Comprehensive

DRUG FORMULARY LIST

Delaware First Health

Delaware First Health: Drug Formulary List

delaware first health

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 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**
AEPB	Aerosol Powder Breath Activated	*EX*	External
AERB	Aerosol, breath activated	*GRAN*	Granules
AERO	Aerosol	*IJ*	Injection
AJKT	Auto-injector Kit	*IMPL*	Implant
AUIJ	Auto-injector	*INHA*	Inhaler
CAPS	Capsule	*INJ*	Injectable
CHEW	Tablet Chewable	*IUD*	Intrauterine Device
CONC	Concentrate	*IV*	Intravenous
CP12	Capsule ER 12 HR	*LIQD*	Liquid
CP24	Capsule ER 24 HR	*LOTN*	Lotion
CPCR	Capsule ER	*LOZG*	Lozenge
CPDR	Capsule Delayed Release	*LPOP*	Lollipop
CPEP	Capsule Enteric Coated Particles	*MISC*	Miscellaneous
CPSP	Capsule Sprinkle	*NA*	Nasal
CREA	Cream	*NEBU*	Nebulization solution
CSDR	Capsule Delayed Release Sprinkle	*OINT*	Ointment
DEVI	Device	*OP*	Ophthalmic
ELIX	Elixir	*OPHT*	Ophthalmic
EMUL	Emulsion	*OR*	Oral
ENEM	Enema	*PACK*	Packet

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

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 *(amphetamine-dextroamphetamine)*	P	AL(Up to 21 yrs old)
ADDERALL TABS *(amphetamine-dextroamphetamine)*	P	QL(60 ea per 30 days retail); AL(Up to 21 yrs old)
ADZENYS ER SUER *(amphetamine)*	NP	AL(Up to 21 yrs old)
ADZENYS XR-ODT TBED	NP	AL(Up to 21 yrs old)
AMPHETAMINE ER SUER	NP	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)
amphetamine sulfate TABS 5 MG	NP	QL(60 ea per 30 days retail); AL(Up to 21 yrs old)
amphetamine-dextroamphetamine CP24	P	AL(Up to 21 yrs old)
amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG	NP	AL(Up to 21 yrs old)
amphetamine-dextroamphetamine TABS	P	QL(60 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)

Drug Name	Drug Tier	Requirements/ Limits
DESOXYN *(methamphetamine hcl)*	NP	AL(Up to 21 yrs old)
DEXEDRINE CP24 *(dextroamphetamine sulfate)*	NP	AL(Up to 21 yrs old)
dextroamphetamine sulfate CP24	P	AL(Up to 21 yrs old)
dextroamphetamine sulfate SOLN	P	AL(Up to 21 yrs old)
dextroamphetamine sulfate SOLN	NP	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)
dextroamphetamine sulfate TABS 30 MG	P	QL(60 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)
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)
DYANAVEL XR CHER	NP	AL(Up to 21 yrs old)
DYANAVEL XR SUER	P	AL(Up to 21 yrs old)
EVEKEO ODT TBDP	NP	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)
EVEKEO TABS 10 MG *(amphetamine sulfate)*	NP	QL(180 ea per 30 days retail); 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 CAPS	P	AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VYVANSE CHEW	NP	AL(Up to 21 yrs old)
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS *(phentermine hcl)*	NP	PA
ADIPEX-P TABS *(phentermine hcl)*	NP	PA
benzphetamine hcl 50 MG	NP	
diethylpropion hcl TABS	NP	
diethylpropion hcl TB24	NP	
LOMAIRA TABS	NP	
PHENDIMETRAZINE TARTRATEER CP24	NP	
phendimetrazine tartrate TABS	NP	
phentermine hcl CAPS	P	PA
phentermine hcl TABS	NP	PA
phentermine hcl TABS	P	PA
Anti-Obesity Agents		
CONTRAVE	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)
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)		

Drug Name	Drug Tier	Requirements/ Limits
SUNOSI	NP	AL(Up to 21 yrs old)
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX 4.45 MG	NP	AL(Up to 21 yrs old); SP
WAKIX 17.8 MG	NP	SP
Stimulants - Misc.		
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 2.5 MG, 10 MG	P	QL(60 ea per 30 days retail); 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)
FOCALIN XR CP24 *(dexmethylphenidate hcl)*	NP	AL(Up to 21 yrs old)
FOCALIN TABS 2.5 MG, 10 MG *(dexmethylphenidate hcl)*	NP	QL(60 ea per 30 days retail); AL(Up to 21 yrs old)
FOCALIN TABS 5 MG *(dexmethylphenidate hcl)*	NP	QL(90 ea per 30 days retail); AL(Up to 21 yrs old)
JORNAY PM CP24	NP	AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
METHYLIN SOLN *(methylphenidate hcl)*	NP	AL(Up to 21 yrs old)
methylphenidate hcl CHEW	NP	AL(Up to 21 yrs old)
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	P	AL(Up to 21 yrs old)
methylphenidate hcl CP24	NP	AL(Up to 21 yrs old)
methylphenidate hcl CPCR	P	AL(Up to 21 yrs old)
methylphenidate hcl SOLN	P	AL(Up to 21 yrs old)
methylphenidate hcl TABS	P	QL(90 ea per 30 days retail); AL(Up to 21 yrs old)
methylphenidate hcl TB24	P	AL(Up to 21 yrs old)
methylphenidate hcl TBCR	P	AL(Up to 21 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 45 MG, 63 MG	NP	
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	NP	AL(Up to 21 yrs old)
methylphenidate PTCH	NP	AL(Up to 21 yrs old)
modafinil	P	AL(Up to 21 yrs old)
NUVIGIL *(armodafinil)*	NP	AL(Up to 21 yrs old)
PROVIGIL *(modafinil)*	NP	AL(Up to 21 yrs old)
QUILLICHEW ER CHER	P	AL(Up to 21 yrs old)
QUILLIVANT XR SRER	P	AL(Up to 21 yrs old)
RELEXXII TBCR 45 MG, 63 MG	NP	
RELEXXII TBCR 72 MG	NP	AL(Up to 21 yrs old)
RITALIN LA CP24 *(methylphenidate hcl)*	NP	AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
RITALIN TABS *(methylphenidate hcl)*	NP	QL(90 ea per 30 days retail); AL(Up to 21 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - C's		
PRELIEF	P	
Alternative Medicine - L's		
lycopene CAPS	P	
AMEBICIDES		
Amebicides		
SOLOSEC	NP	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	NP	SP
BETHKIS NEBU *(tobramycin)*	NP	SP
gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %	P	
gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML	P	
KITABIS PAK NEBU *(tobramycin)*	NP	SP
neomycin sulfate TABS	P	
paromomycin sulfate	NP	SP
TOBI PODHALER CAPS	NP	SP
TOBI NEBU *(tobramycin)*	NP	SP
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 40 MG/ML, 80 MG/2ML	P	
tobramycin NEBU	NP	SP
tobramycin NEBU	P	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP; PA
RINVOQ	NP	SP; PA
XELJANZ XR TB24	NP	SP; PA
XELJANZ SOLN	NP	SP; PA
XELJANZ TABS	P	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ	NP	SP
ADALIMUMAB-ADAZ SOSY	NP	SP
ADALIMUMAB-FKJP AJKT	NP	SP
ADALIMUMAB-FKJP PSKT	NP	SP
AMJEVITA SOAJ	NP	SP
AMJEVITA SOSY	NP	SP
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP
CYLTEZO AJKT	NP	SP
CYLTEZO PSKT	NP	SP
HADLIMA PUSHTOUCH SOAJ	NP	SP
HADLIMA SOSY	NP	SP
HULIO AJKT	NP	SP
HULIO PSKT	NP	SP
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	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 PNKT	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-PS/UV STARTER PNKT	P	SP; PA
HUMIRA PSKT	P	SP; PA
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	SP
HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	NP	SP
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	NP	SP
HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	NP	SP
HYRIMOZ SOAJ	NP	SP
HYRIMOZ SOSY	NP	SP
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	NP	
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	
IDACIO AJKT	NP	
IDACIO PSKT	NP	
SIMPONI ARIA SOLN	NP	SP; PA
SIMPONI SOAJ	NP	SP; PA
SIMPONI SOSY	NP	SP; PA
YUFLYMA 1-PEN KIT AJKT	NP	SP
YUFLYMA 2-PEN KIT AJKT	NP	SP
YUFLYMA 2-SYRINGE KIT PSKT	NP	
YUSIMRY	NP	SP
Gold Compounds		
RIDAURA	P	
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Interleukin-1beta Blockers		
ILARIS SOLN	NP	SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	NP	SP; PA
ACTEMRA SOSY	NP	SP; PA
KEVZARA SOAJ	NP	SP; PA
KEVZARA SOSY	NP	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ARTHROTEC 50 TBEC *(diclofenac w/ misoprostol)*	NP	
ARTHROTEC 75 TBEC *(diclofenac w/ misoprostol)*	NP	
CELEBREX *(celecoxib)*	NP	
celecoxib	P	
DAYPRO *(oxaprozin)*	NP	
diclofenac potassium CAPS	NP	
diclofenac potassium TABS	NP	
diclofenac sodium-capsaicin	NP	
diclofenac sodium TB24	P	
diclofenac sodium TBEC	P	
diclofenac w/ misoprostol TBEC	NP	
DUEXIS *(ibuprofen-famotidine)*	NP	
etodolac CAPS	NP	
etodolac TABS	NP	
etodolac TB24	NP	
FELDENE CAPS *(piroxicam)*	NP	
fenoprofen calcium CAPS 400 MG	NP	
fenoprofen calcium TABS	NP	
flurbiprofen TABS 100 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits
ibuprofen CAPS	P	
ibuprofen CHEW	P	
ibuprofen-famotidine	NP	
ibuprofen SUSP 100 MG/5ML	NP	RX/OTC
ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML	P	RX/OTC
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	P	
ibuprofen TABS 400 MG, 600 MG, 800 MG	NP	
indomethacin CAPS 25 MG, 50 MG	P	
indomethacin CPCR	P	
indomethacin SUPP	NP	
ketoprofen CAPS 50 MG, 75 MG	NP	
ketoprofen CP24	NP	
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	
ketorolac tromethamine TABS	P	
meclofenamate sodium CAPS	NP	
mefenamic acid CAPS	NP	
meloxicam CAPS	NP	
meloxicam CAPS	P	
meloxicam TABS	P	
MOBIC TABS *(meloxicam)*	NP	
nabumetone	P	
NALFON CAPS *(fenoprofen calcium)*	NP	
NALFON TABS *(fenoprofen calcium)*	NP	
NAPRELAN TB24 *(naproxen sodium)*	NP	
naproxen sodium CAPS	NP	
naproxen sodium TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
naproxen sodium TB24	NP	
naproxen-esomeprazole magnesium	NP	
naproxen SUSP	NP	
naproxen TABS	P	
naproxen TBEC	NP	
oxaprozin	NP	
piroxicam CAPS	NP	
RELAFEN DS	NP	
sulindac TABS	P	
tolmetin sodium CAPS	NP	
tolmetin sodium TABS 600 MG	NP	
VIMOVO *(naproxen-esomeprazole magnesium)*	NP	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	P	SP; PA
OTEZLA TBPK	P	SP; PA
Pyrimidine Synthesis Inhibitors		
leflunomide	P	
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	P	SP; PA
ORENCIA SOSY	P	SP; PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	P	SP; PA
ENBREL SURECLICK SOAJ	P	SP; PA
ENBREL SOLN	P	SP; PA
ENBREL SOLR	P	SP; PA
ENBREL SOSY	P	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen w/ pamabrom	P	
acetaminophen-caffeine TABS	P	
acetaminophen-pamabrom-pyrilamine TABS	P	
ANACIN TABS	P	
aspirin-acetaminophen-caffeine TABS	P	
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	P	
butalbital-acetaminophen-caffeine SOLN	P	
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	P	
butalbital-acetaminophen TABS 50 MG-325 MG	P	
butalbital-aspirin-caffeine CAPS	P	
CRAMP TABS	P	
CVS TENSION HEADACHE CAPS	P	
VANQUISH	P	
Analgesics Other		
acetaminophen CAPS 500 MG	P	
acetaminophen CHEW	P	
acetaminophen ELIX	P	
acetaminophen LIQD 160 MG/5ML, 500 MG/15ML	P	
acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	P	
acetaminophen SUPP 120 MG, 650 MG	P	
acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	P	

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen TABS 325 MG, 500 MG	P	
acetaminophen TBCR	P	
FEVERALL INFANTS SUPP	P	
FEVERALL JUNIOR STRENGTH SUPP	P	
TRIAMINIC FEVER REDUCERPAIN RELIEVER CHILDRENS SYRP	P	
TRIAMINIC FEVER REDUCERPAIN RELIEVER INFANTS SYRP	P	
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide)	P	
aspirin effervescent	P	
aspirin CHEW	P	
ASPIRIN SUPP 300 MG	P	
aspirin TABS 325 MG, 500 MG	P	
aspirin TBEC 81 MG, 325 MG	P	
magnesium salicylate 500 MG	P	
magnesium salicylate tetrahydrate	P	
salsalate	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP *(fentanyl citrate)*	NP	
codeine sulfate TABS 30 MG	P	
CODEINE SULFATE TABS 60 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
CONZIP CP24 *(tramadol hcl)*	NP	
DILAUDID LIQD *(hydromorphone hcl)*	NP	
DILAUDID TABS *(hydromorphone hcl)*	NP	
DSUVIA SUBL	NP	
fentanyl citrate LPOP	NP	
fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG	NP	
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	P	PA
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	NP	
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	P	PA
FENTORA TABS *(fentanyl citrate)*	NP	
hydrocodone bitartrate CP12	NP	
hydrocodone bitartrate T24A	NP	PA
hydromorphone hcl LIQD	NP	
HYDROMORPHONE HCL SUPP	NP	
hydromorphone hcl TABS	P	
hydromorphone hcl TB24	NP	
HYSINGLA ER T24A	NP	PA
levorphanol tartrate TABS	NP	
meperidine hcl SOLN OR 50 MG/5ML	NP	
meperidine hcl TABS 50 MG	NP	
morphine sulfate beads	NP	
morphine sulfate CP24	NP	

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML	NP	
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	P	
morphine sulfate SUPP	NP	
morphine sulfate TABS	P	
morphine sulfate TBCR	P	
MS CONTIN TBCR *(morphine sulfate)*	NP	
NUCYNTA ER TB12	NP	
NUCYNTA TABS	NP	
oxycodone hcl CAPS	P	
oxycodone hcl CONC 100 MG/5ML	NP	
oxycodone hcl SOLN	P	
oxycodone hcl T12A	NP	PA
oxycodone hcl TABS	P	
OXYCONTIN T12A	NP	PA
oxymorphone hcl TABS	NP	
oxymorphone hcl TB12	NP	
ROXICODONE TABS *(oxycodone hcl)*	NP	
ROXYBOND TABA 15 MG, 30 MG	NP	
tramadol hcl CP24 100 MG, 200 MG, 300 MG	NP	
tramadol hcl SOLN	NP	
tramadol hcl TABS	P	
tramadol hcl TB24	P	PA
TRAMADOL HYDROCHLORIDE SOLN *(tramadol hcl)*	NP	
ULTRAM TABS *(tramadol hcl)*	NP	
XTAMPZA ER	P	PA
Opioid Combinations		

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen w/ codeine SOLN	P	
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	P	
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	NP	
acetaminophen-caff-dihydrocod TABS 30 MG-325 MG-16 MG	NP	
APADAZ	NP	
BENZHYDROCODONE/ACETAMINOPHEN	P	
butalbital-acetaminophen-caffeine w/ codeine	P	
butalbital-aspirin-caffeine w/cod	P	
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	P	
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	NP	
LORTAB ELIX	NP	
NALOCET TABS	NP	
oxycodone w/ acetaminophen SOLN	P	
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG *(oxycodone w/ acetaminophen)*	NP	
PROLATE SOLN	NP	
PROLATE TABS	NP	
SEGLENTIS	NP	
tramadol-acetaminophen	P	
ULTRACET *(tramadol-acetaminophen)*	NP	
Opioid Partial Agonists		
BELBUCA FILM 75 MCG, 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG	NP	
BELBUCA FILM 900 MCG	NP	PA
BRIXADI SOSY	NP	
BUNAVAIL FILM BU 0.7 MG-4.2 MG	NP	
buprenorphine hcl FILM 900 MCG	NP	PA
buprenorphine hcl FILM 75 MCG, 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG	NP	
buprenorphine hcl-naloxone hcl dihydrate FILM SL	P	
buprenorphine hcl-naloxone hcl dihydrate SUBL	P	
buprenorphine hcl SUBL	P	
buprenorphine PTWK	NP	PA
butorphanol tartrate NA 10 MG/ML	NP	
BUTRANS PTWK *(buprenorphine)*	P	PA
pentazocine w/ naloxone hcl	NP	
SUBLOCADE SOSY	P	SP

Drug Name	Drug Tier	Requirements/ Limits
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 PUMP GEL TD 1.62 % *(testosterone)*	NP	PA
ANDROGEL GEL TD *(testosterone)*	NP	PA
AVEED SOLN	NP	SP; PA
danazol CAPS	P	PA
FORTESTA GEL TD *(testosterone)*	NP	PA
JATENZO CAPS	NP	
METHITEST TABS	NP	PA
methyltestosterone CAPS	NP	PA
NATESTO GEL NA	NP	PA
TESTIM GEL TD *(testosterone)*	NP	PA
testosterone cypionate SOLN IM	P	PA
testosterone enanthate SOLN IM	P	PA
testosterone GEL TD 1 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	NP	PA
testosterone GEL TD 1 %, 1.62 %, 10 MG/ACT	P	PA
testosterone SOLN	NP	PA
testosterone SOLN	P	PA
TLANDO CAPS	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
VOGELXO PUMP GEL TD *(testosterone)*	NP	PA
VOGELXO 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	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 CHEW 200 MG-25 MG-200 MG	P	
alum & mag hydrox-simethicone LIQD	P	
alum & mag hydrox-simethicone SUSP	P	
aluminum hydroxide-mag carb CHEW	P	
aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML, 358 MG/15ML-95 MG/15ML	P	
ANTACID CHEW	P	

Drug Name	Drug Tier	Requirements/ Limits
calcium carbonate-mag hydrox SUSP	P	
calcium carbonate-simethicone CHEW 1000 MG-60 MG	P	
SM FOAMING ANTACID	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	P	
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 400 MG, 420 MG, 500 MG, 750 MG, 1000 MG	P	
Antacids - Magnesium Salts		
magnesium oxide TABS 400 MG	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	P	
BENZNIDAZOLE	P	SP
praziquantel	P	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
RANEXA TB12 *(ranolazine)*	NP	
ranolazine TB12	P	
Nitrates		
GONITRO PACK	NP	

Drug Name	Drug Tier	Requirements/ Limits
ISORDIL TITRADOSE TABS *(isosorbide dinitrate)*	NP	
isosorbide dinitrate TABS	P	
isosorbide mononitrate TABS	P	
isosorbide mononitrate TB24	P	
NITRO-BID OINT	NP	
NITRO-DUR PT24	NP	
NITRO-DUR PT24 *(nitroglycerin)*	NP	
nitroglycerin PT24	P	
nitroglycerin PT24	NP	
nitroglycerin SOLN TL 0.4 MG/SPRAY	NP	
nitroglycerin SUBL	P	
NITROLINGUAL PUMPSPRAY SOLN TL *(nitroglycerin)*	NP	
NITROSTAT SUBL *(nitroglycerin)*	NP	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl	P	
buspirone hcl	NP	
droperidol SOLN 2.5 MG/ML	P	
hydroxyzine hcl SYRP	P	
hydroxyzine hcl TABS	P	
hydroxyzine pamoate CAPS	P	
meprobamate	NP	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	NP	
alprazolam TABS	NP	
alprazolam TB24	NP	
alprazolam TBDP	NP	

Drug Name	Drug Tier	Requirements/ Limits
ATIVAN TABS *(lorazepam)*	NP	
chlordiazepoxide hcl CAPS	P	
clorazepate dipotassium TABS	P	
diazepam CONC	NP	
diazepam SOLN OR 5 MG/5ML	P	
diazepam SOLN IJ 5 MG/ML	NP	
diazepam TABS	P	
lorazepam CONC	NP	
lorazepam TABS	P	
LOREEV XR CS24 1 MG, 2 MG, 3 MG	NP	
oxazepam CAPS	NP	
TRANXENE T TABS 7.5 MG *(clorazepate dipotassium)*	NP	
XANAX XR TB24 *(alprazolam)*	NP	
XANAX TABS *(alprazolam)*	NP	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	P	
NORPACE CR CP12	P	
quinidine gluconate TBCR	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	P	
amiodarone hcl TABS	P	
dofetilide	P	
MULTAQ	P	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	P	SP; PA
FASENRA SOSY	P	SP; PA
NUCALA SOAJ	NP	SP; PA
NUCALA SOLR	NP	SP; PA
NUCALA SOSY	NP	SP; PA
TEZSPIRE SOAJ	NP	SP
TEZSPIRE SOSY	NP	SP
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY	P	SP; PA
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	
INCRUSE ELLIPTA	P	
ipratropium bromide SOLN 0.02 %	P	
LONHALA MAGNAIR REFILL KIT SOLN	NP	
LONHALA MAGNAIR STARTER KIT SOLN	NP	
SPIRIVA HANDIHALER CAPS *(tiotropium bromide monohydrate)*	P	
SPIRIVA RESPIMAT AERS	NP	
tiotropium bromide monohydrate CAPS	NP	
TUDORZA PRESSAIR	NP	
YUPELRI	NP	
Leukotriene Modulators		
ACCOLATE *(zafirlukast)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
montelukast sodium CHEW	P	
montelukast sodium PACK	NP	
montelukast sodium TABS	P	
SINGULAIR CHEW *(montelukast sodium)*	NP	
SINGULAIR PACK *(montelukast sodium)*	NP	
SINGULAIR TABS *(montelukast sodium)*	NP	
zafirlukast	NP	
zileuton TB12	NP	
ZYFLO TABS	NP	
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(roflumilast)*	NP	
roflumilast	NP	
Steroid Inhalants		
ALVESCO	NP	
ARMONAIR DIGIHALER	NP	
ARNUITY ELLIPTA	NP	
ASMANEX HFA AERO	NP	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	P	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	P	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	P	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	P	
budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML	P	
budesonide (inhalation) SUSP 1 MG/2ML	NP	

Drug Name	Drug Tier	Requirements/ Limits
FLOVENT DISKUS AEPB	P	
FLOVENT HFA	P	
fluticasone propionate hfa	NP	
PULMICORT FLEXHALER AEPB	P	
PULMICORT SUSP *(budesonide (inhalation))*	NP	
QVAR REDIHALER	NP	
Sympathomimetics		
ADVAIR DISKUS AEPB *(fluticasone-salmeterol)*	P	
ADVAIR HFA AERO	P	
AIRDUO DIGIHALER 113/14	NP	
AIRDUO DIGIHALER 232/14	NP	
AIRDUO DIGIHALER 55/14	NP	
AIRDUO RESPICLICK 113/14 AEPB *(fluticasone-salmeterol)*	NP	
AIRDUO RESPICLICK 232/14 AEPB *(fluticasone-salmeterol)*	NP	
AIRDUO RESPICLICK 55/14 AEPB *(fluticasone-salmeterol)*	NP	
albuterol sulfate AERS	NP	
albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	P	
albuterol sulfate SYRP	P	
albuterol sulfate TABS	NP	
ANORO ELLIPTA	P	
arformoterol tartrate	NP	
BEVESPI AEROSPHERE	NP	
BREO ELLIPTA	NP	
BREZTRI AEROSPHERE	NP	
BROVANA *(arformoterol tartrate)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
budesonide-formoterol fumarate dihydrate	NP	
COMBIVENT RESPIMAT AERS	P	
DUAKLIR PRESSAIR	NP	
DULERA	P	
fluticasone furoate-vilanterol	NP	
fluticasone-salmeterol AEPB	NP	
fluticasone-salmeterol AERO	NP	
formoterol fumarate NEBU	NP	
ipratropium-albuterol SOLN	P	
levalbuterol hcl	NP	
levalbuterol tartrate	NP	
PERFOROMIST NEBU *(formoterol fumarate)*	NP	
PROAIR DIGIHALER	NP	
PROAIR HFA AERS *(albuterol sulfate)*	P	
PROAIR RESPICLICK AEPB	P	
PROVENTIL HFA AERS *(albuterol sulfate)*	P	
SEREVENT DISKUS	P	
STIOLTO RESPIMAT	P	
STRIVERDI RESPIMAT	P	
SYMBICORT *(budesonide-formoterol fumarate dihydrate)*	P	
terbutaline sulfate TABS	P	
TRELEGY ELLIPTA	NP	
VENTOLIN HFA AERS *(albuterol sulfate)*	P	
XOPENEX *(levalbuterol hcl)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
XOPENEX CONCENTRATE *(levalbuterol hcl)*	NP	
XOPENEX HFA *(levalbuterol tartrate)*	NP	
Xanthines		
theophylline ELIX	P	
theophylline SOLN	P	
theophylline TB12 300 MG, 450 MG	P	
theophylline TB24	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	P	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	P	
ELIQUIS TABS	P	
SAVAYSA	NP	42 rtl MAX day(s) supply; 365 rtl lmt day(s)
XARELTO STARTER PACK TBPK	P	
XARELTO SUSR	NP	
XARELTO TABS	P	
Heparins And Heparinoid-Like Agents		
ARIXTRA *(fondaparinux sodium)*	NP	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
enoxaparin sodium SOLN IJ 300 MG/3ML	P	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
enoxaparin sodium SOSY	P	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP

Drug Name	Drug Tier	Requirements/ Limits
fondaparinux sodium	NP	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
FRAGMIN SOLN 95000 UNIT/3.8ML	NP	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP
FRAGMIN SOSY	NP	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML	P	
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
HEPARIN SODIUM/D5W 5 %-100 UNIT/ML, 5 %-25000 UNIT/250ML	P	
HEPARIN SODIUM/DEXTROSE 5 %-25000 UNIT/250ML	P	
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-25000 UNIT/250ML	P	
HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	P	
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	NP	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
LOVENOX SOSY *(enoxaparin sodium)*	NP	42 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
Thrombin Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
dabigatran etexilate mesylate CAPS	NP	
PRADAXA CAPS	P	
PRADAXA CAPS *(dabigatran etexilate mesylate)*	P	
PRADAXA PACK	NP	SP
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	NP	
FYCOMPA TABS	NP	
Anticonvulsants - Benzodiazepines		
clobazam SUSP	P	
clobazam TABS	P	
clonazepam TABS	P	
clonazepam TBDP	NP	
DIASTAT ACUDIAL GEL *(diazepam (anticonvulsant))*	P	
DIASTAT PEDIATRIC GEL *(diazepam (anticonvulsant))*	P	
diazepam (anticonvulsant) GEL	P	
KLONOPIN TABS *(clonazepam)*	P	
NAYZILAM	P	
ONFI SUSP *(clobazam)*	P	
ONFI TABS *(clobazam)*	P	
SYMPAZAN FILM	NP	
VALTOCO 10 MG DOSE LIQD	P	
VALTOCO 15 MG DOSE LQPK	P	
VALTOCO 20 MG DOSE LQPK	P	
VALTOCO 5 MG DOSE LIQD	P	
Anticonvulsants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
APTIOM	NP	
BANZEL SUSP *(rufinamide)*	NP	SP
BANZEL TABS *(rufinamide)*	NP	SP
BRIVIACT SOLN OR 10 MG/ML	NP	
BRIVIACT TABS	NP	
carbamazepine CHEW	P	
carbamazepine CP12	P	
carbamazepine SUSP	P	
carbamazepine TABS	P	
carbamazepine TB12	P	
CARBATROL CP12 *(carbamazepine)*	P	
DIACOMIT CAPS	NP	SP
DIACOMIT PACK	NP	SP
ELEPSIA XR TB24	NP	
EPIDIOLEX	NP	SP
EPRONTIA SOLN	NP	
FINTEPLA	NP	SP
gabapentin CAPS	P	
gabapentin SOLN	P	
gabapentin TABS 600 MG, 800 MG	P	
KEPPRA XR TB24 *(levetiracetam)*	NP	
KEPPRA SOLN OR 100 MG/ML *(levetiracetam)*	P	
KEPPRA TABS *(levetiracetam)*	P	
lacosamide SOLN OR 10 MG/ML	P	
lacosamide TABS	P	
LAMICTAL CHEWABLE DISPERSIBLE CHEW *(lamotrigine)*	P	
LAMICTAL ODT KIT	NP	
LAMICTAL ODT KIT *(lamotrigine)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL ODT TBDP *(lamotrigine)*	NP	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT *(lamotrigine)*	NP	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT *(lamotrigine)*	NP	
LAMICTAL STARTER/TAKING VALPROATE KIT *(lamotrigine)*	NP	
LAMICTAL XR KIT	NP	
LAMICTAL XR TB24 *(lamotrigine)*	NP	
LAMICTAL TABS *(lamotrigine)*	P	
lamotrigine CHEW	P	
lamotrigine KIT 25 MG	P	
lamotrigine TABS	P	
lamotrigine TB24	NP	
lamotrigine TBDP	NP	
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	P	
levetiracetam TABS	P	
levetiracetam TB24	NP	
LYRICA CAPS *(pregabalin)*	P	
LYRICA SOLN *(pregabalin)*	P	
MYSOLINE *(primidone)*	P	
NEURONTIN CAPS *(gabapentin)*	P	
NEURONTIN SOLN *(gabapentin)*	P	
NEURONTIN TABS *(gabapentin)*	P	
oxcarbazepine SUSP 300 MG/5ML	NP	

Drug Name	Drug Tier	Requirements/ Limits
oxcarbazepine SUSP	P	
oxcarbazepine TABS	P	
OXTELLAR XR TB24	NP	
pregabalin CAPS	P	
pregabalin SOLN	P	
primidone	P	
primidone	P	
QUDEXY XR CS24 *(topiramate)*	NP	
rufinamide SUSP	NP	SP
rufinamide TABS	NP	SP
SPRITAM TB3D	NP	
TEGRETOL SUSP *(carbamazepine)*	P	
TEGRETOL TABS *(carbamazepine)*	P	
TEGRETOL-XR TB12 *(carbamazepine)*	P	
TOPAMAX SPRINKLE CPSP *(topiramate)*	P	
TOPAMAX TABS *(topiramate)*	P	
topiramate CP24	NP	
topiramate CPSP	P	
topiramate CS24	NP	
topiramate TABS	P	
TRILEPTAL SUSP *(oxcarbazepine)*	P	
TRILEPTAL TABS *(oxcarbazepine)*	P	
TROKENDI XR CP24 *(topiramate)*	NP	
VIMPAT SOLN OR 10 MG/ML *(lacosamide)*	P	
VIMPAT TABS *(lacosamide)*	P	
ZONEGRAN CAPS 25 MG, 100 MG *(zonisamide)*	P	
ZONISADE SUSP	P	
zonisamide CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits
zonisamide CAPS	P	
ZTALMY	NP	
Carbamates		
felbamate SUSP	NP	
felbamate TABS	NP	
FELBATOL SUSP *(felbamate)*	NP	
FELBATOL TABS *(felbamate)*	NP	
XCOPRI TABS	NP	
XCOPRI TBPK	NP	
GABA Modulators		
GABITRIL *(tiagabine hcl)*	NP	
SABRIL PACK *(vigabatrin)*	NP	SP
SABRIL TABS *(vigabatrin)*	NP	SP
tiagabine hcl	P	
vigabatrin PACK	NP	SP
vigabatrin TABS	NP	SP
Hydantoins		
DILANTIN	P	
DILANTIN *(phenytoin sodium extended)*	P	
DILANTIN INFATABS CHEW *(phenytoin)*	P	
DILANTIN-125 SUSP *(phenytoin)*	P	
PHENYTEK *(phenytoin sodium extended)*	P	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	P	
phenytoin CHEW	P	
phenytoin SUSP	P	
Succinimides		
CELONTIN *(methsuximide)*	P	
ethosuximide CAPS	NP	

Drug Name	Drug Tier	Requirements/ Limits
ethosuximide SOLN	P	
methsuximide	NP	
ZARONTIN CAPS *(ethosuximide)*	NP	
ZARONTIN SOLN *(ethosuximide)*	P	
Valproic Acid		
DEPAKOTE ER TB24 *(divalproex sodium)*	P	
DEPAKOTE SPRINKLES CSDR *(divalproex sodium)*	P	
DEPAKOTE TBEC *(divalproex sodium)*	P	
divalproex sodium CSDR	P	
divalproex sodium TB24	P	
divalproex sodium TBEC	P	
valproate sodium SOLN OR 250 MG/5ML	P	
valproic acid CAPS	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	P	AL(At least 6 yrs old)
mirtazapine TBDP	NP	AL(At least 6 yrs old)
REMERON SOLTAB TBDP *(mirtazapine)*	NP	AL(At least 6 yrs old)
REMERON TABS 15 MG, 30 MG *(mirtazapine)*	NP	AL(At least 6 yrs old)
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
APLENZIN	NP	AL(At least 6 yrs old)
bupropion hcl TABS	P	AL(At least 6 yrs old)
bupropion hcl TB12	P	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TB24 150 MG, 300 MG	P	AL(At least 6 yrs old)
bupropion hcl TB24 450 MG	NP	AL(At least 6 yrs old)
FORFIVO XL TB24 *(bupropion hcl)*	NP	AL(At least 6 yrs old)
WELLBUTRIN SR TB12 *(bupropion hcl)*	NP	AL(At least 6 yrs old)
WELLBUTRIN XL TB24 *(bupropion hcl)*	NP	AL(At least 6 yrs old)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	NP	AL(At least 6 yrs old)
MARPLAN	P	AL(At least 6 yrs old)
NARDIL *(phenelzine sulfate)*	NP	AL(At least 6 yrs old)
phenelzine sulfate	P	AL(At least 6 yrs old)
tranylcypromine sulfate	P	AL(At least 6 yrs old)
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS *(citalopram hydrobromide)*	NP	AL(At least 6 yrs old)
CITALOPRAM HYDROBROMIDE CAPS	NP	AL(At least 6 yrs old)
citalopram hydrobromide SOLN	P	AL(At least 6 yrs old - Up to 10 yrs old)
citalopram hydrobromide TABS	P	AL(At least 6 yrs old)
escitalopram oxalate SOLN	NP	AL(At least 6 yrs old - Up to 10 yrs old)
escitalopram oxalate TABS	P	AL(At least 6 yrs old)
fluoxetine hcl CAPS	P	AL(At least 6 yrs old)
fluoxetine hcl CPDR	NP	AL(At least 6 yrs old)
fluoxetine hcl SOLN	P	AL(At least 6 yrs old - Up to 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
fluoxetine hcl TABS	NP	AL(At least 6 yrs old)
FLUOXETINE HYDROCHLORIDE TABS *(fluoxetine hcl)*	NP	AL(At least 6 yrs old)
fluvoxamine maleate CP24	NP	AL(At least 6 yrs old)
fluvoxamine maleate TABS	P	AL(At least 6 yrs old)
LEXAPRO TABS *(escitalopram oxalate)*	NP	AL(At least 6 yrs old)
paroxetine hcl SUSP	NP	AL(At least 6 yrs old - Up to 10 yrs old)
paroxetine hcl TABS	P	AL(At least 6 yrs old)
paroxetine hcl TB24	NP	AL(At least 6 yrs old)
PAXIL CR TB24 *(paroxetine hcl)*	NP	AL(At least 6 yrs old)
PAXIL SUSP *(paroxetine hcl)*	NP	AL(At least 6 yrs old - Up to 10 yrs old)
PAXIL TABS *(paroxetine hcl)*	NP	AL(At least 6 yrs old)
PEXEVA	NP	AL(At least 6 yrs old)
PROZAC CAPS *(fluoxetine hcl)*	NP	AL(At least 6 yrs old)
sertraline hcl CONC	P	AL(At least 6 yrs old - Up to 10 yrs old)
sertraline hcl TABS	P	AL(At least 6 yrs old)
SERTRALINE HYDROCHLORIDE CAPS	NP	AL(At least 6 yrs old)
ZOLOFT TABS *(sertraline hcl)*	NP	AL(At least 6 yrs old)
Serotonin Modulators		
nefazodone hcl	NP	AL(At least 6 yrs old)
trazodone hcl TABS 300 MG	NP	AL(At least 6 yrs old)
trazodone hcl TABS 50 MG, 100 MG, 150 MG	P	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
TRINTELLIX	NP	AL(At least 6 yrs old)
VIIBRYD STARTER PACK KIT	NP	AL(At least 6 yrs old)
VIIBRYD TABS *(vilazodone hcl)*	NP	AL(At least 6 yrs old)
vilazodone hcl TABS	NP	AL(At least 6 yrs old)
vilazodone hcl TABS	P	AL(At least 6 yrs old)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(duloxetine hcl)*	NP	AL(At least 6 yrs old)
DESVENLAFAXINE ER	P	AL(At least 6 yrs old)
desvenlafaxine succinate	P	AL(At least 6 yrs old)
DRIZALMA SPRINKLE CSDR	NP	AL(At least 6 yrs old)
duloxetine hcl CPEP 40 MG	NP	AL(At least 6 yrs old)
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	P	AL(At least 6 yrs old)
EFFEXOR XR CP24 *(venlafaxine hcl)*	NP	AL(At least 6 yrs old)
FETZIMA TITRATION PACK C4PK	NP	AL(At least 6 yrs old)
FETZIMA CP24	NP	AL(At least 6 yrs old)
PRISTIQ *(desvenlafaxine succinate)*	NP	AL(At least 6 yrs old)
VENLAFAXINE BESYLATE ER	NP	AL(At least 6 yrs old)
venlafaxine hcl CP24	P	AL(At least 6 yrs old)
venlafaxine hcl CP24	NP	AL(At least 6 yrs old)
venlafaxine hcl TABS	P	AL(At least 6 yrs old)
venlafaxine hcl TB24	NP	AL(At least 6 yrs old)
Tricyclic Agents		

Drug Name	Drug Tier	Requirements/ Limits
amitriptyline hcl TABS	P	AL(At least 6 yrs old)
amoxapine	NP	AL(At least 6 yrs old)
ANAFRANIL *(clomipramine hcl)*	NP	AL(At least 6 yrs old)
clomipramine hcl	P	AL(At least 6 yrs old)
clomipramine hcl	NP	AL(At least 6 yrs old)
desipramine hcl TABS	NP	AL(At least 6 yrs old)
doxepin hcl CAPS	P	AL(At least 6 yrs old)
doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	NP	AL(At least 6 yrs old)
doxepin hcl CONC	P	AL(At least 6 yrs old)
imipramine hcl TABS	P	AL(At least 6 yrs old)
imipramine pamoate	NP	AL(At least 6 yrs old)
NORPRAMIN TABS 10 MG, 25 MG *(desipramine hcl)*	NP	AL(At least 6 yrs old)
nortriptyline hcl CAPS	P	AL(At least 6 yrs old)
nortriptyline hcl SOLN	P	AL(At least 6 yrs old)
PAMELOR CAPS *(nortriptyline hcl)*	NP	AL(At least 6 yrs old)
protriptyline hcl	NP	AL(At least 6 yrs old)
trimipramine maleate CAPS	NP	AL(At least 6 yrs old)
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	P	
miglitol	NP	
PRECOSE *(acarbose)*	NP	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	NP	PA
SYMLINPEN 60 SOPN	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
Antidiabetic Combinations		
ACTOPLUS MET TABS *(pioglitazone hcl-metformin hcl)*	NP	
alogliptin-metformin hcl	NP	PA
alogliptin-pioglitazone	NP	PA
DUETACT *(pioglitazone hcl-glimepiride)*	NP	
glipizide-metformin hcl	P	
glyburide-metformin	P	
GLYXAMBI	NP	
INVOKAMET XR TB24	P	
INVOKAMET TABS	P	
JANUMET XR TB24	P	PA
JANUMET TABS	P	PA
JENTADUETO XR TB24	NP	PA
JENTADUETO TABS	P	PA
KAZANO *(alogliptin-metformin hcl)*	NP	PA
KOMBIGLYZE XR *(saxagliptin-metformin hcl)*	NP	PA
OSENI *(alogliptin-pioglitazone)*	NP	PA
OSENI	NP	PA
pioglitazone hcl-glimepiride	NP	
pioglitazone hcl-metformin hcl TABS	NP	
QTERN	NP	
saxagliptin-metformin hcl	NP	PA
SEGLUROMET	NP	
SOLIQUA 100/33	NP	PA
STEGLUJAN	NP	
SYNJARDY XR TB24	NP	
SYNJARDY TABS	P	
TRIJARDY XR	NP	
XIGDUO XR	P	
XULTOPHY 100/3.6	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
Biguanides		
GLUMETZA TB24 *(metformin hcl)*	NP	
metformin hcl SOLN	NP	
metformin hcl TABS 1000 MG	NP	
metformin hcl TABS	P	
metformin hcl TB24 500 MG, 1000 MG	NP	
metformin hcl TB24 500 MG, 750 MG	P	
METFORMIN HYDROCHLORIDE TABS	NP	
RIOMET SOLN *(metformin hcl)*	NP	
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
CVS GLUCOSE CHEW	P	
CVS SOFT GLUCOSE CHEW	P	
DEX4	P	
DEX4 FAST ACTING GLUCOSE	P	
DEX4 NATURALS	P	
DEX4 POUCH PACK	P	
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	
dextrose (diabetic use) GEL	P	
GLUCAGEN HYPOKIT	P	
glucagon (rdna)	NP	
GLUCAGON EMERGENCY KIT *(glucagon (rdna))*	P	
GLUCO TO GO CHEW	P	
GLUCOSE INSTANT ENERGY	P	

Drug Name	Drug Tier	Requirements/ Limits
GLUCOSE CHEW	P	
GNP GLUCOSE CHEW	P	
GNP QUICK DISSOLVE GLUCOSE CHEW	P	
GOODSENSE GLUCOSE	P	
GVOKE HYPOPEN 1-PACK SOAJ	P	
GVOKE HYPOPEN 2-PACK SOAJ	P	
GVOKE KIT SOLN	P	
GVOKE PFS SOSY	P	
HY-VEE GLUCOSE	P	
KROGER GLUCOSE	P	
LEADER GLUCOSE 6 MG-4 GM	P	
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	
LONGS GLUCOSE	P	
MEIJER GLUCOSE	P	
PREFERRED PLUS GLUCOSE	P	
PX GLUCOSE	P	
RA GLUCOSE	P	
RELION GLUCOSE	P	
SM GLUCOSE	P	
SMART SENSE GLUCOSE	P	
SMART SENSE GLUCOSE TABLETS	P	
TGT GLUCOSE	P	
TRUEPLUS GLUCOSE ON THE GO CHEW	P	
TRUEPLUS GLUCOSE CHEW	P	
UP & UP GLUCOSE	P	
VALUE PLUS GLUCOSE	P	
WALGREENS GLUCOSE	P	
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	

Drug Name	Drug Tier	Requirements/ Limits
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	NP	PA
JANUVIA	P	PA
NESINA *(alogliptin benzoate)*	NP	PA
ONGLYZA *(saxagliptin hcl)*	NP	PA
saxagliptin hcl	NP	PA
TRADJENTA	P	PA
Incretin Mimetic Agents		
ADLYXIN STARTER PACK PNKT	NP	PA
ADLYXIN SOPN	NP	PA
BYDUREON BCISE AUIJ	NP	PA
BYETTA SOPN	NP	PA
MOUNJARO	NP	PA
OZEMPIC SOPN	P	PA
RYBELSUS TABS	NP	PA
TRULICITY	P	PA
VICTOZA	P	PA
Insulin		
ADMELOG SOLOSTAR SOPN	NP	
ADMELOG SOLN IJ	NP	
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	
APIDRA SOLOSTAR SOPN	NP	
APIDRA SOLN	NP	
BASAGLAR KWIKPEN SOPN	NP	
BASAGLAR TEMPO PEN SOPN	NP	
FIASP FLEXTOUCH SOPN	NP	
FIASP PENFILL SOCT	NP	
FIASP SOLN	NP	

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG JUNIOR KWIKPEN SOPN	NP	
HUMALOG KWIKPEN SOPN	NP	
HUMALOG MIX 50/50 KWIKPEN SUPN	P	
HUMALOG MIX 50/50 SUSP	P	
HUMALOG MIX 75/25 KWIKPEN SUPN	NP	
HUMALOG MIX 75/25 SUSP	P	
HUMALOG TEMPO PEN SOPN	NP	
HUMALOG SOCT	NP	
HUMALOG SOLN IJ	NP	
HUMULIN 70/30 KWIKPEN SUPN	NP	
HUMULIN 70/30 SUSP	NP	
HUMULIN N KWIKPEN SUPN	NP	
HUMULIN N SUSP	NP	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	
HUMULIN R U-500 KWIKPEN SOPN SC	P	
HUMULIN R SOLN IJ	NP	
INSULIN ASPART FLEXPEN SOPN	P	
INSULIN ASPART PENFILL SOCT	P	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	
INSULIN ASPART SOLN IJ	P	
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	

Drug Name	Drug Tier	Requirements/ Limits
INSULIN DEGLUDEC SOLN	NP	
INSULIN GLARGINE SOLOSTAR SOPN	P	
INSULIN GLARGINE SOLN	P	
INSULIN GLARGINE SOLN	NP	
INSULIN GLARGINE SOPN	NP	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	
INSULIN LISPRO KWIKPEN SOPN	P	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	
INSULIN LISPRO SOLN IJ	P	
LANTUS SOLOSTAR SOPN	P	
LANTUS SOLN	P	
LEVEMIR FLEXPEN SOPN	P	
LEVEMIR FLEXTOUCH SOPN	P	
LEVEMIR SOLN	P	
LYUMJEV KWIKPEN SOPN	NP	
LYUMJEV TEMPO PEN SOPN	NP	
LYUMJEV SOLN	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	
NOVOLIN 70/30 FLEXPEN SUPN	NP	
NOVOLIN 70/30 RELION SUSP	NP	
NOVOLIN 70/30 SUSP	NP	
NOVOLIN N FLEXPEN RELION SUPN	NP	
NOVOLIN N FLEXPEN SUPN	NP	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN N RELION SUSP	NP	
NOVOLIN N SUSP	NP	
NOVOLIN R FLEXPEN RELION SOPN IJ	NP	
NOVOLIN R FLEXPEN SOPN IJ	NP	
NOVOLIN R RELION SOLN IJ	NP	
NOVOLIN R SOLN IJ	NP	
NOVOLOG FLEXPEN RELION SOPN	NP	
NOVOLOG FLEXPEN SOPN	NP	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	NP	
NOVOLOG MIX 70/30 RELION SUSP	NP	
NOVOLOG MIX 70/30 SUSP	NP	
NOVOLOG PENFILL SOCT	NP	
NOVOLOG RELION SOLN IJ	NP	
NOVOLOG SOLN IJ	NP	
REZVOGLAR KWIKPEN	NP	
SEMGLEE SOLN	NP	
SEMGLEE SOPN	NP	
TOUJEO MAX SOLOSTAR SOPN	P	
TOUJEO SOLOSTAR SOPN	P	
TRESIBA FLEXTOUCH SOPN	NP	
TRESIBA SOLN	NP	
Insulin Sensitizing Agents		
ACTOS *(pioglitazone hcl)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
pioglitazone hcl	P	
Meglitinide Analogues		
nateglinide	P	
repaglinide	P	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	P	
INVOKANA	P	
JARDIANCE	P	
STEGLATRO	NP	
Sulfonylureas		
glimepiride	P	
glipizide TABS	P	
glipizide TB24	P	
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	
glyburide TABS	P	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Combinations		
loperamide-simethicone TABS	P	
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	P	
diphenoxylate w/ atropine TABS	P	
loperamide hcl CAPS	P	RX/OTC
loperamide hcl TABS	P	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
Antidotes and Specific Antagonists		
VISTOGARD	NP	

Drug Name	Drug Tier	Requirements/ Limits
Opioid Antagonists		
KLOXXADO LIQD	P	
LIFEMS NALOXONE PSKT	NP	
naloxone hcl LIQD	NP	RX/OTC
naloxone hcl SOCT	P	
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	P	
naloxone hcl SOSY	P	
naltrexone hcl	P	
NARCAN LIQD *(naloxone hcl)*	P	RX/OTC
OPVEE NA	NP	
VIVITROL	P	SP
ZIMHI SOSY	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	
granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML	P	
granisetron hcl TABS	NP	
ondansetron hcl SOLN IJ	P	
ondansetron hcl SOLN OR 4 MG/5ML	P	
ondansetron hcl SOSY	P	
ondansetron hcl TABS 4 MG, 8 MG	P	
ondansetron TBDP	P	
SANCUSO PTCH	NP	
ZOFRAN TABS 4 MG *(ondansetron hcl)*	NP	
Antiemetics - Anticholinergic		
dimenhydrinate TABS	P	
DRAMAMINE CHEW	P	
meclizine hcl CHEW	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
meclizine hcl TABS 12.5 MG, 25 MG	P	RX/OTC
scopolamine	NP	
TRANSDERM-SCOP *(scopolamine)*	P	
trimethobenzamide hcl CAPS	NP	
Antiemetics - Miscellaneous		
AKYNZEO	NP	
AKYNZEO SOLN	NP	
BONJESTA TBCR	NP	PA
DICLEGIS TBEC *(doxylamine-pyridoxine)*	P	
doxylamine-pyridoxine TBEC	NP	
dronabinol CAPS	NP	PA
MARINOL CAPS 5 MG, 10 MG *(dronabinol)*	NP	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS	NP	
aprepitant MISC	NP	
CINVANTI EMUL	P	
EMEND TRIPACK CAPS *(aprepitant)*	NP	
EMEND CAPS 80 MG *(aprepitant)*	NP	
EMEND SUSR	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	
Antifungals		
ANCOBON *(flucytosine)*	NP	
flucytosine	NP	
griseofulvin microsize SUSP	P	
griseofulvin microsize TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
griseofulvin ultramicrosize	NP	
nystatin TABS	P	
terbinafine hcl TABS	P	
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	NP	
DIFLUCAN SUSR *(fluconazole)*	NP	
DIFLUCAN TABS *(fluconazole)*	NP	
fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	P	
fluconazole SUSR	P	
fluconazole TABS	P	
itraconazole CAPS	NP	
itraconazole SOLN	NP	
ketoconazole	NP	
NOXAFIL PACK	NP	
NOXAFIL SUSP *(posaconazole)*	NP	
NOXAFIL TBEC *(posaconazole)*	NP	
posaconazole SUSP	NP	
posaconazole TBEC	NP	
SPORANOX PULSEPAK CAPS *(itraconazole)*	NP	
SPORANOX CAPS *(itraconazole)*	NP	
SPORANOX SOLN *(itraconazole)*	NP	
TOLSURA CAPS	NP	
VFEND SUSR *(voriconazole)*	NP	
VFEND TABS *(voriconazole)*	NP	
VIVJOA	NP	
voriconazole SUSR	NP	
voriconazole TABS	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		

Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Alkylamines		
chlorpheniramine maleate SYRP	P	
Antihistamines - Combinations		
CLOBETEX	NP	
Antihistamines - Ethanolamines		
diphenhydramine hcl CAPS	P	
diphenhydramine hcl CHEW 12.5 MG	P	
diphenhydramine hcl ELIX 12.5 MG/5ML	P	
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	P	
diphenhydramine hcl SOLN 50 MG/ML	P	
diphenhydramine hcl TABS 25 MG	P	
Antihistamines - Non-Sedating		
cetirizine hcl CAPS	NP	
cetirizine hcl CHEW	NP	
cetirizine hcl SOLN OR	P	RX/OTC
cetirizine hcl TABS	P	
cetirizine hcl TABS 10 MG	NP	
CLARINEX TABS *(desloratadine)*	NP	
desloratadine TABS	NP	
desloratadine TBDP	NP	
fexofenadine hcl SUSP	NP	
fexofenadine hcl TABS 60 MG, 180 MG	NP	
levocetirizine dihydrochloride SOLN	NP	RX/OTC
levocetirizine dihydrochloride TABS	NP	RX/OTC
levocetirizine dihydrochloride TABS	P	RX/OTC
loratadine CHEW	NP	

Drug Name	Drug Tier	Requirements/ Limits
loratadine SOLN	P	
loratadine TABS	P	
loratadine TBDP 10 MG	NP	
Antihistamines - Phenothiazines		
promethazine hcl SOLN 25 MG/ML, 50 MG/ML	P	
promethazine hcl SUPP	P	
promethazine hcl SYRP	P	
promethazine hcl TABS	P	
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	P	
cyproheptadine hcl TABS	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	NP	
Angiopoietin-like Protein Inhibitors		
EVKEEZA	NP	SP
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	NP	
NEXLIZET	NP	
VYTORIN *(ezetimibe-simvastatin)*	NP	
Antihyperlipidemics - Misc.		
icosapent ethyl	NP	
LOVAZA *(omega-3-acid ethyl esters)*	NP	
omega-3-acid ethyl esters	P	
VASCEPA *(icosapent ethyl)*	NP	
Bile Acid Sequestrants		
cholestyramine light PACK	P	

Drug Name	Drug Tier	Requirements/ Limits
cholestyramine light POWD	P	
cholestyramine PACK	P	
cholestyramine POWD	P	
colesevelam hcl PACK	NP	
colesevelam hcl TABS	P	
COLESTID FLAVORED GRAN *(colestipol hcl)*	NP	
COLESTID FLAVORED PACK *(colestipol hcl)*	NP	
COLESTID GRAN *(colestipol hcl)*	NP	
COLESTID PACK *(colestipol hcl)*	NP	
COLESTID TABS *(colestipol hcl)*	NP	
colestipol hcl GRAN	P	
colestipol hcl PACK	P	
colestipol hcl TABS	P	
QUESTRAN LIGHT POWD *(cholestyramine light)*	NP	
QUESTRAN PACK *(cholestyramine)*	NP	
QUESTRAN POWD *(cholestyramine)*	NP	
WELCHOL PACK *(colesevelam hcl)*	NP	
WELCHOL TABS *(colesevelam hcl)*	NP	
Fibric Acid Derivatives		
ANTARA 30 MG, 90 MG *(fenofibrate micronized)*	NP	
ANTARA 30 MG, 90 MG	NP	
choline fenofibrate	P	
fenofibrate micronized 67 MG	NP	
fenofibrate micronized	P	
fenofibrate CAPS	P	
fenofibrate TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
fenofibric acid	P	
FENOGLIDE TABS *(fenofibrate)*	NP	
gemfibrozil TABS	P	
LIPOFEN CAPS *(fenofibrate)*	NP	
LOPID TABS *(gemfibrozil)*	NP	
TRICOR TABS *(fenofibrate)*	NP	
TRILIPIX *(choline fenofibrate)*	NP	
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	QL(1 ea daily)
ATORVALIQ SUSP	NP	
atorvastatin calcium TABS	P	QL(1 ea daily)
atorvastatin calcium TABS	NP	QL(1 ea daily)
CRESTOR TABS *(rosuvastatin calcium)*	NP	QL(1 ea daily)
EZALLOR SPRINKLE CPSP	NP	QL(1 ea daily)
fluvastatin sodium CAPS	NP	QL(1 ea daily)
fluvastatin sodium TB24	NP	QL(1 ea daily)
LESCOL XL TB24 *(fluvastatin sodium)*	NP	QL(1 ea daily)
LIPITOR TABS *(atorvastatin calcium)*	NP	QL(1 ea daily)
LIVALO	NP	QL(1 ea daily)
lovastatin TABS	P	QL(1 ea daily)
pravastatin sodium 20 MG, 40 MG, 80 MG	NP	QL(1 ea daily)
pravastatin sodium	P	QL(1 ea daily)
rosuvastatin calcium TABS	P	QL(1 ea daily)
simvastatin TABS	P	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG *(simvastatin)*	NP	QL(1 ea daily)
ZYPITAMAG 2 MG, 4 MG	NP	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
ezetimibe	P	
ZETIA *(ezetimibe)*	NP	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	NP	SP
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TABS	NP	
niacin (antihyperlipidemic) TBCR	P	
NIASPAN TBCR *(niacin (antihyperlipidemic))*	NP	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	SP
PRALUENT SOAJ 75 MG/ML	NP	SP; PA
PRALUENT SOAJ	P	SP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	P	SP; PA
REPATHA SURECLICK SOAJ	P	SP; PA
REPATHA SOSY	P	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(quinapril hcl)*	NP	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG *(ramipril)*	NP	
benazepril hcl	P	
captopril	NP	
enalapril maleate SOLN	P	
enalapril maleate TABS	P	
EPANED SOLN *(enalapril maleate)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
fosinopril sodium	P	
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	
LOTENSIN 10 MG, 20 MG, 40 MG *(benazepril hcl)*	NP	
moexipril hcl	NP	
perindopril erbumine	NP	
PRINIVIL TABS 20 MG *(lisinopril)*	NP	
QBRELIS SOLN	NP	
quinapril hcl	P	
ramipril CAPS	P	
trandolapril	P	
VASOTEC TABS *(enalapril maleate)*	NP	
ZESTRIL TABS *(lisinopril)*	NP	
Agents for Pheochromocytoma		
metyrosine	P	SP
Angiotensin II Receptor Antagonists		
ATACAND *(candesartan cilexetil)*	NP	
AVAPRO *(irbesartan)*	NP	
BENICAR *(olmesartan medoxomil)*	NP	
candesartan cilexetil	NP	
COZAAR *(losartan potassium)*	NP	
DIOVAN TABS *(valsartan)*	NP	
EDARBI	NP	
irbesartan	P	
losartan potassium	P	
MICARDIS *(telmisartan)*	NP	
olmesartan medoxomil	P	
telmisartan	NP	
VALSARTAN SOLN	NP	
valsartan TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
Antiadrenergic Antihypertensives		
CARDURA *(doxazosin mesylate)*	NP	
CATAPRES-TTS-1 *(clonidine)*	NP	
CATAPRES-TTS-2 *(clonidine)*	NP	
CATAPRES-TTS-3 *(clonidine)*	NP	
clonidine	P	
clonidine hcl TABS	P	
clonidine hcl TB24	P	
doxazosin mesylate	P	
guanfacine hcl	P	
methyldopa TABS	P	
MINIPRESS CAPS *(prazosin hcl)*	NP	
prazosin hcl CAPS	P	
terazosin hcl	NP	
terazosin hcl	P	
Antihypertensive Combinations		
ACCURETIC *(quinapril-hydrochlorothiazide)*	NP	
ACCURETIC	NP	
amlodipine besylate-benazepril hcl	P	
amlodipine besylate-olmesartan medoxomil	P	
amlodipine besylate-valsartan	P	
amlodipine-valsartan-hydrochlorothiazide	P	
ATACAND HCT *(candesartan cilexetil-hydrochlorothiazide)*	NP	
atenolol & chlorthalidone	P	
AVALIDE *(irbesartan-hydrochlorothiazide)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
AZOR *(amlodipine besylate-olmesartan medoxomil)*	NP	
benazepril & hydrochlorothiazide	P	
BENICAR HCT *(olmesartan medoxomil-hydrochlorothiazide)*	NP	
bisoprolol & hydrochlorothiazide	P	
candesartan cilexetil-hydrochlorothiazide	NP	
captopril & hydrochlorothiazide	NP	
DIOVAN HCT *(valsartan-hydrochlorothiazide)*	NP	
EDARBYCLOR	NP	
enalapril maleate & hydrochlorothiazide	P	
EXFORGE *(amlodipine besylate-valsartan)*	NP	
EXFORGE HCT *(amlodipine-valsartan-hydrochlorothiazide)*	NP	
fosinopril sodium & hydrochlorothiazide	NP	
HYZAAR *(losartan potassium & hydrochlorothiazide)*	NP	
irbesartan-hydrochlorothiazide	P	
lisinopril & hydrochlorothiazide	P	
losartan potassium & hydrochlorothiazide	P	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(benazepril & hydrochlorothiazide)*	NP	
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(amlodipine besylate-benazepril hcl)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
metoprolol & hydrochlorothiazide TABS	NP	
MICARDIS HCT *(telmisartan-hydrochlorothiazide)*	NP	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	P	
olmesartan medoxomil-hydrochlorothiazide	P	
quinapril-hydrochlorothiazide	P	
TEKTURNA HCT	NP	
telmisartan-amlodipine	NP	
telmisartan-hydrochlorothiazide	NP	
TENORETIC 100 *(atenolol & chlorthalidone)*	NP	
TENORETIC 50 *(atenolol & chlorthalidone)*	NP	
trandolapril-verapamil hcl	NP	
TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NP	
TWYNSTA *(telmisartan-amlodipine)*	NP	
valsartan-hydrochlorothiazide	P	
VASERETIC 25 MG-10 MG *(enalapril maleate & hydrochlorothiazide)*	NP	
ZESTORETIC *(lisinopril & hydrochlorothiazide)*	NP	
ZIAC *(bisoprolol & hydrochlorothiazide)*	NP	
Direct Renin Inhibitors		
aliskiren fumarate	NP	
TEKTURNA *(aliskiren fumarate)*	NP	
Vasodilators		
hydralazine hcl TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
minoxidil 2.5 MG, 10 MG	P	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	
FLAGYL CAPS *(metronidazole)*	NP	
metronidazole CAPS	NP	
metronidazole TABS	P	
pentamidine isethionate IN	P	
tinidazole 500 MG	P	
trimethoprim TABS	P	
XIFAXAN 200 MG	P	
XIFAXAN 550 MG	NP	
Anti-infective Misc. - Combinations		
sulfamethoxazole-trimethoprim SUSP	P	
sulfamethoxazole-trimethoprim TABS	P	
Antiprotozoal Agents		
atovaquone	P	
Carbapenems		
imipenem-cilastatin IV	P	
meropenem	P	
Glycopeptides		
FIRVANQ SOLR OR *(vancomycin hcl)*	P	
VANCOCIN CAPS *(vancomycin hcl)*	NP	
vancomycin hcl CAPS 125 MG	P	AL(Up to 10 yrs old)
vancomycin hcl CAPS	P	
vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	NP	

Drug Name	Drug Tier	Requirements/ Limits
vancomycin hcl SOLR IV 500 MG	P	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE 500 MG/100ML-5 %	P	
Leprostatics		
dapsone	P	
Lincosamides		
CLEOCIN *(clindamycin hcl)*	NP	
CLEOCIN PEDIATRIC GRANULES *(clindamycin palmitate hydrochloride)*	NP	AL(Up to 9 yrs old)
clindamycin hcl	P	
clindamycin palmitate hydrochloride	P	AL(Up to 9 yrs old)
Monobactams		
CAYSTON	NP	SP
Oxazolidinones		
linezolid SUSR	NP	PA
linezolid TABS	NP	PA
SIVEXTRO TABS	NP	
ZYVOX SUSR *(linezolid)*	NP	PA
ZYVOX TABS *(linezolid)*	NP	PA
Pleuromutilins		
XENLETA TABS	NP	SP
Urinary Anti-infectives		
fosfomycin tromethamine	NP	
HIPREX *(methenamine hippurate)*	NP	
MACROBID *(nitrofurantoin monohyd macro)*	NP	
MACRODANTIN *(nitrofurantoin macrocrystal)*	NP	
methenamine hippurate	P	

Drug Name	Drug Tier	Requirements/ Limits
methenamine mandelate	P	
MONUROL *(fosfomycin tromethamine)*	P	
nitrofurantoin	NP	
nitrofurantoin macrocrystal 25 MG	P	
nitrofurantoin macrocrystal 50 MG, 100 MG	NP	
nitrofurantoin monohyd macro	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	P	
Antimalarials		
chloroquine phosphate TABS	P	
hydroxychloroquine sulfate 200 MG	P	
mefloquine hcl	P	
primaquine phosphate TABS	P	
pyrimethamine	P	SP
quinine sulfate CAPS 324 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
pyridostigmine bromide SOLN OR	P	
pyridostigmine bromide TABS 60 MG	P	
pyridostigmine bromide TBCR	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	P	

Drug Name	Drug Tier	Requirements/ Limits
ethambutol hcl TABS	P	
isoniazid SYRP	P	
isoniazid TABS	P	
PRIFTIN	P	
pyrazinamide	P	
rifabutin	P	
rifampin CAPS	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BELRAPZO SOLN	P	SP
bendamustine hcl SOLR	P	SP
bendamustine hcl SOLR	NP	SP
BENDAMUSTINE HYDROCHLORIDE SOLN	P	SP
BENDEKA SOLN	P	SP
BICNU *(carmustine)*	P	
busulfan SOLN	P	
busulfan SOLN	NP	
BUSULFEX SOLN *(busulfan)*	P	
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML	P	SP
carboplatin SOLN 50 MG/5ML, 450 MG/45ML	NP	SP
carmustine	P	
CARMUSTINE	P	
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	P	SP
CISPLATIN SOLR	P	SP
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	P	SP
cyclophosphamide CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits
CYCLOPHOSPHAMIDE SOLN	P	SP
CYCLOPHOSPHAMIDE SOLN	P	SP
CYCLOPHOSPHAMIDE SOLN 500 MG/ML	P	
cyclophosphamide SOLR IJ	P	SP
cyclophosphamide SOLR IJ 1 GM	NP	SP
CYCLOPHOSPHAMIDE TABS	P	
EVOMELA	NP	SP
GLIADEL WAFER	P	
IFEX SOLR	P	
IFEX SOLR *(ifosfamide)*	P	
ifosfamide SOLN	P	
ifosfamide SOLR	P	
IFOSFAMIDE SOLR	P	
LEUKERAN	P	
melphalan	P	
melphalan hcl	P	SP
MYLERAN TABS	P	
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	NP	
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	P	
oxaliplatin SOLR	P	
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG *(temozolomide)*	P	SP
TEMODAR SOLR	P	SP
temozolomide CAPS	P	SP
TEPADINA *(thiotepa)*	P	SP
thiotepa	P	SP
TREANDA SOLR *(bendamustine hcl)*	P	SP
VIVIMUSTA SOLN	P	SP
YONDELIS	P	SP
ZANOSAR	P	

Drug Name	Drug Tier	Requirements/ Limits
ZEPZELCA	P	SP
Antimetabolites		
ALIMTA SOLR *(pemetrexed disodium)*	P	SP
ARRANON *(nelarabine)*	P	
azacitidine SUSR	NP	SP
azacitidine SUSR	P	SP
capecitabine	NP	SP
capecitabine	P	SP
cladribine 10 MG/10ML	P	SP
clofarabine	P	
CLOLAR *(clofarabine)*	P	
cytarabine SOLN	P	SP
DACOGEN *(decitabine)*	P	SP
decitabine	P	SP
floxuridine	P	
fludarabine phosphate SOLN	P	SP
FLUDARABINE PHOSPHATE SOLN	P	SP
fludarabine phosphate SOLR	P	SP
fluorouracil	P	
fluorouracil 500 MG/10ML	NP	
FOLOTYN	P	SP
FOLOTYN *(pralatrexate)*	P	SP
gemcitabine hcl SOLN	P	
gemcitabine hcl SOLR	P	
GEMCITABINE HYDROCHLORIDE SOLN *(gemcitabine hcl)*	P	
GEMCITABINE HYDROCHLORIDE SOLN	P	
GEMCITABINE HYDROCHLORIDE SOLN	P	
INFUGEM	P	
mercaptopurine TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	P	
methotrexate sodium SOLR	P	
methotrexate sodium TABS 2.5 MG	P	
nelarabine	P	
ONUREG TABS	P	SP
PEMETREXED	P	SP
pemetrexed disodium SOLR	P	SP
PEMETREXED SOLN	P	SP
PEMFEXY	P	SP
pralatrexate	P	SP
PURIXAN SUSP	P	
TABLOID	P	SP
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	
VIDAZA SUSR *(azacitidine)*	P	SP
XATMEP SOLN	P	
XELODA *(capecitabine)*	P	SP
Antineoplastic - Angiogenesis Inhibitors		
ALYMSYS	P	SP
AVASTIN	P	SP
CYRAMZA	P	SP
INLYTA	P	SP
LENVIMA 10 MG DAILY DOSE	P	SP
LENVIMA 12MG DAILY DOSE	P	SP
LENVIMA 14 MG DAILY DOSE	P	SP
LENVIMA 18 MG DAILY DOSE	P	SP
LENVIMA 20 MG DAILY DOSE	P	SP

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 24 MG DAILY DOSE	P	SP
LENVIMA 4 MG DAILY DOSE	P	SP
LENVIMA 8 MG DAILY DOSE	P	SP
MVASI	P	SP
VEGZELMA	P	SP
ZALTRAP	P	SP
ZIRABEV	P	SP
Antineoplastic - Antibodies		
ADCETRIS	P	SP
ARZERRA	P	SP
BAVENCIO	P	SP
BESPONSA	P	SP
BLENREP	P	SP
BLINCYTO	P	SP
COLUMVI	P	
DANYELZA	NP	
DARZALEX	P	SP
ELAHERE	P	SP
ELREXFIO	P	
EMPLICITI	P	SP
ENHERTU	P	SP
EPKINLY	P	SP
GAZYVA	P	SP
IMFINZI	P	SP
JEMPERLI	P	SP
KADCYLA	P	SP
KEYTRUDA	P	SP
KIMMTRAK	NP	SP
LIBTAYO	P	SP
LUMOXITI	P	SP
LUMOXITI	NP	SP
LUNSUMIO	P	SP
MONJUVI	P	SP
MYLOTARG	P	SP

Drug Name	Drug Tier	Requirements/ Limits
OPDIVO	P	SP
PADCEV	P	SP
POLIVY	P	SP
POTELIGEO	P	SP
RIABNI	P	SP
RITUXAN	P	SP
RUXIENCE	P	SP
RYBREVANT	P	SP
SARCLISA	P	SP
TALVEY	P	
TECENTRIQ	P	SP
TIVDAK	P	SP
TRUXIMA	P	SP
UNITUXIN	P	SP
YERVOY	P	SP
ZEVALIN Y-90	P	SP
ZYNLONTA	NP	SP
ZYNYZ	P	SP
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN 150 MG	P	SP
HERZUMA	P	SP
KANJINTI	P	SP
MARGENZA	NP	SP
OGIVRI	P	SP
ONTRUZANT	P	SP
ONTRUZANT	NP	SP
PERJETA	P	SP
TRAZIMERA	P	SP
TUKYSA	P	SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	P	SP
VENCLEXTA TABS	P	SP
Antineoplastic - Cellular Immunotherapy		
ABECMA	P	SP
BREYANZI	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
CARVYKTI	P	SP
KYMRIAH	P	SP
PROVENGE	P	SP
TECARTUS	P	SP
YESCARTA	P	SP
Antineoplastic - EGFR Inhibitors		
ERBITUX	P	SP
erlotinib hcl	NP	SP
erlotinib hcl	P	SP
EXKIVITY	P	SP
gefitinib	P	SP
GILOTRIF	P	SP
IRESSA *(gefitinib)*	P	SP
PORTRAZZA	P	SP
TAGRISSO	P	SP
TARCEVA *(erlotinib hcl)*	P	SP
VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP
VIZIMPRO	P	SP
Antineoplastic - Gene Therapy Agents		
ADSTILADRIN	P	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	P	SP
ERIVEDGE	P	SP
ODOMZO	P	SP
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	P	SP
anastrozole	P	
ARIMIDEX *(anastrozole)*	P	
AROMASIN *(exemestane)*	P	
bicalutamide	P	
CAMCEVI	P	SP
CASODEX *(bicalutamide)*	P	
ELIGARD SC	P	SP
EMCYT	P	SP

Drug Name	Drug Tier	Requirements/ Limits
ERLEADA	P	SP
exemestane	P	
FARESTON *(toremifene citrate)*	P	
FASLODEX SOSY *(fulvestrant)*	P	
FEMARA *(letrozole)*	P	
FIRMAGON	P	SP
flutamide	P	
fulvestrant SOSY	P	
hydroxyprogesterone caproate (antineoplastic)	NP	SP
letrozole	P	
LEUPROLIDE ACETATE INJ	P	
leuprolide acetate KIT IJ 1 MG/0.2ML	P	SP
LUPRON DEPOT (1-MONTH) KIT IM	P	SP
LUPRON DEPOT (3-MONTH) KIT IM	P	SP
LUPRON DEPOT (4-MONTH) IM	P	SP
LUPRON DEPOT (6-MONTH) IM	P	SP
LYSODREN	P	SP
megestrol acetate TABS	P	
megestrol acetate TABS 40 MG	NP	
nilutamide	P	
NUBEQA	P	SP
ORGOVYX	NP	SP
ORSERDU	P	SP
SOLTAMOX SOLN	P	
tamoxifen citrate TABS	P	
toremifene citrate	P	
TRELSTAR MIXJECT	NP	SP
XTANDI CAPS	P	SP
XTANDI TABS	P	SP

Drug Name	Drug Tier	Requirements/ Limits
YONSA	P	SP
ZYTIGA *(abiraterone acetate)*	P	SP
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	P	SP
Antineoplastic - Immunomodulators		
POMALYST	P	SP
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT 100 MG, 200 MG, 300 MG	NP	SP
AYVAKIT 25 MG, 50 MG	P	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO	P	SP
XPOVIO 60 MG TWICE WEEKLY	P	SP
XPOVIO 80 MG TWICE WEEKLY	P	SP
Antineoplastic Antibiotics		
bleomycin sulfate	P	
COSMEGEN *(dactinomycin)*	P	
dactinomycin	P	
daunorubicin hcl SOLN	P	SP
DAUNORUBICIN HYDROCHLORIDE SOLN	P	SP
DAUNORUBICIN HYDROCHLORIDE SOLN *(daunorubicin hcl)*	P	SP
DOXIL *(doxorubicin hcl liposomal)*	P	
doxorubicin hcl liposomal	NP	
doxorubicin hcl liposomal	P	
doxorubicin hcl SOLN	P	
doxorubicin hcl SOLR 10 MG, 50 MG	P	
ELLENCE SOLN	P	SP

Drug Name	Drug Tier	Requirements/ Limits
epirubicin hcl SOLN 50 MG/25ML, 200 MG/100ML	P	SP
IDAMYCIN PFS *(idarubicin hcl)*	P	
idarubicin hcl	P	
JELMYTO SOLR UL	NP	
mitomycin SOLR IV	P	
mitomycin SOLR IV 5 MG	NP	
mitoxantrone hcl 2 MG/ML	P	SP
valrubicin	P	SP
VALSTAR *(valrubicin)*	P	SP
Antineoplastic Combinations		
DARZALEX FASPRO	P	SP
HERCEPTIN HYLECTA	P	SP
INQOVI	P	SP
KISQALI FEMARA 200 DOSE	P	SP
KISQALI FEMARA 400 DOSE	P	SP
KISQALI FEMARA 600 DOSE	P	SP
LONSURF	P	SP
OPDUALAG	P	SP
PHESGO	P	SP
RITUXAN HYCELA	P	SP
VYXEOS	P	SP
VYXEOS	NP	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO *(everolimus)*	P	SP
AFINITOR TABS *(everolimus)*	P	SP
ALECENSA	P	SP
ALIQOPA	P	SP
ALUNBRIG TABS	P	SP
ALUNBRIG TBPK	P	SP
BALVERSA	P	SP

Drug Name	Drug Tier	Requirements/ Limits
BELEODAQ	NP	SP
BORTEZOMIB SOLN	P	SP
bortezomib SOLR IJ	P	SP
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	P	SP
BOSULIF	P	SP
BRAFTOVI 75 MG	P	SP
BRUKINSA	NP	SP
CABOMETYX TABS	P	SP
CALQUENCE	P	SP
CALQUENCE	P	SP
CAPRELSA	P	SP
COMETRIQ KIT	P	SP
COPIKTRA	P	SP
COTELLIC	P	SP
everolimus TABS 5 MG	NP	SP
everolimus TABS	P	SP
everolimus TBSO	P	SP
FARYDAK	NP	SP
FOTIVDA	NP	SP
FYARRO	NP	SP
GAVRETO	P	SP
GLEEVEC *(imatinib mesylate)*	P	SP
IBRANCE CAPS	P	SP
IBRANCE TABS	P	SP
ICLUSIG	P	SP
IDHIFA	P	SP
imatinib mesylate	NP	SP
imatinib mesylate	P	SP
IMBRUVICA CAPS	P	SP
IMBRUVICA SUSP	P	SP
IMBRUVICA TABS	P	SP
INREBIC	P	SP
ISTODAX (OVERFILL) SOLR *(romidepsin)*	P	SP
JAKAFI	P	SP

Drug Name	Drug Tier	Requirements/ Limits
JAYPIRCA	P	SP
KISQALI	P	SP
KOSELUGO	P	SP
KRAZATI	P	SP
KYPROLIS	P	SP
lapatinib ditosylate	P	SP
LORBRENA	P	SP
LUMAKRAS	P	SP
LYNPARZA TABS	P	SP
LYTGOBI	P	SP
MEKINIST SOLR	P	SP
MEKINIST TABS	P	SP
MEKTOVI	P	SP
NERLYNX	P	SP
NEXAVAR *(sorafenib tosylate)*	P	SP
NINLARO	P	SP
PEMAZYRE	P	SP
PIQRAY 200MG DAILY DOSE	P	SP
PIQRAY 250MG DAILY DOSE	P	SP
PIQRAY 300MG DAILY DOSE	P	SP
QINLOCK	NP	SP
RETEVMO	P	SP
REZLIDHIA	P	SP
ROMIDEPSIN SOLN	P	SP
romidepsin SOLR	P	SP
ROZLYTREK	P	SP
RUBRACA	P	SP
RYDAPT	P	SP
SCEMBLIX	P	SP
sorafenib tosylate	P	SP
SPRYCEL	P	SP
STIVARGA	P	SP
sunitinib malate	P	SP

Drug Name	Drug Tier	Requirements/ Limits
SUTENT *(sunitinib malate)*	P	SP
TABRECTA	P	SP
TAFINLAR CAPS	P	SP
TAFINLAR TBSO	P	SP
TALZENNA	P	SP
TASIGNA	P	SP
TAZVERIK	P	SP
temsirolimus	P	SP
TEPMETKO	P	SP
TIBSOVO	P	SP
TORISEL *(temsirolimus)*	P	SP
TRUSELTIQ	NP	SP
TURALIO	P	SP
TYKERB *(lapatinib ditosylate)*	P	SP
UKONIQ	NP	SP
VANFLYTA	P	
VELCADE SOLR IJ *(bortezomib)*	P	SP
VERZENIO	P	SP
VITRAKVI CAPS	P	SP
VITRAKVI SOLN	P	SP
VONJO	NP	SP
VOTRIENT	P	SP
XALKORI	P	SP
XOSPATA	P	SP
ZEJULA CAPS	P	SP
ZEJULA TABS	P	SP
ZELBORAF	P	SP
ZOLINZA	P	SP
ZYDELIG	P	SP
ZYKADIA TABS	P	SP
Antineoplastic Enzymes		
ASPARLAS	P	SP
ONCASPAR	P	SP
RYLAZE	P	SP

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC	P	SP
AZEDRA THERAPEUTIC	P	SP
LUTATHERA	P	SP
PLUVICTO	P	SP
QUADRAMET	P	
XOFIGO	P	
Antineoplastics Misc.		
ACTIMMUNE	P	SP
arsenic trioxide	P	SP
bexarotene	P	SP
dacarbazine SOLR	P	
ELZONRIS	P	
HYDREA *(hydroxyurea)*	P	
hydroxyurea	P	
INTRON A SOLN	P	SP
INTRON A SOLR	P	SP
MATULANE	P	SP
NIPENT	P	
SYNRIBO	P	SP
TARGRETIN *(bexarotene)*	P	SP
TICE BCG	P	
tretinoin (chemotherapy)	P	SP
TRISENOX *(arsenic trioxide)*	P	SP
Chemotherapy Adjuncts		
ELITEK	P	
KEPIVANCE	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		
COSELA	NP	
dexrazoxane hcl	P	SP
KHAPZORY	P	SP
leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML	P	

Drug Name	Drug Tier	Requirements/ Limits
leucovorin calcium SOLR	P	
leucovorin calcium TABS	P	
levoleucovorin calcium SOLN	P	SP
levoleucovorin calcium SOLR	P	SP
mesna SOLN	P	SP
MESNEX SOLN *(mesna)*	P	SP
MESNEX TABS	P	SP
Mitotic Inhibitors		
ABRAXANE	P	SP
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP
docetaxel SOLN	P	SP
DOCETAXEL SOLN *(docetaxel)*	P	SP
ETOPOPHOS	P	
etoposide CAPS	P	SP
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	P	SP
HALAVEN	P	SP
IXEMPRA KIT	P	SP
JEVTANA	P	SP
MARQIBO	P	SP
NAVELBINE *(vinorelbine tartrate)*	P	
paclitaxel	P	
paclitaxel protein-bound particles	P	SP
PACLITAXEL PROTEIN-BOUNDPARTICLES	P	SP
vinblastine sulfate SOLN	P	
vincristine sulfate	P	SP
vinorelbine tartrate	P	

Drug Name	Drug Tier	Requirements/ Limits
Oncolytic Viral Agents		
IMLYGIC	P	SP
Topoisomerase I Inhibitors		
CAMPTOSAR *(irinotecan hcl)*	P	SP
HYCAMTIN CAPS	P	SP
HYCAMTIN SOLR *(topotecan hcl)*	P	SP
irinotecan hcl	P	SP
irinotecan hcl 40 MG/2ML, 100 MG/5ML	NP	SP
ONIVYDE	P	SP
topotecan hcl SOLN	P	SP
TOPOTECAN HCL SOLN	P	SP
topotecan hcl SOLR	P	SP
TRODELVY	NP	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	NP	
LODOSYN *(carbidopa)*	NP	
NOURIANZ	NP	
Antiparkinson Anticholinergics		
benztropine mesylate TABS	P	
trihexyphenidyl hcl SOLN	P	
trihexyphenidyl hcl TABS	P	
Antiparkinson COMT Inhibitors		
COMTAN *(entacapone)*	NP	
entacapone	P	
ONGENTYS	NP	
TASMAR *(tolcapone)*	NP	
tolcapone	NP	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits
amantadine hcl CAPS	NP	
amantadine hcl SOLN	P	AL(Up to 10 yrs old)
amantadine hcl TABS	NP	
bromocriptine mesylate CAPS	P	
bromocriptine mesylate TABS 2.5 MG	P	
carbidopa-levodopa-entacapone	NP	
carbidopa-levodopa TABS	P	
carbidopa-levodopa TBCR	P	
carbidopa-levodopa TBDP	NP	
DHIVY TABS	NP	
DUOPA SUSP	NP	
GOCOVRI CP24	NP	SP
KYNMOBI TITRATION KIT KIT	NP	
KYNMOBI FILM	NP	
MIRAPEX ER TB24 *(pramipexole dihydrochloride)*	NP	
NEUPRO	NP	
OSMOLEX ER T4PK	NP	
OSMOLEX ER TB24	NP	
PARLODEL CAPS *(bromocriptine mesylate)*	NP	
PARLODEL TABS *(bromocriptine mesylate)*	NP	
pramipexole dihydrochloride TABS	P	
pramipexole dihydrochloride TB24	NP	
ropinirole hydrochloride TABS	P	
ropinirole hydrochloride TB24	NP	
RYTARY CPCR	NP	

Drug Name	Drug Tier	Requirements/ Limits
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(carbidopa-levodopa)*	NP	
STALEVO 100 *(carbidopa-levodopa-entacapone)*	NP	
STALEVO 125 *(carbidopa-levodopa-entacapone)*	NP	
STALEVO 150 *(carbidopa-levodopa-entacapone)*	NP	
STALEVO 200 *(carbidopa-levodopa-entacapone)*	NP	
STALEVO 50 *(carbidopa-levodopa-entacapone)*	NP	
STALEVO 75 *(carbidopa-levodopa-entacapone)*	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(rasagiline mesylate)*	NP	
rasagiline mesylate	NP	
selegiline hcl CAPS	NP	
selegiline hcl TABS	NP	
selegiline hcl TABS	P	
XADAGO	NP	
ZELAPAR TBDP	NP	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate CAPS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
lithium carbonate TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
lithium carbonate TBCR	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
LITHOBID TBCR *(lithium carbonate)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Antipsychotics - Misc.		
CAPLYTA	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
EQUETRO	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
GEODON *(ziprasidone mesylate)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
GEODON 40 MG *(ziprasidone hcl)*	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
GEODON *(ziprasidone hcl)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
LATUDA *(lurasidone hcl)*	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
lurasidone hcl	P	AL(At least 18 yrs old)
lurasidone hcl	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
VRAYLAR CAPS	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
VRAYLAR CPPK	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
ziprasidone hcl	P	AL(At least 18 yrs old)
ziprasidone hcl	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
ziprasidone mesylate	P	AL(At least 18 yrs old)
Benzisoxazoles		

Drug Name	Drug Tier	Requirements/ Limits
FANAPT	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
FANAPT TITRATION PACK	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
INVEGA *(paliperidone)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
INVEGA HAFYERA	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
INVEGA SUSTENNA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
INVEGA TRINZA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
paliperidone	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
paliperidone	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
PERSERIS PRSY	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
RISPERDAL CONSTA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
RISPERDAL SOLN *(risperidone)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(risperidone)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
risperidone SOLN	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
risperidone TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
risperidone TBDP	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
UZEDY SUSY	NP	SP
Butyrophenones		
HALDOL DECANOATE 100 *(haloperidol decanoate)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
HALDOL DECANOATE 50 *(haloperidol decanoate)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
haloperidol decanoate	P	AL(At least 18 yrs old)
haloperidol lactate CONC	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
haloperidol lactate SOLN	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
haloperidol TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
haloperidol TABS 0.5 MG, 1 MG, 2 MG	P	AL(At least 18 yrs old)
Dibenzapines		
ADASUVE	NP	AL(At least 18 yrs old)
asenapine maleate	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
clozapine TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
clozapine TBDP	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
CLOZARIL TABS *(clozapine)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
loxapine succinate	P	AL(At least 18 yrs old)
olanzapine SOLR	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
olanzapine TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
olanzapine TBDP	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
quetiapine fumarate TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG	P	AL(At least 18 yrs old)
quetiapine fumarate TB24	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
SAPHRIS *(asenapine maleate)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
SECUADO	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL XR TB24 *(quetiapine fumarate)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
SEROQUEL TABS *(quetiapine fumarate)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
VERSACLOZ SUSP	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
ZYPREXA RELPREVV	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
ZYPREXA ZYDIS TBDP *(olanzapine)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
ZYPREXA SOLR *(olanzapine)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
ZYPREXA TABS *(olanzapine)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Dihydroindolones		

Drug Name	Drug Tier	Requirements/ Limits
molindone hcl	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Phenothiazines		
chlorpromazine hcl CONC	NP	AL(At least 18 yrs old)
chlorpromazine hcl SOLN	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
chlorpromazine hcl TABS	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
fluphenazine decanoate	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
fluphenazine hcl CONC	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
fluphenazine hcl ELIX	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
fluphenazine hcl SOLN	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
fluphenazine hcl TABS	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
perphenazine TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
prochlorperazine	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
prochlorperazine maleate TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
thioridazine hcl	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
trifluoperazine hcl TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Quinolinone Derivatives		

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY ASIMTUFII PRSY	NP	SP
ABILIFY MAINTENA PRSY	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
ABILIFY MAINTENA SRER	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
ABILIFY MYCITE	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
ABILIFY MYCITE MAINTENANCE KIT	NP	SP
ABILIFY MYCITE STARTER KIT	NP	SP
ABILIFY TABS *(aripiprazole)*	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
aripiprazole SOLN OR	P	AL(At least 18 yrs old)
aripiprazole TABS 2 MG, 5 MG, 10 MG, 15 MG	P	AL(At least 18 yrs old)
aripiprazole TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
aripiprazole TBDP	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ARISTADA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
ARISTADA INITIO	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
REXULTI	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Thioxanthenes		
thiothixene	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
ANTISEPTICS & DISINFECTANTS		
Iodine Antiseptics		
FIRST AID ANTISEPTIC OINTMENT OINT	P	
povidone-iodine SOLN 10 %	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	P	
abacavir sulfate-lamivudine-zidovudine	NP	
abacavir sulfate SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
abacavir sulfate TABS	P	
APRETUDE	P	
APTIVUS CAPS	NP	
atazanavir sulfate CAPS	P	
BIKTARVY	P	
CABENUVA	NP	
CIMDUO	P	
COMBIVIR *(lamivudine-zidovudine)*	NP	
COMPLERA	NP	
CRIXIVAN 400 MG	NP	
darunavir TABS	NP	
DELSTRIGO	P	
DESCOVY	P	
DOVATO	P	
EDURANT	P	
efavirenz CAPS	P	
efavirenz-emtricitabine-tenofovir disoproxil fumarate	P	
efavirenz-lamivudine-tenofovir disoproxil fumarate	NP	
efavirenz TABS	P	
emtricitabine CAPS	NP	
emtricitabine-tenofovir disoproxil fumarate	P	
EMTRIVA CAPS *(emtricitabine)*	P	
EMTRIVA SOLN	P	
EPIVIR SOLN *(lamivudine)*	NP	
EPIVIR TABS *(lamivudine)*	NP	
EPZICOM *(abacavir sulfate-lamivudine)*	NP	
etravirine	P	
EVOTAZ	P	
fosamprenavir calcium TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
FUZEON SOLR	NP	SP
GENVOYA	P	
INTELENCE	NP	
INTELENCE *(etravirine)*	NP	
INVIRASE TABS	NP	
ISENTRESS HD TABS	NP	
ISENTRESS CHEW	P	
ISENTRESS PACK	P	
ISENTRESS TABS	P	
JULUCA	NP	
KALETRA SOLN *(lopinavir-ritonavir)*	NP	
KALETRA TABS *(lopinavir-ritonavir)*	NP	
lamivudine SOLN	P	
lamivudine TABS	P	
lamivudine-zidovudine	P	
LEXIVA SUSP	NP	
LEXIVA TABS *(fosamprenavir calcium)*	NP	
lopinavir-ritonavir SOLN	P	
lopinavir-ritonavir TABS	P	
maraviroc TABS	NP	
nevirapine SUSP	NP	
nevirapine TABS	NP	
nevirapine TB24	NP	
NORVIR PACK	P	
NORVIR SOLN	P	
NORVIR TABS *(ritonavir)*	NP	
ODEFSEY	P	
PIFELTRO	NP	
PREZCOBIX	P	
PREZISTA SUSP	P	
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P	
PREZISTA TABS *(darunavir)*	P	

Drug Name	Drug Tier	Requirements/ Limits
RETROVIR IV INFUSION SOLN	P	
RETROVIR CAPS *(zidovudine)*	NP	
RETROVIR SYRP *(zidovudine)*	NP	
REYATAZ CAPS *(atazanavir sulfate)*	NP	
REYATAZ PACK	P	
ritonavir TABS	P	
RUKOBIA	P	
SELZENTRY SOLN	NP	
SELZENTRY TABS	NP	
SELZENTRY TABS *(maraviroc)*	NP	
stavudine CAPS	NP	
STRIBILD	NP	
SUNLENCA SOLN	NP	SP
SUNLENCA TBPK	NP	SP
SUSTIVA CAPS *(efavirenz)*	NP	
SUSTIVA TABS *(efavirenz)*	NP	
SYMFI *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	P	
SYMFI LO *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	P	
SYMTUZA	NP	
TEMIXYS	NP	
tenofovir disoproxil fumarate TABS	P	
TIVICAY PD TBSO	P	
TIVICAY TABS	P	
TRIUMEQ PD TBSO	NP	
TRIUMEQ TABS	P	
TRIZIVIR	NP	
TROGARZO	P	SP

Drug Name	Drug Tier	Requirements/ Limits
TRUVADA *(emtricitabine-tenofovir disoproxil fumarate)*	NP	
TYBOST	P	
VIRACEPT TABS	NP	
VIRAMUNE XR TB24 400 MG *(nevirapine)*	NP	
VIRAMUNE SUSP *(nevirapine)*	NP	
VIREAD POWD	P	
VIREAD TABS 150 MG, 200 MG, 250 MG	P	
VIREAD TABS *(tenofovir disoproxil fumarate)*	NP	
VOCABRIA	NP	
ZIAGEN SOLN *(abacavir sulfate)*	NP	
ZIAGEN TABS *(abacavir sulfate)*	NP	
zidovudine CAPS	P	
zidovudine SYRP	P	
zidovudine TABS	P	
CMV Agents		
LIVTENCITY	NP	SP
PREVYMIS TABS	NP	SP
VALCYTE SOLR *(valganciclovir hcl)*	NP	AL(Up to 10 yrs old)
VALCYTE TABS *(valganciclovir hcl)*	NP	
valganciclovir hcl SOLR	P	AL(Up to 10 yrs old)
valganciclovir hcl TABS	P	
Hepatitis Agents		
EPCLUSA PACK	P	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
EPCLUSA TABS 50 MG-200 MG	P	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP

Drug Name	Drug Tier	Requirements/ Limits
EPCLUSA TABS 100 MG-400 MG	NP	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
HARVONI PACK	NP	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP; PA
HARVONI TABS	NP	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP; PA
HARVONI TABS	NP	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP; PA
LEDIPASVIR/SOFOSBUVIR TABS	NP	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP; PA
MAVYRET PACK	P	112 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
MAVYRET TABS	P	112 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
PEGASYS SOLN	NP	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP; PA
PEGASYS SOSY	NP	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP; PA
ribavirin (hepatitis c) CAPS	P	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
ribavirin (hepatitis c) TABS 200 MG	P	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP
SOFOSBUVIR/VELPATASVIR TABS	P	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP

Drug Name	Drug Tier	Requirements/ Limits
SOVALDI PACK	NP	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP; PA
SOVALDI TABS	NP	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP; PA
VIEKIRA PAK TBPK	NP	SP; PA
VOSEVI	NP	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP; PA
ZEPATIER	NP	84 rtl MAX day(s) supply; 365 rtl lmt day(s); SP; PA
Herpes Agents		
acyclovir CAPS	P	
acyclovir SUSP	P	AL(Up to 10 yrs old)
acyclovir TABS OR	P	
famciclovir	P	
SITAVIG TABS BU	NP	
valacyclovir hcl	P	
VALTREX *(valacyclovir hcl)*	NP	
ZOVIRAX SUSP *(acyclovir)*	NP	AL(Up to 10 yrs old)
Influenza Agents		
oseltamivir phosphate CAPS	P	1 rtl MAX fill; 180 rtl day(s) supply
oseltamivir phosphate SUSR	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(Up to 10 yrs old)
RELENZA DISKHALER	P	1 rtl MAX fill; 180 rtl day(s) supply
rimantadine hydrochloride TABS	NP	
TAMIFLU CAPS *(oseltamivir phosphate)*	NP	1 rtl MAX fill; 180 rtl day(s) supply

Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU SUSR *(oseltamivir phosphate)*	NP	1 rtl MAX fill; 180 rtl day(s) supply; AL(Up to 10 yrs old)
XOFLUZA	NP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol	P	
carvedilol phosphate	NP	
COREG *(carvedilol)*	NP	
COREG CR *(carvedilol phosphate)*	NP	
labetalol hcl TABS	NP	
labetalol hcl TABS	P	
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	NP	
atenolol TABS	P	
betaxolol hcl	NP	
bisoprolol fumarate	P	
BYSTOLIC *(nebivolol hcl)*	NP	
KAPSPARGO SPRINKLE CS24	NP	
LOPRESSOR TABS *(metoprolol tartrate)*	NP	
metoprolol succinate TB24	P	
metoprolol succinate TB24 50 MG, 100 MG, 200 MG	NP	
metoprolol tartrate TABS	P	
nebivolol hcl	P	
TENORMIN TABS *(atenolol)*	NP	
TOPROL XL TB24 *(metoprolol succinate)*	NP	
Beta Blockers Non-Selective		
BETAPACE AF *(sotalol hcl (afib/afl))*	NP	

Drug Name	Drug Tier	Requirements/ Limits
BETAPACE TABS 80 MG, 120 MG, 160 MG *(sotalol hcl)*	NP	
CORGARD TABS 20 MG, 40 MG, 80 MG *(nadolol)*	NP	
HEMANGEOL SOLN OR	NP	SP
INDERAL LA CP24 *(propranolol hcl)*	NP	
INDERAL XL	NP	
INNOPRAN XL	NP	
nadolol TABS 20 MG, 40 MG, 80 MG	P	
nadolol TABS 20 MG, 40 MG, 80 MG	NP	
pindolol TABS	NP	
propranolol hcl CP24	P	
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	P	
propranolol hcl TABS	P	
sotalol hcl (afib/afl)	P	
sotalol hcl TABS	P	
SOTYLIZE SOLN OR	NP	
timolol maleate TABS	NP	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS	P	
CALAN SR TBCR *(verapamil hcl)*	NP	
CARDIZEM CD CP24 *(diltiazem hcl coated beads)*	NP	
CARDIZEM LA TB24 *(diltiazem hcl)*	NP	
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(diltiazem hcl)*	NP	
diltiazem hcl coated beads CP24	P	

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl extended release beads	P	
diltiazem hcl CP12	P	
diltiazem hcl CP24	P	
DILTIAZEM HCL SOLR	P	
diltiazem hcl TABS	P	
diltiazem hcl TB24	NP	
felodipine	P	
isradipine CAPS	NP	
KATERZIA	NP	
nicardipine hcl CAPS	NP	
nifedipine CAPS	P	
nifedipine TB24	P	
nimodipine CAPS	P	
nisoldipine	NP	
NORLIQVA SOLN	NP	
NORVASC TABS *(amlodipine besylate)*	NP	
NYMALIZE SOLN 6 MG/ML	P	
PROCARDIA XL TB24 *(nifedipine)*	NP	
SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)*	NP	
TIAZAC *(diltiazem hcl extended release beads)*	NP	
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	P	
verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG	NP	
verapamil hcl TABS	P	
verapamil hcl TBCR	P	
VERAPAMIL HYDROCHLORIDE ER CP24 *(verapamil hcl)*	NP	
VERELAN PM CP24 *(verapamil hcl)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
VERELAN CP24 *(verapamil hcl)*	NP	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN OR 0.05 MG/ML	P	
digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	P	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	NP	
BIDIL *(isosorbide dinitrate-hydralazine hcl)*	NP	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(amlodipine besylate-atorvastatin calcium)*	NP	
ENTRESTO	P	
isosorbide dinitrate-hydralazine hcl	NP	
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Peripheral Vasodilators		
inositol niacinate CAPS	P	
Prostaglandin Vasodilators		
ORENITRAM TITRATION KIT MONTH 1 TEPK	NP	SP
ORENITRAM TITRATION KIT MONTH 2 TEPK	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM TITRATION KIT MONTH 3 TEPK	NP	SP
ORENITRAM TBCR	NP	SP
treprostinil SOLN IJ	NP	SP
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
TYVASO SOLN IN	NP	SP; PA
VENTAVIS	P	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	P	SP; PA
bosentan TABS	P	SP; PA
LETAIRIS *(ambrisentan)*	NP	SP; PA
OPSUMIT	NP	SP; PA
TRACLEER TABS *(bosentan)*	NP	SP; PA
TRACLEER TBSO	NP	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(tadalafil (pulmonary hypertension))*	NP	SP; PA
LIQREV SUSP	NP	SP
REVATIO SUSR *(sildenafil citrate (pulmonary hypertension))*	NP	SP; PA
REVATIO TABS *(sildenafil citrate (pulmonary hypertension))*	NP	SP; PA
sildenafil citrate (pulmonary hypertension) SUSR	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
sildenafil citrate (pulmonary hypertension) SUSR	NP	SP; PA
sildenafil citrate (pulmonary hypertension) TABS	P	SP; PA
tadalafil (pulmonary hypertension) TABS	NP	SP; PA
tadalafil (pulmonary hypertension) TABS	P	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	NP	SP; PA
UPTRAVI SOLR	NP	SP; PA
UPTRAVI TABS	NP	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP; PA
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	NP	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	NP	
cefadroxil SUSR	NP	
cefadroxil TABS	NP	
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG	P	
cephalexin CAPS	P	
cephalexin SUSR	P	
cephalexin TABS	NP	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	

Drug Name	Drug Tier	Requirements/ Limits
cefaclor CAPS	P	
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	NP	
cefotetan disodium IJ 1 GM, 2 GM	P	
cefoxitin sodium IV	P	
cefprozil SUSR	P	
cefprozil TABS	P	
cefuroxime axetil TABS	P	
cefuroxime sodium IJ 750 MG	P	
Cephalosporins - 3rd Generation		
cefdinir CAPS	P	
cefdinir SUSR	P	
cefdinir SUSR	NP	
cefixime CAPS	NP	
cefixime SUSR	NP	
cefpodoxime proxetil SUSR	NP	
cefpodoxime proxetil TABS	NP	
ceftazidime IJ 1 GM, 6 GM	P	
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	P	
ceftriaxone sodium in dextrose	P	
SUPRAX CAPS *(cefixime)*	NP	
SUPRAX CHEW	NP	
SUPRAX SUSR	NP	
SUPRAX SUSR *(cefixime)*	NP	
Cephalosporins - 4th Generation		
cefepime hcl SOLR IV 2 GM	P	
CEFEPIME SOLN	P	
CHEMICALS		

Drug Name	Drug Tier	Requirements/ Limits
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 *(levonorgestrel-ethinyl estradiol-ferrous bisglycinate)*	NP	
BEYAZ *(drospirenone-ethinyl estradiol-levomefolate calcium)*	NP	
desogestrel & ethinyl estradiol	P	
desogestrel-ethinyl estradiol (biphasic)	P	
desogestrel-ethinyl estradiol (biphasic)	NP	
desogestrel-ethinyl estradiol (triphasic)	P	
drospirenone-ethinyl estradiol	P	
drospirenone-ethinyl estradiol-levomefolate calcium	NP	
ESTROSTEP FE *(norethindrone acetate-ethinyl estradiol-fe)*	NP	
ethynodiol diacet & eth estrad	P	
levonorgestrel & eth estradiol TABS	P	
levonorgestrel-eth estradiol (triphasic)	P	

Drug Name	Drug Tier	Requirements/ Limits
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	P	
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	NP	
levonorgestrel-ethinyl estradiol (continuous)	NP	
LO LOESTRIN FE TABS	NP	
LOSEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	NP	
MINASTRIN 24 FE CHEW *(norethin acet & estrad-fe)*	NP	
MIRCETTE *(desogestrel-ethinyl estradiol (biphasic))*	NP	
NATAZIA	P	
NEXTSTELLIS	NP	
norethin acet & estrad-fe CAPS	NP	
norethin acet & estrad-fe CAPS	P	
norethin acet & estrad-fe CHEW	P	
norethin acet & estrad-fe CHEW	NP	
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	NP	
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	P	
norethindrone & eth estradiol	P	
norethindrone & ethinyl estradiol-fe	NP	
norethindrone & ethinyl estradiol-fe	P	
norethindrone acet & eth estra	P	

Drug Name	Drug Tier	Requirements/ Limits
norethindrone acet & eth estra	NP	
norethindrone acetate-ethinyl estradiol-fe	NP	
norethindrone acetate-ethinyl estradiol-fe	P	
norethindrone-eth estradiol (triphasic)	P	
norgestimate-ethinyl estradiol	P	
norgestimate-ethinyl estradiol (triphasic)	P	
norgestimate-ethinyl estradiol (triphasic)	NP	
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	P	
QUARTETTE *(levonorgestrel-ethinyl estradiol (91-day))*	NP	
SAFYRAL *(drospirenone-ethinyl estradiol-levomefolate calcium)*	NP	
SEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	NP	
TAYTULLA CAPS *(norethin acet & estrad-fe)*	NP	
TYBLUME CHEW	P	
YASMIN 28 *(drospirenone-ethinyl estradiol)*	NP	
YAZ *(drospirenone-ethinyl estradiol)*	NP	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	NP	
norelgestromin-ethinyl estradiol	P	
TWIRLA	NP	
Combination Contraceptives - Vaginal		
ANNOVERA	NP	

Drug Name	Drug Tier	Requirements/ Limits
etonogestrel-ethinyl estradiol	NP	
NUVARING *(etonogestrel-ethinyl estradiol)*	NP	
NUVARING *(etonogestrel-ethinyl estradiol)*	P	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	P	SP
Emergency Contraceptives		
levonorgestrel (emergency oc) 1.5 MG	P	
Progestin Contraceptives - Implants		
NEXPLANON	P	SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM *(medroxyprogesterone acetate (contraceptive))*	P	
DEPO-PROVERA CONTRACEPTIVE SUSY IM *(medroxyprogesterone acetate (contraceptive))*	P	
DEPO-SUBQ PROVERA 104 SUSY SC	P	
medroxyprogesterone acetate (contraceptive) SUSP IM	P	
medroxyprogesterone acetate (contraceptive) SUSY IM	P	
Progestin Contraceptives - IUD		
KYLEENA	P	SP
LILETTA 20.1 MCG/DAY	P	SP
MIRENA	P	SP
SKYLA	P	SP
Progestin Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/ Limits
norethindrone (contraceptive)	P	
norethindrone (contraceptive)	NP	
SLYND	P	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
ALKINDI SPRINKLE CPSP	NP	
budesonide CPEP	P	
budesonide CPEP	NP	
budesonide TB24	NP	
CORTEF TABS *(hydrocortisone)*	NP	
CORTISONE ACETATE TABS	NP	
DEPO-MEDROL SUSP	P	
DEXAMETHASONE INTENSOL CONC	P	
dexamethasone ELIX	P	
dexamethasone SOLN	P	
dexamethasone TABS	P	
dexamethasone TBPK	NP	
EMFLAZA SUSP	NP	SP
ENTOCORT EC CPEP *(budesonide)*	NP	
HEMADY TABS	NP	
hydrocortisone TABS	P	
MEDROL DOSEPAK TBPK *(methylprednisolone)*	NP	
MEDROL TABS	NP	
MEDROL TABS *(methylprednisolone)*	NP	
methylprednisolone acetate SUSP	P	

Drug Name	Drug Tier	Requirements/ Limits
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	P	
methylprednisolone sod succ 40 MG, 500 MG, 1000 MG	P	
methylprednisolone TABS	NP	
methylprednisolone TABS 4 MG	P	
methylprednisolone TBPK	P	
MILLIPRED TABS	NP	
ORTIKOS CP24	NP	
PEDIAPRED SOLN *(prednisolone sodium phosphate)*	NP	
prednisolone sodium phosphate SOLN	P	
prednisolone sodium phosphate TBDP	NP	
prednisolone SOLN	P	
prednisolone TABS	NP	
PREDNISONE INTENSOL CONC	NP	
prednisone SOLN	P	
prednisone TABS	P	
prednisone TBPK	P	
RAYOS TBEC	NP	
SOLU-MEDROL 2 GM, 40 MG, 500 MG, 1000 MG	P	
TARPEYO CPDR	NP	SP
UCERIS TB24 *(budesonide)*	NP	
Mineralocorticoids		
fludrocortisone acetate TABS	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate	P	

Drug Name	Drug Tier	Requirements/ Limits
benzonatate 100 MG	NP	
DELSYM COUGH CHILDRENS SUER *(dextromethorphan polistirex)*	NP	
DELSYM SUER *(dextromethorphan polistirex)*	NP	
DELSYM TABS	NP	
dextromethorphan hbr CAPS	NP	
dextromethorphan hbr SYRP 15 MG/5ML	NP	
dextromethorphan polistirex LQCR	NP	
dextromethorphan polistirex SUER	NP	
HYCODAN SOLN *(hydrocodone bitartrate-homatropine methylbromide)*	NP	QL(8 ml daily)
HYCODAN TABS 1.5 MG-5 MG *(hydrocodone bitartrate-homatropine methylbromide)*	NP	QL(8 ea daily)
hydrocodone bitartrate-homatropine methylbromide SOLN	P	QL(8 ml daily)
hydrocodone bitartrate-homatropine methylbromide TABS	NP	QL(8 ea daily)
TESSALON PERLES *(benzonatate)*	NP	
Cough/Cold/Allergy Combinations		
ALAHIST CF TABS	NP	
ALAHIST D	NP	
ALAHIST DM LIQD 7.5 MG/5ML-15 MG/5ML-2 MG/5ML *(phenylephrine-dexbrompheniramine-dextromethorphan)*	NP	
ALAHIST PE TABS	NP	
AQUANAZ PSE TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
AQUANAZ TABS	NP	
brompheniramine & phenyleph ELIX	NP	
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	NP	
CAPCOF SYRP	NP	
CAPMIST DM TABS 400 MG-15 MG-60 MG	NP	
CAPRON DM LIQD	NP	
CAPRON DMT TABS	NP	
cetirizine-pseudoephedrine	NP	
CHLO HIST	NP	
CHLO TUSS 30 MG/5ML-12.5 MG/5ML-1 MG/5ML	NP	
chlorpheniramine & phenylephrine LIQD 10 MG/5ML-4 MG/5ML	NP	
chlorpheniramine & phenylephrine TABS 10 MG-4 MG	NP	
chlorpheniramine & pseudoeph TABS	NP	
chlorpheniramine-dm TABS 4 MG-30 MG	NP	
chlorpheniramine-phenylephrine-acetaminophen MISC	NP	
chlorpheniramine-phenylephrine-acetaminophen TABS 5 MG-325 MG-2 MG	NP	
chlorpheniramine-phenylephrine-asa	NP	
CLARINEX-D 12 HOUR TB12	NP	
CONEX COLD/ALLERGY SOLN	NP	
CONEX COLD/ALLERGY TABS	NP	
CONTAC COLD/FLU DAY/NIGHT TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
COUGH AND CHEST CONGESTION DM COUGH SYRUP SYRP	P	
DAY CLEAR ALLERGY/COUGH CHEW	NP	
DAYCLEAR ALLERGY RELIEF TABS	NP	
DECONEX DMX TABS 10 MG-400 MG-17.5 MG	NP	
DECONEX IR TABS	NP	
DELSYM CHILDRENS COUGH PLUS SORE THROAT LIQD	NP	
DELSYM CHILDRENS DAY NIGHT MISC	NP	
DELSYM COUGH/SORE THROAT LIQD	NP	
DELSYM DAY NIGHT MISC	NP	
DELSYM NIGHTTIME COUGH MAXIMUM STRENGTH SOLN	NP	
dexbrompheniramine-phenylephrine TABS	NP	
dextromethorphan-acetaminophen-chlorpheniramine TABS	NP	
dextromethorphan-doxylamine-acetaminophen CAPS	NP	
dextromethorphan-doxylamine-acetaminophen LIQD	NP	
dextromethorphan-guaifenesin CAPS	NP	
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 200 MG/10ML-20 MG/10ML, 200 MG/20ML-20 MG/20ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML	P	

Drug Name	Drug Tier	Requirements/ Limits
dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/20ML-20 MG/20ML, 400 MG/20ML-20 MG/20ML	NP	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML	P	
dextromethorphan-guaifenesin TABS 400 MG-20 MG	NP	
dextromethorphan-guaifenesin TB12 1200 MG-60 MG, 600 MG-30 MG	NP	
dextromethorphan-phenylephrine-acetaminophen CAPS	NP	
dextromethorphan-phenylephrine-acetaminophen LIQD	NP	
dextromethorphan-phenylephrine-acetaminophen PACK	NP	
dextromethorphan-phenylephrine-acetaminophen TABS 5 MG-325 MG-10 MG	NP	
diphenhydramine-phenylephrine-acetaminophen LIQD 5 MG/10ML-325 MG/10ML-12.5 MG/10ML	NP	
diphenhydramine-phenylephrine-acetaminophen PACK	NP	
diphenhydramine-phenylephrine-acetaminophen TABS 5 MG-325 MG-12.5 MG	NP	
doxylamine-dm LIQD 15 MG/15ML-6.25 MG/15ML, 30 MG/30ML-12.5 MG/30ML	NP	
doxylamine-phenylephrine	NP	

Drug Name	Drug Tier	Requirements/ Limits
DURAFLU TABS 200 MG-325 MG-20 MG-60 MG	NP	
ED A-HIST DM TABS	NP	
ED A-HIST LIQD *(chlorpheniramine & phenylephrine)*	NP	
ED BRON GP LIQD	NP	
ENDAL	NP	
fexofenadine-pseudoephedrine TB12	NP	
fexofenadine-pseudoephedrine TB24	NP	
guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML	P	
guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML	NP	
guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML	P	
guaifenesin-codeine SYRP	P	
HISTEX-AC	NP	
HISTEX-DM SYRP	NP	
HM DIBROMM COLD AND ALLERGY CHILDRENS LIQD	P	
hydrocodone polistirex-chlorpheniramine polistirex SUER	P	
LOHIST-D LIQD	NP	
LOHIST-DM SYRP	NP	
loratadine & pseudoephedrine TB12	NP	
loratadine & pseudoephedrine TB24	NP	
MAR-COF CG EXPECTORANT LIQD	NP	
M-CLEAR WC SOLN	NP	
M-END DMX	NP	
M-END PE LIQD	NP	

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX CHILDRENS COLD COUGH & SORE THROAT LIQD *(phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX CHILDRENS FREEFORM MULTI-SYMPTOM COLD,FLU & SORE THR LIQD *(phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX CHILDRENS FREEFROM DAY TIME/NIGHT TIME LQPK	NP	
MUCINEX CHILDRENS FREEFROM MULTI-SYMPTOM COLD & FLU NIGHTTIM SOLN	NP	
MUCINEX CHILDRENS FREEFROM MULTI-SYMPTOM COLD AND STUFFY NOS LIQD *(phenylephrine w/ dm-gg)*	NP	
MUCINEX CHILDRENS MULTI-SYMPTOM COLD & FEVER LIQD *(phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX CHILDRENS MULTI-SYMPTOM COLD & SORE THROAT LIQD *(phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX CHILDRENS MULTI-SYMPTOM COLD LIQD *(phenylephrine w/ dm-gg)*	NP	
MUCINEX CLEAR & COOL DAY/NIGHT LQPK	NP	
MUCINEX CLEAR & COOL/FASTMAX/NIGHTS HIFT LQPK	NP	
MUCINEX COLD & FLU CAPS	NP	

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX COUGH & CONGESTION CHILDRENS LIQD *(phenylephrine w/ dm-gg)*	NP	
MUCINEX COUGH FOR KIDS PACK	NP	
MUCINEX D MAXIMUM STRENGTH TB12 *(pseudoephedrine-guaifenesin)*	NP	
MUCINEX DM MAXIMUM STRENGTH TB12 *(dextromethorphan-guaifenesin)*	NP	
MUCINEX DM TB12 *(dextromethorphan-guaifenesin)*	NP	
MUCINEX D TB12 *(pseudoephedrine-guaifenesin)*	NP	
MUCINEX FAST-MAX COLD FLU& SORE THROAT CLEAR & COOL LIQD *(phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX FAST-MAX COLD FLU& SORE THROAT LIQD *(phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX FAST-MAX COLD/FLU MAXIMUM STRENGTH LIQD *(phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX FAST-MAX COLD/FLU/SORE THROAT MAXIMUM STRENGTH CAPS *(phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX FAST-MAX COLD/FLU/SORE THROAT CAPS *(phenylephrine-dm-gg w/ apap)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX FAST-MAX COLD/FLU LIQD *(phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX FAST-MAX COLD/FLUMAXIMUM STRENGTH CAPS *(phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX FAST-MAX COLD/FLUNIGHTSHIFT SEV CLD/FLU DAY&NIGHT MS LQPK	NP	
MUCINEX FAST-MAX COLD/FLUNIGHTSHIFT SEV CLD/FLU DAY&NIGHT MS TBPK	NP	
MUCINEX FAST-MAX DAY TIME/NIGHT TIME MISC 10 MG/20ML-400 MG/20ML-650 MG/20ML-20 MG/20ML-25 MG/20ML	NP	
MUCINEX FAST-MAX DAY TIME/NIGHT TIME MISC *(phenylephrine-diphenhydramine-dm-guaifenesin-apap)*	NP	
MUCINEX FAST-MAX DAY/NIGHT COLD & FLU MAXIMUM STRENGTH CPPK *(phenylephrine-doxylamine-dm-guaifenesin-apap)*	NP	
MUCINEX FAST-MAX DAY/NITE M/S MISC	NP	
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH ARCTIC BURST LIQD *(phenylephrine w/ dm-gg)*	NP	
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH CLEAR & COOL LIQD *(phenylephrine w/ dm-gg)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH LIQD *(phenylephrine w/ dm-gg)*	NP	
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH TABS	NP	
MUCINEX FAST-MAX SEVERE CONGESTION/COUGH NIGHTSHIFT COLD/FLU TBPK	NP	
MUCINEX FAST-MAX/NIGHTSHIFT DM MAX/COLD & FLU/DAY/NIGHT	NP	
MUCINEX FAST-MAY DAY/NIGHT COLD & FLU MAXIMUM STRENGTH CPPK *(phenylephrine-doxylamine-dm-guaifenesin-apap)*	NP	
MUCINEX FREEFROM COLD & FLU DAYTIME/NIGHTTIME LQPK	NP	
MUCINEX FREEFROM COLD & FLU DAYTIME LIQD *(phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX FREEFROM COLD & FLU NIGHTTIME SOLN	NP	
MUCINEX JUNIOR COLD & FLU TABS	NP	
MUCINEX JUNIOR COUGH & CONGESTION TABS	NP	
MUCINEX MULTI-SYMPTOM COLD DAY/NIGHT PACK MISC	NP	
MUCINEX NIGHTSHIFT COLD & FLU ARCTIC BURST SOLN	NP	

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX NIGHTSHIFT COLD & FLU CLEAR&COOL SOLN	NP	
MUCINEX NIGHTSHIFT COLD & FLU SOLN	NP	
MUCINEX NIGHTSHIFT COLD &FLU MAXIMUM STRENGTH TABS	NP	
MUCINEX NIGHTSHIFT SEVERECOLD & FLU MAXIMUM STRENGTH SOLN	NP	
MUCINEX NIGHTSHIFT SEVERECOLD & FLU MAXIMUM STRENGTH TABS	NP	
MUCINEX NIGHTSHIFT SINUSCLEAR&COOL SOLN	NP	
MUCINEX NIGHTSHIFT SINUSMAXIMUM STRENGTH TABS	NP	
MUCINEX NIGHTSHIFT SINUS SOLN	NP	
MUCINEX SEVERE CONGESTIONU COUGH/COLD & FLU DAY/NIGHT LQPK	NP	
MUCINEX SINUS/MAX PRESSURE/PAIN & COUGH MAXIMUM STRENGTH CAPS *(phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX SINUS-MAX DAY/NIGHT MAXIMUM STRENGTH CPPK *(phenylephrine-doxylamine-dm-guaifenesin-apap)*	NP	
MUCINEX SINUS-MAX DAY/NIGHT CPPK *(phenylephrine-doxylamine-dm-guaifenesin-apap)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX SINUS-MAX PRESSURE/PAIN/COUGH MAXIMUM STRENGTH CAPS *(phenylephrine-dm-gg w/ apap)*	NP	
MUCINEX SINUS-MAX/NIGHTSHIFT DAY/NIGHT MAXIMUM STRENGTH TBPK	NP	
MUCINEX SINUS-MAX/NIGHTSHIFT LQPK	NP	
NASOPEN PE	NP	
NINJACOF LIQD	NP	
NINJACOF-XG LIQD	NP	
NIVANEX DMX TABS	NP	
phenylephrine w/ acetaminophen TABS	NP	
phenylephrine w/ dm-gg LIQD 10 MG/10ML-200 MG/10ML-20 MG/10ML, 10 MG/15ML-200 MG/15ML-18 MG/15ML, 10 MG/20ML-400 MG/20ML-20 MG/20ML, 2.5 MG/5ML-100 MG/5ML-5 MG/5ML, 5 MG/5ML-100 MG/5ML-10 MG/5ML	NP	
phenylephrine w/ dm-gg SYRP 5 MG/5ML-100 MG/5ML-10 MG/5ML	NP	
phenylephrine w/ dm-gg TABS 10 MG-385 MG-17.5 MG	NP	
phenylephrine-acetaminophen-guaifenesin LIQD	NP	
phenylephrine-acetaminophen-guaifenesin TABS 5 MG-200 MG-325 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits
phenylephrine-brompheniramine-dm LIQD 2.5 MG/5ML-5 MG/5ML-1 MG/5ML, 5 MG/10ML-10 MG/10ML-2 MG/10ML	NP	
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	NP	
phenylephrine-chlorpheniramine-dm w/ apap MISC	NP	
phenylephrine-chlorpheniramine-dm w/ apap TABS 5 MG-325 MG-2 MG-10 MG	NP	
phenylephrine-diphenhydramine-dm-guaifenesin-apap TBPK	NP	
phenylephrine-diphenhydramine-gg w/ apap TBPK 5 MG-200 MG-325 MG-12.5 MG	NP	
phenylephrine-dm-gg w/ apap LIQD	NP	
phenylephrine-dm-gg w/ apap TABS 5 MG-200 MG-325 MG-10 MG	NP	
phenylephrine-doxylamine-dextromethorphan-acetaminophen LIQD	NP	
phenylephrine-guaifenesin TABS 10 MG-400 MG	NP	
POLY HIST FORTE 10 MG-10.5 MG	NP	
POLY-HIST DM	NP	
POLY-HIST PD	NP	
POLY-TUSSIN AC LIQD 10 MG/5ML-10 MG/5ML-4 MG/5ML	NP	
POLYTUSSIN DM	NP	

Drug Name	Drug Tier	Requirements/ Limits
POLYTUSSIN DM LIQD *(phenylephrine-dexbrompheniramine-dextromethorphan)*	NP	
POLY-VENT DM TABS	NP	
POLY-VENT IR TABS	NP	
promethazine & phenylephrine SYRP	NP	
promethazine w/codeine SOLN	P	
promethazine w/codeine SYRP	P	
promethazine-dm SYRP	P	
promethazine-phenylephrine-codeine	NP	
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	NP	
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	P	
PSEUDOEPHEDRINE HYDROCHLORIDE/ GUAIFENESIN TABS	NP	
pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML	P	
pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG	NP	
pseudoephedrine-ibuprofen CAPS	NP	
pseudoephedrine-ibuprofen TABS	NP	
pseudoephedrine-naproxen sodium	NP	
PX NITETIME MULTI-SYMPTOM CAPS	P	
RU-HIST D TABS	NP	
RYMED TABS	NP	
SCOT-TUSSIN DM LIQD	NP	

Drug Name	Drug Tier	Requirements/ Limits
SCOT-TUSSIN SENIOR LIQD	NP	
SM COLD & ALLERGY CHILDRENS LIQD	NP	
STAHIST AD TABS	NP	
triprolidine & pseudoephedrine TABS	NP	
TUSNEL C SYRP	NP	
TUSNEL PEDIATRIC LIQD	NP	
TUSNEL-DM PEDIATRIC LIQD	NP	
TUSNEL LIQD	NP	
TUSNEL TABS	NP	
TUSSICAPS CP12 8 MG-10 MG	NP	
TUXARIN ER TB12	NP	
VANACOF	NP	
VANACOF DM LIQD *(phenylephrine w/ dm-gg)*	NP	
VANACOF DMX LIQD	NP	
VANATAB DM TABS	NP	
VIRTUSSIN DAC SOLN	NP	
WESTUSSIN DM	NP	
Expectorants		
guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML	P	
guaifenesin LIQD 400 MG/20ML	NP	
guaifenesin SYRP	NP	
guaifenesin TABS	NP	
guaifenesin TB12	P	
guaifenesin TB12 1200 MG	NP	
MUCINEX FOR KIDS PACK 100 MG	NP	
MUCINEX MAXIMUM STRENGTH TB12 *(guaifenesin)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX MAXIMUM STRENGTH TB12 *(guaifenesin)*	P	
MUCINEX TB12 *(guaifenesin)*	P	
MUCINEX TB12 *(guaifenesin)*	NP	
Misc. Respiratory Inhalants		
camphor (inhalant)	P	
CVS HOT STEAM LIQD	P	
sodium chloride (inhalant) NEBU 0.9 %, 3 %	P	
Mucolytics		
acetylcysteine SOLN 10 %	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ACANYA GEL *(clindamycin phosphate-benzoyl peroxide)*	NP	AL(Up to 20 yrs old)
ACNE MEDICATION 10 LOTN	NP	AL(Up to 20 yrs old)
ACNE MEDICATION 5 LOTN	NP	AL(Up to 20 yrs old)
ACZONE 7.5 % *(dapsone (topical))*	NP	AL(Up to 20 yrs old)
adapalene-benzoyl peroxide GEL	P	AL(Up to 20 yrs old)
adapalene CREA	NP	AL(Up to 20 yrs old)
adapalene GEL	NP	AL(Up to 20 yrs old)
ALTRENO LOTN	NP	AL(Up to 20 yrs old)
AMZEEQ	NP	AL(Up to 20 yrs old)
ARAZLO LOTN	NP	AL(Up to 20 yrs old)
ATRALIN GEL *(tretinoin)*	NP	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
BENZACLIN WITH PUMP GEL *(clindamycin phosphate-benzoyl peroxide)*	NP	AL(Up to 20 yrs old)
BENZACLIN GEL *(clindamycin phosphate-benzoyl peroxide)*	NP	AL(Up to 20 yrs old)
BENZAMYCIN GEL *(benzoyl peroxide-erythromycin)*	NP	AL(Up to 20 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	P	AL(Up to 20 yrs old)
benzoyl peroxide-erythromycin GEL	NP	AL(Up to 20 yrs old)
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	P	AL(Up to 20 yrs old)
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	NP	AL(Up to 20 yrs old)
benzoyl peroxide LIQD 5 %, 10 %	P	AL(Up to 20 yrs old)
benzoyl peroxide MISC 6 %	NP	AL(Up to 20 yrs old); RX/OTC
CLEOCIN-T LOTN *(clindamycin phosphate (topical))*	NP	AL(Up to 20 yrs old)
CLINDACIN ETZ	NP	AL(Up to 20 yrs old)
CLINDACIN PAC	NP	AL(Up to 20 yrs old)
CLINDAGEL GEL *(clindamycin phosphate (topical))*	NP	AL(Up to 20 yrs old)
clindamycin phosphate (topical) FOAM	NP	AL(Up to 20 yrs old)
clindamycin phosphate (topical) GEL	NP	AL(Up to 20 yrs old)
clindamycin phosphate (topical) LOTN	P	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SOLN	P	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SWAB	P	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SWAB	NP	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate-benzoyl peroxide (refrigerate)	NP	AL(Up to 20 yrs old)
clindamycin phosphate-benzoyl peroxide (refrigerate)	P	AL(Up to 20 yrs old)
clindamycin phosphate-benzoyl peroxide GEL	NP	AL(Up to 20 yrs old)
clindamycin phosphate-tretinoin	NP	AL(Up to 20 yrs old)
dapsone (topical)	NP	AL(Up to 20 yrs old)
ERYGEL GEL *(erythromycin (acne aid))*	NP	AL(Up to 20 yrs old)
erythromycin (acne aid) GEL	P	AL(Up to 20 yrs old)
erythromycin (acne aid) PADS	NP	AL(Up to 20 yrs old)
erythromycin (acne aid) SOLN	P	AL(Up to 20 yrs old)
EVOCLIN FOAM *(clindamycin phosphate (topical))*	NP	AL(Up to 20 yrs old)
FABIOR FOAM	NP	AL(Up to 20 yrs old)
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	P	
KLARON *(sulfacetamide sodium (acne))*	NP	AL(Up to 20 yrs old)
NEUAC KIT	NP	AL(Up to 20 yrs old)
ONEXTON GEL	NP	AL(Up to 20 yrs old)
RETIN-A MICRO *(tretinoin microsphere)*	NP	AL(Up to 20 yrs old)
RETIN-A MICRO	NP	AL(Up to 20 yrs old)
RETIN-A MICRO PUMP *(tretinoin microsphere)*	NP	AL(Up to 20 yrs old)
RETIN-A CREA *(tretinoin)*	NP	AL(Up to 20 yrs old)
RETIN-A GEL *(tretinoin)*	NP	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NP	AL(Up to 20 yrs old)
sulfacetamide sodium (acne)	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur FOAM	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur LIQD	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur PADS 10 %-4 %	NP	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	NP	AL(Up to 20 yrs old)
sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	NP	AL(Up to 20 yrs old)
SUMADAN KIT	NP	AL(Up to 20 yrs old)
SUMADAN WASH LIQD *(sulfacetamide sodium w/ sulfur)*	NP	AL(Up to 20 yrs old)
SUMADAN XLT KIT	NP	AL(Up to 20 yrs old)
SUMAXIN CP KIT	NP	AL(Up to 20 yrs old)
SUMAXIN PADS *(sulfacetamide sodium w/ sulfur)*	NP	AL(Up to 20 yrs old)
TAZAROTENE FOAM	NP	AL(Up to 20 yrs old)
tretinoin microsphere 0.04 %, 0.1 %	NP	AL(Up to 20 yrs old)
tretinoin CREA 0.025 %	NP	AL(Up to 20 yrs old)
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	P	AL(Up to 20 yrs old)
tretinoin GEL 0.025 %, 0.05 %	NP	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
tretinoin GEL 0.01 %, 0.025 %	P	AL(Up to 20 yrs old)
WINLEVI	NP	AL(Up to 20 yrs old)
ZIANA *(clindamycin phosphate-tretinoin)*	NP	AL(Up to 20 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN	NP	
Antibiotics - Topical		
bacitracin (topical) OINT	P	
bacitracin zinc OINT	P	
bacitracin zinc OINT	NP	
bacitracin-polymyxin b OINT	P	
CENTANY AT KIT	NP	
CENTANY OINT	NP	
gentamicin sulfate (topical) CREA	P	
gentamicin sulfate (topical) CREA	NP	
gentamicin sulfate (topical) OINT	P	
mupirocin calcium (topical)	NP	
mupirocin OINT	P	
neomycin-bacitracin-polymyxin OINT	NP	
neomycin-bacitracin-polymyxin OINT	P	
neomycin-bacitracin-polymyxin-pramoxine	NP	
neomycin-polymyxin w/ pramoxine	NP	
NEO-SYNALAR	NP	
NEO-SYNALAR KIT	NP	
XEPI	NP	
Antifungals - Topical		
ALEVAZOL OINT	NP	
butenafine hcl	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ciclopirox olamine CREA	P	
ciclopirox olamine SUSP	NP	
ciclopirox GEL	NP	
ciclopirox KIT	P	
ciclopirox SHAM	NP	
ciclopirox SOLN	P	
ciclopirox SOLN	NP	
clotrimazole (topical) CREA	NP	RX/OTC
clotrimazole (topical) CREA	P	RX/OTC
clotrimazole (topical) SOLN	NP	RX/OTC
clotrimazole w/ betamethasone CREA	P	
clotrimazole w/ betamethasone LOTN	P	
DERMACINRX THERAZOLE PAK	NP	
econazole nitrate CREA	NP	
econazole nitrate CREA	P	
ERTACZO	NP	
EXELDERM CREA *(sulconazole nitrate)*	NP	
EXELDERM SOLN *(sulconazole nitrate)*	NP	
EXTINA FOAM *(ketoconazole (topical))*	NP	
FUNGOID TINCTURE SOLN	NP	
JUBLIA	NP	
KERYDIN *(tavaborole)*	NP	
ketoconazole (topical) CREA	P	
ketoconazole (topical) FOAM	NP	
ketoconazole (topical) SHAM 2 %	P	
KETODAN KIT	NP	
LOPROX	NP	

Drug Name	Drug Tier	Requirements/ Limits
LOPROX KIT	NP	
LOPROX SHAMPOO SHAM *(ciclopirox)*	NP	
LOPROX CREA *(ciclopirox olamine)*	NP	
LOPROX SUSP *(ciclopirox olamine)*	NP	
luliconazole	NP	
LUZU *(luliconazole)*	NP	
MENTAX	NP	RX/OTC
MICONATATE	NP	
miconazole nitrate (topical) AERP	NP	
miconazole nitrate (topical) CREA	NP	
miconazole nitrate (topical) POWD EX	NP	
MICONAZOLE NITRATE SOLN	NP	
miconazole-zinc oxide-white petrolatum	NP	
naftifine hcl CREA	NP	
naftifine hcl GEL	NP	
NAFTIN GEL	NP	
NAFTIN GEL *(naftifine hcl)*	NP	
nystatin (topical) CREA	NP	
nystatin (topical) CREA	P	
nystatin (topical) OINT	P	
nystatin (topical) POWD EX	P	
nystatin-triamcinolone CREA	NP	
nystatin-triamcinolone OINT	P	
oxiconazole nitrate CREA	NP	
OXISTAT CREA *(oxiconazole nitrate)*	NP	
OXISTAT LOTN	NP	
sulconazole nitrate CREA	NP	

Drug Name	Drug Tier	Requirements/ Limits
sulconazole nitrate SOLN	NP	
tavaborole	NP	
terbinafine hcl (topical) CREA	NP	
TINACTIN CREA *(tolnaftate)*	NP	
tolnaftate AERO	NP	
tolnaftate AERP	NP	
tolnaftate CREA	NP	
tolnaftate POWD EX	NP	
tolnaftate SOLN	NP	
undecylenic acid-zinc undecylenate OINT	P	
VOTRIZA-AL LOTN	NP	
VUSION *(miconazole-zinc oxide-white petrolatum)*	NP	
ZOLPAK	NP	
Anti-inflammatory Agents - Topical		
DERMACINRX LEXITRAL PHARMAPAK II *(diclofenac sodium-capsaicin (topical))*	NP	
diclofenac epolamine PTCH EX	NP	
diclofenac sodium (topical) GEL EX	P	RX/OTC
diclofenac sodium (topical) GEL EX	NP	RX/OTC
diclofenac sodium (topical) SOLN EX 1.5 %	P	
diclofenac sodium (topical) SOLN EX	NP	
DICLOTREX	NP	
DICLOTREX II	NP	
FLECTOR PTCH EX *(diclofenac epolamine)*	NP	
LICART PT24	NP	
PENNSAID SOLN EX	NP	
VENNGEL ONE KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
XRYLIX II *(diclofenac sodium & adhesive sheets)*	NP	
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	P	SP
diclofenac sodium (actinic keratoses) EX	NP	
fluorouracil (topical) CREA	P	
fluorouracil (topical) SOLN	P	
Antipruritics - Topical		
camphor & menthol LOTN	P	
doxepin hcl (antipruritic)	P	
Antipsoriatics		
acitretin	P	
calcipotriene CREA	P	
calcipotriene FOAM	NP	
calcipotriene FOAM	P	
calcipotriene OINT	P	
calcipotriene SOLN	P	
calcitriol (topical)	NP	
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	
COSENTYX SOSY	NP	SP; PA
DOVONEX CREA *(calcipotriene)*	NP	
DRITHO-CREME HP CREA	P	
ILUMYA	NP	SP; PA
methoxsalen rapid	NP	
SILIQ	NP	SP; PA
SKYRIZI PEN SOAJ	NP	SP; PA
SKYRIZI PSKT	NP	SP; PA
SKYRIZI SOSY	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
SORILUX FOAM	NP	
SOTYKTU	NP	SP
STELARA SOSY	NP	SP; PA
TALTZ SOAJ	P	SP; PA
TALTZ SOSY	P	SP; PA
tazarotene CREA	NP	
tazarotene GEL	NP	
TREMFYA SOPN	NP	SP; PA
TREMFYA SOSY	NP	SP; PA
ZORYVE	NP	
Antiseborrheic Products		
DERMAZINC CREAM CREA	P	RX/OTC
DERMAZINC SPRAY LIQD	P	
DERMAZINC ZINC THERAPY SOAP BAR	P	
NUTRASEB CREA	P	RX/OTC
PROMISEB CREA	P	RX/OTC
pyrithione zinc BAR	P	
pyrithione zinc SHAM	P	
SEBEX	P	
selenium sulfide LOTN	P	
selenium sulfide SHAM 1 %	P	
sulfacetamide sodium GEL	NP	
sulfacetamide sodium LIQD	NP	
Antivirals - Topical		
acyclovir topical CREA	NP	
acyclovir topical OINT	P	
DENAVIR *(penciclovir)*	NP	
docosanol	P	
penciclovir	NP	
XERESE	NP	
ZOVIRAX CREA *(acyclovir topical)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZOVIRAX OINT *(acyclovir topical)*	NP	
Burn Products		
silver sulfadiazine	P	
Corticosteroids - Topical		
alclometasone dipropionate CREA	NP	
alclometasone dipropionate OINT	NP	
amcinonide CREA	NP	
amcinonide LOTN	NP	
APEXICON E CREA	NP	
BESER	NP	
betamethasone dipropionate (topical) CREA	NP	
betamethasone dipropionate (topical) LOTN	NP	
betamethasone dipropionate (topical) OINT	NP	
betamethasone dipropionate augmented CREA	NP	
betamethasone dipropionate augmented GEL 0.05 %	NP	
betamethasone dipropionate augmented LOTN	NP	
betamethasone dipropionate augmented OINT	NP	
betamethasone valerate CREA	NP	
betamethasone valerate FOAM	NP	
betamethasone valerate LOTN	NP	
betamethasone valerate OINT	NP	

Drug Name	Drug Tier	Requirements/ Limits
BRYHALI LOTN	NP	
calcipotriene-betamethasone dipropionate OINT	NP	
calcipotriene-betamethasone dipropionate SUSP	NP	
clobetasol propionate emollient base 0.05 %	NP	
clobetasol propionate emulsion	NP	
clobetasol propionate CREA 0.05 %	NP	
clobetasol propionate FOAM	NP	
clobetasol propionate GEL 0.05 %	NP	
clobetasol propionate LIQD	NP	
clobetasol propionate LOTN	NP	
clobetasol propionate OINT 0.05 %	P	
clobetasol propionate SHAM	NP	
clobetasol propionate SOLN 0.05 %	P	
clocortolone pivalate	NP	
CLODAN KIT	NP	
CLODERM *(clocortolone pivalate)*	NP	
CUTIVATE LOTN *(fluticasone propionate)*	NP	
DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)*	NP	
DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)*	NP	
desonide CREA	NP	
desonide LOTN	NP	
desonide OINT	NP	

Drug Name	Drug Tier	Requirements/ Limits
desoximetasone CREA	NP	
desoximetasone GEL	NP	
desoximetasone LIQD	NP	
desoximetasone OINT	NP	
diflorasone diacetate CREA	NP	
diflorasone diacetate OINT	NP	
DIPROLENE OINT *(betamethasone dipropionate augmented)*	NP	
DUOBRII	NP	
ENSTILAR FOAM	NP	
EPIFOAM FOAM	P	
fluocinolone acetonide CREA	NP	
fluocinolone acetonide OIL	P	
fluocinolone acetonide OINT	NP	
fluocinolone acetonide SOLN	P	
fluocinolone acetonide SOLN	NP	
fluocinonide emulsified base	NP	
fluocinonide CREA	NP	
fluocinonide GEL	NP	
fluocinonide OINT	P	
fluocinonide SOLN	NP	
FLUOPAR	NP	
flurandrenolide CREA	NP	
flurandrenolide LOTN	NP	
flurandrenolide OINT	NP	
fluticasone propionate CREA 0.05 %	P	
fluticasone propionate LOTN	NP	
fluticasone propionate OINT	P	

Drug Name	Drug Tier	Requirements/ Limits
halcinonide CREA	NP	
halobetasol propionate CREA	NP	
HALOBETASOL PROPIONATE FOAM	NP	
halobetasol propionate OINT	NP	
HALOG CREA *(halcinonide)*	NP	
HALOG OINT	NP	
HALOG SOLN	NP	
hydrocortisone (topical) CREA 1 %	NP	RX/OTC
hydrocortisone (topical) CREA	P	RX/OTC
hydrocortisone (topical) LOTN 2.5 %	P	
hydrocortisone (topical) OINT 1 %, 2.5 %	P	RX/OTC
hydrocortisone (topical) SOLN 1 %	P	
hydrocortisone acetate (topical) CREA 1 %	NP	
hydrocortisone acetate (topical) OINT	P	
hydrocortisone butyrate hydrophilic lipo base	NP	
hydrocortisone butyrate CREA	NP	
hydrocortisone butyrate LOTN	NP	
hydrocortisone butyrate OINT	NP	
hydrocortisone butyrate SOLN	NP	
hydrocortisone valerate CREA	NP	
hydrocortisone valerate OINT	NP	
HYDROXYM GEL	P	
IMPEKLO LOTN	NP	

Drug Name	Drug Tier	Requirements/ Limits
KENALOG AERS *(triamcinolone acetonide (topical))*	NP	
LEXETTE FOAM	NP	
LOCOID LIPOCREAM *(hydrocortisone butyrate hydrophilic lipo base)*	NP	
LOCOID LOTN *(hydrocortisone butyrate)*	NP	
LUXIQ FOAM *(betamethasone valerate)*	NP	
mometasone furoate CREA	P	
mometasone furoate OINT	P	
mometasone furoate SOLN	P	
OLUX-E *(clobetasol propionate emulsion)*	NP	
OLUX FOAM *(clobetasol propionate)*	NP	
PANDEL	NP	
prednicarbate OINT	NP	
SERNIVO EMUL	NP	
SILA III	NP	
SYNALAR CREAM KIT	NP	
SYNALAR OINTMENT KIT	NP	
SYNALAR TS	NP	
SYNALAR CREA *(fluocinolone acetonide)*	NP	
SYNALAR OINT *(fluocinolone acetonide)*	NP	
SYNALAR SOLN *(fluocinolone acetonide)*	NP	
TACLONEX OINT *(calcipotriene-betamethasone dipropionate)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
TACLONEX SUSP *(calcipotriene-betamethasone dipropionate)*	NP	
TASOPROL KIT	NP	
TEMOVATE CREA *(clobetasol propionate)*	NP	
TEMOVATE OINT *(clobetasol propionate)*	NP	
TEXACORT SOLN 2.5 %	NP	
TOPICORT CREA *(desoximetasone)*	NP	
TOPICORT GEL *(desoximetasone)*	NP	
TOPICORT LIQD *(desoximetasone)*	NP	
TOPICORT OINT *(desoximetasone)*	NP	
TOVET KIT	NP	
triamcinolone acetonide (topical) AERS	NP	
triamcinolone acetonide (topical) CREA	P	
triamcinolone acetonide (topical) LOTN	P	
triamcinolone acetonide (topical) OINT	P	
triamcinolone acetonide (topical) OINT 0.05 %	NP	
TRILOCICLO	NP	
ULTRAVATE LOTN	NP	
VANOS CREA *(fluocinonide)*	NP	
Eczema Agents		
ADBRY	P	SP; PA
CIBINQO	NP	SP
DUPIXENT SOPN	P	SP; PA
DUPIXENT SOSY	P	SP; PA
OPZELURA	NP	
Emollients		

Drug Name	Drug Tier	Requirements/ Limits
colloidal oatmeal PACK 100 %	P	
glycerin (topical)	P	
LACTIC ACID E	P	
LACTIC ACID LOTN	P	
Hair Growth Agents		
bimatoprost (topical)	NP	
Immunomodulating Agents - Topical		
ALDARA *(imiquimod)*	NP	
imiquimod	P	
imiquimod 3.75 %	NP	
ZYCLARA *(imiquimod)*	NP	
ZYCLARA PUMP	NP	
ZYCLARA PUMP *(imiquimod)*	NP	
Immunosuppressive Agents - Topical		
ELIDEL *(pimecrolimus)*	P	QL(400 gm per 365 days retail); PA
pimecrolimus	NP	QL(400 gm per 365 days retail); PA
PROTOPIC OINT *(tacrolimus (topical))*	P	QL(400 gm per 365 days retail); PA
tacrolimus (topical) OINT	P	QL(400 gm per 365 days retail); PA
Keratolytic/Antimitotic Agents		
BETASAL SHAM	P	
CONDYLOX GEL	P	
CVS PSORIASIS MEDICATED SHAMPOO PLUS CONDITIONER SHAM	P	
CVS THERAPEUTIC DANDRUFFMAXIMUM STRENGTH SHAM	P	
DENOREX EXTRA STRENGTH MEDICATED SHAM	P	

Drug Name	Drug Tier	Requirements/ Limits
DERMAREST PSORIASIS MEDICATED SHAMPOO PLUS CONDITIONER SHAM	P	
DHS SAL SHAM	P	
MG217 DANDRUFF THERAPEUTIC SHAMPOO/CONDITIONER SHAM	P	
MG217 PSORIASIS THERAPEUTIC SHAMPOO/CONDITIONER SHAM	P	
NEUTROGENA T/SAL SHAM	P	
P & S SHAM	P	
PODOCON-25 SOLN	P	
podofilox SOLN	P	
salicylic acid LIQD 3 %, 17 %	P	
salicylic acid LIQD 2 %	NP	
SELSUN BLUE DEEP CLEANSING SHAM	P	
SELSUN BLUE NATURALS DRYSCALP SHAM	P	
THERAPEUTIC DANDRUFF SHAM	P	
THERAPEUTIC T+PLUS MAXIMUM STRENGTH SHAM	P	
Liniments		
liniments & rubs LOTN	P	
trolamine salicylate CREA	P	
Local Anesthetics - Topical		
benzocaine (topical) OINT	P	
benzocaine-triclosan	P	
BURN RELIEF/LIDOCAINE/ALOE	P	
capsaicin CREA 0.025 %	P	

Drug Name	Drug Tier	Requirements/ Limits
CVS AFTERSUN ALOE VERA COOLING GEL/LIDOCAINE GEL	P	
dibucaine	P	
ITCH-X GEL	P	
ITCH-X SOLN	P	
lidocaine hcl CREA 3 %, 4 %	P	
lidocaine hcl GEL	P	RX/OTC
lidocaine hcl PRSY	P	
lidocaine AERO	P	
lidocaine-benzalkonium LIQD 2.5 %-0.13 %	P	
lidocaine CREA 4 %	P	
lidocaine OINT	P	
lidocaine PTCH 4 %, 5 %	P	
lidocaine-transparent dressing 4 %	P	
LIDODERM PTCH *(lidocaine)*	NP	
OUTGRO PAIN RELIEF LIQD	P	
pramoxine hcl LOTN	P	
pramoxine-calamine LOTN	P	
pramoxine-menthol	P	
pramoxine-zinc acetate	P	
ZILACAINE PATCH	NP	
ZTLIDO PTCH	NP	
Misc. Dermatological Products		
ALEVICYN ANTIPRURITIC GEL GEL	P	RX/OTC
ALEVICYN ANTIPRURITIC SG GEL	P	RX/OTC
HALUCORT GEL	P	RX/OTC
LEVICYN GEL	P	RX/OTC
NONYX GEL	P	RX/OTC
OC8 GEL	P	RX/OTC
SEBUDERM GEL	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
STRATA CTX GEL	P	RX/OTC
STRATA MARK GEL	P	RX/OTC
STRATA XRT GEL	P	RX/OTC
Misc. Topical		
benzoin compound TINC	P	RX/OTC
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	P	
COLEMAN 100 MAX INSECT REPELLENT LIQD	P	
COLEMAN INSECT REPELLENT/HIGH & DRY AERO	P	
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	P	
CUTTER ALL FAMILY AERO	P	
CUTTER ALL FAMILY LIQD	P	
CUTTER BACKWOODS DRY AERO	P	
CUTTER BACKWOODS AERO	P	
CUTTER BACKWOODS LIQD	P	
CUTTER DRY AERO	P	
CUTTER SKINSATIONS AERO	P	
CUTTER SKINSATIONS LIQD	P	
CUTTER SPORT AERO	P	
CUTTER AERO	P	
CVS INSECT REPELLENT AERO	P	
CVS TOTAL HOME INSECT REPELLENT AERO	P	
DERMACINRX CLORHEXACIN	NP	

Drug Name	Drug Tier	Requirements/ Limits
DRYSOL SOLN	P	
MAXI DEET LIQD	P	
NATRAPEL 12-HOUR TICK & INSECT REPELLENT CONTINUOUS SPRAY AERO	P	
NATRAPEL LIQD	P	
OFF ACTIVE AERO	P	
OFF DEEP WOODS DRY AERO	P	
OFF DEEP WOODS SPORTSMEN AERO	P	
OFF DEEP WOODS SPORTSMEN LIQD	P	
OFF DEEP WOODS AERO	P	
OFF DEEP WOODS LIQD	P	
OFF FAMILYCARE CLEAN FEEL LIQD	P	
OFF FAMILYCARE SMOOTH & DRY AERO	P	
OFF FAMILYCARE TROPICAL FRESH LIQD	P	
OFF FAMILYCARE UNSCENTED LIQD	P	
OFF SMOOTH & DRY AERO	P	
RANGER READY REPELLENT LIQD	P	
REPEL 100 LIQD	P	
REPEL FAMILY DRY AERO	P	
REPEL FAMILY AERO	P	
REPEL HUNTERS FORMULA AERO	P	
REPEL SPORTSMEN DRY AERO	P	
REPEL SPORTSMEN MAX AERO	P	
REPEL SPORTSMEN MAX LIQD	P	

Drug Name	Drug Tier	Requirements/ Limits
REPEL SPORTSMEN AERO	P	
REPEL TICK DEFENSE AERO	P	
SAWYER INSECT REPELLENT AERO	P	
SAWYER PREMIUM INSECT REPELLENT LIQD	P	
ULTRATHON INSECT REPELLENT 8 AERO	P	
zinc oxide (topical) OINT 20 %	P	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	P	QL(400 gm per 365 days retail); ST
Podiatric Products		
AMLACTIN FOOT CREAM THERAPY CREA	P	
AMLACTIN FOOT REPAIR CREA	P	
DR TEALS SHEA ENRICHED FOOT CREA	P	
ELON HERBAL FOOT CREAM CREA	P	
EUCERIN ADVANCED REPAIR LIGHT FEEL FOOT CREAM CREA	P	
GOLD BOND FOOT CREA	P	
PALMERS COCOA BUTTER FORMULA FOOT MAGIC SCRUB CREA	P	
UDDERLY SMOOTH FOOT CREA	P	
Rosacea Agents		
doxycycline (rosacea)	NP	
metronidazole (topical) CREA	P	

Drug Name	Drug Tier	Requirements/ Limits
metronidazole (topical) GEL	P	
metronidazole (topical) LOTN	P	
NORITATE CREA	P	
ROSADAN KIT	P	
Scabicides & Pediculicides		
crotamiton LOTN	NP	
ivermectin (pediculicide)	NP	RX/OTC
lindane SHAM	NP	
malathion	NP	
NATROBA *(spinosad)*	P	
OVIDE *(malathion)*	NP	
permethrin AERO	P	
permethrin CREA	P	
permethrin LIQD EX	P	
permethrin LOTN	P	
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	NP	
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	P	
pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %	P	
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	NP	
spinosad	NP	
VANALICE GEL	NP	
Tar Products		
BETA CARE BETATAR GEL SHAM	P	
coal tar extract SHAM 0.5 %, 1 %	P	
coal tar extract SOLN	P	
X-SEB T PEARL SHAM	P	

Drug Name	Drug Tier	Requirements/ Limits
X-SEB T PLUS SHAM	P	
Wound Care Products		
ACTIMARIS WOUND GEL GEL	P	RX/OTC
AMERIGEL WOUND DRESSING GEL	P	RX/OTC
ARIDA GEL	P	RX/OTC
ATRAPRO ANTIPRURITIC HYDROGEL GEL	P	RX/OTC
AZADROX GEL	P	RX/OTC
BASADROX GEL	P	RX/OTC
COLLATYL GEL	P	RX/OTC
CURAFIL GEL WOUND DRESSING GEL	P	RX/OTC
CVS ANTI-MICROBIAL SILVER WOUND GEL GEL	P	RX/OTC
CVS MANUKA HONEY WOUND GEL GEL	P	RX/OTC
DERMAGRAN HYDROGEL WOUNDDRESSING GEL	P	RX/OTC
DERMAGRAN-B HYDROPHILIC WOUND DRESSING GEL	P	RX/OTC
DERPIXA GEL	P	RX/OTC
DYNAGEL GEL	P	RX/OTC
EXCEL-GEL GEL	P	RX/OTC
HAPRODERM GEL	P	RX/OTC
INTRASITE GEL APPLIPAK GEL	P	RX/OTC
KENDALL AMORPHOUS HYDROGEL WOUND DRESSING GEL	P	RX/OTC
KERAGEL GEL	P	RX/OTC
KERAGELT GEL	P	RX/OTC
L-MESITRAN SOFT WOUND GEL GEL	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEDIHONEY WOUND/BURNDRESSING GEL	P	RX/OTC
NORMLGEL AG GEL	P	RX/OTC
NU-GEL COLLAGEN WOUND DRESSING GEL	P	RX/OTC
PROTYL AG GEL	P	RX/OTC
RADIAPLEXRX GEL	P	RX/OTC
RESTA SILVER GEL GEL	P	RX/OTC
RESTORE HYDROGEL DRESSING GEL	P	RX/OTC
REVITADERM WOUND CARE GEL	P	RX/OTC
SILVERMED GEL	P	RX/OTC
SILVRSTAT WOUND DRESSING GEL	P	RX/OTC
SOLOSITE GEL	P	RX/OTC
SOLOX GEL	P	RX/OTC
STIMULEN GEL	P	RX/OTC
STRATA GRT GEL	P	RX/OTC
TEGADERM HYDROGEL WOUND FILLER GEL	P	RX/OTC
VEXASYN GEL	P	RX/OTC
WOUND GEL SPRAY GEL	P	RX/OTC
WOUND GEL GEL	P	RX/OTC
ZANABIN ANTIPRURITIC HYDROGEL GEL	P	RX/OTC
ZENPHOR WOUND GEL GEL	P	RX/OTC
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	NP	RX/OTC
ACCU-CHEK GUIDE TEST STRIPS STRP	NP	RX/OTC
ACCU-CHEK GUIDE STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK SMARTVIEW STRIPS STRP	NP	RX/OTC
ACCUTREND GLUCOSE STRP	NP	RX/OTC
ADVOCATE REDI-CODE+ TESTSTRIPS STRP	NP	RX/OTC
ADVOCATE REDI-CODE STRP	NP	RX/OTC
ADVOCATE TEST STRIPS STRP	NP	RX/OTC
AGAMATRIX AMP NO CODE TEST STRIPS STRP	NP	RX/OTC
AGAMATRIX JAZZ TEST STRIPS STRP	NP	RX/OTC
AGAMATRIX PRESTO TEST STRIPS STRP	NP	RX/OTC
ALBUSTIX STRP	P	
ASSURE 4 TEST STRIPS STRP	NP	RX/OTC
ASSURE PLATINUM TEST STRIPS STRP	NP	RX/OTC
ASSURE PRISM MULTI TEST STRIPS STRP	NP	RX/OTC
AZO TEST STRIPS STRP	P	
BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS333 STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM STRP	NP	RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CARESENS N BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CHEMSTRIP 10 MD	P	
CHEMSTRIP -10 WITH SG	P	
CHEMSTRIP 2 GP STRIPS	P	
CHEMSTRIP 5 OB	P	
CHEMSTRIP 7	P	
CHEMSTRIP 9 STRIPS	P	
CHEMSTRIP MICRAL STRP	P	
CHEMSTRIP UGK	P	
CHEMSTRIP-K STRP	P	
CLEVER CHEK AUTO-CODE TEST STRIPS STRP	NP	RX/OTC
CLEVER CHEK AUTO-CODE VOICE TEST STRIPS STRP	NP	RX/OTC
CLEVER CHEK TEST STRIPS STRP	NP	RX/OTC
CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP	NP	RX/OTC
CLEVER CHOICE MICRO TESTSTRIPS STRP	NP	RX/OTC
CLEVER CHOICE NO CODING TEST STRIPS STRP	NP	RX/OTC
CLEVER CHOICE TALK NO CODING TEST STRIPS STRP	NP	RX/OTC
CONTOUR BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CONTOUR NEXT BLOOD GLUCOSE TEST STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC
CVS GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC
CVS KETONE CARE	P	
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY PLUS II BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EASY STEP TEST STRIPS STRP	NP	RX/OTC
EASY TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TRAK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASYGLUCO STRP	NP	RX/OTC
EASYMAX 15 TEST STRIPS STRP	NP	RX/OTC
EASYMAX TEST STRIPS STRP	NP	RX/OTC
ELEMENT COMPACT TEST STRIPS STRP	NP	RX/OTC
ELEMENT TEST STRIPS STRP	NP	RX/OTC
EMBRACE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE EVO BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EQ BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EVOLUTION AUTOCODE STRP	NP	RX/OTC
FIFTY50 GLUCOSE TEST STRIP 2.0 STRP	NP	RX/OTC
FORA 6 CONNECT STRP	NP	RX/OTC
FORA BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA D20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA D40/G31 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA G20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA GD20 TEST STRIPS STRP	NP	RX/OTC
FORA GD50 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA V12 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA V20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA V30A BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORACARE GD40 STRP	NP	RX/OTC
FORACARE PREMIUM V10 TESTSTRIPS STRP	NP	RX/OTC
FORACARE TEST N GO TEST STRIPS STRP	NP	RX/OTC
FORTISCARE BLOOD GLUCOSETEST STRIP STRP	NP	RX/OTC
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	P	RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	P	RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	P	RX/OTC
FREESTYLE TEST STRIPS STRP	P	RX/OTC
GE100 BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC
GHT TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD 01 SENSOR PLUS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	NP	RX/OTC
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD SHINE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD VITAL TEST STRIPS STRP	NP	RX/OTC
GLUCOCOM TEST STRIPS STRP	NP	RX/OTC
GLUCONAVII BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
GLUCOSE METER TEST STRIPS ADVANCED STRP	NP	RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP URINARY TRACT INFECTION TEST STRIPS STRP	P	
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
IGLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INFINITY BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
INFINITY VOICE STRP	NP	RX/OTC
KETO-DIASTIX	P	
KETONE TEST STRIPS STRP	P	
KETONE STRP	P	
KETOSTIX STRP	P	
KROGER BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC
KROGER HEALTHPRO GLUCOSETEST STRIPS STRP	NP	RX/OTC
KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
KROGER TEST STRIPS STRP	NP	RX/OTC
MEIJER BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC
MICRODOT TEST STRIPS STRP	NP	RX/OTC
MICRODOT XTRA TEST STRIPS STRP	NP	RX/OTC
MM EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MULTISTIX 10 SG	P	
MYGLUCOHEALTH BLOOD GLUCOSE TEST STRP	NP	RX/OTC
NEUTEK 2TEK TEST STRIPS STRP	NP	RX/OTC
NOVA MAX GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ONETOUCH ULTRA STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO IN VITRO MEDI-CAL 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
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
PRECISION PCX PLUS TEST STRIPS STRP	NP	RX/OTC
PRECISION PCX STRP	NP	RX/OTC
PRECISION POINT OF CARE TEST STRIPS STRP	NP	RX/OTC
PRECISION QID TEST STRIPS STRP	NP	RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	P	RX/OTC
PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
QUINTET AC BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
QUINTET BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RA URINARY TRACT INFECTION TEST STRIPS STRP	P	
REFUAH PLUS BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
RELION CONFIRM/MICRO TEST STRIPS STRP	NP	RX/OTC
RELION KETONE TEST STRIPS STRP	P	
RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION PRIME BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION ULTIMA BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
REXALL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE VALUE BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC
SMARTEST BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SOLUS V2 AUDIBLE TEST STRP	NP	RX/OTC
SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TGT BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
TRUE METRIX PRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC
TRUETEST STRIPS STRP	NP	RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	NP	RX/OTC
TRUETRACK TEST STRP	NP	RX/OTC
UNISTRIP1 GENERIC STRP	NP	RX/OTC
VERASENS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Nutritional Supplements		
AMINO PM RMS CAPS	P	RX/OTC
ANTI-INFLAMMATORY ENZYMEFORMULA CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ANTIOXIDANT FORMULA CAPS	P	RX/OTC
BIO-IMMUNEX CAPS	P	RX/OTC
CARDIO COMPLETE CAPS	P	RX/OTC
CHRONOVISION CAPS	P	RX/OTC
ESTROVEN WEIGHT MANAGEMENT CAPS	P	RX/OTC
HOMOCYSTEINE SUPPORT CAPS	P	RX/OTC
HORMONE PROTECT CAPS	P	RX/OTC
LEPTIN MANAGER CAPS	P	RX/OTC
MALE SUPPORT CAPS	P	RX/OTC
METHIONINE-200 CAPS	P	RX/OTC
nutritional supplements CAPS	P	RX/OTC
PROSTATE 2.4 CAPS	P	RX/OTC
PROTEOLIN CAPS	P	RX/OTC
SALMON OIL CAPS 110 MG-90 MG-1000 MG-200 MG	P	RX/OTC
VITEYES TEAR SUPPORT CAPS	P	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
BIO-ZYME TABS	P	
CREON CPEP	P	
CVS DAIRY RELIEF EXTRA STRENGTH TABS	P	
DIGESTIVE ENZYMES TABS	P	
EQL DIGESTIVE ENZYMES TABS	P	
lactase CHEW 9000 UNIT	P	
lactase TABS 3000 UNIT, 9000 UNIT	P	
OMNIGEST EZ TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
PARVENZYME DIGESTIVE ENZYME FORMULA TABS	P	
PERTZYE CPEP	NP	
SUPER ENZYMES TABS	P	
TYLER PANPLEX 2-PHASE TBEC	P	
VIOKACE TABS	NP	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	P	
acetazolamide TABS	P	
dichlorphenamide	NP	SP
KEVEYIS *(dichlorphenamide)*	NP	SP
methazolamide TABS	NP	
Diuretic Combinations		
ALDACTAZIDE *(spironolactone & hydrochlorothiazide)*	NP	
ALDACTAZIDE	NP	
amiloride & hydrochlorothiazide	P	
MAXZIDE-25 TABS *(triamterene & hydrochlorothiazide)*	NP	
MAXZIDE TABS *(triamterene & hydrochlorothiazide)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
spironolactone & hydrochlorothiazide	P	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	P	
triamterene & hydrochlorothiazide TABS	P	
Loop Diuretics		
bumetanide TABS	P	
EDECRIN *(ethacrynic acid)*	NP	
ethacrynic acid	NP	
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	P	
furosemide TABS	P	
LASIX TABS *(furosemide)*	NP	
torsemide TABS	P	
Potassium Sparing Diuretics		
ALDACTONE TABS *(spironolactone)*	NP	
amiloride hcl TABS	P	
CAROSPIR SUSP	NP	
spironolactone TABS	P	
triamterene CAPS	NP	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	P	
DIURIL SUSP	P	
hydrochlorothiazide CAPS	P	
hydrochlorothiazide TABS	P	
indapamide TABS 1.25 MG, 2.5 MG	P	
metolazone	P	
THALITONE	NP	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		

Drug Name	Drug Tier	Requirements/ Limits
Bone Density Regulators		
ACTONEL TABS 35 MG, 150 MG *(risedronate sodium)*	NP	
alendronate sodium SOLN	NP	
alendronate sodium TABS 10 MG, 35 MG, 70 MG	P	
ATELVIA TBEC *(risedronate sodium)*	NP	
BONIVA TABS *(ibandronate sodium)*	NP	
calcitonin (salmon) NA	P	
calcitonin (salmon) IJ	P	
EVENITY	NP	SP; PA
FORTEO SOPN	NP	SP; PA
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG *(alendronate sodium)*	NP	
ibandronate sodium TABS	P	
NATPARA	NP	SP; PA
PROLIA SOSY	P	SP; PA
risedronate sodium TABS	NP	
risedronate sodium TBEC	NP	
TYMLOS	NP	SP; PA
XGEVA SOLN	NP	SP; PA
GnRH/LHRH Antagonists		
ORILISSA	P	SP; PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	P	SP; PA
GENOTROPIN CART SC	P	SP; PA
HUMATROPE CART IJ	NP	SP; PA
NGENLA	NP	
NORDITROPIN FLEXPRO SOPN	P	SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP; PA
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP; PA
OMNITROPE SOCT	NP	SP; PA
OMNITROPE SOLR SC	NP	PA
SAIZEN IJ	NP	SP; PA
SAIZENPREP RECONSTITUTIONKIT IJ	NP	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP; PA
SKYTROFA	NP	SP; PA
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP; PA
ZORBTIVE SC	NP	SP; PA
Hormone Receptor Modulators		
EVISTA *(raloxifene hcl)*	NP	
raloxifene hcl	NP	
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	P	SP
LUPRON DEPOT-PED IM 45 MG	P	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		
calcitriol CAPS	P	
calcitriol SOLN OR	P	
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	P	
levocarnitine (metabolic modifiers) TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
nitisinone CAPS	P	SP
ORFADIN CAPS 20 MG	P	SP
Mineralocorticoid Receptor Antagonists		
KERENDIA	NP	
Natriuretic Peptides		
VOXZOGO	NP	SP
Posterior Pituitary Hormones		
desmopressin acetate spray	P	
desmopressin acetate spray refrigerated	P	
desmopressin acetate SOLN IJ	P	SP
desmopressin acetate TABS	P	
NOCDURNA SUBL	NP	
Somatostatic Agents		
LANREOTIDE ACETATE	P	SP
octreotide acetate SOLN	P	SP
octreotide acetate SOSY	P	SP
SANDOSTATIN LAR DEPOT KIT	P	SP
SOMATULINE DEPOT	P	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
estradiol & norethindrone acetate TABS	P	
MYFEMBREE	P	PA
norethindrone acetate-ethinyl estradiol	P	
ORIAHNN	NP	PA
PREMPRO	P	
Estrogens		
estradiol PTWK	P	
estradiol TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
MENEST 0.3 MG, 0.625 MG, 1.25 MG	P	
PREMARIN TABS	P	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	
ciprofloxacin hcl TABS	P	
ciprofloxacin in d5w 5 %-400 MG/200ML	P	
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	NP	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)*	NP	
levofloxacin SOLN OR	NP	
levofloxacin TABS	P	
moxifloxacin hcl TABS	NP	
ofloxacin 300 MG, 400 MG	NP	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY	NP	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	P	
Antiflatulents		
simethicone CAPS 125 MG	P	
simethicone CHEW	P	
simethicone LIQD OR 20 MG/0.3ML	P	
simethicone SUSP	P	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	SP
Gallstone Solubilizing Agents		

Drug Name	Drug Tier	Requirements/ Limits
CHENODAL	NP	SP
URSO 250 TABS *(ursodiol)*	NP	
URSO FORTE TABS *(ursodiol)*	NP	
ursodiol CAPS	NP	
ursodiol CAPS	P	
ursodiol TABS	P	
Gastrointestinal Chloride Channel Activators		
AMITIZA *(lubiprostone)*	P	
lubiprostone	NP	
Gastrointestinal Stimulants		
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	P	
metoclopramide hcl TABS	P	
Inflammatory Bowel Agents		
APRISO CP24 *(mesalamine)*	P	
ASACOL HD TBEC *(mesalamine)*	NP	
AVSOLA	P	SP
AZULFIDINE EN-TABS TBEC *(sulfasalazine)*	NP	
AZULFIDINE TABS *(sulfasalazine)*	NP	
balsalazide disodium CAPS	P	
CANASA SUPP *(mesalamine)*	NP	
CIMZIA STARTER KIT PSKT	NP	SP; PA
CIMZIA KIT	NP	SP; PA
CIMZIA PSKT	NP	SP; PA
COLAZAL CAPS *(balsalazide disodium)*	NP	
DELZICOL CPDR *(mesalamine)*	P	
DIPENTUM	NP	

Drug Name	Drug Tier	Requirements/ Limits
ENTYVIO	NP	SP
INFLECTRA	P	SP
LIALDA TBEC *(mesalamine)*	NP	
mesalamine w/ cleanser	P	
mesalamine CP24	NP	
mesalamine CPCR	NP	
mesalamine CPDR	NP	
mesalamine ENEM	P	
mesalamine SUPP	P	
mesalamine TBEC 800 MG	NP	
mesalamine TBEC 1.2 GM	P	
PENTASA CPCR	P	
RENFLEXIS	P	SP
ROWASA *(mesalamine w/ cleanser)*	NP	
SFROWASA ENEM	NP	
SKYRIZI SOCT 180 MG/1.2ML	NP	SP
SKYRIZI SOCT 360 MG/2.4ML	NP	SP; PA
SKYRIZI SOLN	NP	SP; PA
STELARA 130 MG/26ML	NP	SP; PA
sulfasalazine TABS	P	
sulfasalazine TBEC	P	
Intestinal Acidifiers		
lactulose (encephalopathy)	P	
Irritable Bowel Syndrome (IBS) Agents		
IBSRELA	NP	
LINZESS	P	
Peripheral Opioid Receptor Antagonists		
MOVANTIK	P	
RELISTOR TABS	NP	
SYMPROIC	NP	

Drug Name	Drug Tier	Requirements/ Limits
Phosphate Binder Agents		
AURYXIA	NP	PA
calcium acetate (phosphate binder) CAPS	NP	
calcium acetate (phosphate binder) CAPS	P	
calcium acetate (phosphate binder) TABS	NP	RX/OTC
FOSRENOL CHEW *(lanthanum carbonate)*	NP	PA
FOSRENOL PACK	NP	PA
lanthanum carbonate CHEW	NP	PA
PHOSLYRA SOLN	P	
RENAGEL *(sevelamer hcl)*	NP	PA
RENVELA PACK *(sevelamer carbonate)*	NP	PA
RENVELA TABS *(sevelamer carbonate)*	NP	PA
sevelamer carbonate PACK	NP	PA
sevelamer carbonate TABS	P	PA
sevelamer hcl	NP	PA
VELPHORO	NP	PA
GENERAL ANESTHETICS		
Volatile Anesthetics		
desflurane	P	
sevoflurane	P	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG	P	
Genitourinary Irrigants		
acetic acid 0.25 %	P	
RENACIDIN	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	P	
Prostatic Hypertrophy Agents		
alfuzosin hcl	P	
AVODART *(dutasteride)*	NP	
CARDURA XL	NP	
dutasteride	NP	
dutasteride-tamsulosin hcl	NP	
finasteride	P	
FLOMAX *(tamsulosin hcl)*	NP	
JALYN *(dutasteride-tamsulosin hcl)*	NP	
PROSCAR *(finasteride)*	NP	
RAPAFLO *(silodosin)*	NP	
silodosin	NP	
tamsulosin hcl	P	
Urinary Analgesics		
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	P	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	P	
Gout Agents		
allopurinol	P	
ALLOPURINOL	P	
colchicine CAPS	NP	
colchicine TABS	P	PA
COLCRYS TABS *(colchicine)*	NP	PA
febuxostat	NP	
GLOPERBA SOLN OR	NP	
MITIGARE CAPS *(colchicine)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
ULORIC *(febuxostat)*	NP	
ZYLOPRIM *(allopurinol)*	NP	
Uricosurics		
probenecid	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP
ADYNOVATE	P	SP
AFSTYLA	P	SP
ALPHANATE SOLR	P	SP
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP
ALPROLIX	P	SP
ALTUVIIIO	NP	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-DVI SOLR 1000 UNIT	P	SP
KOATE SOLR	P	SP
KOGENATE FS KIT	P	SP
KOVALTRY	P	SP
MONONINE 1000 UNIT	P	SP
NOVOEIGHT	P	SP
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	P	SP

Drug Name	Drug Tier	Requirements/ Limits
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
PROFILNINE	P	SP
REBINYN	NP	SP
RECOMBINATE SOLR	P	SP
RIXUBIS SOLR	P	SP
ROCTAVIAN	NP	SP
VONVENDI	NP	SP
WILATE KIT	P	SP
XYNTHA	P	SP
XYNTHA SOLOFUSE	P	SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(icatibant acetate)*	P	SP; PA
icatibant acetate SOLN	P	SP; PA
icatibant acetate SOSY	P	SP; PA
Complement Inhibitors		
BERINERT KIT	P	SP; PA
CINRYZE SOLR IV	P	SP; PA
HAEGARDA SOLR SC	P	SP; PA
RUCONEST	P	SP; PA
Hematorheologic Agents		
pentoxifylline	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		
anagrelide hcl	P	
aspirin-dipyridamole	P	
BRILINTA	P	

Drug Name	Drug Tier	Requirements/ Limits
cilostazol	P	
clopidogrel bisulfate	P	
dipyridamole	P	
EFFIENT *(prasugrel hcl)*	NP	
PLAVIX 75 MG *(clopidogrel bisulfate)*	NP	
prasugrel hcl	P	
ZONTIVITY	NP	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
ADAKVEO	NP	SP
DROXIA CAPS	P	
OXBRYTA TABS 500 MG	NP	SP
OXBRYTA TBSO	NP	SP
SIKLOS TABS	P	
Cobalamins		
B-12 DOTS TBDP	P	
B-12 TABS 2000 MCG	P	
cyanocobalamin SOLN IJ	P	
cyanocobalamin SUBL 2500 MCG	P	
cyanocobalamin TABS	P	
cyanocobalamin TBCR	P	
NASCOBAL SOLN NA	P	
Folic Acid/Folates		
FOLIC ACID CAPS 20 MG	P	
folic acid SOLN	P	
folic acid TABS	P	RX/OTC
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	NP	SP; PA
ARANESP ALBUMIN FREE SOSY	NP	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA
FULPHILA	NP	SP
FYLNETRA	NP	SP
GRANIX SOLN	P	SP
GRANIX SOSY	P	SP
LEUKINE SOLR IJ	NP	SP
MIRCERA	P	SP; PA
NEULASTA ONPRO KIT PSKT	NP	SP
NEULASTA SOSY	NP	SP
NEUPOGEN SOLN	P	SP
NEUPOGEN SOSY	P	SP
NIVESTYM SOLN	NP	SP
NIVESTYM SOSY	NP	SP
NYVEPRIA	P	SP
PROCRIT	NP	SP; PA
PROCRIT	NP	SP; PA
RETACRIT	P	SP; PA
RETACRIT	P	SP; PA
ROLVEDON	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP
ZARXIO	NP	SP
ZIEXTENZO	P	SP
Hematopoietic Mixtures		
ABATRON	P	
B COMPLEX/FOLIC ACID TABS	P	
cyanocobalamin-methylcobalamin SUBL	P	
ferrous fumarate w/ b12-vit c-fa-ifc	P	
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	P	
ferrous fumarate-folic acid	P	

Drug Name	Drug Tier	Requirements/ Limits
folic acid-vitamin b6-vitamin b12 TABS 10 MG-800 MCG-115 MCG	P	
FOLTABS 800 TABS	P	
HEMATINIC/FOLIC ACID	P	
HOMOCYSTEINE FORMULA TABS	P	
iron polysaccharide complex-vit b12-folic acid CAPS	P	
iron-vitamin c	P	
iron-vitamin c-vitamin b12-folic acid TABS	P	RX/OTC
Iron		
carbonyl iron SUSP	P	
carbonyl iron TABS	P	
ferrous fumarate TABS 324 MG	P	
ferrous gluconate TABS 27 MG, 240 MG	P	
ferrous sulfate dried TABS 200 MG	P	
ferrous sulfate SYRP	P	
ferrous sulfate TABS 27 MG, 65 MG, 325 MG	P	
ferrous sulfate TBEC	P	
INFED	P	
IRON CHEWS PEDIATRIC CHEW	P	
IRON TABS 90 MG	P	
polysaccharide iron complex CAPS 150 MG	P	
PROFERRIN ES	P	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid TABS	P	SP
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		

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

Drug Name	Drug Tier	Requirements/ Limits
zolpidem tartrate TABS	P	QL(1 ea daily)
zolpidem tartrate TBCR	NP	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	NP	QL(1 ea daily)
DAYVIGO	NP	QL(1 ea daily)
QUVIVIQ	NP	QL(1 ea daily)
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	NP	QL(1 ml daily); SP
HETLIOZ CAPS *(tasimelteon)*	NP	QL(1 ea daily); SP
ramelteon	NP	QL(1 ea daily)
ROZEREM *(ramelteon)*	NP	QL(1 ea daily)
tasimelteon CAPS	NP	QL(1 ea daily); SP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	P	
EQUALACTIN CHEW	P	
HYDROCIL INSTANT PACK	P	
KONSYL DAILY FIBER PACK 100 %	P	
KONSYL ORIGINAL DAILY FIBER PACK	P	
KONSYL-D POWD	P	
METAMUCIL WAFR	P	
methylcellulose (laxative) POWD	P	
methylcellulose (laxative) TABS	P	
NATURAL FIBER LAXATIVE POWD	P	
NUTRISOURCE FIBER PACK	P	
NUTRISOURCE FIBER POWD	P	
psyllium CAPS 0.52 GM	P	
psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 49 %, 58.6 %, 63 %, 95 %, 100 %	P	
Laxative Combinations		
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.72 GM-2.98 GM-5.84 GM-22.72 GM-240 GM	P	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	P	
sennosides-docusate sodium TABS	P	
Laxatives - Miscellaneous		
CEO-TWO	P	
glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 %	P	
lactulose SOLN	P	
polyethylene glycol 3350 PACK	P	
polyethylene glycol 3350 POWD	P	
Lubricant Laxatives		
mineral oil ENEM	P	
mineral oil OIL OR	P	RX/OTC
Saline Laxatives		
magnesium citrate	P	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	
magnesium sulfate (laxative) GRAN OR	P	
PHILLIPS MILK OF MAGNESIA CHEWABLE CHEW	P	
sodium phosphates ENEM	P	

Drug Name	Drug Tier	Requirements/ Limits
Stimulant Laxatives		
bisacodyl SUPP	P	
bisacodyl TBEC	P	
castor oil OIL 100 %	P	
FLEET BISACODYL ENEM	P	
SENNA SYRP	P	
sennosides CAPS	P	
sennosides CHEW	P	
sennosides LIQD	P	
sennosides SYRP 8.8 MG/5ML	P	
sennosides TABS 8.6 MG, 25 MG	P	
Surfactant Laxatives		
docusate calcium	P	
docusate sodium CAPS	P	
docusate sodium ENEM 283 MG/5ML	P	
docusate sodium LIQD	P	
docusate sodium SYRP	P	
DOCUSATE SODIUM SYRP	P	
docusate sodium TABS	P	
PEDIA-LAX LIQD	P	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %, 4 %	P	
LIDOCAINE HYDROCHLORIDE SOLN	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	P	
azithromycin SUSR	P	

Drug Name	Drug Tier	Requirements/ Limits
azithromycin TABS	P	
ZITHROMAX TRI-PAK TABS *(azithromycin)*	NP	
ZITHROMAX Z-PAK TABS *(azithromycin)*	NP	
ZITHROMAX PACK *(azithromycin)*	NP	
ZITHROMAX SUSR *(azithromycin)*	NP	
ZITHROMAX TABS 250 MG, 500 MG *(azithromycin)*	NP	
Clarithromycin		
clarithromycin SUSR	NP	
clarithromycin TABS	NP	
clarithromycin TB24	NP	
Erythromycins		
E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)*	NP	
ERYPED 200 SUSR *(erythromycin ethylsuccinate)*	NP	
ERYPED 400 SUSR *(erythromycin ethylsuccinate)*	NP	
erythromycin base CPEP	NP	
erythromycin base TABS	NP	
erythromycin base TBEC	NP	
erythromycin ethylsuccinate SUSR	P	
erythromycin ethylsuccinate TABS	NP	
erythromycin stearate TABS 250 MG	NP	
Fidaxomicin		
DIFICID SUSR	NP	
DIFICID TABS	NP	
MEDICAL DEVICES AND SUPPLIES		

Drug Name	Drug Tier	Requirements/ Limits
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G	P	
1ST TIER UNILET COMFORTOUCH LANCETS 30G	P	
ACCU-CHEK AVIVA PLUS KIT	NP	RX/OTC
ACCU-CHEK FASTCLIX LANCETS	P	
ACCU-CHEK GUIDE ME KIT	NP	RX/OTC
ACCU-CHEK GUIDE KIT	NP	RX/OTC
ACCU-CHEK SAFE-T-PRO LANCETS	P	
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	P	
ACCU-CHEK SOFTCLIX LANCETS	P	
ACTI-LANCE LANCETS 28G	P	
ACTI-LANCE LITE SAFETY LANCETS 28G	P	
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	P	
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	P	
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	P	
ADJUSTABLE LANCING DEVICE MISC	P	
ADVANCED MOBILE LANCET 30G	P	
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ADVOCATE LANCETS	P	

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE LANCETS 30G	P	
ADVOCATE LANCING DEVICE MISC	P	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	P	
ADVOCATE REDI-CODE/TALKING KIT	NP	RX/OTC
ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NP	
ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
ADVOCATE REDI-CODE DEVI	NP	
ADVOCATE SAFETY LANCETS	P	
ADVOCATE SAFETY LANCETS 26G	P	
AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST DEVI	NP	
AGAMATRIX JAZZ WIRELESS 2 KIT	NP	RX/OTC
AGAMATRIX PRESTO PRO METER DEVI	NP	
AGAMATRIX PRESTO KIT	NP	RX/OTC
AGAMATRIX ULTRA-THIN LANCETS 33G	P	
AIMSCO TWIST LANCETS 32G	P	
AIMSCO TWIST LANCETS 33G	P	
AQUALANCE LANCETS ULTRA THIN 30G	P	

Drug Name	Drug Tier	Requirements/ Limits
ASSURE COMFORT LANCETS ULTRA THIN 28G	P	
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	P	
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	P	
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	P	
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	P	
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	P	
ASSURE LANCE LANCETS	P	
ASSURE LANCE LANCETS 21G	P	
ASSURE LANCE PLUS SAFETYLANCETS 25G	P	
ASSURE LANCE PLUS SAFETYLANCETS 30G	P	
ASSURE LANCE SAFETY LANCET 28G	P	
ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	NP	
ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
AURORA LANCET SUPER THIN30G	P	
AURORA LANCET THIN 23G	P	
AUTO-LANCET MINI MISC	P	
AUTO-LANCET MISC	P	
AUTOLET IMPRESSION LANCING DEVICE MISC	P	
AUTOLET LANCING DEVICE MISC	P	
AUTOLET MINI MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
AUTOLET PLUS MISC	P	
BD MICROTAINER LANCETS	P	
BLOOD GLUCOSE MONITORINGSYSTEM 333 DEVI	NP	
BLOOD GLUCOSE MONITORINGSYSTEM KIT	NP	RX/OTC
BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CARDIOCOM LANCING DEVICE MISC	P	
CAREONE ADVANCED LANCINGDEVICE MISC	P	
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	NP	RX/OTC
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	NP	RX/OTC
CAREONE LANCET SUPER THIN/30G	P	
CAREONE LANCET THIN	P	
CARESENS LANCETS	P	
CARESENS N GLUCOSE MONITORING SYSTEM DEVI	NP	
CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	P	
CARETOUCH SAFETY LANCETS/26G	P	
CARETOUCH SAFETY LANCETS/28G	P	
CARETOUCH SAFETY LANCETS/30G	P	

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TWIST LANCETS 28G	P	
CARETOUCH TWIST LANCETS 30G	P	
CARETOUCH TWIST LANCETS 33G	P	
CARETOUCH TWIST LANCETS MULTI COLOR/30G	P	
CLEANLET LANCETS 28G	P	
CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK AUTO-CODE DEVI	NP	
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CLEVER CHEK LANCETS ULTRATHIN	P	
CLEVER CHEK LANCETS ULTRATHIN 30G	P	
CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHOICE COMFORT EZLANCETS 21G	P	
CLEVER CHOICE COMFORT EZLANCETS 23G	P	

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZLANCETS 28G	P	
CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
COAGUCHEK LANCETS	P	
COMFORT ASSURED LANCETS MICRO THIN 33G	P	
COMFORT ASSURED LANCETS SUPER THIN 28G	P	
COMFORT LANCETS	P	
COMFORT TOUCH LANCETS ULTRA THIN 31G	P	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	P	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	P	
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT LINK 2.4 WIRELESS BLOOD GLUCOSE MONITORING SYST KIT	NP	RX/OTC
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	
COOL BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CVS ADVANCED GLUCOSE METER KIT	NP	RX/OTC
CVS LANCETS 21G	P	
CVS LANCETS MICRO THIN 33G	P	
CVS LANCETS MICRO-THIN 33G	P	
CVS LANCETS ORIGINAL	P	
CVS LANCETS THIN 26G	P	
CVS LANCETS ULTRA THIN 30G	P	
CVS LANCETS ULTRA-THIN 30G	P	

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCING DEVICE MISC	P	
CVS ULTRA THIN LANCETS	P	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	P	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	P	
DEXCOM G4 PLATINUM RECEIVER KIT	P	
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	P	
DEXCOM G4 PLATINUM TRANSMITTER KIT	P	
DEXCOM G5 MOBILE RECEIVERKIT	P	
DEXCOM G5 MOBILE TRANSMITTER KIT	P	
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	P	
DEXCOM G5 RECEIVER KIT	P	
DEXCOM G6 RECEIVER	P	
DEXCOM G6 SENSOR	P	
DEXCOM G6 TRANSMITTER	P	
DEXCOM G7 RECEIVER	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
DROPLET LANCING DEVICE MISC	P	
DROPLET PERSONAL LANCETS30G	P	
DRUG MART ADJUSTABLE LANCING DEVICE MISC	P	
DRUG MART LANCETS THIN	P	
DRUG MART ON-THE-GO LANCETS GENTLE 30G	P	
DRUG MART UNILET LANCETSSUPER THIN 30G	P	
DRUG MART UNILET LANCETSULTRA THIN 28G	P	
DRUG MART UNILET MICRO THIN LANCETS 33G	P	
EASY COMFORT LANCETS	P	
EASY COMFORT LANCETS 30G/PULL TOP	P	
EASY COMFORT LANCETS 30G/THIN TOP	P	
EASY COMFORT LANCETS TWIST TOP	P	
EASY MINI EJECT LANCING DEVICE MISC	P	
EASY MINI LANCING DEVICE MISC	P	
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EASY STEP BLOOD GLUCOSE MONITOR DEVI	NP	
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 26G/PULL-TOP	P	
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 28G/PULL-TOP	P	
EASY TOUCH LANCETS 28G/TWIST	P	
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	P	
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 30G/PULL-TOP	P	
EASY TOUCH LANCETS 30G/TWIST	P	
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 32G/PULL-TOP	P	
EASY TOUCH LANCETS 32G/TWIST	P	
EASY TOUCH LANCETS 33G/TWIST	P	
EASY TOUCH LANCING DEVICE/EJECTOR MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	P	
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	P	
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	P	
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	P	
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	P	
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	P	
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EASYGLUCO STARTER KIT KIT	NP	
EASYGLUCO KIT	NP	
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NP	
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits
ELEMENT PLUS BLOOD GLUCOSE METER DEVI	NP	
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI	NP	
EMBRACE LANCETS ULTRA THIN 30G	P	
EMBRACE LANCING DEVICE WITH EJECTOR MISC	P	
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	P	
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	P	
EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	
EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EQL COLOR LANCETS 21G	P	
EQL COLOR LANCETS MICRO THIN 33G	P	
EQL SUPER THIN LANCETS 30G	P	
EQL THIN LANCETS 26G	P	
EVERSENSE E3 SENSOR/HOLDER	NP	
EVERSENSE E3 SMART TRANSMITTER	NP	
EVOLUTION AUTOCODE DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits
E-Z JECT LANCETS	P	
E-Z JECT LANCETS 21G	P	
E-Z JECT LANCETS COLOR	P	
E-Z JECT LANCETS SUPER THIN 30G	P	
E-Z JECT LANCETS THIN 26G	P	
E-ZJECT LANCETS MICRO-THIN 33G	P	
EZ-LETS LANCETS 21G	P	
EZ-LETS LANCETS 26G SUPER-SOFT	P	
EZ-LETS LANCETS 28G ULTRA-SOFT	P	
EZ-LETS LANCETS 30G	P	
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
FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits
FORA LANCETS	P	
FORA LANCING DEVICE/CLEARCAP MISC	P	
FORA LANCING DEVICE MISC	P	
FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA TN'G ADVANCE PRO MULTI-FUNCTIONAL MONITORING SYSTEM DEVI	NP	
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING DEVI	NP	
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	P	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	P	
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	
FREESTYLE FREEDOM LITE KIT	P	RX/OTC
FREESTYLE FREEDOM KIT	P	RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
FREESTYLE LANCETS	P	
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	P	
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
FREESTYLE SIDEKICK II VALUEPACK KIT	NP	RX/OTC
FREESTYLE UNISTICK II LANCETS	P	
GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS	P	
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	P	
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	P	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	P	

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

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCARD SHINE XL DEVI	NP	
GLUCOCARD SHINE DEVI	NP	
GLUCOCARD SHINE KIT	NP	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	NP	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	NP	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	NP	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	NP	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCOM LANCETS 28G	P	
GLUCOCOM LANCETS 30G	P	
GLUCOCOM LANCETS 33G	P	
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits
GNP LANCETS 21G	P	
GNP LANCETS THIN 26G	P	
GNP LANCING SYSTEM DEVICE MISC	P	
GNP STERILE LANCETS 28G	P	
GNP STERILE LANCETS 30G	P	
GNP STERILE LANCETS 33G	P	
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	
GOJJI MULTI-FUNCTIONAL MONITORING SYSTEM WELCOME KIT KIT	NP	
GOJJI MULTI-FUNCTIONAL MONITORING SYSTEM DEVI	NP	
GOJJI STERILE LANCETS 30G	P	
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P	
GOODSENSE LANCETS MICRO-THIN 33G	P	
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P	
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	P	
GOODSENSE LANCETS ULTRA-THIN 30G	P	
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	
GOODSENSE LANCING DEVICE MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	NP	
GUARDIAN 4 TRANSMITTER KIT	NP	
HAEMOLANCE	P	
HAEMOLANCE LOW FLOW LANCETS	P	
HAEMOLANCE PLUS	P	
HAEMOLANCE PLUS HIGH FLOW	P	
HAEMOLANCE PLUS LOW FLOW	P	
HAEMOLANCE PLUS MAX FLOW	P	
HAEMOLANCE PLUS PEDIATRIC FLOW	P	
HEALTH CARE LANCING DEVICE MISC	P	
HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	P	
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	P	
H-E-B INCONTROL LANCETS MICRO THIN 33G	P	
H-E-B INCONTROL LANCETS SUPER THIN 30G	P	
H-E-B INCONTROL LANCETS ULTRA THIN 28G	P	

Drug Name	Drug Tier	Requirements/ Limits
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
HY-VEE LANCETS	P	
HY-VEE THIN LANCETS	P	
IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	NP	RX/OTC
IN TOUCH LANCING DEVICE MISC	P	
IN TOUCH STERILE LANCETS30G	P	
INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
INFINITY VOICE KIT	NP	RX/OTC
KINNEY LANCETS	P	
KINNEY THIN LANCETS	P	
KROGER AUTOLET LANCING DEVICE MISC	P	
KROGER HEALTHPRO TWIST LANCETS/26G	P	
KROGER LANCETS	P	
KROGER LANCETS 21G	P	
KROGER LANCETS MICRO THIN33G	P	
KROGER LANCETS SUPER THIN	P	
KROGER LANCETS THIN	P	
KROGER LANCETS THIN 26G	P	
KROGER LANCETS ULTRATHIN30G	P	
KROGER LANCING DEVICE MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
LANCET DEVICE ADJUSTABLE MISC	P	
LANCET DEVICE WITH EJECTOR MISC	P	
LANCETS	P	
LANCETS 30G	P	
LANCETS 30G TWIST TOP	P	
LANCETS 30G/TWIST TOP	P	
LANCETS 33G EXTRA FINE	P	
LANCETS 33G UNIVERSAL DESIGN	P	
LANCETS MICRO THIN 33G	P	
LANCETS SUPER THIN 28G	P	
LANCETS THIN	P	
LANCETS ULTRA THIN	P	
LANCETS ULTRA THIN 30G	P	
LANCING DEVICE MISC	P	
LANZO MISC	P	
LEADER ADVANCED LANCING DEVICE MISC	P	
LIBERTY MEDICAL LANCETS 30G	P	
LIBERTY MINI LANCING DEVICE MISC	P	
LITE TOUCH LANCETS	P	
LITE TOUCH LANCING PEN MISC	P	
LITETOUCH LANCETS MICRO THIN 33G	P	
LIVE BETTER ADVANCED LANCING DEVICE MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
LIVE BETTER LANCET SUPERTHIN 30G	P	
LIVE BETTER LANCET ULTRATHIN 28G	P	
LONGS LANCETS STANDARD	P	
LONGS LANCETS THIN	P	
LONGS LANCETS ULTRA THIN	P	
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	P	
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	P	
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	P	
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	P	
MEDICHOICE SAFETY LANCETEXTRA	P	
MEDICHOICE SAFETY LANCETNORMAL	P	
MEDISENSE THIN LANCETS	P	
MEDLANCE PLUS EXTRA LANCETS 21G	P	
MEDLANCE PLUS LANCETS	P	
MEDLANCE PLUS LANCETS LITE 25G	P	
MEDLANCE PLUS LITE LANCETS 25G	P	
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	P	
MEDLANCE PLUS SUPERLITE 30G	P	
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	P	

Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS UNIVERSAL LANCETS 21G	P	
MEDLANCE PLUS/LITE 25G	P	
MEDLANCE/EXTRA	P	
MEDLANCE/LITE	P	
MEDLANCE/UNIVERSAL	P	
MEIJER BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
MEIJER COLOR LANCETS UNIVERSAL 33G	P	
MEIJER LANCETS	P	
MEIJER LANCETS THIN	P	
MEIJER LANCETS UNIVERSAL21G	P	
MEIJER LANCETS UNIVERSAL30G	P	
MEIJER LANCETS UNIVERSAL33G	P	
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
MEIJER SUPER THIN LANCETS	P	
MICROLET LANCETS	P	
MICROLET NEXT MISC	P	
MINI LANCING DEVICE MISC	P	
MM EASY TOUCH BLOOD GLUCOSE METER KIT	NP	RX/OTC
MM LANCING DEVICE MISC	P	
MM TWIST LANCETS	P	
MONOLET LANCETS	P	
MONOLET OPD LANCETS	P	
MONOLETTOR SAFETY LANCETS	P	

Drug Name	Drug Tier	Requirements/ Limits
MPD SAFETY LANCET 21G/1.8MM	P	
MPD SAFETY LANCET 28G/1.8MM	P	
MPD SAFETY LANCET 30G/1.8MM	P	
MPD SAFETY LANCETS 23G/1.8MM	P	
MULTI-LANCET DEVICE MISC	P	
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	P	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
NOVA SAFETY LANCETS 23G	P	
NOVA SAFETY LANCETS 28G	P	
NOVA SUREFLEX LANCETS	P	
NOVA SUREFLEX LANCING DEVICE MISC	P	
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	P	
OMNIPOD 5 G6 PODS (GEN 5) MISC	P	
OMNIPOD CLASSIC PODS (GEN 3) MISC	P	
OMNIPOD DASH INTRO KIT (GEN 4) KIT	P	
OMNIPOD DASH PODS (GEN 4) MISC	P	
OMNIPOD GO 10 UNITS/DAY KIT	NP	

Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD GO 15 UNITS/DAY KIT	NP	
OMNIPOD GO 20 UNITS/DAY KIT	NP	
OMNIPOD GO 25 UNITS/DAY KIT	NP	
OMNIPOD GO 30 UNITS/DAY KIT	NP	
OMNIPOD GO 35 UNITS/DAY KIT	NP	
OMNIPOD GO 40 UNITS/DAY KIT	NP	
ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	
ONETOUCH DELICA PLUS LANCETS FINE 30G	P	
ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	
ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	P	
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	P	
ONETOUCH SOLUTIONS COMPLETE KIT	NP	RX/OTC
ONETOUCH SOLUTIONS FIT KIT	NP	
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	
ONETOUCH ULTRA 2 KIT	NP	RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	P	
ONETOUCH ULTRASOFT LANCETS	P	

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ONETOUCH VERIO REFLECT KIT	NP	RX/OTC
PC LANCETS SUPER THIN 30G	P	
PERFECT LANCETS 30G	P	
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	P	
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	P	
PHARMACIST CHOICE ULTRA THIN LANCETS	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	P	
PHARMACY COUNTER LANCETS	P	
PIP BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PIP LANCETS/28G	P	
PIP LANCETS/30G	P	

Drug Name	Drug Tier	Requirements/ Limits
POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PRECISION THINS GP LANCET	P	
PRECISION XTRA DEVI	NP	
PRECISION XTRA DEVI	P	
PRECISION XTRA KIT	NP	RX/OTC
PREFERRED PLUS LANCETS COLORED 21G	P	
PREFERRED PLUS LANCETS SUPER THIN 30G	P	
PREFERRED PLUS LANCETS THIN 26G	P	
PRO COMFORT LANCETS 30G	P	
PRO COMFORT LANCETS 31G	P	
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	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 DEVI	NP	
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	NP	RX/OTC
PRODIGY LANCING DEVICE MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	NP	RX/OTC
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	P	
PRODIGY SAFETY LANCETS	P	
PRODIGY TWIST TOP LANCETS	P	
PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	NP	RX/OTC
PSS SELECT GP LANCETS	P	
PSS SELECT SAFETY LANCETS	P	
PURE COMFORT LANCETS 30G	P	
PX ADVANCED LANCING DEVICE MISC	P	
PX LANCET AUTO INJECTOR MISC	P	
PX LANCETS MICROTHIN 33G	P	
PX LANCETS ULTRA THIN	P	
PX LANCETS ULTRA THIN 28G	P	
QC ADVANCED LANCING DEVICE MISC	P	
QC LANCETS SUPER THIN	P	
QC LANCETS ULTRA THIN	P	
QC UNILET LANCETS 28G/ULTRA THIN	P	
QC UNILET LANCETS 33G/MICRO THIN	P	
QUINTET AC BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits
QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
RA E-ZJECT LANCETS 28G	P	
RA E-ZJECT LANCETS THIN 26G	P	
RA E-ZJECT LANCETS THIN 28G	P	
RA E-ZJECT LANCETS ULTRATHIN 30G	P	
READYLANCE SAFETY LANCETS/21G/2.2MM	P	
READYLANCE SAFETY LANCETS/23G/1.8MM	P	
READYLANCE SAFETY LANCETS/26G/1.8MM	P	
READYLANCE SAFETY LANCETS/28G/1.8MM	P	
READYLANCE SAFETY LANCETS/30G/1.6MM	P	
REALITY LANCETS	P	
REALITY TRIGGER LANCETS	P	
REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G MISC	P	
RELION 2-IN-1 LANCING DEVICE 25G MISC	P	
RELION 2-IN-1 LANCING DEVICE 30G MISC	P	
RELION ALL-IN-ONE COMPACTBLOOD GLUCOSE TESTING SYSTEM	NP	
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RELION LANCETS MICRO-THIN33G	P	

Drug Name	Drug Tier	Requirements/ Limits
RELION LANCETS THIN 26G	P	
RELION LANCETS ULTRA-THIN30G	P	
RELION LANCING DEVICE MISC	P	
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	NP	RX/OTC
RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RELION ULTRA THIN LANCETS/30G	P	
RELION ULTRA THIN LANCETS30G	P	
RELION ULTRA THIN PLUS LANCETS 32G	P	
RELION ULTRA THIN PLUS LANCETS 33G	P	

Drug Name	Drug Tier	Requirements/ Limits
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
REXALL LANCETS ULTRA THIN	P	
RIGHTEST GD500 LANCING DEVICE MISC	P	
RIGHTEST GL300 LANCETS	P	
RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
SAFE-T-LANCE LOW FLOW 25G	P	
SAFE-T-LANCE NORMAL FLOW21G	P	
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	P	
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	P	
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	P	
SAFETY LANCET 30G/PRESSURE ACTIVATED	P	
SAFETY LANCETS	P	
SAFETY LANCETS 21G	P	
SAFETY LANCETS 23G	P	

Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCETS 28G	P	
SAFETY LANCETS/PRESSURE ACTIVATED/28G	P	
SAPS HEALTH CARE TWIST TOP LANCETS	P	
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	P	
SAPS HEALTH TWIST TOP LANCETS 30G	P	
SAPSCARE TWIST TOP LANCETS 30G	P	
SB LANCETS THIN	P	
SB LANCETS ULTRA THIN	P	
SELECT-LITE LANCING DEVICE MISC	P	
SHOPKO AUTOLET LANCING DEVICE MISC	P	
SHOPKO ON-THE-GO COMFORTLANCETS 30G	P	
SHOPKO UNILET LANCETS SUPER THIN 30G	P	
SHOPKO UNILET LANCETS ULTRA THIN 28G	P	
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	
SINGLE-LET	P	
SM MICRO THIN LANCETS 33G	P	
SM TRUEDRAW LANCING DEVICE MISC	P	
SMART DIABETES VANTAGE LANCING DEVICE MISC	P	
SMART SENSE COLOR LANCETS UNIVERSAL 33G	P	

Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	
SMART SENSE THIN LANCETSUNIVERSAL 26G	P	
SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
SMARTEST EJECT STARTER KIT KIT	NP	RX/OTC
SMARTEST LANCETS 28G	P	
SMARTEST PERSONA STARTERKIT KIT	NP	RX/OTC
SMARTEST PRONTO STARTERKIT KIT	NP	RX/OTC
SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
SMARTEST PROTEGE STARTERKIT KIT	NP	RX/OTC
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NP	
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 LANCING DEVICE MISC	P	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	P	
SOLUS V2 TWIST LANCETS 30G	P	
STERILANCE TL	P	
SUPER THIN LANCETS	P	
SURE COMFORT LANCETS 18G	P	
SURE COMFORT LANCETS 21G	P	
SURE COMFORT LANCETS 23G	P	
SURE COMFORT LANCETS 28G	P	
SURE COMFORT LANCETS 30G	P	
SURE COMFORT LANCING PEN MISC	P	
SURE-LANCE FLAT LANCETS	P	
SURE-LANCE LANCETS 26G	P	
SURE-LANCE THIN LANCETS 28G	P	
SURE-LANCE ULTRA THIN LANCETS	P	
SURELITE LANCETS	P	
SURE-PEN MISC	P	
SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER DEVI	NP	
SURE-TOUCH LANCETS UNIVERSAL	P	
TECHLITE AST LANCETS	P	
TECHLITE LANCETS	P	
TECHLITE LANCETS 30G	P	

Drug Name	Drug Tier	Requirements/ Limits
TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
TGT LANCET MICRO THIN 33G	P	
TGT LANCET THIN 26G	P	
TGT LANCET ULTRA THIN 30G	P	
TGT LANCING DEVICE MISC	P	
THINLETS GP LANCETS	P	
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	P	
TODAYS HEALTH SUPER THINLANCETS 30G	P	
TODAYS HEALTH ULTRA THINLANCETS 28G	P	
TOPCARE LANCETS MICRO-THIN 33G	P	
TRAVEL LANCETS 30G	P	
TRAVEL LANCETS ADVANCED 28G	P	
TRUE COMFORT SAFETY LANCETS/30G	P	
TRUE COMFORT TWIST TOP LANCETS 30G	P	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NP	RX/OTC
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NP	
TRUE METRIX AIR W/BLUETOOTH SMART KIT	NP	RX/OTC
TRUE METRIX BLOOD GLUCOSEMETER KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX GO BLOOD GLUCOSE METER KIT	NP	RX/OTC
TRUE METRIX DEVI	NP	
TRUEDRAW LANCING DEVICE MISC	P	
TRUEPLUS LANCETS 26G	P	
TRUEPLUS LANCETS 28G	P	
TRUEPLUS LANCETS 28G SUPER THIN	P	
TRUEPLUS LANCETS 30G	P	
TRUEPLUS LANCETS 30G ULTRA THIN	P	
TRUEPLUS LANCETS 33G	P	
TRUEPLUS LANCETS 33G MICRO THIN	P	
TRUEPLUS SAFETY LANCETS 28G	P	
TRUERESULT BLOOD GLUCOSEMONITORING SYSTEM/NO CODING KIT	NP	RX/OTC
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
TRUETRACK SMART SYSTEM KIT	NP	RX/OTC
TWIST TOP LANCETS 30G	P	
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	
ULTILET CLASSIC LANCETS	P	
ULTILET LANCETS	P	
ULTILET LANCETS 33G	P	
ULTILET SAFETY LANCETS 21G X 2.2MM	P	

Drug Name	Drug Tier	Requirements/ Limits
ULTILET SAFETY LANCETS 23G	P	
ULTRA THIN LANCETS 31G	P	
ULTRA-CARE LANCETS 30G	P	
ULTRA-THIN II AUTO LANCET	P	
ULTRA-THIN II LANCETS 28G	P	
ULTRA-THIN II LANCETS 30G	P	
UNILET COMFORTOUCH LANCET	P	
UNILET EXCELITE	P	
UNILET EXCELITE II	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	
UNILET LANCETS SUPER-THIN30G	P	
UNILET LANCETS ULTRA-THIN 28G	P	
UNILET SUPERLITE LANCET	P	
UNISTIK 3 GENTLE	P	
UNISTIK PRO SAFETY LANCET 21G	P	
UNISTIK PRO SAFETY LANCET 25G	P	
UNISTIK PRO SAFETY LANCET 28G	P	
UNISTIK SAFETY LANCETS 28G	P	
UNISTIK SAFETY LANCETS 30G	P	

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK TOUCH SAFETY LANCETS 21G	P	
UNISTIK TOUCH SAFETY LANCETS 23G	P	
UNISTIK TOUCH SAFETY LANCETS 28G	P	
UNISTIK TOUCH SAFETY LANCETS 30G	P	
UNIVERSAL 1 LANCETS THIN26G	P	
UNIVERSAL 1 LANCETS ULTRA THIN 30G	P	
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	P	
VALUE PLUS LANCETS STANDARD 21G	P	
VALUE PLUS LANCETS SUPERTHIN 30G	P	
VALUE PLUS LANCETS THIN 26G	P	
VALUE PLUS LANCING DEVICE MISC	P	
VALUMARK LANCET SUPER THIN 30G	P	
VALUMARK LANCET ULTRA THIN 28G	P	
VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NP	
VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	P	
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	P	
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	P	

Drug Name	Drug Tier	Requirements/ Limits
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	P	
VERIFINE UNIVERSAL LANCETS 28G	P	
VERIFINE UNIVERSAL LANCETS 30G	P	
VERIFINE UNIVERSAL LANCETS 33G	P	
VIDA MIA AUTOLET LANCINGDEVICE MISC	P	
VIDA MIA UNILET LANCETS SUPER THIN 30G	P	
VIDA MIA UNILET LANCETS ULTRA THIN 28G	P	
VIVAGUARD INO BLOOD GLUCOSE METER DEVI	NP	
VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	NP	
VIVAGUARD LANCETS	P	
VIVAGUARD LANCING DEVICE MISC	P	
VIVAGUARD SAFETY LANCETS/28G	P	
WALGREENS ADVANCED TRAVELLANCETS 28G	P	
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	P	
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	P	
WALGREENS LANCETS	P	
WALGREENS THIN LANCETS	P	
WALGREENS ULTRA THIN LANCETS	P	
WAVESENSE AMP KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ZEVRX TWIST TOP LANCETS 30G	P	
Misc. Devices		
ADVOCATE ALCOHOL PREP PADS	P	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC
ALCOHOL PADS	P	RX/OTC
ALCOHOL PREP PAD	P	RX/OTC
ALCOHOL PREP PADS	P	RX/OTC
ALCOHOL PREPS	P	RX/OTC
ALCOHOL SWABS	P	RX/OTC
ALCOHOL SWABSTICKS	P	RX/OTC
BD SWABS SINGLE USE	P	RX/OTC
BD SWABS SINGLE USE BUTTERFLY	P	RX/OTC
CARETOUCH ALCOHOL PREP PADS	P	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	P	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	RX/OTC
CVS ALCOHOL PREP PADS	P	RX/OTC
CVS PREP PADS	P	RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	RX/OTC
EASY COMFORT ALCOHOL PADS	P	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	RX/OTC
EQL 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
H-E-B INCONTROL ALCOHOL PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HM STERILE ALCOHOL PREP PADS	P	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	P	RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	P	RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS	P	RX/OTC
PRO COMFORT ALCOHOL PADS	P	RX/OTC
PURE COMFORT ALCOHOL PREPPADS	P	RX/OTC
QC ALCOHOL SWABS	P	RX/OTC
RA ALCOHOL SWABS	P	RX/OTC
REALITY SWABS	P	RX/OTC
RELION ALCOHOL SWABS	P	RX/OTC
SAPS CARE ALCOHOL PREP PADS	P	RX/OTC
SAPS HEALTH ALCOHOL PREPPADS	P	RX/OTC
SAPS HEALTH CARE ALCOHOLPREP PADS	P	RX/OTC
SB ALCOHOL PREP PADS	P	RX/OTC
SM ALCOHOL PREP PADS	P	RX/OTC
SURE COMFORT ALCOHOL PREP PADS	P	RX/OTC
SURE-PREP ALCOHOL PREP PADS	P	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC
TRUE COMFORT PRO ALCOHOLPREP PADS	P	RX/OTC
ULTICARE ALCOHOL SWABS	P	RX/OTC
ULTILET ALCOHOL SWABS	P	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WEBCOL ALCOHOL PREP LARGE 1 PLY	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	P	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	RX/OTC
ZEVRX STERILE ALCOHOL PREP PADS	P	RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	P	RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM	P	RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM	P	RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM	P	
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	P	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	P	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31G X5MM	P	RX/OTC
ABOUTTIME PEN NEEDLE 32GX 5/32"	P	RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16"	P	RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16"	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
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	P	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	P	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	P	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	P	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	P	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	P	RX/OTC
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
AQ INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
AQ INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
AQINJECT PEN NEEDLE/31G X 3/16"	P	RX/OTC
AQINJECT PEN NEEDLE/32G X 5/32"	P	RX/OTC
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	P	RX/OTC
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	P	RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX4MM	P	RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX6MM	P	
AUM PEN NEEDLE/32GX4MM	P	RX/OTC
AUM PEN NEEDLE/32GX6MM	P	

Drug Name	Drug Tier	Requirements/ Limits
AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	P	RX/OTC
AUM SAFETY PEN NEEDLE/31G X 5MM	P	RX/OTC
AURORA PEN NEEDLES 31G X8MM	P	RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32"	P	RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	P	RX/OTC
AUTOPEN DEVI	P	RX/OTC
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	P	RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	P	
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	P	
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	P	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	P	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	P	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	P	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	P	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	P	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	P	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	P	RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	P	RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	P	RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	P	RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM	P	RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	P	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	P	
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	P	
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM	P	
BD PEN MINI MISC	P	RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	P	

Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	P	RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	P	RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	P	RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	P	RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	P	
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	P	RX/OTC
BD PEN MISC	P	RX/OTC
BD SAFETYGLIDE 1ML 27GX5/8"	P	
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	P	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	P	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	P	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	P	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	P	RX/OTC
CAREFINE PEN NEEDLE 32GX4MM	P	RX/OTC
CAREFINE PEN NEEDLES 31GX8MM	P	RX/OTC
CAREFINE PEN NEEDLES 32GX6MM	P	
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	P	RX/OTC
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	P	RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	P	RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	P	RX/OTC
CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	P	RX/OTC
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	P	RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM	P	RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM	P	RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	P	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	P	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	P	RX/OTC
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	P	RX/OTC
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	P	RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	P	RX/OTC
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	P	RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM	P	RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM	P	RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM	P	RX/OTC
CEQUR SIMPLICITY 2U DEVI	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	P	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	P	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	P	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	P	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	P	

Drug Name	Drug Tier	Requirements/ Limits
CLICKFINE PEN NEEDLE 32GX5/32"	P	RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	P	RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16"	P	RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16"	P	RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM	P	RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32"	P	RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	P	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	P	RX/OTC
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	RX/OTC
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
COMFORT EZ MICRO/32G X 4MM	P	RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	P	RX/OTC
COMFORT EZ SHORT/31G X 8MM	P	RX/OTC
COMFORT EZ/31G X 5MM	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	

Drug Name	Drug Tier	Requirements/ Limits
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
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	P	RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	P	RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	P	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	P	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
DROPLET PEN NEEDLES 31G X3/16"	P	RX/OTC
DROPLET PEN NEEDLES 31G X5/16"	P	RX/OTC
DROPLET PEN NEEDLES 31GX5MM	P	RX/OTC
DROPLET PEN NEEDLES 31GX8MM	P	RX/OTC
DROPLET PEN NEEDLES 32G X 1/4"	P	
DROPLET PEN NEEDLES 32G X 5/32"	P	RX/OTC
DROPLET PEN NEEDLES 32GX4MM	P	RX/OTC
DROPLET PEN NEEDLES 32GX6MM	P	
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	P	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	P	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	P	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	P	RX/OTC
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	P	RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	P	RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM	P	RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM	P	RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM	P	RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	P	RX/OTC
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	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	RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	RX/OTC
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16"	P	RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16"	P	RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH 32GX6MM	P	
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	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-100/1ML/29G X 1/2"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	P	
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	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
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	P	RX/OTC
EMBRACE PEN NEEDLES/31G X 5MM	P	RX/OTC
EMBRACE PEN NEEDLES/31G X 8MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE PEN NEEDLES/32G X 4MM	P	RX/OTC
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	P	RX/OTC
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	P	RX/OTC
EQL INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	P	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	P	RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	P	RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM	P	RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM	P	RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM	P	RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM	P	
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	P	RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	P	RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	P	RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	P	RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	P	RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	RX/OTC
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	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	P	RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	P	RX/OTC
GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	P	RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2"	P	RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2"	P	RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2"	P	RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16"	P	RX/OTC
GNP ULTICARE PEN NEEDLES/31GX5/16"	P	RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32"	P	RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4"	P	
GNP ULTICARE PEN NEEDLES31G X 5MM	P	RX/OTC
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	P	RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	P	
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	P	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	P	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	P	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	P	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	P	
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	P	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	P	RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	P	RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	P	RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	P	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	P	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	P	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	P	RX/OTC
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	P	RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	P	RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	P	RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4 MM	P	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	P	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	P	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	P	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	P	RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	P	RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	RX/OTC
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	P	RX/OTC
HM ULTICARE SHORT 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
INPEN 100/BLUE/LILLY/HUMALOG DEVI	P	RX/OTC
INPEN 100/BLUE/NOVOLOG/FIASP DEVI	P	RX/OTC
INPEN 100/GREY/LILLY/HUMALOG DEVI	P	RX/OTC
INPEN 100/GREY/NOVOLOG/FIASP DEVI	P	RX/OTC
INPEN 100/PINK/LILLY/HUMALOG DEVI	P	RX/OTC
INPEN 100/PINK/NOVOLOG/FIASP DEVI	P	RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	P	RX/OTC
INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC
INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	P	RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	P	RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	P	RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	P	RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	P	RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	P	RX/OTC
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
INSULIN SYRINGES/0.5ML/28GX1/2"	P	RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2"	P	RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16"	P	RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	P	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	P	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	P	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	P	RX/OTC
INSULIN SYRINGES/U-100/1ML/27GX/1/2"	P	RX/OTC
INSULIN SYRINGES/U-100/1ML/28GX1/2"	P	RX/OTC
INSULIN SYRINGES/U-100/1ML/29GX1/2"	P	RX/OTC
INSULIN SYRINGES/U-100/1ML/30GX1/2"	P	RX/OTC
INSULIN SYRINGES/U-100/1ML/31GX5/16"	P	RX/OTC
INSUPEN 31G X 5MM	P	RX/OTC
INSUPEN 31G X 8MM	P	RX/OTC
INSUPEN 32G X 4MM	P	RX/OTC
INSUPEN PEN NEEDLES 32G X4MM	P	RX/OTC
INSUPEN SENSITIVE 32GX6MM	P	
INSUPEN ULTRAFIN 31GX8MM	P	RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	P	RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	P	RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	P	RX/OTC
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	P	RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	P	RX/OTC
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	P	RX/OTC
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
KROGER PEN NEEDLES 31G X8MM	P	RX/OTC
KROGER PEN NEEDLES/31G X3/16"	P	RX/OTC
KROGER PEN NEEDLES/31G X5/16"	P	RX/OTC
KROGER PEN NEEDLES/32G X5/32"	P	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	P	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	P	RX/OTC
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	P	RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	P	RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16"	P	RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32"	P	RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	P	RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	P	RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
LITETOUCH PEN NEEDLES 29GX12.7MM	P	
LITETOUCH PEN NEEDLES 31GX8MM SHORT	P	RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16"	P	RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI	P	RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	P	RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	P	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM	P	RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM	P	RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM	P	RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	P	RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	P	RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	P	RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	P	RX/OTC
MEIJER PEN NEEDLES 31G X8MM	P	RX/OTC
MICRODOT PEN NEEDLE/32G X 4 MM	P	RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	P	RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	P	RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MM PEN NEEDLES 31G X 3/16"	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
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	P	
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	P	RX/OTC
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MS INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
NOVOFINE PEN NEEDLE 32G X 6MM	P	
NOVOFINE PLUS PEN NEEDLE32G X 4MM	P	RX/OTC
NOVOPEN ECHO DEVI	P	RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI	P	RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT	P	RX/OTC
PEN NEEDLES 31G X 3/16"	P	RX/OTC
PEN NEEDLES 31G X 5MM	P	RX/OTC
PEN NEEDLES 31G X 8MM	P	RX/OTC
PEN NEEDLES 31GX5/16"	P	RX/OTC
PEN NEEDLES 31GX5MM	P	RX/OTC
PEN NEEDLES 31GX8MM	P	RX/OTC
PEN NEEDLES 31GX8MM (5/16")	P	RX/OTC
PEN NEEDLES 32G X 4MM	P	RX/OTC
PEN NEEDLES 32G X 6MM	P	
PEN NEEDLES 32GX4MM	P	RX/OTC
PEN NEEDLES/31G X 3/16"	P	RX/OTC
PEN NEEDLES/31G X 5/16"	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

Drug Name	Drug Tier	Requirements/ Limits
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
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
PURE COMFORT PEN NEEDLE 32G X6MM	P	
PURE COMFORT PEN NEEDLE/32G X4MM	P	RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	P	RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	P	RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	RX/OTC
PX MINI PEN NEEDLES 31GX5MM	P	RX/OTC
PX PEN NEEDLE 31GX8MM	P	RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM	P	RX/OTC
QC PEN NEEDLES 31G X 8MM	P	RX/OTC
QC UNIFINE PENTIPS 32GX4MM	P	RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
RA PEN NEEDLES 31G X 5MM3/16"	P	RX/OTC
RA PEN NEEDLES 31G X 8MM5/16"	P	RX/OTC
RAYA SURE PEN NEEDLE 31GX 5MM	P	RX/OTC
RAYA SURE PEN NEEDLE 31GX 8MM	P	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	P	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
RELION PEN NEEDLES 31G X8MM	P	RX/OTC
RELION PEN NEEDLES 31GX5/16"	P	RX/OTC
RELION PEN NEEDLES 31GX8MM	P	RX/OTC
RELION PEN NEEDLES 32G X4MM	P	RX/OTC
RELION PEN NEEDLES 32G X5/32"	P	RX/OTC
RELION PEN NEEDLES 32GX4MM	P	RX/OTC
RELION SHORT PEN NEEDLES31GX8MM	P	RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	P	RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	P	RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	P	RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
SB INSULIN SYRINGE/U-100/1ML/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
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	P	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM	P	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5M M	P	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM	P	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMO VR/32GX4MM	P	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM	P	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM	P	RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	P	
SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	P	RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32"	P	RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	P	RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM	P	
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM	P	
SURE-FINE PEN NEEDLES 31GX3/16" 5MM	P	RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	P	RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM	P	RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM	P	RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM	P	RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM	P	RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM	P	

Drug Name	Drug Tier	Requirements/ Limits
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	P	RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	P	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	P	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
TRUE COMFORT PEN NEEDLES31G X 5MM	P	RX/OTC
TRUE COMFORT PEN NEEDLES32G X 4MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/ 30G X 5/16"	P	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/ 31G X 5/16"	P	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/3 1G X 5/16"	P	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	P	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	P	RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	P	RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	P	RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	P	
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	P	RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	P	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	P	
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	P	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	P	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	P	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	P	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	P	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	P	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	P	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	P	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	P	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	P	RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	P	RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	P	RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	P	RX/OTC
ULTICARE MICRO PEN NEEDLES 31G X 8MM	P	RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM	P	RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 5/16"	P	RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM	P	RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32"	P	RX/OTC
ULTICARE MINI PEN NEEDLES/32G X 1/4"	P	
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	P	
ULTICARE PEN NEEDLES 31GX 5MM/MINI	P	RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM	P	
ULTICARE SHORT PEN NEEDLES 31GX8MM	P	RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	P	RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE TUBERCULIN SAFETSYRINGES/1ML/27G X 5/8"	P	
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	P	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	P	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	P	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	P	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	P	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	P	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	P	RX/OTC
ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	P	RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	P	
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	P	RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	P	RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	P	RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	P	RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	P	
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	P	RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	P	RX/OTC
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	P	RX/OTC
ULTILET PEN NEEDLE 29GX12.7MM	P	
ULTILET PEN NEEDLE 31GX5MM	P	RX/OTC
ULTILET PEN NEEDLE 31GX8MM	P	RX/OTC
ULTILET PEN NEEDLE 32GX4MM	P	RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT	P	RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16"	P	RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16"	P	RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	P	RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	P	RX/OTC
ULTRA FLO INSULIN PEN NEELE 31GX8MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	P	RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM	P	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
ULTRACARE PEN NEEDLES/31G X 3/16"	P	RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16"	P	RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14"	P	
ULTRACARE PEN NEEDLES/32G X 5/32"	P	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	P	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	P	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	P	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	P	RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	P	RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	P	RX/OTC
ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16"	P	RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2"	P	
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	P	RX/OTC
UNIFINE PEN NEEDLE/32G X4MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS 31G X 3/16"	P	RX/OTC
UNIFINE PENTIPS 31GX5MM	P	RX/OTC
UNIFINE PENTIPS 31GX8MM	P	RX/OTC
UNIFINE PENTIPS 32GX4MM	P	RX/OTC
UNIFINE PENTIPS 32GX6MM	P	
UNIFINE PENTIPS PLUS 31GX5MM	P	RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM	P	RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM	P	RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	P	RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX5MM	P	RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX8MM	P	RX/OTC
UNIFINE ULTRA PEN NEEDLE/32GX4MM	P	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM	P	RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	P	RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	P	RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	P	RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	P	RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	P	
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	P	RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	P	RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	P	RX/OTC
VERIFINE INSULIN SYRINGE1ML/29G X 12MM	P	RX/OTC
VERIFINE INSULIN SYRINGE1ML/31G X 8MM	P	RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	P	RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	P	RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	P	RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM	P	RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	P	RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	P	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	P	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2"	P	RX/OTC
ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
ZEVRX INSULIN SYRINGE/1ML/30G X 1/2"	P	RX/OTC
ZEVRX PEN NEEDLES 31G X 5MM	P	RX/OTC
ZEVRX PEN NEEDLES 31G X 8MM	P	RX/OTC
ZEVRX PEN NEEDLES 32G X 4MM	P	RX/OTC
Respiratory Therapy Supplies		
ADULT MASK DEVI	P	RX/OTC
AEROBIKA DEVI	P	RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	RX/OTC
AEROCHAMBER MV MISC	P	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	P	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	P	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	P	RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	P	RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	P	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	P	RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	P	RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	P	RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	P	RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	P	RX/OTC
BREATHE EASE/LARGE MASK DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BREATHE EASE/MEDIUM MASK DEVI	P	RX/OTC
BREATHE EASE/SMALL MASK DEVI	P	RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	P	RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	P	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	P	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	P	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	P	RX/OTC
CO MONITOR DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	RX/OTC
EASIVENT/MASK-LARGE MISC	P	RX/OTC
EASIVENT/MASK-MEDIUM MISC	P	RX/OTC
EASIVENT/MASK-SMALL MISC	P	RX/OTC
EASIVENT MISC	P	RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC
EASY FLOW BLACK/RED DEVI	P	RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC
EASY FLOW WHITE/BLUE DEVI	P	RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	RX/OTC
EASY FLOW WHITE/PINK DEVI	P	RX/OTC
EASY FLOW WHITE/WHITE DEVI	P	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQ SPACE CHAMBER ANTI-STATIC DEVI	P	RX/OTC
FLEXICHAMBER DEVI	P	RX/OTC
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	P	RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	P	RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	P	RX/OTC
MICROCHAMBER DEVI	P	RX/OTC
MICROCHAMBER MISC	P	RX/OTC
MICROSPACER MISC	P	RX/OTC
NEBULIZER CUP/TUBING DEVI	P	RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	P	RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	RX/OTC
OPTICHAMBER DIAMOND DEVI	P	RX/OTC
OPTICHAMBER DIAMOND MISC	P	RX/OTC
PARI MANUAL INTERRUPTER DEVI	P	RX/OTC
PARI TREK S COMBO PACK DEVI	P	RX/OTC
POCKET CHAMBER DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
POCKET SPACER DEVI	P	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	P	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	P	RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	P	RX/OTC
QUAKE DEVI	P	RX/OTC
RITEFLO DEVI	P	RX/OTC
SPIRO PD DEVI	P	RX/OTC
THRESHOLD PEP DEVI	P	RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	P	RX/OTC
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	P	RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	P	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	P	SP
AJOVY SOAJ	P	SP
AJOVY SOSY	P	SP
EMGALITY SOAJ	NP	SP
EMGALITY SOSY	NP	SP
NURTEC	P	PA
QULIPTA	NP	
UBRELVY	NP	
VYEPTI	NP	SP
ZAVZPRET	NP	
Migraine Combinations		
CAFERGOT TABS *(ergotamine w/ caffeine)*	NP	
ergotamine w/ caffeine TABS	NP	
MIGRANOW	NP	
sumatriptan-naproxen sodium	NP	
TREXIMET *(sumatriptan-naproxen sodium)*	NP	
Migraine Products		
D.H.E. 45 SOLN IJ *(dihydroergotamine mesylate)*	NP	
dihydroergotamine mesylate SOLN NA 4 MG/ML	NP	
MIGRANAL SOLN NA *(dihydroergotamine mesylate)*	NP	
TRUDHESA	NP	
Migraine Products - NSAIDs		
diclofenac potassium (migraine)	NP	
ELYXYB	NP	
Serotonin Agonists		
almotriptan malate	NP	
AMERGE *(naratriptan hcl)*	NP	
eletriptan hydrobromide	NP	

Drug Name	Drug Tier	Requirements/ Limits
FROVA *(frovatriptan succinate)*	NP	
frovatriptan succinate	NP	
IMITREX 5 MG/ACT, 20 MG/ACT *(sumatriptan)*	NP	
IMITREX STATDOSE REFILL SOCT *(sumatriptan succinate)*	NP	
IMITREX STATDOSE SYSTEM SOAJ *(sumatriptan succinate)*	NP	
IMITREX TABS *(sumatriptan succinate)*	NP	
MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)*	NP	
MAXALT TABS 10 MG *(rizatriptan benzoate)*	NP	
naratriptan hcl	NP	
ONZETRA XSAIL EXHP	NP	
RELPAX *(eletriptan hydrobromide)*	NP	
REYVOW	NP	
rizatriptan benzoate TABS	P	
rizatriptan benzoate TBDP	P	
sumatriptan	P	
sumatriptan 20 MG/ACT	NP	
sumatriptan succinate SOAJ	NP	
sumatriptan succinate SOCT	NP	
sumatriptan succinate SOLN 6 MG/0.5ML	P	
sumatriptan succinate TABS	P	
TOSYMRA	NP	
ZEMBRACE SYMTOUCH SOAJ	NP	
zolmitriptan SOLN	NP	
zolmitriptan TABS	NP	
zolmitriptan TBDP	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZOMIG SOLN *(zolmitriptan)*	NP	
ZOMIG SOLN	NP	
ZOMIG TABS 2.5 MG, 5 MG *(zolmitriptan)*	NP	
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM 600+D HIGH POTENCY TABS	P	
CALCIUM ACETATE	NP	
CALCIUM CARBONATE CHEW 500 MG	P	
calcium carbonate-cholecalciferol TABS	P	
calcium carbonate TABS 500 MG, 600 MG, 1250 MG, 1500 MG	P	
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT	P	
CALCIUM CITRATE + D3 TABS	P	
CALCIUM CITRATE+ D TABS	P	
calcium citrate TABS 200 MG	P	
CALCIUM CITRATE TABS 250 MG	P	
calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-315 MG, 5 MCG-315 MG, 6.25 MCG-315 MG	P	
CALCIUM GLUCONATE TABS 50 MG	P	
CALCIUM/C/D	P	
CALCIUM/VITAMIN D TABS	P	
CALCIUM CHEW 100 UNIT-500 MG	P	
calcium-magnesium-zinc	P	

Drug Name	Drug Tier	Requirements/ Limits
CORAL CALCIUM PLUS	P	
CORAL CALCIUM CAPS 100 UNIT-50 MG-185 MG	P	
oyster shell	P	
OYSTER SHELL CALCIUM/D TABS	P	
RA CALCIUM/BORON	P	
RA CALCIUM TABS	P	
Electrolyte Mixtures		
BIOLYTE SOLN	P	
CERALYTE 70 SOLN	P	
CERASPORT EX1 SOLN	P	
CERASPORT SOLN	P	
ENFAMIL ENFALYTE SOLN	P	
HYDRALYTE FREEZER POPS SOLN	P	
HYDRALYTE SOLN	P	
KINDERLYTE PREMAX SOLN	P	
KINDERLYTE SOLN	P	
oral electrolytes SOLN	P	
Fluoride		
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	P	
sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	P	RX/OTC
sodium fluoride TABS 0.5 MG	P	
Magnesium		
magnesium oxide (mg supplement) TABS 400 MG	P	
magnesium TABS 400 MG, 400 MG	P	
Mineral Combinations		

Drug Name	Drug Tier	Requirements/ Limits
ADVANCED CALCIUM/VITAMIND/MAGNESIUM TABS	P	
BONE DENSITY BUILDER TABS	P	
CAL MAG ZINC +D3 TABS	P	
CALCIUM 600+D3 PLUS MINERALS TABS	P	
CALCIUM/MAGNESIUM/ZINC/VITAMIN D3 TABS	P	
CALCIUM/MAGNESIUM/ZINC TABS 200 UNIT-333 MG-133 MG-5 MG	P	
CAL-MAG-ZINC-D3 TABS	P	
CAL-MAG-ZINC-D TABS	P	
CITRACAL MAXIMUM PLUS TABS	P	
CITRACAL PLUS TABS	P	
CVS CALCIUM CITRATE+D3 W/MAGNESIUM TABS	P	
CVS CALCIUM CITRATE+D3 TABS	P	
FEM-CAL CITRATE TABS	P	
MULTI MEGA MINERALS TABS	P	
MULTI-MINERALS TABS	P	
multiple minerals w/ vitamins TABS	P	
MULTISOURCE CALCIUM MAGNESIUM & D FORMULA TABS	P	
PROSTEON TABS	P	
THERACAL D2000 TABS	P	
THERACAL D4000 TABS	P	
THERACAL RAPID REPLETION TABS	P	
Phosphate		

Drug Name	Drug Tier	Requirements/ Limits
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	P	
potassium & sodium phosphates PACK	P	
Potassium		
potassium bicarbonate TBEF	P	
potassium chloride microencapsulated crystals er	P	
potassium chloride CPCR	P	
potassium chloride PACK OR 20 MEQ	P	
potassium chloride SOLN OR 10 %, 20 %	P	
potassium chloride TBCR 8 MEQ, 10 MEQ	P	
Sodium		
sodium chloride SOLN IJ 0.9 %	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
penicillamine CAPS	P	
penicillamine TABS	P	
Enzymes		
papaya CHEW	P	
Immunomodulators		
lenalidomide	P	SP
lenalidomide 5 MG, 10 MG, 15 MG, 25 MG	NP	SP
REVLIMID	P	SP
Immunosuppressive Agents		
azathioprine TABS 50 MG	P	
cyclosporine modified (for microemulsion) CAPS 25 MG, 100 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
cyclosporine modified (for microemulsion) SOLN	P	
cyclosporine CAPS	P	
mycophenolate mofetil CAPS	P	
mycophenolate mofetil TABS	P	
SANDIMMUNE SOLN OR	P	
sirolimus SOLN	P	
sirolimus TABS	P	
tacrolimus CAPS	P	
Lymphatic Agents		
SYLVANT	NP	SP
Potassium Removing Agents		
sodium polystyrene sulfonate POWD	P	
sodium polystyrene sulfonate SUSP OR 15 GM/60ML	P	
Prostaglandins		
alprostadil	P	
PROSTIN VR PEDIATRIC	P	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
benzocaine (dental) GEL 20 %	P	
benzocaine (dental) LIQD 20 %	P	
benzocaine (dental) SOLN 20 %	P	
HURRICAINE SNAP-N-GO SWAB	P	
Anti-infectives - Throat		
clotrimazole	NP	
nystatin (mouth-throat)	P	
ORAVIG	NP	
Antiseptics - Mouth/Throat		

Drug Name	Drug Tier	Requirements/ Limits
chlorhexidine gluconate (mouth-throat)	P	
MUCINEX INSTASOOTHE SORETHROAT + PAIN RELIEF LOZG	NP	
MUCINEX INSTASOOTHE SORETHROAT + SOOTHING COMFORT LOZG	NP	
Dental Products		
PREVIDENT RINSE SOLN	P	
sodium fluoride (dental) CREA	P	
sodium fluoride (dental) GEL	P	
sodium fluoride (dental) SOLN 0.2 %	P	
Lozenges		
MUCINEX INSTASOOTHE SORETHROAT + COUGH RELIEF	NP	
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	P	
Throat Products - Misc.		
cevimeline hcl	P	
pilocarpine hcl (oral) 5 MG	P	
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins CAPS	P	
b-complex vitamins TABS	P	
b-complex vitamins TBCR	P	
CVS BALANCED B100 TBCR	P	
B-Complex w/ C		

Drug Name	Drug Tier	Requirements/ Limits
b complex w/ c CAPS	P	
b complex w/ c TABS	P	
b-complex w/ c & calcium	P	
b-complex w/ c & e + zn	P	
PRONUTRIENTS SUPER B-COMPLEX+ANTIOXIDANTS	P	
RA B-COMPLEX/VITAMIN C TR TBCR	P	
B-Complex w/ Folic Acid		
ACTRIVIT	P	RX/OTC
BALANCED B-50 TBCR	P	
b-complex w/ c & folic acid CAPS	P	RX/OTC
b-complex w/ c & folic acid TABS 60 MG-300 MCG-1 MG-1.5 MG-20 MG-10 MG-10 MG-1.7 MG-6 MCG	NP	RX/OTC
b-complex w/ c & folic acid TABS	P	RX/OTC
b-complex w/ folic acid CAPS	P	
b-complex w/ folic acid TABS	P	
b-complex w/biotin & folic acid TABS	P	
b-complex w/biotin & folic acid TBCR	P	
NUTRIVIT	P	RX/OTC
SM B-COMPLEX/VITAMIN C TABS	P	RX/OTC
WEST-VITE W/FOLIC ACID TABS	P	
B-Complex w/ Iron		
APETIGEN-PLUS SOLN	P	
b complex w/ iron TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
SUPER B-COMPLEX/IRON/VITAMIN C TABS	P	
B-Complex w/ Minerals		
b-complex w/ minerals LIQD	P	
Bioflavonoid Products		
ACTITROM CAPS	P	
ACTITROM-D CAPS	P	
ADRENAL C FORMULA TABS	P	RX/OTC
ADVANCED C PLUS TABS	P	RX/OTC
BIO C 1:1 CAPS	P	
bioflavonoid products TABS	P	RX/OTC
bioflavonoid products TBCR	P	
C 1000/BIOFLAVONOIDS/ROSEHIPS CAPS	P	
DAFLONEX-XL CAPS	P	
DAFLONEX-XL TBCR	P	
FRUIT C 200 CHEW	P	
GRAPE SEED CAPS	P	
QUERCETIN COMPLEX CAPS	P	
THORNE VITAMIN C/FLAVONOIDS CAPS	P	
TROMBONEX CAPS	P	
TROMBONEX-D CAPS	P	
VASOFLEX FORTE CAPS	P	
VASOFLEX CAPS	P	
VITAMIN C CHEW	P	
Iron w/ Vitamins		
iron w/ vitamins TABS	NP	RX/OTC
Multiple Vitamins w/ Calcium		

Drug Name	Drug Tier	Requirements/ Limits
multiple vitamins w/ calcium TABS	P	
SM ONE DAILY ESSENTIAL TABS	P	
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron TABS	P	
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	
Multiple Vitamins w/ Minerals		
ACTIVESSENTIALS FOR WOMEN MISC	P	
ACTIVESSENTIALS/ONCOPLEX& D3 MISC	P	
ACTIVNUTRIENTS PERFORMANCE CAPS	P	RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	P	RX/OTC
ACTIVNUTRIENTS CAPS	P	RX/OTC
ADEK GUMMIES PLUS ZN CHEW	P	
ADULT ONE DAILY GUMMIES CHEW	P	
AIRBORNE KIDS CHEW	P	
AIRBORNE+GOOD REST CHEW	P	
AIRBORNE+NATURAL ENERGY LIQD	P	RX/OTC
AIRBORNE+PROBIOTIC CHEW	P	
AIRBORNE CHEW	P	
ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	RX/OTC
ALIVE HAIR, SKIN & NAILS CHEW	P	
ALIVE MULTI-VITAMIN CHEW	P	
ALIVE MULTI-VITAMIN LIQD	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW	P	
ALIVE WOMENS 50+ CHEW	P	
ALIVE WOMENS GUMMY MULTIVITAMIN CHEW	P	
APETIBEX CAPS	P	RX/OTC
APPE-CURB CAPS	P	RX/OTC
BARIATRIC FUSION CHEW	P	
BARIATRIC MULTIVITAMINS/IRON CAPS	P	RX/OTC
BIO-35 GLUTEN-FREE CAPS	P	RX/OTC
BIO-35 IRON FREE CAPS	P	RX/OTC
BIOCAL CAPS	P	RX/OTC
BONEUP 3 PER DAY CAPS	P	RX/OTC
BONEUP CAPS	P	RX/OTC
BURIED TREASURE ACTIVE 55PLUS SENIOR COMPLEX LIQD	P	RX/OTC
CELEBRATE MULTI-COMPLETE18 CAPS	P	RX/OTC
CELEBRATE MULTI-COMPLETE18 CHEW	P	
CELEBRATE MULTI-COMPLETE36 CAPS	P	RX/OTC
CELEBRATE MULTI-COMPLETE36 CHEW	P	
CELEBRATE MULTI-COMPLETE45 CAPS	P	RX/OTC
CELEBRATE MULTI-COMPLETE45 CHEW	P	
CELEBRATE MULTI-COMPLETE60 CAPS	P	RX/OTC
CELEBRATE MULTI-COMPLETE60 CHEW	P	
CENTRUM ADULT MULTIGUMMIES CHEW	P	

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM FLAVOR BURST ADULT CHEW	P	
CENTRUM FLAVOR BURST CHEW	P	
CENTRUM FRESH/FRUITY ADULTS 50+ CHEW	P	
CENTRUM FRESH/FRUITY ADULTS CHEW	P	
CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW	P	
CENTRUM SILVER CHEW	P	
CENTRUM VITAMINTS CHEW	P	
CHOICEFUL MULTIVITAMIN CAPS	P	RX/OTC
CHOICEFUL MULTIVITAMIN CHEW	P	
CONCEPTIONXR MOTILITY SUPPORT FORMULA MISC	P	
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW	P	
CVS ADULT 50+ EYE HEALTH CAPS	P	RX/OTC
CVS AIRSHIELD IMMUNITY SUPPORT CHEW	P	
CVS DIABETES HEALTH SUPPORT MISC	P	
CVS EYE HEALTH ADULT 50+ CAPS	P	RX/OTC
CVS SPECTRAVITE ADULT 50+ CHEW	P	
CVS SPECTRAVITE WOMEN CHEW	P	
CVS VISION HEALTH CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DAILY HEART HEALTH SUPPORT MISC	P	
DAILY PAK MAXIMUM MULTIVITAMIN/ASIAN GINSENG EXTRACT MISC	P	
DECUBI-VITE CAPS	P	RX/OTC
DEKAS BARIATRIC CHEW	P	
DEKAS PLUS OCEAN CAPS	P	RX/OTC
DEKAS PLUS CAPS	P	RX/OTC
DEKAS PLUS CHEW	P	
DEXATRAN CAPS	P	RX/OTC
DIABETES HEALTH PACK MISC	P	
EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	P	
EMERGEN-C VITAMIN C CHEW	P	
ENDUR-VM WITH IRON TBCR	P	
ENDUR-VM TBCR	P	
EQ MULTIVITAMINS ADULT GUMMY CHEW	P	
EQL ONE DAILY ADULT GUMMIES CHEW	P	
EYE HEALTH CAPS	P	RX/OTC
EYE MULTIVITAMIN/LUTEIN CAPS	P	RX/OTC
EYE MULTIVITAMIN CAPS	P	RX/OTC
FOLAGENT DHA CAPS	P	RX/OTC
FOLAMED DHA CAPS	P	RX/OTC
GENADEK STEP 1 CAPS	P	RX/OTC
GENADEK STEP 2 CAPS	P	RX/OTC
HAIR/SKIN/NAILS CAPS	P	RX/OTC
HEALTHY EYES SUPERVISION2 CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
IMMUNE ESSENTIALS DAILY CAPS	P	RX/OTC
IMMUNE SUPPORT CHEW	P	
KEYFOLIC TABS	NP	RX/OTC
KP MENS DAILY PACK MISC	P	
KP WOMENS DAILY PACK MISC	P	
LIFE PACK MENS MISC	P	
LIFE PACK WOMENS MISC	P	
MENS 50+ ADVANCED CAPS	P	RX/OTC
MENS MULTIVITAMIN CHEW	P	
MENS PACK MISC	P	
MOOD FOOD ES CAPS	P	RX/OTC
MOOD FOOD CAPS	P	RX/OTC
multiple vitamins w/ minerals CAPS	P	RX/OTC
multiple vitamins w/ minerals CHEW	P	
multiple vitamins w/ minerals LIQD	P	RX/OTC
multiple vitamins w/ minerals TBCR	P	
MULTI-VITE LIQD	P	RX/OTC
MVW COMPLETE FORMULATION CAPS	P	RX/OTC
MVW COMPLETE FORMULATIOND3000 CAPS	P	RX/OTC
MVW COMPLETE FORMULATIOND500 CAPS	P	RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS	P	RX/OTC
MVW HI-D ADEK GUMMIES CHEW	P	

Drug Name	Drug Tier	Requirements/ Limits
MVW MODULATOR FORMULATION MINIS CAPS	P	RX/OTC
MVW MODULATOR FORMULATION CAPS	P	RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC
OCUVITE ADULT 50+ CAPS	P	RX/OTC
OCUVITE ADULT FORMULA CAPS	P	RX/OTC
OCUVITE LUTEIN CAPS	P	RX/OTC
ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW	P	
ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	P	
ONE A DAY WOMENS 50+ ADVANCED CHEW	P	
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW	P	
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW	P	
ONE-A-DAY MENS VITACRAVES GUMMIES CHEW	P	
ONE-A-DAY VITACRAVES ADULT CHEW	P	
ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW	P	
ONE-A-DAY VITACRAVES SOURGUMMIES CHEW	P	
ONE-A-DAY VITACRAVES WOMENS MULTI CHEW	P	

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY VITACRAVES CHEW	P	
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW	P	
ONE-DAILY MULTI CAPS CAPS	P	RX/OTC
OPTIFAST POST BARIATRIC CHEW	P	
OPTIMUM AIRVITES CHEW	P	
OPTISOURCE POST BARIATRIC SURGERY CHEW	P	
OPURITY/BYPASS OPTIMIZED CHEW	P	
PREMIUM PACKETS MISC	P	
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	P	RX/OTC
PRESERVISION AREDS 2 CAPS	P	RX/OTC
PRESERVISION AREDS 2 CHEW	P	
PRESERVISION AREDS CAPS	P	RX/OTC
PRESERVISION/LUTEIN CAPS	P	RX/OTC
PRORENAL+D/OMEGA-3 CAPS	P	RX/OTC
PROTECT CARDIO AF CAPS	P	RX/OTC
PROTECT PLUS SO CAPS	P	RX/OTC
PROTEGRA CAPS	P	RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	P	RX/OTC
REMEDIENT CAPS	P	RX/OTC
SUPER ANTIOXIDANT CAPS	P	RX/OTC
SUPPORT-500 CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SUPPORT LIQD	P	RX/OTC
SYSTANE ICAPS AREDS2 CHEW	P	
THERAMILL FORTE CAPS	P	RX/OTC
THERANATAL LACTATION COMPLETE MISC	P	
THERANATAL LACTATION ONE CAPS	P	RX/OTC
THRIVITE 19 TABS	NP	RX/OTC
ULTRA MEGA GOLD TBCR	P	
ULTRA MEGA TWO TBCR	P	
ULTRA MEGA TBCR	P	
VISION HEALTH CAPS	P	RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	P	RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	P	RX/OTC
VITABEX PLUS CAPS	P	RX/OTC
VITABEX CAPS	P	RX/OTC
VITACHEW ADULT MULTI VITAMIN CHEW	P	
VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC
VITEYES CLASSIC MACULAR SUPPORT CAPS	P	RX/OTC
VITEYES CLASSIC/OMEGA-3 CAPS	P	RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	P	RX/OTC
VITEYES CLASSIC CAPS	P	RX/OTC
WAL-BORN VITAMIN C CHEW	P	
WOMENS MULTI GUMMIES CHEW	P	

Drug Name	Drug Tier	Requirements/ Limits
WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW	P	
WOMENS PACK MISC	P	
YOUR LIFE MULTI ADULT GUMMIES CHEW	P	
YUMVS MULTI ZERO CHEW	P	
YUMVS ZERO DIABETIC MULTIVITAMIN CHEW	P	
ZYVANA CAPS	P	RX/OTC
Multivitamins		
AMLADEX TABS	P	RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	RX/OTC
DEKAS ESSENTIAL CAPS	P	RX/OTC
DEKAS ESSENTIAL LIQD	P	
ESTROFACTORS TABS	P	RX/OTC
FOLCYTEINE TABS	P	RX/OTC
GENICIN VITA-Q TABS	P	RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	RX/OTC
MOMMYS BLISS MULTIVITAMINORGANIC DROPS LIQD	P	
MULTI VITAMIN/D-3 TABS	P	RX/OTC
MULTI VITAMIN TABS	P	RX/OTC
multiple vitamin CAPS	P	RX/OTC
multiple vitamin TABS	P	RX/OTC
MULTIVITAMIN ADULT TABS	P	RX/OTC
MULTIVITAMIN+ LIQD	P	
MULTIVITAMIN TABS 37.5 MG-0.1 MG-10 MCG-2 MG-20 MG-1500 MCG-1 MG-1.5 MG-28.5 MG	P	RX/OTC
NEOMULTIVITE TABS	P	RX/OTC
NUTRA-Z+ CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OMNICAP TABS	P	RX/OTC
ONE DAILY ESSENTIAL TABS	P	RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	P	RX/OTC
QUINTABS TABS	P	RX/OTC
THERA TABS	P	RX/OTC
THEREMS MULTIVITAMIN TABS	P	RX/OTC
TM-DAILY VITE TABS	P	RX/OTC
VITAZYME TABS	P	RX/OTC
ZELDANA CAPS	P	RX/OTC
Ped Multiple Vitamins w/ Minerals		
ACTIVNUTRIENTS CHEWABLE CHEW	P	
ACTIVNUTRIENTS CHEW	P	
CENTRUM FLAVOR BURST KIDS CHEW	P	
CENTRUM KIDS CHEW	P	
FLINTSTONES COMPLETE CHEW	P	
FLINTSTONES TODDLER/TASTISMOOTH CHEW	P	
GNP MULTI CHILDRENS CHEW	P	
HEALTHY KIDS GUMMIES CHEW	P	
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW	P	
MULTIVITAMIN GUMMIES CHILDRENS CHEW	P	
MVW COMPLETE FORMULATION CHEW	P	

Drug Name	Drug Tier	Requirements/ Limits
pediatric multiple vitamin w/ minerals & c CHEW 400 UNIT-60 MG-2 MG-45 MCG-400 MCG-6 MCG-1.7 MG-10 MCG-20 MG-3500 UNIT-10 MG-1.5 MG-15 MG-2 MG-40 MG-108 MG-20 MCG-150 MCG-30 UNIT-50 MG-1 MG-20 MCG-18 MG	P	
pediatric multiple vitamin w/ minerals CHEW	P	
VITALETS CHILDRENS CHEW	P	
YUMVSKIDS MULTI ZERO CHEW	P	
Ped MV w/ Fluoride		
MULTIVITAMIN + FLUORIDE CHEW	P	RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	P	RX/OTC
MULTIVITAMIN/FLUORIDE CHEW	P	RX/OTC
MULTI-VIT-FLOR CHEW	P	RX/OTC
pediatric multivitamins w/fl CHEW	P	RX/OTC
POLY-VI-FLOR CHEW	P	RX/OTC
QUFLORA PEDIATRIC CHEW	P	RX/OTC
Ped MV w/ Iron		
ANIMAL SHAPES/IRON CHEW	P	
DINO-LIFE W/IRON & ZINC CHEW	P	
HONEY BEARS W/IRON AND ZINC CHEW	P	
MULTIVITAMIN PLUS IRON CHILDRENS CHEW	P	
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
pediatric multiple vitamins w/ iron CHEW	P	
POLY-VI-SOL/IRON SOLN	P	
POLY-VITE/IRON SOLN	P	
SCOOBY-DOO ONE A DAY CHEW	P	
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR	P	
MULTIVITAMIN INFANT & TODDLER SOLN OR	P	
MULTIVITAMIN INFANT/TODDLER SOLN OR	P	
NOVAFERRUM PEDIATRIC MULTIVITAMIN LIQD	P	
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	P	
pediatric multiple vitamins CHEW	P	
PEDIAVIT LIQD	P	
POLY-VI-SOL SOLN OR	P	
POLY-VITA SOLN OR	P	
POLY-VITE PEDIATRIC SOLN OR	P	
Pediatric Vitamins		
HONEY BEARS	P	
Prenatal Vitamins		
ALIVE DAILY SUPPORT PRENATAL GUMMIES	NP	
ALIVE PREMIUM PRENATAL DAILY SUPPORT	NP	
AZESCO TABS	NP	
BRAINSTRONG PRENATAL MISC	NP	
CADEAU DHA	NP	

Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	NP	
CITRANATAL ASSURE	NP	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NP	
CITRANATAL BLOOM	NP	
CITRANATAL DHA	NP	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	NP	
CITRANATAL MEDLEY	NP	
CITRANATAL RX	NP	
C-NATE DHA CAPS	NP	
COMPLETE NATAL DHA	P	
COMPLETENATE CHEW	NP	
CONCEPT DHA	NP	
CONCEPT OB	NP	
CVS PRENATAL GUMMIES 15 MG-1.25 MG-15 MCG-400 MCG-10 MG-300 UNIT-4 MCG-1250 UNIT-50 MG-75 MCG-15 UNIT, 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-2000 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-5 MG-35 MG	NP	
CVS PRENATAL GUMMY/DHA/FOLIC ACID	NP	
CVS PRENATAL MULTI+DHA CAPS	NP	

Drug Name	Drug Tier	Requirements/ Limits
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	NP	
CVS WOMENS PRENATAL+DHA MISC	NP	
DERMACINRX PRETRATE TABS	NP	
ENBRACE HR	NP	
FOLIVANE-OB	NP	
GNP PRENATAL TABS	NP	
KOSHER PRENATAL PLUS IRON TABS	NP	
KP PRENATAL MULTIVITAMINS TABS	NP	
KPN PRENATAL TABS	NP	
M-NATAL PLUS TABS	P	RX/OTC
MULTI PRENATAL TABS	NP	
MULTI-MAC	NP	
NATAL PNV TABS	NP	
NEONATAL COMPLETE TABS 120 MG-3 MG-30 MCG-1000 MCG-25 MCG-8 MCG-3 MG-20 MG-7 MG-29 MG-200 MG-3 MG-100 MG-15 MG-3 MG-1200 MCG-150 MCG-18.4 MG	NP	RX/OTC
NEONATAL FE	NP	
NEONATAL PLUS TABS	NP	RX/OTC
NEONATAL/DHA MISC	NP	
NESTABS	NP	
NESTABS DHA	NP	
NESTABS ONE	NP	
NIVA-PLUS TABS	P	RX/OTC
OB COMPLETE ONE	NP	
OB COMPLETE PETITE	NP	
OB COMPLETE PREMIER	NP	

Drug Name	Drug Tier	Requirements/ Limits
OB COMPLETE/DHA	NP	
OB COMPLETE TABS	NP	
OBSTETRIX DHA MISC	NP	
OBSTETRIX EC TABS	NP	RX/OTC
OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	NP	
ONE A DAY WOMENS PRENATAL/DHA MISC	NP	
ONE A DAY WOMENS PRENATAL1	NP	
PERRY PRENATAL CAPS	NP	
PNV PRENATAL PLUS MULTIVITAMIN + DHA MISC	NP	
PNV TABS 20-1	NP	
PNV TABS 29-1 TABS	P	RX/OTC
PNV-DHA+DOCUSATE	NP	
PNV-OMEGA	NP	
PREGEN DHA CAPS	NP	
PREGENNA	NP	
PRENA 1 TRUE	NP	
PRENA1 CHEW	NP	
PRENA1 PEARL	NP	
PRENAISSANCE	NP	
PRENAISSANCE PLUS CAPS	NP	
PRENATABS FA TABS	NP	RX/OTC
PRENATAL + COMPLETE MULTI/DHA/CHOLINE/FOLATE	NP	
PRENATAL 19 CHEW	NP	
PRENATAL 19 TABS	NP	RX/OTC
PRENATAL AND IRON TABS	NP	RX/OTC
PRENATAL COMPLETE TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL FORMULA A-FREE TABS	NP	
PRENATAL FORMULA CAPS	NP	
PRENATAL GUMMIES/DHA & FOLIC ACID	NP	
PRENATAL MULTI + DHA CAPS 60 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-38 MG-1.5 MG-25 MG-4000 UNIT-11 UNIT-250 MG	NP	
PRENATAL MULTI +DHA CAPS	NP	
PRENATAL MULTIVITAMIN + DHA MISC	NP	
PRENATAL MULTIVITAMIN PLUS DHA CAPS	NP	
PRENATAL MULTIVITAMIN TABS	NP	
PRENATAL ONE DAILY TABS	NP	
PRENATAL PLUS IRON TABS	NP	RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS	NP	RX/OTC
prenatal vit w/ ferrous fumarate-folic acid CHEW	NP	
prenatal vit w/ ferrous fumarate-folic acid TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG	NP	
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	NP	

Drug Name	Drug Tier	Requirements/ Limits
prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG, 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	NP	
PRENATAL VITAMIN & MINERAL TABS	NP	
PRENATAL VITAMIN/IRON TABS	NP	
PRENATAL VITAMINS AND MINERALS/DHA CAPS	NP	
PRENATAL VITAMINS PLUS LOW IRON TABS	P	RX/OTC
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	NP	
PRENATAL VITAMIN TABS	NP	
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	NP	
PRENATAL+DHA MISC	NP	
PRENATAL TABS	NP	
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	P	RX/OTC
PRENATAL-U CAPS	NP	
PRENATE	NP	
PRENATE AM	NP	

Drug Name	Drug Tier	Requirements/ Limits
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	NP	
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	NP	
PRENATE ENHANCE	NP	
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	NP	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	NP	
PRENATE PIXIE	NP	
PRENATE RESTORE	NP	
PRENATRIX TABS	NP	RX/OTC
PRENATRYL TABS	NP	RX/OTC
PREPLUS TABS	P	RX/OTC
PRETAB TABS	P	RX/OTC
PRIMACARE	NP	
PROVIDA OB	NP	
RA PRENATAL TABS	NP	
SELECT-OB+DHA MISC	NP	
SELECT-OB CHEW	NP	
SE-NATAL 19 CHEW	P	
SE-NATAL 19 TABS	P	RX/OTC
SM ONE DAILY PRENATAL MISC	NP	
SM PRENATAL VITAMINS TABS	NP	
TARON-C DHA	NP	

Drug Name	Drug Tier	Requirements/ Limits
TARON-PREX	NP	
THERANATAL COMPLETE MISC	NP	
THERANATAL CORE NUTRITION TABS	NP	RX/OTC
THERANATAL ONE CAPS	NP	
THERANATAL OVAVITE	NP	
THRIVITE RX TABS	P	RX/OTC
TRICARE TABS	NP	RX/OTC
TRINATAL RX 1 TABS	P	
TRINAZ TABS	NP	
TRISTART DHA	NP	
ULTRA PRENATAL + DHA CAPS	NP	
VINATE DHA RF	NP	
VIRT-C DHA	P	
VIRT-NATE DHA CAPS	NP	
VIRT-PN DHA	NP	
VIRT-PN PLUS	NP	
VITAFOL FE+	NP	
VITAFOL GUMMIES	NP	
VITAFOL ULTRA	NP	
VITAFOL-OB+DHA MISC	NP	
VITAFOL-OB TABS	NP	
VITAFOL-ONE CAPS	NP	
VITAMEDMD ONE RX/QUATREFOLIC	NP	
VITAMEDMD REDICHEW RX	NP	
VITAPEARL	NP	
VITATRUE	NP	
VP-PNV-DHA CAPS	P	
WESCAP-PN DHA	NP	
WESNATAL DHA COMPLETE	NP	
WESNATE DHA CAPS	NP	
WESTAB PLUS TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WESTGEL DHA	NP	
ZALVIT TABS	NP	
ZATEAN-PN DHA	NP	
ZATEAN-PN PLUS	NP	
Specialty Vitamins Products		
ADRENAL MANAGER CAPS	P	RX/OTC
ADRENAL STRESS CALM TABS	P	RX/OTC
ADRENALIV CAPS	P	RX/OTC
ADRENOID CAPS	P	RX/OTC
ALLERWELL ALLERGY FORMULA TABS	P	RX/OTC
BILBERRY PLUS CAPS	P	RX/OTC
BIOTIN PLUS KERATIN TABS	P	RX/OTC
BRAIN MIGHT/DHA & CO Q10 TABS	P	RX/OTC
CARDIOPRESS CAPS	P	RX/OTC
CENTRUM PERFORMANCE TABS	P	RX/OTC
CENTRUM SPECIALIST ENERGY TABS	P	RX/OTC
CHOLASE CONTROL CAPS	P	RX/OTC
COLLAGEN ULTRA CAPS	P	RX/OTC
CORTICARE B CAPS	P	RX/OTC
CVS HAIR/SKIN/NAILS TABS	P	RX/OTC
ELON MATRIX 5000 TABS	P	RX/OTC
ELON MATRIX PLUS TABS	P	RX/OTC
ELON MATRIX 5000 COMPLETE TABS	P	RX/OTC
ELON MATRIX COMPLETE TABS	P	RX/OTC
ELON R3 TABS	P	RX/OTC
FEMQUIL CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLYCOTROL COMPLETE CAPS	P	RX/OTC
GLYCOTROL CAPS	P	RX/OTC
HAIR FARE TABS	P	RX/OTC
HAIR NOURISHING SUPPLEMENT TABS	P	RX/OTC
HEALTHY HEART COMPLEX TABS	P	RX/OTC
HEART SAVIOR CAPS	P	RX/OTC
HEART TABS TABS	P	RX/OTC
IMMUNERX CAPS	P	RX/OTC
IMMUNICARE CAPS	P	RX/OTC
INULOSE BLOOD SUGAR SUPPORT CAPS	P	RX/OTC
LIPIDSHIELD PLUS TABS	P	RX/OTC
LIPOTRIAD VISION SUPPORT CAPS	P	RX/OTC
LIPOTRIAD VISION SUPPORTPLUS CAPS	P	RX/OTC
LIPOTRIAD VISIONARY CAPS	P	RX/OTC
MEDCAPS DPO CAPS	P	RX/OTC
MEDCAPS GI CAPS	P	RX/OTC
MEDCAPS IS CAPS	P	RX/OTC
MEDCAPS T3 CAPS	P	RX/OTC
MEMORALL CAPS	P	RX/OTC
METHYL PROTECT CAPS	P	RX/OTC
METHYL-GUARD PLUS CAPS	P	RX/OTC
METHYL-GUARD CAPS	P	RX/OTC
MG PLUS PROTEIN TABS	P	RX/OTC
MIL ADREGEN TABS	P	RX/OTC
MM BIOTIN/KERATIN CAPS	P	RX/OTC
NITRIVIA CAPS	P	RX/OTC
PRO HERS RX CAPS	P	RX/OTC
PRO HIS RX CAPS	P	RX/OTC
PRO PCOS RX CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RA EAR CARE TABS	P	RX/OTC
RETAINE VISION CAPS	P	RX/OTC
specialty vitamins products TABS	P	RX/OTC
SYNERTROPIN CAPS	P	RX/OTC
THERABETIC EYE HEALTH TABS	P	RX/OTC
UPSPRING HE NATAL TABS	P	RX/OTC
VISTA ADVANCED CAROTENOIID FORMULA CAPS	P	RX/OTC
VITAMINS FOR HAIR CAPS	P	RX/OTC
Vitamin Mixtures		
COD LIVER OIL FOR KIDS OIL	P	RX/OTC
cod liver oil CAPS	P	
COD LIVER OIL OIL	P	RX/OTC
CRANBERRY URINARY COMFORT	P	
E-400/SELENIUM CAPS	P	
ECEE PLUS TABS	P	
niacin w/ inositol	P	
NORWEGIAN COD LIVER OIL OIL	P	RX/OTC
QC COD LIVER OIL OIL	P	RX/OTC
RA COD LIVER OIL OIL	P	RX/OTC
vitamins a & d w/ c	P	
vitamins a & d CAPS	P	
Vitamins w/ Lipotropics		
ACTIFLOVIT EAR HEALTH TABS	P	
vitamins w/ lipotropics CAPS	P	
vitamins w/ lipotropics TABS	P	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		

Drug Name	Drug Tier	Requirements/ Limits
Central Muscle Relaxants		
AMRIX CP24 *(cyclobenzaprine hcl)*	NP	
baclofen SOLN OR 5 MG/5ML	NP	
baclofen SUSP	NP	
baclofen TABS	P	
baclofen TABS	NP	
carisoprodol TABS	NP	PA
chlorzoxazone TABS	NP	
cyclobenzaprine hcl CP24	NP	
cyclobenzaprine hcl TABS 5 MG, 10 MG	P	
cyclobenzaprine hcl TABS 7.5 MG	NP	
FLEQSUVY SUSP *(baclofen)*	NP	
LYVISPAH PACK	NP	
metaxalone	NP	
methocarbamol TABS	P	
orphenadrine citrate TB12	NP	
SKELAXIN *(metaxalone)*	NP	
SOMA TABS *(carisoprodol)*	NP	PA
tizanidine hcl CAPS	NP	
tizanidine hcl TABS	P	
ZANAFLEX CAPS *(tizanidine hcl)*	NP	
ZANAFLEX TABS 4 MG *(tizanidine hcl)*	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG, 50 MG *(dantrolene sodium)*	NP	
dantrolene sodium CAPS	NP	
Muscle Relaxant Combinations		
carisoprodol w/ aspirin & codeine	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
CYCLOPAK	NP	
NORGESIC FORTE *(orphenadrine w/ aspirin & caff)*	NP	
orphenadrine w/ aspirin & caff	NP	
Viscosupplements		
SYNVISC ONE SOSY	P	SP
SYNVISC SOSY	P	SP
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	NP	
DYMISTA SUSP *(azelastine hcl-fluticasone propionate)*	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
AYR NASAL DROPS SOLN	P	
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	
saline SOLN	P	
Nasal Antiallergy		
azelastine hcl 0.15 %	NP	RX/OTC
azelastine hcl 0.1 %, 137 MCG/SPRAY	P	
cromolyn sodium (nasal) 5.2 MG/ACT	P	
olopatadine hcl (nasal)	NP	
PATANASE *(olopatadine hcl (nasal))*	NP	
Nasal Anticholinergics		
ipratropium bromide (nasal)	P	
Nasal Steroids		

Drug Name	Drug Tier	Requirements/ Limits
BECONASE AQ	NP	
budesonide (nasal)	P	
flunisolide (nasal) 0.025 %	NP	
fluticasone propionate (nasal) SUSP	P	RX/OTC
fluticasone propionate (nasal) SUSP	NP	RX/OTC
mometasone furoate (nasal) SUSP	NP	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO *(triamcinolone acetonide (nasal))*	NP	
NASACORT ALLERGY 24HR AERO *(triamcinolone acetonide (nasal))*	NP	
NASONEX 24HR SUSP	NP	RX/OTC
NASONEX SUSP *(mometasone furoate (nasal))*	NP	RX/OTC
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
triamcinolone acetonide (nasal) AERO	NP	
triamcinolone acetonide (nasal) AERO	P	
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
epinephrine hcl (nasal)	P	
oxymetazoline hcl SOLN 0.05 %	NP	
phenylephrine hcl (oral) TABS	P	
phenylephrine hcl (oral) TABS	NP	
pseudoephedrine hcl TABS 30 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
pseudoephedrine hcl TB12	P	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
riluzole TABS	P	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	NP	SP
NUTRIENTS		
Misc. Nutritional Substances		
KELP/LECITHIN/B-6 CAPS	P	
omega-3 fatty acids CAPS 3 MG-108 MG-1000 MG-162 MG	NP	
Proteins		
glutamine TABS	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
ALCON TEARS SOLN	P	
artificial tear solution	P	
BION TEARS	P	
carboxymethylcellulose sodium (ophth) GEL	P	
carboxymethylcellulose sodium (ophth) SOLN 0.25 %, 0.5 %	P	
dextran 70-hypromellose 0.3 %-0.1 %	P	
glycerin-hypromellose-polyethylene glycol 400	P	
ISOPTO TEARS SOLN	P	
LACRISERT	P	
polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	P	
polyvinyl alcohol 1.4 %	P	

Drug Name	Drug Tier	Requirements/ Limits
propylene glycol-glycerin	P	
PURE & GENTLE LUBRICANT SOLN	P	
white petrolatum-mineral oil	P	
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	NP	
BETIMOL	NP	
BETOPTIC-S SUSP	NP	
brimonidine tartrate-timolol maleate	NP	
carteolol hcl (ophth)	P	
COMBIGAN *(brimonidine tartrate-timolol maleate)*	P	
COSOPT *(dorzolamide hcl-timolol maleate)*	NP	
COSOPT PF *(dorzolamide hcl-timolol maleate)*	NP	
dorzolamide hcl-timolol maleate	P	
dorzolamide hcl-timolol maleate	NP	
dorzolamide hcl-timolol maleate	P	
ISTALOL SOLN *(timolol maleate (ophth))*	P	
levobunolol hcl 0.5 %	P	
timolol maleate (ophth) SOLG	NP	
timolol maleate (ophth) SOLN	P	
timolol maleate (ophth) SOLN	NP	
TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))*	NP	
TIMOPTIC SOLN *(timolol maleate (ophth))*	NP	

Drug Name	Drug Tier	Requirements/ Limits
TIMOPTIC-XE SOLG *(timolol maleate (ophth))*	NP	
Cholinergic Agonists		
TYRVAYA	NP	
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) OINT	P	
atropine sulfate (ophthalmic) SOLN	P	
ATROPINE SULFATE SOLN 1 %	P	
CYCLOGYL	P	
cyclopentolate hcl	P	
ISOPTO ATROPINE SOLN	P	
phenylephrine hcl (mydriatic) SOLN	P	
tropicamide SOLN	P	
Miotics		
PHOSPHOLINE IODIDE	NP	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	P	
VUITY SOLN	NP	
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(brimonidine tartrate)*	P	
apraclonidine hcl	NP	
brimonidine tartrate 0.2 %	P	
brimonidine tartrate 0.15 %	NP	
IOPIDINE	NP	
LUMIFY	NP	
SIMBRINZA	P	
Ophthalmic Anti-infectives		
AZASITE	NP	
BACIGUENT	NP	
bacitracin (ophthalmic)	NP	

Drug Name	Drug Tier	Requirements/ Limits
bacitracin-polymyxin b (ophth)	P	
BESIVANCE	NP	
BLEPH-10 SOLN *(sulfacetamide sodium (ophth))*	NP	
CILOXAN OINT	P	
CILOXAN SOLN *(ciprofloxacin hcl (ophth))*	NP	
ciprofloxacin hcl (ophth) SOLN	P	
erythromycin (ophth)	P	
gatifloxacin (ophth)	NP	
gentamicin sulfate (ophth) OINT	P	
gentamicin sulfate (ophth) SOLN	P	
levofloxacin (ophth) 0.5 %	NP	
MOXEZA SOLN OP *(moxifloxacin hcl (ophth))*	NP	
moxifloxacin hcl (ophth) SOLN OP	NP	
moxifloxacin hcl (ophth) SOLN OP	P	
NATACYN	NP	
neomycin-bacitracin zn-polymyxin	NP	
neomycin-polymyxin-gramicidin	NP	
OCUFLOX *(ofloxacin (ophth))*	NP	
ofloxacin (ophth)	P	
polymyxin b-trimethoprim	P	
POLYTRIM *(polymyxin b-trimethoprim)*	NP	
sulfacetamide sodium (ophth) OINT	NP	
sulfacetamide sodium (ophth) SOLN	NP	
tobramycin (ophth) SOLN	P	
TOBREX OINT	NP	

Drug Name	Drug Tier	Requirements/ Limits
TOBREX SOLN *(tobramycin (ophth))*	NP	
trifluridine	P	
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	NP	
ZYMAXID *(gatifloxacin (ophth))*	NP	
Ophthalmic Decongestants		
naphazoline w/ pheniramine 0.315 %-0.027 %	NP	
naphazoline w/ pheniramine 0.3 %-0.025 %	P	
naphazoline-polyethylene glycol 300	P	
tetrahydrozoline hcl (ophth) 0.05 %	P	
tetrahydrozoline w/ polyethylene glycol	P	
tetrahydrozoline w/ zinc sulfate	P	
tetrahydrozoline-dextran-polyethylene glycol-povidone	P	
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
cyclosporine (ophth) EMUL	NP	
RESTASIS MULTIDOSE EMUL	NP	
RESTASIS EMUL *(cyclosporine (ophth))*	P	
Ophthalmic Integrin Antagonists		
XIIDRA	NP	
Ophthalmic Kinase Inhibitors		
RHOPRESSA	P	
ROCKLATAN	P	
Ophthalmic Steroids		

Drug Name	Drug Tier	Requirements/ Limits
ALREX SUSP	NP	
bacitracin-poly-neomycin-hc	NP	
BLEPHAMIDE S.O.P. OINT	NP	
BLEPHAMIDE SUSP	NP	
dexamethasone sodium phosphate (ophth)	P	
DEXTENZA INST	NP	SP
DEXYCU SUSP IO	NP	SP
difluprednate	NP	
DUREZOL *(difluprednate)*	P	
EYSUVIS SUSP	NP	
FLAREX	P	
fluorometholone (ophth) SUSP	P	
FML FORTE SUSP	P	
FML LIQUIFILM SUSP *(fluorometholone (ophth))*	NP	
FML OINT	P	
ILUVIEN	NP	SP
INVELTYS SUSP	NP	
LOTEMAX SM GEL	NP	
LOTEMAX GEL *(loteprednol etabonate)*	P	
LOTEMAX OINT	P	
LOTEMAX SUSP *(loteprednol etabonate)*	P	
loteprednol etabonate GEL	NP	
loteprednol etabonate SUSP	NP	
MAXIDEX SUSP OP	P	
MAXIDEX SUSP OP	NP	
MAXITROL OINT *(neomycin-polymy-dexameth)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
MAXITROL SUSP *(neomycin-polymy-dexameth)*	NP	
neomycin-polymy-dexameth OINT	P	
neomycin-polymy-dexameth SUSP	P	
neomycin-polymyxin-hc (ophth)	P	
OZURDEX IMPL	NP	SP
PRED FORTE *(prednisolone acetate (ophth))*	P	
PRED MILD	P	
PRED-G S.O.P. OINT	NP	
PRED-G SUSP	NP	
prednisolone acetate (ophth)	P	
PREDNISOLONE SODIUM PHOSPHATE	P	
RETISERT	NP	SP
sulfacetamide sod-prednisolone SOLN	P	
TOBRADEX ST SUSP	NP	
TOBRADEX OINT	P	
TOBRADEX SUSP *(tobramycin-dexamethasone)*	P	
tobramycin-dexamethasone SUSP	NP	
TRIESENCE	NP	SP
YUTIQ	NP	SP
ZYLET	NP	
Ophthalmics - Misc.		
ACULAR *(ketorolac tromethamine (ophth))*	NP	
ACULAR LS *(ketorolac tromethamine (ophth))*	NP	
ACUVAIL	NP	
ALOCRIL	NP	

Drug Name	Drug Tier	Requirements/ Limits
ALOMIDE	NP	
azelastine hcl (ophth)	P	
AZOPT *(brinzolamide)*	NP	
bepotastine besilate	NP	
BEPREVE *(bepotastine besilate)*	NP	
brinzolamide	NP	
bromfenac sodium (ophth)	NP	
BROMSITE	NP	
cromolyn sodium (ophth)	P	
diclofenac sodium (ophth)	P	
dorzolamide hcl	P	
epinastine hcl (ophth)	NP	
flurbiprofen sodium	P	
ILEVRO	NP	
ketorolac tromethamine (ophth)	P	
ketotifen fumarate (ophth) 0.025 %	NP	
ketotifen fumarate (ophth) 0.025 %	P	
LASTACAFT	NP	RX/OTC
MURO 128 SOLN	P	
NEVANAC	P	
olopatadine hcl 0.1 %	NP	RX/OTC
olopatadine hcl	P	RX/OTC
PATADAY *(olopatadine hcl)*	NP	RX/OTC
PATADAY EXTRA STRENGTH	NP	
PROLENSA	NP	
sodium chloride hypertonic OINT	P	
sodium chloride hypertonic SOLN	P	
TRUSOPT *(dorzolamide hcl)*	NP	
ZADITOR *(ketotifen fumarate (ophth))*	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZERVIATE	NP	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	NP	
IYUZEH SOLN	NP	
latanoprost SOLN	P	
latanoprost SOLN	NP	
LUMIGAN SOLN 0.01 %	NP	
tafluprost	NP	
TRAVATAN Z *(travoprost)*	P	
travoprost	NP	
VYZULTA	NP	
XALATAN SOLN *(latanoprost)*	NP	
XELPROS EMUL	NP	
ZIOPTAN *(tafluprost)*	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	
Otic Anti-infectives		
ciprofloxacin hcl (otic)	NP	
ofloxacin (otic)	P	
OTIPRIO	NP	
Otic Combinations		
CIPRO HC	P	
CIPRODEX *(ciprofloxacin-dexamethasone)*	P	
ciprofloxacin-dexamethasone	P	
ciprofloxacin-fluocinolone acetonide	NP	
CORTISPORIN-TC	P	
neomycin-polymyxin-hc (otic) SOLN	P	
neomycin-polymyxin-hc (otic) SUSP	P	

Drug Name	Drug Tier	Requirements/ Limits
OTOVEL *(ciprofloxacin-fluocinolone acetonide)*	NP	
Otic Steroids		
hydrocortisone w/acetic acid	NP	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate TABS	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
SYNAGIS SOLN	P	SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	P	
amoxicillin CHEW 125 MG, 250 MG	P	
amoxicillin SUSR	P	
amoxicillin TABS	P	
ampicillin sodium IJ 2 GM	P	
ampicillin CAPS 500 MG	P	
Natural Penicillins		
BICILLIN L-A SUSY	P	
PENICILLIN G PROCAINE	P	
penicillin v potassium SOLR	P	
penicillin v potassium TABS	P	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	P	

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML	NP	
amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML	P	
amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG	P	
amoxicillin & pot clavulanate TABS 125 MG-250 MG	NP	
amoxicillin & pot clavulanate TB12	NP	
AUGMENTIN ES-600 SUSR *(amoxicillin & pot clavulanate)*	NP	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP	
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	P	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	P	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
bacteriostatic sodium chloride	P	
CHERRY CONCENTRATE	P	RX/OTC
CHERRY SYRUP	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC
FLAVOR SWEET-SF SYRP	P	RX/OTC
FLAVOR SWEET SYRP	P	RX/OTC
GERBER GOOD START WATER	P	

Drug Name	Drug Tier	Requirements/ Limits
GOOD START SUPREME STERILE WATER	P	
GRAPE SYRUP SYRP	P	RX/OTC
MX-SOL SF SYRP	P	RX/OTC
MX-SOL SYRP	P	RX/OTC
ORAL SUSPEND LIQD	P	RX/OTC
ORAL SYRUP 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 SF SYRP 10 %-9 %	P	RX/OTC
ORA-SWEET SYRP 4 %-5 %-54 %	P	RX/OTC
PCCA SWEET-SF SYRP	P	RX/OTC
PCCA SYRUP VEHICLE SYRP	P	RX/OTC
SIMILAC STERILIZED WATER	P	
SOSWEET SYRP	P	RX/OTC
SYRPALTA SYRP 83 %	P	RX/OTC
SYRSPEND SF LIQD	P	RX/OTC
SYRUP VEHICLE SF SYRP	P	RX/OTC
SYRUP VEHICLE SYRP	P	RX/OTC
VERSAFREE SYRP	P	RX/OTC
VERSAPLUS SYRP	P	RX/OTC
water for injection, sterile IJ	P	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		

Drug Name	Drug Tier	Requirements/ Limits
AYGESTIN TABS *(norethindrone acetate)*	NP	
hydroxyprogesterone caproate OIL	NP	SP; PA
MAKENA OIL *(hydroxyprogesterone caproate)*	NP	SP; PA
MAKENA SOAJ	NP	SP; PA
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	P	
norethindrone acetate TABS	P	
progesterone CAPS	P	
progesterone OIL	P	
PROMETRIUM CAPS *(progesterone)*	NP	
PROVERA 5 MG, 10 MG *(medroxyprogesterone acetate)*	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
disulfiram	P	
LUCEMYRA	NP	
Anti-Cataplectic Agents		
XYWAV	NP	SP
Antidementia Agents		
ADLARITY PTWK	NP	PA
ADUHELM	NP	SP
ARICEPT TABS *(donepezil hydrochloride)*	NP	PA
donepezil hydrochloride TABS 5 MG, 10 MG	P	PA
donepezil hydrochloride TABS 23 MG	NP	PA
donepezil hydrochloride TBDP	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
EXELON *(rivastigmine)*	NP	PA
galantamine hydrobromide CP24	NP	PA
galantamine hydrobromide SOLN	NP	PA
galantamine hydrobromide TABS	NP	PA
LEQEMBI	NP	SP
memantine hcl CP24	NP	PA
memantine hcl SOLN	NP	PA
memantine hcl TABS	P	PA
NAMENDA TITRATION PAK TABS *(memantine hcl)*	NP	PA
NAMENDA XR CP24 *(memantine hcl)*	NP	PA
NAMENDA TABS *(memantine hcl)*	NP	PA
NAMZARIC C4PK	NP	PA
NAMZARIC CP24	NP	PA
RAZADYNE ER CP24 *(galantamine hydrobromide)*	NP	PA
rivastigmine	P	PA
rivastigmine tartrate CAPS	NP	PA
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	NP	
LYBALVI	NP	
olanzapine-fluoxetine hcl	NP	
perphenazine-amitriptyline	P	
SYMBYAX 25 MG-3 MG, 25 MG-6 MG *(olanzapine-fluoxetine hcl)*	NP	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	NP	
SAVELLA TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TBPK	P	
AUSTEDO XR PATIENT TITRATION KIT TEPK	P	SP
AUSTEDO XR TB24	P	SP
AUSTEDO TABS	P	SP; PA
INGREZZA CAPS	P	QL(1 ea daily); SP
INGREZZA CPPK	P	QL(1 ea daily); SP
tetrabenazine	P	SP
XENAZINE *(tetrabenazine)*	NP	SP
Multiple Sclerosis Agents		
AMPYRA *(dalfampridine)*	NP	SP; PA
AUBAGIO *(teriflunomide)*	NP	SP; PA
AVONEX PEN AJKT	P	SP; PA
AVONEX PSKT	P	SP; PA
BAFIERTAM	NP	SP; PA
BETASERON KIT	P	SP; PA
COPAXONE SOSY *(glatiramer acetate)*	P	SP; PA
dalfampridine	P	SP; PA
dalfampridine	NP	SP; PA
dimethyl fumarate CPDR	NP	SP; PA
dimethyl fumarate CPDR	P	SP; PA
dimethyl fumarate MISC	P	SP; PA
EXTAVIA KIT	NP	SP; PA
fingolimod hcl	NP	SP; PA
GILENYA *(fingolimod hcl)*	P	SP; PA
glatiramer acetate SOSY	P	SP; PA
KESIMPTA	NP	SP; PA
LEMTRADA	NP	SP; PA
MAVENCLAD	NP	SP; PA
MAYZENT STARTER PACK TBPK	NP	SP; PA
MAYZENT TABS	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
OCREVUS	NP	SP; PA
PLEGRIDY STARTER PACK SOPN	NP	SP; PA
PLEGRIDY STARTER PACK SOSY SC	NP	SP; PA
PLEGRIDY SOPN	NP	SP; PA
PLEGRIDY SOSY IM	NP	SP; PA
PONVORY 14-DAY STARTER PACK TBPK	NP	SP; PA
PONVORY TABS	NP	SP; PA
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP; PA
REBIF REBIDOSE SOAJ	P	SP; PA
REBIF TITRATION PACK SOSY	P	SP; PA
REBIF SOSY	P	SP; PA
TASCENSO ODT 0.25 MG	NP	SP; PA
TASCENSO ODT 0.5 MG	NP	SP
TECFIDERA STARTER PACK MISC *(dimethyl fumarate)*	NP	SP; PA
TECFIDERA CPDR *(dimethyl fumarate)*	NP	SP; PA
teriflunomide	P	SP; PA
TYSABRI	P	SP; PA
VUMERITY	NP	SP; PA
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP; PA
ZEPOSIA STARTER KIT CPPK	NP	SP; PA
ZEPOSIA STARTER KIT CPPK	NP	SP
ZEPOSIA CAPS	NP	SP; PA
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
GRALISE MISC	NP	
GRALISE TABS	NP	
LYRICA CR *(pregabalin (once-daily))*	NP	

Drug Name	Drug Tier	Requirements/ Limits
pregabalin (once-daily)	NP	
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	NP	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	P	
Psychotherapeutic and Neurological Agents - Misc.		
pimozide	P	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
bupropion hcl (smoking deterrent)	P	
nicotine polacrilex GUM	P	
nicotine polacrilex LOZG	P	
NICOTINE TRANSDERMAL SYSTEM KIT	P	
nicotine MISC	P	
nicotine PT24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	
NICOTROL INHALER INHA	P	
NICOTROL NS SOLN	P	
Vasomotor Symptom Agents		
BRISDELLE *(paroxetine mesylate (vasomotor))*	NP	
paroxetine mesylate (vasomotor)	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
BRONCHITOL	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
BRONCHITOL TOLERANCE TEST	NP	SP
PULMOZYME	P	SP
TRIKAFTA TBPK 50 MG-25 MG	NP	SP
Respiratory Agents - Misc.		
INFASURF TR	P	
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	
Tetracyclines		
demeclocycline hcl TABS	NP	
DORYX MPC TBEC	NP	
DORYX TBEC 50 MG, 80 MG, 200 MG *(doxycycline hyclate)*	NP	
doxycycline (monohydrate) CAPS 50 MG, 100 MG	P	
doxycycline (monohydrate) CAPS 75 MG, 150 MG	NP	
doxycycline (monohydrate) SUSR	NP	
doxycycline (monohydrate) TABS	P	
doxycycline hyclate CAPS	P	
doxycycline hyclate CAPS 100 MG	NP	
doxycycline hyclate TABS 20 MG, 100 MG, 150 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
doxycycline hyclate TABS 50 MG, 75 MG, 100 MG, 150 MG	NP	
doxycycline hyclate TBEC	NP	
minocycline hcl CAPS	P	
minocycline hcl CP24	NP	
minocycline hcl TABS	NP	
minocycline hcl TB24	NP	
MINOLIRA TB24	NP	
MORGIDOX 1X100MG	NP	
MORGIDOX 2X100MG	NP	
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG *(minocycline hcl)*	NP	
tetracycline hcl CAPS	NP	
VIBRAMYCIN CAPS *(doxycycline hyclate)*	NP	
VIBRAMYCIN SUSR *(doxycycline (monohydrate))*	NP	
XIMINO CP24 *(minocycline hcl)*	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	P	
propylthiouracil	P	
Thyroid Hormones		
ADTHYZA TABS	NP	
ARMOUR THYROID TABS	P	
CYTOMEL TABS *(liothyronine sodium)*	NP	
ERMEZA SOLN OR	NP	
levothyroxine sodium CAPS	NP	
LEVOTHYROXINE SODIUM SOLN IV	NP	

Drug Name	Drug Tier	Requirements/ Limits
LEVOTHYROXINE SODIUM SOLN IV	NP	
levothyroxine sodium SOLR IV	NP	
LEVOTHYROXINE SODIUM SOLR IV *(levothyroxine sodium)*	NP	
levothyroxine sodium TABS	NP	
levothyroxine sodium TABS	P	
liothyronine sodium SOLN	NP	
liothyronine sodium TABS	P	
NIVA THYROID TABS	P	
NP THYROID 120 TABS	P	
NP THYROID 15 TABS	P	
NP THYROID 30 TABS	P	
NP THYROID 60 TABS	P	
NP THYROID 90 TABS	P	
SYNTHROID TABS *(levothyroxine sodium)*	NP	
THYQUIDITY SOLN OR	NP	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
TIROSINT CAPS *(levothyroxine sodium)*	NP	
TIROSINT CAPS	NP	
TIROSINT CAPS	NP	
TIROSINT-SOL SOLN OR	NP	
TRIOSTAT SOLN *(liothyronine sodium)*	NP	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	

Drug Name	Drug Tier	Requirements/ Limits
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSP	P	
QUADRACEL SUSY	P	
TDVAX SUSP	P	
TENIVAC INJ	P	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	P	
VAXELIS SUSP	P	
VAXELIS SUSY	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BELLADONNA/OPIUM 16.2 MG-60 MG	P	
DARTISLA ODT TBDP	NP	
dicyclomine hcl CAPS	P	
dicyclomine hcl SOLN OR	P	
dicyclomine hcl TABS	P	
H-2 Antagonists		
cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML	NP	
cimetidine TABS	NP	RX/OTC
famotidine SUSR	P	
famotidine TABS	P	RX/OTC
nizatidine CAPS	P	
nizatidine SOLN	P	
PEPCID TABS *(famotidine)*	NP	RX/OTC
Misc. Anti-Ulcer		
sucralfate SUSP	P	

Drug Name	Drug Tier	Requirements/ Limits
sucralfate TABS	P	
Proton Pump Inhibitors		
ACIPHEX SPRINKLE CPSP	NP	QL(2 ea daily)
ACIPHEX SPRINKLE CPSP	NP	QL(2 ea daily)
ACIPHEX TBEC *(rabeprazole sodium)*	NP	QL(2 ea daily)
DEXILANT *(dexlansoprazole)*	NP	QL(1 ea daily)
dexlansoprazole	NP	QL(1 ea daily)
esomeprazole magnesium CPDR	NP	QL(1 ea daily); RX/OTC
esomeprazole magnesium PACK	NP	QL(1 ea daily); AL(Up to 10 yrs old)
esomeprazole magnesium TBEC	NP	QL(1 ea daily)
lansoprazole CPDR	NP	QL(1 ea daily); RX/OTC
lansoprazole TBDD	NP	QL(2 ea daily); RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR *(esomeprazole magnesium)*	NP	QL(1 ea daily); RX/OTC
NEXIUM 24HR CPDR *(esomeprazole magnesium)*	NP	QL(1 ea daily); RX/OTC
NEXIUM CPDR *(esomeprazole magnesium)*	NP	QL(1 ea daily); RX/OTC
NEXIUM PACK	P	QL(1 ea daily); AL(Up to 10 yrs old)
NEXIUM PACK *(esomeprazole magnesium)*	P	QL(1 ea daily); AL(Up to 10 yrs old)
omeprazole magnesium CPDR 20.6 MG	NP	QL(1 ea daily)
omeprazole magnesium TBEC	NP	QL(1 ea daily)
omeprazole CPDR	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
omeprazole TBDD	NP	QL(1 ea daily)
omeprazole TBEC	NP	QL(1 ea daily)
pantoprazole sodium PACK	NP	QL(2 ea daily); AL(Up to 10 yrs old)
pantoprazole sodium SOLR	P	
pantoprazole sodium TBEC 20 MG	NP	QL(2 ea daily)
pantoprazole sodium TBEC	P	QL(2 ea daily)
PREVACID 24HR CPDR *(lansoprazole)*	NP	QL(1 ea daily); RX/OTC
PREVACID SOLUTAB TBDD *(lansoprazole)*	NP	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG *(lansoprazole)*	NP	QL(1 ea daily)
PRILOSEC OTC TBEC *(omeprazole magnesium)*	NP	QL(1 ea daily)
PRILOSEC PACK	NP	QL(1 ea daily); AL(Up to 10 yrs old)
PROTONIX PACK *(pantoprazole sodium)*	P	QL(2 ea daily); AL(Up to 10 yrs old)
PROTONIX TBEC *(pantoprazole sodium)*	NP	QL(2 ea daily)
rabeprazole sodium TBEC	NP	QL(2 ea daily)
Ulcer Drugs - Prostaglandins		
misoprostol	P	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	NP	
bismuth subcitrate potassium-metronidazole-tetracycline	NP	
famotidine-calcium carbonate-magnesium hydroxide	NP	
HELIDAC THERAPY	NP	
KONVOMEP SUSR	NP	
OMECLAMOX-PAK	NP	

Drug Name	Drug Tier	Requirements/ Limits
omeprazole-sodium bicarbonate CAPS	NP	RX/OTC
omeprazole-sodium bicarbonate PACK	NP	
PYLERA *(bismuth subcitrate potassium-metronidazole-tetracycline)*	P	
TALICIA	NP	
ZEGERID CAPS *(omeprazole-sodium bicarbonate)*	NP	RX/OTC
ZEGERID PACK *(omeprazole-sodium bicarbonate)*	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	NP	
DETROL LA CP24 *(tolterodine tartrate)*	NP	
DETROL TABS *(tolterodine tartrate)*	NP	
DITROPAN XL TB24 5 MG, 10 MG *(oxybutynin chloride)*	NP	
fesoterodine fumarate	NP	
GELNIQUE GEL 10 %	NP	
OXYBUTYNIN CHLORIDE SOLN	P	
oxybutynin chloride SYRP	P	
oxybutynin chloride TABS	P	
oxybutynin chloride TB24	NP	
oxybutynin chloride TB24	P	
OXYTROL FOR WOMEN PTTW	NP	RX/OTC
OXYTROL PTTW	NP	RX/OTC
solifenacin succinate TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
solifenacin succinate TABS	NP	
tolterodine tartrate CP24	NP	
tolterodine tartrate TABS	NP	
TOVIAZ *(fesoterodine fumarate)*	NP	
trospium chloride CP24	NP	
trospium chloride TABS	NP	
VESICARE LS SUSP	NP	
VESICARE TABS *(solifenacin succinate)*	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
MYRBETRIQ SRER	NP	
MYRBETRIQ TB24	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	P	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BEXSERO	P	
HIBERIX SOLR IJ	P	
MENACTRA	P	
MENQUADFI	P	
MENVEO SOLN	P	
MENVEO SOLR	P	
PEDVAX HIB SUSP	P	
PNEUMOVAX 23	P	
PNEUMOVAX 23/1 DOSE	P	
PREVNAR 13	P	
PREVNAR 20	P	
TRUMENBA	P	
VAXNEUVANCE	P	
Viral Vaccines		
ABRYSVO	P	

Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2021-2022 SUSP	P	
AFLURIA QUADRIVALENT 2021-2022 SUSY	P	
AFLURIA QUADRIVALENT 2022-2023 SUSP	P	
AFLURIA QUADRIVALENT 2022-2023 SUSY	P	
AFLURIA QUADRIVALENT 2023-2024 SUSP	P	
AFLURIA QUADRIVALENT 2023-2024 SUSY	P	
AREXVY	P	
ENGERIX-B SUSP 20 MCG/ML	P	
ENGERIX-B SUSY	P	
FLUAD QUADRIVALENT 2021-2022	P	
FLUAD QUADRIVALENT 2022-2023	P	
FLUAD QUADRIVALENT 2023-2024	P	
FLUARIX QUADRIVALENT 2021-2022 SUSY	P	
FLUARIX QUADRIVALENT 2022-2023 SUSY	P	
FLUARIX QUADRIVALENT 2023-2024 SUSY	P	
FLUBLOK QUADRIVALENT 2021-2022	P	
FLUBLOK QUADRIVALENT 2022-2023	P	

Drug Name	Drug Tier	Requirements/ Limits
FLUBLOK QUADRIVALENT 2023-2024	P	
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P	
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	P	
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	P	
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	P	
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	P	
FLULAVAL QUADRIVALENT 2021-2022 SUSY	P	
FLULAVAL QUADRIVALENT 2022-2023 SUSY	P	
FLULAVAL QUADRIVALENT 2023-2024 SUSY	P	
FLUMIST QUADRIVALENT	P	
FLUZONE HIGH-DOSE PF 2021-2022	P	
FLUZONE HIGH-DOSE PF 2022-2023	P	
FLUZONE HIGH-DOSE PF 2023-2024	P	
FLUZONE QUADRIVALENT 2021-2022 SUSP	P	
FLUZONE QUADRIVALENT 2021-2022 SUSY	P	

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2022-2023 SUSP	P	
FLUZONE QUADRIVALENT 2022-2023 SUSY	P	
FLUZONE QUADRIVALENT 2023-2024 SUSP	P	
FLUZONE QUADRIVALENT 2023-2024 SUSY	P	
GARDASIL 9 SUSP	P	
GARDASIL 9 SUSY	P	
HAVRIX	P	
HEPLISAV-B SOSY	P	
IPOL INACTIVATED IPV	P	
M-M-R II SOLR	P	
PREHEVBRIO	P	
PRIORIX SUSR	P	
PROQUAD SUSR	P	
RECOMBIVAX HB SUSP	P	
RECOMBIVAX HB SUSY	P	
ROTARIX SUSR	P	
ROTATEQ SOLN	P	
SHINGRIX	P	
TWINRIX SUSY	P	
VAQTA	P	
VARIVAX INJ	P	
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
VAGISIL EX	P	
Vaginal Anti-infectives		
CLEOCIN CREA *(clindamycin phosphate vaginal)*	NP	
CLEOCIN SUPP	P	
clindamycin phosphate vaginal CREA	P	

Drug Name	Drug Tier	Requirements/ Limits
CLINDESSE	P	
clotrimazole vaginal CREA 1 %	P	
GYNAZOLE-1	P	
metronidazole vaginal	P	
miconazole nitrate vaginal CREA 2 %	NP	
miconazole nitrate vaginal CREA 4 %	P	
miconazole nitrate vaginal KIT	P	
miconazole nitrate vaginal KIT	NP	
miconazole nitrate vaginal SUPP	P	
NUVESSA	P	
terconazole vaginal CREA	P	
tioconazole vaginal 6.5 %	P	
VANDAZOLE	NP	
XACIATO GEL	NP	
Vaginal Estrogens		
estradiol vaginal CREA	P	
estradiol vaginal TABS	P	
Vaginal Progestins		
CRINONE GEL	NP	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	NP	
epinephrine (anaphylaxis) SOAJ	NP	
epinephrine (anaphylaxis) SOAJ	P	
EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))*	NP	

Drug Name	Drug Tier	Requirements/ Limits
EPIPEN-JR 2-PAK SOAJ *(epinephrine (anaphylaxis))*	NP	
SYMJEPI SOSY	NP	
VITAMINS		
Oil Soluble Vitamins		
beta carotene CAPS 25000 UNIT	P	
cholecalciferol CAPS 125 MCG, 400 UNIT, 5000 UNIT	P	
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML	P	
cholecalciferol TABS 400 UNIT	P	
ergocalciferol CAPS	P	
ergocalciferol SOLN OR	P	
phytonadione TABS	P	
VITAMIN A PALMITATE TABS	P	
vitamin a CAPS 3000 MCG, 8000 UNIT, 10000 UNIT	P	
VITAMIN D2 TABS 400 UNIT	P	
vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT, 450 MG, 1000 UNIT	P	
VITAMIN E CAPS 200 UNIT	P	
vitamin e SOLN	P	
Water Soluble Vitamins		
ACEROLA C 500 WAFR	P	
ascorbic acid CHEW	P	
ascorbic acid CPCR	P	
ASCORBIC ACID POWD OR	P	
ascorbic acid TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
ascorbic acid TBCR	P	
B-1 TABS	P	
B-6 TABS	P	
biotin CAPS 5 MG, 5000 MCG	P	
biotin TABS 10 MG, 800 MCG, 10000 MCG	P	
BIOTIN TABS 300 MCG	P	
calcium ascorbate TABS	P	
CYTO C POWD OR	P	
niacinamide TABS	P	
niacin TABS	P	
niacin TBCR 500 MG, 750 MG	NP	
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	P	
riboflavin TABS	P	
SLO-NIACIN TBCR *(niacin)*	NP	
thiamine hcl TABS	P	
thiamine mononitrate TABS	P	
VITA-C CRYS	P	
VITAMIN B-2 TABS	P	
VITAMIN B-6 TR TBCR	P	
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