

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 non-controlled substance. A total of 83 percent (83%) 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 28 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. Delaware First Health preferred test strips are Freestyle Products. These test strips work with Freestyle Blood Glucose Meters. The meters are available at no cost. The pharmacy will transmit the meter claim to the manufacturer for coverage of one meter per patient per year.

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

AcariaHealth 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 AcariaHealth deliver the specialty drug to the office/member. If you want AcariaHealth 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
- 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

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	Dose Form	Dose Form Description
<i>AEPB</i>	Aerosol Powder Breath Activated	<i>EX</i>	External
<i>AERB</i>	Aerosol, breath activated	<i>GRAN</i>	Granules
<i>AERO</i>	Aerosol	<i>IJ</i>	Injection
<i>AJKT</i>	Auto-injector Kit	<i>IMPL</i>	Implant
<i>AUIJ</i>	Auto-injector	<i>INHA</i>	Inhaler
<i>CAPS</i>	Capsule	<i>INJ</i>	Injectable
<i>CHEW</i>	Tablet Chewable	<i>IUD</i>	Intrauterine Device
<i>CONC</i>	Concentrate	<i>IV</i>	Intravenous
<i>CP12</i>	Capsule ER 12 HR	<i>LIQD</i>	Liquid
<i>CP24</i>	Capsule ER 24 HR	<i>LOTN</i>	Lotion
<i>CPCR</i>	Capsule ER	<i>LOZG</i>	Lozenge
<i>CPDR</i>	Capsule Delayed Release	<i>LPOP</i>	Lollipop
<i>CPEP</i>	Capsule Enteric Coated Particles	<i>MISC</i>	Miscellaneous
<i>CPSP</i>	Capsule Sprinkle	<i>NA</i>	Nasal
<i>CREA</i>	Cream	<i>NEBU</i>	Nebulization solution
<i>CSDR</i>	Capsule Delayed Release Sprinkle	<i>OINT</i>	Ointment
<i>DEVI</i>	Device	<i>OP</i>	Ophthalmic
<i>ELIX</i>	Elixir	<i>OPHT</i>	Ophthalmic
<i>EMUL</i>	Emulsion	<i>OR</i>	Oral
<i>ENEM</i>	Enema	<i>PACK</i>	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>SOLG</i>	Gel Forming Solution	<i>TBSO</i>	Tablet Soluble
<i>SOCT</i>	Solution Cartridge	<i>TEST</i>	Diagnostic Test
<i>SOLN</i>	Solution	<i>TINC</i>	Tincture
<i>SOLR</i>	Solution Reconstituted	<i>TROC</i>	Troche
<i>SOPN</i>	Solution Pen-injector	<i>VA</i>	Vaginal
<i>SOSY</i>	Solution Prefilled Syringe	<i>VI</i>	Visual Indicator
<i>SRER</i>	Suspension Reconstituted ER	<i>WAFR</i>	Wafer
<i>STRP</i>	Strip	<i>XR</i>	Extended Release
<i>SUBL</i>	Tablet Sublingual		

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					
Amphetamines					
ADDERALL TABS (amphetamine-dextroamphetamine)	P	QL(60 ea per 30 days retail); AL(Up to 21 yrs old)	amphetamine-dextroamphetamine cp24 12.5 mg-12.5 mg-12.5 mg-12.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 9.375 mg-9.375 mg-9.375 mg-9.375 mg	NP	AL(Up to 21 yrs old)
ADDERALL XR CP24 (amphetamine-dextroamphetamine)	P	AL(Up to 21 yrs old)	DESOXYN (methamphetamine hcl)	NP	AL(Up to 21 yrs old)
ADZENYS ER SUER (amphetamine)	NP	AL(Up to 21 yrs old)	DEXEDRINE CP24 (dextroamphetamine sulfate)	NP	AL(Up to 21 yrs old)
ADZENYS XR-ODT TBED	NP	AL(Up to 21 yrs old)	dextroamphetamine sulfate cp24	P	AL(Up to 21 yrs old)
AMPHETAMINE ER SUER	NP	AL(Up to 21 yrs old)	dextroamphetamine sulfate tabs 30 mg	P	QL(60 ea per 30 days retail); AL(Up to 21 yrs old)
amphetamine sulfate tabs 10 mg	NP	QL(180 ea per 30 days retail); AL(Up to 21 yrs old)	dextroamphetamine sulfate tabs 5 mg, 10 mg, 15 mg, 20 mg	P	QL(90 ea per 30 days retail); AL(Up to 21 yrs old)
amphetamine sulfate tabs 5 mg	NP	QL(60 ea per 30 days retail); AL(Up to 21 yrs old)	dextroamphetamine sulfate tabs 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg	NP	QL(90 ea per 30 days retail); AL(Up to 21 yrs old)
amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	NP	QL(60 ea per 30 days retail); AL(Up to 21 yrs old)	dextroamphetamine sulfate soln	P	AL(Up to 21 yrs old)
amphetamine-dextroamphetamine cp24	P	AL(Up to 21 yrs old)	dextroamphetamine sulfate soln	NP	AL(Up to 21 yrs old)
amphetamine-dextroamphetamine tabs	P	QL(60 ea per 30 days retail); AL(Up to 21 yrs old)	dextroamphetamine sulfate tabs 30 mg	NP	QL(60 ea per 30 days retail); AL(Up to 21 yrs old)
			DYANAVEL XR CHER	NP	AL(Up to 21 yrs old)
			DYANAVEL XR SUER	P	AL(Up to 21 yrs old)
			EVEKEO TABS 5 MG (amphetamine sulfate)	NP	QL(60 ea per 30 days retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
EVEKEO TABS 10 MG (amphetamine sulfate)	NP	QL(180 ea per 30 days retail); AL(Up to 21 yrs old)
EVEKEO ODT TBDP	NP	AL(Up to 21 yrs old)
methamphetamine hcl	NP	AL(Up to 21 yrs old)
MYDAYIS CP24	NP	AL(Up to 21 yrs old)
VYVANSE CHEW	NP	AL(Up to 21 yrs old)
VYVANSE CAPS	P	AL(Up to 21 yrs old)
Anorexiant Non-Amphetamine		
ADIPEX-P CAPS (phentermine hcl)	NP	PA
ADIPEX-P TABS (phentermine hcl)	NP	
benzphetamine hcl 50 mg	NP	
diethylpropion hcl tabs	NP	
diethylpropion hcl tb24	NP	
LOMAIRA TABS	NP	
phendimetrazine tartrate tabs	NP	
PHENDIMETRAZINE TARTRATEER CP24	NP	
phentermine hcl caps	P	PA
phentermine hcl tabs	P	
Anti-Obesity Agents		
CONTRACE 8 MG-90 MG	P	PA
SAXENDA	P	PA
WEGOVY	P	PA
XENICAL (orlistat)	NP	
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	P	AL(Up to 21 yrs old)
clonidine hcl (adhd) tb12	P	AL(Up to 21 yrs old)
guanfacine hcl (adhd)	P	AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
INTUNIV (guanfacine hcl (adhd))	NP	AL(Up to 21 yrs old)
QELBREE	NP	AL(Up to 21 yrs old)
STRATTERA (atomoxetine hcl)	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 17.8 MG	NP	SP
WAKIX 4.45 MG	NP	AL(Up to 21 yrs old); SP
Stimulants - Misc.		
ADHANSIA XR CP24	NP	AL(Up to 21 yrs old)
APTENSIO XR CP24 (methylphenidate hcl)	NP	AL(Up to 21 yrs old)
armodafinil	P	AL(Up to 21 yrs old)
AZSTARYS	NP	AL(Up to 21 yrs old)
CONCERTA TBCR (methylphenidate hcl)	P	AL(Up to 21 yrs old)
COTEMPLA XR-ODT TBED	NP	AL(Up to 21 yrs old)
DAYTRANA PTCH (methylphenidate)	P	AL(Up to 21 yrs old)
dexmethylphenidate hcl cp24	P	AL(Up to 21 yrs old)
dexmethylphenidate hcl tabs 5 mg	P	QL(90 ea per 30 days retail); AL(Up to 21 yrs old)
dexmethylphenidate hcl tabs 2.5 mg, 10 mg	P	QL(60 ea per 30 days retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FOCALIN TABS 2.5 MG, 10 MG (<i>dexamethylphenidate hcl</i>)	NP	QL(60 ea per 30 days retail); AL(Up to 21 yrs old)	QUILLICHEW ER CHER	P	AL(Up to 21 yrs old)
FOCALIN TABS 5 MG (<i>dexamethylphenidate hcl</i>)	NP	QL(90 ea per 30 days retail); AL(Up to 21 yrs old)	QUILLIVANT XR SRER	P	AL(Up to 21 yrs old)
FOCALIN XR CP24 (<i>dexamethylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)	RELEXXII TBCR 72 MG	NP	AL(Up to 21 yrs old)
JORNAY PM CP24	NP	AL(Up to 21 yrs old)	RELEXXII TBCR 45 MG, 63 MG	NP	
METHYLIN SOLN (<i>methylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)	RITALIN TABS (<i>methylphenidate hcl</i>)	NP	QL(90 ea per 30 days retail); AL(Up to 21 yrs old)
<i>methylphenidate ptch</i>	NP	AL(Up to 21 yrs old)	RITALIN LA CP24 (<i>methylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)
<i>methylphenidate hcl cp24</i>	NP	AL(Up to 21 yrs old)	ALTERNATIVE MEDICINES		
<i>methylphenidate hcl cpcr</i>	P	AL(Up to 21 yrs old)	Alternative Medicine - C's		
<i>methylphenidate hcl tb24</i>	P	AL(Up to 21 yrs old)	PRELIEF 50 MG-65 MG-340 MG	P	
<i>methylphenidate hcl chew</i>	NP	AL(Up to 21 yrs old)	Alternative Medicine - L's		
<i>methylphenidate hcl soln</i>	P	AL(Up to 21 yrs old)	<i>lycopene caps</i>	P	
<i>methylphenidate hcl tabs</i>	P	QL(90 ea per 30 days retail); AL(Up to 21 yrs old)	AMEBICIDES		
<i>methylphenidate hcl tbc</i>	P	AL(Up to 21 yrs old)	Amebicides		
<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	P	AL(Up to 21 yrs old)	SOLOSEC	NP	
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 45 MG, 63 MG	NP		AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	NP	AL(Up to 21 yrs old)	Aminoglycosides		
<i>modafinil</i>	P	AL(Up to 21 yrs old)	ARIKAYCE	NP	SP
NUVIGIL (<i>armodafinil</i>)	NP	AL(Up to 21 yrs old)	BETHKIS NEBU (<i>tobramycin</i>)	NP	SP
PROVIGIL (<i>modafinil</i>)	NP	AL(Up to 21 yrs old)	<i>gentamicin in saline 0.8 mg/ml-0.9 %, 0.9 %-1 mg/ml, 0.9 %-1.2 mg/ml, 0.9 %-1.6 mg/ml, 0.9 %-2 mg/ml</i>	P	
			<i>gentamicin sulfate ij 40 mg/ml, 80 mg/2ml</i>	P	
			KITABIS PAK NEBU (<i>tobramycin</i>)	NP	SP
			<i>neomycin sulfate tabs</i>	P	
			<i>paromomycin sulfate</i>	NP	SP

Drug Name	Drug Tier	Requirements/Limits
TOBI NEBU (<i>tobramycin</i>)	NP	SP
TOBI PODHALER CAPS	NP	SP
<i>tobramycin nebu</i>	NP	SP
<i>tobramycin nebu</i>	P	SP
<i>tobramycin sulfate soln ij 1.2 gm/30ml, 40 mg/ml, 80 mg/2ml</i>	P	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP; PA
RINVOQ	NP	SP; PA
XELJANZ TABS	P	SP; PA
XELJANZ SOLN	NP	SP; PA
XELJANZ XR TB24	NP	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
AMJEVITA SOSY	NP	SP
AMJEVITA SOAJ	NP	SP
HUMIRA PSKT	P	SP; PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	SP; PA
HUMIRA PEN PNKT	P	SP; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP; PA
HUMIRA PEN-PS/UV STARTER PNKT	P	SP; PA
SIMPONI SOSY	NP	SP; PA
SIMPONI SOAJ	NP	SP; PA
SIMPONI ARIA SOLN	NP	SP; PA
Gold Compounds		
RIDAURA	P	
Interleukin-1 Blockers		
ARCALYST	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	P	SP; PA
Interleukin-1beta Blockers		
ILARIS SOLN	NP	SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOSY	NP	SP; PA
ACTEMRA ACTPEN SOAJ	NP	SP; PA
KEVZARA SOSY	NP	SP; PA
KEVZARA SOAJ	NP	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ARTHROTEC 50 TBEC 50 MG-200 MCG (<i>diclofenac w/ misoprostol</i>)	NP	
ARTHROTEC 75 TBEC 75 MG-200 MCG (<i>diclofenac w/ misoprostol</i>)	NP	
CELEBREX (<i>celecoxib</i>)	NP	
<i>celecoxib</i>	NP	
<i>celecoxib</i>	P	
DAYPRO (<i>oxaprozin</i>)	NP	
<i>diclofenac potassium caps</i>	NP	
<i>diclofenac potassium tabs</i>	NP	
<i>diclofenac sodium tbec</i>	P	
<i>diclofenac sodium tb24</i>	P	
<i>diclofenac sodium-capsaicin 0.025 %-75 mg</i>	NP	
<i>diclofenac w/ misoprostol tbec</i>	NP	
DUEXIS 26.6 MG-800 MG (<i>ibuprofen-famotidine</i>)	NP	
<i>etodolac tabs</i>	NP	
<i>etodolac tb24</i>	NP	
<i>etodolac caps</i>	NP	
FELDENE CAPS (<i>piroxicam</i>)	NP	
<i>fenoprofen calcium tabs</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fenoprofen calcium caps 400 mg</i>	NP		<i>naproxen tabs</i>	P	
<i>flurbiprofen tabs 100 mg</i>	NP		<i>naproxen susp</i>	NP	
<i>ibuprofen caps</i>	P		<i>naproxen tbec</i>	NP	
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	NP		<i>naproxen sodium caps</i>	NP	
<i>ibuprofen chew</i>	P		<i>naproxen sodium tabs</i>	NP	
<i>ibuprofen tabs 200 mg, 400 mg, 600 mg, 800 mg</i>	P		<i>naproxen sodium tb24</i>	NP	
<i>ibuprofen susp 100 mg/5ml</i>	NP	RX/OTC	<i>naproxen-esomeprazole magnesium</i>	NP	
<i>ibuprofen susp 50 mg/1.25ml, 100 mg/5ml</i>	P	RX/OTC	<i>oxaprozin</i>	NP	
<i>ibuprofen-famotidine 26.6 mg-800 mg</i>	NP		<i>piroxicam caps</i>	NP	
<i>indomethacin caps 25 mg, 50 mg</i>	P		RELAFEN DS	NP	
<i>indomethacin cpcr</i>	P		<i>sulindac tabs</i>	P	
<i>ketoprofen caps 50 mg, 75 mg</i>	NP		<i>tolmetin sodium caps</i>	NP	
<i>ketoprofen cp24</i>	NP		<i>tolmetin sodium tabs 600 mg</i>	NP	
<i>ketorolac tromethamine tabs</i>	P		VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	NP	
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>meclofenamate sodium caps</i>	NP		OTEZLA TBPK	P	SP; PA
<i>mefenamic acid caps</i>	NP		OTEZLA TABS	P	SP; PA
<i>meloxicam caps</i>	P		Pyrimidine Synthesis Inhibitors		
<i>meloxicam tabs</i>	P		<i>leflunomide</i>	P	
<i>meloxicam caps</i>	NP		Selective Costimulation Modulators		
MOBIC TABS (<i>meloxicam</i>)	NP		ORENCIA SOSY	P	SP; PA
<i>nabumetone</i>	P		ORENCIA CLICKJECT SOAJ	P	SP; PA
NALFON TABS (<i>fenoprofen calcium</i>)	NP		Soluble Tumor Necrosis Factor Receptor Agents		
NALFON CAPS (<i>fenoprofen calcium</i>)	NP		ENBREL SOSY	P	SP; PA
NAPRELAN TB24 (<i>naproxen sodium</i>)	NP		ENBREL SOLR	P	SP; PA
			ENBREL SOLN	P	SP; PA
			ENBREL MINI SOCT	P	SP; PA
			ENBREL SURECLICK SOAJ	P	SP; PA
			ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Analgesic Combinations			<i>acetaminophen caps 500 mg</i>	P	
<i>acetaminophen w/ pamabrom 500 mg-25 mg</i>	P		<i>acetaminophen susp 80 mg/2.5ml, 160 mg/5ml, 650 mg/20.3ml</i>	P	
<i>acetaminophen-caffeine tabs 65 mg-500 mg</i>	P		<i>acetaminophen elix</i>	P	
<i>acetaminophen-pamabrom-pyrimilamine tabs 15 mg-25 mg-500 mg</i>	P		FEVERALL INFANTS SUPP	P	
ANACIN TABS 32 MG-400 MG	P		FEVERALL JUNIOR STRENGTH SUPP	P	
<i>aspirin-acetaminophen-caffeine tabs</i>	P		TRIAMINIC FEVER REDUCERPAIN RELIEVER CHILDRENS SYRP	P	
<i>butalbital-acetaminophen tabs 50 mg-325 mg</i>	P		TRIAMINIC FEVER REDUCERPAIN RELIEVER INFANTS SYRP	P	
<i>butalbital-acetaminophen-caffeine caps 40 mg-50 mg-325 mg</i>	P		Salicylates		
<i>butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg</i>	P		<i>aspirin tbec 81 mg, 325 mg</i>	P	
<i>butalbital-acetaminophen-caffeine soln 40 mg/15ml-50 mg/15ml-325 mg/15ml</i>	P		<i>aspirin chew</i>	P	
<i>butalbital-aspirin-caffeine caps 40 mg-50 mg-325 mg</i>	P		<i>aspirin tabs 325 mg, 500 mg</i>	P	
CRAMP TABS 25 MG-325 MG	P		ASPIRIN SUPP 300 MG, 600 MG	P	
VANQUISH 33 MG-194 MG-227 MG	P		<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
Analgesics Other			<i>aspirin effervescent</i>	P	
<i>acetaminophen tabs 325 mg, 500 mg</i>	P		BAYER PLUS 140 MG-500 MG-500 MG	P	
<i>acetaminophen tbc</i>	P		<i>magnesium salicylate 500 mg</i>	P	
<i>acetaminophen chew</i>	P		<i>magnesium salicylate tetrahydrate</i>	P	
<i>acetaminophen liqd 160 mg/5ml, 500 mg/15ml</i>	P		<i>salsalate</i>	P	
<i>acetaminophen supp</i>	P		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	P		Opioid Agonists		
			ACTIQ LPOP (<i>fentanyl citrate</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>codeine sulfate tabs 30 mg, 60 mg</i>	P		<i>morphine sulfate soln or 10 mg/0.5ml, 20 mg/ml</i>	NP	
CODEINE SULFATE TABS	P		<i>morphine sulfate soln or 10 mg/5ml, 20 mg/5ml, 20 mg/ml, 100 mg/5ml</i>	P	
CONZIP CP24 (<i>tramadol hcl</i>)	NP		<i>morphine sulfate tabs</i>	P	
DILAUDID TABS (<i>hydromorphone hcl</i>)	NP		<i>morphine sulfate supp</i>	NP	
DILAUDID LIQD (<i>hydromorphone hcl</i>)	NP		<i>morphine sulfate tbc</i>	P	
DSUVIA SUBL	NP		<i>morphine sulfate beads</i>	NP	
DURAGESIC PT72 (<i>fentanyl</i>)	NP		MS CONTIN TBCR (<i>morphine sulfate</i>)	NP	
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	P		NUCYNTA TABS	NP	
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr, 100 mcg/hr</i>	NP		NUCYNTA ER TB12	NP	
<i>fentanyl citrate lpop</i>	NP		<i>oxycodone hcl soln</i>	P	
<i>fentanyl citrate tabs</i>	NP		<i>oxycodone hcl tabs</i>	P	
FENTORA TABS (<i>fentanyl citrate</i>)	NP		<i>oxycodone hcl conc 100 mg/5ml</i>	NP	
<i>hydrocodone bitartrate cp12</i>	NP		<i>oxycodone hcl t12a</i>	NP	PA
<i>hydrocodone bitartrate t24a</i>	NP	PA	<i>oxycodone hcl caps</i>	P	
<i>hydromorphone hcl tabs</i>	P		OXYCONTIN T12A	NP	PA
<i>hydromorphone hcl liqd</i>	NP		<i>oxymorphone hcl tb12</i>	NP	
<i>hydromorphone hcl tb24</i>	NP		<i>oxymorphone hcl tabs</i>	NP	
HYDROMORPHONE HCL SUPP	NP		ROXICODONE TABS (<i>oxycodone hcl</i>)	NP	
HYSINGLA ER T24A	NP	PA	ROXYBOND TABA 15 MG, 30 MG	NP	
<i>levorphanol tartrate tabs</i>	NP		<i>tramadol hcl tb24</i>	P	
<i>mepidine hcl soln or 50 mg/5ml</i>	NP		<i>tramadol hcl cp24 100 mg, 200 mg, 300 mg</i>	NP	
<i>mepidine hcl tabs 50 mg</i>	NP		<i>tramadol hcl soln</i>	NP	
<i>morphine sulfate cp24</i>	NP		<i>tramadol hcl tabs</i>	P	
			TRAMADOL HYDROCHLORIDE SOLN	NP	
			ULTRAM TABS (<i>tramadol hcl</i>)	NP	
			XTAMPZA ER	P	PA
			ZOHYDRO ER CP12 (<i>hydrocodone bitartrate</i>)	NP	
			Opioid Combinations		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg, 60 mg-300 mg</i>	P		<i>oxycodone w/ acetaminophen soln 5 mg/5ml-325 mg/5ml</i>	P	
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	P		<i>oxycodone-aspirin 4.835 mg-325 mg</i>	NP	
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	NP		PERCOCET TABS (<i>oxycodone w/ acetaminophen</i>)	NP	
APADAZ	NP		PROLATE SOLN 10 MG/5ML-300 MG/5ML	NP	
BENZHYDROCODONE/A CETAMINOPHEN	P		PROLATE TABS	NP	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	P		SEGLENTIS 44 MG-56 MG	NP	
<i>butalbital-aspirin-caffeine w/cod 30 mg-40 mg-50 mg-325 mg</i>	P		<i>tramadol-acetaminophen 37.5 mg-325 mg</i>	P	
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 10 mg-325 mg, 300 mg-5 mg, 325 mg-10 mg, 325 mg-5 mg, 5 mg-300 mg, 5 mg-325 mg, 7.5 mg-300 mg, 7.5 mg-325 mg</i>	P		ULTRACET 37.5 MG-325 MG (<i>tramadol-acetaminophen</i>)	NP	
<i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i>	P		Opioid Partial Agonists		
<i>hydrocodone-ibuprofen 10 mg-200 mg, 5 mg-200 mg, 7.5 mg-200 mg</i>	NP		BELBUCA FILM 75 MCG, 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG	NP	
LORTAB ELIX 10 MG/15ML-300 MG/15ML	NP		BELBUCA FILM 900 MCG	NP	PA
NALOCET TABS 2.5 MG-300 MG	NP		BUNAVAIL FILM BU	NP	
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 2.5 mg-325 mg, 325 mg-10 mg, 325 mg-2.5 mg, 325 mg-5 mg, 325 mg-7.5 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	P		<i>buprenorphine ptwk</i>	NP	
			<i>buprenorphine hcl film 75 mcg, 150 mcg, 300 mcg, 450 mcg, 600 mcg, 750 mcg</i>	NP	
			<i>buprenorphine hcl film 900 mcg</i>	NP	PA
			<i>buprenorphine hcl sublingual</i>	P	
			<i>buprenorphine hcl-naloxone hcl dihydrate sublingual</i>	P	
			<i>buprenorphine hcl-naloxone hcl dihydrate film sublingual</i>	P	
			<i>butorphanol tartrate na 10 mg/ml</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
BUTRANS PTWK (buprenorphine)	P	
pentazocine w/ naloxone hcl 0.5 mg-50 mg	NP	
SUBLOCADE SOSY	P	SP
SUBOXONE FILM SL (buprenorphine hcl- naloxone hcl dihydrate)	NP	
ZUBSOLV SUBL	NP	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
oxandrolone 2.5 mg	P	
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	NP	PA
ANDROGEL GEL TD (testosterone)	NP	PA
ANDROGEL PUMP GEL TD (testosterone)	NP	PA
AVEED SOLN	NP	SP; PA
danazol caps	P	
FORTESTA GEL TD (testosterone)	NP	PA
METHITEST TABS	NP	PA
methyltestosterone caps	NP	PA
NATESTO GEL NA	NP	PA
TESTIM GEL TD (testosterone)	NP	PA
testosterone gel td 1 %, 1.62 %, 10 mg/act	P	PA
testosterone soln	P	PA
testosterone gel td	NP	PA
testosterone cypionate soln im	P	PA
testosterone enanthate soln im	P	PA
TLANDO CAPS	NP	PA

Drug Name	Drug Tier	Requirements/Limits
VOGELXO GEL TD (testosterone)	NP	PA
VOGELXO PUMP GEL TD (testosterone)	NP	PA
XYOSTED SOAJ	NP	PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
hydrocortisone (intrarectal)	P	
Rectal Combinations		
lidocaine-hydrocortisone acetate (rectal) crea ex 0.5 %-3 %	P	
Rectal Local Anesthetics		
AMERICAINE	P	
dibucaine (rectal) ex	P	
lidocaine (anorectal) crea	P	
Rectal Steroids		
hydrocortisone (rectal) ex 2.5 %	P	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox- simethicone susp	P	
alum & mag hydrox- simethicone chew 25 mg- 200 mg-200 mg	P	
alum & mag hydrox- simethicone liqd	P	
aluminum hydroxide-mag carb chew 105 mg-160 mg	P	
aluminum hydroxide-mag carb susp 237.5 mg/5ml- 254 mg/5ml, 95 mg/15ml- 358 mg/15ml	P	
ANTACID CHEW 110 MG- 550 MG	P	

Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-mag hydrox susp 135 mg/5ml-400 mg/5ml</i>	P	
<i>calcium carbonate-simethicone chew 60 mg-1000 mg</i>	P	
SM FOAMING ANTACID 20 MG-80 MG	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) tabs 325 mg, 650 mg</i>	P	
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	
RANEXA TB12 (<i>ranolazine</i>)	NP	
<i>ranolazine tb12</i>	P	
Nitrates		

Drug Name	Drug Tier	Requirements/Limits
DILATRATE SR CPR	NP	
GONITRO PACK	NP	
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	NP	
<i>isosorbide dinitrate tabs</i>	P	
<i>isosorbide mononitrate tabs</i>	P	
<i>isosorbide mononitrate tb24</i>	P	
NITRO-BID OINT	NP	
NITRO-DUR PT24	NP	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	NP	
<i>nitroglycerin soln tl .4 mg/spray</i>	NP	
<i>nitroglycerin subl</i>	P	
<i>nitroglycerin pt24</i>	P	
<i>nitroglycerin pt24</i>	NP	
NITROLINGUAL PUMPSPRAY SOLN TL (<i>nitroglycerin</i>)	NP	
NITROSTAT SUBL (<i>nitroglycerin</i>)	NP	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	NP	
<i>buspirone hcl</i>	P	
<i>droperidol soln 2.5 mg/ml</i>	P	
<i>hydroxyzine hcl syrup</i>	P	
<i>hydroxyzine hcl tabs</i>	P	
<i>hydroxyzine pamoate caps</i>	P	
<i>meprobamate</i>	NP	
Benzodiazepines		
<i>alprazolam tbdp</i>	NP	
<i>alprazolam tb24</i>	NP	
<i>alprazolam tabs</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
ALPRAZOLAM INTENSOL CONC	NP	
ATIVAN TABS (lorazepam)	NP	
chlordiazepoxide hcl caps	P	
clorazepate dipotassium tabs	P	
diazepam tabs	P	
diazepam conc	NP	
diazepam soln or 5 mg/5ml	P	
diazepam soln ij 5 mg/ml	NP	
lorazepam tabs	P	
lorazepam conc	NP	
LOREEV XR CS24 1 MG, 2 MG, 3 MG	NP	
oxazepam caps	NP	
TRANXENE T TABS 7.5 MG (clorazepate dipotassium)	NP	
XANAX TABS (alprazolam)	NP	
XANAX XR TB24 (alprazolam)	NP	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate caps	P	
NORPACE CR CP12	P	
quinidine gluconate tbc	P	
quinidine sulfate tabs	P	
Antiarrhythmics Type I-B		
mexiletine hcl	P	
Antiarrhythmics Type I-C		
flecainide acetate	P	
propafenone hcl tabs	P	
Antiarrhythmics Type III		

Drug Name	Drug Tier	Requirements/Limits
amiodarone hcl soln 50 mg/ml, 150 mg/3ml	P	
amiodarone hcl tabs	P	
dofetilide	P	
MULTAQ	P	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA SOSY	P	SP; PA
FASENRA PEN SOAJ	P	
NUCALA SOLR	NP	SP; PA
NUCALA SOAJ	NP	SP; PA
NUCALA SOSY	NP	SP; PA
TEZSPIRE	NP	SP
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY	P	SP; PA
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	
INCRUSE ELLIPTA	P	
ipratropium bromide soln .02 %	P	
LONHALA MAGNAIR REFILL KIT SOLN	NP	
LONHALA MAGNAIR STARTER KIT SOLN	NP	
SPIRIVA HANDIHALER CAPS	P	
SPIRIVA RESPIMAT AERS	NP	
TUDORZA PRESSAIR	NP	
YUPELRI	NP	
Leukotriene Modulators		
ACCOLATE (zafirlukast)	NP	
montelukast sodium chew	P	
montelukast sodium tabs	P	
montelukast sodium pack	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SINGULAIR CHEW (montelukast sodium)	NP		PULMICORT FLEXHALER AEPB	P	
SINGULAIR TABS (montelukast sodium)	NP		QVAR REDHALER	NP	
SINGULAIR PACK (montelukast sodium)	NP		Sympathomimetics		
<i>zafirlukast</i>	NP		ADVAIR DISKUS AEPB (fluticasone-salmeterol)	P	
<i>zileuton tb12</i>	NP		ADVAIR HFA AERO	P	
ZYFLO TABS	NP		AIRDUO DIGIHALER 113/14 14 MCG/ACT-113 MCG/ACT	NP	
Selective Phosphodiesterase 4 (PDE4) Inhibitors			AIRDUO DIGIHALER 232/14 14 MCG/ACT-232 MCG/ACT	NP	
DALIRESP (<i>roflumilast</i>)	NP		AIRDUO DIGIHALER 55/14 14 MCG/ACT-55 MCG/ACT	NP	
<i>roflumilast</i>	NP		AIRDUO RESPICLICK 113/14 AEPB 14 MCG/ACT-113 MCG/ACT (fluticasone-salmeterol)	NP	
Steroid Inhalants			AIRDUO RESPICLICK 232/14 AEPB 14 MCG/ACT-232 MCG/ACT (fluticasone-salmeterol)	NP	
ALVESCO	NP		AIRDUO RESPICLICK 55/14 AEPB 14 MCG/ACT-55 MCG/ACT (fluticasone-salmeterol)	NP	
ARMONAIR DIGIHALER	NP		<i>albuterol sulfate nebu</i> .083 %, .5 %, .63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	P	
ARNUITY ELLIPTA	NP		<i>albuterol sulfate aers</i>	NP	
ASMANEX HFA AERO	NP		<i>albuterol sulfate tb12</i>	P	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	P		<i>albuterol sulfate syrp</i>	P	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	P		<i>albuterol sulfate tabs</i>	NP	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	P		ANORO ELLIPTA 25 MCG/INH-62.5 MCG/INH	P	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	P		<i>arformoterol tartrate</i>	NP	
<i>budesonide (inhalation) susp</i>	NP		BEVESPI AEROSPHERE 4.8 MCG/ACT-9 MCG/ACT	NP	
<i>budesonide (inhalation) susp .25 mg/2ml, .5 mg/2ml</i>	P				
FLOVENT DISKUS AEPB	P				
FLOVENT HFA	P				
FLUTICASONE PROPIONATE HFA	NP				
PULMICORT SUSP (<i>budesonide (inhalation)</i>)	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA	NP		TRELEGY ELLIPTA	NP	
BREZTRI AEROSPHERE 160 MCG/ACT-4.8 MCG/ACT-9 MCG/ACT	NP		UTIBRON NEOHALER 15.6 MCG-27.5 MCG	NP	
BROVANA (<i>arformoterol tartrate</i>)	NP		VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	P	
<i>budesonide-formoterol fumarate dihydrate</i>	NP		XOPENEX (<i>levalbuterol hcl</i>)	NP	
COMBIVENT RESPIMAT AERS 20 MCG/ACT-100 MCG/ACT	P		XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	NP	
DUAKLIR PRESSAIR 12 MCG/ACT-400 MCG/ACT	NP		XOPENEX HFA (<i>levalbuterol tartrate</i>)	NP	
DULERA	P		Xanthines		
FLUTICASONE FUROATE/MILANTEROL ELLIPTA	NP		<i>theophylline soln</i>	P	
<i>fluticasone-salmeterol aepb</i>	NP		<i>theophylline tb24</i>	P	
<i>formoterol fumarate nebu</i>	NP		<i>theophylline tb12 300 mg, 450 mg</i>	P	
<i>ipratropium-albuterol soln 0.5 mg/3ml-2.5 mg/3ml</i>	P		<i>theophylline elix</i>	P	
<i>levalbuterol hcl</i>	NP		ANTICOAGULANTS - Blood Thinners		
<i>levalbuterol tartrate</i>	NP		Coumarin Anticoagulants		
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	NP		<i>warfarin sodium tabs</i>	P	
PROAIR DIGIHALER	NP		Direct Factor Xa Inhibitors		
PROAIR HFA AERS (<i>albuterol sulfate</i>)	P		ELIQUIS TABS	P	
PROAIR RESPICLICK AEPB	P		ELIQUIS STARTER PACK TBPK	P	
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	P		SAVAYSA	NP	42 rtl MAX day(s) supply; 365 rtl lmt day(s)
SEREVENT DISKUS	P		XARELTO TABS	P	
STIOLTO RESPIMAT 2.5 MCG/ACT-2.5 MCG/ACT	P		XARELTO SUSR	NP	
STRIVERDI RESPIMAT	P		XARELTO STARTER PACK TBPK	P	
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	P		Heparins And Heparinoid-Like Agents		
<i>terbutaline sulfate tabs</i>	P		ARIXTRA (<i>fondaparinux sodium</i>)	NP	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium sosy</i>	P	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP	LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	P	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP	LOVENOX SOSY (<i>enoxaparin sodium</i>)	NP	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
<i>fondaparinux sodium</i>	NP	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP	Thrombin Inhibitors		
FRAGMIN SOSY	NP	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP	<i>dabigatran etexilate mesylate</i>	NP	
FRAGMIN SOLN 95000 UNIT/3.8ML	NP	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP	PRADAXA (<i>dabigatran etexilate mesylate</i>)	P	
FRAGMIN INJ IJ 2500 UNIT/ML	NP	SP	PRADAXA	P	
<i>heparin sodium (porcine) soln ij 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	P		ANTICONVULSANTS - Drugs to Treat Seizures		
<i>heparin sodium (porcine) lock flush 10 unit/ml, 100 unit/ml</i>	P		AMPA Glutamate Receptor Antagonists		
HEPARIN SODIUM/D5W 5 %-100 UNIT/ML, 5 %-25000 UNIT/250ML	P		FYCOMPA TABS	NP	
HEPARIN SODIUM/DEXTROSE 5 %-100 UNIT/ML, 5 %-25000 UNIT/250ML	P		FYCOMPA SUSP	NP	
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	P		Anticonvulsants - Benzodiazepines		
HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	P		<i>clobazam susp</i>	P	
			<i>clobazam tabs</i>	P	
			<i>clonazepam tabs</i>	P	
			<i>clonazepam tbdp</i>	NP	
			DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	P	
			DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	P	
			<i>diazepam (anticonvulsant) gel</i>	P	
			KLONOPIN TABS (<i>clonazepam</i>)	P	
			NAYZILAM	P	
			ONFI TABS (<i>clobazam</i>)	P	
			ONFI SUSP (<i>clobazam</i>)	P	
			SYMPAZAN FILM	NP	
			VALTOCO LIQD	P	
			VALTOCO LQPK	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants - Misc.			LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	P	
APTIOM	NP		LAMICTAL ODT KIT 25 MG	NP	
BANZEL TABS (<i>rufinamide</i>)	NP	SP	LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	
BANZEL SUSP (<i>rufinamide</i>)	NP	SP	LAMICTAL ODT TBDP (<i>lamotrigine</i>)	NP	
BRIVIACT TABS	NP		LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>)	NP	
BRIVIACT SOLN OR 10 MG/ML	NP		LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>)	NP	
<i>carbamazepine tb12</i>	P		LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>)	NP	
<i>carbamazepine susp</i>	P		LAMICTAL XR KIT 25 MG	NP	
<i>carbamazepine tabs</i>	P		LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP	
<i>carbamazepine chew</i>	P		<i>lamotrigine kit</i>	P	
<i>carbamazepine cp12</i>	P		<i>lamotrigine tb24</i>	NP	
CARBATROL CP12 (<i>carbamazepine</i>)	P		<i>lamotrigine chew</i>	P	
DIACOMIT PACK	NP	SP	<i>lamotrigine tbdp</i>	NP	
DIACOMIT CAPS	NP	SP	<i>lamotrigine tabs</i>	P	
ELEPSIA XR TB24	NP		<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	P	
EPIDIOLEX	NP	SP	<i>levetiracetam tabs</i>	P	
EPRONTIA SOLN	NP		<i>levetiracetam tb24</i>	NP	
FINTEPLA	NP	SP	LYRICA SOLN (<i>pregabalin</i>)	P	
<i>gabapentin tabs 600 mg, 800 mg</i>	P		LYRICA CAPS (<i>pregabalin</i>)	P	
<i>gabapentin soln</i>	P		MYSOLINE (<i>primidone</i>)	P	
<i>gabapentin caps</i>	P		NEURONTIN TABS (<i>gabapentin</i>)	P	
KEPPRA SOLN OR (<i>levetiracetam</i>)	P				
KEPPRA TABS (<i>levetiracetam</i>)	P				
KEPPRA XR TB24 (<i>levetiracetam</i>)	NP				
<i>lacosamide soln or 10 mg/ml</i>	P				
<i>lacosamide tabs</i>	P				
LAMICTAL TABS (<i>lamotrigine</i>)	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEURONTIN CAPS (gabapentin)	P		ZONEGRAN CAPS 25 MG, 100 MG (zonisamide)	P	
NEURONTIN SOLN (gabapentin)	P		ZONISADE SUSP	P	
oxcarbazepine tabs	P		zonisamide caps 50 mg	P	
oxcarbazepine susp	P		zonisamide caps 25 mg, 100 mg	P	
OXTELLAR XR TB24	NP		ZTALMY	NP	
pregabalin caps	P		Carbamates		
pregabalin soln	P		felbamate susp	NP	
primidone	P		felbamate tabs	NP	
QUDEXY XR CS24 (topiramate)	NP		FELBATOL SUSP (felbamate)	NP	
rufinamide tabs	NP	SP	FELBATOL TABS (felbamate)	NP	
rufinamide susp	NP	SP	XCOPRI TABS	NP	
SPRITAM TB3D	NP		XCOPRI TBPK 0	NP	
TEGRETOL SUSP (carbamazepine)	P		GABA Modulators		
TEGRETOL TABS (carbamazepine)	P		GABITRIL (tiagabine hcl)	NP	
TEGRETOL-XR TB12 (carbamazepine)	P		SABRIL PACK (vigabatrin)	NP	SP
TOPAMAX TABS (topiramate)	P		SABRIL TABS (vigabatrin)	NP	SP
TOPAMAX SPRINKLE CPSP (topiramate)	P		tiagabine hcl	P	
topiramate cs24	NP		vigabatrin tabs	NP	SP
topiramate tabs	P		vigabatrin pack	NP	SP
topiramate cpsp	P		Hydantoins		
topiramate cp24	NP		DILANTIN (phenytoin sodium extended)	P	
TRILEPTAL TABS (oxcarbazepine)	P		DILANTIN	P	
TRILEPTAL SUSP (oxcarbazepine)	P		DILANTIN INFATABS CHEW (phenytoin)	P	
TROKENDI XR CP24	NP		DILANTIN-125 SUSP (phenytoin)	P	
TROKENDI XR CP24 (topiramate)	NP		PHENYTEK (phenytoin sodium extended)	P	
VIMPAT SOLN OR 10 MG/ML (lacosamide)	P		phenytoin chew	P	
VIMPAT TABS (lacosamide)	P		phenytoin susp	P	
			phenytoin sodium extended	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Succinimides			<i>bupropion hcl tabs</i>	P	AL(At least 6 yrs old)
CELONTIN	P		<i>bupropion hcl tb24 150 mg, 300 mg</i>	P	AL(At least 6 yrs old)
<i>ethosuximide caps</i>	NP		<i>bupropion hcl tb12</i>	P	AL(At least 6 yrs old)
<i>ethosuximide soln</i>	P		<i>bupropion hcl tb24</i>	NP	AL(At least 6 yrs old)
ZARONTIN CAPS (<i>ethosuximide</i>)	NP		FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP	AL(At least 6 yrs old)
ZARONTIN SOLN (<i>ethosuximide</i>)	P		<i>maprotiline hcl</i>	NP	AL(At least 6 yrs old)
Valproic Acid			WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	NP	AL(At least 6 yrs old)
DEPAKOTE TBEC (<i>divalproex sodium</i>)	P		WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	NP	AL(At least 6 yrs old)
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	P		Monoamine Oxidase Inhibitors (MAOIs)		
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	P		EMSAM	NP	AL(At least 6 yrs old)
<i>divalproex sodium tbec</i>	P		MARPLAN	P	AL(At least 6 yrs old)
<i>divalproex sodium tb24</i>	P		NARDIL (<i>phenelzine sulfate</i>)	NP	AL(At least 6 yrs old)
<i>divalproex sodium csdr</i>	P		<i>phenelzine sulfate</i>	P	AL(At least 6 yrs old)
<i>valproate sodium soln or 250 mg/5ml</i>	P		<i>tranylcypromine sulfate</i>	P	AL(At least 6 yrs old)
<i>valproic acid caps</i>	P		Selective Serotonin Reuptake Inhibitors (SSRIs)		
ANTIDEPRESSANTS - Drugs to Treat Depression			CELEXA TABS (<i>citalopram hydrobromide</i>)	NP	AL(At least 6 yrs old)
Alpha-2 Receptor Antagonists (Tetracyclics)			<i>citalopram hydrobromide tabs</i>	P	AL(At least 6 yrs old)
<i>mirtazapine tabs</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)
<i>mirtazapine tbdp</i>	NP	AL(At least 6 yrs old)	CITALOPRAM HYDROBROMIDE CAPS	NP	AL(At least 6 yrs old)
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	NP	AL(At least 6 yrs old)	<i>escitalopram oxalate tabs</i>	P	AL(At least 6 yrs old)
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	NP	AL(At least 6 yrs old)	<i>escitalopram oxalate soln</i>	NP	AL(At least 6 yrs old - Up to 10 yrs old)
Antidepressant Combinations			<i>escitalopram oxalate tabs</i>	NP	AL(At least 6 yrs old)
AUVELITY 45 MG-105 MG	NP				
Antidepressants - Misc.					
APLENZIN	NP	AL(At least 6 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl soln</i>	P	AL(At least 6 yrs old - Up to 10 yrs old)	<i>nefazodone hcl</i>	NP	AL(At least 6 yrs old)
<i>fluoxetine hcl caps</i>	P	AL(At least 6 yrs old)	<i>trazodone hcl tabs 300 mg</i>	NP	AL(At least 6 yrs old)
<i>fluoxetine hcl tabs</i>	NP	AL(At least 6 yrs old)	<i>trazodone hcl tabs 50 mg, 100 mg, 150 mg</i>	P	AL(At least 6 yrs old)
<i>fluoxetine hcl cpdr</i>	NP	AL(At least 6 yrs old)	TRINTELLIX	NP	AL(At least 6 yrs old)
FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>)	NP	AL(At least 6 yrs old)	VIIBRYD TABS (<i>vilazodone hcl</i>)	NP	AL(At least 6 yrs old)
<i>fluvoxamine maleate tabs</i>	P	AL(At least 6 yrs old)	VIIBRYD STARTER PACK KIT	NP	AL(At least 6 yrs old)
<i>fluvoxamine maleate cp24</i>	NP	AL(At least 6 yrs old)	<i>vilazodone hcl tabs</i>	NP	AL(At least 6 yrs old)
LEXAPRO TABS (<i>escitalopram oxalate</i>)	NP	AL(At least 6 yrs old)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>paroxetine hcl tb24</i>	NP	AL(At least 6 yrs old)	CYMBALTA CPEP (<i>duloxetine hcl</i>)	NP	AL(At least 6 yrs old)
<i>paroxetine hcl susp</i>	NP	AL(At least 6 yrs old - Up to 10 yrs old)	DESVENLAFAXINE ER	P	AL(At least 6 yrs old)
<i>paroxetine hcl tabs</i>	P	AL(At least 6 yrs old)	<i>desvenlafaxine succinate</i>	P	AL(At least 6 yrs old)
PAXIL SUSP (<i>paroxetine hcl</i>)	NP	AL(At least 6 yrs old - Up to 10 yrs old)	DRIZALMA SPRINKLE CSDR	NP	AL(At least 6 yrs old)
PAXIL TABS (<i>paroxetine hcl</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)
PAXIL CR TB24 (<i>paroxetine hcl</i>)	NP	AL(At least 6 yrs old)	<i>duloxetine hcl cpep</i>	NP	AL(At least 6 yrs old)
PEXEVA	NP	AL(At least 6 yrs old)	EFFEXOR XR CP24 (<i>venlafaxine hcl</i>)	NP	AL(At least 6 yrs old)
PROZAC CAPS (<i>fluoxetine hcl</i>)	NP	AL(At least 6 yrs old)	FETZIMA CP24	NP	AL(At least 6 yrs old)
<i>sertraline hcl conc</i>	P	AL(At least 6 yrs old - Up to 10 yrs old)	FETZIMA TITRATION PACK C4PK	NP	AL(At least 6 yrs old)
<i>sertraline hcl tabs</i>	P	AL(At least 6 yrs old)	PRISTIQ (<i>desvenlafaxine succinate</i>)	NP	AL(At least 6 yrs old)
SERTRALINE HYDROCHLORIDE CAPS	NP	AL(At least 6 yrs old)	VENLAFAXINE BESYLATE ER	NP	AL(At least 6 yrs old)
ZOLOFT TABS (<i>sertraline hcl</i>)	NP	AL(At least 6 yrs old)	<i>venlafaxine hcl tabs</i>	P	AL(At least 6 yrs old)
Serotonin Modulators			<i>venlafaxine hcl cp24</i>	NP	AL(At least 6 yrs old)
			<i>venlafaxine hcl cp24</i>	P	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tb24</i>	NP	AL(At least 6 yrs old)	SYMLINPEN 120 SOPN	NP	PA
Tricyclic Agents			SYMLINPEN 60 SOPN	NP	PA
<i>amitriptyline hcl tabs</i>	P	AL(At least 6 yrs old)	Antidiabetic Combinations		
<i>amoxapine</i>	NP	AL(At least 6 yrs old)	ACTOPLUS MET TABS (<i>pioglitazone hcl-metformin hcl</i>)	NP	
ANAFRANIL (<i>clomipramine hcl</i>)	NP	AL(At least 6 yrs old)	<i>alogliptin-metformin hcl</i>	NP	PA
<i>clomipramine hcl</i>	NP	AL(At least 6 yrs old)	<i>alogliptin-pioglitazone</i>	NP	PA
<i>clomipramine hcl</i>	P	AL(At least 6 yrs old)	DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP	
<i>desipramine hcl tabs</i>	NP	AL(At least 6 yrs old)	<i>glipizide-metformin hcl</i>	P	
<i>doxepin hcl caps 10 mg, 25 mg, 50 mg, 75 mg, 100 mg</i>	NP	AL(At least 6 yrs old)	<i>glyburide-metformin</i>	P	
<i>doxepin hcl conc</i>	P	AL(At least 6 yrs old)	GLYXAMBI	NP	
<i>doxepin hcl caps</i>	P	AL(At least 6 yrs old)	INVOKAMET TABS	P	
<i>imipramine hcl tabs</i>	P	AL(At least 6 yrs old)	INVOKAMET XR TB24	P	
<i>imipramine pamoate</i>	NP	AL(At least 6 yrs old)	JANUMET TABS	P	PA
NORPRAMIN TABS (<i>desipramine hcl</i>)	NP	AL(At least 6 yrs old)	JANUMET XR TB24	P	PA
<i>nortriptyline hcl caps</i>	P	AL(At least 6 yrs old)	JENTADUETO TABS	P	PA
<i>nortriptyline hcl soln</i>	P	AL(At least 6 yrs old)	JENTADUETO XR TB24	NP	PA
PAMELOR CAPS (<i>nortriptyline hcl</i>)	NP	AL(At least 6 yrs old)	KAZANO (<i>alogliptin-metformin hcl</i>)	NP	PA
<i>protriptyline hcl</i>	NP	AL(At least 6 yrs old)	KOMBIGLYZE XR	NP	PA
<i>trimipramine maleate caps</i>	NP	AL(At least 6 yrs old)	OSENI 12.5 MG-15 MG	NP	PA
ANTIDIABETICS - Drugs to Regulate Blood Sugar			OSENI (<i>alogliptin-pioglitazone</i>)	NP	PA
Alpha-Glucosidase Inhibitors			<i>pioglitazone hcl-glimepiride</i>	NP	
<i>acarbose</i>	P		<i>pioglitazone hcl-metformin hcl tabs</i>	NP	
<i>miglitol</i>	NP		QTERN	NP	
PRECOSE (<i>acarbose</i>)	NP		SEGLUROMET	NP	
Antidiabetic - Amylin Analogs			SOLQUA 100/33 33 MCG/ML-100 UNIT/ML	NP	PA
			STEGLUJAN	NP	
			SYNJARDY TABS	P	
			SYNJARDY XR TB24	NP	
			TRIJARDY XR	NP	
			XIGDUO XR	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XULTOPHY 100/3.6 100 UNIT/ML-3.6 MG/ML	NP	PA	GLUCOSE CHEW	P	
Biguanides			GLUCOSE INSTANT ENERGY 4 GM-6 MG	P	
FORTAMET TB24 (<i>metformin hcl</i>)	NP		GNP GLUCOSE CHEW	P	
GLUMETZA TB24 (<i>metformin hcl</i>)	NP		GNP QUICK DISSOLVE GLUCOSE CHEW	P	
<i>metformin hcl tabs 1000 mg</i>	NP		GOODSENSE GLUCOSE 4 GM-6 MG	P	
<i>metformin hcl tb24 500 mg, 1000 mg</i>	NP		GVOKE HYPOPEN 1-PACK SOAJ	P	
<i>metformin hcl tabs</i>	P		GVOKE HYPOPEN 2-PACK SOAJ	P	
<i>metformin hcl soln</i>	NP		GVOKE KIT SOLN	P	
<i>metformin hcl tb24 500 mg, 750 mg</i>	P		GVOKE PFS SOSY	P	
RIOMET SOLN (<i>metformin hcl</i>)	NP		HY-VEE GLUCOSE 6 MG-4 GM	P	
Diabetic Other			KROGER GLUCOSE 4 GM-6 MG	P	
BAQSIMI ONE PACK POWD	P		LEADER GLUCOSE	P	
BAQSIMI TWO PACK POWD	P		LEADER QUICK DISSOLVE GLUCOSE CHEW	P	
CVS GLUCOSE CHEW	P		LONGS GLUCOSE 4 GM-6 MG	P	
CVS SOFT GLUCOSE CHEW	P		MEIJER GLUCOSE 4 GM-6 MG	P	
DEX4 4 GM-6 MG	P		PREFERRED PLUS GLUCOSE 4 GM-6 MG	P	
DEX4 FAST ACTING GLUCOSE 4 GM-6 MG	P		PX GLUCOSE 4 GM-6 MG	P	
DEX4 NATURALS 4 GM-6 MG	P		RA GLUCOSE 6 MG-4 GM	P	
DEX4 POUCH PACK 4 GM-6 MG	P		RELION GLUCOSE 4 GM-6 MG	P	
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P		SM GLUCOSE 6 MG-4 GM	P	
<i>dextrose (diabetic use) gel</i>	P		SMART SENSE GLUCOSE 4 GM-6 MG	P	
GLUCAGEN HYPOKIT	P		SMART SENSE GLUCOSE TABLETS 4 GM-6 MG	P	
<i>glucagon (rdna)</i>	NP				
GLUCAGON EMERGENCY KIT (<i>glucagon (rdna)</i>)	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TGT GLUCOSE 4 GM-6 MG	P		ADMELOG SOLN IJ	NP	
TRUEPLUS GLUCOSE CHEW	P		ADMELOG SOLOSTAR SOPN	NP	
TRUEPLUS GLUCOSE ON THE GO CHEW	P		AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	
UP & UP GLUCOSE 4 GM-6 MG	P		APIDRA SOLN	NP	
VALUE PLUS GLUCOSE 4 GM-6 MG	P		APIDRA SOLOSTAR SOPN	NP	
WALGREENS GLUCOSE 6 MG-4 GM	P		BASAGLAR KWIKPEN SOPN	NP	
ZEGALOGUE SOAJ	P		BASAGLAR TEMPO PEN SOPN	NP	
ZEGALOGUE SOSY	P		FIASP SOLN 100 UNIT/ML	NP	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			FIASP FLEXTOUCH SOPN 100 UNIT/ML	NP	
<i>alogliptin benzoate</i>	NP	PA	FIASP PENFILL SOCT 20.8 MG/ML-100 UNIT/ML	NP	
JANUVIA	P	PA	HUMALOG SOLN IJ	NP	
NESINA (<i>alogliptin benzoate</i>)	NP	PA	HUMALOG SOCT	NP	
ONGLYZA	NP	PA	HUMALOG JUNIOR KWIKPEN SOPN	NP	
TRADJENTA	P	PA	HUMALOG KWIKPEN SOPN	NP	
Incretin Mimetic Agents			HUMALOG MIX 50/50 SUSP 50 UNIT/ML-50 UNIT/ML	P	
ADLYXIN SOPN	NP	PA	HUMALOG MIX 50/50 KWIKPEN SUPN 50 UNIT/ML-50 UNIT/ML	P	
ADLYXIN STARTER PACK PNKT	NP	PA	HUMALOG MIX 75/25 SUSP 25 UNIT/ML-75 UNIT/ML	P	
BYDUREON BCISE AUIJ	NP	PA	HUMALOG MIX 75/25 KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML	NP	
BYDUREON PEN PEN	NP	PA	HUMALOG TEMPO PEN SOPN	NP	
BYETTA SOPN	NP	PA	HUMULIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	NP	
MOUNJARO	NP	PA	HUMULIN 70/30 KWIKPEN SUPN 30 UNIT/ML-70 UNIT/ML	NP	
OZEMPIC SOPN 5.5 MG/ML-8 MG/3ML-14 MG/ML	P	PA			
OZEMPIC SOPN 2 MG/3ML	P				
RYBELSUS TABS	NP	PA			
TRULICITY	P	PA			
VICTOZA	P	PA			
Insulin					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMULIN N SUSP	NP		LANTUS SOLOSTAR SOPN	P	
HUMULIN N KWIKPEN SUPN	NP		LEVEMIR SOLN	P	
HUMULIN R SOLN IJ	NP		LEVEMIR FLEXPEN SOPN	P	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P		LEVEMIR FLEXTOUCH SOPN	P	
HUMULIN R U-500 KWIKPEN SOPN SC	P		LYUMJEV SOLN	NP	
INSULIN ASPART SOLN IJ	P		LYUMJEV KWIKPEN SOPN	NP	
INSULIN ASPART FLEXPEN SOPN	P		LYUMJEV TEMPO PEN SOPN	NP	
INSULIN ASPART PENFILL SOCT	P		NOVOLIN 70/30 SUSP 30 UNIT/ML-70 UNIT/ML	NP	
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP 30 %-70 %	P		NOVOLIN 70/30 FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML	NP	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML	P		NOVOLIN 70/30 FLEXPEN RELION SUPN 30 UNIT/ML-70 UNIT/ML	NP	
INSULIN DEGLUDEC SOLN	NP		NOVOLIN 70/30 RELION SUSP 30 UNIT/ML-70 UNIT/ML	NP	
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP		NOVOLIN N SUSP	NP	
INSULIN GLARGINE SOLN	NP		NOVOLIN N FLEXPEN SUPN	NP	
INSULIN GLARGINE SOPN	NP		NOVOLIN N FLEXPEN RELION SUPN	NP	
INSULIN GLARGINE SOLOSTAR SOPN	NP		NOVOLIN N RELION SUSP	NP	
INSULIN LISPRO SOLN IJ	P		NOVOLIN R SOLN IJ	NP	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P		NOVOLIN R FLEXPEN SOPN IJ	NP	
INSULIN LISPRO KWIKPEN SOPN	P		NOVOLIN R FLEXPEN RELION SOPN IJ	NP	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML	P		NOVOLIN R RELION SOLN IJ	NP	
LANTUS SOLN	P		NOVOLOG SOLN IJ	NP	
			NOVOLOG FLEXPEN SOPN	NP	
			NOVOLOG FLEXPEN RELION SOPN	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 SUSP 30 UNIT/ML-70 UNIT/ML	NP		JARDIANCE	P	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN 30 UNIT/ML-70 UNIT/ML	NP		STEGLATRO	NP	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 30 UNIT/ML-70 UNIT/ML	NP		Sulfonylureas		
NOVOLOG MIX 70/30 RELION SUSP 30 UNIT/ML-70 UNIT/ML	NP		<i>glimepiride</i>	P	
NOVOLOG PENFILL SOCT	NP		<i>glipizide tabs</i>	P	
NOVOLOG RELION SOLN IJ	NP		<i>glipizide tb24</i>	P	
SEMGLEE SOLN	NP		<i>glyburide tabs</i>	P	
SEMGLEE SOPN	NP		<i>glyburide micronized 1.5 mg, 3 mg, 6 mg</i>	P	
TOUJEO MAX SOLOSTAR SOPN	P		ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
TOUJEO SOLOSTAR SOPN	P		Antidiarrheal/Probiotic Combinations		
TRESIBA SOLN	NP		<i>loperamide-simethicone tabs 2 mg-125 mg</i>	P	
TRESIBA FLEXTOUCH SOPN	NP		Antiperistaltic Agents		
Insulin Sensitizing Agents			ANTI-DIARRHEAL LIQD	P	
ACTOS (<i>pioglitazone hcl</i>)	NP		<i>diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg</i>	P	
AVANDIA 2 MG, 4 MG	NP		<i>diphenoxylate w/ atropine liqd 0.025 mg/5ml-2.5 mg/5ml</i>	P	
<i>pioglitazone hcl</i>	P		<i>loperamide hcl caps</i>	P	RX/OTC
Meglitinide Analogues			<i>loperamide hcl tabs</i>	P	
<i>nateglinide</i>	P		ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>repaglinide</i>	P		Antidotes - Chelating Agents		
STARLIX 120 MG (<i>nateglinide</i>)	NP		CHEMET	P	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			Antidotes and Specific Antagonists		
FARXIGA	P		VISTOGARD	NP	
INVOKANA	P		Opioid Antagonists		
			KLOXXADO LIQD	P	
			<i>naloxone hcl sosy</i>	P	
			<i>naloxone hcl liqd</i>	NP	
			<i>naloxone hcl soln .4 mg/ml, 4 mg/10ml</i>	P	
			<i>naloxone hcl soct</i>	P	
			<i>naltrexone hcl</i>	P	

Drug Name	Drug Tier	Requirements/Limits
NARCAN LIQD (<i>naloxone hcl</i>)	P	
VIVITROL	P	SP
ZIMHI SOSY	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS	NP	
<i>granisetron hcl tabs</i>	NP	
<i>granisetron hcl soln iv 1 mg/ml, 4 mg/4ml</i>	P	
<i>ondansetron tbdp</i>	P	
<i>ondansetron hcl sosy</i>	P	
<i>ondansetron hcl soln ij</i>	P	
<i>ondansetron hcl soln or 4 mg/5ml</i>	P	
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	P	
SANCUSO PTCH	NP	
ZOFRAN TABS 4 MG (<i>ondansetron hcl</i>)	NP	
Antiemetics - Anticholinergic		
<i>dimenhydrinate tabs</i>	P	
DRAMAMINE CHEW	P	
<i>meclizine hcl tabs 12.5 mg, 25 mg</i>	P	RX/OTC
<i>meclizine hcl chew</i>	P	RX/OTC
<i>scopolamine</i>	NP	
TIGAN CAPS (<i>trimethobenzamide hcl</i>)	NP	
TRANSDERM-SCOP (<i>scopolamine</i>)	P	
<i>trimethobenzamide hcl caps</i>	NP	
Antiemetics - Miscellaneous		
AKYNZEO SOLN 0.25 MG/20ML-235 MG/20ML	NP	

Drug Name	Drug Tier	Requirements/Limits
AKYNZEO 0.5 MG-300 MG	NP	
BONJESTA TBCR 20 MG-20 MG	NP	PA
DICLEGIS TBEC 10 MG-10 MG (<i>doxylamine-pyridoxine</i>)	P	
<i>doxylamine-pyridoxine tbec 10 mg-10 mg</i>	NP	
<i>dronabinol caps</i>	NP	PA
MARINOL CAPS (<i>dronabinol</i>)	NP	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant misc</i>	NP	
<i>aprepitant caps</i>	NP	
CINVANTI EMUL	P	
EMEND SUSR	NP	
EMEND CAPS (<i>aprepitant</i>)	NP	
EMEND TRIPACK CAPS (<i>aprepitant</i>)	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	
Antifungals		
ANCOBON (<i>flucytosine</i>)	NP	
<i>flucytosine</i>	NP	
<i>griseofulvin microsize tabs</i>	NP	
<i>griseofulvin microsize susp</i>	P	
<i>griseofulvin ultramicrosize</i>	NP	
<i>nystatin tabs</i>	P	
<i>terbinafine hcl tabs</i>	P	
Imidazole-Related Antifungals		
CRESEMBA CAPS	NP	
DIFLUCAN SUSR (<i>fluconazole</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN TABS (<i>fluconazole</i>)	NP		<i>diphenhydramine hcl elix</i> 12.5 mg/5ml	P	
<i>fluconazole tabs</i>	P		<i>diphenhydramine hcl caps</i>	P	
<i>fluconazole susr</i>	P		<i>diphenhydramine hcl</i> <i>chew</i> 12.5 mg	P	
<i>fluconazole in nacl</i>	P		<i>diphenhydramine hcl soln</i> 50 mg/ml	P	
<i>itraconazole caps</i>	NP		<i>diphenhydramine hcl tabs</i> 25 mg	P	
<i>itraconazole soln</i>	NP		Antihistamines - Non-Sedating		
<i>ketoconazole</i>	NP		<i>cetirizine hcl soln or</i>	P	RX/OTC
NOXAFIL TBEC (<i>posaconazole</i>)	NP		<i>cetirizine hcl chew</i>	NP	
NOXAFIL PACK	NP		<i>cetirizine hcl tabs</i>	P	
NOXAFIL SUSP	NP		<i>cetirizine hcl tabs 10 mg</i>	NP	
<i>posaconazole tbec</i>	NP		<i>cetirizine hcl caps</i>	NP	
SPORANOX CAPS (<i>itraconazole</i>)	NP		CLARINEX TABS (<i>desloratadine</i>)	NP	
SPORANOX SOLN (<i>itraconazole</i>)	NP		<i>desloratadine tabs</i>	NP	
SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	NP		<i>desloratadine tbdp</i>	NP	
TOLSURA CAPS	NP		<i>fexofenadine hcl tabs 60</i> <i>mg, 180 mg</i>	NP	
VFEND SUSR (<i>voriconazole</i>)	NP		<i>fexofenadine hcl susp</i>	NP	
VFEND TABS (<i>voriconazole</i>)	NP		<i>levocetirizine</i> <i>dihydrochloride tabs</i>	NP	RX/OTC
VIVJOA	NP		<i>levocetirizine</i> <i>dihydrochloride soln</i>	NP	RX/OTC
<i>voriconazole tabs</i>	NP		<i>levocetirizine</i> <i>dihydrochloride tabs</i>	P	RX/OTC
<i>voriconazole susr</i>	NP		<i>loratadine tabs</i>	P	
ANTIHISTAMINES - Drugs to Treat Allergies			<i>loratadine syrup</i>	P	
Antihistamines - Alkylamines			<i>loratadine chew</i>	NP	
<i>chlorpheniramine maleate</i> <i>syrp</i>	P		<i>loratadine soln</i>	P	
Antihistamines - Combinations			<i>loratadine tbdp</i>	NP	
CLOBETEX 0.05 %-5 MG	NP		Antihistamines - Phenothiazines		
Antihistamines - Ethanolamines			<i>promethazine hcl supp</i>	P	
<i>diphenhydramine hcl liqd</i> 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml	P		<i>promethazine hcl tabs</i>	P	
			<i>promethazine hcl syrup</i>	P	
			<i>promethazine hcl soln 25</i> <i>mg/ml, 50 mg/ml</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antihistamines - Piperidines			COLESTID GRAN (<i>colestipol hcl</i>)	NP	
<i>cyproheptadine hcl syrp</i>	P		COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	NP	
<i>cyproheptadine hcl tabs</i>	P		COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	NP	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>colestipol hcl gran</i>	P	
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors			<i>colestipol hcl tabs</i>	P	
NEXLETOL	NP		<i>colestipol hcl pack</i>	P	
Angiotensin-like Protein Inhibitors			QUESTRAN POWD (<i>cholestyramine</i>)	NP	
EVKEEZA	NP	SP	QUESTRAN PACK (<i>cholestyramine</i>)	NP	
Antihyperlipidemics - Combinations			QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NP	
<i>ezetimibe-simvastatin</i>	NP		WELCHOL TABS (<i>colesevelam hcl</i>)	NP	
NEXLIZET 10 MG-180 MG	NP		WELCHOL PACK (<i>colesevelam hcl</i>)	NP	
VYTORIN (<i>ezetimibe- simvastatin</i>)	NP		Fibric Acid Derivatives		
Antihyperlipidemics - Misc.			ANTARA 30 MG, 67 MG, 90 MG (<i>fenofibrate micronized</i>)	NP	
<i>icosapent ethyl</i>	NP		<i>choline fenofibrate</i>	P	
LOVAZA 1 GM-375 MG- 465 MG (<i>omega-3-acid ethyl esters</i>)	NP		<i>fenofibrate tabs</i>	P	
<i>omega-3-acid ethyl esters 1 gm-375 mg-465 mg</i>	P		<i>fenofibrate caps</i>	P	
VASCEPA (<i>icosapent ethyl</i>)	NP		<i>fenofibrate micronized 30 mg, 67 mg, 90 mg</i>	NP	
Bile Acid Sequestrants			<i>fenofibrate micronized</i>	P	
<i>cholestyramine pack</i>	P		<i>fenofibric acid</i>	P	
<i>cholestyramine powd</i>	P		FENOGLIDE TABS (<i>fenofibrate</i>)	NP	
<i>cholestyramine light powd</i>	P		<i>gemfibrozil tabs</i>	P	
<i>cholestyramine light pack</i>	P		LIPOFEN CAPS (<i>fenofibrate</i>)	NP	
<i>colesevelam hcl tabs</i>	P		LOPID TABS (<i>gemfibrozil</i>)	NP	
<i>colesevelam hcl pack</i>	NP		TRICOR TABS (<i>fenofibrate</i>)	NP	
COLESTID PACK (<i>colestipol hcl</i>)	NP		TRILIPIX (<i>choline fenofibrate</i>)	NP	
COLESTID TABS (<i>colestipol hcl</i>)	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HMG CoA Reductase Inhibitors			<i>niacin (antihyperlipidemic) tabs</i>	NP	
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	QL(1 ea daily)	<i>niacin (antihyperlipidemic) tbc</i>	P	
<i>atorvastatin calcium</i>	NP	QL(1 ea daily)	NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	NP	
<i>atorvastatin calcium</i>	P	QL(1 ea daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
CRESTOR TABS (<i>rosuvastatin calcium</i>)	NP	QL(1 ea daily)	LEQVIO	NP	SP
EZALLOR SPRINKLE CPSP	NP	QL(1 ea daily)	PRALUENT SOAJ 75 MG/ML	NP	SP; PA
<i>fluvastatin sodium caps</i>	NP	QL(1 ea daily)	PRALUENT SOAJ	P	SP; PA
<i>fluvastatin sodium tb24</i>	NP	QL(1 ea daily)	REPATHA SOSY	P	SP; PA
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NP	QL(1 ea daily)	REPATHA PUSHTRONEX SYSTEM SOCT	P	SP; PA
LIPITOR (<i>atorvastatin calcium</i>)	NP	QL(1 ea daily)	REPATHA SURECLICK SOAJ	P	SP; PA
LIVALO	NP	QL(1 ea daily)	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
<i>lovastatin tabs</i>	P	QL(1 ea daily)	ACE Inhibitors		
PRAVACHOL 20 MG, 40 MG, 80 MG (<i>pravastatin sodium</i>)	NP	QL(1 ea daily)	ACCUPRIL (<i>quinapril hcl</i>)	NP	
<i>pravastatin sodium</i>	P	QL(1 ea daily)	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	NP	
<i>pravastatin sodium 20 mg, 40 mg, 80 mg</i>	NP	QL(1 ea daily)	<i>benazepril hcl</i>	P	
<i>rosuvastatin calcium tabs</i>	NP	QL(1 ea daily)	<i>captopril</i>	NP	
<i>rosuvastatin calcium tabs</i>	P	QL(1 ea daily)	<i>enalapril maleate soln</i>	P	
<i>simvastatin tabs</i>	P	QL(1 ea daily)	<i>enalapril maleate tabs</i>	P	
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (<i>simvastatin</i>)	NP	QL(1 ea daily)	EPANED SOLN (<i>enalapril maleate</i>)	NP	
ZYPITAMAG 2 MG, 4 MG	NP	QL(1 ea daily)	<i>fosinopril sodium</i>	P	
Intestinal Cholesterol Absorption Inhibitors			<i>lisinopril tabs 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	P	
<i>ezetimibe</i>	P		LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	NP	
ZETIA (<i>ezetimibe</i>)	NP		<i>moexipril hcl</i>	NP	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			<i>perindopril erbumine</i>	NP	
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	NP	SP			
Nicotinic Acid Derivatives					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRINIVIL TABS (<i>lisinopril</i>)	NP		<i>clonidine hcl tb24</i>	P	
QBRELIS SOLN	NP		<i>doxazosin mesylate</i>	P	
<i>quinapril hcl</i>	P		<i>guanfacine hcl</i>	P	
<i>ramipril caps</i>	P		<i>methyldopa tabs</i>	P	
<i>trandolapril</i>	P		MINIPRESS CAPS (<i>prazosin hcl</i>)	NP	
VASOTEC TABS (<i>enalapril maleate</i>)	NP		<i>prazosin hcl caps</i>	P	
ZESTRIL TABS (<i>lisinopril</i>)	NP		<i>terazosin hcl</i>	NP	
Agents for Pheochromocytoma			<i>terazosin hcl</i>	P	
<i>metirosine</i>	P	SP	Antihypertensive Combinations		
Angiotensin II Receptor Antagonists			ACCURETIC (<i>quinapril-hydrochlorothiazide</i>)	NP	
ATACAND (<i>candesartan cilexetil</i>)	NP		ACCURETIC 10 MG-12.5 MG	NP	
AVAPRO (<i>irbesartan</i>)	NP		<i>amlodipine besylate-benazepril hcl</i>	P	
BENICAR (<i>olmesartan medoxomil</i>)	NP		<i>amlodipine besylate-olmesartan medoxomil</i>	P	
<i>candesartan cilexetil</i>	NP		<i>amlodipine besylate-valsartan</i>	P	
COZAAR (<i>losartan potassium</i>)	NP		<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	
DIOVAN TABS (<i>valsartan</i>)	NP		ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NP	
EDARBI	NP		<i>atenolol & chlorthalidone</i>	P	
<i>irbesartan</i>	P		AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	NP	
<i>losartan potassium</i>	P		AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	NP	
MICARDIS (<i>telmisartan</i>)	NP		<i>benazepril & hydrochlorothiazide</i>	P	
<i>olmesartan medoxomil</i>	P		BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NP	
<i>telmisartan</i>	NP		<i>bisoprolol & hydrochlorothiazide</i>	P	
<i>valsartan tabs</i>	P		<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	
Antiadrenergic Antihypertensives					
CARDURA (<i>doxazosin mesylate</i>)	NP				
CATAPRES-TTS-1 (<i>clonidine</i>)	NP				
CATAPRES-TTS-2 (<i>clonidine</i>)	NP				
CATAPRES-TTS-3 (<i>clonidine</i>)	NP				
<i>clonidine</i>	P				
<i>clonidine hcl tabs</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>captopril & hydrochlorothiazide</i>	NP		<i>propranolol & hydrochlorothiazide</i>	P	
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	NP		<i>quinapril-hydrochlorothiazide</i>	P	
EDARBYCLOR	NP		TARKA (<i>trandolapril-verapamil hcl</i>)	NP	
<i>enalapril maleate & hydrochlorothiazide</i>	P		TEKTURNA HCT	NP	
EXFORGE (<i>amlodipine besylate-valsartan</i>)	NP		<i>telmisartan-amlodipine</i>	NP	
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP		<i>telmisartan-hydrochlorothiazide</i>	NP	
<i>fosinopril sodium & hydrochlorothiazide</i>	NP		TENORETIC 100 25 MG-100 MG (<i>atenolol & chlorthalidone</i>)	NP	
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NP		TENORETIC 50 25 MG-50 MG (<i>atenolol & chlorthalidone</i>)	NP	
<i>irbesartan-hydrochlorothiazide</i>	P		<i>trandolapril-verapamil hcl</i>	NP	
<i>lisinopril & hydrochlorothiazide</i>	P		TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	
<i>losartan potassium & hydrochlorothiazide</i>	P		TWYNSTA (<i>telmisartan-amlodipine</i>)	NP	
LOTENSIN HCT 10 MG-12.5 MG, 12.5 MG-20 MG, 20 MG-25 MG (<i>benazepril & hydrochlorothiazide</i>)	NP		<i>valsartan-hydrochlorothiazide</i>	P	
LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG (<i>amlodipine besylate-benazepril hcl</i>)	NP		VASERETIC 10 MG-25 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NP	
<i>methyldopa & hydrochlorothiazide</i>	P		ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	NP	
<i>metoprolol & hydrochlorothiazide tabs</i>	NP		ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	NP	
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NP		Direct Renin Inhibitors		
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P		<i>aliskiren fumarate</i>	NP	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P		TEKTURNA (<i>aliskiren fumarate</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		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Anti-infective Agents - Misc.			VANCOMYCIN HYDROCHLORIDE/DEXTROSE 5 %-500 MG/100ML		
AEMCOLO	NP		Leprostatics		
FLAGYL TABS 500 MG (metronidazole)	NP		dapsone	P	
FLAGYL CAPS (metronidazole)	NP		Lincosamides		
metronidazole caps	NP		CLEOCIN (clindamycin hcl)	NP	
metronidazole tabs	P		CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)	NP	AL(Up to 9 yrs old)
pentamidine isethionate in tinidazole 500 mg	P		clindamycin hcl	P	
trimethoprim tabs	P		clindamycin palmitate hydrochloride	P	AL(Up to 9 yrs old)
TRIMETHOPRIM TABS	P		Monobactams		
XIFAXAN 200 MG	P		CAYSTON	NP	SP
XIFAXAN 550 MG	NP		Oxazolidinones		
Anti-infective Misc. - Combinations			linezolid susr	NP	PA
sulfamethoxazole-trimethoprim susp 40 mg/5ml-200 mg/5ml	P		linezolid tabs	NP	PA
sulfamethoxazole-trimethoprim tabs	P		SIVEXTRO TABS	NP	
Antiprotozoal Agents			ZYVOX TABS (linezolid)	NP	PA
atovaquone	P		ZYVOX SUSR (linezolid)	NP	PA
Carbapenems			Pleuromutilins		
imipenem-cilastatin iv	P		XENLETA TABS	NP	SP
meropenem	P		Urinary Anti-infectives		
Glycopeptides			fosfomycin tromethamine	NP	
FIRVANQ SOLR OR	P		HIPREX (methenamine hippurate)	NP	
VANCOCCIN CAPS (vancomycin hcl)	NP		MACROBID (nitrofurantoin monohydrate macro)	NP	
vancomycin hcl solr iv 500 mg	P		MACRODANTIN (nitrofurantoin macrocrystal)	NP	
vancomycin hcl solr iv 1 gm	NP		methenamine hippurate	P	
vancomycin hcl caps	P		methenamine mandelate	P	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	NP				

Drug Name	Drug Tier	Requirements/Limits
MONUROL (<i>fosfomycin tromethamine</i>)	P	
<i>nitrofurantoin</i>	NP	
<i>nitrofurantoin macrocrystal 25 mg</i>	P	
<i>nitrofurantoin macrocrystal</i>	NP	
<i>nitrofurantoin monohyd 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
<i>quinine sulfate caps 324 mg</i>	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
<i>pyridostigmine bromide soln or</i>	P	
<i>pyridostigmine bromide tabs 60 mg</i>	P	
<i>pyridostigmine bromide tbc</i>	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	P	
<i>ethambutol hcl tabs</i>	P	
<i>isoniazid tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid syrp</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		
ALKERAN (<i>melphalan</i>)	P	
ALKERAN (<i>melphalan hcl</i>)	P	SP
BELRAPZO SOLN	P	SP
<i>bendamustine hcl solr</i>	P	SP
BENDAMUSTINE HYDROCHLORIDE SOLN	P	SP
BENDEKA SOLN	P	SP
BICNU (<i>carmustine</i>)	P	
<i>busulfan soln</i>	NP	
<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, 1000 mg/100ml</i>	P	SP
<i>carboplatin soln 50 mg/5ml, 450 mg/45ml</i>	NP	SP
<i>carmustine</i>	P	
CARMUSTINE	P	
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml, 200 mg/200ml</i>	P	SP
CISPLATIN SOLR	P	SP
<i>cyclophosphamide caps</i>	P	
<i>cyclophosphamide solr ij 1 gm</i>	NP	SP
<i>cyclophosphamide solr ij</i>	P	SP
CYCLOPHOSPHAMIDE SOLN	P	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE TABS	P		<i>azacitidine susr</i>	NP	SP
CYCLOPHOSPHAMIDE SOLN	P	SP	<i>azacitidine susr</i>	P	SP
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	P	SP	<i>capecitabine</i>	NP	SP
EVOMELA	NP	SP	<i>capecitabine</i>	P	SP
GLIADEL WAFER	P		<i>cladribine 10 mg/10ml</i>	P	SP
IFEX SOLR	P		<i>clofarabine</i>	P	
IFEX SOLR (<i>ifosfamide</i>)	P		CLOLAR (<i>clofarabine</i>)	P	
<i>ifosfamide solr</i>	P		<i>cytarabine soln</i>	P	SP
<i>ifosfamide soln</i>	P		DACOGEN (<i>decitabine</i>)	P	SP
IFOSFAMIDE SOLR	P		<i>decitabine</i>	P	SP
LEUKERAN	P		<i>floxuridine</i>	P	
<i>melphalan</i>	P		<i>fludarabine phosphate solr</i>	P	SP
<i>melphalan hcl</i>	P	SP	<i>fludarabine phosphate soln</i>	P	SP
MYLERAN TABS	P		<i>fluorouracil</i>	P	
<i>oxaliplatin solr</i>	P		<i>fluorouracil 500 mg/10ml</i>	NP	
<i>oxaliplatin soln 50 mg/10ml, 100 mg/20ml</i>	P		FOLOTYN	P	SP
<i>oxaliplatin soln 50 mg/10ml, 100 mg/20ml</i>	NP		<i>gemcitabine hcl solr</i>	P	
TEMODAR CAPS (<i>temozolomide</i>)	P	SP	<i>gemcitabine hcl soln</i>	P	
TEMODAR SOLR	P	SP	GEMCITABINE HYDROCHLORIDE SOLN (<i>gemcitabine hcl</i>)	P	
<i>temozolomide caps</i>	P	SP	GEMCITABINE HYDROCHLORIDE SOLN	P	
TEPADINA (<i>thiotepa</i>)	P	SP	GEMCITABINE HYDROCHLORIDE SOLN	P	
<i>thiotepa</i>	P	SP	INFUGEM	P	
TREANDA SOLR (<i>bendamustine hcl</i>)	P	SP	<i>mercaptopurine tabs</i>	P	
VIVIMUSTA SOLN	P	SP	<i>methotrexate sodium solr</i>	P	
YONDELIS	P	SP	<i>methotrexate sodium tabs 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg</i>	P	
ZANOSAR	P		<i>methotrexate sodium soln 1 gm/40ml, 50 mg/2ml, 250 mg/10ml, 1000 mg/40ml</i>	P	
ZEPZELCA	P	SP	<i>nelarabine</i>	P	
Antimetabolites			ONUREG TABS	P	SP
ALIMTA SOLR (<i>pemetrexed disodium</i>)	P	SP	PEMETREXED SOLN	P	SP
ARRANON (<i>nelarabine</i>)	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEMETREXED	P	SP	BAVENCIO	P	SP
<i>pemetrexed disodium solr</i>	P	SP	BESPONSA	P	SP
PEMFEXY	P	SP	BLENREP	P	SP
<i>pralatrexate</i>	P	SP	BLINCYTO	P	SP
PURIXAN SUSP	P		DANYELZA	NP	
TABLOID	P	SP	DARZALEX	P	SP
TREXALL TABS	P		ELAHERE	NP	SP
VIDAZA SUSR (<i>azacitidine</i>)	P	SP	EMPLICITI	P	SP
XATMEP SOLN	P		ENHERTU	P	SP
XELODA (<i>capecitabine</i>)	P	SP	GAZYVA	P	SP
Antineoplastic - Angiogenesis Inhibitors			IMFINZI	P	SP
ALYMSYS	P	SP	JEMPERLI	P	SP
AVASTIN	P	SP	KADCYLA	P	SP
CYRAMZA	P	SP	KEYTRUDA	P	SP
INLYTA	P	SP	KIMMTRAK	NP	SP
LENVIMA 10 MG DAILY DOSE	P	SP	LIBTAYO	P	SP
LENVIMA 12MG DAILY DOSE	P	SP	LUMOXITI	NP	SP
LENVIMA 14 MG DAILY DOSE	P	SP	LUMOXITI	P	SP
LENVIMA 18 MG DAILY DOSE	P	SP	LUNSUMIO	P	SP
LENVIMA 20 MG DAILY DOSE	P	SP	MONJUVI	P	SP
LENVIMA 24 MG DAILY DOSE	P	SP	MYLOTARG	P	SP
LENVIMA 4 MG DAILY DOSE	P	SP	OPDIVO	P	SP
LENVIMA 8 MG DAILY DOSE	P	SP	PADCEV	P	SP
MVASI	P	SP	POLIVY	P	SP
ZALTRAP	P	SP	POTELIGEO	P	SP
ZIRABEV	P	SP	RIABNI	P	SP
Antineoplastic - Antibodies			RITUXAN	P	SP
ADCETRIS	P	SP	RUXIENCE	P	SP
ARZERRA	P	SP	RYBREVANT	P	SP
			SARCLISA	P	SP
			TECENTRIQ	P	SP
			TIVDAK	P	SP
			TRUXIMA	P	SP
			UNITUXIN	P	SP
			YERVOY	P	SP
			ZEVALIN Y-90	P	SP
			ZYNLONTA	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - Anti-HER2 Agents			Antineoplastic - Hedgehog Pathway Inhibitors		
HERCEPTIN 150 MG	P	SP	DAURISMO	P	SP
HERZUMA	P	SP	ERIVEDGE	P	SP
KANJINTI	P	SP	ODOMZO	P	SP
MARGENZA	NP	SP	Antineoplastic - Hormonal and Related Agents		
OGIVRI	P	SP	<i>abiraterone acetate</i>	P	SP
ONTRUZANT	P	SP	<i>abiraterone acetate</i>	NP	SP
ONTRUZANT	NP	SP	<i>anastrozole</i>	P	
PERJETA	P	SP	ARIMIDEX (<i>anastrozole</i>)	P	
TRAZIMERA	P	SP	AROMASIN (<i>exemestane</i>)	P	
TUKYSA	P	SP	<i>bicalutamide</i>	P	
Antineoplastic - BCL-2 Inhibitors			<i>bicalutamide</i>	P	
VENCLEXTA TABS	P	SP	CAMCEVI	P	SP
VENCLEXTA STARTING PACK TBPK	P	SP	CASODEX (<i>bicalutamide</i>)	P	
Antineoplastic - Cellular Immunotherapy			ELIGARD KIT SC 7.5 MG	P	SP
ABECMA	P	SP	EMCYT	P	SP
BREYANZI	NP	SP	ERLEADA	P	SP
CARVYKTI	P	SP	<i>exemestane</i>	NP	
KYMRIAH 0	P	SP	<i>exemestane</i>	P	
PROVENGE	P	SP	FARESTON (<i>toremifene citrate</i>)	P	
TECARTUS 0	P	SP	FASLODEX SOSY (<i>fulvestrant</i>)	P	
YESCARTA	P	SP	FEMARA (<i>letrozole</i>)	P	
Antineoplastic - EGFR Inhibitors			FIRMAGON	P	SP
ERBITUX	P	SP	<i>flutamide</i>	P	
<i>erlotinib hcl</i>	NP	SP	<i>fulvestrant sosy</i>	P	
<i>erlotinib hcl</i>	P	SP	<i>hydroxyprogesterone caproate (antineoplastic)</i>	P	SP
EXKIVITY	P	SP	<i>letrozole</i>	P	
GILOTRIF	P	SP	<i>leuprolide acetate kit ij 1 mg/0.2ml</i>	P	SP
IRESSA	P	SP	LEUPROLIDE ACETATE INJ	P	
PORTRAZZA	P	SP	LUPRON DEPOT (1-MONTH) KIT IM	P	SP
TAGRISO	P	SP	LUPRON DEPOT (3-MONTH) KIT IM	P	SP
TARCEVA (<i>erlotinib hcl</i>)	P	SP			
VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP			
VIZIMPRO	P	SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (4-MONTH) IM	P	SP	XPOVIO 40 MG TWICE WEEKLY	P	SP
LUPRON DEPOT (6-MONTH) IM	P	SP	XPOVIO 60 MG ONCE WEEKLY	P	SP
LYSODREN	P	SP	XPOVIO 60 MG TWICE WEEKLY	P	SP
<i>megestrol acetate tabs</i>	P		XPOVIO 80 MG ONCE WEEKLY	P	SP
<i>megestrol acetate tabs 40 mg</i>	NP		XPOVIO 80 MG TWICE WEEKLY	P	SP
<i>nilutamide</i>	P		Antineoplastic Antibiotics		
NUBEQA	P	SP	<i>bleomycin sulfate</i>	P	
ORGOVYX	NP	SP	COSMEGEN (<i>dactinomycin</i>)	P	
ORSERDU	P		<i>dactinomycin</i>	P	
SOLTAMOX SOLN	P		<i>daunorubicin hcl soln</i>	P	SP
<i>tamoxifen citrate tabs</i>	P		DAUNORUBICIN HYDROCHLORIDE SOLN (<i>daunorubicin hcl</i>)	P	SP
<i>toremifene citrate</i>	P		DAUNORUBICIN HYDROCHLORIDE SOLN	P	SP
TRELSTAR MIXJECT	NP	SP	DOXIL (<i>doxorubicin hcl liposomal</i>)	P	
VANTAS	P	SP	<i>doxorubicin hcl solr 10 mg, 50 mg</i>	P	
XTANDI TABS	P	SP	<i>doxorubicin hcl soln</i>	P	
XTANDI CAPS	P	SP	<i>doxorubicin hcl liposomal</i>	P	
YONSA	P	SP	<i>doxorubicin hcl liposomal</i>	NP	
ZYTIGA (<i>abiraterone acetate</i>)	P	SP	ELLECE SOLN	P	SP
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			<i>epirubicin hcl soln 50 mg/25ml, 200 mg/100ml</i>	P	SP
WELIREG	P	SP	IDAMYCIN PFS (<i>idarubicin hcl</i>)	P	
Antineoplastic - Immunomodulators			<i>idarubicin hcl</i>	P	
POMALYST	P	SP	JELMYTO SOLR UL	NP	
Antineoplastic - PDGFR-alpha Inhibitors			<i>mitomycin solr iv</i>	P	
AYVAKIT 25 MG, 50 MG	P	SP	<i>mitomycin solr iv 5 mg</i>	NP	
AYVAKIT 100 MG, 200 MG, 300 MG	NP	SP	<i>mitoxantrone hcl 2 mg/ml</i>	P	SP
Antineoplastic - XPO1 Inhibitors			<i>valrubicin</i>	P	SP
XPOVIO	P	SP	VALSTAR (<i>valrubicin</i>)	P	SP
XPOVIO 100 MG ONCE WEEKLY	P	SP			
XPOVIO 40 MG ONCE WEEKLY	P	SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antineoplastic Combinations			CALQUENCE	P	SP
DARZALEX FASPRO 1800 MG/15ML-30000 UNIT/15ML	P	SP	CALQUENCE	P	SP
HERCEPTIN HYLECTA 600 MG/5ML-10000 UNIT/5ML	P	SP	CAPRELSA	P	SP
INQOVI 35 MG-100 MG	P	SP	COMETRIQ KIT	P	SP
KISQALI FEMARA 200 DOSE 200 MG-2.5 MG	P	SP	COPIKTRA	P	SP
KISQALI FEMARA 400 DOSE 2.5 MG-200 MG	P	SP	COTELLIC	P	SP
KISQALI FEMARA 600 DOSE 2.5 MG-200 MG	P	SP	<i>everolimus tbso</i>	P	SP
LONSURF	P	SP	<i>everolimus tabs 5 mg</i>	NP	SP
OPDUALAG 80 MG/20ML- 240 MG/20ML	P	SP	<i>everolimus tabs</i>	P	SP
PHEGO	P	SP	FARYDAK	P	SP
RITUXAN HYCELA	P	SP	FARYDAK	NP	SP
VYXEOS 44 MG-100 MG	NP	SP	FOTIVDA	NP	SP
VYXEOS 100 MG-44 MG	P	SP	FYARRO	NP	SP
Antineoplastic Enzyme Inhibitors			GAVRETO	P	SP
AFINITOR TABS (<i>everolimus</i>)	P	SP	GLEEVEC (<i>imatinib mesylate</i>)	P	SP
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	P	SP	IBRANCE CAPS	P	SP
ALECENSA	P	SP	IBRANCE TABS	P	SP
ALIQOPA	P	SP	ICLUSIG	P	SP
ALUNBRIG TABS	P	SP	IDHIFA	P	SP
ALUNBRIG TBP	P	SP	<i>imatinib mesylate</i>	NP	SP
BALVERSA	P	SP	<i>imatinib mesylate</i>	P	SP
BELEODAQ	NP	SP	IMBRUVICA CAPS	P	SP
<i>bortezomib solr ij</i>	P	SP	IMBRUVICA TABS	P	SP
BORTEZOMIB SOLR IJ	P	SP	IMBRUVICA SUSP	P	SP
BORTEZOMIB SOLN	P	SP	INREBIC	P	SP
BOSULIF	P	SP	ISTODAX (OVERFILL) SOLR (<i>romidepsin</i>)	P	SP
BRAFTOVI 75 MG	P	SP	JAKAFI	P	SP
BRUKINSA	NP	SP	JAYPIRCA	P	
CABOMETYX TABS	P	SP	KISQALI	P	SP
			KOSELUGO	P	SP
			KRAZATI	NP	
			KYPROLIS	P	SP
			<i>lapatinib ditosylate</i>	P	SP
			LORBRENA	P	SP
			LUMAKRAS	P	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TABS	P	SP	TRUSELTIQ	NP	SP
MEKINIST	P	SP	TURALIO	P	SP
MEKTOVI	P	SP	TYKERB (<i>lapatinib ditosylate</i>)	P	SP
NERLYNX	P	SP	UKONIQ	NP	SP
NEXAVAR (<i>sorafenib tosylate</i>)	P	SP	VELCADE SOLR IJ (<i>bortezomib</i>)	P	SP
NINLARO	P	SP	VERZENIO	P	SP
PEMAZYRE	P	SP	VITRAKVI SOLN	P	SP
PIQRAY 200MG DAILY DOSE	P	SP	VITRAKVI CAPS	P	SP
PIQRAY 250MG DAILY DOSE	P	SP	VONJO	NP	SP
PIQRAY 300MG DAILY DOSE	P	SP	VOTRIENT	P	SP
QINLOCK	NP	SP	XALKORI	P	SP
RETEVMO	P	SP	XOSPATA	P	SP
REZLIDHIA	P	SP	ZEJULA	P	SP
<i>romidepsin solr</i>	P	SP	ZELBORAF	P	SP
ROMIDEPSIN SOLN	P	SP	ZOLINZA	P	SP
ROZLYTREK	P	SP	ZYDELIG	P	SP
RUBRACA	P	SP	ZYKADIA TABS	P	SP
RYDAPT	P	SP	Antineoplastic Enzymes		
SCEMBLIX	P	SP	ASPARLAS	P	SP
<i>sorafenib tosylate</i>	P	SP	ERWINAZE	P	SP
SPRYCEL	P	SP	ONCASPAR	P	SP
STIVARGA	P	SP	RYLAZE	P	SP
<i>sunitinib malate</i>	P	SP	Antineoplastic Radiopharmaceuticals		
SUTENT (<i>sunitinib malate</i>)	P	SP	AZEDRA DOSIMETRIC	P	SP
TABRECTA	P	SP	AZEDRA THERAPEUTIC	P	SP
TAFINLAR	P	SP	LUTATHERA	P	SP
TALZENNA	P	SP	PLUVICTO	P	
TASIGNA	P	SP	QUADRAMET	P	
TAZVERIK	P	SP	XOFIGO	P	
<i>temsirolimus</i>	P	SP	Antineoplastics Misc.		
TEPMETKO	P	SP	ACTIMMUNE	P	SP
TIBSOVO	P	SP	<i>arsenic trioxide</i>	P	SP
TORISEL (<i>temsirolimus</i>)	P	SP	<i>bexarotene</i>	P	SP
			<i>dacarbazine solr</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELZONRIS	P		<i>docetaxel conc 20 mg/ml, 80 mg/4ml, 160 mg/8ml</i>	P	SP
HYDREA (<i>hydroxyurea</i>)	P		DOCETAXEL SOLN (<i>docetaxel</i>)	P	SP
<i>hydroxyurea</i>	P		DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP
INTRON A SOLN	P	SP	ETOPOPHOS	P	
INTRON A SOLR	P	SP	<i>etoposide soln 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	P	SP
MATULANE	P	SP	<i>etoposide caps</i>	P	SP
NIPENT	P		HALAVEN	P	SP
SYNRIBO	P	SP	IXEMPRA KIT	P	SP
TARGRETIN (<i>bexarotene</i>)	P	SP	JEVTANA	P	SP
TICE BCG	P		MARQIBO	P	SP
<i>tretinoin (chemotherapy)</i>	P	SP	NAVELBINE (<i>vinorelbine tartrate</i>)	P	
TRISENOX (<i>arsenic trioxide</i>)	P	SP	<i>paclitaxel</i>	P	
Chemotherapy Adjuncts			<i>paclitaxel protein-bound particles 900 mg-100 mg</i>	P	SP
ELITEK	P		PACLITAXEL PROTEIN-BOUND PARTICLES 100 MG-900 MG (<i>paclitaxel protein-bound particles</i>)	P	SP
KEPIVANCE	P	SP	TENIPOSIDE	P	
Chemotherapy Rescue/Antidote/Protective Agents			<i>vinblastine sulfate soln</i>	P	
COSELA	NP		<i>vincristine sulfate</i>	P	SP
<i>dexrazoxane hcl</i>	P	SP	<i>vinorelbine tartrate</i>	P	
KHAPZORY	P	SP	Oncolytic Viral Agents		
<i>leucovorin calcium tabs</i>	P		IMLYGIC 0	P	SP
<i>leucovorin calcium solr</i>	P		Topoisomerase I Inhibitors		
<i>leucovorin calcium soln ij 100 mg/10ml, 500 mg/50ml</i>	P		CAMPTOSAR (<i>irinotecan hcl</i>)	P	SP
<i>levoleucovorin calcium solr</i>	P	SP	HYCANTIN CAPS	P	SP
<i>levoleucovorin calcium soln</i>	P	SP	HYCANTIN SOLR (<i>topotecan hcl</i>)	P	SP
<i>mesna soln</i>	P	SP	<i>irinotecan hcl</i>	P	SP
MESNEX TABS	P	SP	<i>irinotecan hcl 40 mg/2ml, 100 mg/5ml</i>	NP	SP
MESNEX SOLN (<i>mesna</i>)	P	SP			
Mitotic Inhibitors					
ABRAXANE 100 MG-900 MG (<i>paclitaxel protein-bound particles</i>)	P	SP			
<i>docetaxel soln</i>	P	SP			

Drug Name	Drug Tier	Requirements/Limits
ONIVYDE	P	
<i>topotecan hcl soln</i>	P	SP
<i>topotecan hcl solr</i>	P	SP
TOPOTECAN HCL SOLN	P	SP
TRODELVY	NP	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	NP	
LODOSYN (<i>carbidopa</i>)	NP	
NOURIANZ	NP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate tabs</i>	P	
<i>trihexyphenidyl hcl tabs</i>	P	
<i>trihexyphenidyl hcl soln</i>	P	
Antiparkinson COMT Inhibitors		
COMTAN (<i>entacapone</i>)	NP	
<i>entacapone</i>	P	
ONGENTYS	NP	
TASMAR (<i>tolcapone</i>)	NP	
<i>tolcapone</i>	NP	
Antiparkinson Dopaminergics		
<i>amantadine hcl soln</i>	NP	AL(Up to 10 yrs old)
<i>amantadine hcl tabs</i>	NP	
<i>amantadine hcl caps</i>	NP	
<i>amantadine hcl caps</i>	P	
<i>bromocriptine mesylate caps</i>	P	
<i>bromocriptine mesylate tabs 2.5 mg</i>	P	
<i>carbidopa-levodopa tabs</i>	P	
<i>carbidopa-levodopa tbc</i>	P	
<i>carbidopa-levodopa tbdp</i>	NP	
<i>carbidopa-levodopa-entacapone</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
DHIVY TABS 25 MG-100 MG	NP	
DUOPA SUSP 4.63 MG/ML-20 MG/ML	NP	
GOCOVRI CP24	NP	SP
KYNMOBI FILM	NP	
KYNMOBI TITRATION KIT KIT	NP	
MIRAPEX TABS .125 MG, .5 MG, .75 MG, 1 MG (<i>pramipexole dihydrochloride</i>)	NP	
MIRAPEX ER TB24 (<i>pramipexole dihydrochloride</i>)	NP	
NEUPRO	NP	
OSMOLEX ER T4PK	NP	
OSMOLEX ER TB24	NP	
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	NP	
PARLODEL TABS (<i>bromocriptine mesylate</i>)	NP	
<i>pramipexole dihydrochloride tabs</i>	P	
<i>pramipexole dihydrochloride tb24</i>	NP	
<i>ropinirole hydrochloride tabs</i>	P	
<i>ropinirole hydrochloride tb24</i>	NP	
RYTARY CPCR	NP	
SINEMET TABS 10 MG-100 MG, 25 MG-100 MG (<i>carbidopa-levodopa</i>)	NP	
STALEVO 100 25 MG-100 MG-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP	
STALEVO 125 31.25 MG-125 MG-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
STALEVO 150 37.5 MG-150 MG-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP		GEODON (<i>ziprasidone hcl</i>)	NP	AL(At least 18 yrs old)
STALEVO 200 50 MG-200 MG-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP		LATUDA	P	AL(At least 18 yrs old)
STALEVO 50 12.5 MG-50 MG-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP		<i>lurasidone hcl</i>	NP	AL(At least 18 yrs old)
STALEVO 75 18.75 MG-75 MG-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP		VRAYLAR CAPS	NP	AL(At least 18 yrs old)
Antiparkinson Monoamine Oxidase Inhibitors			VRAYLAR CPPK	NP	AL(At least 18 yrs old)
AZILECT (<i>rasagiline mesylate</i>)	NP		<i>ziprasidone hcl</i>	P	AL(At least 18 yrs old)
<i>rasagiline mesylate</i>	NP		<i>ziprasidone mesylate</i>	P	AL(At least 18 yrs old)
<i>selegiline hcl tabs</i>	NP		Benzisoxazoles		
<i>selegiline hcl caps</i>	NP		FANAPT	NP	AL(At least 18 yrs old)
XADAGO	NP		FANAPT TITRATION PACK	NP	AL(At least 18 yrs old)
ZELAPAR TBDP	NP		INVEGA (<i>paliperidone</i>)	NP	AL(At least 18 yrs old)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			INVEGA HAFYERA	NP	AL(At least 18 yrs old); SP; PA
Antimanic Agents			INVEGA SUSTENNA	P	AL(At least 18 yrs old); SP; PA
<i>lithium carbonate tbc</i>	P	AL(At least 18 yrs old)	INVEGA TRINZA	P	AL(At least 18 yrs old); SP; PA
<i>lithium carbonate tabs</i>	P	AL(At least 18 yrs old)	<i>paliperidone</i>	NP	AL(At least 18 yrs old)
<i>lithium carbonate caps</i>	P	AL(At least 18 yrs old)	PERSERIS PRSY	P	AL(At least 18 yrs old); SP; PA
LITHOBID TBCR (<i>lithium carbonate</i>)	NP	AL(At least 18 yrs old)	RISPERDAL SOLN (<i>risperidone</i>)	NP	AL(At least 18 yrs old)
Antipsychotics - Misc.			RISPERDAL TABS .5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NP	AL(At least 18 yrs old)
CAPLYTA	NP	AL(At least 18 yrs old)	RISPERDAL CONSTA	P	AL(At least 18 yrs old); SP; PA
EQUETRO	NP	AL(At least 18 yrs old)	<i>risperidone tabs</i>	P	AL(At least 18 yrs old)
GEODON (<i>ziprasidone mesylate</i>)	NP	AL(At least 18 yrs old)	<i>risperidone soln</i>	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tbdp</i>	NP	AL(At least 18 yrs old)	SEROQUEL TABS (<i>quetiapine fumarate</i>)	NP	AL(At least 18 yrs old)
Butyrophenones			SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	NP	AL(At least 18 yrs old)
HALDOL SOLN (<i>haloperidol lactate</i>)	NP	AL(At least 18 yrs old)	VERSACLOZ SUSP	NP	AL(At least 18 yrs old)
HALDOL DECANOATE 100 (<i>haloperidol decanoate</i>)	NP	AL(At least 18 yrs old)	ZYPREXA TABS (<i>olanzapine</i>)	NP	AL(At least 18 yrs old)
HALDOL DECANOATE 50 (<i>haloperidol decanoate</i>)	NP	AL(At least 18 yrs old)	ZYPREXA SOLR (<i>olanzapine</i>)	NP	AL(At least 18 yrs old)
<i>haloperidol tabs</i>	P	AL(At least 18 yrs old)	ZYPREXA RELPREVV	NP	AL(At least 18 yrs old); SP
<i>haloperidol decanoate</i>	P	AL(At least 18 yrs old)	ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	NP	AL(At least 18 yrs old)
<i>haloperidol lactate soln</i>	P	AL(At least 18 yrs old)	Dihydroindolones		
<i>haloperidol lactate conc</i>	P	AL(At least 18 yrs old)	<i>molindone hcl</i>	NP	AL(At least 18 yrs old)
Dibenzapines			Phenothiazines		
ADASUVE	NP	AL(At least 18 yrs old)	<i>chlorpromazine hcl tabs</i>	NP	AL(At least 18 yrs old)
<i>asenapine maleate</i>	NP	AL(At least 18 yrs old)	<i>chlorpromazine hcl soln</i>	P	AL(At least 18 yrs old)
<i>clozapine tbdp</i>	NP	AL(At least 18 yrs old)	<i>chlorpromazine hcl tabs</i>	P	AL(At least 18 yrs old)
<i>clozapine tabs</i>	P	AL(At least 18 yrs old)	CHLORPROMAZINE HYDROCHLORIDE CONC	NP	AL(At least 18 yrs old)
CLOZARIL TABS (<i>clozapine</i>)	NP	AL(At least 18 yrs old)	<i>fluphenazine decanoate</i>	P	AL(At least 18 yrs old)
<i>loxapine succinate</i>	P	AL(At least 18 yrs old)	<i>fluphenazine hcl soln</i>	P	AL(At least 18 yrs old)
<i>olanzapine tbdp</i>	NP	AL(At least 18 yrs old)	<i>fluphenazine hcl tabs</i>	NP	AL(At least 18 yrs old)
<i>olanzapine solr</i>	P	AL(At least 18 yrs old)	<i>fluphenazine hcl conc</i>	NP	AL(At least 18 yrs old)
<i>olanzapine tabs</i>	P	AL(At least 18 yrs old)	<i>fluphenazine hcl elix</i>	NP	AL(At least 18 yrs old)
<i>quetiapine fumarate tb24</i>	P	AL(At least 18 yrs old)	<i>fluphenazine hcl tabs</i>	P	AL(At least 18 yrs old)
<i>quetiapine fumarate tabs</i>	P	AL(At least 18 yrs old)	<i>perphenazine tabs</i>	P	AL(At least 18 yrs old)
SAPHRIS (<i>asenapine maleate</i>)	NP	AL(At least 18 yrs old)	<i>prochlorperazine</i>	P	AL(At least 18 yrs old)
SECUADO	NP	AL(At least 18 yrs old)	<i>prochlorperazine maleate tabs</i>	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl</i>	P	AL(At least 18 yrs old)
<i>trifluoperazine hcl tabs</i>	P	AL(At least 18 yrs old)
Quinolinone Derivatives		
ABILIFY TABS (<i>aripiprazole</i>)	NP	AL(At least 18 yrs old)
ABILIFY MAINTENA PRSY	P	AL(At least 18 yrs old); SP; PA
ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old); SP; PA
ABILIFY MYCITE	NP	AL(At least 18 yrs old)
ABILIFY MYCITE MAINTENANCE KIT	NP	SP
ABILIFY MYCITE STARTER KIT	NP	SP
<i>aripiprazole tabs</i>	P	AL(At least 18 yrs old)
<i>aripiprazole tbdp</i>	NP	AL(At least 18 yrs old)
<i>aripiprazole soln or</i>	P	AL(At least 18 yrs old)
ARISTADA	P	AL(At least 18 yrs old); SP; PA
ARISTADA 1064 MG/3.9ML	P	AL(At least 18 yrs old); SP
ARISTADA INITIO	P	AL(At least 18 yrs old); SP; PA
REXULTI	NP	AL(At least 18 yrs old)
Thioxanthenes		
<i>thiothixene</i>	P	AL(At least 18 yrs old)
ANTISEPTICS & DISINFECTANTS		
Iodine Antiseptics		
FIRST AID ANTISEPTIC OINTMENT OINT	P	
<i>povidone-iodine oint</i>	P	
<i>povidone-iodine soln 10 %</i>	P	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln</i>	P	
<i>abacavir sulfate tabs</i>	P	
<i>abacavir sulfate-lamivudine 600 mg-300 mg</i>	P	
<i>abacavir sulfate-lamivudine-zidovudine 150 mg-300 mg-300 mg</i>	NP	
APRETUDE	P	
APTIVUS CAPS	NP	
APTIVUS SOLN	NP	
<i>atazanavir sulfate caps</i>	P	
BIKTARVY	P	
CABENUVA	NP	
CIMDUO 300 MG-300 MG	P	
COMBIVIR 150 MG-300 MG (<i>lamivudine-zidovudine</i>)	NP	
COMPLERA 25 MG-200 MG-300 MG	NP	
CRIXIVAN 400 MG	NP	
DELSTRIGO 100 MG-300 MG-300 MG	P	
DESCOVY	P	
<i>didanosine cpdr 250 mg, 400 mg</i>	NP	
DOVATO 300 MG-50 MG	P	
EDURANT	P	
<i>efavirenz tabs</i>	NP	
<i>efavirenz caps</i>	P	
<i>efavirenz tabs</i>	P	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg-600 mg</i>	P	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine caps</i>	NP		<i>lopinavir-ritonavir tabs</i>	P	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	P		<i>lopinavir-ritonavir soln 400 mg/5ml-100 mg/5ml</i>	P	
EMTRIVA SOLN	P		<i>maraviroc tabs</i>	NP	
EMTRIVA CAPS (<i>emtricitabine</i>)	P		<i>nevirapine tb24</i>	NP	
EPIVIR TABS (<i>lamivudine</i>)	NP		<i>nevirapine tabs</i>	NP	
EPIVIR SOLN (<i>lamivudine</i>)	NP		<i>nevirapine susp</i>	NP	
EPZICOM 300 MG-600 MG (<i>abacavir sulfate-lamivudine</i>)	NP		NORVIR PACK	P	
<i>etravirine</i>	P		NORVIR TABS (<i>ritonavir</i>)	NP	
EVOTAZ 150 MG-300 MG	P		NORVIR SOLN	P	
<i>fosamprenavir calcium tabs</i>	NP		ODEFSEY 200 MG-25 MG-25 MG	P	
FUZEON SOLR	NP	SP	PIFELTRO	NP	
GENVOYA 10 MG-150 MG-150 MG-200 MG	P		PREZCOBIX 150 MG-800 MG	P	
INTELENCE	NP		PREZISTA SUSP	P	
INTELENCE (<i>etravirine</i>)	NP		PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P	
INVIRASE TABS	NP		RETROVIR CAPS (<i>zidovudine</i>)	NP	
ISENTRESS CHEW	P		RETROVIR SYRP (<i>zidovudine</i>)	NP	
ISENTRESS TABS	P		RETROVIR IV INFUSION SOLN	P	
ISENTRESS PACK	P		REYATAZ CAPS (<i>atazanavir sulfate</i>)	NP	
ISENTRESS HD TABS	NP		REYATAZ PACK	P	
JULUCA 50 MG-25 MG	NP		<i>ritonavir tabs</i>	P	
KALETRA TABS (<i>lopinavir-ritonavir</i>)	NP		RUKOBIA	P	
KALETRA SOLN 100 MG/5ML-400 MG/5ML (<i>lopinavir-ritonavir</i>)	NP		SELZENTRY TABS	NP	
<i>lamivudine tabs</i>	P		SELZENTRY TABS (<i>maraviroc</i>)	NP	
<i>lamivudine soln</i>	P		SELZENTRY SOLN	NP	
<i>lamivudine-zidovudine 150 mg-300 mg</i>	P		<i>stavudine caps</i>	NP	
LEXIVA TABS (<i>fosamprenavir calcium</i>)	NP		STRIBILD 150 MG-150 MG-200 MG-300 MG	NP	
LEXIVA SUSP	NP		SUNLENCA SOLN	NP	SP
			SUNLENCA TBPK	NP	SP
			SUSTIVA CAPS (<i>efavirenz</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUSTIVA TABS (efavirenz)	NP		ZIAGEN TABS (<i>abacavir sulfate</i>)	NP	
SYMFI 300 MG-300 MG-600 MG (efavirenz-lamivudine-tenofovir disoproxil fumarate)	P		<i>zidovudine syrpf</i>	P	
SYMFI LO 300 MG-300 MG-400 MG (efavirenz-lamivudine-tenofovir disoproxil fumarate)	P		<i>zidovudine caps</i>	P	
SYMTUZA 800 MG-10 MG-150 MG-200 MG	NP		<i>zidovudine tabs</i>	P	
TEMIXYS 300 MG-300 MG	NP		CMV Agents		
<i>tenofovir disoproxil fumarate tabs</i>	P		LIVTENCITY	NP	SP
TIVICAY TABS	P		PREVYMIS TABS	NP	SP
TIVICAY PD TBSO	P		VALCYTE TABS (<i>valganciclovir hcl</i>)	NP	
TRIUMEQ TABS 50 MG-300 MG-600 MG	P		VALCYTE SOLR (<i>valganciclovir hcl</i>)	NP	AL(Up to 10 yrs old)
TRIUMEQ PD TBSO 60 MG-5 MG-30 MG	NP		<i>valganciclovir hcl solr</i>	P	AL(Up to 10 yrs old)
TRIZIVIR 150 MG-300 MG-300 MG	NP		<i>valganciclovir hcl tabs</i>	P	
TROGARZO	P	SP	Hepatitis Agents		
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NP		EPCLUSA TABS 100 MG-400 MG	NP	SP; PA
TYBOST	P		EPCLUSA TABS	P	SP; PA
VIRACEPT TABS	NP		EPCLUSA PACK	P	SP; PA
VIRAMUNE SUSP (<i>nevirapine</i>)	NP		HARVONI TABS	NP	SP; PA
VIRAMUNE XR TB24 (<i>nevirapine</i>)	NP		HARVONI PACK	NP	SP; PA
VIREAD POWD	P		HARVONI TABS	NP	SP; PA
VIREAD TABS	P		LEDIPASVIR/SOFOSBUVIR TABS 90 MG-400 MG	NP	SP; PA
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NP		MAVYRET TABS 40 MG-100 MG	P	SP; PA
VOCABRIA	NP		MAVYRET PACK 50 MG-20 MG	P	SP; PA
ZIAGEN SOLN (<i>abacavir sulfate</i>)	NP		PEGASYS SOLN	NP	SP; PA
			PEGASYS SOSY	NP	SP; PA
			PEGINTRON 50 MCG/0.5ML	NP	SP; PA
			<i>ribavirin (hepatitis c) caps</i>	P	SP; PA
			<i>ribavirin (hepatitis c) tabs 200 mg</i>	P	SP; PA
			SOFOSBUVIR/VELPATA SVIR TABS 100 MG-400 MG	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SOVALDI PACK	NP	SP; PA	XOFLUZA	NP	
SOVALDI TABS	NP	SP; PA	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
VIEKIRA PAK TBP 12.5 MG-50 MG-75 MG-250 MG	NP	SP; PA	Alpha-Beta Blockers		
VOSEVI 100 MG-100 MG-400 MG	NP	SP; PA	<i>carvedilol</i>	P	
ZEPATIER 50 MG-100 MG	NP	SP; PA	<i>carvedilol phosphate</i>	NP	
Herpes Agents			COREG (<i>carvedilol</i>)	NP	
<i>acyclovir tabs or 400 mg</i>	NP		COREG CR (<i>carvedilol phosphate</i>)	NP	
<i>acyclovir susp</i>	P	AL(Up to 10 yrs old)	<i>labetalol hcl tabs</i>	NP	
<i>acyclovir caps</i>	NP		<i>labetalol hcl tabs</i>	P	
<i>acyclovir caps</i>	P		Beta Blockers Cardio-Selective		
<i>acyclovir tabs or famciclovir</i>	P		<i>acebutolol hcl caps</i>	NP	
SITAVIG TABS BU	NP		<i>atenolol tabs</i>	P	
<i>valacyclovir hcl</i>	P		<i>betaxolol hcl</i>	NP	
VALTREX (<i>valacyclovir hcl</i>)	NP		<i>bisoprolol fumarate</i>	P	
ZOVIRAX SUSP (<i>acyclovir</i>)	NP	AL(Up to 10 yrs old)	BYSTOLIC (<i>nebivolol hcl</i>)	NP	
Influenza Agents			KAPSPARGO SPRINKLE CS24	NP	
<i>oseltamivir phosphate susr</i>	P	1 rti MAX fill; 180 rti day(s) supply; AL(Up to 10 yrs old)	LOPRESSOR TABS (<i>metoprolol tartrate</i>)	NP	
<i>oseltamivir phosphate caps</i>	P	1 rti MAX fill; 180 rti day(s) supply	<i>metoprolol succinate tb24</i>	NP	
RELENZA DISKHALER	P	1 rti MAX fill; 180 rti day(s) supply	<i>metoprolol succinate tb24</i>	P	
<i>rimantadine hydrochloride tabs</i>	NP		<i>metoprolol tartrate tabs</i>	P	
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NP	1 rti MAX fill; 180 rti day(s) supply; AL(Up to 10 yrs old)	<i>nebivolol hcl</i>	P	
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	NP	1 rti MAX fill; 180 rti day(s) supply	TENORMIN TABS (<i>atenolol</i>)	NP	
			TOPROL XL TB24 (<i>metoprolol succinate</i>)	NP	
			Beta Blockers Non-Selective		
			BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	
			BETAPACE AF (<i>sotalol hcl (afib/afll)</i>)	NP	
			CORGARD TABS 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	NP	
			HEMANGEOL SOLN OR	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INDERAL LA CP24 (propranolol hcl)	NP		diltiazem hcl coated beads tb24	NP	
INDERAL XL	NP		diltiazem hcl extended release beads	P	
INNOPRAN XL	NP		felodipine	P	
nadolol tabs 20 mg, 40 mg, 80 mg	P		isradipine caps	NP	
nadolol tabs 20 mg, 40 mg, 80 mg	NP		KATERZIA	NP	
pindolol tabs	NP		nicardipine hcl caps	NP	
propranolol hcl tabs	P		nifedipine tb24	P	
propranolol hcl cp24	P		nifedipine caps	P	
propranolol hcl soln or 20 mg/5ml, 40 mg/5ml	P		nimodipine caps	P	
sotalol hcl tabs	P		nisoldipine	NP	
sotalol hcl (afib/afI)	P		NORLIQVA SOLN	NP	
SOTYLIZE SOLN OR	NP		NORVASC TABS (amlodipine besylate)	NP	
timolol maleate tabs	NP		NYMALIZE SOLN 6 MG/ML	P	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			PROCARDIA CAPS (nifedipine)	NP	
Calcium Channel Blockers			PROCARDIA XL TB24 (nifedipine)	NP	
amlodipine besylate tabs	P		SULAR (nisoldipine)	NP	
CALAN SR TBCR (verapamil hcl)	NP		TIAZAC (diltiazem hcl extended release beads)	NP	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	NP		verapamil hcl tabs	P	
CARDIZEM CD CP24 (diltiazem hcl coated beads)	NP		verapamil hcl tbc	P	
CARDIZEM LA TB24 (diltiazem hcl coated beads)	NP		verapamil hcl cp24 120 mg, 180 mg, 240 mg, 360 mg	P	
CARDIZEM LA TB24	NP		verapamil hcl cp24	NP	
diltiazem hcl tabs	P		VERELAN CP24 (verapamil hcl)	NP	
diltiazem hcl cp12	P		VERELAN PM CP24 (verapamil hcl)	NP	
diltiazem hcl cp24	P		CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
DILTIAZEM HCL SOLR	P		Cardiac Glycosides		
diltiazem hcl coated beads cp24	P		digoxin soln or .05 mg/ml	P	

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tabs .125 mg, .25 mg, 125 mcg, 250 mcg</i>	P	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	NP	
BIDIL 20 MG-37.5 MG (<i>isosorbide dinitrate-hydralazine hcl</i>)	NP	
CADUET (<i>amlodipine besylate-atorvastatin calcium</i>)	NP	
ENTRESTO	P	
<i>isosorbide dinitrate-hydralazine hcl 20 mg-37.5 mg</i>	NP	
Peripheral Vasodilators		
<i>inositol niacinate caps</i>	P	
Prostaglandin Vasodilators		
ORENITRAM	NP	SP
TYVASO SOLN IN	NP	SP; PA
TYVASO DPI MAINTENANCE KIT POWD	NP	SP
TYVASO DPI TITRATION KIT POWD	NP	SP
TYVASO REFILL SOLN IN	NP	SP; PA
TYVASO STARTER SOLN IN	NP	SP; PA
VENTAVIS	P	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	P	SP; PA
<i>bosentan tabs</i>	P	SP; PA
LETAIRIS (<i>ambrisentan</i>)	NP	SP; PA
OPSUMIT	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
TRACLEER TABS (<i>bosentan</i>)	NP	SP; PA
TRACLEER TBSO	NP	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) susr</i>	NP	SP; PA
<i>sildenafil citrate (pulmonary hypertension) susr</i>	P	SP; PA
<i>tadalafil (pulmonary hypertension) tabs</i>	P	SP; PA
<i>tadalafil (pulmonary hypertension) tabs</i>	NP	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI SOLR	NP	SP; PA
UPTRAVI TABS	NP	SP; PA
UPTRAVI TITRATION PACK TBPK	NP	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP; PA
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	NP	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	NP	
<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</i>	P	
<i>cephalexin susr</i>	P	
<i>cephalexin tabs</i>	NP	
KEFLEX CAPS 750 MG (<i>cephalexin</i>)	NP	
Cephalosporins - 2nd Generation		
<i>cefaclor caps</i>	P	
<i>cefaclor susr 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	NP	
CEFACLOR ER TB12	NP	
<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 susr</i>	P	
<i>cefdinir caps</i>	P	
<i>cefdinir susr</i>	NP	
<i>cefixime susr</i>	NP	
<i>cefixime caps</i>	NP	
<i>cefpodoxime proxetil tabs</i>	NP	
<i>cefpodoxime proxetil susr</i>	NP	
<i>ceftazidime ij 1 gm, 6 gm</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium ij 1 gm, 2 gm, 250 mg, 500 mg</i>	P	
<i>ceftriaxone sodium in dextrose</i>	P	
SUPRAX CAPS (<i>cefixime</i>)	NP	
SUPRAX CHEW	NP	
SUPRAX SUSR (<i>cefixime</i>)	NP	
SUPRAX SUSR	NP	
Cephalosporins - 4th Generation		
CEFEPIME SOLN	P	
<i>cefepime hcl solr ij</i>	P	
CHEMICALS		
Bulk Chemicals - C's		
CHOLESTYRAMINE	NP	
Bulk Chemicals - L's		
LEVOTHYROXINE SODIUM (T4)	NP	
Bulk Chemicals - T's		
TRIACETIN	NP	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA 36.5 MG-0.1 MG-20 MCG	NP	
BEYAZ 0.02 MG-0.451 MG-3 MG (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NP	
<i>desogestrel & ethinyl estradiol</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	NP	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol</i>	NP		<i>norethin acet & estrad-fe tabs 1 mg-20 mcg-75 mg, 1.5 mg-30 mcg-75 mg</i>	NP	
<i>drospirenone-ethinyl estradiol</i>	P		<i>norethin acet & estrad-fe tabs</i>	P	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	NP		<i>norethin acet & estrad-fe chew 75 mg-1 mg-20 mcg</i>	P	
ESTROSTEP FE 1 MG-75 MG (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	NP		<i>norethin acet & estrad-fe caps 1 mg-20 mcg-75 mg</i>	P	
<i>ethynodiol diacet & eth estrad</i>	P		<i>norethin acet & estrad-fe caps 1 mg-20 mcg-75 mg</i>	NP	
<i>levonorgestrel & eth estradiol tabs</i>	P		<i>norethindrone & eth estradiol</i>	P	
<i>levonorgestrel-eth estradiol (triphasic)</i>	P		<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 mg-0.15 mg</i>	P		<i>norethindrone & ethinyl estradiol-fe</i>	NP	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 mg-0.15 mg</i>	NP		<i>norethindrone acet & eth estra</i>	NP	
<i>levonorgestrel-ethinyl estradiol (continuous) 20 mcg-90 mcg</i>	NP		<i>norethindrone acet & eth estra</i>	P	
LO LOESTRIN FE TABS 1 MG-10 MCG-75 MG	NP		<i>norethindrone acetate-ethinyl estradiol-fe 1 mg-75 mg</i>	P	
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP		<i>norethindrone acetate-ethinyl estradiol-fe 1 mg-75 mg</i>	NP	
MINASTRIN 24 FE CHEW 1 MG-20 MCG-75 MG (<i>norethin acet & estrad-fe</i>)	NP		<i>norethindrone-eth estradiol (triphasic) 0</i>	P	
MIRCETTE 0 (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	NP		<i>norgestimate-ethinyl estradiol 35 mcg-0.25 mg</i>	P	
NATAZIA	P		<i>norgestimate-ethinyl estradiol (triphasic) 0</i>	P	
NEXTSTELLIS 14.2 MG-3 MG	NP		<i>norgestimate-ethinyl estradiol (triphasic) 0</i>	NP	
<i>norethin acet & estrad-fe chew 1 mg-20 mcg-75 mg</i>	NP		<i>norgestrel & ethinyl estradiol 0.3 mg-30 mcg</i>	P	
			QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
SAFYRAL 3 MG-0.03 MG-0.451 MG (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NP	
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	
TAYTULLA CAPS 1 MG-20 MCG-75 MG (<i>norethin acet & estrad-fe</i>)	NP	
TYBLUME CHEW 0.1 MG-20 MCG	P	
YASMIN 28 0.03 MG-3 MG (<i>drospirenone-ethinyl estradiol</i>)	NP	
YAZ 0.02 MG-3 MG (<i>drospirenone-ethinyl estradiol</i>)	NP	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol 35 mcg/24hr-150 mcg/24hr</i>	NP	
<i>norelgestromin-ethinyl estradiol 35 mcg/24hr-150 mcg/24hr</i>	P	
TWIRLA 120 MCG/24HR-30 MCG/24HR	NP	
Combination Contraceptives - Vaginal		
ANNOVERA 0.013 MG/24HR-0.15 MG/24HR	NP	
<i>etonogestrel-ethinyl estradiol 0.12 mg/24hr-0.015 mg/24hr</i>	NP	
NUVARING 0.015 MG/24HR-0.12 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	P	
NUVARING 0.015 MG/24HR-0.12 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	NP	
Copper Contraceptives - IUD		

Drug Name	Drug Tier	Requirements/Limits
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A 0	P	SP
Emergency Contraceptives		
<i>levonorgestrel (emergency oc) 1.5 mg</i>	P	
Progestin Contraceptives - Implants		
NEXPLANON	P	SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NP	
DEPO-PROVERA CONTRACEPTIVE SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	NP	
DEPO-SUBQ PROVERA 104 SUSY SC	P	
<i>medroxyprogesterone acetate (contraceptive) susp im</i>	P	
<i>medroxyprogesterone acetate (contraceptive) susy im</i>	P	
Progestin Contraceptives - IUD		
KYLEENA	P	SP
LILETTA	P	SP
MIRENA	P	SP
SKYLA	P	SP
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	NP	
<i>norethindrone (contraceptive)</i>	P	
ORTHO MICRONOR (<i>norethindrone (contraceptive)</i>)	NP	
SLYND	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			METHYLPREDNISOLONE ACETATE SUSP		
Glucocorticosteroids			<i>methylprednisolone succ 2 gm, 40 mg, 500 mg, 1000 mg</i>	P	
ALKINDI SPRINKLE CPSP	NP		MILLIPRED TABS	NP	
<i>budesonide cpep</i>	NP		ORTIKOS CP24	NP	
<i>budesonide tb24</i>	NP		PEDIAPRED SOLN (prednisolone sodium phosphate)	NP	
<i>budesonide cpep</i>	P		<i>prednisolone soln</i>	P	
CORTEF TABS (hydrocortisone)	NP		<i>prednisolone sodium phosphate soln</i>	P	
CORTISONE ACETATE TABS	NP		<i>prednisolone sodium phosphate tbdp</i>	NP	
DEPO-MEDROL SUSP	P		<i>prednisone tabs</i>	P	
<i>dexamethasone elix</i>	P		<i>prednisone tbpk</i>	P	
<i>dexamethasone tabs</i>	P		<i>prednisone soln</i>	P	
<i>dexamethasone tbpk</i>	NP		PREDNISONE INTENSOL CONC	NP	
<i>dexamethasone soln</i>	P		RAYOS TBEC	NP	
<i>dexamethasone tabs .5 mg, .75 mg, 4 mg, 6 mg, 20 mg</i>	NP		SOLU-MEDROL	P	
DEXAMETHASONE INTENSOL CONC	P		TARPEYO CPDR	NP	SP
EMFLAZA SUSP	NP	SP	UCERIS TB24 (budesonide)	NP	
ENTOCORT EC CPEP (budesonide)	NP		Mineralocorticoids		
HEMADY TABS	NP		<i>fludrocortisone acetate tabs</i>	P	
<i>hydrocortisone tabs</i>	P		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
MEDROL TABS (methylprednisolone)	NP		Antitussives		
MEDROL TABS	NP		<i>benzonatate</i>	P	
MEDROL DOSEPAK TBPK (methylprednisolone)	NP		<i>benzonatate 100 mg</i>	NP	
<i>methylprednisolone tabs</i>	NP		DELSYM TABS	NP	
<i>methylprednisolone tabs 4 mg</i>	P		<i>dextromethorphan hbr caps</i>	NP	
<i>methylprednisolone tbpk</i>	P		<i>dextromethorphan hbr syrup 15 mg/5ml</i>	NP	
<i>methylprednisolone acetate susp</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan polistirex lqcr</i>	NP		CAPCOF SYRP 2 MG/5ML-5 MG/5ML-10 MG/5ML	NP	
<i>dextromethorphan polistirex suer</i>	NP		CAPMIST DM TABS	NP	
HYCODAN TABS (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NP	QL(8 ea daily)	CAPRON DM LIQD 7.5 MG/5ML-7.5 MG/5ML	NP	
HYCODAN SOLN 1.5 MG/5ML-5 MG/5ML (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NP	QL(8 ml daily)	CAPRON DMT TABS 30 MG-30 MG	NP	
<i>hydrocodone bitartrate-homatropine methylbromide tabs 5 mg-1.5 mg</i>	NP	QL(8 ea daily)	<i>cetirizine-pseudoephedrine 5 mg-120 mg</i>	NP	
<i>hydrocodone bitartrate-homatropine methylbromide soln 1.5 mg/5ml-5 mg/5ml</i>	P	QL(8 ml daily)	CHLO HIST 1 MG/5ML-12.5 MG/5ML	NP	
TESSALON PERLES (<i>benzonatate</i>)	NP		CHLO TUSS 1 MG/5ML-12.5 MG/5ML-30 MG/5ML	NP	
Cough/Cold/Allergy Combinations			<i>chlorpheniramine & phenylephrine tabs 4 mg-10 mg</i>	NP	
ALAHIST CF TABS 2 MG-10 MG-20 MG	NP		<i>chlorpheniramine & phenylephrine liqd 4 mg/5ml-10 mg/5ml</i>	NP	
ALAHIST D 10 MG-17.5 MG	NP		<i>chlorpheniramine & pseudoeph tabs 60 mg-4 mg</i>	NP	
ALAHIST DM LIQD 2 MG/5ML-7.5 MG/5ML-15 MG/5ML	NP		<i>chlorpheniramine-dm tabs 4 mg-30 mg</i>	NP	
ALAHIST PE TABS 2 MG-7.5 MG	NP		<i>chlorpheniramine-phenylephrine-acetaminophen misc 2 mg-5 mg-325 mg</i>	NP	
AQUANAZ TABS 10 MG-15 MG-400 MG	NP		<i>chlorpheniramine-phenylephrine-acetaminophen tabs 2 mg-5 mg-325 mg, 2 mg-5 mg-500 mg</i>	NP	
AQUANAZ PSE TABS 375 MG-20 MG-60 MG	NP		<i>chlorpheniramine-phenylephrine-asa 2 mg-7.8 mg-325 mg</i>	NP	
<i>brompheniramine & phenyleph elix 1 mg/5ml-2.5 mg/5ml</i>	NP		CLARINEX-D 12 HOUR TB12 2.5 MG-120 MG	NP	
<i>brompheniramine & pseudoeph liqd 1 mg/5ml-15 mg/5ml</i>	NP		CONEX COLD/ALLERGY TABS 2 MG-60 MG	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONEX COLD/ALLERGY SOLN 30 MG/5ML-1 MG/5ML	NP		<i>dextromethorphan-guaifenesin liqd 10 mg/5ml-100 mg/5ml, 10 mg/5ml-200 mg/5ml, 20 mg/10ml-200 mg/10ml, 20 mg/20ml-200 mg/20ml, 20 mg/20ml-400 mg/20ml, 200 mg/10ml-20 mg/10ml, 400 mg/20ml-20 mg/20ml, 5 mg/5ml-100 mg/5ml</i>	P	
CONTAC COLD/FLU DAY/NIGHT TABS 2 MG-5 MG-500 MG	NP		<i>dextromethorphan-guaifenesin liqd 15 mg/5ml-200 mg/5ml, 20 mg/20ml-200 mg/20ml, 20 mg/20ml-400 mg/20ml, 5 mg/5ml-100 mg/5ml</i>	NP	
COUGH AND CHEST CONGESTION DM COUGH SYRUP SYRP 20 MG/20ML-200 MG/20ML	P		<i>dextromethorphan-phenylephrine-acetaminophen tabs 5 mg-10 mg-325 mg</i>	NP	
DAY CLEAR ALLERGY/COUGH CHEW 12.5 MG-12.5 MG	NP		<i>dextromethorphan-phenylephrine-acetaminophen caps 5 mg-10 mg-325 mg</i>	NP	
DAYCLEAR ALLERGY RELIEF TABS 25 MG-50 MG	NP		<i>dextromethorphan-phenylephrine-acetaminophen liqd 5 mg/15ml-10 mg/15ml-325 mg/15ml</i>	NP	
DECONEX DMX TABS	NP		<i>dextromethorphan-phenylephrine-acetaminophen pack</i>	NP	
DECONEX IR TABS 10 MG-385 MG	NP		<i>diphenhydramine-phenylephrine-acetaminophen pack 650 mg-10 mg-25 mg</i>	NP	
<i>dexbrompheniramine-phenylephrine tabs 2 mg-10 mg</i>	NP		<i>diphenhydramine-phenylephrine-acetaminophen tabs 5 mg-12.5 mg-325 mg</i>	NP	
<i>dextromethorphan-acetaminophen-chlorpheniramine tabs</i>	NP		<i>doxylamine-dm liqd</i>	NP	
<i>dextromethorphan-doxylamine-acetaminophen caps 6.25 mg-15 mg-325 mg</i>	NP		<i>doxylamine-phenylephrine 7.5 mg-10 mg</i>	NP	
<i>dextromethorphan-doxylamine-acetaminophen liqd</i>	NP		DURAFLU TABS 20 MG-60 MG-200 MG-325 MG	NP	
<i>dextromethorphan-guaifenesin caps 10 mg-200 mg</i>	NP				
<i>dextromethorphan-guaifenesin tabs</i>	NP				
<i>dextromethorphan-guaifenesin tb12 30 mg-600 mg, 60 mg-1200 mg</i>	NP				
<i>dextromethorphan-guaifenesin syrps 10 mg/5ml-100 mg/5ml, 20 mg/20ml-200 mg/20ml</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ED A-HIST LIQD 4 MG/5ML-10 MG/5ML (chlorpheniramine & phenylephrine)	NP		MAR-COF CG EXPECTORANT LIQD 7.5 MG/5ML-225 MG/5ML (guaifenesin-codeine)	NP	
ED A-HIST DM TABS 4 MG-10 MG-10 MG	NP		M-CLEAR WC SOLN 6.33 MG/5ML-100 MG/5ML	NP	
ED BRON GP LIQD 5 MG/5ML-100 MG/5ML	NP		M-END DMX 0.667 MG/5ML-10 MG/5ML-20 MG/5ML	NP	
fexofenadine-pseudoephedrine tb12 60 mg-120 mg	NP		M-END PE LIQD 1.33 MG/5ML-3.33 MG/5ML-6.33 MG/5ML	NP	
fexofenadine-pseudoephedrine tb24 180 mg-240 mg	NP		MUCINEX COLD & FLU CAPS 200 MG-325 MG	NP	
guaifenesin-codeine syrp 10 mg/5ml-100 mg/5ml	P		MUCINEX FAST-MAX COLD/FLU MAXIMUM STRENGTH LIQD 10 MG/20ML-20 MG/20ML-400 MG/20ML-650 MG/20ML (phenylephrine-dm-gg w/ apap)	NP	
guaifenesin-codeine soln	NP				
guaifenesin-codeine soln	P				
guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml	P				
HISTEX-AC 2.5 MG/5ML-10 MG/5ML-10 MG/5ML	NP		MUCINEX FAST-MAX COLD/FLU/SORE THROAT MAXIMUM STRENGTH CAPS 5 MG-10 MG-200 MG-325 MG (phenylephrine-dm-gg w/ apap)	NP	
HISTEX-DM SYRP 2.5 MG/5ML-10 MG/5ML-20 MG/5ML	NP		MUCINEX FAST-MAX COLD/FLU MAXIMUM STRENGTH CAPS 5 MG-10 MG-200 MG-325 MG (phenylephrine-dm-gg w/ apap)	NP	
HM DIBROMM COLD AND ALLERGY CHILDRENS LIQD 2 MG/10ML-5 MG/10ML	P				
hydrocodone polistirex-chlorpheniramine polistirex suer 8 mg/5ml-10 mg/5ml	P		MUCINEX FAST-MAX COLD/FLU NIGHTSHIFT SEV CLD/FLU DAY&NIGHT MS TBP 1.25 MG-5 MG-10 MG-200 MG-325 MG	NP	
LOHIST-D LIQD 2 MG/5ML-30 MG/5ML	NP				
LOHIST-DM SYRP 2 MG/5ML-5 MG/5ML-10 MG/5ML	NP				
loratadine & pseudoephedrine tb24 10 mg-240 mg	NP				
loratadine & pseudoephedrine tb12 120 mg-5 mg	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MUCINEX FAST-MAX COLD/FLU NIGHTSHIFT SEV CLD/FLU DAY&NIGHT MS LQPK 2.5 MG/20ML-10 MG/20ML-20 MG/20ML-400 MG/20ML-650 MG/20ML	NP		MUCINEX SINUS-MAX DAY/NIGHT MAXIMUM STRENGTH CPPK 5 MG-6.25 MG-10 MG-200 MG-325 MG (<i>phenylephrine-doxylamine-dm-guaifenesin-apap</i>)	NP	
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH ARCTIC BURST LIQD 10 MG/20ML-20 MG/20ML-400 MG/20ML (<i>phenylephrine w/ dm-gg</i>)	NP		MUCINEX SINUS-MAX PRESSURE/PAIN/COUGH H MAXIMUM STRENGTH CAPS 5 MG-10 MG-200 MG-325 MG (<i>phenylephrine-dm-gg w/ apap</i>)	NP	
MUCINEX FAST-MAX SEVERE CONGESTION/COUGH NIGHTSHIFT COLD/FLU TBP 1.25 MG-5 MG-10 MG-200 MG-325 MG	NP		MUCINEX SINUS-MAX/NIGHTSHIFT DAY/NIGHT MAXIMUM STRENGTH TBP 1.25 MG-5 MG-10 MG-200 MG-325 MG	NP	
MUCINEX FAST-MAX DAY/NIGHT COLD & FLU MAXIMUM STRENGTH CPPK 5 MG-6.25 MG-10 MG-200 MG-325 MG (<i>phenylephrine-doxylamine-dm-guaifenesin-apap</i>)	NP		NASOPEN PE 10 MG/15ML-50 MG/15ML	NP	
MUCINEX NIGHTSHIFT COLD & FLU ARCTIC BURST SOLN 2.5 MG/20ML-10 MG/20ML-20 MG/20ML-650 MG/20ML	NP		NINJACOF LIQD 12.5 MG/5ML-12.5 MG/5ML	NP	
MUCINEX NIGHTSHIFT COLD & FLU MAXIMUM STRENGTH TABS 1.25 MG-10 MG-325 MG	NP		NINJACOF-XG LIQD 200 MG/5ML-8 MG/5ML	NP	
MUCINEX NIGHTSHIFT SEVERE COLD & FLU MAXIMUM STRENGTH TABS 1.25 MG-5 MG-10 MG-325 MG	NP		NIVANEX DMX TABS 10 MG-15 MG-380 MG	NP	
MUCINEX NIGHTSHIFT SINUS MAXIMUM STRENGTH TABS 325 MG-1.25 MG-5 MG-10 MG	NP		<i>phenylephrine w/ acetaminophen tabs</i>	NP	
			<i>phenylephrine w/ dm-gg liqd 1.25 mg/ml-2.5 mg/ml-25 mg/ml, 10 mg/10ml-20 mg/10ml-200 mg/10ml, 10 mg/15ml-18 mg/15ml-200 mg/15ml, 10 mg/15ml-18 mg/15ml-396 mg/15ml, 10 mg/20ml-20 mg/20ml-400 mg/20ml, 2.5 mg/5ml-5 mg/5ml-100 mg/5ml, 5 mg/5ml-10 mg/5ml-100 mg/5ml</i>	NP	
			<i>phenylephrine w/ dm-gg tabs</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine w/ dm-gg syrp 5 mg/5ml-10 mg/5ml-100 mg/5ml</i>	NP		POLYTUSSIN DM 1 MG/5ML-5 MG/5ML-10 MG/5ML	NP	
<i>phenylephrine-acetaminophen-guaifenesin tabs 5 mg-200 mg-325 mg</i>	NP		POLYTUSSIN DM LIQD 2 MG/5ML-7.5 MG/5ML-15 MG/5ML	NP	
<i>phenylephrine-brompheniramine-dm liqd 1 mg/5ml-2.5 mg/5ml-5 mg/5ml, 10 mg/10ml-2 mg/10ml-5 mg/10ml</i>	NP		POLY-VENT DM TABS 60 MG-380 MG-20 MG	NP	
<i>phenylephrine-chlorphen-dm liqd 4 mg/5ml-10 mg/5ml-15 mg/5ml</i>	NP		POLY-VENT IR TABS 60 MG-380 MG	NP	
<i>phenylephrine-chlorpheniramine-dm w/ apap misc 2 mg-5 mg-10 mg-325 mg</i>	NP		<i>promethazine & phenylephrine syrp 5 mg/5ml-6.25 mg/5ml</i>	NP	
<i>phenylephrine-chlorpheniramine-dm w/ apap tabs 2 mg-5 mg-10 mg-325 mg</i>	NP		<i>promethazine w/codeine syrp 10 mg/5ml-6.25 mg/5ml</i>	P	
<i>phenylephrine-dm-gg w/ apap tabs 5 mg-10 mg-200 mg-325 mg</i>	NP		<i>promethazine w/codeine soln 6.25 mg/5ml-10 mg/5ml</i>	P	
<i>phenylephrine-dm-gg w/ apap liqd</i>	NP		<i>promethazine-dm syrp 6.25 mg/5ml-15 mg/5ml</i>	P	
<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen liqd 10 mg/30ml-12.5 mg/30ml-20 mg/30ml-650 mg/30ml</i>	NP		<i>promethazine-phenylephrine-codeine 10 mg/5ml-5 mg/5ml-6.25 mg/5ml</i>	NP	
<i>phenylephrine-guaifenesin tabs 10 mg-385 mg, 10 mg-400 mg</i>	NP		<i>pseudoephed-bromphen-dm syrp 2 mg/5ml-10 mg/5ml-30 mg/5ml, 30 mg/5ml-2 mg/5ml-10 mg/5ml</i>	P	
POLY HIST FORTE	NP		<i>pseudoephed-bromphen-dm syrp 0</i>	NP	
POLY-HIST DM 5 MG/5ML-10 MG/5ML-25 MG/5ML	NP		PSEUDOEPHEDRINE HYDROCHLORIDE/ GUAIFENESIN TABS 60 MG-375 MG	NP	
POLY-HIST PD 6.25 MG/ML-6.25 MG/ML	NP		<i>pseudoephedrine-guaifenesin syrp 30 mg/5ml-100 mg/5ml</i>	P	
POLY-TUSSIN AC LIQD	NP		<i>pseudoephedrine-guaifenesin tb12 120 mg-1200 mg, 60 mg-600 mg, 600 mg-60 mg</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine-ibuprofen tabs 30 mg-200 mg</i>	NP		TUSNEL-DM PEDIATRIC LIQD	NP	
<i>pseudoephedrine-ibuprofen caps</i>	NP		TUSSICAPS CP12 8 MG-10 MG	NP	
<i>pseudoephedrine-naproxen sodium 120 mg-220 mg</i>	NP		VANACOF 1 MG/5ML-12.5 MG/5ML-30 MG/5ML	NP	
PX NITETIME MULTI-SYMPTOM CAPS 6.25 MG-15 MG-30 MG-325 MG	P		VANACOF DM LIQD 10 MG/15ML-18 MG/15ML-200 MG/15ML (<i>phenylephrine w/ dm-gg</i>)	NP	
RESCON TABS 2 MG-60 MG	NP		VANACOF DMX LIQD 10 MG/15ML-18 MG/15ML-396 MG/15ML	NP	
RU-HIST D TABS 4 MG-10 MG	NP		VANATAB DM TABS 5 MG-9 MG-198 MG	NP	
RYMED TABS 2 MG-10 MG	NP		VIRTUSSIN DAC SOLN 70 %-10 MG/5ML-30 MG/5ML-100 MG/5ML	NP	
SCOT-TUSSIN DM LIQD 2 MG/5ML-15 MG/5ML	NP		WESTUSSIN DM 1 MG/5ML-5 MG/5ML-10 MG/5ML	NP	
SCOT-TUSSIN SENIOR LIQD 15 MG/5ML-200 MG/5ML	NP		Expectorants		
SM COLD & ALLERGY CHILDRENS LIQD 2 MG/10ML-5 MG/10ML	NP		<i>guaifenesin liqd 100 mg/5ml, 200 mg/10ml, 300 mg/15ml</i>	P	
STAHIST AD TABS 25 MG-60 MG	NP		<i>guaifenesin syrp</i>	NP	
<i>triprolidine & pseudoephedrine tabs 2.5 mg-60 mg</i>	NP		<i>guaifenesin tb12 1200 mg</i>	NP	
TUSNEL LIQD 15 MG/5ML-30 MG/5ML-200 MG/5ML	NP		<i>guaifenesin tabs</i>	NP	
TUSNEL TABS 30 MG-60 MG-400 MG	NP		<i>guaifenesin tb12</i>	P	
TUSNEL C SYRP 100 MG/5ML-10 MG/5ML-30 MG/5ML	NP		Misc. Respiratory Inhalants		
TUSNEL PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML, 5 MG/5ML-100 MG/5ML	NP		<i>camphor (inhalant)</i>	P	
			CVS HOT STEAM LIQD 6.2 %	P	
			<i>sodium chloride (inhalant) nebu .9 %, 3 %</i>	P	
			Mucolytics		
			<i>acetylcysteine soln 10 %</i>	P	
			DERMATOLOGICALS - Drugs to Treat Skin Conditions		
			Acne Products		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACANYA GEL 1.2 %-2.5 % (<i>clindamycin phosphate-benzoyl peroxide</i>)	NP	AL(Up to 20 yrs old)	<i>benzoyl peroxide-erythromycin gel 3 %-5 %</i>	NP	AL(Up to 20 yrs old)
ACNE MEDICATION 10 LOTN	NP	AL(Up to 20 yrs old)	CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	NP	AL(Up to 20 yrs old)
ACNE MEDICATION 5 LOTN	NP	AL(Up to 20 yrs old)	CLINDACIN ETZ 1 %	NP	AL(Up to 20 yrs old)
ACZONE (<i>dapsone (topical)</i>)	NP	AL(Up to 20 yrs old)	CLINDACIN PAC 1 %	NP	AL(Up to 20 yrs old)
<i>adapalene gel</i>	NP	AL(Up to 20 yrs old)	CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	NP	AL(Up to 20 yrs old)
<i>adapalene crea</i>	NP	AL(Up to 20 yrs old)	<i>clindamycin phosphate (topical) lotn</i>	P	AL(Up to 20 yrs old)
<i>adapalene-benzoyl peroxide gel</i>	P	AL(Up to 20 yrs old)	<i>clindamycin phosphate (topical) swab</i>	P	AL(Up to 20 yrs old)
ALTRENO LOTN	NP	AL(Up to 20 yrs old)	<i>clindamycin phosphate (topical) foam</i>	NP	AL(Up to 20 yrs old)
AMZEEQ	NP	AL(Up to 20 yrs old)	<i>clindamycin phosphate (topical) swab</i>	NP	AL(Up to 20 yrs old)
ARAZLO LOTN	NP	AL(Up to 20 yrs old)	<i>clindamycin phosphate (topical) gel</i>	NP	AL(Up to 20 yrs old)
ATRALIN GEL (<i>tretinoin</i>)	NP	AL(Up to 20 yrs old)	<i>clindamycin phosphate (topical) soln</i>	P	AL(Up to 20 yrs old)
BENZAACLIN GEL 1 %-5 % (<i>clindamycin phosphate-benzoyl peroxide</i>)	NP	AL(Up to 20 yrs old)	<i>clindamycin phosphate-benzoyl peroxide gel</i>	NP	AL(Up to 20 yrs old)
BENZAACLIN WITH PUMP GEL 1 %-5 % (<i>clindamycin phosphate-benzoyl peroxide</i>)	NP	AL(Up to 20 yrs old)	<i>clindamycin phosphate-benzoyl peroxide (refrigerate) 1.2 %-5 %</i>	P	AL(Up to 20 yrs old)
BENZAMYCIN GEL 3 %-5 % (<i>benzoyl peroxide-erythromycin</i>)	NP	AL(Up to 20 yrs old)	<i>clindamycin phosphate-benzoyl peroxide (refrigerate) 1.2 %-5 %</i>	NP	AL(Up to 20 yrs old)
<i>benzoyl peroxide liqd 5 %, 6 %, 10 %</i>	P	AL(Up to 20 yrs old)	<i>clindamycin phosphate-tretinoin 0.025 %-1.2 %</i>	NP	AL(Up to 20 yrs old)
<i>benzoyl peroxide misc 6 %</i>	NP	AL(Up to 20 yrs old); RX/OTC	<i>dapsone (topical)</i>	NP	AL(Up to 20 yrs old)
<i>benzoyl peroxide gel 2.5 %, 5 %, 10 %</i>	NP	AL(Up to 20 yrs old)	ERYGEL GEL (<i>erythromycin (acne aid)</i>)	NP	AL(Up to 20 yrs old)
<i>benzoyl peroxide gel 2.5 %, 5 %, 10 %</i>	P	AL(Up to 20 yrs old)	<i>erythromycin (acne aid) gel</i>	P	AL(Up to 20 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	P	AL(Up to 20 yrs old)	<i>erythromycin (acne aid) pads</i>	NP	AL(Up to 20 yrs old)
			<i>erythromycin (acne aid) soln</i>	P	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EVOCLIN FOAM (clindamycin phosphate (topical))	NP	AL(Up to 20 yrs old)	<i>sulfacetamide sodium-sulfur in urea vehicle emul</i>	NP	AL(Up to 20 yrs old)
FABIOR FOAM	NP	AL(Up to 20 yrs old)	SUMADAN KIT 4.5 %-9 %	NP	AL(Up to 20 yrs old)
<i>isotretinoin 10 mg, 20 mg, 30 mg, 40 mg</i>	P		SUMADAN WASH LIQD 4.5 %-9 % (sulfacetamide sodium w/ sulfur)	NP	AL(Up to 20 yrs old)
KLARON (<i>sulfacetamide sodium (acne)</i>)	NP	AL(Up to 20 yrs old)	SUMADAN XLT KIT 3 %-4.5 %-5 %-7.5 %-9 %	NP	AL(Up to 20 yrs old)
NEUAC KIT 1.2 %-5 %	NP	AL(Up to 20 yrs old)	SUMAXIN PADS 4 %-10 % (sulfacetamide sodium w/ sulfur)	NP	AL(Up to 20 yrs old)
ONEXTON GEL 1.2 %-3.75 %	NP	AL(Up to 20 yrs old)	SUMAXIN CP KIT 4 %-10 %	NP	AL(Up to 20 yrs old)
RETIN-A GEL (<i>tretinoin</i>)	NP	AL(Up to 20 yrs old)	SUMAXIN WASH LIQD 4 %-9 % (sulfacetamide sodium w/ sulfur)	NP	AL(Up to 20 yrs old)
RETIN-A CREA (<i>tretinoin</i>)	NP	AL(Up to 20 yrs old)	TAZAROTENE FOAM	NP	AL(Up to 20 yrs old)
RETIN-A MICRO (<i>tretinoin microsphere</i>)	NP	AL(Up to 20 yrs old)	<i>tretinoin crea .025 %, .05 %, .1 %</i>	NP	AL(Up to 20 yrs old)
RETIN-A MICRO	NP	AL(Up to 20 yrs old)	<i>tretinoin gel .01 %, .025 %, .05 %</i>	NP	AL(Up to 20 yrs old)
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>)	NP	AL(Up to 20 yrs old)	<i>tretinoin crea .025 %, .05 %, .1 %</i>	P	AL(Up to 20 yrs old)
RETIN-A MICRO PUMP	NP	AL(Up to 20 yrs old)	<i>tretinoin gel .01 %, .025 %</i>	P	AL(Up to 20 yrs old)
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL 5 %-10 %-10 %	NP	AL(Up to 20 yrs old)	<i>tretinoin microsphere</i>	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium (acne)</i>	NP	AL(Up to 20 yrs old)	WINLEVI	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd</i>	NP	AL(Up to 20 yrs old)	ZIANA 0.025 %-1.2 % (clindamycin phosphate-tretinoin)	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur emul 1 %-10 %</i>	NP	AL(Up to 20 yrs old)	Agents for External Genital and Perianal Warts		
<i>sulfacetamide sodium w/ sulfur foam 5 %-10 %</i>	NP	AL(Up to 20 yrs old)	VEREGEN	NP	
<i>sulfacetamide sodium w/ sulfur crea 2 %-10 %, 5 %-10 %</i>	NP	AL(Up to 20 yrs old)	Antibiotics - Topical		
<i>sulfacetamide sodium w/ sulfur pads 4 %-10 %</i>	NP	AL(Up to 20 yrs old)	<i>bacitracin (topical) oint</i>	P	
<i>sulfacetamide sodium w/ sulfur susp 4 %-8 %</i>	NP	AL(Up to 20 yrs old)	<i>bacitracin zinc oint</i>	P	
			<i>bacitracin zinc oint</i>	NP	
			<i>bacitracin-polymyxin b oint 500 unit/gm-10000 unit/gm</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CENTANY OINT	NP		<i>clotrimazole (topical) soln</i>	NP	RX/OTC
CENTANY AT KIT	NP		<i>clotrimazole (topical) crea</i>	NP	RX/OTC
<i>gentamicin sulfate (topical) crea</i>	P		<i>clotrimazole (topical) crea</i>	P	RX/OTC
<i>gentamicin sulfate (topical) crea</i>	NP		<i>clotrimazole w/ betamethasone crea 0.05 %-1 %</i>	P	
<i>gentamicin sulfate (topical) oint</i>	P		<i>clotrimazole w/ betamethasone lotn 0.05 %-1 %</i>	P	
<i>mupirocin oint</i>	P		DERMACINRX THERAZOLE PAK 0.05 %-1 %-20 %	NP	
<i>mupirocin calcium (topical)</i>	NP		ECONASIL	NP	
<i>neomycin-bacitracin-polymyxin oint 3.5 mg/gm-400 unit/gm-5000 unit/gm</i>	P		<i>econazole nitrate crea</i>	P	
<i>neomycin-bacitracin-polymyxin oint 3.5 mg/gm-400 unit/gm-5000 unit/gm</i>	NP		<i>econazole nitrate crea</i>	NP	
<i>neomycin-bacitracin-polymyxin-pramoxine 3.5 mg/gm-10 mg/gm-500 unit/gm-10000 unit/gm</i>	NP		ERTACZO	NP	
<i>neomycin-polymyxin w/ pramoxine 3.5 mg/gm-10 mg/gm-10000 unit/gm</i>	NP		EXELDERM SOLN (<i>sulconazole nitrate</i>)	NP	
NEO-SYNALAR 0.025 %-0.5 %	NP		EXELDERM CREA (<i>sulconazole nitrate</i>)	NP	
NEO-SYNALAR KIT 0.025 %-0.35 %	NP		EXTINA FOAM (<i>ketoconazole (topical)</i>)	NP	
XEPI	NP		FUNGI-NAIL TOE & FOOT OINT 5 %-20 %	P	
Antifungals - Topical			FUNGOID TINCTURE SOLN	NP	
ALEVAZOL OINT	NP		HONGO CURA ANTI- FUNGAL OINT 5 %-20 %	P	
<i>butenafine hcl</i>	P	RX/OTC	JUBLIA	NP	
<i>castellani paint</i>	NP		KERYDIN (<i>tavaborole</i>)	NP	
<i>ciclopirox soln</i>	P		<i>ketoconazole (topical) crea</i>	P	
<i>ciclopirox gel</i>	NP		<i>ketoconazole (topical) sham 1 %</i>	NP	
<i>ciclopirox kit 8 %</i>	P		<i>ketoconazole (topical) sham 2 %</i>	P	
<i>ciclopirox soln</i>	NP		<i>ketoconazole (topical) foam</i>	NP	
<i>ciclopirox sham</i>	NP		KETODAN KIT 2 %	NP	
<i>ciclopirox olamine crea</i>	P		LOPROX SUSP (<i>ciclopirox olamine</i>)	NP	
<i>ciclopirox olamine susp</i>	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LOPROX 0.77 %	NP		<i>terbinafine hcl (topical) crea</i>	NP	
LOPROX CREA (<i>ciclopirox olamine</i>)	NP		TINACTIN CREA (<i>tolnaftate</i>)	NP	
LOPROX KIT	NP		<i>tolnaftate powd ex</i>	NP	
LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	NP		<i>tolnaftate crea</i>	NP	
<i>luliconazole</i>	NP		<i>tolnaftate aerp</i>	NP	
LUZU (<i>luliconazole</i>)	NP		<i>tolnaftate aero</i>	NP	
MENTAX	NP	RX/OTC	<i>tolnaftate soln</i>	NP	
MICONATATE 1 %-2 %	NP		<i>undecylenic acid-zinc undecylenate oint 5 %-20 %</i>	P	
MICONAZOLE NITRATE SOLN	NP		VUSION 0.25 %-15 %-81.35 % (<i>miconazole-zinc oxide-white petrolatum</i>)	NP	
<i>miconazole nitrate (topical) crea</i>	NP		ZOLPAK	NP	
<i>miconazole nitrate (topical) powd ex</i>	NP		Anti-inflammatory Agents - Topical		
<i>miconazole nitrate (topical) aerp</i>	NP		DERMACINRX LEXITRAL PHARMAPAK II 0.025 %-1.5 % (<i>diclofenac sodium-capsaicin (topical)</i>)	NP	
<i>miconazole-zinc oxide-white petrolatum 0.25 %-15 %-81.35 %</i>	NP		<i>diclofenac epolamine ptch ex</i>	NP	
<i>naftifine hcl crea</i>	NP		<i>diclofenac sodium (topical) soln ex 1.5 %</i>	P	
<i>naftifine hcl gel</i>	NP		<i>diclofenac sodium (topical) soln ex 2 %</i>	NP	
NAFTIN GEL	NP		<i>diclofenac sodium (topical) gel ex</i>	P	RX/OTC
<i>nystatin (topical) oint</i>	P		<i>diclofenac sodium (topical) gel ex</i>	NP	RX/OTC
<i>nystatin (topical) powd ex</i>	P		DICLOTREX 1.5 %-4 %-10 %	NP	
<i>nystatin (topical) crea</i>	P		DICLOTREX II 1.5 %-4 %-10 %	NP	
<i>nystatin (topical) crea</i>	NP		FLECTOR PTCH EX (<i>diclofenac epolamine</i>)	NP	
<i>nystatin-triamcinolone oint 0.1 %-100000 unit/gm</i>	P		LICART PT24	NP	
<i>nystatin-triamcinolone crea 1 mg/gm-100000 unit/gm</i>	NP		PENNSAID SOLN EX	NP	
<i>oxiconazole nitrate crea</i>	NP		VENNGEL ONE KIT	NP	RX/OTC
OXISTAT LOTN	NP				
OXISTAT CREA (<i>oxiconazole nitrate</i>)	NP				
<i>sulconazole nitrate crea</i>	NP				
<i>sulconazole nitrate soln</i>	NP				
<i>tavaborole</i>	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VOLTAREN GEL EX (diclofenac sodium topical))	NP	RX/OTC	SKYRIZI PSKT	NP	SP; PA
XRYLIX II (diclofenac sodium & adhesive sheets)	NP		SKYRIZI SOSY	NP	SP; PA
Antineoplastic or Premalignant Lesion Agents - Topical			SKYRIZI PEN SOAJ	NP	SP; PA
bexarotene (topical)	P	SP	SORIATANE 10 MG, 25 MG (acitretin)	NP	
diclofenac sodium (actinic keratoses) ex	NP		SORILUX FOAM	NP	
fluorouracil (topical) crea	P		SOTYKTU	NP	SP
fluorouracil (topical) soln	P		STELARA SOSY	NP	SP; PA
Antipruritics - Topical			TALTZ SOAJ	P	SP; PA
camphor & menthol lotn 0.5 %-0.5 %	P		TALTZ SOSY	P	SP; PA
doxepin hcl (antipruritic)	P		tazarotene crea	NP	
Antipsoriatics			tazarotene gel	NP	
acitretin	P		TREMFYA SOSY	NP	SP; PA
calcipotriene soln	P		TREMFYA SOPN	NP	SP; PA
calcipotriene foam	NP		ZORYVE	NP	
calcipotriene crea	P		Antiseborrheic Products		
calcipotriene oint	P		DERMAZINC CREAM CREA	P	RX/OTC
calcipotriene foam	P		DERMAZINC SPRAY LIQD	P	
calcitriol (topical)	NP		DERMAZINC ZINC THERAPY SOAP BAR	P	
COSENTYX SOSY	NP	SP; PA	NUTRASEB CREA	P	RX/OTC
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA	PROMISEB CREA	P	RX/OTC
DOVONEX CREA (calcipotriene)	NP		pyrithione zinc bar	P	
DRITHO-CREME HP CREA	P		pyrithione zinc sham	P	
ILUMYA	NP	SP; PA	SEBEX 2 %-2 %	P	
methoxsalen rapid	NP		selenium sulfide lotn	P	
OXSORALEN ULTRA (methoxsalen rapid)	NP		selenium sulfide sham 1 %	P	
SILIQ	NP	SP; PA	sulfacetamide sodium liqd	NP	
			sulfacetamide sodium gel	NP	
			Antivirals - Topical		
			acyclovir topical crea	NP	
			acyclovir topical oint	P	
			DENAVIR (penciclovir)	NP	
			docosanol	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>penciclovir</i>	NP		<i>betamethasone valerate crea</i>	NP	
XERESE 5 %-1 %	NP		BRYHALI LOTN	NP	
ZOVIRAX CREA (<i>acyclovir topical</i>)	NP		<i>calcipotriene-betamethasone dipropionate susp 0.005 %-0.064 %</i>	NP	
ZOVIRAX OINT (<i>acyclovir topical</i>)	NP		<i>calcipotriene-betamethasone dipropionate oint 0.005 %-0.064 %</i>	NP	
Burn Products			<i>clobetasol propionate liqd</i>	NP	
<i>silver sulfadiazine</i>	P		<i>clobetasol propionate soln .05 %</i>	P	
Corticosteroids - Topical			<i>clobetasol propionate crea .05 %</i>	NP	
<i>alclometasone dipropionate oint</i>	NP		<i>clobetasol propionate foam</i>	NP	
<i>alclometasone dipropionate crea</i>	NP		<i>clobetasol propionate oint .05 %</i>	P	
<i>amcinonide lotn</i>	NP		<i>clobetasol propionate lotn</i>	NP	
<i>amcinonide crea</i>	NP		<i>clobetasol propionate gel .05 %</i>	NP	
APEXICON E CREA	NP		<i>clobetasol propionate sham</i>	NP	
BESER 0.05 %	NP		<i>clobetasol propionate emollient base .05 %</i>	NP	
<i>betamethasone dipropionate (topical) crea</i>	NP		<i>clobetasol propionate emulsion</i>	NP	
<i>betamethasone dipropionate (topical) oint</i>	NP		<i>clocortolone pivalate</i>	NP	
<i>betamethasone dipropionate (topical) lotn</i>	NP		CLODAN KIT	NP	
<i>betamethasone dipropionate augmented oint</i>	NP		CLODERM (<i>clocortolone pivalate</i>)	NP	
<i>betamethasone dipropionate augmented crea</i>	NP		CUTIVATE LOTN (<i>fluticasone propionate</i>)	NP	
<i>betamethasone dipropionate augmented lotn</i>	NP		DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	NP	
<i>betamethasone dipropionate augmented gel .05 %</i>	NP		DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NP	
<i>betamethasone valerate oint</i>	NP		DESONATE GEL (<i>desonide</i>)	NP	
<i>betamethasone valerate foam</i>	NP				
<i>betamethasone valerate lotn</i>	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>desonide crea</i>	NP		<i>fluticasone propionate crea .05 %</i>	P	
<i>desonide lotn</i>	NP		<i>fluticasone propionate oint</i>	P	
<i>desonide oint</i>	NP		<i>halcinonide crea</i>	NP	
<i>desoximetasone oint</i>	NP		<i>halobetasol propionate oint</i>	NP	
<i>desoximetasone liqd</i>	NP		<i>halobetasol propionate crea</i>	NP	
<i>desoximetasone gel</i>	NP		HALOBETASOL PROPIONATE FOAM	NP	
<i>desoximetasone crea</i>	NP		HALOG SOLN	NP	
<i>diflorasone diacetate crea</i>	NP		HALOG CREA (<i>halcinonide</i>)	NP	
<i>diflorasone diacetate oint</i>	NP		HALOG OINT	NP	
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	NP		<i>hydrocortisone (topical) lotn 2.5 %</i>	P	
DUOBRII 0.01 %-0.045 %	NP		<i>hydrocortisone (topical) crea</i>	P	RX/OTC
ELLZIA PAK 0.1 %-5 %	NP		<i>hydrocortisone (topical) oint 1 %, 2.5 %</i>	P	RX/OTC
ENSTILAR FOAM 0.005 %-0.064 %	NP		<i>hydrocortisone (topical) crea 1 %</i>	NP	RX/OTC
EPIFOAM FOAM 1 %-1 %	P		<i>hydrocortisone acetate (topical) crea 1 %</i>	NP	
<i>fluocinolone acetonide crea</i>	NP		<i>hydrocortisone acetate (topical) oint</i>	P	
<i>fluocinolone acetonide oil</i>	P		<i>hydrocortisone butyrate crea</i>	NP	
<i>fluocinolone acetonide oint</i>	NP		<i>hydrocortisone butyrate soln</i>	NP	
<i>fluocinolone acetonide soln</i>	NP		<i>hydrocortisone butyrate oint</i>	NP	
<i>fluocinolone acetonide oil</i>	NP		<i>hydrocortisone butyrate lotn</i>	NP	
<i>fluocinolone acetonide soln</i>	P		<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP	
<i>fluocinonide soln</i>	NP		<i>hydrocortisone valerate oint</i>	NP	
<i>fluocinonide crea</i>	NP		<i>hydrocortisone valerate crea</i>	NP	
<i>fluocinonide gel</i>	NP		IMPEKLO LOTN	NP	
<i>fluocinonide oint</i>	P				
<i>fluocinonide emulsified base</i>	NP				
FLUOPAR 0.1 %-5 %	NP				
<i>flurandrenolide oint</i>	NP				
<i>flurandrenolide crea</i>	NP				
<i>flurandrenolide lotn</i>	NP				
<i>fluticasone propionate lotn</i>	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KENALOG AERS (triamcinolone acetonide topical))	NP		TASOPROL KIT	NP	
LEXETTE FOAM	NP		TEMOVATE CREA (clobetasol propionate)	NP	
LOCOID LOTN (hydrocortisone butyrate)	NP		TEMOVATE OINT (clobetasol propionate)	NP	
LOCOID LIPOCREAM (hydrocortisone butyrate hydrophilic lipo base)	NP		TEXACORT SOLN 2.5 %	NP	
LUXIQ FOAM (betamethasone valerate)	NP		TOPICORT CREA (desoximetasone)	NP	
mometasone furoate soln	P		TOPICORT GEL (desoximetasone)	NP	
mometasone furoate oint	P		TOPICORT OINT (desoximetasone)	NP	
mometasone furoate crea	P		TOPICORT LIQD (desoximetasone)	NP	
OLUX FOAM (clobetasol propionate)	NP		TOVET KIT 0.05 %	NP	
OLUX-E (clobetasol propionate emulsion)	NP		triamcinolone acetonide (topical) crea	P	
PANDEL	NP		triamcinolone acetonide (topical) lotn	P	
prednicarbate oint	NP		triamcinolone acetonide (topical) oint	P	
prednicarbate crea	NP		triamcinolone acetonide (topical) oint .05 %	NP	
SERNIVO EMUL	NP		triamcinolone acetonide (topical) aers	NP	
SILA III 0.1 %	NP		TRILOCICLO 0.1 %-8 %	NP	
SYNALAR OINT (fluocinolone acetonide)	NP		ULTRAVATE LOTN	NP	
SYNALAR SOLN (fluocinolone acetonide)	NP		VANOS CREA (fluocinonide)	NP	
SYNALAR CREA (fluocinolone acetonide)	NP		Eczema Agents		
SYNALAR CREAM KIT	NP		ADBRY	P	SP
SYNALAR OINTMENT KIT	NP		CIBINQO	NP	SP
SYNALAR TS	NP		DUPIXENT SOPN	P	SP; PA
TACLONEX SUSP 0.064 %-0.005 % (calcipotriene- betamethasone dipropionate)	NP		DUPIXENT SOSY	P	SP; PA
TACLONEX OINT 0.005 %-0.064 % (calcipotriene- betamethasone dipropionate)	NP		OPZELURA	NP	
			Emollients		
			colloidal oatmeal pack 100 %	P	
			glycerin (topical)	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LACTIC ACID LOTN	P		DERMAREST PSORIASIS MEDICATED SHAMPOO PLUS CONDITIONER SHAM	P	
LACTIC ACID E 10 %-3500 UNIT/30GM	P		DHS SAL SHAM	P	
Hair Growth Agents			DUOFILM SOLN	P	
<i>bimatoprost (topical)</i>	NP		MG217 DANDRUFF THERAPEUTIC SHAMPOO/CONDITIONER SHAM	P	
<i>finasteride (alopecia)</i>	P		MG217 PSORIASIS THERAPEUTIC SHAMPOO/CONDITIONER SHAM	P	
Immunomodulating Agents - Topical			NEUTROGENA T/SAL SHAM	P	
ALDARA (<i>imiquimod</i>)	NP		P & S SHAM	P	
<i>imiquimod</i>	NP		PODOCON-25 SOLN	P	
<i>imiquimod</i>	P		<i>podofilox soln</i>	P	
ZYCLARA (<i>imiquimod</i>)	NP		<i>salicylic acid liqd 3 %, 17 %</i>	P	
ZYCLARA PUMP	NP		<i>salicylic acid liqd 2 %</i>	NP	
ZYCLARA PUMP (<i>imiquimod</i>)	NP		SELSUN BLUE DEEP CLEANSING SHAM	P	
Immunosuppressive Agents - Topical			SELSUN BLUE NATURALS DRYSCALP SHAM	P	
ELIDEL (<i>pimecrolimus</i>)	P	QL(400 gm per 365 days retail); PA	THERAPEUTIC DANDRUFF SHAM	P	
<i>pimecrolimus</i>	NP	QL(400 gm per 365 days retail); PA	THERAPEUTIC T+PLUS MAXIMUM STRENGTH SHAM	P	
PROTOPIC OINT (<i>tacrolimus (topical)</i>)	P	QL(400 gm per 365 days retail); PA	Liniments		
<i>tacrolimus (topical) oint</i>	P	QL(400 gm per 365 days retail); PA	<i>liniments & rubs lotn 1 %-1 :5000-14 %</i>	P	
Keratolytic/Antimitotic Agents			<i>trolamine salicylate crea</i>	P	
BETASAL SHAM	P		Local Anesthetics - Topical		
CONDYLOX GEL	P		<i>benzocaine (topical) oint</i>	P	
CVS PSORIASIS MEDICATED SHAMPOO PLUS CONDITIONER SHAM	P		<i>benzocaine-triclosan 0.13 %-20 %</i>	P	
CVS THERAPEUTIC DANDRUFFMAXIMUM STRENGTH SHAM	P				
DENOREX EXTRA STRENGTH MEDICATED SHAM	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BURN RELIEF/LIDOCAINE/ALOE 0.5 %	P		HALUCORT GEL	P	RX/OTC
<i>capsaicin crea .025 %</i>	P		LEVICYN GEL 0.008 %	P	RX/OTC
CVS AFTERSUN ALOE VERA COOLING GEL/LIDOCAINE GEL	P		NONYX GEL	P	RX/OTC
<i>dibucaine</i>	P		OC8 GEL	P	RX/OTC
ITCH-X SOLN 1 %-10 %	P		SEBUDERM GEL	P	RX/OTC
ITCH-X GEL 1 %-10 %	P		STRATA CTX GEL	P	RX/OTC
<i>lidocaine crea 4 %</i>	P		STRATA MARK GEL	P	RX/OTC
<i>lidocaine ptch 4 %, 5 %</i>	P		STRATA XRT GEL	P	RX/OTC
<i>lidocaine oint</i>	P		Misc. Topical		
<i>lidocaine aero</i>	P		<i>benzoin compound tinc</i>	P	RX/OTC
<i>lidocaine hcl prsy</i>	P		COLEMAN 100 MAX INSECT REPELLENT LIQD	P	
<i>lidocaine hcl crea 3 %, 4 %</i>	P		COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	P	
<i>lidocaine hcl gel</i>	P	RX/OTC	COLEMAN INSECT REPELLENT/HIGH & DRY AERO	P	
<i>lidocaine-benzalkonium liqd</i>	P		COLEMAN INSECT REPELLENT/SPORTSMEN AERO	P	
<i>lidocaine-transparent dressing 4 %</i>	P		CUTTER AERO	P	
LIDODERM PTCH (<i>lidocaine</i>)	NP		CUTTER ALL FAMILY AERO	P	
OUTGRO PAIN RELIEF LIQD	P		CUTTER ALL FAMILY LIQD	P	
<i>pramoxine hcl lotn</i>	P		CUTTER BACKWOODS LIQD	P	
<i>pramoxine-calamine lotn 1 %-8 %</i>	P		CUTTER BACKWOODS AERO	P	
<i>pramoxine-menthol 1 %-1 %</i>	P		CUTTER BACKWOODS DRY AERO	P	
<i>pramoxine-zinc acetate 0.1 %-1 %</i>	P		CUTTER DRY AERO	P	
ZILACAINE PATCH 5 %	NP		CUTTER SKINSATIONS AERO	P	
ZTLIDO PTCH	NP		CUTTER SKINSATIONS LIQD	P	
Misc. Dermatological Products			CUTTER SPORT AERO	P	
ALEVICYN ANTIPRURITIC GEL GEL	P	RX/OTC			
ALEVICYN ANTIPRURITIC SG GEL	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS INSECT REPELLENT AERO	P		REPEL HUNTERS FORMULA AERO	P	
CVS TOTAL HOME INSECT REPELLENT AERO	P		REPEL SPORTSMEN AERO	P	
DERMACINRX CLORHEXACIN 2 %-4 %-5 %	NP		REPEL SPORTSMEN DRY AERO	P	
DRYSOL SOLN	P		REPEL SPORTSMEN MAX AERO	P	
MAXI DEET LIQD	P		REPEL SPORTSMEN MAX LIQD	P	
NATRAPEL LIQD	P		REPEL TICK DEFENSE AERO	P	
NATRAPEL 12-HOUR TICK & INSECT REPELLENT CONTINUOUS SPRAY AERO	P		SAWYER INSECT REPELLENT AERO	P	
OFF ACTIVE AERO	P		SAWYER PREMIUM INSECT REPELLENT LIQD	P	
OFF DEEP WOODS LIQD	P		ULTRATHON INSECT REPELLENT 8 AERO	P	
OFF DEEP WOODS AERO	P		<i>zinc oxide (topical) oint 20 %</i>	P	
OFF DEEP WOODS DRY AERO	P		Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
OFF DEEP WOODS SPORTSMEN LIQD	P		EUCRISA	P	QL(400 gm per 365 days retail); ST
OFF DEEP WOODS SPORTSMEN AERO	P		Podiatric Products		
OFF FAMILYCARE CLEAN FEEL LIQD	P		AMLACTIN FOOT CREAM THERAPY CREA	P	
OFF FAMILYCARE SMOOTH & DRY AERO	P		AMLACTIN FOOT REPAIR CREA	P	
OFF FAMILYCARE TROPICAL FRESH LIQD	P		ELON HERBAL FOOT CREAM CREA	P	
OFF FAMILYCARE UNSCENTED LIQD	P		EUCERIN ADVANCED REPAIR LIGHT FEEL FOOT CREAM CREA	P	
OFF SMOOTH & DRY AERO	P		GOLD BOND FOOT CREA	P	
RANGER READY REPELLENT LIQD	P		PALMERS COCOA BUTTER FORMULA FOOT MAGIC SCRUB CREA	P	
REPEL 100 LIQD	P				
REPEL FAMILY AERO	P				
REPEL FAMILY DRY AERO	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UDDERLY SMOOTH FOOT CREA	P		Tar Products		
Rosacea Agents			BETA CARE BETATAR GEL SHAM	P	
<i>metronidazole (topical) gel</i>	P		<i>coal tar extract sham .5 %, 1 %, 2.5 %, 10 %</i>	P	
<i>metronidazole (topical) lotn</i>	P		<i>coal tar extract soln</i>	P	
<i>metronidazole (topical) crea</i>	P		X-SEB T PEARL SHAM	P	
NORITATE CREA	P		X-SEB T PLUS SHAM	P	
ROSADAN KIT	P		Wound Care Products		
Scabicides & Pediculicides			ACTIMARIS WOUND GEL GEL 0.2 %-3 %	P	RX/OTC
<i>crotamiton lotn</i>	NP		AMERIGEL WOUND DRESSING GEL	P	RX/OTC
<i>ivermectin (pediculicide)</i>	NP	RX/OTC	ARIDA GEL	P	RX/OTC
<i>lindane sham</i>	NP		ATRAPRO ANTIPRURITIC HYDROGEL GEL	P	RX/OTC
<i>malathion</i>	NP		AZADROX GEL	P	RX/OTC
NATROBA (<i>spinosad</i>)	P		BASADROX GEL	P	RX/OTC
OVIDE (<i>malathion</i>)	NP		CARRASART GEL	P	RX/OTC
<i>permethrin aero</i>	P		CARRASYN HYDROGEL WOUND DRESSING GEL	P	RX/OTC
<i>permethrin crea</i>	P		CARRASYN V HYDROGEL WOUND DRESSING GEL	P	RX/OTC
<i>permethrin liqd ex</i>	P		COLLATYL GEL	P	RX/OTC
<i>permethrin lotn</i>	P		CURAD GERM SHIELD GEL	P	RX/OTC
<i>pyrethrins-piperonyl butoxide sham 0.3 %-0.33 %-4 %, 0.33 %-4 %</i>	P		CURAFIL GEL WOUND DRESSING GEL	P	RX/OTC
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 0.33 %-0.5 %-4 %</i>	P		CVS ANTI-MICROBIAL SILVER WOUND GEL GEL	P	RX/OTC
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 0.33 %-0.5 %-4 %</i>	NP		CVS MANUKA HONEY WOUND GEL GEL	P	RX/OTC
RID ESSENTIAL LICE ELIMINATION KIT KIT EX 0.33 %-4 %	NP		DERMAGRAN HYDROGEL WOUND DRESSING GEL	P	RX/OTC
SKLICE (<i>ivermectin (pediculicide)</i>)	NP	RX/OTC	DERMAGRAN-B HYDROPHILIC WOUND DRESSING GEL	P	RX/OTC
<i>spinosad</i>	NP				
VANALICE GEL 0.3 %-3.5 %	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DERMASYN GEL	P	RX/OTC	STIMULEN GEL	P	RX/OTC
DERPIXA GEL	P	RX/OTC	STRATA GRT GEL	P	RX/OTC
DIAB GEL	P	RX/OTC	TEGADERM HYDROGEL WOUND FILLER GEL	P	RX/OTC
DIAB DAILY CARE GEL	P	RX/OTC	THERAHONEY GEL	P	RX/OTC
DIAB F.D.G. FREEZE-DRIED GEL	P	RX/OTC	VEXASYN GEL	P	RX/OTC
DYNAGEL GEL	P	RX/OTC	WOUND GEL GEL	P	RX/OTC
EXCEL-GEL GEL	P	RX/OTC	WOUND GEL SPRAY GEL	P	RX/OTC
HAPRODERM GEL	P	RX/OTC	ZANABIN ANTIPRURITIC HYDROGEL GEL	P	RX/OTC
HYDROGEL GEL	P	RX/OTC	ZENPHOR WOUND GEL GEL	P	RX/OTC
HYDROGEL AG GEL	P	RX/OTC	DIAGNOSTIC PRODUCTS		
INTRASITE GEL APPLIPAK GEL	P	RX/OTC	Diagnostic Tests		
KENDALL AMORPHOUS HYDROGEL WOUND DRESSING GEL	P	RX/OTC	ACCU-CHEK AVIVA PLUS STRP	NP	RX/OTC
KERAGEL GEL	P	RX/OTC	ACCU-CHEK GUIDE STRP	NP	RX/OTC
KERAGELT GEL	P	RX/OTC	ACCU-CHEK SMARTVIEW STRIPS STRP	NP	RX/OTC
MEDIHONEY WOUND/BURNDRESSING GEL	P	RX/OTC	ACCUTREND GLUCOSE STRP	NP	RX/OTC
NORMLGEL AG GEL	P	RX/OTC	ADVOCATE REDI-CODE STRP	NP	RX/OTC
NU-GEL COLLAGEN WOUND DRESSING GEL	P	RX/OTC	ADVOCATE REDI-CODE+ TESTSTRIPS STRP	NP	RX/OTC
PROTYL AG GEL 1 %	P	RX/OTC	ADVOCATE TEST STRIPS STRP	NP	RX/OTC
RADIAGEL GEL	P	RX/OTC	AGAMATRIX AMP NO CODE TEST STRIPS STRP	NP	RX/OTC
RADIAPLEXRX GEL	P	RX/OTC	AGAMATRIX JAZZ TEST STRIPS STRP	NP	RX/OTC
RESTA SILVER GEL GEL	P	RX/OTC	AGAMATRIX PRESTO TEST STRIPS STRP	NP	RX/OTC
RESTORE HYDROGEL DRESSING GEL	P	RX/OTC	ALBUSTIX STRP	P	
REVITADERM WOUND CARE GEL	P	RX/OTC	ASSURE 4 TEST STRIPS STRP	NP	RX/OTC
SILVASORB GEL	P	RX/OTC			
SILVERMED GEL	P	RX/OTC			
SILVRSTAT WOUND DRESSING GEL	P	RX/OTC			
SKINTEGRITY HYDROGEL GEL	P	RX/OTC			
SOLOSITE GEL	P	RX/OTC			
SOLOX GEL	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASSURE PLATINUM TEST STRIPS STRP	NP	RX/OTC	CLEVER CHEK AUTO-CODE VOICE TEST STRIPS STRP	NP	RX/OTC
ASSURE PRISM MULTI TEST STRIPS STRP	NP	RX/OTC	CLEVER CHEK TEST STRIPS STRP	NP	RX/OTC
AZO TEST STRIPS STRP	P		CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	CLEVER CHOICE MICRO TESTSTRIPS STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	RX/OTC	CLEVER CHOICE NO CODING TEST STRIPS STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS333 STRP	NP	RX/OTC	CLEVER CHOICE TALK NO CODING TEST STRIPS STRP	NP	RX/OTC
BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC	CONTOUR BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM STRP	NP	RX/OTC	CONTOUR NEXT BLOOD GLUCOSE TEST STRP	NP	RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	NP	RX/OTC	COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CARESENS N BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	CVS GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC
CHEMSTRIP 10 MD	P		CVS KETONE CARE	P	
CHEMSTRIP -10 WITH SG	P		DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CHEMSTRIP 2 GP STRIPS	P		EASY PLUS II BLOOD GLUCOSE TEST STRP	NP	RX/OTC
CHEMSTRIP 5 OB	P		EASY STEP TEST STRIPS STRP	NP	RX/OTC
CHEMSTRIP 7	P		EASY TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CHEMSTRIP 9 STRIPS	P		EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CHEMSTRIP MICRAL STRP	P		EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CHEMSTRIP UGK	P				
CHEMSTRIP-K STRP	P				
CLEVER CHEK AUTO-CODE TEST STRIPS STRP	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TRAK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FIFTY50 GLUCOSE TEST STRIP 2.0 STRP	NP	RX/OTC
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA 6 CONNECT STRP	NP	RX/OTC
EASYGLUCO STRP	NP	RX/OTC	FORA BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASYGLUCO PLUS STRP	NP	RX/OTC	FORA D15G BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASYMAX 15 TEST STRIPS STRP	NP	RX/OTC	FORA D20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASYMAX TEST STRIPS STRP	NP	RX/OTC	FORA D40/G31 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ELEMENT COMPACT TEST STRIPS STRP	NP	RX/OTC	FORA G20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ELEMENT TEST STRIPS STRP	NP	RX/OTC	FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EMBRACE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA GD20 TEST STRIPS STRP	NP	RX/OTC
EMBRACE EVO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA GD50 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EQ BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EVENCARE G2 TEST STRIPS STRP	NP	RX/OTC	FORA V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EVENCARE G3 TEST STRIPS STRP	NP	RX/OTC	FORA V12 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EVENCARE MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA V20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EVENCARE PROVIEW BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC			
EVOLUTION AUTOCODE STRP	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FORA V30A BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	GLUCOCARD VITAL TEST STRIPS STRP	NP	RX/OTC
FORACARE GD40 STRP	NP	RX/OTC	GLUCOCOM TEST STRIPS STRP	NP	RX/OTC
FORACARE PREMIUM V10 TESTSTRIPS STRP	NP	RX/OTC	GLUCONAVII BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
FORACARE TEST N GO TEST STRIPS STRP	NP	RX/OTC	GLUCOSE METER TEST STRIPS ADVANCED STRP	NP	RX/OTC
FORTISCARE BLOOD GLUCOSETEST STRIP STRP	NP	RX/OTC	GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC	GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	P	RX/OTC	GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	P	RX/OTC	GNP URINARY TRACT INFECTION TEST STRIPS STRP	P	
FREESTYLE LITE TEST STRIPS STRP	P	RX/OTC	GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	P	RX/OTC	HARMONY BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FREESTYLE TEST STRIPS STRP	P	RX/OTC	HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FREESTYLE TEST STRIPS STRP	NP	RX/OTC	HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GE100 BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC	IGLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GHT TEST STRIPS STRP	NP	RX/OTC	INFINITY BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD 01 SENSOR PLUS STRP	NP	RX/OTC	INFINITY VOICE STRP	NP	RX/OTC
GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	NP	RX/OTC	KETO-DIASTIX	P	
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	KETONE STRP	P	
GLUCOCARD SHINE TEST STRIPS STRP	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KETONE TEST STRIPS STRP	P		PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
KETOSTIX STRP	P		PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
KROGER BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC	PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
KROGER HEALTHPRO GLUCOSETEST STRIPS STRP	NP	RX/OTC	PRECISION PCX STRP	NP	RX/OTC
KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	PRECISION PCX PLUS TEST STRIPS STRP	NP	RX/OTC
KROGER TEST STRIPS STRP	NP	RX/OTC	PRECISION POINT OF CARE TEST STRIPS STRP	NP	RX/OTC
MEIJER BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC	PRECISION QID TEST STRIPS STRP	NP	RX/OTC
MICRODOT TEST STRIPS STRP	NP	RX/OTC	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	P	RX/OTC
MICRODOT XTRA TEST STRIPS STRP	NP	RX/OTC	PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MM EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC	PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MULTISTIX 10 SG	P		PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MYGLUCOHEALTH BLOOD GLUCOSE TEST STRP	NP	RX/OTC	QUINTET AC BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
NEUTEK 2TEK TEST STRIPS STRP	NP	RX/OTC	QUINTET BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
NOVA MAX GLUCOSE TEST STRIPS STRP	NP	RX/OTC	RA URINARY TRACT INFECTION TEST STRIPS STRP	P	
ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	REFUAH PLUS BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
ONETOUCH ULTRA STRP	NP	RX/OTC			
ONETOUCH VERIO TEST STRIPS STRP	NP	RX/OTC			
OPTIUM TEST STRIPS STRP	NP	RX/OTC			
OPTIUMEZ TEST STRIPS STRP	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION CONFIRM/MICRO TEST STRIPS STRP	NP	RX/OTC	SOLUS V2 AUDIBLE TEST STRP	NP	RX/OTC
RELION KETONE TEST STRIPS STRP	P		SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	TGT BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION PRIME BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	NP	RX/OTC	TRUE METRIX PRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION ULTIMA BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC
REXALL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	TRUETEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	TRUETRACK BLOOD GLUCOSE TEST STRP	NP	RX/OTC
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	TRUETRACK TEST STRP	NP	RX/OTC
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	UNISTRIP1 GENERIC STRP	NP	RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	VERASENS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS STRP	NP	RX/OTC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
SMART SENSE VALUE BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC	Nutritional Supplements		
SMARTEST BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	AMINO PM RMS CAPS	P	RX/OTC
			ANTI-INFLAMMATORY ENZYMEFORMULA CAPS 1 MG-20 MG-20 MG-24 MG-45 MG-50 MG-50 MG-50 MG-60 MG-100 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ANTIOXIDANT FORMULA CAPS 10 MG-10 MG-15 MG-20 MG-25 MG-25 MG-25 MG-35 MCG-50 MG-50 MG-50 MG-100 MG	P	RX/OTC
BIO-IMMUNEX CAPS	P	RX/OTC
CARDIO COMPLETE CAPS 25 MG-25 MG-50 MG-100 MG-250 MG	P	RX/OTC
CHRONOVISION CAPS 0.5 MG-6 MG-10 MG-33.3 MG-66.6 MG-70 UNIT-100 MG-250 MCG-1500 UNIT	P	RX/OTC
ESTROVEN WEIGHT MANAGEMENT CAPS	P	RX/OTC
HOMOCYSTEINE SUPPORT CAPS 20 MG-250 MCG-250 MG-400 MG-800 MCG	P	RX/OTC
HORMONE PROTECT CAPS 30 MG-150 MG	P	RX/OTC
LEPTIN MANAGER CAPS 15 MG-80 MG	P	RX/OTC
MALE SUPPORT CAPS 0.5 MG-5 MG-5 MG-16 MG-25 MG-35 MCG-50 MG-75 MG-100 MG	P	RX/OTC
METHIONINE-200 CAPS 5 MG-20 MCG-20 MCG-20 MG-200 MG	P	RX/OTC
<i>nutritional supplements caps</i>	P	RX/OTC
PROSTATE 2.4 CAPS 15 MG-15 UNIT-25 MG-35 MCG-62.5 MG-1200 UNIT	P	RX/OTC
PROTEOLIN CAPS 2.5 MG-62.5 MG-75 MG-500 MG	P	RX/OTC
SALMON OIL CAPS	P	RX/OTC
VITEYES TEAR SUPPORT CAPS 4 MG-10 MG-10 MG-20 MG-100 MG-150 MG-500 MG-500 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
Enzymes		
Digestive Enzymes		
BIO-ZYME TABS	P	
CREON CPEP	P	
CVS DAIRY RELIEF EXTRA STRENGTH TABS	P	
DIGESTIVE ENZYMES TABS 15 MG-2 MG-15 MG-15 MG-25 MG-25 MG-75 MG-100 MG-200 MG	P	
ENZYMATIC DIGESTANT DUALACTION TBEC 30 MG-32 MG-32 MG-60 MG-60 MG-450 MG	P	
EQL DIGESTIVE ENZYMES TABS 2 MG-15 MG-15 MG-15 MG-25 MG-25 MG-75 MG-100 MG-200 MG	P	
<i>lactase tabs</i>	P	
<i>lactase chew 9000 unit</i>	P	
OMNIGEST EZ TABS	P	
PARVENZYME DIGESTIVE ENZYME FORMULA TABS 10 MG-3 MG-10 MCG-10 MG-50 MG	P	
PERTZYE CPEP	NP	
SUPER ENZYMES TABS 10 UNIT-20 MG-45 MG-100 MG-120 UNIT-200 MG-1600 UNIT-20000 UNIT-20000 UNIT-100000 UNIT-500000 UNIT	P	
TYLER PANPLEX 2-PHASE TBEC 100 MG-65 MG-70 MG-84 MG-110 MG-160 MG-2016 UNIT-25200 UNIT-25200 UNIT	P	
VIOKACE TABS	NP	
ZENPEP CPEP	P	

DIGESTIVE AIDS - Drugs to Treat Low Digestive

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 16000 UNIT-57500 UNIT-60500 UNIT, 24000 UNIT-86250 UNIT-90750 UNIT, 25000 UNIT-79000 UNIT-105000 UNIT, 4000 UNIT-14375 UNIT-15125 UNIT, 40000 UNIT-126000 UNIT-168000 UNIT, 8000 UNIT-28750 UNIT-30250 UNIT	NP	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide tabs</i>	P	
<i>acetazolamide cp12</i>	P	
<i>dichlorphenamide</i>	NP	SP
KEVEYIS (<i>dichlorphenamide</i>)	NP	SP
<i>methazolamide tabs</i>	NP	
Diuretic Combinations		
ALDACTAZIDE 50 MG-50 MG	NP	
ALDACTAZIDE 25 MG-25 MG (<i>spironolactone & hydrochlorothiazide</i>)	NP	
<i>amiloride & hydrochlorothiazide 5 mg-50 mg</i>	P	
MAXZIDE TABS 50 MG-75 MG (<i>triamterene & hydrochlorothiazide</i>)	NP	
MAXZIDE-25 TABS 25 MG-37.5 MG (<i>triamterene & hydrochlorothiazide</i>)	NP	
<i>spironolactone & hydrochlorothiazide 25 mg-25 mg</i>	P	
<i>triamterene & hydrochlorothiazide caps 25 mg-37.5 mg</i>	P	
<i>triamterene & hydrochlorothiazide tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
Loop Diuretics		
<i>bumetanide tabs</i>	P	
EDECRIN (<i>ethacrynic acid</i>)	NP	
<i>ethacrynic acid</i>	NP	
<i>furosemide soln or 10 mg/ml, 40 mg/5ml</i>	P	
<i>furosemide tabs</i>	P	
LASIX TABS (<i>furosemide</i>)	NP	
<i>torseamide tabs</i>	P	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>spironolactone</i>)	NP	
<i>amiloride hcl tabs</i>	P	
CAROSPIR SUSP	NP	
<i>spironolactone tabs</i>	P	
<i>triamterene caps</i>	NP	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 mg, 50 mg</i>	P	
DIURIL SUSP	P	
<i>hydrochlorothiazide caps</i>	P	
<i>hydrochlorothiazide tabs</i>	P	
<i>indapamide tabs 1.25 mg, 2.5 mg</i>	P	
<i>metolazone</i>	P	
THALITONE	NP	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS (<i>risedronate sodium</i>)	NP	
<i>alendronate sodium tabs 10 mg, 35 mg, 70 mg</i>	P	
<i>alendronate sodium soln</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
ATELVIA TBEC (<i>risedronate sodium</i>)	NP	
BONIVA TABS (<i>ibandronate sodium</i>)	NP	
<i>calcitonin (salmon) ij</i>	P	
<i>calcitonin (salmon) na</i>	P	
EVENITY	NP	SP; PA
FORTEO SOPN	NP	SP; PA
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	
FOSAMAX PLUS D	NP	
<i>ibandronate sodium tabs</i>	P	
NATPARA	NP	SP; PA
PROLIA SOSY	P	SP; PA
<i>risedronate sodium tabs</i>	NP	
<i>risedronate sodium tbec</i>	NP	
TYMLOS	NP	SP; PA
XGEVA SOLN	NP	SP; PA
GnRH/LHRH Antagonists		
ORILISSA	P	SP; PA
Growth Hormones		
GENOTROPIN CART SC	P	SP; PA
GENOTROPIN MINIQUICK PRSY	P	SP; PA
HUMATROPE CART IJ	NP	SP; PA
NORDITROPIN FLEXP SOPN	P	SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP; PA
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP; PA
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP; PA
OMNITROPE SOLR SC	NP	PA
OMNITROPE SOCT	NP	SP; PA
SAIZEN IJ	NP	SP; PA
SAIZENPREP RECONSTITUTIONKIT IJ	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
SEROSTIM SC	NP	SP; PA
SKYTROFA	NP	SP; PA
ZOMACTON SOLR SC	NP	SP; PA
ZORBTIVE SC	NP	SP; PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	NP	
<i>raloxifene hcl</i>	NP	
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI	P	SP
LUPANETA PACK	NP	SP
LUPRON DEPOT-PED (1- MONTH)	P	SP
LUPRON DEPOT-PED (3- MONTH)	P	SP
SUPPRELIN LA	P	SP
SYNAREL	P	SP
TRIPTODUR	P	SP
Metabolic Modifiers		
<i>calcitriol caps</i>	P	
<i>calcitriol soln or</i>	P	
<i>levocarnitine (metabolic modifiers) tabs</i>	P	
<i>levocarnitine (metabolic modifiers) soln or 1 gm/10ml</i>	P	
<i>nitisinone caps</i>	P	SP
ORFADIN CAPS	P	SP
Mineralocorticoid Receptor Antagonists		
KERENDIA	NP	
Natriuretic Peptides		
VOXZOGO	NP	SP
Posterior Pituitary Hormones		
<i>desmopressin acetate tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate soln ij</i>	P	SP
<i>desmopressin acetate spray</i>	P	
<i>desmopressin acetate spray refrigerated</i>	P	
NOCDURNA SUBL	NP	
Somatostatic Agents		
LANREOTIDE ACETATE	P	SP
<i>octreotide acetate sosy</i>	P	SP
<i>octreotide acetate soln</i>	P	SP
SANDOSTATIN LAR DEPOT KIT	P	SP
SOMATULINE DEPOT	P	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
<i>estradiol & norethindrone acetate tabs</i>	P	
MYFEMBREE 0.5 MG-1 MG-40 MG	P	PA
<i>norethindrone acetate-ethinyl estradiol</i>	P	
ORIAHNN 0.5 MG-1 MG-300 MG	NP	PA
PREMPRO	P	
Estrogens		
<i>estradiol ptwk</i>	P	
<i>estradiol tabs</i>	P	
MENEST .3 MG, .625 MG, 1.25 MG	P	
PREMARIN TABS	P	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	
CIPRO SUSR	NP	

Drug Name	Drug Tier	Requirements/Limits
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NP	
<i>ciprofloxacin hcl tabs</i>	P	
<i>ciprofloxacin in d5w</i>	P	
<i>levofloxacin tabs</i>	P	
<i>levofloxacin soln or</i>	NP	
<i>moxifloxacin hcl tabs</i>	NP	
<i>ofloxacin 300 mg, 400 mg</i>	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY	NP	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	P	
Antiflatulents		
<i>simethicone liqd or 20 mg/0.3ml</i>	P	
<i>simethicone chew</i>	P	
<i>simethicone susp</i>	P	
<i>simethicone caps 125 mg</i>	P	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	SP
Gallstone Solubilizing Agents		
CHENODAL	NP	SP
URSO 250 TABS (<i>ursodiol</i>)	NP	
URSO FORTE TABS (<i>ursodiol</i>)	NP	
<i>ursodiol caps</i>	NP	
<i>ursodiol caps</i>	P	
<i>ursodiol tabs</i>	P	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	P	
<i>lubiprostone</i>	NP	
Gastrointestinal Stimulants		

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl tabs</i>	P	
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	P	
Inflammatory Bowel Agents		
APRISO CP24 <i>(mesalamine)</i>	P	
ASACOL HD TBEC <i>(mesalamine)</i>	NP	
AVSOLA	P	SP
AZULFIDINE TABS <i>(sulfasalazine)</i>	NP	
AZULFIDINE EN-TABS TBEC <i>(sulfasalazine)</i>	NP	
<i>balsalazide disodium caps</i>	P	
CANASA SUPP <i>(mesalamine)</i>	NP	
CIMZIA PSKT	NP	SP; PA
CIMZIA KIT	NP	SP; PA
CIMZIA STARTER KIT PSKT	NP	SP; PA
COLAZAL CAPS <i>(balsalazide disodium)</i>	NP	
DELZICOL CPDR <i>(mesalamine)</i>	P	
DIPENTUM	NP	
ENTYVIO	NP	SP
INFLECTRA	P	SP
LIALDA TBEC <i>(mesalamine)</i>	NP	
<i>mesalamine supp</i>	P	
<i>mesalamine enem</i>	P	
<i>mesalamine cpdr</i>	NP	
<i>mesalamine tbec</i>	NP	
<i>mesalamine cp24</i>	NP	
<i>mesalamine cpcr</i>	NP	
<i>mesalamine tbec 1.2 gm</i>	P	
<i>mesalamine w/ cleanser</i>	P	
PENTASA CPCR	P	

Drug Name	Drug Tier	Requirements/Limits
PENTASA CPCR <i>(mesalamine)</i>	P	
RENFLEXIS	P	SP
ROWASA <i>(mesalamine w/ cleanser)</i>	NP	
SFROWASA ENEM	NP	
SKYRIZI SOLN	NP	SP; PA
SKYRIZI SOCT 360 MG/2.4ML	NP	SP; PA
SKYRIZI SOCT 180 MG/1.2ML	NP	SP
STELARA 130 MG/26ML	NP	SP; PA
<i>sulfasalazine tbec</i>	P	
<i>sulfasalazine tabs</i>	P	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	
Irritable Bowel Syndrome (IBS) Agents		
IBSRELA	NP	
LINZESS	P	
Peripheral Opioid Receptor Antagonists		
MOVANTIK	P	
RELISTOR TABS	NP	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA	NP	PA
<i>calcium acetate (phosphate binder) caps</i>	NP	
<i>calcium acetate (phosphate binder) caps</i>	P	
<i>calcium acetate (phosphate binder) tabs</i>	NP	RX/OTC
FOSRENOL PACK	NP	PA
FOSRENOL CHEW <i>(lanthanum carbonate)</i>	NP	PA
<i>lanthanum carbonate chew</i>	NP	PA
PHOSLYRA SOLN	P	

Drug Name	Drug Tier	Requirements/Limits
RENAGEL (<i>sevelamer hcl</i>)	NP	PA
RENVELA TABS (<i>sevelamer carbonate</i>)	NP	PA
RENVELA PACK (<i>sevelamer carbonate</i>)	NP	PA
<i>sevelamer carbonate tabs</i>	P	PA
<i>sevelamer carbonate pack</i>	NP	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) tbc 10 meq, 540 mg, 1080 mg</i>	P	
Genitourinary Irrigants		
<i>acetic acid .25 %</i>	P	
RENACIDIN 59.4 MG/30ML-980.4 MG/30ML-1980.6 MG/30ML	P	
RESECTISOL	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	P	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	P	
AVODART (<i>dutasteride</i>)	NP	
CARDURA XL	NP	
<i>dutasteride</i>	NP	
<i>dutasteride-tamsulosin hcl 0.4 mg-0.5 mg</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>finasteride</i>	P	
FLOMAX (<i>tamsulosin hcl</i>)	NP	
JALYN 0.4 MG-0.5 MG (<i>dutasteride-tamsulosin hcl</i>)	NP	
PROSCAR (<i>finasteride</i>)	NP	
RAPAFLO (<i>silodosin</i>)	NP	
<i>silodosin</i>	NP	
<i>tamsulosin hcl</i>	P	
Urinary Analgesics		
<i>phenazopyridine hcl tabs 100 mg, 100 mg, 200 mg</i>	P	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid 0.5 mg-500 mg</i>	P	
Gout Agents		
<i>allopurinol</i>	P	
ALLOPURINOL	P	
<i>colchicine tabs</i>	P	PA
<i>colchicine caps</i>	NP	
COLCRYS TABS (<i>colchicine</i>)	NP	PA
<i>febuxostat</i>	NP	
GLOPERBA SOLN OR	NP	
MITIGARE CAPS (<i>colchicine</i>)	NP	
ULORIC (<i>febuxostat</i>)	NP	
ZYLOPRIM (<i>allopurinol</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP
ADYNOVATE	P	SP

Drug Name	Drug Tier	Requirements/Limits
AFSTYLA	P	SP
ALPHANATE SOLR	P	SP
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP
ALPROLIX	P	SP
BENEFIX KIT	P	SP
ELOCTATE	P	SP
ESPEROCT	P	SP
HEMLIBRA	P	SP
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP
HUMATE-P SOLR	P	SP
IDELVION	P	SP
IXINITY SOLR	P	SP
JIVI	P	SP
KOATE SOLR	P	SP
KOATE-DVI SOLR	P	SP
KOGENATE FS KIT	P	SP
KOVALTRY	P	SP
MONONINE	P	SP
NOVOEIGHT	P	SP
NUWIQ KIT 1500 UNIT	NP	SP
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	P	SP
NUWIQ SOLR 1500 UNIT	NP	SP
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	P	SP
PROFILNINE	P	SP
REBINYN	NP	SP
RECOMBINATE SOLR	P	SP
RIXUBIS SOLR	P	SP
VONVENDI	NP	SP
WILATE KIT	P	SP

Drug Name	Drug Tier	Requirements/Limits
XYNTHA	P	SP
XYNTHA SOLOFUSE	P	SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR (<i>icatibant acetate</i>)	P	SP; PA
<i>icatibant acetate</i>	P	SP; PA
Complement Inhibitors		
BERINERT KIT	P	SP; PA
CINRYZE SOLR IV	P	SP
HAEGARDA SOLR SC	P	SP; PA
RUCONEST	P	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Plasma Kallikrein Inhibitors		
KALBITOR	P	SP; PA
ORLADEYO	P	SP; PA
TAKHZYRO SOLN	P	SP; PA
TAKHZYRO SOSY	P	SP; PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	P	
<i>aspirin-dipyridamole 25 mg-200 mg</i>	P	
BRILINTA	P	
<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	
ZONTIVITY	NP	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
ADAKVEO	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROXIA CAPS	P		NEUPOGEN SOLN	P	SP
OXBRYTA TABS 500 MG	NP	SP	NEUPOGEN SOSY	P	SP
OXBRYTA TBSO	NP	SP	NIVESTYM SOSY	NP	SP
SIKLOS TABS	P		NIVESTYM SOLN	NP	SP
Cobalamins			NYVEPRIA	P	SP
B-12 TABS	P		PROCRIT	NP	SP; PA
B-12 DOTS TBDP	P		PROCRIT	NP	SP; PA
<i>cyanocobalamin subl 2500 mcg</i>	P		RETACRIT	P	SP; PA
<i>cyanocobalamin tbc</i>	P		RETACRIT	P	SP; PA
<i>cyanocobalamin soln ij</i>	P		ROLVEDON	NP	SP
<i>cyanocobalamin tabs</i>	P		UDENYCA	NP	SP
NASCOBAL SOLN NA	P		ZARXIO	NP	SP
Folic Acid/Folates			ZIEXTENZO	P	SP
<i>folic acid tabs</i>	P	RX/OTC	Hematopoietic Mixtures		
<i>folic acid soln</i>	P		ABATRON 0.8 MG/5ML-2 MG/5ML-2 MG/5ML-2.3 MG/5ML-5 MG/5ML-10 MG/5ML-10 MG/5ML-10 MG/5ML-25 MCG/5ML-100 MG/5ML	P	
FOLIC ACID CAPS 20 MG	P		B COMPLEX/FOLIC ACID TABS 5 MG-200 MCG-500 MCG	P	
Hematopoietic Growth Factors			<i>cyanocobalamin-methylcobalamin subl 600 mcg-600 mcg</i>	P	
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	NP	SP; PA	<i>ferrous fumarate w/ b12-vit c-fa-ifc 0.5 mg-15 mcg-75 mg-110 mg-240 mg</i>	P	
ARANESP ALBUMIN FREE SOSY	NP	SP; PA	<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs 0.8 mg-1 mg-1.3 mg-5 mg-6 mg-6.9 mg-10 mg-10 mg-15 mcg-18.2 mg-30 mg-200 mg-324 mg</i>	P	
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA	<i>ferrous fumarate-folic acid 1 mg-324 mg</i>	P	
FULPHILA	NP	SP	<i>folic acid-vitamin b6-vitamin b12 tabs 10 mg-115 mcg-800 mcg, 5 mg-200 mcg-500 mcg, 50 mg-100 mcg-800 mcg</i>	P	
FYLNETRA	NP	SP			
GRANIX SOLN	P	SP			
GRANIX SOSY	P	SP			
LEUKINE SOLR IJ	NP	SP			
MIRCERA	P	SP; PA			
NEULASTA SOSY	NP	SP			
NEULASTA ONPRO KIT PSKT	NP	SP			

Drug Name	Drug Tier	Requirements/Limits
HEMATINIC/FOLIC ACID 1 MG-324 MG	P	
HOMOCYSTEINE FORMULA TABS 50 MG-100 MCG-800 MCG	P	
<i>iron polysaccharide complex-vit b12-folic acid caps 1 mg-25 mcg-150 mg</i>	P	
<i>iron-vitamin c 100 mg-250 mg</i>	P	
<i>iron-vitamin c-vitamin b12-folic acid tabs 1 mg-25 mcg-100 mg-250 mg</i>	P	RX/OTC
Iron		
<i>carbonyl iron tabs</i>	P	
<i>carbonyl iron susp</i>	P	
<i>ferrous fumarate tabs 324 mg</i>	P	
<i>ferrous gluconate tabs 27 mg, 240 mg</i>	P	
<i>ferrous sulfate tabs 27 mg, 65 mg, 90 mg, 325 mg</i>	P	
<i>ferrous sulfate syrup</i>	P	
<i>ferrous sulfate tbec</i>	P	
<i>ferrous sulfate dried tabs 200 mg</i>	P	
INFED	P	
IRON TABS	P	
IRON CHEWS PEDIATRIC CHEW	P	
<i>polysaccharide iron complex caps 150 mg</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>ibuprofen-diphenhydramine hcl 25 mg-200 mg</i>	P	
Barbiturate Hypnotics		
<i>phenobarbital tabs</i>	P	
<i>phenobarbital elix</i>	P	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	NP	QL(1 ea daily)
SILENOR (<i>doxepin hcl (sleep)</i>)	NP	QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	QL(1 ea daily)
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NP	QL(1 ea daily)
EDLUAR SUBL	NP	QL(1 ea daily)
<i>estazolam</i>	NP	QL(1 ea daily)
<i>eszopiclone</i>	NP	QL(1 ea daily)
<i>flurazepam hcl</i>	NP	QL(1 ea daily)
HALCION (<i>triazolam</i>)	NP	QL(1 ea daily)
LUNESTA (<i>eszopiclone</i>)	NP	QL(1 ea daily)
RESTORIL (<i>temazepam</i>)	NP	QL(1 ea daily)
<i>temazepam 15 mg, 30 mg</i>	P	QL(1 ea daily)
<i>temazepam</i>	NP	QL(1 ea daily)
<i>triazolam</i>	NP	QL(1 ea daily)
<i>zaleplon</i>	P	QL(1 ea daily)
<i>zolpidem tartrate subl</i>	NP	QL(1 ea daily)
<i>zolpidem tartrate tbcr</i>	NP	QL(1 ea daily)
<i>zolpidem tartrate tabs</i>	P	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	NP	QL(1 ea daily)
DAYVIGO	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
QUVIVIQ	NP	QL(1 ea daily)
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS (<i>tasimelteon</i>)	NP	QL(1 ea daily); SP
HETLIOZ LQ SUSP	NP	QL(1 ml daily); SP
<i>ramelteon</i>	NP	QL(1 ea daily)
ROZEREM (<i>ramelteon</i>)	NP	QL(1 ea daily)
<i>tasimelteon caps</i>	NP	QL(1 ea daily); SP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	P	
EQUALACTIN CHEW	P	
HYDROCIL INSTANT PACK	P	
KONSYL DAILY FIBER PACK 95 %, 100 %	P	
KONSYL ORIGINAL DAILY FIBER PACK	P	
KONSYL-D POWD	P	
METAMUCIL WAFR	P	
METAMUCIL MULTIHEALTH FIBER POWD	P	
<i>methylcellulose (laxative) tabs</i>	P	
<i>methylcellulose (laxative) powd</i>	P	
NATURAL FIBER LAXATIVE POWD	P	
NUTRISOURCE FIBER POWD	P	
NUTRISOURCE FIBER PACK	P	
<i>psyllium caps .52 gm</i>	P	
<i>psyllium powd 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 49 %, 52.3 %, 58.6 %, 63 %, 68 %, 95 %, 100 %</i>	P	

Drug Name	Drug Tier	Requirements/Limits
Laxative Combinations		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 2.98 gm-5.84 gm-6.72 gm-22.72 gm-240 gm</i>	P	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride 1.48 gm-5.72 gm-11.2 gm-420 gm</i>	P	
<i>sennosides-docusate sodium tabs 8.6 mg-50 mg</i>	P	
Laxatives - Miscellaneous		
CEO-TWO 0.6 GM-0.9 GM	P	
<i>glycerin (laxative) supp 1 gm, 1.2 gm, 2 gm, 2.1 gm, 80.7 %</i>	P	
<i>lactulose soln</i>	P	
<i>polyethylene glycol 3350 powd</i>	P	
<i>polyethylene glycol 3350 pack</i>	P	
Lubricant Laxatives		
<i>mineral oil oil or</i>	P	RX/OTC
<i>mineral oil enem</i>	P	
Saline Laxatives		
<i>magnesium citrate</i>	P	
<i>magnesium hydroxide susp 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml</i>	P	
<i>magnesium sulfate (laxative) gran or</i>	P	
PHILLIPS MILK OF MAGNESIA CHEWABLE CHEW	P	
<i>sodium phosphates enem</i>	P	
Stimulant Laxatives		
<i>bisacodyl tbec</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>bisacodyl supp</i>	P	
<i>castor oil oil 100 %</i>	P	
FLEET BISACODYL ENEM	P	
SENNA SYRP	P	
<i>sennosides caps</i>	P	
<i>sennosides liqd</i>	P	
<i>sennosides tabs 8.6 mg, 25 mg</i>	P	
<i>sennosides chew</i>	P	
<i>sennosides syrp 8.8 mg/5ml</i>	P	
Surfactant Laxatives		
<i>docusate calcium</i>	P	
<i>docusate sodium syrp</i>	P	
<i>docusate sodium caps</i>	P	
<i>docusate sodium liqd</i>	P	
<i>docusate sodium enem 283 mg/5ml</i>	P	
<i>docusate sodium tabs</i>	P	
DOCUSATE SODIUM SYRP	P	
PEDIA-LAX LIQD	P	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln .5 %, 1 %, 2 %, 4 %</i>	P	
LIDOCAINE HYDROCHLORIDE SOLN	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin susr</i>	P	
<i>azithromycin pack</i>	P	
<i>azithromycin tabs</i>	P	
ZITHROMAX PACK (<i>azithromycin</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TABS 250 MG, 500 MG (<i>azithromycin</i>)	NP	
ZITHROMAX SUSR (<i>azithromycin</i>)	NP	
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NP	
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NP	
Clarithromycin		
<i>clarithromycin tb24</i>	NP	
<i>clarithromycin susr</i>	NP	
<i>clarithromycin tabs</i>	NP	
Erythromycins		
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NP	
<i>erythromycin base cpep</i>	NP	
<i>erythromycin base tabs</i>	NP	
<i>erythromycin base tbec</i>	NP	
<i>erythromycin ethylsuccinate susr</i>	P	
<i>erythromycin ethylsuccinate tabs</i>	NP	
<i>erythromycin stearate tabs 250 mg</i>	NP	
Fidaxomicin		
DIFICID SUSR	NP	
DIFICID TABS	NP	
MEDICAL DEVICES AND SUPPLIES		
Diabetic Supplies		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNILET COMFORTOUCH LANCETS 28G	P		ADVOCATE LANCING DEVICE MISC	P	
1ST TIER UNILET COMFORTOUCH LANCETS 30G	P		ADVOCATE RAPID-SAFE LANCING DEVICE MISC	P	
ACCU-CHEK AVIVA PLUS KIT	NP	RX/OTC	ADVOCATE REDI-CODE DEVI	NP	
ACCU-CHEK FASTCLIX LANCETS	P		ADVOCATE REDI-CODE/TALKING KIT	NP	RX/OTC
ACCU-CHEK GUIDE KIT	NP	RX/OTC	ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NP	
ACCU-CHEK GUIDE ME KIT	NP	RX/OTC	ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
ACCU-CHEK SAFE-T-PRO LANCETS	P		ADVOCATE SAFETY LANCETS	P	
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	P		ADVOCATE SAFETY LANCETS 26G	P	
ACCU-CHEK SOFTCLIX LANCETS	P		AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST DEVI	NP	
ACTI-LANCE LANCETS 28G	P		AGAMATRIX JAZZ WIRELESS 2 KIT	NP	RX/OTC
ACTI-LANCE LITE SAFETY LANCETS 28G	P		AGAMATRIX PRESTO KIT	NP	RX/OTC
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	P		AGAMATRIX PRESTO PRO METER DEVI	NP	
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	P		AGAMATRIX ULTRA-THIN LANCETS 33G	P	
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	P		AIMSCO TWIST LANCETS 32G	P	
ADJUSTABLE LANCING DEVICE MISC	P		AIMSCO TWIST LANCETS 33G	P	
ADVANCED MOBILE LANCET 30G	P		AQUALANCE LANCETS ULTRA THIN 30G	P	
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		ASSURE COMFORT LANCETS ULTRA THIN 28G	P	
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC			
ADVOCATE LANCETS	P				
ADVOCATE LANCETS 30G	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	P		BD LANCET ULTRAFINE 33G	P	
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	P		BD MICROTAINER LANCETS	P	
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	P		BLOOD GLUCOSE MONITORINGSYSTEM KIT	NP	RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	P		BLOOD GLUCOSE MONITORINGSYSTEM 333 DEVI	NP	
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	P		BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
ASSURE LANCE LANCETS	P		CARDIOCOM LANCING DEVICE MISC	P	
ASSURE LANCE LANCETS 21G	P		CAREONE ADVANCED LANCINGDEVICE MISC	P	
ASSURE LANCE PLUS SAFETYLANCETS 25G	P		CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	NP	RX/OTC
ASSURE LANCE PLUS SAFETYLANCETS 30G	P		CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	NP	RX/OTC
ASSURE LANCE SAFETY LANCET 28G	P		CAREONE LANCET SUPER THIN/30G	P	
ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	NP		CAREONE LANCET THIN	P	
ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP		CARESENS LANCETS	P	
AURORA LANCET SUPER THIN30G	P		CARESENS N GLUCOSE MONITORING SYSTEM DEVI	NP	
AURORA LANCET THIN 23G	P		CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
AUTO-LANCET MISC	P		CARETOUCH LANCING DEVICEWITH EJECTOR MISC	P	
AUTO-LANCET MINI MISC	P		CARETOUCH SAFETY LANCETS/26G	P	
AUTOLET IMPRESSION LANCING DEVICE MISC	P		CARETOUCH SAFETY LANCETS/28G	P	
AUTOLET LANCING DEVICE MISC	P		CARETOUCH SAFETY LANCETS/30G	P	
AUTOLET MINI MISC	P				
AUTOLET PLUS MISC	P				
BD LANCET ULTRAFINE 30G	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH TWIST LANCETS 28G	P		CLEVER CHOICE COMFORT EZLANCETS 28G	P	
CARETOUCH TWIST LANCETS 30G	P		CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CARETOUCH TWIST LANCETS 33G	P		CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
CARETOUCH TWIST LANCETS MULTI COLOR/30G	P		CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
CLEANLET LANCETS 28G	P		COAGUCHEK LANCETS	P	
CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		COMFORT ASSURED LANCETS MICRO THIN 33G	P	
CLEVER CHEK AUTO-CODE DEVI	NP		COMFORT ASSURED LANCETS SUPER THIN 28G	P	
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		COMFORT LANCETS	P	
CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		COMFORT TOUCH LANCETS ULTRA THIN 31G	P	
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	P	
CLEVER CHEK LANCETS ULTRATHIN	P		COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	P	
CLEVER CHEK LANCETS ULTRATHIN 30G	P		CONTOUR BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHOICE COMFORT EZLANCETS 21G	P		CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 23G	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	CVS LANCING DEVICE MISC	P	
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	CVS ULTRA THIN LANCETS	P	
CONTOUR NEXT LINK 2.4 WIRELESS BLOOD GLUCOSE MONITORING SYST KIT	NP	RX/OTC	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	P	
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	P	
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP		DEXCOM G4 PLATINUM RECEIVER KIT	P	
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	P	
COOL BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC	DEXCOM G4 PLATINUM TRANSMITTER KIT	P	
COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		DEXCOM G5 MOBILE RECEIVERKIT	P	
CVS ADVANCED GLUCOSE METER KIT	NP	RX/OTC	DEXCOM G5 MOBILE TRANSMITTER KIT	P	
CVS LANCETS 21G	P		DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	P	
CVS LANCETS MICRO THIN 33G	P		DEXCOM G5 RECEIVER KIT	P	
CVS LANCETS MICRO-THIN 33G	P		DEXCOM G6 RECEIVER	P	
CVS LANCETS ORIGINAL	P		DEXCOM G6 SENSOR	P	
CVS LANCETS THIN 26G	P		DEXCOM G6 TRANSMITTER	P	
CVS LANCETS ULTRA THIN 30G	P		DEXCOM G7 RECEIVER	P	
CVS LANCETS ULTRA-THIN 30G	P		DEXCOM G7 SENSOR	P	
			DIATHRIVE LANCETS	P	
			DIATHRIVE LANCETS ULTRA THIN 30G	P	
			DIATHRIVE LANCING DEVICE MISC	P	
			DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
			DROPLET GENTEEL LANCING DEVICE MISC	P	
			DROPLET LANCETS ULTRA THIN 30G	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET LANCING DEVICE MISC	P		EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
DROPLET PERSONAL LANCETS30G	P		EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	P	
DRUG MART ADJUSTABLE LANCING DEVICE MISC	P		EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	P	
DRUG MART LANCETS THIN	P		EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	P	
DRUG MART ON-THE-GO LANCETS GENTLE 30G	P		EASY TOUCH LANCETS 26G/PULL-TOP	P	
DRUG MART UNILET LANCETSSUPER THIN 30G	P		EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	P	
DRUG MART UNILET LANCETSULTRA THIN 28G	P		EASY TOUCH LANCETS 28G/PULL-TOP	P	
DRUG MART UNILET MICRO THIN LANCETS 33G	P		EASY TOUCH LANCETS 28G/TWIST	P	
EASY COMFORT LANCETS	P		EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	P	
EASY COMFORT LANCETS 30G/PULL TOP	P		EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	P	
EASY COMFORT LANCETS 30G/THIN TOP	P		EASY TOUCH LANCETS 30G/PULL-TOP	P	
EASY COMFORT LANCETS TWIST TOP	P		EASY TOUCH LANCETS 30G/TWIST	P	
EASY MINI EJECT LANCING DEVICE MISC	P		EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	P	
EASY MINI LANCING DEVICE MISC	P		EASY TOUCH LANCETS 32G/PULL-TOP	P	
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		EASY TOUCH LANCETS 32G/TWIST	P	
EASY STEP BLOOD GLUCOSE MONITOR DEVI	NP		EASY TOUCH LANCETS 33G/TWIST	P	
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP		EASY TOUCH LANCING DEVICE/EJECTOR MISC	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	P		ELEMENT PLUS BLOOD GLUCOSE METER DEVI	NP	
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	P		EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	P		EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	P		EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI	NP	
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	P		EMBRACE LANCETS ULTRA THIN 30G	P	
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	P		EMBRACE LANCING DEVICE WITH EJECTOR MISC	P	
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	P	
EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	P	
EASYGLUCO KIT	NP		EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	
EASYGLUCO STARTER KIT KIT	NP		EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC	EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP		EQL COLOR LANCETS 21G	P	
EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NP		EQL COLOR LANCETS MICRO THIN 33G	P	
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		EQL SUPER THIN LANCETS 30G	P	
ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI	NP		EQL THIN LANCETS 26G	P	
			EVENCARE G2 BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	
			EVENCARE G3 BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EVENCARE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EVERSENSE SENSOR/HOLDER	NP		FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EVERSENSE SMART TRANSMITTER	NP		FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EVOLUTION AUTOCODE DEVI	NP		FORA LANCETS	P	
E-Z JECT LANCETS	P		FORA LANCING DEVICE MISC	P	
E-Z JECT LANCETS 21G	P		FORA LANCING DEVICE/CLEARCAP MISC	P	
E-Z JECT LANCETS COLOR	P		FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
E-Z JECT LANCETS SUPER THIN 30G	P		FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
E-Z JECT LANCETS THIN 26G	P		FORA TN'G ADVANCE PRO MULTI-FUNCTIONAL MONITORING SYSTEM DEVI	NP	
E-ZJECT LANCETS MICRO-THIN 33G	P		FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EZ-LETS LANCETS 21G	P		FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
EZ-LETS LANCETS 26G SUPER-SOFT	P		FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING DEVI	NP	
EZ-LETS LANCETS 28G ULTRA-SOFT	P		FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
EZ-LETS LANCETS 30G	P		FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FIFTY50 GLUCOSE METER 2.0 KIT	NP	RX/OTC			
FIFTY50 SAFETY SEAL LANCETS 30G	P				
FIFTY50 SAFETY SEAL LANCETS 32G	P				
FIFTY50 UNILET LANCETS 33G	P				
FINE 30	P				
FINGERSTIX LANCETS	P				
FORA D20 2-IN-1 BLOOD GLUCOSE AND PRESSURE MONITOR DEVI	NP				
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	
FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	
FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	
FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM DEVI	NP		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	
FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP		FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	P	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	P		FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	P		FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P		FREESTYLE SIDEKICK II VALUEPACK KIT	NP	RX/OTC
FREESTYLE FREEDOM KIT	P	RX/OTC	FREESTYLE UNISTICK II LANCETS	P	
FREESTYLE FREEDOM LITE KIT	NP	RX/OTC	GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FREESTYLE FREEDOM LITE KIT	P	RX/OTC	GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	P	RX/OTC	GENTEEL BUTTERFLY TOUCH LANCETS	P	
FREESTYLE LANCETS	P		GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	P	
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	P		GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT	NP	RX/OTC
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	P		GLUCOCARD SHINE DEVI	NP	
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	P		GLUCOCARD SHINE KIT	NP	RX/OTC
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	P		GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GENTLE-LET GP LANCETS	P		GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	P		GLUCOCARD SHINE XL DEVI	NP	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	P		GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	P		GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	NP	RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	P		GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	NP	RX/OTC
GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	NP	RX/OTC
GLOBAL INJECT EASE LANCETS 28G	P		GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	
GLOBAL INJECT EASE LANCETS 30G	P		GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLOBAL LANCING DEVICE MISC	P		GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	NP	RX/OTC
GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	GLUCOCOM LANCETS 28G	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLUCOCOM LANCETS 30G	P		GOODSENSE LANCETS ULTRA-THIN 30G	P	
GLUCOCOM LANCETS 33G	P		GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	NP		GOODSENSE LANCING DEVICE MISC	P	
GNP LANCETS 21G	P		GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GNP LANCETS THIN	P		HAEMOLANCE	P	
GNP LANCETS THIN 26G	P		HAEMOLANCE LOW FLOW LANCETS	P	
GNP LANCING SYSTEM DEVICE MISC	P		HAEMOLANCE PLUS	P	
GNP STERILE LANCETS 28G	P		HAEMOLANCE PLUS HIGH FLOW	P	
GNP STERILE LANCETS 30G	P		HAEMOLANCE PLUS LOW FLOW	P	
GNP STERILE LANCETS 33G	P		HAEMOLANCE PLUS MAX FLOW	P	
GOJJI LANCING DEVICE/CLEAR CAP MISC	P		HAEMOLANCE PLUS PEDIATRIC FLOW	P	
GOJJI MULTI-FUNCTIONAL MONITORING SYSTEM DEVI	NP		HEALTH CARE LANCING DEVICE MISC	P	
GOJJI MULTI-FUNCTIONAL MONITORING SYSTEM WELCOME KIT KIT	NP		HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GOJJI STERILE LANCETS 30G	P		HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	P	
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P		HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	
GOODSENSE LANCETS MICRO-THIN 33G	P		H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	P	
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P		H-E-B INCONTROL LANCETS MICRO THIN 33G	P	
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	P		H-E-B INCONTROL LANCETS SUPER THIN 30G	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
H-E-B INCONTROL LANCETS ULTRA THIN 28G	P		KROGER LANCETS ULTRATHIN30G	P	
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP		KROGER LANCING DEVICE MISC	P	
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP		KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	LANCET DEVICE ADJUSTABLE MISC	P	
HY-VEE LANCETS	P		LANCET DEVICE WITH EJECTOR MISC	P	
HY-VEE THIN LANCETS	P		LANCETS	P	
IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	NP	RX/OTC	LANCETS 30G	P	
IN TOUCH LANCING DEVICE MISC	P		LANCETS 30G TWIST TOP	P	
IN TOUCH STERILE LANCETS30G	P		LANCETS 30G/TWIST TOP	P	
INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	LANCETS 33G EXTRA FINE	P	
INFINITY VOICE KIT	NP	RX/OTC	LANCETS 33G UNIVERSAL DESIGN	P	
KINNEY LANCETS	P		LANCETS MICRO THIN 33G	P	
KINNEY THIN LANCETS	P		LANCETS SUPER THIN 28G	P	
KROGER AUTOLET LANCING DEVICE MISC	P		LANCETS THIN	P	
KROGER HEALTHPRO TWIST LANCETS/26G	P		LANCETS ULTRA THIN	P	
KROGER LANCETS	P		LANCETS ULTRA THIN 30G	P	
KROGER LANCETS 21G	P		LANCING DEVICE MISC	P	
KROGER LANCETS MICRO THIN33G	P		LANZO MISC	P	
KROGER LANCETS SUPER THIN	P		LEADER ADVANCED LANCING DEVICE MISC	P	
KROGER LANCETS THIN	P		LIBERTY MEDICAL LANCETS 30G	P	
KROGER LANCETS THIN 26G	P		LIBERTY MINI LANCING DEVICE MISC	P	
			LIFESCAN UNISTIK 2 DEEP PENETRATION	P	
			LIFESCAN UNISTIK II LANCETS	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LITE TOUCH LANCETS	P		MEDLANCE PLUS SPECIAL LANCETS 0.8MM	P	
LITE TOUCH LANCING PEN MISC	P		MEDLANCE PLUS SUPERLITE 30G	P	
LITETOUCH LANCETS MICRO THIN 33G	P		MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	P	
LIVE BETTER ADVANCED LANCING DEVICE MISC	P		MEDLANCE PLUS UNIVERSAL LANCETS 21G	P	
LIVE BETTER LANCET SUPERTHIN 30G	P		MEDLANCE PLUS/LITE 25G	P	
LIVE BETTER LANCET ULTRATHIN 28G	P		MEDLANCE/EXTRA	P	
LONGS LANCETS STANDARD	P		MEDLANCE/LITE	P	
LONGS LANCETS THIN	P		MEDLANCE/UNIVERSAL	P	
LONGS LANCETS ULTRA THIN	P		MEIJER BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	P		MEIJER COLOR LANCETS UNIVERSAL 33G	P	
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	P		MEIJER LANCETS	P	
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	P		MEIJER LANCETS THIN	P	
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	P		MEIJER LANCETS UNIVERSAL21G	P	
MEDICHOICE SAFETY LANCETEXTRA	P		MEIJER LANCETS UNIVERSAL30G	P	
MEDICHOICE SAFETY LANCETNORMAL	P		MEIJER LANCETS UNIVERSAL33G	P	
MEDISENSE THIN LANCETS	P		MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
MEDLANCE PLUS EXTRA LANCETS 21G	P		MEIJER SUPER THIN LANCETS	P	
MEDLANCE PLUS LANCETS	P		MICROLET LANCETS	P	
MEDLANCE PLUS LANCETS LITE 25G	P		MICROLET NEXT MISC	P	
MEDLANCE PLUS LITE LANCETS 25G	P		MINI LANCING DEVICE MISC	P	
			MM EASY TOUCH BLOOD GLUCOSE METER KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MM LANCING DEVICE MISC	P		OMNIPOD CLASSIC PODS (GEN 3) MISC	P	
MM TWIST LANCETS	P		OMNIPOD DASH INTRO KIT (GEN 4) KIT	P	
MONOLET LANCETS	P		OMNIPOD DASH PODS (GEN 4) MISC	P	
MONOLET OPD LANCETS	P		ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MONOLETTOR SAFETY LANCETS	P		ONETOUCH CLUB LANCETS FINE POINT	P	
MPD SAFETY LANCET 21G/1.8MM	P		ONETOUCH DELICA LANCETS EXTRA FINE 33G	P	
MPD SAFETY LANCET 28G/1.8MM	P		ONETOUCH DELICA LANCETS FINE 30G	P	
MPD SAFETY LANCET 30G/1.8MM	P		ONETOUCH DELICA LANCING DEVICE MISC	P	
MPD SAFETY LANCETS 23G/1.8MM	P		ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	
MULTI-LANCET DEVICE MISC	P		ONETOUCH DELICA PLUS LANCETS FINE 30G	P	
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	P		ONETOUCH DELICA SAFETY LANCING DEVICE MISC	P	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		ONETOUCH FINEPOINT LANCETS	P	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	ONETOUCH SOLUTIONS COMPLETE KIT	NP	
NOVA SAFETY LANCETS 23G	P		ONETOUCH SOLUTIONS FIT KIT	NP	
NOVA SAFETY LANCETS 28G	P		ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	
NOVA SUREFLEX LANCETS	P		ONETOUCH ULTRA 2 KIT	NP	RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	P		ONETOUCH ULTRA MINI KIT	NP	RX/OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	P				
OMNIPOD 5 G6 PODS (GEN 5) MISC	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRASOFT LANCETS	P		PHARMACY COUNTER LANCETS	P	
ONETOUCH VERIO KIT	NP	RX/OTC	PIP BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	PIP LANCETS/28G	P	
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	PIP LANCETS/30G	P	
ONETOUCH VERIO REFLECT KIT	NP	RX/OTC	POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PC LANCETS SUPER THIN 30G	P		PRECISION THINS GP LANCET	P	
PERFECT LANCETS 30G	P		PRECISION XTRA DEVI	NP	
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	P		PRECISION XTRA KIT 0	NP	RX/OTC
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	PRECISION XTRA DEVI	P	
PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		PREFERRED PLUS LANCETS COLORED 21G	P	
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	P		PREFERRED PLUS LANCETS SUPER THIN 30G	P	
PHARMACIST CHOICE ULTRA THIN LANCETS	P		PREFERRED PLUS LANCETS THIN 26G	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	P		PRESSURE ACTIVATED SAFETYLANCET 21G	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	P		PRO COMFORT LANCETS 30G	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	P		PRO COMFORT LANCETS 31G	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	P		PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
			PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
			PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		QC ADVANCED LANCING DEVICE MISC	P	
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	NP	RX/OTC	QC LANCETS SUPER THIN	P	
PRODIGY LANCING DEVICE MISC	P		QC LANCETS ULTRA THIN	P	
PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	NP	RX/OTC	QC UNILET LANCETS 28G/ULTRA THIN	P	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	P		QC UNILET LANCETS 33G/MICRO THIN	P	
PRODIGY SAFETY LANCETS	P		QUINTET AC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PRODIGY TWIST TOP LANCETS	P		QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	NP	RX/OTC	RA E-ZJECT LANCETS 28G	P	
PSS SELECT GP LANCETS	P		RA E-ZJECT LANCETS THIN 26G	P	
PSS SELECT SAFETY LANCETS	P		RA E-ZJECT LANCETS THIN 28G	P	
PURE COMFORT LANCETS 30G	P		RA E-ZJECT LANCETS ULTRATHIN 30G	P	
PUSH BUTTON SAFETY LANCETS 21G	P		READYLANCANCE SAFETY LANCETS/21G/2.2MM	P	
PUSH BUTTON SAFETY LANCETS 28G	P		READYLANCANCE SAFETY LANCETS/23G/1.8MM	P	
PX ADVANCED LANCING DEVICE MISC	P		READYLANCANCE SAFETY LANCETS/26G/1.8MM	P	
PX LANCET AUTO INJECTOR MISC	P		READYLANCANCE SAFETY LANCETS/28G/1.8MM	P	
PX LANCETS MICROTHIN 33G	P		READYLANCANCE SAFETY LANCETS/30G/1.6MM	P	
PX LANCETS ULTRA THIN	P		REALITY LANCETS	P	
PX LANCETS ULTRA THIN 28G	P		REALITY TRIGGER LANCETS	P	
			REFUAH PLUS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
			RELION 2-IN-1 LANCET DEVICES 30G MISC	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION 2-IN-1 LANCING DEVICE 25G MISC	P		RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RELION 2-IN-1 LANCING DEVICE 30G MISC	P		RELION ULTRA THIN LANCETS/30G	P	
RELION ALL-IN-ONE COMPACT BLOOD GLUCOSE TESTING SYSTEM	NP		RELION ULTRA THIN LANCETS 30G	P	
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	RELION ULTRA THIN PLUS LANCETS 32G	P	
RELION LANCETS MICRO-THIN 33G	P		RELION ULTRA THIN PLUS LANCETS 33G	P	
RELION LANCETS THIN 26G	P		REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RELION LANCETS ULTRA-THIN 30G	P		REXALL LANCETS ULTRA THIN	P	
RELION LANCING DEVICE MISC	P		RIGHTEST GD500 LANCING DEVICE MISC	P	
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	RIGHTEST GL300 LANCETS	P	
RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		SAFE-T-LANCE LOW FLOW 25G	P	
RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	NP	RX/OTC	SAFE-T-LANCE NORMAL FLOW 21G	P	
			SAFE-T-LANCE PLUS SAFETY LANCET HIGH FLOW	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	P		SHOPKO UNILET LANCETS ULTRA THIN 28G	P	
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	P		SIDE BUTTON SAFETY LANCET21G	P	
SAFETY LANCET 21G/PRESSURE ACTIVATED	P		SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	
SAFETY LANCET 23G/PRESSURE ACTIVATED	P		SINGLE-LET	P	
SAFETY LANCET 28G/PRESSURE ACTIVATED	P		SM MICRO THIN LANCETS 33G	P	
SAFETY LANCET 30G/PRESSURE ACTIVATED	P		SM TRUEDRAW LANCING DEVICE MISC	P	
SAFETY LANCETS	P		SMART DIABETES VANTAGE LANCING DEVICE MISC	P	
SAFETY LANCETS 21G	P		SMART SENSE COLOR LANCETS UNIVERSAL 33G	P	
SAFETY LANCETS 28G	P		SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
SAPS HEALTH CARE TWIST TOP LANCETS	P		SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	P		SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	
SAPS HEALTH TWIST TOP LANCETS 30G	P		SMART SENSE THIN LANCETSUNIVERSAL 26G	P	
SAPSCARE TWIST TOP LANCETS 30G	P		SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
SB LANCETS THIN	P		SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
SB LANCETS ULTRA THIN	P		SMARTEST EJECT STARTER KIT KIT	NP	RX/OTC
SELECT-LITE LANCING DEVICE MISC	P		SMARTEST LANCETS 28G	P	
SHOPKO AUTOLET LANCING DEVICE MISC	P				
SHOPKO ON-THE-GO COMFORTLANCETS 30G	P				
SHOPKO UNILET LANCETS SUPER THIN 30G	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SMARTEST PERSONA STARTERKIT KIT	NP	RX/OTC	SURE-LANCE THIN LANCETS 28G	P	
SMARTEST PRONTO STARTERKIT KIT	NP	RX/OTC	SURE-LANCE ULTRA THIN LANCETS	P	
SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP		SURELITE LANCETS	P	
SMARTEST PROTEGE STARTERKIT KIT	NP	RX/OTC	SURE-PEN MISC	P	
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	NP	RX/OTC	SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER DEVI	NP	
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NP		SURE-TOUCH LANCETS UNIVERSAL	P	
SOLUS V2 LANCING DEVICE MISC	P		T:SLIM X2 BASAL-IQ DEVI	NP	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	P		T:SLIM X2 CONTROL-IQ DEVI	NP	
SOLUS V2 TWIST LANCETS 30G	P		TECHLITE AST LANCETS	P	
STERILANCE TL	P		TECHLITE LANCETS	P	
SUPER THIN LANCETS	P		TECHLITE LANCETS 30G	P	
SURE COMFORT LANCETS 18G	P		TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
SURE COMFORT LANCETS 21G	P		TGT LANCET MICRO THIN 33G	P	
SURE COMFORT LANCETS 23G	P		TGT LANCET THIN 26G	P	
SURE COMFORT LANCETS 28G	P		TGT LANCET ULTRA THIN 30G	P	
SURE COMFORT LANCETS 30G	P		TGT LANCING DEVICE MISC	P	
SURE COMFORT LANCING PEN MISC	P		THINLETS GP LANCETS	P	
SURE-LANCE FLAT LANCETS	P		TODAYS HEALTH ADVANCED LANCING DEVICE MISC	P	
SURE-LANCE LANCETS 26G	P		TODAYS HEALTH SUPER THINLANCETS 30G	P	
			TODAYS HEALTH ULTRA THINLANCETS 28G	P	
			TOPCARE LANCETS MICRO-THIN 33G	P	
			TRAVEL LANCETS 30G	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRAVEL LANCETS ADVANCED 28G	P		TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM/NO CODING KIT	NP	RX/OTC
TRUE COMFORT SAFETY LANCETS/30G	P		TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
TRUE COMFORT TWIST TOP LANCETS 30G	P		TRUETRACK SMART SYSTEM KIT	NP	RX/OTC
TRUE METRIX DEVI	NP		ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NP		ULTILET CLASSIC LANCETS	P	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NP	RX/OTC	ULTILET LANCETS	P	
TRUE METRIX AIR W/BLUETOOTH SMART KIT	NP	RX/OTC	ULTILET LANCETS 33G	P	
TRUE METRIX BLOOD GLUCOSE METER KIT	NP	RX/OTC	ULTILET SAFETY LANCETS 21G X 2.2MM	P	
TRUE METRIX GO BLOOD GLUCOSE METER KIT	NP	RX/OTC	ULTILET SAFETY LANCETS 23G	P	
TRUEDRAW LANCING DEVICE MISC	P		ULTRA THIN LANCETS 31G	P	
TRUEPLUS LANCETS 26G	P		ULTRA-CARE LANCETS 30G	P	
TRUEPLUS LANCETS 28G	P		ULTRA-THIN II AUTO LANCET	P	
TRUEPLUS LANCETS 28G SUPER THIN	P		ULTRA-THIN II LANCETS 28G	P	
TRUEPLUS LANCETS 30G	P		ULTRA-THIN II LANCETS 30G	P	
TRUEPLUS LANCETS 30G ULTRA THIN	P		UNILET COMFORTOUCH LANCET	P	
TRUEPLUS LANCETS 33G	P		UNILET EXCELITE	P	
TRUEPLUS LANCETS 33G MICRO THIN	P		UNILET EXCELITE II	P	
TRUEPLUS SAFETY LANCETS 28G	P		UNILET G.P. LANCET	P	
			UNILET G.P. SUPERLITE LANCET	P	
			UNILET GP 28 ULTRA THIN	P	
			UNILET LANCET	P	
			UNILET LANCETS MICRO-THIN33G	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNILET LANCETS SUPER-THIN30G	P		VALUMARK LANCET ULTRA THIN 28G	P	
UNILET LANCETS ULTRA-THIN 28G	P		VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
UNILET SUPERLITE LANCET	P		VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NP	
UNISTIK 3 GENTLE	P		VIDA MIA AUTOLET LANCINGDEVICE MISC	P	
UNISTIK PRO SAFETY LANCET 21G	P		VIDA MIA UNILET LANCETS SUPER THIN 30G	P	
UNISTIK PRO SAFETY LANCET 25G	P		VIDA MIA UNILET LANCETS ULTRA THIN 28G	P	
UNISTIK PRO SAFETY LANCET 28G	P		VIVAGUARD INO BLOOD GLUCOSE METER DEVI	NP	
UNISTIK SAFETY LANCETS 28G	P		VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	NP	
UNISTIK SAFETY LANCETS 30G	P		VIVAGUARD LANCETS	P	
UNISTIK TOUCH SAFETY LANCETS 21G	P		VIVAGUARD LANCING DEVICE MISC	P	
UNISTIK TOUCH SAFETY LANCETS 23G	P		VIVAGUARD SAFETY LANCETS/28G	P	
UNISTIK TOUCH SAFETY LANCETS 28G	P		WALGREENS ADVANCED TRAVELLANCETS 28G	P	
UNISTIK TOUCH SAFETY LANCETS 30G	P		WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	P	
UNIVERSAL 1 LANCETS THIN26G	P		WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	P	
UNIVERSAL 1 LANCETS ULTRA THIN 30G	P		WALGREENS LANCETS	P	
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	P		WALGREENS THIN LANCETS	P	
VALUE PLUS LANCETS STANDARD 21G	P		WALGREENS ULTRA THIN LANCETS	P	
VALUE PLUS LANCETS SUPER THIN 30G	P		WAVESENSE AMP KIT	NP	RX/OTC
VALUE PLUS LANCETS THIN 26G	P				
VALUE PLUS LANCING DEVICE MISC	P				
VALUMARK LANCET SUPER THIN 30G	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZEVRX TWIST TOP LANCETS 30G	P		H-E-B INCONTROL ALCOHOL PADS	P	RX/OTC
Misc. Devices			HM STERILE ALCOHOL PREP PADS	P	RX/OTC
ADVOCATE ALCOHOL PREP PADS	P	RX/OTC	MEIJER ALCOHOL SWABS EXTRA-THICK	P	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC	PHARMACIST CHOICE ALCOHOL PRED PADS	P	RX/OTC
ALCOHOL PADS	P	RX/OTC	PHARMACIST CHOICE ALCOHOLPREP PADS	P	RX/OTC
ALCOHOL PREP PAD	P	RX/OTC	PRO COMFORT ALCOHOL PADS	P	RX/OTC
ALCOHOL PREP PADS	P	RX/OTC	PURE COMFORT ALCOHOL PREPPADS	P	RX/OTC
ALCOHOL PREPS	P	RX/OTC	QC ALCOHOL SWABS	P	RX/OTC
ALCOHOL SWABS	P	RX/OTC	RA ALCOHOL SWABS	P	RX/OTC
ALCOHOL SWABSTICK	P	RX/OTC	REALITY SWABS	P	RX/OTC
APLICARE ALCOHOL SWABSTICK	P	RX/OTC	RELION ALCOHOL SWABS	P	RX/OTC
BD SWABS SINGLE USE	P	RX/OTC	SAPS CARE ALCOHOL PREP PADS	P	RX/OTC
BD SWABS SINGLE USE BUTTERFLY	P	RX/OTC	SAPS HEALTH ALCOHOL PREPPADS	P	RX/OTC
CARETOUCH ALCOHOL PREP PADS	P	RX/OTC	SAPS HEALTH CARE ALCOHOLPREP PADS	P	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	P	RX/OTC	SB ALCOHOL PREP PADS	P	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	RX/OTC	SM ALCOHOL PREP PADS	P	RX/OTC
CVS ALCOHOL PREP PADS	P	RX/OTC	SURE COMFORT ALCOHOL PREP PADS	P	RX/OTC
CVS PREP PADS	P	RX/OTC	SURE-PREP ALCOHOL PREP PADS	P	RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	RX/OTC	TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC
EASY COMFORT ALCOHOL PADS	P	RX/OTC	TRUE COMFORT PRO ALCOHOLPREP PADS	P	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	RX/OTC	ULTICARE ALCOHOL SWABS	P	RX/OTC
EQL ALCOHOL SWABS	P	RX/OTC	ULTILET ALCOHOL SWABS	P	RX/OTC
FIFTY50 ALCOHOL PREP PADS	P	RX/OTC			
GLOBAL ALCOHOL PREP EASEPADS	P	RX/OTC			
GNP ALCOHOL SWABS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY	P	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	P	
WEBCOL ALCOHOL PREP LARGE 2 PLY	P	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	P	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	P	RX/OTC
ZEV RX STERILE ALCOHOL PREP PADS	P	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	P	
Parenteral Therapy Supplies			ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	P	RX/OTC
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	P	RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	P	RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM	P	RX/OTC	ADVOCATE INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM	P	RX/OTC	ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM	P		ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	P	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	P	RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX4MM	P	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	P	RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX6MM	P	
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	P	RX/OTC	AUM READYGARD DUO SAFETY PEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	P	RX/OTC
ABOUTTIME PEN NEEDLE 32GX 5/32"	P	RX/OTC	AUM SAFETY PEN NEEDLE/31G X 5MM	P	RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16"	P	RX/OTC	AURORA PEN NEEDLES 31G X8MM	P	RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16"	P	RX/OTC	AURORA UNIFINE PENTIPS/32GX5/32"	P	RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	P				
ADVOCATE INSULIN PEN NEEDLES 31GX5MM	P	RX/OTC			
ADVOCATE INSULIN PEN NEEDLES 31GX8MM	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	P	RX/OTC	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	P	
AUTOPEN DEVI	P	RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	P	
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	P	RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	P	
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	P	RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	P	
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	P	RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	P	
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	P		B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	P	
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	P	RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	P	
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	P		BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	P	
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	P	RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	P	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	P	RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	P	
BD INSULIN SYRINGE SLIP TIP/U-100/1ML	P	RX/OTC	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	P		BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	P	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	P		BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	P	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	P		BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	P	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	P	RX/OTC	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	P	RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	P	RX/OTC	BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	P	RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	P	RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	P	
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	P	RX/OTC	BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	P	RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	P	RX/OTC	BD SAFETYGLIDE 1ML 27GX5/8"	P	
BD INSULIN SYRINGE/1ML/29G X 12.7MM	P	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	P		BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	P	RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	P		BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	P	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	P		BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	P	RX/OTC	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM	P		BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
BD PEN MISC	P	RX/OTC	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"	P	RX/OTC
BD PEN MINI MISC	P	RX/OTC	BD VEO INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 6MM	P	RX/OTC
BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	P				
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	P	RX/OTC			
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	P	RX/OTC	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	P	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	P	RX/OTC	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	P	RX/OTC
CAREFINE PEN NEEDLE 32GX4MM	P	RX/OTC	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	P	
CAREFINE PEN NEEDLES 31GX8MM	P	RX/OTC	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	P	
CAREFINE PEN NEEDLES 32GX6MM	P		CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	P	RX/OTC
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	P		CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	P	RX/OTC
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	P		CARETOUCH PEN NEEDLES 31GX 5MM	P	RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	P		CARETOUCH PEN NEEDLES 31GX 8MM	P	RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	P		CARETOUCH PEN NEEDLES 32GX 4MM	P	RX/OTC
CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	P	RX/OTC	CEQUR SIMPLICITY 2U DEVI	P	RX/OTC
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	P	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	P	RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM	P	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM	P	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	P	
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	P	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	P	
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	P	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	P		CLICKFINE PEN NEEDLES 31G X 3/16"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC	CLICKFINE PEN NEEDLES 31G X 5/16"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	P		CLICKFINE PEN NEEDLES 31G X 8MM	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	P	RX/OTC	CLICKFINE PEN NEEDLES 32G X 5/32"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	P	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	P	RX/OTC	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	P	RX/OTC	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	P	RX/OTC	COMFORT EZ MICRO/32G X 4MM	P	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	P	RX/OTC	COMFORT EZ SHORT/31G X 8MM	P	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	P		COMFORT EZ/31G X 5MM	P	RX/OTC
CLICKFINE PEN NEEDLE 32GX5/32"	P	RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 5MM	P	RX/OTC
			COMFORT TOUCH PEN NEEDLES/31G X 8 MM	P	RX/OTC
			COMFORT TOUCH PEN NEEDLES/32G X 4MM	P	RX/OTC
			COMFORT TOUCH PEN NEEDLES/32G X 6MM	P	
			DIATHRIVE PEN NEEDLE/31 GX 8MM	P	RX/OTC
			DIATHRIVE PEN NEEDLE/31GX 5MM	P	RX/OTC
			DIATHRIVE PEN NEEDLE/32GX 4MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	P	RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	P	RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	P	RX/OTC	DROPLET PEN NEEDLES 31G X3/16"	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	P		DROPLET PEN NEEDLES 31G X5/16"	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	P		DROPLET PEN NEEDLES 31GX5MM	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	P	RX/OTC	DROPLET PEN NEEDLES 31GX8MM	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	P		DROPLET PEN NEEDLES 32G X 1/4"	P	
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	P	RX/OTC	DROPLET PEN NEEDLES 32G X 5/32"	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	P		DROPLET PEN NEEDLES 32GX4MM	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	P	RX/OTC	DROPLET PEN NEEDLES 32GX6MM	P	
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	P	RX/OTC	DROPSAFE SAFETY PEN NEEDLE/31GX5MM	P	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	P	RX/OTC	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	P	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P		DRUG MART UNIFINE PENTIPS 31GX5MM	P	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P		DRUG MART UNIFINE PENTIPS31GX8MM	P	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P		DRUG MART UNIFINE PENTIPS32GX4MM	P	RX/OTC
			DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	P	RX/OTC
			EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
			EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	P	RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P		EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	
EASY COMFORT PEN NEEDLES32GX5/32"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	
EASY TOUCH 32GX6MM	P		EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	P	
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	P		EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 1/2"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	P	RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	P	RX/OTC
			EASY TOUCH PEN NEEDLES 31GX5/16"	P	RX/OTC
			EASY TOUCH PEN NEEDLES 32GX1/4"	P	
			EASY TOUCH PEN NEEDLES 32GX5/32"	P	RX/OTC
			EASY TOUCH PEN NEEDLES/31G X 3/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	P	RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	P	RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	P	RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
EMBRACE PEN NEEDLES/31G X 5MM	P	RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC
EMBRACE PEN NEEDLES/31G X 8MM	P	RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
EMBRACE PEN NEEDLES/32G X 4MM	P	RX/OTC	FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	P	RX/OTC
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC	FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	P	RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	P		FIFTY50 PEN NEEDLES 31GX5MM	P	RX/OTC
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC	FIFTY50 PEN NEEDLES/31GX8MM	P	RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC	FIFTY50 PEN NEEDLES/32GX4MM	P	RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	P		FIFTY50 PEN NEEDLES/32GX6MM	P	
EQL INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	P	
EQL INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	P	
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	P	RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	P	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	P	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P		GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	P	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	P	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	P	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	P	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P		GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	P	RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P		GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P		GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
			GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC	GNP INSULIN SYRINGES/3ML/31GX5/16"	P	
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC	GNP ULTICARE PEN NEEDLES/31GX5/16"	P	RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	P	RX/OTC	GNP ULTICARE PEN NEEDLES/32GX 5/32"	P	RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC	GNP ULTICARE PEN NEEDLES/32GX1/4"	P	
GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	P		GNP ULTICARE PEN NEEDLES31G X 5MM	P	RX/OTC
GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC	GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	P	RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	P	RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	P	
GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	P		GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	P	RX/OTC
GNP INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2"	P	RX/OTC	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2"	P	RX/OTC	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2"	P	RX/OTC	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	P	RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	P	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	P	RX/OTC	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	P	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	P		H-E-B IN CONTROL PEN NEEDLES 31GX5MM	P	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	P	RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX8MM	P	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P		H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	P	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	P	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P		H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	P	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	P	RX/OTC
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	P	RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	P	RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	P	RX/OTC	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	P	RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	P	RX/OTC	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	P	RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	P	RX/OTC	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	P	RX/OTC	HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	P	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	P	RX/OTC	HM ULTICARE SHORT PEN NEEDLES 31GX8MM	P	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	P	RX/OTC	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	P	RX/OTC
			INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INPEN 100/BLUE/LILLY/HUMALOG DEVI	P	RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	P	
INPEN 100/BLUE/NOVOLOG/FIASP DEVI	P	RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	P	RX/OTC
INPEN 100/GREY/LILLY/HUMALOG DEVI	P	RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	P	RX/OTC
INPEN 100/GREY/NOVOLOG/FIASP DEVI	P	RX/OTC	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC
INPEN 100/PINK/LILLY/HUMALOG DEVI	P	RX/OTC	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
INPEN 100/PINK/NOVOLOG/FIASP DEVI	P	RX/OTC	INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	P		INSULIN SYRINGE/U-100/1ML/30G X 5/16" 0	P	
INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC	INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC	INSULIN SYRINGES 0	P	
INSULIN SYRINGE/0.5ML/31G X 5/16"	P		INSULIN SYRINGES/0.5ML/28GX1/2"	P	RX/OTC
INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC	INSULIN SYRINGES/0.5ML/29GX1/2"	P	RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC	INSULIN SYRINGES/0.5ML/30GX5/16"	P	RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	P		INSULIN SYRINGES/0.5ML/31GX 5/16"	P	
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	P	RX/OTC	INSULIN SYRINGES/0.5ML/31GX5/16"	P	
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	P	RX/OTC	INSULIN SYRINGES/1ML/27GX/1/2"	P	RX/OTC
			INSULIN SYRINGES/1ML/27GX1/2"	P	RX/OTC
			INSULIN SYRINGES/1ML/28GX1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES/1ML/29GX1/2"	P	RX/OTC	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
INSULIN SYRINGES/1ML/30GX1/2"	P	RX/OTC	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
INSULIN SYRINGES/1ML/31GX5/16"	P	RX/OTC	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	P	
INSUPEN 31G X 5MM	P	RX/OTC	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
INSUPEN 31G X 8MM	P	RX/OTC	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
INSUPEN 32G X 4MM	P	RX/OTC	KROGER PEN NEEDLES 31G X8MM	P	RX/OTC
INSUPEN PEN NEEDLES 32G X4MM	P	RX/OTC	KROGER PEN NEEDLES/31G X3/16"	P	RX/OTC
INSUPEN SENSITIVE 32GX6MM	P		KROGER PEN NEEDLES/31G X5/16"	P	RX/OTC
INSUPEN ULTRAFIN 31GX8MM	P	RX/OTC	KROGER PEN NEEDLES/32G X5/32"	P	RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	P		LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	P		LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	P	
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	P	RX/OTC	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	P	RX/OTC	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	P	RX/OTC	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	P	
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	P		LEADER INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	P	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	P	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16"	P	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32"	P	RX/OTC	LITETOUCH PEN NEEDLES 29GX12.7MM	P	
LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	P	RX/OTC	LITETOUCH PEN NEEDLES 31GX8MM SHORT	P	RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	P	RX/OTC	LITETOUCH PEN NEEDLES/31G X 3/16"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	P	RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	P		LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	P	RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	P	
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	P		MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P		MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC	MARATHON MEDICAL PENTIPS31GX5MM	P	RX/OTC
			MARATHON MEDICAL PENTIPS31GX8MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MARATHON MEDICAL PENTIPS32GX4MM	P	RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	P	
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	P	RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	P	RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	P	RX/OTC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	P	RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" 0	P	RX/OTC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	P	RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	P	RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	P	RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	P	RX/OTC
MEIJER PEN NEEDLES 31G X8MM	P	RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	P	RX/OTC
MICRODOT PEN NEEDLE/32G X 4 MM	P	RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	P	RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P		MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	P	RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	P	RX/OTC	MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	P	RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	P		MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC	MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC
MM PEN NEEDLES 31G X 3/16"	P	RX/OTC	MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	P	RX/OTC
MM PEN NEEDLES 31G X 5/16"	P	RX/OTC			
MM PEN NEEDLES 32G X 5/32"	P	RX/OTC			
MONOJECT INSULIN SYRINGE/1ML	P	RX/OTC			
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC	PC UNIFINE PENTIPS 31G X5MM MINI	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	P		PC UNIFINE PENTIPS 31G X8MM SHORT	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC	PEN NEEDLES 31G X 3/16"	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC	PEN NEEDLES 31G X 5MM	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC	PEN NEEDLES 31G X 8MM	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P		PEN NEEDLES 31GX5/16"	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC	PEN NEEDLES 31GX8MM	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC	PEN NEEDLES 31GX8MM (5/16")	P	RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	P		PEN NEEDLES 32G X 4MM	P	RX/OTC
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	P		PEN NEEDLES 32G X 6MM	P	
MS INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC	PEN NEEDLES 32GX4MM	P	RX/OTC
NOVOFINE PEN NEEDLE 32G X 6MM	P		PEN NEEDLES/31G X 3/16"	P	RX/OTC
NOVOFINE PLUS PEN NEEDLE 32G X 4MM	P	RX/OTC	PEN NEEDLES/31G X 5/16"	P	RX/OTC
NOVOPEN ECHO DEVI	P	RX/OTC	PEN NEEDLES/32G X 5/32"	P	RX/OTC
			PENTIPS 31G X 5MM	P	RX/OTC
			PENTIPS 31G X 8MM	P	RX/OTC
			PENTIPS 31GX5MM	P	RX/OTC
			PENTIPS 31GX8MM	P	RX/OTC
			PENTIPS 32G X 4MM	P	RX/OTC
			PENTIPS 32GX4MM	P	RX/OTC
			PENTIPS 32GX6MM	P	
			PIP PEN NEEDLES 31G X 5MM	P	RX/OTC
			PIP PEN NEEDLES 32G X 4MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	P	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC	PREVENT SAFETY PEN NEEDLES 31GX5/16"	P	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	P	
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	P	RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	P	
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	P	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	P	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC	PRO COMFORT PEN NEEDLES/31G X 8MM	P	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC	PRO COMFORT PEN NEEDLES/32G X 4MM	P	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC	PRO COMFORT PEN NEEDLES/32G X 6MM	P	
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC	PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16"	P	
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	P	RX/OTC	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	P	
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	P	RX/OTC	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	P	RX/OTC	PURE COMFORT PEN NEEDLE 32G X6MM	P	
			PURE COMFORT PEN NEEDLE/32G X4MM	P	RX/OTC
			PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	
			PX MINI PEN NEEDLES 31GX5MM	P	RX/OTC
			PX PEN NEEDLE 31GX8MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PX SHORTLENGTH PEN NEEDLES/31GX8MM	P	RX/OTC	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	
QC PEN NEEDLES 31G X 8MM	P	RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
QC UNIFINE PENTIPS 32GX4MM	P	RX/OTC	RELION PEN NEEDLES 31G X8MM	P	RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC	RELION PEN NEEDLES 31GX5/16"	P	RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC	RELION PEN NEEDLES 31GX8MM	P	RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC	RELION PEN NEEDLES 32G X4MM	P	RX/OTC
RA PEN NEEDLES 31G X 5MM3/16"	P	RX/OTC	RELION PEN NEEDLES 32G X5/32"	P	RX/OTC
RA PEN NEEDLES 31G X 8MM5/16"	P	RX/OTC	RELION PEN NEEDLES 32GX4MM	P	RX/OTC
RAYA SURE PEN NEEDLE 31GX 5MM	P	RX/OTC	RELION SHORT PEN NEEDLES31GX8MM	P	RX/OTC
RAYA SURE PEN NEEDLE 31GX 8MM	P	RX/OTC	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	P	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	P	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	P	RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	P	RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC	SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	P	RX/OTC	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P		SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
			SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SECURES SAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	P	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM	P	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5M M	P	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM	P	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	P	
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMO VR/32GX4MM	P	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM	P	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM	P	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	P	RX/OTC	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	P	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P		SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	P		SURE COMFORT PEN NEEDLES32GX5/32" (4MM) 0	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P		SURE COMFORT PEN NEEDLES32GX6MM	P	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC	SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE-FINE PEN NEEDLES 31GX3/16" 5MM	P	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	P	RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM	P	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	P	
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P		TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	P	
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P		TECHLITE PEN NEEDLES 31GX 5MM	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC	TECHLITE PEN NEEDLES/31GX 5MM	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC	TECHLITE PEN NEEDLES/31GX 8MM	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC	TECHLITE PEN NEEDLES/32GX 4MM	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	P	RX/OTC	TECHLITE PEN NEEDLES/32GX 6MM	P	
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2"	P		TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	P	RX/OTC	TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	P		TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	P	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P		TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	P	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	P	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	P	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	P	
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P		TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	P	RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	P	RX/OTC
TRUE COMFORT PEN NEEDLES31G X 5MM	P	RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	P	
TRUE COMFORT PEN NEEDLES32G X 4MM	P	RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	P	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	P	RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	P	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	P		TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	P	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	P	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC
			TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	
			TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	P	
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P		ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	P	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	P	
TRUEPLUS PEN NEEDLES 31GX5MM	P	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	P	RX/OTC
TRUEPLUS PEN NEEDLES 31GX8MM	P	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	P	
TRUEPLUS PEN NEEDLES 32GX4MM	P	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	P	RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	P	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	P		ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.3ML/31G X 5/16"	P		ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	P	
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	P		ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	P	RX/OTC
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/1ML/31G X 5/16"	P	RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	P	RX/OTC
ULTICARE MICRO PEN NEEDLES 31G X 8MM	P	RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	P	
ULTICARE MICRO PEN NEEDLES 32G X 4MM	P	RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	P	
ULTICARE MICRO PEN NEEDLES/31G X 5/16"	P	RX/OTC	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	P	
ULTICARE MICRO PEN NEEDLES/32G X 4MM	P	RX/OTC	ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	P	RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32"	P	RX/OTC	ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	P	
ULTICARE MINI PEN NEEDLES/32G X 1/4"	P		ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	P	RX/OTC
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	P		ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	P	RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI	P	RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	P	RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM	P		ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	P	RX/OTC
ULTICARE SHORT PEN NEEDLES 31GX8MM	P	RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	P	RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	P	RX/OTC			
ULTICARE SHORT PEN NEEDLES/31G X 8MM	P	RX/OTC			
ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 5/8"	P				
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	P		ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	P	RX/OTC	ULTILET PEN NEEDLE 29GX12.7MM	P	
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	P	RX/OTC	ULTILET PEN NEEDLE 31GX5MM	P	RX/OTC
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	P		ULTILET PEN NEEDLE 31GX8MM	P	RX/OTC
ULTILET INSULIN SYRINGE 31X6MM 0	P	RX/OTC	ULTILET PEN NEEDLE 32GX4MM	P	RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM	P		ULTILET PEN NEEDLE 32GX4MM/SHORT	P	RX/OTC
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM	P	RX/OTC	ULTILET SHORT PEN NEEDLES 31GX5/16"	P	RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM	P	RX/OTC	ULTILET SHORT PEN NEEDLES31GX3/16"	P	RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM	P		ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	P	RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	P		ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	P	RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	P	RX/OTC	ULTRA FLO INSULIN PEN NEELE 31GX8MM	P	RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	P		ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	P	RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	P	RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	P	
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P		ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	P	
			ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	P	RX/OTC
			ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	P	
			ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	P	RX/OTC
			ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	P		ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	P		ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	P	
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	P	RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	P	RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	P	RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	P	RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM	P	RX/OTC	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16"	P	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P		ULTRA-THIN II PEN NEEDLES 29GX1/2"	P	
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P		ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	P	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC	UNIFINE PEN NEEDLE/32G X4MM	P	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P		UNIFINE PENTIPS 31G X 3/16"	P	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC	UNIFINE PENTIPS 31GX5MM	P	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC	UNIFINE PENTIPS 31GX8MM	P	RX/OTC
ULTRACARE PEN NEEDLES/31G X 3/16"	P	RX/OTC	UNIFINE PENTIPS 32GX4MM	P	RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16"	P	RX/OTC	UNIFINE PENTIPS 32GX6MM	P	
ULTRACARE PEN NEEDLES/32G X 1/14"	P		UNIFINE PENTIPS PLUS 31GX5MM	P	RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32"	P	RX/OTC	UNIFINE PENTIPS PLUS 31GX8MM	P	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	P		UNIFINE PENTIPS PLUS 32GX4MM	P	RX/OTC
			UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNIFINE ULTRA PEN NEEDLE/31GX5MM	P	RX/OTC	ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	P	RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX8MM	P	RX/OTC	ZEV RX PEN NEEDLES 31G X 5MM	P	RX/OTC
UNIFINE ULTRA PEN NEEDLE/32GX4MM	P	RX/OTC	ZEV RX PEN NEEDLES 31G X 8MM	P	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC	ZEV RX PEN NEEDLES 32G X 4MM	P	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC	Respiratory Therapy Supplies		
VALUMARK PEN NEEDLES 31GX 8MM	P	RX/OTC	ADULT MASK DEVI	P	RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	P		AEROBIKA DEVI	P	RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC	AEROCHAMBER MV MISC	P	RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM	P	RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	P	RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	P	RX/OTC	AEROCHAMBER PLUS FLOW-VU MISC	P	RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	P	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	P	RX/OTC	AEROCHAMBER PLUS FLOW-VU/MASK MISC	P	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	P	RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	P	RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	P	RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	P		AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	P	RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC	AEROCHAMBER Z-STAT PLUS/FLWSIGNAL MISC	P	RX/OTC
			AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	P	RX/OTC	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	P	RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	P	RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	P	RX/OTC	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	P	RX/OTC	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/MEDIUM DEVI	P	RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	P	RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/SMALL DEVI	P	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC	CO MONITOR DEVI	P	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	P	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	P	RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	P	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	P	RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	P	RX/OTC			
BREATHE EASE/LARGE MASK DEVI	P	RX/OTC			
BREATHE EASE/MEDIUM MASK DEVI	P	RX/OTC			
BREATHE EASE/SMALL MASK DEVI	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASIVENT MISC	P	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	P	RX/OTC
EASIVENT/MASK-LARGE MISC	P	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	RX/OTC
EASIVENT/MASK-MEDIUM MISC	P	RX/OTC	INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	P	RX/OTC
EASIVENT/MASK-SMALL MISC	P	RX/OTC	INSPIRACHAMBER/LARGE DEVI	P	RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	RX/OTC	INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/MEDIUM DEVI	P	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC	INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL DEVI	P	RX/OTC
EASY FLOW BLACK/RED DEVI	P	RX/OTC	INSPIREASE DRUG DELIVERYSYSTEM MISC	P	RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	RX/OTC	MICROCHAMBER DEVI	P	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC	MICROSPACER MISC	P	RX/OTC
EASY FLOW WHITE/BLUE DEVI	P	RX/OTC	NEBULIZER CUP/TUBING DEVI	P	RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC
EASY FLOW WHITE/PINK DEVI	P	RX/OTC	ONE FLOW FVC MONITORING SPIROMETER DEVI	P	RX/OTC
EASY FLOW WHITE/WHITE DEVI	P	RX/OTC	OPTICHAMBER DIAMOND MISC	P	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	P	RX/OTC	OPTICHAMBER DIAMOND DEVI	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	P	RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	P	RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	P	RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	P	RX/OTC	PARI MANUAL INTERRUPTER DEVI	P	RX/OTC
FLEXICHAMBER DEVI	P	RX/OTC			
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PARI TREK S COMBO PACK DEVI	P	RX/OTC	Receptor Antag		
POCKET CHAMBER DEVI	P	RX/OTC	AIMOVIG	P	SP
POCKET SPACER DEVI	P	RX/OTC	AJOVY SOSY	P	SP
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	RX/OTC	AJOVY SOAJ	P	SP
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	P	RX/OTC	EMGALITY SOAJ	NP	SP
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	RX/OTC	EMGALITY SOSY	NP	SP
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	RX/OTC	NURTEC	P	PA
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	RX/OTC	QULIPTA	NP	
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	P	RX/OTC	UBRELVY	NP	
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	P	RX/OTC	VYEPTI	NP	SP
QUAKE DEVI	P	RX/OTC	Migraine Combinations		
RITEFLO DEVI	P	RX/OTC	CAFERGOT TABS 1 MG-100 MG (<i>ergotamine w/ caffeine</i>)	NP	
SPIRO PD DEVI	P	RX/OTC	<i>ergotamine w/ caffeine tabs 100 mg-1 mg</i>	NP	
THRESHOLD PEP DEVI	P	RX/OTC	MIGRANOW 4 %-10 %-50 MG	NP	
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	P	RX/OTC	<i>sumatriptan-naproxen sodium 85 mg-500 mg</i>	NP	
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	P	RX/OTC	TREXIMET 85 MG-500 MG (<i>sumatriptan-naproxen sodium</i>)	NP	
VORTEX VALVED HOLDING CHAMBER DEVI	P	RX/OTC	Migraine Products		
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			D.H.E. 45 SOLN IJ (<i>dihydroergotamine mesylate</i>)	NP	
Calcitonin Gene-Related Peptide (CGRP)			<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	NP	
			MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	NP	
			TRUDHESA	NP	
			Migraine Products - NSAIDs		
			<i>diclofenac potassium (migraine)</i>	NP	
			ELYXYB	NP	
			Serotonin Agonists		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>almotriptan malate</i>	NP		ZEMBRACE SYMTOUCH SOAJ	NP	
AMERGE (<i>naratriptan hcl</i>)	NP		<i>zolmitriptan tbdp</i>	NP	
<i>eletriptan hydrobromide</i>	NP		<i>zolmitriptan tabs</i>	NP	
FROVA (<i>frovatriptan succinate</i>)	NP		<i>zolmitriptan soln</i>	NP	
<i>frovatriptan succinate</i>	NP		ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	
IMITREX (<i>sumatriptan</i>)	NP		ZOMIG SOLN (<i>zolmitriptan</i>)	NP	
IMITREX TABS (<i>sumatriptan succinate</i>)	NP		ZOMIG ZMT TBDP (<i>zolmitriptan</i>)	NP	
IMITREX STATDOSE REFILL SOCT (<i>sumatriptan succinate</i>)	NP		MINERALS & ELECTROLYTES		
IMITREX STATDOSE SYSTEM SOAJ (<i>sumatriptan succinate</i>)	NP		Calcium		
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NP		CALCIUM CHEW 100 UNIT-500 MG	P	
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NP		CALCIUM 600+D HIGH POTENCY TABS 400 UNIT-600 MG	P	
<i>naratriptan hcl</i>	NP		CALCIUM ACETATE	NP	
ONZETRA XSAIL EXHP	NP		<i>calcium carbonate tabs 500 mg, 600 mg, 1250 mg, 1500 mg</i>	P	
RELPAX (<i>eletriptan hydrobromide</i>)	NP		CALCIUM CARBONATE CHEW 500 MG	P	
REYVOW	NP		<i>calcium carbonate-cholecalciferol tabs</i>	P	
<i>rizatriptan benzoate tabs</i>	P		<i>calcium carbonate-vitamin d tabs 125 unit-250 mg, 125 unit-600 mg, 200 unit-500 mg, 200 unit-600 mg, 250 mg-125 unit, 400 unit-600 mg</i>	P	
<i>rizatriptan benzoate tbdp</i>	P		<i>calcium citrate tabs</i>	P	
<i>sumatriptan</i>	NP		CALCIUM CITRATE TABS	P	
<i>sumatriptan</i>	P		CALCIUM CITRATE + D3 TABS 200 UNIT-250 MG	P	
<i>sumatriptan succinate tabs</i>	P		CALCIUM CITRATE+ D TABS 200 UNIT-250 MG	P	
<i>sumatriptan succinate sosy 6 mg/0.5ml</i>	P				
<i>sumatriptan succinate soct</i>	NP				
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	P				
<i>sumatriptan succinate soaj</i>	NP				
TOSYMRA	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcium citrate-vitamin d tabs 200 unit-250 mg, 200 unit-315 mg, 250 unit-315 mg, 5 mcg-315 mg, 6.25 mcg-315 mg</i>	P		HYDRALYTE SOLN 107.5 MG/250ML-132.5 MG/250ML-140 MG/250ML	P	
CALCIUM GLUCONATE TABS 50 MG	P		HYDRALYTE FREEZER POPS SOLN 16 GM/L-20 MEQ/L-45 MEQ/L-55 MEQ/L-90 MEQ/L	P	
CALCIUM/C/D 10 MG-250 UNIT-500 MG	P		KINDERLYTE SOLN 8.6 MG/L-840 MG/L-1270 MG/L-1590 MG/L	P	
CALCIUM/VITAMIN D TABS 125 UNIT-600 MG	P		KINDERLYTE PREMAX SOLN 3.1 MG/360ML-330 MG/360ML-620 MG/360ML-630 MG/360ML	P	
<i>calcium-magnesium-zinc</i>	P		<i>oral electrolytes soln 7.8 mg/l-20 gm/l-20 meq/l-40 meq/l-50 meq/l</i>	P	
CORAL CALCIUM CAPS 50 MG-100 UNIT-185 MG	P		Fluoride		
CORAL CALCIUM PLUS 125 MG-200 UNIT-250 MG	P		<i>sodium fluoride chew .25 mg, .5 mg, 1 mg, 2.2 mg</i>	P	
<i>oyster shell</i>	P		<i>sodium fluoride soln .125 mg/drop, .5 mg/ml</i>	P	RX/OTC
OYSTER SHELL CALCIUM/D TABS 200 UNIT-500 MG	P		<i>sodium fluoride tabs .5 mg</i>	P	
RA CALCIUM TABS	P		Magnesium		
RA CALCIUM/BORON 1.5 MG-500 MG	P		<i>magnesium tabs 400 mg, 400 mg</i>	P	
Electrolyte Mixtures			<i>magnesium oxide (mg supplement) tabs 400 mg</i>	P	
BIOLYTE SOLN 1 MCG/437ML-1.1 GM/437ML-3 MG/437ML-5 MG/437ML-8 GM/473ML-16 MG/437ML-400 MG/437ML-500 MCG/437ML-700 MG/437ML	P		Mineral Combinations		
CERASPORT SOLN 4 MEQ/L-6 MEQ/L-18 MEQ/L-20 MEQ/L	P		ADVANCED CALCIUM/VITAMIND/MAGNESIUM TABS 3.75 MG-100 UNIT-125 MG-250 MG	P	
CERASPORT EX1 SOLN 10 MEQ/L-15 MEQ/L-30 MEQ/L-35 MEQ/L	P		BONE DENSITY BUILDER TABS 0.5 MG-27 MG-27.5 MG-375 MG-1000 UNIT	P	
ENFAMIL ENFALYTE SOLN 2.5 MEQ/100ML-3.3 MEQ/100ML-4.5 MEQ/100ML-5 MEQ/100ML	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAL MAG ZINC +D3 TABS 5 MG-133.333 MG-133.333 UNIT-333.333 MG	P		MULTI-MINERALS TABS 0.5 MG-1 MG-7.5 MG-9 MG-17.5 MCG-35 MG-60 MG-75 MCG-120 MG	P	
CALCIUM 600+D3 PLUS MINERALS TABS 1 MG-1.8 MG-5 MCG-7.5 MG-40 MG-250 MCG-600 MG	P		<i>multiple minerals w/ vitamins tabs 0.5 mg-0.5 mg-3.75 mg-40 mg-125 unit-250 mg</i>	P	
CALCIUM/MAGNESIUM/ZINC TABS	P		MULTISOURCE CALCIUM MAGNESIUM & D FORMULA TABS 3.333 MG-26.667 MCG-30 MG-83.333 MG-133.333 MG-133.333 UNIT-333.333 MG	P	
CALCIUM/MAGNESIUM/ZINC/VITAMIN D3 TABS 33.333 MG-133.333 MG-200 UNIT-8.333 MG	P		PROSTEON TABS 0.75 MG-25 MCG-25 MG-50 MG-250 MG-500 UNIT	P	
CAL-MAG-ZINC-D TABS 5 MG-66.667 UNIT-133.333 MG-333.333 MG	P		THERACAL D2000 TABS 0.75 MG-25 MCG-25 MG-50 MG-250 MG-500 UNIT	P	
CAL-MAG-ZINC-D3 TABS 5 MG-133.33 MG-200 UNIT-333.33 MG	P		THERACAL D4000 TABS 0.75 MG-25 MCG-25 MG-50 MG-250 MG-1000 UNIT	P	
CITRACAL MAXIMUM PLUS TABS 2.75 MG-0.225 MG-0.575 MG-2.5 MG-12.5 MCG-325 MG	P		THERACAL RAPID REPLETION TABS 0.75 MG-25 MCG-25 MG-50 MG-250 MG-500 UNIT	P	
CITRACAL PLUS TABS 0.5 MG-0.5 MG-5 MG-5 MG-40 MG-125 UNIT-250 MG	P		Phosphate		
CVS CALCIUM CITRATE+D3 TABS 0.225 MG-0.575 MG-2.75 MG-12.5 MCG-325 MG	P		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic 130 mg-155 mg-852 mg</i>	P	RX/OTC
CVS CALCIUM CITRATE+D3 W/MAGNESIUM TABS 0.5 MG-0.5 MG-5 MG-5 MG-10 MCG-40 MG-250 MG	P		<i>potassium & sodium phosphates pack 160 mg-250 mg-280 mg</i>	P	
FEM-CAL CITRATE TABS 0.4 MG-0.8 MG-2 MG-80 MG-80 UNIT-200 MG	P		Potassium		
MULTI MEGA MINERALS TABS 47.5 MG-1.5 MG-9 MG-45 MG-5 MG-11.25 MG-50 MCG-50 MG-75 MCG-200 UNIT-250 MG-500 MG	P		<i>potassium bicarbonate tbef</i>	P	
			<i>potassium chloride cpr</i>	P	
			<i>potassium chloride pack or 20 meq</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride soln or 10 %, 20 %</i>	P	
<i>potassium chloride tbc 8 meq, 10 meq</i>	P	
<i>potassium chloride microencapsulated crystals er</i>	P	
Sodium		
<i>sodium chloride soln ij .9 %</i>	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine caps</i>	P	
<i>penicillamine tabs</i>	P	
Enzymes		
<i>papaya chew 2 mg-3 mg-5 mg-5 mg-20 mg</i>	P	
Immunomodulators		
<i>lenalidomide</i>	P	SP
<i>lenalidomide 5 mg, 10 mg, 15 mg, 25 mg</i>	NP	SP
REVLIMID	P	SP
Immunosuppressive Agents		
<i>azathioprine tabs 50 mg</i>	P	
<i>cyclosporine caps</i>	P	
<i>cyclosporine modified (for microemulsion) caps 25 mg, 100 mg</i>	P	
<i>cyclosporine modified (for microemulsion) soln</i>	P	
<i>mycophenolate mofetil caps</i>	P	
<i>mycophenolate mofetil susr</i>	NP	
<i>mycophenolate mofetil tabs</i>	P	
SANDIMMUNE SOLN OR	P	
<i>sirolimus tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus soln</i>	P	
<i>tacrolimus caps</i>	P	
Lymphatic Agents		
SYLVANT	NP	SP
Potassium Removing Agents		
<i>sodium polystyrene sulfonate powd</i>	P	
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	P	
Prostaglandins		
<i>alprostadil</i>	P	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>benzocaine (dental) liqd 20 %</i>	P	
<i>benzocaine (dental) soln 20 %</i>	P	
<i>benzocaine (dental) aero</i>	P	RX/OTC
<i>benzocaine (dental) gel 20 %</i>	P	
HURRICAIN SNAP-N-GO SWAB	P	
Anti-infectives - Throat		
<i>clotrimazole</i>	NP	
<i>nystatin (mouth-throat)</i>	P	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
MUCINEX INSTASOOTHE SORETHROAT + PAIN RELIEF LOZG	NP	
MUCINEX INSTASOOTHE SORETHROAT + SOOTHING COMFORT LOZG	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Dental Products			<i>b-complex w/ c & calcium</i> 5 mg-10 mg-10.2 mg-15 mg-50 mg-150 mg-300 mg	P	
<i>sodium fluoride (dental) soln .2 %</i>	P		<i>b-complex w/ c & e + zn</i> 3 mg-5 mg-10 mg-10 mg-12 mcg-20 mg-24 mg-30 unit-45 mcg-77 mg-100 mg-400 mcg-500 mg	P	
<i>sodium fluoride (dental) gel</i>	P		PRONUTRIENTS SUPER B-COMPLEX+ANTIOXIDANTS 10 MG-10 MG-10 MG-25 MCG-30 MG-30 MG-45 UNIT-50 MCG-50 MG-250 MCG-500 MG	P	
<i>sodium fluoride (dental) crea</i>	P		RA B-COMPLEX/VITAMIN C TR TBCR 5 MG-10 MG-10 MG-15 MG-50 MG-300 MG	P	
Lozenges			B-Complex w/ Folic Acid		
MUCINEX INSTASOOTHE SORETHROAT + COUGH RELIEF 2 MG-5 MG	NP		ACTRIVIT 1 MG/15ML-2 MG/15ML-10 MG/15ML-13 MG/15ML-15 MG/15ML-16 MG/15ML-25 MCG/15ML-101 MG/15ML-800 MG/15ML	P	RX/OTC
Steroids - Mouth/Throat/Dental			BALANCED B-50 TBCR 0.4 MG-50 MCG-50 MCG-50 MG-50 MG-50 MG-50 MG	P	
<i>triamcinolone acetonide (mouth)</i>	P		<i>b-complex w/ c & folic acid caps</i> 1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg-1000 mcg	P	RX/OTC
Throat Products - Misc.			<i>b-complex w/ c & folic acid tabs</i>	P	RX/OTC
<i>cevimeline hcl</i>	P		<i>b-complex w/ folic acid tabs</i> 1.5 mg-1.7 mg-2 mg-6 mcg-20 mg-400 mcg	P	
<i>pilocarpine hcl (oral) 5 mg</i>	P		<i>b-complex w/ folic acid caps</i> 10 mg-10 mg-50 mg-100 mcg-103 mg-150 mg-500 mcg	P	
MULTIVITAMINS					
B-Complex Vitamins					
<i>b-complex vitamins tbc</i> 100 mcg-100 mcg-100 mg-100 mg-100 mg-100 mg-100 mg-400 mcg	P				
<i>b-complex vitamins caps</i> 1 mg-1.5 mg-2 mg-10 mg-70 mg-100 mcg-100 mg	P				
<i>b-complex vitamins tabs</i> 4 mg-5 mg-7 mg-10 mg-25 mcg	P				
B-Complex w/ C					
<i>b complex w/ c tabs</i> 5 mg-5.5 mg-20 mg-25 mg-25 mg-60 mg-100 mcg-400 mcg-1000 mcg	P				
<i>b complex w/ c caps</i> 5 mg-10 mg-10.2 mg-15 mg-50 mg-300 mg	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>b-complex w/biotin & folic acid tabs 50 mg-0.05 mg-50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-86 mg-300 mcg-400 mcg</i>	P		<i>b-complex w/ minerals liqd 0.75 mg/15ml-0.4 mg/15ml-0.43 mg/15ml-0.56 mg/15ml-0.8 mcg/15ml-1.65 mg/15ml-3.6 mg/15ml-5.25 mg/15ml-13.5 %</i>	P	
<i>b-complex w/biotin & folic acid tbc 50 mg-10 mg-50 mcg-50 mcg-50 mg-50 mg-50 mg-115 mg-400 mcg</i>	P		Bioflavonoid Products		
FULL SPECTRUM B/VITAMIN C TABS 1.5 MG-1.7 MG-6 MCG-10 MG-10 MG-20 MG-60 MG-300 MCG-800 MCG	P		ACTITROM CAPS 150 MG-150 MG-150 MG-150 MG	P	
NUTRIVIT 1 MG/15ML-2 MG/15ML-10 MG/15ML-15 MG/15ML-15 MG/15ML-15 MG/15ML-25 MCG/15ML-100 MG/15ML-800 MG/15ML	P	RX/OTC	ACTITROM-D CAPS 50 MG-50 MG-50 MG-75 MG-375 MG	P	
SM B-COMPLEX/VITAMIN C TABS 5 MG-5 MG-5 MG-15 MCG-25 MG-37.5 MCG-50 MG-150 MG-200 MCG	P	RX/OTC	ADRENAL C FORMULA TABS	P	RX/OTC
WEST-VITE W/FOLIC ACID TABS 1.5 MG-1.7 MG-6 MCG-10 MG-10 MG-20 MG-60 MG-300 MCG-800 MCG	P		ADVANCED C PLUS TABS 25 MG-500 MG	P	RX/OTC
B-Complex w/ Iron			BIO C 1:1 CAPS 500 MG-500 MG	P	
APETIGEN-PLUS SOLN 2 MG/15ML-10 MG/15ML-10 MG/15ML-12.5 MG/15ML-16.9 MG/15ML-20 MG/15ML-25 MCG/15ML-200 MG/15ML-790 MG/15ML	P		<i>bioflavonoid products tabs 102 mg-110 mg-1000 mg</i>	P	RX/OTC
<i>b complex w/ iron tabs 12.5 mcg-5 mg-5 mg-5 mg-12.5 mcg-15 mg-20 mg-25 mg-50 mg-50 mg-50 mg-50 mg-150 mg</i>	P		<i>bioflavonoid products tbc 25 mg-1000 mg</i>	P	
B-Complex w/ Minerals			C 1000/BIOFLAVONOIDS/R OSEHIPS CAPS 25 MG-1000 MG	P	
			DAFLONEX-XL TBCR	P	
			DAFLONEX-XL CAPS 10 MG	P	
			FRUIT C 200 CHEW 200 MG	P	
			GRAPE SEED CAPS 50 MG-250 MG	P	
			QUERCETIN COMPLEX CAPS 33 MG-250 MG-500 MG	P	
			THORNE VITAMIN C/FLAVONOIDS CAPS 75 MG-500 MG	P	
			TROMBONEX CAPS 150 MG-150 MG-150 MG-150 MG	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TROMBONEX-D CAPS 50 MG-50 MG-75 MG-100 MG-375 MG	P		ACTIVESSENTIALS FOR WOMEN MISC 0.25 MG-0.5 MG-2.5 MCG-2.5 MG-6 MG-6.5 MG-10 MG-10 MG-10 MG-18 MG-18 MG-25 MCG-32 MG-49.5 MG-50 MCG-50 MCG-50 MG-67 MG-99 MG-100 MG-125 MG-240 MG-250 MCG-250 MCG-325 MG-340 MCG-360 MG-375 MCG-500 MCG-650 MG-660 MG-1000 MG-1120 MCG	P	
VASOFLEX CAPS 25 MG-25 MG-25 MG-40 MG-500 MG-25 MG-50 MG	P				
VASOFLEX FORTE CAPS 150 MG-150 MG-150 MG	P				
VITAMIN C CHEW 500 MG-25 MG	P				
Iron w/ Vitamins			ACTIVESSENTIALS/ONC OPLEX& D3 MISC 0.25 MG-0.5 MG-6 MG-6.5 MG-10 MG-10 MG-10 MG-12 MG-15 MG-18 MG-18 MG-25 MCG-32 MG-49.5 MG-50 MCG-50 MCG-50 MG-50 MG-52.5 MCG-67 MG-100 MG-125 MG-130 MG-250 MCG-250 MCG-300 MG-340 MCG-375 MCG-430 MG-500 MCG-650 MG-1120 MCG	P	
<i>iron w/ vitamins tabs 1 mg-1.1 mg-1.8 mg-2.5 mg-5 mcg-15 mg-30 unit-60 mg-65 mg-125 mg-400 unit-6000 unit</i>	NP	RX/OTC			
Multiple Vitamins w/ Calcium			ACTIVNUTRIENTS CAPS 0.125 MG-1.25 MCG-3 MG-3.25 MG-5 MG-5 MG-5 MG-9 MG-9 MG-12.5 MCG-16 MG-24.75 MG-25 MCG-25 MCG-25 MG-25 MG-33.5 MG-50 MG-62.5 MG-125 MCG-125 MCG-170 MCG-187.5 MCG-250 MCG-560 MCG	P	RX/OTC
<i>multiple vitamins w/ calcium tabs 0.25 mcg-0.25 mg-0.25 mg-0.5 mg-0.75 mg-13.63 mg-15 mg-75 unit-125 mg-250 mg</i>	P				
SM ONE DAILY ESSENTIAL TABS 6 MCG-1.5 MG-1.7 MG-2 MG-10 MG-20 MG-30 UNIT-45 MG-60 MG-400 MCG-400 UNIT-3000 UNIT	P				
Multiple Vitamins w/ Iron			ACTIVNUTRIENTS W/O IRON CAPS 0.125 MG-0.25 MG-1.25 MCG-3.25 MG-3.25 MG-5 MG-5 MG-5 MG-9 MG-9 MG-12.5 MCG-16 MG-24.75 MG-25 MCG-25 MCG-25 MG-25 MG-33.5 MG-50 MG-62.5 MG-100 MCG-125 MCG-125 MCG-187.5 MCG-250 MCG-560 MCG	P	RX/OTC
<i>multiple vitamins w/ iron tabs 1.5 mg-1.7 mg-2 mg-6 mcg-10 mcg-10 mg-13.5 mg-18 mg-20 mg-25 mg-60 mg-400 mcg-900 mcg</i>	P				
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-18 MG-20 MG-60 MG-400 MCG-1500 MCG	P				
Multiple Vitamins w/ Minerals					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADEK GUMMIES PLUS ZN CHEW 5 MG-18.75 MCG-67 MG-400 MCG-2400 MCG	P		ALIVE MULTI-VITAMIN LIQD 1 MG/30ML-2 MG/30ML-4 MG/30ML-5 MG/30ML-10 MCG/30ML-15 MG/30ML-20 MG/30ML-25 MG/30ML-25 MG/30ML-25 MG/30ML-30 MG/30ML-40 MG/30ML-40 MG/30ML-50 MG/30ML-50 MG/30ML-50 MG/30ML-60 MG/30ML-70 MCG/30ML-75 MCG/30ML-80 MCG/30ML-118.6 MG/30ML-125 MG/30ML-133 MG/30ML-150 MCG/30ML-200 MCG/30ML-200 MCG/30ML-300 MCG/30ML-400 MCG/30ML-500 MG/30ML-3000 MCG/30ML	P	RX/OTC
ADULT ONE DAILY GUMMIES CHEW 5 MG-1 MG-2.5 MG-5 MCG-20 MCG-20 UNIT-30 MCG-30 MG-40 MCG-75 MCG-200 MCG-200 UNIT-2000 UNIT	P				
AIRBORNE CHEW	P				
AIRBORNE KIDS CHEW 0.03 MG-0.34 MG-2.25 MG-3.35 MG-5 MCG-20 MCG	P				
AIRBORNE+GOOD REST CHEW 0.03 MG-0.33 MG-1.67 MG-2.23 MG-3.33 MG-5 MCG-20 MCG-66.67 MG	P				
AIRBORNE+NATURAL ENERGY LIQD 0.85 MG/30ML-1.5 MG/30ML-4 MG/30ML-10 MG/30ML-20 MG/30ML-150 MCG/30ML-500 MG/30ML	P	RX/OTC	ALIVE WOMENS 50+ CHEW 0.65 MG-0.85 MG-1.35 MG-2 MG-2.4 MCG-7.5 MG-7.5 MG-15 MCG-15 MG-20 MCG-25 MG-50 MG-75 MCG-75 MCG-120 MCG-150 MCG-150 MCG-165 MCG-225 MCG	P	
AIRBORNE+PROBIOTIC CHEW 3.33 MG-0.03 MG-0.33 MG-2.23 MG-3.33 MG-5 MCG-20 MCG	P		ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW 0.15 MG-0.165 MG-0.65 MG-0.85 MG-1.35 MG-2 MG-2.4 MCG-7.5 MG-7.5 MG-15 MCG-15 MG-20 MCG-25 MG-50 MG-75 MCG-75 MCG-120 MCG-150 MCG-225 MCG	P	
ALIVE EVERYDAY IMMUNE HEALTH CAPS 5.5 MG-20 MCG-20 MG-90 MG-150 MG-900 MCG	P	RX/OTC			
ALIVE HAIR, SKIN & NAILS CHEW 15 MG-50 MG-67.5 MG-1250 MCG	P				
ALIVE MULTI-VITAMIN CHEW 0.85 MG-1.8 MG-2 MG-2.4 MCG-2.5 MG-5 MG-7.5 MG-10 MCG-15 MCG-20 MG-45 MG-75 MCG-120 MCG-150 MCG-162.5 MCG-450 MCG	P		ALIVE WOMENS GUMMY MULTIVITAMIN CHEW 0.15 MG-0.163 MG-0.65 MG-0.95 MG-1.3 MG-1.8 MCG-2 MG-7.5 MG-15 MG-18.75 MCG-20 MCG-20 MCG-25 MG-50 MG-75 MCG-75 MCG-120 MCG-225 MCG	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
APPE-CURB CAPS 9.375 MG-15 MCG-18.75 MG-93.75 MG-125 MG-187.5 MG-250 MG	P	RX/OTC	BIO-35 IRON FREE CAPS 1 MG-1 MG-5 MCG-5 MG-5 MG-5 MG-6 MG-7 MG-10 UNIT-12.5 MG-15 MG-15 MG-17.5 MG-20 MG-25 MG-32.5 MG-32.5 MG-33.334 MCG-33.334 MCG-33.334 MG-33.5 MG-37.834 MG-45 MG-50 MCG-50 MG-50 MG-50 MG-50 MG-50 UNIT-66.667 MG-113 MG-133.334 MCG-1000 UNIT	P	RX/OTC
AQUADEKS CHEW 0.75 MG-0.85 MG-0.95 MG-5 MG-5 MG-5 MG-6 MCG-6 MG-15 MG-35 MG-37.5 MCG-50 MCG-50 UNIT-100 MCG-350 MCG-400 UNIT-9083.5 UNIT	P		BIOCAL CAPS 40 MCG-45 MG-100 UNIT-500 MG-800 MCG	P	RX/OTC
BARIATRIC FUSION CHEW 0.5 MG-5 MG-0.5 MG-2.5 MG-3 MG-7.5 MG-7.5 UNIT-11.25 MG-17.5 MG-18.75 MCG-30 MCG-37.5 MG-45 MG-100 MG-140 MCG-150 MCG-200 MCG-300 MG-425 MCG-500 MCG-750 UNIT-1875 UNIT	P		BURIED TREASURE ACTIVE 55PLUS SENIOR COMPLEX LIQD 1 MG/30ML-1 MG/30ML-2 MG/30ML-2 MG/30ML-3 MG/30ML-5 MG/30ML-6 MG/30ML-10 MG/30ML-10 MG/30ML-10 MG/30ML-15 MG/30ML-15 MG/30ML-20 MCG/30ML-30 MG/30ML-40 MG/30ML-40 MG/30ML-40 MG/30ML-50 MCG/30ML-50 MG/30ML-50 MG/30ML-50 MG/30ML-50 MG/30ML-50 MG/30ML-75 MG/30ML-80 MG/30ML-100 MCG/30ML-100 MCG/30ML-100 MCG/30ML-100 MG/30ML-200 MCG/30ML-200 MG/30ML-300 MCG/30ML-400 MCG/30ML-400 UNIT/30ML-500 MG/30ML-1000 MCG/30ML-1200 UNIT/30ML-15000 UNIT/30ML	P	RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS 2 MG-2 MG-12 MG-12 MG-15 MG-20 MG-20 MG-40 MG-45 MG-60 UNIT-75 MCG-100 MCG-100 MCG-120 MCG-130 MG-150 MCG-200 MG-600 MCG-800 MCG-1000 MCG-3000 UNIT-10000 UNIT	P	RX/OTC			
BIO-35 GLUTEN-FREE CAPS 5 MCG-1 MG-1 MG-3 MG-5 MG-5 MG-5 MG-5 MG-6 MG-7 MG-10 UNIT-12.5 MG-15 MG-17.5 MG-25 MG-32.5 MG-32.5 MG-33.334 MCG-33.334 MCG-33.334 MG-33.5 MG-37.834 MG-45 MG-50 MCG-50 MG-50 MG-50 UNIT-66.667 MG-100 MG-113 MG-133.334 MCG-1000 UNIT	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CELEBRATE MULTI-COMplete18 CHEW 2 MG-2 MG-3.4 MG-4 MG-6 MG-15 MG-18 MG-20 MG-30 UNIT-40 MCG-40 MG-75 MCG-90 MG-100 MG-140 MCG-150 MCG-200 MCG-500 MCG-600 MCG-800 MCG-3000 UNIT-5000 UNIT	P		CELEBRATE MULTI-COMplete45 CAPS 4 MG-0.666 MG-1 MG-1.33 MG-4 MG-6.666 MG-10 MG-13.333 MG-15 MG-20 UNIT-25 MCG-33.333 MG-40 MCG-46.666 MCG-50 MCG-60 MG-66.666 MCG-200 MCG-266.666 MCG-333.333 MCG-1000 UNIT-3333.333 UNIT	P	RX/OTC
CELEBRATE MULTI-COMplete18 CAPS 0.666 MG-1.133 MG-1.333 MG-2 MG-5 MG-10 UNIT-13.333 MCG-13.333 MG-25 MCG-30 MG-0.666 MG-6 MG-6.666 MG-33.333 MG-46.666 MCG-50 MCG-66.666 MCG-166.666 MCG-200 MCG-266.666 MCG-1000 UNIT-1666.666 UNIT	P	RX/OTC	CELEBRATE MULTI-COMplete45 CHEW 1 MG-1.5 MG-2 MG-6 MG-6 MG-10 MG-15 MG-20 MG-22.5 MG-30 UNIT-37.5 MCG-50 MG-60 MCG-70 MCG-75 MCG-90 MG-100 MCG-300 MCG-400 MCG-500 MCG-1500 UNIT-5000 UNIT	P	
CELEBRATE MULTI-COMplete36 CAPS 0.666 MG-1 MG-1.333 MG-4 MG-4 MG-6.666 MG-10 MG-12 MG-13.333 MG-20 UNIT-25 MCG-33.333 MG-40 MCG-46.666 MCG-50 MCG-60 MG-66.666 MCG-166.666 MCG-200 MCG-200 MCG-1000 UNIT-3333.333 UNIT	P	RX/OTC	CELEBRATE MULTI-COMplete60 CAPS 0.666 MG-1 MG-1.333 MG-4 MG-4 MG-6.666 MG-10 MG-13.333 MG-20 MG-20 UNIT-25 MCG-33.333 MG-40 MCG-46.666 MCG-50 MCG-60 MG-66.666 MCG-200 MCG-266.666 MCG-333.333 MCG-1000 UNIT-3333.333 UNIT	P	RX/OTC
CELEBRATE MULTI-COMplete36 CHEW 1 MG-1.5 MG-2 MG-6 MG-6 MG-10 MG-15 MG-18 MG-20 MG-30 UNIT-37.5 MCG-50 MG-60 MCG-70 MCG-75 MCG-90 MG-100 MCG-250 MCG-300 MCG-400 MCG-1500 UNIT-5000 UNIT	P		CELEBRATE MULTI-COMplete60 CHEW 1 MG-1.5 MG-2 MG-6 MG-6 MG-10 MG-15 MG-20 MG-30 MG-30 UNIT-37.5 MCG-60 MCG-70 MCG-75 MCG-90 MG-100 MCG-300 MCG-400 MCG-500 MCG-500 MG-1500 UNIT-5000 UNIT	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CENTRUM ADULT MULTIGUMMIES CHEW 0.13 MG-0.23 MG-0.8 MG-1.2 MCG-1.5 MG-1.6 MG-2.5 MG-5 MG-9 MG-12 MCG-12.5 MCG-15 MCG-15 MG-40 MCG-300 MCG	P		CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW 0.8 MG-2.5 MG-2.5 MG-3 MG-3.5 MG-5 MCG-15 MG-16.5 MG-20 UNIT-37.5 MCG-40 MCG-80 MCG-500 UNIT-1000 UNIT	P	
CENTRUM FLAVOR BURST CHEW 0.5 MG-1.25 MG-2.5 MCG-2.5 MG-10 MCG-10 UNIT-15 MG-19 MG-20 MCG-37.5 MCG-100 MCG-200 UNIT-500 UNIT	P		CENTRUM SILVER CHEW 2 MG-2.2 MG-2.7 MG-4 MG-4.5 MG-5 MCG-7 MG-10 MCG-10 MCG-10 MG-12 MG-15 MG-22.5 MCG-25 MCG-25 MCG-45 MCG-50 MG-70 UNIT-75 MG-100 MCG-100 MCG-125 MG-200 MG-250 MCG-400 UNIT-500 MCG-4000 UNIT	P	
CENTRUM FLAVOR BURST ADULT CHEW 0.5 MG-1.25 MG-2.5 MCG-2.5 MG-10 MCG-10 UNIT-15 MG-19 MG-20 MCG-37.5 MCG-100 MCG-200 UNIT-500 UNIT	P		CENTRUM VITAMINTS CHEW 0.6 MG-0.6 MG-1 MG-1 MG-1.15 MG-2.5 MCG-2.5 MG-5 MG-10 MCG-15 UNIT-17.5 MCG-20 MCG-30 MCG-30 MG-32.5 MCG-75 MCG-200 MCG-500 UNIT-1250 UNIT	P	
CENTRUM FRESH/FRUITY ADULTS CHEW 0.4 MG-1 MG-1.2 MG-1.2 MG-1.3 MG-2.4 MCG-2.5 MG-5 MG-8 MG-9 MG-10 MG-10 MG-12 MCG-15 MCG-25 MCG-25 MCG-65 MG-80 MCG-82 MG-130 MG-150 MCG-400 MCG-800 MCG	P		CHOICEFUL MULTIVITAMIN CHEW 1.2 MG-1.4 MG-1.5 MG-6 MCG-8 MG-10 MG-15 MG-60 MG-80 MCG-180 MCG-180 UNIT-600 MCG-800 UNIT-13000 UNIT	P	
CENTRUM FRESH/FRUITY ADULTS 50+ CHEW 0.4 MG-1 MG-1.1 MG-1.2 MG-2.5 MG-3.2 MG-5 MG-9 MG-10 MG-10 MG-12 MCG-15 MCG-25 MCG-25 MCG-50 MCG-65 MG-82 MG-120 MCG-150 MCG-150 MG-800 MCG	P		CHOICEFUL MULTIVITAMIN CAPS 1 MG-1.5 MG-1.9 MG-5 MCG-8 MG-15 MG-18 MG-30 MG-80 MCG-170 UNIT-180 MCG-700 MCG-1000 UNIT-14000 UNIT	P	RX/OTC
			CONCEPTIONXR MOTILITY SUPPORT FORMULA MISC 5 MG-10 MG-100 MCG-200 UNIT-250 MG-500 MCG-500 MG-500 UNIT	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW 0.85 MG-1.815 MG-2 MCG-2.5 MG-7.5 MCG-7.5 MG-10 MG-15 MCG-30 MG-39.7 MCG-315 MCG	P		CVS SPECTRAVITE WOMEN CHEW 1 MG-1.25 MG-4.5 MCG-6.75 MG-20 MCG-75 MCG-9 MG-12.5 MCG-50 MG-80 MCG-300 MCG	P	
CVS ADULT 50+ EYE HEALTH CAPS 1 MG-1 MG-5 MG-9 MG-30 UNIT-90 MG-150 MG-160 MG	P	RX/OTC	CVS VISION HEALTH CAPS 1 MG-1 MG-5 MG-10 MG-200 UNIT-250 MG	P	RX/OTC
CVS AIRSHIELD IMMUNITY SUPPORT CHEW 28.75 MG-2.5 UNIT-2.5 UNIT-25 MCG-50 UNIT-250 MG	P		DAILY HEART HEALTH SUPPORT MISC 0.5 MG-1 GM-1.5 MG-1.7 MG-2 MG-2.3 MG-3 MG-5 MCG-10 MG-10 MG-11 MG-20 MG-20 MG-30 MCG-30 MCG-45 MCG-45 MCG-50 MG-50 MG-50 UNIT-55 MCG-60 MG-72 MG-80 MG-150 MCG-150 MCG-220 MG-250 MCG-300 MCG-300 MG-400 MCG-525 MCG-1500 UNIT-2500 UNIT	P	
CVS DIABETES HEALTH SUPPORT MISC 0.5 MG-1.5 MG-1.7 MG-2 MG-2.3 MG-3 MG-5 MCG-10 MCG-10 MG-10 MG-11 MG-20 MG-25 MCG-30 MCG-30 MCG-39 MG-45 MCG-50 MG-50 MG-50 UNIT-72 MG-80 MG-137 MG-150 MCG-150 MCG-245 MCG-250 MCG-255 MCG-300 MCG-416 MG-500 UNIT-560 MG-800 MCG-1000 MG-2500 UNIT	P		DAILY PAK MAXIMUM MULTIVITAMIN/ASIAN GINSENG EXTRACT MISC 0.9 MG-2 MG-2.3 MG-5 MCG-10 MCG-11 MG-30 MCG-45 MCG-45 MCG-50 MG-51.5 MG-51.7 MG-53 MG-55 MCG-60 MG-70 MG-72 MG-75 MCG-80 MCG-80 MG-100 MG-110 MG-150 MCG-150 MCG-250 MCG-250 UNIT-300 MCG-500 UNIT-590 MG-900 MCG-1120 MG-2500 UNIT	P	
CVS EYE HEALTH ADULT 50+ CAPS 1 MG-1 MG-5 MG-9 MG-30 UNIT-90 MG-150 MG-160 MG-250 MG	P	RX/OTC	DECUBI-VITE CAPS 3 MG-3 MG-3.4 MG-9 MCG-10 MG-15 MCG-30 MG-30 UNIT-50 MG-200 UNIT-400 MCG-500 MG-2500 UNIT	P	RX/OTC
CVS SPECTRAVITE ADULT 50+ CHEW 2 MG-2.2 MG-2.7 MG-4 MG-4.5 MG-5 MCG-7 MG-10 MCG-10 MCG-10 MG-12 MG-15 MG-25 MCG-25 MCG-25 MCG-45 MCG-50 MG-70 UNIT-75 MG-100 MCG-100 MCG-125 MG-150 MCG-200 MG-250 MCG-400 UNIT-500 MCG-4000 UNIT	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEKAS BARIATRIC CHEW 1 MG-1 MG-1 MG-1.7 MG-2 MG-5 MG-10 MG-10 MG-10 MG-10 MG-10 MG-12.5 MG-22.5 MG-25 MCG-25 MG-25 MG-35 MCG-45 MG-60 MCG-75 MCG-75 UNIT-300 MCG-400 MCG-500 MCG-500 MCG-2500 UNIT-5000 UNIT	P		EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW 1 MG-2.5 MG-15 UNIT-30.5 MG-75 MCG-300 UNIT-500 MG	P	
DEKAS PLUS CHEW 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-70 MG-75 MCG-100 MCG-100 UNIT-200 MCG-1000 MCG-2000 UNIT-18167 UNIT	P		EMERGEN-C VITAMIN C CHEW 30 MG-1 MG-2.5 MG-15 UNIT-150 MCG-500 MG	P	
DEKAS PLUS CAPS 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-75 MCG-75 MG-100 MCG-150 UNIT-200 MCG-1000 MCG-3000 UNIT-18167 UNIT	P	RX/OTC	ENDUR-VM TBCR 2 MG-5 MCG-5 MG-5 MG-6 MG-7 MG-10 MCG-15 MCG-15 MCG-15 MCG-15 MG-30 MG-50 MG-70 MCG-77 MG-100 MCG-100 MG-100 MG-150 MCG-400 MCG-20 MG-15 MG	P	
DEKAS PLUS OCEAN CAPS 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-75 MCG-75 MCG-75 MG-100 MCG-101 MG-200 MCG-1000 MCG-5450 MCG	P	RX/OTC	ENDUR-VM WITH IRON TBCR 2 MG-5 MCG-5 MG-5 MG-6 MG-7 MG-10 MCG-15 MCG-15 MCG-15 MG-15 MG-18 MCG-20 MG-30 MG-50 MG-70 MCG-77 MG-100 MCG-100 MG-100 MG-150 MCG-400 MCG-2100 MCG	P	
DIABETES HEALTH PACK MISC 2 MG-1.5 MG-1.7 MG-2 MG-2 MG-3 MG-5 MCG-10 MCG-10 MCG-10 MG-15 MG-20 MG-25 MCG-30 MCG-45 UNIT-48 MG-50 MG-50 MG-70 MCG-72 MG-75 MCG-80 MG-100 MG-150 MCG-150 MCG-200 MG-250 MCG-350 MCG-400 UNIT-560 MG-800 MCG-5000 UNIT	P		EQ MULTIVITAMINS ADULT GUMMY CHEW 1.5 MG-2 MG-5 MG-5 MG-6 MCG-7.5 MCG-7.5 UNIT-15 MG-18.75 MCG-20 MCG-60 MCG-75 MCG-137.5 MCG-200 MCG-400 UNIT-1250 UNIT	P	
			EQL ONE DAILY ADULT GUMMIES CHEW 5 MCG-5 MG-20 MCG-30 MCG-30 MG-40 MCG-1 MG-2.5 MG-20 UNIT-75 MCG-200 MCG-200 UNIT-2000 UNIT	P	
			EYE HEALTH CAPS 1 MG-1 MG-5 MG-10 MG-200 UNIT-250 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EYE MULTIVITAMIN CAPS 1 MG-2 MG-5 MG-40 MG-90 MG-250 MG	P	RX/OTC	KP MENS DAILY PACK MISC 2 MG-2 MG-2 MG-5 MCG-10 MCG-10 MCG-10 MCG-15 MG-20 MCG-20 MG-25 MCG-30 MCG-48 MG-72 MG-75 MCG-80 MG-100 MG-100 UNIT-120 MCG-140 MG-150 MCG-150 MCG-250 MCG-400 MCG-400 UNIT-3000 UNIT	P	
EYE MULTIVITAMIN/LUTEIN CAPS 2 MG-5 MG-34.8 MG-90 MG-226 MG	P	RX/OTC	KP WOMENS DAILY PACK MISC 2 MG-2 MG-2 MG-5 MCG-10 MCG-10 MCG-10 MCG-15 MG-20 MCG-20 MG-25 MCG-30 MCG-48 MG-72 MG-75 MCG-80 MG-100 MG-120 MCG-150 MCG-150 MCG-250 MCG-400 MCG-400 UNIT-3000 UNIT	P	
FOLAGENT DHA CAPS 1.7 MG-2 MG-2 MG-2.5 MG-8 MCG-10 MCG-10 MG-15 MG-20 MG-20.1 MG-28 MG-35 MG-50 MG-60 MG-150 MCG-200 MG-200 MG-300 MCG-1000 MCG-1200 MCG	P	RX/OTC	LIFE PACK MENS MISC 2 MG-2 MG-5 MG-5 MG-5 MG-10 MG-10 MG-10 MG-18 MG-22.5 MG-25 MCG-25 MG-25 MG-27 MG-30 MG-35 MG-66 MCG-75 MCG-100 MG-120 MG-150 MG-150 MG-230 UNIT-300 MG-400 UNIT-600 MG-700 MG-800 MCG-5000 UNIT	P	
FOLAMED DHA CAPS 2.5 MG-1.7 MG-2 MG-2 MG-8 MCG-10 MCG-10 MG-15 MG-20 MG-20.1 MG-28 MG-35 MG-50 MG-60 MG-150 MCG-200 MG-200 MG-300 MCG-1000 MCG-1200 MCG	P	RX/OTC	LIFE PACK WOMENS MISC	P	
GENADEK STEP 1 CAPS 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-75 MCG-75 MCG-75 MG-100 MCG-100.5 MG-200 MCG-1000 MCG-5450 MCG	P	RX/OTC	MENS 50+ ADVANCED CAPS 2 MG-2 MG-3.4 MG-4 MG-4 MG-4.5 MG-5 MCG-6 MG-6 MG-9.5 MG-10 MCG-10 MCG-10 MG-16 MG-20 MCG-20 MG-20 MG-21 MG-22.5 MG-25 MCG-30 MCG-33 UNIT-72 MG-90 MCG-100 MCG-105 MCG-150 MCG-150 MCG-180 MCG-234 MCG-300 MCG-400 MCG-552 MCG-1000 UNIT-2500 UNIT	P	RX/OTC
GENADEK STEP 2 CAPS 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-75 MCG-75 MG-100 MCG-100.5 MG-125 MCG-200 MCG-1000 MCG-5450 MCG	P	RX/OTC			
HEALTHY EYES SUPERVISION2 CAPS 1 MG-1 MG-5 MG-10 MG-90 MG-250 MG	P	RX/OTC			
IMMUNE SUPPORT CHEW 0.75 MG-2 MG-4 MCG-7.5 UNIT-10 MG-250 MG-500 UNIT	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MENS MULTIVITAMIN CHEW 2 MG-2.5 MG-5 MG-7.5 MCG-7.5 MG-8.75 MCG-10 MCG-27.5 MCG-37.5 MG-50 MCG-75 MCG-200 MCG-300 MCG	P		<i>multiple vitamins w/ minerals liqd 0.1 mg/15ml-1.1 mg/15ml-1.1 mg/15ml-1.7 mg/15ml-2 mg/15ml-2 mg/15ml-6 mcg/15ml-9 mg/15ml-10 mcg/15ml-10 mg/15ml-10 mg/15ml-25 mcg/15ml-25 mcg/15ml-60 mg/15ml-150 mcg/15ml-300 mcg/15ml-390 mcg/15ml</i>	P	RX/OTC
MENS PACK MISC 2 MG-2 MG-5 MCG-10 MCG-2 MG-9 MG-10 MCG-13.6 MG-15 MG-18 MCG-20 MG-25 MCG-25 MCG-30 MCG-48 MG-70 MG-72 MG-80 MG-100 MCG-100 MG-120 MCG-150 MCG-150 MCG-200 MG-250 MCG-400 MCG-400 UNIT-460 UNIT-670 MG-3000 UNIT	P		<i>multiple vitamins w/ minerals caps 6 mg-13.5 mg-15 mg-60 mg</i>	P	RX/OTC
MOOD FOOD ES CAPS 10 MG-25 MCG-1.5 MG-2.5 MG-15 MCG-35 MG-50 MG-50 MG-50 MG-150 MG-255 MCG	P	RX/OTC	MULTI-VITE LIQD 1.1 MG/15ML-1.7 MG/15ML-2 MG/15ML-2 MG/15ML-3 MG/15ML-6 MCG/15ML-9 MG/15ML-10 MG/15ML-20 MG/15ML-25 MCG/15ML-25 MCG/15ML-30 UNIT/15ML-60 MG/15ML-150 MCG/15ML-300 MCG/15ML-400 UNIT/15ML-1300 UNIT/15ML	P	RX/OTC
<i>multiple vitamins w/ minerals chew 1 mg-2.5 mg-5 mcg-5 mg-20 mcg-20 unit-30 mcg-30 mg-40 mcg-75 mcg-200 mcg-200 unit-2000 unit</i>	P		MVW COMPLETE FORMULATION CAPS 1.5 MG-1.7 MG-1.9 MG-6 MCG-10 MG-12 MG-20 MG-100 MCG-100 MG-200 MCG-200 UNIT-800 MCG-1500 UNIT-16000 UNIT	P	RX/OTC
<i>multiple vitamins w/ minerals tbc 0.3 mg-0.66 mg-1.65 mg-1.9 mg-4 mg-4.6 mg-5 mg-10 mcg-10 mcg-25 mg-25 mg-25 mg-25 mg-75 mcg-75 mcg-75 mg-75 mg-75 mg-75 mg-75 mg-75 mg-75 mg-75 mg-75 mg-75 mg-75 mg-75 mg-150 mcg-150 unit-250 mg-400 mcg-1000 unit-10000 unit</i>	P		MVW COMPLETE FORMULATIOND3000 CAPS 6 MCG-1.5 MG-1.7 MG-1.9 MG-10 MG-12 MG-20 MG-100 MCG-100 MG-200 MCG-200 UNIT-800 MCG-3000 UNIT-16000 UNIT	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MVW COMPLETE FORMULATIOND500 CAPS 1.5 MG-1.7 MG-1.9 MG-6 MCG-10 MG-12 MG-20 MG-100 MCG-100 MG-200 MCG-200 UNIT-800 MCG-5000 UNIT-16000 UNIT	P	RX/OTC	ONE A DAY WOMENS 50+ ADVANCED CHEW 0.09 MG-0.13 MG-0.75 MG-1.1 MG-1.4 MG-2.5 MG-7 MG-7.5 MG-8.5 MCG-12.5 MCG-15 MCG-20 MG-27.5 MCG-75 MCG-75 MCG-225 MCG	P	
MVW COMPLETE FORMULATIONMINIS CAPS 1.5 MG-1.7 MG-1.9 MG-6 MCG-10 MG-12 MG-20 MG-100 MCG-100 MG-200 MCG-200 UNIT-1000 MCG-1500 UNIT-16000 UNIT	P	RX/OTC	ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW 0.6 MG-1.2 MCG-7 MG-15 MCG-15 UNIT-32.5 MG-37.5 MCG-50 MG-100 MCG-300 UNIT-1250 UNIT	P	
OCUVEL CAPS	P	RX/OTC	ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW 0.65 MG-8 MG-15 UNIT-37.5 MCG-50 MG-1.2 MCG-15 MCG-37.5 MG-100 MCG-300 UNIT-1250 UNIT	P	
OCUVITE ADULT 50+ CAPS 1 MG-1 MG-5 MG-9 MG-30 UNIT-90 MG-150 MG-160 MG-250 MG	P	RX/OTC	ONE-A-DAY MENS VITACRAVES GUMMIES CHEW 2.5 MG-2.5 MG-5 MG-7.5 MCG-15 UNIT-20 MCG-30 MCG-37.5 MG-55 MCG-75 MCG-200 MCG-200 UNIT-300 MCG-2000 UNIT	P	
OCUVITE ADULT FORMULA CAPS 1 MG-2 MG-9 MG-15 UNIT-100 MG-100 MG	P	RX/OTC	ONE-A-DAY VITACRAVES CHEW 1 MG-2.5 MG-5 MCG-5 MG-20 MCG-20 UNIT-30 MCG-30 MG-40 MCG-75 MCG-200 MCG-200 UNIT-2000 UNIT	P	
OCUVITE LUTEIN CAPS 2 MG-5 MG-15 MG-30 UNIT-60 MG	P	RX/OTC	ONE-A-DAY VITACRAVES ADULT CHEW 1 MG-2.5 MG-5 MCG-5 MG-20 MCG-20 UNIT-30 MCG-30 MG-40 MCG-75 MCG-200 MCG-200 UNIT-2000 UNIT	P	
ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW 0.6 MCG-0.85 MG-1 MG-2.5 MG-6.75 MG-8 MG-15 MCG-25 MCG-27.5 MCG-45 MG-75 MCG-120 MCG-300 MCG	P				
ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW 2.5 MG-2.5 MG-5 MG-7.5 MCG-15 UNIT-20 MCG-30 MCG-37.5 MG-55 MCG-75 MCG-200 MCG-200 UNIT-300 MCG-2000 UNIT	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW 1 MG-2.5 MG-5 MCG-10 MG-17.5 MCG-20 UNIT-40 MCG-62.5 MG-75 MCG-200 MCG-200 UNIT-2000 UNIT	P		OPTIFAST POST BARIATRIC CHEW 0.33 MG-0.5 MG-0.6 MG-0.7 MG-1.3 MG-3 MG-4 MG-7.5 MCG-7.5 MG-9 MCG-10 MG-11.2 MCG-13.8 MCG-18.8 MCG-23 MG-30 MCG-38 MCG-60 MG-105 MG-120 MCG-125 MCG-320 MG-540 MCG	P	
ONE-A-DAY VITACRAVES SOURGUMMIES CHEW 1 MG-2.5 MG-5 MCG-5 MG-20 MCG-20 UNIT-30 MCG-30 MG-40 MCG-75 MCG-200 MCG-200 UNIT-2000 UNIT	P		OPTIMUM AIRVITES CHEW 7.5 UNIT-0.75 MG-2 MG-3.75 MCG-10 MG-12.5 MG-250 MG-500 UNIT	P	
ONE-A-DAY VITACRAVES WOMENS MULTI CHEW 1 MG-1.25 MG-4.5 MCG-15 MG-15 UNIT-20 MCG-50 MG-75 MCG-200 MCG-400 UNIT-1250 UNIT	P		OPTISOURCE POST BARIATRIC SURGERY CHEW 0.43 MG-0.5 MG-0.5 MG-0.5 MG-0.75 MG-2.5 MG-5 MG-7.5 MG-9 MG-15 MCG-15 MG-15 UNIT-17.5 MCG-18.75 MCG-30 MCG-37.5 MCG-40 MCG-50 MG-100 MG-125 MCG-200 MCG-200 UNIT-250 MG-1875 UNIT	P	
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW 15 MG-1 MG-1.25 MG-4.5 MCG-15 UNIT-20 MCG-50 MG-75 MCG-200 MCG-400 UNIT-1250 UNIT	P		OPURITY/BYPASS OPTIMIZED CHEW 2 MG-2 MG-4.3 MG-5 MG-6 MG-20 MG-20 MG-30 MG-40 MG-50 MG-60 UNIT-70 MCG-80 MG-100 MCG-180 MG-300 MCG-350 MCG-600 MCG-800 MCG-1600 UNIT-7500 UNIT	P	
ONE-DAILY MULTI CAPS CAPS 1 MG-2 MG-10 MCG-10 MG-10 MG-15 MG-5 MG-5 MG-10 MG-15 MG-15 MG-25 MG-25 MG-40 MG-50 MG-75 MCG-100 MCG-100 MCG-100 MCG-100 MCG-150 MCG-150 MG-500 MCG-500 MCG-800 MCG-3000 MCG	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREMIUM PACKETS MISC 0.25 MG-2 MG-2 MG-2 MG-5 MCG-5 MG- 10 MCG-10 MCG-10 MG- 10 MG-10 MG-10 MG-10 MG-10 MG-10 MG-10 MG- 10 MG-10 MG-10 MG-12 MG-12 MG-15 MG-18 MG- 20 MCG-20 MG-25 MCG- 30 MCG-30 MG-30 MG-50 MG-50 MG-60 MG-72 MG- 75 MCG-80 MG-100 MG- 109 MG-120 MCG-150 MCG-150 MCG-162 MG- 250 MCG-300 MCG-400 UNIT-3500 UNIT	P		PRORENAL+D/OMEGA-3 CAPS 0.75 MG-1 MG-4 MG-4 MG-5 MG-5 UNIT- 10 MG-15 MCG-0.45 MG- 1.2 MG-2.5 MG-21.5 MCG-30 MG-110 MG-165 MG-400 MCG-500 MG- 500 UNIT	P	RX/OTC
PRESERVISION AREDS CAPS 0.8 MG-34.8 MG- 200 UNIT-226 MG-14320 UNIT	P	RX/OTC	PROTECT CARDIO AF CAPS 25 MG-25 MG-25 MG-25 MG-25 MG-30 MG- 32 UNIT-50 MCG-50 MCG-50 MCG-50 MG-50 MG-60 MG-75 MCG-90 MG-100 MG-120 UNIT- 174 MG-200 UNIT-250 MG-340 MG-500 MCG- 1100 MCG	P	RX/OTC
PRESERVISION AREDS 2 CHEW 1 MG-1 MG-5 MG-40 MG-200 UNIT-250 MG	P		PROTECT PLUS SO CAPS 5 MCG-0.5 MG-0.5 MG-2.5 MG-15 MG-15 MG-15 MG-15 MG-20 MG- 25 MCG-25 MCG-25 MCG-25 MG-25 MG-25 MG-25 MG-25 MG-25 MG- 25 MG-50 MCG-50 MCG- 50 MG-100 MCG-100 MG- 144 MG-150 MCG-250 MG-500 MCG-2875 MCG	P	RX/OTC
PRESERVISION AREDS 2 CAPS 1 MG-1 MG-5 MG-40 MG-90 MG-250 MG	P	RX/OTC	PROTEGRA CAPS 1 MG- 1.5 MG-15 MCG-50 MG- 60 UNIT-250 MG-5000 UNIT-7.5 MG	P	RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS 0.75 MG-0.85 MG-1 MG-1 MG-1 MG-5 MG-5 MG-9.5 MCG-10 MG-12.5 MCG-15 MCG-15 MCG- 22.5 MCG-25 MCG-40 MG-50 MG-75 MCG-200 UNIT-200 UNIT-250 MG- 300 UNIT	P	RX/OTC	QC OCUHEALTH VISION SUPPORT 2 CAPS 1 MG- 1 MG-5 MG-10 MG-90 MG-250 MG	P	RX/OTC
PRESERVISION/LUTEIN CAPS 0.8 MG-5 MG-34.8 MG-200 UNIT-226 MG	P	RX/OTC	REMEDIENT CAPS 1 MG- 3.6 MG-6 MCG-8 MG-8.5 MG-20 MCG-28 MG-40 MG-60.3 MG-200 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUPER ANTIOXIDANT CAPS 5 MG-10 MG-2 MG-3 MG-6.67 MG-10 MG-10 MG-25 MCG-30 UNIT-166.67 MG-333.33 MG-333.33 UNIT-1000 MCG-1000 MCG-1000 MCG	P	RX/OTC	THRIVITE 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	NP	RX/OTC
SUPPORT LIQD 0.5 MG/5ML-0.8 MG/5ML-2 MG/5ML-2 MG/5ML-7 MG/5ML-8 MG/5ML-10 MCG/5ML-30 MG/5ML-100 UNIT/5ML-275 MG/5ML-1500 UNIT/5ML	P	RX/OTC	ULTRA MEGA TBCR 1 MG-5 MG-5 MG-6 MG-7 MG-10 MCG-10 MCG-10 MCG-10 MCG-10 MG-15 MG-18 MG-25 MG-35 MG-10 MCG-10 MG-25 MG-75 MCG-75 MCG-75 MCG-75 MG-75 MG-75 MG-75 MG-75 MG-75 MG-100 MCG-100 MG-100 UNIT-150 MCG-200 MG-250 MCG-400 MCG-400 UNIT-500 MCG-10000 UNIT	P	
SYSTANE ICAPS AREDS2 CHEW 1 MG-1 MG-5 MG-12.5 MG-200 UNIT-250 MG	P		ULTRA MEGA GOLD TBCR 1 MG-5 MG-5 MG-6 MG-7 MG-10 MCG-10 MCG-10 MCG-10 MG-10 MG-15 MG-18 MG-25 MG-25 MG-35 MG-75 MCG-75 MCG-75 MCG-75 MG-75 MG-75 MG-75 MG-75 MG-75 MG-100 MCG-100 MG-100 UNIT-150 MCG-200 MG-250 MCG-400 MCG-400 UNIT-500 MCG-10000 UNIT	P	
THERAMILL FORTE CAPS 4 MG-0.25 MG-2 MG-4 MG-2.5 MG-3 MCG-8 MCG-8 MG-12.5 MG-12.5 MG-12.5 MG-16.5 MCG-16.5 MG-17 MG-17 MG-17 MG-17 MG-33 MCG-33 MCG-33 MCG-33 UNIT-34 MG-50 MCG-67 MCG-67 MG-67 MG-67 UNIT-167 MG-3500 UNIT	P	RX/OTC	ULTRA MEGA TWO TBCR 0.5 MG-1 MG-1 MG-1.5 MG-2.5 MG-2.5 MG-5 MCG-5 MCG-5 MG-5 MG-5 MG-5 MG-5 MG-5 MG-5 MG-7.5 MG-7.5 MG-7.5 MG-11 MG-12.5 MG-12.5 MG-25 MCG-25 MG-25 MG-40 MG-50 MCG-50 MG-50 MG-50 MG-50 MG-50 MG-50 MG-50 MG-75 MCG-75 MCG-100 UNIT-150 MG-200 MCG-200 UNIT-5000 UNIT	P	
THERANATAL LACTATION COMPLETE MISC 2 MG-5 MG-5 MG-6 MG-9 MG-12 MCG-15 MG-18 MG-20 MG-30 MCG-30 UNIT-50 MCG-50 MG-70 MCG-90 MCG-120 MG-140 MG-220 MCG-250 MG-300 MCG-300 MG-400 MCG-4000 UNIT-6400 UNIT	P		VISION HEALTH CAPS 40 MG-1 MG-2 MG-5 MG-90 MG-250 MG	P	RX/OTC
THERANATAL LACTATION ONE CAPS 1.7 MG-2 MG-2.5 MG-8 MCG-9 MG-30 MG-30 UNIT-60 MG-220 MCG-300 MCG-300 MG-400 MCG-6400 UNIT	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VISTA ADVANCED AREDS2 FORMULA CAPS 1 MG-1 MG-5 MG-12.5 MG-25 MG-27.5 MCG-137.5 MG-250 MG	P	RX/OTC	VITEYES CLASSIC/OMEGA-3 CAPS 8.333 MG-0.4 MG-0.667 MG-3.333 MG-89.333 MG-116.667 MG-166.667 MG-216.667 MG-360 MG	P	RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS 12.5 MCG-1 MG-3 MG-5 MG-12.5 MG-25 MG-25 MG-37.5 MG-133 MG-250 MG-333 MG-667 MG	P	RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS 0.4 MG-0.667 MG-3.333 MG-8.333 MG-89.333 MG-116.667 MG-166.667 MG-216.667 MG-360 MG	P	RX/OTC
VITABEX CAPS 2 MG-3 MG-3 MG-6 MG-12 MCG-15 UNIT-25 MCG-25 MCG-25 MG-25 MG-50 MG-50 MG-250 MG-500 UNIT-800 MCG-2500 UNIT	P	RX/OTC	WAL-BORN VITAMIN C CHEW 0.75 MG-2 MG-3.75 MCG-7.5 UNIT-10 MG-12.5 MG-250 MG-500 UNIT	P	
VITABEX PLUS CAPS 3 MG-3 MG-5 MG-6 MCG-10 MCG-10 MG-10 UNIT-25 MG-120 MG-10 MG-25 MCG-25 MG-500 MCG-1000 UNIT	P	RX/OTC	WOMENS MULTI GUMMIES CHEW 1 MG-1.25 MG-4.5 MCG-6.75 MG-12.5 MCG-15 MG-20 MCG-25 MG-50 MG-200 MCG-300 MCG-375 MG	P	
VITACHEW ADULT MULTI VITAMIN CHEW 1 MG-2.5 MG-4 MCG-5 MCG-5 MG-9 MG-10 MG-30 MG-40 MCG-75 MCG-200 MCG-600 MCG	P		WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW 1 MG-1 MG-4.5 MG-5 MCG-10 MG-12.5 MCG-25 MG-25 MG-200 MCG-250 MCG-375 MCG	P	
VITEYES CLASSIC CAPS 0.6 MG-1 MG-5 MG-12.5 MG-89 MG-250 MG	P	RX/OTC	WOMENS PACK MISC 2 MG-2 MG-2 MG-5 MCG-9 MG-10 MCG-10 MCG-13.6 MG-15 MG-18 MCG-20 MG-25 MCG-25 MCG-30 MCG-48 MG-50 MCG-60 UNIT-70 MG-72 MG-80 MG-100 MG-120 MCG-150 MCG-150 MCG-250 MCG-400 MCG-400 UNIT-670 MG-800 MG-3000 UNIT	P	
VITEYES CLASSIC ADVANCED CAPS 0.6 MG-1.75 MG-5 MG-12.5 MG-20 MG-25 MG-25 MG-100 MCG-134.5 MG-250 MG	P	RX/OTC			
VITEYES CLASSIC MACULAR SUPPORT CAPS 0.6 MG-1 MG-5 MG-12.5 MG-89 MG-250 MG	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
YOUR LIFE MULTI ADULT GUMMIES CHEW 1 MG-1 MG-2.5 MG-2.5 MG-3 MCG-5 MG-7.5 UNIT-20 MCG-30 MCG-30 MG-140 MG-150 MCG-200 MCG-400 UNIT-1250 UNIT	P		HIGH POTENCY MULTIVITAMIN TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MCG-10 MG-13.6 MG-20 MG-30 MCG-35 MG-45 MG-90 MG-400 MCG-1500 MCG	P	RX/OTC
ZYVANA CAPS 6 MG-11.5 MG-20.5 MCG-48.5 MCG-263.5 MG	P	RX/OTC	MOMMYS BLISS MULTIVITAMINORGANIC DROPS LIQD 0.42 MG/ML-0.46 MG/ML-0.46 MG/ML-0.71 MG/ML-0.8 MG/ML-5 UNIT/ML-14.7 MCG/ML-40 MG/ML-400 UNIT/ML-1500 UNIT/ML	P	
Multivitamins			MULTI VITAMIN TABS 2 MG-6 MCG-10 MG-20 MG-45 MG-60 MG-400 MCG-400 UNIT-3000 UNIT-1.5 MG-1.7 MG-30 UNIT	P	RX/OTC
AMLADEX TABS 1 MG-1 MG-5 MG-12.5 MCG-12.5 MG-25 MG-50 MG-125 MG	P	RX/OTC	MULTI VITAMIN/D-3 TABS 1.5 MG-1.9 MG-2 MG-6 MCG-20 MG-30 UNIT-40 MG-50 MG-60 MG-400 MCG-400 UNIT-3000 UNIT	P	RX/OTC
DAILY MULTIPLE VITAMINS TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-10 MG-13.5 MG-20 MG-21 MG-60 MG-400 MCG-900 MCG	P	RX/OTC	<i>multiple vitamin tabs 1 mg-1 mg-1.5 mg-1.7 mg-3 mcg-10 mcg-20 mg-50 mg-60 mg-1200 mcg</i>	P	RX/OTC
DEKAS ESSENTIAL CAPS 150 UNIT-1000 MCG-2000 UNIT-2000 UNIT	P		<i>multiple vitamin caps 250 mg-1 mg-5 mg-89 mg</i>	P	
DEKAS ESSENTIAL LIQD 70 UNIT/ML-2000 MCG/ML-2000 UNIT/ML-2000 UNIT/ML	P		MULTIVITAMIN TABS	P	RX/OTC
ESTROFACTORS TABS 0.67 MG-10 MCG-13 MCG-16.7 MG-30 MG-33 MG-66.7 MG-66.7 MG-66.7 UNIT-66.7 UNIT-70 MG-266 MCG-833 UNIT	P	RX/OTC	MULTIVITAMIN ADULT TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-20 MG-60 MG-400 MCG-1500 MCG	P	RX/OTC
GENICIN VITA-Q TABS 5 MG-12.5 MCG-12.5 MG-25 MG-50 MG-125 MG-1000 MCG-1000 MCG	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN+ LIQD 0.75 MG/15ML-0.85 MG/15ML-1 MG/15ML-3 MCG/15ML-5 MG/15ML- 10 MG/15ML-15 UNIT/15ML-30 MG/15ML- 150 MCG/15ML-200 MCG/15ML-200 UNIT/15ML-2500 UNIT/15ML	P		THEREMS MULTIVITAMIN TABS 3 MG-3 MG-3.4 MG-9 MCG- 10 MCG-10 MG-13.6 MG- 20 MG-30 MCG-35 MG-45 MG-90 MG-400 MCG- 1500 MCG	P	RX/OTC
NEOMULTIVITE TABS 2 MG-1.5 MG-1.7 MG-2 MCG-5 MCG-6 MCG-10 MCG-20 MG-60 MG-400 MCG-1500 MCG	P	RX/OTC	ZELDANA CAPS 0.5 MG- 1 MG-5 MG-5 MG-20 MG- 25 MG-37.5 MG-65 MG	P	
NUTRA-Z+ CAPS 5 MG- 12.5 MG-20 MCG-25 MG- 50 MG-125 MG-900 MCG- 1000 MCG	P		Ped Multiple Vitamins w/ Minerals		
OMNICAP TABS 1.5 MG- 1.7 MG-2 MG-6 MCG-10 MG-20 MG-30 UNIT-60 MG-400 MCG-400 UNIT- 3000 UNIT	P	RX/OTC	ACTIVNUTRIENTS CHEW 0.125 MG-0.125 MG-0.625 MG-0.75 MG- 1.25 MG-1.25 MG-1.875 MG-2.5 MG-2.5 MG-3 MCG-3.125 MCG-3.75 MCG-8.375 MG-12.5 MCG-12.5 MCG-12.5 MCG-12.5 MCG-12.5 MG- 12.5 MG-18.75 MCG- 30.75 MCG-37.5 MCG- 61.5 MCG-62.5 MG-85 MCG-150 MCG	P	
ONE DAILY ESSENTIAL TABS 1.5 MG-1.7 MG-2 MG-3.3 MG-6 MCG-10 MG-20 MCG-20 MG-45 MG-60 MG-500 MCG-900 MCG	P	RX/OTC	CENTRUM FLAVOR BURST KIDS CHEW 2.5 MG-0.5 MG-1.25 MG-2.5 MCG-10 MCG-10 UNIT-15 MG-19 MG-20 MCG-37.5 MCG-100 MCG-200 UNIT- 500 UNIT	P	
QUINTABS TABS 30 MCG-30 MCG-30 MG-30 MG-30 MG-30 MG-50 UNIT-100 MG-300 MG- 400 MCG-400 UNIT-5000 UNIT	P	RX/OTC	CENTRUM KIDS CHEW 1 MG-1.5 MG-1.7 MG-2 MG- 2 MG-6 MCG-8 MG-10 MCG-10 MCG-10 MG- 13.5 MG-15 MG-20 MCG- 20 MCG-20 MG-40 MG-45 MCG-50 MG-60 MG-108 MG-150 MCG-400 MCG- 450 MCG	P	
THERA TABS 3 MG-3 MG-3.4 MG-9 MCG-10 MG-20 MG-30 MCG-30 UNIT-45 MG-90 MG-400 MCG-400 UNIT-5000 UNIT	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLINTSTONES TODDLER/TASTISMOOTH CHEW 0.7 MG-0.7 MG-0.8 MG-1.6 MG-2.5 MG-3 MCG-6 MG-10 UNIT-40 MG-70 MCG-80 MG-100 MCG-150 MCG-600 UNIT-1600 UNIT	P		MULTIVITAMIN WITH FLUORIDE CHEW	P	RX/OTC
HEALTHY KIDS GUMMIES CHEW 1 MG-2.5 MG-5 MCG-5 MG-20 MCG-30 MG-38 MG-40 MCG-75 MCG-200 MCG-200 UNIT-200 UNIT-2000 UNIT	P		MULTIVITAMIN/FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT	P	RX/OTC
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW 1 MG-1 MG-1.25 MG-1.5 MCG-1.5 MG-1.5 MG-7.5 MCG-10 MCG-15 MG-40 MCG-300 MCG	P		MULTI-VIT-FLOR CHEW	P	RX/OTC
MULTIVITAMIN GUMMIES CHILDRENS CHEW	P		<i>pediatric multivitamins w/fl chew</i>	P	RX/OTC
MVW COMPLETE FORMULATION CHEW 6 MCG-1.5 MG-1.7 MG-1.9 MG-10 MG-12 MG-15 MG-100 MCG-100 MG-200 MCG-200 UNIT-1000 MCG-1500 UNIT-16000 UNIT	P		POLY-VI-FLOR CHEW	P	RX/OTC
<i>pediatric multiple vitamin w/ minerals & c chew</i>	P		QUFLORA PEDIATRIC CHEW	P	RX/OTC
VITALETS CHILDRENS CHEW 0.1 MG-0.75 MG-0.8 MG-0.85 MG-1 MG-3 MCG-5 MG-10 MG-10 MG-15 UNIT-20 MG-40 MG-60 MG-80 MG-150 MCG-200 MCG-200 UNIT-2500 UNIT	P		Ped MV w/ Iron		
Ped MV w/ Fluoride			ANIMAL SHAPES/IRON CHEW 0.4 MG-2 MG-6 MCG-10 MG-15 MG-18 MG-30 UNIT-1.5 MG-1.7 MG-12 MG-21 MG-2 MG-40 MCG-55 MCG-60 MG-100 MG-150 MCG-600 UNIT-3000 UNIT	P	
MULTIVITAMIN + FLUORIDE CHEW	P	RX/OTC	DINO-LIFE W/IRON & ZINC CHEW 0.75 MG-0.85 MG-1 MG-3 MCG-3.75 MG-4.5 MG-5 MG-15 UNIT-30 MG-200 MCG-200 UNIT-2500 UNIT	P	
			FLINTSTONES COMPLETE CHEW 0.44 MG-1.2 MG-1.3 MG-1.7 MG-2.4 MCG-5 MG-5 MG-7.5 MG-10 MG-12 MG-12 MG-15 MG-20 MCG-30 MCG-60 MCG-90 MG-140 MG-150 MCG-240 MCG-400 MCG	P	
			HONEY BEARS W/IRON AND ZINC CHEW 0.75 MG-0.85 MG-1 MG-3 MCG-3.75 MG-4.5 MG-5 MG-15 UNIT-30 MG-200 MCG-200 UNIT-2500 UNIT	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN PLUS IRON CHILDRENS CHEW 0.4 MG-1.5 MG-1.7 MG-2 MG-2 MG-6 MCG-10 MG-10 MG-12 MG-15 MG-18 MG-30 UNIT-40 MCG-55 MCG-60 MG-100 MG-150 MCG-600 UNIT-3000 UNIT	P		MULTIVITAMIN INFANT & TODDLER SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-50 MG/ML-250 MCG/ML	P	
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-11 MG/ML-50 MG/ML-250 MCG/ML	P		MULTIVITAMIN INFANT/TODDLER SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-50 MG/ML-250 MCG/ML-400 UNIT/ML	P	
<i>pediatric multiple vitamins w/ iron chew</i>	P		NOVAFERRUM PEDIATRIC MULTIVITAMIN LIQD 2 MCG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-750 UNIT/ML	P	
POLY-VI-SOL/IRON SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-11 MG/ML-50 MG/ML-250 MCG/ML	P		PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-750 UNIT/ML	P	
POLY-VITE/IRON SOLN 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 UNIT/ML-11 MG/ML-50 MG/ML-400 UNIT/ML-833 UNIT/ML	P		<i>pediatric multiple vitamins chew</i>	P	
SCOOBY-DOO ONE A DAY CHEW 0.3 MG-0.8 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-8 MG-12 MG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT	P		PEDIAVIT LIQD 0.7 MG/10ML-0.7 MG/10ML-0.8 MG/10ML-3 MCG/10ML-5 MG/10ML-8 MG/10ML-9 MG/10ML-10 MG/10ML-10 UNIT/10ML-40 MG/10ML-150 MCG/10ML-200 MCG/10ML-400 UNIT/10ML-2500 UNIT/10ML	P	
Pediatric Multiple Vitamins			POLY-VI-SOL SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 MG/ML-10 MCG/ML-50 MG/ML-250 MCG/ML	P	
BPROTECTED PEDIA POLY-VITE SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POLY-VITA SOLN OR 0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 MG/ML-8 MG/ML-10 MCG/ML-35 MG/ML-412.5 MCG/ML	P		BRAINSTRONG PRENATAL MISC 1.7 MG-2 MG-2 MG-2.5 MG-12 MCG-12 MG-20 MG-20 MG-30 MCG-30 UNIT-33 MG-60 MG-60 MG-115 MG-150 MCG-300 MG-330 MCG-350 MG-800 MCG-800 UNIT-6000 UNIT	NP	
POLY-VITE PEDIATRIC SOLN OR 0.3 MG/ML-0.3 MG/ML-0.4 MG/ML-0.5 MCG/ML-4 MG/ML-5 UNIT/ML-50 MG/ML-400 UNIT/ML-833 UNIT/ML	P		CADEAU DHA 0.03 UNIT-0.3 MG-0.4 MG-0.8 MG-2 MG-2.6 MG-3 MG-3 MG-3.4 MG-7 MG-15 MG-20 MG-29 MG-40 MG-80 MG-100 MG-375 MG-400 UNIT	NP	
Pediatric Vitamins			CITRANATAL 90 DHA	NP	
HONEY BEARS 0.75 MG-0.85 MG-1 MG-3 MCG-5 MG-15 UNIT-30 MG-200 MCG-200 UNIT-2500 UNIT	P		CITRANATAL ASSURE 0.75 MG-1 MG-2 MG-3 MG-3.4 MG-20 MG-25 MG-25 MG-30 UNIT-35 MG-50 MG-120 MG-124 MG-150 MCG-300 MG-400 UNIT	NP	
Prenatal Vitamins			CITRANATAL B-CALM 1 MG-20 MG-25 MG-120 MG-120 MG-400 UNIT	NP	
ALIVE DAILY SUPPORT PRENATAL GUMMIES 0.175 MG-0.2 MG-0.875 MG-1 MG-1.4 MCG-1.625 MG-5.5 MG-7.5 MCG-9 MG-9.5 MG-10 MG-17.5 MCG-25 MG-30 MG-145 MCG-180 MCG-325 MCG	NP		CITRANATAL BLOOM 1 MG-12 MCG-50 MG-90 MG-120 MG	NP	
ALIVE PREMIUM PRENATAL DAILY SUPPORT 0.233 MG-0.267 MG-1 MG-1.1 MG-1.167 MG-1.4 MCG-6 MG-6.333 MG-7.333 MG-7.5 MCG-11.667 MCG-25 MG-40 MG-96.667 MCG-120 MCG-216.667 MCG	NP		CITRANATAL DHA 0.625 MG-1 MG-2 MG-3 MG-3.4 MG-20 MG-20 MG-25 MG-27 MG-30 UNIT-50 MG-120 MG-124 MG-150 MCG-250 MG-400 UNIT-625 MG	NP	
AZESCHEW PRENATAL/POSTNATAL CHEW 1 MG-1.4 MG-2.5 MG-12.5 MCG-13 MG-125 MG-150 MCG-150 MCG-200 MG-1000 MCG	NP		CITRANATAL HARMONY 1 MG-25 MG-27 MG-30 UNIT-50 MG-104 MG-260 MG-400 UNIT	NP	
AZESCO TABS 1 MG-1.4 MG-2.5 MG-13 MG-125 MG-150 MCG-200 MG-500 UNIT-1000 MCG	NP		CITRANATAL RX 1 MG-2 MG-3 MG-3.4 MG-20 MG-20 MG-25 MG-27 MG-30 UNIT-50 MG-120 MG-124 MG-150 MCG-400 UNIT	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
C-NATE DHA CAPS 1 MG-1 MG-3 MG-3 MG-15 MCG-20 MG-20 MG-28 MG-30 MG-30 UNIT-100 MG-200 MG-400 UNIT	NP		CVS PRENATAL MULTI+DHA CAPS 1.5 MG-1.7 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-250 MG-800 MCG-4000 UNIT-38 MG- 60 MG-400 UNIT	NP	
COMPLETE NATAL DHA 1 MG-1.8 MG-2 MG-4 MG- 12 MCG-20 MG-25 MG-25 MG-25 MG-29 MG-30 MG- 120 MG-200 MG-200 MG- 250 MG-400 UNIT-3000 UNIT	P		CVS WOMENS PRENATAL+DHA MISC 1.7 MG-2 MG-2 MG-2.5 MG-8 MCG-10 MG-15 MG-20 MG-28 MG-30 UNIT-50 MG-60 MG-150 MCG-200 MG-300 MCG- 300 MG-400 UNIT-975 MCG-4000 UNIT	NP	
COMPLETENATE CHEW 1 MG-2 MG-3 MG-10 MG- 11 UNIT-12 MCG-20 MG- 29 MG-120 MG-400 UNIT- 1000 UNIT	NP		DERMACINRX PRETRATE TABS 2.6 MG-3 MG-3.4 MG-10 MCG-20 MCG-20 MG-25 MG-27 MG-30 MG-45 MCG-50 MCG-50 MG-55 MG-70 MCG-120 MG-150 MCG-200 MG-200 MG- 1000 MCG-1500 MCG	NP	
CONCEPT DHA 1 MG-1.8 MG-2 MG-2 MG-3 MG-5 MG-5 MG-10 MG-12.5 MCG-25 MG-25 MG-38 MG-39 MG-53.5 MG-156 MG-200 MG-300 MCG- 310 MG	NP		ENBRACE HR 1 MG-1 MG-1 MG-2.5 MG-5.23 MG-12 MCG-13.6 MG-24 MG-25 MCG-25 MCG-25 MCG-25 MCG-50 MCG- 500 MCG	NP	
CONCEPT OB 1 MG-1.3 MG-5 MG-5 MG-6.9 MG-7 MG-10 MCG-18.2 MG-20 MG-25 MG-92.4 MG-130 MG-210 MG-300 MCG- 800 MCG	NP		FOLIVANE-OB 1 MG-1.3 MG-5 MG-5 MG-6.9 MG-7 MG-10 MCG-18.2 MG-20 MG-25 MG-85 MG-210 MG-300 MCG-800 MCG	NP	
CVS PRENATAL TABS	NP		GNP PRENATAL TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG- 4000 UNIT	NP	
CVS PRENATAL GUMMIES	NP				
CVS PRENATAL GUMMY/DHA/FOLIC ACID 1.25 MG-1.9 MG-4 MCG-5 MG-5 MG-7.5 UNIT-10 MG-15 MG-25 MG-35 MG-113.5 MG-200 UNIT-400 MCG-1800 UNIT	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GOODSENSE PRENATAL VITAMINS TABS 8 MCG-20 MG-1.7 MG-1.8 MG-2.6 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT- 800 MCG-4000 UNIT	NP		NEONATAL COMPLETE TABS	NP	RX/OTC
KOSHER PRENATAL PLUS IRON 0.15 MG-0.33 MG-1 MG-1.5 MG-1.5 MG- 2 MG-6 MG-12 MCG-15 MG-21 MG-21 MG-25 MG- 30 MG-75 MG-175 MG- 400 UNIT-3334 UNIT	NP		NEONATAL FE 1 MG-12 MCG-90 MG-120 MG	NP	
KP PRENATAL MULTIVITAMINS TABS 0.8 MG-1.7 MG-1.8 MG- 2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT- 4000 UNIT	NP		NEONATAL PLUS TABS 0.2 MG-1 MG-1.84 MG-2 MG-2 MG-3 MG-5 MG-9.2 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	NP	RX/OTC
KPN PRENATAL TABS 0.01 MG-0.03 MG-0.03 MG-0.03 MG-0.13 MG- 0.83 MG-2 MCG-2 MG-2 MG-2 MG-3.33 MG-10 MG-10 UNIT-21.67 MG- 33.33 MG-33.33 MG-33.33 MG-133.33 UNIT-333.33 MG-2666.67 UNIT	NP		NEONATAL/DHA MISC 3 MG-3 MG-3 MG-3 MG-7 MG-8 MCG-15 MG-18.4 MG-20 MG-25 MCG-29 MG-30 MCG-100 MG-120 MG-150 MCG-200 MG- 200 MG-500 MG-1000 MCG-1200 MCG	NP	
M-NATAL PLUS TABS 1 MG-1.84 MG-2 MG-3 MG- 10 MG-12 MCG-20 MG-22 UNIT-25 MG-27 MG-120 MG-200 MG-400 UNIT- 4000 UNIT	P	RX/OTC	NESTABS 3 MG-3 MG-10 MCG-10 MG-30 UNIT-32 MG-50 MG-55 MG-65 MG- 100 MCG-120 MG-155 MG-450 UNIT-1000 MCG	NP	
MULTI PRENATAL TABS 4 MCG-1.5 MG-1.7 MG- 2.6 MG-11 UNIT-18 MG- 25 MG-27 MG-100 MG- 200 MG-400 UNIT-800 MCG-4000 UNIT	NP		NESTABS DHA 3 MG-3 MG-10 MCG-10 MG-30 MG-30 UNIT-32 MG-45 MG-50 MG-55 MG-100 MCG-120 MG-155 MG- 230 MG-450 UNIT-1000 MCG	NP	
MULTI-MAC 0.03 MG-0.75 MG-1 MG-1.4 MG-4.5 MG- 12.5 MCG-15 MG-20 MG- 20 MG-30 MCG-100 MG- 125 MG-150 MCG-300 MCG	NP		NESTABS ONE 1 MG- 6.25 MCG-10 MG-15 MCG-15 MG-18 MG-20 MG-30 MG-38 MG-225 MG	NP	
			NIVA-PLUS TABS 1 MG- 1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-27 MG-120 MG-200 MG-400 UNIT- 4000 UNIT	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OB COMPLETE 1 MG-1.25 MG-2 MG-3.4 MG-10 MG-10 MG-10 MG-15 MCG-15 MG-20 UNIT-50 MG-120 MG-315 UNIT-2100 UNIT	NP		ONE A DAY WOMENS PRENATAL/DHA MISC 2.5 MG-1.7 MG-2 MG-2 MG-8 MCG-10 MG-15 MG-20 MG-23 MG-28 MG-30 UNIT-50 MG-60 MG-150 MCG-200 MG-223 MG-300 MCG-300 MG-400 UNIT-800 MCG-4000 UNIT	NP	
OB COMPLETE ONE 1 MG-2 MG-4 MG-10 MG-10 MG-15 MG-25 MG-30 MG-30 UNIT-40 MG-40 MG-50 MCG-55 MG-70 MG-150 MCG-200 MCG-300 MG-476 MG-1000 MCG-1200 UNIT	NP		ONE A DAY WOMENS PRENATAL1 1.7 MG-2 MG-2 MG-2.5 MG-8 MCG-10 MG-15 MG-20 MG-28 MG-30 UNIT-35 MG-50 MG-60 MG-150 MCG-200 MG-200 MG-235 MG-300 MCG-400 UNIT-800 MCG-4000 UNIT	NP	
OB COMPLETE PETITE 1 MG-1 MG-2 MG-3.4 MG-5 MG-15 MCG-25 MG-30 MG-30 UNIT-35 MG-125 MG-200 MG-1000 UNIT	NP		PERRY PRENATAL CAPS 1 MG-1 MG-1.5 MG-2 MG-4 MCG-5 MG-7.5 MG-10 MG-13.5 MG-15 UNIT-50 MG-50 MG-75 MCG-100 MG-200 UNIT-400 MCG-3000 UNIT	NP	
OB COMPLETE PREMIER 1 MG-1 MG-2 MG-3.4 MG-10 MG-10 MG-10 MG-15 MCG-15 MG-20 MG-20 UNIT-30 MG-100 MG-120 MG-800 UNIT-2100 UNIT	NP		PNV TABS 20-1 0.15 MG-0.28 MG-1 MG-4.5 MG-10 MCG-13 MCG-20 MG-25 MG-26 MG-60 MG-80 MG-300 MCG	NP	
OB COMPLETE/DHA 1 MG-1 MG-2 MG-3.4 MG-10 MG-15 MCG-25 MG-30 MG-30 UNIT-125 MG-200 MG-1000 UNIT	NP		PNV TABS 29-1 1 MG-3 MG-3 MG-3 MG-3 MG-7 MG-8 MCG-15 MG-20 MG-29 MG-30 MCG-30 UNIT-100 MG-120 MG-150 MCG-200 MG-400 UNIT-4000 UNIT	P	
OBSTETRIX DHA 1 MG-3 MG-3.4 MG-12 MCG-18 UNIT-20 MG-25 MG-29 MG-30 MG-40 MG-50 MG-65 MCG-100 MG-120 MG-250 MG-387 MG-400 UNIT-2700 UNIT	NP		PNV-DHA+DOCUSATE 1.25 MG-25 MG-27 MG-28 MG-30 UNIT-55 MG-160 MG-300 MG-400 UNIT	NP	
OBSTETRIX EC TABS 1 MG-3 MG-3.4 MG-12 MCG-18 UNIT-20 MG-25 MG-29 MG-30 MG-40 MG-50 MG-65 MCG-120 MG-400 UNIT-2700 UNIT	NP	RX/OTC	PNV-OMEGA 28 MG-10 UNIT-12 MCG-25 MG-40 MG-45 MG-85 MG-140 MG-150 MCG-200 UNIT-250 MCG-300 MG-400 MCG-600 MCG	NP	
OBTREX DHA MISC	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREGEN DHA CAPS 2 MG-1 MG-1.7 MG-2 MG-2.5 MG-8 MCG-10 MCG-10 MG-15 MG-20 MG-20.1 MG-28 MG-35 MG-50 MG-60 MG-150 MCG-200 MG-200 MG-300 MCG-600 MCG-600 MCG	NP		PRENATABS FA TABS 1 MG-3 MG-3 MG-3 MG-8 MCG-3 MG-3 MG-3 MG-8 MCG-10 MCG-13.5 MG-15 MG-15 MG-20 MG-20 MG-29 MG-29 MG-30 UNIT-120 MG-120 MG-150 MCG-150 MCG-200 MG-200 MG-400 UNIT-1000 MCG-1200 MCG-4000 UNIT	NP	RX/OTC
PREGENNA 0.15 MG-0.28 MG-1 MG-4.5 MG-10 MCG-13 MCG-20 MG-25 MG-26 MG-60 MG-80 MG-300 MCG	NP		PRENATAL TABS	NP	
PRENA 1 TRUE 1.4 MG-2 MG-3 MG-3.4 MG-10 MG-12 MCG-15 MG-20 MG-25 MG-30 MG-30 UNIT-60 MG-150 MCG-150 MG-300 MCG-300 MG-600 UNIT	NP		PRENATAL TABS	P	RX/OTC
PRENA1 CHEW 1.4 MG-1.7 MG-2 MG-8 MCG-400 UNIT	NP		PRENATAL + COMPLETE MULTI/DHA/CHOLINE/FO LATE 0.566 MG-0.667 MG-0.833 MG-1.25 MG-3.33 MCG-3.33 MG-5.33 MCG-6.667 MG-10 UNIT-20 MG-35 MG-100 MCG-250 MG-266.667 MCG-321 MG-333.33 UNIT-373 MG-1333.33 UNIT	NP	
PRENA1 PEARL 7.5 MG-1.4 MG-1.7 MG-2 MG-8 MCG-10 MG-20 MG-25 MG-30 MG-30 MG-30 UNIT-150 MCG-200 MG-300 MCG-400 UNIT	NP		PRENATAL 19 CHEW 7 MG-1 MG-3 MG-3 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	NP	
PRENAISSANCE 1.25 MG-25 MG-28 MG-29 MG-30 UNIT-55 MG-160 MG-325 MG-800 UNIT	NP		PRENATAL 19 TABS 7 MG-1 MG-3 MG-3 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	NP	RX/OTC
PRENAISSANCE PLUS CAPS 1 MG-25 MG-28 MG-30 UNIT-50 MG-100 MG-250 MG-400 UNIT	NP		PRENATAL AND IRON TABS 1 MG-1.7 MG-2 MG-4 MG-7.5 MG-20 MG-30 UNIT-45 MG-60 MG-100 MG-100 MG-150 MCG-400 UNIT-800 MCG-8000 UNIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRENATAL COMPLETE TABS 0.9 MG-1 MG-1 MG-5 MCG-9 MG-10 MG-12.5 MG-14 MG-15 UNIT-60 MG-75 MCG-150 MG-200 UNIT-400 MCG-2300 UNIT	NP		PRENATAL MULTIVITAMIN + DHA MISC 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-200 MG-400 UNIT-800 MCG-4000 UNIT	NP	
PRENATAL FORMULA CAPS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-35 MG-120 MG-200 MG-200 MG-400 UNIT-800 MCG-4000 UNIT	NP		PRENATAL MULTIVITAMIN PLUS DHA CAPS 1.5 MG-1.7 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-38 MG-60 MG-250 MG-400 UNIT-800 MCG-4000 UNIT	NP	
PRENATAL FORMULA A-FREE TABS 0.1 MG-0.1 MG-1 MG-2 MCG-2 MG-2 MG-5 MG-7.5 MG-9 MG-10 MCG-10 MG-10 UNIT-33.333 MG-33.333 MG-133.333 UNIT-266.667 MCG-333.333 MG	NP		PRENATAL ONE DAILY TABS 2 MG-2 MG-2 MG-3 MG-3 MG-10 MCG-10 MG-15 MG-15 UNIT-20 MG-27 MG-60 MG-100 MCG-100 MG-200 MG-400 UNIT-800 MCG-2000 UNIT	NP	
PRENATAL GUMMIES/DHA & FOLIC ACID 1.25 MG-1.9 MG-4 MCG-5 MG-7.5 UNIT-10 MG-15 MG-25 MG-32.5 MG-200 UNIT-400 MCG-2000 UNIT	NP		PRENATAL PLUS IRON 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-29 MG-120 MG-200 MG-400 UNIT-4000 UNIT	NP	
PRENATAL MULTI + DHA CAPS	NP		PRENATAL PLUS VITAMIN AND MINERAL TABS 1.84 MG-3 MG-9.9 MG-10 MCG-10 MG-20 MG-1 MG-2 MG-12 MCG-25 MG-27 MG-120 MG-200 MG-1200 MCG	NP	RX/OTC
PRENATAL MULTI +DHA CAPS 1.5 MG-1.7 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-28 MG-100 MG-150 MG-200 MG-228 MG-400 UNIT-800 MCG-4000 UNIT	NP		<i>prenatal vit w/ ferrous fumarate-folic acid tabs</i>	NP	
PRENATAL MULTIVITAMIN TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT	NP		<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid 2 mg-3 mg-3.4 mg-6 mg-10 unit-12 mcg-15 mg-20 mg-20 mg-27 mg-30 mg-80 mg-120 mg-150 mcg-300 mcg-400 mcg-400 unit-600 mcg-2500 unit</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>prenatal vit w/ iron carbonyl-folic acid</i>	NP		<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha 10 unit-12 mcg-25 mg-27 mg-45 mg-85 mg-140 mg-200 unit-300 mg-400 mcg-600 mcg</i>	NP	
PRENATAL VITAMIN TABS 1 MG-2 MCG-2 MG-3 MG-10 MCG-10 MG-27 MG-50 MCG-50 MG-88 MCG-150 MCG-150 MCG-300 MG-400 UNIT-800 MCG-835 MCG-4000 UNIT	NP		PRENATAL+DHA MISC 2 MG-2 MG-4 MG-5.2 MG-12 MCG-20 MG-25 MG-25 MG-28 MG-30 UNIT-120 MG-150 MCG-200 MG-200 MG-400 UNIT-975 MCG-4000 UNIT	NP	
PRENATAL VITAMIN & MINERAL TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT	NP		PRENATAL-U CAPS 0.8 MG-1 MG-1.3 MG-5 MG-6 MG-10 MG-15 MCG-30 MG-106.5 MG-200 MG-10 MG	NP	
PRENATAL VITAMIN/IRON TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT	NP		PRENATE 10 MG-25 MG-50 MG-125 MCG-250 MCG-280 MCG-300 UNIT-400 MCG-500 MG-600 MCG	NP	
PRENATAL VITAMINS TABS	NP		PRENATE AM 12 MCG-25 MG-75 MG-200 MG-400 MCG-500 MG-600 MCG	NP	
PRENATAL VITAMINS AND MINERALS/DHA CAPS 1.7 MG-1.7 MG-2.6 MG-4.5 MG-8 MCG-11 MG-20 MG-25 MCG-27 MG-30.5 MG-60 MG-100 MCG-100 MG-200 MG-556 MG-800 MCG-1200 MCG	NP		PRENATE DHA 10 UNIT-13 MCG-18 MG-26 MG-40 MG-50 MG-90 MG-150 MCG-155 MG-220 UNIT-280 MCG-300 MG-400 MCG-600 MCG, 18 MG-25 MCG-26 MG-40 UNIT-50 MG-90 MG-155 MG-300 MG-400 MCG-400 UNIT-600 MCG, 5 MG-5 MG-10 MG-10 UNIT-13 MCG-30 MG-75 MCG-150 MCG-200 MG-400 MCG-500 UNIT-600 MCG	NP	
PRENATAL VITAMINS PLUS LOW IRON TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 MG-25 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT	P	RX/OTC	PRENATE ELITE 1.5 MG-3 MG-3.5 MG-13 MCG-15 MG-20 MG-21 MG-21 MG-25 MG-40 UNIT-75 MG-150 MCG-155 MG-330 MCG-400 MCG-600 MCG-600 UNIT-2600 UNIT	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRENATE ENHANCE 10 UNIT-12 MCG-25 MG-28 MG-50 MG-85 MG-150 MCG-155 MG-400 MCG-400 MG-500 MCG-600 MCG-1000 UNIT	NP		PRETAB TABS 1 MG-3 MG-3 MG-3 MG-8 MCG-15 MG-20 MG-29 MG-30 UNIT-120 MG-150 MCG-200 MG-400 UNIT-4000 UNIT	P	RX/OTC
PRENATE ESSENTIAL	NP		PRIMACARE 1 MG-1.5 MG-10 MG-15 MG-15 UNIT-25 MG-30 MG-50 MG-50 MG-50 MG-100 MG-120 MG-150 MCG-250 MCG-300 MG-750 MCG-1000 UNIT	NP	
PRENATE MINI 10 UNIT-13 MCG-18 MG-25 MG-25 MG-26 MG-60 MG-80 MG-150 MCG-280 MCG-350 MG-400 MCG-600 MCG-1000 UNIT	NP		PROVIDA OB 1 MG-1.25 MG-2.5 MG-3.5 MG-6 MG-10 MG-10 MG-12 MCG-20 MG-20 MG-20 MG-25 MG-30 MG-60 MG-300 MCG-400 UNIT	NP	
PRENATE PIXIE 5 MG-5 MG-10 MG-10 UNIT-13 MCG-30 MG-75 MCG-150 MCG-200 MG-400 MCG-500 UNIT-600 MCG	NP		RA PRENATAL TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT	NP	
PRENATE RESTORE 10 MG-10 UNIT-12 MCG-25 MG-27 MG-45 MG-85 MG-155 MG-400 MCG-400 MG-500 MCG-600 MCG-1000 UNIT	NP		SELECT-OB CHEW 0.4 MG-0.6 MG-1.6 MG-1.8 MG-2.5 MG-5 MCG-15 MG-15 MG-25 MG-29 MG-30 UNIT-60 MG-400 UNIT-1700 UNIT	NP	
PRENATRIX TABS 1.3 MG-2.6 MG-3 MG-3.4 MG-10 MCG-20 MCG-20 MG-25 MG-27 MG-30 MG-45 MCG-50 MCG-50 MG-55 MG-70 MCG-120 MG-150 MCG-200 MG-200 MG-1000 MCG-1720 MCG	NP	RX/OTC	SELECT-OB+DHA MISC 1 MG-1.6 MG-1.8 MG-2.5 MG-5 MCG-15 MG-15 MG-20 MG-25 MG-29 MG-30 UNIT-60 MG-250 MG-400 UNIT-1700 UNIT	NP	
PRENATRYL TABS 2.6 MG-3 MG-3.4 MG-10 MCG-20 MCG-20 MG-25 MG-27 MG-30 MG-45 MCG-50 MCG-50 MG-55 MG-70 MCG-120 MG-150 MCG-200 MG-200 MG-1000 MCG-1500 MCG	NP	RX/OTC	SE-NATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	P	
PREPLUS TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SE-NATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	P	RX/OTC	THERANATAL CORE NUTRITION TABS 1 MG-1.5 MG-1.7 MG-2 MG-6 MG-12 MCG-12 MG-15 MG-20 MG-27 MG-30 MCG-30 MCG-30 UNIT-50 MCG-50 MG-50 MG-70 MCG-100 MG-140 MG-220 MCG-2000 UNIT-3000 UNIT	NP	RX/OTC
SM ONE DAILY PRENATAL MISC 1.7 MG-2 MG-2 MG-2.5 MG-8 MCG-10 MG-20 MG-28 MG-30 UNIT-50 MG-60 MG-150 MCG-200 MG-240 MG-300 MCG-300 MG-400 UNIT-440 MG-800 MCG-4000 UNIT-15 MG	NP		THERANATAL ONE CAPS 2.6 MCG-1.4 MG-1.4 MG-1.9 MG-15 MG-27 MG-30 MG-30 UNIT-220 MCG-300 MG-1000 MCG-2000 UNIT	NP	
SM PRENATAL VITAMINS TABS 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT	NP		THERANATAL OVAVITE 1 MG-2 MG-5 MG-5 MG-6 MG-12 MCG-15 MG-18 MG-20 MG-30 MCG-30 MCG-30 MG-30 UNIT-50 MCG-50 MG-70 MCG-90 MCG-100 MG-100 MG-125 MG-140 MG-220 MCG-2000 UNIT-3000 UNIT	NP	
TARON-C DHA 2 MG-5 MG-5 MG-1 MG-2 MG-3 MG-10 MG-12.5 MCG-25 MG-25 MG-35 MG-39 MG-156 MG-200 MG-300 MCG	NP		THRIVITE RX 3 MG-1 MG-3 MG-3 MG-3 MG-7 MG-8 MCG-15 MG-20 MG-29 MG-30 MCG-30 UNIT-100 MG-120 MG-150 MCG-200 MG-400 UNIT-4000 UNIT	P	
TARON-PREX 1.2 MG-25 MG-25 MG-30 MG-30 UNIT-55 MG-160 MG-170 UNIT-265 MG	NP		TRICARE TABS 1 MG-1.6 MG-1.6 MG-2 MG-3.1 MG-10 MCG-10 MG-12 MCG-20 MG-27 MG-30 UNIT-100 MG-200 MG	NP	RX/OTC
THERANATAL COMPLETE MISC 1 MG-1.5 MG-1.7 MG-2 MG-6 MG-12 MCG-15 MG-20 MG-27 MG-30 MCG-30 MCG-30 UNIT-50 MCG-50 MG-70 MCG-100 MG-140 MG-200 MG-220 MCG-300 MG-3000 UNIT-3000 UNIT	NP		TRINATAL RX 1 TABS 1 MG-1.5 MG-1.6 MG-2.5 MCG-3 MG-4 MG-7 MG-15 UNIT-17 MG-25 MG-30 MCG-60 MG-80 MG-100 MG-200 MG-400 UNIT-400 UNIT-3600 UNIT	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRINAZ TABS 1 MG-1.4 MG-1.6 MG-2.5 MG-12 MG-30 MCG-125 MG-150 MCG-200 MG-500 UNIT	NP		VIRT-PN DHA 10 UNIT-12 MCG-25 MG-27 MG-45 MG-85 MG-140 MG-200 UNIT-300 MG-330 MG-400 MCG-600 MCG	NP	
TRISTART DHA 1.3 MG-1.8 MG-5 MG-14 MCG-15 MG-15 UNIT-30 MG-31 MG-35 MG-55 MG-200 MCG-200 MG-400 MCG-600 MCG-1000 UNIT	NP		VIRT-PN PLUS 10 UNIT-12 MCG-25 MG-28 MG-40 MG-45 MG-85 MG-140 MG-150 MCG-200 UNIT-250 MCG-300 MG-340 MG-400 MCG-600 MCG	NP	
TRIVEEN-DUO DHA 4 MG-1 MG-1.8 MG-2 MG-10 MCG-12 MCG-15 MG-20 MG-25 MG-25 MG-25 MG-25 MG-29 MG-120 MG-200 MG-275 MG-900 MCG	P		VITAFOL FE+ 0.4 MG-0.6 MG-1.6 MG-1.8 MG-2 MG-2.5 MG-15 MG-20 MG-20 UNIT-25 MCG-25 MG-60 MG-90 MG-150 MCG-200 MG-415 MG-1000 UNIT-1100 UNIT	NP	
ULTRA PRENATAL + DHA CAPS 1.7 MG-1.7 MG-2.6 MG-4.5 MG-8 MCG-11 MG-20 MG-25 MCG-27 MG-30.5 MG-60 MG-100 MCG-100 MG-200 MG-556 MG-800 MCG-1200 MCG	NP		VITAFOL GUMMIES 0.333 MG-0.833 MG-2.667 MG-3.33 MG-3.333 MG-5 MG-5 UNIT-5.1 MG-10 MG-25 MG-34.8 MG-50 MCG-333.333 UNIT-366.667 MG	NP	
VINATE DHA RF 1 MG-1.13 MG-1.4 MG-1.4 MG-5 MCG-15 MG-18 MG-25 MG-27 MG-60 MCG-60 MG-85 MG-110 MG-220 MCG	NP		VITAFOL ULTRA 0.4 MG-0.6 MG-1.6 MG-1.8 MG-2 MG-2.5 MG-12 MCG-15 MG-20 MG-20 UNIT-25 MG-29 MG-30 MG-150 MCG-200 MG-415 MG-1000 UNIT-1100 UNIT	NP	
VIRT-C DHA 1 MG-1.8 MG-2 MG-2 MG-3 MG-5 MG-5 MG-10 MG-12.5 MCG-25 MG-25 MG-38 MG-39 MG-53.5 MG-156 MG-200 MG-300 MCG-310 MG	P		VITAFOL-NANO 0.4 MG-0.6 MG-2.5 MG-12 MCG-18 MG-25 MCG-150 MCG	NP	
VIRT-NATE DHA CAPS 1 MG-1 MG-3 MG-3 MG-15 MCG-20 MG-20 MG-28 MG-30 MG-30 UNIT-100 MG-200 MG-400 UNIT	NP		VITAFOL-OB TABS 2 MG-1 MG-1.6 MG-1.8 MG-2.5 MG-12 MCG-18 MG-25 MG-25 MG-30 UNIT-65 MG-70 MG-100 MG-400 UNIT-2700 UNIT	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VITAFOL-OB+DHA MISC 1 MG-1.6 MG-1.8 MG-2 MG-2.5 MG-12 MCG-18 MG-20 MG-25 MG-25 MG- 30 UNIT-65 MG-70 MG- 100 MG-250 MG-400 UNIT-2700 UNIT	NP		WESCAP-PN DHA 0.4 MG-0.6 MG-5 MCG-6.7 MG-12 MCG-25 MG-27 MG-45 MG-85 MG-140 MG-300 MG	NP	
VITAFOL-ONE CAPS 1 MG-1.6 MG-1.8 MG-2 MG- 2.5 MG-12 MCG-15 MG- 20 MG-20 UNIT-25 MG-29 MG-30 MG-150 MCG-200 MG-1000 UNIT-1100 UNIT	NP		WESNATE DHA CAPS 1 MG-1 MG-3 MG-3 MG-10 MCG-15 MCG-20 MG-20 MG-20.1 MG-28 MG-30 MG-100 MG-200 MG	NP	
VITAMEDMD ONE RX/QUATREFOLIC 1.5 MG-1.7 MG-7.5 MG-8 MCG-10 MG-20 MG-21 UNIT-25 MG-30 MG-60 MG-200 MG-300 MCG- 400 MCG-400 UNIT-600 MCG	NP		WESTAB PLUS TABS 1 MG-1.84 MG-2 MG-3 MG- 9.9 MG-10 MCG-10 MG- 12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	P	RX/OTC
VITAMEDMD REDICHEW RX 1.4 MG-1.7 MG-2 MG- 8 MCG-400 UNIT	NP		WESTGEL DHA 1.3 MG- 1.8 MG-5 MG-10 MG-14 MCG-15 MG-25 MCG-30 MG-31 MG-35 MG-55 MG- 200 MCG-200 MG-400 MCG-600 MCG	NP	
VITAPEARL 1.4 MG-1.7 MG-2 MG-7.5 MG-8 MCG- 10 MG-20 MG-25 MG-30 MG-30 MG-30 UNIT-150 MCG-200 MG-300 MCG- 400 UNIT	NP		ZALVIT TABS 1 MG-1.4 MG-2.5 MG-13 MG-125 MG-150 MCG-200 MG- 500 UNIT-1000 MCG	NP	
VITATRUE 3.4 MG-1.4 MG-2 MG-3 MG-10 MG-12 MCG-15 MG-20 MG-25 MG-30 MG-30 UNIT-60 MG-150 MCG-150 MG- 300 MCG-300 MG-600 UNIT	NP		ZATEAN-PN DHA 10 UNIT-12 MCG-25 MG-27 MG-45 MG-85 MG-140 MG-200 UNIT-300 MG- 400 MCG-600 MCG	NP	
VP-PNV-DHA CAPS 6 MG-1 MG-1 MG-2.2 MG- 12 MCG-15.8 MG-16 MG- 20 MG-20 MG-28 MG-30 MG-30 UNIT-50 MG-80 MG-200 MG-400 UNIT- 2500 UNIT	P		ZATEAN-PN PLUS 10 UNIT-12 MCG-25 MG-28 MG-40 MG-45 MG-85 MG- 140 MG-150 MCG-200 UNIT-250 MCG-300 MG- 340 MG-400 MCG-600 MCG	NP	
Specialty Vitamins Products					
			ADRENAL MANAGER CAPS 0.5 MG-1 MG-2.5 MG-5 MG-7.5 MG-7.5 MG- 10 MG-12.5 MG-12.5 MG- 22.5 MG-25 MCG-25 MG- 52.5 MG-87.5 MG-87.5 MG-112.5 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADRENAL STRESS CALM TABS 1 MG-5 MG-12 MG-20 MG-60 MG-80 MG-80 MG-150 MG	P	RX/OTC	CENTRUM PERFORMANCE TABS 0.9 MG-4 MG-4 MG-4.5 MG-5 MCG-5.1 MG-6 MG-10 MCG-10 MCG-11 MG-12 MG-18 MCG-18 MG-25 MCG-40 MG-40 MG-48 MG-50 MCG-50 MG-60 MCG-60 UNIT-70 MCG-72 MG-75 MCG-80 MG-100 MG-120 MCG-120 MG-150 MCG-400 MCG-400 UNIT-3500 UNIT	P	RX/OTC
ADRENALIV CAPS 15 MG-50 MG-50 MG-50 MG-50 MG-75 MG-125 MG-125 MG-150 MG	P	RX/OTC	CENTRUM SPECIALIST ENERGY TABS 4.5 MG-0.9 MG-4 MG-4 MG-5 MCG-5.1 MG-6 MG-10 MCG-10 MCG-11 MG-12 MG-18 MCG-18 MG-25 MCG-40 MG-40 MG-48 MG-50 MCG-50 MG-60 MCG-60 UNIT-70 MCG-72 MG-75 MCG-80 MG-100 MG-120 MCG-120 MG-150 MCG-400 MCG-400 UNIT-3500 UNIT	P	RX/OTC
ADRENOID CAPS 1 MG-4 MG-15 MG-25 MCG-25 MG-50 MCG-75 MCG-100 MCG-100 MCG-100 MG-100 MG-120 MG-150 MG	P	RX/OTC	CHOLASE CONTROL CAPS 25 MG-5 MG-25 MG-25 MG-50 MG-100 MG	P	RX/OTC
ALLERWELL ALLERGY FORMULA TABS 0.12 MG-1 MG-1.5 MG-2 MG-3 MG-3 MG-4.5 MG-5 MG-15 MG-15 MG-18 MCG-25 MG-25 MG-25 MG-25 MG-40 MG-40 MG-40 MG-80 MG-90 MG-90 MG-120 MG-200 MG	P	RX/OTC	COLLAGEN ULTRA CAPS 1 MG-2 MG-3 MG-7.5 MG-12.5 MG-12.5 MG-30 MG-30 UNIT-50 MG-50 MG-75 MCG-100 MG-112.5 MG-362.5 MG-1250 MCG	P	RX/OTC
BILBERRY PLUS CAPS 2 MG-25 MG-40 MCG-50 UNIT-60 MG-6000 UNIT	P	RX/OTC	CVS HAIR/SKIN/NAI LS TABS 2.5 MG-0.5 MG-0.75 MG-0.85 MG-6.25 MG-7.5 MG-10 MG-30 UNIT-50 MG-50 MG-60 MG-100 MCG-100 MG-250 MCG-500 UNIT-1500 MCG-2500 UNIT	P	RX/OTC
BIOTIN PLUS KERATIN TABS 100 MG-10000 MCG	P	RX/OTC	ELON MATRIX 5000 TABS 50 MG-100 MG-5000 MCG	P	RX/OTC
BRAIN MIGHT/DHA & CO Q10 TABS 1 MG-1.6 MCG-1.6 MG-3.3 MG-10 MG-10 MG-100 MG-100 MG-111 MG-111 MG-140 MG-334 MCG-334 MCG	P	RX/OTC			
CARDIOPRESS CAPS 2.5 MG-5 MG-15 MG-15 MG-15 MG-25 MG-60 MG-100 MCG-100 MCG-100 MG-125 MG-150 MG-175 MG	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELON MATRIX PLUS TABS 50 MG-100 MG-3000 MCG	P	RX/OTC	HEALTHY HEART COMPLEX TABS 800 MCG-100 MG-100 MG-200 MCG	P	RX/OTC
ELON MATRIX 5000 COMPLETE TABS 1.7 MG-8.3 MG-10 MG-15 MG-33 MCG-33 MG-33 MG-33 UNIT-50 MG-50 MG-100 MG-100 MG-200 MG-250 MCG-333 UNIT-1666 UNIT-5000 MCG	P	RX/OTC	HEART SAVIOR CAPS 5 MG-15 MG-25 MG-25 MG-50 MCG-200 MG-250 MG	P	RX/OTC
ELON MATRIX COMPLETE TABS 1.7 MG-8.3 MG-10 MG-15 MG-33 MCG-33 MG-33 MG-33 UNIT-50 MG-50 MG-100 MG-100 MG-200 MG-250 MCG-333 UNIT-1666 UNIT-3000 MCG	P	RX/OTC	HEART TABS TABS 1 MG-1 MG-3 MCG-3 MG-5 MG-15 MCG-20 MCG-25 MG-25 MG-25 MG-50 MCG-50 MG-50 MG-50 MG-95 UNIT-100 MCG-100 MG-100 MG-200 UNIT-250 UNIT-500 MCG-1250 UNIT-2000 MCG	P	RX/OTC
ELON R3 TABS 25 MG-100 MG-2500 MCG	P	RX/OTC	IMMUNERX CAPS 0.25 MG-7.5 MG-16.75 MG-25 MCG-25 MG-30 MCG-30 MG-31.25 MCG-31.25 MG-62.5 MG-62.5 MG-100 MG-125 MG-250 MCG-750 MCG	P	RX/OTC
FEMQUIL CAPS 2.25 MG-6.25 MG-7.5 MG-10 MG-12.5 MG-12.5 MG-12.5 MG-25 MG-25 MG-25 MG-25 MG-30 MG-100 MCG-170 MCG	P	RX/OTC	IMMUNICARE CAPS 1 MG-10 MCG-10 MG-10 MG-10 MG-10 MG-15 MG-15 UNIT-25 MG-25 MG-25 MG-50 MG-50 MG-50 MG-50 MG-100 MG-100 MG-150 MG	P	RX/OTC
GLYCOTROL CAPS 3.5 MG-200 MCG	P	RX/OTC	INULOSE BLOOD SUGAR SUPPORT CAPS 1 MG-1 MG-7.5 MG-10 MG-15 UNIT-25 MG-25 MG-25 MG-25 MG-30 MG-50 MG-50 MG-50 MG-50 MG-50 MG-50 MG-50 MG-67 MCG-125 MG-300 MCG	P	RX/OTC
GLYCOTROL COMPLETE CAPS 3 MG-3.5 MG-100 MCG-100 MCG-100 MCG-200 MCG	P	RX/OTC	LIPIDSHIELD PLUS TABS	P	RX/OTC
HAIR FARE TABS 1 MG-4.5 MG-4.5 MG-5 MCG-5 MG-10 MG-30 MG-35 MG-100 MG-100 MG-100 MG-100 MG-125 MG-150 MCG-150 MCG-400 MCG	P	RX/OTC	LIPOTRIAD VISION SUPPORT CAPS 1.5 MG-10 MG-12.5 MG-40 MG-50 MG-50 MG-100 MG-200 MG-12500 UNIT	P	RX/OTC
HAIR NOURISHING SUPPLEMENT TABS 6 MG-7.5 MG-10 MG-12 MG-15 MG-36.7 MG-59 MG-3000 MCG	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIPOTRIAD VISION SUPPORTPLUS CAPS 1.5 MG-10 MG-12.5 MG-40 MG-50 MG-50 MG-100 MG-100 UNIT-200 MG	P	RX/OTC	PRO HERS RX CAPS 0.25 MG-0.5 MG-0.75 MG-0.85 MG-3.75 MG-4.5 MG-5 MG-5 MG-6.25 MCG-6.25 MG-10 MCG-10 MCG-10 MG-12.5 MG-12.5 MG-12.5 MG-19.25 MCG-25 MG-25 MG-25.125 MG-30 MCG-30 MCG-30 MG-35 MCG-37.5 MCG-50 MG-125 MG-150 MCG-249.75 MCG	P	RX/OTC
LIPOTRIAD VISIONARY CAPS 2.5 MG-10 MG-17.4 MG-50 MG-100 UNIT-113 MG-125 MG-200 MG-250 MG-400 MCG	P	RX/OTC	PRO HIS RX CAPS 0.5 MG-0.75 MG-0.85 MG-2.5 MG-3.75 MG-6.25 MCG-6.25 MG-25 MG-25 MG-25 MG-25.125 MG-30 MCG-35 MCG-37.5 MCG-50 MG-100 MG-125 MCG-125 MG-150 MCG-150 MCG-192.5 MG-249.75 MCG	P	RX/OTC
MEDCAPS DPO CAPS 12.5 MG-25 MG-25 MG-46.875 MG-50 MCG-50 MG-50 MG-50 MG-62.5 MG-65.625 MG-125 MG-150 MG-170 MCG	P	RX/OTC	PRO PCOS RX CAPS 0.125 MG-0.5 MG-0.5 MG-1.25 MG-1.275 MG-2.5 MG-3.75 MG-6.25 MCG-6.25 MG-6.25 MG-10 MCG-10 MCG-14 MG-19.25 MCG-20 MG-25 MG-25 MG-25 MG-25.125 MG-30 MCG-31.25 MG-35 MCG-43.75 MG-50 MG-80 MG-100 MG-125 MCG-150 MCG-249.75 MCG	P	RX/OTC
MEDCAPS IS CAPS 2.5 MG-50 MG-50 MG-50 MG-75 MG-150 MG-500 MCG-5000 MCG	P	RX/OTC	RA EAR CARE TABS 0.333 MG-0.333 MG-1 MG-1.667 MCG-1.667 MG-3.333 MG-29 MG-100 MG-113.333 MG-113.333 MG-200 MG	P	RX/OTC
MEMORALL CAPS 1 MG-5 MG-15 MG-50 MG-60 MG-100 MCG-100 MCG-100 MG-170 MCG-250 MG	P	RX/OTC	RETAIN E VISION CAPS 0.5 MG-0.5 MG-2.5 MG-5 MG-12.5 MG-20 MG-100 MG-125 MG	P	RX/OTC
METHYL PROTECT CAPS 10 MG-25 MG-500 MG-1000 MCG-2000 MCG	P	RX/OTC			
METHYL-GUARD CAPS 600 MG-0.4 MG-0.4 MG-6.8 MG	P	RX/OTC			
METHYL-GUARD PLUS CAPS 1 MG-1 MG-15 MG-30 MG-600 MG	P	RX/OTC			
MG PLUS PROTEIN TABS 133 MG	P	RX/OTC			
MIL ADREGEN TABS 10 MG-25 MG-50 MG-50 MG-50 MG-60 MG-250 MG-250 MG	P	RX/OTC			
MM BIOTIN/KERATIN CAPS 9 MG-60 MG-100 MG-10000 MCG	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>specialty vitamins products tabs 1 mg-1 mg-1 mg-1.67 mg-1.67 mg-1.67 mg-1.67 mg-2.5 mg-2.67 mcg-4.167 mcg-4.167 mg-5 mg-5 unit-8.333 mg-8.333 mg-8.333 mg-8.333 mg-10 mg-10 mg-25 mg-33.333 mg-33.333 unit-37.5 mcg-40 mg-50 mg-66.67 mcg-237 mg-1666.67 unit</i>	P	RX/OTC	CRANBERRY URINARY COMFORT 3 UNIT-100 MG	P	
SUPPORT-500 CAPS	P	RX/OTC	E-400/SELENIUM CAPS 50 MCG-400 UNIT	P	
SYNERTROPIN CAPS 50 MG-50 MG-50 MG-100 MG-150 MG-150 MG-200 MG	P	RX/OTC	ECEE PLUS TABS 70 MG-80 MG-100 MG-165 UNIT	P	
THERABETIC EYE HEALTH TABS 2 MG-10 MG-50 MG-100 MG-100 MG-2000 MCG	P	RX/OTC	<i>niacin w/ inositol 100 mg-400 mg</i>	P	
UPSPRING HE NATAL TABS 0.166 MG-8.333 MG-22.333 MG-23.333 MCG-33.333 MCG-83.333 MG-233.333 MG-266.666 MCG-697 MCG	P	RX/OTC	NORWEGIAN COD LIVER OIL OIL	P	RX/OTC
VISTA ADVANCED CAROTENOIID FORMULA CAPS 3 MG-5 MG-25 MG-25 MG-220 MG	P	RX/OTC	QC COD LIVER OIL OIL	P	RX/OTC
VITAMINS FOR HAIR CAPS 2 MG-5 MG-6 MCG-18 MG-35 MG-50 MG-125 MG-125 MG-150 MCG-400 MCG-400 MCG-30 MG-15 MG	P	RX/OTC	RA COD LIVER OIL OIL 400 UNIT/5ML-4000 UNIT/5ML	P	RX/OTC
Vitamin Mixtures			<i>vitamins a & d caps 400 unit-5000 unit</i>	P	
<i>cod liver oil caps 135 unit-1250 unit</i>	P		<i>vitamins a & d w/ c 50 mg-200 unit-4000 unit</i>	P	
COD LIVER OIL OIL	P	RX/OTC	Vitamins w/ Lipotropics		
COD LIVER OIL FOR KIDS OIL 2.3 GM/2.5ML-5 UNIT/2.5ML-200 UNIT/2.5ML	P	RX/OTC	ACTIFLOVIT EAR HEALTH TABS 0.333 MG-0.333 MG-1 MG-1.666 MCG-1.666 MG-3.333 MG-29 MG-100 MG-111.333 MG-111.333 MG-200 MG	P	
			<i>vitamins w/ lipotropics tabs 0.335 mg-0.335 mg-1 mg-1.67 mcg-1.67 mg-3.34 mg-29 mg-100 mg</i>	P	
			<i>vitamins w/ lipotropics caps 50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg-100 mcg</i>	P	
			MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
			Central Muscle Relaxants		
			AMRIX CP24 (cyclobenzaprine hcl)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tabs 10 mg, 20 mg</i>	NP	
<i>baclofen tabs</i>	P	
<i>baclofen soln or 5 mg/5ml</i>	NP	
<i>carisoprodol tabs</i>	NP	PA
<i>chlorzoxazone tabs</i>	NP	
<i>cyclobenzaprine hcl tabs</i>	NP	
<i>cyclobenzaprine hcl cp24</i>	NP	
<i>cyclobenzaprine hcl tabs 5 mg, 10 mg</i>	P	
FLEQSUVY SUSP	NP	
LYVISPAH PACK	NP	
<i>metaxalone</i>	NP	
<i>methocarbamol tabs</i>	P	
<i>orphenadrine citrate tb12</i>	NP	
ROBAXIN-750 TABS (<i>methocarbamol</i>)	NP	
SKELAXIN (<i>metaxalone</i>)	NP	
SOMA TABS (<i>carisoprodol</i>)	NP	PA
<i>tizanidine hcl caps</i>	NP	
<i>tizanidine hcl tabs</i>	P	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NP	
ZANAFLEX CAPS (<i>tizanidine hcl</i>)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS (<i>dantrolene sodium</i>)	NP	
<i>dantrolene sodium caps</i>	NP	
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine 16 mg-200 mg-325 mg</i>	NP	PA
CYCLOPAK 2.5 %-2.5 %-5 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
NORGESIC FORTE 50 MG-60 MG-770 MG (<i>orphenadrine w/ aspirin & caff</i>)	NP	
Viscosupplements		
SYNVISC SOSY	P	SP
SYNVISC ONE SOSY	P	SP
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate susp 137 mcg/act-50 mcg/act</i>	NP	
DYMISTA SUSP 50 MCG/ACT-137 MCG/ACT (<i>azelastine hcl-fluticasone propionate</i>)	NP	
RYALTRIS 665 MCG/ACT-25 MCG/ACT	NP	
Nasal Agents - Misc.		
AYR NASAL DROPS SOLN	P	
DERMACINRX TICANASE PAK 2.7 %-50 MCG/ACT	NP	
ENTSOL NASAL SPRAY SOLN	P	
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	
<i>saline soln</i>	P	
SALTAIRE SOLN	P	
Nasal Antiallergy		
<i>azelastine hcl .15 %</i>	NP	RX/OTC
<i>azelastine hcl .1 %, 137 mcg/spray</i>	P	
<i>cromolyn sodium (nasal) 5.2 mg/act</i>	P	
<i>olopatadine hcl (nasal)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
PATANASE (<i>olopatadine hcl (nasal)</i>)	NP	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	P	
Nasal Steroids		
BECONASE AQ	NP	
<i>budesonide (nasal)</i>	P	
<i>flunisolide (nasal) .025 %</i>	NP	
<i>fluticasone propionate (nasal) susp</i>	P	RX/OTC
<i>fluticasone propionate (nasal) susp</i>	NP	RX/OTC
<i>mometasone furoate (nasal) susp</i>	NP	
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	NP	
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>)	NP	
NASONEX SUSP (<i>mometasone furoate (nasal)</i>)	NP	
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
<i>triamcinolone acetonide (nasal) aero</i>	NP	
<i>triamcinolone acetonide (nasal) aero</i>	P	
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
<i>epinephrine hcl (nasal)</i>	P	
<i>phenylephrine hcl (oral) tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine hcl (oral) tabs</i>	NP	
<i>pseudoephedrine hcl tb12</i>	P	
<i>pseudoephedrine hcl tabs 30 mg</i>	P	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole tabs</i>	P	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	NP	SP
NUTRIENTS		
Misc. Nutritional Substances		
KELP/LECITHIN/B-6 CAPS 5 MG-50 MG-75 MCG-200 MG	P	
<i>omega-3 fatty acids caps 3 mg-108 mg-162 mg-1000 mg</i>	NP	
Proteins		
<i>glutamine tabs</i>	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>artificial tear solution 4.5 %-1 %</i>	P	
<i>carboxymethylcellulose sodium (ophth) soln .25 %, .5 %</i>	P	
<i>carboxymethylcellulose sodium (ophth) gel</i>	P	
<i>dextran 70-hypromellose</i>	P	
<i>glycerin-hypromellose-polyethylene glycol 400 0.2 %-0.2 %-1 %</i>	P	
ISOPTO TEARS SOLN	P	
LACRISERT	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>polyethylene glycol-propylene glycol (ophth) soln</i>	P	
<i>polyvinyl alcohol 1.4 %</i>	P	
<i>propylene glycol-glycerin 0.3 %-1 %</i>	P	
PURE & GENTLE LUBRICANT SOLN	P	
<i>white petrolatum-mineral oil 15 %-83 %</i>	P	
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) soln</i>	NP	
BETOPTIC-S SUSP	NP	
<i>brimonidine tartrate-timolol maleate 0.2 %-0.5 %</i>	NP	
<i>carteolol hcl (ophth)</i>	P	
COMBIGAN 0.2 %-0.5 % (<i>brimonidine tartrate-timolol maleate</i>)	P	
COSOPT 6.8 MG/ML-22.3 MG/ML (<i>dorzolamide hcl-timolol maleate</i>)	NP	
COSOPT PF 0.5 %-2 % (<i>dorzolamide hcl-timolol maleate</i>)	NP	
<i>dorzolamide hcl-timolol maleate 0.5 %-2 %</i>	P	
<i>dorzolamide hcl-timolol maleate</i>	NP	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	P	
<i>levobunolol hcl .5 %</i>	P	
<i>timolol maleate (ophth) solg</i>	NP	
<i>timolol maleate (ophth) soln</i>	P	
<i>timolol maleate (ophth) soln</i>	NP	
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	NP	
Cholinergic Agonists		
TYRVAYA	NP	
Cycloplegic Mydriatics		
ATROPINE SULFATE SOLN 1 %	P	
<i>atropine sulfate (ophthalmic) soln</i>	P	
<i>atropine sulfate (ophthalmic) oint</i>	P	
<i>cyclopentolate hcl</i>	P	
ISOPTO ATROPINE SOLN	P	
<i>phenylephrine hcl (mydriatic) soln</i>	P	
<i>tropicamide soln</i>	P	
Miotics		
PHOSPHOLINE IODIDE	NP	
<i>pilocarpine hcl soln 1 %, 1.25 %, 2 %, 4 %</i>	NP	
<i>pilocarpine hcl soln 1 %, 2 %, 4 %</i>	P	
VUITY SOLN	NP	
Ophthalmic Adrenergic Agents		
ALPHAGAN P	P	
ALPHAGAN P (<i>brimonidine tartrate</i>)	P	
<i>apraclonidine hcl</i>	NP	
<i>brimonidine tartrate</i>	NP	
<i>brimonidine tartrate</i>	P	
IOPIDINE	NP	
LUMIFY	NP	
SIMBRINZA 0.2 %-1 %	P	
Ophthalmic Anti-infectives		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AZASITE	NP		POLYTRIM 0.1 %-10000 UNIT/ML (<i>polymyxin b-trimethoprim</i>)	NP	
BACIGUENT	NP		<i>sulfacetamide sodium (ophth) oint</i>	NP	
<i>bacitracin (ophthalmic)</i>	NP		<i>sulfacetamide sodium (ophth) soln</i>	NP	
<i>bacitracin-polymyxin b (ophth) 500 unit/gm-10000 unit/gm</i>	P		<i>tobramycin (ophth) soln</i>	P	
BESIVANCE	NP		TOBREX SOLN (<i>tobramycin (ophth)</i>)	NP	
BLEPH-10 SOLN (<i>sulfacetamide sodium (ophth)</i>)	NP		TOBREX OINT	NP	
CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>)	NP		<i>trifluridine</i>	P	
CILOXAN OINT	P		VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP	
<i>ciprofloxacin hcl (ophth) soln</i>	P		ZYMAXID (<i>gatifloxacin (ophth)</i>)	NP	
<i>erythromycin (ophth)</i>	P		Ophthalmic Decongestants		
<i>gatifloxacin (ophth)</i>	NP		<i>naphazoline w/ pheniramine 0.027 %-0.315 %</i>	NP	
<i>gentamicin sulfate (ophth) soln</i>	P		<i>naphazoline w/ pheniramine 0.025 %-0.3 %</i>	P	
<i>gentamicin sulfate (ophth) oint</i>	P		<i>naphazoline-polyethylene glycol 300 0.012 %-0.2 %</i>	P	
<i>levofloxacin (ophth) .5 %</i>	NP		<i>tetrahydrozoline hcl (ophth) .05 %</i>	P	
MOXEZA SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NP		<i>tetrahydrozoline w/ polyethylene glycol 0.05 %-1 %</i>	P	
<i>moxifloxacin hcl (ophth) soln op</i>	P		<i>tetrahydrozoline w/ zinc sulfate 0.05 %-0.25 %</i>	P	
<i>moxifloxacin hcl (ophth) soln op</i>	NP		<i>tetrahydrozoline-dextran-polyethylene glycol-povidone 0.05 %-0.1 %-1 %-1 %</i>	P	
NATACYN	NP		Ophthalmic Immunomodulators		
<i>neomycin-bacitracin zn-polymyxin 3.5 mg/gm-400 unit/gm-10000 unit/gm</i>	NP		CEQUA SOLN	NP	
<i>neomycin-polymyxin-gramicidin 0.025 mg/ml-1.75 mg/ml-10000 unit/ml</i>	NP		<i>cyclosporine (ophth) emul</i>	NP	
OCUFLOX (<i>ofloxacin (ophth)</i>)	NP		RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	P	
<i>ofloxacin (ophth)</i>	P				
<i>polymyxin b-trimethoprim 0.1 %-10000 unit/ml</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RESTASIS MULTIDOSE EMUL	NP		LOTEMAX SM GEL	NP	
Ophthalmic Integrin Antagonists			<i>loteprednol etabonate gel</i>	NP	
XIIDRA	NP		<i>loteprednol etabonate susp</i>	NP	
Ophthalmic Kinase Inhibitors			MAXIDEX SUSP OP	NP	
RHOPRESSA	P		MAXIDEX SUSP OP	P	
ROCKLATAN 0.005 %-0.02 %	P		MAXITROL OINT 0.1 %-3.5 MG/GM-10000 UNIT/GM (<i>neomycin-polymyx-dexameth</i>)	NP	
Ophthalmic Steroids			MAXITROL SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML (<i>neomycin-polymyx-dexameth</i>)	NP	
ALREX SUSP	NP		<i>neomycin-polymyx-dexameth oint 0.1 %-3.5 mg/gm-10000 unit/gm</i>	P	
<i>bacitracin-poly-neomycin-hc 1 %-3.5 mg/gm-400 unit/gm-10000 unit/gm</i>	NP		<i>neomycin-polymyx-dexameth susp 0.1 %-3.5 mg/ml-10000 unit/ml</i>	P	
BLEPHAMIDE SUSP 0.2 %-10 %	NP		<i>neomycin-polymyxin-hc (ophth) 1 %-3.5 mg/ml-10000 unit/ml</i>	P	
BLEPHAMIDE S.O.P. OINT 0.2 %-10 %	NP		OZURDEX IMPL	NP	SP
<i>dexamethasone sodium phosphate (ophth)</i>	P		PRED FORTE (<i>prednisolone acetate (ophth)</i>)	P	
DEXTENZA INST	NP	SP	PRED MILD	P	
DEXYCU SUSP IO	NP	SP	PRED-G SUSP 0.3 %-1 %	NP	
<i>difluprednate</i>	NP		PRED-G S.O.P. OINT 0.3 %-0.6 %	NP	
DUREZOL (<i>difluprednate</i>)	P		<i>prednisolone acetate (ophth)</i>	P	
EYSUVIS SUSP	NP		PREDNISOLONE SODIUM PHOSPHATE	P	
FLAREX	P		RETISERT	NP	SP
<i>fluorometholone (ophth) susp</i>	P		<i>sulfacetamide sod-prednisolone soln 0.23 %-10 %</i>	P	
FML OINT	P		TOBRADEX OINT 0.1 %-0.3 %	P	
FML FORTE SUSP	P				
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NP				
ILUVIEN	NP	SP			
INVELTYS SUSP	NP				
LOTEMAX SUSP (<i>loteprednol etabonate</i>)	P				
LOTEMAX GEL (<i>loteprednol etabonate</i>)	P				
LOTEMAX OINT	P				

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX SUSP 0.1 %-0.3 % (<i>tobramycin-dexamethasone</i>)	P	
TOBRADEX ST SUSP 0.05 %-0.3 %	NP	
<i>tobramycin-dexamethasone susp 0.1 %-0.3 %</i>	NP	
TRIESENCE	NP	SP
YUTIQ	NP	SP
ZYLET 0.3 %-0.5 %	NP	
Ophthalmics - Misc.		
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NP	
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	NP	
ACUVAIL	NP	
ALOCRIAL	NP	
ALOMIDE	NP	
<i>azelastine hcl (ophth)</i>	P	
AZOPT (<i>brinzolamide</i>)	NP	
<i>bepotastine besilate</i>	NP	
BEPREVE (<i>bepotastine besilate</i>)	NP	
<i>brinzolamide</i>	NP	
<i>bromfenac sodium (ophth)</i>	NP	
BROMSITE	NP	
<i>cromolyn sodium (ophth)</i>	P	
<i>diclofenac sodium (ophth)</i>	P	
<i>dorzolamide hcl</i>	P	
<i>epinastine hcl (ophth)</i>	NP	
<i>flurbiprofen sodium</i>	P	
ILEVRO	NP	
<i>ketorolac tromethamine (ophth)</i>	P	
<i>ketotifen fumarate (ophth) .025 %</i>	NP	
<i>ketotifen fumarate (ophth) .025 %</i>	P	

Drug Name	Drug Tier	Requirements/Limits
LASTACAFT	NP	RX/OTC
MURO 128 SOLN	P	
NEVANAC	P	
<i>olopatadine hcl</i>	P	RX/OTC
PATADAY (<i>olopatadine hcl</i>)	NP	RX/OTC
PATADAY EXTRA STRENGTH	NP	
PROLENSA	NP	
<i>sodium chloride hypertonic soln</i>	P	
<i>sodium chloride hypertonic oint</i>	P	
TRUSOPT (<i>dorzolamide hcl</i>)	NP	
ZADITOR (<i>ketotifen fumarate (ophth)</i>)	NP	
ZERVIAE	NP	
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	NP	
<i>latanoprost soln</i>	P	
<i>latanoprost soln</i>	NP	
LUMIGAN SOLN	NP	
<i>tafluprost</i>	NP	
TRAVATAN Z (<i>travoprost</i>)	P	
<i>travoprost</i>	NP	
VYZULTA	NP	
XALATAN SOLN (<i>latanoprost</i>)	NP	
XELPROS EMUL	NP	
ZIOPTAN (<i>tafluprost</i>)	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	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OTIPRIO	NP		<i>amoxicillin tabs</i>	P	
Otic Combinations			<i>amoxicillin susr</i>	P	
CIPRO HC 0.2 %-1 %	P		<i>amoxicillin caps</i>	P	
CIPRODEX 0.1 %-0.3 % (<i>ciprofloxacin-dexamethasone</i>)	P		<i>amoxicillin chew 125 mg, 250 mg</i>	P	
<i>ciprofloxacin-dexamethasone 0.1 %-0.3 %</i>	P		<i>amoxicillin caps 500 mg</i>	NP	
<i>ciprofloxacin-fluocinolone acetonide 0.025 %-0.3 %</i>	NP		<i>ampicillin caps 500 mg</i>	P	
CORTISPORIN-TC 3.3 MG/ML-0.5 MG/ML-3 MG/ML-10 MG/ML	P		Natural Penicillins		
<i>neomycin-polymyxin-hc (otic) soln 1 %-3.5 mg/ml-10000 unit/ml</i>	P		BICILLIN L-A SUSY	P	
<i>neomycin-polymyxin-hc (otic) susp 1 %-3.5 mg/ml-10000 unit/ml</i>	P		BICILLIN L-A SUSP 2400000 UNIT/4ML	P	
OTOVEL 0.025 %-0.3 % (<i>ciprofloxacin-fluocinolone acetonide</i>)	NP		PENICILLIN G PROCAINE	P	
Otic Steroids			<i>penicillin v potassium tabs</i>	P	
<i>hydrocortisone w/acetic acid 1 %-2 %</i>	NP		<i>penicillin v potassium solr</i>	P	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			Penicillin Combinations		
Oxytocics			<i>amoxicillin & pot clavulanate tabs</i>	P	
<i>methylergonovine maleate tabs</i>	P		<i>amoxicillin & pot clavulanate tabs 125 mg-250 mg, 125 mg-875 mg</i>	NP	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			<i>amoxicillin & pot clavulanate chew</i>	P	
Monoclonal Antibodies			<i>amoxicillin & pot clavulanate susr</i>	P	
SYNAGIS SOLN	P	SP	<i>amoxicillin & pot clavulanate susr 62.5 mg/5ml-250 mg/5ml</i>	NP	
PENICILLINS - Drugs to Treat Bacterial Infections			<i>amoxicillin & pot clavulanate tb12 62.5 mg-1000 mg</i>	NP	
Aminopenicillins			BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	P	
			Penicillinase-Resistant Penicillins		
			<i>dicloxacillin sodium</i>	P	
			PHARMACEUTICAL ADJUVANTS		
			Liquid Vehicles		

Drug Name	Drug Tier	Requirements/Limits
<i>bacteriostatic sodium chloride</i>	P	
CHERRY CONCENTRATE	P	RX/OTC
CHERRY SYRUP	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC
FLAVOR SWEET SYRP	P	RX/OTC
FLAVOR SWEET-SF SYRP	P	RX/OTC
GERBER GOOD START WATER	P	
GOOD START SUPREME STERILE WATER	P	
GRAPE SYRUP SYRP	P	RX/OTC
MX-SOL SYRP	P	RX/OTC
MX-SOL SF SYRP	P	RX/OTC
ORAL SUSPEND LIQD	P	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	P	RX/OTC
ORAL SYRUP SF SYRP	P	RX/OTC
ORAPENN SD ANHYDROUS SWEETENED LIQD	P	RX/OTC
ORAPENN SD ANHYDROUS UNSWEETENED LIQD	P	RX/OTC
ORA-PLUS LIQD	P	RX/OTC
ORA-SWEET SYRP	P	RX/OTC
ORA-SWEET SF SYRP	P	RX/OTC
PCCA SWEET-SF SYRP 70 %	P	RX/OTC
PCCA SYRUP VEHICLE SYRP	P	RX/OTC
SIMILAC STERILIZED WATER	P	
SOSWEET SYRP	P	RX/OTC
SYRPALTA SYRP	P	RX/OTC
SYRSPEND SF LIQD	P	RX/OTC
SYRUP VEHICLE SYRP	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SYRUP VEHICLE SF SYRP	P	RX/OTC
VERSAFREE SYRP	P	RX/OTC
VERSAPLUS SYRP	P	RX/OTC
<i>water for injection, sterile ij 0</i>	P	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>norethindrone acetate</i>)	NP	
<i>hydroxyprogesterone caproate oil</i>	P	SP; PA
MAKENA SOAJ	P	SP; PA
MAKENA OIL (<i>hydroxyprogesterone caproate</i>)	P	SP; PA
<i>medroxyprogesterone acetate 2.5 mg, 5 mg, 10 mg</i>	P	
<i>norethindrone acetate tabs</i>	P	
<i>progesterone caps</i>	P	
<i>progesterone oil</i>	P	
PROMETRIUM CAPS (<i>progesterone</i>)	NP	
PROVERA 5 MG, 10 MG (<i>medroxyprogesterone acetate</i>)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>disulfiram</i>	P	
LUCEMYRA	NP	
Anti-Cataplectic Agents		
XYWAV 40 MG/ML-96 MG/ML-130 MG/ML-234 MG/ML	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents			<i>chlordiazepoxide-amitriptyline</i>	NP	
ADLARITY PTWK	NP	PA	LYBALVI	NP	
ADUHELM	NP	SP	<i>olanzapine-fluoxetine hcl</i>	NP	
ARICEPT TABS (<i>donepezil hydrochloride</i>)	NP	PA	<i>perphenazine-amitriptyline</i>	P	
<i>donepezil hydrochloride tabs 5 mg, 10 mg</i>	P	PA	SYMBYAX (<i>olanzapine-fluoxetine hcl</i>)	NP	
<i>donepezil hydrochloride tbdp</i>	NP	PA	Fibromyalgia Agents		
<i>donepezil hydrochloride tabs</i>	NP	PA	SAVELLA TABS	NP	
EXELON (<i>rivastigmine</i>)	NP	PA	SAVELLA TITRATION PACK MISC	NP	
<i>galantamine hydrobromide cp24</i>	NP	PA	Movement Disorder Drug Therapy		
<i>galantamine hydrobromide tabs</i>	NP	PA	AUSTEDO TABS	P	SP; PA
<i>galantamine hydrobromide soln</i>	NP	PA	AUSTEDO PATIENT TITRATION KIT TBPk	P	
LEQEMBI	NP	SP	INGREZZA CPPK	P	QL(1 ea daily); SP
<i>memantine hcl cp24</i>	NP	PA	INGREZZA CAPS	P	QL(1 ea daily); SP
<i>memantine hcl tabs</i>	P	PA	<i>tetrabenazine</i>	P	SP
<i>memantine hcl soln</i>	NP	PA	XENAZINE (<i>tetrabenazine</i>)	NP	SP
NAMENDA TABS (<i>memantine hcl</i>)	NP	PA	Multiple Sclerosis Agents		
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	PA	AMPYRA (<i>dalfampridine</i>)	NP	SP; PA
NAMENDA XR CP24 (<i>memantine hcl</i>)	NP	PA	AUBAGIO	P	SP; PA
NAMENDA XR TITRATION PACK CP24	NP	PA	AVONEX PSKT	P	SP; PA
NAMZARIC CP24	NP	PA	AVONEX PEN AJKT	P	SP; PA
NAMZARIC C4PK 10 MG	NP	PA	BAFIERTAM	NP	SP; PA
RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	NP	PA	BETASERON KIT	P	SP; PA
<i>rivastigmine</i>	P	PA	COPAXONE SOSY (<i>glatiramer acetate</i>)	P	SP; PA
<i>rivastigmine tartrate caps</i>	NP	PA	<i>dalfampridine</i>	NP	SP; PA
Combination Psychotherapeutics			<i>dalfampridine</i>	P	SP; PA
			<i>dimethyl fumarate cpdr</i>	P	SP; PA
			<i>dimethyl fumarate misc</i>	P	SP; PA
			EXTAVIA KIT	NP	SP; PA
			<i>fingolimod hcl</i>	NP	SP; PA
			GILENYA (<i>fingolimod hcl</i>)	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate sosy</i>	P	SP; PA	GABACAIN 5 %-300 MG	NP	
KESIMPTA	NP	SP; PA	GRALISE TABS	NP	
LEMTRADA	NP	SP; PA	GRALISE MISC	NP	
MAVENCLAD	NP	SP; PA	LYRICA CR (<i>pregabalin (once-daily)</i>)	NP	
MAYZENT TABS	NP	SP; PA	<i>pregabalin (once-daily)</i>	NP	
MAYZENT STARTER PACK TBPK	NP	SP; PA	Premenstrual Dysphoric Disorder (PMDD) Agents		
OCREVUS	NP	SP; PA	<i>fluoxetine hcl (pmdd) tabs</i>	NP	
PLEGRIDY SOSY IM	NP	SP; PA	Pseudobulbar Affect (PBA) Agents		
PLEGRIDY SOPN	NP	SP; PA	NUDEXTA 10 MG-20 MG	P	
PLEGRIDY STARTER PACK SOPN	NP	SP; PA	Psychotherapeutic and Neurological Agents - Misc.		
PLEGRIDY STARTER PACK SOSY SC	NP	SP; PA	<i>pimozide</i>	P	
PONVORY TABS	NP	SP; PA	Restless Leg Syndrome (RLS) Agents		
PONVORY 14-DAY STARTER PACK TBPK	NP	SP; PA	HORIZANT	NP	
REBIF SOSY	P	SP; PA	Smoking Deterrents		
REBIF REBIDOSE SOAJ	P	SP; PA	<i>bupropion hcl (smoking deterrent)</i>	P	
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP; PA	<i>nicotine pt24 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</i>	P	
REBIF TITRATION PACK SOSY	P	SP; PA	<i>nicotine polacrilex gum</i>	P	
TASCENSO ODT .25 MG	NP	SP; PA	<i>nicotine polacrilex lozg</i>	P	
TASCENSO ODT .5 MG	NP	SP	NICOTINE TRANSDERMAL SYSTEM KIT	P	
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP; PA	NICOTROL INHALER INHA	P	
TECFIDERA STARTER PACK MISC (<i>dimethyl fumarate</i>)	NP	SP; PA	NICOTROL NS SOLN	P	
TYSABRI	P	SP; PA	Vasomotor Symptom Agents		
VUMERITY	NP	SP; PA	BRISDELLE (<i>paroxetine mesylate (vasomotor)</i>)	NP	
ZEPOSIA CAPS	NP	SP; PA	<i>paroxetine mesylate (vasomotor)</i>	NP	
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP; PA	RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
ZEPOSIA STARTER KIT CPPK	NP	SP; PA			
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Cystic Fibrosis Agents			<i>doxycycline hyclate tabs 50 mg, 75 mg, 150 mg</i>	NP	
BRONCHITOL	NP	SP	<i>doxycycline hyclate tabs 20 mg, 100 mg, 150 mg</i>	P	
BRONCHITOL TOLERANCE TEST	NP	SP	<i>minocycline hcl caps</i>	P	
PULMOZYME	P	SP	<i>minocycline hcl tb24</i>	NP	
TRIKAFTA 25 MG-50 MG	NP	SP	<i>minocycline hcl cp24</i>	NP	
Respiratory Agents - Misc.			<i>minocycline hcl tabs</i>	NP	
INFASURF TR 35 MG/ML-0.9 %	P		MINOLIRA TB24	NP	
SULFONAMIDES - Drugs to Treat Bacterial Infections			MORGIDOX 1X100MG 100 MG	NP	
Sulfonamides			MORGIDOX 2X100MG 100 MG	NP	
<i>sulfadiazine tabs</i>	P		SOLODYN TB24 (<i>minocycline hcl</i>)	NP	
TETRACYCLINES - Drugs to Treat Bacterial Infections			<i>tetracycline hcl caps</i>	NP	
Aminomethylcyclines			VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	NP	
NUZYRA TABS	NP		VIBRAMYCIN	NP	
Tetracyclines			VIBRAMYCIN SUSR (<i>doxycycline monohydrate</i>)	NP	
<i>demeclocycline hcl tabs</i>	NP		XIMINO CP24 (<i>minocycline hcl</i>)	NP	
DORYX TBEC (<i>doxycycline hyclate</i>)	NP		THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
DORYX MPC TBEC	NP		Antithyroid Agents		
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	P		<i>methimazole tabs</i>	P	
<i>doxycycline (monohydrate) tabs</i>	P		<i>propylthiouracil</i>	P	
<i>doxycycline (monohydrate) caps 75 mg, 150 mg</i>	NP		Thyroid Hormones		
<i>doxycycline (monohydrate) susr</i>	NP		ARMOUR THYROID TABS	P	
<i>doxycycline hyclate caps</i>	P		CYTOMEL TABS (<i>liothyronine sodium</i>)	NP	
<i>doxycycline hyclate tbec</i>	NP		ERMEZA SOLN OR	NP	
<i>doxycycline hyclate caps 100 mg</i>	NP		<i>levothyroxine sodium solr iv</i>	NP	
			<i>levothyroxine sodium tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium caps</i>	NP		DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML	P	
<i>levothyroxine sodium tabs</i>	NP		INFANRIX 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML	P	
LEVOTHYROXINE SODIUM SOLN IV	NP		KINRIX SUSP 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML	P	
LEVOTHYROXINE SODIUM SOLN IV	NP		KINRIX SUSY 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML	P	
LEVOTHYROXINE SODIUM SOLR IV (<i>levothyroxine sodium</i>)	NP		PEDIARIX SUSY 10 LFU/0.5ML-10 MCG/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML	P	
<i>liothyronine sodium soln</i>	NP		PENTACEL 48 MCG/0.5ML-5 LFU/0.5ML-15 LFU/0.5ML	P	
<i>liothyronine sodium tabs</i>	P		QUADRACEL SUSP 5 LFU/0.5ML-15 LFU/0.5ML-48 MCG/0.5ML	P	
SYNTHROID TABS (<i>levothyroxine sodium</i>)	NP		QUADRACEL SUSY 5 LFU/0.5ML-15 LFU/0.5ML-48 MCG/0.5ML	P	
THYQUIDITY SOLN OR	NP		TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML	P	
<i>thyroid tabs 15 mg, 30 mg, 60 mg, 90 mg, 120 mg, 180 mg, 240 mg, 300 mg</i>	P		TENIVAC INJ 2 LFU-5 LFU	P	
TIROSINT CAPS (<i>levothyroxine sodium</i>)	NP		TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML	P	
TIROSINT CAPS	NP		VAXELIS SUSY	P	
TIROSINT-SOL SOLN OR	NP		VAXELIS SUSP	P	
TRIOSTAT SOLN (<i>liothyronine sodium</i>)	NP		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
TOXOIDS			Antispasmodics		
Toxoid Combinations			BELLADONNA/OPIUM 16.2 MG-60 MG	P	
ADACEL SUSP 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	P		DARTISLA ODT TBDP	NP	
BOOSTRIX SUSP 2.5 LF/0.5ML-5 LF/0.5ML-18.5 MCG/0.5ML	P				
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P				
DAPTACEL 5 LF/0.5ML-15 LF/0.5ML-23 MCG/0.5ML	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl tabs</i>	P		<i>esomeprazole magnesium cpdr</i>	NP	QL(1 ea daily); RX/OTC
<i>dicyclomine hcl soln or</i>	P		<i>esomeprazole magnesium cpdr 20 mg</i>	P	QL(1 ea daily); RX/OTC
<i>dicyclomine hcl caps</i>	P		<i>lansoprazole tbdd</i>	NP	QL(2 ea daily); RX/OTC
<i>phenobarbital-hyoscyamine-atropine-scopolamine elix 0.0065 mg/5ml-16.2 mg/5ml-0.0194 mg/5ml-0.1037 mg/5ml</i>	P		<i>lansoprazole cpdr</i>	NP	QL(1 ea daily)
<i>propantheline bromide tabs</i>	P		NEXIUM PACK	P	QL(1 ea daily); AL(Up to 10 yrs old)
H-2 Antagonists			NEXIUM PACK (<i>esomeprazole magnesium</i>)	P	QL(1 ea daily); AL(Up to 10 yrs old)
<i>cimetidine tabs</i>	NP	RX/OTC	NEXIUM CPDR (<i>esomeprazole magnesium</i>)	NP	QL(1 ea daily); RX/OTC
<i>cimetidine hcl or 300 mg/5ml, 400 mg/6.67ml</i>	NP		NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	NP	QL(1 ea daily); RX/OTC
<i>famotidine susr</i>	P		NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>)	NP	QL(1 ea daily); RX/OTC
<i>famotidine tabs</i>	P		<i>omeprazole tbec</i>	NP	QL(1 ea daily)
<i>nizatidine caps</i>	P		<i>omeprazole cpdr</i>	P	QL(1 ea daily); RX/OTC
<i>nizatidine soln</i>	P		<i>omeprazole tbdd</i>	NP	QL(1 ea daily)
PEPCID TABS (<i>famotidine</i>)	NP	RX/OTC	<i>omeprazole magnesium cpdr 20.6 mg</i>	NP	QL(1 ea daily)
Misc. Anti-Ulcer			<i>omeprazole magnesium tbec</i>	NP	QL(1 ea daily)
<i>sucralfate susp</i>	P		<i>pantoprazole sodium tbec</i>	P	QL(2 ea daily)
<i>sucralfate tabs</i>	P		<i>pantoprazole sodium tbec</i>	NP	QL(2 ea daily)
Proton Pump Inhibitors			<i>pantoprazole sodium solr</i>	P	
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	NP	QL(2 ea daily)	<i>pantoprazole sodium pack</i>	NP	QL(2 ea daily); AL(Up to 10 yrs old)
ACIPHEX SPRINKLE CPSP	NP	QL(2 ea daily)	PREVACID CPDR (<i>lansoprazole</i>)	NP	QL(1 ea daily); RX/OTC
ACIPHEX SPRINKLE CPSP	NP	QL(2 ea daily)	PREVACID 24HR CPDR (<i>lansoprazole</i>)	NP	QL(1 ea daily); RX/OTC
DEXILANT (<i>dexlansoprazole</i>)	NP	QL(1 ea daily)	PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	NP	QL(2 ea daily); RX/OTC
<i>dexlansoprazole</i>	NP	QL(1 ea daily)			
ESOMEPRAZOLE KIT	NP	QL(1 ea daily)			
<i>esomeprazole magnesium tbec</i>	NP	QL(1 ea daily)			
<i>esomeprazole magnesium pack</i>	NP	QL(1 ea daily); AL(Up to 10 yrs old)			

Drug Name	Drug Tier	Requirements/Limits
PRILOSEC PACK	NP	QL(1 ea daily); AL(Up to 10 yrs old)
PRILOSEC OTC TBEC (omeprazole magnesium)	NP	QL(1 ea daily)
PROTONIX TBEC (pantoprazole sodium)	NP	QL(2 ea daily)
PROTONIX PACK (pantoprazole sodium)	P	QL(2 ea daily); AL(Up to 10 yrs old)
<i>rabeprazole sodium tbec</i>	NP	QL(2 ea daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	P	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole 30 mg-500 mg-500 mg</i>	NP	
<i>famotidine-calcium carbonate-magnesium hydroxide 10 mg-165 mg-800 mg</i>	NP	
HELIDAC THERAPY 250 MG-262.4 MG-500 MG	NP	
OMECLAMOX-PAK 20 MG-500 MG-500 MG	NP	
<i>omeprazole-sodium bicarbonate pack</i>	NP	
<i>omeprazole-sodium bicarbonate caps</i>	NP	RX/OTC
PYLERA 140 MG-125 MG-125 MG	P	
TALICIA 10 MG-12.5 MG-250 MG	NP	
ZEGERID CAPS (<i>omeprazole-sodium bicarbonate</i>)	NP	RX/OTC
ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>)	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		

Drug Name	Drug Tier	Requirements/Limits
(Anticholinergic)		
<i>darifenacin hydrobromide</i>	NP	
DETROL TABS (<i>tolterodine tartrate</i>)	NP	
DETROL LA CP24 (<i>tolterodine tartrate</i>)	NP	
DITROPAN XL TB24 (<i>oxybutynin chloride</i>)	NP	
<i>fesoterodine fumarate</i>	NP	
GELNIQUE GEL 10 %	NP	
<i>oxybutynin chloride tb24</i>	NP	
<i>oxybutynin chloride tb24</i>	P	
<i>oxybutynin chloride syrp</i>	P	
<i>oxybutynin chloride tabs</i>	P	
OXYBUTYNIN CHLORIDE SOLN	P	
OXYTROL PTTW	NP	RX/OTC
OXYTROL FOR WOMEN PTTW	NP	RX/OTC
<i>solifenacin succinate tabs</i>	P	
<i>solifenacin succinate tabs</i>	NP	
<i>tolterodine tartrate cp24</i>	NP	
<i>tolterodine tartrate tabs</i>	NP	
TOVIAZ (<i>fesoterodine fumarate</i>)	NP	
<i>tropium chloride cp24</i>	NP	
<i>tropium chloride tabs</i>	NP	
VESICARE TABS (<i>solifenacin succinate</i>)	NP	
VESICARE LS SUSP	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
MYRBETRIQ TB24	P	
MYRBETRIQ SRER	NP	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VACCINES					
Bacterial Vaccines					
ACTHIB SOLR IM	P		FLUAD QUADRIVALENT 2021-2022	P	
BEXSERO	P		FLUAD QUADRIVALENT 2022-2023	P	
HIBERIX SOLR IJ	P		FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	P	
MENACTRA	P		FLUARIX QUADRIVALENT 2020-2021 SUSY	P	
MENQUADFI	P		FLUARIX QUADRIVALENT 2021-2022 SUSY	P	
MENVEO SOLN	P		FLUARIX QUADRIVALENT 2022-2023 SUSY	P	
MENVEO SOLR	P		FLUBLOK QUADRIVALENT 2020-2021	P	
PEDVAX HIB SUSP	P		FLUBLOK QUADRIVALENT 2021-2022	P	
PNEUMOVAX 23	P		FLUBLOK QUADRIVALENT 2022-2023	P	
PNEUMOVAX 23/1 DOSE	P		FLUCELVAX QUADRIVALENT 2020-2021 SUSY	P	
PREVNAR 13	P		FLUCELVAX QUADRIVALENT 2020-2021 SUSP	P	
PREVNAR 20	P		FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P	
TRUMENBA	P		FLUCELVAX QUADRIVALENT 2021-2022 SUSY	P	
VAXNEUVANCE	P		FLUCELVAX QUADRIVALENT 2021-2022 SUSY	P	
Viral Vaccines					
AFLURIA QUADRIVALENT 2020-2021 SUSP	P		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	
AFLURIA QUADRIVALENT 2020-2021 SUSY 0	P		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	
AFLURIA QUADRIVALENT 2021-2022 SUSP	P		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	
AFLURIA QUADRIVALENT 2021-2022 SUSY 0	P		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	
AFLURIA QUADRIVALENT 2022-2023 SUSP	P		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	
AFLURIA QUADRIVALENT 2022-2023 SUSY	P		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	
ENGERIX-B SUSY	P				
ENGERIX-B SUSP	P				
FLUAD 2020-2021	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLULAVAL QUADRIVALENT 2020-2021 SUSY	P		PROQUAD SUSR	P	
FLULAVAL QUADRIVALENT 2021-2022 SUSY	P		RECOMBIVAX HB SUSP	P	
FLULAVAL QUADRIVALENT 2022-2023 SUSY	P		RECOMBIVAX HB SUSY	P	
FLUMIST QUADRIVALENT	P		ROTARIX SUSR	P	
FLUZONE HIGH-DOSE PF 2020-2021	P		ROTATEQ SOLN	P	
FLUZONE HIGH-DOSE PF 2021-2022	P		SHINGRIX	P	
FLUZONE HIGH-DOSE PF 2022-2023	P		TWINRIX SUSY 20 MCG/ML-720 ELU/ML	P	
FLUZONE QUADRIVALENT 2020-2021 SUSY	P		VAQTA	P	
FLUZONE QUADRIVALENT 2021-2022 SUSY	P		VARIVAX INJ	P	
FLUZONE QUADRIVALENT 2021-2022 SUSY	P		VAGINAL AND RELATED PRODUCTS		
FLUZONE QUADRIVALENT 2022-2023 SUSY	P		Miscellaneous Vaginal Products		
GARDASIL 9 SUSY	P		<i>benzocaine-resorcinol vaginal ex 2 %-5 %</i>	P	
GARDASIL 9 SUSP	P		VAGISIL EX 2 %-5 %	P	
HAVRIX	P		Vaginal Anti-infectives		
HEPLISAV-B SOSY	P		CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	NP	
IPOL INACTIVATED IPV	P		CLEOCIN SUPP	P	
M-M-R II SOLR	P		<i>clindamycin phosphate vaginal crea</i>	P	
PREHEVBRIO	P		CLINDESSE	P	
PRIORIX SUSR	P		<i>clotrimazole vaginal crea 1 %</i>	P	
			GYNAZOLE-1	P	
			<i>metronidazole vaginal</i>	P	
			<i>miconazole nitrate vaginal kit 0</i>	P	
			<i>miconazole nitrate vaginal supp</i>	P	
			<i>miconazole nitrate vaginal crea 2 %</i>	NP	
			<i>miconazole nitrate vaginal kit 0</i>	NP	
			<i>miconazole nitrate vaginal crea 4 %</i>	P	
			NUVESSA	P	
			<i>terconazole vaginal crea</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tioconazole vaginal 6.5 %</i>	P		VITAMIN A PALMITATE TABS	P	
VANDAZOLE	NP		VITAMIN D2 TABS 400 UNIT	P	
XACIATO GEL	NP		<i>vitamin e caps 45 mg, 90 mg, 100 unit, 180 mg, 200 unit, 268 mg, 400 unit, 450 mg, 1000 unit</i>	P	
Vaginal Estrogens			<i>vitamin e soln</i>	P	
<i>estradiol vaginal crea</i>	P		Water Soluble Vitamins		
<i>estradiol vaginal tabs</i>	P		ACEROLA C 500 WAFR	P	
Vaginal Progestins			<i>ascorbic acid chew</i>	P	
CRINONE GEL	NP		<i>ascorbic acid cpcr</i>	P	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			<i>ascorbic acid tabs</i>	P	
Anaphylaxis Therapy Agents			<i>ascorbic acid tbcr</i>	P	
AUVI-Q SOAJ	NP		ASCORBIC ACID POWD OR 500 MG/GM	P	
<i>epinephrine (anaphylaxis) soaj</i>	NP		B-1 TABS	P	
<i>epinephrine (anaphylaxis) soaj</i>	P		B-6 TABS	P	
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	NP		<i>biotin caps 5 mg, 5000 mcg</i>	P	
EPIPEN-JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	NP		<i>biotin tabs 10 mg, 300 mcg, 800 mcg, 10000 mcg</i>	P	
SYMJEPI SOSY	NP		BIOTIN TABS	P	
VITAMINS			<i>calcium ascorbate tabs</i>	P	
Oil Soluble Vitamins			CYTO C POWD OR	P	
<i>beta carotene caps 25000 unit</i>	P		<i>niacin tabs</i>	P	
<i>cholecalciferol liqd or 10 mcg/ml, 400 unit/ml</i>	P		<i>niacin tbcr 500 mg, 750 mg</i>	NP	
<i>cholecalciferol caps 125 mcg, 400 unit, 5000 unit</i>	P		<i>niacinamide tabs</i>	P	
<i>cholecalciferol tabs 400 unit</i>	P		<i>pyridoxine hcl tabs 25 mg, 50 mg, 100 mg, 250 mg, 500 mg</i>	P	
<i>ergocalciferol caps</i>	P		<i>riboflavin tabs</i>	P	
<i>ergocalciferol soln or</i>	P		SLO-NIACIN TBCR 500 MG, 750 MG (<i>niacin</i>)	NP	
<i>phytonadione tabs</i>	P		<i>thiamine hcl tabs</i>	P	
<i>vitamin a caps 3000 mcg, 8000 unit, 10000 unit</i>	P		<i>thiamine mononitrate tabs</i>	P	
			VITA-C CRYST	P	

Drug Name	Drug Tier	Requirements/ Limits
VITAMIN B-6 TR TBCR	P	
VITAMIN C TABS	P	
VITAMIN C POWD OR	P	

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1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	108	ABILIFY MYCITE STARTER KIT	42	acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	6
1ST TIER UNIFINE PENTIPS31GX8MM	108	abiraterone acetate	34	acetaminophen supp.	6
1ST TIER UNIFINE PENTIPS32GX4MM	108	ABOUTTIME PEN NEEDLE 32GX 5/32"	108	acetaminophen susp 80 mg/2.5ml, 160 mg/5ml, 650 mg/20.3ml.	6
1ST TIER UNIFINE PENTIPS32GX6MM	108	ABOUTTIME PEN NEEDLES 31G X 3/16"	108	acetaminophen tabs 325 mg, 500 mg 6	6
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	108	ABOUTTIME PEN NEEDLES 31G X 5/16"	108	acetaminophen tbc.	6
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	108	acarbose	19	acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml.	8
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	108	ACCU-CHEK AVIVA PLUS KIT	87	acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg, 60 mg- 300 mg.	8
1ST TIER UNILET COMFORTOUCH LANCETS 28G	87	ACCU-CHEK AVIVA PLUS STRP	70	acetaminophen w/ pamabrom 500 mg-25 mg.	6
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BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 8MM 109	BD INSULIN SYRINGE/U-100/1ML/29G X 1/2"110	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"110
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BREATHERITE VALVED MDI CHAMBER/RIGID DEVI.....134	budesonide (nasal)177	MCG/30ML-100 MCG/30ML-100 MG/30ML-200 MCG/30ML-200 MG/30ML-300 MCG/30ML-400 MCG/30ML-400 UNIT/30ML-500
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calcipotriene foam.....	62	calcium carbonate-mag hydrox susp 135 mg/5ml-400 mg/5ml.....	10	CAL-MAG-ZINC-D3 TABS 5 MG- 133.33 MG-200 UNIT-333.33 MG	139
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docusate sodium tabs		86	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	113
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		5		
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		5		
		ibuprofen susp 50 mg/1.25ml, 100 mg/5ml.....		
		5		
		ibuprofen tabs 200 mg, 400 mg, 600 mg, 800 mg.....		
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JANUVIA	21	KERAGELT GEL.....	70	KINRAY INSULIN SYRINGE	
JARDIANCE	23	KERENDIA	78	PREFERRED PLUS/0.3ML/31G X	
JAYPIRCA	36	KESIMPTA	185	5/16"	120
JELMYTO SOLR UL.....	35	ketconazole (topical) crea.....	60	KINRAY INSULIN SYRINGE	
JEMPERLI	33	ketconazole (topical) foam.....	60	PREFERRED PLUS/0.5ML/31G X	
JENTADUETO TABS.....	19	ketconazole (topical) sham 1 %...60		5/16"	120
JENTADUETO XR TB24.....	19	ketconazole (topical) sham 2 %...60		KINRAY INSULIN SYRINGE	
		ketconazole	25	PREFERRED PLUS/1ML/31G X	
		KETODAN KIT 2 %.....	60	5/16"	120

KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" 120	2 MG-2 MG-5 MCG-10 MCG-10 MCG-10 MCG-15 MG-20 MCG-20 MG-25 MCG-30 MCG-48 MG-72 MG-75 MCG-80 MG-100 MG-100 UNIT-120 MCG-140 MG-150 MCG- 150 MCG-250 MCG-400 MCG-400 UNIT-3000 UNIT..... 150	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" 120
KINRIX SUSP 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML..... 187	KP PRENATAL MULTIVITAMINS TABS 0.8 MG-1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT- 4000 UNIT.....163	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"120
KINRIX SUSY 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML..... 187	KP WOMENS DAILY PACK MISC 2 MG-2 MG-2 MG-5 MCG-10 MCG-10 MCG-10 MCG-15 MG-20 MCG-20 MG-25 MCG-30 MCG-48 MG-72 MG-75 MCG-80 MG-100 MG-120 MCG-150 MCG-150 MCG-250 MCG- 400 MCG-400 UNIT-3000 UNIT.. 150	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"120
KISQALI36	KROGER INSULIN SYRINGE/1ML/29G X 1/2" 120	KROGER INSULIN SYRINGE/1ML/31G X 5/16"120
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KISQALI FEMARA 400 DOSE 2.5 MG-200 MG.....36	KROGER LANCETS MICRO THIN33G97	KROGER LANCETS SUPER THIN 97
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KMART VALU PLUS INSULIN SYRINGE/1ML/30G 120	KROGER BLOOD GLUCOSE TESTSTRIPS STRP.....74	KROGER PEN NEEDLES/31G X3/16"120
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KOSHER PRENATAL PLUS IRON 0.15 MG-0.33 MG-1 MG-1.5 MG-1.5 MG-2 MG-6 MG-12 MCG-15 MG-21 MG-21 MG-25 MG-30 MG-75 MG- 175 MG-400 UNIT-3334 UNIT.... 163		
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KYLEENA	50	LANCETS	97	LEADER INSULIN	
KYMRIAH 0	34	LANCETS 30G	97	SYRINGE/0.5ML/28G X 1/2"	120
KYNMOBI FILM.....	39	LANCETS 30G TWIST TOP	97	LEADER INSULIN	
KYNMOBI TITRATION KIT KIT....	39	LANCETS 30G/TWIST TOP	97	SYRINGE/0.5ML/29G X 1/2"	120
KYPROLIS	36	LANCETS 33G EXTRA FINE	97	LEADER INSULIN	
labetalol hcl tabs.....	45	LANCETS 33G UNIVERSAL		SYRINGE/0.5ML/30G X 5/16"	120
lacosamide soln or 10 mg/ml.....	15	DESIGN	97	LEADER INSULIN	
lacosamide tabs.....	15	LANCETS MICRO THIN 33G	97	SYRINGE/0.5ML/31G X 5/16"	120
LACRISERT	177	LANCETS SUPER THIN 28G	97	LEADER INSULIN	
lactase chew 9000 unit.....	76	LANCETS THIN	97	SYRINGE/1ML/28G X 1/2"	120
lactase tabs.....	76	LANCETS ULTRA THIN	97	LEADER INSULIN	
LACTIC ACID E 10 %-3500		LANCETS ULTRA THIN 30G	97	SYRINGE/1ML/31G X 5/16"	121
UNIT/30GM.....	66	LANCING DEVICE MISC.....	97	LEADER QUICK DISSOLVE	
LACTIC ACID LOTN.....	66	LANREOTIDE ACETATE	79	GLUCOSE CHEW.....	20
lactulose (encephalopathy)	80	lansoprazole cpdr.....	188	LEADER UNIFINE PENTIPS	
lactulose soln.....	85	lansoprazole tbdd.....	188	PLUS/MINI/31GX3/16"	121
LAMICTAL ODT KIT 25 MG.....	15	lanthanum carbonate chew.....	80	LEADER UNIFINE PENTIPS	
LAMICTAL XR KIT 25 MG.....	15	LANTUS SOLN.....	22	PLUS/SHORT/31GX5/16"	121
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lamivudine tabs.....	43	LANZO MISC.....	97	PENTIPS/MINI/31GX3/16"	121
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lamotrigine kit.....	15	LATUDA	40	PENTIPS/PLUS/32GX5/32"	121
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lamotrigine tb24.....	15	DEVICE MISC.....	97	90 MG-400 MG.....	44
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MISC.....	97	SYRINGE/0.3ML/29G X 1/2"	120	lenalidomide	140
LANCET DEVICE WITH EJECTOR		LEADER INSULIN		lenalidomide 5 mg, 10 mg, 15 mg, 25	
MISC.....	97	SYRINGE/0.3ML/31G X 5/16"	120	mg.....	140
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				LENVIMA 12MG DAILY DOSE	33

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LENVIMA 24 MG DAILY DOSE ... 33	levocetirizine dihydrochloride soln. 25	lidocaine aero.....67
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mg/5ml.....15	levothyroxine sodium tabs.....186	800 MCG-5000 UNIT.....150
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NOVA SUREFLEX LANCING		FLEXPEN RELION SUPN 30	10 MG/15ML-15 MG/15ML-15	
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SB INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	125	selegiline hcl tabs	40	SERNIVO EMUL	65
SB INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	125	selenium sulfide lotn	62	SEROSTIM SC	78
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SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4 MM	126	simethicone liqd or 20 mg/0.3ml	79	SM GLUCOSE 6 MG-4 GM	20
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		SKYRIZI SOCT 360 MG/2.4ML	80		
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STERILANCE TL	104	sulfacetamide sodium w/ sulfur susp		10 MG-2 MG-3 MG-6.67 MG-10 MG-	
STIMULEN GEL.....	70	4 %-8 %	59	10 MG-25 MCG-30 UNIT-166.67	
STIOLTO RESPIMAT 2.5 MCG/ACT-		sulfacetamide sodium-sulfur in urea		MG-333.33 MG-333.33 UNIT-1000	
2.5 MCG/ACT.....	13	vehicle emul	59	MCG-1000 MCG-1000 MCG-1000	
STIVARGA	37	sulfacetamide sod-prednisolone soln		MCG	155
STRATA CTX GEL.....	67	0.23 %-10 %	180	SUPER ENZYMES TABS 10 UNIT-	
STRATA GRT GEL.....	70	sulfadiazine tabs.....	186	20 MG-45 MG-100 MG-120 UNIT-	
STRATA MARK GEL.....	67	sulfamethoxazole-trimethoprim susp		200 MG-1600 UNIT-20000 UNIT-	
STRATA XRT GEL.....	67	40 mg/5ml-200 mg/5ml.....	30	20000 UNIT-100000 UNIT-500000	
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		XPOVIO 40 MG ONCE WEEKLY .		
		XPOVIO 40 MG TWICE WEEKLY .		
		XPOVIO 60 MG ONCE WEEKLY .		
		XPOVIO 60 MG TWICE WEEKLY .		

HYDROGEL GEL.....	70	ZEPZELCA	32	zolmitriptan tabs.....	137
ZANOSAR	32	ZERVIATE	181	zolmitriptan tbdp.....	137
ZARXIO	83	ZETONNA AERS.....	177	ZOLPAK	61
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ZATEAN-PN PLUS 10 UNIT-12 MCG-25 MG-28 MG-40 MG-45 MG- 85 MG-140 MG-150 MCG-200 UNIT- 250 MCG-300 MG-340 MG-400 MCG-600 MCG.....	171	ZEVXRX INSULIN SYRINGE/0.5ML/30G X 1/2"	133	zolpidem tartrate tabs.....	84
ZEGALOGUE SOAJ.....	21	ZEVXRX INSULIN SYRINGE/0.5ML/30G X 5/16"	133	zolpidem tartrate tbc.....	84
ZEGALOGUE SOSY.....	21	ZEVXRX INSULIN SYRINGE/1ML/30G X 1/2"	133	ZOMACTON SOLR SC.....	78
ZEJULA	37	ZEVXRX PEN NEEDLES 31G X 5MM . 133		ZONISADE SUSP.....	16
ZELAPAR TBDP.....	40	ZEVXRX PEN NEEDLES 31G X 8MM . 133		zonisamide caps 25 mg, 100 mg...16	
ZELBORAF	37	ZEVXRX PEN NEEDLES 32G X 4MM . 133		zonisamide caps 50 mg.....	16
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ZENPEP CPEP.....	76	zidovudine syr.....	44	ZTALMY	16
ZENPHOR WOUND GEL GEL.....	70	zidovudine tabs.....	44	ZTLIDO PTCH.....	67
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ZEPOSIA CAPS.....	185	zileuton tb12.....	12	ZYDELIG	37
ZEPOSIA STARTER KIT CPPK..	185	ZIMHI SOSY.....	24	ZYFLO TABS.....	12
		zinc oxide (topical) oint 20 %.....	68	ZYKADIA TABS.....	37
		ziprasidone hcl	40	ZYLET 0.3 %-0.5 %.....	181
		ziprasidone mesylate	40	ZYNLONTA	33
		ZIRABEV	33	ZYPITAMAG 2 MG, 4 MG.....	27
		ZOLINZA	37	ZYPREXA RELPREVV	41
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