracetam</i>)	NP		FELBATOL SUSP (<i>felbamate</i>)	NP	
SUBVENITE SUSP PO 10 MG/ML	NP		FELBATOL TABS (<i>felbamate</i>)	NP	
TEGRETOL SUSP (<i>carbamazepine</i>)	P		XCOPRI (250 MG DAILY DOSE) TBPk	NP	
TEGRETOL TABS (<i>carbamazepine</i>)	P		XCOPRI (350 MG DAILY DOSE) TBPk	NP	
TEGRETOL-XR TB12 (<i>carbamazepine</i>)	P		XCOPRI TABS	NP	
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	P		XCOPRI TBPk	NP	
TOPAMAX TABS (<i>topiramate</i>)	P		GABA Modulators		
<i>topiramate CP24</i>	NP		SABRIL PACK (<i>vigabatrin</i>)	NP	SP
<i>topiramate CPSP 50 MG</i>	NP		SABRIL TABS (<i>vigabatrin</i>)	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tiagabine hcl</i>	NP		<i>divalproex sodium CSDR</i>	P	
<i>vigabatrin PACK</i>	NP	SP	<i>divalproex sodium TB24 250 MG</i>	P	QL(1 EA daily)
<i>vigabatrin TABS</i>	NP	SP	<i>divalproex sodium TB24 500 MG</i>	P	
VIGAFYDE SOLN	NP	SP; ST	<i>divalproex sodium TBEC</i>	P	
Hydantoins			<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	P	
DILANTIN	P		<i>valproic acid CAPS</i>	P	
DILANTIN (<i>phenytoin sodium extended</i>)	P		ANTIDEPRESSANTS - Drugs to Treat Depression		
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	P		Alpha-2 Receptor Antagonists (Tetracyclics)		
DILANTIN-125 SUSP (<i>phenytoin</i>)	P		<i>mirtazapine TABS 15 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
DILANTIN SUSP (<i>phenytoin</i>)	P		<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	AL(At least 6 yrs old)
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P		<i>mirtazapine TBDP 15 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old); ST
<i>phenytoin CHEW</i>	P		<i>mirtazapine TBDP 30 MG, 45 MG</i>	NP	AL(At least 6 yrs old); ST
<i>phenytoin SUSP</i>	P		REMERON SOLTAB TBDP 15 MG (<i>mirtazapine</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old); ST
Succinimides			REMERON SOLTAB TBDP 30 MG, 45 MG (<i>mirtazapine</i>)	NP	AL(At least 6 yrs old); ST
CELONTIN (<i>methsuximide</i>)	NP		REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>ethosuximide CAPS</i>	NP		Antidepressant Combinations		
<i>ethosuximide SOLN</i>	P		AUVELITY	NP	AL(At least 6 yrs old)
<i>methsuximide</i>	NP		AUVELITY TITRATION PACK PO	NP	
ZARONTIN CAPS (<i>ethosuximide</i>)	NP		Antidepressants - Misc.		
ZARONTIN SOLN (<i>ethosuximide</i>)	P		<i>bupropion hcl TABS</i>	P	AL(At least 6 yrs old)
Valproic Acid			<i>bupropion hcl TB12</i>	P	AL(At least 6 yrs old)
DEPAKOTE ER TB24 500 MG (<i>divalproex sodium</i>)	P				
DEPAKOTE ER TB24 250 MG (<i>divalproex sodium</i>)	P	QL(1 EA daily)			
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	P				
DEPAKOTE TBEC (<i>divalproex sodium</i>)	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl TB24 450 MG</i>	NP	AL(At least 6 yrs old)	CITALOPRAM HYDROBROMIDE CAPS 30 MG (<i>citalopram hydrobromide</i>)	NP	AL(At least 6 yrs old)
<i>bupropion hcl TB24 150 MG, 300 MG</i>	P	AL(At least 6 yrs old)	<i>citalopram hydrobromide SOLN</i>	P	AL(At least 6 yrs old - Up to 10 yrs old)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP	AL(At least 6 yrs old)	<i>citalopram hydrobromide TABS 10 MG, 40 MG</i>	P	AL(At least 6 yrs old)
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	NP	AL(At least 6 yrs old)	<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
GABA Receptor Modulator - Neuroactive Steroid			ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	
ZURZUVAE	NP	AL(At least 6 yrs old); SP	<i>escitalopram oxalate SOLN</i>	NP	AL(At least 6 yrs old - Up to 10 yrs old)
Monoamine Oxidase Inhibitors (MAOIs)			<i>escitalopram oxalate TABS 20 MG</i>	P	AL(At least 6 yrs old)
EMSAM	NP	AL(At least 6 yrs old)	<i>escitalopram oxalate TABS 5 MG, 10 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
MARPLAN	P	AL(At least 6 yrs old)	<i>fluoxetine hcl CAPS</i>	P	AL(At least 6 yrs old)
MARPLAN	P	AL(At least 6 yrs old)	<i>fluoxetine hcl CPDR</i>	NP	AL(At least 6 yrs old)
NARDIL (<i>phenelzine sulfate</i>)	NP	AL(At least 6 yrs old)	<i>fluoxetine hcl SOLN</i>	P	AL(At least 6 yrs old - Up to 10 yrs old)
<i>phenelzine sulfate</i>	P	AL(At least 6 yrs old)	<i>fluoxetine hcl TABS</i>	NP	AL(At least 6 yrs old)
<i>tranylcypromine sulfate</i>	P	AL(At least 6 yrs old)	FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NP	AL(At least 6 yrs old)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>fluvoxamine maleate CP24</i>	NP	AL(At least 6 yrs old)
SPRAVATO (56 MG DOSE)	P	AL(At least 6 yrs old); SP; PA	<i>fluvoxamine maleate TABS</i>	P	AL(At least 6 yrs old)
SPRAVATO (84 MG DOSE)	P	AL(At least 6 yrs old); SP; PA	LEXAPRO TABS 5 MG, 10 MG (<i>escitalopram oxalate</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
Selective Serotonin Reuptake Inhibitors (SSRIs)			LEXAPRO TABS 20 MG (<i>escitalopram oxalate</i>)	NP	AL(At least 6 yrs old)
CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>paroxetine hcl SUSP</i>	NP	AL(At least 6 yrs old - Up to 10 yrs old)
CELEXA TABS 10 MG, 40 MG (<i>citalopram hydrobromide</i>)	NP	AL(At least 6 yrs old)			
<i>citalopram hydrobromide CAPS 30 MG</i>	NP	AL(At least 6 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hcl TABS 30 MG, 40 MG</i>	P	AL(At least 6 yrs old)
<i>paroxetine hcl TABS 10 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	NP	AL(At least 6 yrs old)
<i>paroxetine hcl TB24 12.5 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
PAXIL CR TB24 12.5 MG (<i>paroxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
PAXIL CR TB24 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NP	AL(At least 6 yrs old)
PAXIL SUSP (<i>paroxetine hcl</i>)	NP	AL(At least 6 yrs old - Up to 10 yrs old)
PAXIL TABS 30 MG, 40 MG (<i>paroxetine hcl</i>)	NP	AL(At least 6 yrs old)
PAXIL TABS 10 MG, 20 MG (<i>paroxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
PROZAC CAPS (<i>fluoxetine hcl</i>)	NP	AL(At least 6 yrs old)
<i>sertraline hcl CAPS 150 MG, 200 MG</i>	NP	AL(At least 6 yrs old)
SERTRALINE HCL CAPS 150 MG, 200 MG (<i>sertraline hcl</i>)	NP	AL(At least 6 yrs old)
<i>sertraline hcl CONC</i>	P	AL(At least 6 yrs old - Up to 10 yrs old)
<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>sertraline hcl TABS 100 MG</i>	P	AL(At least 6 yrs old)
ZOLOFT CONC (<i>sertraline hcl</i>)	NP	AL(At least 6 yrs old - Up to 10 yrs old)
ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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	
<i>nefazodone hcl</i>	NP	AL(At least 6 yrs old)
RALDESY SOLN PO 10 MG/ML	NP	
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P	AL(At least 6 yrs old)
<i>trazodone hcl TABS 300 MG</i>	NP	AL(At least 6 yrs old)
TRINTELLIX 5 MG, 10 MG	NP	DMAP requires prior authorization for all antidepressants for patients under six (6) years of age.; QL(1 EA daily); AL(At least 6 yrs old)
TRINTELLIX 20 MG	NP	DMAP requires prior authorization for all antidepressants for patients under six (6) years of age.; AL(At least 6 yrs old)
VIIBRYD TABS 40 MG (<i>vilazodone hcl</i>)	NP	AL(At least 6 yrs old)
VIIBRYD TABS 10 MG, 20 MG (<i>vilazodone hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>vilazodone hcl TABS 40 MG</i>	NP	AL(At least 6 yrs old)
<i>vilazodone hcl TABS 10 MG, 20 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
Serotonin-Norepinephrine Reuptake Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(SNRIs)			VENLAFAXINE BESYLATE ER	NP	AL(At least 6 yrs old)
CYMBALTA CPEP (<i>duloxetine hcl</i>)	NP	AL(At least 6 yrs old)	<i>venlafaxine hcl CP24 150 MG</i>	P	AL(At least 6 yrs old)
DESVENLAFAXINE ER	NP	AL(At least 6 yrs old)	<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	<i>venlafaxine hcl TABS</i>	P	AL(At least 6 yrs old)
<i>desvenlafaxine succinate 100 MG</i>	P	AL(At least 6 yrs old)	<i>venlafaxine hcl TB24 150 MG, 225 MG</i>	NP	AL(At least 6 yrs old)
DRIZALMA SPRINKLE CSDR 30 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>venlafaxine hcl TB24 37.5 MG, 75 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
DRIZALMA SPRINKLE CSDR 20 MG, 40 MG, 60 MG	NP	AL(At least 6 yrs old)	Tricyclic Agents		
<i>duloxetine hcl CPEP 40 MG</i>	NP	AL(At least 6 yrs old)	<i>amitriptyline hcl TABS</i>	NP	AL(At least 6 yrs old)
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	P	AL(At least 6 yrs old)	<i>amitriptyline hcl TABS</i>	P	AL(At least 6 yrs old)
DULOXETINE HCL CPEP 80 MG, 90 MG, 120 MG	NP	Medical rationale for why preferred Duloxetine product cannot be used; PA	<i>amoxapine</i>	NP	AL(At least 6 yrs old)
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	NP	AL(At least 6 yrs old)	ANAFRANIL (<i>clomipramine hcl</i>)	NP	AL(At least 6 yrs old)
EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>clomipramine hcl</i>	P	AL(At least 6 yrs old)
FETZIMA TITRATION C4PK	NP	AL(At least 6 yrs old)	<i>desipramine hcl TABS</i>	NP	AL(At least 6 yrs old)
FETZIMA CP24 80 MG, 120 MG	NP	AL(At least 6 yrs old)	<i>doxepin hcl CAPS</i>	P	AL(At least 6 yrs old)
FETZIMA CP24 20 MG, 40 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>doxepin hcl CONC</i>	P	AL(At least 6 yrs old)
PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	AL(At least 6 yrs old)	<i>imipramine hcl TABS</i>	P	AL(At least 6 yrs old)
PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>imipramine pamoate</i>	NP	AL(At least 6 yrs old)
			NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	NP	AL(At least 6 yrs old)
			<i>nortriptyline hcl CAPS</i>	P	AL(At least 6 yrs old)
			<i>nortriptyline hcl SOLN</i>	P	AL(At least 6 yrs old)
			PAMELOR CAPS (<i>nortriptyline hcl</i>)	NP	AL(At least 6 yrs old)
			<i>protriptyline hcl</i>	NP	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>trimipramine maleate CAPS</i>	NP	AL(At least 6 yrs old)	<i>saxagliptin-metformin hcl</i>	NP	PA
ANTIDIABETICS - Drugs to Regulate Blood Sugar			SEGLUROMET	NP	
Alpha-Glucosidase Inhibitors			<i>sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG</i>	NP	PA
<i>acarbose</i>	P		<i>sitagliptin free base-metformin hcl TB24</i>	NP	PA
<i>miglitol</i>	NP	ST	<i>sitagliptin phosphate-metformin hcl TABS</i>	NP	Brand Preferred; PA
Antidiabetic Combinations			SOLQUA	NP	PA
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	ST	STEGLUJAN	NP	
<i>alogliptin-metformin hcl</i>	NP	PA	SYNJARDY XR TB24	NP	
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	PA	SYNJARDY TABS	P	
<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG</i>	P		TRIJARDY XR	NP	
<i>dapagliflozin-saxagliptin</i>	NP		XIGDUO XR TB24 PO 1000 MG-2.5 MG	P	
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	ST	XIGDUO XR TB24 PO (<i>dapagliflozin free base-metformin hcl</i>)	NP	
<i>glipizide-metformin hcl</i>	P		XULTOPHY	NP	PA
<i>glyburide-metformin</i>	P		ZITUVIMET XR TB24	NP	PA
GLYXAMBI	NP		ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>sitagliptin free base-metformin hcl</i>)	NP	PA
INVOKAMET XR TB24	P		Biguanides		
INVOKAMET TABS	P		<i>metformin hcl SOLN</i>	NP	
JANUMET XR TB24	P	PA	<i>metformin hcl TABS 625 MG, 750 MG</i>	NP	
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>sitagliptin phosphate-metformin hcl</i>)	P	Brand Preferred; PA	<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	P	
JENTADUETO XR TB24	NP	PA	<i>metformin hcl TB24 500 MG, 750 MG</i>	P	
JENTADUETO TABS	P	Brand Preferred; PA	<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	
<i>pioglitazone hcl-glimepiride</i>	NP	ST	RIOMET SOLN (<i>metformin hcl</i>)	NP	
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	ST	Diabetic Other		
QTERN	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BAQSIMI ONE PACK POWD	P		TRUEPLUS GLUCOSE CHEW	P	
BAQSIMI TWO PACK POWD	P		WALGREENS GLUCOSE	P	
CVS GLUCOSE	P		ZEGALOGUE SOAJ	P	
DEX4	P		ZEGALOGUE SOSY	P	
DEX4 NATURALS	P		Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>dextrose (diabetic use) CHEW 4 GM</i>	P		<i>alogliptin benzoate</i>	NP	PA
<i>dextrose (diabetic use) GEL</i>	P		BRYNOVIN SOLN PO 25 MG/ML	NP	
<i>diazoxide</i>	NP	Brand Preferred	JANUVIA 100 MG (<i>sitagliptin phosphate</i>)	P	Brand Preferred; PA
GLUCAGEN HYPOKIT	P		JANUVIA 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	P	Brand Preferred; QL(1 EA daily); PA
GLUCAGON EMERGENCY	P		ONGLYZA 5 MG (<i>saxagliptin hcl</i>)	NP	PA
GLUCAGON EMERGENCY SOLR IJ 1 MG, 1 MG/ML (<i>glucagon</i>)	P		<i>saxagliptin hcl 5 MG</i>	NP	PA
<i>glucagon SOLR IJ 1 MG</i>	P		<i>saxagliptin hcl 2.5 MG</i>	NP	QL(1 EA daily); PA
<i>glucose-vitamin c 6 MG-4 GM</i>	P		<i>sitagliptin 25 MG, 50 MG</i>	NP	QL(1 EA daily); PA
GVOKE HYPOPEN 1-PACK SOAJ	NP		<i>sitagliptin 100 MG</i>	NP	PA
GVOKE HYPOPEN 2-PACK SOAJ	NP		<i>sitagliptin phosphate 100 MG</i>	NP	Brand Preferred; PA
GVOKE KIT SOLN	NP		<i>sitagliptin phosphate 25 MG, 50 MG</i>	NP	Brand Preferred; QL(1 EA daily); PA
GVOKE PFS SOSY 1 MG/0.2ML	NP		TRADJENTA	P	PA
KORLYM (<i>mifepristone (hyperglycemia)</i>)	4	SP	ZITUVIO 100 MG (<i>sitagliptin</i>)	NP	PA
KROGER GLUCOSE	P		ZITUVIO 25 MG, 50 MG (<i>sitagliptin</i>)	NP	QL(1 EA daily); PA
<i>mifepristone (hyperglycemia)</i>	4	SP	Incretin Mimetic Agents		
PROGLYCEM (<i>diazoxide</i>)	P	Brand Preferred	BYDUREON BCISE AUIJ	NP	PA
RA GLUCOSE	P		BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (<i>exenatide</i>)	NP	PA
TGT GLUCOSE	P		BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (<i>exenatide</i>)	NP	PA
TRUEPLUS GLUCOSE ON THE GO CHEW	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML</i>	NP	PA	HUMALOG MIX 50/50 KWIKPEN SUPN	P	
<i>liraglutide</i>	NP	PA	HUMALOG MIX 50/50 SUSP	P	
MOUNJARO	P	PA	HUMALOG MIX 75/25 KWIKPEN SUPN	NP	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	P	PA	HUMALOG MIX 75/25 SUSP	P	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	P	PA	HUMALOG TEMPO PEN SOPN	NP	
OZEMPIC (2 MG/DOSE) SOPN	P	PA	HUMALOG SOCT	NP	
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	NP	PA	HUMALOG SOLN IJ	NP	
RYBELSUS TABS 3 MG, 14 MG	NP	PA	HUMULIN 70/30 KWIKPEN SUPN	NP	
RYBELSUS TABS 7 MG	NP	QL(1 EA daily); PA	HUMULIN 70/30 SUSP	P	
TRULICITY	P	PA	HUMULIN N KWIKPEN SUPN	NP	
VICTOZA (<i>liraglutide</i>)	NP	PA	HUMULIN N SUSP	NP	
Insulin			HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	
ADMELOG SOLOSTAR SOPN	NP		HUMULIN R U-500 KWIKPEN SOPN SC	P	
ADMELOG SOLN IJ	NP		HUMULIN R SOLN IJ	P	
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP		INSULIN ASPART FLEXPEN SOPN	NP	
APIDRA SOLOSTAR SOPN	NP		INSULIN ASPART SOLN IJ	NP	
APIDRA SOLN	NP		INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	
BASAGLAR KWIKPEN SOPN	NP	Brand Preferred	INSULIN DEGLUDEC SOLN	NP	
BASAGLAR TEMPO PEN SOPN	NP		INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	Brand Preferred
FIASP FLEXTOUCH SOPN	NP		INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	Brand Preferred
FIASP PENFILL SOCT	NP		INSULIN GLARGINE-YFGN SOLN	NP	
FIASP PUMPCART SOCT	NP		INSULIN GLARGINE-YFGN SOPN	NP	
FIASP SOLN	NP				
HUMALOG JUNIOR KWIKPEN SOPN	NP				
HUMALOG KWIKPEN SOPN	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO (1 UNIT DIAL) SOPN	P		NOVOLIN R FLEXPEN RELION SOPN IJ	NP	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P		NOVOLIN R FLEXPEN SOPN IJ	P	
INSULIN LISPRO PROT & LISPRO SUPN	P		NOVOLIN R RELION SOLN IJ	NP	
INSULIN LISPRO SOLN IJ	P		NOVOLIN R SOLN IJ	NP	
KIRSTY SOLN IJ 100 UNIT/ML	NP		NOVOLOG 70/30 FLEXPEN RELION SUPN	NP	
KIRSTY SOPN SC 100 UNIT/ML	NP		NOVOLOG FLEXPEN RELION SOPN	NP	
LANTUS SOLOSTAR SOPN	P	Brand Preferred	NOVOLOG FLEXPEN SOPN	P	
LANTUS SOLN	P	Brand Preferred	NOVOLOG MIX 70/30 FLEXPEN SUPN	P	
LEVEMIR FLEXPEN SOPN	P		NOVOLOG MIX 70/30 RELION SUSP	NP	
LEVEMIR SOLN	P		NOVOLOG MIX 70/30 SUSP	P	
LYUMJEV KWIKPEN SOPN	NP		NOVOLOG PENFILL SOCT	P	
LYUMJEV TEMPO PEN SOPN	NP		NOVOLOG RELION SOLN IJ	NP	
LYUMJEV SOLN	NP		NOVOLOG SOLN IJ	P	
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP		REZVOGLAR KWIKPEN	NP	
MERILOG SOLN SC 100 UNIT/ML	NP		SEMGLEE (YFGN) SOLN	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP		SEMGLEE (YFGN) SOPN	NP	
NOVOLIN 70/30 FLEXPEN SUPN	NP		TOUJEO MAX SOLOSTAR SOPN	P	Brand Preferred
NOVOLIN 70/30 RELION SUSP	NP		TOUJEO SOLOSTAR SOPN	P	Brand Preferred
NOVOLIN 70/30 SUSP	NP		TRESIBA FLEXTOUCH SOPN	NP	
NOVOLIN N FLEXPEN RELION SUPN	NP		TRESIBA SOLN	NP	
NOVOLIN N FLEXPEN SUPN	P		Insulin Sensitizing Agents		
NOVOLIN N RELION SUSP	NP		ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 EA daily); ST
NOVOLIN N SUSP	NP		<i>pioglitazone hcl</i>	P	QL(1 EA daily)
			Meglitinide Analogues		
			<i>nateglinide</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>repaglinide</i>	P	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin TABS PO 5 MG, 10 MG</i>	P	
FARXIGA TABS PO (<i>dapagliflozin</i>)	NP	
INVOKANA	P	
JARDIANCE	P	
STEGLATRO	NP	
Sulfonylureas		
<i>glimepiride 2 MG, 4 MG</i>	P	QL(1 EA daily)
<i>glimepiride 1 MG</i>	P	
<i>glipizide TABS 5 MG, 10 MG</i>	P	
<i>glipizide TB24</i>	P	
<i>glyburide micronized 6 MG</i>	P	
<i>glyburide micronized 1.5 MG, 3 MG</i>	P	QL(1 EA daily)
<i>glyburide TABS</i>	P	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	NP	
Antidiarrheal/Probiotic Combinations		
<i>loperamide-simethicone TABS</i>	P	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	P	
<i>diphenoxylate w/ atropine TABS</i>	P	
<i>loperamide hcl CAPS</i>	P	RX/OTC
<i>loperamide hcl TABS</i>	P	
ANTIDOTES AND SPECIFIC ANTAGONISTS		

Drug Name	Drug Tier	Requirements/ Limits
Antidotes - Chelating Agents		
CHEMET	P	
<i>deferasirox PACK</i>	P	AL(Up to 10 yrs old); SP
<i>deferasirox TABS</i>	P	SP
<i>deferasirox TBSO</i>	NP	SP
<i>deferasirox TBSO</i>	NP	SP; ST
<i>deferiprone TABS</i>	NP	SP; ST
EXJADE TBSO (<i>deferasirox</i>)	NP	SP; ST
FERRIPROX TWICE-A-DAY TABS	NP	SP; ST
FERRIPROX SOLN	NP	SP; ST
FERRIPROX TABS (<i>deferiprone</i>)	NP	SP; ST
JADENU SPRINKLE PACK (<i>deferasirox</i>)	NP	AL(Up to 10 yrs old); SP; ST
JADENU TABS (<i>deferasirox</i>)	NP	SP; ST
Antidotes and Specific Antagonists		
VISTOGARD	NP	
Opioid Antagonists		
KLOXXADO LIQD	P	
NALMEFENE HCL IJ	NP	
<i>naloxone hcl LIQD</i>	P	RX/OTC
<i>naloxone hcl SOCT</i>	P	
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	
<i>naloxone hcl SOSY</i>	P	
<i>naltrexone hcl</i>	P	
NARCAN LIQD (<i>naloxone hcl</i>)	NP	RX/OTC
OPVEE NA	NP	
REXTOVY LIQD	NP	
VIVITROL	P	SP
ZIMHI SOSY	NP	
ZURNAI IJ 1.5 MG/0.5ML	NP	
ANTIEMETICS - Drugs to Treat Nausea and		

Drug Name	Drug Tier	Requirements/ Limits
Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	
<i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i>	P	
<i>granisetron hcl TABS</i>	NP	
GRANISOL SOLN PO	NP	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	
<i>ondansetron hcl SOLN IJ</i>	P	
<i>ondansetron hcl SOSY</i>	P	
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	
<i>ondansetron TBDP 4 MG, 8 MG</i>	P	ST
<i>ondansetron TBDP 16 MG</i>	NP	ST
SANCUSO PTCH	NP	
Antiemetics - Anticholinergic		
<i>dimenhydrinate TABS</i>	P	
DRAMAMINE CHEW	P	
<i>meclizine hcl CHEW</i>	P	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC
<i>scopolamine</i>	P	
TRANSDERM SCOP 1 MG/3DAYS (<i>scopolamine</i>)	NP	
TRANSDERM-SCOP (<i>scopolamine</i>)	NP	
<i>trimethobenzamide hcl CAPS</i>	NP	
Antiemetics - Miscellaneous		
AKYNZEO	NP	
AKYNZEO (READY-TO-USE) SOLN	NP	
AKYNZEO (TO-BE-DILUTED) SOLN	NP	
BONJESTA TBCR	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	P	Brand Preferred
<i>doxylamine-pyridoxine TBEC</i>	NP	Brand Preferred
<i>dronabinol CAPS</i>	NP	PA
DRONABINOL SOLN 5 MG/ML	NP	
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NP	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS</i>	NP	
<i>aprepitant CPPK PO</i>	NP	
CINVANTI EMUL	P	
EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	NP	
EMEND TRIPACK CPPK PO (<i>aprepitant</i>)	NP	
EMEND SUSR	NP	
NEREUS CAPS PO 85 MG	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	
Antifungals		
<i>flucytosine</i>	NP	
<i>griseofulvin microsize SUSP</i>	P	
<i>griseofulvin microsize TABS</i>	NP	
<i>griseofulvin ultramicrosize</i>	NP	
GRISEOFULVIN ULTRAMICROSIZE 165 MG	NP	
<i>nystatin TABS</i>	P	
<i>terbinafine hcl TABS</i>	P	
Imidazole-Related Antifungals		
CRESEMBA CAPS	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIFLUCAN SUSR 40 MG/ML (<i>fluconazole</i>)	NP		<i>chlorpheniramine maleate</i> TABS	P	
DIFLUCAN TABS 200 MG (<i>fluconazole</i>)	NP		<i>dexchlorpheniramine maleate</i> SOLN	NP	
DIFLUCAN TABS 100 MG (<i>fluconazole</i>)	NP	QL(1 EA daily)	Antihistamines - Ethanolamines		
<i>fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML</i>	P		<i>diphenhydramine hcl</i> CAPS	P	
<i>fluconazole SUSR</i>	P		<i>diphenhydramine hcl</i> CHEW 12.5 MG	P	
<i>fluconazole TABS 150 MG, 200 MG</i>	P		<i>diphenhydramine hcl</i> ELIX 12.5 MG/5ML	P	
<i>fluconazole TABS 50 MG, 100 MG</i>	P	QL(1 EA daily)	<i>diphenhydramine hcl</i> LIQD 12.5 MG/5ML, 25 MG/10ML	P	
<i>itraconazole</i> CAPS	NP		<i>diphenhydramine hcl</i> SOLN 50 MG/ML	P	
<i>itraconazole</i> SOLN	NP		<i>diphenhydramine hcl</i> TABS 25 MG	P	
<i>ketoconazole</i>	NP		Antihistamines - Non-Sedating		
NOXAFIL PACK	NP		<i>cetirizine hcl</i> CAPS	NP	
NOXAFIL SUSP (<i>posaconazole</i>)	NP		<i>cetirizine hcl</i> CHEW	NP	
NOXAFIL TBEC (<i>posaconazole</i>)	NP		<i>cetirizine hcl</i> SOLN PO 1 MG/ML	NP	RX/OTC
<i>posaconazole</i> SUSP	NP		<i>cetirizine hcl</i> SOLN PO	P	RX/OTC
<i>posaconazole</i> TBEC	NP		<i>cetirizine hcl</i> TABS	P	
SPORANOX CAPS (<i>itraconazole</i>)	NP		<i>cetirizine hcl</i> TABS 10 MG	NP	
SPORANOX SOLN (<i>itraconazole</i>)	NP		CLARINEX TABS (<i>desloratadine</i>)	NP	
TOLSURA CAPS	NP		DESLORATADINE SOLN PO 0.5 MG/ML	NP	
VFEND SUSR (<i>voriconazole</i>)	NP		<i>desloratadine</i> TABS	NP	
VFEND TABS 200 MG (<i>voriconazole</i>)	NP		<i>desloratadine</i> TBDP	NP	ST
VIVJOA	NP		<i>fexofenadine hcl</i> SUSP	NP	
<i>voriconazole</i> SUSR	NP		<i>fexofenadine hcl</i> TABS 60 MG, 180 MG	P	
<i>voriconazole</i> TABS	NP		<i>levocetirizine dihydrochloride</i> SOLN	NP	RX/OTC
ANTI-HISTAMINES - Drugs to Treat Allergies			<i>levocetirizine dihydrochloride</i> TABS	NP	RX/OTC
Antihistamines - Alkylamines			<i>loratadine</i> CAPS	NP	
<i>chlorpheniramine maleate</i> SYRP	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>loratadine CHEW</i>	P		<i>colesevelam hcl PACK</i>	NP	
<i>loratadine SOLN</i>	P		<i>colesevelam hcl TABS</i>	P	
<i>loratadine TABS</i>	P		COLESTID GRAN (<i>colestipol hcl</i>)	NP	
<i>loratadine TBDP 10 MG</i>	NP	ST	COLESTID PACK (<i>colestipol hcl</i>)	NP	
Antihistamines - Phenothiazines			COLESTID TABS (<i>colestipol hcl</i>)	NP	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P		<i>colestipol hcl GRAN</i>	P	
<i>promethazine hcl SUPP</i>	P		<i>colestipol hcl PACK</i>	P	
<i>promethazine hcl TABS</i>	P		<i>colestipol hcl TABS</i>	P	
Antihistamines - Piperidines			QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP	
<i>ciproheptadine hcl SYRP</i>	P		QUESTRAN PACK (<i>cholestyramine</i>)	NP	
<i>ciproheptadine hcl TABS</i>	P		QUESTRAN POWD (<i>cholestyramine</i>)	NP	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			WELCHOL PACK (<i>colesevelam hcl</i>)	NP	
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors			WELCHOL TABS (<i>colesevelam hcl</i>)	NP	
NEXLETOL	NP		Fibric Acid Derivatives		
Angiopoietin-like Protein Inhibitors			<i>choline fenofibrate</i>	NP	
EVKEEZA	NP	SP	<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	P	
Antihyperlipidemics - Combinations			<i>fenofibrate micronized 43 MG, 130 MG</i>	NP	
<i>ezetimibe-simvastatin</i>	NP		<i>fenofibrate CAPS</i>	NP	
NEXLIZET	NP		<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
VYTORIN (<i>ezetimibe-simvastatin</i>)	NP		<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	P	
Antihyperlipidemics - Misc.			<i>fenofibric acid</i>	NP	
<i>icosapent ethyl</i>	NP		FIBRICOR (<i>fenofibric acid</i>)	NP	
<i>omega-3-acid ethyl esters</i>	P		<i>gemfibrozil TABS</i>	P	
Bile Acid Sequestrants			LIPOFEN CAPS (<i>fenofibrate</i>)	NP	
<i>cholestyramine light PACK</i>	P		LOPID TABS (<i>gemfibrozil</i>)	NP	
<i>cholestyramine light POWD</i>	P				
<i>cholestyramine PACK</i>	P				
<i>cholestyramine POWD</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
TRICOR TABS (fenofibrate)	NP	
TRILIPIX (choline fenofibrate)	NP	
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	QL(1 EA daily)
ATORVALIQ SUSP	NP	QL(600 ML per 30 day(s) retail; 1800 ML per 90 days mail)
atorvastatin calcium TABS 10 MG, 80 MG	NP	QL(1 EA daily)
atorvastatin calcium TABS	P	QL(1 EA daily)
CRESTOR TABS (rosuvastatin calcium)	NP	QL(1 EA daily)
EZALLOR SPRINKLE CPSP	NP	
fluvastatin sodium CAPS	NP	QL(1 EA daily)
fluvastatin sodium TB24	NP	QL(1 EA daily)
LESCOL XL TB24 (fluvastatin sodium)	NP	QL(1 EA daily)
LIPITOR TABS (atorvastatin calcium)	NP	QL(1 EA daily)
LIVALO (pitavastatin calcium)	NP	QL(1 EA daily)
lovastatin TABS	P	QL(1 EA daily)
pitavastatin calcium	NP	QL(1 EA daily)
pravastatin sodium	P	QL(1 EA daily)
pravastatin sodium 20 MG, 40 MG	NP	QL(1 EA daily)
rosuvastatin calcium TABS	P	QL(1 EA daily)
rosuvastatin calcium TABS	NP	QL(1 EA daily)
simvastatin TABS	P	QL(1 EA daily)
simvastatin TABS 80 MG	NP	QL(1 EA daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	NP	QL(1 EA daily)
ZYPITAMAG 2 MG, 4 MG	NP	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
ezetimibe	P	
ZETIA (ezetimibe)	NP	
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 500 MG	P	QL(1 EA daily)
niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG	P	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	SP
PRALUENT SOAJ	P	SP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	NP	SP; PA
REPATHA SURECLICK SOAJ	P	SP; PA
REPATHA SOSY	P	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (quinapril hcl)	NP	QL(1 EA daily)
ALTACE CAPS 1.25 MG, 5 MG, 10 MG (ramipril)	NP	QL(1 EA daily)
benazepril hcl	P	QL(1 EA daily)
captopril	NP	QL(1 EA daily)
enalapril maleate SOLN	P	
enalapril maleate TABS	P	QL(1 EA daily)
EPANED SOLN (enalapril maleate)	NP	
fosinopril sodium	P	QL(1 EA daily)
lisinopril TABS 20 MG	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(1 EA daily)
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	NP	QL(1 EA daily)
<i>moexipril hcl</i>	NP	QL(1 EA daily)
<i>perindopril erbumine</i>	NP	QL(1 EA daily)
QBRELIS SOLN	NP	QL(40 ML daily)
<i>quinapril hcl</i>	P	QL(1 EA daily)
<i>ramipril CAPS</i>	P	QL(1 EA daily)
<i>trandolapril</i>	P	QL(1 EA daily)
ZESTRIL TABS (<i>lisinopril</i>)	NP	QL(1 EA daily)
Agents for Pheochromocytoma		
<i>metirosine</i>	P	SP
Angiotensin II Receptor Antagonists		
ARBLI PO 10 MG/ML	NP	
ATACAND (<i>candesartan cilexetil</i>)	NP	QL(1 EA daily)
AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	NP	QL(1 EA daily)
<i>azilsartan medoxomil 40 MG, 80 MG</i>	NP	QL(1 EA daily)
BENICAR (<i>olmesartan medoxomil</i>)	NP	QL(1 EA daily)
<i>candesartan cilexetil</i>	NP	QL(1 EA daily)
COZAAR (<i>losartan potassium</i>)	NP	QL(1 EA daily)
DIOVAN TABS (<i>valsartan</i>)	NP	QL(1 EA daily)
EDARBI 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NP	QL(1 EA daily)
<i>irbesartan</i>	P	QL(1 EA daily)
<i>losartan potassium</i>	P	QL(1 EA daily)
MICARDIS (<i>telmisartan</i>)	NP	QL(1 EA daily)
<i>olmesartan medoxomil</i>	P	QL(1 EA daily)
<i>telmisartan</i>	NP	QL(1 EA daily)
<i>valsartan SOLN</i>	NP	
<i>valsartan TABS</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Antiadrenergic Antihypertensives		
CARDURA 8 MG (<i>doxazosin mesylate</i>)	NP	
CARDURA 1 MG, 2 MG, 4 MG (<i>doxazosin mesylate</i>)	NP	QL(1 EA daily)
<i>clonidine hcl TABS</i>	P	
<i>clonidine hcl TABS 0.05 MG</i>	NP	PA
<i>clonidine PTWK</i>	P	
<i>clonidine TB24</i>	NP	
<i>doxazosin mesylate 1 MG, 2 MG, 4 MG</i>	P	QL(1 EA daily)
<i>doxazosin mesylate 8 MG</i>	P	
<i>guanfacine hcl</i>	P	
JAVADIN SOLN PO 0.02 MG/ML	NP	PA
<i>methyldopa TABS</i>	P	
NEXICLON XR TB24 (<i>clonidine</i>)	NP	
<i>prazosin hcl CAPS</i>	P	
<i>terazosin hcl</i>	P	
TEZRULY PO 1 MG/ML	NP	PA
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 EA daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	P	QL(1 EA daily)
<i>amlodipine besylate-valsartan</i>	P	QL(1 EA daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>atenolol & chlorthalidone</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	NP	QL(1 EA daily)
AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	NP	QL(1 EA daily)	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	NP	QL(1 EA daily)
<i>benazepril & hydrochlorothiazide</i>	P	QL(1 EA daily)	<i>metoprolol & hydrochlorothiazide TABS</i>	NP	
BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NP	QL(1 EA daily)	MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>bisoprolol & hydrochlorothiazide</i>	P		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	QL(1 EA daily)	<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>captopril & hydrochlorothiazide</i>	NP	QL(1 EA daily)	<i>quinapril-hydrochlorothiazide</i>	P	QL(1 EA daily)
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>telmisartan-amlodipine 10 MG-40 MG, 10 MG-80 MG, 5 MG-80 MG</i>	NP	
EDARBYCLOR 12.5 MG-40 MG	NP		<i>telmisartan-amlodipine 5 MG-40 MG</i>	NP	QL(1 EA daily)
EDARBYCLOR 25 MG-40 MG	NP	QL(1 EA daily)	<i>telmisartan-hydrochlorothiazide</i>	NP	QL(1 EA daily)
<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(1 EA daily)	TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP	
EXFORGE (<i>amlodipine besylate-valsartan</i>)	NP	QL(1 EA daily)	TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP	
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>trandolapril-verapamil hcl</i>	NP	QL(1 EA daily)
<i>fosinopril sodium & hydrochlorothiazide</i>	NP	QL(1 EA daily)	TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily)
<i>irbesartan-hydrochlorothiazide 12.5 MG-300 MG</i>	NP	QL(1 EA daily)	ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 EA daily)	Direct Renin Inhibitors		
<i>lisinopril & hydrochlorothiazide</i>	P	QL(1 EA daily)	<i>aliskiren fumarate</i>	NP	QL(1 EA daily)
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
TEKTURNA (<i>aliskiren fumarate</i>)	NP	QL(1 EA daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	NP	
INSPRA (<i>eplerenone</i>)	NP	
Vasodilators		
<i>hydralazine hcl TABS</i>	P	
<i>minoxidil 2.5 MG, 10 MG</i>	P	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	
FLAGYL CAPS (<i>metronidazole</i>)	NP	
LIKMEZ SUSP	NP	
<i>metronidazole CAPS</i>	NP	
<i>metronidazole TABS 250 MG, 500 MG</i>	P	
<i>metronidazole TABS 125 MG</i>	NP	
<i>pentamidine isethionate IN</i>	P	
<i>tinidazole</i>	P	
<i>trimethoprim TABS</i>	NP	
Anti-infective Misc. - Combinations		
<i>methenamine-hyosc-methylene blue-sod phospheryl sal CAPS 118 MG</i>	NP	
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	
URELLE TABS 81 MG	NP	
Antiprotozoal Agents		
<i>atovaquone</i>	P	
<i>nitazoxanide TABS</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
Carbapenems		
<i>imipenem-cilastatin IV</i>	P	
<i>meropenem</i>	P	
Cyclic Lipopeptides		
<i>daptomycin 350 MG</i>	NP	
Glycopeptides		
FIRVANQ SOLR PO (<i>vancomycin hcl</i>)	NP	
VANCOCIN CAPS (<i>vancomycin hcl</i>)	NP	
VANCOMYCIN HCL IN DEXTROSE 500 MG/100ML-5 %	P	
<i>vancomycin hcl CAPS</i>	P	
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	
<i>vancomycin hcl SOLR IV 500 MG</i>	P	
VANCOMYCIN HCL SOLR IV 500 MG	P	
Leprostatics		
<i>dapsone</i>	P	
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	NP	ST
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>)	NP	AL(Up to 9 yrs old); ST
<i>clindamycin hcl</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	AL(Up to 9 yrs old)
Monobactams		
CAYSTON	NP	SP; ST
Oxazolidinones		
<i>linezolid SUSR</i>	NP	AL(Up to 10 yrs old); PA
<i>linezolid TABS</i>	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
SIVEXTRO SOLR	NP	
SIVEXTRO TABS	NP	PA
ZYVOX SUSR (<i>linezolid</i>)	NP	AL(Up to 10 yrs old); PA
ZYVOX TABS (<i>linezolid</i>)	NP	PA
Penems		
ORLYNVAH TABS PO	NP	SP
Urinary Anti-infectives		
BLUJEPa TABS PO 750 MG	NP	
<i>fosfomycin tromethamine</i>	NP	
MACROBID (<i>nitrofurantoin monohydrate macro</i>)	NP	
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	NP	
<i>methenamine hippurate</i>	P	
<i>nitrofurantoin</i>	NP	
NITROFURANTOIN	NP	
<i>nitrofurantoin macrocrystal</i>	P	
<i>nitrofurantoin monohydrate macro</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	P	
Antimalarials		
<i>chloroquine phosphate TABS</i>	P	
<i>hydroxychloroquine sulfate 200 MG</i>	P	
<i>mefloquine hcl</i>	P	
<i>primaquine phosphate TABS</i>	P	
<i>pyrimethamine</i>	P	SP

Drug Name	Drug Tier	Requirements/ Limits
<i>quinine sulfate CAPS 324 MG</i>	P	
SOVUNA 200 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
<i>pyridostigmine bromide SOLN PO</i>	P	
<i>pyridostigmine bromide TABS 60 MG</i>	P	
<i>pyridostigmine bromide TBCR</i>	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	P	
<i>ethambutol hcl TABS</i>	P	
<i>isoniazid SYRP</i>	P	
<i>isoniazid TABS</i>	P	
PRIFTIN	P	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin CAPS</i>	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BELRAPZO SOLN	P	SP
BENDAMUSTINE HCL SOLN	P	SP
<i>bendamustine hcl SOLR</i>	P	SP
BENDEKA SOLN	P	SP
<i>busulfan SOLN</i>	P	
BUSULFEX SOLN (<i>busulfan</i>)	P	
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carmustine</i>	P		KYXATA SOLN 80 MG/8ML, 500 MG/50ML	P	SP
CARMUSTINE 300 MG	P		<i>lomustine</i>	P	
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	P	SP	<i>melphalan hcl IV</i>	P	SP
CISPLATIN SOLN 200 MG/200ML (<i>cisplatin</i>)	P	SP	<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	P	
CISPLATIN SOLR	P	SP	<i>oxaliplatin SOLR</i>	P	
<i>cyclophosphamide CAPS</i>	P		TEMODAR SOLR	P	SP
<i>cyclophosphamide SOLN 1 GM/5ML, 500 MG/2.5ML</i>	P	SP	<i>temozolomide CAPS</i>	P	SP
CYCLOPHOSPHAMIDE SOLN	P	SP	TEPADINA (<i>thiotepa</i>)	P	SP
CYCLOPHOSPHAMIDE SOLN	P	SP	TEPADINA SOLR IV 200 MG/200ML	P	SP
CYCLOPHOSPHAMIDE SOLN (<i>cyclophosphamide</i>)	P	SP	TEPYLUTE IV 15 MG/1.5ML, 100 MG/10ML	P	SP
<i>cyclophosphamide SOLR IJ</i>	P	SP	<i>thiotepa</i>	P	SP
CYCLOPHOSPHAMIDE TABS	P		TREANDA SOLR (<i>bendamustine hcl</i>)	P	SP
EVDI IV 1 MG/20ML	P	SP	VIVIMUSTA SOLN	P	SP
EVOMELA IV	P	SP	YONDELIS	P	SP
FRINDOVYX SOLN	P	SP	ZANOSAR	P	
GLIADEL WAFER	P		ZEPZELCA	P	SP
GRAFAPEX SOLR IV 1 GM, 5 GM	P	SP	Antimetabolites		
HEPZATO W/50MM CATHETER IA	P	SP	ALIMTA SOLR (<i>pemetrexed disodium</i>)	P	SP
HEPZATO W/62MM CATHETER IA	P	SP	ARRANON (<i>nelarabine</i>)	P	
IFEX SOLR	P		AVGEMSI SOLN 1 GM/26.3ML, 2 GM/52.6ML	P	
IFEX SOLR (<i>ifosfamide</i>)	P		AXTLE	P	SP
<i>ifosfamide SOLN</i>	P		<i>azacitidine SUSR</i>	P	SP
<i>ifosfamide SOLR</i>	P		<i>capecitabine</i>	P	SP
IFOSFAMIDE SOLR	P		<i>cladribine 10 MG/10ML</i>	P	SP
IVRA IV 90 MG/ML	P	SP	<i>clofarabine</i>	P	
			<i>cytarabine SOLN</i>	P	SP
			<i>decitabine</i>	P	SP
			FAVLYXA 250 MG/10ML	P	
			<i>fludarabine phosphate SOLN</i>	P	SP
			<i>fludarabine phosphate SOLR</i>	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil</i>	P		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	
FOLOTYN 20 MG/ML, 40 MG/2ML (<i>pralatrexate</i>)	P	SP	VIDAZA SUSR (<i>azacitidine</i>)	P	SP
<i>gemcitabine hcl</i> SOLN	P		XATMEP SOLN PO	P	
GEMCITABINE HCL SOLN	P		XELODA (<i>capecitabine</i>)	NP	SP; ST
GEMCITABINE HCL SOLN (<i>gemcitabine hcl</i>)	P		Antineoplastic - Angiogenesis Inhibitors		
GEMCITABINE HCL SOLN	P		ALYMSYS	P	SP
<i>gemcitabine hcl</i> SOLR	P		AVASTIN	P	SP; ST
INLEXZO IMPL IS 225 MG	P		CYRAMZA	P	SP
JYLAMVO SOLN PO	P	SP	FRUZAQLA	P	SP
<i>mercaptopurine SUSP</i> 2000 MG/100ML	P		INLYTA	P	SP
<i>mercaptopurine</i> TABS	P		JOBEVNE SOLN IV 100 MG/4ML, 400 MG/16ML	P	SP
<i>methotrexate sodium</i> SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	P		LENVIMA (10 MG DAILY DOSE)	P	SP
<i>methotrexate sodium</i> SOLR	P		LENVIMA (12 MG DAILY DOSE)	P	SP
<i>methotrexate sodium</i> TABS 2.5 MG	P		LENVIMA (14 MG DAILY DOSE)	P	SP
<i>nelarabine</i>	P		LENVIMA (18 MG DAILY DOSE)	P	SP
ONUREG TABS	P	SP	LENVIMA (20 MG DAILY DOSE)	P	SP
PEMETREXED	P	SP	LENVIMA (24 MG DAILY DOSE)	P	SP
PEMETREXED DISODIUM SOLN	P	SP	LENVIMA (4 MG DAILY DOSE)	P	SP
<i>pemetrexed disodium</i> SOLR	P	SP	LENVIMA (8 MG DAILY DOSE)	P	SP
PEMETREXED DITROMETHAMINE	P	SP	MVASI	P	SP
PEMFEXY	P	SP	VEGZELMA	P	SP
PEMFEXY	P	SP	ZALTRAP	P	SP
PEMRYDI RTU SOLN	P	SP	ZIRABEV	P	SP
<i>pralatrexate</i>	P	SP	Antineoplastic - Antibodies		
PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	NP		ADCETRIS	P	SP
			BAVENCIO	P	SP
			BESPONSA	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BIZENGRI (750 MG DOSE)	P	SP	RYBREVANT	P	SP
BLNREP	P	SP	SARCLISA	P	SP
BLINCYTO	P	SP	TALVEY	P	SP
COLUMVI	P	SP	TECENTRIQ	P	SP
DANYELZA	P		TEVIMBRA	P	SP
DARZALEX	P	SP	TIVDAK	P	SP
DECNUPAZ SOLR IV 2 MG	P	SP	TRUXIMA	P	SP
ELAHERE	P	SP	UNITUXIN	P	SP
ELREXFIO	P	SP	UNLOXCYT SOLN IV 300 MG/5ML	P	SP
EMPLICITI	P	SP	VYLOY	P	SP
EMRELIS SOLR IV 20 MG, 100 MG	P	SP	YERVOY	P	SP
ENHERTU	P	SP	ZEVALIN Y-90	P	SP
EPKINLY	P	SP	ZYNLONTA	P	SP
GAZYVA	P	SP	ZYNYZ	P	SP
IMDELLTRA	P	SP	Antineoplastic - Anti-HER2 Agents		
IMFINZI	P	SP	HERCEPTIN 150 MG	P	SP; ST
JEMPERLI	P	SP	HERCESSI	P	SP
KADCYLA	P	SP	HERNEXEOS TABS PO 60 MG	P	SP
KEYTRUDA	P	SP	HERZUMA	P	SP
KIMMTRAK	P	SP	KANJINTI	P	SP
LIBTAYO	P	SP	OGIVRI	P	SP
LOQTORZI	P	SP	ONTRUZANT	P	SP
LUNSUMIO	P	SP	PERJETA	P	SP
LUNSUMIO VELO 5 MG/0.5ML, 45 MG/ML	P	SP	TRAZIMERA	P	SP
LYNOZYFIC SOLN IV 5 MG/2.5ML, 200 MG/10ML	P	SP	TUKYSA	P	SP
MONJUVI	P	SP	ZIIHERA	P	SP
OPDIVO	P	SP	Antineoplastic - BCL-2 Inhibitors		
PADCEV	P	SP	VENCLEXTA STARTING PACK TBPK	P	SP
POLIVY	P	SP	VENCLEXTA TABS	P	SP
POTELIGEO	P	SP	Antineoplastic - Cellular Immunotherapy		
RIABNI	P	SP	AUCATZYL	P	SP
RITUXAN	P	SP; ST	CARVYKTI	P	SP
RUXIENCE	P	SP	PROVENGE	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TECELRA	P	SP	<i>exemestane</i>	P	GL
Antineoplastic - EGFR Inhibitors			FARESTON (<i>toremifene citrate</i>)	NP	
ERBITUX	P	SP	FASLODEX SOSY (<i>fulvestrant</i>)	P	
<i>erlotinib hcl</i>	P	SP	FEMARA (<i>letrozole</i>)	P	ST; GL
EXKIVITY	P	SP	FIRMAGON 80 MG	P	SP
<i>gefitinib</i>	P	SP	FIRMAGON (240 MG DOSE)	P	SP
GILOTRIF	P	SP	<i>fulvestrant SOSY</i>	P	
IRESSA (<i>gefitinib</i>)	NP	SP; ST	INLURIYO TABS PO 200 MG	P	SP
LAZCLUZE	P	SP	<i>letrozole</i>	P	GL
PORTRAZZA	P	SP	<i>letrozole</i>	P	
TAGRISO	P	SP	<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	P	
TARCEVA (<i>erlotinib hcl</i>)	NP	SP; ST	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	P	SP
VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP	LIFYORLI (125 MG DOSE) CPPK PO	P	SP
VIZIMPRO	P	SP	LIFYORLI (150 MG DOSE) CPPK PO	P	SP
Antineoplastic - Gene Therapy Agents			LUPRON DEPOT (1-MONTH) KIT IM	P	SP
ADSTILADRIN	P	SP	LUPRON DEPOT (3-MONTH) KIT IM	P	SP
Antineoplastic - Hedgehog Pathway Inhibitors			LUPRON DEPOT (4-MONTH) IM	P	SP
DAURISMO	P	SP	LUPRON DEPOT (6-MONTH) IM	P	SP
ERIVEDGE	P	SP	LUTRATE DEPOT INJ 22.5 MG	P	
ODOMZO	P	SP	LYSODREN	P	SP
Antineoplastic - Hormonal and Related Agents			<i>megestrol acetate TABS</i>	P	
<i>abiraterone acetate</i>	P	SP	<i>nilutamide</i>	P	
AKEEGA	P	SP	NUBEQA	P	SP
<i>anastrozole</i>	P	GL	ORGOVYX	P	SP
ARIMIDEX (<i>anastrozole</i>)	P	ST; GL	ORSERDU	P	SP
AROMASIN (<i>exemestane</i>)	P	ST; GL	SOLTAMOX SOLN	P	
<i>bicalutamide</i>	P		<i>tamoxifen citrate TABS</i>	P	
CAMCEVI	P	SP			
CASODEX (<i>bicalutamide</i>)	NP	ST			
CLIGAVYX SOSY 250 MG/5ML	P				
ELIGARD KIT SC	P	SP			
EMCYT	P	SP			
ERLEADA	P	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>toremifene citrate</i>	P		XPOVIO (60 MG TWICE WEEKLY)	P	SP
TRELSTAR MIXJECT	P	SP	XPOVIO (80 MG ONCE WEEKLY)	P	SP
VEPPANU TABS PO 100 MG, 200 MG	P		XPOVIO (80 MG TWICE WEEKLY)	P	SP
XTANDI CAPS	P	SP	Antineoplastic Antibiotics		
XTANDI TABS	P	SP	<i>bleomycin sulfate</i>	P	
YONSA	P	SP	<i>dactinomycin</i>	P	
ZYTIGA (<i>abiraterone acetate</i>)	NP	SP; ST	<i>daunorubicin hcl SOLN</i>	P	SP
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			DAUNORUBICIN HCL SOLN (<i>daunorubicin hcl</i>)	P	SP
WELIREG	P	SP	DOXIL SUSP (<i>doxorubicin hcl liposomal</i>)	P	
Antineoplastic - Immunomodulators			<i>doxorubicin hcl liposomal SUSP</i>	P	
<i>pomalidomide</i> 1 MG, 2 MG, 3 MG, 4 MG	P	SP	<i>doxorubicin hcl SOLN</i>	P	
POMALYST 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	NP	SP	DOXORUBICIN HCL SOLN (<i>doxorubicin hcl</i>)	P	
Antineoplastic - Menin Inhibitors			<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	P	
KOMZIFTI CAPS PO 200 MG	P	SP	ELLENCE SOLN	P	SP
REVUFORJ 25 MG	P		IDAMYCIN PFS (<i>idarubicin hcl</i>)	P	
REVUFORJ	P	SP	<i>idarubicin hcl</i>	P	
Antineoplastic - PDGFR-alpha Inhibitors			JELMYTO KIT UL 40 MG	P	
AYVAKIT	P	SP	<i>mitomycin SOLR IV</i>	P	
Antineoplastic - Protease Activators			<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	P	SP
MODEYSO CAPS PO 125 MG	P	SP	<i>valrubicin</i>	P	SP
Antineoplastic - XPO1 Inhibitors			VALSTAR (<i>valrubicin</i>)	P	SP
XPOVIO (100 MG ONCE WEEKLY) 50 MG	P	SP	ZUSDURI KIT IS	P	
XPOVIO (40 MG ONCE WEEKLY)	P	SP	Antineoplastic Combinations		
XPOVIO (40 MG TWICE WEEKLY) 40 MG	P	SP	AVMAPKI FAKZYNJA CO-PACK THPK PO	P	SP
XPOVIO (60 MG ONCE WEEKLY) 60 MG	P	SP	DARZALEX FASPRO	P	SP
			HERCEPTIN HYLECTA	P	SP
			INQOVI	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KEYTRUDA QLEX SOLN SC	P	SP	CABOMETYX TABS	P	SP
LONSURF	P	SP	CALQUENCE	P	SP
OPDIVO QVANTIG	P	SP	CAPRELSA	P	SP
OPDUALAG	P	SP	COMETRIQ (100 MG DAILY DOSE) KIT	P	SP
PHESGO	P	SP	COMETRIQ (140 MG DAILY DOSE) KIT	P	SP
RITUXAN HYCELA	P	SP	COMETRIQ (60 MG DAILY DOSE) KIT	P	SP
RYBREVA FASPRO SOLN SC	P	SP	COPIKTRA	P	SP
TECENTRIQ HYBREZA	P	SP	COTELLIC	P	SP
VYXEOS	P	SP	DANZITEN	NP	SP; PA
Antineoplastic Enzyme Inhibitors			<i>dasatinib</i>	P	SP
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	NP	SP; ST	ENSACOVE CAPS PO 25 MG, 100 MG	P	SP
AFINITOR TABS (<i>everolimus</i>)	NP	SP; ST	<i>everolimus</i> TABS	P	SP
ALECENSA	P	SP	<i>everolimus</i> TBSO	P	SP
ALUNBRIG TABS	P	SP	FOTIVDA	P	SP
ALUNBRIG TBP	P	SP	FYARRO	P	SP
AUGTYRO	P	SP	GAVRETO	P	SP
BALVERSA	P	SP	GAVRETO	P	SP
BELEODAQ	P	SP	GLEEVEC TABS (<i>imatinib mesylate</i>)	NP	SP; ST
BORTEZOMIB SOLN IV	P	SP	GOMEKLI CAPS PO 1 MG, 2 MG	P	SP
<i>bortezomib</i> SOLR IJ	P	SP	GOMEKLI TBSO PO 1 MG	P	SP
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	P	SP	IBRANCE CAPS 100 MG, 125 MG	P	SP
BORUZU SOLN IJ	P	SP	IBRANCE TABS	P	SP
BOSULIF CAPS	P	SP	IBTROZI CAPS PO 200 MG	P	SP
BOSULIF TABS 400 MG (<i>bosutinib</i>)	P	SP	ICLUSIG	P	SP
BOSULIF TABS 100 MG, 500 MG (<i>bosutinib</i>)	P	Brand Preferred; SP	IDHIFA	P	SP
<i>bosutinib</i> TABS 100 MG, 500 MG	NP	Brand Preferred; SP	<i>imatinib mesylate</i> TABS	P	SP
<i>bosutinib</i> TABS 400 MG	NP	SP	IMBRUVICA CAPS	P	SP
BRAFTOVI 75 MG	P	SP	IMBRUVICA SUSP	P	SP
BRUKINSA PO 160 MG	P	SP	IMBRUVICA TABS 140 MG, 280 MG, 420 MG	P	SP
BRUKINSA	P	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMKELDI SOLN	NP	SP; ST	<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	NP	Brand Preferred; SP
INREBIC	P	SP	NINLARO	P	SP
ISTODAX SOLR (<i>romidepsin</i>)	P	SP	OGSIVEO	P	SP
ITOVEBI	P	SP	OJEMDA SUSR	P	SP
JAKAFI	P	SP	OJEMDA TABS	P	SP
JAKAFI XR PO 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	P	SP	OJJAARA	P	SP
JAYPIRCA	P	SP	<i>pazopanib hcl</i>	P	SP
KISQALI (200 MG DOSE)	P	SP	PEMAZYRE 4.5 MG	P	QL(1 EA daily); SP
KISQALI (400 MG DOSE)	P	SP	PEMAZYRE 9 MG, 13.5 MG	P	SP
KISQALI (600 MG DOSE)	P	SP	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	NP	SP; ST
KOSELUGO PO 5 MG, 7.5 MG	P	SP	PIQRAY (200 MG DAILY DOSE)	P	SP
KOSELUGO	P	SP	PIQRAY (250 MG DAILY DOSE)	P	SP
KRAZATI	P	SP	PIQRAY (300 MG DAILY DOSE)	P	SP
KYPROLIS	P	SP	QINLOCK	P	SP
<i>lapatinib ditosylate</i>	P	SP	RETEVMO CAPS	P	SP
LORBRENA	P	SP	RETEVMO TABS	P	SP
LUMAKRAS	P	SP	REZLIDHIA	P	SP
LYNPARZA TABS	P	SP	ROMIDEPSIN SOLN	P	SP
LYTGOBI (12 MG DAILY DOSE)	P	SP	<i>romidepsin SOLR</i>	P	SP
LYTGOBI (16 MG DAILY DOSE)	P	SP	ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	P	SP
LYTGOBI (20 MG DAILY DOSE)	P	SP	ROZLYTREK CAPS	P	SP
MEKINIST SOLR	P	SP	ROZLYTREK PACK	P	SP
MEKINIST TABS	P	SP	RUBRACA	P	SP
MEKTOVI	P	SP	RYDAPT	P	SP
NERLYNX	P	SP	RYTELO	P	SP
NEXAVAR (<i>sorafenib tosylate</i>)	NP	SP; ST	SCEMBLIX	P	SP
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	NP	SP	<i>sorafenib tosylate</i>	P	SP
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	NP	SP	SPRYCEL (<i>dasatinib</i>)	NP	SP; ST
			STIVARGA	P	SP
			<i>sunitinib malate</i>	P	SP

Drug Name	Drug Tier	Requirements/ Limits
SUTENT (<i>sunitinib malate</i>)	NP	SP; ST
TABRECTA	P	SP
TAFINLAR CAPS	P	SP
TAFINLAR TBSO	P	SP
TALZENNA	P	SP
TASIGNA 50 MG, 150 MG, 200 MG (<i>nilotinib hcl</i>)	P	Brand Preferred; SP
TAZVERIK	P	SP
<i>temsirolimus</i>	P	SP
TEPMETKO	P	SP
TIBSOVO	P	SP
TORISEL (<i>temsirolimus</i>)	P	SP
TRUQAP TABS	P	SP
TRUQAP TBPk	P	SP
TURALIO 125 MG	P	SP
TYKERB (<i>lapatinib ditosylate</i>)	NP	SP; ST
VANFLYTA	P	SP
VELCADE SOLR IJ (<i>bortezomib</i>)	P	SP
VERZENIO	P	SP
VITRAKVI CAPS	P	SP
VITRAKVI SOLN	P	SP
VONJO	P	SP
VORANIGO	P	SP
VOTRIENT (<i>pazopanib hcl</i>)	NP	SP
XALKORI CAPS	P	SP
XALKORI CPSP	P	SP
XOSPATA	P	SP
ZEJULA TABS	P	SP
ZELBORAF	P	SP
ZOLINZA	P	SP
ZYDELIG	P	SP
ZYKADIA TABS	P	SP
Antineoplastic Enzymes		
ASPARLAS	P	SP

Drug Name	Drug Tier	Requirements/ Limits
ONCASPAR	P	SP
RYLAZE	P	SP
Antineoplastic Radiopharmaceuticals		
LUTATHERA	P	SP
PLUVICTO	P	SP
XOFIGO	P	
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	P	SP
ANKTIVA	P	SP
<i>arsenic trioxide</i>	P	SP
<i>bexarotene</i>	P	SP
<i>dacarbazine SOLR</i>	P	
ELZONRIS	P	
HYDREA (<i>hydroxyurea</i>)	NP	ST
<i>hydroxyurea</i>	P	
LYMPHIR SOLR IV 300 MCG	P	SP
MATULANE	P	SP
NIPENT	P	
TICE BCG	P	
<i>tretinoin (chemotherapy)</i>	P	SP
TRISENOX (<i>arsenic trioxide</i>)	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		
COSELA	P	
<i>dexrazoxane hcl</i>	P	SP
ETHYOL	P	
IWILFIN	P	SP
<i>leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML</i>	P	
<i>leucovorin calcium SOLR</i>	P	
<i>leucovorin calcium TABS</i>	P	
<i>levoleucovorin calcium SOLN 175 MG/17.5ML</i>	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levoleucovorin calcium SOLR</i>	P	SP	<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	P	SP
<i>mesna SOLN</i>	P	SP	HALAVEN (<i>eribulin mesylate</i>)	P	SP
<i>mesna TABS</i>	P	SP	IXEMPRA KIT	P	SP
MESNEX SOLN (<i>mesna</i>)	NP	SP	JEVTANA	P	SP
MESNEX TABS	NP	SP; ST	<i>paclitaxel 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML</i>	P	
VORAXAZE	NP	SP	PACLITAXEL PROTEIN-BOUND PART	P	SP
VYKOURA SOLN IJ 50 MG/5ML, 350 MG/35ML, 500 MG/50ML	P		<i>paclitaxel protein-bound particles</i>	P	SP
Mitotic Inhibitors			<i>vinblastine sulfate SOLN</i>	P	
ABRAXANE (<i>paclitaxel protein-bound particles</i>)	P	SP	<i>vincristine sulfate</i>	P	SP
AVOPEF SOLN 100 MG/5ML	P	SP	<i>vinorelbine tartrate</i>	P	
AVOPEF SOLN 500 MG/25ML	P		Oncolytic Viral Agents		
BEIZRAY CONC 20 MG/ML	P	SP	IMLYGIC	P	SP
BEIZRAY SOLN IV	P	SP	Topoisomerase I Inhibitors		
<i>docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>	P	SP	CAMPTOSAR (<i>irinotecan hcl</i>)	P	SP
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP	DATROWAY	P	SP
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (<i>docetaxel</i>)	P	SP	HYCANTIN CAPS	P	SP
<i>docetaxel SOLN</i>	P	SP	HYCANTIN SOLR (<i>topotecan hcl</i>)	P	SP
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP	<i>irinotecan hcl</i>	P	SP
DOCETAXEL SOLN (<i>docetaxel</i>)	P	SP	ONIVYDE IV 43 MG/10ML	P	SP
DOCIVYX SOLN	P	SP	<i>topotecan hcl SOLN</i>	P	SP
<i>eribulin mesylate</i>	P	SP	TOPOTECAN HCL SOLN (<i>topotecan hcl</i>)	P	SP
ETOPOPHOS	P		<i>topotecan hcl SOLR</i>	P	SP
<i>etoposide CAPS</i>	P	SP	TRODELVY	P	SP
			ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
			Antiparkinson Adjunctive Therapy		
			<i>carbidopa</i>	NP	
			NOURIANZ 40 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOURIANZ 20 MG	NP	QL(1 EA daily)	MIRAPEX ER TB24 0.75 MG, 2.25 MG, 3.75 MG (<i>pramipexole dihydrochloride</i>)	NP	QL(1 EA daily)
Antiparkinson Anticholinergics			NEUPRO	NP	
<i>benztropine mesylate</i> TABS	P		ONAPGO SOCT 98 MG/20ML	NP	SP
<i>trihexyphenidyl hcl</i> SOLN	P		OSMOLEX ER TB24 129 MG	NP	
<i>trihexyphenidyl hcl</i> TABS	P		PARLODEL CAPS (<i>bromocriptine mesylate</i>)	NP	
Antiparkinson COMT Inhibitors			PARLODEL TABS (<i>bromocriptine mesylate</i>)	NP	
<i>entacapone</i>	P		<i>pramipexole dihydrochloride</i> TABS	P	
ONGENTYS	NP		<i>pramipexole dihydrochloride</i> TB24 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG	NP	QL(1 EA daily)
Antiparkinson Dopaminergics			<i>pramipexole dihydrochloride</i> TB24 0.375 MG, 3 MG, 4.5 MG	NP	
<i>amantadine hcl</i> CAPS	P		<i>ropinirole hydrochloride</i> TABS	P	
<i>amantadine hcl</i> SOLN	P	AL(Up to 10 yrs old)	<i>ropinirole hydrochloride</i> TB24 2 MG, 4 MG, 6 MG	NP	QL(1 EA daily)
<i>amantadine hcl</i> TABS	NP		<i>ropinirole hydrochloride</i> TB24 8 MG, 12 MG	NP	
<i>bromocriptine mesylate</i> CAPS	P		RYTARY CPR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG (<i>carbidopa-levodopa</i>)	NP	
<i>bromocriptine mesylate</i> TABS 2.5 MG	P		SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NP	
<i>carbidopa-levodopa</i> CPR	NP		STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>)	NP	
<i>carbidopa-levodopa-entacapone</i>	NP		VYALEV SOLN SC	NP	SP
<i>carbidopa-levodopa</i> TABS	P		Antiparkinson Monoamine Oxidase Inhibitors		
<i>carbidopa-levodopa</i> TBCR	P		AZILECT 1 MG (<i>rasagiline mesylate</i>)	NP	
<i>carbidopa-levodopa</i> TBDP	NP	ST			
CREXONT CPR	NP				
DHIVY TABS	NP				
DUOPA SUSP	NP				
GOCOVRI CP24 68.5 MG	NP	QL(1 EA daily); SP			
GOCOVRI CP24 137 MG	NP	SP			
INBRIJA CAPS	NP				
MIRAPEX ER TB24 0.375 MG, 3 MG (<i>pramipexole dihydrochloride</i>)	NP				

Drug Name	Drug Tier	Requirements/Limits
AZILECT 0.5 MG (<i>rasagiline mesylate</i>)	NP	QL(2 EA daily)
<i>rasagiline mesylate</i> 1 MG	NP	
<i>rasagiline mesylate</i> 0.5 MG	NP	QL(2 EA daily)
<i>selegiline hcl</i> CAPS	P	
<i>selegiline hcl</i> TABS	P	
XADAGO 100 MG	NP	
XADAGO 50 MG	NP	QL(1 EA daily)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	P	
<i>lithium carbonate</i> CAPS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>lithium carbonate</i> TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>lithium carbonate</i> TBCR	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
LITHOBID TBCR (<i>lithium carbonate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Antipsychotics - Misc.		

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA 10.5 MG, 21 MG	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
CAPLYTA 42 MG	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
EQUETRO	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
GEODON (<i>ziprasidone mesylate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
GEODON (<i>ziprasidone mesylate</i>)	NP	AL(At least 18 yrs old)
GEODON (<i>ziprasidone hcl</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
GEODON 40 MG (<i>ziprasidone hcl</i>)	NP	AL(At least 18 yrs old)
LATUDA 80 MG, 120 MG (<i>lurasidone hcl</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LATUDA 20 MG, 40 MG, 60 MG (<i>lurasidone hcl</i>)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	VRAYLAR CAPS 4.5 MG, 6 MG	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>lurasidone hcl</i> 20 MG, 40 MG, 60 MG	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	VRAYLAR CAPS 1.5 MG, 3 MG	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
<i>lurasidone hcl</i> 20 MG, 40 MG, 60 MG	P	QL(1 EA daily); AL(At least 18 yrs old)	VRAYLAR CAPS 0.5 MG, 0.75 MG	P	AL(At least 18 yrs old)
<i>lurasidone hcl</i> 80 MG, 120 MG	P	AL(At least 18 yrs old)	<i>ziprasidone hcl</i>	P	AL(At least 18 yrs old)
<i>lurasidone hcl</i> 80 MG, 120 MG	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>ziprasidone hcl</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
NUPLAZID CAPS	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>ziprasidone mesylate</i>	P	AL(At least 18 yrs old)
NUPLAZID TABS 10 MG	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	Benzisoxazoles		
			BYSANTI TITRATION PACK A TBPK PO	NP	AL(At least 18 yrs old); PA
			BYSANTI TITRATION PACK B TBPK PO	NP	AL(At least 18 yrs old); PA
			BYSANTI TITRATION PACK C TBPK PO	NP	AL(At least 18 yrs old); PA
			BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	NP	AL(At least 18 yrs old); PA
			ERZOFRI	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FANAPT	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	INVEGA TRINZA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
FANAPT TITRATION PACK A	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>paliperidone 1.5 MG, 3 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
FANAPT TITRATION PACK B	NP	AL(At least 18 yrs old)	<i>paliperidone 6 MG, 9 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
FANAPT TITRATION PACK C	NP	AL(At least 18 yrs old)	<i>paliperidone 1.5 MG, 3 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
INVEGA 6 MG, 9 MG (<i>paliperidone</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>paliperidone 6 MG, 9 MG</i>	P	AL(At least 18 yrs old)
INVEGA 3 MG (<i>paliperidone</i>)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	PERSERIS PRSY	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
INVEGA HAFYERA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP	RISPERDAL CONSTA (<i>risperidone microspheres</i>)	P	PA required for all antipsychotics for patients under 18 years old; Brand Preferred; AL(At least 18 yrs old); SP
INVEGA SUSTENNA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL SOLN (risperidone)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	RYKINDO SRER	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	UZEDY SUSY	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
risperidone microspheres	NP	Brand Preferred; AL(At least 18 yrs old); SP	Butyrophenones		
risperidone SOLN	P	AL(At least 18 yrs old)	HALDOL DECANOATE (haloperidol decanoate)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
risperidone SOLN	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	haloperidol decanoate	P	AL(At least 18 yrs old)
risperidone TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	haloperidol lactate CONC	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
risperidone TABS	P	AL(At least 18 yrs old)	haloperidol lactate SOLN	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
risperidone TBDP	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); ST	haloperidol TABS	NP	AL(At least 18 yrs old)
risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NP	AL(At least 18 yrs old)	haloperidol TABS	P	AL(At least 18 yrs old)
			haloperidol TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Dibenzapines		
ADASUVE	NP	AL(At least 18 yrs old)
<i>asenapine maleate</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>clozapine TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>clozapine TBDP</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); ST
<i>clozapine TBDP</i>	NP	AL(At least 18 yrs old); ST
CLOZARIL TABS (<i>clozapine</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>loxapine succinate</i>	P	AL(At least 18 yrs old)
<i>loxapine succinate</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>olanzapine SOLR</i>	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
<i>olanzapine TABS 10 MG, 15 MG, 20 MG</i>	P	AL(At least 18 yrs old)
<i>olanzapine TABS 10 MG, 15 MG, 20 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>olanzapine TBDP 10 MG, 15 MG, 20 MG</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); ST
<i>olanzapine TBDP 10 MG, 15 MG, 20 MG</i>	NP	AL(At least 18 yrs old); ST
<i>olanzapine TBDP 10 MG, 15 MG, 20 MG</i>	NP	AL(At least 18 yrs old)
<i>olanzapine TBDP 5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>olanzapine TBDP 5 MG</i>	NP	QL(1 EA daily); AL(At least 18 yrs old); ST
<i>olanzapine TBDP 5 MG</i>	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old); ST

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	P	AL(At least 18 yrs old)	SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NP	AL(At least 18 yrs old)
<i>quetiapine fumarate TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>quetiapine fumarate TB24 50 MG, 300 MG, 400 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	SEROQUEL XR TB24 150 MG, 200 MG (<i>quetiapine fumarate</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)
<i>quetiapine fumarate TB24 150 MG, 200 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	SEROQUEL TABS 25 MG, 50 MG, 300 MG (<i>quetiapine fumarate</i>)	NP	AL(At least 18 yrs old)
SAPHRIS (<i>asenapine maleate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	SEROQUEL TABS (<i>quetiapine fumarate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
SECUADO	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	VERSACLOZ SUSP	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
SEROQUEL XR TB24 150 MG, 200 MG (<i>quetiapine fumarate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	ZYPREXA RELPREVV	NP	AL(At least 18 yrs old); SP; PA
			ZYPREXA RELPREVV	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
			ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 20 MG (<i>olanzapine</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); ST

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZYPREXA ZYDIS TBDP 5 MG (<i>olanzapine</i>)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old); ST	Muscarinic Agents		
ZYPREXA SOLR (<i>olanzapine</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	COBENFY STARTER PACK CPPK	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); PA
ZYPREXA SOLR (<i>olanzapine</i>)	NP	AL(At least 18 yrs old)	COBENFY CAPS	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); PA
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	COBENFY CAPS	NP	AL(At least 18 yrs old); PA
ZYPREXA TABS 10 MG, 15 MG, 20 MG (<i>olanzapine</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	Phenothiazines		
ZYPREXA TABS 10 MG, 15 MG, 20 MG (<i>olanzapine</i>)	NP	AL(At least 18 yrs old)	<i>chlorpromazine hcl CONC</i>	NP	AL(At least 18 yrs old)
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	<i>chlorpromazine hcl CONC</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Dihydroindolones			<i>chlorpromazine hcl SOLN</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>molindone hcl</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>chlorpromazine hcl SOLN</i>	P	AL(At least 18 yrs old)
			<i>chlorpromazine hcl TABS</i>	NP	AL(At least 18 yrs old)
			<i>chlorpromazine hcl TABS</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
			<i>fluphenazine decanoate</i>	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl CONC</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>prochlorperazine maleate TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>fluphenazine hcl ELIX</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>thioridazine hcl</i>	P	AL(At least 18 yrs old)
<i>fluphenazine hcl SOLN</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>thioridazine hcl</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>fluphenazine hcl TABS</i>	NP	AL(At least 18 yrs old)	<i>trifluoperazine hcl TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>fluphenazine hcl TABS</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	Quinolinone Derivatives		
<i>perphenazine TABS</i>	P	AL(At least 18 yrs old)	ABILIFY ASIMTUFII PRSY	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
<i>perphenazine TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ABILIFY MAINTENA PRSY	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
<i>prochlorperazine</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MAINTENA SRER	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA	<i>aripiprazole TABS 2 MG, 5 MG, 30 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
ABILIFY MYCITE MAINTENANCE KIT	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP	<i>aripiprazole TABS 10 MG, 15 MG, 20 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
ABILIFY MYCITE STARTER KIT	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP	<i>aripiprazole TABS 10 MG, 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
ABILIFY TABS 2 MG, 5 MG, 30 MG (<i>aripiprazole</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>aripiprazole TABS 2 MG, 5 MG, 30 MG</i>	P	AL(At least 18 yrs old)
ABILIFY TABS 10 MG, 15 MG, 20 MG (<i>aripiprazole</i>)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	<i>aripiprazole TBDP</i>	NP	AL(At least 18 yrs old); ST
<i>aripiprazole SOLN PO</i>	P	AL(At least 18 yrs old)	ARISTADA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
<i>aripiprazole SOLN PO</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ARISTADA INITIO	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
			OPIPZA FILM	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REXULTI 3 MG, 4 MG	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	P	Brand Preferred
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	<i>darunavir TABS</i>	P	
Thioxanthenes			DELSTRIGO	P	
<i>thiothixene</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	DESCOVY	P	
ANTISEPTICS & DISINFECTANTS			DOVATO	P	
Iodine Antiseptics			EDURANT 25 MG (<i>rilpivirine hcl</i>)	NP	
FIRST AID ANTISEPTIC OINT	P		EDURANT PED PO 2.5 MG	P	AL(Up to 10 yrs old)
<i>povidone-iodine SOLN 10 %</i>	P		<i>efavirenz CAPS</i>	P	
ANTIVIRALS - Drugs to Treat Viral Infections			<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	
Antiretrovirals			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	NP	
<i>abacavir sulfate-lamivudine</i>	P		<i>efavirenz TABS</i>	P	
<i>abacavir sulfate SOLN</i>	P		<i>emtricitabine CAPS</i>	P	
<i>abacavir sulfate TABS</i>	P		<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	NP	Brand Preferred
APRETUDE	P		<i>emtricitabine-tenofovir disoproxil fumarate</i>	P	
APTIVUS CAPS	NP		EMTRIVA CAPS (<i>emtricitabine</i>)	NP	
<i>atazanavir sulfate CAPS</i>	P		EMTRIVA SOLN	NP	
BIKTARVY	P		EPIVIR SOLN (<i>lamivudine</i>)	NP	
CABENUVA	P		EPIVIR TABS (<i>lamivudine</i>)	NP	
CIMDUO	NP		<i>etravirine</i>	NP	
			EVOTAZ	P	
			<i>fosamprenavir calcium TABS</i>	NP	
			FUZEON SOLR	NP	SP
			GENVOYA	P	
			IDVYNZO TABS PO	NP	PA
			INTELENCE	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INTELENCE (<i>etravirine</i>)	NP		<i>ritonavir</i> TABS	P	
ISENTRESS HD TABS	NP		RUKOBIA	NP	
ISENTRESS CHEW	P		SELZENTRY SOLN	NP	
ISENTRESS PACK	P		SELZENTRY TABS (<i>maraviroc</i>)	NP	
ISENTRESS TABS	P		STRIBILD	NP	
JULUCA	NP		SUNLENCA SOLN	NP	SP
KALETRA SOLN	NP		SUNLENCA TABS PO 300 MG	NP	SP
KALETRA TABS (<i>lopinavir-ritonavir</i>)	NP		SUNLENCA TBPK 300 MG	NP	SP
<i>lamivudine</i> SOLN	P		SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	
<i>lamivudine</i> TABS	P		SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	
<i>lamivudine-zidovudine</i>	P		SYMTUZA	P	
<i>lopinavir-ritonavir</i> SOLN	P		<i>tenofovir disoproxil fumarate</i> TABS	P	
<i>lopinavir-ritonavir</i> TABS	P		TIVICAY PD TBSO	P	
<i>maraviroc</i> TABS	NP		TIVICAY TABS 50 MG	P	
<i>nevirapine</i> SUSP	P		TRIUMEQ PD TBSO	P	
<i>nevirapine</i> TABS	P		TRIUMEQ TABS	P	
<i>nevirapine</i> TB24 400 MG	NP		TROGARZO	NP	SP
NORVIR PACK	NP		TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NP	
NORVIR TABS (<i>ritonavir</i>)	NP		TYBOST	P	
ODEFSEY	P		VIRACEPT TABS	NP	
PIFELTRO	P		VIREAD POWD	NP	
PREZCOBIX	P		VIREAD TABS	NP	
PREZISTA SUSP	P		VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NP	
PREZISTA TABS 75 MG, 150 MG	P		YEZTUGO SOLN 463.5 MG/1.5ML	P	SP
PREZISTA TABS (<i>darunavir</i>)	NP		YEZTUGO TABS PO 300 MG	P	SP
RETROVIR CAPS (<i>zidovudine</i>)	NP		ZIAGEN SOLN (<i>abacavir sulfate</i>)	NP	
RETROVIR SOLN	P				
RETROVIR SYRP (<i>zidovudine</i>)	NP				
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NP				
REYATAZ PACK	P				
<i>rilpivirine</i> hcl 25 MG	P				

Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine CAPS</i>	P	
<i>zidovudine SYRP</i>	P	
<i>zidovudine TABS</i>	P	
Antiviral Combinations		
PAXLOVID (150/100)	P	
PAXLOVID (300/100 & 150/100)	P	
PAXLOVID (300/100)	P	
CMV Agents		
LIVTENCITY	NP	SP
PREVYMIS PACK	NP	SP
PREVYMIS TABS	NP	SP
VALCYTE SOLR (<i>valganciclovir hcl</i>)	NP	AL(Up to 10 yrs old)
VALCYTE TABS (<i>valganciclovir hcl</i>)	NP	
<i>valganciclovir hcl SOLR</i>	P	AL(Up to 10 yrs old)
<i>valganciclovir hcl TABS</i>	P	
Hepatitis Agents		
EPCLUSA PACK	NP	84 day(s) max supply per 365 day(s) retail; SP
EPCLUSA TABS	NP	84 day(s) max supply per 365 day(s) retail; SP
EPCLUSA TABS	NP	84 day(s) max supply per 365 day(s) retail; SP
HARVONI PACK	NP	84 day(s) max supply per 365 day(s) retail; SP
HARVONI TABS	NP	84 day(s) max supply per 365 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
HARVONI TABS	NP	84 day(s) max supply per 365 day(s) retail; SP
LEDIPASVIR-SOFOSBUVIR TABS	NP	84 day(s) max supply per 365 day(s) retail; SP
MAVYRET PACK	P	112 day(s) max supply per 365 day(s) retail; SP
MAVYRET TABS	P	112 day(s) max supply per 365 day(s) retail; SP
PEGASYS SOLN	NP	84 day(s) max supply per 365 day(s) retail; SP; PA
PEGASYS SOSY	NP	84 day(s) max supply per 365 day(s) retail; SP; PA
<i>ribavirin (hepatitis c) CAPS</i>	P	84 day(s) max supply per 365 day(s) retail; SP
<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	84 day(s) max supply per 365 day(s) retail; SP
SOFOSBUVIR-VELPATASVIR TABS	P	84 day(s) max supply per 365 day(s) retail; SP
SOVALDI PACK 150 MG	NP	84 day(s) max supply per 365 day(s) retail; SP; PA
SOVALDI PACK 200 MG	NP	84 day(s) max supply per 365 day(s) retail; SP
SOVALDI TABS	NP	84 day(s) max supply per 365 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
VOSEVI	NP	84 day(s) max supply per 365 day(s) retail; SP; PA
ZEPATIER	NP	84 day(s) max supply per 365 day(s) retail; SP
Herpes Agents		
<i>acyclovir CAPS</i>	P	
<i>acyclovir SUSP</i>	P	AL(Up to 10 yrs old)
<i>acyclovir TABS PO</i>	P	
<i>famciclovir</i>	P	
SITAVIG TABS BU	NP	
<i>valacyclovir hcl</i>	P	
<i>valacyclovir hcl 500 MG</i>	NP	
VALTREX (<i>valacyclovir hcl</i>)	NP	
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	P	1 max fill(s) per 180 day(s) retail
<i>oseltamivir phosphate SUSR</i>	P	1 max fill(s) per 180 day(s) retail; AL(Up to 10 yrs old)
RELENZA DISKHALER	NP	1 max fill(s) per 180 day(s) retail
<i>rimantadine hydrochloride TABS</i>	NP	
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	NP	1 max fill(s) per 180 day(s) retail
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NP	1 max fill(s) per 180 day(s) retail; AL(Up to 10 yrs old)
XOFLUZA (40 MG DOSE) 40 MG	NP	
XOFLUZA (80 MG DOSE) 80 MG	NP	
Misc. Antivirals		

Drug Name	Drug Tier	Requirements/ Limits
LAGEVRIO	NP	ST
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	P	
<i>carvedilol phosphate 10 MG, 20 MG</i>	NP	QL(1 EA daily)
<i>carvedilol phosphate 40 MG, 80 MG</i>	NP	
<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	P	
<i>labetalol hcl TABS 400 MG</i>	NP	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	NP	
<i>atenolol TABS</i>	P	
<i>betaxolol hcl 10 MG</i>	NP	QL(1 EA daily)
<i>betaxolol hcl 20 MG</i>	NP	
<i>bisoprolol fumarate 10 MG</i>	P	
<i>bisoprolol fumarate 5 MG</i>	P	QL(1 EA daily)
<i>bisoprolol fumarate 2.5 MG</i>	NP	
BYSTOLIC 2.5 MG, 5 MG (<i>nebivolol hcl</i>)	NP	QL(1 EA daily)
BYSTOLIC 10 MG, 20 MG (<i>nebivolol hcl</i>)	NP	
KAPSPARGO SPRINKLE CS24	NP	
LOPRESSOR SOLN PO 10 MG/ML	NP	
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	NP	
LOPRESSOR TABS 12.5 MG (<i>metoprolol tartrate</i>)	NP	PA
<i>metoprolol succinate TB24 100 MG, 200 MG</i>	P	
<i>metoprolol succinate TB24 25 MG, 50 MG</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate TABS</i>	P		<i>propranolol hcl TABS</i>	P	
<i>metoprolol tartrate TABS 12.5 MG</i>	NP	PA	<i>sotalol hcl (afib/af)</i>	P	
<i>nebivolol hcl 2.5 MG, 5 MG</i>	P	QL(1 EA daily)	<i>sotalol hcl TABS</i>	P	
<i>nebivolol hcl 10 MG, 20 MG</i>	P		<i>sotalol hcl TABS</i>	NP	
TENORMIN TABS (<i>atenolol</i>)	NP		SOTYLIZE SOLN PO	NP	
TOPROL XL TB24 100 MG, 200 MG (<i>metoprolol succinate</i>)	NP		<i>timolol maleate TABS</i>	NP	
TOPROL XL TB24 25 MG, 50 MG (<i>metoprolol succinate</i>)	NP	QL(1 EA daily)	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Beta Blockers Non-Selective			Calcium Channel Blockers		
BETAPACE AF (<i>sotalol hcl (afib/af)</i>)	NP		<i>amlodipine besylate TABS</i>	P	QL(1 EA daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP		<i>amlodipine besylate TABS 2.5 MG, 5 MG</i>	NP	QL(1 EA daily)
CORGARD TABS 20 MG, 40 MG (<i>nadolol</i>)	NP	QL(1 EA daily)	CARDAMYST SOLN NA	NP	
HEMANGEOL SOLN PO	NP	SP	<i>diltiazem hcl coated beads CP24</i>	P	QL(1 EA daily)
HEMANGEOL SOLN PO	NP	SP	<i>diltiazem hcl coated beads CP24 300 MG</i>	NP	QL(1 EA daily)
INDERAL LA CP24 60 MG, 80 MG (<i>propranolol hcl</i>)	NP	QL(1 EA daily)	<i>diltiazem hcl extended release beads</i>	P	QL(1 EA daily)
INDERAL LA CP24 120 MG, 160 MG (<i>propranolol hcl</i>)	NP		<i>diltiazem hcl CP12</i>	P	QL(1 EA daily)
INDERAL XL	NP		<i>diltiazem hcl CP24</i>	P	QL(1 EA daily)
INNOPRAN XL	NP		DILTIAZEM HCL SOLR	P	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(1 EA daily)	<i>diltiazem hcl TABS</i>	P	QL(1 EA daily)
<i>pindolol TABS</i>	NP		<i>diltiazem hcl TB24</i>	NP	QL(1 EA daily)
<i>propranolol hcl CP24 60 MG, 80 MG</i>	P	QL(1 EA daily)	<i>felodipine</i>	P	QL(1 EA daily)
<i>propranolol hcl CP24 120 MG, 160 MG</i>	P		<i>isradipine CAPS</i>	NP	QL(2 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P		KATERZIA	NP	QL(10 ML daily)
			<i>nicardipine hcl CAPS</i>	NP	QL(3 EA daily)
			<i>nifedipine CAPS</i>	P	QL(3 EA daily)
			<i>nifedipine TB24</i>	P	QL(1 EA daily)
			<i>nimodipine CAPS</i>	P	QL(1 EA daily)
			<i>nimodipine SOLN</i>	NP	
			<i>nisoldipine</i>	NP	QL(1 EA daily)
			NORLIQVA SOLN	NP	QL(10 ML daily)
			NORVASC TABS (<i>amlodipine besylate</i>)	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NYMALIZE SOLN 6 MG/ML	P	QL(10 ML daily)	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NP	QL(1 EA daily)
PROCARDIA XL TB24 (<i>nifedipine</i>)	NP	QL(1 EA daily)	ENTRESTO CPSP	NP	ST
SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	NP	PA	ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>sacubitril-valsartan</i>)	NP	
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NP	QL(1 EA daily)	<i>isosorbide dinitrate-hydralazine hcl</i>	NP	
VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NP	QL(1 EA daily)	OPSYNVI	NP	SP; PA
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	P	QL(1 EA daily)	<i>sacubitril-valsartan TABS</i>	P	
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG</i>	NP	QL(1 EA daily)	Cardiovascular Anti-inflammatory/Immune Modulators		
<i>verapamil hcl TABS</i>	P	QL(3 EA daily)	LODOCO	NP	
<i>verapamil hcl TBCR</i>	P	QL(2 EA daily)	Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
VERELAN PM CP24 (<i>verapamil hcl</i>)	NP	QL(1 EA daily)	INPEFA	NP	ST
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm			Impotence Agents		
Cardiac Glycosides			CIALIS 5 MG (<i>tadalafil</i>)	NP	
<i>digoxin SOLN PO 0.05 MG/ML</i>	P		<i>tadalafil 5 MG</i>	NP	
<i>digoxin TABS 125 MCG, 250 MCG</i>	P		Peripheral Vasodilators		
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			<i>inositol niacinate CAPS</i>	P	
Cardiovascular Agents Misc. - Combinations			Prostaglandin Vasodilators		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	QL(1 EA daily)	<i>alprostadil SOLN IJ 500 MCG/ML</i>	P	
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	NP		ORENITRAM MONTH 1 TEPK	NP	SP; PA
			ORENITRAM MONTH 2 TEPK	NP	SP; PA
			ORENITRAM MONTH 3 TEPK	NP	SP; PA
			ORENITRAM TBCR	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYVASO DPI INSTITUTIONAL KIT POWD 80 MCG	NP	SP	Inhibitors		
TYVASO DPI INSTITUTIONAL KIT POWD	NP	SP; PA	ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	SP; PA
TYVASO DPI MAINTENANCE KIT POWD	NP	SP	LIQREV SUSP	NP	SP; PA
TYVASO DPI MAINTENANCE KIT POWD	NP	SP; PA	REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
TYVASO DPI TITRATION KIT POWD	NP	SP; PA	REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
TYVASO REFILL KIT SOLN IN	NP	SP; PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	P	SP; PA
TYVASO STARTER KIT SOLN IN	NP	SP; PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	P	SP; PA
TYVASO SOLN IN	NP	SP; PA	<i>tadalafil (pulmonary hypertension) TABS</i>	P	SP; PA
VENTAVIS IN	P	SP; PA	TADLIQ SUSP	NP	SP; PA
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	NP	SP	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
Pulmonary Hypertension - Activin Signaling Inhibitor			UPTRAVI TITRATION TBPK	NP	SP; PA
WINREVAIR	NP	SP; PA	UPTRAVI SOLR	NP	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists			UPTRAVI TABS	NP	SP; PA
<i>ambrisentan</i>	P	SP; PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
<i>bosentan TABS</i>	P	SP; PA	ADEMPAS	NP	SP; PA
<i>bosentan TBSO 32 MG</i>	NP	SP; PA	Transthyretin Stabilizers		
LETAIRIS (<i>ambrisentan</i>)	NP	SP; PA	ATTRUBY	P	SP
<i>macitentan 10 MG</i>	NP	SP; PA	VYNDAMAX	P	SP
OPSUMIT 10 MG (<i>macitentan</i>)	NP	SP; PA	VYNDAQEL	NP	SP
TRACLEER TABS (<i>bosentan</i>)	NP	SP; PA	Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
TRACLEER TBSO 32 MG (<i>bosentan</i>)	NP	SP; PA	VERQUVO 2.5 MG, 5 MG	NP	QL(1 EA daily); ST
Pulmonary Hypertension - Phosphodiesterase			VERQUVO 10 MG	NP	ST
			CEPHALOSPORINS - Drugs to Treat Bacterial		

Drug Name	Drug Tier	Requirements/ Limits
Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	NP	
<i>cefadroxil TABS</i>	NP	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	P	
<i>cephalexin CAPS 750 MG</i>	NP	
<i>cephalexin CAPS 250 MG, 500 MG</i>	P	
<i>cephalexin SUSR</i>	P	
<i>cephalexin TABS</i>	NP	
Cephalosporins - 2nd Generation		
<i>CEFACLOR ER TB12</i>	NP	
<i>cefaclor CAPS</i>	P	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	P	
<i>cefoxitin sodium IV</i>	P	
<i>cefprozil SUSR</i>	P	
<i>cefprozil TABS</i>	P	
<i>cefuroxime axetil TABS</i>	P	
<i>cefuroxime sodium IJ 750 MG</i>	P	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	
<i>cefdinir SUSR</i>	P	
<i>cefixime CAPS</i>	NP	
<i>cefixime SUSR</i>	NP	
<i>cefixime TABS</i>	NP	
<i>cefpodoxime proxetil SUSR</i>	NP	
<i>cefpodoxime proxetil TABS</i>	NP	
<i>ceftazidime IJ 1 GM, 6 GM</i>	P	
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone sodium in dextrose</i>	P	
Cephalosporins - 4th Generation		
<i>CEFEPIME HCL SOLN</i>	P	
<i>cefepime hcl SOLR IJ 1 GM</i>	P	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>AVERI TABS PO</i>	NP	
<i>BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)</i>	NP	
<i>BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)</i>	NP	
<i>desogestrel & ethinyl estradiol</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	
<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	NP	
<i>drospirenone-ethinyl estradiol</i>	P	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	NP	
<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	NP	
<i>ethynodiol diacet & eth estrad</i>	P	
<i>FEMLYV TBDP</i>	NP	
<i>levonorgestrel & eth estradiol TABS</i>	P	
<i>levonorgestrel & eth estradiol TABS 0.03 MG-0.15 MG</i>	NP	
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P		<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	NP		<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	NP		SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NP	
<i>levonorgestrel-ethinyl estradiol-iron</i>	NP		SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	
LO LOESTRIN FE TABS	NP	ST	TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	NP	
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	NP		TYBLUME CHEW	P	
NATAZIA	P		YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	NP	
NEXTSTELLIS	NP		YAZ (<i>drospirenone-ethinyl estradiol</i>)	NP	
<i>norethin acet & estrad-fe CAPS</i>	P		Combination Contraceptives - Transdermal		
<i>norethin acet & estrad-fe CHEW</i>	P		<i>norelgestromin-ethinyl estradiol</i>	P	ST
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P		TWIRLA	NP	ST
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	NP		Combination Contraceptives - Vaginal		
<i>norethindrone & eth estradiol</i>	P		ANNOVERA	NP	
<i>norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG</i>	NP		<i>etonogestrel-ethinyl estradiol</i>	P	
<i>norethindrone & ethinyl estradiol-fe</i>	P		NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	NP	ST
<i>norethindrone acet & eth estra TABS</i>	P		Copper Contraceptives - IUD		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P		PARAGARD INTRAUTERINE COPPER	P	SP
<i>norethindrone-eth estradiol (triphasic)</i>	P		Emergency Contraceptives		
<i>norgestimate-ethinyl estradiol</i>	P		<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(4 EA per 120 day(s) retail; 4 EA per 120 days mail)
			Progestin Contraceptives - Implants		
			NEXPLANON	P	SP
			Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEPO-PROVERA SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NP		DEPO-MEDROL SUSP	P	
DEPO-PROVERA SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NP		DEXAMETHASONE INTENSOL CONC	P	
DEPO-SUBQ PROVERA 104 SUSY SC	P		<i>dexamethasone ELIX</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P		<i>dexamethasone SOLN</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P		<i>dexamethasone TABS</i>	P	
Progestin Contraceptives - IUD			<i>dexamethasone TBPk</i>	NP	
KYLEENA	P	SP	DEXLYT TABS 0.25 MG	NP	
LILETTA (52 MG)	P	SP	EMFLAZA SUSP (<i>deflazacort</i>)	NP	Brand Preferred; SP
MIRENA (52 MG)	P	SP	EMFLAZA TABS (<i>deflazacort</i>)	NP	Brand Preferred; SP
SKYLA	P	SP	EOHILIA SUSP	NP	
Progestin Contraceptives - Oral			HEMADY TABS	NP	
<i>norethindrone (contraceptive)</i>	P		HEMADY TABS	NP	
OPILL	P		<i>hydrocortisone TABS</i>	P	
SLYND	P		KHINDIVI SOLN PO 1 MG/ML	NP	SP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			MEDROL TABS	NP	
Glucocorticosteroids			MEDROL TABS (<i>methylprednisolone</i>)	NP	
AGAMREE	NP	SP	MEDROL TBPk (<i>methylprednisolone</i>)	NP	
ALKINDI SPRINKLE CPSP	NP		<i>methylprednisolone acetate SUSP</i>	P	
<i>budesonide CPEP</i>	P		METHYLPREDNISOLON E ACETATE SUSP 40 MG/ML, 80 MG/ML	P	
<i>budesonide TB24</i>	NP		<i>methylprednisolone sod succ 40 MG, 500 MG, 1000 MG</i>	P	
CORTEF TABS (<i>hydrocortisone</i>)	NP		<i>methylprednisolone TABS 4 MG</i>	P	
CORTISONE ACETATE TABS	NP		<i>methylprednisolone TABS 8 MG, 16 MG, 32 MG</i>	NP	
<i>deflazacort SUSP</i>	NP	Brand Preferred; SP	<i>methylprednisolone TBPk</i>	P	
<i>deflazacort TABS</i>	NP	Brand Preferred; SP	PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	P		HYCODAN TABS 1.5 MG-5 MG (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NP	QL(8 EA daily)
PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG	NP	ST	<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	
<i>prednisolone SOLN</i>	P		<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	NP	QL(8 EA daily)
<i>prednisolone TABS</i>	NP		Cough/Cold/Allergy Combinations		
PREDNISONE INTENSOL CONC	NP		ALTARUSSIN-PE SYRP 100 MG/5ML-30 MG/5ML	P	
<i>prednisone SOLN</i>	P		<i>cetirizine-pseudoephedrine</i>	NP	
<i>prednisone TABS</i>	P		CLARINEX-D 12 HOUR TB12	NP	
<i>prednisone TBEC 1 MG, 2 MG</i>	NP		COUGH & CHEST CONGESTION DM SYRP	P	
<i>prednisone TBPk</i>	P		<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 200 MG/20ML-20 MG/20ML, 400 MG/20ML-20 MG/20ML</i>	P	
RAYOS TBEC	NP		<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P	
SOLU-MEDROL 2 GM	P		<i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>	P	
SOLU-MEDROL (PF) 40 MG, 500 MG, 1000 MG	P		DURATUSS AC LIQD PO	NP	
TARPEYO CPDR	NP	SP	<i>fexofenadine-pseudoephedrine TB12</i>	NP	
Mineralocorticoids			<i>fexofenadine-pseudoephedrine TB24</i>	NP	
<i>fludrocortisone acetate TABS</i>	P		<i>guaifenesin-codeine SOLN</i>	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	NP	
Antitussives					
<i>benzonatate 100 MG, 200 MG</i>	P				
<i>benzonatate</i>	NP				
<i>dextromethorphan hbr CAPS</i>	P				
HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits
<i>loratadine & pseudoephedrine TB12</i>	NP	
<i>loratadine & pseudoephedrine TB24</i>	NP	
MAR-COF CG EXPECTORANT LIQD	NP	
NINJACOF-XG LIQD	NP	
<i>phenylephrine-acetaminophen-guaifenesin TABS</i>	NP	
<i>phenylephrine-dm-gg w/ apap CAPS</i>	NP	
<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen CAPS</i>	NP	
POLY-TUSSIN AC LIQD 10 MG/5ML-10 MG/5ML-4 MG/5ML	NP	
<i>promethazine & phenylephrine SYRP</i>	NP	
<i>promethazine w/codeine SOLN</i>	P	
<i>promethazine w/codeine SYRP</i>	P	
<i>promethazine-dm SYRP</i>	P	
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	
SCOT-TUSSIN SENIOR LIQD	NP	
TUXARIN ER TB12	NP	
Expectorants		
<i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML</i>	P	
<i>guaifenesin TABS 400 MG</i>	NP	
<i>guaifenesin TB12 600 MG</i>	P	
Misc. Respiratory Inhalants		
<i>camphor (inhalant)</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
CVS HOT STEAM LIQD	P	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	P	
Mucolytics		
<i>acetylcysteine SOLN 10 %</i>	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA (<i>isotretinoin</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
ABSORICA LD	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>adapalene-benzoyl peroxide GEL</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>adapalene CREA</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>adapalene GEL 0.3 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene GEL 0.1 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic; RX/OTC	<i>benzoyl peroxide-erythromycin GEL</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>adapalene GEL 0.1 %</i>	NP	RX/OTC	<i>benzoyl peroxide FOAM 10 %</i>	NP	
AKLIEF	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	
AVAR CLEANSER LIQD 10 %-5 % (<i>sulfacetamide sodium w/ sulfur</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic; AL(Up to 20 yrs old)	<i>benzoyl peroxide GEL 2.5 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
AVAR-E EMOLLIENT CREA 10 %-5 % (<i>sulfacetamide sodium w/ sulfur</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>benzoyl peroxide LIQD 10 %</i>	P	
AVAR-E LS CREA (<i>sulfacetamide sodium w/ sulfur</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>benzoyl peroxide LIQD 5 %, 10 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
			<i>benzoyl peroxide LOTN 5 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
			<i>benzoyl peroxide LOTN 10 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BPO FOAMING CLOTHS MISC 6 %	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic; RX/OTC	<i>clindamycin phosphate (topical) SOLN</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>clindamycin phosphate (topical) SWAB</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
CLINDACIN ETZ	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>clindamycin phosphate (topical) SWAB</i>	P	
CLINDACIN PAC	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>clindamycin phosphate (topical) FOAM</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP	
<i>clindamycin phosphate (topical) GEL</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>clindamycin phosphate (topical) LOTN</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>clindamycin phosphate-tretinoin</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
			<i>dapsone (topical)</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
			<i>dapsone (topical) 5 %</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN CREA (<i>adapalene</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>erythromycin (acne aid)</i> PADS	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
DIFFERIN GEL (<i>adapalene</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>erythromycin (acne aid)</i> SOLN	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
DIFFERIN LOTN	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>isotretinoin</i>	P	
			<i>isotretinoin</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic
EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	SSS 10-5 CREA 10 %-5 % (<i>sulfacetamide sodium w/ sulfur</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	SSS 10-5 FOAM 10 %-5 %	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
EPSOLAY CREA	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>sulfacetamide sodium (acne)</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
EPSOLAY CREA	NP		<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>erythromycin (acne aid)</i> GEL	P	Class only covered up to 20 years old; use in older patients is considered cosmetic			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium w/ sulfur EMUL</i>	NP		SUMADAN	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	SUMADAN WASH LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	SUMAXIN CP	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	NP	AL(Up to 20 yrs old)	SUMAXIN PADS	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic; AL(Up to 20 yrs old)	TAZAROTENE FOAM	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>sulfacetamide sodium w/ sulfur LOTN</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>tretinoin microsphere 0.08 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic
<i>sulfacetamide sodium w/ sulfur SUSP</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>tretinoin microsphere 0.04 %, 0.1 %</i>	NP	
SULFACETAMIDE SODIUM-SULFUR SUSP	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>gentamicin sulfate (topical) CREA</i>	P	
<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>gentamicin sulfate (topical) OINT</i>	P	
<i>tretinoin GEL 0.05 %</i>	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>mupirocin calcium (topical)</i>	NP	
<i>tretinoin GEL 0.01 %, 0.025 %</i>	P		<i>mupirocin OINT</i>	P	
TWYNEO	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>neomycin-bacitracin-polymyxin OINT</i>	P	
TWYNEO	NP		<i>neomycin-bacitracin-polymyxin-pramoxine</i>	NP	
WINLEVI	NP	Class only covered up to 20 years old; use in older patients is considered cosmetic	<i>neomycin-polymyxin w/ pramoxine</i>	NP	
Agents for External Genital and Perianal Warts			NEO-SYNALAR	NP	
VEREGEN	NP		XEPI	NP	
Antibiotics - Topical			Antifungals - Topical		
<i>bacitracin (topical) OINT</i>	P		ALEVAZOL OINT	NP	
<i>bacitracin zinc OINT</i>	P		<i>butenafine hcl</i>	P	
<i>bacitracin-polymyxin b OINT</i>	P		<i>ciclopirox olamine CREA</i>	P	
CENTANY AT KIT	NP		<i>ciclopirox olamine SUSP</i>	NP	
			CICLOPIROX TREATMENT KIT 8 %	P	
			<i>ciclopirox GEL</i>	NP	
			<i>ciclopirox SHAM</i>	NP	
			<i>ciclopirox SOLN</i>	P	
			<i>clotrimazole (topical) CREA</i>	P	RX/OTC
			<i>clotrimazole (topical) SOLN</i>	NP	RX/OTC
			<i>clotrimazole w/ betamethasone CREA</i>	P	
			<i>clotrimazole w/ betamethasone LOTN</i>	P	
			<i>econazole nitrate CREA</i>	P	
			ECONAZOLE NITRATE FOAM 1 %	NP	
			ERTACZO	NP	
			<i>ketoconazole (topical) CREA</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ketoconazole (topical) FOAM</i>	NP		<i>undecylenic acid-zinc undecylenate OINT</i>	P	
<i>ketoconazole (topical) SHAM 2 %</i>	P		VOTRIZA-AL LOTN	NP	
LASOLEX AG GEL 2 %	NP		VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP	
<i>miconazole nitrate (topical) AERP</i>	NP		Anti-inflammatory Agents - Topical		
<i>miconazole nitrate (topical) CREA</i>	P		<i>diclofenac epolamine PTCH EX</i>	NP	
<i>miconazole nitrate (topical) POWD EX</i>	NP		<i>diclofenac sodium (topical) GEL EX</i>	P	RX/OTC
<i>miconazole nitrate (topical) SOLN 2 %</i>	P		<i>diclofenac sodium (topical) SOLN EX</i>	NP	
<i>miconazole nitrate (topical) SOLN 2 %</i>	NP		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	P	
<i>miconazole-zinc oxide-white petrolatum</i>	NP		PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	NP	
<i>naftifine hcl CREA</i>	NP		Antineoplastic or Premalignant Lesion Agents - Topical		
<i>naftifine hcl GEL 2 %</i>	NP		<i>bexarotene (topical)</i>	P	SP
NAFTIN GEL	NP		<i>fluorouracil (topical) CREA</i>	P	
NAFTIN GEL (<i>naftifine hcl</i>)	NP		<i>fluorouracil (topical) SOLN</i>	P	
NIZORAL SHAM	NP		<i>fluorouracil (topical) SOLN</i>	P	
<i>nystatin (topical) CREA</i>	P		Antipruritics - Topical		
<i>nystatin (topical) OINT</i>	P		<i>camphor & menthol LOTN</i>	P	
<i>nystatin (topical) POWD EX</i>	P		<i>doxepin hcl (antipruritic)</i>	P	
<i>nystatin-triamcinolone CREA</i>	NP		Antipsoriatics		
<i>nystatin-triamcinolone OINT</i>	P		<i>acitretin</i>	P	
<i>oxiconazole nitrate CREA</i>	NP		BIMZELX SOAJ	NP	SP; PA
OXISTAT LOTN	NP		BIMZELX SOSY	NP	SP; PA
<i>tavaborole</i>	NP		<i>calcipotriene CREA</i>	P	
<i>terbinafine hcl (topical) CREA</i>	P		CALCIPOTRIENE FOAM	NP	ST
<i>tolnaftate AERP</i>	NP		<i>calcipotriene OINT</i>	P	
<i>tolnaftate CREA</i>	P		<i>calcipotriene SOLN</i>	P	
<i>tolnaftate POWD EX</i>	NP		<i>calcitriol (topical)</i>	NP	
<i>tolnaftate SOLN</i>	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSENTYX (300 MG DOSE) SOSY	NP	SP; PA	STEQEYMA	NP	SP
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP; PA	TALTZ SOAJ	P	SP; PA
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA	TALTZ SOSY	P	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA	TALTZ SOSY 80 MG/ML	NP	SP; PA
COSENTYX SOLN	NP	SP; PA	<i>tazarotene CREA</i>	NP	ST
COSENTYX SOSY	NP	SP; PA	<i>tazarotene GEL</i>	NP	ST
ICOTYDE TABS PO 200 MG	NP	SP	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	NP	SP; PA
ILUMYA	NP	SP; PA	TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML	NP	SP; PA
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA	USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
<i>methoxsalen rapid</i>	NP	ST	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
PYZCHIVA SC 45 MG/0.5ML	P	SP; PA	USTEKINUMAB-TTWE SC	NP	SP; PA
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	P	SP	USTEKINUMAB-TTWE	NP	SP
SELARSDI SOLN SC 45 MG/0.5ML	NP	SP	VECTICAL (<i>calcitriol (topical)</i>)	NP	
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	VTAMA	NP	ST
SKYRIZI PEN SOAJ	NP	SP; PA	YESINTEK SOLN 45 MG/0.5ML	NP	SP
SKYRIZI SOSY	NP	SP; PA	YESINTEK SOSY	NP	SP
SKYRIZI SOSY	NP	PA	Antiseborrheic Products		
SORILUX FOAM	NP	ST	DERMAZINC CREAM CREA	P	RX/OTC
SOTYKTU	NP	SP; PA	DERMAZINC SPRAY LIQD	P	
SPEVIGO SOLN	NP	SP; PA	DERMAZINC ZINC THERAPY SOAP BAR	P	
SPEVIGO SOSY	NP	SP; PA	NUTRASEB CREA	P	RX/OTC
SPEVIGO SOSY	NP	SP	OVACE PLUS WASH GEL (<i>sulfacetamide sodium</i>)	NP	
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP	OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NP	
STELARA SOSY	NP	SP; PA			
STEQEYMA SC	NP	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OVACE PLUS SHAM (sulfacetamide sodium)	NP		betamethasone dipropionate (topical) OINT	NP	
OVACE WASH LIQD (sulfacetamide sodium)	NP		betamethasone dipropionate augmented CREA	NP	
PROMISEB CREA	P	RX/OTC	betamethasone dipropionate augmented GEL 0.05 %	NP	
pyrithione zinc SHAM	P		betamethasone dipropionate augmented LOTN	NP	
SEBEX	P		betamethasone dipropionate augmented OINT	NP	
selenium sulfide LOTN	P		betamethasone valerate CREA	NP	
selenium sulfide SHAM 1 %	P		betamethasone valerate FOAM	NP	
sulfacetamide sodium GEL	NP		betamethasone valerate LOTN	NP	
sulfacetamide sodium LIQD	NP		betamethasone valerate OINT	NP	
sulfacetamide sodium SHAM 10 %	NP		calcipotriene- betamethasone dipropionate OINT	NP	ST
Antivirals - Topical			calcipotriene- betamethasone dipropionate SUSP	NP	ST
acyclovir topical CREA	NP		clobetasol propionate emollient base 0.05 %	NP	
acyclovir topical OINT	P		clobetasol propionate emulsion	NP	
DENAVIR (penciclovir)	NP		clobetasol propionate CREA 0.05 %	NP	
penciclovir	NP		CLOBETASOL PROPIONATE CREA 0.025 %	NP	
Burn Products			clobetasol propionate FOAM	NP	
silver sulfadiazine	P		clobetasol propionate GEL 0.05 %	NP	
Corticosteroids - Topical			clobetasol propionate LIQD	NP	
alclometasone dipropionate CREA	NP				
alclometasone dipropionate OINT	NP				
amcinonide CREA	NP				
amcinonide OINT	NP				
APEXICON E CREA	NP				
betamethasone dipropionate (topical) CREA	NP				
betamethasone dipropionate (topical) LOTN	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate LOTN</i>	NP		<i>fluocinolone acetonide OIL</i>	P	
<i>clobetasol propionate OINT 0.05 %</i>	P		<i>fluocinolone acetonide OINT</i>	NP	
<i>clobetasol propionate SHAM</i>	NP		<i>fluocinolone acetonide SOLN</i>	P	
<i>clobetasol propionate SOLN 0.05 %</i>	P		<i>fluocinonide emulsified base</i>	NP	
CLOBEX SPRAY LIQD (<i>clobetasol propionate</i>)	NP		<i>fluocinonide CREA</i>	NP	
CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	NP		<i>fluocinonide GEL</i>	NP	
CLOBEX SHAM (<i>clobetasol propionate</i>)	NP		<i>fluocinonide OINT</i>	P	
<i>clocortolone pivalate</i>	NP		<i>fluocinonide SOLN</i>	NP	
CLODERM (<i>clocortolone pivalate</i>)	NP		<i>flurandrenolide CREA</i>	NP	
DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	NP		<i>flurandrenolide LOTN</i>	NP	
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NP		<i>fluticasone propionate CREA 0.05 %</i>	P	
<i>desonide CREA</i>	NP		<i>fluticasone propionate LOTN</i>	NP	
<i>desonide LOTN</i>	NP		<i>fluticasone propionate OINT</i>	P	
<i>desonide OINT</i>	NP		<i>halcinonide CREA</i>	NP	
<i>desoximetasone CREA</i>	NP		<i>halcinonide SOLN 0.1 %</i>	NP	
<i>desoximetasone GEL</i>	NP		<i>halobetasol propionate CREA</i>	NP	
<i>desoximetasone LIQD</i>	NP		<i>halobetasol propionate FOAM</i>	NP	
<i>desoximetasone OINT</i>	NP		HALOBETASOL PROPIONATE LOTN 0.05 %	NP	
<i>diflorasone diacetate CREA</i>	NP		<i>halobetasol propionate OINT</i>	NP	
<i>diflorasone diacetate OINT</i>	NP		HALOG CREA (<i>halcinonide</i>)	NP	
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	NP		HALOG SOLN 0.1 % (<i>halcinonide</i>)	NP	
ENSTILAR FOAM	NP	ST	HALOG SOLN	NP	
EPIFOAM FOAM	P		HYDRAVEX GEL 2 %	NP	
<i>fluocinolone acetonide CREA</i>	NP		<i>hydrocortisone (topical) CREA</i>	P	RX/OTC
			<i>hydrocortisone (topical) CREA 1 %</i>	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) LOTN 2.5 %</i>	P		SYNALAR OINT (<i>fluocinolone acetonide</i>)	NP	
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	RX/OTC	TACLONEX SUSP (<i>calcipotriene- betamethasone dipropionate</i>)	NP	ST
<i>hydrocortisone (topical) SOLN 2.5 %</i>	NP		TOPICORT SPRAY LIQD (<i>desoximetasone</i>)	NP	
<i>hydrocortisone acetate (topical) CREA 2.5 %</i>	P		TOPICORT CREA (<i>desoximetasone</i>)	NP	
<i>hydrocortisone acetate (topical) OINT</i>	P		TOPICORT GEL (<i>desoximetasone</i>)	NP	
HYDROCORTISONE ACETATE CREA	NP		TOPICORT OINT (<i>desoximetasone</i>)	NP	
<i>hydrocortisone butyrate CREA</i>	NP		<i>triamcinolone acetonide (topical) AERS</i>	NP	
<i>hydrocortisone butyrate LOTN</i>	NP		<i>triamcinolone acetonide (topical) CREA</i>	P	
<i>hydrocortisone butyrate OINT</i>	NP		<i>triamcinolone acetonide (topical) LOTN</i>	P	
<i>hydrocortisone butyrate SOLN</i>	NP		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	P	
HYDROCORTISONE COMPLETE KIT THPK	P		<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	NP	
<i>hydrocortisone valerate CREA</i>	NP		ULTRAVATE LOTN	NP	
<i>hydrocortisone valerate OINT</i>	NP		ULTRAVATE LOTN	NP	
HYDROCORTISONE GEL 2 %	NP		Eczema Agents		
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP		ADBRY SOAJ	NP	SP; PA
LEXETTE FOAM (<i>halobetasol propionate</i>)	NP		ADBRY SOSY	NP	SP; PA
<i>mometasone furoate CREA</i>	P		CIBINQO	NP	QL(400 EA per 365 day(s) retail; 400 EA per 365 days mail); SP; PA
<i>mometasone furoate OINT</i>	P		DUPIXENT SOAJ	P	SP; PA
<i>mometasone furoate SOLN</i>	P		DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	P	SP; PA
PANDEL	NP		EBGLYSS SOAJ	NP	SP; PA
SYNALAR CREA (<i>fluocinolone acetonide</i>)	NP		EBGLYSS SOSY	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OPZELURA	NP	QL(400 GM per 365 day(s) retail; 400 GM per 365 days mail); PA	SELSUN BLUE DEEP CLEANSING SHAM	P	
Emollients			Liniments		
<i>colloidal oatmeal PACK</i>	P		<i>liniments & rubs LOTN</i>	P	
<i>glycerin (topical)</i>	P		<i>trolamine salicylate CREA</i>	P	
LACTIC ACID E	P		Local Anesthetics - Topical		
Hair Growth Agents			<i>benzocaine (topical) OINT</i>	P	
<i>bimatoprost (topical)</i>	NP		<i>benzocaine-triclosan</i>	P	
LATISSE (<i>bimatoprost (topical)</i>)	NP		BURN RELIEF/LIDOCAINE/ALO E	P	
LEQSELVI TABS PO 8 MG	NP	SP	<i>capsaicin CREA 0.025 %</i>	P	
LITFULO	NP	SP; PA	COLLAVERA GEL 2 %	P	RX/OTC
Immunomodulating Agents - Systemic			CVS AFTERSUN ALOE/LIDOCAINE GEL	P	
NEMLUVIO	NP	SP; PA	DERMACINRX LIDOCAINE CREA 3 %	P	RX/OTC
Immunomodulating Agents - Topical			<i>dibucaine</i>	P	
<i>imiquimod 3.75 %</i>	NP		ITCH-X GEL	P	
<i>imiquimod</i>	P		ITCH-X SOLN	P	
Immunosuppressive Agents - Topical			<i>lidocaine hcl CREA 3 %, 4 %</i>	P	
<i>pimecrolimus</i>	P	QL(400 GM per 365 day(s) retail); PA	<i>lidocaine hcl GEL 0.5 %, 2 %</i>	P	RX/OTC
<i>tacrolimus (topical) OINT</i>	P	QL(400 GM per 365 day(s) retail); PA	<i>lidocaine hcl PRSY</i>	P	
Keratolytic/Antimitotic/Vesicant Agents			<i>lidocaine AERO</i>	P	
DHS SAL SHAM	P		<i>lidocaine-benzalkonium LIQD 2.5 %-0.13 %</i>	P	
P & S SHAM	P		<i>lidocaine CREA 4 %</i>	P	
PODOCON-25 SOLN	P		<i>lidocaine OINT 5 %</i>	P	
<i>podofilox GEL</i>	P		<i>lidocaine-prilocaine CREA</i>	P	
<i>podofilox SOLN</i>	P		<i>lidocaine-prilocaine KIT</i>	P	
<i>salicylic acid LIQD 2 %</i>	NP		<i>lidocaine PTCH 4 %, 5 %</i>	P	
<i>salicylic acid LIQD 3 %, 17 %</i>	P		<i>lidocaine-transparent dressing 4 %</i>	P	
<i>salicylic acid SHAM 3 %</i>	P		LIDODERM PTCH (<i>lidocaine</i>)	NP	
			LIDOMAX GEL 2 %	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OUTGRO PAIN RELIEF LIQD	P		Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
<i>pramoxine hcl LOTN</i>	P		EUCRISA	P	QL(400 GM per 365 day(s) retail; 400 GM per 365 days mail); ST
<i>pramoxine-calamine LOTN</i>	P				
<i>pramoxine-menthol CREA</i>	P		ZORYVE CREA EX 0.15 %	P	QL(400 GM per 365 day(s) retail; 400 GM per 365 days mail); PA
<i>pramoxine-zinc acetate</i>	P				
PROXIVOL GEL 2 %	P	RX/OTC	ZORYVE CREA EX 0.05 %	P	
QUTENZA	NP		ZORYVE CREA EX 0.3 %	P	ST
QUTENZA (2 PATCH)	NP		ZORYVE FOAM EX	P	ST
QUTENZA (4 PATCH)	NP				
ZTLIDO PTCH	NP		Podiatric Products		
Misc. Dermatological Products			<i>podiatric products CREA 15 %</i>	P	
ALEVICYN ANTIPRURITIC SG GEL	P	RX/OTC	Rosacea Agents		
ALEVICYN ANTIPRURITIC GEL	P	RX/OTC	<i>azelaic acid GEL</i>	P	
<i>dermatological products, misc. GEL</i>	P	RX/OTC	<i>brimonidine tartrate (topical)</i>	NP	
HALUCORT GEL	P	RX/OTC	<i>doxycycline (rosacea)</i>	NP	
LEVICYN GEL	P	RX/OTC	FINACEA FOAM	NP	
SEBUDERM GEL	P	RX/OTC	<i>ivermectin (rosacea)</i>	NP	
STRATA CTX GEL	P	RX/OTC	METROCREAM CREA (<i>metronidazole (topical)</i>)	NP	
STRATA MARK GEL	P	RX/OTC	METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NP	
STRATA XRT GEL	P	RX/OTC	<i>metronidazole (topical) CREA</i>	P	
Misc. Topical			<i>metronidazole (topical) GEL 1 %</i>	NP	
<i>benzoin compound TINC</i>	P		<i>metronidazole (topical) GEL</i>	P	
<i>diethyltoluamide (deet) AERO 25 %, 7 %, 10 %, 15 %, 25 %, 30 %, 40 %, 98.11 %</i>	P		<i>metronidazole (topical) LOTN</i>	NP	
<i>diethyltoluamide (deet) LIQD 25 %, 5 %, 7 %, 40 %, 98.11 %, 98.25 %</i>	P		MIRVASO (<i>brimonidine tartrate (topical)</i>)	NP	
<i>picaridin AERO 15 %, 20 %</i>	P		ORACEA (<i>doxycycline (rosacea)</i>)	NP	
<i>picaridin LIQD 5 %, 20 %</i>	P				
<i>zinc oxide (topical) OINT 20 %</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RHOFADE 1 % (oxymetazoline hcl (topical))	NP		Tar Products		
SOOLANTRA (ivermectin (rosacea))	NP		BETA CARE BETATAR GEL SHAM	P	
Scabicides & Pediculicides			coal tar extract SHAM 0.5 %, 1 %	P	
BEDDING SPRAY LICE TREATMENT AERO 0.5 %	P		COAL TAR SOLN	P	
crotamiton LOTN	NP		X-SEB T PEARL SHAM	P	
CVS LICE-BEDBUG-MITE AERO 0.5 %	P		X-SEB T PLUS SHAM	P	
ELIMITE CREA (permethrin)	NP		Wound Care Products		
FT LICE-BEDBUG-MITE AERO 0.5 %	P		ARIDA GEL	P	RX/OTC
GNP HOME LICE/BEDBUG/DUST MITE AERO 0.5 %	P		ATRAPRO HYDROGEL GEL	P	RX/OTC
ivermectin (pediculicide)	NP		AZADROX GEL	P	RX/OTC
malathion	NP		BASADROX GEL	P	RX/OTC
NATROBA (spinosad)	P	Brand Preferred	CVS ANTI-MICROBIAL SILVER GEL	P	RX/OTC
OVIDE (malathion)	NP		DERPIXA GEL	P	RX/OTC
permethrin AERO	P		DYNAGEL GEL	P	RX/OTC
permethrin CREA	P		HAPRODERM GEL	P	RX/OTC
PERMETHRIN CREA 5 % (permethrin)	P		INTRASITE GEL APPLIPAK GEL	P	RX/OTC
permethrin LIQD EX	P		KENDALL AMORPHOUS WOUND GEL	P	RX/OTC
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	P		KERAGEL GEL	P	RX/OTC
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P		KERAGELT GEL	P	RX/OTC
spinosad	NP	Brand Preferred	L-MESITRAN SOFT WOUND GEL	P	RX/OTC
STOP LICE STEP 3 AERO 0.5 %	P		MEDIHONEY WOUND/BURN DRESSING GEL	P	RX/OTC
STOP LICE AERO 0.5 %	P		NORMLGEL AG GEL	P	RX/OTC
VANALICE GEL	NP		RADIAPLEXRX GEL	P	RX/OTC
			RESTA SILVER GEL	P	RX/OTC
			SILVER GEL ANTI- MICROBIAL GEL	P	RX/OTC
			SILVERMED GEL	P	RX/OTC
			SILVRSTAT WOUND DRESSING GEL	P	RX/OTC
			SOLOX GEL	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STRATA GRT GEL	P	RX/OTC	FREESTYLE TEST STRP	P	QL(300 EA per 30 day(s) retail); RX/OTC
wound dressings GEL 0.1 %, 3 %-0.2 %, 99.7 %, 0.1 %	P	RX/OTC	FT URINARY TRACT INFECTION STRP	P	
ZANABIN HYDROGEL GEL	P	RX/OTC	GNP URINARY TRACT TEST STRIPS STRP	P	
ZENPHOR WOUND GEL GEL	P	RX/OTC	KETO-DIASTIX	P	
DIAGNOSTIC PRODUCTS			KETONE TEST STRP	P	
Diagnostic Drugs			KETOSTIX STRP	P	
GLUCAGON HCL (DIAGNOSTIC)	P		MULTISTIX 10 SG	P	
Diagnostic Tests			PRECISION XTRA BLOOD GLUCOSE STRP	P	QL(300 EA per 30 day(s) retail); RX/OTC
2SAN URINARY TRACT INFECTION T STRP	P		PRECISION XTRA KETONE	P	
ALBUSTIX STRP	P		RELION KETONE TEST STRP	P	
AZO TEST STRIPS STRP	P		DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
AZO TEST STRP	P		Nutritional Supplements		
CHEMSTRIP 10 MD	P		AMINOPMRMS CAPS	P	RX/OTC
CHEMSTRIP 10/SG	P		ANTI-INFLAMMATORY ENZYME CAPS	P	RX/OTC
CHEMSTRIP 2 GP	P		ANTIOXIDANT FORMULA CAPS	P	RX/OTC
CHEMSTRIP 5 OB	P		ASILNASALRMS CAPS	P	RX/OTC
CHEMSTRIP 7	P		BIO-IMMUNEX CAPS	P	RX/OTC
CHEMSTRIP 9	P		BRAIN SUPPORT CAPS	P	RX/OTC
CHEMSTRIP K STRP	P		CARDIO COMPLETE CAPS	P	RX/OTC
CHEMSTRIP MICRAL STRP	P		CHRONOVISION CAPS	P	RX/OTC
CHEMSTRIP UGK	P		ESTROVEN WEIGHT MANAGEMENT CAPS	P	RX/OTC
CLINISTIX UTI TEST STRIPS STRP	P		HOMOCYSTEINE SUPPORT CAPS	P	RX/OTC
CVS KETONE CARE	P		HORMONE PROTECT CAPS	P	RX/OTC
FREESTYLE INSULINX TEST STRP	P	QL(300 EA per 30 day(s) retail); RX/OTC	LEPTIN MANAGER CAPS	P	RX/OTC
FREESTYLE LITE TEST STRP	P	QL(300 EA per 30 day(s) retail); RX/OTC	MALE SUPPORT CAPS	P	RX/OTC
FREESTYLE PRECISION NEO TEST STRP	P	QL(300 EA per 30 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
METHIONINE-200 CAPS	P	RX/OTC	Diuretic Combinations		
PROSTATE 2.4 CAPS	P	RX/OTC	<i>amiloride & hydrochlorothiazide</i>	P	
PROTEOLIN CAPS	P	RX/OTC	<i>spironolactone & hydrochlorothiazide</i>	P	
VITEYES TEAR SUPPORT CAPS	P	RX/OTC	<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			<i>triamterene & hydrochlorothiazide TABS</i>	P	
Digestive Enzymes			Loop Diuretics		
CREON CPEP	P		<i>bumetanide TABS</i>	P	
<i>digestive enzymes TABS</i>	P		ENBUMYST SOLN 0.5 MG/0.1ML	NP	
<i>lactase CHEW 9000 UNIT</i>	P		<i>ethacrynic acid</i>	NP	
<i>lactase TABS</i>	P		<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	P	
OMNIGEST EZ TABS	P		<i>furosemide TABS</i>	P	
PANPLEX 2-PHASE TBEC	P		LASIX ONYU CTKT 80 MG/2.67ML	NP	SP
PERTZYE CPEP	NP		LASIX TABS (<i>furosemide</i>)	NP	
VIOKACE TABS	NP		<i>torseamide TABS</i>	P	
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		Potassium Sparing Diuretics		
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			ALDACTONE TABS (<i>spironolactone</i>)	NP	
Carbonic Anhydrase Inhibitors			<i>amiloride hcl TABS</i>	P	
<i>acetazolamide CP12</i>	P		CAROSPIR SUSP (<i>spironolactone</i>)	NP	
<i>acetazolamide TABS</i>	P		<i>spironolactone SUSP</i>	P	
<i>dichlorphenamide</i>	NP	SP	<i>spironolactone TABS</i>	P	
KEVEYIS (<i>dichlorphenamide</i>)	NP	SP	<i>triamterene CAPS</i>	NP	
<i>methazolamide TABS</i>	NP		Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone 25 MG, 50 MG</i>	P	
			HEMICLOR 12.5 MG	NP	PA
			<i>hydrochlorothiazide CAPS</i>	P	
			<i>hydrochlorothiazide TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P		ENOBY SOSY SC 60 MG/ML	NP	SP
INZIRQO SUSR PO 10 MG/ML	NP	PA	EVENITY	NP	SP; PA
<i>metolazone 10 MG</i>	P		FORTEO SOPN (<i>teriparatide</i>)	NP	PA
<i>metolazone 2.5 MG, 5 MG</i>	P	QL(1 EA daily)	FOSAMAX PLUS D	NP	
THALITONE	NP		FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	
ENDOCRINE AND METABOLIC AGENTS - MISC.			<i>ibandronate sodium TABS</i>	P	
- Drugs to Treat Bone Disease and Regulate Hormones			JUBBONTI SOSY SC 60 MG/ML	P	SP
Bone Density Regulators			JUBEREQ SOLN SC 120 MG/1.7ML	NP	SP
ACTONEL TABS 35 MG, 150 MG (<i>risedronate sodium</i>)	NP		OSENVELT SOLN SC 120 MG/1.7ML	NP	SP
<i>alendronate sodium SOLN</i>	NP		OSVYRTI SOSY SC 60 MG/ML	NP	SP
<i>alendronate sodium TABS 10 MG, 35 MG, 70 MG</i>	P		PROLIA SOSY	NP	SP; PA
ATELVIA TBEC (<i>risedronate sodium</i>)	NP		<i>risedronate sodium TABS</i>	NP	
AUKELSO SOLN SC 120 MG/1.7ML	NP	SP	<i>risedronate sodium TBEC</i>	NP	
BILDYOS SOSY SC 60 MG/ML	NP	SP	STOBOCLO SOSY SC 60 MG/ML	NP	SP
BILPREVDA SOLN SC 120 MG/1.7ML	NP	SP	<i>teriparatide SOPN</i>	P	PA
BINOSTO TBEF	NP		TERIPARATIDE SOPN	P	PA
BOMYNTRA SOLN SC 120 MG/1.7ML	NP	SP; PA	TYMLOS	NP	SP; PA
BOMYNTRA SOSY SC 120 MG/1.7ML	NP	SP; PA	WYOST SOLN SC 120 MG/1.7ML	P	SP
BONSITY SOPN 560 MCG/2.24ML	NP	PA	XGEVA SOLN	NP	SP; PA
BOSAYA SOSY SC 60 MG/ML	NP	SP	XTRENBO SOLN SC 120 MG/1.7ML	NP	SP
<i>calcitonin (salmon) NA</i>	P		GnRH/LHRH Antagonists		
<i>calcitonin (salmon) IJ</i>	P		ORILISSA	P	SP; PA
CONEXXENCE SOSY SC 60 MG/ML	NP	SP; PA	Growth Hormones		
			GENOTROPIN MINIQUICK PRSY 0.2 MG	NP	SP; PA
			GENOTROPIN MINIQUICK PRSY	P	SP; PA
			GENOTROPIN CART SC	P	SP; PA
			HUMATROPE CART IJ	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NGENLA	P	SP; PA	BUPHENYL POWD (sodium phenylbutyrate)	NP	SP
NORDITROPIN FLEXP SOPN	P	SP; PA	BUPHENYL TABS (sodium phenylbutyrate)	NP	SP
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP; PA	calcitriol CAPS	P	
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP; PA	calcitriol SOLN PO	NP	
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP; PA	CARBAGLU (carglumic acid)	NP	SP
OMNITROPE SOCT	NP	SP; PA	carglumic acid	P	SP
OMNITROPE SOLR SC	NP	SP; PA	cinacalcet hcl	P	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP; PA	doxercalciferol CAPS	NP	
SKYTROFA	NP	SP; PA	doxercalciferol SOLN	NP	
SOGROYA	P	SP; PA	glycerol phenylbutyrate 1.1 GM/ML	NP	Brand Preferred; SP
ZOMACTON SOLR SC	NP	SP; PA	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	P	
Hormone Receptor Modulators			levocarnitine (metabolic modifiers) TABS	P	
EVISTA (raloxifene hcl)	NP	ST	LOARGYS SOLN IJ 2 MG/0.4ML	NP	SP
raloxifene hcl	P		nitisinone CAPS	P	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants			OLPRUVA (2 GM DOSE) THPK	NP	SP
FENSOLVI (6 MONTH) SC	P	SP	OLPRUVA (3 GM DOSE) THPK	NP	SP
LUPRON DEPOT-PED (1- MONTH)	P	SP	OLPRUVA (4 GM DOSE) THPK	NP	SP
LUPRON DEPOT-PED (3- MONTH)	NP	SP	OLPRUVA (5 GM DOSE) THPK	NP	SP
LUPRON DEPOT-PED (6- MONTH) IM	NP	SP	OLPRUVA (6 GM DOSE) THPK	NP	SP
SUPPRELIN LA	NP	SP	OLPRUVA (6.67 GM DOSE) THPK	NP	SP
SYNAREL	P	SP	paricalcitol CAPS	NP	ST
TRIPTODUR	NP	SP	paricalcitol SOLN	NP	SP; ST
Menopausal Symptoms Suppressants			PHEBURANE PLLT	P	
LYNKUET CAPS PO 60 MG	NP		RAVICTI 1.1 GM/ML (glycerol phenylbutyrate)	P	Brand Preferred; SP
VEOZAH	NP		RAYALDEE	NP	ST
Metabolic Modifiers					

Drug Name	Drug Tier	Requirements/ Limits
REDEMPLO SOSY SC 25 MG/0.5ML	NP	SP
ROCALtrol CAPS (<i>calcitriol</i>)	NP	
ROCALtrol SOLN PO (<i>calcitriol</i>)	NP	
SENSIPAR (<i>cinacalcet hcl</i>)	NP	SP; ST
<i>sodium phenylbutyrate POWD</i>	P	SP
<i>sodium phenylbutyrate TABS</i>	P	SP
TRYNGOLZA	NP	
TRYNGOLZA	NP	SP
XPHOZAH	NP	SP
YORVIPATH	NP	SP; PA
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	NP	ST
ZEMPLAR SOLN (<i>paricalcitol</i>)	NP	SP; ST
Mineralocorticoid Receptor Antagonists		
KERENDIA	NP	
Natriuretic Peptides		
VOXZOGO	NP	SP
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	P	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	P	
<i>desmopressin acetate SOLN IJ</i>	P	SP
<i>desmopressin acetate TABS</i>	P	
NOCDURNA SUBL	NP	
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	4	
<i>mifepristone</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
Somatostatic Agents		
<i>lanreotide acetate</i>	P	SP
LANREOTIDE ACETATE	P	SP
<i>octreotide acetate KIT</i>	P	SP
<i>octreotide acetate SOLN</i>	P	SP
<i>octreotide acetate SOSY</i>	P	SP
SOMATULINE DEPOT	P	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
<i>estradiol & norethindrone acetate TABS</i>	P	
MYFEMBREE	P	PA
<i>norethindrone acetate-ethinyl estradiol</i>	P	
ORIAHNN	NP	PA
PREMPRO	P	
Estrogens		
<i>estradiol PTWK</i>	P	
<i>estradiol TABS</i>	P	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	P	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
<i>ciprofloxacin in d5w 400 MG/200ML</i>	P	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NP	
<i>levofloxacin SOLN PO</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin TABS 250 MG</i>	P	QL(1 EA daily)	AMITIZA (<i>lubiprostone</i>)	NP	
<i>levofloxacin TABS 500 MG, 750 MG</i>	P		<i>lubiprostone</i>	P	
<i>moxifloxacin hcl TABS</i>	NP		Gastrointestinal Stimulants		
<i>ofloxacin 300 MG, 400 MG</i>	NP		<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			<i>metoclopramide hcl TABS</i>	P	
5-HT4 Receptor Agonists			Hepatotropics		
MOTEGRITY (<i>prucalopride succinate</i>)	NP		REZDIFFRA	NP	SP
<i>prucalopride succinate</i>	P		Ileal Bile Acid Transporter (IBAT) Inhibitors		
Antiflatulents			LYNAVOY TABS PO 40 MG	NP	SP
GAS RELIEF LIQD PO 40 MG/0.6ML	P		Inflammatory Bowel Agents		
<i>simethicone CAPS 125 MG</i>	P		AVSOLA	P	SP; PA
<i>simethicone CHEW</i>	P		AVSOLA	P	SP; PA
<i>simethicone LIQD PO</i>	P		AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP	
<i>simethicone SUSP</i>	P		AZULFIDINE TABS (<i>sulfasalazine</i>)	NP	
Bile Acid Synthesis Disorder Agents			<i>balsalazide disodium CAPS</i>	P	
CHOLBAM	NP	SP	CANASA SUPP (<i>mesalamine</i>)	NP	
CTEXLI TABS PO 250 MG	NP	SP	CIMZIA (1 SYRINGE) PSKT 200 MG/ML	NP	SP; PA
Farnesoid X Receptor (FXR) Agonists			CIMZIA (2 SYRINGE) PSKT	NP	SP; PA
OALIVA	NP	SP	CIMZIA KIT	NP	SP; PA
Gallstone Solubilizing Agents			CIMZIA-STARTER PSKT	NP	SP; PA
<i>chenodiol</i>	NP	SP	DELZICOL CPDR (<i>mesalamine</i>)	NP	
RELTONE CAPS	NP		DIPENTUM	NP	
URSO 250 TABS (<i>ursodiol</i>)	NP		ENTYVIO PEN SOAJ	P	SP; PA
URSO FORTE TABS (<i>ursodiol</i>)	NP		ENTYVIO SOLR	P	SP; PA
<i>ursodiol CAPS</i>	P		IMULDOSA SOLN IV 130 MG/26ML	NP	SP
<i>ursodiol TABS</i>	P		INFLECTRA SOLR	NP	SP; PA
Gastrointestinal Chloride Channel Activators			INFLIXIMAB	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIALDA TBEC (<i>mesalamine</i>)	NP		TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP; PA
<i>mesalamine w/ cleanser</i>	NP		TREMFYA SOLN IV	NP	SP; PA
<i>mesalamine CP24</i>	P		TREMFYA SOSY SC	NP	SP; PA
<i>mesalamine CPCR</i>	NP	Brand Preferred	USTEKINUMAB 130 MG/26ML	NP	SP; PA
<i>mesalamine CPDR</i>	NP		USTEKINUMAB-TTWE	NP	SP
<i>mesalamine ENEM</i>	P		VELSIPITY	NP	SP; PA
<i>mesalamine SUPP</i>	P		ZYMFENTRA (1 PEN) AJKT	NP	SP; PA
<i>mesalamine TBEC 1.2 GM</i>	P		ZYMFENTRA (2 PEN) AJKT	NP	SP; PA
<i>mesalamine TBEC 800 MG</i>	NP		ZYMFENTRA (2 SYRINGE) PSKT	NP	SP; PA
OMVOH (300 MG DOSE) SOAJ	NP	SP; PA	Intestinal Acidifiers		
OMVOH (300 MG DOSE) SOSY	NP	SP; PA	<i>lactulose</i> (<i>encephalopathy</i>)	P	
OMVOH SOAJ	NP	SP; PA	Irritable Bowel Syndrome (IBS) Agents		
OMVOH SOLN	NP	SP; PA	<i>alosetron hcl</i>	NP	
OMVOH SOSY	NP	SP; PA	IBSRELA	NP	
OTULFI SOLN IV 130 MG/26ML	NP	SP	LINZESS 145 MCG	P	QL(1 EA daily)
PENTASA CPCR (<i>mesalamine</i>)	P	Brand Preferred	LINZESS 72 MCG, 290 MCG	P	
PENTASA CPCR (<i>mesalamine</i>)	P		LOTRONEX (<i>alosetron hcl</i>)	NP	
PYZCHIVA 130 MG/26ML	P	SP	VIBERZI	NP	
REMICADE	NP	SP; PA	Live Fecal Microbiota		
RENFLEXIS	NP	SP; PA	VOWST	NP	SP
ROWASA (<i>mesalamine w/ cleanser</i>)	NP		Peripheral Opioid Receptor Antagonists		
SFROWASA ENEM	NP		MOVANTIK 12.5 MG	P	QL(1 EA daily)
SKYRIZI SOCT	NP	SP; PA	MOVANTIK 25 MG	P	
SKYRIZI SOLN	NP	SP; PA	SYMPROIC	NP	
STARJEMZA SOLN IV 130 MG/26ML	NP	SP	Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
STELARA 130 MG/26ML	NP	SP; PA	IQIRVO	NP	SP
<i>sulfasalazine TABS</i>	P		LIVDELZI	NP	SP
<i>sulfasalazine TBEC</i>	P				

Drug Name	Drug Tier	Requirements/ Limits
Phosphate Binder Agents		
AURYXIA 210 MG (<i>ferric citrate</i>)	NP	PA
<i>calcium acetate (phosphate binder) CAPS</i>	P	
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC
<i>ferric citrate</i>	NP	PA
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	PA
FOSRENOL PACK	NP	PA
<i>lanthanum carbonate CHEW</i>	NP	PA
REVELA PACK (<i>sevelamer carbonate</i>)	NP	PA
REVELA TABS (<i>sevelamer carbonate</i>)	NP	PA
<i>sevelamer carbonate PACK</i>	NP	PA
<i>sevelamer carbonate TABS</i>	NP	PA
<i>sevelamer carbonate TABS</i>	P	PA
<i>sevelamer hcl</i>	NP	PA
VELPHORO	NP	PA
GENERAL ANESTHETICS		
Volatile Anesthetics		
<i>desflurane</i>	P	
<i>sevoflurane</i>	P	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	P	
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	P	
RENACIDIN	P	

Drug Name	Drug Tier	Requirements/ Limits
Interstitial Cystitis Agents		
ELMIRON CAPS	P	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	P	
CARDURA XL 8 MG	NP	
CARDURA XL 4 MG	NP	QL(1 EA daily)
<i>dutasteride</i>	NP	
<i>dutasteride-tamsulosin hcl</i>	NP	
<i>finasteride</i>	P	
JALYN (<i>dutasteride-tamsulosin hcl</i>)	NP	
PROSCAR (<i>finasteride</i>)	NP	
RAPAFLO 8 MG (<i>silodosin</i>)	NP	
RAPAFLO 4 MG (<i>silodosin</i>)	NP	QL(1 EA daily)
<i>silodosin 8 MG</i>	NP	
<i>silodosin 4 MG</i>	NP	QL(1 EA daily)
<i>tamsulosin hcl</i>	P	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	P	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	P	
<i>allopurinol 200 MG</i>	NP	PA
<i>colchicine CAPS</i>	NP	
<i>colchicine TABS</i>	P	
<i>febuxostat 40 MG</i>	P	QL(1 EA daily)
<i>febuxostat 80 MG</i>	P	
GLOPERBA SOLN PO	NP	
MITIGARE CAPS (<i>colchicine</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULORIC 80 MG (<i>febuxostat</i>)	NP		JIVI 4000 UNIT	NP	SP
ULORIC 40 MG (<i>febuxostat</i>)	NP	QL(1 EA daily)	JIVI	P	SP
Uricosurics			KOATE-DVI SOLR 1000 UNIT	P	SP
<i>probenecid</i>	P		KOATE SOLR	P	SP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			KOGENATE FS KIT	NP	SP
Antihemophilic Products			KOVALTRY	P	SP
ADVATE	NP	SP	NOVOEIGHT	P	SP
ADYNOVATE	NP	SP	NOVOSEVEN RT	P	SP
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	P	SP	NUWIQ KIT	P	SP
ALHEMO	NP	SP; PA	NUWIQ SOLR	P	SP
ALPHANATE SOLR	P	SP	OBIZUR	P	SP
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP	PROFILNINE	P	SP
ALPROLIX	P	SP	QFITLIA SOAJ SC 50 MG/0.5ML	NP	SP; PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	NP	SP	QFITLIA SOLN SC 20 MG/0.2ML	NP	SP; PA
BENEFIX KIT	P	SP	REBINYN	P	SP
ELOCTATE	NP	SP	RECOMBINATE SOLR	NP	SP
ESPEROCT	NP	SP	RIXUBIS SOLR	P	SP
FEIBA	P	SP	SEVENFACT	NP	SP
HEMLIBRA	P	SP	VONVENDI	NP	SP
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP	WILATE KIT	P	SP
HUMATE-P SOLR	P	SP	XYNTHA	P	SP
HYMPAVZI	NP	SP	XYNTHA SOLOFUSE	P	SP
IDELVION	NP	SP	Bradykinin B2 Receptor Antagonists		
IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	P	SP	FIRAZYR SOSY (<i>icatibant acetate</i>)	NP	SP; PA
			<i>icatibant acetate</i> SOSY	P	SP; PA
			Complement Inhibitors		
			BERINERT KIT	P	SP; PA
			CINRYZE SOLR IV	P	SP; PA
			HAEGARDA SOLR SC	P	SP; PA
			RUCONEST	P	SP; PA
			Hemataologic - Tyrosine Kinase Inhibitors		
			TAVALISSE	NP	SP

Drug Name	Drug Tier	Requirements/Limits
WAYRILZ TABS PO 400 MG	NP	SP
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Plasma Factor XIIa Inhibitors		
ANDEMBRY SOAJ SC 200 MG/1.2ML	NP	SP
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	NP	SP
KALBITOR	P	SP; PA
ORLADEYO	P	SP; PA
ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG	NP	SP; PA
TAKHZYRO SOLN	P	SP; PA
TAKHZYRO SOSY	P	SP; PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	P	
<i>aspirin-dipyridamole</i>	P	
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	NP	
<i>cilostazol</i>	P	
<i>clopidogrel bisulfate</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (<i>prasugrel hcl</i>)	NP	
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl</i>	P	
<i>ticagrelor 60 MG, 90 MG</i>	P	
Prekallikrein-Directed Antisense Oligonucleotides (ASO)		
DAWNZERA SOAJ SC 80 MG/0.8ML	NP	SP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		

Drug Name	Drug Tier	Requirements/Limits
<i>miglustat</i>	P	SP
Agents for Sick Cell Disease		
ADAKVEO	NP	SP
CASGEVY	4	SP; PA
DROXIA CAPS	P	
ENDARI (<i>glutamine (sickle cell)</i>)	NP	SP
<i>glutamine (sickle cell)</i>	NP	SP
LYFGENIA	4	SP; PA
SIKLOS TABS	NP	
XROMI SOLN PO 100 MG/ML	P	SP
Cobalamins		
B-12 DOTS TBDP	P	
B-12 TABS 2000 MCG	P	
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	
<i>cyanocobalamin TABS 50 MCG, 100 MCG, 250 MCG, 500 MCG, 1000 MCG</i>	P	
<i>cyanocobalamin TBCR 1000 MCG, 2000 MCG</i>	P	
<i>cyanocobalamin TBDP 2500 MCG</i>	P	
Folic Acid/Folates		
FOLIC ACID CAPS	P	
<i>folic acid SOLN</i>	P	
<i>folic acid TABS</i>	P	RX/OTC
Hematopoietic Gene Therapy		
ZYNTEGLO	P	SP
Hematopoietic Growth Factors		
ALVAIZ	NP	SP
ARANESP (ALBUMIN FREE) SOLN	NP	SP; PA
ARANESP (ALBUMIN FREE) SOSY	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DOPTELET	NP	SP	PROMACTA PACK 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	NP	SP
DOPTELET SPRINKLE PO 10 MG	NP	SP	PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	NP	SP
<i>eltrombopag olamine</i> PACK 12.5 MG, 25 MG	P	SP	RELEUKO SOSY	NP	SP
<i>eltrombopag olamine</i> TABS 12.5 MG, 25 MG, 50 MG, 75 MG	P	SP	RETACRIT	P	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA	ROLVEDON	NP	SP
FILKRI SOSY IJ 300 MCG/0.5ML, 480 MCG/0.8ML	NP	SP	RYZNEUTA SOSY SC 20 MG/ML	NP	SP
FULPHILA	P	SP	STIMUFEND	NP	SP
FYLNETRA	NP	SP	UDENYCA ONBODY SOSY	NP	SP
GRANIX SOLN 300 MCG/ML	NP	SP	UDENYCA SOAJ	NP	SP
GRANIX SOSY	NP	SP	UDENYCA SOSY	NP	SP
LEUKINE SOLR IJ	NP	SP	ZARXIO	NP	SP
MIRCERA	P	SP; PA	ZIEXTENZO	NP	SP
MULPLETA	NP	SP	Hematopoietic Mixtures		
MULPLETA	NP	SP	ABANEU-SL SUBL 600 MCG-600 MCG	P	
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	SP	B COMPLEX-FOLIC ACID TABS	P	
NEULASTA SOLN SC 4 MG/0.4ML	NP	SP	FEROTRINSIC 75 MG-0.5 MG-15 MCG-110 MG-240 MG	P	
NEULASTA SOSY	NP	SP; ST	FERREX 150 FORTE CAPS 1 MG-0.025 MG-150 MG	P	RX/OTC
NEUPOGEN SOLN	P	SP	<i>ferrous fumarate w/ b12-vit c-fa-ifc</i>	P	
NEUPOGEN SOSY	P	SP	<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu</i> TABS	P	
NIVESTYM SOLN	NP	SP	FOLTABS 800 TABS	P	
NIVESTYM SOSY	NP	SP	FOLTRIN 75 MG-0.5 MG-15 MCG-110 MG-240 MG	P	
NPLATE	P	SP	HEMATINIC PLUS VIT/MINERALS TABS	P	
NYPOZI	NP	SP	HEMATINIC/FOLIC ACID	P	
NYVEPRIA	P	SP			
PROCRIT	NP	SP; PA			
PROCRIT	NP	SP; PA			

Drug Name	Drug Tier	Requirements/ Limits
ICAR-C PLUS TABS 250 MG-1 MG-25 MCG-100 MG	P	RX/OTC
<i>iron-vitamin c</i>	P	
<i>iron-vitamin c-vitamin b12-folic acid TABS</i>	P	RX/OTC
NEURIN-SL SUBL 600 MCG-600 MCG	P	
POLY-IRON 150 FORTE CAPS 1 MG-25 MCG-150 MG	P	RX/OTC
POLYSACCHARIDE IRON FORTE CAPS 1 MG-25 MCG-150 MG	P	RX/OTC
TRICON 75 MG-0.5 MG-15 MCG-110 MG-240 MG	P	
Iron		
<i>carbonyl iron SUSP</i>	P	
<i>carbonyl iron TABS</i>	P	
<i>ferrous fumarate TABS</i>	P	
<i>ferrous gluconate TABS</i>	P	
<i>ferrous sulfate dried TABS</i>	P	
<i>ferrous sulfate SOLN 300 MG/5ML, 325 MG/5ML</i>	P	
<i>ferrous sulfate TABS</i>	P	
FERROUS SULFATE TABS	P	
<i>ferrous sulfate TBEC 325 MG</i>	P	
INFED	P	
IRON CHEWS PEDIATRIC CHEW	P	
<i>polysaccharide iron complex CAPS</i>	P	
PROFERRIN ES	P	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid TABS</i>	P	SP
HYPNOTICS/SEDATIVES/SLEEP DISORDER		

Drug Name	Drug Tier	Requirements/ Limits
AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	P	
<i>phenobarbital TABS</i>	P	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	NP	QL(1 EA daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NP	QL(1 EA daily)
AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	QL(1 EA daily)
DORAL (<i>quazepam</i>)	NP	
EDLUAR SUBL	NP	QL(1 EA daily)
<i>estazolam</i>	NP	QL(1 EA daily)
<i>eszopiclone</i>	P	QL(1 EA daily)
<i>flurazepam hcl</i>	NP	QL(1 EA daily)
HALCION 0.25 MG (<i>triazolam</i>)	NP	QL(1 EA daily)
IGALMI FILM	NP	QL(1 EA daily)
<i>quazepam</i>	NP	
RESTORIL (<i>temazepam</i>)	NP	QL(1 EA daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	NP	QL(1 EA daily)
<i>temazepam 15 MG, 30 MG</i>	P	QL(1 EA daily)
<i>triazolam</i>	NP	QL(1 EA daily)
<i>zaleplon</i>	P	QL(1 EA daily)
ZOLPIDEM TARTRATE CAPS	NP	QL(1 EA daily)
<i>zolpidem tartrate SUBL</i>	NP	QL(1 EA daily)
<i>zolpidem tartrate TABS</i>	P	QL(1 EA daily)
<i>zolpidem tartrate TBCR</i>	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Orexin Receptor Antagonists			<i>magnesium citrate</i> 1.745 GM/30ML	P	
BELSOMRA	NP	QL(1 EA daily)	<i>magnesium hydroxide SUSP</i> 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	
DAYVIGO	NP	QL(1 EA daily)	<i>magnesium sulfate (laxative)</i> GRAN PO	P	
QUVIVIQ	NP	QL(1 EA daily)	PHILLIPS MILK OF MAGNESIA CHEW	P	
Selective Melatonin Receptor Agonists			<i>sodium phosphate monobasic-sodium phosphate dibasic</i> PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML	P	
HETLIOZ LQ SUSP	NP	QL(5 ML daily); SP	Laxative Combinations		
HETLIOZ CAPS (<i>tasimelteon</i>)	NP	QL(1 EA daily); SP	CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	P	
<i>ramelteon</i>	NP	QL(1 EA daily)	GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	P	
ROZEREM (<i>ramelteon</i>)	NP	QL(1 EA daily)	<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	P	
<i>tasimelteon</i> CAPS	NP	QL(1 EA daily); SP	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> SOLR	P	
LAXATIVES - Bowel Treatment Drugs			<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	
Bulk Laxatives			<i>sennosides-docusate sodium</i> TABS	P	
<i>calcium polycarbophil</i> TABS	P		<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P	
EQUALACTIN CHEW	P		SUFLAVE	NP	
HYDROCIL PACK	P				
KONSYL DAILY FIBER PACK 100 %	P				
METAMUCIL WAFR	P				
<i>methylcellulose (laxative)</i> POWD	P				
<i>methylcellulose (laxative)</i> TABS	P				
NUTRISOURCE FIBER PACK	P				
NUTRISOURCE FIBER POWD	P				
<i>psyllium</i> CAPS 0.52 GM	P				
<i>psyllium</i> POWD 28.3 %, 30 %, 58.6 %, 95 %, 100 %	P				
SB FIB LAX ORANGE POWD 30 %, 33 %	P				
SB NATURAL FIBER LAXATIVE POWD 49 %	P				
Electrolyte-based Osmotic Laxatives					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	P		<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P	
SUTAB	NP		DOCUSATE SODIUM SYRP	P	
Laxatives - Miscellaneous			<i>docusate sodium TABS</i>	P	
CEO-TWO	P		PEDIA-LAX LIQD	P	
<i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 %</i>	P		LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
<i>lactulose SOLN</i>	P		Local Anesthetics - Amides		
<i>polyethylene glycol 3350 PACK</i>	P		<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %, 4 %</i>	P	
<i>polyethylene glycol 3350 POWD</i>	P		LIDOCAINE HCL SOLN	P	
Lubricant Laxatives			MACROLIDES - Drugs to Treat Bacterial Infections		
<i>mineral oil ENEM</i>	P		Azithromycin		
<i>mineral oil OIL PO</i>	P		<i>azithromycin PACK</i>	P	
Stimulant Laxatives			<i>azithromycin SUSR</i>	NP	
<i>bisacodyl SUPP</i>	P		<i>azithromycin SUSR</i>	P	
<i>bisacodyl TBEC</i>	P		<i>azithromycin TABS</i>	P	
<i>castor oil OIL 100 %</i>	P		ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NP	
FLEET MINI ENEMA ENEM 10 MG/30ML	P		ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NP	
<i>senna SYRP 176 MG/5ML</i>	P		ZITHROMAX PACK	NP	
<i>sennosides CAPS</i>	P		ZITHROMAX SUSR (<i>azithromycin</i>)	NP	
<i>sennosides CHEW</i>	P		ZITHROMAX TABS 250 MG, 500 MG (<i>azithromycin</i>)	NP	
<i>sennosides LIQD</i>	P		Clarithromycin		
<i>sennosides SYRP</i>	P		<i>clarithromycin SUSR</i>	NP	
<i>sennosides TABS 8.6 MG, 25 MG</i>	P		<i>clarithromycin TABS</i>	P	
Surfactant Laxatives			<i>clarithromycin TB24</i>	NP	
<i>docusate calcium</i>	P		Erythromycins		
<i>docusate sodium CAPS</i>	P		E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
<i>docusate sodium ENEM 283 MG/5ML</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ERYPED 200 SUSR (erythromycin ethylsuccinate)	NP		ADVANTAGE SAFETY LANCETS 28G	P	RX/OTC
ERYPED 400 SUSR (erythromycin ethylsuccinate)	NP		ADVOCATE LANCETS	P	RX/OTC
erythromycin base CPEP	NP		ADVOCATE LANCETS 30G	P	RX/OTC
erythromycin base TABS	NP		ADVOCATE LANCING DEVICE MISC	P	
erythromycin base TBEC	NP		ADVOCATE RAPID-SAFE LANCING MISC	P	
erythromycin ethylsuccinate SUSR	P		ADVOCATE SAFETY LANCETS	P	RX/OTC
erythromycin ethylsuccinate TABS	NP		ADVOCATE SAFETY LANCETS 21G	P	RX/OTC
erythromycin stearate TABS 250 MG	NP		ADVOCATE SAFETY LANCETS 23G	P	RX/OTC
Fidaxomicin			ADVOCATE SAFETY LANCETS 26G	P	RX/OTC
DIFICID SUSR	NP	ST	ADVOCATE SAFETY LANCETS 28G	P	RX/OTC
DIFICID TABS 200 MG (fidaxomicin)	NP	ST	AGAMATRIX ULTRA-THIN LANCETS	P	RX/OTC
fidaxomicin TABS 200 MG	NP	ST	AIMSCO TWIST LANCETS 32G	P	RX/OTC
MEDICAL DEVICES AND SUPPLIES			AIMSCO TWIST LANCETS 33G	P	RX/OTC
Diabetic Supplies			AQUALANCE LANCETS 30G	P	RX/OTC
ACCU-CHEK FASTCLIX LANCETS	P	RX/OTC	ASSURE COMFORT LANCETS 28G	P	RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	P	RX/OTC	ASSURE LANCE LANCETS	P	RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC	ASSURE LANCE LANCETS 21G	P	RX/OTC
ACTI-LANCE 28G	P	RX/OTC	ASSURE LANCE PLUS SAFETY 25G	P	RX/OTC
ACTI-LANCE LITE LANCETS 28G	P	RX/OTC	ASSURE LANCE PLUS SAFETY 30G	P	RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	P	RX/OTC	ASSURE LANCE SAFETY LANCET 28G	P	RX/OTC
ACTI-LANCE UNIVERSAL 23G	P	RX/OTC	AURORA LANCET SUPER THIN 30G	P	RX/OTC
ADJUSTABLE LANCING DEVICE MISC	P				
ADVANCED MOBILE LANCET	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AURORA LANCET THIN 23G	P	RX/OTC	CHOSEN LANCING DEVICE MISC	P	
AUTO-LANCET MINI MISC	P		CHOSEN SAFETY LANCETS 28G	P	RX/OTC
AUTO-LANCET MISC	P		CLEANLET LANCETS 28G	P	RX/OTC
AUTOLET LANCING DEVICE MISC	P		CLEVER CHEK LANCETS	P	RX/OTC
AUTOLET LANCING DEVICE MISC	P		CLEVER CHOICE COMFORT EZ	P	RX/OTC
AUTOLET LITE LANCING DEVICE MISC	P		CLEVER CHOICE LANCETS 21G	P	RX/OTC
AUTOLET MINI MISC	P		CLEVER CHOICE LANCETS 23G	P	RX/OTC
AUTOLET PLUS MISC	P		CLEVER CHOICE LANCETS 28G	P	RX/OTC
BD MICROTAINER LANCETS	P	RX/OTC	COAGUCHEK LANCETS	P	RX/OTC
CARDIOCOM LANCING DEVICE MISC	P		COMFORT ASSURED LANCETS 28G	P	RX/OTC
CAREONE ADVANCED LANCING DEV MISC	P		COMFORT ASSURED LANCETS 33G	P	RX/OTC
CAREONE LANCET SUPER THIN 30G	P	RX/OTC	COMFORT TOUCH LANCETS 31G	P	RX/OTC
CAREONE LANCET THIN 23G	P	RX/OTC	COMFORT TOUCH PLUS LANCETS 28G	P	RX/OTC
CARESENS LANCETS	P	RX/OTC	COMFORT TOUCH PLUS LANCETS 30G	P	RX/OTC
CARESENS LANCETS 30G	P	RX/OTC	COMFORT TOUCH TWIST LANCET 30G	P	RX/OTC
CARETOUCH LANCING/EJECTOR MISC	P		CVS LANCETS ORIGINAL	P	RX/OTC
CARETOUCH SAFETY LANCETS	P	RX/OTC	CVS LANCETS THIN 26G	P	RX/OTC
CARETOUCH SAFETY LANCETS 26G	P	RX/OTC	CVS LANCING DEVICE MISC	P	
CARETOUCH TWIST LANCETS 28G	P	RX/OTC	CVS ULTRA THIN LANCETS	P	RX/OTC
CARETOUCH TWIST LANCETS 30G	P	RX/OTC	DEXCOM G6 RECEIVER	P	
CARETOUCH TWIST LANCETS 33G	P	RX/OTC	DEXCOM G6 SENSOR	P	
CARETOUCH TWIST MC LANCETS 30G	P	RX/OTC	DEXCOM G6 TRANSMITTER	P	
CHOSEN LANCETS 30G	P	RX/OTC	DEXCOM G7 15 DAY SENSOR	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEXCOM G7 RECEIVER	P		EASY TOUCH LANCETS 28G	P	RX/OTC
DEXCOM G7 SENSOR	P		EASY TOUCH LANCETS 28G/TWIST	P	RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	P	RX/OTC	EASY TOUCH LANCETS 30G	P	RX/OTC
DIATHRIVE LANCETS	P	RX/OTC	EASY TOUCH LANCETS 30G/TWIST	P	RX/OTC
DIATHRIVE LANCING DEVICE MISC	P		EASY TOUCH LANCETS 32G	P	RX/OTC
DROPLET GENTEEL LANCING DEVICE MISC	P		EASY TOUCH LANCETS 32G/TWIST	P	RX/OTC
DROPLET LANCETS ULTRA THIN 30G	P	RX/OTC	EASY TOUCH LANCETS 33G/TWIST	P	RX/OTC
DROPLET LANCING DEVICE MISC	P		EASY TOUCH LANCING DEVICE MISC	P	
DROPLET PERSONAL LANCETS 30G	P	RX/OTC	EASY TOUCH SAFETY LANCETS 21G	P	RX/OTC
DROPSAFE ACTI-LANCE 23G	P	RX/OTC	EASY TOUCH SAFETY LANCETS 23G	P	RX/OTC
DROPSAFE MEDLANCE LANCET 30G	P	RX/OTC	EASY TOUCH SAFETY LANCETS 26G	P	RX/OTC
DRUG MART ON-THE-GO LANCET 30G	P	RX/OTC	EASY TOUCH SAFETY LANCETS 28G	P	RX/OTC
DRUG MART UNILET LANCETS 28G	P	RX/OTC	EMBRACE LANCETS ULTRA THIN 30G	P	RX/OTC
DRUG MART UNILET LANCETS 30G	P	RX/OTC	EMBRACE LANCING DEVICE/EJECTOR MISC	P	
DRUG MART UNILET LANCETS 33G	P	RX/OTC	EMBRACE PRESSURE ACTIVATED 21G	P	RX/OTC
EASY COMFORT LANCETS	P	RX/OTC	EMBRACE PRESSURE ACTIVATED 28G	P	RX/OTC
EASY COMFORT LANCETS TWIST TOP	P	RX/OTC	FIFTY50 SAFETY SEAL LANCETS	P	RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	P		FIFTY50 UNILET LANCETS 33G	P	RX/OTC
EASY MINI LANCING DEVICE MISC	P		FINGERSTIX LANCETS	P	RX/OTC
EASY TOUCH LANCETS 21G	P	RX/OTC	FONDCIRCLE LANCING DEVICE MISC	P	
EASY TOUCH LANCETS 23G	P	RX/OTC	FONDCIRCLE SINGLE USE LANCETS	P	RX/OTC
EASY TOUCH LANCETS 26G	P	RX/OTC	FORA LANCETS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FORA LANCING DEVICE MISC	P		GLOBAL INJECT EASE LANCETS 30G	P	RX/OTC
FREESTYLE FREEDOM LITE KIT	P	RX/OTC	GLOBAL LANCING DEVICE MISC	P	
FREESTYLE LANCETS	P	RX/OTC	GLUCOCOM LANCETS 28G	P	RX/OTC
FREESTYLE LIBRE 14 DAY READER	P		GLUCOCOM LANCETS 30G	P	RX/OTC
FREESTYLE LIBRE 14 DAY SENSOR	P		GLUCOCOM LANCETS 33G	P	RX/OTC
FREESTYLE LIBRE 2 PLUS SENSOR	P		GNP LANCING SYSTEM DEVICE MISC	P	
FREESTYLE LIBRE 2 READER	P		GNP STERILE LANCETS 28G	P	RX/OTC
FREESTYLE LIBRE 2 SENSOR	P		GNP STERILE LANCETS 30G	P	RX/OTC
FREESTYLE LIBRE 3 PLUS SENSOR	P		GNP STERILE LANCETS 33G	P	RX/OTC
FREESTYLE LIBRE 3 READER	P		GOJJI LANCING DEVICE/CLEAR CAP MISC	P	
FREESTYLE LIBRE 3 SENSOR	P		GOJJI STERILE LANCETS	P	RX/OTC
FREESTYLE LITE KIT	P	RX/OTC	HAEMOLANCE	P	RX/OTC
FREESTYLE PRECISION NEO SYSTEM KIT	P	RX/OTC	HAEMOLANCE LOW FLOW LANCETS	P	RX/OTC
FREESTYLE UNISTICK II LANCETS	P	RX/OTC	HAEMOLANCE PLUS	P	RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	P	RX/OTC	HAEMOLANCE PLUS HIGH FLOW	P	RX/OTC
GENTEEL PLUS LANCING (BLACK) MISC	P		HAEMOLANCE PLUS LOW FLOW	P	RX/OTC
GENTEEL PLUS LANCING (PURPLE) MISC	P		HAEMOLANCE PLUS MAX FLOW	P	RX/OTC
GENTEEL PLUS LANCING (WHITE) MISC	P		HAEMOLANCE PLUS PEDIATRIC FLOW	P	RX/OTC
GENTEEL PLUS LANCING DEV(BLUE) MISC	P		H-E-B INCONTROL ADV LANCING MISC	P	
GENTEEL PLUS LANCING DEV(PINK) MISC	P		H-E-B INCONTROL LANCETS 28G	P	RX/OTC
GLOBAL INJECT EASE LANCETS 28G	P	RX/OTC	H-E-B INCONTROL LANCETS 30G	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL LANCETS 33G	P	RX/OTC	LIBERTY MEDICAL LANCETS	P	RX/OTC
HY-VEE LANCETS	P	RX/OTC	LIBERTY MINI LANCING DEVICE MISC	P	
HY-VEE THIN LANCETS	P	RX/OTC	LITE TOUCH LANCETS	P	RX/OTC
IHEALTH LANCING DEVICE MISC	P		LITE TOUCH LANCING PEN MISC	P	
IN TOUCH LANCING DEVICE MISC	P		LITETOUCH LANCETS	P	RX/OTC
IN TOUCH STERILE LANCETS 30G	P	RX/OTC	LIVE BETTER LANCET SUPER THIN	P	RX/OTC
KINNEY LANCETS	P	RX/OTC	MEDICHOICE SAFETY LANCET	P	RX/OTC
KINNEY THIN LANCETS	P	RX/OTC	MEDICHOICE SAFETY LANCET EXTRA	P	RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	P		MEDICHOICE SAFETY LANCET NORM	P	RX/OTC
KROGER HEALTHPRO LANCET 26G	P	RX/OTC	MEDLANCE PLUS EXTRA 21G	P	RX/OTC
KROGER LANCETS	P	RX/OTC	MEDLANCE PLUS LITE 25G	P	RX/OTC
KROGER LANCETS SUPER THIN	P	RX/OTC	MEDLANCE PLUS SPECIAL 0.8MM	P	RX/OTC
KROGER LANCETS THIN	P	RX/OTC	MEDLANCE PLUS SUPERLITE 30G	P	RX/OTC
LANCET DEVICE WITH EJECTOR MISC	P		MEDLANCE PLUS UNIVERSAL 21G	P	RX/OTC
LANCET DEVICE MISC	P		MEIJER LANCETS	P	RX/OTC
LANCETS	P	RX/OTC	MEIJER LANCETS UNIVERSAL 21G	P	RX/OTC
LANCETS 28G THIN	P	RX/OTC	MEIJER LANCETS UNIVERSAL 30G	P	RX/OTC
LANCETS 30G	P	RX/OTC	MEIJER LANCETS UNIVERSAL 33G	P	RX/OTC
LANCETS 33G	P	RX/OTC	MICROLET LANCETS	P	RX/OTC
LANCETS MICRO THIN 33G	P	RX/OTC	MICROLET NEXT LANCETS	P	RX/OTC
LANCETS SUPER THIN	P	RX/OTC	MICROLET NEXT LANCING DEVICE MISC	P	
LANCETS SUPER THIN 28G	P	RX/OTC	MINI LANCING DEVICE MISC	P	
LANCETS ULTRA THIN	P	RX/OTC	MM LANCING DEVICE MISC	P	
LANCETS ULTRA THIN 30G	P	RX/OTC			
LANCING DEVICE MISC	P				
LANZO MISC	P				
LEADER ADVANCED LANCING DEVICE MISC	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MM TWIST LANCETS	P	RX/OTC	PERFECT POINT SAFETY LANCETS	P	RX/OTC
MOBILE LANCETS 30G	P	RX/OTC	PHARMACIST CHOICE LANCETS	P	RX/OTC
MONOLET LANCETS	P	RX/OTC	PIP LANCETS 28G	P	RX/OTC
MONOLET OPD LANCETS	P	RX/OTC	PIP LANCETS 30G	P	RX/OTC
MONOLETTOR SAFETY LANCETS	P	RX/OTC	PRECISION XTRA-GLUCOSE/KETONE DEVI	P	
MULTI-LANCET DEVICE MISC	P		PRO COMFORT LANCETS 30G	P	RX/OTC
MYGLUCOHEALTH LANCETS 30G	P	RX/OTC	PRO COMFORT LANCETS 31G	P	RX/OTC
NOVA SAFETY LANCETS 23G	P	RX/OTC	PRO COMFORT SAFETY LANCETS 30G	P	RX/OTC
NOVA SAFETY LANCETS 28G	P	RX/OTC	PRODIGY LANCETS 28G	P	RX/OTC
NOVA SUREFLEX LANCETS	P	RX/OTC	PRODIGY LANCING DEVICE MISC	P	
NOVA SUREFLEX LANCING DEVICE MISC	P		PRODIGY SAFETY LANCETS 26G	P	RX/OTC
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	P	PA	PRODIGY TWIST TOP LANCETS 28G	P	RX/OTC
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	P	PA	PURE COMFORT LANCETS 30G	P	RX/OTC
OMNIPOD 5 LIBRE INTRO KIT	P	PA	PURE COMFORT SAFETY LANCET 30G	P	RX/OTC
OMNIPOD 5 LIBRE PODS MISC	P	PA	PX ADVANCED LANCING DEVICE MISC	P	
OMNIPOD DASH PODS (GEN 4) MISC	P	PA	PX LANCETS MICROTHIN 33G	P	RX/OTC
ONETOUCH DELICA PLUS LANCET30G	P	RX/OTC	PX LANCETS ULTRA THIN 28G	P	RX/OTC
ONETOUCH DELICA PLUS LANCET33G	P	RX/OTC	QC ADVANCED LANCING DEVICE MISC	P	
ONETOUCH DELICA PLUS LANCING MISC	P		QC LANCETS SUPER THIN 30G	P	RX/OTC
ONETOUCH DELICA SAFETY LANCING	P	RX/OTC	QC LANCETS ULTRA THIN	P	RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	P	RX/OTC	QC UNILET LANCETS 28G	P	RX/OTC
PERFECT LANCETS 28G	P	RX/OTC	QC UNILET LANCETS MICRO THIN	P	RX/OTC
PERFECT LANCETS 30G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
READYLANCE SAFETY LANCETS	P	RX/OTC	SENSILANCE SAFETY LANCETS 21G	P	RX/OTC
REALITY LANCETS	P	RX/OTC	SENSILANCE SAFETY LANCETS 26G	P	RX/OTC
REALITY TRIGGER LANCETS	P	RX/OTC	SENSILANCE SAFETY LANCETS 28G	P	RX/OTC
RELION LANCET DEVICES 30G	P	RX/OTC	SIMPLE DIAGNOSTICS LANCING DEV MISC	P	
RELION LANCETS	P	RX/OTC	SINGLE-LET	P	RX/OTC
RELION LANCETS MICRO-THIN 33G	P	RX/OTC	SM TRUEDRAW LANCING DEVICE MISC	P	
RELION LANCETS THIN 26G	P	RX/OTC	SMART DIABETES VANTAGE LANCING MISC	P	
RELION LANCETS ULTRA-THIN 30G	P	RX/OTC	SMARTEST LANCETS 28G	P	RX/OTC
RELION LANCING DEVICE MISC	P		SOLUS V2 LANCETS 28G	P	RX/OTC
RELION ULTRA THIN LANCETS 30G	P	RX/OTC	SOLUS V2 LANCING DEVICE MISC	P	
RIGHTEST GD500 LANCING DEVICE MISC	P		SOLUS V2 TWIST LANCETS 30G	P	RX/OTC
RIGHTEST GL300 LANCETS	P	RX/OTC	STERILANCE TL	P	RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	P	RX/OTC	SUPER THIN LANCETS	P	RX/OTC
SAFETY LANCETS	P	RX/OTC	SURE COMFORT LANCETS 18G	P	RX/OTC
SAFETY LANCETS 21G	P	RX/OTC	SURE COMFORT LANCETS 21G	P	RX/OTC
SAFETY LANCETS 23G	P	RX/OTC	SURE COMFORT LANCETS 23G	P	RX/OTC
SAFETY LANCETS 28G	P	RX/OTC	SURE COMFORT LANCETS 28G	P	RX/OTC
SAPS HEALTH PLUS LANCETS	P	RX/OTC	SURE COMFORT LANCETS 30G	P	RX/OTC
SAPS HEALTH TWIST TOP LANCETS	P	RX/OTC	SURE COMFORT LANCING PEN MISC	P	
SAPS TWIST TOP LANCETS	P	RX/OTC	SURELITE LANCETS	P	RX/OTC
SAPSCARE TWIST TOP LANCETS	P	RX/OTC	TECHLITE AST LANCETS	P	RX/OTC
SB LANCETS THIN	P	RX/OTC	TECHLITE LANCETS	P	RX/OTC
SB LANCETS ULTRA THIN	P	RX/OTC	TECHLITE LANCETS 26G	P	RX/OTC
SELECT-LITE LANCING DEVICE MISC	P		TODAYS HEALTH LANCING DEVICE MISC	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TODAYS HEALTH THIN LANCETS 28G	P	RX/OTC	UNILET COMFORTOUCH LANCET	P	RX/OTC
TODAYS HEALTH THIN LANCETS 30G	P	RX/OTC	UNILET EXCELITE	P	RX/OTC
TRAVEL LANCETS ADVANCED 28G	P	RX/OTC	UNILET EXCELITE II	P	RX/OTC
TRUE COMFORT SAFETY LANCETS	P	RX/OTC	UNILET G.P. LANCET	P	RX/OTC
TRUE COMFORT TWIST TOP LANCETS	P	RX/OTC	UNILET G.P. SUPERLITE LANCET	P	RX/OTC
TRUEDRAW LANCING DEVICE MISC	P		UNILET GP 28 ULTRA THIN	P	RX/OTC
TRUEPLUS LANCETS 26G	P	RX/OTC	UNILET LANCET	P	RX/OTC
TRUEPLUS LANCETS 28G	P	RX/OTC	UNILET MICRO-THIN 33G	P	RX/OTC
TRUEPLUS LANCETS 30G	P	RX/OTC	UNILET MICRO-THIN 33G	P	RX/OTC
TRUEPLUS LANCETS 33G	P	RX/OTC	UNILET SUPERLITE LANCET	P	RX/OTC
TRUEPLUS SAFETY LANCETS 28G	P	RX/OTC	UNILET SUPER-THIN 30G	P	RX/OTC
TWIST TOP LANCETS 30G	P	RX/OTC	UNILET SUPER-THIN 30G	P	RX/OTC
ULTI-LANCE AUTOMATIC MISC	P		UNILET ULTRA-THIN 28G	P	RX/OTC
ULILET CLASSIC LANCETS	P	RX/OTC	UNILET ULTRA-THIN 28G	P	RX/OTC
ULILET LANCETS	P	RX/OTC	UNISTIK 1	P	RX/OTC
ULILET SAFETY LANCETS	P	RX/OTC	UNISTIK 2	P	RX/OTC
ULILET SAFETY LANCETS 23G	P	RX/OTC	UNISTIK 2 COMFORT	P	RX/OTC
ULTRA THIN LANCETS 31G	P	RX/OTC	UNISTIK 2 EXTRA	P	RX/OTC
ULTRA-CARE LANCETS 30G	P	RX/OTC	UNISTIK 2 NEONATAL	P	RX/OTC
ULTRA-CARE SAFETY LANCETS 30G	P	RX/OTC	UNISTIK 2 NORMAL	P	RX/OTC
ULTRA-THIN II AUTO LANCET	P	RX/OTC	UNISTIK 2 SUPER	P	RX/OTC
ULTRA-THIN II LANCETS	P	RX/OTC	UNISTIK 3	P	RX/OTC
			UNISTIK 3 COMFORT	P	RX/OTC
			UNISTIK 3 COMFORT	P	RX/OTC
			UNISTIK 3 EXTRA	P	RX/OTC
			UNISTIK 3 EXTRA	P	RX/OTC
			UNISTIK 3 GENTLE	P	RX/OTC
			UNISTIK 3 GENTLE	P	RX/OTC
			UNISTIK 3 NEONATAL	P	RX/OTC
			UNISTIK 3 NORMAL	P	RX/OTC
			UNISTIK 3 NORMAL	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK CZT COMFORT	P	RX/OTC	ENFIT AMBER LOW DOSE SYR/0.5ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK CZT NORMAL	P	RX/OTC	ENFIT AMBER LOW DOSE SYR/1ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK NORMAL	P	RX/OTC	ENFIT AMBER LOW DOSE SYR/3ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK PRO SAFETY LANCET	P	RX/OTC	ENFIT AMBER SYRINGE/10ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK SAFETY LANCETS 28G	P	RX/OTC	ENFIT AMBER SYRINGE/20ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK SAFETY LANCETS 30G	P	RX/OTC	ENFIT AMBER SYRINGE/35ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	P	RX/OTC	ENFIT AMBER SYRINGE/60ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	P	RX/OTC	ENFIT AMBER TIP SYRINGE/5ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	P	RX/OTC	ENFIT LOW DOSE TIP SYRINGE	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	P	RX/OTC	ENFIT LOW DOSE TIP SYRINGE/1ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
VERIFINE SAFE LANCET MINI 21G	P	RX/OTC	ENFIT LOW DOSE TIP SYRINGE/3ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
VERIFINE SAFE LANCET MINI 23G	P	RX/OTC	ENFIT MED BOTTLE ADAPTER/SZ 1	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC
VERIFINE SAFE LANCET MINI 28G	P	RX/OTC			
VERIFINE SAFE LANCET MINI 30G	P	RX/OTC			
VERIFINE UNIVERSAL LANCETS 28G	P	RX/OTC			
VERIFINE UNIVERSAL LANCETS 30G	P	RX/OTC			
VERIFINE UNIVERSAL LANCETS 33G	P	RX/OTC			
VIVAGUARD LANCETS	P	RX/OTC			
VIVAGUARD LANCETS 30G	P	RX/OTC			
VIVAGUARD LANCING DEVICE MISC	P				
VIVAGUARD SAFETY LANCETS 28G	P	RX/OTC			
ZEVRX TWIST TOP LANCETS 30G	P	RX/OTC			
Enteral Nutrition Supplies					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENFIT MED BOTTLE ADAPTER/SZ 2	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC	ENFIT TIP SYRINGE/5ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
ENFIT MED BOTTLE ADAPTER/SZ 3	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC	ENFIT TIP SYRINGE/60ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
ENFIT MED BOTTLE ADAPTER/SZ 4	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC	Misc. Devices		
ENFIT MED BOTTLE ADAPTER/SZ 5	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC	ADVOCATE ALCOHOL PREP PADS	P	RX/OTC
ENFIT MED BOTTLE ADAPTER/SZ 6	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC	ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC
ENFIT MED BOTTLE ADAPTER/SZ 7	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC	ALCOHOL PADS	P	RX/OTC
ENFIT SYRINGE/10ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ALCOHOL PREP	P	RX/OTC
ENFIT SYRINGE/20ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ALCOHOL PREP PADS	P	RX/OTC
ENFIT SYRINGE/35ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ALCOHOL SWABS	P	RX/OTC
ENFIT SYRINGE/60ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ALCOHOL SWABSTICK	P	RX/OTC
ENFIT TIP SYRINGE/10ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	AUM ALCOHOL PREP PADS	P	RX/OTC
ENFIT TIP SYRINGE/20ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	BD SWAB SINGLE USE REGULAR	P	RX/OTC
			CARETOUCH ALCOHOL PREP	P	RX/OTC
			COMFORT TOUCH ALCOHOL PREP	P	RX/OTC
			CURITY ALCOHOL PREPS	P	RX/OTC
			CVS ALCOHOL PREP PADS	P	RX/OTC
			CVS PREP	P	RX/OTC
			DROPSAFE ALCOHOL PREP	P	RX/OTC
			EASY COMFORT ALCOHOL PADS	P	RX/OTC
			EASY TOUCH ALCOHOL PREP MEDIUM	P	RX/OTC
			EQL ALCOHOL SWABS	P	RX/OTC
			FIFTY50 ALCOHOL PREP	P	RX/OTC
			GLOBAL ALCOHOL PREP EASE	P	RX/OTC
			GNP ALCOHOL SWABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE ALCOHOL SWABS	P	RX/OTC	ZEV RX STERILE ALCOHOL PREP PAD	P	RX/OTC
H-E-B INCONTROL ALCOHOL	P	RX/OTC	Parenteral Therapy Supplies		
HM STERILE ALCOHOL PREP	P	RX/OTC	1ST TIER UNIFINE PENTIPS	P	
MEIJER ALCOHOL SWABS	P	RX/OTC	1ST TIER UNIFINE PENTIPS PLUS	P	RX/OTC
PHARMACIST CHOICE ALCOHOL	P	RX/OTC	ADVOCATE INSULIN PEN NEEDLE	P	RX/OTC
PRO COMFORT ALCOHOL	P	RX/OTC	ADVOCATE INSULIN PEN NEEDLES	P	
PURE COMFORT ALCOHOL PREP	P	RX/OTC	ADVOCATE INSULIN SYRINGE	P	RX/OTC
QC ALCOHOL SWABS	P	RX/OTC	AQ INSULIN SYRINGE	P	RX/OTC
REALITY SWABS	P	RX/OTC	AQINJECT PEN NEEDLE	P	RX/OTC
RELION ALCOHOL SWABS	P	RX/OTC	ASSURE ID DUO PRO PEN NEEDLES	P	RX/OTC
SAPS CARE ALCOHOL PREP	P	RX/OTC	AUM INSULIN SAFETY PEN NEEDLE	P	RX/OTC
SAPS HEALTH ALCOHOL PREP	P	RX/OTC	AUM MINI INSULIN PEN NEEDLE	P	RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	P	RX/OTC	AUM PEN NEEDLE	P	RX/OTC
SB ALCOHOL PREP	P	RX/OTC	AUM READYGARD DUO PEN NEEDLE	P	RX/OTC
SM ALCOHOL PREP	P	RX/OTC	AUM SAFETY PEN NEEDLE	P	RX/OTC
SURE COMFORT ALCOHOL PREP	P	RX/OTC	AURORA PEN NEEDLES	P	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC	BD INS SYR ULTRAFINE 1/2UNIT	P	RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	P	RX/OTC	BD INSULIN SYR ULTRAFINE II	P	RX/OTC
ULTICARE ALCOHOL SWABS	P	RX/OTC	BD INSULIN SYRINGE	P	RX/OTC
ULTILET ALCOHOL SWABS	P	RX/OTC	BD INSULIN SYRINGE HALF-UNIT	P	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC	BD INSULIN SYRINGE MICROFINE	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE	P	RX/OTC	BD INSULIN SYRINGE U/F	P	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	P	RX/OTC	BD INSULIN SYRINGE U-500	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE	P		COMFORT EZ PEN NEEDLES	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE	P		COMFORT EZ PRO PEN NEEDLES	P	RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	P		COMFORT EZ SHORT PEN NEEDLES	P	RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	P	RX/OTC	COMFORT TOUCH INSULIN PEN NEED	P	RX/OTC
BD PEN NEEDLE NANO 2ND GEN	P	RX/OTC	DIATHRIVE PEN NEEDLE	P	RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	P	RX/OTC	DROPLET INSULIN SYRINGE	P	
BD PEN NEEDLE ORIG ULTRAFINE	P		DROPLET PEN NEEDLES	P	
BD PEN NEEDLE SHORT ULTRAFINE	P	RX/OTC	DROPSAFE AUTOPROTECT DUO	P	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	P	RX/OTC	DROPSAFE SAFETY PEN NEEDLES	P	RX/OTC
BD SAFETYGLIDE SYRINGE/NEEDLE	P		DROPSAFE SAFETY SYRINGE/NEEDLE	P	RX/OTC
BD VEO INSULIN SYR U/F 1/2UNIT	P	RX/OTC	DRUG MART UNIFINE PENTIPS	P	RX/OTC
BD VEO INSULIN SYR U/F 1/2UNIT	P	RX/OTC	DRUG MART UNIFINE PENTIPS PLUS	P	RX/OTC
BD VEO INSULIN SYR ULTRAFINE	P	RX/OTC	EASY COMFORT INSULIN SYRINGE	P	RX/OTC
BD VEO INSULIN SYR ULTRAFINE	P	RX/OTC	EASY COMFORT PEN NEEDLES	P	RX/OTC
CAREFINE PEN NEEDLES	P	RX/OTC	EASY TOUCH FLIPLOCK INSULIN SY	P	RX/OTC
CAREONE INSULIN SYRINGE	P		EASY TOUCH INSULIN BARRELS	P	RX/OTC
CAREONE UNIFINE PENTIPS PLUS	P	RX/OTC	EASY TOUCH INSULIN SAFETY SYR	P	RX/OTC
CARETOUCH INSULIN SYRINGE	P	RX/OTC	EASY TOUCH INSULIN SYRINGE	P	RX/OTC
CARETOUCH PEN NEEDLES	P	RX/OTC	EASY TOUCH PEN NEEDLES	P	RX/OTC
COMFORT EZ INSULIN SYRINGE	P	RX/OTC	EASY TOUCH SHEATHLOCK SYRINGE	P	RX/OTC
COMFORT EZ MICRO PEN NEEDLES	P	RX/OTC	EMBECTA INS SYR U/F 1/2 UNIT	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMBECTA INS SYR U/F 1/2 UNIT	P	RX/OTC	GNP PEN NEEDLES	P	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	P		GNP ULTICARE PEN NEEDLES	P	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	P		GNP ULTIGUARD SAFEPAK NEEDLE	P	RX/OTC
EMBECTA INSULIN SYRINGE	P	RX/OTC	GNP ULTRA COM INSULIN SYRINGE	P	RX/OTC
EMBECTA INSULIN SYRINGE U-100	P	RX/OTC	HEALTHWISE INSULIN SYR/NEEDLE	P	RX/OTC
EMBECTA INSULIN SYRINGE U-500	P		HEALTHWISE MICRON PEN NEEDLES	P	RX/OTC
EMBECTA PEN NEEDLE NANO	P	RX/OTC	HEALTHWISE SHORT PEN NEEDLES	P	RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	P	RX/OTC	H-E-B INCONTROL PEN NEEDLES	P	RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	P		H-E-B INCONTROL UNIFINE PENTIP	P	RX/OTC
EMBRACE PEN NEEDLES	P	RX/OTC	HM ULTICARE INSULIN SYRINGE	P	RX/OTC
FIFTY50 PEN NEEDLES	P	RX/OTC	HM ULTICARE MINI PEN NEEDLES	P	RX/OTC
FIFTY50 SUPERIOR COMFORT SYR	P	RX/OTC	HM ULTICARE SHORT PEN NEEDLES	P	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES	P	RX/OTC	INCONTROL ULTICARE PEN NEEDLES	P	RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	P	RX/OTC	INSULIN SYRINGE	P	RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES	P	RX/OTC	INSULIN SYRINGE-NEEDLE U-100	P	RX/OTC
GLOBAL INJECT EASE INSULIN SYR	P	RX/OTC	INSUPEN PEN NEEDLES	P	RX/OTC
GLOBAL INSULIN SYRINGES	P		INSUPEN32G EXTR3ME	P	
GLUCOPRO INSULIN SYRINGE	P		KINRAY INSULIN SYRINGE	P	RX/OTC
GNP INSULIN SYRINGE	P	RX/OTC	KROGER PEN NEEDLES	P	RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	P	RX/OTC	LASIX ONYU REUSABLE UNIT/CHARG	NP	
GNP INSULIN SYRINGES 29GX1/2"	P	RX/OTC	LEADER UNIFINE PENTIPS	P	RX/OTC
GNP INSULIN SYRINGES 31GX5/16"	P	RX/OTC	LEADER UNIFINE PENTIPS PLUS	P	RX/OTC
			LITETOUCH INSULIN SYRINGE	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH PEN NEEDLES	P	RX/OTC	PREVENT SAFETY PEN NEEDLES	P	RX/OTC
MAGELLAN INSULIN SAFETY SYR	P	RX/OTC	PRO COMFORT INSULIN SYRINGE	P	RX/OTC
MARATHON MEDICAL PENTIPS	P	RX/OTC	PRO COMFORT PEN NEEDLES	P	RX/OTC
MAXI-COMFORT INSULIN SYRINGE	P	RX/OTC	PRODIGY INSULIN SYRINGE	P	RX/OTC
MAXICOMFORT SYR 27G X 1/2"	P	RX/OTC	PURE COMFORT PEN NEEDLE	P	RX/OTC
MEDIC INSULIN SYRINGE	P	RX/OTC	PURE COMFORT SAFETY PEN NEEDLE	P	RX/OTC
MEDICINE SHOPPE PEN NEEDLES	P	RX/OTC	PX INSULIN SYRINGE	P	
MEIJER PEN NEEDLES	P	RX/OTC	PX MINI PEN NEEDLES	P	RX/OTC
MICRODOT PEN NEEDLE	P	RX/OTC	QC PEN NEEDLES	P	RX/OTC
MM INSULIN SYRINGE/NEEDLE	P	RX/OTC	QC UNIFINE PENTIPS	P	RX/OTC
MM PEN NEEDLES	P	RX/OTC	QUICK TOUCH INSULIN PEN NEEDLE	P	RX/OTC
MONOJECT INSULIN SYRINGE	P	RX/OTC	RAYA SURE PEN NEEDLE	P	RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	P	RX/OTC	REALITY INSULIN SYRINGE	P	RX/OTC
NOVOFINE PEN NEEDLE	P		RELION INSULIN SYRINGE	P	RX/OTC
NOVOFINE PLUS PEN NEEDLE	P	RX/OTC	RELION PEN NEEDLES	P	RX/OTC
PC UNIFINE PENTIPS	P	RX/OTC	SB INSULIN SYRINGE	P	RX/OTC
PEN NEEDLE/5-BEVEL TIP	P	RX/OTC	SECURESAFE INSULIN SYRINGE	P	RX/OTC
PEN NEEDLES	P	RX/OTC	SECURESAFE SAFETY PEN NEEDLES	P	RX/OTC
PENTIPS	P	RX/OTC	SURE COMFORT INSULIN SYRINGE	P	RX/OTC
PENTIPS GENERIC PEN NEEDLES	P		SURE COMFORT PEN NEEDLES	P	RX/OTC
PIP PEN NEEDLES 31G X 5MM	P	RX/OTC	TECHLITE INSULIN SYRINGE	P	RX/OTC
PIP PEN NEEDLES 32G X 4MM	P	RX/OTC	TECHLITE PEN NEEDLES	P	RX/OTC
PREVENT DROPSAFE PEN NEEDLES	P	RX/OTC	TECHLITE PLUS PEN NEEDLES	P	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZEVRX PEN NEEDLES	P	RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MISC	P	RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER Z-STAT PLUS MISC	P	RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	P	RX/OTC	AEROCHAMBER2GO ANTI-STATIC DEVI	NP	RX/OTC
ADULT MASK LARGE MISC	P	RX/OTC	AEROVENT PLUS DEVI	P	RX/OTC
ADULT MASK DEVI	P	RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC
AEROBIKA DEVI	P	RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	NP	RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	P	RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER MV MISC	P	RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	NP	RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	NP	RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	NP	RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	P	RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	NP	RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	P	RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	NP	RX/OTC	BREATHE EASE LARGE DEVI	P	RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	NP	RX/OTC	BREATHE EASE MEDIUM DEVI	P	RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	NP	RX/OTC	BREATHE EASE SMALL DEVI	P	RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	NP	RX/OTC	BREATHRITE VALVED MDI CHAMBER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	NP	RX/OTC	CLEVER CHOICE HOLDING CHAMBER DEVI	P	RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	P	RX/OTC	CO MONITOR DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	P	RX/OTC	COMPACT SPACE CHAMBER/LG MASK DEVI	NP	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	RX/OTC	COMPACT SPACE CHAMBER/MED MASK DEVI	NP	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMPACT SPACE CHAMBER/SM MASK DEVI	NP	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	NP	RX/OTC
COMPACT SPACE CHAMBER DEVI	NP	RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	NP	RX/OTC
EASIVENT MASK LARGE MISC	P	RX/OTC	FLEXICHAMBER DEVI	NP	RX/OTC
EASIVENT MASK MEDIUM MISC	P	RX/OTC	IN-CHECK DIAL FLOW TRAINER DEVI	P	RX/OTC
EASIVENT MASK SMALL MISC	P	RX/OTC	IN-CHECK INSPIRATORY FLOW MTR DEVI	P	RX/OTC
EASIVENT MISC	P	RX/OTC	INSPIREASE MISC	P	RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	RX/OTC	MICROCHAMBER DEVI	P	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC	MICROCHAMBER MISC	P	RX/OTC
EASY FLOW BLACK/RED DEVI	P	RX/OTC	MICROSPACER MISC	P	RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	RX/OTC	NAVAGE NASAL ASPIRATOR BABY DEVI	P	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC	NEBULIZER CUP/TUBING DEVI	P	RX/OTC
EASY FLOW WHITE/BLUE DEVI	P	RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	RX/OTC	ONE FLOW SPIROMETER DEVI	P	RX/OTC
EASY FLOW WHITE/PINK DEVI	P	RX/OTC	OPTICHAMBER DIAMOND DEVI	P	RX/OTC
EASY FLOW WHITE/WHITE DEVI	P	RX/OTC	OPTICHAMBER DIAMOND-LG MASK DEVI	P	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	P	RX/OTC	OPTICHAMBER DIAMOND-MD MASK MISC	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	P	RX/OTC	OPTICHAMBER DIAMOND MISC	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	P	RX/OTC	OPTICHAMBER DIAMOND-SM MASK MISC	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	P	RX/OTC	PARI MANUAL INTERRUPTER DEVI	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	P	RX/OTC	PARI TREK S COMBO PACK DEVI	P	RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	NP	RX/OTC	POCKET CHAMBER DEVI	P	RX/OTC
			POCKET SPACER DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT SPACER ADULT MISC	P	RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	NP	RX/OTC
PRO COMFORT SPACER CHILD MISC	P	RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	P	RX/OTC
PRO COMFORT SPACER INFANT DEVI	P	RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	P	RX/OTC
PROCARE SPACER/ADULT MASK DEVI	P	RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
PROCARE SPACER/CHILD MASK DEVI	P	RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
PROCHAMBER VHC DEVI	P	RX/OTC	AIMOVIG	P	SP; PA
PURE COMFORT 3-BALL BREATHE EX DEVI	P	RX/OTC	AJOVY SOAJ	P	SP; PA
PURE COMFORT SPACER CHAMBER DEVI	P	RX/OTC	AJOVY SOSY	P	SP; PA
QUAKE DEVI	P	RX/OTC	EMGALITY (300 MG DOSE) SOSY	NP	SP; PA
REUSABLE COMFORTSEAL MASK-LRG MISC	NP	RX/OTC	EMGALITY SOAJ	P	SP; PA
REUSABLE COMFORTSEAL MASK-MED MISC	NP	RX/OTC	EMGALITY SOSY	P	SP; PA
REUSABLE COMFORTSEAL MASK-SML MISC	NP	RX/OTC	NURTEC	NP	PA
RITEFLO DEVI	P	RX/OTC	QULIPTA 30 MG	P	QL(1 EA daily); ST
SPIRO PD DEVI	P	RX/OTC	QULIPTA 10 MG, 60 MG	P	ST
THRESHOLD PEP DEVI	P	RX/OTC	UBRELVY	P	ST
VERSAPAP W/UNIVERSAL TUBING DEVI	P	RX/OTC	VYEPTI	NP	SP
VERSAPAP DEVI	P	RX/OTC	ZAVZPRET	NP	
VORTEX HOLD CHMBR/MASK/CHILD DEVI	P	RX/OTC	Migraine Combinations		
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	P	RX/OTC	CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	NP	
			<i>ergotamine w/ caffeine</i> TABS	NP	
			<i>sumatriptan-naproxen sodium</i>	NP	
			SYMBRAVO TABS PO	NP	QL(9 EA per 45 day(s) retail; 9 EA per 45 days mail); PA
			Migraine Products		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BREKIYA SOAJ SC 1 MG/ML	NP	SP	<i>rizatriptan benzoate TBDP 10 MG</i>	NP	ST
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	NP		<i>sumatriptan</i>	P	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)
ERGOMAR SUBL	NP		<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)
Migraine Products - NSAIDs			<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)
<i>diclofenac potassium (migraine)</i>	NP		<i>sumatriptan succinate SOCT</i>	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)
ELYXYB	NP		<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)
Serotonin Agonists			<i>sumatriptan succinate TABS</i>	P	
<i>almotriptan malate</i>	NP		TOSYMRA	NP	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)
<i>eletriptan hydrobromide</i>	NP		ZEMBRACE SYMTOUCH SOAJ	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)
FROVA (<i>frovatriptan succinate</i>)	NP		<i>zolmitriptan SOLN 2.5 MG</i>	NP	
<i>frovatriptan succinate</i>	NP		<i>zolmitriptan SOLN 5 MG</i>	NP	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)	<i>zolmitriptan TABS</i>	P	
IMITREX STATDOSE SYSTEM SOAJ (<i>sumatriptan succinate</i>)	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)	<i>zolmitriptan TBDP</i>	P	ST
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML, 6 MG/0.5ML	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)	ZOMIG SOLN	NP	
IMITREX TABS (<i>sumatriptan succinate</i>)	NP		ZOMIG SOLN 5 MG (<i>zolmitriptan</i>)	NP	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NP	ST	ZOMIG SOLN 2.5 MG (<i>zolmitriptan</i>)	NP	
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NP		MINERALS & ELECTROLYTES		
<i>naratriptan hcl</i>	P				
RELPAX (<i>eletriptan hydrobromide</i>)	NP				
REYVOW	NP				
<i>rizatriptan benzoate TABS 10 MG</i>	NP				
<i>rizatriptan benzoate TABS</i>	P				
<i>rizatriptan benzoate TBDP</i>	P	ST			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Calcium			OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	
CALCIUM 600 +D HIGH POTENCY TABS	P		Electrolyte Mixtures		
CALCIUM CARBONATE CHEW	P		oral electrolytes SOLN	P	
calcium carbonate-cholecalciferol TABS	P		Fluoride		
calcium carbonate TABS	P		sodium fluoride CHEW	P	
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT	P		sodium fluoride SOLN 0.5 MG/ML	P	RX/OTC
CALCIUM CITRATE + D3 TABS	P		SODIUM FLUORIDE SOLN 0.5 MG/ML	P	RX/OTC
CALCIUM CITRATE + D TABS	P		sodium fluoride TABS 0.5 MG	P	
calcium citrate TABS	P		Magnesium		
calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-315 MG, 5 MCG-315 MG, 6.25 MCG-315 MG	P		magnesium oxide (mg supplement) TABS	P	
CALCIUM GLUCONATE CAPS	P		magnesium TABS 400 MG	P	
CALCIUM/C/D	P		Mineral Combinations		
CALCIUM CHEW	P		ADVANCED CALCIUM/D/MAGNESIUM TABS	P	
calcium-magnesium-zinc	P		BONE DENSITY BUILDER TABS	P	
calcium-magnesium-zinc-cholecalciferol TABS 200 UNIT-333.33 MG-133.33 MG-5 MG, 5 MCG-333 MG-133 MG-5 MG	P		CALCIUM 600+D3 PLUS MINERALS TABS	P	
CALCIUM-MAGNESIUM-ZINC-D3 TABS	P		CALCIUM CITRATE + TABS 200 UNIT-315 MG, 50 UNIT-0.5 MG-50 MCG-0.5 MG-2 MG-250 MG	P	
CALCIUM-MAGNESIUM-ZINC-VIT D3 TABS 1.666 MCG-333.333 MG-133.333 MG-5 MG	P		CALCIUM CITRATE PLUS/MAGNESIUM TABS 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG-0.5 MG	P	
CORAL CALCIUM CAPS 100 UNIT-50 MG-185 MG	P		CALCIUM CITRATE PLUS TABS 125 UNIT-0.5 MG-3.75 MG-250 MG-0.5 MG-40 MG, 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG-0.5 MG	P	
oyster shell	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CITRATE-MAG-MINERALS TABS 5 MG-400 UNIT-0.5 MG-5 MG-250 MG-40 MG-0.5 MG	P		<i>potassium chloride microencapsulated crystals er</i>	P	
CITRACAL MAXIMUM PLUS TABS	P		<i>potassium chloride CPCR</i>	P	
CITRACAL PLUS TABS	P		<i>potassium chloride PACK PO 20 MEQ</i>	P	
CVS CALCIUM CITRATE+D3 W/MAGNE TABS	P		<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	P	
CVS CALCIUM CITRATE+D3 TABS	P		<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	P	
FEM-CAL CITRATE TABS	P		Sodium		
GNP CAL MAG ZINC +D3 TABS 133.333 UNIT-333.333 MG-133.333 MG-5 MG	P		<i>sodium chloride SOLN IJ 0.9 %</i>	P	
MULTI MEGA MINERALS TABS	P		MISCELLANEOUS THERAPEUTIC CLASSES		
MULTI-MINERALS TABS	P		Chelating Agents		
PROSTEON TABS	P		<i>penicillamine CAPS</i>	P	
THERACAL D2000 TABS	P		<i>penicillamine TABS</i>	P	
THERACAL D4000 TABS	P		Enzymes		
THERACAL RAPID REPLETION TABS	P		<i>papaya CHEW</i>	P	
Phosphate			Immunomodulators		
PHOSPHA 250 NEUTRAL	P	RX/OTC	<i>lenalidomide</i>	P	SP
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	RX/OTC	REVLIMID (<i>lenalidomide</i>)	NP	SP; ST
<i>potassium & sodium phosphates PACK</i>	P		RHAPSIDO TABS PO 25 MG	NP	SP
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	P	RX/OTC	Immunosuppressive Agents		
Potassium			<i>azathioprine TABS 50 MG</i>	P	
EFFER-K TBEF 25 MEQ	P		<i>cyclosporine modified (for microemulsion) CAPS 25 MG, 100 MG</i>	P	
<i>potassium bicarbonate TBEF</i>	P		<i>cyclosporine modified (for microemulsion) SOLN</i>	P	
			<i>cyclosporine CAPS</i>	P	
			<i>mycophenolate mofetil CAPS</i>	P	
			<i>mycophenolate mofetil TABS</i>	P	
			<i>sirolimus SOLN</i>	P	
			<i>sirolimus TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus CAPS</i>	P	
Lymphatic Agents		
SYLVANT	P	SP
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE PACK	P	SP
VIJOICE TBPk 125 MG	P	SP
Potassium Removing Agents		
LOKELMA	P	
<i>sodium polystyrene sulfonate POWD</i>	P	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
VELTASSA	NP	ST
VELTASSA 1 GM, 8.4 GM, 16.8 GM	P	ST
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>benzocaine (dental) GEL 20 %</i>	P	
<i>benzocaine (dental) LIQD 20 %</i>	P	
<i>benzocaine (dental) SOLN 20 %</i>	P	
HURRICANE AERO 20 %	P	
HURRICANE SNAP-N-GO SWAB	P	
ORAJEL 3X TOOTHACHE & GUM GEL	P	
Anti-infectives - Throat		
<i>clotrimazole</i>	P	
NYSTATIN (<i>nystatin (mouth-throat)</i>)	P	
<i>nystatin (mouth-throat)</i>	P	
ORAVIG	NP	
Antiseptics - Mouth/Throat		

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
Dental Products		
<i>sodium fluoride (dental) CREA</i>	P	
<i>sodium fluoride (dental) GEL</i>	P	
<i>sodium fluoride (dental) SOLN 0.2 %</i>	P	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	NP	
Throat Products - Misc.		
<i>cevimeline hcl</i>	P	
<i>pilocarpine hcl (oral) 5 MG</i>	P	
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	P	
<i>b-complex vitamins TABS</i>	P	
CVS BALANCED B100 TBCR	P	
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	P	RX/OTC
<i>b complex w/ c TABS</i>	P	
<i>b-complex w/ c & calcium</i>	P	
<i>b-complex w/ c & e + zn</i>	P	
LUMAVEX CAPS	P	RX/OTC
LUNAVIRA CAPS	P	RX/OTC
PRONUTRIENTS SUPER B COMPLEX	P	
B-Complex w/ Folic Acid		
ACTRIVIT	P	RX/OTC
BALANCED B-50 TBCR	P	
<i>b-complex w/ c & folic acid CAPS</i>	P	RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex w/ folic acid CAPS</i>	P	RX/OTC	B-Complex w/ Minerals		
<i>b-complex w/ folic acid TABS</i>	P		<i>b-complex w/ minerals LIQD</i>	P	
<i>b-complex w/biotin & folic acid TABS</i>	P		Bioflavonoid Products		
<i>b-complex w/biotin & folic acid TBCR</i>	P		ADRENAL C FORMULA TABS	P	RX/OTC
B-PLEX TABS 500 MG-4 MG-0.5 MG-5 MCG-18 MG-15 MG-100 MG-15 MG	P	RX/OTC	<i>bioflavonoid products CAPS 150 MG-150 MG-150 MG, 150 MG-150 MG-150 MG-150 MG, 150 MG-150 MG-150 MG-150 MG, 250 MG-50 MG, 400 MG-100 MG, 500 MG-200 MG, 500 MG-250 MG-33 MG, 500 MG-40 MG-25 MG-25 MG-50 MG-25 MG-25 MG, 500 MG-500 MG, 500 MG-75 MG, 75 MG-50 MG-375 MG-100 MG-50 MG, 75 MG-50 MG-375 MG-50 MG-50 MG</i>	P	
DEXIFOL TABS 5 MG	P	RX/OTC	<i>bioflavonoid products CHEW 200 MG, 500 MG</i>	P	
FOLBEE PLUS TABS 60 MG-50 MG-300 MCG-5 MG-1.5 MG-1 MG-1.5 MG-20 MG-10 MG	P	RX/OTC	<i>bioflavonoid products TABS</i>	P	RX/OTC
HYLAVITE TABS 100 MG-10 MG-300 MCG-1 MG-1.7 MG-20 MG-10 MG-1.5 MG-6 MCG	P	RX/OTC	<i>bioflavonoid products TBCR</i>	P	
METAVITE TABS	P	RX/OTC	Multiple Vitamins w/ Calcium		
MYNEPHRON CAPS 1 MG	P	RX/OTC	EQL ONE DAILY WOMENS TABS 60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-15 MG-50 MG-120 MCG-450 MG-30 UNIT-2 MG-2 MG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-15 MG-50 MG-450 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG	P	
NUTRICORE TABS 0.8 MG	P	RX/OTC			
NUTRIVIO CAPS 1 MG	P	RX/OTC			
NUTRIVIT	P	RX/OTC			
PAXLYTE CAPS	P	RX/OTC			
RENAL CAPS 1 MG	P	RX/OTC			
RENO CAPS CAPS 1 MG	P	RX/OTC			
SM B-COMPLEX/VITAMIN C TABS	P	RX/OTC			
SYMTREX TABS 0.8 MG	P	RX/OTC			
TRIPHROCAPS CAPS 1 MG	P	RX/OTC			
B-Complex w/ Iron					
APETIGEN-PLUS SOLN	P				
SUPER B-COMPLEX/IRON/VITAMIN C TABS	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ESSENTIAL ONE DAILY MULTIVIT TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	P		<i>multiple vitamins w/ iron TABS</i>	P	RX/OTC
GNP ONE DAILY WOMENS HEALTH TABS 60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-450 MG-1.5 MG-50 MG-15 MG-30 UNIT-2 MG-120 MCG-2 MG-20 MCG	P		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
ONE-A-DAY WOMENS FORMULA TABS 60 MG-2 MG-30 MCG-30 UNIT-400 MCG-1.5 MG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-15 MG-50 MG-450 MG-2 MG-2 MG-120 MCG-20 MCG	P		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
SIGNACAL TABS 0.5 MG-75 UNIT-125 MG-13.63 MG-0.75 MG-15 MG-250 MG-0.25 MCG-0.25 MG-0.25 MG	P		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
Multiple Vitamins w/ Iron			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
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	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
DERMACINRX BOOSTERVITE TABS	P	RX/OTC			
DESTRESS-IRON 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			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	A THRU Z SELECT CHEW 75 MG-7 MG-45 MCG-500 MCG-400 UNIT-25 MCG-2.7 MG-12 MG-250 MCG-4000 UNIT-10 MG-200 MG-2.2 MG-50 MG-15 MG-2 MG-100 MCG-25 MCG-70 UNIT-125 MG-5 MCG-10 MCG-4.5 MG-100 MCG-22.5 MCG-10 MCG-4 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	ACTICAL CAPS	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	ACTIVESSENTIALS FOR WOMEN MISC	P	
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	ACTIVESSENTIALS/ONC OPLEX & D3 MISC	P	
STRESS FORMULA/IRON/ENERGY TABS	P	RX/OTC	ACTIVNUTRIENTS PERFORMANCE CAPS	P	RX/OTC
STRESS FORMULA/IRON TABS	P	RX/OTC	ACTIVNUTRIENTS W/O IRON CAPS	P	RX/OTC
TAB-A-VITE/IRON/BETA CAROTENE TABS	P	RX/OTC	ACTIVNUTRIENTS CAPS	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	ADEK GUMMIES PLUS ZN CHEW	P	RX/OTC
Multiple Vitamins w/ Minerals			ADULT ONE DAILY GUMMIES CHEW	P	RX/OTC
50+ ADULT EYE HEALTH CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC	ADVANCED EYE HEALTH CAPS	P	RX/OTC
			ADVANCED MULTI EA CHEW 45 MG-2 MG-300 MCG-400 MCG-1500 UNIT-500 MCG-5000 UNIT-1.7 MG-500 MCG-10 MG-10 MG-10 MG-22.5 MG-5 MG-6.25 MG-75 UNIT-15 MG-35 MCG-25 MG-7.5 MG-25 MCG-75 MCG-75 MG-1 MG-60 MCG-1 MG-7.5 MG-1 MG	P	RX/OTC
			AFLORA TABS	NP	RX/OTC
			AIRBORNE ELDERBERRY CHEW 90 MG-3.15 MCG-3.35 MG-7.5 MG-1 MG-150 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AIRBORNE GUMMIES CHEW 333.333 MG-3.333 UNIT-66.666 UNIT-0.333 MG-0.033 MG-3.333 MG-5 MCG	P	RX/OTC	AMORYN MOOD BOOSTER CAPS 10 MG-25 MG-20 MG-300 MCG-400 UNIT-15 MG-70 MCG-30 MCG-90 MG-18 MG	P	RX/OTC
AIRBORNE KIDS CHEW	P	RX/OTC	ANTIOXIDANT FORMULA/MINERALS CAPS 250 MG-7.5 MG-1 MG-10000 UNIT-200 UNIT-1.5 MG-15 MCG	P	RX/OTC
AIRBORNE CHEW	P	RX/OTC	APETIBEX CAPS	P	RX/OTC
ALIVE ADULT PREMIUM CHEW	P	RX/OTC	APPE-CURB CAPS	P	RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	RX/OTC	BARIATRIC FUSION CHEW	P	RX/OTC
ALIVE HAIR, SKIN & NAILS CAPS	P	RX/OTC	BARIATRIC MULTIVITAMIN/IRON CHEW	P	RX/OTC
ALIVE HAIR, SKIN & NAILS CHEW	P	RX/OTC	BARIATRIC MULTIVITAMINS/IRON CAPS	P	RX/OTC
ALIVE IMMUNE/ELDERBERRY CHEW	P	RX/OTC	BARIATRIC MULTIVITAMINS/IRON CHEW	P	RX/OTC
ALIVE MAX 6 POTENCY CAPS	P	RX/OTC	BARIATRIC MULTIVITAMINS CAPS	P	RX/OTC
ALIVE MENS 50+ MULTI GUMMY CHEW	P	RX/OTC	BARIATRIC MULTIVITAMINS CHEW	P	RX/OTC
ALIVE MENS GUMMY MULTIVITAMINS CHEW	P	RX/OTC	BIO-35 GLUTEN-FREE CAPS	P	RX/OTC
ALIVE MENS PREMIUM GUMMIES CHEW	P	RX/OTC	BIO-35 IRON FREE CAPS	P	RX/OTC
ALIVE MULTI-VITAMIN CHEW	P	RX/OTC	BIOCAL CAPS	P	RX/OTC
ALIVE MULTI-VITAMIN LIQD	P	RX/OTC	BIOTECT PLUS CAPS	P	RX/OTC
ALIVE WOMENS 50+ GUMMY CHEW	P	RX/OTC	BODY/HAIR/SKIN/NAILS CAPS 20 MG-0.667 MG-200 MCG-133.333 MCG-6.667 MG-0.5 MG-2 MCG-0.567 MG-166.667 MG-33.333 MG-5 MG-20 MG-3 MG-0.667 MG-33.333 MG-1.667 MG-3.333 MG-2000 UNIT-133.333 MG-66.667 MG-50 MCG-83.333 MG-10 UNIT	P	RX/OTC
ALIVE WOMENS 50+ PREMIUM GUMMY CHEW	P	RX/OTC			
ALIVE WOMENS 50+ CHEW	P	RX/OTC			
ALIVE WOMENS GUMMY CHEW	P	RX/OTC			
ALIVE WOMENS PREMIUM GUMMIES CHEW	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BONEUP 3 PER DAY CAPS	P	RX/OTC	CENTRUM ADULT LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-13.5 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML	P	RX/OTC
BONEUP CAPS	P	RX/OTC			
BOOSTNOW IMMUNE SUPPORT CAPS	P	RX/OTC			
BPROTECTED MULTI-VITE LIQD 60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.5 MG/15ML-6 MCG/15ML-20 MG/15ML-10 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-30 UNIT/15ML-25 MCG/15ML-2 MG/15ML-1.7 MG/15ML	P	RX/OTC	CENTRUM ADULTS MULTIGUMMIES CHEW	P	RX/OTC
BURIED TREASURE ACTIVE 55 PLUS LIQD	P	RX/OTC	CENTRUM DUAL ACT MULTI+ BEAUTY CHEW	P	RX/OTC
CELEBRATE MULTI-COMplete 18 CAPS	P	RX/OTC	CENTRUM DUAL ACT MULTI+OMEGA-3 CHEW	P	RX/OTC
CELEBRATE MULTI-COMplete 18 CHEW	P	RX/OTC	CENTRUM FLAVOR BURST ADULT CHEW	P	RX/OTC
CELEBRATE MULTI-COMplete 36 CAPS	P	RX/OTC	CENTRUM FLAVOR BURST CHEW	P	RX/OTC
CELEBRATE MULTI-COMplete 36 CHEW	P	RX/OTC	CENTRUM FRESH/FRUITY 50+ CHEW	P	RX/OTC
CELEBRATE MULTI-COMplete 45 CAPS	P	RX/OTC	CENTRUM FRESH/FRUITY ADULT CHEW	P	RX/OTC
CELEBRATE MULTI-COMplete 45 CHEW	P	RX/OTC	CENTRUM MEN 50+ MULTIGUMMIES CHEW	P	RX/OTC
CELEBRATE MULTI-COMplete 60 CAPS	P	RX/OTC	CENTRUM MEN MULTIGUMMIES CHEW	P	RX/OTC
CELEBRATE MULTI-COMplete 60 CHEW	P	RX/OTC	CENTRUM MULTI + OMEGA 3 CHEW	P	RX/OTC
CENTRUM ADULT 50+ MULTIGUMMIES CHEW	P	RX/OTC	CENTRUM MULTI+ MENTAL FOCUS CHEW	P	RX/OTC
			CENTRUM POSTNATAL GUMMIES CHEW	P	RX/OTC
			CENTRUM SILVER CHEW	P	RX/OTC
			CENTRUM VITAMINTS CHEW	P	RX/OTC
			CENTRUM WOMEN 50+ MULTIGUMMIES CHEW	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM WOMEN MULTIGUMMIES CHEW	P	RX/OTC	CORAL CALCIUM PLUS CAPS	P	RX/OTC
CENTRUM LIQD 60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.5 MG/15ML-6 MCG/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-400 UNIT/15ML-30 UNIT/15ML-9 MG/15ML-2.5 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-2500 UNIT/15ML, 60 MG/15ML-2 MG/15ML-300 MCG/15ML-30 UNIT/15ML-1.1 MG/15ML-400 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML	P	RX/OTC	CULTURELLE PROBIOTIC MEN DAILY CAPS	P	RX/OTC
CENVITE LIQD	P	RX/OTC	CULTURELLE PROBIOTICS + MULTIV CHEW	P	RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	P	RX/OTC	CVS ADULT 50+ EYE HEALTH CAPS	P	RX/OTC
CHOICEFUL MULTIVITAMIN CHEW	P	RX/OTC	CVS ADULT MULTIVITAMIN CHEW	P	RX/OTC
COMPLETE MULTIVITAMIN/MINERAL LIQD 60 MG/15ML-300 MCG/15ML-1.5 MG/15ML-2 MG/15ML-1000 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-30 UNIT/15ML-2 MG/15ML-25 MCG/15ML	P	RX/OTC	CVS AIRSHIELD IMMUNITY SUPPORT CHEW	P	RX/OTC
CONCEPTIONXR MOTILITY SUPPORT MISC	P		CVS AIRSHIELD CHEW 250 MG-7.5 UNIT-500 UNIT-2 MG-10 MG-0.75 MG-3.75 MCG	P	RX/OTC
			CVS DAILY GUMMIES ADULT CHEW 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT-2.5 MG	P	RX/OTC
			CVS DAILY GUMMIES CHEW 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT-2.5 MG	P	RX/OTC
			CVS DIABETES HEALTH SUPPORT MISC	P	
			CVS EYE HEALTH ADULT 50+ CAPS	P	RX/OTC
			CVS IMMUNE SUPPORT CAPS	P	RX/OTC
			CVS MENS DAILY GUMMIES CHEW 37.5 MG-2.5 MG-300 MCG-200 MCG-200 UNIT-7.5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-75 MCG-15 UNIT-2.5 MG-55 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS SPECTRAVITE ADULT 50+ CHEW	P	RX/OTC	DRY EYE FORMULA CAPS 33.333 MG-3.333 MG-16.667 UNIT-6.667 MG-133.333 MG-166.667 MG	P	RX/OTC
CVS SPECTRAVITE WOMEN CHEW	P	RX/OTC	EMERGEN-C APPLE CIDER VINEGAR CHEW	P	RX/OTC
CVS VISION HEALTH CAPS	P	RX/OTC	EMERGEN-C ASHWAGANDHA CHEW	P	RX/OTC
CVS WOMENS DAILY GUMMIES CHEW 15 MG-1 MG-75 MCG-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-20 MCG-15 UNIT-1.25 MG-50 MG	P	RX/OTC	EMERGEN-C ELDERBERRY CHEW	P	RX/OTC
DAILY DIABETES HEALTH PACK MISC	P		EMERGEN-C IMMUNE PLUS/VIT D CHEW	P	RX/OTC
DAILY HEART HEALTH SUPPORT MISC	P		EMERGEN-C IMMUNE+ ELDERBERRY CHEW	P	RX/OTC
DAILY MULTIVITAMIN CAPS 2 MG-30 MCG-30 UNIT-200 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-100 MCG-20 MG-2 MG-30 MG-500 MCG-1 MG-1.5 MG-15 MG-40 MG-120 MG-2 MG-5000 UNIT-75 MCG-150 MCG-120 MCG-70 MCG	P	RX/OTC	EMERGEN-C IMMUNE+ CHEW	P	RX/OTC
DAILY PAK MAXIMUM MULTIVITAMIN MISC	P		EMERGEN-C TURMERIC & GINGER CHEW	P	RX/OTC
DECUBI-VITE CAPS	P	RX/OTC	EMERGEN-C VITAMIN C CHEW	P	RX/OTC
DEKAS BARIATRIC CHEW	P	RX/OTC	ENDUR-VM WITH IRON TBCR	P	
DEKAS PLUS OCEAN CAPS	P	RX/OTC	ENDUR-VM TBCR	P	
DEKAS PLUS CAPS	P	RX/OTC	ENLYTE GUMMY+ CHEW	P	RX/OTC
DEKAS PLUS CHEW	P	RX/OTC	EQ MULTIVITAMINS ADULT GUMMY CHEW	P	RX/OTC
DEPLIN MA CAPS	P	RX/OTC	EQ VISION FORMULA 50+ CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC
DEPLINPRO MOOD HEALTH CAPS	P	RX/OTC	EQL ONE DAILY ADULT GUMMIES CHEW	P	RX/OTC
DEXATRAM CAPS	P	RX/OTC	EYE HEALTH AREDS 2 CAPS	P	RX/OTC
DIABETES HEALTH MISC	P		EYE HEALTH GUMMIES CHEW	P	RX/OTC
			EYE HEALTH CAPS	P	RX/OTC
			EYE VITAMINS CAPS 60 MG-6 MG-15 MG-2 MG-30 UNIT-22 MG	P	RX/OTC
			FLORRAXYL TABS	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FOLAGENT DHA CAPS	P	RX/OTC	ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG	P	RX/OTC
FOLAMAX TABS	NP	RX/OTC	IMMUNE 24 HOUR+ CAPS	P	RX/OTC
FOLAMED DHA CAPS	P	RX/OTC	IMMUNE ESSENTIALS DAILY CAPS	P	RX/OTC
FOLAPRIME TABS	NP	RX/OTC	IMMUNE SUPPORT CHEW	P	RX/OTC
FOLASYNC DHA CAPS	NP	RX/OTC	KEYFOLIC TABS	NP	RX/OTC
FOLATEN TABS	NP	RX/OTC	KP MENS DAILY PACK MISC	P	
FOLIXIA TABS	NP	RX/OTC	KP WOMENS DAILY MISC	P	
FT ADULT MULTI GUMMIES CHEW	P	RX/OTC	LIFE PACK MENS MISC	P	
FT EYE HEALTH CAPS	P	RX/OTC	LIFE PACK WOMENS MISC	P	
FT IMMUNE SUPPORT CHEW	P	RX/OTC	LIVITA ADULTS LIQD	P	RX/OTC
GNP ADULT MINI CHEW	P	RX/OTC	LUMIVANCE CAPS	P	RX/OTC
GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC	LYSIPLEX PLUS LIQD	P	RX/OTC
GNP IMMUNE SUPPORT CHEW	P	RX/OTC	MACULAR HEALTH FORMULA CAPS 250 MG-10 MG-100 MCG-10 MG-500 UNIT-5 MG-5 MG-1 MG-1 MG-20 MG-25 MCG-200 UNIT-7.5 MG-10 MG	P	RX/OTC
HAIR SKIN NAILS CAPS 30 MG-1.667 MG-1666.667 MCG-10 UNIT-133.333 MCG-666.667 UNIT-2.667 MCG-1666.667 UNIT-1.667 MG-8.333 MG-5 MG-3.333 MG-1.667 MG-2.5 MG-10 MG-0.333 MG-10 MG-1 MG-20 MG-8.333 MG-4.167 MCG	P	RX/OTC	MAXIMIN PACK MISC 1390 MG-30 MCG-500 MCG-16.5 MG-70 MG-8 MG-20 MG-11.9 MG-250 MCG-300 MCG-35 MCG-202.5 MG-50 MG-2.3 MG-45 MCG-80 MG-2 MG-5 MG-150 MCG-45 MCG-0.9 MG-10 MCG-11 MG-720 MG-150 MCG-50 MG-55 MCG-750 MCG-30 MCG-25 MCG-70 MG	P	
HAIR/SKIN/NAILS CAPS	P	RX/OTC			
HEALTHY EYES SUPERVISION 2 CAPS	P	RX/OTC			
HEALTHY EYES/LUTEIN-ZEAXANTHIN CAPS 60 MG-13.5 MG-6 MG-15 MG	P	RX/OTC			
ICAPS LUTEIN & OMEGA-3 CAPS 240 MCG-1.2 MG-16 MG-1.3 MG-2.4 MCG-1.3 MG-10 MG-600 MCG-45 MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7 MG-1 MG-34 MCG-280 MG	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEGA-MARATHON 100 TR TBCR 300 MG-100 MG-100 MCG-400 MCG-100 MG-100 MCG-100 MG-100 MG-100 MG-100 MG-100 MG-50 MG-30 MG-1000 UNIT-18 MG-25 MG-100 MCG-10 MCG-50 MG-10 MCG-100 MCG-100 MCG-10 MCG-15 MG-50 MG-100 MCG-50 MG-15 MG-180 MCG-15 MG-15 MG-100 UNIT-25000 UNIT-25 MG-20 MG	P		MULTI COMPLETE CAPS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG	P	RX/OTC
MENATROL CAPS	P	RX/OTC	MULTI FOR HER 50+ CAPS 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-200 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-60 UNIT-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-4 MG-120 MCG-70 MCG	P	RX/OTC
MENS 50+ ADVANCED CAPS	P	RX/OTC			
MENS MULTIVITAMIN GUMMIES CHEW	P	RX/OTC			
MENS MULTIVITAMIN CHEW	P	RX/OTC			
MENS PACK MISC	P				
MOOD FOOD ES CAPS	P	RX/OTC			
MOOD FOOD CAPS	P	RX/OTC			
MULTI + OMEGA-3 ADULT GUMMIES CHEW 0.9 MG-200 MCG-1000 UNIT-3 MCG-10 MG-1250 UNIT-25 MG-25 MG-5 MG-10 UNIT-1.9 MG-113.5 MG-5 MG	P	RX/OTC			
MULTI + OMEGA-3 GUMMIES CHEW	P	RX/OTC			
MULTI ADULT GUMMIES CHEW 30 MG-1 MG-75 MCG-200 MCG-500 UNIT-3 MCG-10 MG-1250 UNIT-5 MG-3.75 MG-37.5 MCG-15 UNIT	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTI FOR HER CAPS 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG- 1.7 MG-40 MCG-20 MG- 10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG- 150 MCG-50 UNIT-4 MG- 120 MCG-20 MCG, 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG- 1.7 MG-40 MCG-20 MG- 10 MG-18 MG-100 MG-1.5 MG-40 MG-15 MG-2 MG- 2500 UNIT-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG	P	RX/OTC	MULTIPLE VITAMINS- MINERALS LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML- 20 MG/15ML-2 MG/15ML- 10 MG/15ML-1.7 MG/15ML-10 MCG/15ML- 14 MG/15ML-9 MG/15ML- 2 MG/15ML-25 MCG/15ML-13 MG/15ML- 25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML	P	RX/OTC
MULTI FOR HIM CAPS 60 MG-4 MG-30 MCG-400 MCG-1000 UNIT-18 MCG- 1.7 MG-40 MCG-20 MG- 10 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-40 MCG, 60 MG-4 MG-30 MCG-400 MCG-25 MCG- 18 MCG-1.7 MG-40 MCG- 20 MG-10 MG-100 MG-1.5 MG-40 MG-15 MG-2 MG- 750 MCG-45 MCG-150 MCG-22.5 MG-4 MG-120 MCG-40 MCG	P	RX/OTC	MULTIPRO CAPS 25 MG- 300 MCG-1000 MCG-10 MCG-10 MCG-3 MG-2 MG-5 MG-32 MG-2 MG-7 MG-6 MG-30 MG-315 MG- 1 MG-30 MG	P	RX/OTC
MULTIA CAPS	P	RX/OTC	MULTIVITAMIN GUMMIES ADULT CHEW 30 MG-1 MG-150 MCG- 200 MCG-400 UNIT-3 MCG-1250 UNIT-20 MCG- 30 MCG-5 MG-2.5 MG-2.5 MG-1 MG-7.5 UNIT-140 MG, 30 MG-1 MG-75 MCG-20 UNIT-200 MCG- 200 UNIT-5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-40 MCG, 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG- 2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-40 MCG-20 UNIT, 30 MG-1 MG-75 MCG-200 MCG-5 MCG-4 MCG-600 MCG-5 MG-17.5 MG-40 MCG-9 MG-2.5 MG	P	RX/OTC
<i>multiple vitamins w/ minerals CAPS</i>	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN GUMMIES MENS CHEW 15 MG-2 MG-15 MCG-150 MCG-10 MG-200 UNIT-9 MCG-1250 UNIT-20 MCG-3 MCG-5 MG-1 MG-19 MCG-15 UNIT-60 MCG-9.4 MCG-1.9 MG-75 MCG, 22.5 MG-2.5 MG-37.5 MCG-15 UNIT-80 MCG-500 UNIT-7.5 MCG-3 MG-1250 UNIT-2.5 MG-75 MCG-55 MCG, 37.5 MG-2.5 MG-300 MCG-200 MCG-200 UNIT-7.5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-75 MCG-15 UNIT-55 MCG, 37.5 MG-2.5 MG-300 MCG-200 MCG-200 UNIT-7.5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-75 MCG-15 UNIT-2.5 MG-55 MCG	P	RX/OTC	MULTIVITAMIN LIQD 60 MG/15ML-300 MCG/15ML-30 UNIT/15ML-1.5 MG/15ML-2 MG/15ML-400 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-2 MG/15ML-25 MCG/15ML	P	RX/OTC
			MULTI-VITE LIQD	P	RX/OTC
			MVW COMPLETE FORMULATION D3000 CAPS	P	RX/OTC
			MVW COMPLETE FORMULATION D5000 CAPS	P	RX/OTC
			MVW COMPLETE FORMULATION MINIS CAPS	P	RX/OTC
MULTIVITAMIN GUMMIES WOMENS CHEW 15 MG-1 MG-75 MCG-15 UNIT-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-20 MCG-1.25 MG-50 MG, 15 MG-1 MG-75 MCG-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-1.25 MG-20 MCG-15 UNIT-50 MG	P	RX/OTC	MVW COMPLETE FORMULATION CAPS	P	RX/OTC
			MVW HI-D ADEK GUMMIES CHEW	P	RX/OTC
			MVW MODULATOR FORMULATION MINI CAPS	P	RX/OTC
			MVW MODULATOR FORMULATION CAPS	P	RX/OTC
MULTI-VITAMIN GUMMIES CHEW 15 MG-2 MG-7.5 MCG-200 MCG-5 MG-400 UNIT-6 MCG-1250 UNIT-20 MCG-1.5 MG-137.5 MCG-5 MG-7.5 UNIT-60 MCG-18.75 MCG-75 MCG	P	RX/OTC	MVW ORANGE CHEWABLES CHEW	P	RX/OTC
			NUTRALYN TABS	NP	RX/OTC
			OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC
			OCUVITE ADULT 50+ CAPS	P	RX/OTC
			OCUVITE ADULT FORMULA CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OCUVITE EYE HEALTH FORMULA CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG	P	RX/OTC	OPTIMUM AIRVITES CHEW	P	RX/OTC
OCUVITE EYE HEALTH GUMMIES CHEW 50 MG-2.5 MG-0.5 MG-4.5 MG-15 UNIT	P	RX/OTC	OPTISOURCE POST BARIATRIC SURG CHEW	P	RX/OTC
OCUVITE EYE PERFORMANCE CAPS	P	RX/OTC	OPURITY BYPASS OPTIMIZED CHEW	P	RX/OTC
OCUVITE-LUTEIN CAPS	P	RX/OTC	PREMIUM PACKETS MISC	P	
ONE A DAY IMMUNITY DEFENSE CHEW	P	RX/OTC	PRESCRIPTION SUPPORT MULTIVIT CAPS	P	RX/OTC
ONE A DAY MENS VITACRAVES CHEW	P	RX/OTC	PRESERVISION AREDS 2+COQ10 CAPS	P	RX/OTC
ONE A DAY POSTNATAL CAPS	NP	RX/OTC	PRESERVISION AREDS 2+MULTI VIT CAPS	P	RX/OTC
ONE A DAY WOMEN 50 PLUS CHEW	P	RX/OTC	PRESERVISION AREDS 2 CAPS	P	RX/OTC
ONE-A-DAY FOR HER VITACRAVES CHEW	P	RX/OTC	PRESERVISION AREDS 2 CHEW	P	RX/OTC
ONE-A-DAY FOR HIM VITACRAVES CHEW	P	RX/OTC	PRESERVISION AREDS 3 CAPS	P	RX/OTC
ONE-A-DAY MENS VITACRAVES CHEW	P	RX/OTC	PRESERVISION AREDS CAPS	P	RX/OTC
ONE-A-DAY VITACRAVES ADULT CHEW	P	RX/OTC	PRESERVISION/LUTEIN CAPS	P	RX/OTC
ONE-A-DAY VITACRAVES IMMUNITY CHEW	P	RX/OTC	PREVENT CAPS	P	RX/OTC
ONE-A-DAY VITACRAVES SOUR CHEW	P	RX/OTC	PROBIOTICS + BARIATRIC MULTI CAPS	P	RX/OTC
ONE-A-DAY VITACRAVES CHEW	P	RX/OTC	PROFOLA TABS	NP	RX/OTC
ONE-A-DAY WOMENS VITACRAVES CHEW	P	RX/OTC	PRORENAL + D W/ OMEGA-3 CAPS	P	RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	RX/OTC	PROTECT CARDIO AF CAPS	P	RX/OTC
OPTIFAST POST BARIATRIC CHEW	P	RX/OTC	PROTECT PLUS SO CAPS	P	RX/OTC
			PROTEGRA CAPS	P	RX/OTC
			QC OCUHEALTH VISION SUPPORT 2 CAPS	P	RX/OTC
			REMEDIENT CAPS	P	RX/OTC
			SKIN HAIR & NAILS ADVANCED CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUPER ANTIOXIDANT CAPS	P	RX/OTC	TREXION CAPS	P	RX/OTC
SUPER ANTIOXIDANTS PROTECTOR CAPS 500 MG-400 UNIT-25000 UNIT-50 MCG	P	RX/OTC	TREXVIA CAPS	P	RX/OTC
SUPER NATRUL-100 TBCR 200 MG-100 MG-100 MCG-400 MCG-100 MG-150 MCG-100 MG-100 MG-100 MG-9000 UNIT-100 MG-25 MG-25 MG-600 UNIT-100 UNIT-25 MG-6000 UNIT-25 MG-20 MG-6.1 MG-25 MG-25 MCG-20 MG-50 MG-0.225 MG-25 MCG-25 MG-5 MG	P		TROPICAL LIQUID NUTRITION LIQD 90 MG/15ML-3 MG/15ML-150 MCG/15ML-45 UNIT/15ML-300 MCG/15ML-2.25 MG/15ML-600 UNIT/15ML-18 MCG/15ML-5250 UNIT/15ML-2.55 MG/15ML-45 MG/15ML-15 MG/15ML-15 MG/15ML-75 MG/15ML-112.5 MCG/15ML-37 MG/15ML	P	RX/OTC
SUPPORT LIQD	P	RX/OTC	ULTRA MEGA GOLD TBCR	P	
SYSTANE ICAPS AREDS2 CAPS 250 MG-5 MG-1 MG-1 MG-12.5 MG-200 UNIT	P	RX/OTC	ULTRA MEGA TWO TBCR	P	
SYSTANE ICAPS AREDS2 CHEW	P	RX/OTC	ULTRA MEGA TBCR	P	
THERAMILL FORTE CAPS	P	RX/OTC	ULTRA MULTI FORMULA/IRON CAPS 40 MG-1.333 MG-200 MCG-266.667 MCG-4 MG-1000 UNIT-33.333 MCG-1.133 MG-3.333 MG-3.333 MG-16.667 MG-3333.333 UNIT-6.667 MG-15 MG-33.333 MG-10 MG-10 UNIT-133.333 MG-50 MCG-0.667 MG-40 MCG-10 MG-25 MCG-5 MG-10 MG-1 MG-23.333 MCG-10 MG	P	RX/OTC
THERANATAL LACTATION COMPLETE MISC	P		ULTRA-MEGA TBCR 400 UNIT-250 MG-75 MG-75 MCG-400 MCG-75 MG-75 MG-75 MCG-75 MCG-75 MG-75 MG-10 MG-75 MCG-25 MCG-50 MG-25 MCG-7.2 MG-15 MG-25 MCG-10000 UNIT-10 MG-150 MCG-150 UNIT-0.25 MG-10 MCG-25 MCG-75 MCG-6.1 MG-5 MCG	P	
THERANATAL LACTATION ONE CAPS	P	RX/OTC			
TOTALDAY MULTIPLE TBCR 500 MG-100 MG-100 MCG-100 MCG-100 MG-1000 UNIT-100 MG-100 MG-100 MG-100 MCG-100 MG-100 MG-100 MG-50 MG-18 MG-100 MCG-30 MG-25 MG-15 MG-100 MCG-25000 UNIT-50 MCG-100 MCG-10 MCG-50 MG-50 MG-100 UNIT-100 MCG-50 MG-180 MCG-15 MG-15 MG-25 MG-30 MCG-20 MG	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIC-FORTE CAPS 150 MG-2 MG-1 MG-10 MCG-8000 UNIT-5 MG-25 MG-10 MG-10 MG-50 UNIT-80 MG-70 MG-4 MG	P	RX/OTC	VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC
VISION FORMULA 2 CAPS 250 MG-5 MG-1 MG-10 MG-1 MG-90 MG	P	RX/OTC	VITEYES CLASSIC MACULAR SUPPOR CAPS	P	RX/OTC
VISION HEALTH CAPS	P	RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	P	RX/OTC
VISION OPTIMIZER CAPS	P	RX/OTC	VITEYES COMPLETE CAPS 83.3 MG-16.7 MG-50 MCG-133.3 MCG-3.3 MG-25 MG-66.7 UNIT-833.3 UNIT-1.67 MG-16.7 MCG-41.7 MG-83.3 MG-1.67 MG-8.3 MG-0.67 MG-3.3 MG-0.5 MG-0.33 MG-4 MG-33.3 MG-33.3 MCG-66.7 UNIT-0.83 MG-33.3 MG-20.8 MCG-1.67 MCG-16.5 MG-0.33 MG-33.3 MCG-33.3 MG-16.7 MCG-6.7 MG-83.3 MG-166.7 MCG-33.3 MCG-20 MG-6.7 MG-20 MG-33.3 MG	P	RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	P	RX/OTC	WAL-BORN VITAMIN C CHEW	P	RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	P	RX/OTC	WELLFOLA TABS	NP	RX/OTC
VITABEX PLUS CAPS	P	RX/OTC	WOMENS 50+ ADVANCED CAPS 72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-150 MCG-33 UNIT-5 MCG-10 MCG-180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG	P	RX/OTC
VITABEX CAPS	P	RX/OTC	WOMENS MULTI GUMMIES CHEW	P	RX/OTC
VITACHEW ADULT MULTI VITAMIN CHEW	P	RX/OTC			
VITACORE TABS	NP	RX/OTC			
VITAFUSION MULTI WOMENS CHEW	P	RX/OTC			
VITAJOY MULTI GUMMIES ADULT CHEW	P	RX/OTC			
VITA-MIN CAPS 85 MG-1.7 MG-42.3 MCG-8.3 UNIT-255 MCG-106.3 UNIT-3.3 MCG-5.7 MG-1 MG-11.3 MG-1 MG-42.3 MG-56.7 MG-2.7 MG-4.3 MCG-56.7 MG-14 MCG-4.3 MG-42.3 MCG-14 MCG-2973 UNIT	P	RX/OTC			
VITEYES AREDS 2 FORMULA +COQ10 CAPS	P	RX/OTC			
VITEYES AREDS 2 FORMULA +MULTI CAPS	P	RX/OTC			
VITEYES AREDS 2 FORMULA MINI CAPS	P	RX/OTC			
VITEYES AREDS 2 FORMULA CAPS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WOMENS MULTI CAPS 72 MG-4 MG-30 MCG-600 MCG-1000 UNIT-15 MCG- 1.7 MG-20 MCG-20 MG- 9.5 MG-2500 UNIT-20 MG-18 MG-21 MG-10 MG- 100 MCG-234 MCG-3 MG-4 MG-15 MG-2 MG-16 MG-150 MCG-150 MCG- 33 UNIT-5 MCG-10 MCG- 120 MCG-70 MCG-552 MCG-6 MG-10 MCG-2 MG-2 MG-75 MCG	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
WOMENS MULTIVITAMIN + COLLAGEN CHEW	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
WOMENS MULTIVITAMIN GUMMIES CHEW	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
WOMENS PACK MISC	P		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
YOUR LIFE MULTI ADULT GUMMIES CHEW	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
YUM-VS COMPLETE MULTIVITAMIN CHEW	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
YUMVS MULTI ZERO CHEW	P	RX/OTC	DEKAS ESSENTIAL CAPS	P	RX/OTC
YUMVS ZERO DIABETIC MULTIVITAM CHEW	P	RX/OTC	DEKAS ESSENTIAL LIQD	P	
Multivitamins			DIALYVITE 800 LIQD	P	
ALTRIXA TABS	P	RX/OTC	ESTROFACTORS TABS	P	RX/OTC
AMLADEX TABS	P	RX/OTC	FOLAWISE TABS	P	RX/OTC
ANTI-OXIDANT TABS 250 MG-200 UNIT-10000 UNIT	P	RX/OTC	FOLCYTEINE TABS	P	RX/OTC
AVOWISE TABS	P	RX/OTC			
CENTRUM MENOPAUSE MIND/MOOD TABS	P	RX/OTC			
CHLOROCAPS CAPS 1 MCG-5 MCG-30 MCG-30 MCG-50 MCG-10 MG	P	RX/OTC			
DAILY MULTIPLE VITAMINS TABS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FOLIVANCE CAPS	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
FOLIVEX CAPS	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	<i>multiple vitamin TABS</i>	P	RX/OTC
HEALTHY HAIR/SKIN/NAI LS TABS 2 MG-2000 MCG-400 MCG-25 MG-100 MG-25 MCG-1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG	P	RX/OTC	MULTIVITAMIN ADULT TABS	P	RX/OTC
HIGH POTENCY MULTIVITAMIN 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
MICRONEX CAPS	P	RX/OTC	MULTIVITAMIN+ LIQD	P	
MINCORA TABS	P	RX/OTC	MULTIVITAMIN TABS	P	RX/OTC
MINOVIA 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
MOMMY'S BLISS MV ORGANIC DROPS LIQD	P		MV-ONE CAPS 150 MG-300 MG-750 UNIT	P	RX/OTC
MULTI VITAMIN W/D-3 TABS	P	RX/OTC	NEOMULTIVITE TABS	P	RX/OTC
MULTI VITAMIN TABS	P	RX/OTC	NEVVITE 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	NOVITE CAPS 120 MG-1000 MCG-3 MG-20 MG-20 MG-3.4 MG-20 MCG-30 MG-27 MG-200 MG-2.3 MG-45 MCG-35 MCG-25 MG-200 MG-55 MCG-1500 MCG-8 MCG	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	NUTRA-Z+ CAPS	P	RX/OTC
			OMNICAP TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	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	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
ONE DAILY ESSENTIALS TABS	P	RX/OTC	STRESSTABS ENERGY TABS	P	RX/OTC
ONE DAILY ESSENTIAL 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
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	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
ONE DAILY TABS 60 MG-2 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT	P	RX/OTC	THERA TABS	P	RX/OTC
ONE VITE DAILY MULTIVITAMIN 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
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	THEREMS TABS	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	TM-DAILY VITE TABS	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	TRIVIA COMPLETE CAPS	P	RX/OTC
QUINTABS 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
RELCARE TABS	P	RX/OTC	TRUE MULTIVITAMIN TABS	P	RX/OTC
STRESS FORMULA/ZINC/ENERGY 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	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	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	P	
VITEYES CLASSIC ZINC FREE CAPS 250 MG-5 MG-1 MG-89 MG	P	RX/OTC	EQ COMPLETE MULTIVITAMIN CHILD CHEW 18 MG	P	
VITRAX TABS	P	RX/OTC	EQL CHILD MULTIVIT/MINERALS CHEW 18 MG	P	
VITRION TABS	P	RX/OTC	FLINTSTONES PLUS EXTRA IRON CHEW 18 MG	P	
ZELDANA CAPS	P	RX/OTC	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	
ZENVITA CAPS	P	RX/OTC	GNP CHILDRENS CHEWABLES/IRON CHEW 15 MG	P	
ZE-PLUS CAPS 75 MG-500 UNIT-400 UNIT-50 MCG	P	RX/OTC	HONEY BEARS W/IRON-ZINC CHEW	P	
Ped MV w/ Fluoride			MULTIVITAMIN DROPS/IRON SOLN	P	
FLORAFOL PEDIATRIC CHEW	P	RX/OTC	MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML	P	
FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG	P	RX/OTC	MULTIVITAMINS PLUS IRON CHILD CHEW	P	
MULTIVITAMIN/FLUORIDE CHEW	P	RX/OTC	<i>pediatric multiple vitamins w/ iron CHEW 18 MG</i>	P	
MULTI-VIT-FLOR CHEW	P	RX/OTC	POLY-VITE/IRON SOLN	P	
<i>pediatric multivitamins w/fl CHEW</i>	P	RX/OTC	QC CHILDRENS COMPLETE CHEW 18 MG	P	
POLY-VI-FLOR CHEW	P	RX/OTC	QC CHILDRENS VITAMINS/IRON CHEW 15 MG	P	
QUFLORA PEDIATRIC CHEW	P	RX/OTC	ULTRA CHOICE MULTIVITAMIN KIDS CHEW 18 MG	P	
Ped MV w/ Iron			Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE/FE SOLN	P		BPROTECTED PEDIA POLY-VITE SOLN PO	P	
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				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BRAIN BUILDER KIDS CHEW	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	
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		FT CHILDRENS MULTI PLUS IMMUNE CHEW	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		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	
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		GNP CHILDRENS/EXTRA C CHEW	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		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	
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		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	
			MULTIVITAMIN INFANT & TODDLER SOLN PO	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	P		CITRANATAL MEDLEY	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P		C-NATE DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
<i>pediatric multiple vitamins CHEW</i>	P		COMPLETE NATAL DHA	P	QL(2 EA daily); AL(Up to 50 yrs old)
POLY-VI-SOL SOLN PO	P		COMPLETENATE CHEW	NP	QL(1 EA daily); AL(Up to 50 yrs old)
POLY-VITA SOLN PO	P		CONCEPT DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)
POLY-VITE PEDIATRIC SOLN PO	P		CONCEPT OB	NP	QL(1 EA daily); AL(Up to 50 yrs old)
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		CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-2000 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-5 MG-35 MG	NP	QL(2 EA daily); AL(Up to 50 yrs old)
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		CVS PRENATAL GUMMY	NP	QL(1 EA daily); AL(Up to 50 yrs old)
Pediatric Vitamins			CVS PRENATAL MULTI+DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
HONEY BEARS	P		CVS PRENATAL MULTIVITAMIN CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
MULTIVITAMIN GUMMIES CHILDRENS	P		CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	NP	QL(1 EA daily); AL(Up to 50 yrs old)
Prenatal Vitamins			CVS WOMENS PRENATAL+DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
ALTRIXA OB	NP		DERMACINRX PRETRATE TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
ATABEX ONE PO	NP		EMBRIVA TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
AZESCO TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)			
BRAINSTRONG PRENATAL MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)			
CADEAU DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)			
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NP	QL(2 EA daily); AL(Up to 50 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENBRACE HR	NP	QL(1 EA daily); AL(Up to 50 yrs old)	NATAL PNV TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
FOLATEXCEL	NP	QL(1 EA daily); AL(Up to 50 yrs old)	NEOMATERNA	NP	QL(1 EA daily); AL(Up to 50 yrs old)
FOLIVANE-OB	NP	QL(1 EA daily); AL(Up to 50 yrs old)	NEONATAL + DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
FT PRENATAL TABS	NP	AL(Up to 50 yrs old)	NEONATAL COMPLETE TABS 120 MG-3 MG-30 MCG-1000 MCG-25 MCG-8 MCG-3 MG-20 MG-7 MG-29 MG-200 MG-3 MG-100 MG-15 MG-3 MG-1200 MCG-150 MCG-18.4 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)
GESTYRA TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)			
GNP PRENATAL/FOLIC ACID TABS	NP	AL(Up to 50 yrs old)			
GNP PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)			
KOSHER PRENATAL PLUS IRON TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	NEONATAL FE	NP	QL(1 EA daily); AL(Up to 50 yrs old)
KOSHER PRENATAL PLUS IRON TABS	NP	QL(2 EA daily); AL(Up to 50 yrs old)	NEONATAL PLUS TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
KP PRENATAL MULTIVITAMINS TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	NEO-VITAL RX TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
KPN PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	NESTABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
MASONATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	NESTABS DHA	NP	QL(2 EA daily); AL(Up to 50 yrs old)
MATERNACEL	NP	QL(1 EA daily); AL(Up to 50 yrs old)	NESTABS ONE	NP	QL(1 EA daily); AL(Up to 50 yrs old)
MATERVIA CAPS 0.5 MG	NP		NIVA-PLUS TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
MATRONEX TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	OB COMPLETE ONE	NP	QL(1 EA daily); AL(Up to 50 yrs old)
M-NATAL PLUS TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	OB COMPLETE PETITE	NP	QL(1 EA daily); AL(Up to 50 yrs old)
MULTI PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	OB COMPLETE PREMIER	NP	QL(1 EA daily); AL(Up to 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OB COMPLETE/DHA	NP	QL(2 EA daily); AL(Up to 50 yrs old)	PRENA 1 TRUE	NP	QL(2 EA daily); AL(Up to 50 yrs old)
OB COMPLETE TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENA1	NP	QL(1 EA daily); AL(Up to 50 yrs old)
OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	NP	QL(2 EA daily); AL(Up to 50 yrs old)	PRENA1 PEARL	NP	QL(1 EA daily); AL(Up to 50 yrs old)
ONE A DAY PRENATAL	NP	AL(Up to 50 yrs old)	PRENATABS FA TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
ONE A DAY PRENATAL ADV BRAIN	NP		PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
ONE A DAY PRENATAL ADVANCED	NP		PRENATAL (W/IRON & FA) TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
ONE-A-DAY WOMENS PRENATAL MISC 60 MG-2.5 MG-300 MCG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG-300 MG-150 MCG-30 UNIT-23 MG-223 MG	NP	QL(2 EA daily); AL(Up to 50 yrs old)	PRENATAL 19 CHEW	NP	QL(1 EA daily); AL(Up to 50 yrs old)
ONENATAL RX TABS 1 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL 19 TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
P2I PRENATAL WITH CHOLINE CAPS 0.333 MG	NP		PRENATAL COMPLETE TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PNV PRENATAL PLUS MULTIVIT+DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)	PRENATAL ESSENTIALS CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PNV TABS 20-1	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL FORMULA A-FREE TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PNV-OMEGA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL FORMULA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PREGEN DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL GUMMIES/DHA & FA	NP	QL(2 EA daily); AL(Up to 50 yrs old)
PREGENNA	NP	QL(1 EA daily); AL(Up to 50 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATAL MULTI +DHA CAPS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-150 MG-1.5 MG-25 MG-200 MG-11 UNIT-28 MG-4000 UNIT-228 MG, 60 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-38 MG-1.5 MG-25 MG-4000 UNIT-11 UNIT-250 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL/FOLIC ACID+DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL MULTIVITAMIN + DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)	PRENATAL/IRON TABS 4 MG-800 MCG-1.7 MG-400 UNIT-2 MG-20 MG-8000 UNIT-60 MG-45 MG-100 MG-100 MG-7.5 MG-150 MCG-30 UNIT-1 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
PRENATAL MULTIVITAMIN PLUS DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL+DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
PRENATAL ONE DAILY TABS	NP	QL(1 EA daily); AL(Up to 50 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); AL(Up to 50 yrs old); RX/OTC
PRENATAL PLUS VITAMIN/MINERAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL TABS	NP	AL(Up to 50 yrs old)
<i>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</i>	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL TABS 100 UNIT-0.75 MG-25 MCG-200 MCG-0.5 MG-2.5 MCG-500 UNIT-0.75 MG-5 MG-2.5 MG-6.75 MG-0.5 MG-3.75 MG-15 MG-25 MG-0.5 MG-50 MG-3.75 UNIT, 120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	NP	QL(2 EA daily); AL(Up to 50 yrs old)
PRENATAL VITAMIN AND MINERAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL-U CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATE	NP	QL(1 EA daily); AL(Up to 50 yrs old)
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	NP	QL(1 EA daily); AL(Up to 50 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	QL(1 EA daily); AL(Up to 50 yrs old)	SELECT-OB+DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
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	QL(1 EA daily); AL(Up to 50 yrs old)	SELECT-OB CHEW	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATE ENHANCE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	SE-NATAL 19 CHEW	NP	QL(1 EA daily); AL(Up to 50 yrs old)
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	QL(1 EA daily); AL(Up to 50 yrs old)	SE-NATAL 19 TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
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	QL(1 EA daily); AL(Up to 50 yrs old)	STUART ONE CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATE PIXIE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	TARON-C DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATE RESTORE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	THERANATAL COMPLETE MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
PRENATRIX TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	THERANATAL CORE NUTRITION TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
PRENATRYL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	THERANATAL ONE CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRIMACARE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	THERANATAL OVAVITE	NP	QL(2 EA daily); AL(Up to 50 yrs old)
PROVIDA OB	NP	QL(1 EA daily); AL(Up to 50 yrs old)	THRIVITE RX TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
QC PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	TRICARE TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
			TRINATAL RX 1 TABS	P	QL(1 EA daily); AL(Up to 50 yrs old)
			TRINATE TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)
			TRISTART DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRA PRENATAL VIT/MIN + DHA CAPS	NP		WESTAB PLUS TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
VITAFOL FE+	NP	QL(1 EA daily); AL(Up to 50 yrs old)	WESTGEL DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)
VITAFOL GUMMIES	NP	QL(2 EA daily); AL(Up to 50 yrs old)	ZALVIT TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
VITAFOL ULTRA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ZIPHEX TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
VITAFOL-OB+DHA MISC	NP	QL(1 EA daily); AL(Up to 50 yrs old)	Specialty Vitamins Products		
VITAFOL-OB TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	A THRU Z ADVANTAGE TABS 120 MG-6 MG-50 MCG-60 UNIT-400 MCG-400 UNIT-18 MCG-5.1 MG-25 MCG-40 MG-3500 UNIT-12 MG-18 MG-4.5 MG-40 MG-11 MG-60 MCG-4 MG-100 MG-80 MG-75 MCG-150 MCG-48 MG-0.9 MG-5 MCG-10 MCG-4 MG-70 MCG-10 MCG-120 MCG-72 MG-50 MG-60 MG, 400 UNIT-120 MG-6 MG-40 MCG-60 UNIT-400 MCG-18 MCG-5.1 MG-25 MCG-40 MG-5000 UNIT-10 MG-18 MG-4.5 MG-40 MG-15 MG-2 MG-80 MG-60 MCG-100 MG-150 MCG-75 MCG-48 MG-72 MG-5 MCG-10 MCG-4 MG-120 MCG-70 MCG-10 MCG-4 MG-60 MG-50 MG	P	RX/OTC
VITAFOL-ONE CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ADRENAL MANAGER CAPS	P	RX/OTC
VITALARA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ADRENAL STRESS END CAPS	P	RX/OTC
VITAMEDMD ONE RX/QUATREFOLIC	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ADRENALIV CAPS	P	RX/OTC
VITAMEDMD REDICHEW RX	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ADRENOID CAPS	P	RX/OTC
VITAPEARL	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ALLERWELL ALLERGY FORMULA TABS	P	RX/OTC
VITATRUE	NP	QL(2 EA daily); AL(Up to 50 yrs old)	BILBERRY PLUS CAPS	P	RX/OTC
WESCAP-C DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)			
WESCAP-PN DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)			
WESNATAL DHA COMPLETE	P	QL(2 EA daily); AL(Up to 50 yrs old)			
WESNATE DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BIOTIN PLUS KERATIN TABS	P	RX/OTC	LIPIDSHIELD PLUS TABS	P	RX/OTC
BLINK NUTRITEARS CAPS	P	RX/OTC	LIPOTRIAD VISION SUPPORT PLUS CAPS	P	RX/OTC
CARDIOPRESS CAPS	P	RX/OTC	LIPOTRIAD VISION SUPPORT CAPS	P	RX/OTC
CENTRUM PERFORMANCE TABS	P	RX/OTC	LIPOTRIAD VISIONARY CAPS	P	RX/OTC
CENTRUM SPECIALIST ENERGY TABS	P	RX/OTC	MEDCAPS DPO CAPS	P	RX/OTC
CHOLASE CONTROL CAPS	P	RX/OTC	MEDCAPS GI CAPS	P	RX/OTC
COLLAGEN ULTRA CAPS	P	RX/OTC	MEDCAPS IS CAPS	P	RX/OTC
CORTICARE B CAPS	P	RX/OTC	MEDCAPS T3 CAPS	P	RX/OTC
CVS HAIR/SKIN/NAILS TABS	P	RX/OTC	MEMORALL CAPS	P	RX/OTC
CVS MENOPAUSE SUPPORT TABS	P	RX/OTC	MEMORY COMPLEX BRAIN HEALTH TABS	P	RX/OTC
ELON MATRIX 5000 COMPLETE TABS	P	RX/OTC	METAVEX TABS	P	RX/OTC
ELON MATRIX 5000 TABS	P	RX/OTC	METHYL PROTECT CAPS	P	RX/OTC
ELON MATRIX COMPLETE TABS	P	RX/OTC	METHYL-GUARD PLUS CAPS	P	RX/OTC
ELON MATRIX PLUS TABS	P	RX/OTC	METHYL-GUARD CAPS	P	RX/OTC
ELON R3 TABS	P	RX/OTC	MG PLUS PROTEIN TABS	P	RX/OTC
FEMQUIL CAPS	P	RX/OTC	MIL ADREGEN TABS	P	RX/OTC
GLP-DLAX TABS	P	RX/OTC	MM BIOTIN/KERATIN CAPS	P	RX/OTC
GLYCOTROL COMPLETE CAPS	P	RX/OTC	NERVIVE NERVE RELIEF TABS	P	RX/OTC
GLYCOTROL CAPS	P	RX/OTC	NITRIVIA CAPS	P	RX/OTC
HAIR NOURISHING SUPPLEMENT TABS	P	RX/OTC	PRO HERS RX CAPS	P	RX/OTC
HEART SAVIOR CAPS	P	RX/OTC	PRO HIS RX CAPS	P	RX/OTC
HEART TABS TABS	P	RX/OTC	PRO PCOS RX CAPS	P	RX/OTC
IMMUNERX CAPS	P	RX/OTC	RETAIN VISION CAPS	P	RX/OTC
IMMUNICARE CAPS	P	RX/OTC	<i>specialty vitamins products</i> TABS	P	RX/OTC
INFLAMEX CAPS	P	RX/OTC	STASIS DAYTIME CAPS	P	RX/OTC
INULOSE BLOOD SUGAR SUPPORT CAPS	P	RX/OTC	STASIS NIGHTTIME CAPS	P	RX/OTC
			SYNERTROPIN CAPS	P	RX/OTC
			SYNVERA TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTIMATE FAT BURNER TABS 5 MG-12.5 MG-5 MCG-5 MG-12.5 MG-5 MG-25 MG-10 MG-125 MCG-10 MG-150 MG-25 MG-25 MG-100 MG-25 MG	P	RX/OTC	Drugs to Treat Spasms		
UPSPRING HE NATAL TABS	P	RX/OTC	Central Muscle Relaxants		
VARISAN VITALITY TABS 25 MG-30 MG-25 UNIT-8 MCG-30 MG-40 MG-25 MG-10 MG-100 MG-100 MG-100 MG	P	RX/OTC	AMRIX CP24 (cyclobenzaprine hcl)	NP	
VITAMINS FOR HAIR TABS 111 MCG-400 MCG-35 MG-250 MG-50 MG-100 MG-30 MG-15 MG-15 MG-0.15 MG-5 MG-10 MG-6 MCG-5 UNIT	P	RX/OTC	ATMEKSI SUSP PO 750 MG/5ML	NP	PA
VYLARIS TABS	P	RX/OTC	baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	NP	
Vitamin Mixtures			baclofen SUSP	NP	
cod liver oil CAPS	P		baclofen TABS 15 MG	NP	
cod liver oil OIL 200 UNIT/2.5ML-5 UNIT/2.5ML-2.3 GM/2.5ML, 4.6 GM/5ML, 400 UNIT/5ML-4000 UNIT/5ML, 500 UNIT/5ML-5000 UNIT/5ML	P	RX/OTC	baclofen TABS 5 MG, 10 MG, 20 MG	P	
COD LIVER OIL OIL	P	RX/OTC	carisoprodol TABS	NP	PA
CRANBERRY URINARY COMFORT	P		chlorzoxazone TABS	NP	
ECEE PLUS TABS	P		cyclobenzaprine hcl CP24	NP	
niacin w/ inositol	P		cyclobenzaprine hcl TABS 5 MG, 10 MG	P	
vitamins a & d CAPS	P		cyclobenzaprine hcl TABS 7.5 MG	NP	
Vitamins w/ Lipotropics			FLEQSUVY SUSP (baclofen)	NP	
vitamins w/ lipotropics CAPS	P		LYVISPAH PACK	NP	
vitamins w/ lipotropics TABS	P		metaxalone	NP	
MUSCULOSKELETAL THERAPY AGENTS -			METAXALONE 640 MG	NP	PA
			methocarbamol TABS 1000 MG	NP	
			methocarbamol TABS 500 MG, 750 MG	P	
			ONTRALFY SOLN PO 2 MG/5ML	NP	PA
			orphenadrine citrate TB12	NP	
			OZOBAX DS SOLN PO (baclofen)	NP	
			SOMA TABS (carisoprodol)	NP	PA
			tizanidine hcl CAPS	NP	
			tizanidine hcl TABS	P	
			ZANAFLEX CAPS (tizanidine hcl)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZANAFLEX TABS 4 MG (tizanidine hcl)	NP		mometasone furoate (nasal) SUSP	NP	RX/OTC
Direct Muscle Relaxants			OMNARIS SUSP	NP	
dantrolene sodium CAPS	NP		QNASL	NP	
Muscle Relaxant Combinations			QNASL CHILDRENS	NP	
orphenadrine w/ aspirin & caff	NP		triamcinolone acetonide (nasal) AERO	NP	
Viscosupplements			XHANCE EXHU	NP	
SYNVISC ONE SOSY	P	SP	ZETONNA AERS	NP	
SYNVISC SOSY	P	SP	Sympathomimetic Decongestants		
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus			ADRENALIN 0.1 %	P	
Nasal Agent Combinations			epinephrine hcl (nasal)	P	
azelastine hcl-fluticasone propionate SUSP	NP		pseudoephedrine hcl TABS	P	
DYMISTA SUSP (azelastine hcl-fluticasone propionate)	NP		NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
RYALTRIS	NP		ALS Agents		
Nasal Agents - Misc.			riluzole TABS	P	
AYR SALINE NASAL DROPS SOLN	P		Neuromuscular Blocking Agent - Neurotoxins		
saline SOLN 0.65 %	P		BOTOX IJ	NP	SP
Nasal Antiallergy			Spinal Muscular Atrophy Agents (SMA)		
azelastine hcl 0.15 %	NP	RX/OTC	ITVISMA SUSP IT	P	SP
azelastine hcl 0.1 %, 137 MCG/SPRAY	P		ZOLGENSMA 20.6-21.0 KG	4	SP; PA
olopatadine hcl (nasal)	NP		ZOLGENSMA 10.1-10.5 KG	4	SP; PA
Nasal Anticholinergics			ZOLGENSMA 10.6-11.0 KG	4	SP; PA
ipratropium bromide (nasal)	P		ZOLGENSMA 11.1-11.5 KG	4	SP; PA
Nasal Steroids			ZOLGENSMA 11.6-12.0 KG	4	SP; PA
budesonide (nasal)	NP		ZOLGENSMA 12.1-12.5 KG	4	SP; PA
flunisolide (nasal)	NP		ZOLGENSMA 12.6-13.0 KG	4	SP; PA
fluticasone propionate (nasal) SUSP	P	RX/OTC	ZOLGENSMA 13.1-13.5 KG	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 13.6-14.0 KG	4	SP; PA
ZOLGENSMA 14.1-14.5 KG	4	SP; PA
ZOLGENSMA 14.6-15.0 KG	4	SP; PA
ZOLGENSMA 15.1-15.5 KG	4	SP; PA
ZOLGENSMA 15.6-16.0 KG	4	SP; PA
ZOLGENSMA 16.1-16.5 KG	4	SP; PA
ZOLGENSMA 16.6-17.0 KG	4	SP; PA
ZOLGENSMA 17.1-17.5 KG	4	SP; PA
ZOLGENSMA 17.6-18.0 KG	4	SP; PA
ZOLGENSMA 18.1-18.5 KG	4	SP; PA
ZOLGENSMA 18.6-19.0 KG	4	SP; PA
ZOLGENSMA 19.1-19.5 KG	4	SP; PA
ZOLGENSMA 19.6-20.0 KG	4	SP; PA
ZOLGENSMA 2.6-3.0 KG	4	SP; PA
ZOLGENSMA 20.1-20.5 KG	4	SP; PA
ZOLGENSMA 3.1-3.5 KG	4	SP; PA
ZOLGENSMA 3.6-4.0 KG	4	SP; PA
ZOLGENSMA 4.1-4.5 KG	4	SP; PA
ZOLGENSMA 4.6-5.0 KG	4	SP; PA
ZOLGENSMA 5.1-5.5 KG	4	SP; PA
ZOLGENSMA 5.6-6.0 KG	4	SP; PA
ZOLGENSMA 6.1-6.5 KG	4	SP; PA
ZOLGENSMA 6.6-7.0 KG	4	SP; PA
ZOLGENSMA 7.1-7.5 KG	4	SP; PA
ZOLGENSMA 7.6-8.0 KG	4	SP; PA
ZOLGENSMA 8.1-8.5 KG	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 8.6-9.0 KG	4	SP; PA
ZOLGENSMA 9.1-9.5 KG	4	SP; PA
ZOLGENSMA 9.6-10.0 KG	4	SP; PA
NUTRIENTS		
Misc. Nutritional Substances		
KELP-B6-LECITHIN-VINEGAR CAPS	P	
Proteins		
<i>glutamine TABS</i>	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
ALCON TEARS SOLN	P	
<i>artificial tear solution</i>	P	
<i>carboxymethylcellulose sodium (ophth) GEL</i>	P	
<i>carboxymethylcellulose sodium (ophth) SOLN 0.25 %, 0.5 %</i>	P	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	P	
<i>glycerin-hypromellose-polyethylene glycol 400</i>	P	
LACRISERT	P	
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	P	
<i>polyvinyl alcohol 1.4 %</i>	P	
<i>propylene glycol-glycerin</i>	P	
PURE & GENTLE LUBRICANT SOLN	P	
<i>white petrolatum-mineral oil</i>	P	
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	NP	
BETIMOL (<i>timolol</i>)	NP	
BETIMOL	NP	
BETOPTIC-S SUSP	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>brimonidine tartrate-timolol maleate</i>	NP	Brand Preferred	<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P	
<i>carteolol hcl (ophth)</i>	P		Ophthalmic Adrenergic Agents		
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	P	Brand Preferred	ALPHAGAN P (<i>brimonidine tartrate</i>)	P	Brand Preferred
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NP		<i>apraclonidine hcl</i>	NP	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NP		<i>brimonidine tartrate 0.1 %, 0.15 %</i>	NP	Brand Preferred
<i>dorzolamide hcl-timolol maleate</i>	P		<i>brimonidine tartrate 0.2 %</i>	P	
<i>dorzolamide hcl-timolol maleate</i>	P		IOPIDINE	NP	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	P		SIMBRINZA	P	
<i>levobunolol hcl 0.5 %</i>	P		Ophthalmic Anti-infectives		
<i>timolol</i>	NP		AZASITE	NP	
<i>timolol maleate (ophth) SOLG</i>	NP		<i>bacitracin (ophthalmic)</i>	NP	
<i>timolol maleate (ophth) SOLN</i>	P		<i>bacitracin-polymyxin b (ophth)</i>	P	
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP		<i>besifloxacin hcl 0.6 %</i>	NP	
Cholinergic Agonists			BESIVANCE 0.6 % (<i>besifloxacin hcl</i>)	NP	
TYRVAYA	NP	ST	CILOXAN OINT	P	
Cycloplegic Mydriatics			<i>ciprofloxacin hcl (ophth) SOLN</i>	P	
<i>atropine sulfate (ophthalmic) OINT</i>	P		<i>erythromycin (ophth)</i>	P	
<i>atropine sulfate (ophthalmic) SOLN</i>	P		<i>gatifloxacin (ophth)</i>	NP	
ATROPINE SULFATE SOLN 1 %	P		<i>gentamicin sulfate (ophth) SOLN</i>	P	
CYCLOGYL	P		<i>levofloxacin (ophth) 0.5 %</i>	NP	
<i>cyclopentolate hcl 1 %</i>	P		<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	
<i>phenylephrine hcl (mydriatic) SOLN</i>	P		NATACYN	NP	
<i>tropicamide SOLN</i>	P		<i>neomycin-bacitracin zn-polymyxin</i>	NP	
Miotics			<i>neomycin-polymyxin-gramicidin</i>	NP	
			OCUFLOX (<i>ofloxacin (ophth)</i>)	NP	
			<i>ofloxacin (ophth)</i>	P	
			<i>polymyxin b-trimethoprim</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium (ophth) OINT</i>	NP		XIIDRA	P	ST
<i>sulfacetamide sodium (ophth) SOLN</i>	NP		Ophthalmic Kinase Inhibitors		
<i>tobramycin (ophth) SOLN</i>	P		RHOPRESSA	NP	
TOBREX OINT	NP		ROCKLATAN	NP	
<i>trifluridine</i>	P		Ophthalmic Steroids		
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP		ALREX SUSP (<i>loteprednol etabonate</i>)	NP	
XDEMZY	NP		<i>bacitracin-poly-neomycin-hc</i>	NP	
Ophthalmic Decongestants			BYQLOVI 0.05 %	NP	
ADVANCED EYE RELIEF MAX RED	P		<i>dexamethasone sodium phosphate (ophth)</i>	P	
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	P		DEXTENZA INST	NP	SP
<i>naphazoline-polyethylene glycol 300</i>	P		DEXYCU SUSP IO	NP	SP
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P		<i>difluprednate</i>	NP	
<i>tetrahydrozoline w/ polyethylene glycol</i>	P		DUREZOL (<i>difluprednate</i>)	NP	
<i>tetrahydrozoline w/ zinc sulfate</i>	P		EYSUVIS SUSP	NP	
<i>tetrahydrozoline-dextran-polyethylene glycol-povidone</i>	P		FLAREX	P	
Ophthalmic Immunomodulators			<i>fluorometholone (ophth) SUSP</i>	P	
CEQUA SOLN	NP	ST	FML FORTE SUSP	P	
<i>cyclosporine (ophth) EMUL</i>	NP	Brand Preferred; ST	FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NP	
<i>cyclosporine (ophth) EMUL</i>	NP	Brand Preferred	ILUVIEN	NP	SP
RESTASIS MULTIDOSE EMUL	NP	Brand Preferred; ST	INVELTYS SUSP	NP	
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	P	Brand Preferred	LOTEMAX SM GEL	NP	
VERKAZIA EMUL	NP	ST	LOTEMAX GEL (<i>loteprednol etabonate</i>)	NP	Brand Preferred
VEVYE SOLN	NP	ST	LOTEMAX OINT	P	
Ophthalmic Integrin Antagonists			LOTEMAX SUSP (<i>loteprednol etabonate</i>)	P	Brand Preferred
			<i>loteprednol etabonate GEL</i>	NP	Brand Preferred
			<i>loteprednol etabonate SUSP 0.2 %</i>	NP	
			<i>loteprednol etabonate SUSP 0.5 %</i>	NP	Brand Preferred

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>loteprednol etabonate-tobramycin</i>	NP		ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	NP	
MAXIDEX SUSP OP	P		ACUVAIL	NP	
MAXITROL OINT (<i>neomycin-polymyx-dexameth</i>)	NP		ALOMIDE	NP	
MAXITROL SUSP (<i>neomycin-polymyx-dexameth</i>)	NP		<i>azelastine hcl (ophth)</i>	P	
<i>neomycin-polymyx-dexameth OINT</i>	P		AZOPT (<i>brinzolamide</i>)	NP	
<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	P		<i>bepotastine besilate</i>	NP	
<i>neomycin-polymyxin-hc (ophth)</i>	P		BEPREVE (<i>bepotastine besilate</i>)	NP	
OZURDEX IMPL	NP	SP	<i>brinzolamide</i>	NP	
PRED FORTE (<i>prednisolone acetate (ophth)</i>)	NP		<i>bromfenac sodium (ophth)</i>	NP	
PRED MILD	P		BROMSITE (<i>bromfenac sodium (ophth)</i>)	NP	
<i>prednisolone acetate (ophth)</i>	P		<i>cromolyn sodium (ophth)</i>	P	
PREDNISOLONE SODIUM PHOSPHATE	P		<i>diclofenac sodium (ophth)</i>	P	
RETISERT	NP	SP	<i>dorzolamide hcl</i>	P	
<i>sulfacetamide sod-prednisolone SOLN</i>	P		<i>epinastine hcl (ophth)</i>	NP	
TOBRADEX ST SUSP	NP		<i>flurbiprofen sodium</i>	P	
TOBRADEX OINT	P		ILEVRO	NP	
<i>tobramycin-dexamethasone SUSP</i>	NP		<i>ketorolac tromethamine (ophth)</i>	P	
TRIESENCE	NP	SP	<i>ketotifen fumarate (ophth) 0.035 %</i>	P	
YUTIQ	NP	SP	LASTACFT	NP	
ZYLET 0.3 %-0.5 % (<i>loteprednol etabonate-tobramycin</i>)	NP		MIEBO	NP	ST
Ophthalmics - Misc.			MURO 128 SOLN	P	
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP		NEVANAC	P	
			<i>olopatadine hcl</i>	P	RX/OTC
			PROLENSA (<i>bromfenac sodium (ophth)</i>)	NP	
			<i>sodium chloride hypertonic OINT</i>	P	
			<i>sodium chloride hypertonic SOLN</i>	P	
			TRYPTYR SOLN OP 0.003 %	NP	ST
			ZERVIAE	NP	
			Prostaglandins - Ophthalmic		
			<i>bimatoprost SOLN</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
DURYSTA IMPL	NP	
IDOSE TR IMPL	NP	
IYUZEH SOLN	NP	
<i>latanoprost SOLN</i>	P	
LUMIGAN SOLN 0.01 % (<i>bimatoprost</i>)	NP	
<i>tafluprost</i>	NP	
TRAVATAN Z SOLN (<i>travoprost</i>)	NP	
<i>travoprost SOLN</i>	P	
VYZULTA	NP	
XALATAN SOLN (<i>latanoprost</i>)	NP	
XELPROS EMUL	NP	
ZIOPTAN (<i>tafluprost</i>)	NP	
ZOLYMBUS GEL OP 0.01 %	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	P	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	
Otic Combinations		
CIPRO HC 1 %-0.2 % (<i>ciprofloxacin-hydrocortisone</i>)	P	Brand Preferred
<i>ciprofloxacin-dexamethasone</i>	NP	
<i>ciprofloxacin-hydrocortisone</i>	NP	Brand Preferred
CORTISPORIN-TC	P	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	
Otic Steroids		

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone w/acetic acid</i>	NP	ST
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
ALYGLO	NP	SP
ASCENIV	NP	
BIVIGAM SOLN	P	SP
CUTAQUIG	NP	SP
CUVITRU SOLN	NP	SP
FLEBOGAMMA DIF SOLN 5 GM/100ML, 10 GM/200ML, 20 GM/400ML	NP	SP
GAMASTAN IM	NP	SP
GAMMAGARD	P	SP
GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML	P	SP
GAMMAGARD S/D LESS IGA SOLR	P	SP
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	NP	SP
GAMMAPLEX SOLN	NP	SP
GAMUNEX-C	P	SP
HIZENTRA SOLN	NP	SP
HIZENTRA SOSY	NP	SP
OCTAGAM SOLN	P	SP
PANZYGA	NP	SP
PRIVIGEN SOLN	P	SP
QIVIGY SOLN IV 5 GM/50ML, 10 GM/100ML	NP	SP
XEMBIFY	P	SP

Drug Name	Drug Tier	Requirements/ Limits
Passive Immunizing Agents - Combinations		
HYQVIA	NP	SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Amidinopenicillins		
PIVYA TABS PO 185 MG	NP	
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
<i>amoxicillin TABS</i>	P	
<i>ampicillin sodium IJ 1 GM, 2 GM</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
BICILLIN L-A SUSY	P	
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	NP	
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	NP	
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin & pot clavulanate TB12</i>	NP	
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	
BICILLIN C-R	P	
BICILLIN C-R 900/300	P	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
<i>bacteriostatic sodium chloride</i>	P	
CHERRY	P	RX/OTC
CHERRY CONCENTRATE	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC
FLAVOR SWEET DYE FREE SYRP	P	RX/OTC
FLAVOR SWEET SF DYE FREE SYRP	P	RX/OTC
FLAVOR SWEET-SF SYRP	P	RX/OTC
FLAVOR SWEET SYRP	P	RX/OTC
GERBER GOOD START WATER	P	
GOOD START STERILE WATER	P	
GRAPE SYRUP SYRP	P	RX/OTC
MX-SOL SF SYRP	P	RX/OTC
MX-SOL SYRP	P	RX/OTC
ORAL SUSPEND LIQD	P	RX/OTC
ORAL SYRUP SF SYRP	P	RX/OTC
ORAL SYRUP SYRP	P	RX/OTC
ORAPENN SD ANHYD SWEETENED LIQD	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ORAPENN SD ANHYD UNSWEETEN LIQD	P	RX/OTC
ORA-PLUS LIQD	P	RX/OTC
ORA-SWEET SF SYRP 10 %-9 %	P	RX/OTC
ORA-SWEET SYRP 4 %-5 %-54 %	P	RX/OTC
PCCA SWEET-SF SYRP	P	RX/OTC
PCCA SYRUP VEHICLE SYRP	P	RX/OTC
SIMILAC STERILIZED WATER	P	
SODIUM CHLORIDE BACTERIOSTATIC 0.9 %	P	
SOSWEET SYRP	P	RX/OTC
STERILE WATER FOR INJECTION IJ	P	
SYRPALTA SYRP	P	RX/OTC
SYRSPEND SF LIQD	P	RX/OTC
SYRUP VEHICLE SF SYRP	P	RX/OTC
SYRUP VEHICLE SYRP	P	RX/OTC
VERSAFREE SYRP	P	RX/OTC
VERSAPLUS SYRP	P	RX/OTC
<i>water for injection, sterile IJ</i>	P	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 10 MG</i>	P	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	P	QL(1 EA daily)
<i>norethindrone acetate TABS</i>	P	
<i>progesterone CAPS</i>	P	
<i>progesterone OIL</i>	P	
PROMETRIUM CAPS (<i>progesterone</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	NP	
PROVERA 5 MG (<i>medroxyprogesterone acetate</i>)	NP	QL(1 EA daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>disulfiram</i>	P	
<i>lofexidine hcl</i>	NP	
LUCEMYRA (<i>lofexidine hcl</i>)	NP	
Anti-Cataplectic Agents		
<i>sodium oxybate SOLN</i>	NP	SP
XYREM SOLN (<i>sodium oxybate</i>)	NP	SP
XYWAV	NP	SP
Antidementia Agents		
ADLARITY PTWK	NP	QL(0.143 EA daily)
ADUHELM	NP	SP
ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 EA daily)
<i>donepezil hydrochloride TABS 23 MG</i>	NP	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 EA daily)
<i>donepezil hydrochloride TBDP</i>	NP	QL(1 EA daily); ST
EXELON (<i>rivastigmine</i>)	NP	PA
<i>galantamine hydrobromide CP24 8 MG</i>	NP	QL(1 EA daily); PA
<i>galantamine hydrobromide CP24 16 MG, 24 MG</i>	NP	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine hydrobromide SOLN</i>	NP	PA	<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG</i>	NP	QL(1 EA daily)
<i>galantamine hydrobromide TABS</i>	NP	PA	<i>perphenazine-amitriptyline</i>	P	
LEQEMBI	NP	SP	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	NP	QL(1 EA daily)
LEQEMBI IQLIK SC 360 MG/1.8ML	NP	SP	Fibromyalgia Agents		
<i>memantine hcl CP24 21 MG, 28 MG</i>	NP	PA	<i>milnacipran hcl MISC</i>	NP	
<i>memantine hcl CP24 7 MG, 14 MG</i>	NP	QL(1 EA daily); PA	<i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>	NP	
<i>memantine hcl-donepezil hcl CP24</i>	NP	PA	SAVELLA TITRATION PACK MISC (<i>milnacipran hcl</i>)	NP	
<i>memantine hcl SOLN</i>	NP	PA	SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (<i>milnacipran hcl</i>)	NP	
<i>memantine hcl TABS</i>	P	PA	TONMYA SUBL SL 2.8 MG	NP	
<i>memantine hcl TABS 10 MG</i>	NP	PA	Movement Disorder Drug Therapy		
NAMENDA XR CP24 14 MG (<i>memantine hcl</i>)	NP	QL(1 EA daily); PA	AUSTEDO XR PATIENT TITRATION TEPK	NP	SP
NAMENDA XR CP24 21 MG, 28 MG (<i>memantine hcl</i>)	NP	PA	AUSTEDO XR TB24	NP	SP
NAMZARIC C4PK	NP	PA	AUSTEDO TABS	P	SP; PA
NAMZARIC CP24	NP	PA	INGREZZA CAPS	P	QL(1 EA daily); SP
NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	NP	PA	INGREZZA CPPK	P	QL(1 EA daily); SP
<i>rivastigmine</i>	P	PA	INGREZZA CPSP	NP	QL(1 EA daily); SP
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	PA	<i>tetrabenazine</i>	P	SP
<i>rivastigmine tartrate CAPS</i>	NP	PA	XENAZINE (<i>tetrabenazine</i>)	NP	SP
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP		Multiple Sclerosis Agents		
Combination Psychotherapeutics			AMPYRA (<i>dalfampridine</i>)	NP	SP; PA
<i>chlorthalidopoxide-amitriptyline</i>	NP		AUBAGIO 14 MG (<i>teriflunomide</i>)	NP	SP; PA
LYBALVI	NP	AL(At least 18 yrs old)	AUBAGIO 7 MG (<i>teriflunomide</i>)	NP	QL(1 EA daily); SP; PA
<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG</i>	NP		AVONEX PEN AJKT	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AVONEX PREFILLED PSKT	P	SP; PA	MAYZENT TABS	NP	SP; PA
BAFIERTAM	NP	SP; PA	OCREVUS	NP	SP; PA
BETASERON KIT	NP	SP; PA	OCREVUS ZUNOVO	NP	SP
BRIUMVI	P	SP	PLEGRIDY STARTER PACK SOAJ	NP	SP; PA
<i>cladribine (multiple sclerosis) 10 MG</i>	NP	Brand Preferred; SP; PA	PLEGRIDY STARTER PACK SOSY SC	NP	SP; PA
COPAXONE SOSY (<i>glatiramer acetate</i>)	NP	SP; PA	PLEGRIDY SOAJ	NP	SP; PA
<i>dalfampridine</i>	P	SP; PA	PLEGRIDY SOSY IM	NP	SP; PA
<i>dimethyl fumarate CDPK</i>	P	SP; PA	PONVORY STARTER PACK TBPK	NP	SP; PA
<i>dimethyl fumarate CPDR</i>	P	SP; PA	PONVORY TABS	NP	SP; PA
EXTAVIA KIT	NP	SP; PA	REBIF REBIDOSE TITRATION PACK SOAJ	P	SP; PA
<i>fingolimod hcl</i>	P	SP	REBIF REBIDOSE SOAJ	P	SP; PA
GILENYA (<i>fingolimod hcl</i>)	NP	SP	REBIF TITRATION PACK SOSY	P	SP; PA
<i>glatiramer acetate SOSY</i>	P	SP; PA	REBIF SOSY	P	SP; PA
KESIMPTA	P	SP; PA	TASCENSO ODT	NP	SP; ST
LEMTRADA	NP	SP; PA	TECFIDERA CDPK (<i>dimethyl fumarate</i>)	NP	SP; PA
MAVENCLAD (10 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	NP	Brand Preferred; SP; PA	TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP; PA
MAVENCLAD (4 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	NP	Brand Preferred; SP; PA	<i>teriflunomide 14 MG</i>	P	SP; PA
MAVENCLAD (5 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	NP	Brand Preferred; SP; PA	<i>teriflunomide 7 MG</i>	P	QL(1 EA daily); SP; PA
MAVENCLAD (6 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	NP	Brand Preferred; SP; PA	TYRUKO CONC IV 300 MG/15ML	NP	Brand Preferred; SP
MAVENCLAD (7 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	NP	Brand Preferred; SP; PA	TYSABRI	P	Brand Preferred; SP; PA
MAVENCLAD (8 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	NP	Brand Preferred; SP; PA	VUMERITY	NP	SP; PA
MAVENCLAD (9 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	NP	Brand Preferred; SP; PA	ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP; PA
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP; PA	ZEPOSIA STARTER KIT CPPK	NP	SP; PA
			ZEPOSIA CAPS	NP	SP; PA
			Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin (once-daily) TABS</i>	NP	
GRALISE TABS (<i>gabapentin (once-daily)</i>)	NP	
LYRICA CR (<i>pregabalin (once-daily)</i>)	NP	
<i>pregabalin (once-daily)</i>	NP	
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	NP	
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	P	
Psychotherapeutic and Neurological Agents - Misc.		
<i>pimozide</i>	P	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	P	
CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	NP	
CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	NP	
CHANTIX TABS (<i>varenicline tartrate</i>)	NP	
<i>nicotine polacrilex GUM</i>	P	
<i>nicotine polacrilex LOZG</i>	P	
NICOTINE KIT	P	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	
NICOTROL NS SOLN	NP	
NICOTROL INHA	P	
<i>varenicline tartrate TABS</i>	P	
<i>varenicline tartrate TBPK</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
Transthyretin Amyloidosis Agents		
AMVUTTRA	NP	SP
ONPATTRO	P	SP
TEGSEDI	NP	
WAINUA	NP	SP
WAINUA SC 45 MG/0.8ML	NP	SP
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
PULMOZYME	P	SP
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>pirfenidone</i>)	NP	SP
ESBRIET TABS (<i>pirfenidone</i>)	NP	SP
JASCAYD TABS PO 9 MG, 18 MG	NP	SP
<i>nintedanib esylate 100 MG, 150 MG</i>	P	SP
OFEV 100 MG, 150 MG (<i>nintedanib esylate</i>)	NP	SP
<i>pirfenidone CAPS</i>	P	SP
<i>pirfenidone TABS 534 MG</i>	NP	SP
<i>pirfenidone TABS 267 MG, 801 MG</i>	P	SP
Respiratory Agents - Misc.		
INFASURF TR	P	
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	P	
TETRACYCLINES - Drugs to Treat Bacterial		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Infections			Thyroid Hormones		
Aminomethylcyclines			ADTHYZA TABS	NP	
NUZYRA TABS	NP		ARMOUR THYROID TABS	P	
Tetracyclines			CYTOMEL TABS (liothyronine sodium)	NP	
demeclocycline hcl TABS	NP		ERMEZA SOLN PO	NP	
DORYX MPC TBEC 60 MG	NP		EVEXITHROID TABS 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG, 120 MG, 180 MG	NP	
doxycycline (monohydrate) CAPS 50 MG, 100 MG	P		levothyroxine sodium CAPS	NP	
doxycycline (monohydrate) CAPS 75 MG, 150 MG	NP		LEVOTHYROXINE SODIUM SOLN IV	NP	
doxycycline (monohydrate) SUSR	NP		LEVOTHYROXINE SODIUM SOLN IV	NP	
doxycycline (monohydrate) TABS	P		levothyroxine sodium TABS	P	
doxycycline hyclate CAPS	P		liothyronine sodium SOLN	NP	
doxycycline hyclate TABS 50 MG, 75 MG, 100 MG, 150 MG	NP		liothyronine sodium TABS	P	
doxycycline hyclate TABS 20 MG, 100 MG	P		NIVA THYROID TABS	P	
doxycycline hyclate TBEC	NP		NP THYROID TABS	P	
minocycline hcl CAPS	P		RENTHYROID TABS 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG, 120 MG	NP	
minocycline hcl TABS	NP		SYNTHROID TABS (levothyroxine sodium)	NP	
minocycline hcl TB24	NP		THYQUIDITY SOLN PO	NP	
MINOLIRA TB24	NP		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
tetracycline hcl CAPS	NP		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
TETRACYCLINE HCL TABS	NP		Antispasmodics		
VIBRAMYCIN CAPS (doxycycline hyclate)	NP		BELLADONNA ALKALOIDS-OPIMUM 16.2 MG-60 MG	P	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			dicyclomine hcl CAPS	P	
Antithyroid Agents					
methimazole TABS	P				
propylthiouracil	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dicyclomine hcl SOLN PO</i>	P		<i>omeprazole magnesium CPDR</i>	NP	QL(1 EA daily)
<i>dicyclomine hcl TABS</i>	P		<i>omeprazole magnesium TBEC</i>	NP	QL(1 EA daily)
H-2 Antagonists			<i>omeprazole CPDR</i>	P	QL(1 EA daily)
<i>cimetidine hcl PO 300 MG/5ML</i>	NP		<i>omeprazole TBDD</i>	NP	QL(1 EA daily); ST
<i>cimetidine TABS</i>	NP	RX/OTC	<i>omeprazole TBEC</i>	NP	QL(1 EA daily)
<i>famotidine SUSR</i>	P		<i>pantoprazole sodium PACK</i>	NP	Brand Preferred; QL(2 EA daily); AL(Up to 10 yrs old)
<i>famotidine TABS</i>	P		<i>pantoprazole sodium TBEC</i>	P	QL(2 EA daily)
<i>nizatidine CAPS</i>	P		PREVACID 24HR CPDR (<i>lansoprazole</i>)	NP	QL(1 EA daily); RX/OTC
<i>ranitidine hcl TABS 150 MG, 300 MG</i>	NP		PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	NP	QL(2 EA daily); ST; RX/OTC
Misc. Anti-Ulcer			PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NP	QL(1 EA daily)
<i>sucralfate SUSP</i>	P		PRILOSEC OTC TBEC (<i>omeprazole magnesium</i>)	NP	QL(1 EA daily)
<i>sucralfate TABS</i>	P		PRILOSEC PACK	NP	QL(1 EA daily); AL(Up to 10 yrs old)
Proton Pump Inhibitors			PROTONIX PACK (<i>pantoprazole sodium</i>)	P	Brand Preferred; QL(2 EA daily); AL(Up to 10 yrs old)
DEXILANT (<i>dexlansoprazole</i>)	NP	QL(1 EA daily)	PROTONIX TBEC (<i>pantoprazole sodium</i>)	NP	QL(2 EA daily)
<i>dexlansoprazole</i>	NP	QL(1 EA daily)	<i>rabeprazole sodium TBEC</i>	NP	QL(2 EA daily)
<i>esomeprazole magnesium CPDR</i>	NP	QL(1 EA daily); RX/OTC	VOQUEZNA 10 MG	NP	QL(1 EA daily)
<i>esomeprazole magnesium PACK</i>	P	QL(1 EA daily); AL(Up to 10 yrs old)	VOQUEZNA 20 MG	NP	
<i>esomeprazole magnesium PACK 20 MG, 40 MG</i>	NP	QL(1 EA daily); AL(Up to 10 yrs old)	Ulcer Drugs - Prostaglandins		
<i>esomeprazole magnesium TBEC</i>	NP	QL(1 EA daily)	CYTOTEC (<i>misoprostol</i>)	4	
<i>lansoprazole CPDR</i>	NP	QL(1 EA daily); RX/OTC	<i>misoprostol</i>	4	
<i>lansoprazole TBDD</i>	NP	QL(2 EA daily); ST; RX/OTC	Ulcer Therapy Combinations		
NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	NP	QL(1 EA daily); RX/OTC	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	NP	ST
NEXIUM CPDR (<i>esomeprazole magnesium</i>)	NP	QL(1 EA daily); RX/OTC			
NEXIUM PACK (<i>esomeprazole magnesium</i>)	NP	QL(1 EA daily); AL(Up to 10 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	NP	Brand Preferred; ST	<i>fesoterodine fumarate 4 MG</i>	NP	QL(1 EA daily)
<i>famotidine-calcium carbonate-magnesium hydroxide</i>	NP		<i>fesoterodine fumarate 8 MG</i>	NP	
KONVOMEF SUSR	NP		GELNIQUE GEL 10 %	NP	
OMECLAMOX-PAK	NP	ST	<i>oxybutynin chloride SOLN</i>	P	
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-40 MG</i>	NP		<i>oxybutynin chloride TABS 2.5 MG</i>	NP	
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	NP	QL(1 EA daily); RX/OTC	<i>oxybutynin chloride TABS 5 MG</i>	P	
<i>omeprazole-sodium bicarbonate PACK 1680 MG-20 MG</i>	NP	QL(1 EA daily)	<i>oxybutynin chloride TB24 10 MG, 15 MG</i>	P	
<i>omeprazole-sodium bicarbonate PACK 1680 MG-40 MG</i>	NP		<i>oxybutynin chloride TB24 5 MG</i>	P	QL(1 EA daily)
PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	P	Brand Preferred	OXYTROL FOR WOMEN PTTW	NP	RX/OTC
TALICIA	NP	ST	OXYTROL PTTW	NP	RX/OTC
VOQUEZNA DUAL PAK	NP	ST	<i>solifenacin succinate TABS 5 MG</i>	P	QL(1 EA daily)
VOQUEZNA TRIPLE PAK	NP	ST	<i>solifenacin succinate TABS 10 MG</i>	P	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			<i>tolterodine tartrate CP24 4 MG</i>	NP	
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			<i>tolterodine tartrate CP24 2 MG</i>	NP	QL(1 EA daily)
<i>darifenacin hydrobromide 7.5 MG</i>	NP	QL(1 EA daily)	<i>tolterodine tartrate TABS</i>	NP	
<i>darifenacin hydrobromide 15 MG</i>	NP		TOVIAZ 4 MG (<i>fesoterodine fumarate</i>)	NP	QL(1 EA daily)
DETROL LA CP24 2 MG (<i>tolterodine tartrate</i>)	NP	QL(1 EA daily)	TOVIAZ 8 MG (<i>fesoterodine fumarate</i>)	NP	
DETROL LA CP24 4 MG (<i>tolterodine tartrate</i>)	NP		<i>trospium chloride CP24</i>	NP	
DETROL TABS (<i>tolterodine tartrate</i>)	NP		<i>trospium chloride TABS</i>	NP	
			VESICARE LS SUSP	NP	
			VESICARE TABS 10 MG (<i>solifenacin succinate</i>)	NP	
			VESICARE TABS 5 MG (<i>solifenacin succinate</i>)	NP	QL(1 EA daily)
			Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
			GEMTESA	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mirabegron SRER 8 MG/ML</i>	NP		ABRYSVO	P	QL(1 EA per 365 day(s) retail); AL(At least 60 yrs old)
<i>mirabegron TB24 50 MG</i>	NP	Brand Preferred			
<i>mirabegron TB24 25 MG</i>	NP	Brand Preferred; QL(1 EA daily)	ACAM2000 SOLR IJ	P	
MYRBETRIQ SRER 8 MG/ML (<i>mirabegron</i>)	NP		AFLURIA PRESERVATIVE FREE SUSY	P	
MYRBETRIQ TB24 50 MG (<i>mirabegron</i>)	P	Brand Preferred	AFLURIA QUADRIVALENT SUSP	P	
MYRBETRIQ TB24 25 MG (<i>mirabegron</i>)	P	Brand Preferred; QL(1 EA daily)	AFLURIA QUADRIVALENT SUSY 0.5 ML	P	
Urinary Antispasmodics - Direct Muscle Relaxants			AFLURIA SUSP	P	
<i>flavoxate hcl</i>	P		AREXVY	P	
VACCINES			AUDENZ EMUL	P	
Bacterial Vaccines			AUDENZ PRSY	P	
ACTHIB SOLR IM	P		COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	P	
BEXSERO 0.5 ML	P		COMIRNATY SUSP	P	
BIOTHRAX	P		COMIRNATY SUSY	P	
CAPVAXIVE	P		DENGVAIXA	P	
HIBERIX SOLR IJ	P		ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail
MENQUADFI 0.5 ML	P		ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail
MENVEO SOLN	P				
MENVEO SOLR	P		FLUAD	P	
PEDVAXHIB SUSP 7.5 MCG/0.5ML	P		FLUAD QUADRIVALENT	P	
PNEUMOVAX 23 SOLN	P		FLUARIX QUADRIVALENT SUSY	P	
PNEUMOVAX 23 SOSY	P		FLUARIX SUSY	P	
PREVNAR 20	P		FLUBLOK SOSY	P	
TRUMENBA 0.5 ML	P		FLUCELVAX QUADRIVALENT SUSP	P	
TYPHIM VI SOLN	P		FLUCELVAX QUADRIVALENT SUSY	P	
TYPHIM VI SOSY	P		FLUCELVAX SUSP	P	
VAXCHORA	P		FLUCELVAX SUSY	P	
VAXNEUVANCE	P		FLULAVAL SUSY	P	
VIVOTIF	P				
Viral Vaccines					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUMIST	P		NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	
FLUMIST QUADRIVALENT	P		PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P	
FLUZONE HIGH-DOSE QUADRIVALENT	P		PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	P	
FLUZONE HIGH-DOSE SUSY	P		PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
FLUZONE QUADRIVALENT SUSY	P		PRIORIX SUSR	P	
FLUZONE SUSP	P		PROQUAD SUSR	P	
FLUZONE SUSY	P		RABAVERT	P	
GARDASIL 9 SUSP 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
GARDASIL 9 SUSY 0.5 ML	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	P		ROTARIX SUSP	P	
HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail	ROTATEQ SOLN	P	
IMOVAX RABIES SUSR	P		SHINGRIX IM 50 MCG/0.5ML	P	2 max fill(s) per 999 day(s) retail; 2 max fill(s) per 999 day(s) mail; AL(At least 50 yrs old)
IPOLE IJ	P		SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
IXCHIQ	P	QL(1 EA per fill retail)	SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	P	
IXIARO	P		SPIKEVAX SUSP	P	
JYNNEOS	P	QL(0.5 ML per fill retail)	SPIKEVAX SUSY	P	
M-M-R II SOLR	P		STAMARIL SUSR	P	
MNEXSPIKE SUSY 10 MCG/0.2ML	P		TWINRIX SUSY	P	
MODERNA COVID-19 VAC 6M-11Y SUSP	P		VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	P	
MODERNA COVID-19 VAC 6M-11Y SUSY	P		VAQTA	P	
MRESVIA	P		VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail
NOVAVAX COVID-19 VACCINE SUSP	P				
NOVAVAX COVID-19 VACCINE SUSY	P				

Drug Name	Drug Tier	Requirements/Limits
YF-VAX SUSR	P	
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
VAGISIL EX	P	
Vaginal Anti-infectives		
CLEOCIN CREA (clindamycin phosphate vaginal)	NP	
CLEOCIN SUPP	P	
clindamycin phosphate vaginal CREA	P	
CLINDESSE	NP	
clotrimazole vaginal CREA 1 %	P	
GYNAZOLE-1	P	
metronidazole vaginal	P	
MICONAZOLE 7 SUPP 100 MG	P	
miconazole nitrate vaginal CREA 4 %	P	
miconazole nitrate vaginal KIT	P	
miconazole nitrate vaginal SUPP	P	
NUVESSA	P	Brand Preferred
terconazole vaginal CREA	P	
tioconazole vaginal 6.5 %	P	
VANAZOLE	NP	
XACIATO GEL	NP	
Vaginal Estrogens		
estradiol vaginal CREA	P	
estradiol vaginal TABS	P	
Vaginal Progestins		
CRINONE GEL	NP	
ENDOMETRIN INST 100 MG (progesterone vaginal)	NP	

Drug Name	Drug Tier	Requirements/Limits
progesterone (vaginal) INST 100 MG	NP	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	NP	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail); ST
epinephrine (anaphylaxis) SOAJ	P	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail)
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	NP	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail); ST
EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	NP	QL(2 EA per 30 day(s) retail; 6 EA per 90 days mail); ST
NEFFY SOLN NA	NP	ST
VITAMINS		
Oil Soluble Vitamins		
beta carotene CAPS 25000 UNIT	P	
cholecalciferol CAPS 10 MCG, 125 MCG, 400 UNIT, 5000 UNIT, 125 MCG	P	
cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	P	
cholecalciferol TABS 10 MCG, 400 UNIT	P	
ergocalciferol CAPS	P	
ergocalciferol SOLN PO 200 MCG/ML	P	
phytonadione TABS	P	
VITAMIN A PALMITATE TABS	P	
vitamin a CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits
VITAMIN D2 TABS 400 UNIT	P	
VITAMIN E/D-ALPHA CAPS 200 UNIT	P	
<i>vitamin e CAPS</i>	P	
VITAMIN E CAPS	P	
<i>vitamin e SOLN</i>	P	
VITAMIN E SOLN 15 MG/0.67ML	P	
Water Soluble Vitamins		
ACEROLA C 500 WAFR	P	
<i>ascorbic acid CHEW 100 MG, 250 MG, 500 MG</i>	P	
<i>ascorbic acid CPR</i>	P	
<i>ascorbic acid POWD PO 500 MG/GM</i>	P	
ASCORBIC ACID POWD PO	P	
<i>ascorbic acid TABS</i>	P	
<i>ascorbic acid TBCR 500 MG, 1000 MG, 1500 MG</i>	P	
B-6 TABS	P	
<i>biotin CAPS 5 MG, 5000 MCG</i>	P	
<i>biotin TABS 10 MG, 800 MCG, 10000 MCG</i>	P	
<i>calcium ascorbate TABS</i>	P	
<i>niacinamide TABS</i>	P	
<i>niacin TABS</i>	P	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	P	
<i>riboflavin TABS</i>	P	
<i>thiamine hcl TABS</i>	P	
<i>thiamine mononitrate TABS 100 MG</i>	P	
VITA-C CRYST	P	
VITAMIN B-6 ER TBCR	P	
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Drug Name	Drug Tier	Requirements/ Limits
VITAMIN C TABS	P	

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50+ ADULT EYE HEALTH CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG 119	ABILIFY MYCITE STARTER KIT . 55	acetaminophen CHEW 8
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AGAMREE	65	ALBUSTIX STRP	81	ALIVE HAIR, SKIN & NAILS CAPS 120	
AIMOVIG	112	albuterol sulfate AERS	15	ALIVE HAIR, SKIN & NAILS CHEW 120	
AIMSCO TWIST LANCETS 32G ..	95	albuterol sulfate NEBU	15	ALIVE IMMUNE/ELDERBERRY CHEW	120
AIMSCO TWIST LANCETS 33G ..	95	albuterol sulfate SYRP	15	ALIVE MAX 6 POTENCY CAPS .	120
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110		ALTOPREV TB24 20 MG, 40 MG, 60		AMERICAINE	11
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110		ALTRIXA OB	136	amiloride hcl TABS	82
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110		ALTUVIIIIO 250 UNIT, 500 UNIT,		AMINOPMRMS CAPS	81
ALLERWELL ALLERGY FORMULA		1000 UNIT, 2000 UNIT, 3000 UNIT,		amiodarone hcl SOLN 150 MG/3ML .	
TABS	141	4000 UNIT	89	13	
allopurinol 100 MG, 300 MG	88	alum & mag hydrox-simethicone		amiodarone hcl TABS	13
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almotriptan malate	113	alum & mag hydrox-simethicone		amitriptyline hcl TABS	23
alogliptin benzoate	25	LIQD	12	AMJEVITA SOAJ	5
alogliptin-metformin hcl	24	alum & mag hydrox-simethicone		AMJEVITA SOSY	5
alogliptin-pioglitazone 15 MG-25 MG,		SUSP	12	AMJEVITA-PED 10KG TO <15KG	
30 MG-12.5 MG, 30 MG-25 MG, 45		ALUMINUM HYDROXIDE GEL		SOSY	5
MG-25 MG	24	SUSP	12	AMJEVITA-PED 15KG TO <30KG	
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146		237.5 MG/5ML-254 MG/5ML	12	MG	60
ALPHANATE SOLR	89	ALUNBRIG TABS	42	amlodipine besylate TABS	60
ALPHANINE SD 500 UNIT, 1000		ALUNBRIG TBPk	42	amlodipine besylate-atorvastatin	
UNIT, 1500 UNIT	89	ALVAIZ	90		
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arsenic trioxide	44	aspirin-acetaminophen-caffeine TABS	8	atovaquone	35
ARTHROTEC TBEC (diclofenac w/ misoprostol)	6	aspirin-dipyridamole	90	atovaquone-proguanil hcl	36
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BURN RELIEF/LIDOCAINE/ALOE		BYSANTI TITRATION PACK C		CAPS	88
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buspirone hcl	13	BYSTOLIC 10 MG, 20 MG (nebivolol		TABS	88
busulfan SOLN	36	hcl)	59	calcium ascorbate TABS	161
BUSULFEX SOLN (busulfan)	36	BYSTOLIC 2.5 MG, 5 MG (nebivolol		calcium carbonate (antacid) CHEW	
butalbital-acetaminophen TABS 50		hcl)	59	400 MG, 420 MG, 500 MG, 750 MG,	
MG-325 MG	8	CABENUVA	56	1000 MG	12
butalbital-acetaminophen-caffeine		CABOMETYX TABS	42	CALCIUM CARBONATE CHEW .	114
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BUTALBITAL-APAP-CAFFEINE		besylate-atorvastatin calcium)	61	calcium carbonate-vitamin d TABS	
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11		dipropionate OINT	75	MCG-0.5 MG-2 MG-250 MG	114
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BYETTA 10 MCG PEN SOPN 10		dipropionate SUSP	75	125 UNIT-0.5 MG-3.75 MG-250 MG-	
MCG/0.04ML (exenatide)	25	calcitonin (salmon) IJ	83	0.5 MG-40 MG, 5 MG-125 UNIT-0.5	
BYETTA 5 MCG PEN SOPN 5		calcitonin (salmon) NA	83	MG-40 MG-5 MG-0.5 MG-250 MG-	
MCG/0.02ML (exenatide)	25	calcitriol (topical)	73	0.5 MG	114
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				PLUS/MAGNESIUM TABS 5 MG-125	

UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG-0.5 MG	114	capecitabine	37	CARDAMYST SOLN NA	60
calcium citrate TABS	114	CAPLYTA 10.5 MG, 21 MG	47	CARDIO COMPLETE CAPS	81
CALCIUM CITRATE-MAG-MINERALS TABS 5 MG-400 UNIT-0.5 MG-5 MG-250 MG-40 MG-0.5 MG	115	CAPLYTA 42 MG	47	CARDIOCOM LANCING DEVICE MISC	96
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calcium-magnesium-zinc-cholecalciferol TABS 200 UNIT-333.33 MG-133.33 MG-5 MG, 5 MCG-333 MG-133 MG-5 MG	114	carbamazepine CHEW 100 MG ...	18	CAREONE ADVANCED LANCING DEV MISC	96
CALCIUM-MAGNESIUM-ZINC-D3 TABS	114	carbamazepine CHEW 200 MG ...	18	CAREONE INSULIN SYRINGE .	106
CALCIUM-MAGNESIUM-ZINC-VIT D3 TABS 1.666 MCG-333.333 MG-133.333 MG-5 MG	114	carbamazepine CP12	18	CAREONE LANCET SUPER THIN 30G	96
CALQUENCE	42	carbamazepine SUSP	18	CAREONE LANCET THIN 23G ...	96
CAMCEVI	40	carbamazepine TABS	18	CAREONE UNIFINE PENTIPS PLUS	106
camphor & menthol LOTN	73	carbamazepine TB12	18	CARESENS LANCETS	96
camphor (inhalant)	67	CARBATROL CP12 (carbamazepine)	18	CARESENS LANCETS 30G	96
CAMPTOSAR (irinotecan hcl)	45	carbidopa	45	CARETOUCH ALCOHOL PREP	104
CANASA SUPP (mesalamine)	86	carbidopa-levodopa CPCR	46	CARETOUCH INSULIN SYRINGE	106
candesartan cilexetil	33	carbidopa-levodopa TABS	46	CARETOUCH LANCING/EJECTOR MISC	96
candesartan cilexetil-hydrochlorothiazide	34	carbidopa-levodopa TBCR	46	CARETOUCH PEN NEEDLES ..	106
		carbidopa-levodopa TBDP	46	CARETOUCH SAFETY LANCETS	96
		carbidopa-levodopa-entacapone ..	46	CARETOUCH SAFETY LANCETS 26G	96
		carbonyl iron SUSP	92	CARETOUCH TWIST LANCETS 28G	96
		carbonyl iron TABS	92		
		carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	36		
		carboxymethylcellulose sodium (ophth) GEL	145		
		carboxymethylcellulose sodium (ophth) SOLN 0.25 %, 0.5 %	145		

CARETOUCH TWIST LANCETS 30G96	CEFEPIME HCL SOLN63	CELEBREX (celecoxib)6
CARETOUCH TWIST LANCETS 33G96	cefepime hcl SOLR IJ 1 GM63	celecoxib6
CARETOUCH TWIST MC LANCETS 30G96	cefixime CAPS63	CELEXA TABS 10 MG, 40 MG (citalopram hydrobromide)21
carglumic acid84	cefixime SUSR63	CELEXA TABS 20 MG (citalopram hydrobromide)21
carisoprodol TABS143	cefotetan disodium IJ 1 GM, 2 GM63	CELONTIN (methsuximide)20
carmustine37	cefoxitin sodium IV63	CENTANY AT KIT72
CARMUSTINE 300 MG37	cefopodoxime proxetil SUSR63	CENTRUM ADULT 50+ MULTIGUMMIES CHEW121
CAROSPIR SUSP (spironolactone) 82	cefopodoxime proxetil TABS63	CENTRUM ADULT LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML- 10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-13.5 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML121
carteolol hcl (ophth)146	cefprozil SUSR63	CENTRUM ADULTS MULTIGUMMIES CHEW121
carvedilol59	cefprozil TABS63	CENTRUM DUAL ACT MULTI+ BEAUTY CHEW121
carvedilol phosphate 10 MG, 20 MG . 59	ceftazidime IJ 1 GM, 6 GM63	CENTRUM DUAL ACT MULTI+OMEGA-3 CHEW121
carvedilol phosphate 40 MG, 80 MG . 59	ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG63	CENTRUM FLAVOR BURST ADULT CHEW121
CARVYKTI39	ceftriaxone sodium in dextrose ...63	CENTRUM FLAVOR BURST CHEW 121
CASGEVY90	cefuroxime axetil TABS63	CENTRUM FRESH/FRUITY 50+ CHEW121
CASODEX (bicalutamide)40	cefuroxime sodium IJ 750 MG63	CENTRUM FRESH/FRUITY ADULT CHEW121
castor oil OIL 100 %94	CELEBRATE MULTI-COMPLETE 18 CAPS121	CENTRUM LIQD 60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.5 MG/15ML-6 MCG/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-400 UNIT/15ML-30
CAYSTON35	CELEBRATE MULTI-COMPLETE 18 CHEW121	
cefaclor CAPS63	CELEBRATE MULTI-COMPLETE 36 CAPS121	
CEFACLO ER TB1263	CELEBRATE MULTI-COMPLETE 36 CHEW121	
cefadroxil CAPS63	CELEBRATE MULTI-COMPLETE 45 CAPS121	
cefadroxil SUSR63	CELEBRATE MULTI-COMPLETE 45 CHEW121	
cefadroxil TABS63	CELEBRATE MULTI-COMPLETE 60 CAPS121	
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG63	CELEBRATE MULTI-COMPLETE 60 CHEW121	
cefdinir CAPS63		
cefdinir SUSR63		

UNIT/15ML-9 MG/15ML-2.5 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-2500 UNIT/15ML, 60 MG/15ML-2 MG/15ML-300 MCG/15ML-30 UNIT/15ML-1.1 MG/15ML-400 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-9 MG/15ML-2 MG/15ML- 25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML	122	cephalexin CAPS 750 MG	63	CHERRY CONCENTRATE	150
CENTRUM MEN 50+ MULTIGUMMIES CHEW	121	cephalexin SUSR	63	CHILDRENS ANIMAL SHAPES CHEW 18 MG	134
CENTRUM MEN MULTIGUMMIES CHEW	121	cephalexin TABS	63	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	135
CENTRUM MENOPAUSE MIND/MOOD TABS	131	CEQUA SOLN	147	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	135
CENTRUM MULTI + OMEGA 3 CHEW	121	CEROVITE JR CHEW 18 MG	134	chlordiazepoxide hcl CAPS	13
CENTRUM MULTI+ MENTAL FOCUS CHEW	121	cetirizine hcl CAPS	30	chlordiazepoxide-amitriptyline ...	152
CENTRUM PERFORMANCE TABS .	142	cetirizine hcl CHEW	30	chlorhexidine gluconate (mouth- throat)	116
CENTRUM POSTNATAL GUMMIES CHEW	121	cetirizine hcl SOLN PO 1 MG/ML ..	30	CHLOROCAPS CAPS 1 MCG-5 MCG-30 MCG-30 MCG-50 MCG-10 MG	131
CENTRUM SILVER CHEW	121	cetirizine hcl SOLN PO	30	chloroquine phosphate TABS	36
CENTRUM SPECIALIST ENERGY TABs	142	cetirizine hcl TABS 10 MG	30	chlorpheniramine maleate SYRP ..	30
CENTRUM VITAMINTS CHEW ..	121	cetirizine hcl TABS	30	chlorpheniramine maleate TABS ..	30
CENTRUM WOMEN 50+ MULTIGUMMIES CHEW	121	cetirizine-pseudoephedrine	66	chlorpromazine hcl CONC	53
CENTRUM WOMEN MULTIGUMMIES CHEW	122	cevimeline hcl	116	chlorpromazine hcl SOLN	53
CENVITE LIQD	122	CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate) ..	154	chlorpromazine hcl TABS	53
CEO-TWO	94	CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate)	154	chlorthalidone 25 MG, 50 MG	82
cephalexin CAPS 250 MG, 500 MG	63	CHANTIX TABS (varenicline tartrate)	154	chlorzoxazone TABS	143
		CHEMET	28	CHOICEFUL MULTIVITAMIN CAPS .	122
		CHEMSTRIP 10 MD	81	CHOICEFUL MULTIVITAMIN CHEW	122
		CHEMSTRIP 10/SG	81	CHOLASE CONTROL CAPS	142
		CHEMSTRIP 2 GP	81		
		CHEMSTRIP 5 OB	81		
		CHEMSTRIP 7	81		
		CHEMSTRIP 9	81		
		CHEMSTRIP K STRP	81		
		CHEMSTRIP MICRAL STRP	81		
		CHEMSTRIP UGK	81		
		chenodiol	86		
		CHERRY	150		

CHOLBAM	86	cimetidine TABS	156	citalopram hydrobromide SOLN ...	21
cholecalciferol CAPS 10 MCG, 125 MCG, 400 UNIT, 5000 UNIT, 125 MCG	160	CIMZIA (1 SYRINGE) PSKT 200 MG/ML	86	citalopram hydrobromide TABS 10 MG, 40 MG	21
cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	160	CIMZIA (2 SYRINGE) PSKT	86	citalopram hydrobromide TABS 20 MG	21
cholecalciferol TABS 10 MCG, 400 UNIT	160	CIMZIA KIT	86	CITRACAL MAXIMUM PLUS TABS 115	
cholestyramine light PACK	31	CIMZIA-STARTER PSKT	86	CITRACAL PLUS TABS	115
cholestyramine light POWD	31	cinacalcet hcl	84	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 136	
cholestyramine PACK	31	CINQAIR	13	CITRANATAL MEDLEY	136
cholestyramine POWD	31	CINRYZE SOLR IV	89	cladribine (multiple sclerosis) 10 MG . 153	
choline fenofibrate	31	CINVANTI EMUL	29	cladribine 10 MG/10ML	37
CHOSEN LANCETS 30G	96	CIPRO HC 1 %-0.2 % (ciprofloxacin-hydrocortisone)	149	CLARINEX TABS (desloratadine) .30	
CHOSEN LANCING DEVICE MISC 96		CIPRO SUSR	85	CLARINEX-D 12 HOUR TB12	66
CHOSEN SAFETY LANCETS 28G 96		CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	85	clarithromycin SUSR	94
CHRONOVISION CAPS	81	ciprofloxacin hcl (ophth) SOLN ...	146	clarithromycin TABS	94
CIALIS 5 MG (tadalafil)	61	ciprofloxacin hcl (otic)	149	clarithromycin TB24	94
CIBINQO	77	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	85	CLEANLET LANCETS 28G	96
ciclopirox GEL	72	ciprofloxacin in d5w 400 MG/200ML . 85		CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	93
ciclopirox olamine CREA	72	ciprofloxacin-dexamethasone	149	CLEOCIN (clindamycin hcl)	35
ciclopirox olamine SUSP	72	ciprofloxacin-hydrocortisone	149	CLEOCIN (clindamycin palmitate hydrochloride)	35
ciclopirox SHAM	72	CISPLATIN SOLN 200 MG/200ML (cisplatin)	37	CLEOCIN CREA (clindamycin phosphate vaginal)	160
ciclopirox SOLN	72	cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	37	CLEOCIN SUPP	160
CICLOPIROX TREATMENT KIT 8 % 72		CISPLATIN SOLR	37	CLEOCIN-T LOTN (clindamycin phosphate (topical))	69
cilostazol	90	CITALOPRAM HYDROBROMIDE CAPS 30 MG (citalopram hydrobromide)	21	CLEVER CHEK LANCETS	96
CILOXAN OINT	146	citalopram hydrobromide CAPS 30 MG	21	CLEVER CHOICE COMFORT EZ 96	
CIMDUO	56				
cimetidine hcl PO 300 MG/5ML ..	156				

CLEVER CHOICE HOLDING CHAMBER DEVI 110	clobazam TABS17	clonidine PTWK33
CLEVER CHOICE LANCETS 21G 96	CLOBETASOL PROPIONATE CREA 0.025 % 75	clonidine TB2433
CLEVER CHOICE LANCETS 23G 96	clobetasol propionate CREA 0.05 % . 75	clopidogrel bisulfate90
CLEVER CHOICE LANCETS 28G 96	clobetasol propionate emollient base 0.05 %75	clorazepate dipotassium TABS13
CLIGAVYX SOSY 250 MG/5ML ...40	clobetasol propionate emulsion ...75	clotrimazole (topical) CREA72
CLINDACIN ETZ69	clobetasol propionate FOAM 75	clotrimazole (topical) SOLN72
CLINDACIN PAC69	clobetasol propionate GEL 0.05 % 75	clotrimazole 116
clindamycin hcl35	clobetasol propionate LIQD75	clotrimazole vaginal CREA 1 % ..160
clindamycin palmitate hydrochloride . 35	clobetasol propionate LOTN76	clotrimazole w/ betamethasone CREA72
clindamycin phosphate (topical) FOAM69	clobetasol propionate OINT 0.05 % 76	clotrimazole w/ betamethasone LOTN72
clindamycin phosphate (topical) GEL 69	clobetasol propionate SHAM 76	clozapine TABS51
clindamycin phosphate (topical) LOTN69	clobetasol propionate SOLN 0.05 % . 76	clozapine TBDP51
clindamycin phosphate (topical) SOLN69	CLOBEX LOTN 0.05 % (clobetasol propionate)76	CLOZARIL TABS (clozapine)51
clindamycin phosphate (topical) SWAB69	CLOBEX SHAM (clobetasol propionate)76	C-NATE DHA CAPS136
clindamycin phosphate vaginal CREA160	CLOBEX SPRAY LIQD (clobetasol propionate)76	CO MONITOR DEVI110
clindamycin phosphate-benzoyl peroxide (refrigerate)69	clocortolone pivalate 76	COAGUCHEK LANCETS96
clindamycin phosphate-benzoyl peroxide GEL 69	CLODERM (clocortolone pivalate) 76	coal tar extract SHAM 0.5 %, 1 % .80
clindamycin phosphate-tretinoin ..69	clofarabine37	COAL TAR SOLN80
CLINDESSE 160	clomipramine hcl 23	COBENFY CAPS53
CLINISTIX UTI TEST STRIPS STRP 81	clonazepam TABS17	COBENFY STARTER PACK CPPK 53
clobazam SUSP17	clonazepam TBDP17	cod liver oil CAPS 143
	clonidine hcl (adhd) TB122	cod liver oil OIL 200 UNIT/2.5ML-5 UNIT/2.5ML-2.3 GM/2.5ML, 4.6 GM/5ML, 400 UNIT/5ML-4000 UNIT/5ML, 500 UNIT/5ML-5000 UNIT/5ML143
	clonidine hcl TABS 0.05 MG33	COD LIVER OIL OIL143
	clonidine hcl TABS33	codeine sulfate TABS 30 MG9
		CODEINE SULFATE TABS 60 MG .9

colchicine CAPS	88	COMFORT EZ PRO PEN NEEDLES	106	MG/15ML-20 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-30 UNIT/15ML-2 MG/15ML-25 MCG/15ML	122
colchicine TABS	88	COMFORT EZ SHORT PEN NEEDLES	106	COMPLETE NATAL DHA	136
colchicine w/ probenecid	88	COMFORT TOUCH ALCOHOL PREP	104	COMPLETENATE CHEW	136
colesevelam hcl PACK	31	COMFORT TOUCH INSULIN PEN NEED	106	CONCEPT DHA	136
colesevelam hcl TABS	31	COMFORT TOUCH LANCETS 31G . 96		CONCEPT OB	136
COLESTID GRAN (colestipol hcl) .	31	COMFORT TOUCH PLUS LANCETS 28G	96	CONCEPTIONXR MOTILITY SUPPORT MISC	122
COLESTID PACK (colestipol hcl) .	31	COMFORT TOUCH PLUS LANCETS 30G	96	CONCERTA TBCR (methylphenidate hcl)	3
COLESTID TABS (colestipol hcl) .	31	COMFORT TOUCH TWIST LANCET 30G	96	CONEXXENCE SOSY SC 60 MG/ML	83
colestipol hcl GRAN	31	COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	158	CONZIP CP24 (tramadol hcl)	9
colestipol hcl PACK	31	COMIRNATY SUSP	158	COPAXONE SOSY (glatiramer acetate)	153
colestipol hcl TABS	31	COMIRNATY SUSY	158	COPIKTRA	42
COLLAGEN ULTRA CAPS	142	COMPACT SPACE CHAMBER DEVI	111	CORAL CALCIUM CAPS 100 UNIT-50 MG-185 MG	114
COLLAVERA GEL 2 %	78	COMPACT SPACE CHAMBER/LG MASK DEVI	110	CORAL CALCIUM PLUS CAPS ..	122
colloidal oatmeal PACK	78	COMPACT SPACE CHAMBER/MED MASK DEVI	110	CORGARD TABS 20 MG, 40 MG (nadolol)	60
COLUMVI	39	COMPACT SPACE CHAMBER/SM MASK DEVI	111	CORTEF TABS (hydrocortisone) ..	65
COMBIGAN (brimonidine tartrate-timolol maleate)	146	COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	56	CORTICARE B CAPS	142
COMBIVENT RESPIMAT AERS ..	15	COMPLETE MULTIVITAMIN/MINERAL LIQD 60 MG/15ML-300 MCG/15ML-1.5 MG/15ML-2 MG/15ML-1000 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7		CORTISONE ACETATE TABS	65
COMETRIQ (100 MG DAILY DOSE) KIT	42			CORTISPORIN-TC	149
COMETRIQ (140 MG DAILY DOSE) KIT	42			COSELA	44
COMETRIQ (60 MG DAILY DOSE) KIT	42			COSENTYX (300 MG DOSE) SOSY .	74
COMFORT ASSURED LANCETS 28G	96			COSENTYX SENSOREADY (300 MG) SOAJ	74
COMFORT ASSURED LANCETS 33G	96			COSENTYX SENSOREADY PEN SOAJ	74
COMFORT EZ INSULIN SYRINGE .	106				
COMFORT EZ MICRO PEN NEEDLES	106				
COMFORT EZ PEN NEEDLES .	106				

COSENTYX SOLN	74	30 MCG-1.2 MCG-360 MCG-2.5 MG-1.88 MG-30 MCG-26 MG	135	CHEW 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT-2.5 MG	122
COSENTYX SOSY	74	CULTURELLE PROBIOTIC MEN DAILY CAPS	122	CVS DAILY GUMMIES CHEW 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT-2.5 MG	122
COSENTYX UNOREADY SOAJ ..	74	CULTURELLE PROBIOTICS + MULTIV CHEW	122	CVS DIABETES HEALTH SUPPORT MISC	122
COSOPT (dorzolamide hcl-timolol maleate)	146	CURITY ALCOHOL PREPS	104	CVS EYE HEALTH ADULT 50+ CAPS	122
COSOPT PF (dorzolamide hcl-timolol maleate)	146	CUTAQUIG	149	CVS GLUCOSE	25
COTELLIC	42	CUVITRU SOLN	149	CVS HAIR/SKIN/NAILS TABS ...	142
COTEMPLA XR-ODT TBED	3	CVS ADULT 50+ EYE HEALTH CAPS	122	CVS HOT STEAM LIQD	67
COUGH & CHEST CONGESTION DM SYRP	66	CVS ADULT MULTIVITAMIN CHEW 122		CVS IMMUNE SUPPORT CAPS .	122
COXANTO CAPS (oxaprozin)	6	CVS AFTERSUN ALOE/LIDOCAINE GEL	78	CVS KETONE CARE	81
COZAAR (losartan potassium)	33	CVS AIRSHIELD CHEW 250 MG-7.5 UNIT-500 UNIT-2 MG-10 MG-0.75 MG-3.75 MCG	122	CVS LANCETS ORIGINAL	96
CRANBERRY URINARY COMFORT	143	CVS AIRSHIELD IMMUNITY SUPPORT CHEW	122	CVS LANCETS THIN 26G	96
CREON CPEP	82	CVS ALCOHOL PREP PADS ...	104	CVS LANCING DEVICE MISC	96
CRESEMBA CAPS	29	CVS ANTACID & ANTI-GAS CHEW 1000 MG-60 MG	12	CVS LICE-BEDBUG-MITE AERO 0.5 %	80
CRESTOR TABS (rosuvastatin calcium)	32	CVS ANTI-MICROBIAL SILVER GEL	80	CVS MENOPAUSE SUPPORT TABS	142
CREXONT CPR	46	CVS BALANCED B100 TBCR ...	116	CVS MENS DAILY GUMMIES CHEW 37.5 MG-2.5 MG-300 MCG-200 MCG-200 UNIT-7.5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-75 MCG-15 UNIT-2.5 MG-55 MCG ..	122
CRINONE GEL	160	CVS CALCIUM CITRATE+D3 TABS .	115	CVS PRENATAL GUMMY	136
cromolyn sodium (ophth)	148	CVS CALCIUM CITRATE+D3 W/MAGNE TABS	115	CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-2000 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-5 MG-35 MG	136
crotamiton LOTN	80	CVS CHEWABLE CHILDRENS VITAMIN CHEW 18 MG	134	CVS PRENATAL MULTI+DHA CAPS	
CTEXLI TABS PO 250 MG	86	CVS CHILDRENS COMPLETE CHEW 18 MG	134		
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	135	CVS DAILY GUMMIES ADULT			
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-					

136		cyclophosphamide CAPS37	dacarbazine SOLR 44
CVS PRENATAL MULTIVITAMIN CAPS 136	CYCLOPHOSPHAMIDE SOLN (cyclophosphamide)37		dactinomycin 41
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT136	cyclophosphamide SOLN 1 GM/5ML, 500 MG/2.5ML37		DAILY DIABETES HEALTH PACK MISC123
CVS PREP104	CYCLOPHOSPHAMIDE SOLN ...37		DAILY HEART HEALTH SUPPORT MISC123
CVS SPECTRAVITE ADULT 50+ CHEW123	cyclophosphamide SOLR IJ 37		DAILY MULTIPLE VITAMINS TABS . 131
CVS SPECTRAVITE WOMEN CHEW123	CYCLOPHOSPHAMIDE TABS ...37		DAILY MULTIVITAMIN CAPS 2 MG-30 MCG-30 UNIT-200 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-100 MCG-20 MG-2 MG-30 MG-500 MCG-1 MG-1.5 MG-15 MG-40 MG-120 MG-2 MG-5000 UNIT-75 MCG-150 MCG-120 MCG-70 MCG 123
CVS ULTRA THIN LANCETS96	cycloserine 36		DAILY PAK MAXIMUM MULTIVITAMIN MISC123
CVS VISION HEALTH CAPS 123	cyclosporine (ophth) EMUL147		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 UNIT131
CVS WOMENS DAILY GUMMIES CHEW 15 MG-1 MG-75 MCG-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-20 MCG-15 UNIT-1.25 MG-50 MG123	cyclosporine CAPS115		DAILY VITAMINS TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT .131
CVS WOMENS PRENATAL+DHA MISC136	cyclosporine modified (for microemulsion) CAPS 25 MG, 100 MG115		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 118
cyanocobalamin SOLN IJ 1000 MCG/ML90	cyclosporine modified (for microemulsion) SOLN115		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 UNIT131
cyanocobalamin TABS 50 MCG, 100 MCG, 250 MCG, 500 MCG, 1000 MCG90	CYLTEZO (2 PEN) AJKT 5		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
cyanocobalamin TBCR 1000 MCG, 2000 MCG90	CYLTEZO (2 SYRINGE) PSKT5		
cyanocobalamin TBDP 2500 MCG 90	CYLTEZO-CD/UC/HS STARTER AJKT5		
cyclobenzaprine hcl CP24143	CYLTEZO-PSORIASIS/UV STARTER AJKT5		
cyclobenzaprine hcl TABS 5 MG, 10 MG143	CYMBALTA CPEP (duloxetine hcl) 23		
cyclobenzaprine hcl TABS 7.5 MG 143	cyproheptadine hcl SYRP31		
CYCLOGYL146	cyproheptadine hcl TABS31		
cyclopentolate hcl 1 %146	CYRAMZA38		
	cytarabine SOLN37		
	CYTOMEL TABS (liothyronine sodium) 155		
	CYTOTEC (misoprostol)156		
	dabigatran etexilate mesylate CAPS . 17		

UNIT	131	DAUNORUBICIN HCL SOLN (daunorubicin hcl)	41	(divalproex sodium)	20
DAILY-VITE MULTIVITAMIN TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG	131	daunorubicin hcl SOLN	41	DEPAKOTE ER TB24 500 MG (divalproex sodium)	20
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	131	DAURISMO	40	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	20
dalfampridine	153	DAWNZERA SOAJ SC 80 MG/0.8ML	90	DEPAKOTE TBEC (divalproex sodium)	20
DALIRESP (roflumilast)	14	DAYPRO TABS (oxaprozin)	6	DEPLIN MA CAPS	123
danazol CAPS	11	DAYTRANA PTCH (methylphenidate)	3	DEPLINPRO MOOD HEALTH CAPS 123	
dantrolene sodium CAPS	144	DAYVIGO	93	DEPO-MEDROL SUSP	65
DANYELZA	39	decitabine	37	DEPO-PROVERA SUSP IM (medroxyprogesterone acetate (contraceptive))	65
DANZITEN	42	DECNUPAZ SOLR IV 2 MG	39	DEPO-PROVERA SUSY IM (medroxyprogesterone acetate (contraceptive))	65
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG	24	DECUBI-VITE CAPS	123	DEPO-SUBQ PROVERA 104 SUSY SC	65
dapagliflozin TABS PO 5 MG, 10 MG	28	deferasirox PACK	28	DERMACINRX BOOSTERVITE TABS	118
dapagliflozin-saxagliptin	24	deferasirox TABS	28	DERMACINRX LIDOCAINE CREA 3 %	78
dapsone (topical)	69	deferasirox TBSO	28	DERMACINRX PRETRATE TABS 136	
dapsone (topical) 5 %	69	deferiprone TABS	28	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	76
dapsone	35	deflazacort SUSP	65	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	76
daptomycin 350 MG	35	deflazacort TABS	65	dermatological products, misc. GEL 79	
darifenacin hydrobromide 15 MG 157		DEKAS BARIATRIC CHEW	123	DERMAZINC CREAM CREA	74
darifenacin hydrobromide 7.5 MG 157		DEKAS ESSENTIAL CAPS	131	DERMAZINC SPRAY LIQD	74
darunavir TABS	56	DEKAS ESSENTIAL LIQD	131	DERMAZINC ZINC THERAPY SOAP BAR	74
DARZALEX	39	DEKAS PLUS CAPS	123		
DARZALEX FASPRO	41	DEKAS PLUS CHEW	123		
dasatinib	42	DEKAS PLUS OCEAN CAPS	123		
DATROWAY	45	DELSTRIGO	56		
		DELZICOL CPDR (mesalamine) ..	86		
		demeclocycline hcl TABS	155		
		DENAVIR (penciclovir)	75		
		DENGAXIA	158		
		DEPAKOTE ER TB24 250 MG			

DERPIXA GEL	80	DETROL LA CP24 4 MG (tolterodine tartrate)	157	dexmethylphenidate hcl TABS 5 MG .	3
DESCOVY	56	DETROL TABS (tolterodine tartrate) .	157	dexrazoxane hcl	44
desflurane	88	DEX4	25	DEXTENZA INST	147
desipramine hcl TABS	23	DEX4 NATURALS	25	dextran 70-hypromellose 0.3 %-0.1 %	145
DES Loratadine SOLN PO 0.5 MG/ML	30	dexamethasone ELIX	65	dextroamphetamine sulfate CP24 ...	1
desloratadine TABS	30	DEXAMETHASONE INTENSOL CONC	65	dextroamphetamine sulfate SOLN ..	1
desloratadine TBDP	30	dexamethasone sodium phosphate (ophth)	147	dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG	1
desmopressin acetate SOLN IJ ...	85	dexamethasone SOLN	65	dextroamphetamine sulfate TABS 30 MG	1
desmopressin acetate spray	85	dexamethasone TABS	65	dextromethorphan hbr CAPS	66
desmopressin acetate spray refrigerated 0.01 %	85	dexamethasone TBPK	65	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 200 MG/20ML-20 MG/20ML, 400 MG/20ML-20 MG/20ML	66
desmopressin acetate TABS	85	DEXATRAN CAPS	123	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	66
desogestrel & ethinyl estradiol	63	dexchlorpheniramine maleate SOLN .	30	dextromethorphan-guaifenesin TABS 400 MG-20 MG	66
desogestrel-ethinyl estradiol (biphasic)	63	DEXCOM G6 RECEIVER	96	dextrose (diabetic use) CHEW 4 GM .	25
desogestrel-ethinyl estradiol (triphasic)	63	DEXCOM G6 SENSOR	96	dextrose (diabetic use) GEL	25
desonide CREA	76	DEXCOM G6 TRANSMITTER ...	96	DEXYCU SUSP IO	147
desonide LOTN	76	DEXCOM G7 15 DAY SENSOR ..	96	DHIVY TABS	46
desonide OINT	76	DEXCOM G7 RECEIVER	97	DHS SAL SHAM	78
desoximetasone CREA	76	DEXCOM G7 SENSOR	97	DIABETES HEALTH MISC	123
desoximetasone GEL	76	DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	1	DIACOMIT CAPS	18
desoximetasone LIQD	76	DEXIFOL TABS 5 MG	117	DIACOMIT PACK	18
desoximetasone OINT	76	DEXILANT (dexlansoprazole) ...	156	DIALYVITE 800 LIQD	131
DESTRESS-IRON TABS	118	dexlansoprazole	156		
DESVENLAFAXINE ER	23	DEXLYT TABS 0.25 MG	65		
desvenlafaxine succinate 100 MG .	23	dexmethylphenidate hcl CP24	3		
desvenlafaxine succinate 25 MG, 50 MG	23	dexmethylphenidate hcl TABS 2.5 MG, 10 MG	3		
DETROL LA CP24 2 MG (tolterodine tartrate)	157				

DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant))	17	diclofenac sodium TBEC	6	dihydroergotamine mesylate SOLN NA 4 MG/ML	113
DIATHRIVE LANCET ULTRA THIN 30	97	diclofenac w/ misoprostol TBEC	6	DILANTIN (phenytoin sodium extended)	20
DIATHRIVE LANCETS	97	dicloxacillin sodium	150	DILANTIN	20
DIATHRIVE LANCING DEVICE MISC	97	dicyclomine hcl CAPS	155	DILANTIN INFATABS CHEW (phenytoin)	20
DIATHRIVE PEN NEEDLE	106	dicyclomine hcl SOLN PO	156	DILANTIN SUSP (phenytoin)	20
diazepam (anticonvulsant) GEL	17	dicyclomine hcl TABS	156	DILANTIN-125 SUSP (phenytoin)	20
diazepam CONC	13	diethylpropion hcl TABS	2	DILAUDID LIQD (hydromorphone hcl)	9
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	13	diethylpropion hcl TB24	2	DILAUDID TABS (hydromorphone hcl)	9
DIAZEPAM SOLN IJ 5 MG/ML	13	diethyltoluamide (deet) AERO 25 %, 7 %, 10 %, 15 %, 25 %, 30 %, 40 %, 98.11 %	79	diltiazem hcl coated beads CP24 300 MG	60
diazepam SOLN PO 5 MG/5ML	13	diethyltoluamide (deet) LIQD 25 %, 5 %, 7 %, 40 %, 98.11 %, 98.25 %	79	diltiazem hcl coated beads CP24	60
diazepam TABS	13	DIFFERIN CREA (adapalene)	70	diltiazem hcl CP12	60
diazoxide	25	DIFFERIN GEL (adapalene)	70	diltiazem hcl CP24	60
dibucaine (rectal) EX	11	DIFFERIN LOTN	70	diltiazem hcl extended release beads	60
dibucaine	78	DIFICID SUSR	95	DILTIAZEM HCL SOLR	60
dichlorphenamide	82	DIFICID TABS 200 MG (fidaxomicin) 95	95	diltiazem hcl TABS	60
DICLEGIS TBEC (doxylamine- pyridoxine)	29	diflorasone diacetate CREA	76	diltiazem hcl TB24	60
diclofenac epolamine PTCH EX	73	diflorasone diacetate OINT	76	dimenhydrinate TABS	29
diclofenac potassium (migraine) . . .	113	DIFLUCAN SUSR 40 MG/ML (fluconazole)	30	dimethyl fumarate CDPK	153
diclofenac potassium CAPS	6	DIFLUCAN TABS 100 MG (fluconazole)	30	dimethyl fumarate CPDR	153
diclofenac potassium TABS	6	DIFLUCAN TABS 200 MG (fluconazole)	30	DIOVAN HCT (valsartan- hydrochlorothiazide)	34
diclofenac sodium (ophth)	148	diflunisal TABS	9	DIOVAN TABS (valsartan)	33
diclofenac sodium (topical) GEL EX 73	73	difluprednate	147	DIPENTUM	86
diclofenac sodium (topical) SOLN EX 1.5 %	73	digestive enzymes TABS	82	diphenhydramine hcl (sleep) CAPS 50 MG	92
diclofenac sodium (topical) SOLN EX	73	digoxin SOLN PO 0.05 MG/ML	61	diphenhydramine hcl (sleep) TABS	
diclofenac sodium TB24	6	digoxin TABS 125 MCG, 250 MCG 61	61		

25 MG	92	DOCIVYX SOLN	45	doxercalciferol SOLN	84
diphenhydramine hcl CAPS	30	docusate calcium	94	DOXIL SUSP (doxorubicin hcl liposomal)	41
diphenhydramine hcl CHEW 12.5 MG	30	docusate sodium CAPS	94	doxorubicin hcl liposomal SUSP ...	41
diphenhydramine hcl ELIX 12.5 MG/5ML	30	docusate sodium ENEM 283 MG/5ML	94	DOXORUBICIN HCL SOLN (doxorubicin hcl)	41
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML	30	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	94	doxorubicin hcl SOLN	41
diphenhydramine hcl SOLN 50 MG/ML	30	DOCUSATE SODIUM SYRP	94	doxorubicin hcl SOLR 10 MG, 50 MG	41
diphenhydramine hcl TABS 25 MG 30		docusate sodium TABS	94	doxycycline (monohydrate) CAPS 50 MG, 100 MG	155
diphenoxylate w/ atropine LIQD ...	28	dofetilide	13	doxycycline (monohydrate) CAPS 75 MG, 150 MG	155
diphenoxylate w/ atropine TABS ..	28	DOLOBID TABS	9	doxycycline (monohydrate) SUSR 155	
DIPROLENE OINT (betamethasone dipropionate augmented)	76	donepezil hydrochloride TABS 23 MG	151	doxycycline (monohydrate) TABS 155	
dipyridamole	90	donepezil hydrochloride TABS 5 MG, 10 MG	151	doxycycline (monohydrate) TABS 155	
disopyramide phosphate CAPS ...	13	donepezil hydrochloride TBDP ...	151	doxycycline (rosacea)	79
disulfiram	151	DOPTelet	91	doxycycline hyclate CAPS	155
divalproex sodium CSDR	20	DOPTelet SPRINKLE PO 10 MG 91		doxycycline hyclate TABS 20 MG, 100 MG	155
divalproex sodium TB24 250 MG ..	20	DORAL (quazepam)	92	doxycycline hyclate TABS 50 MG, 75 MG, 100 MG, 150 MG	155
divalproex sodium TB24 500 MG ..	20	DORYX MPC TBEC 60 MG	155	doxycycline hyclate TBEC	155
divalproex sodium TBEC	20	dorzolamide hcl	148	doxylamine-pyridoxine TBEC	29
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (docetaxel) 45		dorzolamide hcl-timolol maleate .	146	DRAMAMINE CHEW	29
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	45	DOVATO	56	DRIZALMA SPRINKLE CSDR 20 MG, 40 MG, 60 MG	23
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	45	doxazosin mesylate 1 MG, 2 MG, 4 MG	33	DRIZALMA SPRINKLE CSDR 30 MG	23
DOCETAXEL SOLN (docetaxel) ..	45	doxazosin mesylate 8 MG	33	dronabinol CAPS	29
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	45	doxepin hcl (antipruritic)	73	DRONABINOL SOLN 5 MG/ML ...	29
docetaxel SOLN	45	doxepin hcl (sleep)	92	droperidol SOLN 2.5 MG/ML	13
		doxepin hcl CAPS	23	DROPLET GENTEEL LANCING	
		doxepin hcl CONC	23		
		doxercalciferol CAPS	84		

DEVICE MISC	97	DRUG MART UNILET LANCETS	111
DROPLET INSULIN SYRINGE ..	106	33G	97
DROPLET LANCETS ULTRA THIN		DRY EYE FORMULA CAPS 33.333	
30G	97	MG-3.333 MG-16.667 UNIT-6.667	
DROPLET LANCING DEVICE MISC .		MG-133.333 MG-166.667 MG	123
97		DUAKLIR PRESSAIR	15
DROPLET PEN NEEDLES	106	DUETACT (pioglitazone hcl-	
DROPLET PERSONAL LANCETS		glimepiride)	24
30G	97	DUEXIS (ibuprofen-famotidine)	6
DROPSAFE ACTI-LANCE 23G ..	97	DULERA	15
DROPSAFE ALCOHOL PREP ..	104	duloxetine hcl CPEP 20 MG, 30 MG,	
DROPSAFE AUTOPROTECT DUO .		60 MG	23
106		duloxetine hcl CPEP 40 MG	23
DROPSAFE MEDLANCE LANCET		DULOXETINE HCL CPEP 80 MG, 90	
30G	97	MG, 120 MG	23
DROPSAFE SAFETY PEN		DUOPA SUSP	46
NEEDLES	106	DUPIXENT SOAJ	77
DROPSAFE SAFETY		DUPIXENT SOSY 200 MG/1.14ML,	
SYRINGE/NEEDLE	106	300 MG/2ML	77
drospirenone-ethinyl estradiol	63	DURATUSS AC LIQD PO	66
drospirenone-ethinyl estradiol 0.02		DUREZOL (difluprednate)	147
MG-3 MG	63	DURYSTA IMPL	149
drospirenone-ethinyl estradiol-		dutasteride	88
levomefolate calcium	63	dutasteride-tamsulosin hcl	88
DROXIA CAPS	90	DYANAVEL XR SUER	1
DRUG MART ON-THE-GO LANCET		DYANAVEL XR TBCR	1
30G	97	DYMISTA SUSP (azelastine hcl-	
DRUG MART UNIFINE PENTIPS		fluticasone propionate)	144
106		DYNAGEL GEL	80
DRUG MART UNIFINE PENTIPS		E.E.S. GRANULES SUSR	
PLUS	106	(erythromycin ethylsuccinate)	94
DRUG MART UNILET LANCETS		EASIVENT MASK LARGE MISC .	111
28G	97	EASIVENT MASK MEDIUM MISC	
DRUG MART UNILET LANCETS			
30G	97		
		EASIVENT MASK SMALL MISC .	111
		EASIVENT MISC	111
		EASY COMFORT ALCOHOL PADS	
		104	
		EASY COMFORT INSULIN	
		SYRINGE	106
		EASY COMFORT LANCETS	97
		EASY COMFORT LANCETS TWIST	
		TOP	97
		EASY COMFORT PEN NEEDLES	
		106	
		EASY FLOW BLACK/BLUE DEVI	
		111	
		EASY FLOW BLACK/ORANGE DEVI	
			111
		EASY FLOW BLACK/RED DEVI .	111
		EASY FLOW BLACK/WHITE DEVI	
		111	
		EASY FLOW BLACK/YELLOW DEVI	
			111
		EASY FLOW WHITE/BLUE DEVI	
		111	
		EASY FLOW WHITE/GREEN DEVI	
		111	
		EASY FLOW WHITE/PINK DEVI .	111
		EASY FLOW WHITE/WHITE DEVI	
		111	
		EASY FLOW WHITE/YELLOW DEVI	
		111	
		EASY MINI EJECT LANCING	
		DEVICE MISC	97
		EASY MINI LANCING DEVICE MISC	
			97
		EASY TOUCH ALCOHOL PREP	

MEDIUM 104	EASY TOUCH SHEATHLOCK SYRINGE 106	ELIMITE CREA (permethrin) 80
EASY TOUCH FLIPLOCK INSULIN SY 106	EBGLYSS SOAJ 77	ELIQUIS (1.5 MG PACK) TBSO PO . 16
EASY TOUCH INSULIN BARRELS . 106	EBGLYSS SOSY 77	ELIQUIS (2 MG PACK) TBSO PO .16
EASY TOUCH INSULIN SAFETY SYR 106	ECEE PLUS TABS 143	ELIQUIS CPSP PO 0.15 MG 16
EASY TOUCH INSULIN SYRINGE 106	econazole nitrate CREA 72	ELIQUIS DVT/PE STARTER PACK TBPk 16
EASY TOUCH LANCETS 21G ... 97	ECONAZOLE NITRATE FOAM 1 % . 72	ELIQUIS TABS 16
EASY TOUCH LANCETS 23G ... 97	EDARBI 40 MG, 80 MG (azilsartan medoxomil) 33	ELIQUIS TBSO PO 0.5 MG 16
EASY TOUCH LANCETS 26G ... 97	EDARBYCLOR 12.5 MG-40 MG ... 34	ELLEENCE SOLN 41
EASY TOUCH LANCETS 28G ... 97	EDARBYCLOR 25 MG-40 MG ... 34	ELMIRON CAPS 88
EASY TOUCH LANCETS 28G/TWIST 97	EDLUAR SUBL 92	ELOCTATE 89
EASY TOUCH LANCETS 30G ... 97	EDURANT 25 MG (rilpivirine hcl) .. 56	ELON MATRIX 5000 COMPLETE TABS 142
EASY TOUCH LANCETS 30G/TWIST 97	EDURANT PED PO 2.5 MG 56	ELON MATRIX 5000 TABS 142
EASY TOUCH LANCETS 32G ... 97	efavirenz CAPS 56	ELON MATRIX COMPLETE TABS 142
EASY TOUCH LANCETS 32G/TWIST 97	efavirenz TABS 56	ELON MATRIX PLUS TABS 142
EASY TOUCH LANCETS 33G/TWIST 97	efavirenz-emtricitabine-tenofovir disoproxil fumarate 56	ELON R3 TABS 142
EASY TOUCH LANCING DEVICE MISC 97	efavirenz-lamivudine-tenofovir disoproxil fumarate 56	ELREXFIO 39
EASY TOUCH PEN NEEDLES .. 106	EFFER-K TBEF 25 MEQ 115	eltrombopag olamine PACK 12.5 MG, 25 MG 91
EASY TOUCH SAFETY LANCETS 21G 97	EFFEXOR XR CP24 150 MG (venlafaxine hcl) 23	eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG 91
EASY TOUCH SAFETY LANCETS 23G 97	EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl) 23	ELYXYB 113
EASY TOUCH SAFETY LANCETS 26G 97	EFFIENT (prasugrel hcl) 90	ELZONRIS 44
EASY TOUCH SAFETY LANCETS 28G 97	EKTERLY TABS PO 300 MG 90	EMBECTA INS SYR U/F 1/2 UNIT 106
	ELAHERE 39	EMBECTA INS SYR U/F 1/2 UNIT 107
	ELEPSIA XR TB24 18	EMBECTA INSULIN SYR ULTRAFINE 107
	eletriptan hydrobromide 113	EMBECTA INSULIN SYRINGE .. 107
	ELIGARD KIT SC 40	

EMBECTA INSULIN SYRINGE U-100	107	EMERGEN-C IMMUNE+ ELDERBERRY CHEW	123	ENBUMYST SOLN 0.5 MG/0.1ML	82
EMBECTA INSULIN SYRINGE U-500	107	EMERGEN-C TURMERIC & GINGER CHEW	123	ENDARI (glutamine (sickle cell))	..90
EMBECTA PEN NEEDLE NANO 107		EMERGEN-C VITAMIN C CHEW	123	ENDOMETRIN INST 100 MG (progesterone (vaginal))	160
EMBECTA PEN NEEDLE NANO 2 GEN	107	EMFLAZA SUSP (deflazacort)	65	ENDUR-VM TBCR	123
EMBECTA PEN NEEDLE ULTRAFINE	107	EMFLAZA TABS (deflazacort)	65	ENDUR-VM WITH IRON TBCR	..123
EMBRACE LANCETS ULTRA THIN 30G	97	EMGALITY (300 MG DOSE) SOSY	112	ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	134
EMBRACE LANCING DEVICE/EJECTOR MISC	97	EMGALITY SOAJ	112	ENFIT AMBER LOW DOSE SYR/0.5ML	103
EMBRACE PEN NEEDLES	107	EMGALITY SOSY	112	ENFIT AMBER LOW DOSE SYR/1ML	103
EMBRACE PRESSURE ACTIVATED 21G	97	EMPLICITI	39	ENFIT AMBER LOW DOSE SYR/3ML	103
EMBRACE PRESSURE ACTIVATED 28G	97	EMRELIS SOLR IV 20 MG, 100 MG	39	ENFIT AMBER SYRINGE/10ML	103
EMBRIVA TABS	136	EMSAM	21	ENFIT AMBER SYRINGE/20ML	103
EMCYT	40	emtricitabine CAPS	56	ENFIT AMBER SYRINGE/35ML	103
EMEND BIPACK CAPS 80 MG (aprepitant)	29	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	56	ENFIT AMBER SYRINGE/60ML	103
EMEND SUSR	29	emtricitabine-tenofovir disoproxil fumarate	56	ENFIT AMBER TIP SYRINGE/5ML	103
EMEND TRIPACK CPPK PO (aprepitant)	29	EMTRIVA CAPS (emtricitabine)	56	ENFIT LOW DOSE TIP SYRINGE	103
EMERGEN-C APPLE CIDER VINEGAR CHEW	123	EMTRIVA SOLN	56	ENFIT LOW DOSE TIP SYRINGE/1ML	103
EMERGEN-C ASHWAGANDHA CHEW	123	enalapril maleate & hydrochlorothiazide	34	ENFIT LOW DOSE TIP SYRINGE/3ML	103
EMERGEN-C ELDERBERRY CHEW	123	enalapril maleate SOLN	32	ENFIT MED BOTTLE ADAPTER/SZ 1	103
EMERGEN-C IMMUNE PLUS/VIT D CHEW	123	enalapril maleate TABS	32	ENFIT MED BOTTLE ADAPTER/SZ 2	104
EMERGEN-C IMMUNE+ CHEW	123	ENBRACE HR	137	ENFIT MED BOTTLE ADAPTER/SZ 3	104
		ENBREL MINI SOCT	8	ENFIT MED BOTTLE ADAPTER/SZ 4	104
		ENBREL SOLN	8		
		ENBREL SOSY 25 MG/0.5ML	8		
		ENBREL SOSY	8		
		ENBREL SURECLICK SOAJ	8		

ENFIT MED BOTTLE ADAPTER/SZ 5	104	EOHILIA SUSP	65	EQ SPACE CHAMBER ANTI- STATIC L DEVI	111
ENFIT MED BOTTLE ADAPTER/SZ 6	104	EPANED SOLN (enalapril maleate) 32		EQ SPACE CHAMBER ANTI- STATIC M DEVI	111
ENFIT MED BOTTLE ADAPTER/SZ 7	104	EPCLUSA PACK	58	EQ SPACE CHAMBER ANTI- STATIC S DEVI	111
ENFIT SYRINGE/10ML	104	EPCLUSA TABS	58	EQ VISION FORMULA 50+ CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG- 9 MG-90 MG-160 MG-250 MG ...	123
ENFIT SYRINGE/20ML	104	EPIDIOLEX	18	EQL ALCOHOL SWABS	104
ENFIT SYRINGE/35ML	104	EPIDUO FORTE GEL (adapalene- benzoyl peroxide)	70	EQL CHILD MULTIVIT/MINERALS CHEW 18 MG	134
ENFIT SYRINGE/60ML	104	EPIDUO GEL (adapalene-benzoyl peroxide)	70	EQL ONE DAILY ADULT GUMMIES CHEW	123
ENFIT TIP SYRINGE/10ML	104	EPIFOAM FOAM	76	EQL ONE DAILY WOMENS TABS 60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-15 MG-50 MG-120 MCG-450 MG-30 UNIT-2 MG-2 MG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-15 MG-50 MG-450 MG-30 UNIT- 2 MG-2 MG-120 MCG-20 MCG ..	117
ENFIT TIP SYRINGE/20ML	104	epinastine hcl (ophth)	148	EQUALACTIN CHEW	93
ENFIT TIP SYRINGE/5ML	104	epinephrine (anaphylaxis) SOAJ .	160	EQUETRO	47
ENFIT TIP SYRINGE/60ML	104	epinephrine hcl (nasal)	144	ERBITUX	40
ENERGIX-B SUSP 20 MCG/ML .	158	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	160	ergocalciferol CAPS	160
ENERGIX-B SUSY	158	EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	160	ergocalciferol SOLN PO 200 MCG/ML	160
ENHERTU	39	EPIVIR SOLN (lamivudine)	56	ERGOMAR SUBL	113
ENLYTE GUMMY+ CHEW	123	EPIVIR TABS (lamivudine)	56	ergotamine w/ caffeine TABS	112
ENOBYSOSY SC 60 MG/ML	83	EPKINLY	39	eribulin mesylate	45
enoxaparin sodium SOLN IJ 300 MG/3ML	16	eplerenone	35	ERIVEDGE	40
enoxaparin sodium SOSY	16	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	91	ERLEADA	40
ENSACOVE CAPS PO 25 MG, 100 MG	42	EPRONTIA SOLN 25 MG/ML (topiramate)	18		
ENSTILAR FOAM	76	EPSOLAY CREA	70		
entacapone	46	EQ COMPLETE MULTIVITAMIN CHILD CHEW 18 MG	134		
ENTRESTO CPSP	61	EQ MULTIVITAMINS ADULT GUMMY CHEW	123		
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan)	61	EQ SPACE CHAMBER ANTI- STATIC DEVI	111		
ENTYVIO PEN SOAJ	86				
ENTYVIO SOLR	86				

erlotinib hcl	40	esomeprazole magnesium PACK 20 MG, 40 MG	156	etodolac TABS	6
ERMEZA SOLN PO	155	esomeprazole magnesium PACK 156		etodolac TB24	6
ERTACZO	72	esomeprazole magnesium TBEC 156		etonogestrel-ethinyl estradiol	64
ERYPED 200 SUSR (erythromycin ethylsuccinate)	95	ESPEROCT	89	ETOPOPHOS	45
ERYPED 400 SUSR (erythromycin ethylsuccinate)	95	ESSENTIAL ONE DAILY MULTIVIT TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT	118	etoposide CAPS	45
erythromycin (acne aid) GEL	70	estazolam	92	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	45
erythromycin (acne aid) PADS	70	estradiol & norethindrone acetate TABS	85	etravirine	56
erythromycin (acne aid) SOLN	70	estradiol PTWK	85	EUCRISA	79
erythromycin (ophth)	146	estradiol TABS	85	EVDI IV 1 MG/20ML	37
erythromycin base CPEP	95	estradiol vaginal CREA	160	EVEKEO TABS 10 MG (amphetamine sulfate)	1
erythromycin base TABS	95	estradiol vaginal TABS	160	EVEKEO TABS 5 MG (amphetamine sulfate)	1
erythromycin base TBEC	95	ESTROFACTORS TABS	131	EVENITY	83
erythromycin ethylsuccinate SUSR 95		estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	85	everolimus TABS	42
erythromycin ethylsuccinate TABS 95		ESTROVEN WEIGHT MANAGEMENT CAPS	81	everolimus TBSO	42
erythromycin stearate TABS 250 MG 95		eszopiclone	92	EVEXITHROID TABS 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG, 120 MG, 180 MG	155
ERZOFRI	48	ethacrynic acid	82	EVISTA (raloxifene hcl)	84
ESBRIET CAPS (pirfenidone)	154	ethambutol hcl TABS	36	EVKEEZA	31
ESBRIET TABS (pirfenidone)	154	ethosuximide CAPS	20	EVOMELA IV	37
ESCITALOPRAM OXALATE CAPS PO 15 MG	21	ethosuximide SOLN	20	EVOTAZ	56
escitalopram oxalate SOLN	21	ethynodiol diacet & eth estrad	63	EXDENSUR SOSY SC 100 MG/ML 13	
escitalopram oxalate TABS 20 MG 21		ethynodiol diacet & eth estrad 35 MCG-1 MG	63	EXELON (rivastigmine)	151
escitalopram oxalate TABS 5 MG, 10 MG	21	ETHYOL	44	exemestane	40
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	18	etodolac CAPS	6	exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	26
esomeprazole magnesium CPDR 156				EXFORGE (amlodipine besylate-valsartan)	34
				EXFORGE HCT (amlodipine-	

valsartan-hydrochlorothiazide)34	FAVLYXA 250 MG/10ML 37	MCG/HR, 87.5 MCG/HR9
EXJADE TBSO (deferiasirox) 28	febuxostat 40 MG 88	FENTORA TABS (fentanyl citrate) ..9
EXKIVITY 40	febuxostat 80 MG 88	FEROTRINSIC 75 MG-0.5 MG-15
EXTAVIA KIT 153	FEIBA 89	MCG-110 MG-240 MG 91
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG 22	felbamate SUSP 19	FERREX 150 FORTE CAPS 1 MG-0.025 MG-150 MG 91
EXXUA TITRATION PACK TB24 PO 18.2 MG 22	felbamate TABS 19	ferric citrate 88
EYE HEALTH AREDS 2 CAPS .. 123	FELBATOL SUSP (felbamate) 19	FERRIPROX SOLN 28
EYE HEALTH CAPS 123	FELBATOL TABS (felbamate) 19	FERRIPROX TABS (deferiprone) . 28
EYE HEALTH GUMMIES CHEW 123	felodipine 60	FERRIPROX TWICE-A-DAY TABS 28
EYE VITAMINS CAPS 60 MG-6 MG-15 MG-2 MG-30 UNIT-22 MG 123	FEMARA (letrozole) 40	ferrous fumarate TABS 92
EYSUVIS SUSP 147	FEM-CAL CITRATE TABS 115	ferrous fumarate w/ b12-vit c-fa-ifc 91
EZALLOR SPRINKLE CPSP 32	FEMLYV TBDP 63	ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS 91
ezetimibe 32	FEMQUIL CAPS 142	ferrous gluconate TABS 92
ezetimibe-simvastatin 31	fenofibrate CAPS 31	ferrous sulfate dried TABS 92
famciclovir 59	fenofibrate micronized 43 MG, 130 MG 31	ferrous sulfate SOLN 300 MG/5ML, 325 MG/5ML 92
famotidine SUSR 156	fenofibrate micronized 67 MG, 134 MG, 200 MG 31	ferrous sulfate TABS 92
famotidine TABS 156	fenofibrate TABS 40 MG, 120 MG .31	FERROUS SULFATE TABS 92
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FASENRA PEN SOAJ 13	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR 9	FEVERALL JUNIOR STRENGTH SUPP 8
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FIASP PENFILL SOCT 26	FLAREX 147	FLOVENT HFA 44 MCG/ACT (fluticasone propionate hfa) 15
FIASP PUMPCART SOCT 26	FLAVOR PLUS LIQD 150	FLUAD 158
FIASP SOLN 26	FLAVOR SWEET DYE FREE SYRP . 150	FLUAD QUADRIVALENT 158
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FIFTY50 SUPERIOR COMFORT SYR 107	flecainide acetate 13	FLUCELVAX SUSP 158
FIFTY50 UNILET LANCETS 33G . 97	FLEET MINI ENEMA ENEM 10 MG/30ML 94	FLUCELVAX SUSY 158
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finasteride 88	FLEXICHAMBER CHILD MASK/LARGE 111	fluconazole TABS 150 MG, 200 MG . 30
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fluocinolone acetonide OIL	76	fluticasone furoate-vilanterol	15	FML LIQUIFILM SUSP (fluorometholone (ophth))	147
fluocinolone acetonide OINT	76	fluticasone propionate (inhalation) AEPB	15	FOCALIN TABS 2.5 MG, 10 MG (dexmethylphenidate hcl)	3
fluocinolone acetonide SOLN	76	fluticasone propionate (nasal) SUSP . 144		FOCALIN TABS 5 MG (dexmethylphenidate hcl)	3
fluocinonide CREA	76	fluticasone propionate CREA 0.05 % 76		FOCALIN XR CP24 (dexmethylphenidate hcl)	3
fluocinonide emulsified base	76	fluticasone propionate hfa	15	FOLAGENT DHA CAPS	124
fluocinonide GEL	76	fluticasone propionate hfa 44 MCG/ACT	15	FOLAMAX TABS	124
fluocinonide OINT	76	fluticasone propionate LOTN	76	FOLAMED DHA CAPS	124
fluocinonide SOLN	76	fluticasone propionate OINT	76	FOLAPRIME TABS	124
fluorometholone (ophth) SUSP ...	147	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	15	FOLASYNC DHA CAPS	124
fluorouracil (topical) CREA	73	fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	15	FOLATEN TABS	124
fluorouracil (topical) SOLN	73	fluticasone-salmeterol AERO	15	FOLATEXCEL	137
fluorouracil	38	fluvastatin sodium CAPS	32	FOLAWISE TABS	131
fluoxetine hcl (pmdd) TABS	154	fluvastatin sodium TB24	32	FOLBEE PLUS TABS 60 MG-50 MG- 300 MCG-5 MG-1.5 MG-1 MG-1.5 MG-20 MG-10 MG	117
fluoxetine hcl CAPS	21	fluvoxamine maleate CP24	21	FOLCYTEINE TABS	131
fluoxetine hcl CPDR	21	fluvoxamine maleate TABS	21	FOLIC ACID CAPS	90
fluoxetine hcl SOLN	21	FLUZONE HIGH-DOSE QUADRIVALENT	159	folic acid SOLN	90
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fluphenazine hcl CONC	54			FOLIVEX CAPS	132
fluphenazine hcl ELIX	54			FOLIXIA TABS	124
fluphenazine hcl SOLN	54			FOLOTYN 20 MG/ML, 40 MG/2ML (pralatrexate)	38
fluphenazine hcl TABS	54			FOLTABS 800 TABS	91
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FOSAMAX TABS 70 MG (alendronate sodium)	83	fulvestrant SOSY	40
fosamprenavir calcium TABS	56	furosemide SOLN PO 8 MG/ML, 10 MG/ML	82
fosfomycin tromethamine	36	furosemide TABS	82
fosinopril sodium & hydrochlorothiazide	34	FUZEON SOLR	56
fosinopril sodium	32	FYARRO	42
FOSRENOL CHEW (lanthanum carbonate)	88	FYCOMPA SUSP 0.5 MG/ML (perampanel)	17
FOSRENOL PACK	88	FYCOMPA SUSP	17
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FOUNDAYO TABS PO 0.8 MG, 2.5 MG, 5.5 MG, 9 MG, 14.5 MG, 17.2 MG	2	FYCOMPA TABS	17
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frovatriptan succinate	113		
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INNOPRAN XL	60	INTUNIV 3 MG, 4 MG (guanfacine hcl (adhd))	2	irinotecan hcl	45
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ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	7	KONSYL DAILY FIBER PACK 100 %	93	lacosamide TABS	18
ketorolac tromethamine TABS	7	KONVOMEPEP SUSR	157	LACRISERT	145
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KINERET SOSY	6	KROGER AUTOLET LANCING DEVICE MISC	99	LAMICTAL TABS (lamotrigine)	18
KINNEY LANCETS	99	KROGER GLUCOSE	25	LAMICTAL XR KIT	18
KINNEY THIN LANCETS	99	KROGER HEALTHPRO LANCET 26G	99	LAMICTAL XR TB24 (lamotrigine) .	18
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LANCETS 28G THIN	99	LATISSE (bimatoprost (topical)) ..	78	LETAIRIS (ambrisentan)	62
LANCETS 30G	99	LATUDA 20 MG, 40 MG, 60 MG (lurasidone hcl)	48	letrozole	40
LANCETS 33G	99	LATUDA 80 MG, 120 MG (lurasidone hcl)	47	leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML	44
LANCETS MICRO THIN 33G	99	LAZCLUZE	40	leucovorin calcium SOLR	44
LANCETS SUPER THIN	99	LEADER ADVANCED LANCING DEVICE MISC	99	leucovorin calcium TABS	44
LANCETS SUPER THIN 28G	99	LEADER UNIFINE PENTIPS	107	LEUKINE SOLR IJ	91
LANCETS ULTRA THIN	99	LEADER UNIFINE PENTIPS PLUS .	107	leuprolide acetate (3 month) INJ 22.5 MG	40
LANCETS ULTRA THIN 30G	99			leuprolide acetate KIT IJ 1 MG/0.2ML	40
LANCING DEVICE MISC	99	LEDIPASVIR-SOFOSBUVIR TABS 58		levalbuterol hcl	15
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	135	leflunomide 10 MG	8	levalbuterol tartrate	15
lanreotide acetate	85	leflunomide 20 MG	7	LEVEMIR FLEXPEN SOPN	27
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LANTUS SOLN	27	LENVIMA (14 MG DAILY DOSE) .38		levetiracetam TB3D 250 MG, 500 MG	18
LANTUS SOLOSTAR SOPN	27	LENVIMA (18 MG DAILY DOSE) .38		LEVICYN GEL	79
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levonorgestrel & eth estradiol TABS 63		lidocaine CREA 4 %	78
levonorgestrel (emergency oc) 1.5 MG	64	lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %, 4 %	94
levonorgestrel-eth estradiol (triphasic)	63	lidocaine hcl CREA 3 %, 4 %	78
levonorgestrel-ethinyl estradiol (91-day)	64	lidocaine hcl GEL 0.5 %, 2 %	78
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	64	lidocaine hcl PRSY	78
levonorgestrel-ethinyl estradiol (continuous)	64	LIDOCAINE HCL SOLN	94
levonorgestrel-ethinyl estradiol-iron 64		lidocaine OINT 5 %	78
levorphanol tartrate TABS	9	lidocaine PTCH 4 %, 5 %	78
levothyroxine sodium CAPS	155	lidocaine-benzalkonium LIQD 2.5 %-0.13 %	78
LEVOTHYROXINE SODIUM SOLN IV	155	lidocaine-hydrocortisone acetate (rectal) CREA EX	11
levothyroxine sodium TABS	155	lidocaine-prilocaine CREA	78
LEXAPRO TABS 20 MG (escitalopram oxalate)	21	lidocaine-prilocaine KIT	78
LEXAPRO TABS 5 MG, 10 MG (escitalopram oxalate)	21	lidocaine-transparent dressing 4 % 78	
		LIDODERM PTCH (lidocaine)	78
		LIDOMAX GEL 2 %	78
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		LILETTA (52 MG)	65
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		LINZESS 145 MCG	87
		LINZESS 72 MCG, 290 MCG	87
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		LIPITOR TABS (atorvastatin calcium)	32
		LIPOFEN CAPS (fenofibrate)	31
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LITETOUCH INSULIN SYRINGE 107	loperamide-simethicone TABS 28	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl) 33
LITETOUCH LANCETS99	LOPID TABS (gemfibrozil)31	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 34
LITETOUCH PEN NEEDLES108	lopinavir-ritonavir SOLN 57	loteprednol etabonate GEL147
LITFULO78	lopinavir-ritonavir TABS57	loteprednol etabonate SUSP 0.2 % 147
lithium47	LOPRESSOR SOLN PO 10 MG/ML . 59	loteprednol etabonate SUSP 0.5 % 147
lithium carbonate CAPS 47	LOPRESSOR TABS (metoprolol tartrate)59	loteprednol etabonate-tobramycin 148
lithium carbonate TABS47	LOPRESSOR TABS 12.5 MG (metoprolol tartrate)59	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 34
lithium carbonate TBCR 47	LOQTORZI39	LOTRONEX (alosetron hcl)87
LITHOBID TBCR (lithium carbonate) . 47	loratadine & pseudoephedrine TB12 . 67	lovastatin TABS32
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 135	loratadine & pseudoephedrine TB24 . 67	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) 17
LIVALO (pitavastatin calcium)32	loratadine CAPS 30	LOVENOX SOSY (enoxaparin sodium)17
LIVDELZI87	loratadine CHEW31	loxapine succinate 51
LIVE BETTER LANCET SUPER THIN99	loratadine SOLN 31	lubiprostone 86
LIVITA ADULTS LIQD124	loratadine TABS31	LUCEMYRA (lofexidine hcl) 151
LIVTENCITY58	loratadine TBDP 10 MG 31	LUMAKRAS 43
L-MESITRAN SOFT WOUND GEL 80	lorazepam CONC13	LUMAVEX CAPS116
LO LOESTRIN FE TABS 64	lorazepam TABS13	LUMIGAN SOLN 0.01 % (bimatoprost)149
LOARGYS SOLN IJ 2 MG/0.4ML .84	LORBRENA43	LUMIVANCE CAPS 124
LODOCO61	LOREEV XR CS24 1 MG, 2 MG, 3 MG 13	LUNAVIRA CAPS 116
lofexidine hcl 151	losartan potassium & hydrochlorothiazide34	
LOKELMA116	losartan potassium33	
lomustine37	LOTEMAX GEL (loteprednol etabonate) 147	
LONSURF42	LOTEMAX OINT147	

LUNSUMIO	39	daily))	154	PO	93
LUNSUMIO VELO 5 MG/0.5ML, 45 MG/ML	39	LYRICA SOLN (pregabalin)	18	magnesium TABS 400 MG	114
LUPRON DEPOT (1-MONTH) KIT IM	40	LYSIPLEX PLUS LIQD	124	malathion	80
LUPRON DEPOT (3-MONTH) KIT IM	40	LYSODREN	40	MALE SUPPORT CAPS	81
LUPRON DEPOT (4-MONTH) IM .	40	LYTGOBI (12 MG DAILY DOSE) .	43	MARATHON MEDICAL PENTIPS 108	
LUPRON DEPOT (6-MONTH) IM .	40	LYTGOBI (16 MG DAILY DOSE) .	43	maraviroc TABS	57
LUPRON DEPOT-PED (1-MONTH) .	84	LYTGOBI (20 MG DAILY DOSE) .	43	MAR-COF CG EXPECTORANT LIQD	67
LUPRON DEPOT-PED (3-MONTH) .	84	LYUMJEV KWIKPEN SOPN	27	MARINOL CAPS 2.5 MG (dronabinol)	29
LUPRON DEPOT-PED (6-MONTH) IM	84	LYUMJEV SOLN	27	MARPLAN	21
lurasidone hcl 20 MG, 40 MG, 60 MG	48	LYUMJEV TEMPO PEN SOPN ...	27	MASONATAL TABS	137
lurasidone hcl 80 MG, 120 MG	48	LYVISPAH PACK	143	MATERNACEL	137
LURBIRO TABS 100 MG (flurbiprofen)	7	macitentan 10 MG	62	MATERVIA CAPS 0.5 MG	137
LUTATHERA	44	MACROBID (nitrofurantoin monohyd macro)	36	MATRONEX TABS	137
LUTRATE DEPOT INJ 22.5 MG ...	40	MACRODANTIN (nitrofurantoin macrocrystal)	36	MATULANE	44
LYBALVI	152	MACULAR HEALTH FORMULA CAPS 250 MG-10 MG-100 MCG-10 MG-500 UNIT-5 MG-5 MG-1 MG-1 MG-20 MG-25 MCG-200 UNIT-7.5 MG-10 MG	124	MAVENCLAD (10 TABS) 10 MG (cladribine (multiple sclerosis)) ...	153
lycopene CAPS	4	MAGELLAN INSULIN SAFETY SYR	108	MAVENCLAD (4 TABS) 10 MG (cladribine (multiple sclerosis)) ...	153
LYFGENIA	90	magnesium citrate 1.745 GM/30ML 93		MAVENCLAD (5 TABS) 10 MG (cladribine (multiple sclerosis)) ...	153
LYMPHIR SOLR IV 300 MCG	44	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	93	MAVENCLAD (6 TABS) 10 MG (cladribine (multiple sclerosis)) ...	153
LYNAVOY TABS PO 40 MG	86	magnesium oxide (mg supplement) TABS	114	MAVENCLAD (7 TABS) 10 MG (cladribine (multiple sclerosis)) ...	153
LYNKUET CAPS PO 60 MG	84	magnesium oxide TABS 400 MG ..	12	MAVENCLAD (8 TABS) 10 MG (cladribine (multiple sclerosis)) ...	153
LYNOZYFIC SOLN IV 5 MG/2.5ML, 200 MG/10ML	39	magnesium salicylate 500 MG	9	MAVENCLAD (9 TABS) 10 MG (cladribine (multiple sclerosis)) ...	153
LYNPARZA TABS	43	magnesium salicylate tetrahydrate .	9	MAVYRET PACK	58
LYRICA CAPS (pregabalin)	18	magnesium sulfate (laxative) GRAN		MAVYRET TABS	58
LYRICA CR (pregabalin (once-					

MAXALT TABS 10 MG (rizatriptan benzoate)	113	MEDICHOICE SAFETY LANCET EXTRA	99	18 MG-25 MG-100 MCG-10 MCG-50 MG-10 MCG-100 MCG-100 MCG-10 MCG-15 MG-50 MG-100 MCG-50 MG-15 MG-180 MCG-15 MG-15 MG-100 UNIT-25000 UNIT-25 MG-20 MG	125
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	113	MEDICHOICE SAFETY LANCET NORM	99	megestrol acetate TABS	40
MAXI-COMFORT INSULIN SYRINGE	108	MEDICINE SHOPPE PEN NEEDLES	108	MEIJER ALCOHOL SWABS	105
MAXICOMFORT SYR 27G X 1/2" 108		MEDIHONEY WOUND/BURN DRESSING GEL	80	MEIJER LANCETS	99
MAXIDEX SUSP OP	148	MEDLANCE PLUS EXTRA 21G ..	99	MEIJER LANCETS UNIVERSAL 21G	99
MAXIMIN PACK MISC 1390 MG-30 MCG-500 MCG-16.5 MG-70 MG-8 MG-20 MG-11.9 MG-250 MCG-300 MCG-35 MCG-202.5 MG-50 MG-2.3 MG-45 MCG-80 MG-2 MG-5 MG-150 MCG-45 MCG-0.9 MG-10 MCG-11 MG-720 MG-150 MCG-50 MG-55 MCG-750 MCG-30 MCG-25 MCG-70 MG	124	MEDLANCE PLUS LITE 25G	99	MEIJER LANCETS UNIVERSAL 30G	99
MAXITROL OINT (neomycin-polymyx-dexameth)	148	MEDLANCE PLUS SPECIAL 0.8MM	99	MEIJER LANCETS UNIVERSAL 33G	99
MAXITROL SUSP (neomycin-polymyx-dexameth)	148	MEDLANCE PLUS SUPERLITE 30G	99	MEIJER PEN NEEDLES	108
MAYZENT STARTER PACK TBPk 0.25 MG	153	MEDLANCE PLUS UNIVERSAL 21G	99	MEKINIST SOLR	43
MAYZENT TABS	153	MEDROL TABS (methylprednisolone)	65	MEKINIST TABS	43
meclizine hcl CHEW	29	MEDROL TABS	65	MEKTOVI	43
meclizine hcl TABS 12.5 MG, 25 MG 29		MEDROL TBPk (methylprednisolone)	65	meloxicam CAPS 10 MG	7
meclofenamate sodium CAPS	7	medroxyprogesterone acetate (contraceptive) SUSP IM	65	meloxicam CAPS 5 MG	7
MEDCAPS DPO CAPS	142	medroxyprogesterone acetate (contraceptive) SUSY IM	65	meloxicam TABS 15 MG	7
MEDCAPS GI CAPS	142	medroxyprogesterone acetate 10 MG	151	meloxicam TABS 7.5 MG	7
MEDCAPS IS CAPS	142	medroxyprogesterone acetate 2.5 MG, 5 MG	151	melphalan hcl IV	37
MEDCAPS T3 CAPS	142	mefenamic acid CAPS	7	memantine hcl CP24 21 MG, 28 MG . 152	
MEDIC INSULIN SYRINGE	108	mefloquine hcl	36	memantine hcl CP24 7 MG, 14 MG 152	
MEDICHOICE SAFETY LANCET .99		MEGA-MARATHON 100 TR TBCR 300 MG-100 MG-100 MCG-400 MCG-100 MG-100 MCG-100 MG-100 MG-100 MG-100 MG-100 MG-100 MG-100 MG-100 MG-50 MG-30 MG-1000 UNIT-		memantine hcl SOLN	152
				memantine hcl TABS 10 MG	152
				memantine hcl TABS	152
				memantine hcl-donepezil hcl CP24 152	
				MEMORALL CAPS	142

MEMORY COMPLEX BRAIN	mesna TABS	45	38
HEALTH TABS	142	MESNEX SOLN (mesna)	45
MENATROL CAPS	125	MESNEX TABS	45
MENQUADFI 0.5 ML	158	METAMUCIL WAFR	93
MENS 50+ ADVANCED CAPS ...	125	METAVEX TABS	142
MENS MULTIVITAMIN CHEW ...	125	METAVITE TABS	117
MENS MULTIVITAMIN GUMMIES		metaxalone	143
CHEW	125	METAXALONE 640 MG	143
MENS PACK MISC	125	metformin hcl SOLN	24
MENVEO SOLN	158	metformin hcl TABS 500 MG, 850	
MENVEO SOLR	158	MG, 1000 MG	24
meperidine hcl SOLN PO 50		metformin hcl TABS 625 MG, 750	
MG/5ML	9	MG	24
meperidine hcl TABS 50 MG	9	metformin hcl TB24 500 MG, 1000	
meprobamate	13	MG	24
mercaptopurine SUSP 2000		metformin hcl TB24 500 MG, 750 MG	
MG/100ML	38		24
mercaptopurine TABS	38	methamphetamine hcl	1
MERILOG SOLN SC 100 UNIT/ML		methazolamide TABS	82
27		methenamine hippurate	36
MERILOG SOLOSTAR SOPN SC		methenamine-hyosc-methylene blue-	
100 UNIT/ML	27	sod phos-phenyl sal CAPS 118 MG	
meropenem	35	35	
mesalamine CP24	87	methimazole TABS	155
mesalamine CPCR	87	METHIONINE-200 CAPS	82
mesalamine CPDR	87	methocarbamol TABS 1000 MG .	143
mesalamine ENEM	87	methocarbamol TABS 500 MG, 750	
mesalamine SUPP	87	MG	143
mesalamine TBEC 1.2 GM	87	methotrexate sodium SOLN 1	
mesalamine TBEC 800 MG	87	GM/40ML, 50 MG/2ML, 250	
mesalamine w/ cleanser	87	MG/10ML, 1000 MG/40ML	38
mesna SOLN	45	methotrexate sodium SOLR	38
		methotrexate sodium TABS 2.5 MG	

methylphenidate PTCH	3	metronidazole (topical) LOTN	79	MICRONEX CAPS	132
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	65	metronidazole CAPS	35	MICROSPACER MISC	111
methylprednisolone acetate SUSP	65	metronidazole TABS 125 MG	35	MIEBO	148
methylprednisolone sod succ 40 MG, 500 MG, 1000 MG	65	metronidazole TABS 250 MG, 500 MG	35	MIFEPREX (mifepristone)	85
methylprednisolone TABS 4 MG ..	65	metronidazole vaginal	160	mifepristone (hyperglycemia)	25
methylprednisolone TABS 8 MG, 16 MG, 32 MG	65	metirosine	33	mifepristone	85
methylprednisolone TBPK	65	mexiletine hcl	13	miglitol	24
methyltestosterone CAPS	11	MG PLUS PROTEIN TABS	142	miglustat	90
methyltestosterone TABS	11	MICARDIS (telmisartan)	33	MIL ADREGEN TABS	142
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	86	MICARDIS HCT (telmisartan- hydrochlorothiazide)	34	milnacipran hcl MISC	152
metoclopramide hcl TABS	86	MICONAZOLE 7 SUPP 100 MG .	160	milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	152
metolazone 10 MG	83	miconazole nitrate (topical) AERP .	73	MINCORA TABS	132
metolazone 2.5 MG, 5 MG	83	miconazole nitrate (topical) CREA .	73	mineral oil ENEM	94
metoprolol & hydrochlorothiazide TABS	34	miconazole nitrate (topical) POWD EX	73	mineral oil OIL PO	94
metoprolol succinate TB24 100 MG, 200 MG	59	miconazole nitrate (topical) SOLN 2 %	73	MINI LANCING DEVICE MISC	99
metoprolol succinate TB24 25 MG, 50 MG	59	miconazole nitrate vaginal CREA 4 %	160	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 118	
metoprolol tartrate TABS 12.5 MG	60	miconazole nitrate vaginal KIT ...	160	minocycline hcl CAPS	155
metoprolol tartrate TABS	60	miconazole nitrate vaginal SUPP	160	minocycline hcl TABS	155
METROCREAM CREA (metronidazole (topical))	79	miconazole-zinc oxide-white petrolatum	73	minocycline hcl TB24	155
METROGEL GEL 1 % (metronidazole (topical))	79	MICROCHAMBER DEVI	111	MINOLIRA TB24	155
metronidazole (topical) CREA	79	MICROCHAMBER MISC	111	MINOVIA TABS	132
metronidazole (topical) GEL 1 % ..	79	MICRODOT PEN NEEDLE	108	minoxidil 2.5 MG, 10 MG	35
metronidazole (topical) GEL	79	MICROLET LANCETS	99	mirabegron SRER 8 MG/ML	158
		MICROLET NEXT LANCETS	99	mirabegron TB24 25 MG	158
		MICROLET NEXT LANCING DEVICE MISC	99	mirabegron TB24 50 MG	158
				MIRAPEX ER TB24 0.375 MG, 3 MG (pramipexole dihydrochloride)	46

MIRAPEX ER TB24 0.75 MG, 2.25 MG, 3.75 MG (pramipexole dihydrochloride)	46	SUSY	159	morphine sulfate TABS	9
MIRCERA	91	MODEYSO CAPS PO 125 MG	41	morphine sulfate TBCR	9
MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	64	moexipril hcl	33	MOTEGRITY (prucalopride succinate)	86
MIRENA (52 MG)	65	molindone hcl	53	MOTPOLY XR CP24	19
mirtazapine TABS 15 MG, 30 MG ..	20	mometasone furoate (nasal) SUSP 144		MOUNJARO	26
mirtazapine TABS 7.5 MG, 45 MG ..	20	mometasone furoate CREA	77	MOVANTIK 12.5 MG	87
mirtazapine TBDP 15 MG	20	mometasone furoate OINT	77	MOVANTIK 25 MG	87
mirtazapine TBDP 30 MG, 45 MG ..	20	mometasone furoate SOLN	77	moxifloxacin hcl (ophth) SOLN OP 146	
MIRVASO (brimonidine tartrate (topical))	79	MOMMY'S BLISS MV ORGANIC DROPS LIQD	132	moxifloxacin hcl TABS	86
misoprostol	156	MONJUVI	39	MRESVIA	159
MITIGARE CAPS (colchicine)	88	MONOJECT INSULIN SYRINGE 108		MS CONTIN TBCR (morphine sulfate)	9
mitomycin SOLR IV	41	MONOJECT ULTRA COMFORT SYRINGE	108	MULPLETA	91
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	41	MONOLET LANCETS	100	MULTAQ	13
MM BIOTIN/KERATIN CAPS	142	MONOLET OPD LANCETS	100	MULTI + OMEGA-3 ADULT GUMMIES CHEW 0.9 MG-200 MCG-1000 UNIT-3 MCG-10 MG-1250 UNIT-25 MG-25 MG-5 MG-10 UNIT-1.9 MG-113.5 MG-5 MG	125
MM INSULIN SYRINGE/NEEDLE 108		MONOLETTOR SAFETY LANCETS 100		MULTI + OMEGA-3 GUMMIES CHEW	125
MM LANCING DEVICE MISC	99	montelukast sodium CHEW	14	MULTI ADULT GUMMIES CHEW 30 MG-1 MG-75 MCG-200 MCG-500 UNIT-3 MCG-10 MG-1250 UNIT-5 MG-3.75 MG-37.5 MCG-15 UNIT 125	
MM PEN NEEDLES	108	montelukast sodium PACK	14	MULTI COMPLETE CAPS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG	125
MM TWIST LANCETS	100	montelukast sodium TABS	14	MULTI FOR HER 50+ CAPS 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10	
M-M-R II SOLR	159	MOOD FOOD CAPS	125		
M-NATAL PLUS TABS	137	MOOD FOOD ES CAPS	125		
MNEXSPIKE SUSY 10 MCG/0.2ML .	159	morphine sulfate beads	9		
MOBILE LANCETS 30G	100	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	9		
modafinil	3	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	9		
MODERNA COVID-19 VAC 6M-11Y SUSP	159	morphine sulfate SUPP	9		
MODERNA COVID-19 VAC 6M-11Y					

MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-200 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-60 UNIT-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-4 MG-120 MCG-70 MCG	125	MULTI FOR HER CAPS 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-100 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG	126	MULTI FOR HIM CAPS 60 MG-4 MG-30 MCG-400 MCG-1000 UNIT-18 MCG-1.7 MG-40 MCG-20 MG-10 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-40 MCG, 60 MG-4 MG-30 MCG-400 MCG-25 MCG-18 MCG-1.7 MG-40 MCG-20 MG-10 MG-100 MG-1.5 MG-40 MG-15 MG-2 MG-750 MCG-45 MCG-150 MCG-22.5 MG-4 MG-120 MCG-40 MCG	126	MULTI MEGA MINERALS TABS	115	MULTI PRENATAL TABS	137	MULTI VITAMIN TABS	132	MULTI VITAMIN W/D-3 TABS ...	132	MULTIA CAPS	126	MULTI-LANCET DEVICE MISC ..	100	MULTI-MINERALS TABS	115	multiple vitamin TABS	132	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	132	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	132	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	132	multiple vitamins w/ iron TABS ...	118	multiple vitamins w/ minerals CAPS	126	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	118	MULTIPLE VITAMINS-MINERALS LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-14		MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-13 MG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML	126	MULTIPRO CAPS 25 MG-300 MCG-1000 MCG-10 MCG-10 MCG-3 MG-2 MG-5 MG-32 MG-2 MG-7 MG-6 MG-30 MG-315 MG-1 MG-30 MG	126	MULTISTIX 10 SG	81	MULTIVITAMIN ADULT TABS ...	132	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	135	MULTIVITAMIN CHILDRENS CHEW	135	MULTIVITAMIN DROPS/IRON SOLN	134	MULTIVITAMIN GUMMIES ADULT CHEW 30 MG-1 MG-150 MCG-200 MCG-400 UNIT-3 MCG-1250 UNIT-20 MCG-30 MCG-5 MG-2.5 MG-2.5 MG-1 MG-7.5 UNIT-140 MG, 30 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-40 MCG, 30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-40 MCG-20 UNIT, 30 MG-1 MG-75 MCG-200 MCG-5 MCG-4 MCG-600 MCG-5 MG-17.5 MG-40 MCG-9 MG-2.5 MG	126	MULTI-VITAMIN GUMMIES CHEW 15 MG-2 MG-7.5 MCG-200 MCG-5 MG-400 UNIT-6 MCG-1250 UNIT-20 MCG-1.5 MG-137.5 MCG-5 MG-7.5 UNIT-60 MCG-18.75 MCG-75 MCG .	127
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MULTIVITAMIN GUMMIES CHILDRENS	136	3 MG/15ML-25 MCG/15ML-150 MCG/15ML-2 MG/15ML-25 MCG/15ML	127	MVW COMPLETE FORMULATION D5000 CAPS	127
MULTIVITAMIN GUMMIES MENS CHEW 15 MG-2 MG-15 MCG-150 MCG-10 MG-200 UNIT-9 MCG-1250 UNIT-20 MCG-3 MCG-5 MG-1 MG- 19 MCG-15 UNIT-60 MCG-9.4 MCG- 1.9 MG-75 MCG, 22.5 MG-2.5 MG- 37.5 MCG-15 UNIT-80 MCG-500 UNIT-7.5 MCG-3 MG-1250 UNIT-2.5 MG-75 MCG-55 MCG, 37.5 MG-2.5 MG-300 MCG-200 MCG-200 UNIT- 7.5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-75 MCG-15 UNIT-55 MCG, 37.5 MG-2.5 MG-300 MCG-200 MCG-200 UNIT-7.5 MCG- 2000 UNIT-30 MCG-20 MCG-5 MG- 75 MCG-15 UNIT-2.5 MG-55 MCG	127	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	118	MVW COMPLETE FORMULATION MINIS CAPS	127
MULTIVITAMIN GUMMIES WOMENS CHEW 15 MG-1 MG-75 MCG-15 UNIT-200 MCG-400 UNIT- 4.5 MCG-1250 UNIT-20 MCG-1.25 MG-50 MG, 15 MG-1 MG-75 MCG- 200 MCG-400 UNIT-4.5 MCG-1250 UNIT-1.25 MG-20 MCG-15 UNIT-50 MG	127	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	132	MVW HI-D ADEK GUMMIES CHEW . 127	
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VALSTAR (valrubicin)	41	VAXCHORA	158	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	61
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VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	17	VECTIBIX 100 MG/5ML, 400 MG/20ML	40	verapamil hcl TABS	61
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varenicline tartrate TBPK	154	VEPPANU TABS PO 100 MG, 200			
VARISAN VITALITY TABS 25 MG-30					

VERSACLOZ SUSP	52	VIJOICE PACK	116	TABS 250 MG-5000 UNIT-200 UNIT	133
VERSAFREE SYRP	151	VIJOICE TBPk 125 MG	116	VITABEX CAPS	130
VERSAPAP DEVI	112	vilazodone hcl TABS 10 MG, 20 MG .	22	VITABEX PLUS CAPS	130
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VERSAPLUS SYRP	151	VIMOVO (naproxen-esomeprazole		CHEW	130
VERZENIO	44	magnesium)	7	VITACORE TABS	130
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		(lacosamide)	19	VITAFOL GUMMIES	141
VESICARE TABS 10 MG (solifenacin		VIMPAT TABS (lacosamide)	19	VITAFOL ULTRA	141
succinate)	157	vinblastine sulfate SOLN	45	VITAFOL-OB TABS	141
VESICARE TABS 5 MG (solifenacin		vincristine sulfate	45	VITAFOL-OB+DHA MISC	141
succinate)	157	vinorelbine tartrate	45	VITAFOL-ONE CAPS	141
VEVYE SOLN	147	VIOKACE TABS	82	VITAFUSION MULTI WOMENS	
VFEND SUSP (voriconazole)	30	VIRACEPT TABS	57	CHEW	130
VFEND TABS 200 MG (voriconazole)		VIREAD POWD	57	VITAJoy MULTI GUMMIES ADULT	
.....	30	VIREAD TABS (tenofovir disoproxil		CHEW	130
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VIBRAMYCIN CAPS (doxycycline		VIREAD TABS	57	VITALEE TABS 60 MG-2 MG-400	
hyclate)	155	VIRELIX TABS	133	MCG-400 UNIT-6 MCG-1.7 MG-20	
VIC-FORTE CAPS 150 MG-2 MG-1		VIREXA TABS	133	MG-3000 UNIT-10 MG-1.5 MG-30	
MG-10 MCG-8000 UNIT-5 MG-25		VISION FORMULA 2 CAPS 250 MG-		UNIT	134
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(vilazodone hcl)	22	VIT E-VIT C-BETA CAROTENE			
VIIBRYD TABS 40 MG (vilazodone					
hcl)	22				

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vitamins w/ lipotropics TABS 143	VITRION TABS 134	VORTEX HOLD CHMBR/MASK/TODDLER DEVI .112
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VITEYES AREDS 2 FORMULA +MULTI CAPS 130	VIVAGUARD SAFETY LANCETS 28G 103	VOTRIENT (pazopanib hcl) 44
VITEYES AREDS 2 FORMULA CAPS 130	VIVIMUSTA SOLN 37	VOTRIZA-AL LOTN 73
VITEYES AREDS 2 FORMULA MINI CAPS 130	VIVITROL 28	VOWST 87
VITEYES CLASSIC ADVANCED CAPS 130	VIVJOA 30	VOXZOGO 85
VITEYES CLASSIC MACULAR SUPPOR CAPS 130	VIVOTIF 158	VRAYLAR CAPS 0.5 MG, 0.75 MG 48
VITEYES CLASSIC ZINC FREE	VIZIMPRO 40	VRAYLAR CAPS 1.5 MG, 3 MG ... 48
	VOGELXO GEL TD (testosterone) 11	VRAYLAR CAPS 4.5 MG, 6 MG ... 48
	VOGELXO PUMP GEL TD (testosterone) 11	VTAMA 74
		VUMERITY 153
		VUSION (miconazole-zinc oxide- white petrolatum) 73
		VYALEV SOLN SC 46

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VYLOY	39	WELIREG	41	WOMENS MULTIVITAMIN + COLLAGEN CHEW	131
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VYNDAQEL	62	WELLFOLA TABS	130	WOMENS PACK MISC	131
VYSCOXIA PO 10 MG/ML	7	WESCAP-C DHA	141	wound dressings GEL 0.1 %, 3 %-0.2 %, 99.7 %, 0.1 %	81
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VYVANSE CAPS (lisdexamfetamine dimesylate)	1	WESNATAL DHA COMPLETE ..	141	XACIATO GEL	160
VYVANSE CHEW (lisdexamfetamine dimesylate)	1	WESNATE DHA CAPS	141	XADAGO 100 MG	47
VYXEOS	42	WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	115	XADAGO 50 MG	47
VYZULTA	149	WESTAB PLUS TABS	141	XALATAN SOLN (latanoprost) ...	149
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warfarin sodium TABS	16			XARELTO TABS 10 MG, 15 MG, 20 MG	16
water for injection, sterile IJ	151			XARELTO TABS 2.5 MG, 10 MG, 15 MG (rivaroxaban)	16
WAYRILZ TABS PO 400 MG	90			XARELTO TABS 2.5 MG, 10 MG, 15 MG	16
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WEBCOL ALCOHOL PREP MEDIUM	105				
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WEGOVY	2				
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XELJANZ TABS 5 MG, 10 MG (tofacitinib citrate)	4	XPOVIO (40 MG TWICE WEEKLY) 40 MG	41	YEZTUGO TABS PO 300 MG	57
XELJANZ XR TB24 11 MG, 22 MG (tofacitinib citrate)	4	XPOVIO (60 MG ONCE WEEKLY) 60 MG	41	YF-VAX SUSR	160
XELODA (capecitabine)	38	XPOVIO (60 MG TWICE WEEKLY) 41		YONDELIS	37
XELPROS EMUL	149	XPOVIO (80 MG ONCE WEEKLY) 41		YONSA	41
XELSTRYM	2	XPOVIO (80 MG TWICE WEEKLY) 41		YORVIPATH	85
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XENICAL (orlistat)	2	XROMI SOLN PO 100 MG/ML	90	YUFLYMA (2 PEN) AJKT	6
XEPI	72	X-SEB T PEARL SHAM	80	YUFLYMA (2 SYRINGE) PSKT	6
XGEVA SOLN	83	X-SEB T PLUS SHAM	80	YUFLYMA-CD/UC/HS STARTER AJKT	6
XHANCE EXHU	144	XTANDI CAPS	41	YUM-VS COMPLETE MULTIVITAMIN CHEW	131
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XOFLUZA (80 MG DOSE) 80 MG .	59	XYOSTED SOAJ	11	YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	62
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XOLAIR SOLR	14	XYWAV	151	zaleplon	92
		YASMIN 28 (drospirenone-ethinyl			

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ZEGALOGUE SOSY	25	ZESTORETIC (lisinopril & hydrochlorothiazide)	34	ZITHROMAX Z-PAK TABS (azithromycin)	94
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