

*Comprehensive*

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# DRUG FORMULARY LIST

Delaware First Health

# Delaware First Health: Drug Formulary List



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

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

## Delaware First Health Plan Pharmacy Program

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

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

## Preferred Drug List (PDL)

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

## Prior Authorization (PA) Process

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

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

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

Follow these guidelines for efficient processing of your authorization requests:

1. Complete the Delaware First Health Prior Authorization Request Form for Prescription Drugs which can be found at [Delawarefirsthealth.com](http://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	<b>Age Limit:</b> Drug is limited to a specific age
PA	<b>Prior Authorization:</b> Review required before prescription can be filled
QL	<b>Quantity Limit:</b> There is a limit on the amount covered per prescription or within a set time frame.
Rx/OTC	Product has both <b>prescription and over the counter</b> coverage
SP	<b>Specialty Drug:</b> 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	<b>Step Therapy:</b> Requires trial and failure of one or more preferred products prior to coverage.



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

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

Drug Name	Drug Tier	Requirement s/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL TABS (amphetamine-dextroamphetamine)	NP	AL(Up to 21 yrs old)
ADDERALL XR CP24 (amphetamine-dextroamphetamine)	NP	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	NP	AL(Up to 21 yrs old)
amphetamine-dextroamphetamine tabs	P	AL(Up to 21 yrs old)
amphetamine-dextroamphetamine cp24	P	AL(Up to 21 yrs old)
amphetamine-dextroamphetamine tabs	NP	AL(Up to 21 yrs old)
DESOXYN (methamphetamine hcl)	NP	AL(Up to 21 yrs old)
DEXEDRINE CP24 (dextroamphetamine sulfate)	NP	AL(Up to 21 yrs old)
dextroamphetamine sulfate tabs	NP	AL(Up to 21 yrs old)
dextroamphetamine sulfate soln	P	AL(Up to 21 yrs old)
dextroamphetamine sulfate cp24	P	AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
dextroamphetamine sulfate tabs 5 MG, 10 MG, 15 MG, 20 MG, 30 MG	P	AL(Up to 21 yrs old)
dextroamphetamine sulfate soln	NP	AL(Up to 21 yrs old)
DYANAVAL XR SUER	P	AL(Up to 21 yrs old)
EVEKEO TABS (amphetamine sulfate)	NP	AL(Up to 21 yrs old)
EVEKEO ODT TBDP	NP	AL(Up to 21 yrs old)
methamphetamine hcl	NP	AL(Up to 21 yrs old)
MYDAYIS CP24	NP	AL(Up to 21 yrs old)
VYVANSE CAPS	P	AL(Up to 21 yrs old)
VYVANSE CHEW	NP	AL(Up to 21 yrs old)
<b>Anorexiants Non-Amphetamine</b>		
ADIPEX-P TABS (phentermine hcl)	NP	
ADIPEX-P CAPS (phentermine hcl)	NP	PA
benzphetamine hcl 50 MG	NP	
diethylpropion hcl tb24	NP	
diethylpropion hcl tabs	NP	
LOMAIRA TABS	NP	
phendimetrazine tartrate tabs	NP	
PHENDIMETRAZINE TARTRATEER CP24	NP	
phentermine hcl tabs	P	
phentermine hcl caps	P	PA
QSYMIA	P	PA

Drug Name	Drug Tier	Requirement s/Limits
<b>Anti-Obesity Agents</b>		
CONTRACE 90 MG-8 MG	P	PA
SAXENDA	P	PA
WEGOVY	P	PA
XENICAL ( <i>orlistat</i> )	NP	
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
<i>atomoxetine hcl</i>	P	AL(Up to 21 yrs old)
<i>clonidine hcl (adhd) tb12</i>	P	AL(Up to 21 yrs old)
<i>guanfacine hcl (adhd)</i>	P	AL(Up to 21 yrs old)
INTUNIV ( <i>guanfacine hcl (adhd)</i> )	NP	AL(Up to 21 yrs old)
STRATTERA ( <i>atomoxetine hcl</i> )	NP	AL(Up to 21 yrs old)
<b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)</b>		
SUNOSI	NP	AL(Up to 21 yrs old)
<b>Histamine H3-Receptor Antagonist/Inverse Agonists</b>		
WAKIX 17.8 MG	NP	SP
WAKIX 4.45 MG	NP	AL(Up to 21 yrs old);SP
<b>Stimulants - Misc.</b>		
ADHANSIA XR CP24	NP	AL(Up to 21 yrs old)
APTENSIO XR CP24 ( <i>methylphenidate hcl</i> )	NP	AL(Up to 21 yrs old)
<i>armodafinil</i>	P	AL(Up to 21 yrs old)
CONCERTA TBCR ( <i>methylphenidate hcl</i> )	P	AL(Up to 21 yrs old)
COTEMPLA XR-ODT TBED	NP	AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
DAYTRANA PTCH ( <i>methylphenidate</i> )	P	AL(Up to 21 yrs old)
<i>dexmethylphenidate hcl tabs</i>	P	AL(Up to 21 yrs old)
<i>dexmethylphenidate hcl cp24</i>	P	AL(Up to 21 yrs old)
FOCALIN TABS ( <i>dexmethylphenidate hcl</i> )	NP	AL(Up to 21 yrs old)
FOCALIN XR CP24 ( <i>dexmethylphenidate hcl</i> )	NP	AL(Up to 21 yrs old)
JORNAY PM CP24	NP	AL(Up to 21 yrs old)
METHYLIN SOLN ( <i>methylphenidate hcl</i> )	NP	AL(Up to 21 yrs old)
<i>methylphenidate ptch</i>	NP	AL(Up to 21 yrs old)
<i>methylphenidate hcl tabs</i>	P	AL(Up to 21 yrs old)
<i>methylphenidate hcl cp24</i>	NP	AL(Up to 21 yrs old)
<i>methylphenidate hcl cpcr</i>	P	AL(Up to 21 yrs old)
<i>methylphenidate hcl tbcr</i>	P	AL(Up to 21 yrs old)
<i>methylphenidate hcl tb24</i>	P	AL(Up to 21 yrs old)
<i>methylphenidate hcl chew</i>	NP	AL(Up to 21 yrs old)
<i>methylphenidate hcl soln</i>	P	AL(Up to 21 yrs old)
<i>methylphenidate hcl cp24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i>	P	AL(Up to 21 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	NP	AL(Up to 21 yrs old)
<i>modafinil</i>	P	AL(Up to 21 yrs old)
NUVIGIL ( <i>armodafinil</i> )	NP	AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits
PROVIGIL ( <i>modafinil</i> )	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 72 MG	NP	AL(Up to 21 yrs old)
RITALIN TABS ( <i>methylphenidate hcl</i> )	NP	AL(Up to 21 yrs old)
RITALIN LA CP24 ( <i>methylphenidate hcl</i> )	NP	AL(Up to 21 yrs old)
<b>ALTERNATIVE MEDICINES</b>		
<b>Alternative Medicine - C's</b>		
PRELIEF 340 MG-65 MG-50 MG	P	
<b>Alternative Medicine - L's</b>		
<i>lycopene caps</i>	P	
<b>AMEBICIDES</b>		
<b>Amebicides</b>		
SOLOSEC	NP	
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
ARIKAYCE	NP	SP
BETHKIS NEBU ( <i>tobramycin</i> )	NP	SP
<i>gentamicin in saline 0.9 %-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</i>	P	
<i>gentamicin sulfate ij 40 MG/ML, 80 MG/2ML</i>	P	
KITABIS PAK NEBU ( <i>tobramycin</i> )	NP	SP
<i>neomycin sulfate tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin sulfate</i>	NP	SP
TOBI NEBU ( <i>tobramycin</i> )	NP	SP
TOBI PODHALER CAPS	NP	SP
<i>tobramycin nebu</i>	NP	SP
<i>tobramycin nebu</i>	P	SP
<i>tobramycin sulfate soln ij 1.2 GM/30ML, 40 MG/ML, 80 MG/2ML</i>	P	
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Antirheumatic - Enzyme Inhibitors</b>		
OLUMIANT 1 MG, 2 MG	NP	SP;PA
OLUMIANT 4 MG	P	SP;PA
RINVOQ 15 MG	NP	SP;PA
RINVOQ 30 MG, 45 MG	P	SP;PA
XELJANZ SOLN	P	SP;PA
XELJANZ TABS	P	SP;PA
XELJANZ XR TB24 22 MG	P	SP;PA
XELJANZ XR TB24 11 MG	NP	SP;PA
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA PSKT	P	SP;PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	SP;PA
HUMIRA PEN PNKT	P	SP;PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP;PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PS/UV STARTER PNKT	P	SP;PA
SIMPONI SOSY	NP	SP;PA
SIMPONI SOAJ	NP	SP;PA
SIMPONI ARIA SOLN	NP	SP;PA
<b>Gold Compounds</b>		
RIDAURA	P	
<b>Interleukin-1 Blockers</b>		
ARCALYST	NP	SP;PA
<b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b>		
KINERET SOSY	P	SP;PA
<b>Interleukin-1beta Blockers</b>		
ILARIS SOLN	NP	SP;PA
<b>Interleukin-6 Receptor Inhibitors</b>		
ACTEMRA SOSY	NP	SP;PA
ACTEMRA ACTPEN SOAJ	NP	SP;PA
KEVZARA SOAJ	NP	SP;PA
KEVZARA SOSY	NP	SP;PA
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
ARTHROTEC 50 TBEC 200 MCG-50 MG (diclofenac w/ misoprostol)	NP	
ARTHROTEC 75 TBEC 200 MCG-75 MG (diclofenac w/ misoprostol)	NP	
CELEBREX (celecoxib)	NP	
celecoxib	P	
DAYPRO (oxaprozin)	NP	
diclofenac potassium caps	NP	
diclofenac potassium tabs 50 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium tbec	P	
diclofenac sodium tb24	P	
diclofenac sodium-capsaicin 75 MG-0.025 %	NP	
diclofenac w/ misoprostol tbec	NP	
DUEXIS 26.6 MG-800 MG (ibuprofen-famotidine)	NP	
etodolac tb24	NP	
etodolac caps	NP	
etodolac tabs	NP	
FELDENE CAPS (piroxicam)	NP	
fenoprofen calcium caps 400 MG	NP	
fenoprofen calcium tabs	NP	
flurbiprofen tabs 100 MG	NP	
ibuprofen susp 50 MG/1.25ML, 100 MG/5ML	P	RX/OTC
ibuprofen caps	P	
ibuprofen tabs 400 MG, 600 MG, 800 MG	NP	
ibuprofen tabs 200 MG, 400 MG, 600 MG, 800 MG	P	
ibuprofen chew	P	
ibuprofen-famotidine 26.6 MG-800 MG	NP	
indomethacin cpcr	P	
indomethacin caps 25 MG, 50 MG	P	
ketoprofen cp24	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine tabs</i>	P	
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	
<i>meclofenamate sodium caps</i>	NP	
<i>mefenamic acid caps</i>	NP	
<i>meloxicam caps</i>	P	
<i>meloxicam caps</i>	NP	
<i>meloxicam tabs</i>	P	
MOBIC TABS ( <i>meloxicam</i> )	NP	
<i>nabumetone</i>	P	
NALFON TABS ( <i>fenoprofen calcium</i> )	NP	
NALFON CAPS ( <i>fenoprofen calcium</i> )	NP	
NAPRELAN TB24 ( <i>naproxen sodium</i> )	NP	
<i>naproxen tbec</i>	NP	
<i>naproxen tabs</i>	P	
<i>naproxen susp</i>	NP	
<i>naproxen sodium tabs</i>	NP	
<i>naproxen sodium tb24</i>	NP	
<i>naproxen sodium caps</i>	NP	
<i>naproxen-esomeprazole magnesium</i>	NP	
<i>oxaprozin</i>	NP	
<i>piroxicam caps</i>	NP	
RELAFEN DS	NP	
<i>sulindac tabs</i>	P	
<i>tolmetin sodium tabs 600 MG</i>	NP	
<i>tolmetin sodium caps</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
VIMOVO ( <i>naproxen-esomeprazole magnesium</i> )	NP	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS	P	SP;PA
OTEZLA TBPK	P	SP;PA
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide</i>	P	
<b>Selective Costimulation Modulators</b>		
ORENCIA SOSY	P	SP;PA
ORENCIA CLICKJECT SOAJ	P	SP;PA
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL SOSY	P	SP;PA
ENBREL SOLR	P	SP;PA
ENBREL MINI SOCT	P	SP;PA
ENBREL SURECLICK SOAJ	P	SP;PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>acetaminophen w/ pamabrom 25 MG-500 MG</i>	P	
<i>acetaminophen-caffeine tabs 500 MG-65 MG</i>	P	
<i>acetaminophen-pamabrom-pyrimilamine tabs 25 MG-15 MG-500 MG</i>	P	
ANACIN TABS 32 MG-400 MG	P	
<i>aspirin-acetaminophen-caffeine tabs 250 MG-250 MG-65 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen tabs 325 MG-50 MG</i>	P	
<i>butalbital-acetaminophen-caffeine soln 325 MG/15ML-40 MG/15ML-50 MG/15ML</i>	P	
<i>butalbital-acetaminophen-caffeine caps 325 MG-40 MG-50 MG</i>	P	
<i>butalbital-acetaminophen-caffeine tabs 325 MG-40 MG-50 MG</i>	P	
<i>butalbital-aspirin-caffeine caps 50 MG-325 MG-40 MG</i>	P	
CRAMP TABS 25 MG-325 MG	P	
VANQUISH 194 MG-227 MG-33 MG	P	
<b>Analgesics Other</b>		
<i>acetaminophen caps 500 MG</i>	P	
<i>acetaminophen tabs 325 MG, 500 MG</i>	P	
<i>acetaminophen liqd 160 MG/5ML, 500 MG/15ML</i>	P	
<i>acetaminophen chew</i>	P	
<i>acetaminophen elix</i>	P	
<i>acetaminophen soln or 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	
<i>acetaminophen supp</i>	P	
<i>acetaminophen tbc</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen susp 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	P	
FEVERALL INFANTS SUPP	P	
FEVERALL JUNIOR STRENGTH SUPP	P	
TRIAMINIC FEVER REDUCERPAIN RELIEVER CHILDRENS SYRP	P	
TRIAMINIC FEVER REDUCERPAIN RELIEVER INFANTS SYRP	P	
<b>Salicylates</b>		
<i>aspirin tbc 81 MG, 325 MG</i>	P	
<i>aspirin chew</i>	P	
<i>aspirin tabs 325 MG, 500 MG</i>	P	
ASPIRIN SUPP 300 MG, 600 MG	P	
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
<i>aspirin effervescent</i>	P	
BAYER PLUS 140 MG-500 MG-500 MG	P	
<i>magnesium salicylate 500 MG</i>	P	
<i>magnesium salicylate tetrahydrate</i>	P	
<i>salsalate</i>	P	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
ACTIQ LPOP ( <i>fentanyl citrate</i> )	NP	



Drug Name	Drug Tier	Requirement s/Limits
<i>codeine sulfate tabs 30 MG, 60 MG</i>	P	
CODEINE SULFATE TABS	P	
CONZIP CP24 ( <i>tramadol hcl</i> )	NP	
DILAUDID LIQD ( <i>hydromorphone hcl</i> )	NP	
DILAUDID TABS ( <i>hydromorphone hcl</i> )	NP	
DSUVIA SUBL	NP	
DURAGESIC PT72 ( <i>fentanyl</i> )	NP	
<i>fentanyl pt72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR</i>	NP	
<i>fentanyl pt72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	
<i>fentanyl citrate lpop</i>	NP	
<i>fentanyl citrate tabs</i>	NP	
FENTORA TABS ( <i>fentanyl citrate</i> )	NP	
<i>hydrocodone bitartrate t24a</i>	NP	PA
<i>hydrocodone bitartrate cp12</i>	NP	
<i>hydromorphone hcl liqd</i>	NP	
<i>hydromorphone hcl tabs</i>	P	
<i>hydromorphone hcl tb24</i>	NP	
HYDROMORPHONE HCL SUPP	NP	

Drug Name	Drug Tier	Requirement s/Limits
HYSINGLA ER T24A	NP	PA
KADIAN CP24 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG, 100 MG, 200 MG	NP	
KADIAN CP24 ( <i>morphine sulfate</i> )	NP	
<i>levorphanol tartrate tabs</i>	NP	
<i>meperidine hcl soln or 50 MG/5ML</i>	NP	
<i>morphine sulfate cp24</i>	NP	
<i>morphine sulfate tbc</i>	P	
<i>morphine sulfate soln or 20 MG/ML</i>	NP	
<i>morphine sulfate tabs</i>	P	
<i>morphine sulfate supp</i>	NP	
<i>morphine sulfate soln or 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	P	
<i>morphine sulfate beads</i>	NP	
MS CONTIN TBCR ( <i>morphine sulfate</i> )	NP	
NUCYNTA TABS	NP	
NUCYNTA ER TB12	NP	
<i>oxycodone hcl t12a</i>	NP	PA
<i>oxycodone hcl tabs</i>	P	
<i>oxycodone hcl caps</i>	P	
<i>oxycodone hcl soln</i>	P	
<i>oxycodone hcl conc 100 MG/5ML</i>	NP	
OXYCONTIN T12A	NP	PA
<i>oxymorphone hcl tabs</i>	NP	
<i>oxymorphone hcl tb12</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
ROXICODONE TABS (oxycodone hcl)	NP	
ROXYBOND TABA 15 MG, 30 MG	NP	
tramadol hcl cp24 100 MG, 200 MG, 300 MG	NP	
tramadol hcl tb24	P	
tramadol hcl tabs 50 MG	P	
ULTRAM TABS (tramadol hcl)	NP	
XTAMPZA ER	P	PA
ZOHYDRO ER CP12 (hydrocodone bitartrate)	NP	
<b>Opioid Combinations</b>		
acetaminophen w/ codeine tabs 300 MG-15 MG, 300 MG-30 MG, 300 MG-60 MG	P	
acetaminophen w/ codeine soln 120 MG/5ML-12 MG/5ML	P	
acetaminophen-caff- dihydrocod caps 16 MG-30 MG-320.5 MG	NP	
APADAZ	NP	
BENZHYDROCODONE/ ACETAMINOPHEN	P	
butalbital- acetaminophen- caffeine w/ codeine	P	
butalbital-aspirin- caffeine w/cod 50 MG-325 MG-30 MG-40 MG	P	

Drug Name	Drug Tier	Requirements/Limits
FIORINAL/CODEINE #3 50 MG-325 MG-30 MG-40 MG (butalbital-aspirin- caffeine w/cod)	NP	
hydrocodone- acetaminophen tabs 10 MG-300 MG, 10 MG-325 MG, 5 MG-300 MG, 5 MG-325 MG, 7.5 MG-300 MG, 7.5 MG-325 MG	P	
hydrocodone- acetaminophen soln 2.5 MG/5ML-108 MG/5ML, 5 MG/10ML-217 MG/10ML, 7.5 MG/15ML-325 MG/15ML	P	
hydrocodone- ibuprofen 200 MG-10 MG, 200 MG-5 MG, 200 MG-7.5 MG	NP	
LORTAB ELIX 10 MG/15ML-300 MG/15ML	NP	
NORCO TABS (hydrocodone- acetaminophen)	NP	
oxycodone w/ acetaminophen tabs 10 MG-325 MG, 2.5 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG	P	
oxycodone-aspirin 4.835 MG-325 MG	NP	

Drug Name	Drug Tier	Requirement s/Limits
PERCOCET TABS 10 MG-325 MG, 2.5 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG (oxycodone w/ acetaminophen)	NP	
tramadol-acetaminophen 37.5 MG-325 MG	P	
ULTRACET 37.5 MG-325 MG (tramadol-acetaminophen)	NP	
<b>Opioid Partial Agonists</b>		
BELBUCA FILM 900 MCG	NP	PA
BELBUCA FILM 75 MCG, 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG	NP	
BUNAVAIL FILM BU	NP	
buprenorphine ptwk	NP	
buprenorphine hcl subl	P	
buprenorphine hcl film 75 MCG, 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG	NP	
buprenorphine hcl film 900 MCG	NP	PA
buprenorphine hcl-naloxone hcl dihydrate film sl	P	
buprenorphine hcl-naloxone hcl dihydrate subl	P	
butorphanol tartrate na 10 MG/ML	NP	
BUTRANS PTWK (buprenorphine)	P	

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

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate soln im</i>	P	PA
VOGELXO GEL TD ( <i>testosterone</i> )	NP	PA
VOGELXO PUMP GEL TD ( <i>testosterone</i> )	NP	PA
XYOSTED SOAJ	NP	PA
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
<i>hydrocortisone (intrarectal)</i>	P	
<b>Rectal Combinations</b>		
<i>lidocaine-hydrocortisone acetate (rectal) crea ex 3 %-0.5 %</i>	P	
<b>Rectal Local Anesthetics</b>		
AMERICAINE	P	
<i>dibucaine (rectal) ex</i>	P	
<i>lidocaine (anorectal) crea</i>	P	
<b>Rectal Steroids</b>		
<i>hydrocortisone (rectal) ex 2.5 %</i>	P	
<b>ANTACIDS</b>		
<b>Antacid Combinations</b>		
<i>alum &amp; mag hydrox-simethicone liqd</i>	P	
<i>alum &amp; mag hydrox-simethicone chew 200 MG-200 MG-25 MG</i>	P	
<i>alum &amp; mag hydrox-simethicone susp</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>aluminum hydroxide-mag carb susp 254 MG/5ML-237.5 MG/5ML, 95 MG/15ML-358 MG/15ML</i>	P	
<i>aluminum hydroxide-mag carb chew 160 MG-105 MG</i>	P	
ANTACID CHEW 110 MG-550 MG	P	
<i>calcium carbonate-mag hydrox susp 135 MG/5ML-400 MG/5ML</i>	P	
<i>calcium carbonate-simethicone chew 60 MG-1000 MG</i>	P	
SM FOAMING ANTACID 80 MG-20 MG	P	
<b>Antacids - Aluminum Salts</b>		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
<b>Antacids - Bicarbonate</b>		
<i>sodium bicarbonate (antacid) tabs 325 MG, 650 MG</i>	P	
<b>Antacids - Calcium Salts</b>		
<i>calcium carbonate (antacid) chew 400 MG, 420 MG, 500 MG, 750 MG, 1000 MG</i>	P	
<b>Antacids - Magnesium Salts</b>		
<i>magnesium oxide tabs 400 MG</i>	P	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole</i>	P	

Drug Name	Drug Tier	Requirements/Limits
BENZNIDAZOLE	P	SP
<i>praziquantel</i>	P	
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
RANEXA TB12 ( <i>ranolazine</i> )	NP	
<i>ranolazine tb12</i>	P	
<b>Nitrates</b>		
DILATRATE SR CPCR	NP	
ISORDIL TITRADOSE TABS ( <i>isosorbide dinitrate</i> )	NP	
<i>isosorbide dinitrate tabs</i>	P	
<i>isosorbide mononitrate tb24</i>	P	
<i>isosorbide mononitrate tabs</i>	P	
NITRO-BID OINT	NP	
NITRO-DUR PT24	NP	
NITRO-DUR PT24 ( <i>nitroglycerin</i> )	NP	
<i>nitroglycerin soln tl .4 MG/SPRAY</i>	NP	
<i>nitroglycerin pt24</i>	NP	
<i>nitroglycerin subl</i>	P	
<i>nitroglycerin pt24</i>	P	
NITROLINGUAL PUMPSPRAY SOLN TL ( <i>nitroglycerin</i> )	NP	
NITROSTAT SUBL ( <i>nitroglycerin</i> )	NP	
<b>ANTIANSIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>bupirone hcl</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl</i>	NP	
<i>droperidol soln 2.5 MG/ML</i>	P	
<i>hydroxyzine hcl tabs</i>	P	
<i>hydroxyzine hcl syrp</i>	P	
<i>hydroxyzine pamoate caps</i>	P	
<i>meprobamate</i>	NP	
<b>Benzodiazepines</b>		
<i>alprazolam tabs</i>	NP	
<i>alprazolam tbdp</i>	NP	
<i>alprazolam tb24</i>	NP	
ALPRAZOLAM INTENSOL CONC	NP	
ATIVAN TABS ( <i>lorazepam</i> )	NP	
<i>chlordiazepoxide hcl caps</i>	P	
<i>clorazepate dipotassium tabs</i>	P	
<i>diazepam tabs</i>	P	
<i>diazepam soln ij 5 MG/ML</i>	NP	
<i>diazepam conc</i>	NP	
<i>diazepam soln or 5 MG/5ML</i>	P	
<i>lorazepam conc</i>	NP	
<i>lorazepam tabs</i>	P	
<i>oxazepam caps</i>	NP	
TRANXENE T TABS 7.5 MG ( <i>clorazepate dipotassium</i> )	NP	
XANAX TABS ( <i>alprazolam</i> )	NP	
XANAX XR TB24 ( <i>alprazolam</i> )	NP	
<b>ANTIARRHYTHMICS - Drugs to treat</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	P	
NORPACE CR CP12	P	
<i>quinidine gluconate tbc</i>	P	
<i>quinidine sulfate tabs</i>	P	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl</i>	P	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate</i>	P	
<i>propafenone hcl tabs</i>	P	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl tabs</i>	P	
<i>amiodarone hcl soln 50 MG/ML, 150 MG/3ML</i>	P	
<i>dofetilide</i>	P	
MULTAQ	P	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Antiasthmatic - Monoclonal Antibodies</b>		
FASENRA SOSY	P	SP;PA
NUCALA SOSY 100 MG/ML	NP	SP;PA
NUCALA SOSY 40 MG/0.4ML	P	SP;PA
NUCALA SOAJ	NP	SP;PA
NUCALA SOLR	NP	SP;PA
XOLAIR SOLR	P	SP;PA
XOLAIR SOSY	P	SP;PA
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA	P	
INCRUSE ELLIPTA	P	

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide soln .02 %</i>	P	
LONHALA MAGNAIR REFILL KIT SOLN	NP	
LONHALA MAGNAIR STARTER KIT SOLN	NP	
SPIRIVA HANDIHALER CAPS	P	
SPIRIVA RESPIMAT AERS	NP	
TUDORZA PRESSAIR	NP	
YUPELRI	NP	
<b>Leukotriene Modulators</b>		
ACCOLATE ( <i>zafirlukast</i> )	NP	
<i>montelukast sodium chew</i>	P	
<i>montelukast sodium tabs</i>	P	
<i>montelukast sodium pack</i>	NP	
SINGULAIR PACK ( <i>montelukast sodium</i> )	NP	
SINGULAIR CHEW ( <i>montelukast sodium</i> )	NP	
SINGULAIR TABS ( <i>montelukast sodium</i> )	NP	
<i>zafirlukast</i>	NP	
<i>zileuton tb12</i>	NP	
ZYFLO TABS	NP	
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRESP ( <i>roflumilast</i> )	NP	
<i>roflumilast</i>	NP	
<b>Steroid Inhalants</b>		
ALVESCO	NP	
ARNUITY ELLIPTA	NP	

Drug Name	Drug Tier	Requirement s/Limits
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	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	
<i>budesonide (inhalation) susp</i>	NP	
<i>budesonide (inhalation) susp .25 MG/2ML, .5 MG/2ML</i>	P	
FLOVENT DISKUS AEPB	P	
FLOVENT HFA	P	
FLUTICASONE PROPIONATE HFA	NP	
PULMICORT SUSP ( <i>budesonide (inhalation)</i> )	NP	
PULMICORT FLEXHALER AEPB	P	
QVAR REDIHALER	NP	
<b>Sympathomimetics</b>		
ADVAIR DISKUS AEPB ( <i>fluticasone-salmeterol</i> )	P	
ADVAIR HFA AERO	P	

Drug Name	Drug Tier	Requirement s/Limits
AIRDUO RESPICLICK 113/14 AEPB 14 MCG/ACT-113 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NP	
AIRDUO RESPICLICK 232/14 AEPB 14 MCG/ACT-232 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NP	
AIRDUO RESPICLICK 55/14 AEPB 14 MCG/ACT-55 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NP	
<i>albuterol sulfate tabs</i>	NP	
<i>albuterol sulfate syrps</i>	P	
<i>albuterol sulfate aers</i>	NP	
<i>albuterol sulfate nebu .083 %, .5 %, .63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	P	
<i>albuterol sulfate tb12</i>	P	
ANORO ELLIPTA 62.5 MCG/INH-25 MCG/INH	P	
ARCAPTA NEOHALER	NP	
<i>arformoterol tartrate</i>	NP	
BEVESPI AEROSPHERE 4.8 MCG/ACT-9 MCG/ACT	NP	
BREO ELLIPTA	NP	
BROVANA ( <i>arformoterol tartrate</i> )	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>budesonide-formoterol fumarate dihydrate</i>	NP	
COMBIVENT RESPIMAT AERS 20 MCG/ACT-100 MCG/ACT	P	
DUAKLIR PRESSAIR 400 MCG/ACT-12 MCG/ACT	NP	
DULERA 5 MCG/ACT-100 MCG/ACT, 5 MCG/ACT-200 MCG/ACT	P	
FLUTICASONE FUROATE/VILANTEROL ELLIPTA	NP	
<i>fluticasone-salmeterol aepb</i>	NP	
<i>formoterol fumarate nebu</i>	NP	
<i>ipratropium-albuterol soln 0.5 MG/3ML-2.5 MG/3ML</i>	P	
<i>levalbuterol hcl</i>	NP	
<i>levalbuterol tartrate</i>	NP	
PERFOROMIST NEBU ( <i>formoterol fumarate</i> )	NP	
PROAIR DIGIHALER	NP	
PROAIR HFA AERS ( <i>albuterol sulfate</i> )	P	
PROAIR RESPICLICK AEPB	P	
PROVENTIL HFA AERS ( <i>albuterol sulfate</i> )	P	
SEREVENT DISKUS	P	
STIOLTO RESPIMAT 2.5 MCG/ACT-2.5 MCG/ACT	P	
STRIVERDI RESPIMAT	P	

Drug Name	Drug Tier	Requirement s/Limits
SYMBICORT ( <i>budesonide-formoterol fumarate dihydrate</i> )	P	
<i>terbutaline sulfate tabs</i>	P	
TRELEGY ELLIPTA 62.5 MCG/INH-100 MCG/INH-25 MCG/INH	NP	
UTIBRON NEOHALER 27.5 MCG-15.6 MCG	NP	
VENTOLIN HFA AERS ( <i>albuterol sulfate</i> )	P	
XOPENEX ( <i>levalbuterol hcl</i> )	NP	
XOPENEX CONCENTRATE ( <i>levalbuterol hcl</i> )	NP	
XOPENEX HFA ( <i>levalbuterol tartrate</i> )	NP	
<b>Xanthines</b>		
<i>theophylline elix</i>	P	
<i>theophylline tb24</i>	P	
<i>theophylline soln</i>	P	
<i>theophylline tb12 300 MG, 450 MG</i>	P	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
<i>warfarin sodium tabs</i>	P	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS TABS	P	
ELIQUIS STARTER PACK TBPK	P	
SAVAYSA	NP	42 rtl MAX day(s) supply, 365 rtl lmt day(s)
XARELTO SUSR	NP	
XARELTO TABS	P	



Drug Name	Drug Tier	Requirement s/Limits
XARELTO STARTER PACK TBPB	P	
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA <i>(fondaparinux sodium)</i>	NP	42 rtl MAX day(s) supply,365 rtl lmt day(s);SP
<i>enoxaparin sodium soln ij 300 MG/3ML</i>	P	42 rtl MAX day(s) supply,365 rtl lmt day(s);SP
<i>enoxaparin sodium sosy</i>	P	42 rtl MAX day(s) supply,365 rtl lmt day(s);SP
<i>fondaparinux sodium</i>	NP	42 rtl MAX day(s) supply,365 rtl lmt day(s);SP
FRAGMIN SOSY	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
<i>heparin sodium (porcine) soln ij 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	
<i>heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML</i>	P	
HEPARIN SODIUM/D5W 100 UNIT/ML-5 %, 25000 UNIT/250ML-5 %	P	
HEPARIN SODIUM/DEXTROSE 100 UNIT/ML-5 %, 25000 UNIT/250ML-5 %	P	

Drug Name	Drug Tier	Requirement s/Limits
HEPARIN SODIUM/NAACL 0.45% SOLN IV 25000 UNIT/250ML-0.45 %, 25000 UNIT/500ML-0.45 %	P	
HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 25000 UNIT/250ML-0.45 %, 25000 UNIT/500ML-0.45 %	P	
LOVENOX SOSY <i>(enoxaparin sodium)</i>	NP	42 rtl MAX day(s) supply,365 rtl lmt day(s);SP
LOVENOX SOLN IJ 300 MG/3ML <i>(enoxaparin sodium)</i>	NP	42 rtl MAX day(s) supply,365 rtl lmt day(s);SP
<b>Thrombin Inhibitors</b>		
<i>dabigatran etexilate mesylate</i>	NP	
PRADAXA <i>(dabigatran etexilate mesylate)</i>	P	
PRADAXA	P	
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA SUSP	NP	
FYCOMPA TABS	NP	
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clobazam tabs</i>	P	
<i>clobazam susp</i>	P	
<i>clonazepam tabs</i>	P	
<i>clonazepam tbdp</i>	NP	
DIASTAT ACUDIAL GEL <i>(diazepam (anticonvulsant))</i>	P	
DIASTAT PEDIATRIC GEL <i>(diazepam (anticonvulsant))</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam (anticonvulsant) gel</i>	P	
KLONOPIN TABS ( <i>clonazepam</i> )	P	
NAYZILAM	P	
ONFI TABS ( <i>clobazam</i> )	P	
ONFI SUSP ( <i>clobazam</i> )	P	
SYMPAZAN FILM	NP	
<b>Anticonvulsants - Misc.</b>		
APTIOM	NP	
BANZEL SUSP ( <i>rufinamide</i> )	NP	SP
BANZEL TABS ( <i>rufinamide</i> )	NP	SP
BRIVIACT TABS	NP	
BRIVIACT SOLN OR 10 MG/ML	NP	
<i>carbamazepine tabs</i>	P	
<i>carbamazepine susp</i>	P	
<i>carbamazepine chew</i>	P	
<i>carbamazepine tb12</i>	P	
<i>carbamazepine cp12</i>	P	
CARBATROL CP12 ( <i>carbamazepine</i> )	P	
DIACOMIT CAPS	NP	SP
DIACOMIT PACK	NP	SP
EPIDIOLEX	NP	SP
<i>gabapentin tabs 600 MG, 800 MG</i>	P	
<i>gabapentin soln</i>	P	
<i>gabapentin caps</i>	P	
KEPPRA SOLN OR ( <i>levetiracetam</i> )	P	
KEPPRA TABS ( <i>levetiracetam</i> )	P	

Drug Name	Drug Tier	Requirements/Limits
KEPPRA XR TB24 ( <i>levetiracetam</i> )	NP	
<i>lacosamide tabs</i>	P	
<i>lacosamide soln or 10 MG/ML</i>	P	
LAMICTAL TABS ( <i>lamotrigine</i> )	P	
LAMICTAL CHEWABLE DISPERSIBLE CHEW ( <i>lamotrigine</i> )	P	
LAMICTAL ODT KIT ( <i>lamotrigine</i> )	NP	
LAMICTAL ODT TBDP ( <i>lamotrigine</i> )	NP	
LAMICTAL ODT KIT 25 MG	NP	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT ( <i>lamotrigine</i> )	NP	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT ( <i>lamotrigine</i> )	NP	
LAMICTAL STARTER/TAKING VALPROATE KIT ( <i>lamotrigine</i> )	NP	
LAMICTAL XR TB24 ( <i>lamotrigine</i> )	NP	
LAMICTAL XR KIT 25 MG	NP	
<i>lamotrigine chew</i>	P	
<i>lamotrigine tb24</i>	NP	
<i>lamotrigine tabs</i>	P	
<i>lamotrigine kit</i>	P	
<i>lamotrigine tbdp</i>	NP	
<i>levetiracetam tb24</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam soln or 100 MG/ML, 500 MG/5ML</i>	P	
<i>levetiracetam tabs</i>	P	
LYRICA CAPS ( <i>pregabalin</i> )	P	
LYRICA SOLN ( <i>pregabalin</i> )	P	
MYSOLINE ( <i>primidone</i> )	P	
NEURONTIN TABS ( <i>gabapentin</i> )	P	
NEURONTIN CAPS ( <i>gabapentin</i> )	P	
NEURONTIN SOLN ( <i>gabapentin</i> )	P	
<i>oxcarbazepine tabs</i>	P	
<i>oxcarbazepine susp</i>	P	
OXTELLAR XR TB24	NP	
<i>pregabalin caps</i>	P	
<i>pregabalin soln</i>	P	
<i>primidone</i>	P	
QUDEXY XR CS24 ( <i>topiramate</i> )	NP	
<i>rufinamide susp</i>	NP	SP
<i>rufinamide tabs</i>	NP	SP
SPRITAM TB3D	NP	
TEGRETOL TABS ( <i>carbamazepine</i> )	P	
TEGRETOL SUSP ( <i>carbamazepine</i> )	P	
TEGRETOL-XR TB12 ( <i>carbamazepine</i> )	P	
TOPAMAX TABS ( <i>topiramate</i> )	P	
TOPAMAX SPRINKLE CPSP ( <i>topiramate</i> )	P	
<i>topiramate cpsp</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tabs</i>	P	
<i>topiramate cs24</i>	NP	
TRILEPTAL SUSP ( <i>oxcarbazepine</i> )	P	
TRILEPTAL TABS ( <i>oxcarbazepine</i> )	P	
TROKENDI XR CP24	NP	
VIMPAT TABS ( <i>lacosamide</i> )	P	
VIMPAT SOLN OR 10 MG/ML ( <i>lacosamide</i> )	P	
ZONEGRAN CAPS 25 MG, 100 MG ( <i>zonisamide</i> )	P	
<i>zonisamide caps 50 MG</i>	P	
<i>zonisamide caps 25 MG, 100 MG</i>	P	
<b>Carbamates</b>		
<i>felbamate tabs</i>	NP	
<i>felbamate susp</i>	NP	
FELBATOL TABS ( <i>felbamate</i> )	NP	
FELBATOL SUSP ( <i>felbamate</i> )	NP	
<b>GABA Modulators</b>		
GABITRIL ( <i>tiagabine hcl</i> )	NP	
SABRIL TABS ( <i>vigabatrin</i> )	NP	SP
SABRIL PACK ( <i>vigabatrin</i> )	NP	SP
<i>tiagabine hcl</i>	P	
<i>vigabatrin tabs</i>	NP	SP
<i>vigabatrin pack</i>	NP	SP
<b>Hydantoins</b>		
DILANTIN	P	

Drug Name	Drug Tier	Requirement s/Limits
DILANTIN ( <i>phenytoin sodium extended</i> )	P	
DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	P	
DILANTIN-125 SUSP ( <i>phenytoin</i> )	P	
PHENYTEK ( <i>phenytoin sodium extended</i> )	P	
<i>phenytoin chew</i>	P	
<i>phenytoin susp</i>	P	
<i>phenytoin sodium extended</i>	P	
<b>Succinimides</b>		
CELONTIN	P	
<i>ethosuximide soln</i>	P	
<i>ethosuximide caps</i>	NP	
ZARONTIN CAPS ( <i>ethosuximide</i> )	NP	
ZARONTIN SOLN ( <i>ethosuximide</i> )	P	
<b>Valproic Acid</b>		
DEPAKOTE TBEC ( <i>divalproex sodium</i> )	P	
DEPAKOTE ER TB24 ( <i>divalproex sodium</i> )	P	
DEPAKOTE SPRINKLES CSDR ( <i>divalproex sodium</i> )	P	
<i>divalproex sodium tb24</i>	P	
<i>divalproex sodium tbec</i>	P	
<i>divalproex sodium csdr</i>	P	
<i>valproate sodium soln or 250 MG/5ML</i>	P	
<i>valproic acid caps</i>	P	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		

Drug Name	Drug Tier	Requirement s/Limits
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tbdp</i>	NP	AL(At least 6 yrs old)
<i>mirtazapine tabs</i>	P	AL(At least 6 yrs old)
REMERON TABS 15 MG, 30 MG ( <i>mirtazapine</i> )	NP	AL(At least 6 yrs old)
REMERON SOLTAB TBDP ( <i>mirtazapine</i> )	NP	AL(At least 6 yrs old)
<b>Antidepressants - Misc.</b>		
APLENZIN	NP	AL(At least 6 yrs old)
<i>bupropion hcl tb24</i>	NP	AL(At least 6 yrs old)
<i>bupropion hcl tb12</i>	P	AL(At least 6 yrs old)
<i>bupropion hcl tb24 150 MG, 300 MG</i>	P	AL(At least 6 yrs old)
<i>bupropion hcl tabs</i>	P	AL(At least 6 yrs old)
FORFIVO XL TB24 ( <i>bupropion hcl</i> )	NP	AL(At least 6 yrs old)
<i>maprotiline hcl</i>	NP	AL(At least 6 yrs old)
WELLBUTRIN SR TB12 ( <i>bupropion hcl</i> )	NP	AL(At least 6 yrs old)
WELLBUTRIN XL TB24 ( <i>bupropion hcl</i> )	NP	AL(At least 6 yrs old)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM	NP	AL(At least 6 yrs old)
MARPLAN	P	AL(At least 6 yrs old)
NARDIL ( <i>phenelzine sulfat</i> e)	NP	AL(At least 6 yrs old)
<i>phenelzine sulfat</i> e	P	AL(At least 6 yrs old)
<i>tranylcypromine sulfat</i> e	P	AL(At least 6 yrs old)
<b>Selective Serotonin Reuptake Inhibitors</b>		

Drug Name	Drug Tier	Requirement s/Limits
<b>(SSRIs)</b>		
CELEXA TABS ( <i>citalopram hydrobromide</i> )	NP	AL(At least 6 yrs old)
<i>citalopram hydrobromide tabs</i>	P	AL(At least 6 yrs old)
<i>citalopram hydrobromide soln</i>	P	AL(At least 6 yrs old- Up to 10 yrs old)
CITALOPRAM HYDROBROMIDE CAPS	NP	AL(At least 6 yrs old)
<i>escitalopram oxalate tabs</i>	P	AL(At least 6 yrs old)
<i>escitalopram oxalate soln</i>	NP	AL(At least 6 yrs old- Up to 10 yrs old)
<i>fluoxetine hcl cpdr</i>	NP	AL(At least 6 yrs old)
<i>fluoxetine hcl caps</i>	P	AL(At least 6 yrs old)
<i>fluoxetine hcl tabs</i>	NP	AL(At least 6 yrs old)
<i>fluoxetine hcl soln</i>	P	AL(At least 6 yrs old- Up to 10 yrs old)
FLUOXETINE HYDROCHLORIDE TABS ( <i>fluoxetine hcl</i> )	NP	AL(At least 6 yrs old)
<i>fluvoxamine maleate tabs</i>	P	AL(At least 6 yrs old)
<i>fluvoxamine maleate cp24</i>	NP	AL(At least 6 yrs old)
LEXAPRO TABS ( <i>escitalopram oxalate</i> )	NP	AL(At least 6 yrs old)
<i>paroxetine hcl susp</i>	NP	AL(At least 6 yrs old- Up to 10 yrs old)
<i>paroxetine hcl tb24</i>	NP	AL(At least 6 yrs old)
<i>paroxetine hcl tabs</i>	P	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
PAXIL SUSP ( <i>paroxetine hcl</i> )	NP	AL(At least 6 yrs old- Up to 10 yrs old)
PAXIL TABS ( <i>paroxetine hcl</i> )	NP	AL(At least 6 yrs old)
PAXIL CR TB24 ( <i>paroxetine hcl</i> )	NP	AL(At least 6 yrs old)
PEXEVA	NP	AL(At least 6 yrs old)
PROZAC CAPS ( <i>fluoxetine hcl</i> )	NP	AL(At least 6 yrs old)
<i>sertraline hcl conc</i>	P	AL(At least 6 yrs old- Up to 10 yrs old)
<i>sertraline hcl tabs</i>	P	AL(At least 6 yrs old)
SERTRALINE HYDROCHLORIDE CAPS 150 MG	NP	AL(At least 6 yrs old)
ZOLOFT TABS ( <i>sertraline hcl</i> )	NP	AL(At least 6 yrs old)
<b>Serotonin Modulators</b>		
<i>nefazodone hcl</i>	NP	AL(At least 6 yrs old)
<i>trazodone hcl tabs 300 MG</i>	NP	AL(At least 6 yrs old)
<i>trazodone hcl tabs 50 MG, 100 MG, 150 MG</i>	P	AL(At least 6 yrs old)
TRINTELLIX	NP	AL(At least 6 yrs old)
VIIBRYD TABS ( <i>vilazodone hcl</i> )	NP	AL(At least 6 yrs old)
VIIBRYD STARTER PACK KIT	NP	AL(At least 6 yrs old)
<i>vilazodone hcl tabs</i>	NP	AL(At least 6 yrs old)
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
CYMBALTA CPEP ( <i>duloxetine hcl</i> )	NP	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
DESVENLAFAXINE ER	P	AL(At least 6 yrs old)
<i>desvenlafaxine succinate</i>	P	AL(At least 6 yrs old)
DRIZALMA SPRINKLE CSDR	NP	AL(At least 6 yrs old)
<i>duloxetine hcl cpep</i>	NP	AL(At least 6 yrs old)
<i>duloxetine hcl cpep 20 MG, 30 MG, 60 MG</i>	P	AL(At least 6 yrs old)
EFFEXOR XR CP24 ( <i>venlafaxine hcl</i> )	NP	AL(At least 6 yrs old)
FETZIMA CP24	NP	AL(At least 6 yrs old)
FETZIMA TITRATION PACK C4PK	NP	AL(At least 6 yrs old)
PRISTIQ ( <i>desvenlafaxine succinate</i> )	NP	AL(At least 6 yrs old)
<i>venlafaxine hcl tabs</i>	P	AL(At least 6 yrs old)
<i>venlafaxine hcl tb24</i>	NP	AL(At least 6 yrs old)
<i>venlafaxine hcl cp24</i>	NP	AL(At least 6 yrs old)
<i>venlafaxine hcl cp24</i>	P	AL(At least 6 yrs old)
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl tabs</i>	P	AL(At least 6 yrs old)
<i>amoxapine</i>	NP	AL(At least 6 yrs old)
ANAFRANIL ( <i>clomipramine hcl</i> )	NP	AL(At least 6 yrs old)
<i>clomipramine hcl</i>	P	AL(At least 6 yrs old)
<i>clomipramine hcl</i>	NP	AL(At least 6 yrs old)
<i>desipramine hcl tabs</i>	NP	AL(At least 6 yrs old)
<i>doxepin hcl conc</i>	P	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>doxepin hcl caps</i>	P	AL(At least 6 yrs old)
<i>doxepin hcl caps 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	NP	AL(At least 6 yrs old)
<i>imipramine hcl tabs</i>	P	AL(At least 6 yrs old)
<i>imipramine pamoate</i>	NP	AL(At least 6 yrs old)
NORPRAMIN TABS ( <i>desipramine hcl</i> )	NP	AL(At least 6 yrs old)
<i>nortriptyline hcl caps</i>	P	AL(At least 6 yrs old)
<i>nortriptyline hcl soln</i>	P	AL(At least 6 yrs old)
PAMELOR CAPS ( <i>nortriptyline hcl</i> )	NP	AL(At least 6 yrs old)
<i>protriptyline hcl</i>	NP	AL(At least 6 yrs old)
<i>trimipramine maleate caps</i>	NP	AL(At least 6 yrs old)

### ANTIDIABETICS - Drugs to Regulate Blood Sugar

#### Alpha-Glucosidase Inhibitors

<i>acarbose</i>	P	
<i>miglitol</i>	NP	
PRECOSE ( <i>acarbose</i> )	NP	

#### Antidiabetic - Amylin Analogs

SYMLINPEN 120 SOPN	NP	PA
SYMLINPEN 60 SOPN	NP	PA

#### Antidiabetic Combinations

ACTOPLUS MET TABS ( <i>pioglitazone hcl-metformin hcl</i> )	NP	
<i>alogliptin-metformin hcl</i>	NP	PA
<i>alogliptin-pioglitazone</i>	NP	PA

Drug Name	Drug Tier	Requirements/Limits
DUETACT ( <i>pioglitazone hcl-glimepiride</i> )	NP	
<i>glipizide-metformin hcl</i>	P	
<i>glyburide-metformin</i>	P	
GLYXAMBI	NP	
INVOKAMET TABS	P	
INVOKAMET XR TB24	P	
JANUMET TABS	P	PA
JANUMET XR TB24	P	PA
JENTADUETO TABS	P	PA
JENTADUETO XR TB24	NP	PA
KAZANO ( <i>alogliptin-metformin hcl</i> )	NP	PA
KOMBIGLYZE XR	NP	PA
OSENI 12.5 MG-15 MG	NP	PA
OSENI ( <i>alogliptin-pioglitazone</i> )	NP	PA
<i>pioglitazone hcl-glimepiride</i>	NP	
<i>pioglitazone hcl-metformin hcl tabs</i>	NP	
QTERN	NP	
SEGLUROMET	NP	
SOLIQUA 100/33 33 MCG/ML-100 UNIT/ML	NP	PA
STEGLUJAN	NP	
SYNJARDY TABS	P	
SYNJARDY XR TB24	NP	
XIGDUO XR	P	
XULTOPHY 100/3.6 100 UNIT/ML-3.6 MG/ML	NP	PA
<b>Biguanides</b>		

Drug Name	Drug Tier	Requirements/Limits
FORTAMET TB24 ( <i>metformin hcl</i> )	NP	
GLUMETZA TB24 ( <i>metformin hcl</i> )	NP	
<i>metformin hcl tb24 500 MG, 750 MG</i>	P	
<i>metformin hcl soln</i>	NP	
<i>metformin hcl tb24 500 MG, 1000 MG</i>	NP	
<i>metformin hcl tabs</i>	P	
RIOMET SOLN ( <i>metformin hcl</i> )	NP	
<b>Diabetic Other</b>		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
CVS GLUCOSE CHEW	P	
CVS SOFT GLUCOSE CHEW	P	
DEX4 4 GM-6 MG	P	
DEX4 FAST ACTING GLUCOSE 4 GM-6 MG	P	
DEX4 NATURALS 4 GM-6 MG	P	
DEX4 POUCH PACK 4 GM-6 MG	P	
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	
<i>dextrose (diabetic use) gel</i>	P	
GLUCAGEN HYPOKIT	P	
<i>glucagon (rdna)</i>	NP	
GLUCAGON EMERGENCY KIT ( <i>glucagon (rdna)</i> )	P	
GLUCOSE CHEW	P	
GLUCOSE INSTANT ENERGY 4 GM-6 MG	P	

Drug Name	Drug Tier	Requirement s/Limits
GNP GLUCOSE CHEW	P	
GNP QUICK DISSOLVE GLUCOSE CHEW	P	
GOODSENSE GLUCOSE 4 GM-6 MG	P	
GVOKE HYPOPEN 1-PACK SOAJ	P	
GVOKE HYPOPEN 2-PACK SOAJ	P	
GVOKE PFS SOSY	P	
HY-VEE GLUCOSE 4 GM-6 MG	P	
KROGER GLUCOSE 4 GM-6 MG	P	
LEADER GLUCOSE	P	
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	
LONGS GLUCOSE 4 GM-6 MG	P	
MEIJER GLUCOSE 4 GM-6 MG	P	
PREFERRED PLUS GLUCOSE 4 GM-6 MG	P	
PX GLUCOSE 4 GM-6 MG	P	
RA GLUCOSE 4 GM-6 MG	P	
RELION GLUCOSE 4 GM-6 MG	P	
SM GLUCOSE 4 GM-6 MG	P	
SMART SENSE GLUCOSE 4 GM-6 MG	P	
SMART SENSE GLUCOSE TABLETS 4 GM-6 MG	P	
TGT GLUCOSE 4 GM-6 MG	P	
TRUEPLUS GLUCOSE CHEW	P	

Drug Name	Drug Tier	Requirement s/Limits
TRUEPLUS GLUCOSE ON THE GO CHEW	P	
UP & UP GLUCOSE 4 GM-6 MG	P	
VALUE PLUS GLUCOSE 4 GM-6 MG	P	
WALGREENS GLUCOSE 4 GM-6 MG	P	
ZEGALOGUE SOSY	P	
ZEGALOGUE SOAJ	P	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate</i>	NP	PA
JANUVIA	P	PA
NESINA ( <i>alogliptin benzoate</i> )	NP	PA
ONGLYZA	NP	PA
TRADJENTA	P	PA
<b>Incretin Mimetic Agents</b>		
ADLYXIN SOPN	NP	PA
ADLYXIN STARTER PACK PNKT	NP	PA
BYDUREON BCISE AUJ	NP	PA
BYDUREON PEN PEN	NP	PA
BYETTA SOPN	NP	PA
MOUNJARO	P	PA
OZEMPIC SOPN 8 MG/3ML-14 MG/ML-5.5 MG/ML	P	PA
OZEMPIC SOPN 2 MG/1.5ML	P	PA
RYBELSUS TABS	NP	PA
TRULICITY .75 MG/0.5ML, 1.5 MG/0.5ML	P	PA
TRULICITY 3 MG/0.5ML, 4.5 MG/0.5ML	P	PA



Drug Name	Drug Tier	Requirements/Limits
VICTOZA	P	PA
<b>Insulin</b>		
ADMELOG SOLN IJ	NP	
ADMELOG SOLOSTAR SOPN	NP	
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	
APIDRA SOLN	NP	
APIDRA SOLOSTAR SOPN	NP	
BASAGLAR KWIKPEN SOPN	NP	
FIASP SOLN 100 UNIT/ML	NP	
FIASP FLEXTOUCH SOPN 100 UNIT/ML	NP	
FIASP PENFILL SOCT 100 UNIT/ML-20.8 MG/ML	NP	
HUMALOG SOLN IJ	NP	
HUMALOG SOCT	NP	
HUMALOG JUNIOR KWIKPEN SOPN	NP	
HUMALOG KWIKPEN SOPN	NP	
HUMALOG MIX 50/50 SUSP 50 UNIT/ML-50 UNIT/ML	P	
HUMALOG MIX 50/50 KWIKPEN SUPN 50 UNIT/ML-50 UNIT/ML	P	
HUMALOG MIX 75/25 SUSP 75 UNIT/ML-25 UNIT/ML	P	
HUMALOG MIX 75/25 KWIKPEN SUPN 75 UNIT/ML-25 UNIT/ML	NP	
HUMULIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	NP	

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO KWIKPEN SOPN	P	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 75 UNIT/ML-25 UNIT/ML	P	
LANTUS SOLN	P	
LANTUS SOLOSTAR SOPN	P	
LEVEMIR SOLN	P	
LEVEMIR FLEXTOUCH SOPN	P	
NOVOLIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	NP	
NOVOLIN 70/30 FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	NP	
NOVOLIN 70/30 RELION SUSP 70 UNIT/ML-30 UNIT/ML	NP	
NOVOLIN N SUSP	NP	
NOVOLIN N FLEXPEN SUPN	NP	
NOVOLIN N FLEXPEN RELION SUPN	NP	
NOVOLIN N RELION SUSP	NP	
NOVOLIN R SOLN IJ	NP	
NOVOLIN R RELION SOLN IJ	NP	
NOVOLOG SOLN IJ	NP	
NOVOLOG FLEXPEN SOPN	NP	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN RELION SOPN	NP	
NOVOLOG MIX 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	NP	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	NP	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	NP	
NOVOLOG MIX 70/30 RELION SUSP 70 UNIT/ML-30 UNIT/ML	NP	
NOVOLOG PENFILL SOCT	NP	
NOVOLOG RELION SOLN IJ	NP	
SEMGLEE SOLN	NP	
SEMGLEE SOPN	NP	
TOUJEO MAX SOLOSTAR SOPN	P	
TOUJEO SOLOSTAR SOPN	P	
TRESIBA SOLN	NP	
TRESIBA FLEXTOUCH SOPN	NP	
<b>Insulin Sensitizing Agents</b>		
ACTOS ( <i>pioglitazone hcl</i> )	NP	
AVANDIA 2 MG, 4 MG <i>pioglitazone hcl</i>	NP	
	P	
<b>Meglitinide Analogues</b>		
<i>nateglinide</i>	P	
<i>repaglinide</i>	P	
STARLIX ( <i>nateglinide</i> )	NP	
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Inhibitors</b>		
FARXIGA	P	
INVOKANA	P	
JARDIANCE	P	
STEGLATRO	NP	
<b>Sulfonylureas</b>		
<i>glimepiride</i>	P	
<i>glipizide tb24</i>	P	
<i>glipizide tabs</i>	P	
<i>glyburide tabs</i>	P	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antidiarrheal/Probiotic Combinations</b>		
<i>loperamide-simethicone tabs 2 MG-125 MG</i>	P	
<b>Antiperistaltic Agents</b>		
ANTI-DIARRHEAL LIQD	P	
<i>diphenoxylate w/atropine tabs 2.5 MG-0.025 MG</i>	P	
<i>diphenoxylate w/atropine liqd 2.5 MG/5ML-0.025 MG/5ML</i>	P	
<i>loperamide hcl tabs</i>	P	
<i>loperamide hcl caps</i>	P	RX/OTC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET	P	
<b>Antidotes and Specific Antagonists</b>		
VISTOGARD	NP	
<b>Opioid Antagonists</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl soln .4 MG/ML, 4 MG/10ML</i>	P	
<i>naloxone hcl liqd</i>	NP	
<i>naloxone hcl soct</i>	P	
<i>naloxone hcl sosy</i>	P	
<i>naltrexone hcl</i>	P	
NARCAN LIQD ( <i>naloxone hcl</i> )	P	
VIVITROL	P	SP
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
ANZEMET TABS	NP	
<i>granisetron hcl tabs</i>	NP	
<i>granisetron hcl soln iv 1 MG/ML, 4 MG/4ML</i>	P	
<i>ondansetron tbdp</i>	P	
<i>ondansetron hcl tabs 4 MG, 8 MG</i>	P	
<i>ondansetron hcl sosy</i>	P	
<i>ondansetron hcl soln ij</i>	P	
<i>ondansetron hcl soln or 4 MG/5ML</i>	P	
SANCUSO PTCH	NP	
ZOFRAN TABS 4 MG ( <i>ondansetron hcl</i> )	NP	
<b>Antiemetics - Anticholinergic</b>		
<i>dimenhydrinate tabs</i>	P	
DRAMAMINE CHEW	P	
<i>meclizine hcl tabs 12.5 MG, 25 MG</i>	P	RX/OTC
<i>meclizine hcl chew</i>	P	RX/OTC
<i>scopolamine</i>	NP	
TIGAN CAPS ( <i>trimethobenzamide hcl</i> )	NP	

Drug Name	Drug Tier	Requirement s/Limits
TRANSDERM-SCOP (scopolamine)	P	
trimethobenzamide hcl caps	NP	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO 300 MG-0.5 MG	NP	
BONJESTA TBCR 20 MG-20 MG	NP	PA
DICLEGIS TBEC 10 MG-10 MG (doxylamine- pyridoxine)	P	
doxylamine-pyridoxine tbec 10 MG-10 MG	NP	
dronabinol caps	NP	PA
MARINOL CAPS (dronabinol)	NP	PA
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
aprepitant caps	NP	
aprepitant misc	NP	
CINVANTI EMUL	P	
EMEND CAPS (aprepitant)	NP	
EMEND SUSR	NP	
EMEND TRIPACK CAPS (aprepitant)	NP	
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
ANCOBON (flucytosine)	NP	
flucytosine	NP	
griseofulvin microsize tabs	NP	
griseofulvin microsize susp	P	

Drug Name	Drug Tier	Requirement s/Limits
griseofulvin ultramicrosize	NP	
nystatin tabs	P	
terbinafine hcl tabs	P	
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS	NP	
DIFLUCAN SUSR (fluconazole)	NP	
DIFLUCAN TABS (fluconazole)	NP	
fluconazole susr	P	
fluconazole tabs	P	
fluconazole in nacl 200 MG/100ML-0.9 %, 400 MG/200ML-0.9 %	P	
itraconazole caps	NP	
itraconazole soln	NP	
ketoconazole	NP	
NOXAFIL SUSP	NP	
NOXAFIL TBEC (posaconazole)	NP	
posaconazole tbec	NP	
SPORANOX SOLN (itraconazole)	NP	
SPORANOX CAPS (itraconazole)	NP	
SPORANOX PULSEPAK CAPS (itraconazole)	NP	
TOLSURA CAPS	NP	
VFEND TABS (voriconazole)	NP	
VFEND SUSR (voriconazole)	NP	
voriconazole susr	NP	
voriconazole tabs	NP	
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpheniramine maleate syrp</i>	P	
<b>Antihistamines - Ethanolamines</b>		
<i>diphenhydramine hcl caps</i>	P	
<i>diphenhydramine hcl liqd 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	
<i>diphenhydramine hcl soln 50 MG/ML</i>	P	
<i>diphenhydramine hcl chew 12.5 MG</i>	P	
<i>diphenhydramine hcl elix 12.5 MG/5ML</i>	P	
<i>diphenhydramine hcl tabs 25 MG</i>	P	
<b>Antihistamines - Non-Sedating</b>		
<i>cetirizine hcl caps</i>	NP	
<i>cetirizine hcl soln or</i>	P	RX/OTC
<i>cetirizine hcl tabs</i>	P	
<i>cetirizine hcl chew</i>	NP	
<i>cetirizine hcl tabs 10 MG</i>	NP	
CLARINEX TABS ( <i>desloratadine</i> )	NP	
<i>desloratadine tbdp</i>	NP	
<i>desloratadine tabs</i>	NP	
<i>fexofenadine hcl tabs 60 MG, 180 MG</i>	NP	
<i>fexofenadine hcl susp</i>	NP	
<i>levocetirizine dihydrochloride tabs</i>	NP	RX/OTC
<i>levocetirizine dihydrochloride soln</i>	NP	RX/OTC
<i>levocetirizine dihydrochloride tabs</i>	P	RX/OTC
<i>loratadine soln</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine chew</i>	NP	
<i>loratadine tbdp</i>	NP	
<i>loratadine syrp</i>	P	
<i>loratadine tabs</i>	P	
<b>Antihistamines - Phenothiazines</b>		
<i>promethazine hcl tabs</i>	P	
<i>promethazine hcl soln 25 MG/ML, 50 MG/ML</i>	P	
<i>promethazine hcl syrp</i>	P	
<i>promethazine hcl supp</i>	P	
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl tabs</i>	P	
<i>cyproheptadine hcl syrp</i>	P	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin</i>	NP	
VYTORIN ( <i>ezetimibe-simvastatin</i> )	NP	
<b>Antihyperlipidemics - Misc.</b>		
<i>icosapent ethyl</i>	NP	
LOVAZA 1 GM-375 MG-465 MG ( <i>omega-3-acid ethyl esters</i> )	NP	
<i>omega-3-acid ethyl esters 1 GM-375 MG-465 MG</i>	P	
VASCEPA ( <i>icosapent ethyl</i> )	NP	
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine powd</i>	P	
<i>cholestyramine pack</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light powd</i>	P	
<i>cholestyramine light pack</i>	P	
<i>colesevelam hcl tabs</i>	P	
<i>colesevelam hcl pack</i>	NP	
COLESTID GRAN ( <i>colestipol hcl</i> )	NP	
COLESTID TABS ( <i>colestipol hcl</i> )	NP	
COLESTID PACK ( <i>colestipol hcl</i> )	NP	
COLESTID FLAVORED GRAN ( <i>colestipol hcl</i> )	NP	
COLESTID FLAVORED PACK ( <i>colestipol hcl</i> )	NP	
<i>colestipol hcl pack</i>	P	
<i>colestipol hcl gran</i>	P	
<i>colestipol hcl tabs</i>	P	
QUESTRAN POWD ( <i>cholestyramine</i> )	NP	
QUESTRAN PACK ( <i>cholestyramine</i> )	NP	
QUESTRAN LIGHT POWD ( <i>cholestyramine light</i> )	NP	
WELCHOL TABS ( <i>colesevelam hcl</i> )	NP	
WELCHOL PACK ( <i>colesevelam hcl</i> )	NP	
<b>Fibric Acid Derivatives</b>		
ANTARA 30 MG, 90 MG ( <i>fenofibrate micronized</i> )	NP	
<i>choline fenofibrate</i>	P	
<i>fenofibrate caps</i>	P	
<i>fenofibrate tabs</i>	P	
<i>fenofibrate micronized</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibric acid</i>	P	
FENOGLIDE TABS ( <i>fenofibrate</i> )	NP	
<i>gemfibrozil tabs</i>	P	
LIPOFEN CAPS ( <i>fenofibrate</i> )	NP	
LOPID TABS ( <i>gemfibrozil</i> )	NP	
TRICOR TABS ( <i>fenofibrate</i> )	NP	
TRILIPIX ( <i>choline fenofibrate</i> )	NP	
<b>HMG CoA Reductase Inhibitors</b>		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	QL(1 ea daily)
<i>atorvastatin calcium</i>	P	QL(1 ea daily)
<i>atorvastatin calcium</i>	NP	QL(1 ea daily)
CRESTOR TABS ( <i>rosuvastatin calcium</i> )	NP	QL(1 ea daily)
EZALLOR SPRINKLE CPSP	NP	QL(1 ea daily)
<i>fluvastatin sodium tb24</i>	NP	QL(1 ea daily)
<i>fluvastatin sodium caps</i>	NP	QL(1 ea daily)
LESCOL XL TB24 ( <i>fluvastatin sodium</i> )	NP	QL(1 ea daily)
LIPITOR ( <i>atorvastatin calcium</i> )	NP	QL(1 ea daily)
LIVALO	NP	QL(1 ea daily)
<i>lovastatin tabs</i>	P	QL(1 ea daily)
PRAVACHOL 20 MG, 40 MG, 80 MG ( <i>pravastatin sodium</i> )	NP	QL(1 ea daily)
<i>pravastatin sodium</i>	P	QL(1 ea daily)
<i>pravastatin sodium 20 MG, 40 MG, 80 MG</i>	NP	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tabs</i>	P	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG ( <i>simvastatin</i> )	NP	QL(1 ea daily)
ZYPITAMAG 2 MG, 4 MG	NP	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe</i>	P	
ZETIA ( <i>ezetimibe</i> )	NP	
<b>Microsomal Triglyceride Transfer Protein (MTP) Inhibitors</b>		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	NP	SP
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tbc</i>	P	
NIASPAN TBCR ( <i>niacin (antihyperlipidemic)</i> )	NP	
<b>Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors</b>		
PRALUENT SOAJ	P	SP;PA
REPATHA SOSY	P	SP;PA
REPATHA PUSHTRONEX SYSTEM SOCT	P	SP;PA
REPATHA SURECLICK SOAJ	P	SP;PA
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL ( <i>quinapril hcl</i> )	NP	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG ( <i>ramipril</i> )	NP	
<i>benazepril hcl</i>	P	
<i>captopril</i>	NP	

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

Drug Name	Drug Tier	Requirement s/Limits
<i>irbesartan</i>	P	
<i>losartan potassium</i>	P	
MICARDIS ( <i>telmisartan</i> )	NP	
<i>olmesartan medoxomil</i>	P	
<i>telmisartan</i>	NP	
<i>valsartan tabs</i>	P	
<b>Antiadrenergic Antihypertensives</b>		
CARDURA ( <i>doxazosin mesylate</i> )	NP	
CATAPRES TABS ( <i>clonidine hcl</i> )	NP	
CATAPRES-TTS-1 ( <i>clonidine</i> )	NP	
CATAPRES-TTS-2 ( <i>clonidine</i> )	NP	
CATAPRES-TTS-3 ( <i>clonidine</i> )	NP	
<i>clonidine</i>	P	
<i>clonidine hcl tabs</i>	P	
<i>doxazosin mesylate</i>	P	
<i>guanfacine hcl</i>	P	
<i>methyldopa tabs</i>	P	
MINIPRESS CAPS ( <i>prazosin hcl</i> )	NP	
<i>prazosin hcl caps</i>	P	
<i>terazosin hcl</i>	NP	
<i>terazosin hcl</i>	P	
<b>Antihypertensive Combinations</b>		
ACCURETIC 10 MG-12.5 MG	NP	
ACCURETIC ( <i>quinapril-hydrochlorothiazide</i> )	NP	
<i>amlodipine besylate-benazepril hcl</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>amlodipine besylate-olmesartan medoxomil</i>	P	
<i>amlodipine besylate-valsartan</i>	P	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	
ATACAND HCT ( <i>candesartan cilexetil-hydrochlorothiazide</i> )	NP	
<i>atenolol &amp; chlorthalidone</i>	P	
AVALIDE ( <i>irbesartan-hydrochlorothiazide</i> )	NP	
AZOR ( <i>amlodipine besylate-olmesartan medoxomil</i> )	NP	
<i>benazepril &amp; hydrochlorothiazide</i>	P	
BENICAR HCT ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )	NP	
<i>bisoprolol &amp; hydrochlorothiazide</i>	P	
<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	
<i>captopril &amp; hydrochlorothiazide</i>	NP	
DIOVAN HCT ( <i>valsartan-hydrochlorothiazide</i> )	NP	
EDARBYCLOR	NP	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	P	
EXFORGE ( <i>amlodipine besylate-valsartan</i> )	NP	
EXFORGE HCT ( <i>amlodipine-valsartan-hydrochlorothiazide</i> )	NP	



Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	NP	
<i>HYZAAR (losartan potassium &amp; hydrochlorothiazide)</i>	NP	
<i>irbesartan-hydrochlorothiazide</i>	P	
<i>lisinopril &amp; hydrochlorothiazide</i>	P	
<i>losartan potassium &amp; hydrochlorothiazide</i>	P	
<i>LOTENSIN HCT 10 MG-12.5 MG, 20 MG-12.5 MG, 20 MG-25 MG (benazepril &amp; hydrochlorothiazide)</i>	NP	
<i>LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG (amlodipine besylate-benazepril hcl)</i>	NP	
<i>methyldopa &amp; hydrochlorothiazide</i>	P	
<i>metoprolol &amp; hydrochlorothiazide tabs</i>	NP	
<i>MICARDIS HCT (telmisartan-hydrochlorothiazide)</i>	NP	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	
<i>propranolol &amp; hydrochlorothiazide</i>	P	
<i>quinapril-hydrochlorothiazide</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>TARKA (trandolapril-verapamil hcl)</i>	NP	
<i>TEKTURNA HCT</i>	NP	
<i>telmisartan-amlodipine</i>	NP	
<i>telmisartan-hydrochlorothiazide</i>	NP	
<i>TENORETIC 100 100 MG-25 MG (atenolol &amp; chlorthalidone)</i>	NP	
<i>TENORETIC 50 50 MG-25 MG (atenolol &amp; chlorthalidone)</i>	NP	
<i>trandolapril-verapamil hcl</i>	NP	
<i>TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)</i>	NP	
<i>TWYNSTA (telmisartan-amlodipine)</i>	NP	
<i>valsartan-hydrochlorothiazide</i>	P	
<i>VASERETIC 10 MG-25 MG (enalapril maleate &amp; hydrochlorothiazide)</i>	NP	
<i>ZESTORETIC (lisinopril &amp; hydrochlorothiazide)</i>	NP	
<i>ZIAC (bisoprolol &amp; hydrochlorothiazide)</i>	NP	
<b>Direct Renin Inhibitors</b>		
<i>aliskiren fumarate</i>	NP	
<i>TEKTURNA (aliskiren fumarate)</i>	NP	
<b>Vasodilators</b>		
<i>hydralazine hcl tabs</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>minoxidil 2.5 MG, 10 MG</i>	P	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
AEMCOLO	NP	
FLAGYL CAPS ( <i>metronidazole</i> )	NP	
FLAGYL TABS 500 MG ( <i>metronidazole</i> )	NP	
<i>metronidazole tabs</i>	P	
<i>metronidazole caps</i>	NP	
<i>pentamidine isethionate in</i>	P	
<i>tinidazole 500 MG</i>	P	
<i>trimethoprim tabs</i>	P	
TRIMETHOPRIM TABS	P	
XIFAXAN 550 MG	NP	
XIFAXAN 200 MG	P	
<b>Anti-infective Misc. - Combinations</b>		
<i>sulfamethoxazole-trimethoprim susp 40 MG/5ML-200 MG/5ML</i>	P	
<i>sulfamethoxazole-trimethoprim tabs</i>	P	
<b>Antiprotozoal Agents</b>		
<i>atovaquone</i>	P	
<b>Carbapenems</b>		
<i>imipenem-cilastatin iv</i>	P	
<i>meropenem</i>	P	
<b>Glycopeptides</b>		
FIRVANQ SOLR OR	P	
VANCO CIN CAPS ( <i>vancomycin hcl</i> )	NP	
<i>vancomycin hcl caps</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>vancomycin hcl solr iv 500 MG</i>	P	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	NP	
VANCOMYCIN HYDROCHLORIDE/DEX TROSE 5 %-500 MG/100ML	P	
<b>Leprostatics</b>		
<i>dapsone</i>	P	
<b>Lincosamides</b>		
CLEOCIN ( <i>clindamycin hcl</i> )	NP	
CLEOCIN PEDIATRIC GRANULES ( <i>clindamycin palmitate hydrochloride</i> )	NP	AL(Up to 9 yrs old)
<i>clindamycin hcl</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	AL(Up to 9 yrs old)
<b>Monobactams</b>		
CAYSTON	NP	SP
<b>Oxazolidinones</b>		
<i>linezolid tabs</i>	NP	PA
<i>linezolid susr</i>	NP	PA
SIVEXTRO TABS	NP	
ZYVOX TABS ( <i>linezolid</i> )	NP	PA
ZYVOX SUSR ( <i>linezolid</i> )	NP	PA
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine</i>	NP	
HIPREX ( <i>methenamine hippurate</i> )	NP	
MACROBID ( <i>nitrofurantoin monohyd macro</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
MACRODANTIN (nitrofurantoin macrocrystal)	NP	
methenamine hippurate	P	
methenamine mandelate	P	
MONUROL (fosfomicin tromethamine)	P	
nitrofurantoin	NP	
nitrofurantoin macrocrystal 25 MG	P	
nitrofurantoin macrocrystal	NP	
nitrofurantoin monohyd macro	P	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
atovaquone-proguanil hcl	P	
<b>Antimalarials</b>		
chloroquine phosphate tabs	P	
hydroxychloroquine sulfate	P	
mefloquine hcl	P	
primaquine phosphate tabs	P	
pyrimethamine	P	SP
quinine sulfate caps 324 MG	P	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
pyridostigmine bromide soln or	P	
pyridostigmine bromide tbc	P	

Drug Name	Drug Tier	Requirements/Limits
pyridostigmine bromide tabs 60 MG	P	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Antimycobacterial Agents</b>		
cycloserine	P	
ethambutol hcl tabs	P	
isoniazid syr	P	
isoniazid tabs	P	
PRIFTIN	P	
pyrazinamide	P	
rifabutin	P	
rifampin caps	P	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN (melphalan hcl)	P	SP
ALKERAN (melphalan)	P	
BELRAPZO SOLN	P	SP
BENDEKA SOLN	P	SP
BICNU (carmustine)	P	
busulfan soln	NP	
busulfan soln	P	
BUSULFEX SOLN (busulfan)	P	
carboplatin soln 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	P	SP
carboplatin soln 50 MG/5ML, 450 MG/45ML	NP	SP
carmustine	P	

Drug Name	Drug Tier	Requirements/Limits
<i>cisplatin soln 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	P	SP
CISPLATIN SOLR	P	SP
<i>cyclophosphamide caps</i>	P	
<i>cyclophosphamide solr ij</i>	P	SP
GLIADEL WAFER	P	
IFEX SOLR ( <i>ifosfamide</i> )	P	
IFEX SOLR	P	
<i>ifosfamide soln</i>	P	
<i>ifosfamide solr</i>	P	
IFOSFAMIDE SOLR	P	
LEUKERAN	P	
<i>melphalan</i>	P	
<i>melphalan hcl</i>	P	SP
MYLERAN TABS	P	
<i>oxaliplatin soln 50 MG/10ML, 100 MG/20ML</i>	P	
<i>oxaliplatin solr</i>	P	
<i>oxaliplatin soln 50 MG/10ML, 100 MG/20ML</i>	NP	
TEMODAR CAPS ( <i>temozolomide</i> )	P	SP
TEMODAR SOLR	P	SP
<i>temozolomide caps</i>	P	SP
TEPADINA ( <i>thiotepa</i> )	P	SP
<i>thiotepa</i>	P	SP
TREANDA SOLR	P	SP
YONDELIS	P	SP
ZANOSAR	P	
<b>Antimetabolites</b>		

Drug Name	Drug Tier	Requirements/Limits
ALIMTA SOLR ( <i>pemetrexed disodium</i> )	P	SP
ARRANON ( <i>nelarabine</i> )	P	
<i>azacitidine susr</i>	NP	SP
<i>azacitidine susr</i>	P	SP
<i>capecitabine</i>	P	SP
<i>capecitabine</i>	NP	SP
<i>cladribine 10 MG/10ML</i>	P	SP
<i>clofarabine</i>	P	
CLOLAR ( <i>clofarabine</i> )	P	
<i>cytarabine soln</i>	P	SP
DACOGEN ( <i>decitabine</i> )	P	SP
<i>decitabine</i>	P	SP
<i>floxuridine</i>	P	
<i>fludarabine phosphate solr</i>	P	SP
<i>fludarabine phosphate soln</i>	P	SP
<i>fluorouracil 500 MG/10ML</i>	NP	
<i>fluorouracil</i>	P	
FOLOTYN	P	SP
<i>gemcitabine hcl solr</i>	P	
<i>gemcitabine hcl soln</i>	P	
GEMCITABINE HYDROCHLORIDE SOLN	P	
GEMCITABINE HYDROCHLORIDE SOLN ( <i>gemcitabine hcl</i> )	P	
GEMCITABINE HYDROCHLORIDE SOLN	P	

Drug Name	Drug Tier	Requirements/Limits
INFUGEM	P	
<i>mercaptopurine tabs</i>	P	
<i>methotrexate sodium tabs 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG</i>	P	
<i>methotrexate sodium solr</i>	P	
<i>methotrexate sodium soln 1 GM/40ML, 50 MG/2ML, 250 MG/10ML</i>	P	
<i>nelarabine</i>	P	
<i>pemetrexed disodium solr 100 MG, 500 MG</i>	P	SP
<i>pralatrexate</i>	P	SP
PURIXAN SUSP	P	
TABLOID	P	SP
TREXALL TABS	P	
VIDAZA SUSR ( <i>azacitidine</i> )	P	SP
XATMEP SOLN	P	
XELODA ( <i>capecitabine</i> )	P	SP
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
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
ZALTRAP	P	SP
<b>Antineoplastic - Antibodies</b>		
ADCETRIS	P	SP
ARZERRA	P	SP
BAVENCIO	P	SP
BESPOUSA	P	SP
BLINCYTO	P	SP
DARZALEX	P	SP
EMPLICITI	P	SP
GAZYVA	P	SP
IMFINZI	P	SP
KADCYLA	P	SP
KEYTRUDA	P	SP
LIBTAYO	P	SP
LUMOXITI	NP	SP
LUMOXITI	P	SP
MYLOTARG	P	SP
OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	P	SP
POLIVY 140 MG	P	SP
POTELIGEO	P	SP
RITUXAN	P	SP
TECENTRIQ	P	SP
TRUXIMA	P	SP
UNITUXIN	P	SP
YERVOY	P	SP

Drug Name	Drug Tier	Requirements/Limits
<b>Antineoplastic - Anti-HER2 Agents</b>		
HERCEPTIN 150 MG	P	SP
KANJINTI	P	SP
OGIVRI	P	SP
PERJETA	P	SP
<b>Antineoplastic - BCL-2 Inhibitors</b>		
VENCLEXTA TABS	P	SP
VENCLEXTA STARTING PACK TBPK	P	SP
<b>Antineoplastic - Cellular Immunotherapy</b>		
KYMRIAH 0	P	SP
PROVENGE	P	SP
YESCARTA	P	SP
<b>Antineoplastic - EGFR Inhibitors</b>		
ERBITUX	P	SP
<i>erlotinib hcl</i>	P	SP
<i>erlotinib hcl</i>	NP	SP
GILOTRIF	P	SP
IRESSA	P	SP
PORTRAZZA	P	SP
TAGRISSO	P	SP
TARCEVA ( <i>erlotinib hcl</i> )	P	SP
VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP
VIZIMPRO	P	SP
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO	P	SP
ERIVEDGE	P	SP
ODOMZO	P	SP
<b>Antineoplastic - Hormonal and Related Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone acetate</i>	NP	SP
<i>abiraterone acetate</i>	P	SP
<i>anastrozole</i>	P	
ARIMIDEX ( <i>anastrozole</i> )	P	
AROMASIN ( <i>exemestane</i> )	P	
<i>bicalutamide</i>	P	
CASODEX ( <i>bicalutamide</i> )	P	
ELIGARD KIT SC 7.5 MG	P	SP
EMCYT	P	SP
ERLEADA	P	SP
<i>exemestane</i>	P	
<i>exemestane</i>	NP	
FARESTON ( <i>toremifene citrate</i> )	P	
FASLODEX SOSY ( <i>fulvestrant</i> )	P	
FEMARA ( <i>letrozole</i> )	P	
FIRMAGON	P	SP
<i>flutamide</i>	P	
<i>fulvestrant sosy</i>	P	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	P	SP
<i>letrozole</i>	P	
<i>leuprolide acetate kit ij 1 MG/0.2ML</i>	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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH) IM	P	SP
LYSODREN	P	SP
<i>megestrol acetate tabs</i>	P	
<i>megestrol acetate tabs 40 MG</i>	NP	
<i>nilutamide</i>	P	
NUBEQA	P	SP
SOLTAMOX SOLN	P	
<i>tamoxifen citrate tabs</i>	P	
<i>toremifene citrate</i>	P	
VANTAS	P	SP
XTANDI CAPS	P	SP
YONSA	P	SP
ZYTIGA ( <i>abiraterone acetate</i> )	P	SP
<b>Antineoplastic - Immunomodulators</b>		
POMALYST	P	SP
<b>Antineoplastic - XPO1 Inhibitors</b>		
XPOVIO 100 MG ONCE WEEKLY	P	SP
XPOVIO 60 MG ONCE WEEKLY	P	SP
XPOVIO 80 MG ONCE WEEKLY	P	SP
XPOVIO 80 MG TWICE WEEKLY	P	SP
<b>Antineoplastic Antibiotics</b>		
<i>bleomycin sulfate</i>	P	
COSMEGEN ( <i>dactinomycin</i> )	P	
<i>dactinomycin</i>	P	
<i>daunorubicin hcl soln</i>	P	SP

Drug Name	Drug Tier	Requirements/Limits
DAUNORUBICIN HYDROCHLORIDE SOLN ( <i>daunorubicin hcl</i> )	P	SP
DAUNORUBICIN HYDROCHLORIDE SOLN	P	SP
DOXIL ( <i>doxorubicin hcl liposomal</i> )	P	
<i>doxorubicin hcl solr 10 MG, 50 MG</i>	P	
<i>doxorubicin hcl soln</i>	P	
<i>doxorubicin hcl liposomal</i>	NP	
<i>doxorubicin hcl liposomal</i>	P	
ELLENCE SOLN	P	SP
<i>epirubicin hcl soln 50 MG/25ML, 200 MG/100ML</i>	P	SP
IDAMYCIN PFS ( <i>idarubicin hcl</i> )	P	
<i>idarubicin hcl</i>	P	
<i>mitomycin solr iv 5 MG</i>	NP	
<i>mitomycin solr iv</i>	P	
<i>mitoxantrone hcl 2 MG/ML</i>	P	SP
<i>valrubicin</i>	P	SP
VALSTAR ( <i>valrubicin</i> )	P	SP
<b>Antineoplastic Combinations</b>		
HERCEPTIN HYLECTA 10000 UNIT/5ML-600 MG/5ML	P	SP
KISQALI FEMARA 200 DOSE 200 MG-2.5 MG	P	SP
KISQALI FEMARA 400 DOSE 200 MG-2.5 MG	P	SP
KISQALI FEMARA 600 DOSE 200 MG-2.5 MG	P	SP

Drug Name	Drug Tier	Requirements/Limits
LONSURF	P	SP
RITUXAN HYCELA	P	SP
VYXEOS 44 MG-100 MG	P	SP
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR TABS ( <i>everolimus</i> )	P	SP
AFINITOR DISPERZ TBSO ( <i>everolimus</i> )	P	SP
ALECENSA	P	SP
ALIQOPA	P	SP
ALUNBRIG TABS	P	SP
ALUNBRIG TBPK	P	SP
BALVERSA	P	SP
<i>bortezomib solr ij</i>	P	SP
BORTEZOMIB SOLR IV 3.5 MG	P	SP
BOSULIF	P	SP
BRAFTOVI 75 MG	P	SP
BRUKINSA	NP	SP
CABOMETYX TABS	P	SP
CALQUENCE	P	SP
CAPRELSA	P	SP
COMETRIQ KIT	P	SP
COPIKTRA	P	SP
COTELLIC	P	SP
<i>everolimus tbso</i>	P	SP
<i>everolimus tabs</i>	P	SP
FARYDAK	P	SP
FARYDAK	NP	SP
GLEEVEC ( <i>imatinib mesylate</i> )	P	SP
IBRANCE CAPS	P	SP

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG 15 MG, 45 MG	P	SP
IDHIFA	P	SP
<i>imatinib mesylate</i>	P	SP
<i>imatinib mesylate</i>	NP	SP
IMBRUVICA CAPS	P	SP
IMBRUVICA TABS	P	SP
INREBIC	P	SP
ISTODAX (OVERFILL) SOLR ( <i>romidepsin</i> )	P	SP
JAKAFI	P	SP
KISQALI	P	SP
KYPROLIS	P	SP
<i>lapatinib ditosylate</i>	P	SP
LORBRENA	P	SP
LYNPARZA TABS	P	SP
MEKINIST	P	SP
MEKTOVI	P	SP
NERLYNX	P	SP
NEXAVAR ( <i>sorafenib tosylate</i> )	P	SP
NINLARO	P	SP
PIQRAY 200MG DAILY DOSE	P	SP
PIQRAY 250MG DAILY DOSE	P	SP
PIQRAY 300MG DAILY DOSE	P	SP
<i>romidepsin solr</i>	P	SP
ROZLYTREK	P	SP
RUBRACA	P	SP
RYDAPT	P	SP
<i>sorafenib tosylate</i>	P	SP
SPRYCEL	P	SP



Drug Name	Drug Tier	Requirements/Limits
STIVARGA	P	SP
<i>sunitinib malate</i>	P	SP
SUTENT ( <i>sunitinib malate</i> )	P	SP
TAFINLAR	P	SP
TALZENNA .25 MG, 1 MG	P	SP
TASIGNA	P	SP
<i>temsirolimus</i>	P	SP
TIBSOVO	P	SP
TORISEL ( <i>temsirolimus</i> )	P	SP
TURALIO	P	SP
TYKERB ( <i>lapatinib ditosylate</i> )	P	SP
VELCADE SOLR IJ ( <i>bortezomib</i> )	P	SP
VERZENIO	P	SP
VITRAKVI SOLN	P	SP
VOTRIENT	P	SP
XALKORI	P	SP
XOSPATA	P	SP
ZEJULA	P	SP
ZELBORAF	P	SP
ZOLINZA	P	SP
ZYDELIG	P	SP
ZYKADIA TABS	P	SP
<b>Antineoplastic Enzymes</b>		
ASPARLAS	P	SP
ERWINAZE	P	SP
<b>Antineoplastic Radiopharmaceuticals</b>		
AZEDRA DOSIMETRIC	P	SP
AZEDRA THERAPEUTIC	P	SP
LUTATHERA	P	SP

Drug Name	Drug Tier	Requirements/Limits
QUADRAMET	P	
XOFIGO	P	
<b>Antineoplastics Misc.</b>		
ACTIMMUNE	P	SP
<i>arsenic trioxide</i>	P	SP
<i>bexarotene</i>	P	SP
<i>dacarbazine solr</i>	P	
ELZONRIS	P	
HYDREA ( <i>hydroxyurea</i> )	P	
<i>hydroxyurea</i>	P	
INTRON A SOLN	P	SP
INTRON A SOLR	P	SP
MATULANE	P	SP
NIPENT	P	
SYNRIBO	P	SP
TARGRETIN ( <i>bexarotene</i> )	P	SP
TICE BCG	P	
<i>tretinoin (chemotherapy)</i>	P	SP
TRISENOX ( <i>arsenic trioxide</i> )	P	SP
<b>Chemotherapy Adjuncts</b>		
ELITEK	P	
KEPIVANCE	P	SP
<b>Chemotherapy Rescue/Antidote/Protective Agents</b>		
<i>dexrazoxane hcl</i>	P	SP
KHAPZORY	P	SP
<i>leucovorin calcium solr</i>	P	
<i>leucovorin calcium tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium soln ij 100 MG/10ML, 500 MG/50ML</i>	P	
<i>levoleucovorin calcium soln</i>	P	SP
<i>levoleucovorin calcium solr</i>	P	SP
<i>mesna soln</i>	P	SP
MESNEX TABS	P	SP
MESNEX SOLN ( <i>mesna</i> )	P	SP
<b>Mitotic Inhibitors</b>		
ABRAXANE 100 MG-900 MG ( <i>paclitaxel protein-bound particles</i> )	P	SP
<i>docetaxel conc 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>	P	SP
<i>docetaxel soln</i>	P	SP
DOCETAXEL SOLN ( <i>docetaxel</i> )	P	SP
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP
ETOPOPHOS	P	
<i>etoposide caps</i>	P	SP
<i>etoposide soln 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	P	SP
HALAVEN	P	SP
IXEMPRA KIT	P	SP
JEVTANA	P	SP
NAVELBINE ( <i>vinorelbine tartrate</i> )	P	

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel 6 MG/ML, 30 MG/5ML, 100 MG/16.7ML, 300 MG/50ML</i>	P	
<i>paclitaxel protein-bound particles 100 MG-900 MG</i>	P	SP
PACLITAXEL PROTEIN-BOUND PARTICLES 100 MG-900 MG ( <i>paclitaxel protein-bound particles</i> )	P	SP
TENIPOSIDE	P	
<i>vinblastine sulfate soln</i>	P	
<i>vincristine sulfate</i>	P	SP
<i>vinorelbine tartrate</i>	P	
<b>Oncolytic Viral Agents</b>		
IMLYGIC 0	P	SP
<b>Topoisomerase I Inhibitors</b>		
CAMPTOSAR ( <i>irinotecan hcl</i> )	P	SP
HYCAMTIN SOLR ( <i>topotecan hcl</i> )	P	SP
HYCAMTIN CAPS	P	SP
<i>irinotecan hcl</i>	P	SP
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	NP	SP
ONIVYDE	P	
<i>topotecan hcl solr</i>	P	SP
<i>topotecan hcl soln</i>	P	SP
TOPOTECAN HCL SOLN	P	SP
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
<i>carbidopa</i>	NP	

Drug Name	Drug Tier	Requirement s/Limits
LODOSYN ( <i>carbidopa</i> )	NP	
NOURIANZ	NP	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate tabs</i>	P	
<i>trihexyphenidyl hcl soln</i>	P	
<i>trihexyphenidyl hcl tabs</i>	P	
<b>Antiparkinson COMT Inhibitors</b>		
COMTAN ( <i>entacapone</i> )	NP	
<i>entacapone</i>	P	
TASMAR ( <i>tolcapone</i> )	NP	
<i>tolcapone</i>	NP	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl soln</i>	NP	AL(Up to 10 yrs old)
<i>amantadine hcl caps</i>	NP	
<i>amantadine hcl caps</i>	P	
<i>amantadine hcl tabs</i>	NP	
<i>bromocriptine mesylate caps</i>	P	
<i>bromocriptine mesylate tabs 2.5 MG</i>	P	
<i>carbidopa-levodopa tbc</i>	P	
<i>carbidopa-levodopa tabs</i>	P	
<i>carbidopa-levodopa tbdp</i>	NP	
<i>carbidopa-levodopa-entacapone</i>	NP	
DHIVY TABS 25 MG-100 MG	NP	
DUOPA SUSP 4.63 MG/ML-20 MG/ML	NP	
GOCOVRI CP24	NP	SP

Drug Name	Drug Tier	Requirement s/Limits
MIRAPEX TABS .125 MG, .5 MG, .75 MG, 1 MG ( <i>pramipexole dihydrochloride</i> )	NP	
MIRAPEX ER TB24 ( <i>pramipexole dihydrochloride</i> )	NP	
NEUPRO	NP	
OSMOLEX ER TB24	NP	
PARLODEL CAPS ( <i>bromocriptine mesylate</i> )	NP	
PARLODEL TABS ( <i>bromocriptine mesylate</i> )	NP	
<i>pramipexole dihydrochloride tabs</i>	P	
<i>pramipexole dihydrochloride tb24</i>	NP	
<i>ropinirole hydrochloride tabs</i>	P	
<i>ropinirole hydrochloride tb24</i>	NP	
RYTARY CPCR	NP	
SINEMET TABS ( <i>carbidopa-levodopa</i> )	NP	
STALEVO 100 200 MG-100 MG-25 MG ( <i>carbidopa-levodopa-entacapone</i> )	NP	
STALEVO 125 200 MG-125 MG-31.25 MG ( <i>carbidopa-levodopa-entacapone</i> )	NP	
STALEVO 150 200 MG-150 MG-37.5 MG ( <i>carbidopa-levodopa-entacapone</i> )	NP	

Drug Name	Drug Tier	Requirement s/Limits
STALEVO 200 200 MG-200 MG-50 MG ( <i>carbidopa-levodopa-entacapone</i> )	NP	
STALEVO 50 200 MG-50 MG-12.5 MG ( <i>carbidopa-levodopa-entacapone</i> )	NP	
STALEVO 75 200 MG-75 MG-18.75 MG ( <i>carbidopa-levodopa-entacapone</i> )	NP	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
AZILECT ( <i>rasagiline mesylate</i> )	NP	
<i>rasagiline mesylate</i>	NP	
<i>selegiline hcl tabs</i>	P	
<i>selegiline hcl caps</i>	NP	
<i>selegiline hcl tabs</i>	NP	
XADAGO	NP	
ZELAPAR TBDP	NP	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate tabs</i>	P	AL(At least 18 yrs old)
<i>lithium carbonate tbc</i>	P	AL(At least 18 yrs old)
<i>lithium carbonate caps</i>	P	AL(At least 18 yrs old)
LITHOBID TBCR ( <i>lithium carbonate</i> )	NP	AL(At least 18 yrs old)
<b>Antipsychotics - Misc.</b>		
EQUETRO	NP	AL(At least 18 yrs old)
GEODON ( <i>ziprasidone hcl</i> )	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
GEODON ( <i>ziprasidone mesylate</i> )	NP	AL(At least 18 yrs old)
LATUDA	P	AL(At least 18 yrs old)
VRAYLAR CPPK	NP	AL(At least 18 yrs old)
VRAYLAR CAPS	NP	AL(At least 18 yrs old)
<i>ziprasidone hcl</i>	P	AL(At least 18 yrs old)
<i>ziprasidone mesylate</i>	P	AL(At least 18 yrs old)
<b>Benzisoxazoles</b>		
FANAPT	NP	AL(At least 18 yrs old)
FANAPT TITRATION PACK	NP	AL(At least 18 yrs old)
INVEGA ( <i>paliperidone</i> )	NP	AL(At least 18 yrs old)
INVEGA SUSTENNA	P	AL(At least 18 yrs old);SP;PA
INVEGA TRINZA	P	AL(At least 18 yrs old);SP;PA
<i>paliperidone</i>	NP	AL(At least 18 yrs old)
PERSERIS PRSY	P	AL(At least 18 yrs old);SP;PA
RISPERDAL SOLN ( <i>risperidone</i> )	NP	AL(At least 18 yrs old)
RISPERDAL TABS .5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>risperidone</i> )	NP	AL(At least 18 yrs old)
RISPERDAL CONSTA	P	AL(At least 18 yrs old);SP;PA
<i>risperidone tabs</i>	P	AL(At least 18 yrs old)
<i>risperidone soln</i>	P	AL(At least 18 yrs old)
<i>risperidone tbdp</i>	NP	AL(At least 18 yrs old)
<b>Butyrophenones</b>		

Drug Name	Drug Tier	Requirement s/Limits
HALDOL SOLN (haloperidol lactate)	NP	AL(At least 18 yrs old)
HALDOL DECANOATE 100 (haloperidol decanoate)	NP	AL(At least 18 yrs old)
HALDOL DECANOATE 50 (haloperidol decanoate)	NP	AL(At least 18 yrs old)
haloperidol tabs	P	AL(At least 18 yrs old)
haloperidol decanoate	P	AL(At least 18 yrs old)
haloperidol lactate conc	P	AL(At least 18 yrs old)
haloperidol lactate soln	P	AL(At least 18 yrs old)
<b>Dibenzapines</b>		
ADASUVE	NP	AL(At least 18 yrs old)
asenapine maleate	NP	AL(At least 18 yrs old)
clozapine tbdp 12.5 MG, 25 MG, 100 MG, 150 MG	NP	AL(At least 18 yrs old)
clozapine tbdp 200 MG	P	AL(At least 18 yrs old)
clozapine tabs	P	AL(At least 18 yrs old)
CLOZARIL TABS (clozapine)	NP	AL(At least 18 yrs old)
loxapine succinate	P	AL(At least 18 yrs old)
olanzapine tabs	P	AL(At least 18 yrs old)
olanzapine solr	P	AL(At least 18 yrs old)
olanzapine tbdp	NP	AL(At least 18 yrs old)
quetiapine fumarate tabs 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	P	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
quetiapine fumarate tb24	P	AL(At least 18 yrs old)
SAPHRIS (asenapine maleate)	NP	AL(At least 18 yrs old)
SEROQUEL TABS (quetiapine fumarate)	NP	AL(At least 18 yrs old)
SEROQUEL XR TB24 (quetiapine fumarate)	NP	AL(At least 18 yrs old)
VERSACLOZ SUSP	NP	AL(At least 18 yrs old)
ZYPREXA SOLR (olanzapine)	NP	AL(At least 18 yrs old)
ZYPREXA TABS (olanzapine)	NP	AL(At least 18 yrs old)
ZYPREXA RELPREVV	NP	AL(At least 18 yrs old);SP
ZYPREXA ZYDIS TBDP (olanzapine)	NP	AL(At least 18 yrs old)
<b>Dihydroindolones</b>		
molindone hcl	NP	AL(At least 18 yrs old)
<b>Phenothiazines</b>		
chlorpromazine hcl tabs	NP	AL(At least 18 yrs old)
chlorpromazine hcl soln	NP	AL(At least 18 yrs old)
chlorpromazine hcl tabs	P	AL(At least 18 yrs old)
CHLORPROMAZINE HYDROCHLORIDE CONC	NP	AL(At least 18 yrs old)
fluphenazine decanoate	NP	AL(At least 18 yrs old)
fluphenazine hcl tabs	NP	AL(At least 18 yrs old)
fluphenazine hcl soln	NP	AL(At least 18 yrs old)
fluphenazine hcl elix	NP	AL(At least 18 yrs old)
fluphenazine hcl conc	NP	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>fluphenazine hcl tabs</i>	P	AL(At least 18 yrs old)
<i>perphenazine tabs</i>	P	AL(At least 18 yrs old)
<i>prochlorperazine</i>	P	AL(At least 18 yrs old)
<i>prochlorperazine maleate tabs</i>	P	AL(At least 18 yrs old)
<i>thioridazine hcl</i>	P	AL(At least 18 yrs old)
<i>trifluoperazine hcl tabs</i>	P	AL(At least 18 yrs old)
<b>Quinolinone Derivatives</b>		
ABILIFY TABS ( <i>aripiprazole</i> )	NP	AL(At least 18 yrs old)
ABILIFY MAINTENA PRSY	P	AL(At least 18 yrs old);SP;PA
ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old);SP;PA
ABILIFY MYCITE	NP	AL(At least 18 yrs old)
<i>aripiprazole tbdp</i>	NP	AL(At least 18 yrs old)
<i>aripiprazole tabs</i>	P	AL(At least 18 yrs old)
<i>aripiprazole soln or</i>	P	AL(At least 18 yrs old)
ARISTADA	P	AL(At least 18 yrs old);SP;PA
ARISTADA 1064 MG/3.9ML	P	AL(At least 18 yrs old);SP
ARISTADA INITIO	P	AL(At least 18 yrs old);SP;PA
REXULTI	NP	AL(At least 18 yrs old)
<b>Thioxanthenes</b>		
<i>thiothixene</i>	P	AL(At least 18 yrs old)
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>Iodine Antiseptics</b>		

Drug Name	Drug Tier	Requirement s/Limits
FIRST AID ANTISEPTIC OINTMENT OINT	P	
<i>povidone-iodine soln 10 %</i>	P	
<i>povidone-iodine oint</i>	P	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate tabs</i>	P	
<i>abacavir sulfate soln</i>	P	
<i>abacavir sulfate-lamivudine 600 MG-300 MG</i>	P	SP
<i>abacavir sulfate-lamivudine-zidovudine 300 MG-300 MG-150 MG</i>	NP	
APRETUDE	P	
APTIVUS CAPS	NP	
APTIVUS SOLN	NP	
<i>atazanavir sulfate caps</i>	P	
ATRIPLA 300 MG-200 MG-600 MG ( <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	NP	
BIKTARVY 25 MG-200 MG-50 MG	P	
CIMDUO 300 MG-300 MG	P	
COMBIVIR 150 MG-300 MG ( <i>lamivudine-zidovudine</i> )	NP	
COMPLERA 25 MG-200 MG-300 MG	NP	
CRIXIVAN 200 MG, 400 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO 100 MG-300 MG-300 MG	P	
DESCOVY 25 MG-200 MG	P	
<i>didanosine cpdr 250 MG, 400 MG</i>	NP	
DOVATO 50 MG-300 MG	P	
EDURANT	P	
<i>efavirenz caps</i>	P	
<i>efavirenz tabs</i>	P	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG-600 MG</i>	P	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	NP	
<i>emtricitabine caps</i>	NP	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	P	
EMTRIVA SOLN	P	
EMTRIVA CAPS ( <i>emtricitabine</i> )	P	
EPIVIR TABS ( <i>lamivudine</i> )	NP	
EPIVIR SOLN ( <i>lamivudine</i> )	NP	
EPZICOM 600 MG-300 MG ( <i>abacavir sulfate-lamivudine</i> )	NP	
<i>etravirine</i>	P	
EVOTAZ 150 MG-300 MG	P	
<i>fosamprenavir calcium tabs</i>	NP	
FUZEON SOLR	NP	SP

Drug Name	Drug Tier	Requirements/Limits
GENVOYA 150 MG-200 MG-150 MG-10 MG	P	
INTELENCE ( <i>etravirine</i> )	NP	
INTELENCE	NP	
INVIRASE TABS	NP	
ISENTRESS CHEW	P	
ISENTRESS PACK	P	
ISENTRESS TABS	P	
ISENTRESS HD TABS	NP	
JULUCA 50 MG-25 MG	NP	
KALETRA SOLN 400 MG/5ML-100 MG/5ML ( <i>lopinavir-ritonavir</i> )	NP	
KALETRA TABS ( <i>lopinavir-ritonavir</i> )	NP	
<i>lamivudine tabs</i>	P	
<i>lamivudine soln</i>	P	
<i>lamivudine-zidovudine 150 MG-300 MG</i>	P	
LEXIVA TABS ( <i>fosamprenavir calcium</i> )	NP	
LEXIVA SUSP	NP	
<i>lopinavir-ritonavir tabs</i>	P	
<i>lopinavir-ritonavir soln 400 MG/5ML-100 MG/5ML</i>	P	
<i>maraviroc tabs</i>	NP	
<i>nevirapine tabs</i>	NP	
<i>nevirapine susp</i>	NP	
<i>nevirapine tb24</i>	NP	
NORVIR TABS ( <i>ritonavir</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
NORVIR SOLN	P	
NORVIR PACK	P	
ODEFSEY 25 MG-200 MG-25 MG	P	
PIFELTRO	NP	
PREZCOBIX 800 MG-150 MG	P	
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P	
PREZISTA SUSP	P	
RETROVIR SYRP ( <i>zidovudine</i> )	NP	
RETROVIR CAPS ( <i>zidovudine</i> )	NP	
RETROVIR IV INFUSION SOLN	P	
REYATAZ PACK	P	
REYATAZ CAPS ( <i>atazanavir sulfate</i> )	NP	
<i>ritonavir tabs</i>	P	
SELZENTRY TABS ( <i>maraviroc</i> )	NP	
SELZENTRY SOLN	NP	
SELZENTRY TABS	NP	
<i>stavudine caps</i>	NP	
STRIBILD 150 MG-200 MG-300 MG-150 MG	NP	
SUSTIVA CAPS ( <i>efavirenz</i> )	NP	
SUSTIVA TABS ( <i>efavirenz</i> )	NP	
SYMFI 300 MG-300 MG-600 MG ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	P	

Drug Name	Drug Tier	Requirements/Limits
SYMFI LO 300 MG-300 MG-400 MG ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	P	
SYMTUZA 800 MG-200 MG-10 MG-150 MG	NP	
TEMIXYS 300 MG-300 MG	NP	
<i>tenofovir disoproxil fumarate tabs</i>	P	
TIVICAY TABS	P	
TRIUMEQ TABS 50 MG-300 MG-600 MG	P	
TRIZIVIR 300 MG-300 MG-150 MG	NP	
TROGARZO	P	SP
TRUVADA ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	NP	
TYBOST	P	
VIRACEPT TABS	NP	
VIRAMUNE SUSP ( <i>nevirapine</i> )	NP	
VIRAMUNE XR TB24 ( <i>nevirapine</i> )	NP	
VIREAD TABS ( <i>tenofovir disoproxil fumarate</i> )	NP	
VIREAD TABS	P	
VIREAD POWD	P	
ZIAGEN TABS ( <i>abacavir sulfate</i> )	NP	
ZIAGEN SOLN ( <i>abacavir sulfate</i> )	NP	
<i>zidovudine caps</i>	P	
<i>zidovudine tabs</i>	P	



Drug Name	Drug Tier	Requirement s/Limits
<i>zidovudine syrp</i>	P	
<b>CMV Agents</b>		
PREVYMIS TABS	NP	SP
VALCYTE TABS ( <i>valganciclovir hcl</i> )	NP	
VALCYTE SOLR ( <i>valganciclovir hcl</i> )	NP	AL(Up to 10 yrs old)
<i>valganciclovir hcl tabs</i>	P	
<i>valganciclovir hcl solr</i>	P	AL(Up to 10 yrs old)
<b>Hepatitis Agents</b>		
EPCLUSA TABS 400 MG-100 MG	NP	SP;PA
HARVONI TABS	NP	SP;PA
HARVONI TABS	NP	SP;PA
LEDIPASVIR/SOFOSBU VIR TABS 400 MG-90 MG	NP	SP;PA
MAVYRET PACK 50 MG-20 MG	P	SP;PA
MAVYRET TABS 100 MG-40 MG	P	SP;PA
PEGASYS SOSY	NP	SP;PA
PEGASYS SOLN	NP	SP;PA
PEGINTRON 50 MCG/0.5ML	NP	SP;PA
<i>ribavirin (hepatitis c) caps</i>	P	SP;PA
<i>ribavirin (hepatitis c) tabs 200 MG</i>	P	SP;PA
SOFOSBUVIR/VELPAT ASVIR TABS 400 MG-100 MG	P	SP;PA
SOVALDI TABS	NP	SP;PA
VIEKIRA PAK TBPK 12.5 MG-50 MG-250 MG-75 MG	NP	SP;PA
VOSEVI 400 MG-100 MG-100 MG	NP	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
ZEPATIER 50 MG-100 MG	NP	SP;PA
<b>Herpes Agents</b>		
<i>acyclovir caps</i>	P	
<i>acyclovir susp</i>	P	AL(Up to 10 yrs old)
<i>acyclovir tabs or famciclovir</i>	P	
SITAVIG TABS BU	NP	
<i>valacyclovir hcl</i>	P	
VALTREX ( <i>valacyclovir hcl</i> )	NP	
ZOVIRAX SUSP ( <i>acyclovir</i> )	NP	AL(Up to 10 yrs old)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate susr</i>	P	1 rtl MAX fill,180 rtl day(s) supply;AL(Up to 10 yrs old)
<i>oseltamivir phosphate caps</i>	P	1 rtl MAX fill,180 rtl day(s) supply
RELENZA DISKHALER	P	1 rtl MAX fill,180 rtl day(s) supply
<i>rimantadine hydrochloride tabs</i>	NP	
TAMIFLU SUSR ( <i>oseltamivir phosphate</i> )	NP	1 rtl MAX fill,180 rtl day(s) supply;AL(Up to 10 yrs old)
TAMIFLU CAPS ( <i>oseltamivir phosphate</i> )	NP	1 rtl MAX fill,180 rtl day(s) supply
XOFLUZA 20 MG, 40 MG	NP	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol</i>	P	
<i>carvedilol phosphate</i>	NP	

Drug Name	Drug Tier	Requirement s/Limits
COREG ( <i>carvedilol</i> )	NP	
COREG CR ( <i>carvedilol phosphate</i> )	NP	
<i>labetalol hcl tabs</i>	P	
<i>labetalol hcl tabs</i>	NP	
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl caps</i>	NP	
<i>atenolol tabs</i>	P	
<i>betaxolol hcl</i>	NP	
<i>bisoprolol fumarate</i>	P	
BYSTOLIC ( <i>nebivolol hcl</i> )	NP	
KAPSPARGO SPRINKLE CS24	NP	
LOPRESSOR TABS ( <i>metoprolol tartrate</i> )	NP	
<i>metoprolol succinate tb24</i>	P	
<i>metoprolol tartrate tabs</i>	P	
<i>nebivolol hcl</i>	P	
TENORMIN TABS ( <i>atenolol</i> )	NP	
TOPROL XL TB24 ( <i>metoprolol succinate</i> )	NP	
<b>Beta Blockers Non-Selective</b>		
BETAPACE TABS 80 MG, 120 MG, 160 MG ( <i>sotalol hcl</i> )	NP	
BETAPACE AF ( <i>sotalol hcl (afib/afl)</i> )	NP	
CORGARD TABS 20 MG, 40 MG, 80 MG ( <i>nadolol</i> )	NP	
HEMANGEOL SOLN OR	NP	SP
INDERAL LA CP24 ( <i>propranolol hcl</i> )	NP	

Drug Name	Drug Tier	Requirement s/Limits
INDERAL XL	NP	
INNOPRAN XL	NP	
<i>nadolol tabs 20 MG, 40 MG, 80 MG</i>	NP	
<i>nadolol tabs 20 MG, 40 MG, 80 MG</i>	P	
<i>pindolol tabs</i>	NP	
<i>propranolol hcl tabs</i>	P	
<i>propranolol hcl cp24</i>	P	
<i>propranolol hcl soln or 20 MG/5ML, 40 MG/5ML</i>	P	
<i>sotalol hcl tabs</i>	P	
<i>sotalol hcl (afib/afl)</i>	P	
SOTYLIZE SOLN OR	NP	
<i>timolol maleate tabs</i>	NP	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate tabs</i>	P	
CALAN SR TBCR ( <i>verapamil hcl</i> )	NP	
CARDIZEM TABS 30 MG, 60 MG, 120 MG ( <i>diltiazem hcl</i> )	NP	
CARDIZEM CD CP24 ( <i>diltiazem hcl coated beads</i> )	NP	
CARDIZEM LA TB24 ( <i>diltiazem hcl coated beads</i> )	NP	
CARDIZEM LA TB24	NP	
<i>diltiazem hcl cp24</i>	P	
<i>diltiazem hcl cp12</i>	P	
<i>diltiazem hcl tabs</i>	P	
DILTIAZEM HCL SOLR	P	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads tb24</i>	NP	
<i>diltiazem hcl coated beads cp24</i>	P	
<i>diltiazem hcl extended release beads</i>	P	
<i>felodipine</i>	P	
<i>isradipine caps</i>	NP	
KATERZIA	NP	
<i>nicardipine hcl caps</i>	NP	
<i>nicardipine hcl soln</i>	P	
<i>nifedipine caps</i>	P	
<i>nifedipine tb24</i>	P	
<i>nimodipine caps</i>	P	
<i>nisoldipine</i>	NP	
NORVASC TABS ( <i>amlodipine besylate</i> )	NP	
NYMALIZE SOLN 6 MG/ML	P	
PROCARDIA CAPS ( <i>nifedipine</i> )	NP	
PROCARDIA XL TB24 ( <i>nifedipine</i> )	NP	
SULAR ( <i>nisoldipine</i> )	NP	
TIAZAC ( <i>diltiazem hcl extended release beads</i> )	NP	
<i>verapamil hcl cp24</i>	NP	
<i>verapamil hcl tabs</i>	P	
<i>verapamil hcl tbc</i>	P	
VERELAN CP24 ( <i>verapamil hcl</i> )	NP	
VERELAN PM CP24 ( <i>verapamil hcl</i> )	NP	
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin soln or .05 MG/ML</i>	P	
<i>digoxin tabs .125 MG, .25 MG, 125 MCG, 250 MCG</i>	P	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate- atorvastatin calcium</i>	NP	
BIDIL 37.5 MG-20 MG ( <i>isosorbide dinitrate- hydralazine hcl</i> )	NP	
CADUET ( <i>amlodipine besylate-atorvastatin calcium</i> )	NP	
ENTRESTO	P	
<i>isosorbide dinitrate- hydralazine hcl 37.5 MG-20 MG</i>	NP	
<b>Peripheral Vasodilators</b>		
<i>inositol niacinate caps</i>	P	
<b>Prostaglandin Vasodilators</b>		
ORENITRAM	NP	SP
TYVASO SOLN IN	NP	SP;PA
TYVASO REFILL SOLN IN	NP	SP;PA
TYVASO STARTER SOLN IN	NP	SP;PA
VENTAVIS	P	SP;PA
<b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>		
<i>ambrisentan</i>	P	SP;PA
<i>bosentan tabs</i>	P	SP;PA
LETAIRIS ( <i>ambrisentan</i> )	NP	SP;PA
OPSUMIT	NP	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
TRACLEER TABS (bosentan)	NP	SP;PA
TRACLEER TBSO	NP	SP;PA
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>		
ADCIRCA TABS (tadalafil (pulmonary hypertension))	NP	SP;PA
REVATIO SUSR (sildenafil citrate (pulmonary hypertension))	NP	SP;PA
REVATIO TABS (sildenafil citrate (pulmonary hypertension))	NP	SP;PA
sildenafil citrate (pulmonary hypertension) tabs	P	SP;PA
sildenafil citrate (pulmonary hypertension) susr	P	SP;PA
tadalafil (pulmonary hypertension) tabs	NP	SP;PA
tadalafil (pulmonary hypertension) tabs	P	SP;PA
<b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>		
UPTRAVI TABS	NP	SP;PA
UPTRAVI TITRATION PACK TBPK	NP	SP;PA
<b>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator</b>		
ADEMPAS	NP	SP;PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
cefadroxil tabs	NP	
cefadroxil caps	NP	

Drug Name	Drug Tier	Requirement s/Limits
cefadroxil susr	NP	
cefazolin sodium solr ij 1 GM, 10 GM, 500 MG	P	
cephalexin susr	P	
cephalexin caps	P	
cephalexin tabs	NP	
KEFLEX CAPS (cephalexin)	NP	
<b>Cephalosporins - 2nd Generation</b>		
cefaclor caps	P	
cefaclor susr 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	NP	
CEFACLOR ER TB12	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	
<b>Cephalosporins - 3rd Generation</b>		
cefdinir caps	P	
cefdinir susr	P	
cefixime susr	NP	
cefixime caps	NP	
cefpodoxime proxetil tabs	NP	
cefpodoxime proxetil susr	NP	
ceftazidime ij 1 GM, 6 GM	P	
ceftriaxone sodium ij 1 GM, 2 GM, 250 MG, 500 MG	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>ceftriaxone sodium in dextrose</i>	P	
SUPRAX SUSR ( <i>cefixime</i> )	NP	
SUPRAX CAPS ( <i>cefixime</i> )	NP	
SUPRAX SUSR	NP	
SUPRAX CHEW	NP	
<b>Cephalosporins - 4th Generation</b>		
CEFEPIME SOLN	P	
<i>cefepime hcl solr ij</i>	P	
<b>CHEMICALS</b>		
<b>Bulk Chemicals - T's</b>		
TRIACETIN	NP	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BALCOLTRA 36.5 MG-20 MCG-0.1 MG	NP	
BEYAZ 0.451 MG-0.02 MG-3 MG ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	NP	
<i>desogestrel &amp; ethinyl estradiol</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	NP	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	
<i>drospirenone-ethinyl estradiol</i>	P	
<i>drospirenone-ethinyl estradiol</i>	NP	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	NP	

Drug Name	Drug Tier	Requirement s/Limits
ESTROSTEP FE 75 MG-1 MG ( <i>norethindrone acetate-ethinyl estradiol-fe</i> )	NP	
<i>ethynodiol diacet &amp; eth estrad</i>	P	
GENERESS FE 75 MG-25 MCG-0.8 MG ( <i>norethindrone &amp; ethinyl estradiol-fe</i> )	NP	
<i>levonorgestrel &amp; eth estradiol tabs</i>	P	
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.15 MG-0.03 MG</i>	NP	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.15 MG-0.03 MG</i>	P	
<i>levonorgestrel-ethinyl estradiol (continuous) 90 MCG-20 MCG</i>	NP	
LO LOESTRIN FE TABS 75 MG-1 MG-10 MCG	NP	
LOSEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	NP	
MINASTRIN 24 FE CHEW 75 MG-1 MG-20 MCG ( <i>norethin acet &amp; estrad-fe</i> )	NP	
MIRCETTE 0 ( <i>desogestrel-ethinyl estradiol (biphasic)</i> )	NP	
NATAZIA	P	
<i>norethin acet &amp; estrad-fe caps 75 MG-1 MG-20 MCG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>norethin acet &amp; estrad-fe tabs 75 MG-1 MG-20 MCG, 75 MG-1.5 MG-30 MCG</i>	NP	
<i>norethin acet &amp; estrad-fe caps 75 MG-1 MG-20 MCG</i>	NP	
<i>norethin acet &amp; estrad-fe chew 75 MG-1 MG-20 MCG</i>	P	
<i>norethin acet &amp; estrad-fe tabs 75 MG-1 MG-20 MCG, 75 MG-1.5 MG-30 MCG</i>	P	
<i>norethin acet &amp; estrad-fe chew 75 MG-1 MG-20 MCG</i>	NP	
<i>norethindrone &amp; eth estradiol</i>	P	
<i>norethindrone &amp; ethinyl estradiol-fe</i>	P	
<i>norethindrone &amp; ethinyl estradiol-fe</i>	NP	
<i>norethindrone acet &amp; eth estra</i>	NP	
<i>norethindrone acet &amp; eth estra</i>	P	
<i>norethindrone acetate-ethinyl estradiol-fe 75 MG-1 MG</i>	P	
<i>norethindrone acetate-ethinyl estradiol-fe 75 MG-1 MG</i>	NP	
<i>norethindrone-eth estradiol (triphasic) 0</i>	P	
<i>norgestimate-ethinyl estradiol 0.25 MG-35 MCG</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic) 0</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol (triphasic) 0</i>	NP	
<i>norgestrel &amp; ethinyl estradiol 0.3 MG-30 MCG</i>	P	
QUARTETTE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	NP	
SAFYRAL 0.451 MG-0.03 MG-3 MG <i>(drospirenone-ethinyl estradiol-levomefolate calcium)</i>	NP	
SEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	NP	
TAYTULLA CAPS 75 MG-1 MG-20 MCG <i>(norethin acet &amp; estrad-fe)</i>	NP	
YASMIN 28 3 MG-0.03 MG <i>(drospirenone-ethinyl estradiol)</i>	NP	
YAZ 3 MG-0.02 MG <i>(drospirenone-ethinyl estradiol)</i>	NP	
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-ethinyl estradiol 150 MCG/24HR-35 MCG/24HR</i>	P	
<i>norelgestromin-ethinyl estradiol 150 MCG/24HR-35 MCG/24HR</i>	NP	
<b>Combination Contraceptives - Vaginal</b>		
ANNOVERA 0.15 MG/24HR-0.013 MG/24HR	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol 0.12 MG/24HR-0.015 MG/24HR</i>	NP	
NUVARING 0.12 MG/24HR-0.015 MG/24HR ( <i>etonogestrel-ethinyl estradiol</i> )	P	
NUVARING 0.12 MG/24HR-0.015 MG/24HR ( <i>etonogestrel-ethinyl estradiol</i> )	NP	
<b>Copper Contraceptives - IUD</b>		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A 0	P	SP
<b>Emergency Contraceptives</b>		
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	
<b>Progestin Contraceptives - Implants</b>		
NEXPLANON	P	SP
<b>Progestin Contraceptives - Injectable</b>		
DEPO-PROVERA CONTRACEPTIVE SUSP IM ( <i>medroxyprogesterone acetate (contraceptive)</i> )	NP	
DEPO-PROVERA CONTRACEPTIVE SUSY IM ( <i>medroxyprogesterone acetate (contraceptive)</i> )	NP	
DEPO-SUBQ PROVERA 104 SUSY SC	P	

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate (contraceptive) susp im</i>	P	
<i>medroxyprogesterone acetate (contraceptive) susy im</i>	P	
<b>Progestin Contraceptives - IUD</b>		
KYLEENA	P	SP
LILETTA	P	SP
MIRENA	P	SP
SKYLA	P	SP
<b>Progestin Contraceptives - Oral</b>		
<i>norethindrone (contraceptive)</i>	P	
<i>norethindrone (contraceptive)</i>	NP	
ORTHO MICRONOR ( <i>norethindrone (contraceptive)</i> )	NP	
SLYND	P	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<i>budesonide cpep</i>	NP	
<i>budesonide cpep</i>	P	
<i>budesonide tb24</i>	NP	
CORTEF TABS ( <i>hydrocortisone</i> )	NP	
DEPO-MEDROL SUSP	P	
<i>dexamethasone tbpk</i>	NP	
<i>dexamethasone tabs</i>	P	
<i>dexamethasone soln</i>	P	
<i>dexamethasone elix</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>dexamethasone tabs .5 MG, .75 MG, 4 MG, 6 MG</i>	NP	
DEXAMETHASONE INTENSOL CONC	P	
EMFLAZA SUSP	NP	SP
ENTOCORT EC CPEP ( <i>budesonide</i> )	NP	
<i>hydrocortisone tabs</i>	P	
MEDROL TABS	NP	
MEDROL TABS ( <i>methylprednisolone</i> )	NP	
MEDROL DOSEPAK TBPK ( <i>methylprednisolone</i> )	NP	
<i>methylprednisolone tabs 4 MG</i>	P	
<i>methylprednisolone tbpk</i>	P	
<i>methylprednisolone tabs</i>	NP	
<i>methylprednisolone acetate susp</i>	P	
METHYLPREDNISOLONE ACETATE SUSP	P	
<i>methylprednisolone sod succ 2 GM, 40 MG, 500 MG, 1000 MG</i>	P	
MILLIPRED TABS	NP	
PEDIAPRED SOLN ( <i>prednisolone sodium phosphate</i> )	NP	
<i>prednisolone soln</i>	P	
<i>prednisolone sodium phosphate tbdp</i>	NP	
<i>prednisolone sodium phosphate soln</i>	P	
<i>prednisone soln</i>	P	
<i>prednisone tabs</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>prednisone tbpk</i>	P	
PREDNISONE INTENSOL CONC	NP	
RAYOS TBEC	NP	
SOLU-MEDROL	P	
UCERIS TB24 ( <i>budesonide</i> )	NP	
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate tabs</i>	P	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
<i>benzonatate 100 MG</i>	NP	
<i>benzonatate</i>	P	
<i>dextromethorphan hbr syrup 15 MG/5ML</i>	NP	
<i>dextromethorphan hbr caps</i>	NP	
<i>dextromethorphan polistirex lqcr</i>	NP	
<i>dextromethorphan polistirex suer</i>	NP	
HYCODAN TABS 5 MG-1.5 MG ( <i>hydrocodone bitartrate-homatropine methylbromide</i> )	NP	QL(8 ea daily)
HYCODAN SOLN 5 MG/5ML-1.5 MG/5ML ( <i>hydrocodone bitartrate-homatropine methylbromide</i> )	NP	QL(8 ml daily)
<i>hydrocodone bitartrate-homatropine methylbromide tabs 5 MG-1.5 MG</i>	NP	QL(8 ea daily)



Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate-homatropine methylbromide soln 5 MG/5ML-1.5 MG/5ML</i>	P	QL(8 ml daily)
TESSALON PERLES (benzonatate)	NP	
<b>Cough/Cold/Allergy Combinations</b>		
ALAHIST CF TABS 2 MG-10 MG-20 MG	NP	
ALAHIST DM LIQD 2 MG/5ML-7.5 MG/5ML-15 MG/5ML	NP	
ALL DAY SINUS & COLD-D 220 MG-120 MG	NP	
AQUANAZ TABS 15 MG-10 MG-400 MG	NP	
<i>brompheniramine &amp; phenyleph elix 1 MG/5ML-2.5 MG/5ML</i>	NP	
<i>brompheniramine &amp; pseudoeph liqd 1 MG/5ML-15 MG/5ML</i>	NP	
CAPCOF SYRP 2 MG/5ML-10 MG/5ML-5 MG/5ML	NP	
CAPMIST DM TABS	NP	
CAPRON DM LIQD 7.5 MG/5ML-7.5 MG/5ML	NP	
CAPRON DMT TABS 30 MG-30 MG	NP	
<i>cetirizine-pseudoephedrine 5 MG-120 MG</i>	NP	
CHLO HIST 1 MG/5ML-12.5 MG/5ML	NP	
CHLO TUSS 1 MG/5ML-30 MG/5ML-12.5 MG/5ML	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpheniramine &amp; phenylephrine tabs 4 MG-10 MG</i>	NP	
<i>chlorpheniramine &amp; phenylephrine liqd 4 MG/5ML-10 MG/5ML</i>	NP	
<i>chlorpheniramine &amp; pseudoeph tabs 60 MG-4 MG</i>	NP	
<i>chlorpheniramine-dm tabs 30 MG-4 MG</i>	NP	
<i>chlorpheniramine-phenylephrine-acetaminophen misc 2 MG-5 MG-325 MG</i>	NP	
<i>chlorpheniramine-phenylephrine-acetaminophen tabs 2 MG-5 MG-325 MG, 2 MG-5 MG-500 MG</i>	NP	
<i>chlorpheniramine-phenylephrine-asa 7.8 MG-325 MG-2 MG</i>	NP	
CLARINEX-D 12 HOUR TB12 2.5 MG-120 MG	NP	
CONEX COLD/ALLERGY SOLN 1 MG/5ML-30 MG/5ML	NP	
CONEX COLD/ALLERGY TABS 2 MG-60 MG	NP	
CONTAC COLD/FLU DAY/NIGHT TABS 2 MG-5 MG-500 MG	NP	
CONTAC COLD/FLU MAXIMUM STRENGTH TABS 2 MG-5 MG-500 MG	NP	
DAYCLEAR ALLERGY RELIEF TABS 25 MG-50 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
DECONEX DMX TABS	NP	
DECONEX IR TABS 385 MG-10 MG	NP	
<i>dexbrompheniramine-phenylephrine tabs 2 MG-10 MG</i>	NP	
<i>dextromethorphan-acetaminophen-chlorpheniramine tabs</i>	NP	
<i>dextromethorphan-doxylamine-acetaminophen caps 6.25 MG-325 MG-15 MG</i>	NP	
<i>dextromethorphan-doxylamine-acetaminophen liqd</i>	NP	
<i>dextromethorphan-guaifenesin liqd 15 MG/5ML-200 MG/5ML, 20 MG/20ML-200 MG/20ML, 20 MG/20ML-400 MG/20ML, 5 MG/5ML-100 MG/5ML</i>	NP	
<i>dextromethorphan-guaifenesin tb12 30 MG-600 MG, 60 MG-1200 MG</i>	NP	
<i>dextromethorphan-guaifenesin caps 10 MG-200 MG</i>	NP	
<i>dextromethorphan-guaifenesin tabs 20 MG-400 MG</i>	NP	
<i>dextromethorphan-guaifenesin syrp 10 MG/5ML-100 MG/5ML</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-guaifenesin liqd 10 MG/5ML-100 MG/5ML, 10 MG/5ML-200 MG/5ML, 20 MG/10ML-200 MG/10ML, 20 MG/20ML-200 MG/20ML, 20 MG/20ML-400 MG/20ML, 5 MG/5ML-100 MG/5ML</i>	P	
<i>dextromethorphan-phenylephrine-acetaminophen pack</i>	NP	
<i>dextromethorphan-phenylephrine-acetaminophen tabs 10 MG-5 MG-325 MG</i>	NP	
<i>dextromethorphan-phenylephrine-acetaminophen liqd 10 MG/15ML-5 MG/15ML-325 MG/15ML</i>	NP	
<i>dextromethorphan-phenylephrine-acetaminophen caps 10 MG-5 MG-325 MG</i>	NP	
<i>diphenhydramine-phenylephrine-acetaminophen tabs 12.5 MG-5 MG-325 MG</i>	NP	
<i>diphenhydramine-phenylephrine-acetaminophen pack 25 MG-10 MG-650 MG</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>doxylamine-dm liqd 12.5 MG/30ML-30 MG/30ML, 6.25 MG/15ML-15 MG/15ML</i>	NP	
<i>doxylamine-phenylephrine 7.5 MG-10 MG</i>	NP	
DURAFLU TABS 60 MG-200 MG-325 MG-20 MG	NP	
ED A-HIST LIQD 4 MG/5ML-10 MG/5ML ( <i>chlorpheniramine &amp; phenylephrine</i> )	NP	
ED A-HIST DM TABS 10 MG-10 MG-4 MG	NP	
ED BRON GP LIQD 100 MG/5ML-5 MG/5ML	NP	
<i>fexofenadine-pseudoephedrine tb12 60 MG-120 MG</i>	NP	
<i>fexofenadine-pseudoephedrine tb24 180 MG-240 MG</i>	NP	
<i>guaifenesin-codeine syrp 100 MG/5ML-10 MG/5ML</i>	P	
<i>guaifenesin-codeine soln</i>	NP	
<i>guaifenesin-codeine liqd 100 MG/5ML-10 MG/5ML</i>	P	
<i>guaifenesin-codeine soln 100 MG/5ML-10 MG/5ML</i>	P	
HISTEX-AC 2.5 MG/5ML-10 MG/5ML-10 MG/5ML	NP	
HISTEX-DM SYRP 2.5 MG/5ML-10 MG/5ML-20 MG/5ML	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone polistirex-chlorpheniramine polistirex suer 10 MG/5ML-8 MG/5ML</i>	P	
LOHIST-D LIQD 30 MG/5ML-2 MG/5ML	NP	
LOHIST-DM SYRP 2 MG/5ML-5 MG/5ML-10 MG/5ML	NP	
<i>loratadine &amp; pseudoephedrine tb24 10 MG-240 MG</i>	NP	
<i>loratadine &amp; pseudoephedrine tb12 5 MG-120 MG</i>	NP	
MAR-COF CG EXPECTORANT LIQD 225 MG/5ML-7.5 MG/5ML ( <i>guaifenesin-codeine</i> )	NP	
M-CLEAR WC SOLN 100 MG/5ML-6.3 MG/5ML	NP	
M-END DMX 0.667 MG/5ML-10 MG/5ML-20 MG/5ML	NP	
M-END PE LIQD 1.33 MG/5ML-6.33 MG/5ML-3.33 MG/5ML	NP	
MUCINEX FAST-MAX COLD/FLU MAXIMUM STRENGTH LIQD 20 MG/20ML-10 MG/20ML-400 MG/20ML-650 MG/20ML ( <i>phenylephrine-dm-gg w/ apap</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
MUCINEX FAST-MAX COLD/FLU/SORE THROAT MAXIMUM STRENGTH CAPS 10 MG-5 MG-200 MG-325 MG <i>(phenylephrine-dm-gg w/ apap)</i>	NP	
MUCINEX FAST-MAX COLD/FLU MAXIMUM STRENGTH CAPS 10 MG-5 MG-200 MG-325 MG <i>(phenylephrine-dm-gg w/ apap)</i>	NP	
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH ARCTIC BURST LIQD 20 MG/20ML-10 MG/20ML-400 MG/20ML <i>(phenylephrine w/ dm-gg)</i>	NP	
MUCINEX FAST-MAY DAY/NIGHT COLD & FLU MAXIMUM STRENGTH CPPK 6.25 MG-5 MG-200 MG-325 MG-10 MG <i>(phenylephrine-doxylamine-dm-guaifenesin-apap)</i>	NP	
MUCINEX SINUS-MAX DAY/NIGHT MAXIMUM STRENGTH CPPK 6.25 MG-5 MG-200 MG-325 MG-10 MG <i>(phenylephrine-doxylamine-dm-guaifenesin-apap)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
MUCINEX SINUS-MAX PRESSURE/PAIN/COUGH MAXIMUM STRENGTH CAPS 10 MG-5 MG-200 MG-325 MG <i>(phenylephrine-dm-gg w/ apap)</i>	NP	
MUCUS RELIEF D TB12 120 MG-1200 MG	NP	
NASOPEN PE 50 MG/15ML-10 MG/15ML	NP	
NINJACOF LIQD 12.5 MG/5ML-12.5 MG/5ML	NP	
NINJACOF-XG LIQD 200 MG/5ML-8 MG/5ML	NP	
NIVANEX DMX TABS 15 MG-10 MG-380 MG	NP	
<i>phenylephrine w/ acetaminophen tabs</i>	NP	
<i>phenylephrine w/ dm-gg tabs</i>	NP	
<i>phenylephrine w/ dm-gg liqd 10 MG/5ML-5 MG/5ML-100 MG/5ML, 18 MG/15ML-10 MG/15ML-200 MG/15ML, 20 MG/10ML-10 MG/10ML-200 MG/10ML, 20 MG/20ML-10 MG/20ML-400 MG/20ML, 5 MG/5ML-2.5 MG/5ML-100 MG/5ML</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine w/ dm-gg syrp 10 MG/5ML-5 MG/5ML-100 MG/5ML</i>	NP	
<i>phenylephrine-acetaminophen-guaifenesin tabs 325 MG-5 MG-200 MG</i>	NP	
<i>phenylephrine-brompheniramine-dm liqd 1 MG/5ML-2.5 MG/5ML-5 MG/5ML, 2 MG/10ML-5 MG/10ML-10 MG/10ML</i>	NP	
<i>phenylephrine-chlorphen-dm liqd 15 MG/5ML-10 MG/5ML-4 MG/5ML</i>	NP	
<i>phenylephrine-chlorpheniramine-dm w/ apap misc 10 MG-5 MG-325 MG-2 MG</i>	NP	
<i>phenylephrine-dm-gg w/ apap liqd</i>	NP	
<i>phenylephrine-dm-gg w/ apap tabs 10 MG-5 MG-200 MG-325 MG</i>	NP	
<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen liqd 12.5 MG/30ML-10 MG/30ML-650 MG/30ML-20 MG/30ML</i>	NP	
<i>phenylephrine-guaifenesin tabs 385 MG-10 MG, 400 MG-10 MG</i>	NP	
POLY HIST FORTE	NP	

Drug Name	Drug Tier	Requirements/Limits
POLY-HIST DM 10 MG/5ML-5 MG/5ML-25 MG/5ML	NP	
POLY-HIST PD 6.25 MG/ML-6.25 MG/ML	NP	
POLY-TUSSIN AC LIQD	NP	
POLYTUSSIN DM LIQD 2 MG/5ML-7.5 MG/5ML-15 MG/5ML	NP	
POLYTUSSIN DM 1 MG/5ML-5 MG/5ML-10 MG/5ML	NP	
POLY-VENT DM TABS 60 MG-380 MG-20 MG	NP	
POLY-VENT IR TABS 60 MG-380 MG	NP	
<i>promethazine &amp; phenylephrine syrp 5 MG/5ML-6.25 MG/5ML</i>	NP	
<i>promethazine w/codeine soln 6.25 MG/5ML-10 MG/5ML</i>	P	
<i>promethazine w/codeine syrp 6.25 MG/5ML-10 MG/5ML</i>	P	
<i>promethazine-dm syrp 15 MG/5ML-6.25 MG/5ML</i>	P	
<i>promethazine-phenylephrine-codeine 5 MG/5ML-10 MG/5ML-6.25 MG/5ML</i>	NP	
<i>pseudoephed-bromphen-dm syrp 2 MG/5ML-10 MG/5ML-30 MG/5ML</i>	P	

Drug Name	Drug Tier	Requirements/Limits
PSEUDOEPHEDRINE HYDROCHLORIDE/ GUAIFENESIN TABS 60 MG-375 MG	NP	
<i>pseudoephedrine- guaifenesin tb12 120 MG-1200 MG, 60 MG-600 MG</i>	NP	
<i>pseudoephedrine- guaifenesin syrup 30 MG/5ML-100 MG/5ML</i>	P	
<i>pseudoephedrine- ibuprofen tabs 200 MG-30 MG</i>	NP	
<i>pseudoephedrine- naproxen sodium 220 MG-120 MG</i>	NP	
PX NITETIME MULTI- SYMPTOM CAPS 6.25 MG-325 MG-15 MG-30 MG	P	
RESCON TABS 2 MG-60 MG	NP	
RU-HIST D TABS 4 MG-10 MG	NP	
RYMED TABS 2 MG-10 MG	NP	
SCOT-TUSSIN DM LIQD 15 MG/5ML-2 MG/5ML	NP	
SCOT-TUSSIN SENIOR LIQD 15 MG/5ML-200 MG/5ML	NP	
SEMPREX-D 8 MG-60 MG	NP	
STAHIST AD TABS 25 MG-60 MG	NP	
<i>triprolidine &amp; pseudoephedrine tabs 2.5 MG-60 MG</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
TUSNEL TABS 60 MG-400 MG-30 MG	NP	
TUSNEL LIQD 30 MG/5ML-200 MG/5ML-15 MG/5ML	NP	
TUSNEL C SYRP 30 MG/5ML-10 MG/5ML-100 MG/5ML	NP	
TUSNEL PEDIATRIC LIQD 7.5 MG/ML-50 MG/ML	NP	
TUSNEL-DM PEDIATRIC LIQD	NP	
TUSSICAPS CP12 10 MG-8 MG	NP	
VANACOF 1 MG/5ML-30 MG/5ML-12.5 MG/5ML	NP	
VANACOF DM LIQD 18 MG/15ML-10 MG/15ML-200 MG/15ML ( <i>phenylephrine w/ dm-gg</i> )	NP	
VANATAB DM TABS 9 MG-5 MG-198 MG	NP	
WESTUSSIN DM 1 MG/5ML-5 MG/5ML-10 MG/5ML	NP	
Z-TUSS AC LIQD 2 MG/5ML-9 MG/5ML	NP	
<b>Expectorants</b>		
<i>guaifenesin tabs</i>	NP	
<i>guaifenesin tb12 1200 MG</i>	NP	
<i>guaifenesin tb12</i>	P	
<i>guaifenesin syrup</i>	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>guaifenesin liqd 100 MG/5ML, 200 MG/10ML, 300 MG/15ML</i>	P	
<b>Misc. Respiratory Inhalants</b>		
<i>camphor (inhalant)</i>	P	
CVS HOT STEAM LIQD 6.2 %	P	
<i>sodium chloride (inhalant) nebu .9 %, 3 %</i>	P	
<b>Mucolytics</b>		
<i>acetylcysteine soln 10 %</i>	P	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
ACANYA GEL 1.2 %-2.5 % ( <i>clindamycin phosphate-benzoyl peroxide</i> )	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 ( <i>dapsone (topical)</i> )	NP	AL(Up to 20 yrs old)
<i>adapalene gel</i>	NP	AL(Up to 20 yrs old)
<i>adapalene crea</i>	NP	AL(Up to 20 yrs old)
<i>adapalene-benzoyl peroxide gel</i>	P	AL(Up to 20 yrs old)
AKLIEF	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	P	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
ATRALIN GEL ( <i>tretinoin</i> )	NP	AL(Up to 20 yrs old)
BENZAACLIN GEL 1 %-5 % ( <i>clindamycin phosphate-benzoyl peroxide</i> )	NP	AL(Up to 20 yrs old)
BENZAACLIN WITH PUMP GEL 1 %-5 % ( <i>clindamycin phosphate-benzoyl peroxide</i> )	NP	AL(Up to 20 yrs old)
BENZAMYCIN GEL 3 %-5 % ( <i>benzoyl peroxide-erythromycin</i> )	NP	AL(Up to 20 yrs old)
<i>benzoyl peroxide misc 6 %</i>	NP	AL(Up to 20 yrs old);RX/OTC
<i>benzoyl peroxide gel 2.5 %, 4 %, 5 %, 8 %, 10 %</i>	NP	AL(Up to 20 yrs old)
<i>benzoyl peroxide liqd 5 %, 6 %, 10 %</i>	P	AL(Up to 20 yrs old)
<i>benzoyl peroxide gel 2.5 %, 5 %, 10 %</i>	P	AL(Up to 20 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	P	AL(Up to 20 yrs old)
<i>benzoyl peroxide-erythromycin gel 3 %-5 %</i>	NP	AL(Up to 20 yrs old)
BPO GEL	NP	AL(Up to 20 yrs old)
CLEOCIN-T LOTN ( <i>clindamycin phosphate (topical)</i> )	NP	AL(Up to 20 yrs old)
CLINDACIN ETZ 1 %	NP	AL(Up to 20 yrs old)
CLINDACIN PAC 1 %	NP	AL(Up to 20 yrs old)
CLINDAGEL GEL ( <i>clindamycin phosphate (topical)</i> )	NP	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>clindamycin phosphate (topical) foam</i>	NP	AL(Up to 20 yrs old)
<i>clindamycin phosphate (topical) soln</i>	P	AL(Up to 20 yrs old)
<i>clindamycin phosphate (topical) lotn</i>	P	AL(Up to 20 yrs old)
<i>clindamycin phosphate (topical) swab</i>	P	AL(Up to 20 yrs old)
<i>clindamycin phosphate (topical) gel</i>	NP	AL(Up to 20 yrs old)
<i>clindamycin phosphate (topical) swab</i>	NP	AL(Up to 20 yrs old)
<i>clindamycin phosphate-benzoyl peroxide gel</i>	NP	AL(Up to 20 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) 1.2 %-5 %</i>	P	AL(Up to 20 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) 1.2 %-5 %</i>	NP	AL(Up to 20 yrs old)
<i>clindamycin phosphate-tretinoin 1.2 %-0.025 %</i>	NP	AL(Up to 20 yrs old)
<i>dapsone (topical)</i>	NP	AL(Up to 20 yrs old)
DIFFERIN LOTN	NP	AL(Up to 20 yrs old)
DIFFERIN GEL ( <i>adapalene</i> )	NP	AL(Up to 20 yrs old);RX/OTC
DIFFERIN CREA ( <i>adapalene</i> )	NP	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
EPIDUO GEL 0.1 %-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	NP	AL(Up to 20 yrs old)
EPIDUO FORTE GEL 0.3 %-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	NP	AL(Up to 20 yrs old)
EPSOLAY CREA	NP	
ERYGEL GEL ( <i>erythromycin (acne aid)</i> )	NP	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) pads</i>	NP	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) gel</i>	P	AL(Up to 20 yrs old)
<i>erythromycin (acne aid) soln</i>	P	AL(Up to 20 yrs old)
EVOCLIN FOAM ( <i>clindamycin phosphate (topical)</i> )	NP	AL(Up to 20 yrs old)
FABIOR FOAM	NP	AL(Up to 20 yrs old)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	P	
KLARON ( <i>sulfacetamide sodium (acne)</i> )	NP	AL(Up to 20 yrs old)
NEUAC KIT 1.2 %-5 %	NP	AL(Up to 20 yrs old)
ONEXTON GEL 1.2 %-3.75 %	NP	AL(Up to 20 yrs old)
RETIN-A GEL ( <i>tretinoin</i> )	NP	AL(Up to 20 yrs old)
RETIN-A CREA ( <i>tretinoin</i> )	NP	AL(Up to 20 yrs old)
RETIN-A MICRO	NP	AL(Up to 20 yrs old)
RETIN-A MICRO ( <i>tretinoin microsphere</i> )	NP	AL(Up to 20 yrs old)



Drug Name	Drug Tier	Requirement s/Limits
RETIN-A MICRO PUMP ( <i>tretinoin microsphere</i> )	NP	AL(Up to 20 yrs old)
RETIN-A MICRO PUMP	NP	AL(Up to 20 yrs old)
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL 5 %-10 %-10 %	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium (acne)</i>	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd</i>	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur foam 5 %-10 %</i>	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur susp 4 %-8 %</i>	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur pads 4 %-10 %</i>	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur crea 2 %-10 %, 5 %-10 %</i>	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium w/ sulfur emul 1 %-10 %</i>	NP	AL(Up to 20 yrs old)
<i>sulfacetamide sodium-sulfur in urea vehicle emul</i>	NP	AL(Up to 20 yrs old)
SUMADAN KIT 4.5 %-9 %	NP	AL(Up to 20 yrs old)
SUMADAN WASH LIQD 4.5 %-9 % ( <i>sulfacetamide sodium w/ sulfur</i> )	NP	AL(Up to 20 yrs old)
SUMADAN XLT KIT 3 %-5 %-7.5 %-9 %-4.5 %	NP	AL(Up to 20 yrs old)
SUMAXIN PADS 4 %-10 % ( <i>sulfacetamide sodium w/ sulfur</i> )	NP	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
SUMAXIN CP KIT 4 %-10 %	NP	AL(Up to 20 yrs old)
SUMAXIN WASH LIQD 4 %-9 % ( <i>sulfacetamide sodium w/ sulfur</i> )	NP	AL(Up to 20 yrs old)
TAZAROTENE FOAM	NP	AL(Up to 20 yrs old)
<i>tretinoin gel .01 %, .025 %</i>	P	AL(Up to 20 yrs old)
<i>tretinoin crea .025 %, .05 %, .1 %</i>	NP	AL(Up to 20 yrs old)
<i>tretinoin gel .01 %, .025 %, .05 %</i>	NP	AL(Up to 20 yrs old)
<i>tretinoin crea .025 %, .05 %, .1 %</i>	P	AL(Up to 20 yrs old)
<i>tretinoin microsphere</i>	NP	AL(Up to 20 yrs old)
TWYNEO 0.1 %-3 %	P	AL(Up to 20 yrs old)
ZIANA 1.2 %-0.025 % ( <i>clindamycin phosphate-tretinoin</i> )	NP	AL(Up to 20 yrs old)
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN	NP	
<b>Antibiotics - Topical</b>		
<i>bacitracin (topical) oint</i>	P	
<i>bacitracin zinc oint</i>	P	
<i>bacitracin-polymyxin b oint 500 UNIT/GM-10000 UNIT/GM</i>	P	
CENTANY OINT	NP	
CENTANY AT KIT	NP	
<i>gentamicin sulfate (topical) crea</i>	NP	
<i>gentamicin sulfate (topical) oint</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>gentamicin sulfate (topical) crea</i>	P	
<i>mupirocin oint</i>	P	
<i>mupirocin calcium (topical)</i>	NP	
<i>neomycin-bacitracin-polymyxin oint 400 UNIT/GM-3.5 MG/GM-5000 UNIT/GM</i>	NP	
<i>neomycin-bacitracin-polymyxin oint 400 UNIT/GM-3.5 MG/GM-5000 UNIT/GM</i>	P	
<i>neomycin-bacitracin-polymyxin-pramoxine 500 UNIT/GM-10 MG/GM-3.5 MG/GM-10000 UNIT/GM</i>	NP	
<i>neomycin-polymyxin w/ pramoxine 10000 UNIT/GM-10 MG/GM-3.5 MG/GM</i>	NP	
NEO-SYNALAR 0.5 %-0.025 %	NP	
NEO-SYNALAR KIT 0.35 %-0.025 %	NP	
XEPI	NP	
<b>Antifungals - Topical</b>		
ALEVAZOL OINT	NP	
<i>butenafine hcl</i>	P	RX/OTC
<i>castellani paint</i>	NP	
<i>ciclopirox gel</i>	NP	
<i>ciclopirox soln</i>	P	
<i>ciclopirox soln</i>	NP	
<i>ciclopirox kit 8 %</i>	P	
<i>ciclopirox sham</i>	NP	

Drug Name	Drug Tier	Requirement s/Limits
<i>ciclopirox olamine susp</i>	NP	
<i>ciclopirox olamine crea</i>	P	
<i>clotrimazole (topical) crea</i>	P	RX/OTC
<i>clotrimazole (topical) soln</i>	NP	RX/OTC
<i>clotrimazole (topical) crea</i>	NP	RX/OTC
<i>clotrimazole w/ betamethasone crea 1 %-0.05 %</i>	P	
<i>clotrimazole w/ betamethasone lotn 1 %-0.05 %</i>	P	
DERMACINRX THERAZOLE PAK 1 %-20 %-0.05 %	NP	
<i>econazole nitrate crea</i>	NP	
<i>econazole nitrate crea</i>	P	
ERTACZO	NP	
EXELDERM CREA ( <i>sulconazole nitrate</i> )	NP	
EXELDERM SOLN ( <i>sulconazole nitrate</i> )	NP	
EXTINA FOAM ( <i>ketoconazole (topical)</i> )	NP	
FUNGI-NAIL TOE & FOOT OINT 20 %-5 %	P	
FUNGOID TINCTURE SOLN	NP	
HONGO CURA ANTI-FUNGAL OINT 20 %-5 %	P	
JUBLIA	NP	
KERYDIN ( <i>tavaborole</i> )	NP	
<i>ketoconazole (topical) sham 2 %</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole (topical) foam</i>	NP	
<i>ketoconazole (topical) crea</i>	P	
<i>ketoconazole (topical) sham 1 %</i>	NP	
KETODAN KIT 2 %	NP	
LOPROX CREA ( <i>ciclopirox olamine</i> )	NP	
LOPROX 0.77 %	NP	
LOPROX SUSP ( <i>ciclopirox olamine</i> )	NP	
LOPROX KIT	NP	
LOPROX SHAMPOO SHAM ( <i>ciclopirox</i> )	NP	
<i>luliconazole</i>	NP	
LUZU ( <i>luliconazole</i> )	NP	
MENTAX	NP	RX/OTC
<i>miconazole nitrate (topical) crea</i>	NP	
<i>miconazole nitrate (topical) aerp</i>	NP	
<i>miconazole nitrate (topical) powd ex</i>	NP	
<i>miconazole-zinc oxide-white petrolatum 0.25 %-15 %-81.35 %</i>	NP	
<i>naftifine hcl gel</i>	NP	
<i>naftifine hcl crea</i>	NP	
NAFTIN GEL	NP	
NAFTIN CREA ( <i>naftifine hcl</i> )	NP	
<i>nystatin (topical) crea</i>	P	
<i>nystatin (topical) powd ex</i>	P	
<i>nystatin (topical) crea</i>	NP	
<i>nystatin (topical) oint</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone oint 100000 UNIT/GM-0.1 %</i>	P	
<i>nystatin-triamcinolone crea 100000 UNIT/GM-1 MG/GM</i>	NP	
<i>oxiconazole nitrate crea</i>	NP	
OXISTAT CREA ( <i>oxiconazole nitrate</i> )	NP	
OXISTAT LOTN	NP	
<i>sulconazole nitrate crea</i>	NP	
<i>sulconazole nitrate soln</i>	NP	
<i>tavaborole</i>	NP	
<i>terbinafine hcl (topical) crea</i>	NP	
TINACTIN CREA ( <i>tolnaftate</i> )	NP	
<i>tolnaftate aero</i>	NP	
<i>tolnaftate powd ex</i>	NP	
<i>tolnaftate crea</i>	NP	
<i>tolnaftate aerp</i>	NP	
<i>tolnaftate soln</i>	NP	
<i>undecylenic acid-zinc undecylenate oint 20 %-5 %</i>	P	
VUSION 0.25 %-15 %-81.35 % ( <i>miconazole-zinc oxide-white petrolatum</i> )	NP	
<b>Anti-inflammatory Agents - Topical</b>		
DERMACINRX LEXITRAL PHARMAPAK II 1.5 %-0.025 % ( <i>diclofenac sodium-capsaicin (topical)</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (topical) gel ex</i>	P	RX/OTC
<i>diclofenac sodium (topical) gel ex</i>	NP	RX/OTC
<i>diclofenac sodium (topical) soln ex 2 %</i>	NP	
<i>diclofenac sodium (topical) soln ex 1.5 %</i>	P	
PENNSAID SOLN EX	NP	
VOLTAREN GEL EX ( <i>diclofenac sodium (topical)</i> )	NP	RX/OTC
<b>Antineoplastic or Premalignant Lesion Agents - Topical</b>		
<i>bexarotene (topical)</i>	P	SP
<i>diclofenac sodium (actinic keratoses) ex</i>	NP	
<i>fluorouracil (topical) crea</i>	P	
<i>fluorouracil (topical) soln</i>	P	
TOLAK CREA	P	
<b>Antipruritics - Topical</b>		
<i>camphor &amp; menthol lotn 0.5 %-0.5 %</i>	P	
<i>doxepin hcl (antipruritic)</i>	P	
<b>Antipsoriatics</b>		
<i>acitretin</i>	P	
<i>calcipotriene soln</i>	P	
<i>calcipotriene oint</i>	P	
<i>calcipotriene foam</i>	P	
<i>calcipotriene crea</i>	P	
<i>calcipotriene foam</i>	NP	
<i>calcitriol (topical)</i>	NP	
COSENTYX SOSY 75 MG/0.5ML	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY 150 MG/ML	NP	SP;PA
COSENTYX SENSOREADY PEN SOAJ	NP	SP;PA
DOVONEX CREA ( <i>calcipotriene</i> )	NP	
DRITHO-CREME HP CREA	P	
ILUMYA	NP	SP;PA
<i>methoxsalen rapid</i>	NP	
OXSORALEN ULTRA ( <i>methoxsalen rapid</i> )	NP	
SILIQ	NP	SP;PA
SKYRIZI PSKT	NP	SP;PA
SKYRIZI SOSY	P	SP;PA
SKYRIZI PEN SOAJ	P	SP;PA
SORIATANE 10 MG, 25 MG ( <i>acitretin</i> )	NP	
SORILUX FOAM	NP	
STELARA SOSY	NP	SP;PA
TALTZ SOAJ	P	SP;PA
TALTZ SOSY	P	SP;PA
<i>tazarotene crea</i>	NP	
<i>tazarotene gel .05 %</i>	NP	
TREMFYA SOPN	NP	SP;PA
TREMFYA SOSY	NP	SP;PA
VECTICAL ( <i>calcitriol (topical)</i> )	NP	
<b>Antiseborrheic Products</b>		
DERMAZINC CREAM CREA	P	RX/OTC
DERMAZINC SPRAY LIQD	P	
DERMAZINC ZINC THERAPY SOAP BAR	P	
NUTRASEB CREA	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PROMISEB CREA	P	RX/OTC
<i>pyrithione zinc bar</i>	P	
<i>pyrithione zinc sham</i>	P	
SEBEX 2 %-2 %	P	
<i>selenium sulfide sham 1 %</i>	P	
<i>selenium sulfide lotn</i>	P	
<i>sulfacetamide sodium gel</i>	NP	
<i>sulfacetamide sodium liqd</i>	NP	
<b>Antivirals - Topical</b>		
<i>acyclovir topical oint</i>	P	
<i>acyclovir topical crea</i>	NP	
DENAVIR ( <i>penciclovir</i> )	NP	
<i>docosanol</i>	P	
<i>penciclovir</i>	NP	
<i>penciclovir</i>	P	
XERESE 5 %-1 %	NP	
ZOVIRAX CREA ( <i>acyclovir topical</i> )	NP	
ZOVIRAX OINT ( <i>acyclovir topical</i> )	NP	
<b>Burn Products</b>		
<i>silver sulfadiazine</i>	P	
<b>Corticosteroids - Topical</b>		
<i>alclometasone dipropionate crea</i>	NP	
<i>alclometasone dipropionate oint</i>	NP	
<i>amcinonide lotn</i>	NP	
<i>amcinonide crea</i>	NP	
APEXICON E CREA	NP	
BESER 0.05 %	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate (topical) crea</i>	NP	
<i>betamethasone dipropionate (topical) oint</i>	NP	
<i>betamethasone dipropionate (topical) lotn</i>	NP	
<i>betamethasone dipropionate augmented crea</i>	NP	
<i>betamethasone dipropionate augmented gel .05 %</i>	NP	
<i>betamethasone dipropionate augmented lotn</i>	NP	
<i>betamethasone dipropionate augmented oint</i>	NP	
<i>betamethasone valerate crea</i>	NP	
<i>betamethasone valerate foam</i>	NP	
<i>betamethasone valerate lotn</i>	NP	
<i>betamethasone valerate oint</i>	NP	
BRYHALI LOTN	NP	
<i>calcipotriene-betamethasone dipropionate oint 0.005 %-0.064 %</i>	NP	
<i>calcipotriene-betamethasone dipropionate susp 0.005 %-0.064 %</i>	NP	
CAPEX SHAM	P	
<i>clobetasol propionate foam</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate crea .05 %</i>	NP	
<i>clobetasol propionate lotn</i>	NP	
<i>clobetasol propionate soln .05 %</i>	P	
<i>clobetasol propionate oint .05 %</i>	P	
<i>clobetasol propionate liqd</i>	NP	
<i>clobetasol propionate gel .05 %</i>	NP	
<i>clobetasol propionate sham</i>	NP	
<i>clobetasol propionate emollient base .05 %</i>	NP	
<i>clobetasol propionate emulsion</i>	NP	
CLOBEX LIQD ( <i>clobetasol propionate</i> )	NP	
CLOBEX LOTN .05 % ( <i>clobetasol propionate</i> )	NP	
CLOBEX SHAM ( <i>clobetasol propionate</i> )	NP	
<i>clocortolone pivalate</i>	NP	
CLODAN KIT	NP	
CLODERM ( <i>clocortolone pivalate</i> )	NP	
CUTIVATE LOTN ( <i>fluticasone propionate</i> )	NP	
DERMA-SMOOTHIE/FS BODY OIL ( <i>fluocinolone acetonide</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
DERMA-SMOOTHIE/FS SCALP OIL ( <i>fluocinolone acetonide</i> )	NP	
DESONATE GEL ( <i>desonide</i> )	NP	
<i>desonide oint</i>	NP	
<i>desonide lotn</i>	NP	
<i>desonide crea</i>	NP	
DESOWEN CREA ( <i>desonide</i> )	NP	
<i>desoximetasone gel</i>	NP	
<i>desoximetasone liqd</i>	NP	
<i>desoximetasone oint</i>	NP	
<i>desoximetasone crea</i>	NP	
<i>diflorasone diacetate oint</i>	NP	
<i>diflorasone diacetate crea</i>	NP	
DIPROLENE OINT ( <i>betamethasone dipropionate augmented</i> )	NP	
DUOBRII 0.045 %-0.01 %	NP	
ELLZIA PAK 5 %-0.1 %	NP	
ENSTILAR FOAM 0.005 %-0.064 %	NP	
EPIFOAM FOAM 1 %-1 %	P	
<i>fluocinolone acetonide soln</i>	P	
<i>fluocinolone acetonide oil</i>	P	
<i>fluocinolone acetonide soln</i>	NP	
<i>fluocinolone acetonide crea</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oint</i>	NP	
<i>fluocinolone acetonide oil</i>	NP	
<i>fluocinonide gel</i>	NP	
<i>fluocinonide soln</i>	NP	
<i>fluocinonide crea</i>	NP	
<i>fluocinonide oint</i>	P	
<i>fluocinonide emulsified base</i>	NP	
<i>flurandrenolide oint</i>	NP	
<i>flurandrenolide crea</i>	NP	
<i>flurandrenolide lotn</i>	NP	
<i>fluticasone propionate lotn</i>	NP	
<i>fluticasone propionate crea .05 %</i>	P	
<i>fluticasone propionate oint</i>	P	
<i>halcinonide crea</i>	NP	
<i>halobetasol propionate crea</i>	NP	
<i>halobetasol propionate oint</i>	NP	
HALOBETASOL PROPIONATE FOAM	NP	
HALOG OINT	NP	
HALOG CREA ( <i>halcinonide</i> )	NP	
<i>hydrocortisone (topical) crea 1 %</i>	NP	RX/OTC
<i>hydrocortisone (topical) oint 1 %, 2.5 %</i>	P	RX/OTC
<i>hydrocortisone (topical) crea</i>	P	RX/OTC
<i>hydrocortisone (topical) lotn 2.5 %</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone acetate (topical) oint</i>	P	
<i>hydrocortisone butyrate oint</i>	NP	
<i>hydrocortisone butyrate lotn</i>	NP	
<i>hydrocortisone butyrate crea</i>	NP	
<i>hydrocortisone butyrate soln</i>	NP	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP	
<i>hydrocortisone valerate oint</i>	NP	
<i>hydrocortisone valerate crea</i>	NP	
KENALOG AERS ( <i>triamcinolone acetonide (topical)</i> )	NP	
LEXETTE FOAM	NP	
LOCOID LOTN ( <i>hydrocortisone butyrate</i> )	NP	
LOCOID LIPOCREAM ( <i>hydrocortisone butyrate hydrophilic lipo base</i> )	NP	
LUXIQ FOAM ( <i>betamethasone valerate</i> )	NP	
<i>mometasone furoate oint</i>	P	
<i>mometasone furoate soln</i>	P	
<i>mometasone furoate crea</i>	P	
OLUX FOAM ( <i>clobetasol propionate</i> )	NP	
OLUX-E ( <i>clobetasol propionate emulsion</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
PANDEL	NP	
<i>prednicarbate oint</i>	NP	
<i>prednicarbate crea</i>	NP	
SERNIVO EMUL	NP	
SYNALAR OINT <i>(fluocinolone acetonide)</i>	NP	
SYNALAR CREA <i>(fluocinolone acetonide)</i>	NP	
SYNALAR SOLN <i>(fluocinolone acetonide)</i>	NP	
SYNALAR CREAM KIT	NP	
SYNALAR OINTMENT KIT	NP	
SYNALAR TS	NP	
TACLONEX OINT 0.005 %-0.064 % <i>(calcipotriene-betamethasone dipropionate)</i>	NP	
TACLONEX SUSP 0.005 %-0.064 % <i>(calcipotriene-betamethasone dipropionate)</i>	NP	
TEMOVATE CREA <i>(clobetasol propionate)</i>	NP	
TEMOVATE OINT <i>(clobetasol propionate)</i>	NP	
TEXACORT SOLN 2.5 %	NP	
TOPICORT GEL <i>(desoximetasone)</i>	NP	
TOPICORT OINT <i>(desoximetasone)</i>	NP	
TOPICORT LIQD <i>(desoximetasone)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
TOPICORT CREA <i>(desoximetasone)</i>	NP	
TOVET KIT 0.05 %	NP	
<i>triamcinolone acetonide (topical) oint</i>	P	
<i>triamcinolone acetonide (topical) aers</i>	NP	
<i>triamcinolone acetonide (topical) lotn</i>	P	
<i>triamcinolone acetonide (topical) crea</i>	P	
<i>triamcinolone acetonide (topical) oint .05 %</i>	NP	
ULTRAVATE LOTN	NP	
VANOS CREA <i>(fluocinonide)</i>	NP	
<b>Eczema Agents</b>		
DUPIXENT SOSY 100 MG/0.67ML	P	SP;PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	P	SP;PA
DUPIXENT SOPN 300 MG/2ML	P	SP;PA
DUPIXENT SOPN 200 MG/1.14ML	P	PA
<b>Emollients</b>		
<i>colloidal oatmeal pack 100 %</i>	P	
<i>glycerin (topical)</i>	P	
LACTIC ACID LOTN	P	
LACTIC ACID E 3500 UNIT/30GM-10 %	P	
<b>Immunomodulating Agents - Topical</b>		
ALDARA <i>(imiquimod)</i>	NP	



Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod</i>	NP	
<i>imiquimod</i>	P	
ZYCLARA ( <i>imiquimod</i> )	NP	
ZYCLARA PUMP ( <i>imiquimod</i> )	NP	
ZYCLARA PUMP	NP	
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL ( <i>pimecrolimus</i> )	P	QL(400 gm per 365 days retail);PA
<i>pimecrolimus</i>	NP	QL(400 gm per 365 days retail);PA
PROTOPIC OINT ( <i>tacrolimus (topical)</i> )	P	QL(400 gm per 365 days retail);PA
<i>tacrolimus (topical) oint</i>	P	QL(400 gm per 365 days retail);PA
<b>Keratolytic/Antimitotic Agents</b>		
BETASAL SHAM	P	
CONDYLOX GEL	P	
CVS PSORIASIS MEDICATED SHAMPOO PLUS CONDITIONER SHAM	P	
CVS THERAPEUTIC DANDRUFFMAXIMUM STRENGTH SHAM	P	
DENOREX EXTRA STRENGTH 2-IN-1 SHAM	P	
DENOREX EXTRA STRENGTH MEDICATED SHAM	P	
DERMAREST PSORIASIS MEDICATED SHAMPOO PLUS CONDITIONER SHAM	P	

Drug Name	Drug Tier	Requirements/Limits
DHS SAL SHAM	P	
DUOFILM SOLN	P	
NEUTROGENA T/SAL SHAM	P	
P & S SHAM	P	
PODOCON-25 SOLN	P	
<i>podofilox soln</i>	P	
<i>salicylic acid liqd 3 %, 17 %</i>	P	
<i>salicylic acid liqd 2 %</i>	NP	
SELSUN BLUE DEEP CLEANSING SHAM	P	
SELSUN BLUE NATURALS DRYSCALP SHAM	P	
THERAPEUTIC DANDRUFF SHAM	P	
THERAPEUTIC T+PLUS MAXIMUM STRENGTH SHAM	P	
<b>Liniments</b>		
<i>liniments &amp; rubs lotn</i>	P	
<i>trolamine salicylate crea</i>	P	
<b>Local Anesthetics - Topical</b>		
<i>benzocaine (topical) oint</i>	P	
<i>benzocaine-triclosan 0.13 %-20 %</i>	P	
BURN RELIEF/LIDOCAINE/AL OE 0.5 %	P	
<i>capsaicin crea .025 %</i>	P	
CVS AFTERSUN ALOE VERA COOLING GEL/LIDOCAINE GEL	P	
<i>dibucaine</i>	P	
ITCH-X GEL 1 %-10 %	P	

Drug Name	Drug Tier	Requirements/Limits
ITCH-X SOLN 1 %-10 %	P	
<i>lidocaine ptch 4 %, 5 %</i>	P	
<i>lidocaine oint</i>	P	
<i>lidocaine aero</i>	P	
<i>lidocaine crea 4 %</i>	P	
<i>lidocaine hcl crea 3 %, 4 %</i>	P	
<i>lidocaine hcl gel</i>	P	RX/OTC
<i>lidocaine hcl prsy</i>	P	
<i>lidocaine-benzalkonium liqd 0.13 %-2.5 %</i>	P	
<i>lidocaine-transparent dressing 4 %</i>	P	
LIDODERM PTCH ( <i>lidocaine</i> )	NP	
OUTGRO PAIN RELIEF LIQD	P	
<i>pramoxine hcl lotn</i>	P	
<i>pramoxine-calamine lotn 8 %-1 %</i>	P	
<i>pramoxine-menthol 1 %-1 %</i>	P	
<i>pramoxine-zinc acetate 1 %-0.1 %</i>	P	
ZILACAINE PATCH 5 %	NP	
ZTLIDO PTCH	NP	
<b>Misc. Dermatological Products</b>		
ALEVICYN ANTIPRURITIC GEL GEL	P	RX/OTC
ALEVICYN ANTIPRURITIC SG GEL	P	RX/OTC
HALUCORT GEL	P	RX/OTC
LEVICYN GEL 0.008 %	P	RX/OTC
NONYX GEL	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
OC8 GEL	P	RX/OTC
SEBUDERM GEL	P	RX/OTC
STRATA CTX GEL	P	RX/OTC
STRATA MARK GEL	P	RX/OTC
STRATA XRT GEL	P	RX/OTC
<b>Misc. Topical</b>		
<i>benzoin compound tinc</i>	P	RX/OTC
COLEMAN 100 MAX INSECT REPELLENT LIQD	P	
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	P	
COLEMAN INSECT REPELLENT/HIGH & DRY AERO	P	
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	P	
CUTTER AERO	P	
CUTTER ALL FAMILY AERO	P	
CUTTER ALL FAMILY LIQD	P	
CUTTER BACKWOODS AERO	P	
CUTTER BACKWOODS LIQD	P	
CUTTER BACKWOODS DRY AERO	P	
CUTTER DRY AERO	P	
CUTTER SKINSATIONS AERO	P	
CUTTER SKINSATIONS LIQD	P	
CUTTER SPORT AERO	P	

Drug Name	Drug Tier	Requirements/Limits
CVS INSECT REPELLENT AERO	P	
CVS TOTAL HOME INSECT REPELLENT AERO	P	
DERMACINRX CLORHEXACIN 4 %-5 %-2 %	NP	
DRYSOL SOLN	P	
MAXI DEET LIQD	P	
NATRAPEL LIQD	P	
NATRAPEL 12-HOUR TICK & INSECT REPELLENT CONTINUOUS SPRAY AERO	P	
OFF ACTIVE AERO	P	
OFF DEEP WOODS LIQD	P	
OFF DEEP WOODS AERO	P	
OFF DEEP WOODS DRY AERO	P	
OFF DEEP WOODS SPORTSMEN LIQD	P	
OFF DEEP WOODS SPORTSMEN AERO	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	

Drug Name	Drug Tier	Requirements/Limits
REPEL FAMILY AERO	P	
REPEL FAMILY DRY AERO	P	
REPEL HUNTERS FORMULA AERO	P	
REPEL SPORTSMEN AERO	P	
REPEL SPORTSMEN DRY AERO	P	
REPEL SPORTSMEN MAX LIQD	P	
REPEL SPORTSMEN MAX AERO	P	
REPEL TICK DEFENSE AERO	P	
SAWYER INSECT REPELLENT AERO	P	
SAWYER PREMIUM INSECT REPELLENT LIQD	P	
ULTRATHON INSECT REPELLENT 8 AERO	P	
<i>zinc oxide (topical) oint 20 %</i>	P	
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA	P	QL(400 gm per 365 days retail);ST
<b>Podiatric Products</b>		
AMLACTIN FOOT CREAM THERAPY CREA	P	
AMLACTIN FOOT REPAIR CREA 15 %	P	
ELON HERBAL FOOT CREAM CREA	P	
EUCERIN ADVANCED REPAIR LIGHT FEEL FOOT CREAM CREA	P	

Drug Name	Drug Tier	Requirements/Limits
GOLD BOND FOOT CREA	P	
PALMERS COCOA BUTTER FORMULA FOOT MAGIC SCRUB CREA	P	
UDDERLY SMOOTH FOOT CREA	P	
<b>Rosacea Agents</b>		
<i>metronidazole (topical) gel</i>	P	
<i>metronidazole (topical) lotn</i>	P	
<i>metronidazole (topical) crea</i>	P	
NORITATE CREA	P	
ROSDAN KIT	P	
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton lotn</i>	NP	
<i>ivermectin (pediculicide)</i>	NP	RX/OTC
<i>lindane sham</i>	NP	
<i>malathion</i>	NP	
NATROBA ( <i>spinosad</i> )	P	
OVIDE ( <i>malathion</i> )	NP	
<i>permethrin aero</i>	P	
<i>permethrin crea</i>	P	
<i>permethrin lotn</i>	P	
<i>permethrin liqd ex</i>	P	
<i>pyrethrins-piperonyl butoxide sham 0.33 %-4 %, 0.33 %-4 %-0.3 %</i>	P	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 0.5 %-4 %-0.33 %</i>	P	

Drug Name	Drug Tier	Requirements/Limits
RID ESSENTIAL LICE ELIMINATION KIT KIT EX 0.33 %-4 %	NP	
SKLICE ( <i>ivermectin (pediculicide)</i> )	NP	RX/OTC
<i>spinosad</i>	NP	
VANALICE GEL 0.3 %-3.5 %	NP	
<b>Tar Products</b>		
BETA CARE BETATAR GEL SHAM	P	
<i>coal tar extract soln</i>	P	
<i>coal tar extract sham .5 %, 1 %, 2.5 %, 10 %</i>	P	
X-SEB T PEARL SHAM	P	
X-SEB T PLUS SHAM	P	
<b>Wound Care Products</b>		
ACTIMARIS WOUND GEL GEL 0.2 %-3 %	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
CARRASMART GEL	P	RX/OTC
CARRASYN HYDROGEL WOUND DRESSING GEL	P	RX/OTC
CARRASYN V HYDROGEL WOUND DRESSING GEL	P	RX/OTC
COLLATYL GEL	P	RX/OTC
CURAD GERM SHIELD GEL	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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
CVS SILVER GEL GEL	P	RX/OTC
DERMAGRAN HYDROGEL WOUND DRESSING GEL	P	RX/OTC
DERMAGRAN-B HYDROPHILIC WOUND DRESSING GEL	P	RX/OTC
DERMASYN GEL	P	RX/OTC
DERPIXA GEL	P	RX/OTC
DIAB GEL	P	RX/OTC
DIAB DAILY CARE GEL	P	RX/OTC
DIAB F.D.G. FREEZE-DRIED GEL	P	RX/OTC
EXCEL-GEL GEL	P	RX/OTC
HAPRODERM GEL	P	RX/OTC
HYDROGEL GEL	P	RX/OTC
HYDROGEL AG 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
MEDIHONEY WOUND/BURN DRESSING GEL	P	RX/OTC
NORMLGEL AG GEL	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
NU-GEL COLLAGEN WOUND DRESSING GEL	P	RX/OTC
PROTYL AG GEL 1 %	P	RX/OTC
RADIAGEL 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
SILVASORB GEL	P	RX/OTC
SILVERMED GEL	P	RX/OTC
SILVRSTAT WOUND DRESSING GEL	P	RX/OTC
SKINTEGRITY HYDROGEL GEL	P	RX/OTC
SOLOSITE GEL	P	RX/OTC
SOLOX GEL	P	RX/OTC
STIMULEN GEL	P	RX/OTC
STRATA GRT GEL	P	RX/OTC
TEGADERM HYDROGEL WOUND FILLER GEL	P	RX/OTC
TERAHONEY GEL	P	RX/OTC
VEXASYN GEL	P	RX/OTC
WOUND GEL GEL	P	RX/OTC
WOUND GEL SPRAY GEL	P	RX/OTC
ZANABIN ANTIPRURITIC HYDROGEL GEL	P	RX/OTC
ZENPHOR WOUND GEL GEL	P	RX/OTC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Tests</b>		

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK AVIVA PLUS STRP	NP	RX/OTC
ACCU-CHEK GUIDE STRP	NP	RX/OTC
ACCU-CHEK SMARTVIEW STRIPS STRP	NP	RX/OTC
ACCUTREND GLUCOSE STRP	NP	RX/OTC
ADVOCATE REDI-CODE STRP	NP	RX/OTC
ADVOCATE REDI-CODE+ TESTSTRIPS 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 STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	RX/OTC
BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM STRP	NP	RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	NP	RX/OTC
CARESENS N BLOOD GLUCOSE TEST 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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASYGLUCO STRP	NP	RX/OTC
EASYGLUCO PLUS 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
EMBRACE EVO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EQ BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EVENCARE G2 TEST STRIPS STRP	NP	RX/OTC
EVENCARE G3 TEST STRIPS STRP	NP	RX/OTC
EVENCARE MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EVENCARE PROVIEW BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EVOLUTION AUTOCODE STRP	NP	RX/OTC
FIFTY50 GLUCOSE TEST STRIP 2.0 STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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 GLUCOSE TEST STRIP STRP	NP	RX/OTC
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	P	RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	P	RX/OTC
FREESTYLE LITE TEST STRIPS STRP	P	RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	P	RX/OTC
FREESTYLE TEST STRIPS STRP	NP	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
GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	NP	RX/OTC



Drug Name	Drug Tier	Requirements/Limits
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 GLUCOSE TEST 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
HARMONY 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

Drug Name	Drug Tier	Requirements/Limits
IGLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
INFINITY BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
INFINITY VOICE STRP	NP	RX/OTC
KETO-DIASTIX	P	
KETONE STRP	P	
KETONE TEST STRIPS STRP	P	
KETOSTIX STRP	P	
KROGER BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
KROGER HEALTHPRO GLUCOSE TEST 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 TEST STRIPS 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

Drug Name	Drug Tier	Requirements/Limits
NOVA MAX GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ONETOUCH ULTRA STRP	NP	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	NP	RX/OTC
OPTIUM TEST STRIPS STRP	NP	RX/OTC
OPTIUMEZ TEST STRIPS STRP	NP	RX/OTC
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 STRP	NP	RX/OTC
PRECISION PCX PLUS TEST STRIPS 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
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
QUINTET AC BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
QUINTET BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RA URINARY TRACT INFECTION TEST STRIPS STRP	P	
REFUAH PLUS BLOOD GLUCOSE TEST 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 BLOOD GLUCOSE 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

Drug Name	Drug Tier	Requirement s/Limits
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS STRP	NP	RX/OTC
SMART SENSE VALUE BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC
SMARTTEST 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
TELCARE 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
ULTRATRAK PRO TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
ULTRATRAK ULTIMATE TEST STRIPS 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
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>Nutritional Supplements</b>		
AMINO PM RMS CAPS	P	RX/OTC
ANTI-INFLAMMATORY ENZYMEFORMULA CAPS 20 MG-50 MG-50 MG-20 MG-45 MG-60 MG-100 MG-24 MG-1 MG-50 MG	P	RX/OTC
ANTIOXIDANT FORMULA CAPS 10 MG-100 MG-10 MG-20 MG-35 MCG-25 MG-15 MG-50 MG-25 MG-25 MG-50 MG-50 MG	P	RX/OTC
BIO-IMMUNEX CAPS	P	RX/OTC
CARDIO COMPLETE CAPS 250 MG-25 MG-100 MG-25 MG-50 MG	P	RX/OTC
CHRONOVISION CAPS 66.6 MG-100 MG-1500 UNIT-6 MG-250 MCG-70 UNIT-33.3 MG-0.5 MG-10 MG	P	RX/OTC
ESTROVEN WEIGHT MANAGEMENT CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
HOMOCYSTEINE SUPPORT CAPS 250 MG-20 MG-800 MCG-250 MCG-400 MG	P	RX/OTC
HORMONE PROTECT CAPS 30 MG-150 MG	P	RX/OTC
KIDNEY CAPS	P	RX/OTC
LEPTIN MANAGER CAPS 80 MG-15 MG	P	RX/OTC
MALE SUPPORT CAPS 100 MG-5 MG-16 MG-35 MCG-0.5 MG-5 MG-50 MG-25 MG-75 MG	P	RX/OTC
METHIONINE-200 CAPS 20 MCG-5 MG-200 MG-20 MG-20 MCG	P	RX/OTC
<i>nutritional supplements caps</i>	P	RX/OTC
OVARY CAPS	P	RX/OTC
PROSTATE 2.4 CAPS 62.5 MG-25 MG-1200 UNIT-15 MG-15 UNIT-35 MCG	P	RX/OTC
PROTEOLIN CAPS 500 MG-75 MG-62.5 MG-2.5 MG	P	RX/OTC
SALMON OIL CAPS	P	RX/OTC
SYTRINOL CAPS	P	RX/OTC
VITEYES TEAR SUPPORT CAPS 10 MG-4 MG-20 MG-10 MG-100 MG-500 MG-150 MG-500 MG	P	RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		

Drug Name	Drug Tier	Requirement s/Limits
ACIGEST TABS 65 MG-195 MG-130 MG-65 MG	P	
BIO-ZYME TABS	P	
CREON CPEP	P	
CVS DAIRY RELIEF EXTRA STRENGTH TABS	P	
<i>digestive enzymes tabs 65 MG-113 MG-50 MG-100 MG-33 MG-100 MG-100 MG</i>	P	
DIGESTIVE ENZYMES TABS 100 MG-15 MG-15 MG-200 MG-75 MG-2 MG-25 MG-25 MG-15 MG	P	
ENZYMATIC DIGESTANT DUALACTION TBEC 450 MG-60 MG-32 MG-32 MG-60 MG-30 MG	P	
EQL DIGESTIVE ENZYMES TABS 100 MG-15 MG-15 MG-200 MG-75 MG-2 MG-25 MG-25 MG-15 MG	P	
<i>lactase tabs</i>	P	
<i>lactase chew 9000 UNIT</i>	P	
OMNIGEST EZ TABS	P	
PANCREAZE CPEP	NP	
PARVENZYME DIGESTIVE ENZYME FORMULA TABS 10 MG-10 MCG-50 MG-3 MG-10 MG	P	
PERTZYE CPEP	NP	

Drug Name	Drug Tier	Requirements/Limits
SUPER ENZYMES TABS 1600 UNIT-20 MG-200 MG-100 MG-20000 UNIT-120 UNIT-100000 UNIT-500000 UNIT-20000 UNIT-10 UNIT-45 MG	P	
TYLER PANPLEX 2- PHASE TBEC 2016 UNIT-100 MG-160 MG-70 MG-65 MG-84 MG-25200 UNIT-110 MG-25200 UNIT	P	
VIOKACE TABS	NP	
ZENPEP CPEP 10500 UNIT-61500 UNIT-35500 UNIT, 16000 UNIT-60500 UNIT-57500 UNIT, 16800 UNIT-98400 UNIT-56800 UNIT, 21000 UNIT-83900 UNIT-54700 UNIT, 24000 UNIT-90750 UNIT-86250 UNIT, 25000 UNIT-105000 UNIT-79000 UNIT, 2600 UNIT-15200 UNIT-8800 UNIT, 4000 UNIT-15125 UNIT-14375 UNIT, 40000 UNIT-168000 UNIT-126000 UNIT, 4200 UNIT-24600 UNIT-14200 UNIT, 8000 UNIT-30250 UNIT-28750 UNIT	NP	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 10000 UNIT-42000 UNIT-32000 UNIT, 12000 UNIT-60000 UNIT-38000 UNIT, 15000 UNIT-63000 UNIT-47000 UNIT, 20000 UNIT-84000 UNIT-63000 UNIT, 24000 UNIT-120000 UNIT-76000 UNIT, 25000 UNIT-105000 UNIT-79000 UNIT, 3000 UNIT-14000 UNIT-10000 UNIT, 3000 UNIT-15000 UNIT-9500 UNIT, 36000 UNIT-180000 UNIT-114000 UNIT, 40000 UNIT-168000 UNIT-126000 UNIT, 5000 UNIT-24000 UNIT-17000 UNIT, 6000 UNIT-30000 UNIT-19000 UNIT	P	

### DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

#### Carbonic Anhydrase Inhibitors

<i>acetazolamide tabs</i>	P	
<i>acetazolamide cp12</i>	NP	
KEVEYIS	NP	SP
<i>methazolamide tabs</i>	NP	

#### Diuretic Combinations

ALDACTAZIDE 25 MG-25 MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	NP	
ALDACTAZIDE 50 MG-50 MG	NP	
<i>amiloride &amp; hydrochlorothiazide 5 MG-50 MG</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
MAXZIDE TABS 75 MG-50 MG (triamterene & hydrochlorothiazide)	NP	
MAXZIDE-25 TABS 37.5 MG-25 MG (triamterene & hydrochlorothiazide)	NP	
spironolactone & hydrochlorothiazide 25 MG-25 MG	P	
triamterene & hydrochlorothiazide caps 37.5 MG-25 MG	P	
triamterene & hydrochlorothiazide tabs	P	
<b>Loop Diuretics</b>		
bumetanide tabs	P	
EDECIN (ethacrynic acid)	NP	
ethacrynic acid	NP	
furosemide soln or 10 MG/ML, 40 MG/5ML	P	
furosemide tabs	P	
LASIX TABS (furosemide)	NP	
toremide tabs	P	
<b>Potassium Sparing Diuretics</b>		
ALDACTONE TABS (spironolactone)	NP	
amiloride hcl tabs	P	
CAROSPIR SUSP	NP	
spironolactone tabs	P	
triamterene caps	NP	
<b>Thiazides and Thiazide-Like Diuretics</b>		
chlorthalidone 25 MG, 50 MG	P	
DIURIL SUSP	P	

Drug Name	Drug Tier	Requirement s/Limits
hydrochlorothiazide caps	P	
hydrochlorothiazide tabs	P	
indapamide tabs 1.25 MG, 2.5 MG	P	
metolazone	P	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
ACTONEL TABS (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 TABS 70 MG (alendronate sodium)	NP	
FOSAMAX PLUS D	NP	
ibandronate sodium tabs	P	
NATPARA	NP	SP;PA
PROLIA SOSY	P	SP;PA
risedronate sodium tbec	NP	
risedronate sodium tabs	NP	

Drug Name	Drug Tier	Requirement s/Limits
TYMLOS	NP	SP;PA
XGEVA SOLN	NP	SP;PA
<b>GnRH/LHRH Antagonists</b>		
ORLISSA	P	SP;PA
<b>Growth Hormones</b>		
GENOTROPIN CART SC	P	SP;PA
GENOTROPIN MINIQUICK PRSY	P	SP;PA
HUMATROPE CART IJ	NP	SP;PA
HUMATROPE COMBO PACK SOLR IJ	NP	SP;PA
NORDITROPIN FLEXPPO SOPN	P	SP;PA
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP;PA
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP;PA
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP;PA
OMNITROPE SOCT	NP	SP;PA
OMNITROPE SOLR SC	NP	PA
SAIZEN IJ	NP	SP;PA
SAIZENPREP RECONSTITUTIONKIT IJ	NP	SP;PA
SEROSTIM SC	NP	SP;PA
ZOMACTON SOLR SC	NP	SP;PA
ZORBTIVE SC	NP	SP;PA
<b>Hormone Receptor Modulators</b>		
EVISTA ( <i>raloxifene hcl</i> )	NP	
<i>raloxifene hcl</i>	NP	
<b>LHRH/GnRH Agonist Analog Pituitary Suppressants</b>		
LUPANETA PACK	NP	SP

Drug Name	Drug Tier	Requirement s/Limits
LUPRON DEPOT-PED (1-MONTH)	P	SP
LUPRON DEPOT-PED (3-MONTH)	P	SP
SUPPRELIN LA	P	SP
SYNAREL	P	SP
TRIPTODUR	P	SP
<b>Metabolic Modifiers</b>		
<i>calcitriol caps</i>	P	
<i>calcitriol soln or</i>	P	
<i>levocarnitine (metabolic modifiers) soln or 1 GM/10ML</i>	P	
<i>levocarnitine (metabolic modifiers) tabs</i>	P	
<i>nitisinone caps</i>	P	SP
ORFADIN CAPS	P	SP
<b>Posterior Pituitary Hormones</b>		
<i>desmopressin acetate soln ij</i>	P	SP
<i>desmopressin acetate tabs</i>	P	
<i>desmopressin acetate spray</i>	P	
<i>desmopressin acetate spray refrigerated</i>	P	
<b>Somatostatic Agents</b>		
LANREOTIDE ACETATE	P	SP
<i>octreotide acetate soln</i>	P	SP
<i>octreotide acetate sosy</i>	P	SP
SANDOSTATIN LAR DEPOT KIT	P	SP
SOMATULINE DEPOT	P	SP

**ESTROGENS - Hormone Replacement/Modifying Drugs**

Drug Name	Drug Tier	Requirements/Limits
<b>Estrogen Combinations</b>		
<i>estradiol &amp; norethindrone acetate tabs</i>	P	
MYFEMBREE 40 MG-1 MG-0.5 MG	P	PA
<i>norethindrone acetate-ethinyl estradiol</i>	P	
ORIAHNN 300 MG-1 MG-0.5 MG	NP	PA
PREMPRO	P	
<b>Estrogens</b>		
<i>estradiol tabs</i>	P	
<i>estradiol ptwk</i>	P	
MENEST .3 MG, .625 MG, 1.25 MG	P	
PREMARIN TABS	P	
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
BAXDELA TABS	NP	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG ( <i>ciprofloxacin hcl</i> )	NP	
<i>ciprofloxacin hcl tabs</i>	P	
<i>ciprofloxacin in d5w 400 MG/200ML-5 %</i>	P	
<i>levofloxacin soln or</i>	NP	
<i>levofloxacin tabs</i>	P	
<i>moxifloxacin hcl tabs</i>	NP	
<i>ofloxacin 300 MG, 400 MG</i>	NP	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>5-HT4 Receptor Agonists</b>		

Drug Name	Drug Tier	Requirements/Limits
MOTEGRITY	NP	
<b>Agents for Chronic Idiopathic Constipation (CIC)</b>		
TRULANCE	P	
<b>Antiflatulents</b>		
<i>simethicone chew</i>	P	
<i>simethicone liqd or</i>	P	
<i>simethicone caps 125 MG</i>	P	
<i>simethicone susp</i>	P	
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM	NP	SP
<b>Gallstone Solubilizing Agents</b>		
ACTIGALL CAPS ( <i>ursodiol</i> )	NP	
CHENODAL	NP	SP
URSO 250 TABS ( <i>ursodiol</i> )	NP	
URSO FORTE TABS ( <i>ursodiol</i> )	NP	
<i>ursodiol caps</i>	P	
<i>ursodiol tabs</i>	P	
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA ( <i>lubiprostone</i> )	P	
<i>lubiprostone</i>	NP	
LUBIPROSTONE ( <i>lubiprostone</i> )	NP	
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl tabs</i>	P	
<i>metoclopramide hcl soln or 5 MG/5ML, 10 MG/10ML</i>	P	
<b>Inflammatory Bowel Agents</b>		
APRISO CP24 ( <i>mesalamine</i> )	P	



Drug Name	Drug Tier	Requirements/Limits
ASACOL HD TBEC (mesalamine)	NP	
AVSOLA	P	SP
AZULFIDINE TABS (sulfasalazine)	NP	
AZULFIDINE EN-TABS TBEC (sulfasalazine)	NP	
balsalazide disodium caps	P	
CANASA SUPP (mesalamine)	NP	
CIMZIA KIT	NP	SP;PA
CIMZIA PSKT	NP	SP;PA
CIMZIA STARTER KIT PSKT	NP	SP;PA
COLAZAL CAPS (balsalazide disodium)	NP	
DELZICOL CPDR (mesalamine)	P	
DIPENTUM	NP	
ENTYVIO	NP	SP
INFLECTRA	P	SP
LIALDA TBEC (mesalamine)	NP	
mesalamine tbec	NP	
mesalamine tbec 1.2 GM	P	
mesalamine cpdr	NP	
mesalamine cpcr	NP	
mesalamine cp24	NP	
mesalamine enem	P	
mesalamine supp	P	
mesalamine w/ cleanser	P	
PENTASA CPCR	P	
PENTASA CPCR (mesalamine)	P	

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

Drug Name	Drug Tier	Requirement s/Limits
RENAGEL ( <i>sevelamer hcl</i> )	NP	PA
RENVELA PACK ( <i>sevelamer carbonate</i> )	NP	PA
RENVELA TABS ( <i>sevelamer carbonate</i> )	NP	PA
<i>sevelamer carbonate tabs</i>	P	PA
<i>sevelamer carbonate pack</i>	NP	PA
<i>sevelamer hcl</i>	NP	PA
VELPHORO	NP	PA
<b>GENERAL ANESTHETICS</b>		
<b>Volatile Anesthetics</b>		
<i>desflurane</i>	P	
<i>sevoflurane</i>	P	
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Alkalinizers</b>		
<i>potassium citrate (alkalinizer) tbcr 10 MEQ, 540 MG, 1080 MG</i>	P	
<b>Genitourinary Irrigants</b>		
<i>acetic acid .25 %</i>	P	
RENACIDIN 980.4 MG/30ML-1980.6 MG/30ML-59.4 MG/30ML	P	
RESECTISOL	P	
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	P	
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl</i>	P	
AVODART ( <i>dutasteride</i> )	NP	

Drug Name	Drug Tier	Requirement s/Limits
CARDURA XL	NP	
<i>dutasteride</i>	NP	
<i>dutasteride-tamsulosin hcl 0.5 MG-0.4 MG</i>	NP	
<i>finasteride</i>	P	
FLOMAX ( <i>tamsulosin hcl</i> )	NP	
JALYN 0.5 MG-0.4 MG ( <i>dutasteride-tamsulosin hcl</i> )	NP	
PROSCAR ( <i>finasteride</i> )	NP	
RAPAFLO ( <i>silodosin</i> )	NP	
<i>silodosin</i>	NP	
<i>tamsulosin hcl</i>	P	
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl tabs 100 MG, 100 MG, 200 MG</i>	P	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid 0.5 MG-500 MG</i>	P	
<b>Gout Agents</b>		
<i>allopurinol</i>	P	
<i>colchicine caps</i>	NP	
<i>colchicine tabs</i>	P	PA
COLCRYS TABS ( <i>colchicine</i> )	NP	PA
<i>febuxostat</i>	NP	
GLOPERBA SOLN OR	NP	
MITIGARE CAPS ( <i>colchicine</i> )	NP	
ULORIC ( <i>febuxostat</i> )	NP	
ZYLOPRIM ( <i>allopurinol</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
<b>Uricosurics</b>		
<i>probenecid</i>	P	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Antihemophilic Products</b>		
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
BENEFIX KIT	P	SP
ELOCTATE	P	SP
HEMLIBRA	P	SP
HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP
HUMATE-P SOLR	P	SP
IDELVION	P	SP
IXINITY SOLR	P	SP
JIVI	P	SP
KOATE SOLR	P	SP
KOATE-DVI SOLR	P	SP
KOGENATE FS KIT	P	SP
KOVALTRY	P	SP
MONONINE	P	SP
NOVOEIGHT	P	SP
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	P	SP

Drug Name	Drug Tier	Requirements/Limits
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	P	SP
PROFILNINE	P	SP
REBINYN	NP	SP
RECOMBINATE SOLR	P	SP
RIXUBIS SOLR	P	SP
VONVENDI	NP	SP
WILATE KIT	P	SP
XYNTHA	P	SP
XYNTHA SOLOFUSE	P	SP
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR ( <i>icatibant acetate</i> )	P	SP;PA
<i>icatibant acetate</i>	P	SP;PA
<b>Complement Inhibitors</b>		
BERINERT KIT	P	SP;PA
CINRYZE SOLR IV	P	SP
HAEGARDA SOLR SC	P	SP;PA
RUCONEST	P	SP;PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline</i>	P	
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR	P	SP;PA
TAKHZYRO SOLN	P	SP;PA
<b>Platelet Aggregation Inhibitors</b>		
<i>anagrelide hcl</i>	P	
<i>aspirin-dipyridamole 200 MG-25 MG</i>	P	
BRILINTA	P	
<i>cilostazol</i>	P	
<i>clopidogrel bisulfate</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole</i>	P	
EFFIENT ( <i>prasugrel hcl</i> )	NP	
PLAVIX 75 MG ( <i>clopidogrel bisulfate</i> )	NP	
<i>prasugrel hcl</i>	P	
ZONTIVITY	NP	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Sickle Cell Disease</b>		
ADAKVEO	NP	SP
DROXIA CAPS	P	
OXBRYTA TABS	NP	SP
SIKLOS TABS	P	
<b>Cobalamins</b>		
B-12 TABS	P	
B-12 DOTS TBDP	P	
<i>cyanocobalamin tbc</i>	P	
<i>cyanocobalamin subl 2500 MCG</i>	P	
<i>cyanocobalamin soln ij</i>	P	
<i>cyanocobalamin tabs</i>	P	
NASCOBAL SOLN NA	P	
<b>Folic Acid/Folates</b>		
<i>folic acid tabs</i>	P	RX/OTC
<i>folic acid soln</i>	P	
FOLIC ACID CAPS 20 MG	P	
<b>Hematopoietic Growth Factors</b>		
ARANESP ALBUMIN FREE SOSY	NP	SP;PA

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	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
GRANIX SOLN	P	SP
GRANIX SOSY	P	SP
LEUKINE SOLR IJ	NP	SP
MIRCERA	P	SP;PA
NEULASTA SOSY	NP	SP
NEULASTA ONPRO KIT PSKT	NP	SP
NEUPOGEN SOSY	P	SP
NEUPOGEN SOLN	P	SP
NIVESTYM SOSY	NP	SP
NIVESTYM SOLN	NP	SP
NYVEPRIA	P	SP
PROCRIT	NP	SP;PA
PROCRIT	NP	SP;PA
RETACRIT	P	SP;PA
RETACRIT	P	SP;PA
UDENYCA	NP	SP
ZARXIO	NP	SP
ZIEXTENZO	P	SP
<b>Hematopoietic Mixtures</b>		

Drug Name	Drug Tier	Requirements/Limits
ABATRON 2 MG/5ML-2 MG/5ML-0.8 MG/5ML-10 MG/5ML-25 MCG/5ML-5 MG/5ML-10 MG/5ML-10 MG/5ML-2.3 MG/5ML-100 MG/5ML	P	
B COMPLEX/FOLIC ACID TABS 200 MCG-5 MG-500 MCG	P	
<i>cyanocobalamin- methylcobalamin subl 600 MCG-600 MCG</i>	P	
<i>ferrous fumarate w/ b12-vit c-fa-ifc 240 MG-75 MG-0.5 MG-15 MCG-110 MG</i>	P	
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn- cu tabs 6.9 MG-5 MG-1 MG-15 MCG-6 MG-30 MG-200 MG-10 MG-324 MG-10 MG-18.2 MG-0.8 MG-1.3 MG</i>	P	
<i>ferrous fumarate-folic acid 324 MG-1 MG</i>	P	
<i>folic acid-vitamin b6- vitamin b12 tabs 100 MCG-50 MG-800 MCG, 115 MCG-10 MG-800 MCG, 200 MCG-5 MG-500 MCG</i>	P	
HOMOCYSTEINE FORMULA TABS 100 MCG-50 MG-800 MCG	P	
<i>iron polysaccharide complex-vit b12-folic acid caps 150 MG-1 MG-25 MCG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>iron-vitamin c 100 MG-250 MG</i>	P	
<i>iron-vitamin c-vitamin b12-folic acid tabs 100 MG-250 MG-1 MG-25 MCG</i>	P	RX/OTC
<b>Iron</b>		
<i>carbonyl iron tabs</i>	P	
<i>carbonyl iron susp</i>	P	
<i>ferrous fumarate tabs 324 MG</i>	P	
<i>ferrous gluconate tabs 27 MG, 240 MG</i>	P	
<i>ferrous sulfate syr</i>	P	
<i>ferrous sulfate tabs 27 MG, 65 MG, 90 MG, 325 MG</i>	P	
<i>ferrous sulfate tbec</i>	P	
<i>ferrous sulfate dried tabs 200 MG</i>	P	
INFED	P	
IRON TABS	P	
IRON CHEWS PEDIATRIC CHEW	P	
<i>polysaccharide iron complex caps 150 MG</i>	P	
PROFERRIN ES	P	
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
<i>aminocaproic acid tabs</i>	P	SP
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Antihistamine Hypnotics</b>		
<i>diphenhydramine hcl (sleep) caps 50 MG</i>	P	
<b>Barbiturate Hypnotics</b>		

Drug Name	Drug Tier	Requirement s/Limits
<i>phenobarbital elix</i>	P	
<i>phenobarbital tabs</i>	P	
<b>Hypnotics - Tricyclic Agents</b>		
<i>doxepin hcl (sleep)</i>	NP	QL(1 ea daily)
SILENOR ( <i>doxepin hcl (sleep)</i> )	NP	QL(1 ea daily)
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN TABS ( <i>zolpidem tartrate</i> )	NP	QL(1 ea daily)
AMBIEN CR TBCR ( <i>zolpidem tartrate</i> )	NP	QL(1 ea daily)
EDLUAR SUBL	NP	QL(1 ea daily)
<i>estazolam</i>	NP	QL(1 ea daily)
<i>eszopiclone</i>	NP	QL(1 ea daily)
<i>flurazepam hcl</i>	NP	QL(1 ea daily)
HALCION ( <i>triazolam</i> )	NP	QL(1 ea daily)
LUNESTA ( <i>eszopiclone</i> )	NP	QL(1 ea daily)
RESTORIL ( <i>temazepam</i> )	NP	QL(1 ea daily)
<i>temazepam 15 MG, 30 MG</i>	P	QL(1 ea daily)
<i>temazepam</i>	NP	QL(1 ea daily)
<i>triazolam</i>	NP	QL(1 ea daily)
<i>zaleplon</i>	P	QL(1 ea daily)
<i>zolpidem tartrate tabs</i>	P	QL(1 ea daily)
<i>zolpidem tartrate tbc</i>	NP	QL(1 ea daily)
<i>zolpidem tartrate subl</i>	NP	QL(1 ea daily)
<b>Orexin Receptor Antagonists</b>		
BELSOMRA	NP	QL(1 ea daily)
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPS	NP	QL(1 ea daily);SP
<i>ramelteon</i>	NP	QL(1 ea daily)
ROZEREM ( <i>ramelteon</i> )	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
<i>calcium polycarbophil tabs</i>	P	
EQUALACTIN CHEW	P	
HYDROCIL INSTANT PACK	P	
KONSYL DAILY FIBER PACK 95 %, 100 %	P	
KONSYL ORIGINAL DAILY FIBER PACK	P	
KONSYL-D POWD	P	
METAMUCIL WAFR	P	
METAMUCIL MULTIHEALTH FIBER POWD	P	
<i>methylcellulose (laxative) tabs</i>	P	
<i>methylcellulose (laxative) powd</i>	P	
NATURAL FIBER LAXATIVE POWD	P	
NUTRISOURCE FIBER POWD	P	
NUTRISOURCE FIBER PACK	P	
<i>psyllium caps .52 GM</i>	P	
<i>psyllium powd 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 49 %, 52.3 %, 58.6 %, 63 %, 68 %, 95 %, 100 %</i>	P	
<b>Laxative Combinations</b>		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 240 GM-6.72 GM-2.98 GM-5.84 GM-22.72 GM</i>	P	

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

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

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

**MEDICAL DEVICES AND SUPPLIES**

Drug Name	Drug Tier	Requirements/Limits
<b>Diabetic Supplies</b>		
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 KIT	NP	RX/OTC
ACCU-CHEK GUIDE ME 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 KIT	NP	RX/OTC



Drug Name	Drug Tier	Requirements/Limits
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
ADVOCATE LANCETS	P	
ADVOCATE LANCETS 30G	P	
ADVOCATE LANCING DEVICE MISC	P	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	P	
ADVOCATE REDI-CODE DEVI	NP	
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 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 KIT	NP	RX/OTC
AGAMATRIX PRESTO PRO METER DEVI	NP	

Drug Name	Drug Tier	Requirements/Limits
AGAMATRIX ULTRA-THIN LANCETS 33G	P	
AIMSCO TWIST LANCETS 32G	P	
AIMSCO TWIST LANCETS 33G	P	
ALTERNATE SITE LANCING DEVICE MISC	P	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	P	
AQUALANCE LANCETS ULTRA THIN 30G	P	
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 LANCETS	P	

Drug Name	Drug Tier	Requirements/Limits
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 MISC	P	
AUTO-LANCET MINI MISC	P	
AUTOLET IMPRESSION LANCING DEVICE MISC	P	
AUTOLET LANCING DEVICE MISC	P	
AUTOLET MINI MISC	P	
AUTOLET PLUS MISC	P	
BD LANCET ULTRAFINE 30G	P	
BD LANCET ULTRAFINE 33G	P	
BD MICROTAINER LANCETS	P	
BLOOD GLUCOSE MONITORINGSYSTEM KIT	NP	RX/OTC
BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
BULLSEYE MINI SAFETY LANCETS	P	
BULLSEYE SAFETY LANCETS	P	
CARDIOCOM LANCING DEVICE MISC	P	
CAREONE ADVANCED LANCINGDEVICE MISC	P	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK AUTO-CODE 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 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	
CLEVER CHOICE COMFORT EZLANCETS 28G	P	

Drug Name	Drug Tier	Requirements/Limits
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

Drug Name	Drug Tier	Requirements/Limits
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
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 KIT	NP	
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI	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	

Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS ORIGINAL	P	
CVS LANCETS THIN 26G	P	
CVS LANCETS ULTRA THIN 30G	P	
CVS LANCETS ULTRA-THIN 30G	P	
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 G5 MOBILE RECEIVERKIT	P	
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	P	
DEXCOM G5 RECEIVER KIT	P	
DEXCOM G6 RECEIVER	P	
DEXCOM G6 SENSOR	P	
DIATHRIVE LANCETS	P	
DIATHRIVE LANCETS ULTRA THIN 30G	P	
DIATHRIVE LANCING DEVICE MISC	P	

Drug Name	Drug Tier	Requirements/Limits
DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
DROPLET GENTEEL LANCING DEVICE MISC	P	
DROPLET LANCETS ULTRA THIN 30G	P	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
EASY TWIST & CAP LANCETS	P	
EASYGLUCO KIT	NP	
EASYGLUCO STARTER KIT KIT	NP	
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	
EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NP	
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
EVENCARE G2 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EVENCARE G3 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EVENCARE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EVERSENSE SENSOR/HOLDER	NP	
EVOLUTION AUTOCODE DEVI	NP	
E-Z JECT LANCETS	P	
E-Z JECT LANCETS 21G	P	

Drug Name	Drug Tier	Requirements/Limits
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	

Drug Name	Drug Tier	Requirements/Limits
FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA LANCETS	P	
FORA LANCING DEVICE MISC	P	
FORA LANCING DEVICE/CLEARCAP 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 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	

Drug Name	Drug Tier	Requirements/Limits
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
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 KIT	P	RX/OTC
FREESTYLE FREEDOM LITE KIT	NP	RX/OTC
FREESTYLE FREEDOM LITE KIT	P	RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	P	RX/OTC



Drug Name	Drug Tier	Requirements/Limits
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	
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 KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
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	
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

Drug Name	Drug Tier	Requirements/Limits
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 DEVI	NP	
GLUCOCARD SHINE KIT	NP	RX/OTC
GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCARD SHINE XL DEVI	NP	
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM 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

Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	NP	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT 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	
GNP LANCETS 21G	P	
GNP LANCETS THIN	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	

Drug Name	Drug Tier	Requirements/Limits
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	
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
INFINITY BLOOD GLUCOSE MONITORING SYSTEM/STARTER KIT 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	
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
LANCET DEVICE ADJUSTABLE MISC	P	
LANCET DEVICE WITH EJECTOR MISC	P	
LANCETS	P	
LANCETS 26G TWIST TOP	P	

Drug Name	Drug Tier	Requirements/Limits
LANCETS 30G	P	
LANCETS 30G TWIST TOP	P	
LANCETS 30G/TWIST TOP	P	
LANCETS 31G TWIST TOP	P	
LANCETS 33G EXTRA FINE	P	
LANCETS 33G UNIVERSAL DESIGN	P	
LANCETS MICRO THIN 33G	P	
LANCETS SAFETY SEAL 21G	P	
LANCETS SAFETY SEAL 26G	P	
LANCETS SAFETY SEAL 28G	P	
LANCETS SAFETY SEAL 30G	P	
LANCETS SUPER THIN 28G	P	
LANCETS THIN	P	
LANCETS TWIST TOP	P	
LANCETS ULTRA THIN	P	
LANCETS ULTRA THIN 30G	P	
LANCETSBULLSEYE SAFETY	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	

Drug Name	Drug Tier	Requirements/Limits
LIFESCAN UNISTIK 2 DEEP PENETRATION	P	
LIFESCAN UNISTIK II LANCETS	P	
LITE TOUCH LANCETS	P	
LITE TOUCH LANCING PEN MISC	P	
LITETOUCH LANCETS MICRO THIN 33G	P	
LIVE BETTER ADVANCED LANCING DEVICE MISC	P	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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

Drug Name	Drug Tier	Requirements/Limits
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	
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 KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
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	
ONETOUCH CLUB LANCETS FINE POINT	P	
ONETOUCH DELICA LANCETS EXTRA FINE 33G	P	
ONETOUCH DELICA LANCETS FINE 30G	P	
ONETOUCH DELICA LANCING DEVICE MISC	P	
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	
ONETOUCH DELICA PLUS LANCETS FINE 30G	P	
ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	P	
ONETOUCH FINEPOINT LANCETS	P	
ONETOUCH ULTRA 2 KIT	NP	RX/OTC
ONETOUCH ULTRA MINI KIT	NP	RX/OTC
ONETOUCH ULTRASOFT LANCETS	P	
ONETOUCH VERIO KIT	NP	RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ONETOUCH VERIO IQ 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	

Drug Name	Drug Tier	Requirements/Limits
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	
POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PRECISION THINS GP LANCET	P	
PRECISION XTRA DEVI	P	
PRECISION XTRA DEVI	NP	
PRECISION XTRA KIT 0	NP	RX/OTC
PREFERRED PLUS LANCETS COLORED 21G	P	
PREFERRED PLUS LANCETS SUPER THIN 30G	P	
PREFERRED PLUS LANCETS THIN 26G	P	
PRESSURE ACTIVATED SAFETYLANCET 21G	P	
PRO COMFORT LANCETS 30G	P	

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT LANCETS 31G	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	
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	

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT LANCETS 30G	P	
PUSH BUTTON SAFETY LANCETS 21G	P	
PUSH BUTTON SAFETY LANCETS 28G	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 GLUCOSE MONITORING SYSTEM DEVI	NP	
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	



Drug Name	Drug Tier	Requirements/Limits
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 GLUCOSE MONITORING 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 COMPACT BLOOD GLUCOSE TESTING SYSTEM	NP	
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RELION LANCETS MICRO-THIN 33G	P	
RELION LANCETS THIN 26G	P	
RELION LANCETS ULTRA-THIN 30G	P	
RELION LANCING DEVICE MISC	P	

Drug Name	Drug Tier	Requirements/Limits
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 LANCETS 30G	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 21G/PRESSURE ACTIVATED	P	

Drug Name	Drug Tier	Requirements/Limits
SAFETY LANCET 23G/PRESSURE ACTIVATED	P	
SAFETY LANCET 28G/PRESSURE ACTIVATED	P	
SAFETY LANCET 30G/PRESSURE ACTIVATED	P	
SAFETY LANCETS	P	
SAFETY LANCETS 21G	P	
SAFETY LANCETS 28G	P	
SAFETY LET LANCETS	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	
SIDE BUTTON SAFETY LANCET21G	P	

Drug Name	Drug Tier	Requirements/Limits
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	
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

Drug Name	Drug Tier	Requirements/Limits
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 KIT	NP	RX/OTC
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NP	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
TELCARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
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	

Drug Name	Drug Tier	Requirements/Limits
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 0	P	
TRUE COMFORT TWIST TOP LANCETS 30G	P	
TRUE METRIX DEVI	NP	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NP	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NP	RX/OTC
TRUE METRIX AIR W/BLUETOOTH SMART KIT	NP	RX/OTC
TRUE METRIX BLOOD GLUCOSEMETER KIT	NP	RX/OTC
TRUE METRIX GO BLOOD GLUCOSE METER KIT	NP	RX/OTC
TRUEDRAW LANCING DEVICE MISC	P	
TRUEPLUS LANCETS 26G	P	
TRUEPLUS LANCETS 28G	P	
TRUEPLUS LANCETS 28G SUPER THIN	P	
TRUEPLUS LANCETS 30G	P	

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS LANCETS 30G ULTRA THIN	P	
TRUEPLUS LANCETS 33G	P	
TRUEPLUS LANCETS 33G MICRO THIN	P	
TRUEPLUS SAFETY LANCETS 28G	P	
TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM/NO CODING KIT	NP	RX/OTC
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
TRUETRACK SMART SYSTEM KIT	NP	RX/OTC
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	
ULTILET SAFETY LANCETS 23G	P	
ULTRA THIN LANCETS 31G	P	
ULTRA TRAK PRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ULTRA-CARE LANCETS 30G	P	
ULTRA-THIN II AUTO LANCET	P	

Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II LANCETS 28G	P	
ULTRA-THIN II LANCETS 30G	P	
ULTRATRAK ACTIVE DEVI	NP	
ULTRATRAK PRO DEVI	NP	
ULTRATRAK ULTIMATE MONITOR DEVI	NP	
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 SUPER THIN 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 KIT	NP	RX/OTC
VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NP	
VIDA MIA AUTOLET LANCINGDEVICE MISC	P	
VIDA MIA UNILET LANCETS SUPER THIN 30G	P	

Drug Name	Drug Tier	Requirements/Limits
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 TRAVELANCETS 28G	P	
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	P	
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	P	
WALGREENS LANCETS	P	
WALGREENS THIN LANCETS	P	
WALGREENS ULTRA THIN LANCETS	P	
WAVESENSE AMP KIT	NP	RX/OTC
ZEV RX TWIST TOP LANCETS 30G	P	
<b>Misc. Devices</b>		
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

Drug Name	Drug Tier	Requirement s/Limits
ALCOHOL PREP PADS	P	RX/OTC
ALCOHOL PREPS	P	RX/OTC
ALCOHOL SWABS	P	RX/OTC
ALCOHOL SWABSTICK	P	RX/OTC
APLICARE ALCOHOL SWABSTICK	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
HM STERILE ALCOHOL PREP PADS	P	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
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
WEBCOL ALCOHOL PREP LARGE 1 PLY	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
WEBCOL ALCOHOL PREP LARGE 2 PLY	P	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	RX/OTC
ZEVX STERILE ALCOHOL PREP PADS	P	RX/OTC
<b>Parenteral Therapy Supplies</b>		
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/31GX5MM	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

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	P	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	P	
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	
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	P	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	P	RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29GX 1/2"	P	RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29GX 1/2"	P	RX/OTC
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	P	RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX4MM	P	RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX6MM	P	
AUM READYGARD DUO SAFETY PEN NEEDLE/32GX4MM/DUAL AUTO PROTECT	P	RX/OTC
AUM SAFETY PEN NEEDLE/31G X 5MM	P	RX/OTC



Drug Name	Drug Tier	Requirements/Limits
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	

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

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	P	
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
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3 ML/29G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5 ML/29G X 1/2"	P	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/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	

Drug Name	Drug Tier	Requirements/Limits
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 MISC	P	RX/OTC
BD PEN MINI MISC	P	RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	P	
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	P	RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	P	RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	P	RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	P	RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRAFINE/29G X 12.7MM	P	
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	P	RX/OTC
BD SAFETYGLIDE 1ML 27GX5/8"	P	

Drug Name	Drug Tier	Requirements/Limits
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	
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 SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"	P	RX/OTC
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

Drug Name	Drug Tier	Requirements/Limits
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	
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	P	
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	P	
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	P	
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
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

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH INSULIN SYRINGE/0.3ML/31GX 5/16"	P	
CARETOUCH INSULIN SYRINGE/0.5ML/31GX 5/16"	P	
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
CEQR 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	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	P	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	P	
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	
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	
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 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 8MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NEEDLES/32G X 4MM	P	RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 6MM	P	
DIATHRIVE PEN NEEDLE/31 GX 8MM	P	RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM	P	RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM	P	RX/OTC
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	
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	P	
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	
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	P	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLES 32GX4MM	P	RX/OTC
DROPLET PEN NEEDLES 32GX6MM	P	
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 PENTIPSPUS 32GX4MM	P	RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	
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	
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	P	RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT PEN NEEDLES31GX5/16"	P	RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32"	P	RX/OTC
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	
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

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	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	
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	
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

Drug Name	Drug Tier	Requirements/Limits
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
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	
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	P	
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	P	RX/OTC



Drug Name	Drug Tier	Requirements/Limits
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	
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 NEEDLES 31GX5MM	P	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	P	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	
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

Drug Name	Drug Tier	Requirements/Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	P	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	
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	
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	
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

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

Drug Name	Drug Tier	Requirements/Limits
GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	P	
GNP INSULIN SYRINGE/1ML/28G X 1/2"	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/29G X1/2"	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	
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
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	P	
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	P	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G 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

Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	
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	
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
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

Drug Name	Drug Tier	Requirements/Limits
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	P	RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	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
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	
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/HUM ALOG DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
INPEN 100/BLUE/NOVOLOG/ FIASP DEVI	P	RX/OTC
INPEN 100/GREY/LILLY/HUM ALOG DEVI	P	RX/OTC
INPEN 100/GREY/NOVOLOG/ FIASP DEVI	P	RX/OTC
INPEN 100/PINK/LILLY/HUM ALOG DEVI	P	RX/OTC
INPEN 100/PINK/NOVOLOG/ FIASP DEVI	P	RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	P	
INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2"	P	
INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16"	P	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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" 0	P	
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
INSULIN SYRINGES 0	P	
INSULIN SYRINGES/0.5ML/28G X1/2"	P	RX/OTC
INSULIN SYRINGES/0.5ML/29G X1/2"	P	RX/OTC
INSULIN SYRINGES/0.5ML/30G X5/16"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES/0.5ML/31G X 5/16"	P	
INSULIN SYRINGES/0.5ML/31G X5/16"	P	
INSULIN SYRINGES/1ML/27GX/1/2"	P	RX/OTC
INSULIN SYRINGES/1ML/27GX1/2"	P	RX/OTC
INSULIN SYRINGES/1ML/28GX1/2"	P	RX/OTC
INSULIN SYRINGES/1ML/29GX1/2"	P	RX/OTC
INSULIN SYRINGES/1ML/30GX1/2"	P	RX/OTC
INSULIN SYRINGES/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	
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	P	

Drug Name	Drug Tier	Requirements/Limits
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
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	
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	
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

Drug Name	Drug Tier	Requirements/Limits
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	P	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	P	
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	P	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	P	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	P	
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/32GX 5/32"	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
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	
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	P	
LITETOUCH INSULIN SYRINGE/U-100/0.3M L/31G X 5/16"	P	
LITETOUCH INSULIN SYRINGE/U-100/0.5M L/28G X 1/2"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5M L/30G X 5/16"	P	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	P	
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

Drug Name	Drug Tier	Requirement s/Limits
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	
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3M L/29G X 1/2"	P	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5M L/29G X 1/2"	P	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5M L/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-100/0.5M L/28GX1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	P	RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" 0	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	
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	
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	RX/OTC
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

Drug Name	Drug Tier	Requirements/Limits
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
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC



Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE REGULAR 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	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	P	
MS INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
NOVOFINE PEN NEEDLE 32G X 6MM	P	
NOVOFINE PLUS PEN NEEDLE 32G X 4MM	P	RX/OTC
NOVOPEN ECHO DEVI	P	RX/OTC
PC UNIFINE PENTIPS 31G X 5MM MINI	P	RX/OTC
PC UNIFINE PENTIPS 31G X 8MM 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 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

Drug Name	Drug Tier	Requirements/Limits
PENTIPS 31GX5MM	P	RX/OTC
PENTIPS 31GX8MM	P	RX/OTC
PENTIPS 32G X 4MM	P	RX/OTC
PENTIPS 32GX4MM	P	RX/OTC
PENTIPS 32GX6MM	P	
PIP PEN NEEDLES 31G X 5MM	P	RX/OTC
PIP PEN NEEDLES 32G X 4MM	P	RX/OTC
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

Drug Name	Drug Tier	Requirements/Limits
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
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	
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	P	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	P	
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
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 SYRINGE/U-100/0.3ML/ 31G X 5/16"	P	
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	P	
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	P	RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM	P	
PURE COMFORT PEN NEEDLE/32G X4MM	P	RX/OTC
PX INSULIN SYRINGE/U-100/0.5M L/30G X 1/2"	P	
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

Drug Name	Drug Tier	Requirement s/Limits
RA INSULIN SYRINGE/U-100/0.5M L/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-100/0.5M L/28G X 1/2"	P	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	RX/OTC
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-100/0.3M L/31G X 15/64"	P	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3M L/31G X 5/16"	P	
RELION INSULIN SYRINGE/U-100/0.5M L/29G X 1/2"	P	RX/OTC
RELION INSULIN SYRINGE/U-100/0.5M L/31G X 5/16"	P	
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32G X4MM	P	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	P	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	P	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVER/32GX4MM	P	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM	P	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVER/31GX8MM	P	RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	P	RX/OTC
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	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	P	

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	
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	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	P	RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	P	RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32"	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	
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	
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
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	
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	P	RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	P	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	P	
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	
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

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	P	
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	P	RX/OTC
TRUE COMFORT PEN NEEDLES 31G X 5MM	P	RX/OTC
TRUE COMFORT PEN NEEDLES 32G X 4MM	P	RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/0.5 ML/30G X 5/16"	P	RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/0.5 ML/31G X 5/16"	P	
TRUE COMFORT PRO INSULIN SYRINGE/1ML /31G X 5/16"	P	RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	
TRUE COMFORT PRO INSULIN SYRINGE/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 0	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM 0	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
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	RX/OTC
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	
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

Drug Name	Drug Tier	Requirements/Limits
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
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	P	
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	
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

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



Drug Name	Drug Tier	Requirements/Limits
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
ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/ 27G X 5/8"	P	
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	P	
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	P	

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

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAIN	P	RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	P	
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTAIN	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	
ULTILET INSULIN SYRINGE 31X6MM 0	P	RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM	P	
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM	P	RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM	P	RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM	P	
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	P	

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	P	RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	P	
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	P	RX/OTC
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	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 NEEDLES 31GX3/16"	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 NEEDLE 31GX8MM	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	P	
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	P	
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	P	
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	P	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	P	
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	P	
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	P	
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	
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	P	

Drug Name	Drug Tier	Requirement s/Limits
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	
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	
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	
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

Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	P	RX/OTC
ULTRA-THIN II MINI PEN NEEDLES/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
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

Drug Name	Drug Tier	Requirements/Limits
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	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	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
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	P	

Drug Name	Drug Tier	Requirements/Limits
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	P	RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	P	RX/OTC
ZEV RX PEN NEEDLES 31G X 5MM	P	RX/OTC
ZEV RX PEN NEEDLES 31G X 8MM	P	RX/OTC
ZEV RX PEN NEEDLES 32G X 4MM	P	RX/OTC
<b>Respiratory Therapy Supplies</b>		
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 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 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

Drug Name	Drug Tier	Requirements/Limits
BREATHE EASE/LARGE MASK DEVI	P	RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	P	RX/OTC
BREATHE EASE/SMALL MASK DEVI	P	RX/OTC
BREATHERITE MISC	P	RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC	P	RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	P	RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC	P	RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC	P	RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC	P	RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC	P	RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	P	RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	P	RX/OTC
BREATHERITE W/LARGE MASK MISC	P	RX/OTC
BREATHERITE W/MEDIUM MASK MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BREATHERITE W/SMALL MASK MISC	P	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	P	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	P	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	P	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	RX/OTC
CO MONITOR DEVI	P	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC 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
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASIVENT MISC	P	RX/OTC
EASIVENT/MASK-LARGE MISC	P	RX/OTC
EASIVENT/MASK-MEDIUM MISC	P	RX/OTC
EASIVENT/MASK-SMALL 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 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
FLEXICHAMBER DEVI	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	P	RX/OTC
INSPIRACHAMBER/LARGE DEVI	P	RX/OTC
INSPIRACHAMBER/SO OTHERMASK/INSPIRAMASK/MEDIUM DEVI	P	RX/OTC
INSPIRACHAMBER/SO OTHERMASK/INSPIRAMASK/SMALL 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
MISTASSIST DEVI	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 ADVANTAGE/LARGE MASK MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	P	RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	P	RX/OTC
OPTICHAMBER DIAMOND MISC	P	RX/OTC
OPTICHAMBER DIAMOND 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 FACE MASK/LARGE MISC	P	RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC	P	RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	P	RX/OTC
OPTIHALER MISC	P	RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI	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
POCKET SPACER DEVI	P	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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
VALVED HOLDING CHAMBER 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
WATCHHALER DEVI	P	RX/OTC
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antag</b>		



Drug Name	Drug Tier	Requirements/Limits
AIMOVIG	P	SP
AJOVY SOSY	P	SP
EMGALITY SOSY	NP	SP
EMGALITY SOAJ	NP	SP
<b>Migraine Combinations</b>		
CAFERGOT TABS 1 MG-100 MG <i>(ergotamine w/ caffeine)</i>	NP	
<i>ergotamine w/ caffeine tabs 1 MG-100 MG</i>	NP	
MIGRANOW 50 MG-4 %-10 %	NP	
<i>sumatriptan-naproxen sodium 85 MG-500 MG</i>	NP	
TREXIMET 85 MG-500 MG <i>(sumatriptan-naproxen sodium)</i>	NP	
<b>Migraine Products</b>		
D.H.E. 45 SOLN IJ <i>(dihydroergotamine mesylate)</i>	NP	
<i>dihydroergotamine mesylate soln na 4 MG/ML</i>	NP	
MIGRANAL SOLN NA <i>(dihydroergotamine mesylate)</i>	NP	
<b>Serotonin Agonists</b>		
<i>almotriptan malate</i>	NP	
AMERGE <i>(naratriptan hcl)</i>	NP	
<i>eletriptan hydrobromide</i>	NP	
FROVA <i>(frovatriptan succinate)</i>	NP	
<i>frovatriptan succinate</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
IMITREX TABS <i>(sumatriptan succinate)</i>	NP	
IMITREX <i>(sumatriptan)</i>	NP	
IMITREX STATDOSE REFILL SOCT <i>(sumatriptan succinate)</i>	NP	
IMITREX STATDOSE SYSTEM SOAJ <i>(sumatriptan succinate)</i>	NP	
MAXALT TABS 10 MG <i>(rizatriptan benzoate)</i>	NP	
MAXALT-MLT TBDP 10 MG <i>(rizatriptan benzoate)</i>	NP	
<i>naratriptan hcl</i>	NP	
ONZETRA XSAIL EXHP	NP	
RELPAX <i>(eletriptan hydrobromide)</i>	NP	
<i>rizatriptan benzoate tbdp</i>	P	
<i>rizatriptan benzoate tabs</i>	P	
<i>sumatriptan</i>	P	
<i>sumatriptan</i>	NP	
<i>sumatriptan succinate sosy 6 MG/0.5ML</i>	P	
<i>sumatriptan succinate tabs</i>	P	
<i>sumatriptan succinate soln 6 MG/0.5ML</i>	P	
<i>sumatriptan succinate soct</i>	NP	
<i>sumatriptan succinate soaj</i>	NP	
TOSYMRA	NP	

Drug Name	Drug Tier	Requirement s/Limits
ZEMBRACE SYMTOUCH SOAJ	NP	
<i>zolmitriptan soln</i>	NP	
<i>zolmitriptan tbdp</i>	NP	
<i>zolmitriptan tabs</i>	NP	
ZOMIG SOLN ( <i>zolmitriptan</i> )	NP	
ZOMIG TABS 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	NP	
ZOMIG ZMT TBDP ( <i>zolmitriptan</i> )	NP	
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM CHEW 500 MG-100 UNIT	P	
CALCIUM 600+D HIGH POTENCY TABS 400 UNIT-600 MG	P	
CALCIUM ACETATE	NP	
<i>calcium carbonate tabs 500 MG, 600 MG, 1250 MG, 1500 MG</i>	P	
CALCIUM CARBONATE CHEW 500 MG	P	
<i>calcium carbonate-cholecalciferol tabs</i>	P	
<i>calcium carbonate-vitamin d tabs</i>	P	
<i>calcium citrate tabs</i>	P	
CALCIUM CITRATE TABS	P	
<i>calcium citrate-vitamin d tabs 250 MG-200 UNIT, 315 MG-200 UNIT, 315 MG-250 UNIT, 315 MG-5 MCG, 315 MG-6.25 MCG</i>	P	
CALCIUM GLUCONATE TABS 50 MG	P	

Drug Name	Drug Tier	Requirement s/Limits
CALCIUM/C/D 500 MG-10 MG-250 UNIT	P	
CALCIUM/VITAMIN D TABS 600 MG-125 UNIT	P	
<i>calcium-magnesium-zinc</i>	P	
CORAL CALCIUM CAPS 185 MG-100 UNIT-50 MG	P	
CORAL CALCIUM PLUS 250 MG-200 UNIT-125 MG	P	
<i>oyster shell</i>	P	
OYSTER SHELL CALCIUM 500+ D TABS 500 MG-125 UNIT	P	
OYSTER SHELL CALCIUM/D TABS 200 UNIT-500 MG	P	
RA CALCIUM TABS	P	
RA CALCIUM/BORON 1.5 MG-500 MG	P	
Electrolyte Mixtures		
BIOLYTE SOLN 1.1 GM/437ML-16 MG/437ML-5 MG/437ML-500 MCG/437ML-3 MG/437ML-8 GM/473ML-400 MG/437ML-700 MG/437ML-1 MCG/437ML	P	
CERASPORT SOLN 4 MEQ/L-6 MEQ/L-20 MEQ/L-18 MEQ/L	P	
CERASPORT EX1 SOLN 10 MEQ/L-15 MEQ/L-35 MEQ/L-30 MEQ/L	P	

Drug Name	Drug Tier	Requirements/Limits
ENFAMIL ENFALYTE SOLN 4.5 MEQ/100ML-3.3 MEQ/100ML-2.5 MEQ/100ML-5 MEQ/100ML	P	
HYDRALYTE SOLN 140 MG/250ML-107.5 MG/250ML-132.5 MG/250ML	P	
HYDRALYTE FREEZER POPS SOLN 45 MEQ/L-16 GM/L-90 MEQ/L-20 MEQ/L-55 MEQ/L	P	
KINDERLYTE SOLN 1590 MG/L-840 MG/L-1270 MG/L-8.6 MG/L	P	
KINDERLYTE PREMAX SOLN 630 MG/360ML-620 MG/360ML-330 MG/360ML-3.1 MG/360ML	P	
<i>oral electrolytes soln</i> 40 MEQ/L-20 GM/L-7.8 MG/L-20 MEQ/L-50 MEQ/L	P	
<b>Fluoride</b>		
<i>sodium fluoride soln</i> .125 MG/DROP, .5 MG/ML	P	RX/OTC
<i>sodium fluoride tabs</i> .5 MG	P	
<i>sodium fluoride chew</i> .25 MG, .5 MG, 1 MG, 2.2 MG	P	
<b>Magnesium</b>		
<i>magnesium tabs 400</i> MG, 400 MG	P	

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium oxide (mg supplement) tabs 400</i> MG	P	
<b>Mineral Combinations</b>		
ADVANCED CALCIUM/VITAMIND/MAGNESIUM TABS 3.75 MG-100 UNIT-125 MG-250 MG	P	
BONE DENSITY BUILDER TABS 0.5 MG-1000 UNIT-27 MG-27.5 MG-375 MG	P	
CAL MAG ZINC +D3 TABS 5 MG-133.333 UNIT-333.333 MG-133.333 MG	P	
CALCIUM 600+D3 PLUS MINERALS TABS 600 MG-5 MCG-40 MG-1.8 MG-250 MCG-1 MG-7.5 MG	P	
CALCIUM/MAGNESIUM/ZINC TABS	P	
CALCIUM/MAGNESIUM/ZINC/VITAMIN D3 TABS 33.333 MG-200 UNIT-133.333 MG-8.333 MG	P	
CAL-MAG-ZINC-D TABS 5 MG-66.667 UNIT-333.333 MG-133.333 MG	P	
CAL-MAG-ZINC-D3 TABS 5 MG-200 UNIT-333.33 MG-133.33 MG	P	
CITRACAL MAXIMUM PLUS TABS 2.5 MG-12.5 MCG-0.225 MG-2.75 MG-325 MG-0.575 MG	P	

Drug Name	Drug Tier	Requirements/Limits
CITRACAL PLUS TABS 40 MG-5 MG-125 UNIT-0.5 MG-5 MG-0.5 MG-250 MG	P	
CVS CALCIUM CITRATE+D3 TABS 325 MG-12.5 MCG-0.575 MG-0.225 MG-2.75 MG	P	
CVS CALCIUM CITRATE+D3 W/MAGNESIUM TABS 0.5 MG-5 MG-10 MCG-0.5 MG-40 MG-5 MG-250 MG	P	
FEM-CAL CITRATE TABS 0.4 MG-80 UNIT-80 MG-200 MG-0.8 MG-2 MG	P	
MULTI MEGA MINERALS TABS 45 MG-200 UNIT-500 MG-50 MG-250 MG-9 MG-5 MG-47.5 MG-50 MCG-1.5 MG-11.25 MG-75 MCG	P	
MULTI-MINERALS TABS 17.5 MCG-9 MG-120 MG-0.5 MG-7.5 MG-35 MG-60 MG-1 MG-75 MCG	P	
<i>multiple minerals w/ vitamins tabs 40 MG-125 UNIT-0.5 MG-3.75 MG-250 MG-0.5 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
MULTISOURCE CALCIUM MAGNESIUM & D FORMULA TABS 83.333 MG-133.333 UNIT-26.667 MCG-3.333 MG-133.333 MG-30 MG-333.333 MG	P	
PROSTEON TABS 0.75 MG-500 UNIT-25 MCG-50 MG-250 MG-25 MG	P	
THERACAL D2000 TABS 25 MG-500 UNIT-25 MCG-50 MG-0.75 MG-250 MG	P	
THERACAL D4000 TABS 25 MG-1000 UNIT-25 MCG-50 MG-0.75 MG-250 MG	P	
THERACAL RAPID REPLETION TABS 25 MG-500 UNIT-25 MCG-50 MG-0.75 MG-250 MG	P	
<b>Phosphate</b>		
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic 130 MG-852 MG-155 MG</i>	P	RX/OTC
<i>potassium &amp; sodium phosphates pack 250 MG-280 MG-160 MG</i>	P	
<b>Potassium</b>		
<i>potassium bicarbonate tbeif</i>	P	
<i>potassium chloride cpcr</i>	P	
<i>potassium chloride tbcr 8 MEQ, 10 MEQ</i>	P	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus tabs</i>	P	
<i>tacrolimus caps</i>	P	
<b>Potassium Removing Agents</b>		
<i>sodium polystyrene sulfonate susp or 15 GM/60ML</i>	P	
<i>sodium polystyrene sulfonate powd</i>	P	
<b>Prostaglandins</b>		
<i>alprostadil</i>	P	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>benzocaine (dental) soln 20 %</i>	P	
<i>benzocaine (dental) liqd 20 %</i>	P	
<i>benzocaine (dental) aero</i>	P	RX/OTC
<i>benzocaine (dental) gel 20 %</i>	P	
HURRICAIN SNAP-N-GO SWAB	P	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole</i>	NP	
<i>nystatin (mouth-throat)</i>	P	
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
<b>Dental Products</b>		
<i>sodium fluoride (dental) gel</i>	P	
<i>sodium fluoride (dental) soln .2 %</i>	P	
<i>sodium fluoride (dental) crea</i>	P	
<b>Steroids - Mouth/Throat/Dental</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (mouth)</i>	P	
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl</i>	P	
<i>pilocarpine hcl (oral) 5 MG</i>	P	
<b>MULTIVITAMINS</b>		
<b>B-Complex Vitamins</b>		
<i>b-complex vitamins caps 70 MG-100 MCG-1.5 MG-2 MG-10 MG-1 MG-100 MG</i>	P	
<i>b-complex vitamins tabs 25 MCG-7 MG-4 MG-5 MG-10 MG</i>	P	
<i>b-complex vitamins tbc 100 MG-100 MG-100 MCG-400 MCG-100 MCG-100 MG-100 MG-100 MG</i>	P	
<b>B-Complex w/ C</b>		
<i>b complex w/ c tabs 25 MG-60 MG-5 MG-1000 MCG-400 MCG-100 MCG-20 MG-25 MG-5.5 MG</i>	P	
<i>b complex w/ c caps 10 MG-300 MG-5 MG-15 MG-10.2 MG-50 MG</i>	P	
<i>b-complex w/ c &amp; calcium 15 MG-300 MG-5 MG-10.2 MG-50 MG-10 MG-150 MG</i>	P	
<i>b-complex w/ c &amp; e + zn 77 MG-500 MG-5 MG-45 MCG-400 MCG-10 MG-12 MCG-10 MG-100 MG-20 MG-3 MG-30 UNIT-24 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
PRONUTRIENTS SUPER B-COMPLEX+ANTIOXIDANTS 45 UNIT-500 MG-10 MG-50 MCG-250 MCG-25 MCG-10 MG-50 MG-10 MG-30 MG-30 MG	P	
RA B-COMPLEX/VITAMIN C TR TBCR 15 MG-300 MG-5 MG-10 MG-50 MG-10 MG	P	
<b>B-Complex w/ Folic Acid</b>		
ACTRIVIT 10 MG/15ML-2 MG/15ML-1 MG/15ML-13 MG/15ML-25 MCG/15ML-16 MG/15ML-101 MG/15ML-800 MG/15ML-15 MG/15ML	P	RX/OTC
BALANCED B-50 TBCR 50 MG-50 MG-50 MCG-0.4 MG-50 MCG-50 MG-50 MG-50 MG	P	
<i>b-complex w/ c &amp; folic acid caps 6 MCG-100 MG-150 MCG-1000 MCG-1.5 MG-20 MG-10 MG-5 MG-1.7 MG</i>	P	RX/OTC
<i>b-complex w/ c &amp; folic acid tabs</i>	P	RX/OTC
<i>b-complex w/ folic acid tabs 6 MCG-400 MCG-1.5 MG-20 MG-2 MG-1.7 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>b-complex w/ folic acid caps 150 MG-100 MCG-103 MG-10 MG-10 MG-50 MG-500 MCG</i>	P	
<i>b-complex w/biotin &amp; folic acid tabs 50 MCG-300 MCG-400 MCG-50 MG-50 MG-0.05 MG-50 MG-50 MG-50 MG-50 MCG-50 MG-86 MG</i>	P	
<i>b-complex w/biotin &amp; folic acid tbc 115 MG-50 MG-50 MCG-400 MCG-50 MG-50 MCG-50 MG-50 MG-10 MG</i>	P	
FULL SPECTRUM B/VITAMIN C TABS 1.5 MG-60 MG-10 MG-300 MCG-800 MCG-6 MCG-10 MG-1.7 MG-20 MG	P	
NUTRIVIT 15 MG/15ML-2 MG/15ML-1 MG/15ML-15 MG/15ML-25 MCG/15ML-100 MG/15ML-15 MG/15ML-10 MG/15ML-800 MG/15ML	P	RX/OTC
SM B-COMPLEX/VITAMIN C TABS 5 MG-150 MG-5 MG-15 MCG-200 MCG-37.5 MCG-5 MG-50 MG-25 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
WEST-VITE W/FOLIC ACID TABS 10 MG-60 MG-10 MG-300 MCG-800 MCG-1.5 MG-6 MCG-1.7 MG-20 MG	P	
<b>B-Complex w/ Iron</b>		
APETIGEN-PLUS SOLN 790 MG/15ML-2 MG/15ML-10 MG/15ML-25 MCG/15ML-20 MG/15ML-10 MG/15ML-200 MG/15ML-12.5 MG/15ML-16.9 MG/15ML	P	
<i>b complex w/ iron tabs 15 MG-150 MG-5 MG-12.5 MCG-5 MG-12.5 MCG-5 MG-50 MG-50 MG-50 MG-25 MG-20 MG</i>	P	
<b>B-Complex w/ Minerals</b>		
<i>b-complex w/ minerals liqd 0.75 MG/15ML-0.56 MG/15ML-13.5 %-0.4 MG/15ML-0.8 MCG/15ML-1.65 MG/15ML-0.43 MG/15ML-5.25 MG/15ML-3.6 MG/15ML</i>	P	
<b>Bioflavonoid Products</b>		
ACTITROM CAPS 150 MG-150 MG-150 MG-150 MG-150 MG	P	
ACTITROM-D CAPS 50 MG-75 MG-50 MG-375 MG-50 MG	P	
ADRENAL C FORMULA TABS	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
ADVANCED C PLUS TABS 25 MG-500 MG	P	RX/OTC
ASCOCID-1000 TBCR 90 MG-1000 MG-5 MG-5 MG	P	
ASCOCID-500-D TBCR 500 MG	P	
BIO C 1:1 CAPS 500 MG-500 MG	P	
<i>bioflavonoid products tbc</i> 25 MG-1000 MG	P	
<i>bioflavonoid products tabs</i> 102 MG-1000 MG-110 MG	P	RX/OTC
C 1000/BIOFLAVONOIDS /ROSEHIPS CAPS 25 MG-1000 MG	P	
DAFLONEX-XL TBCR	P	
DAFLONEX-XL CAPS 10 MG	P	
FRUIT C 200 CHEW 200 MG	P	
GRAPE SEED CAPS 50 MG-250 MG	P	
QUERCETIN COMPLEX CAPS 33 MG-500 MG-250 MG	P	
THORNE VITAMIN C/FLAVONOIDS CAPS 75 MG-500 MG	P	
TROMBONEX CAPS 150 MG-150 MG-150 MG-150 MG	P	
TROMBONEX-D CAPS 50 MG-75 MG-50 MG-375 MG-100 MG	P	
VASOFLEX CAPS 25 MG-500 MG-40 MG-25 MG-25 MG-50 MG-25 MG	P	

Drug Name	Drug Tier	Requirement s/Limits
VASOFLEX FORTE CAPS 150 MG-150 MG-150 MG	P	
VITAMIN C CHEW 25 MG-500 MG	P	
<b>Iron w/ Vitamins</b>		
<i>iron w/ vitamins tabs</i> 30 UNIT-60 MG-2.5 MG-1 MG-5 MCG-1.8 MG-15 MG-6000 UNIT-65 MG-125 MG-1.1 MG-400 UNIT	NP	RX/OTC
<b>Multiple Vitamins w/ Calcium</b>		
<i>multiple vitamins w/ calcium tabs</i> 0.25 MG-0.5 MG-75 UNIT-125 MG-13.63 MG-0.75 MG-15 MG-250 MG-0.25 MCG-0.25 MG	P	
SM ONE DAILY ESSENTIAL TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG	P	
<b>Multiple Vitamins w/ Iron</b>		
<i>multiple vitamins w/ iron tabs</i> 6 MCG-60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG	P	



Drug Name	Drug Tier	Requirement s/Limits
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 13.5 MG-60 MG-2 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-1.5 MG	P	
<b>Multiple Vitamins w/ Minerals</b>		
ACTIVESSENTIALS FOR WOMEN MISC	P	
ACTIVESSENTIALS/ON COPLEX& D3 MISC	P	
ACTIVNUTRIENTS CAPS 170 MCG-62.5 MG-250 MCG-5 MG-16 MG-9 MG-5 MG-50 MG-5 MG-9 MG-3 MG-1.25 MCG-33.5 MG-25 MG-0.125 MG-12.5 MCG-24.75 MG-125 MCG-187.5 MCG-3.25 MG-25 MG-25 MCG-25 MCG-560 MCG-125 MCG	P	RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS 100 MCG-62.5 MG-250 MCG-5 MG-16 MG-9 MG-5 MG-50 MG-5 MG-9 MG-3.25 MG-1.25 MCG-33.5 MG-25 MG-0.125 MG-12.5 MCG-24.75 MG-125 MCG-0.25 MG-187.5 MCG-3.25 MG-25 MG-25 MCG-25 MCG-560 MCG-125 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
ADEK GUMMIES PLUS ZN CHEW 400 MCG-18.75 MCG-67 MG-5 MG-2400 MCG	P	
ADULT ONE DAILY GUMMIES CHEW 2.5 MG-30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT	P	
AIRBORNE CHEW	P	
AIRBORNE KIDS CHEW 5 MCG-20 MCG-0.34 MG-0.03 MG-3.35 MG-2.25 MG	P	
AIRBORNE+GOOD REST CHEW 5 MCG-20 MCG-0.33 MG-66.67 MG-0.03 MG-3.33 MG-1.67 MG-2.23 MG	P	
AIRBORNE+NATURAL ENERGY LIQD 10 MG/30ML-500 MG/30ML-0.85 MG/30ML-20 MG/30ML-1.5 MG/30ML-150 MCG/30ML-4 MG/30ML	P	RX/OTC
AIRBORNE+PROBIOTIC CHEW 5 MCG-20 MCG-0.33 MG-0.03 MG-3.33 MG-3.33 MG-2.23 MG	P	
ALIVE HAIR, SKIN & NAILS CHEW 50 MG-67.5 MG-1250 MCG-15 MG	P	

Drug Name	Drug Tier	Requirements/Limits
ALIVE MULTI-VITAMIN LIQD 50 MG/30ML-10 MCG/30ML-40 MG/30ML-300 MCG/30ML-400 MCG/30ML-25 MG/30ML-200 MCG/30ML-25 MG/30ML-80 MCG/30ML-30 MG/30ML-50 MG/30ML-20 MG/30ML-200 MCG/30ML-125 MG/30ML-25 MG/30ML-25 MG/30ML-50 MG/30ML-25 MG/30ML-1 MG/30ML-70 MCG/30ML-40 MG/30ML-15 MG/30ML-500 MG/30ML-5 MG/30ML-118.6 MG/30ML-75 MCG/30ML-150 MCG/30ML-133 MG/30ML-4 MG/30ML-3000 MCG/30ML-60 MG/30ML-2 MG/30ML	P	RX/OTC
ALIVE MULTI-VITAMIN CHEW 7.5 MG-45 MG-0.85 MG-15 MCG-120 MCG-150 MCG-10 MCG-2.4 MCG-450 MCG-162.5 MCG-20 MG-2 MG-2.5 MG-1.8 MG-5 MG-75 MCG	P	

Drug Name	Drug Tier	Requirements/Limits
ALIVE WOMENS 50+ CHEW 50 MG-15 MG-0.85 MG-15 MCG-7.5 MG-120 MCG-150 MCG-20 MCG-2.4 MCG-225 MCG-165 MCG-2 MG-150 MCG-0.65 MG-1.35 MG-75 MCG-7.5 MG-75 MCG-25 MG	P	
ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW	P	
ALIVE WOMENS GUMMY MULTIVITAMIN CHEW 1.8 MCG-15 MG-18.75 MCG-120 MCG-0.15 MG-2 MG-1.3 MG-0.65 MG-0.163 MG-20 MCG-20 MCG-7.5 MG-75 MCG-0.95 MG-50 MG-75 MCG-25 MG-225 MCG	P	
APPE-CURB CAPS 15 MCG-125 MG-18.75 MG-93.75 MG-187.5 MG-9.375 MG-250 MG	P	RX/OTC
AQUADEKS CHEW 5 MG-0.95 MG-50 MCG-50 UNIT-100 MCG-400 UNIT-6 MCG-9083.5 UNIT-0.85 MG-350 MCG-5 MG-35 MG-6 MG-5 MG-0.75 MG-15 MG-37.5 MCG-5 MG	P	

Drug Name	Drug Tier	Requirements/Limits
BARIATRIC FUSION CHEW 17.5 MG-45 MG-500 MCG-150 MCG-200 MCG-750 UNIT-140 MCG-2.5 MG-425 MCG-5 MG-1875 UNIT-11.25 MG-3 MG-100 MG-300 MG-37.5 MG-7.5 UNIT-18.75 MCG-30 MCG-0.5 MG-7.5 MG-0.5 MG	P	
BARIATRIC MULTIVITAMINS/IRO N CAPS 100 MCG-130 MG-12 MG-600 MCG-800 MCG-20 MG-3000 UNIT-12 MG-120 MCG-40 MG-10000 UNIT-20 MG-45 MG-2 MG-60 UNIT-200 MG-15 MG-150 MCG-2 MG-100 MCG-1000 MCG-75 MCG	P	RX/OTC
BIO-35 GLUTEN-FREE CAPS 33.334 MG-45 MG-7 MG-10 UNIT-133.334 MCG-5 MCG-6 MG-5 MG-32.5 MG-32.5 MG-25 MG-33.334 MCG-3 MG-15 MG-12.5 MG-33.334 MCG-5 MG-5 MG-17.5 MG-5 MG-50 UNIT-1 MG-50 MG-50 MCG-37.834 MG-1 MG-100 MG-113 MG-66.667 MG-1000 UNIT-50 MG-33.5 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BIO-35 IRON FREE CAPS 33.334 MG-45 MG-7 MG-10 UNIT-133.334 MCG-5 MCG-6 MG-5 MG-32.5 MG-32.5 MG-25 MG-33.334 MCG-15 MG-12.5 MG-33.334 MCG-5 MG-5 MG-17.5 MG-5 MG-50 UNIT-1 MG-50 MG-50 MCG-37.834 MG-1 MG-50 MG-113 MG-20 MG-66.667 MG-1000 UNIT-15 MG-50 MG-50 MG-33.5 MG	P	RX/OTC
BIOCAL CAPS 45 MG-800 MCG-100 UNIT-40 MCG-500 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BURIED TREASURE ACTIVE 55PLUS SENIOR COMPLEX LIQD 10 MG/30ML-1200 UNIT/30ML-500 MG/30ML-40 MG/30ML-300 MCG/30ML-400 UNIT/30ML-400 MCG/30ML-40 MG/30ML-5 MG/30ML-200 MG/30ML-2 MG/30ML-75 MG/30ML-40 MG/30ML-50 MCG/30ML-50 MG/30ML-50 MG/30ML-50 MG/30ML-6 MG/30ML-50 MG/30ML-30 MG/30ML-200 MCG/30ML-1 MG/30ML-15 MG/30ML-50 MG/30ML-100 MG/30ML-3 MG/30ML-15000 UNIT/30ML-20 MCG/30ML-1 MG/30ML-100 MCG/30ML-100 MCG/30ML-80 MG/30ML-1000 MCG/30ML-10 MG/30ML-10 MG/30ML-2 MG/30ML-15 MG/30ML-100 MCG/30ML	P	RX/OTC

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

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

Drug Name	Drug Tier	Requirements/Limits
CELEBRATE MULTI-COMplete60 CHEW 70 MCG-90 MG-2 MG-300 MCG-30 UNIT-400 MCG-1500 UNIT-5000 UNIT-6 MG-60 MCG-20 MG-10 MG-30 MG-6 MG-500 MG-75 MCG-1.5 MG-500 MCG-37.5 MCG-100 MCG-1 MG-15 MG	P	
CELEBRATE MULTI-COMplete60 CAPS 46.666 MCG-60 MG-1.333 MG-200 MCG-20 UNIT-266.666 MCG-1000 UNIT-3333.333 UNIT-4 MG-40 MCG-13.333 MG-6.666 MG-20 MG-4 MG-33.333 MG-50 MCG-1 MG-333.333 MCG-25 MCG-66.666 MCG-0.666 MG-10 MG	P	RX/OTC
CELLULAR SECURITY CAPS 8.333 MCG-250 MG-0.833 MG-33.333 MCG-66.667 UNIT-133.333 MG-66.667 UNIT-1.667 MCG-833.333 UNIT-0.833 MG-1.667 MG-0.667 MG-5 MG-20.833 MG-41.667 MG-2.5 MG-16.667 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CENTRUM ADULT MULTIGUMMIES CHEW 1.2 MCG-15 MG-15 MCG-12 MCG-1.6 MG-0.8 MG-1.5 MG-0.13 MG-12.5 MCG-9 MG-0.23 MG-5 MG-2.5 MG-40 MCG-300 MCG	P	
CENTRUM FLAVOR BURST CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-100 MCG-19 MG-200 UNIT-2.5 MCG-500 UNIT-10 MCG-2.5 MG-20 MCG-10 UNIT	P	
CENTRUM FLAVOR BURST ADULT CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-100 MCG-19 MG-200 UNIT-2.5 MCG-500 UNIT-10 MCG-2.5 MG-20 MCG-10 UNIT	P	
CENTRUM FRESH/FRUITY ADULTS CHEW 2.4 MCG-82 MG-15 MCG-400 MCG-1.2 MG-5 MG-1.3 MG-2.5 MG-1.2 MG-25 MCG-10 MG-8 MG-65 MG-1 MG-10 MG-12 MCG-0.4 MG-9 MG-130 MG-150 MCG-25 MCG-800 MCG-80 MCG	P	

Drug Name	Drug Tier	Requirements/Limits
CENTRUM FRESH/FRUITY ADULTS 50+ CHEW 25 MCG-82 MG-3.2 MG-15 MCG-120 MCG-25 MCG-50 MCG-1.2 MG-5 MG-2.5 MG-1.1 MG-65 MG-9 MG-0.4 MG-800 MCG-10 MG-150 MG-150 MCG-10 MG-1 MG-12 MCG	P	
CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW 3.5 MG-15 MG-0.8 MG-37.5 MCG-80 MCG-500 UNIT-5 MCG-1000 UNIT-3 MG-16.5 MG-2.5 MG-40 MCG-20 UNIT-2.5 MG	P	
CENTRUM SILVER CHEW 4 MG-75 MG-7 MG-45 MCG-500 MCG-400 UNIT-25 MCG-2.7 MG-12 MG-250 MCG-4000 UNIT-10 MG-2.2 MG-15 MG-2 MG-50 MG-5 MCG-200 MG-25 MCG-100 MCG-70 UNIT-125 MG-10 MCG-4.5 MG-100 MCG-22.5 MCG-10 MCG	P	

Drug Name	Drug Tier	Requirements/Limits
CENTRUM VITAMINTS CHEW 10 MCG-30 MG-1 MG-30 MCG-200 MCG-500 UNIT-2.5 MCG-32.5 MCG-1 MG-1250 UNIT-2.5 MG-0.6 MG-0.6 MG-5 MG-20 MCG-75 MCG-15 UNIT-1.15 MG-17.5 MCG	P	
CHOICEFUL MULTIVITAMIN CAPS 15 MG-30 MG-1.9 MG-80 MCG-170 UNIT-180 MCG-1000 UNIT-5 MCG-14000 UNIT-1.5 MG-700 MCG-18 MG-8 MG-1 MG	P	RX/OTC
CHOICEFUL MULTIVITAMIN CHEW 15 MG-60 MG-1.5 MG-80 MCG-180 UNIT-180 MCG-800 UNIT-6 MCG-13000 UNIT-1.4 MG-600 MCG-8 MG-10 MG-1.2 MG	P	
CONCEPTIONXR MOTILITY SUPPORT FORMULA MISC 10 MG-250 MG-500 MCG-500 UNIT-5 MG-500 MG-100 MCG-200 UNIT	P	
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW 39.7 MCG-15 MCG-30 MG-0.85 MG-7.5 MCG-10 MG-2 MCG-315 MCG-2.5 MG-1.815 MG-7.5 MG	P	

Drug Name	Drug Tier	Requirements/Limits
CVS ADULT 50+ EYE HEALTH CAPS 160 MG-150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG	P	RX/OTC
CVS AIRSHIELD IMMUNITY SUPPORT CHEW 2.5 UNIT-250 MG-2.5 UNIT-50 UNIT-28.75 MG-25 MCG	P	
CVS DIABETES HEALTH SUPPORT MISC 1000 MG-560 MG-3 MG-30 MCG-800 MCG-50 MG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-416 MG-45 MCG-150 MCG-50 UNIT-137 MG-0.5 MG-255 MCG-5 MCG-39 MG-2.3 MG-10 MCG-245 MCG-72 MG-2 MG	P	
CVS EYE HEALTH ADULT 50+ CAPS 250 MG-150 MG-5 MG-1 MG-1 MG-9 MG-30 UNIT-90 MG-160 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CVS SPECTRAVITE ADULT 50+ CHEW 4 MG-75 MG-7 MG-45 MCG-500 MCG-400 UNIT-25 MCG-2.7 MG-12 MG-250 MCG-4000 UNIT-10 MG-2.2 MG-50 MG-15 MG-2 MG-150 MCG-200 MG-25 MCG-100 MCG-70 UNIT-125 MG-5 MCG-10 MCG-4.5 MG-100 MCG-25 MCG-10 MCG	P	
CVS SPECTRAVITE WOMEN CHEW 50 MG-9 MG-1 MG-75 MCG-80 MCG-12.5 MCG-4.5 MCG-300 MCG-20 MCG-6.75 MG-1.25 MG	P	
CVS VISION HEALTH CAPS 1 MG-250 MG-200 UNIT-5 MG-1 MG-10 MG	P	RX/OTC
DAILY HEART HEALTH SUPPORT MISC 300 MG-60 MG-3 MG-30 MCG-400 MCG-1500 UNIT-525 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-50 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-2 MG-5 MG-220 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-1 GM-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	

Drug Name	Drug Tier	Requirements/Limits
DAILY PAK MAXIMUM MULTIVITAMIN/ASIAN GINSENG EXTRACT MISC 100 MG-590 MG-53 MG-80 MCG-900 MCG-500 UNIT-75 MCG-51.7 MG-30 MCG-70 MG-250 MCG-2500 UNIT-60 MG-1120 MG-300 MCG-51.5 MG-11 MG-50 MG-150 MCG-0.9 MG-80 MG-45 MCG-150 MCG-250 UNIT-110 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG	P	
DECUBI-VITE CAPS 50 MG-500 MG-3 MG-15 MCG-400 MCG-200 UNIT-9 MCG-2500 UNIT-3.4 MG-30 MG-10 MG-3 MG-30 UNIT	P	RX/OTC
DEKAS BARIATRIC CHEW 10 MG-2 MG-300 MCG-400 MCG-2500 UNIT-500 MCG-5000 UNIT-1.7 MG-500 MCG-10 MG-10 MG-45 MG-10 MG-22.5 MG-5 MG-12.5 MG-1 MG-75 UNIT-10 MG-25 MG-25 MCG-75 MCG-1 MG-35 MCG-1 MG-60 MCG-25 MG	P	



Drug Name	Drug Tier	Requirements/Limits
DEKAS PLUS CAPS 75 MCG-1.9 MG-100 MCG-200 MCG-1.5 MG-3000 UNIT-12 MCG-18167 UNIT-1.7 MG-1000 MCG-10 MG-75 MG-12 MG-10 MG-150 UNIT-10 MG	P	RX/OTC
DEKAS PLUS CHEW 10 MG-1.9 MG-100 MCG-200 MCG-1.5 MG-2000 UNIT-12 MCG-18167 UNIT-1.7 MG-1000 MCG-10 MG-70 MG-12 MG-10 MG-100 UNIT-75 MCG	P	
DEKAS PLUS OCEAN CAPS 75 MCG-1.9 MG-100 MCG-200 MCG-1.5 MG-75 MCG-12 MCG-1.7 MG-1000 MCG-10 MG-75 MG-12 MG-10 MG-101 MG-10 MG-5450 MCG	P	RX/OTC
DIABETES HEALTH PACK MISC 50 MG-560 MG-3 MG-30 MCG-800 MCG-50 MG-400 UNIT-25 MCG-1.7 MG-250 MCG-5000 UNIT-10 MG-200 MG-1.5 MG-100 MG-15 MG-2 MG-150 MCG-20 MG-2 MG-80 MG-72 MG-75 MCG-150 MCG-45 UNIT-48 MG-5 MCG-2 MG-10 MCG-70 MCG-10 MCG-350 MCG	P	

Drug Name	Drug Tier	Requirements/Limits
EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW 15 UNIT-500 MG-1 MG-75 MCG-300 UNIT-2.5 MG-30.5 MG	P	
EMERGEN-C VITAMIN C CHEW 15 UNIT-500 MG-1 MG-150 MCG-2.5 MG-30 MG	P	
ENDUR-VM TBCR 15 MCG-100 MG-7 MG-100 MCG-400 MCG-10 MCG-15 MCG-6 MG-30 MG-15 MG-5 MG-50 MG-15 MG-20 MG-5 MCG-150 MCG-77 MG-100 MG-2 MG-5 MG-70 MCG	P	
ENDUR-VM WITH IRON TBCR 15 MCG-100 MG-7 MG-100 MCG-400 MCG-10 MCG-15 MCG-2100 MCG-6 MG-30 MG-15 MG-5 MG-50 MG-15 MG-20 MG-5 MCG-150 MCG-77 MG-100 MG-2 MG-5 MG-70 MCG-18 MCG	P	
EQ MULTIVITAMINS ADULT GUMMY CHEW 75 MCG-15 MG-2 MG-7.5 MCG-200 MCG-5 MG-400 UNIT-6 MCG-20 MCG-1.5 MG-137.5 MCG-5 MG-7.5 UNIT-1250 UNIT-60 MCG-18.75 MCG	P	

Drug Name	Drug Tier	Requirements/Limits
EQL ONE DAILY ADULT GUMMIES CHEW 2.5 MG-30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT	P	
EYE HEALTH CAPS 200 UNIT-250 MG-5 MG-1 MG-10 MG-1 MG	P	RX/OTC
EYE MULTIVITAMIN CAPS 40 MG-250 MG-5 MG-1 MG-90 MG-2 MG	P	RX/OTC
EYE MULTIVITAMIN/LUTEIN CAPS 34.8 MG-226 MG-5 MG-90 MG-2 MG	P	RX/OTC
FOLAGENT DHA CAPS 8 MCG-60 MG-300 MCG-1000 MCG-1.7 MG-20 MG-2.5 MG-10 MG-2 MG-10 MCG-20.1 MG-35 MG-28 MG-50 MG-2 MG-15 MG-200 MG-150 MCG-200 MG-1200 MCG	P	RX/OTC
FOLAMED DHA CAPS 8 MCG-60 MG-300 MCG-1000 MCG-1.7 MG-20 MG-2.5 MG-10 MG-2 MG-10 MCG-20.1 MG-35 MG-28 MG-50 MG-2 MG-15 MG-200 MG-150 MCG-200 MG-1200 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GENADEK STEP 1 CAPS 75 MCG-75 MG-1.9 MG-100 MCG-200 MCG-1.5 MG-75 MCG-12 MCG-1.7 MG-1000 MCG-10 MG-12 MG-10 MG-100.5 MG-10 MG-5450 MCG	P	RX/OTC
GENADEK STEP 2 CAPS 75 MCG-75 MG-1.9 MG-100 MCG-200 MCG-1.5 MG-125 MCG-12 MCG-1.7 MG-1000 MCG-10 MG-12 MG-10 MG-100.5 MG-10 MG-5450 MCG	P	RX/OTC
HEALTHY EYES SUPERVISION2 CAPS 10 MG-250 MG-5 MG-1 MG-90 MG-1 MG	P	RX/OTC
IMMUNE SUPPORT CHEW 4 MCG-250 MG-500 UNIT-10 MG-2 MG-7.5 UNIT-0.75 MG	P	
KP MENS DAILY PACK MISC 2 MG-30 MCG-400 MCG-400 UNIT-25 MCG-10 MCG-250 MCG-3000 UNIT-20 MG-140 MG-100 MG-15 MG-80 MG-150 MCG-75 MCG-150 MCG-100 UNIT-48 MG-2 MG-5 MCG-10 MCG-2 MG-120 MCG-20 MCG-10 MCG-72 MG	P	

Drug Name	Drug Tier	Requirements/Limits
KP WOMENS DAILY PACK MISC 72 MG-30 MCG-400 MCG-400 UNIT-25 MCG-10 MCG-250 MCG-3000 UNIT-20 MG-100 MG-15 MG-80 MG-150 MCG-2 MG-75 MCG-150 MCG-48 MG-2 MG-5 MCG-10 MCG-2 MG-120 MCG-20 MCG-10 MCG	P	
LIFE PACK MENS MISC 35 MG-700 MG-25 MG-600 MG-800 MCG-400 UNIT-66 MCG-27 MG-10 MG-10 MG-300 MG-120 MG-18 MG-10 MG-5 MG-30 MG-2 MG-25 MG-100 MG-22.5 MG-2 MG-5000 UNIT-75 MCG-230 UNIT-150 MG-150 MG-25 MCG-5 MG-5 MG	P	
LIFE PACK WOMENS MISC	P	

Drug Name	Drug Tier	Requirements/Limits
MENS 50+ ADVANCED CAPS 150 MCG-72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-300 MCG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-33 UNIT-5 MCG-10 MCG-180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG	P	RX/OTC
MENS MULTIVITAMIN CHEW 8.75 MCG-37.5 MG-2 MG-50 MCG-7.5 MG-200 MCG-10 MCG-7.5 MCG-300 MCG-5 MG-2.5 MG-75 MCG-27.5 MCG	P	
MENS PACK MISC 2 MG-670 MG-9 MG-30 MCG-400 MCG-400 UNIT-25 MCG-13.6 MG-10 MCG-70 MG-250 MCG-3000 UNIT-20 MG-18 MCG-15 MG-2 MG-150 MCG-100 MG-200 MG-80 MG-25 MCG-150 MCG-460 UNIT-48 MG-100 MCG-5 MCG-72 MG-2 MG-120 MCG-10 MCG	P	

Drug Name	Drug Tier	Requirement s/Limits
MH MACULAR HEALTH MISC 2.5 MG-250 MG-25 MG-25 MCG-500 MCG-250 UNIT-500 MCG-25 MG-25 MG-25 MG-0.5 MG-25 MG-40 MG-1 MG-200 UNIT-230 MG-230 MG-550 MG	P	
MOOD FOOD ES CAPS 255 MCG-10 MG-50 MG-50 MG-2.5 MG-150 MG-50 MG-35 MG-1.5 MG-25 MCG-15 MCG	P	RX/OTC
<i>multiple vitamins w/ minerals liqd 37 MG/15ML-90 MG/15ML-3 MG/15ML-150 MCG/15ML-45 UNIT/15ML-300 MCG/15ML-2.25 MG/15ML-600 UNIT/15ML-18 MCG/15ML-5250 UNIT/15ML-2.55 MG/15ML-45 MG/15ML-15 MG/15ML-15 MG/15ML-75 MG/15ML-112.5 MCG/15ML</i>	P	RX/OTC
<i>multiple vitamins w/ minerals chew 2.5 MG-30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>multiple vitamins w/ minerals caps 15 MG-60 MG-13.5 MG-6 MG</i>	P	RX/OTC
<i>multiple vitamins w/ minerals tbc 10 MCG-1000 UNIT-250 MG-75 MG-75 MCG-400 MCG-75 MG-75 MCG-75 MG-75 MG-75 MG-75 MG-10000 UNIT-75 MG-75 MG-25 MG-1.65 MG-4 MG-25 MG-0.3 MG-1.9 MG-0.66 MG-25 MG-4.6 MG-150 UNIT-25 MG-150 MCG-5 MG-10 MCG</i>	P	
MULTI-VITE LIQD 1.7 MG/15ML-60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.1 MG/15ML-400 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-20 MG/15ML-10 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-30 UNIT/15ML-2 MG/15ML-25 MCG/15ML	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MVW COMPLETE FORMULATION CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-800 MCG-20 MG-12 MG-1.5 MG	P	RX/OTC
MVW COMPLETE FORMULATIOND3000 CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-3000 UNIT-6 MCG-16000 UNIT-1.7 MG-800 MCG-20 MG-12 MG-1.5 MG	P	RX/OTC
MVW COMPLETE FORMULATIOND500 CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-5000 UNIT-6 MCG-16000 UNIT-1.7 MG-800 MCG-20 MG-12 MG-1.5 MG	P	RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-20 MG-12 MG-1.5 MG-200 UNIT	P	RX/OTC
OCUVEL CAPS	P	RX/OTC
OCUVITE ADULT 50+ CAPS 250 MG-150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
OCUVITE ADULT FORMULA CAPS 100 MG-100 MG-15 UNIT-2 MG-9 MG-1 MG	P	RX/OTC
OCUVITE LUTEIN CAPS 2 MG-60 MG-30 UNIT-5 MG-15 MG	P	RX/OTC
ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW 0.6 MCG-45 MG-15 MCG-120 MCG-8 MG-0.85 MG-1 MG-25 MCG-6.75 MG-2.5 MG-75 MCG-27.5 MCG-300 MCG	P	
ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW 55 MCG-37.5 MG-2.5 MG-300 MCG-15 UNIT-200 MCG-200 UNIT-7.5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-2.5 MG-75 MCG	P	
ONE A DAY WOMENS 50+ ADVANCED CHEW 8.5 MCG-20 MG-15 MCG-75 MCG-0.09 MG-7 MG-0.75 MG-1.4 MG-0.13 MG-12.5 MCG-7.5 MG-2.5 MG-1.1 MG-75 MCG-27.5 MCG-225 MCG	P	

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW 50 MG-32.5 MG-0.6 MG-15 MCG-15 UNIT-100 MCG-300 UNIT-1.2 MCG-37.5 MCG-7 MG-1250 UNIT	P	
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW 50 MG-37.5 MG-0.65 MG-15 MCG-15 UNIT-100 MCG-300 UNIT-1.2 MCG-37.5 MCG-8 MG-1250 UNIT	P	
ONE-A-DAY MENS VITACRAVES GUMMIES CHEW 55 MCG-37.5 MG-2.5 MG-300 MCG-15 UNIT-200 MCG-200 UNIT-7.5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-75 MCG-2.5 MG	P	
ONE-A-DAY VITACRAVES CHEW 2.5 MG-30 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG	P	
ONE-A-DAY VITACRAVES ADULT CHEW 2.5 MG-30 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG	P	

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW 17.5 MCG-62.5 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-2000 UNIT-10 MG-40 MCG-2.5 MG	P	
ONE-A-DAY VITACRAVES SOURGUMMIES CHEW 2.5 MG-30 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG	P	
ONE-A-DAY VITACRAVES WOMENS MULTI CHEW 1.25 MG-15 MG-1 MG-75 MCG-15 UNIT-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-50 MG-20 MCG	P	
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW 1.25 MG-15 MG-1 MG-75 MCG-15 UNIT-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-50 MG-20 MCG	P	

Drug Name	Drug Tier	Requirements/Limits
ONE-DAILY MULTI CAPS CAPS 100 MCG-150 MG-15 MG-100 MCG-800 MCG-10 MCG-100 MCG-15 MG-10 MG-10 MG-50 MG-500 MCG-25 MG-1 MG-500 MCG-2 MG-15 MG-100 MCG-40 MG-3000 MCG-5 MG-75 MCG-25 MG-150 MCG-5 MG-10 MG	P	RX/OTC
OPTIFAST POST BARIATRIC CHEW 125 MCG-23 MG-7.5 MCG-120 MCG-3 MG-4 MG-0.5 MG-1.3 MG-0.33 MG-18.8 MCG-10 MG-105 MG-0.6 MG-11.2 MCG-9 MCG-0.7 MG-7.5 MG-320 MG-38 MCG-60 MG-13.8 MCG-540 MCG-30 MCG	P	
OPTIMUM AIRVITES CHEW 3.75 MCG-12.5 MG-250 MG-500 UNIT-10 MG-2 MG-7.5 UNIT-0.75 MG	P	

Drug Name	Drug Tier	Requirements/Limits
OPTISOURCE POST BARIATRIC SURGERY CHEW 17.5 MCG-15 MG-0.5 MG-15 MCG-200 MCG-200 UNIT-125 MCG-0.43 MG-40 MCG-5 MG-1875 UNIT-2.5 MG-9 MG-0.75 MG-7.5 MG-0.5 MG-15 UNIT-100 MG-250 MG-18.75 MCG-37.5 MCG-50 MG-30 MCG-0.5 MG	P	
OPURITY/BYPASS OPTIMIZED CHEW 70 MCG-180 MG-5 MG-600 MCG-800 MCG-1600 UNIT-350 MCG-4.3 MG-40 MG-7500 UNIT-20 MG-6 MG-80 MG-50 MG-2 MG-300 MCG-60 UNIT-100 MCG-2 MG-30 MG-20 MG	P	

Drug Name	Drug Tier	Requirements/Limits
PREMIUM PACKETS MISC 30 MG-30 MCG-400 UNIT-25 MCG-30 MG-250 MCG-3500 UNIT-18 MG-300 MCG-100 MG-15 MG-80 MG-150 MCG-162 MG-75 MCG-150 MCG-109 MG-2 MG-5 MCG-5 MG-10 MG-10 MG-10 MG-10 MCG-2 MG-120 MCG-20 MCG-10 MCG-72 MG-10 MG-2 MG-10 MG-12 MG-20 MG-10 MG-10 MG-12 MG-60 MG-0.25 MG-10 MG-50 MG-10 MG-10 MG-50 MG-10 MG	P	
PRESERVISION AREDS CAPS 200 UNIT-226 MG-34.8 MG-0.8 MG-14320 UNIT	P	RX/OTC
PRESERVISION AREDS 2 CAPS 90 MG-250 MG-5 MG-1 MG-40 MG-1 MG	P	RX/OTC
PRESERVISION AREDS 2 CHEW 200 UNIT-250 MG-5 MG-1 MG-40 MG-1 MG	P	
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS 25 MCG-250 MG-1 MG-15 MCG-200 UNIT-0.75 MG-300 UNIT-12.5 MCG-0.85 MG-15 MCG-10 MG-5 MG-5 MG-1 MG-50 MG-1 MG-40 MG-22.5 MCG-75 MCG-200 UNIT-9.5 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRESERVISION/LUTEIN CAPS 200 UNIT-226 MG-5 MG-34.8 MG-0.8 MG	P	RX/OTC
PRORENAL+D/OMEGA -3 CAPS 500 MG-30 MG-5 MG-15 MCG-5 UNIT-400 MCG-0.75 MG-500 UNIT-1.2 MG-1 MG-10 MG-2.5 MG-4 MG-4 MG-0.45 MG-21.5 MCG-110 MG-165 MG	P	RX/OTC
PROTECT CARDIO AF CAPS 50 MG-250 MG-120 UNIT-25 MG-25 MG-25 MG-25 MG-32 UNIT-30 MG-50 MG-174 MG-200 UNIT-75 MCG-60 MG-25 MG-100 MG-50 MCG-340 MG-90 MG-50 MCG-1100 MCG-50 MCG-500 MCG	P	RX/OTC
PROTECT PLUS SO CAPS 0.5 MG-250 MG-150 MCG-25 MG-25 MG-20 MG-25 MG-25 MG-25 MG-25 MG-25 MG-15 MG-15 MG-5 MCG-144 MG-100 MG-2.5 MG-25 MCG-100 MCG-0.5 MG-25 MCG-15 MG-15 MG-50 MG-50 MCG-2875 MCG-50 MCG-25 MCG-500 MCG	P	RX/OTC



Drug Name	Drug Tier	Requirements/Limits
PROTEGRA CAPS 50 MG-250 MG-60 UNIT-7.5 MG-1 MG-5000 UNIT-1.5 MG-15 MCG	P	RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS 1 MG-250 MG-90 MG-5 MG-1 MG-10 MG	P	RX/OTC
REMEDIENT CAPS 8.5 MG-200 MG-1 MG-20 MCG-28 MG-60.3 MG-40 MG-8 MG-6 MCG-3.6 MG	P	RX/OTC
REPLACE CAPS 40 UNIT-100 MG-25 MG-0.02 MG-0.4 MG-25 MG-1000 UNIT-500 MCG-75 MG-25 MG-40 MG-4500 UNIT-2.5 MG-20 MG-10 MG-90 MG-2.5 MG-20 MCG-5 MG-50 MCG-0.1 MG-10 MG-900 MG-225 MCG-50 MCG-50 MG	P	RX/OTC
SUPER ANTIOXIDANT CAPS 3 MG-166.67 MG-30 UNIT-333.33 MG-10 MG-1000 MCG-1000 MCG-1000 MCG-10 MG-2 MG-333.33 UNIT-5 MG-25 MCG-6.67 MG-10 MG-1000 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SUPPORT LIQD 275 MG/5ML-2 MG/5ML-0.8 MG/5ML-8 MG/5ML-10 MCG/5ML-30 MG/5ML-100 UNIT/5ML-2 MG/5ML-7 MG/5ML-0.5 MG/5ML-1500 UNIT/5ML	P	RX/OTC
SYSTANE ICAPS AREDS2 CHEW 1 MG-250 MG-5 MG-1 MG-12.5 MG-200 UNIT	P	
THERAMILL FORTE CAPS 8 MCG-167 MG-4 MG-17 MG-50 MCG-67 UNIT-67 MCG-33 UNIT-16.5 MCG-12.5 MG-12.5 MG-12.5 MG-34 MG-17 MG-8 MG-17 MG-67 MG-0.25 MG-3 MCG-67 MG-16.5 MG-33 MCG-33 MCG-3500 UNIT-17 MG-2.5 MG-4 MG-2 MG-33 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
THERANATAL LACTATION COMPLETE MISC 70 MCG-120 MG-18 MG-300 MCG-400 MCG-6400 UNIT-12 MCG-4000 UNIT-5 MG-90 MCG-250 MG-20 MG-6 MG-9 MG-140 MG-5 MG-50 MG-30 UNIT-15 MG-300 MG-220 MCG-2 MG-50 MCG-30 MCG	P	
THERANATAL LACTATION ONE CAPS 30 MG-60 MG-2.5 MG-300 MCG-30 UNIT-400 MCG-6400 UNIT-8 MCG-2 MG-9 MG-1.7 MG-300 MG-220 MCG	P	RX/OTC
THRIVITE 19 TABS 30 UNIT-100 MG-1 MG-20 MG-3 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-25 MG-20 MG-1000 UNIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTRA MEGA TBCR 5 MG-200 MG-75 MG-75 MCG-400 MCG-400 UNIT-75 MCG-75 MG-35 MG-75 MCG-75 MG-10 MG-75 MG-18 MG-75 MG-25 MG-100 MG-75 MG-500 MCG-1 MG-7 MG-15 MG-100 UNIT-10 MCG-10 MCG-10 MCG-25 MG-150 MCG-6 MG-10000 UNIT-10 MCG-5 MG-100 MCG	P	
ULTRA MEGA GOLD TBCR 5 MG-200 MG-75 MG-75 MCG-400 MCG-400 UNIT-75 MCG-75 MG-35 MG-75 MCG-75 MG-10 MG-75 MG-18 MG-75 MG-25 MG-100 MG-75 MG-500 MCG-1 MG-7 MG-15 MG-100 UNIT-10 MCG-10 MCG-10 MG-250 MCG-10 MCG-25 MG-150 MCG-6 MG-10000 UNIT-10 MCG-5 MG-100 MCG	P	

Drug Name	Drug Tier	Requirements/Limits
ULTRA MEGA TWO TBCR 7.5 MG-150 MG-50 MG-50 MCG-200 MCG-200 UNIT-75 MCG-2.5 MG-50 MG-11 MG-12.5 MG-50 MG-7.5 MG-5000 UNIT-50 MG-5 MG-25 MG-5 MG-25 MG-50 MG-1.5 MG-1 MG-5 MG-7.5 MG-1 MG-100 UNIT-5 MG-75 MCG-5 MCG-5 MG-5 MCG-12.5 MG-25 MCG-40 MG-2.5 MG-0.5 MG	P	
VISION HEALTH CAPS 40 MG-250 MG-5 MG-1 MG-90 MG-2 MG	P	RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS 27.5 MCG-137.5 MG-25 MG-5 MG-1 MG-1 MG-250 MG-12.5 MG	P	RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS 37.5 MG-12.5 MG-12.5 MCG-5 MG-1 MG-3 MG-133 MG-667 MG-25 MG-333 MG-250 MG-25 MG	P	RX/OTC
VITABEX CAPS 50 MG-250 MG-6 MG-25 MCG-800 MCG-3 MG-500 UNIT-12 MCG-3 MG-50 MG-25 MG-25 MG-25 MCG-2500 UNIT-15 UNIT-2 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITABEX PLUS CAPS 10 MCG-120 MG-5 MG-25 MCG-500 MCG-25 MG-3 MG-1000 UNIT-6 MCG-3 MG-25 MG-10 MG-10 MG-10 UNIT	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
VITACHEW ADULT MULTI VITAMIN CHEW 0.6 MCG-45 MG-15 MCG-120 MCG-8 MG-0.85 MG-1 MG-25 MCG-6.75 MG-2.5 MG-75 MCG-27.5 MCG-300 MCG, 0.75 MG-250 MG-0.7 MG-150 MCG-5 MG-3.38 MG-2 MG-3.75 MCG, 1 MG-250 MG-5 MG-1 MG-12.5 MG-200 UNIT, 1 MG-45 MG-2 MG-300 MCG-400 MCG-1500 UNIT-500 MCG-5000 UNIT-1.7 MG-500 MCG-10 MG-10 MG-10 MG-22.5 MG-5 MG-6.25 MG-75 UNIT-15 MG-35 MCG-25 MG-7.5 MG-25 MCG-75 MCG-75 MG-1 MG-60 MCG-1 MG-7.5 MG, 1.2 MCG-15 MG-15 MCG-12 MCG-1.6 MG-0.8 MG-1.5 MG-0.13 MG-12.5 MCG-9 MG-0.23 MG-5 MG-2.5 MG-40 MCG-300 MCG, 1.25 MG-15 MG-0.5 MG-37.5 MCG-100 MCG-19 MG-200 UNIT-2.5 MCG-500 UNIT-10 MCG-2.5 MG-20 MCG-10 UNIT, 1.25 MG-15 MG-1 MG-75 MCG-15 UNIT-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-50 MCG-20	P	

Drug Name	Drug Tier	Requirement s/Limits
MCG, 1.25 MG-15 MG-1 MG-75 MCG-15 UNIT-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-50 MG-20 MCG, 1.8 MCG-15 MG-1.5 MG-18.75 MCG-200 MCG-120 MCG-0.15 MG-2 MG-1.3 MG-187.5 MCG-4.5 MCG-1250 UNIT-0.65 MG-212.5 MCG-0.163 MG-20 MCG-20 MCG-2.5 MG-1.25 MG-20 MCG-7.5 MG-10 MG-75 MCG-0.95 MG-50 MG-75 MCG-75 MCG-15 UNIT-22.5 MG-25 MG-225 MCG, 1.8 MCG-15 MG-18.75 MCG-120 MCG-0.15 MG-2 MG-1.3 MG-0.65 MG-0.163 MG-20 MCG-20 MCG-7.5 MG-75 MCG-0.95 MG-50 MG-75 MCG-25 MG-225 MCG, 10 MCG-30 MG-1 MG-30 MCG-200 MCG-500 UNIT-2.5 MCG-32.5 MCG-1 MG-1250 UNIT-2.5 MG-0.6 MG-0.6 MG-5 MG-20 MCG-75 MCG-15 UNIT-1.15 MG-17.5 MCG, 10 MG-1.9 MG-100 MCG-200 MCG-1.5 MG-2000 UNIT-12 MCG-18167 UNIT-1.7 MG-1000 MCG-10 MG-70 MG-12 MG-10 MG-100 UNIT-75		

Drug Name	Drug Tier	Requirements/Limits
MCG, 10 MG-2		
MG-300 MCG-400		
MCG-2500 UNIT-500		
MCG-5000 UNIT-1.7		
MG-500 MCG-10		
MG-10 MG-45 MG-10		
MG-22.5 MG-5		
MG-12.5 MG-1 MG-75		
UNIT-10 MG-25		
MG-25 MCG-75		
MCG-1 MG-35 MCG-1		
MG-60 MCG-25 MG,		
125 MCG-23 MG-7.5		
MCG-120 MCG-3		
MG-4 MG-0.5 MG-1.3		
MG-0.33 MG-18.8		
MCG-10 MG-105		
MG-0.6 MG-11.2		
MCG-9 MCG-0.7		
MG-7.5 MG-320		
MG-38 MCG-60		
MG-13.8 MCG-540		
MCG-30 MCG, 140		
MCG-90 MG-4		
MG-600 MCG-30		
UNIT-800 MCG-3000		
UNIT-5000 UNIT-3.4		
MG-40 MCG-40		
MG-20 MG-18 MG-6		
MG-15 MG-100		
MG-150 MCG-2		
MG-500 MCG-75		
MCG-200 MCG-2 MG,		
140 MG-30 MG-1		
MG-150 MCG-200		
MCG-400 UNIT-3		
MCG-1250 UNIT-20		
MCG-30 MCG-5		
MG-2.5 MG-2.5 MG-1		
MG-7.5 UNIT, 15		
MG-60 MG-1.5 MG-80		
MCG-180 UNIT-180		
MCG-800 UNIT-6		
MCG-13000 UNIT-1.4		
MG-600 MCG-8		

Drug Name	Drug Tier	Requirements/Limits
MG-10 MG-1.2 MG,		
15 UNIT-30 MG-1		
MG-75 MCG-200		
MCG-500 UNIT-3		
MCG-10 MG-1250		
UNIT-5 MG-3.75		
MG-37.5 MCG, 15		
UNIT-50 MG-2.5		
MG-0.5 MG-4.5 MG,		
15 UNIT-500 MG-1		
MG-150 MCG-2.5		
MG-30 MG, 15		
UNIT-500 MG-1		
MG-75 MCG-300		
UNIT-2.5 MG-30 MG,		
15 UNIT-500 MG-1		
MG-75 MCG-300		
UNIT-2.5 MG-30.5		
MG, 150 MG-65		
MG-3.35 MG-3.15		
MCG-1 MG-7.5 MG,		
17.5 MCG-15 MG-0.5		
MG-15 MCG-200		
MCG-200 UNIT-125		
MCG-0.43 MG-40		
MCG-5 MG-1875		
UNIT-2.5 MG-9		
MG-0.75 MG-7.5		
MG-0.5 MG-15		
UNIT-100 MG-250		
MG-18.75 MCG-37.5		
MCG-50 MG-30		
MCG-0.5 MG, 17.5		
MCG-62.5 MG-1		
MG-75 MCG-20		
UNIT-200 MCG-200		
UNIT-5 MCG-2000		
UNIT-10 MG-40		
MCG-2.5 MG, 17.5		
MG-45 MG-500		
MCG-150 MCG-200		
MCG-750 UNIT-140		
MCG-2.5 MG-425		
MCG-5 MG-1875		
UNIT-11.25 MG-3		

Drug Name	Drug Tier	Requirements/Limits
MG-100 MG-300 MG-37.5 MG-7.5 UNIT-18.75 MCG-30 MCG-0.5 MG-7.5 MG-0.5 MG, 2.4 MCG-82 MG-15 MCG-400 MCG-1.2 MG-5 MG-1.3 MG-2.5 MG-1.2 MG-25 MCG-10 MG-8 MG-65 MG-1 MG-10 MG-12 MCG-0.4 MG-9 MG-130 MG-150 MCG-25 MCG-800 MCG-80 MCG, 2.5 MG-30 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG, 2.5 MG-30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT, 2.5 MG-30 MG-1 MG-75 MCG-200 MCG-5 MCG-4 MCG-600 MCG-5 MG-17.5 MG-40 MCG-9 MG, 2.5 UNIT-250 MG-2.5 UNIT-50 UNIT-28.75 MG-25 MCG, 20 MCG-60 MG-2 MG-45 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-10 UNIT-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-108 MG-20 MG-150 MCG-60 UNIT-50 MG-1 MG, 20 UNIT-30		

Drug Name	Drug Tier	Requirements/Limits
MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-40 MCG, 200 UNIT-250 MG-5 MG-1 MG-40 MG-1 MG, 25 MCG-82 MG-3.2 MG-15 MCG-120 MCG-25 MCG-50 MCG-1.2 MG-5 MG-2.5 MG-1.1 MG-65 MG-9 MG-0.4 MG-800 MCG-10 MG-150 MG-150 MCG-10 MG-1 MG-12 MCG, 25 MG-10 MG-1 MG-250 MCG-200 MCG-12.5 MCG-5 MCG-375 MCG-1 MG-25 MG-4.5 MG, 3.5 MCG-150 MCG-0.5 MG-10 MG-10 MG-3.4 MG-2 MG, ...(49)		
VITEYES CLASSIC CAPS 89 MG-250 MG-5 MG-1 MG-12.5 MG-0.6 MG	P	RX/OTC
VITEYES CLASSIC ADVANCED CAPS 25 MG-250 MG-25 MG-5 MG-1.75 MG-12.5 MG-0.6 MG-100 MCG-134.5 MG-20 MG	P	RX/OTC
VITEYES CLASSIC MACULAR SUPPORT CAPS 89 MG-250 MG-5 MG-1 MG-12.5 MG-0.6 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITEYES CLASSIC/OMEGA-3 CAPS 360 MG-166.667 MG-89.333 MG-3.333 MG-0.667 MG-8.333 MG-0.4 MG-116.667 MG-216.667 MG	P	RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS 360 MG-166.667 MG-89.333 MG-3.333 MG-0.667 MG-8.333 MG-0.4 MG-116.667 MG-216.667 MG	P	RX/OTC
WAL-BORN VITAMIN C CHEW 3.75 MCG-12.5 MG-250 MG-500 UNIT-2 MG-10 MG-7.5 UNIT-0.75 MG	P	
WOMENS MULTI GUMMIES CHEW 50 MG-15 MG-1 MG-300 MCG-200 MCG-12.5 MCG-4.5 MCG-375 MG-1.25 MG-25 MG-20 MCG-6.75 MG	P	
WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW 25 MG-10 MG-1 MG-250 MCG-200 MCG-12.5 MCG-5 MCG-375 MCG-1 MG-25 MG-4.5 MG	P	

Drug Name	Drug Tier	Requirements/Limits
WOMENS PACK MISC 2 MG-670 MG-9 MG-30 MCG-400 MCG-400 UNIT-25 MCG-13.6 MG-10 MCG-70 MG-250 MCG-3000 UNIT-20 MG-18 MCG-15 MG-2 MG-150 MCG-100 MG-800 MG-80 MG-25 MCG-150 MCG-60 UNIT-48 MG-50 MCG-5 MCG-72 MG-2 MG-120 MCG-10 MCG	P	
YOUR LIFE MULTI ADULT GUMMIES CHEW 140 MG-30 MG-1 MG-150 MCG-200 MCG-400 UNIT-3 MCG-1250 UNIT-20 MCG-30 MCG-5 MG-2.5 MG-2.5 MG-1 MG-7.5 UNIT	P	
ZYVANA CAPS 48.5 MCG-263.5 MG-6 MG-20.5 MCG-11.5 MG	P	RX/OTC
<b>Multivitamins</b>		
AMLADDEX TABS 1 MG-125 MG-1 MG-25 MG-12.5 MG-5 MG-50 MG-12.5 MCG	P	RX/OTC
DAILY MULTIPLE VITAMINS TABS 6 MCG-60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-21 MG-900 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DEKAS ESSENTIAL LIQD 70 UNIT/ML-2000 UNIT/ML-2000 UNIT/ML-2000 MCG/ML	P	
DEKAS ESSENTIAL CAPS 150 UNIT-2000 UNIT-2000 UNIT-1000 MCG	P	
ESTROFACTORS TABS 0.67 MG-16.7 MG-66.7 UNIT-13 MCG-30 MG-66.7 MG-66.7 UNIT-833 UNIT-10 MCG-266 MCG-66.7 MG-70 MG-33 MG	P	RX/OTC
GENICIN VITA-Q TABS 1000 MCG-125 MG-12.5 MG-1000 MCG-25 MG-12.5 MCG-50 MG-5 MG	P	RX/OTC
HIGH POTENCY MULTIVITAMIN TABS 35 MG-90 MG-3 MG-30 MCG-400 MCG-3 MG-10 MCG-9 MCG-3.4 MG-20 MG-1500 MCG-10 MG-45 MG-13.6 MG	P	RX/OTC
MOMMYS BLISS MULTIVITAMINORGANIC DROPS LIQD 1500 UNIT/ML-40 MG/ML-14.7 MCG/ML-0.46 MG/ML-0.71 MG/ML-0.46 MG/ML-0.8 MG/ML-0.42 MG/ML-400 UNIT/ML-5 UNIT/ML	P	

Drug Name	Drug Tier	Requirements/Limits
MULTI VITAMIN TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG	P	RX/OTC
MULTI VITAMIN/D-3 TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.9 MG-20 MG-3000 UNIT-50 MG-1.5 MG-40 MG	P	RX/OTC
<i>multiple vitamin caps 89 MG-250 MG-5 MG-1 MG</i>	P	
<i>multiple vitamin tabs 60 MG-50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG</i>	P	RX/OTC
MULTIVITAMIN TABS	P	RX/OTC
MULTIVITAMIN ADULT TABS 1500 MCG-60 MG-2 MG-400 MCG-1.5 MG-10 MCG-6 MCG-1.7 MG-20 MG	P	RX/OTC
MULTIVITAMIN+ LIQD 15 UNIT/15ML-30 MG/15ML-1 MG/15ML-150 MCG/15ML-200 MCG/15ML-0.75 MG/15ML-200 UNIT/15ML-3 MCG/15ML-2500 UNIT/15ML-0.85 MG/15ML-10 MG/15ML-5 MG/15ML	P	



Drug Name	Drug Tier	Requirements/Limits
NEOMULTIVITE TABS 2 MCG-60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-5 MCG-1500 MCG	P	RX/OTC
NUTRA-Z+ CAPS 0.5 MG-65 MG-1 MG-5 MG-37.5 MG-25 MG-20 MG-5 MG, 10 MG-1 MCG-5 MCG-30 MCG-30 MCG-50 MCG, 10 UNIT-400 UNIT-50 MG-0.5 MG-2 MCG-5000 UNIT-2.5 MG-20 MG-5 MG-2.5 MG, 10000 UNIT-250 MG-200 UNIT, 150 UNIT-2000 UNIT-2000 UNIT-1000 MCG, 750 UNIT-150 MG-300 MG, 89 MG-250 MG-5 MG-1 MG	P	
OMNICAP TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG	P	RX/OTC
ONE DAILY ESSENTIAL TAB 900 MCG-60 MG-2 MG-500 MCG-1.5 MG-20 MCG-6 MCG-1.7 MG-20 MG-10 MG-45 MG-3.3 MG	P	RX/OTC
QUINTABS TABS 50 UNIT-400 UNIT-300 MG-30 MG-30 MCG-400 MCG-30 MG-30 MCG-5000 UNIT-30 MG-100 MG-30 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
THERA TABS 45 MG-90 MG-3 MG-30 MCG-400 MCG-3 MG-400 UNIT-9 MCG-3.4 MG-20 MG-5000 UNIT-10 MG-30 UNIT	P	RX/OTC
THEREMS MULTIVITAMIN TABS 9 MCG-90 MG-30 MCG-400 MCG-3 MG-20 MG-3 MG-10 MG-3.4 MG-10 MCG-13.6 MG-45 MG-35 MG-1500 MCG	P	RX/OTC
ZELDANA CAPS 0.5 MG-65 MG-1 MG-5 MG-37.5 MG-25 MG-20 MG-5 MG	P	
<b>Ped Multiple Vitamins w/ Minerals</b>		
ACTIVNUTRIENTS CHEW 85 MCG-62.5 MG-37.5 MCG-1.25 MG-2.5 MG-0.625 MG-2.5 MG-1.25 MG-61.5 MCG-3 MCG-30.75 MCG-3.125 MCG-8.375 MG-0.75 MG-12.5 MG-0.125 MG-12.5 MCG-12.5 MCG-0.125 MG-1.875 MG-12.5 MG-18.75 MCG-12.5 MCG-3.75 MCG-150 MCG-12.5 MCG	P	
CENTRUM FLAVOR BURST KIDS CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-100 MCG-19 MG-200 UNIT-2.5 MCG-500 UNIT-10 MCG-2.5 MG-20 MCG-10 UNIT	P	

Drug Name	Drug Tier	Requirements/Limits
CENTRUM KIDS CHEW 8 MG-60 MG-2 MG-45 MCG-400 MCG-10 MCG-6 MCG-1.7 MG-10 MCG-20 MG-450 MCG-10 MG-1.5 MG-40 MG-15 MG-2 MG-108 MG-20 MCG-150 MCG-13.5 MG-50 MG-1 MG-20 MCG	P	
FLINTSTONES TODDLER/TASTISMOOTH CHEW 70 MCG-40 MG-0.7 MG-150 MCG-10 UNIT-100 MCG-600 UNIT-3 MCG-0.8 MG-6 MG-1600 UNIT-2.5 MG-80 MG-0.7 MG-1.6 MG	P	
HEALTHY KIDS GUMMIES CHEW 2.5 MG-30 MG-1 MG-75 MCG-200 UNIT-200 MCG-200 UNIT-5 MCG-38 MG-20 MCG-2000 UNIT-5 MG-40 MCG	P	
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW 1.25 MG-15 MG-1 MG-10 MCG-40 MCG-7.5 MCG-1.5 MCG-300 MCG-1 MG-1.5 MG-1.5 MG	P	
MULTIVITAMIN GUMMIES CHILDRENS CHEW	P	

Drug Name	Drug Tier	Requirements/Limits
MVW COMPLETE FORMULATION CHEW 200 UNIT-100 MG-1.9 MG-100 MCG-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-10 MG-12 MG-1.5 MG-15 MG	P	
<i>pediatric multiple vitamin w/ minerals &amp; c chew</i>	P	
VITALETS CHILDRENS CHEW 60 MG-200 UNIT-40 MG-1 MG-150 MCG-15 UNIT-200 MCG-0.75 MG-3 MCG-2500 UNIT-0.85 MG-10 MG-5 MG-10 MG-0.8 MG-20 MG-0.1 MG-80 MG	P	
ZOO FRIENDS COMPLETE CHEW 9 MG-1 MG-20 MCG-200 MCG-300 UNIT-3 MCG-0.85 MG-7.5 MG-1500 UNIT-30 MG-5 MG-50 MG-0.75 MG-6 MG-1 MG-5 MG-75 MCG-15 UNIT	P	
<b>Ped MV w/ Fluoride</b>		
MULTIVITAMIN + FLUORIDE CHEW	P	RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN/FLUORIDE CHEW 15 UNIT-60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG	P	RX/OTC
MULTI-VIT-FLOR CHEW	P	RX/OTC
<i>pediatric multivitamins w/fl chew</i>	P	RX/OTC
POLY-VI-FLOR CHEW	P	RX/OTC
QUFLORA PEDIATRIC CHEW	P	RX/OTC
<b>Ped MV w/ Iron</b>		
ANIMAL SHAPES/IRON CHEW 30 UNIT-60 MG-2 MG-40 MCG-0.4 MG-600 UNIT-6 MCG-1.7 MG-55 MCG-15 MG-3000 UNIT-10 MG-18 MG-100 MG-1.5 MG-12 MG-2 MG-21 MG-150 MCG	P	
DINO-LIFE W/IRON & ZINC CHEW 4.5 MG-30 MG-1 MG-200 MCG-200 UNIT-3 MCG-0.85 MG-5 MG-2500 UNIT-0.75 MG-3.75 MG-15 UNIT	P	

Drug Name	Drug Tier	Requirements/Limits
FLINTSTONES COMPLETE CHEW 2.4 MCG-90 MG-30 MCG-240 MCG-1.2 MG-12 MG-1.7 MG-5 MG-1.3 MG-12 MG-20 MCG-7.5 MG-10 MG-15 MG-0.44 MG-5 MG-140 MG-150 MCG-400 MCG-60 MCG	P	
HONEY BEARS W/IRON AND ZINC CHEW 4.5 MG-30 MG-1 MG-200 MCG-200 UNIT-3 MCG-0.85 MG-5 MG-2500 UNIT-0.75 MG-3.75 MG-15 UNIT	P	
MULTIVITAMIN PLUS IRON CHILDRENS CHEW 30 UNIT-2 MG-40 MCG-0.4 MG-600 UNIT-6 MCG-1.7 MG-55 MCG-15 MG-3000 UNIT-60 MG-10 MG-18 MG-100 MG-1.5 MG-12 MG-2 MG-10 MG-150 MCG	P	
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 250 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-10 MCG/ML-5 MG/ML-11 MG/ML	P	
<i>pediatric multiple vitamins w/ iron chew</i>	P	

Drug Name	Drug Tier	Requirements/Limits
POLY-VI-SOL/IRON SOLN 0.4 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-10 MCG/ML-250 MCG/ML-4 MG/ML-11 MG/ML-5 MG/ML	P	
POLY-VITE/IRON SOLN 11 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-400 UNIT/ML-0.5 MCG/ML-833 UNIT/ML-4 MG/ML-0.4 MG/ML-5 UNIT/ML	P	
SCOOBY-DOO ONE A DAY CHEW 8 MG-60 MG-1.05 MG-0.3 MG-1.05 MG-4.5 MCG-2500 UNIT-1.2 MG-13.5 MG-400 UNIT-15 UNIT-12 MG-0.8 MG	P	
<b>Pediatric Multiple Vitamins</b>		
BPROTECTED PEDIA POLY-VITE SOLN OR 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML	P	

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN INFANT & TODDLER SOLN OR 0.5 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-10 MCG/ML-5 MG/ML-250 MCG/ML	P	
MULTIVITAMIN INFANT/TODDLER SOLN OR 0.5 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-400 UNIT/ML-5 MG/ML-250 MCG/ML	P	
NOVAFERRUM PEDIATRIC MULTIVITAMIN LIQD 0.6 MG/ML-35 MG/ML-0.4 MG/ML-5 UNIT/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-750 UNIT/ML-8 MG/ML	P	
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR 35 MG/ML-0.4 MG/ML-5 UNIT/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-750 UNIT/ML-0.6 MG/ML-8 MG/ML	P	
<i>pediatric multiple vitamins chew</i>	P	

Drug Name	Drug Tier	Requirements/Limits
PEDIAVIT LIQD 2500 UNIT/10ML-40 MG/10ML-0.7 MG/10ML-150 MCG/10ML-10 UNIT/10ML-200 MCG/10ML-0.7 MG/10ML-9 MG/10ML-3 MCG/10ML-5 MG/10ML-0.8 MG/10ML-400 UNIT/10ML-10 MG/10ML-8 MG/10ML	P	
POLY-VI-SOL SOLN OR 0.4 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-10 MCG/ML-0.5 MCG/ML-250 MCG/ML-4 MG/ML-5 MG/ML	P	
POLY-VITA SOLN OR 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-10 MCG/ML-2 MCG/ML-412.5 MCG/ML-8 MG/ML-5 MG/ML	P	
POLY-VITE PEDIATRIC SOLN OR 5 UNIT/ML-0.3 MG/ML-0.3 MG/ML-400 UNIT/ML-0.5 MCG/ML-833 UNIT/ML-4 MG/ML-50 MG/ML-0.4 MG/ML	P	
<b>Pediatric Vitamins</b>		

Drug Name	Drug Tier	Requirements/Limits
HONEY BEARS 0.75 MG-30 MG-1 MG-15 UNIT-200 MCG-200 UNIT-3 MCG-0.85 MG-5 MG-2500 UNIT	P	
<b>Prenatal Vitamins</b>		
ALIVE DAILY SUPPORT PRENATAL GUMMIES 1.4 MCG-30 MG-17.5 MCG-180 MCG-0.175 MG-9 MG-5.5 MG-1 MG-0.875 MG-0.2 MG-7.5 MCG-9.5 MG-25 MG-10 MG-1.625 MG-145 MCG-325 MCG	NP	
AZESCO TABS 1000 MCG-125 MG-2.5 MG-1 MG-1.4 MG-500 UNIT-13 MG-200 MG-150 MCG	NP	
BRAINSTRONG PRENATAL MISC 30 MCG-60 MG-2.5 MG-330 MCG-30 UNIT-800 MCG-1.7 MG-20 MG-800 UNIT-12 MCG-2 MG-12 MG-60 MG-20 MG-300 MG-150 MCG-115 MG-2 MG-6000 UNIT-33 MG-350 MG	NP	
CADEAU DHA 375 MG-80 MG-2.6 MG-3 MG-0.03 UNIT-0.8 MG-400 UNIT-3.4 MG-20 MG-7 MG-29 MG-100 MG-2 MG-3 MG-40 MG-15 MG-0.3 MG-0.4 MG	NP	
CITRANATAL 90 DHA	NP	

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL ASSURE 300 MG-120 MG-25 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-124 MG-35 MG-150 MCG-30 UNIT-0.75 MG	NP	
CITRANATAL B-CALM 20 MG-120 MG-25 MG-1 MG-400 UNIT-120 MG	NP	
CITRANATAL BLOOM 90 MG-120 MG-1 MG-12 MCG-50 MG	NP	
CITRANATAL DHA 625 MG-120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-124 MG-250 MG-27 MG-150 MCG-30 UNIT-0.625 MG	NP	
CITRANATAL HARMONY 260 MG-25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT	NP	
CITRANATAL RX 30 UNIT-120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-124 MG-27 MG-150 MCG	NP	
C-NATE DHA CAPS 200 MG-100 MG-20 MG-30 UNIT-1 MG-400 UNIT-15 MCG-3 MG-28 MG-3 MG-20 MG-30 MG-1 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
COMPLETE NATAL DHA 250 MG-120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-200 MG-29 MG-30 MG-3000 UNIT	P	
COMPLETENATE CHEW 11 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-29 MG-2 MG-1000 UNIT	NP	
CONCEPT DHA 200 MG-25 MG-25 MG-300 MCG-1 MG-1.8 MG-12.5 MCG-3 MG-5 MG-53.5 MG-2 MG-156 MG-5 MG-10 MG-2 MG-310 MG-38 MG-39 MG	NP	
CONCEPT OB 1.3 MG-210 MG-25 MG-300 MCG-1 MG-20 MG-10 MCG-5 MG-7 MG-130 MG-5 MG-6.9 MG-18.2 MG-800 MCG-92.4 MG	NP	
CVS PRENATAL TABS	NP	

Drug Name	Drug Tier	Requirements/Limits
CVS PRENATAL GUMMIES 1.4 MCG-30 MG-17.5 MCG-180 MCG-0.175 MG-9 MG-5.5 MG-1 MG-0.875 MG-0.2 MG-7.5 MCG-9.5 MG-25 MG-10 MG-1.625 MG-145 MCG-325 MCG, 35 MG-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	NP	
CVS PRENATAL GUMMY/DHA/FOLIC ACID 35 MG-15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-1800 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-113.5 MG-5 MG	NP	
CVS PRENATAL MULTI+DHA CAPS 250 MG-60 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-38 MG-1.5 MG-25 MG-4000 UNIT-11 UNIT	NP	

Drug Name	Drug Tier	Requirements/Limits
CVS WOMENS PRENATAL+DHA MISC 30 UNIT-60 MG-2.5 MG-300 MCG-975 MCG-400 UNIT-8 MCG-2 MG-20 MG-10 MG-28 MG-300 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG-4000 UNIT-150 MCG	NP	
ENBRACE HR 1 MG-25 MCG-25 MCG-2.5 MG-500 MCG-25 MCG-25 MCG-50 MCG-24 MG-12 MCG-1 MG-13.6 MG-1 MG-5.23 MG	NP	
FOLIVANE-OB 1.3 MG-210 MG-25 MG-300 MCG-1 MG-20 MG-10 MCG-5 MG-7 MG-5 MG-85 MG-6.9 MG-18.2 MG-800 MCG	NP	
GNP PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	NP	
GOODSENSE PRENATAL VITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	NP	

Drug Name	Drug Tier	Requirements/Limits
KOSHER PRENATAL PLUS IRON 30 MG-75 MG-21 MG-0.33 MG-1 MG-400 UNIT-12 MCG-2 MG-21 MG-6 MG-175 MG-1.5 MG-25 MG-15 MG-1.5 MG-3334 UNIT-0.15 MG	NP	
KP PRENATAL MULTIVITAMINS TABS 30 UNIT-120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	NP	
KPN PRENATAL TABS 2666.67 UNIT-0.83 MG-0.13 MG-10 MG-2 MG-133.33 UNIT-2 MCG-2 MG-3.33 MG-33.33 MG-2 MG-0.03 MG-33.33 MG-10 UNIT-0.03 MG-33.33 MG-0.03 MG-333.33 MG-0.01 MG-21.67 MG	NP	
M-NATAL PLUS TABS 22 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-200 MG	P	RX/OTC
MULTI PRENATAL TABS 200 MG-400 UNIT-100 MG-2.6 MG-800 MCG-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-1.5 MG-25 MG-11 UNIT	NP	

Drug Name	Drug Tier	Requirements/Limits
NEONATAL COMPLETE TABS	NP	RX/OTC
NEONATAL PLUS TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-5 MG-27 MG-10 MCG-9.2 MG-0.2 MG-2 MG-25 MG-200 MG-1200 MCG-2 MG	NP	RX/OTC
NESTABS 32 MG-50 MG-1000 MCG-450 UNIT-10 MCG-3 MG-55 MG-120 MG-65 MG-3 MG-155 MG-10 MG-100 MCG-30 UNIT	NP	
NESTABS DHA 32 MG-50 MG-1000 MCG-450 UNIT-10 MCG-3 MG-55 MG-120 MG-45 MG-3 MG-155 MG-10 MG-230 MG-100 MCG-30 UNIT-30 MG	NP	
NESTABS ONE 225 MG-30 MG-10 MG-6.25 MCG-15 MCG-15 MG-20 MG-18 MG-38 MG-1 MG	NP	
NIVA-PLUS TABS 200 MG-120 MG-10 MG-22 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG	P	RX/OTC



Drug Name	Drug Tier	Requirements/Limits
OB COMPLETE 50 MG-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	NP	
OB COMPLETE ONE 10 MG-30 MG-200 MCG-1000 MCG-1200 UNIT-50 MCG-4 MG-10 MG-2 MG-25 MG-15 MG-70 MG-300 MG-55 MG-150 MCG-30 UNIT-1 MG-476 MG-40 MG-40 MG	NP	
OB COMPLETE PETITE 200 MG-30 MG-30 UNIT-1 MG-1000 UNIT-15 MCG-3.4 MG-2 MG-25 MG-125 MG-1 MG-35 MG-5 MG	NP	
OB COMPLETE PREMIER 20 MG-120 MG-10 MG-1 MG-10 MG-800 UNIT-15 MCG-3.4 MG-2 MG-20 UNIT-1 MG-10 MG-2100 UNIT-30 MG-15 MG-100 MG	NP	
OB COMPLETE/DHA 200 MG-125 MG-30 UNIT-1 MG-1000 UNIT-15 MCG-3.4 MG-2 MG-25 MG-1 MG-30 MG-10 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
OBSTETRIX DHA 387 MG-120 MG-40 MG-1 MG-3 MG-400 UNIT-12 MCG-3.4 MG-20 MG-50 MG-30 MG-25 MG-250 MG-2700 UNIT-18 UNIT-100 MG-65 MCG-29 MG	NP	
OBSTETRIX EC TABS 29 MG-120 MG-40 MG-1 MG-3 MG-400 UNIT-12 MCG-3.4 MG-20 MG-50 MG-25 MG-30 MG-2700 UNIT-18 UNIT-65 MCG	NP	RX/OTC
OBTREX DHA MISC	NP	
ONE A DAY WOMENS PRENATAL/DHA MISC 223 MG-60 MG-2.5 MG-300 MCG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG-300 MG-150 MCG-30 UNIT-23 MG	NP	
ONE A DAY WOMENS PRENATAL1 235 MG-60 MG-2.5 MG-300 MCG-30 UNIT-800 MCG-400 UNIT-8 MCG-4000 UNIT-2 MG-20 MG-10 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG-28 MG-200 MG-150 MCG-35 MG	NP	

Drug Name	Drug Tier	Requirement s/Limits
PERRY PRENATAL CAPS 15 UNIT-50 MG-2 MG-400 MCG-200 UNIT-4 MCG-1 MG-10 MG-3000 UNIT-5 MG-13.5 MG-100 MG-1.5 MG-7.5 MG-50 MG-1 MG-75 MCG	NP	
PNV TABS 20-1 20 MG-60 MG-26 MG-0.28 MG-1 MG-10 MCG-13 MCG-80 MG-25 MG-300 MCG-0.15 MG-4.5 MG	NP	
PNV TABS 29-1 29 MG-120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-200 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-150 MCG-30 UNIT	P	
PNV-DHA+DOCUSATE 160 MG-28 MG-25 MG-30 UNIT-1.25 MG-400 UNIT-27 MG-55 MG-300 MG	NP	
PNV-OMEGA 600 MCG-85 MG-250 MCG-400 MCG-25 MG-200 UNIT-12 MCG-28 MG-140 MG-45 MG-10 UNIT-300 MG-150 MCG-40 MG	NP	
PREGENNA 20 MG-60 MG-26 MG-0.28 MG-1 MG-10 MCG-13 MCG-80 MG-25 MG-300 MCG-0.15 MG-4.5 MG	NP	

Drug Name	Drug Tier	Requirement s/Limits
PRENA 1 TRUE 2 MG-600 UNIT-60 MG-25 MG-300 MCG-1.4 MG-12 MCG-3.4 MG-20 MG-10 MG-150 MG-3 MG-150 MCG-30 UNIT-30 MG-300 MG-15 MG	NP	
PRENA1 CHEW 8 MCG-2 MG-1.4 MG-400 UNIT-1.7 MG	NP	
PRENA1 PEARL 30 UNIT-30 MG-25 MG-300 MCG-1.4 MG-400 UNIT-8 MCG-2 MG-20 MG-10 MG-1.7 MG-7.5 MG-200 MG-30 MG-150 MCG	NP	
PRENAISSANCE 160 MG-28 MG-25 MG-30 UNIT-1.25 MG-800 UNIT-29 MG-55 MG-325 MG	NP	
PRENAISSANCE PLUS CAPS 250 MG-25 MG-1 MG-400 UNIT-50 MG-100 MG-30 UNIT-28 MG	NP	
PRENATABS FA TABS 4000 UNIT-120 MG-120 MG-3 MG-3 MG-1 MG-1000 MCG-10 MCG-8 MCG-8 MCG-3 MG-3 MG-20 MG-20 MG-29 MG-29 MG-200 MG-200 MG-3 MG-3 MG-15 MG-15 MG-400 UNIT-1200 MCG-150 MCG-150 MCG-30 UNIT-13.5 MG	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATAL TABS	NP	
PRENATAL TABS	P	RX/OTC
PRENATAL + COMPLETE MULTI/DHA/CHOLINE /FOLATE 321 MG-20 MG-0.833 MG-100 MCG-10 UNIT-333.33 UNIT-1333.33 UNIT-0.667 MG-3.33 MG-0.566 MG-1.25 MG-5.33 MCG-250 MG-6.667 MG-373 MG-35 MG-3.33 MCG-266.667 MCG	NP	
PRENATAL 19 CHEW 30 UNIT-100 MG-20 MG-1 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-3 MG-20 MG-1000 UNIT	NP	
PRENATAL 19 TABS 1000 UNIT-100 MG-1 MG-20 MG-400 UNIT-12 MCG-7 MG-3 MG-15 MG-29 MG-200 MG-3 MG-25 MG-20 MG-30 UNIT	NP	RX/OTC
PRENATAL AND IRON TABS 1 MG-4 MG-800 MCG-1.7 MG-400 UNIT-2 MG-20 MG-8000 UNIT-60 MG-45 MG-100 MG-100 MG-7.5 MG-150 MCG-30 UNIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATAL COMPLETE TABS 15 UNIT-60 MG-9 MG-400 MCG-200 UNIT-5 MCG-1 MG-10 MG-2300 UNIT-14 MG-150 MG-0.9 MG-12.5 MG-1 MG-75 MCG	NP	
PRENATAL FORMULA CAPS 35 MG-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-200 MG-4000 UNIT-30 UNIT	NP	
PRENATAL FORMULA A-FREE TABS 10 UNIT-133.333 UNIT-33.333 MG-1 MG-10 MCG-266.667 MCG-2 MG-2 MCG-2 MG-10 MG-5 MG-9 MG-333.333 MG-0.1 MG-7.5 MG-33.333 MG-0.1 MG	NP	
PRENATAL GUMMIES/DHA & FOLIC ACID 32.5 MG-15 MG-1.25 MG-7.5 UNIT-400 MCG-5 MG-200 UNIT-4 MCG-2000 UNIT-25 MG-10 MG-1.9 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL MULTI + DHA CAPS 250 MG-60 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-38 MG-1.5 MG-25 MG-4000 UNIT-11 UNIT	NP	
PRENATAL MULTI +DHA CAPS 228 MG-100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-150 MG-1.5 MG-25 MG-200 MG-11 UNIT-28 MG-4000 UNIT	NP	
PRENATAL MULTIVITAMIN TABS 30 UNIT-120 MG-800 MCG-2.6 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	NP	
PRENATAL MULTIVITAMIN + DHA MISC 200 MG-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-30 UNIT-4000 UNIT	NP	
PRENATAL MULTIVITAMIN PLUS DHA CAPS 250 MG-60 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-38 MG-1.5 MG-25 MG-4000 UNIT-11 UNIT	NP	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL ONE DAILY TABS 200 MG-400 UNIT-3 MG-100 MCG-15 UNIT-800 MCG-2 MG-10 MCG-2000 UNIT-3 MG-20 MG-10 MG-27 MG-2 MG-15 MG-60 MG-100 MG-2 MG	NP	
PRENATAL PLUS IRON 29 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-200 MG-1.84 MG-25 MG-2 MG-22 UNIT	NP	
PRENATAL PLUS VITAMIN ANDMINERAL TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-27 MG-10 MCG-9.9 MG-2 MG-25 MG-200 MG-1200 MCG	NP	RX/OTC
<i>prenatal vit w/ ferrous fumarate-folic acid tabs</i>	NP	
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid 600 MCG-80 MG-20 MG-300 MCG-400 MCG-400 UNIT-12 MCG-3.4 MG-20 MG-6 MG-27 MG-120 MG-3 MG-30 MG-15 MG-2 MG-2500 UNIT-150 MCG-10 UNIT</i>	NP	
<i>prenatal vit w/ iron carbonyl-folic acid</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMIN TABS 50 MCG-50 MG-1 MG-800 MCG-400 UNIT-2 MCG-2 MG-10 MG-4000 UNIT-27 MG-300 MG-3 MG-150 MCG-88 MCG-150 MCG-835 MCG-10 MCG	NP	
PRENATAL VITAMIN & MINERAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-4000 UNIT-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG	NP	
PRENATAL VITAMIN/IRON TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	NP	
PRENATAL VITAMINS TABS	NP	
PRENATAL VITAMINS PLUS LOW IRON TABS 22 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-200 MG-1.84 MG-25 MG-2 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha 600 MCG-85 MG-25 MG-400 MCG-200 UNIT-12 MCG-27 MG-140 MG-45 MG-300 MG-10 UNIT</i>	NP	
PRENATAL+DHA MISC 4000 UNIT-120 MG-5.2 MG-30 UNIT-975 MCG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-2 MG-25 MG-25 MG-2 MG-200 MG-150 MCG	NP	
PRENATAL-U CAPS 1.3 MG-5 MG-1 MG-15 MCG-6 MG-30 MG-200 MG-10 MG-106.5 MG-10 MG-0.8 MG	NP	
PRENATE 25 MG-10 MG-280 MCG-400 MCG-300 UNIT-125 MCG-500 MG-50 MG-600 MCG-250 MCG	NP	
PRENATE AM 600 MCG-75 MG-400 MCG-12 MCG-200 MG-500 MG-25 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
PRENATE DHA 18 MG-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-90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG, 5 MG-30 MG-5 MG-75 MCG-400 MCG-500 UNIT-13 MCG-200 MG-150 MCG-10 UNIT-600 MCG-10 MG	NP	
PRENATE ELITE 20 MG-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	NP	
PRENATE ENHANCE 600 MCG-85 MG-25 MG-500 MCG-400 MCG-1000 UNIT-12 MCG-28 MG-50 MG-400 MG-155 MG-150 MCG-10 UNIT	NP	
PRENATE ESSENTIAL	NP	

Drug Name	Drug Tier	Requirements/Limits
PRENATE MINI 25 MG-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	NP	
PRENATE PIXIE 5 MG-30 MG-5 MG-75 MCG-400 MCG-500 UNIT-13 MCG-200 MG-150 MCG-10 UNIT-600 MCG-10 MG	NP	
PRENATE RESTORE 600 MCG-85 MG-25 MG-500 MCG-400 MCG-1000 UNIT-12 MCG-27 MG-45 MG-400 MG-155 MG-10 UNIT-10 MG	NP	
PRENATRIX TABS 45 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1720 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-1.3 MG-150 MCG-30 MG-2.6 MG-50 MCG-70 MCG	NP	RX/OTC
PRENATRYL TABS 70 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1500 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-150 MCG-30 MG-2.6 MG-45 MCG-50 MCG	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PREPLUS TABS 22 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-200 MG	P	RX/OTC
PRETAB TABS 30 UNIT-120 MG-3 MG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-29 MG-200 MG-3 MG-15 MG-4000 UNIT-150 MCG	P	RX/OTC
PRIMACARE 30 MG-50 MG-1 MG-250 MCG-50 MG-1000 UNIT-1.5 MG-10 MG-50 MG-25 MG-300 MG-100 MG-150 MCG-15 UNIT-120 MG-15 MG-750 MCG	NP	
PROVIDA OB 30 MG-25 MG-300 MCG-1.25 MG-10 MG-2.5 MG-400 UNIT-12 MCG-3.5 MG-6 MG-20 MG-1 MG-20 MG-10 MG-60 MG-20 MG	NP	
RA PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	NP	

Drug Name	Drug Tier	Requirements/Limits
SELECT-OB CHEW 0.6 MG-60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG	NP	
SELECT-OB+DHA MISC 250 MG-60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-20 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG	NP	
SE-NATAL 19 CHEW 30 UNIT-20 MG-1 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-3 MG-20 MG-100 MG-1000 UNIT	P	
SE-NATAL 19 TABS 30 UNIT-100 MG-1 MG-20 MG-3 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-20 MG-1000 UNIT	P	RX/OTC
SM ONE DAILY PRENATAL MISC 440 MG-60 MG-2.5 MG-300 MCG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-15 MG-200 MG-50 MG-300 MG-150 MCG-30 UNIT-2 MG-240 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
SM PRENATAL VITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	NP	
TARON-C DHA 200 MG-25 MG-25 MG-300 MCG-1 MG-12.5 MCG-3 MG-5 MG-2 MG-156 MG-35 MG-5 MG-10 MG-2 MG-39 MG	NP	
TARON-PREX 160 MG-25 MG-25 MG-30 UNIT-1.2 MG-170 UNIT-30 MG-55 MG-265 MG	NP	
THERANATAL COMPLETE MISC 70 MCG-100 MG-30 MG-30 MCG-1 MG-3000 UNIT-12 MCG-1.7 MG-200 MG-20 MG-6 MG-27 MG-140 MG-1.5 MG-50 MG-2 MG-30 UNIT-15 MG-300 MG-3000 UNIT-50 MCG-220 MCG-30 MCG	NP	

Drug Name	Drug Tier	Requirements/Limits
THERANATAL CORE NUTRITION TABS 70 MCG-100 MG-12 MG-30 MCG-1 MG-2000 UNIT-12 MCG-1.7 MG-50 MG-20 MG-6 MG-27 MG-140 MG-1.5 MG-50 MG-2 MG-30 UNIT-15 MG-3000 UNIT-50 MCG-220 MCG-30 MCG	NP	RX/OTC
THERANATAL ONE CAPS 30 MG-15 MG-1.9 MG-30 UNIT-1000 MCG-2000 UNIT-2.6 MCG-1.4 MG-27 MG-1.4 MG-300 MG-220 MCG	NP	
THERANATAL OVAVITE 70 MCG-100 MG-30 MG-30 MCG-1 MG-2000 UNIT-12 MCG-5 MG-90 MCG-100 MG-20 MG-6 MG-18 MG-125 MG-140 MG-5 MG-50 MG-15 MG-2 MG-30 UNIT-3000 UNIT-50 MCG-220 MCG-30 MCG	NP	
THRIVITE RX 29 MG-120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-200 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-150 MCG-30 UNIT	P	



Drug Name	Drug Tier	Requirements/Limits
TRICARE TABS 200 MG-100 MG-1 MG-1.6 MG-20 MG-3.1 MG-12 MCG-1.6 MG-27 MG-10 MCG-30 UNIT-2 MG-10 MG	NP	RX/OTC
TRINATAL RX 1 TABS 15 UNIT-80 MG-4 MG-30 MCG-1 MG-400 UNIT-2.5 MCG-7 MG-1.6 MG-17 MG-3600 UNIT-60 MG-200 MG-1.5 MG-100 MG-25 MG-3 MG-400 UNIT	P	
TRINAZ TABS 30 MCG-125 MG-2.5 MG-1 MG-1.4 MG-500 UNIT-1.6 MG-12 MG-200 MG-150 MCG	NP	
TRISTART DHA 600 MCG-55 MG-35 MG-15 UNIT-400 MCG-5 MG-1.3 MG-1000 UNIT-14 MCG-1.8 MG-30 MG-200 MG-200 MCG-15 MG-31 MG	NP	
TRIVEEN-DUO DHA 12 MCG-120 MG-1 MG-1.8 MG-20 MG-25 MG-4 MG-10 MCG-15 MG-275 MG-29 MG-25 MG-2 MG-25 MG-200 MG-25 MG-900 MCG	P	
VINATE DHA RF 1.13 MG-85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
VIRT-C DHA 200 MG-25 MG-25 MG-300 MCG-1 MG-1.8 MG-12.5 MCG-3 MG-5 MG-53.5 MG-2 MG-156 MG-5 MG-10 MG-2 MG-310 MG-38 MG-39 MG	P	
VIRT-NATE DHA CAPS 200 MG-100 MG-20 MG-30 UNIT-1 MG-400 UNIT-15 MCG-3 MG-28 MG-3 MG-30 MG-20 MG-1 MG	NP	
VIRT-PN DHA 600 MCG-85 MG-25 MG-10 UNIT-400 MCG-200 UNIT-12 MCG-27 MG-140 MG-45 MG-300 MG-330 MG	NP	
VIRT-PN PLUS 340 MG-85 MG-250 MCG-400 MCG-25 MG-200 UNIT-12 MCG-28 MG-140 MG-45 MG-10 UNIT-300 MG-150 MCG-40 MG-600 MCG	NP	
VITAFOL GUMMIES 34.8 MG-10 MG-0.833 MG-5 UNIT-0.333 MG-333.333 UNIT-2.667 MG-366.667 MG-3.333 MG-5 MG-25 MG-50 MCG-3.33 MG-5.1 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
VITAFOL ULTRA 415 MG-30 MG-2.5 MG-0.4 MG-1.6 MG-1000 UNIT-12 MCG-1.8 MG-15 MG-20 MG-25 MG-2 MG-200 MG-1100 UNIT-150 MCG-20 UNIT-29 MG-0.6 MG	NP	
VITAFOL-NANO 0.6 MG-2.5 MG-0.4 MG-25 MCG-12 MCG-18 MG-150 MCG	NP	
VITAFOL-OB TABS 30 UNIT-70 MG-2.5 MG-1 MG-400 UNIT-12 MCG-1.8 MG-18 MG-65 MG-100 MG-1.6 MG-25 MG-25 MG-2700 UNIT-2 MG	NP	
VITAFOL-OB+DHA MISC 250 MG-70 MG-2.5 MG-1 MG-400 UNIT-12 MCG-1.8 MG-18 MG-65 MG-20 MG-100 MG-1.6 MG-25 MG-25 MG-2 MG-2700 UNIT-30 UNIT	NP	
VITAFOL-ONE CAPS 200 MG-30 MG-2.5 MG-1 MG-1000 UNIT-12 MCG-1.8 MG-15 MG-1.6 MG-20 MG-25 MG-2 MG-1100 UNIT-150 MCG-20 UNIT-29 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
VITAMEDMD ONE RX/QUATREFOLIC 200 MG-60 MG-25 MG-300 MCG-400 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-10 MG-30 MG-1.5 MG-7.5 MG-21 UNIT-600 MCG	NP	
VITAMEDMD REDICHEW RX 8 MCG-2 MG-1.4 MG-400 UNIT-1.7 MG	NP	
VITAPEARL 30 UNIT-30 MG-25 MG-300 MCG-1.4 MG-400 UNIT-8 MCG-2 MG-20 MG-10 MG-1.7 MG-7.5 MG-200 MG-30 MG-150 MCG	NP	
VITATRUE 2 MG-600 UNIT-60 MG-25 MG-300 MCG-1.4 MG-12 MCG-3.4 MG-20 MG-10 MG-150 MG-3 MG-150 MCG-30 UNIT-30 MG-300 MG-15 MG	NP	
VOL-PLUS TABS 200 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-22 MG	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
VP-PNV-DHA CAPS 15.8 MG-80 MG-16 MG-30 UNIT-1 MG-20 MG-400 UNIT-12 MCG-2500 UNIT-2.2 MG-28 MG-50 MG-6 MG-30 MG-20 MG-200 MG-1 MG	P	
WESCAP-PN DHA 0.6 MG-85 MG-0.4 MG-25 MG-5 MCG-6.7 MG-300 MG-27 MG-45 MG-140 MG-12 MCG	NP	
WESNATE DHA CAPS 200 MG-100 MG-1 MG-3 MG-20 MG-3 MG-10 MCG-20.1 MG-28 MG-30 MG-1 MG-20 MG-15 MCG	NP	
WESTAB PLUS TABS 1200 MCG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.9 MG	P	RX/OTC
WESTGEL DHA 600 MCG-55 MG-35 MG-400 MCG-5 MG-1.3 MG-25 MCG-14 MCG-1.8 MG-30 MG-200 MG-200 MCG-10 MG-15 MG-31 MG	NP	
ZALVIT TABS 1000 MCG-125 MG-2.5 MG-1 MG-1.4 MG-500 UNIT-13 MG-200 MG-150 MCG	NP	

Drug Name	Drug Tier	Requirement s/Limits
ZATEAN-PN DHA 600 MCG-85 MG-25 MG-10 UNIT-400 MCG-200 UNIT-12 MCG-27 MG-140 MG-45 MG-300 MG	NP	
ZATEAN-PN PLUS 340 MG-85 MG-250 MCG-400 MCG-25 MG-200 UNIT-12 MCG-28 MG-140 MG-45 MG-10 UNIT-300 MG-150 MCG-40 MG-600 MCG	NP	
<b>Specialty Vitamins Products</b>		
ADRENAL MANAGER CAPS 10 MG-87.5 MG-7.5 MG-87.5 MG-5 MG-52.5 MG-7.5 MG-22.5 MG-1 MG-25 MCG-2.5 MG-112.5 MG-0.5 MG-12.5 MG-25 MG-12.5 MG	P	RX/OTC
ADRENAL STRESS CALM TABS 20 MG-150 MG-80 MG-80 MG-60 MG-5 MG-12 MG-1 MG	P	RX/OTC
ADRENALIV CAPS 50 MG-125 MG-125 MG-15 MG-150 MG-50 MG-75 MG-50 MG-50 MG	P	RX/OTC
ADRENOID CAPS 100 MCG-150 MG-50 MCG-100 MG-4 MG-100 MCG-75 MCG-15 MG-25 MG-100 MG-25 MCG-1 MG-120 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ALLERWELL ALLERGY FORMULA TABS 15 MG-40 MG-15 MG-3 MG-5 MG-90 MG-25 MG-90 MG-25 MG-120 MG-1.5 MG-25 MG-1 MG-200 MG-0.12 MG-4.5 MG-40 MG-80 MG-40 MG-2 MG-3 MG-18 MCG-25 MG	P	RX/OTC
BILBERRY PLUS CAPS 60 MG-50 UNIT-2 MG-25 MG-40 MCG-6000 UNIT	P	RX/OTC
BIOTIN PLUS KERATIN TABS 100 MG-10000 MCG	P	RX/OTC
BRAIN MIGHT/DHA & CO Q10 TABS 100 MG-100 MG-1 MG-1.6 MCG-334 MCG-111 MG-111 MG-3.3 MG-1.6 MG-10 MG-334 MCG-10 MG-140 MG	P	RX/OTC
CARDIOPRESS CAPS 15 MG-60 MG-5 MG-100 MCG-2.5 MG-100 MCG-25 MG-100 MG-175 MG-15 MG-125 MG-15 MG-150 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CENTRUM PERFORMANCE TABS 50 MG-120 MG-6 MG-50 MCG-400 MCG-400 UNIT-18 MCG-5.1 MG-25 MCG-40 MG-3500 UNIT-12 MG-18 MG-4.5 MG-11 MG-40 MG-80 MG-100 MG-75 MCG-150 MCG-60 UNIT-48 MG-0.9 MG-5 MCG-10 MCG-4 MG-60 MCG-70 MCG-10 MCG-120 MCG-72 MG-4 MG	P	RX/OTC
CENTRUM SPECIALIST ENERGY TABS 50 MG-120 MG-6 MG-50 MCG-400 MCG-400 UNIT-18 MCG-5.1 MG-25 MCG-40 MG-3500 UNIT-12 MG-18 MG-4.5 MG-11 MG-40 MG-80 MG-60 MCG-100 MG-75 MCG-150 MCG-60 UNIT-48 MG-0.9 MG-5 MCG-10 MCG-4 MG-70 MCG-10 MCG-120 MCG-72 MG-4 MG	P	RX/OTC
CHOLASE CONTROL CAPS 25 MG-25 MG-100 MG-25 MG-5 MG-50 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
COLLAGEN ULTRA CAPS 1 MG-1250 MCG-12.5 MG-50 MG-7.5 MG-12.5 MG-112.5 MG-75 MCG-30 MG-2 MG-30 UNIT-362.5 MG-3 MG-100 MG-50 MG	P	RX/OTC
CVS HAIR/SKIN/NAILS TABS 6.25 MG-60 MG-1500 MCG-100 MCG-50 MG-500 UNIT-0.85 MG-10 MG-250 MCG-2500 UNIT-0.75 MG-7.5 MG-100 MG-2.5 MG-0.5 MG-30 UNIT-50 MG	P	RX/OTC
ELON MATRIX 5000 TABS 100 MG-50 MG-5000 MCG	P	RX/OTC
ELON MATRIX PLUS TABS 100 MG-50 MG-3000 MCG	P	RX/OTC
ELON MATRIX 5000 COMPLETE TABS 15 MG-100 MG-50 MG-10 MG-5000 MCG-33 MCG-333 UNIT-1.7 MG-50 MG-33 MG-33 MG-250 MCG-1666 UNIT-8.3 MG-33 UNIT-200 MG-100 MG	P	RX/OTC
ELON MATRIX COMPLETE TABS 100 MG-100 MG-50 MG-10 MG-3000 MCG-33 UNIT-33 MCG-8.3 MG-1.7 MG-50 MG-33 MG-33 MG-250 MCG-1666 UNIT-333 UNIT-15 MG-200 MG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ELON R3 TABS 25 MG-2500 MCG-100 MG	P	RX/OTC
FEMQUIL CAPS 25 MG-7.5 MG-12.5 MG-25 MG-12.5 MG-30 MG-100 MCG-12.5 MG-6.25 MG-170 MCG-2.25 MG-10 MG-25 MG-25 MG	P	RX/OTC
GLYCOTROL CAPS 200 MCG-3.5 MG	P	RX/OTC
GLYCOTROL COMPLETE CAPS 3 MG-3.5 MG-100 MCG-100 MCG-200 MCG-100 MCG	P	RX/OTC
HAIR FARE TABS 100 MG-150 MCG-400 MCG-35 MG-5 MCG-100 MG-4.5 MG-30 MG-1 MG-10 MG-4.5 MG-125 MG-100 MG-100 MG-150 MCG-5 MG	P	RX/OTC
HAIR NOURISHING SUPPLEMENT TABS 7.5 MG-59 MG-3000 MCG-12 MG-10 MG-15 MG-6 MG-36.7 MG	P	RX/OTC
HEALTHY HEART COMPLEX TABS 100 MG-100 MG-800 MCG-200 MCG	P	RX/OTC
HEART SAVIOR CAPS 200 MG-15 MG-50 MCG-25 MG-5 MG-25 MG-250 MG	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
HEART TABS TABS 25 MG-100 MG-3 MG-100 MCG-50 MG-1 MG-3 MCG-200 UNIT-1 MG-500 MCG-50 MCG-50 MG-2000 MCG-100 MG-95 UNIT-20 MCG-50 MG-1250 UNIT-15 MCG-250 UNIT-25 MG-5 MG-25 MG	P	RX/OTC
IMMUNERX CAPS 25 MG-125 MG-250 MCG-31.25 MCG-750 MCG-0.25 MG-30 MG-7.5 MG-30 MCG-16.75 MG-25 MCG-62.5 MG-62.5 MG-31.25 MG-100 MG	P	RX/OTC
IMMUNICARE CAPS 10 MG-15 MG-15 UNIT-25 MG-1 MG-10 MCG-10 MG-50 MG-25 MG-50 MG-150 MG-50 MG-100 MG-50 MG-25 MG-10 MG-100 MG-10 MG	P	RX/OTC
INULOSE BLOOD SUGAR SUPPORT CAPS 25 MG-50 MG-300 MCG-15 UNIT-30 MG-25 MG-125 MG-7.5 MG-1 MG-50 MG-25 MG-10 MG-50 MG-50 MG-50 MG-67 MCG-1 MG-50 MG-25 MG-25 MG	P	RX/OTC
LIPIDSHIELD PLUS TABS	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
LIPOTRIAD VISION SUPPORT CAPS 40 MG-200 MG-50 MG-10 MG-1.5 MG-100 MG-12500 UNIT-12.5 MG-50 MG	P	RX/OTC
LIPOTRIAD VISION SUPPORTPLUS CAPS 40 MG-100 UNIT-200 MG-50 MG-10 MG-1.5 MG-100 MG-12.5 MG-50 MG	P	RX/OTC
LIPOTRIAD VISIONARY CAPS 200 MG-113 MG-100 UNIT-10 MG-2.5 MG-400 MCG-17.4 MG-125 MG-250 MG-50 MG	P	RX/OTC
MEDCAPS DPO CAPS 125 MG-50 MG-12.5 MG-25 MG-50 MG-25 MG-50 MG-50 MCG-150 MG-62.5 MG-170 MCG-65.625 MG-46.875 MG	P	RX/OTC
MEMORALL CAPS 100 MCG-5 MG-250 MG-100 MCG-15 MG-60 MG-50 MG-170 MCG-100 MG-1 MG	P	RX/OTC
METHYL PROTECT CAPS 2000 MCG-10 MG-25 MG-500 MG-1000 MCG	P	RX/OTC
METHYL-GUARD CAPS 0.4 MG-6.8 MG-600 MG-0.4 MG	P	RX/OTC
METHYL-GUARD PLUS CAPS 1 MG-15 MG-600 MG-1 MG-30 MG	P	RX/OTC
MG PLUS PROTEIN TABS 133 MG	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
MIL ADREGEN TABS 50 MG-250 MG-50 MG-60 MG-250 MG-50 MG-25 MG-10 MG	P	RX/OTC
MM BIOTIN/KERATIN CAPS 100 MG-60 MG-10000 MCG-9 MG	P	RX/OTC
PRO HERS RX CAPS 50 MG-30 MG-6.25 MG-150 MCG-249.75 MCG-25 MG-0.75 MG-6.25 MCG-0.85 MG-10 MCG-5 MG-12.5 MG-10 MG-5 MG-25 MG-3.75 MG-10 MCG-25.125 MG-37.5 MCG-0.25 MG-30 MCG-12.5 MG-4.5 MG-19.25 MCG-0.5 MG-12.5 MG-12.5 MG-125 MG-35 MCG-30 MCG	P	RX/OTC
PRO HIS RX CAPS 30 MCG-6.25 MG-150 MCG-249.75 MCG-0.75 MG-6.25 MCG-0.85 MG-25 MG-2.5 MG-3.75 MG-100 MG-25.125 MG-125 MG-150 MCG-37.5 MCG-125 MCG-0.5 MG-192.5 MG-25 MG-25 MG-50 MG-35 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
PRO PCOS RX CAPS 30 MCG-6.25 MG-150 MCG-249.75 MCG-14 MG-6.25 MCG-1.25 MG-1.275 MG-10 MCG-20 MG-43.75 MG-25 MG-3.75 MG-100 MG-25 MG-80 MG-25.125 MG-10 MCG-0.5 MG-125 MCG-6.25 MG-25 MG-50 MG-0.125 MG-19.25 MCG-0.5 MG-35 MCG-2.5 MG-31.25 MG	P	RX/OTC
RA EAR CARE TABS 200 MG-100 MG-0.333 MG-1.667 MCG-1 MG-113.333 MG-113.333 MG-3.333 MG-1.667 MG-0.333 MG-29 MG	P	RX/OTC
RETAIN VISION CAPS 5 MG-125 MG-2.5 MG-0.5 MG-20 MG-0.5 MG-100 MG-12.5 MG	P	RX/OTC
<i>specialty vitamins products tabs 1 MG-40 MG-1.67 MG-1 MG-66.67 MCG-1.67 MG-33.333 UNIT-2.67 MCG-1666.67 UNIT-1.67 MG-25 MG-10 MG-8.333 MG-5 MG-8.333 MG-4.167 MG-1 MG-8.333 MG-33.333 MG-4.167 MCG-2.5 MG-1.67 MG-237 MG-37.5 MCG-5 UNIT-50 MG-8.333 MG-10 MG</i>	P	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
SUPPORT-500 CAPS	P	RX/OTC
SYNERTROPIN CAPS 100 MG-50 MG-150 MG-150 MG-200 MG-50 MG-50 MG	P	RX/OTC
THERABETIC EYE HEALTH TABS 50 MG-100 MG-2000 MCG-100 MG-10 MG-2 MG	P	RX/OTC
UPSPRING HE NATAL TABS 266.666 MCG-233.333 MG-22.333 MG-83.333 MG-23.333 MCG-8.333 MG-697 MCG-0.166 MG-33.333 MCG	P	RX/OTC
VISTA ADVANCED CAROTENOIID FORMULA CAPS 25 MG-5 MG-3 MG-25 MG-220 MG	P	RX/OTC
VITAMINS FOR HAIR CAPS 6 MCG-400 MCG-400 MCG-35 MG-125 MG-50 MG-125 MG-30 MG-18 MG-5 MG-2 MG-15 MG-150 MCG	P	RX/OTC
<b>Vitamin Mixtures</b>		
<i>cod liver oil caps 1250 UNIT-135 UNIT</i>	P	
COD LIVER OIL OIL	P	RX/OTC
COD LIVER OIL FOR KIDS OIL 2.3 GM/2.5ML-200 UNIT/2.5ML-5 UNIT/2.5ML	P	RX/OTC
CRANBERRY URINARY COMFORT 3 UNIT-100 MG	P	

Drug Name	Drug Tier	Requirement s/Limits
E-400/SELENIUM CAPS 50 MCG-400 UNIT	P	
ECEE PLUS TABS 70 MG-100 MG-165 UNIT-80 MG	P	
<i>niacin w/ inositol 100 MG-400 MG</i>	P	
NORWEGIAN COD LIVER OIL OIL	P	RX/OTC
QC COD LIVER OIL OIL	P	RX/OTC
RA COD LIVER OIL OIL 4000 UNIT/5ML-400 UNIT/5ML	P	RX/OTC
<i>vitamins a &amp; d caps 5000 UNIT-400 UNIT</i>	P	
<i>vitamins a &amp; d w/ c 4000 UNIT-50 MG-200 UNIT</i>	P	
<b>Vitamins w/ Lipotropics</b>		
ACTIFLOVIT EAR HEALTH TABS 200 MG-100 MG-0.333 MG-1.666 MCG-1 MG-111.333 MG-111.333 MG-3.333 MG-1.666 MG-0.333 MG-29 MG	P	
<i>vitamins w/ lipotropics caps 50 MG-50 MG-50 MCG-100 MCG-50 MCG-50 MG-50 MG-50 MG-50 MG-50 MG-50 MG</i>	P	
<i>vitamins w/ lipotropics tabs 1.67 MCG-100 MG-0.335 MG-3.34 MG-0.335 MG-1.67 MG-1 MG-29 MG</i>	P	
<b>MUSCULOSKELETAL THERAPY AGENTS -</b>		



Drug Name	Drug Tier	Requirement s/Limits
<b>Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
AMRIX CP24 (cyclobenzaprine hcl)	NP	
baclofen tabs	NP	
baclofen tabs	P	
baclofen soln or 5 MG/5ML	NP	
carisoprodol tabs	NP	PA
chlorzoxazone tabs	NP	
cyclobenzaprine hcl tabs	NP	
cyclobenzaprine hcl cp24	NP	
cyclobenzaprine hcl tabs 5 MG, 10 MG	P	
metaxalone	NP	
methocarbamol tabs	P	
orphenadrine citrate tb12	NP	
ROBAXIN-750 TABS (methocarbamol)	NP	
SKELAXIN (metaxalone)	NP	
SOMA TABS (carisoprodol)	NP	PA
tizanidine hcl tabs	P	
tizanidine hcl caps	NP	
ZANAFLEX TABS 4 MG (tizanidine hcl)	NP	
ZANAFLEX CAPS (tizanidine hcl)	NP	
<b>Direct Muscle Relaxants</b>		
DANTRIUM CAPS (dantrolene sodium)	NP	
dantrolene sodium caps	NP	
<b>Muscle Relaxant Combinations</b>		

Drug Name	Drug Tier	Requirement s/Limits
carisoprodol w/ aspirin & codeine 200 MG-325 MG-16 MG	NP	PA
NORGESIC FORTE 50 MG-770 MG-60 MG (orphenadrine w/ aspirin & caff)	NP	
<b>Viscosupplements</b>		
SYNVISC SOSY	P	SP
SYNVISC ONE SOSY	P	SP
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agent Combinations</b>		
azelastine hcl- fluticasone propionate susp 50 MCG/ACT-137 MCG/ACT	NP	
DYMISTA SUSP 50 MCG/ACT-137 MCG/ACT (azelastine hcl-fluticasone propionate)	NP	
<b>Nasal Agents - Misc.</b>		
AYR NASAL DROPS SOLN	P	
DERMACINRX TICANASE PAK 50 MCG/ACT-2.7 %	NP	
ENTSOL NASAL SPRAY SOLN	P	
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	
saline soln	P	
SALTAIRE SOLN	P	
<b>Nasal Antiallergy</b>		
azelastine hcl .1 %, 137 MCG/SPRAY	P	
azelastine hcl .15 %	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	
<i>olopatadine hcl (nasal)</i>	NP	
PATANASE <i>(olopatadine hcl (nasal))</i>	NP	
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide (nasal)</i>	P	
<b>Nasal Steroids</b>		
BECONASE AQ	NP	
<i>budesonide (nasal)</i>	P	
<i>flunisolide (nasal) .025 %</i>	NP	
<i>fluticasone propionate (nasal) susp</i>	P	RX/OTC
<i>fluticasone propionate (nasal) susp</i>	NP	RX/OTC
<i>mometasone furoate (nasal) susp</i>	NP	
NASACORT ALLERGY 24HR AERO <i>(triamcinolone acetonide (nasal))</i>	NP	
NASACORT ALLERGY 24HR CHILDRENS AERO <i>(triamcinolone acetonide (nasal))</i>	NP	
NASONEX SUSP <i>(mometasone furoate (nasal))</i>	NP	
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
<i>triamcinolone acetonide (nasal) aero</i>	NP	
<i>triamcinolone acetonide (nasal) aero</i>	P	
XHANCE EXHU	NP	

Drug Name	Drug Tier	Requirements/Limits
ZETONNA AERS	NP	
<b>Sympathomimetic Decongestants</b>		
ADRENALIN .1 %	P	
<i>epinephrine hcl (nasal)</i>	P	
<i>phenylephrine hcl (oral) tabs</i>	P	
<i>phenylephrine hcl (oral) tabs</i>	NP	
<i>pseudoephedrine hcl tb12</i>	P	
<i>pseudoephedrine hcl tabs</i>	P	
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
<i>riluzole tabs</i>	P	
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX IJ	NP	SP
<b>NUTRIENTS</b>		
<b>Misc. Nutritional Substances</b>		
ALBA-LYBE NR 325 MG/5ML-10 MG/5ML-50 MG/5ML	P	
KELP/LECITHIN/B-6 CAPS 200 MG-5 MG-50 MG-75 MCG	P	
<b>Proteins</b>		
<i>glutamine tabs</i>	P	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		
<i>artificial tear solution 1 %-4.5 %</i>	P	
<i>carboxymethylcellulose sodium (ophth) soln .25 %, .5 %</i>	P	
<i>carboxymethylcellulose sodium (ophth) gel</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>dextran 70-hypromellose 0.1 %-0.3 %</i>	P	
<i>glycerin-hypromellose-polyethylene glycol 400 1 %-0.2 %-0.2 %</i>	P	
ISOPTO TEARS SOLN	P	
LACRISERT	P	
<i>polyethylene glycol-propylene glycol (ophth) soln 0.4 %-0.3 %</i>	P	
<i>polyvinyl alcohol 1.4 %</i>	P	
<i>propylene glycol-glycerin 1 %-0.3 %</i>	P	
PURE & GENTLE LUBRICANT SOLN	P	
<i>white petrolatum-mineral oil 15 %-83 %</i>	P	
<b>Beta-blockers - Ophthalmic</b>		
<i>betaxolol hcl (ophth) soln</i>	NP	
BETOPTIC-S SUSP	NP	
<i>brimonidine tartrate-timolol maleate 0.2 %-0.5 %</i>	NP	
<i>carteolol hcl (ophth)</i>	P	
COMBIGAN 0.2 %-0.5 % ( <i>brimonidine tartrate-timolol maleate</i> )	P	
COSOPT 22.3 MG/ML-6.8 MG/ML ( <i>dorzolamide hcl-timolol maleate</i> )	NP	
COSOPT PF 2 %-0.5 % ( <i>dorzolamide hcl-timolol maleate</i> )	NP	
<i>dorzolamide hcl-timolol maleate</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate</i>	NP	
ISTALOL SOLN ( <i>timolol maleate (ophth)</i> )	P	
<i>levobunolol hcl .5 %</i>	P	
<i>timolol maleate (ophth) solg</i>	NP	
<i>timolol maleate (ophth) soln</i>	NP	
<i>timolol maleate (ophth) soln</i>	P	
TIMOPTIC SOLN ( <i>timolol maleate (ophth)</i> )	NP	
TIMOPTIC OCUDOSE SOLN ( <i>timolol maleate (ophth)</i> )	NP	
TIMOPTIC-XE SOLG ( <i>timolol maleate (ophth)</i> )	NP	
<b>Cycloplegic Mydriatics</b>		
ATROPINE SULFATE SOLN	P	
<i>atropine sulfate (ophthalmic) oint</i>	P	
<i>atropine sulfate (ophthalmic) soln</i>	P	
<i>cyclopentolate hcl</i>	P	
ISOPTO ATROPINE SOLN	P	
<i>phenylephrine hcl (mydriatic) soln</i>	P	
<i>tropicamide soln</i>	P	
<b>Miotics</b>		
PHOSPHOLINE IODIDE	NP	
<i>pilocarpine hcl soln 1 %, 2 %, 4 %</i>	P	
<i>pilocarpine hcl soln 1 %, 2 %, 4 %</i>	NP	
<b>Ophthalmic Adrenergic Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P	P	
ALPHAGAN P (brimonidine tartrate)	P	
<i>apraclonidine hcl</i>	NP	
<i>brimonidine tartrate</i>	NP	
<i>brimonidine tartrate</i>	P	
IOPIDINE	NP	
LUMIFY	NP	
SIMBRINZA 1 %-0.2 %	P	
<b>Ophthalmic Anti-infectives</b>		
AZASITE	NP	
BACIGUENT	NP	
<i>bacitracin (ophthalmic)</i>	NP	
<i>bacitracin-polymyxin b (ophth) 500 UNIT/GM-10000 UNIT/GM</i>	P	
BESIVANCE	NP	
BLEPH-10 SOLN (sulfacetamide sodium (ophth))	NP	
CILOXAN SOLN (ciprofloxacin hcl (ophth))	NP	
CILOXAN OINT	P	
<i>ciprofloxacin hcl (ophth) soln</i>	P	
<i>erythromycin (ophth)</i>	P	
<i>gatifloxacin (ophth)</i>	NP	
<i>gentamicin sulfate (ophth) soln</i>	P	
<i>gentamicin sulfate (ophth) oint</i>	P	
<i>levofloxacin (ophth) .5 %</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
MOXEZA SOLN OP (moxifloxacin hcl (ophth))	NP	
<i>moxifloxacin hcl (ophth) soln op</i>	P	
<i>moxifloxacin hcl (ophth) soln op</i>	NP	
<i>neomycin-bacitracin zn-polymyxin 400 UNIT/GM-3.5 MG/GM-10000 UNIT/GM</i>	NP	
<i>neomycin-polymyxin-gramicidin 0.025 MG/ML-1.75 MG/ML-10000 UNIT/ML</i>	NP	
OCUFLOX (ofloxacin (ophth))	NP	
<i>ofloxacin (ophth)</i>	P	
<i>polymyxin b-trimethoprim 0.1 %-10000 UNIT/ML</i>	P	
POLYTRIM 0.1 %-10000 UNIT/ML (polymyxin b-trimethoprim)	NP	
<i>sulfacetamide sodium (ophth) soln</i>	NP	
<i>sulfacetamide sodium (ophth) oint</i>	NP	
<i>tobramycin (ophth) soln</i>	P	
TOBEX OINT	NP	
TOBEX SOLN (tobramycin (ophth))	NP	
<i>trifluridine</i>	P	
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	NP	

Drug Name	Drug Tier	Requirement s/Limits
ZYMAXID (gatifloxacin (ophth))	NP	
<b>Ophthalmic Decongestants</b>		
naphazoline w/ pheniramine 0.025 %-0.3 %	P	
naphazoline- polyethylene glycol 300 0.2 %-0.012 %	P	
tetrahydrozoline hcl (ophth) .05 %	P	
tetrahydrozoline w/ polyethylene glycol 1 %-0.05 %	P	
tetrahydrozoline w/ zinc sulfate 0.25 %-0.05 %	P	
tetrahydrozoline- dextran-polyethylene glycol-povidone 0.1 %-0.05 %-1 %-1 %	P	
<b>Ophthalmic Immunomodulators</b>		
CEQUA SOLN	NP	
cyclosporine (ophth) emul	NP	
RESTASIS EMUL (cyclosporine (ophth))	P	
RESTASIS MULTIDOSE EMUL	NP	
<b>Ophthalmic Kinase Inhibitors</b>		
RHOPRESSA	P	
ROCKLATAN 0.02 %-0.005 %	P	
<b>Ophthalmic Steroids</b>		
ALREX SUSP	NP	
bacitracin-poly- neomycin-hc 400 UNIT/GM-1 %-3.5 MG/GM-10000 UNIT/GM	NP	

Drug Name	Drug Tier	Requirement s/Limits
BLEPHAMIDE SUSP 10 %-0.2 %	NP	
BLEPHAMIDE S.O.P. OINT 10 %-0.2 %	NP	
dexamethasone sodium phosphate (ophth)	P	
DEXTENZA INST	NP	SP
DEXYCU SUSP IO	NP	SP
difluprednate	NP	
DUREZOL (difluprednate)	P	
FLAREX	P	
fluorometholone (ophth) susp	P	
FML OINT	P	
FML FORTE SUSP	P	
FML LIQUIFILM SUSP (fluorometholone (ophth))	NP	
ILUVIEN	NP	SP
INVELTYS SUSP	NP	
LOTEMAX OINT	P	
LOTEMAX GEL (loteprednol etabonate)	P	
LOTEMAX SUSP (loteprednol etabonate)	P	
LOTEMAX SM GEL	NP	
loteprednol etabonate susp	NP	
loteprednol etabonate gel	NP	
MAXIDEX SUSP OP	P	
MAXIDEX SUSP OP	NP	

Drug Name	Drug Tier	Requirement s/Limits
MAXITROL SUSP 10000 UNIT/ML-0.1 %-3.5 MG/ML <i>(neomycin-polymy-dexameth)</i>	NP	
MAXITROL OINT 10000 UNIT/GM-0.1 %-3.5 MG/GM <i>(neomycin-polymy-dexameth)</i>	NP	
<i>neomycin-polymy-dexameth oint 10000 UNIT/GM-0.1 %-3.5 MG/GM</i>	P	
<i>neomycin-polymy-dexameth susp 10000 UNIT/ML-0.1 %-3.5 MG/ML</i>	P	
<i>neomycin-polymyxin-hc (ophth) 10000 UNIT/ML-1 %-3.5 MG/ML</i>	P	
OZURDEX IMPL	NP	SP
PRED FORTE <i>(prednisolone acetate (ophth))</i>	P	
PRED MILD	P	
PRED-G SUSP 0.3 %-1 %	NP	
PRED-G S.O.P. OINT 0.3 %-0.6 %	NP	
<i>prednisolone acetate (ophth)</i>	P	
PREDNISOLONE SODIUM PHOSPHATE	P	
RETISERT	NP	SP
<i>sulfacetamide sod-prednisolone soln 10 %-0.23 %</i>	P	
TOBRADEX OINT 0.3 %-0.1 %	P	

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

Drug Name	Drug Tier	Requirement s/Limits
ILEVRO	NP	
<i>ketorolac tromethamine (ophth)</i>	P	
<i>ketotifen fumarate (ophth) .025 %</i>	P	
<i>ketotifen fumarate (ophth) .025 %</i>	NP	
LASTACRAFT	NP	RX/OTC
MURO 128 SOLN	P	
NEVANAC	P	
<i>olopatadine hcl</i>	P	RX/OTC
PATADAY <i>(olopatadine hcl)</i>	NP	RX/OTC
PATADAY EXTRA STRENGTH	NP	
PROLENSA	NP	
<i>sodium chloride hypertonic soln</i>	P	
<i>sodium chloride hypertonic oint</i>	P	
TRUSOPT <i>(dorzolamide hcl)</i>	NP	
ZADITOR <i>(ketotifen fumarate (ophth))</i>	NP	
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost soln</i>	NP	
<i>latanoprost soln</i>	NP	
<i>latanoprost soln</i>	P	
LUMIGAN SOLN	NP	
TRAVATAN Z <i>(travoprost)</i>	P	
<i>travoprost</i>	NP	
VYZULTA	NP	
XALATAN SOLN <i>(latanoprost)</i>	NP	
XELPROS EMUL	NP	
ZIOPTAN <i>(tafluprost)</i>	NP	

Drug Name	Drug Tier	Requirement s/Limits
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic)</i>	P	
<b>Otic Anti-infectives</b>		
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	P	
OTIPRIO	NP	
<b>Otic Combinations</b>		
CIPRO HC 0.2 %-1 %	P	
CIPRODEX 0.3 %-0.1 % <i>(ciprofloxacin-dexamethasone)</i>	P	
<i>ciprofloxacin-dexamethasone 0.3 %-0.1 %</i>	NP	
<i>ciprofloxacin-fluocinolone acetonide 0.3 %-0.025 %</i>	NP	
CORTISPORIN-TC 3.3 MG/ML-10 MG/ML-0.5 MG/ML-3 MG/ML	P	
<i>neomycin-polymyxin-hc (otic) soln 10000 UNIT/ML-1 %-3.5 MG/ML</i>	P	
<i>neomycin-polymyxin-hc (otic) susp 10000 UNIT/ML-1 %-3.5 MG/ML</i>	P	
OTOVEL 0.3 %-0.025 % <i>(ciprofloxacin-fluocinolone acetonide)</i>	NP	
<b>Otic Steroids</b>		
<i>hydrocortisone w/acetic acid 2 %-1 %</i>	NP	
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		

Drug Name	Drug Tier	Requirement s/Limits
<b>Oxytocics</b>		
<i>methylergonovine maleate tabs</i>	P	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Monoclonal Antibodies</b>		
SYNAGIS SOLN	P	SP
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin susr</i>	P	
<i>amoxicillin tabs</i>	P	
<i>amoxicillin chew 125 MG, 250 MG</i>	P	
<i>amoxicillin caps</i>	P	
<i>ampicillin caps 500 MG</i>	P	
<b>Natural Penicillins</b>		
BICILLIN L-A SUSY	P	
BICILLIN L-A SUSP 2400000 UNIT/4ML	P	
PENICILLIN G PROCAINE	P	
<i>penicillin v potassium solr</i>	P	
<i>penicillin v potassium tabs</i>	P	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate tabs 250 MG-125 MG</i>	NP	
<i>amoxicillin &amp; pot clavulanate susr 250 MG/5ML-62.5 MG/5ML</i>	NP	
<i>amoxicillin &amp; pot clavulanate chew</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>amoxicillin &amp; pot clavulanate tb12 1000 MG-62.5 MG</i>	NP	
<i>amoxicillin &amp; pot clavulanate tabs 500 MG-125 MG, 875 MG-125 MG</i>	P	
<i>amoxicillin &amp; pot clavulanate susr 200 MG/5ML-28.5 MG/5ML, 400 MG/5ML-57 MG/5ML, 600 MG/5ML-42.9 MG/5ML</i>	P	
BICILLIN C-R 300000 UNIT/ML-300000 UNIT/ML, 900000 UNIT/2ML-300000 UNIT/2ML	P	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	P	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>Liquid Vehicles</b>		
<i>bacteriostatic sodium chloride</i>	P	
CHERRY CONCENTRATE	P	RX/OTC
CHERRY SYRUP	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC
FLAVOR SWEET SYRP	P	RX/OTC
FLAVOR SWEET-SF SYRP	P	RX/OTC
GERBER GOOD START WATER	P	
GOOD START SUPREME STERILE WATER	P	
GRAPE SYRUP SYRP	P	RX/OTC
MX-SOL SYRP	P	RX/OTC
MX-SOL SF SYRP	P	RX/OTC



Drug Name	Drug Tier	Requirements/Limits
ORAL SUSPEND LIQD	P	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	P	RX/OTC
ORAL SYRUP SF SYRP	P	RX/OTC
ORAPENN SD ANHYDROUS SWEETENED LIQD	P	RX/OTC
ORAPENN SD ANHYDROUS UNSWEETENED LIQD	P	RX/OTC
ORA-PLUS LIQD	P	RX/OTC
ORA-SWEET SYRP	P	RX/OTC
ORA-SWEET SF SYRP	P	RX/OTC
PCCA SWEET-SF SYRP 70 %	P	RX/OTC
PCCA SYRUP VEHICLE SYRP	P	RX/OTC
SIMILAC STERILIZED WATER	P	
SOSWEET SYRP	P	RX/OTC
SYRPALTA SYRP	P	RX/OTC
SYRSPEND SF LIQD	P	RX/OTC
SYRUP VEHICLE SYRP	P	RX/OTC
SYRUP VEHICLE SF SYRP	P	RX/OTC
VERSAFREE SYRP	P	RX/OTC
VERSAPLUS SYRP	P	RX/OTC
<i>water for injection, sterile ij 0</i>	P	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
AYGESTIN TABS ( <i>norethindrone acetate</i> )	NP	
<i>hydroxyprogesterone caproate oil</i>	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
MAKENA SOAJ	P	SP;PA
MAKENA OIL ( <i>hydroxyprogesterone caproate</i> )	P	SP;PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>norethindrone acetate tabs</i>	P	
<i>progesterone caps</i>	P	
<i>progesterone oil</i>	P	
PROMETRIUM CAPS ( <i>progesterone</i> )	NP	
PROVERA 5 MG, 10 MG ( <i>medroxyprogesteron e acetate</i> )	NP	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>disulfiram</i>	P	
LUCEMYRA	NP	
<b>Antidementia Agents</b>		
ARICEPT TABS ( <i>donepezil hydrochloride</i> )	NP	PA
<i>donepezil hydrochloride tabs 5 MG, 10 MG</i>	P	PA
<i>donepezil hydrochloride tabs</i>	NP	PA
<i>donepezil hydrochloride tbdp</i>	NP	PA
EXELON ( <i>rivastigmine</i> )	NP	PA
<i>galantamine hydrobromide tabs</i>	NP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide soln</i>	NP	PA
<i>galantamine hydrobromide cp24</i>	NP	PA
<i>memantine hcl soln</i>	NP	PA
<i>memantine hcl cp24</i>	NP	PA
<i>memantine hcl tabs</i>	P	PA
NAMENDA TABS ( <i>memantine hcl</i> )	NP	PA
NAMENDA TITRATION PAK TABS ( <i>memantine hcl</i> )	NP	PA
NAMENDA XR CP24 ( <i>memantine hcl</i> )	NP	PA
NAMENDA XR TITRATION PACK CP24	NP	PA
NAMZARIC CP24	NP	PA
NAMZARIC C4PK 10 MG	NP	PA
RAZADYNE ER CP24 ( <i>galantamine hydrobromide</i> )	NP	PA
<i>rivastigmine</i>	P	PA
<i>rivastigmine tartrate caps</i>	NP	PA
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline</i>	NP	
<i>olanzapine-fluoxetine hcl</i>	NP	
<i>perphenazine-amitriptyline</i>	P	
SYMBYAX ( <i>olanzapine-fluoxetine hcl</i> )	NP	
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	NP	
SAVELLA TITRATION PACK MISC	NP	

Drug Name	Drug Tier	Requirements/Limits
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO	P	SP
INGREZZA CPPK	P	QL(1 ea daily);SP
INGREZZA CAPS 40 MG, 80 MG	P	QL(1 ea daily);SP
<i>tetrabenazine</i>	P	SP
XENAZINE ( <i>tetrabenazine</i> )	NP	SP
<b>Multiple Sclerosis Agents</b>		
AMPYRA ( <i>dalfampridine</i> )	NP	SP;PA
AUBAGIO	P	SP;PA
AVONEX PSKT	P	SP;PA
AVONEX PEN AJKT	P	SP;PA
BETASERON KIT	P	SP;PA
COPAXONE SOSY ( <i>glatiramer acetate</i> )	P	SP;PA
<i>dalfampridine</i>	P	SP;PA
<i>dalfampridine</i>	NP	SP;PA
<i>dimethyl fumarate misc</i>	P	SP;PA
<i>dimethyl fumarate cpdr</i>	P	SP;PA
EXTAVIA KIT	NP	SP;PA
<i> fingolimod hcl</i>	NP	SP;PA
GILENYA ( <i> fingolimod hcl</i> )	P	SP;PA
<i>glatiramer acetate sosy</i>	P	SP;PA
KESIMPTA	P	SP;PA
LEMTRADA	NP	SP;PA
MAVENCLAD	NP	SP;PA
MAYZENT TABS .25 MG, 2 MG	NP	SP;PA
MAYZENT TABS 1 MG	P	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
MAYZENT STARTER PACK TBPK	P	SP;PA
MAYZENT STARTER PACK TBPK	NP	SP;PA
OCREVUS	NP	SP;PA
PLEGRIDY SOPN	NP	SP;PA
PLEGRIDY SOSY SC	NP	SP;PA
PLEGRIDY STARTER PACK SOPN	NP	SP;PA
PLEGRIDY STARTER PACK SOSY SC	NP	SP;PA
REBIF SOSY	P	SP;PA
REBIF REBIDOSE SOAJ	P	SP;PA
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP;PA
REBIF TITRATION PACK SOSY	P	SP;PA
TECFIDERA CPDR ( <i>dimethyl fumarate</i> )	NP	SP;PA
TECFIDERA STARTER PACK MISC ( <i>dimethyl fumarate</i> )	NP	SP;PA
TYSABRI	P	SP;PA
VUMERITY	NP	SP;PA
<b>Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents</b>		
GABACAINE 300 MG-5 %	NP	
GRALISE TABS	NP	
LYRICA CR ( <i>pregabalin (once-daily)</i> )	NP	
<i>pregabalin (once-daily)</i>	NP	
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
<i>fluoxetine hcl (pmdd) tabs</i>	NP	

Drug Name	Drug Tier	Requirement s/Limits
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUDEXTA 10 MG-20 MG	P	
<b>Psychotherapeutic and Neurological Agents - Misc.</b>		
<i>pimozide</i>	P	
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT	NP	
<b>Smoking Deterrents</b>		
<i>bupropion hcl (smoking deterrent)</i>	P	
<i>nicotine pt24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	
<i>nicotine polacrilex gum</i>	P	
<i>nicotine polacrilex lozg</i>	P	
NICOTINE TRANSDERMAL SYSTEM KIT	P	
NICOTROL INHALER INHA	P	
NICOTROL NS SOLN	P	
<b>Vasomotor Symptom Agents</b>		
BRISDELLE ( <i>paroxetine mesylate (vasomotor)</i> )	NP	
<i>paroxetine mesylate (vasomotor)</i>	NP	
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Cystic Fibrosis Agents</b>		
PULMOZYME	P	SP
<b>Respiratory Agents - Misc.</b>		
INFASURF TR 35 MG/ML-0.9 %	P	
<b>SULFONAMIDES - Drugs to Treat Bacterial</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Infections</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine tabs</i>	P	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Aminomethylcyclines</b>		
NUZYRA TABS	NP	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tabs</i>	NP	
DORYX TBEC ( <i>doxycycline hyclate</i> )	NP	
DORYX MPC TBEC	NP	
<i>doxycycline (monohydrate) caps 75 MG, 150 MG</i>	NP	
<i>doxycycline (monohydrate) susr</i>	NP	
<i>doxycycline (monohydrate) caps 50 MG, 100 MG</i>	P	
<i>doxycycline (monohydrate) tabs</i>	P	
<i>doxycycline hyclate tabs 20 MG, 100 MG, 150 MG</i>	P	
<i>doxycycline hyclate tbec</i>	NP	
<i>doxycycline hyclate caps</i>	P	
<i>doxycycline hyclate tabs 50 MG, 75 MG, 150 MG</i>	NP	
<i>doxycycline hyclate caps 100 MG</i>	NP	
<i>minocycline hcl caps</i>	P	
<i>minocycline hcl cp24</i>	NP	
<i>minocycline hcl tabs</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl tb24</i>	NP	
MINOLIRA TB24	NP	
MORGIDOX 1X100MG 100 MG	NP	
MORGIDOX 2X100MG 100 MG	NP	
SOLODYN TB24 ( <i>minocycline hcl</i> )	NP	
<i>tetracycline hcl caps</i>	NP	
VIBRAMYCIN CAPS ( <i>doxycycline hyclate</i> )	NP	
VIBRAMYCIN SUSR ( <i>doxycycline (monohydrate)</i> )	NP	
XIMINO CP24 ( <i>minocycline hcl</i> )	NP	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs</i>	P	
<i>propylthiouracil</i>	P	
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABS	P	
CYTOMEL TABS ( <i>liothyronine sodium</i> )	NP	
<i>levothyroxine sodium tabs</i>	P	
<i>levothyroxine sodium solr iv</i>	NP	
<i>levothyroxine sodium tabs</i>	NP	
<i>levothyroxine sodium caps</i>	NP	
LEVOTHYROXINE SODIUM SOLN IV	NP	
LEVOTHYROXINE SODIUM SOLN IV	NP	

Drug Name	Drug Tier	Requirements/Limits
LEVOTHYROXINE SODIUM SOLR IV (levothyroxine sodium)	NP	
liothyronine sodium soln	NP	
liothyronine sodium tabs	P	
SYNTHROID TABS (levothyroxine sodium)	NP	
thyroid tabs 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	P	
TIROSINT CAPS	NP	
TIROSINT CAPS (levothyroxine sodium)	NP	
TIROSINT-SOL SOLN OR 13 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML, 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML	NP	
TRIOSTAT SOLN (liothyronine sodium)	NP	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
BELLADONNA/OPIUM 60 MG-16.2 MG	P	
dicyclomine hcl tabs	P	
dicyclomine hcl caps	P	

Drug Name	Drug Tier	Requirements/Limits
dicyclomine hcl soln or	P	
phenobarbital-hyoscyamine-atropine-scopolamine elix 0.1037 MG/5ML-16.2 MG/5ML-0.0194 MG/5ML-0.0065 MG/5ML	P	
propantheline bromide tabs	P	
<b>H-2 Antagonists</b>		
cimetidine tabs	NP	RX/OTC
famotidine tabs	P	
famotidine susr	P	
nizatidine caps	P	
nizatidine soln	P	
PEPCID TABS (famotidine)	NP	RX/OTC
<b>Misc. Anti-Ulcer</b>		
sucralfate tabs	P	
sucralfate susp	P	
<b>Proton Pump Inhibitors</b>		
ACIPHEX TBEC (rabeprazole sodium)	NP	QL(2 ea daily)
ACIPHEX SPRINKLE CPSP	NP	QL(2 ea daily)
ACIPHEX SPRINKLE CPSP	NP	QL(2 ea daily)
DEXILANT (dexlansoprazole)	NP	QL(1 ea daily)
dexlansoprazole	NP	QL(1 ea daily)
ESOMEPRAZOLE KIT	NP	QL(1 ea daily)
esomeprazole magnesium pack	NP	QL(1 ea daily);AL(Up to 10 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>esomeprazole magnesium cpdr 20 MG</i>	P	QL(1 ea daily);RX/OTC
<i>esomeprazole magnesium tbec</i>	NP	QL(1 ea daily)
<i>esomeprazole magnesium cpdr</i>	NP	QL(1 ea daily)
<i>lansoprazole cpdr</i>	NP	QL(1 ea daily);RX/OTC
<i>lansoprazole tbdd</i>	NP	QL(2 ea daily);RX/OTC
NEXIUM PACK	P	QL(1 ea daily);AL(Up to 10 yrs old)
NEXIUM CPDR ( <i>esomeprazole magnesium</i> )	NP	QL(1 ea daily);RX/OTC
NEXIUM PACK ( <i>esomeprazole magnesium</i> )	P	QL(1 ea daily);AL(Up to 10 yrs old)
NEXIUM 24HR CPDR ( <i>esomeprazole magnesium</i> )	NP	QL(1 ea daily);RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR ( <i>esomeprazole magnesium</i> )	NP	QL(1 ea daily);RX/OTC
<i>omeprazole tbec</i>	NP	QL(1 ea daily)
<i>omeprazole cpdr</i>	P	QL(1 ea daily);RX/OTC
<i>omeprazole tbdd</i>	NP	QL(1 ea daily)
<i>omeprazole magnesium tbec</i>	NP	QL(1 ea daily)
<i>omeprazole magnesium cpdr 20.6 MG</i>	NP	QL(1 ea daily)
<i>pantoprazole sodium tbec</i>	P	QL(2 ea daily)
<i>pantoprazole sodium pack</i>	NP	QL(2 ea daily);AL(Up to 10 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
PREVACID CPDR ( <i>lansoprazole</i> )	NP	QL(1 ea daily);RX/OTC
PREVACID 24HR CPDR ( <i>lansoprazole</i> )	NP	QL(1 ea daily);RX/OTC
PREVACID SOLUTAB TBDD ( <i>lansoprazole</i> )	NP	QL(2 ea daily);RX/OTC
PRILOSEC PACK	NP	QL(1 ea daily);AL(Up to 10 yrs old)
PRILOSEC OTC TBEC ( <i>omeprazole magnesium</i> )	NP	QL(1 ea daily)
PROTONIX TBEC ( <i>pantoprazole sodium</i> )	NP	QL(2 ea daily)
PROTONIX PACK ( <i>pantoprazole sodium</i> )	P	QL(2 ea daily);AL(Up to 10 yrs old)
<i>rabeprazole sodium tbec</i>	NP	QL(2 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
<i>misoprostol</i>	P	
<b>Ulcer Therapy Combinations</b>		
<i>amoxicillin-clarithromycin w/ lansoprazole 30 MG-500 MG-500 MG</i>	NP	
<i>famotidine-calcium carbonate-magnesium hydroxide 10 MG-800 MG-165 MG</i>	NP	
OMECLAMOX-PAK 500 MG-500 MG-20 MG	NP	
<i>omeprazole-sodium bicarbonate caps</i>	NP	RX/OTC
<i>omeprazole-sodium bicarbonate pack</i>	NP	
PYLERA 140 MG-125 MG-125 MG	P	
ZEGERID PACK ( <i>omeprazole-sodium bicarbonate</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
ZEGERID CAPS (omeprazole-sodium bicarbonate)	NP	RX/OTC
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics (Anticholinergic)</b>		
<i>darifenacin hydrobromide</i>	NP	
DETROL TABS (tolterodine tartrate)	NP	
DETROL LA CP24 (tolterodine tartrate)	NP	
DITROPAN XL TB24 (oxybutynin chloride)	NP	
<i>fesoterodine fumarate</i>	NP	
GELNIQUE GEL 10 %	NP	
<i>oxybutynin chloride tabs</i>	P	
<i>oxybutynin chloride syrup</i>	P	
<i>oxybutynin chloride tb24</i>	P	
<i>oxybutynin chloride tb24</i>	NP	
OXYTROL PTTW	NP	RX/OTC
OXYTROL FOR WOMEN PTTW	NP	RX/OTC
<i>solifenacin succinate tabs</i>	NP	
<i>solifenacin succinate tabs</i>	P	
<i>tolterodine tartrate tabs</i>	NP	
<i>tolterodine tartrate cp24</i>	NP	
TOVIAZ ( <i>fesoterodine fumarate</i> )	NP	
<i>trospium chloride cp24</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>trospium chloride tabs</i>	NP	
VESICARE TABS ( <i>solifenacin succinate</i> )	NP	
<b>Urinary Antispasmodics - Beta-3 Adrenergic Agonists</b>		
MYRBETRIQ SRER	NP	
MYRBETRIQ TB24	P	
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride 10 MG, 25 MG, 50 MG</i>	NP	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl</i>	P	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Miscellaneous Vaginal Products</b>		
<i>benzocaine-resorcinol vaginal ex 2 %-5 %</i>	P	
VAGISIL EX 2 %-5 %	P	
<b>Vaginal Anti-infectives</b>		
CLEOCIN CREA ( <i>clindamycin phosphate vaginal</i> )	NP	
CLEOCIN SUPP	P	
<i>clindamycin phosphate vaginal crea</i>	P	
CLINDESSE	P	
<i>clotrimazole vaginal crea 1 %</i>	P	
GYNAZOLE-1	P	
<i>metronidazole vaginal</i>	P	
<i>miconazole nitrate vaginal crea 4 %</i>	P	
<i>miconazole nitrate vaginal kit 0</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>miconazole nitrate vaginal supp</i>	P	
NUVESSA	P	
<i>terconazole vaginal crea</i>	P	
<i>tioconazole vaginal 6.5 %</i>	P	
VANDAZOLE	NP	
<b>Vaginal Estrogens</b>		
<i>estradiol vaginal crea</i>	P	
<i>estradiol vaginal tabs</i>	P	
<b>Vaginal Progestins</b>		
CRINONE GEL	NP	
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine (anaphylaxis) soaj</i>	NP	
<i>epinephrine (anaphylaxis) soaj</i>	P	
EPIPEN 2-PAK SOAJ ( <i>epinephrine (anaphylaxis)</i> )	NP	
EPIPEN-JR 2-PAK SOAJ ( <i>epinephrine (anaphylaxis)</i> )	NP	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
<i>beta carotene caps 25000 UNIT</i>	P	
<i>cholecalciferol tabs 400 UNIT</i>	P	
<i>cholecalciferol liqd or 10 MCG/ML, 400 UNIT/ML</i>	P	
<i>cholecalciferol caps 125 MCG, 400 UNIT, 5000 UNIT</i>	P	
<i>ergocalciferol caps</i>	P	

Drug Name	Drug Tier	Requirement s/Limits
<i>ergocalciferol soln or</i>	P	
<i>phytonadione tabs</i>	P	
<i>vitamin a caps 8000 UNIT, 10000 UNIT</i>	P	
VITAMIN A PALMITATE TABS	P	
VITAMIN D2 TABS 400 UNIT	P	
<i>vitamin e caps 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT, 450 MG, 1000 UNIT</i>	P	
<i>vitamin e soln</i>	P	
<b>Water Soluble Vitamins</b>		
ACEROLA C 500 WAFR	P	
ASCOCID POWD OR	P	
<i>ascorbic acid chew</i>	P	
<i>ascorbic acid tabs</i>	P	
<i>ascorbic acid tbc</i>	P	
<i>ascorbic acid cpcr</i>	P	
ASCORBIC ACID POWD OR 500 MG/GM	P	
B-1 TABS	P	
B-6 TABS	P	
<i>biotin tabs 10 MG, 300 MCG, 800 MCG, 10000 MCG</i>	P	
<i>biotin caps 5 MG, 5000 MCG</i>	P	
BIOTIN TABS	P	
<i>calcium ascorbate tabs</i>	P	
CYTO C POWD OR	P	
<i>niacin tbc 500 MG, 750 MG</i>	NP	
<i>niacin tabs</i>	P	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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<i>pyridoxine hcl tabs 25 MG, 50 MG, 100 MG, 250 MG, 500 MG</i>	P	
<i>riboflavin tabs</i>	P	
SLO-NIACIN TBCR 500 MG, 750 MG ( <i>niacin</i> )	NP	
<i>thiamine hcl tabs</i>	P	
<i>thiamine mononitrate tabs</i>	P	
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			8MM.....
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