

Comprehensive

DRUG FORMULARY LIST

Delaware First Health

Delaware First Health: Drug Formulary List



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

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

Delaware First Health Plan Pharmacy Program

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

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

Preferred Drug List (PDL)

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

Prior Authorization (PA) Process

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

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

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

Follow these guidelines for efficient processing of your authorization requests:

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

Transition Period

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

72-Hour Supply Policy

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

Dispensing Limits, Quantity Limits, and Age Limits

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

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

Medical Necessity Requests

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

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

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

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

Appropriate Use and Safety Edits

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

Medicare Eligible Members

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

DUR (Drug Utilization Review) Programs

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

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

Mandatory Generic Substitution

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

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

Over-The-Counter Medications

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

Drug Efficacy Study and Implementation Drugs

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

Filling a Prescription

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

Specialty Medication

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

Newly Approved Products

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

DME/Home Health Benefits

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

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

Contacts for Pharmacy Appeals/Grievances

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

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

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

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

Member Copay Responsibility

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

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

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

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

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

Members and Services exempt for copays:

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

Contact Information

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

Drug List ABBREVIATIONS

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
VYVANSE CHEW	NP	AL(Up to 21 yrs old)
XELSTRYM	NP	
Anorexiant Non-Amphetamine		
ADIPEX-P TABS (<i>phentermine hcl</i>)	NP	PA
<i>benzphetamine hcl 50 MG</i>	NP	
<i>diethylpropion hcl TABS</i>	NP	
<i>diethylpropion hcl TB24</i>	NP	
LOMAIRA TABS	NP	
PHENDIMETRAZINE TARTRATE ER CP24	NP	
<i>phendimetrazine tartrate TABS</i>	NP	
<i>phentermine hcl CAPS</i>	P	PA
<i>phentermine hcl TABS</i>	P	PA
Anti-Obesity Agents		
<i>orlistat</i>	NP	
SAXENDA	NP	PA
WEGOVY	P	PA
XENICAL (<i>orlistat</i>)	NP	
ZEPBOUND SOAJ	P	PA
ZEPBOUND SOLN	NP	PA
ZEPBOUND SOLN	NP	
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<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) 3 MG, 4 MG</i>	P	AL(Up to 21 yrs old)
<i>guanfacine hcl (adhd) 1 MG, 2 MG</i>	P	QL(1 EA daily); AL(Up to 21 yrs old)
INTUNIV 3 MG, 4 MG (<i>guanfacine hcl (adhd)</i>)	NP	AL(Up to 21 yrs old)
INTUNIV 1 MG, 2 MG (<i>guanfacine hcl (adhd)</i>)	NP	QL(1 EA daily); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ONYDA XR SUER	NP	
QELBREE	NP	AL(Up to 21 yrs old)
STRATTERA (<i>atomoxetine hcl</i>)	NP	AL(Up to 21 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)		
SUNOSI	NP	AL(Up to 21 yrs old)
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX 17.8 MG	NP	SP
WAKIX 4.45 MG	NP	AL(Up to 21 yrs old); SP
Stimulants - Misc.		
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)
<i>armodafinil</i>	P	AL(Up to 21 yrs old)
AZSTARYS	NP	AL(Up to 21 yrs old)
CONCERTA TBCR (<i>methylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)
COTEMPLA XR-ODT TBED	NP	AL(Up to 21 yrs old)
DAYTRANA PTCH (<i>methylphenidate</i>)	P	Brand Preferred; AL(Up to 21 yrs old)
<i>dexmethylphenidate hcl CP24</i>	P	AL(Up to 21 yrs old)
<i>dexmethylphenidate hcl TABS 2.5 MG, 10 MG</i>	P	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)
<i>dexmethylphenidate hcl TABS 5 MG</i>	P	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FOCALIN TABS 2.5 MG, 10 MG (<i>dexmethylphenidate hcl</i>)	NP	QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old)	<i>methylphenidate hcl</i> TBCR 45 MG, 63 MG	NP	
FOCALIN TABS 5 MG (<i>dexmethylphenidate hcl</i>)	NP	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)	<i>methylphenidate PTCH</i>	NP	AL(Up to 21 yrs old)
JORNAY PM CP24	NP	AL(Up to 21 yrs old)	<i>modafinil</i>	P	AL(Up to 21 yrs old)
METHYLIN SOLN 10 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL(30 ML daily); AL(Up to 21 yrs old)	NUVIGIL (<i>armodafinil</i>)	NP	AL(Up to 21 yrs old)
METHYLIN SOLN 5 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL(60 ML daily); AL(Up to 21 yrs old)	PROVIGIL (<i>modafinil</i>)	NP	AL(Up to 21 yrs old)
<i>methylphenidate hcl</i> CHEW	NP	QL(3 EA daily; 90 EA per 30 day(s) retail); AL(Up to 21 yrs old)	QUILLICHEW ER CHER	P	AL(Up to 21 yrs old)
<i>methylphenidate hcl</i> CP24	NP	AL(Up to 21 yrs old)	QUILLIVANT XR SRER	P	AL(Up to 21 yrs old)
<i>methylphenidate hcl</i> CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	P	AL(Up to 21 yrs old)	RELEXXII TBCR	NP	AL(Up to 21 yrs old)
<i>methylphenidate hcl</i> CPCR	P	AL(Up to 21 yrs old)	RELEXXII TBCR 45 MG, 63 MG (<i>methylphenidate hcl</i>)	NP	
<i>methylphenidate hcl</i> SOLN 5 MG/5ML	P	QL(60 ML daily); AL(Up to 21 yrs old)	RITALIN LA CP24 (<i>methylphenidate hcl</i>)	NP	AL(Up to 21 yrs old)
<i>methylphenidate hcl</i> SOLN 10 MG/5ML	P	QL(30 ML daily); AL(Up to 21 yrs old)	RITALIN TABS (<i>methylphenidate hcl</i>)	NP	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)
<i>methylphenidate hcl</i> TABS	P	QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old)	ALTERNATIVE MEDICINES		
<i>methylphenidate hcl</i> TB24	P	AL(Up to 21 yrs old)	Alternative Medicine - C's		
<i>methylphenidate hcl</i> TBCR 10 MG, 18 MG, 20 MG, 27 MG, 36 MG, 54 MG	P	AL(Up to 21 yrs old)	PRELIEF	P	
<i>methylphenidate hcl</i> TBCR 72 MG	NP	AL(Up to 21 yrs old)	Alternative Medicine - L's		
			<i>lycopene CAPS</i>	P	
			Alternative Medicine - M's		
			<i>melatonin TABS</i> 3 MG, 5 MG	NP	
			<i>melatonin TBCR</i>	NP	
			AMEBICIDES		
			Amebicides		
			SOLOSEC	NP	
			AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
			Aminoglycosides		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARIKAYCE	NP	SP	ABRILADA (2 SYRINGE) PSKT	NP	SP
BETHKIS NEBU (tobramycin)	NP	Brand Preferred; SP	ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %</i>	P		ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP
<i>gentamicin sulfate IJ 40 MG/ML</i>	P		ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin)	NP	SP	ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP
<i>neomycin sulfate TABS</i>	P		ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP
<i>paromomycin sulfate</i>	NP	SP	ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP
TOBI PODHALER CAPS	NP	SP	ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP
TOBI NEBU (tobramycin)	NP	SP	ADALIMUMAB-ADAZ SOAJ	NP	SP
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 80 MG/2ML</i>	P		ADALIMUMAB-ADAZ SOSY	NP	SP
<i>tobramycin NEBU</i>	NP	SP	ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP
<i>tobramycin NEBU</i>	P	SP	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	NP	SP
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP
OLUMIANT 1 MG, 2 MG	NP	QL(1 EA daily); SP; PA	ADALIMUMAB-ADBM(FKJP (2 PEN) AJKT	NP	SP
OLUMIANT 4 MG	NP	SP; PA	ADALIMUMAB-ADBM(FKJP (2 SYRINGE) PSKT	NP	SP
RINVOQ LQ SOLN	NP	SP; PA	ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP
RINVOQ TB24	P	SP; PA	ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP
XELJANZ XR TB24 22 MG	NP	SP; PA	AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP
XELJANZ XR TB24 11 MG	P	SP; PA			
XELJANZ SOLN	NP	SP; PA			
XELJANZ TABS	P	SP; PA			
Anti-TNF-alpha - Monoclonal Antibodies					
ABRILADA (1 PEN) AJKT	NP	SP			
ABRILADA (2 PEN) AJKT	NP	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP	HYRIMOZ SOSY	NP	SP
AMJEVITA SOAJ	NP	SP	IDACIO (2 PEN) AJKT	NP	SP
AMJEVITA SOSY	NP	SP	IDACIO (2 SYRINGE) PSKT	NP	SP
CYLTEZO (2 PEN) AJKT	NP	SP	IDACIO-CROHNS/UC STARTER AJKT	NP	SP
CYLTEZO (2 SYRINGE) PSKT	NP	SP	IDACIO-PSORIASIS STARTER AJKT	NP	SP
CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP	SIMLANDI (1 PEN) AJKT	NP	SP
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP	SIMLANDI (1 SYRINGE) PSKT	NP	SP
HADLIMA PUSHTOUCH SOAJ	NP	SP	SIMLANDI (2 PEN) AJKT	NP	SP
HADLIMA SOSY	NP	SP	SIMLANDI (2 SYRINGE) PSKT	NP	SP
HULIO (2 PEN) AJKT	NP	SP	SIMPONI ARIA SOLN	NP	SP; PA
HULIO (2 SYRINGE) PSKT	NP	SP	SIMPONI SOAJ	NP	SP; PA
HUMIRA (2 PEN) AJKT	P	Brand Preferred; SP; PA	SIMPONI SOSY	NP	SP; PA
HUMIRA (2 SYRINGE) PSKT	P	Brand Preferred; SP; PA	YUFLYMA (1 PEN) AJKT	NP	SP
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	P	Brand Preferred; SP; PA	YUFLYMA (2 PEN) AJKT	NP	SP
HUMIRA-PED>=40KG UC STARTER AJKT	P	Brand Preferred; SP; PA	YUFLYMA (2 SYRINGE) PSKT	NP	SP
HUMIRA-PSORIASIS/UEIT STARTER AJKT	P	Brand Preferred; SP; PA	YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP	YUSIMRY	NP	SP
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP	Gold Compounds		
HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP	AURANOFIN 3 MG	P	
HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	NP	SP	RIDAURA	P	
HYRIMOZ SOAJ	NP	SP	Interleukin-1 Blockers		
			ARCALYST	NP	SP; PA
			Interleukin-1 Receptor Antagonist (IL-1Ra)		
			KINERET SOSY	P	SP; PA
			Interleukin-1beta Blockers		
			ILARIS SOLN	NP	SP; PA
			Interleukin-6 Receptor Inhibitors		
			ACTEMRA ACTPEN SOAJ	NP	SP; PA
			ACTEMRA SOSY	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KEVZARA SOAJ	NP	SP; PA	<i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i>	P	RX/OTC
KEVZARA SOSY	NP	SP; PA	<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	P	
TOFIDENCE	NP	SP	<i>ibuprofen TABS 800 MG</i>	NP	
TYENNE SOAJ	P	SP	<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
TYENNE SOLN	P	SP	<i>indomethacin CPCR</i>	NP	
TYENNE SOSY	P	SP	<i>indomethacin CPCR</i>	P	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>indomethacin SUPP</i>	NP	
ARTHROTEC TBEC (<i>diclofenac w/ misoprostol</i>)	NP		<i>indomethacin SUSP</i>	NP	
CELEBREX (<i>celecoxib</i>)	NP		<i>ketoprofen CAPS 25 MG</i>	NP	
<i>celecoxib 400 MG</i>	NP		<i>ketoprofen CP24</i>	NP	
<i>celecoxib</i>	P		<i>ketorolac tromethamine TABS</i>	P	
DAYPRO TABS (<i>oxaprozin</i>)	NP		<i>meclofenamate sodium CAPS</i>	NP	
<i>diclofenac potassium CAPS</i>	NP		<i>mefenamic acid CAPS</i>	NP	
<i>diclofenac potassium TABS</i>	NP		<i>meloxicam CAPS 10 MG</i>	NP	
<i>diclofenac sodium TB24</i>	P		<i>meloxicam CAPS 5 MG</i>	NP	QL(1 EA daily)
<i>diclofenac sodium TBEC</i>	P		<i>meloxicam TABS 7.5 MG</i>	P	QL(1 EA daily)
<i>diclofenac w/ misoprostol TBEC</i>	NP		<i>meloxicam TABS 15 MG</i>	P	
<i>etodolac CAPS</i>	NP		<i>nabumetone</i>	P	
<i>etodolac TABS</i>	NP		NALFON CAPS (<i>fenoprofen calcium</i>)	NP	
<i>etodolac TB24</i>	NP		NALFON TABS 600 MG	NP	
FELDENE CAPS 10 MG (<i>piroxicam</i>)	NP		NAPRELAN TB24 (<i>naproxen sodium</i>)	NP	
<i>fenoprofen calcium CAPS 400 MG</i>	NP		NAPROSYN SUSP (<i>naproxen</i>)	NP	
<i>fenoprofen calcium TABS</i>	NP		<i>naproxen sodium CAPS</i>	NP	
FENOPRON CAPS	NP		<i>naproxen sodium TABS</i>	NP	
<i>flurbiprofen TABS 100 MG</i>	NP		<i>naproxen sodium TABS 220 MG</i>	P	
<i>ibuprofen CAPS</i>	P		<i>naproxen sodium TB24</i>	NP	
<i>ibuprofen CHEW</i>	P		<i>naproxen-esomeprazole magnesium</i>	NP	
<i>ibuprofen-famotidine</i>	NP		<i>naproxen SUSP</i>	NP	
<i>ibuprofen SUSP 100 MG/5ML</i>	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen TABS</i>	P		<i>acetaminophen w/ pamabrom</i>	P	
<i>naproxen TABS 250 MG, 375 MG</i>	NP		<i>acetaminophen-caffeine TABS</i>	P	
<i>naproxen TBEC</i>	NP		<i>acetaminophen-pamabrom-pyrilamine TABS</i>	P	
<i>oxaprozin TABS</i>	NP		ANACIN TABS	P	
<i>piroxicam CAPS</i>	NP		<i>aspirin-acetaminophen-caffeine TABS</i>	P	
RELAFEN DS	NP		<i>aspirin-acetaminophen-caffeine TABS</i>	P	
<i>sulindac TABS</i>	P		<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	NP	
TOLECTIN 600 TABS	NP		<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	
<i>tolmetin sodium CAPS</i>	NP		<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	
<i>tolmetin sodium TABS 600 MG</i>	NP		<i>butalbital-aspirin-caffeine CAPS</i>	P	
VIMOVO 500 MG-20 MG (<i>naproxen-esomeprazole magnesium</i>)	NP		CRAMP TABS	P	
Phosphodiesterase 4 (PDE4) Inhibitors			FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	NP	
OTEZLA TABS 30 MG	P	SP; PA	VANQUISH	P	
OTEZLA TABS 20 MG	NP	SP	Analgesics Other		
OTEZLA TBPk	NP	SP	<i>acetaminophen CAPS 500 MG</i>	P	
OTEZLA TBPk	P	SP; PA	<i>acetaminophen CHEW 160 MG</i>	P	
Pyrimidine Synthesis Inhibitors			<i>acetaminophen CHEW 160 MG</i>	NP	
<i>leflunomide 10 MG</i>	P	QL(1 EA daily)	<i>acetaminophen ELIX</i>	P	
<i>leflunomide 20 MG</i>	P		<i>acetaminophen LIQD</i>	P	
Selective Costimulation Modulators			<i>acetaminophen LIQD</i>	P	
ORENCIA CLICKJECT SOAJ	P	SP; PA	<i>acetaminophen LIQD 160 MG/5ML</i>	NP	
ORENCIA SOSY	P	SP; PA			
Soluble Tumor Necrosis Factor Receptor Agents					
ENBREL MINI SOCT	P	SP; PA			
ENBREL SURECLICK SOAJ	P	SP; PA			
ENBREL SOLN	P	SP; PA			
ENBREL SOSY	P	SP; PA			
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions					
Analgesic Combinations					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P		<i>aspirin TABS 325 MG, 500 MG</i>	P	
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	NP		<i>aspirin TBEC 81 MG, 325 MG</i>	P	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P		<i>aspirin TBEC 81 MG</i>	NP	
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	P		<i>aspirin TBEC 81 MG, 325 MG</i>	P	
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	P		BAYER PLUS	P	
<i>acetaminophen SUSP 160 MG/5ML</i>	NP		<i>diflunisal TABS</i>	NP	
<i>acetaminophen TABS 325 MG, 500 MG</i>	NP		DOLOBID TABS	NP	
<i>acetaminophen TABS 325 MG, 500 MG</i>	P		<i>magnesium salicylate 500 MG</i>	P	
<i>acetaminophen TABS 325 MG, 500 MG</i>	P		<i>magnesium salicylate tetrahydrate</i>	P	
<i>acetaminophen TBCR</i>	P		<i>salsalate</i>	P	
<i>acetaminophen TBCR</i>	NP		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>acetaminophen TBCR</i>	P		Opioid Agonists		
FEVERALL INFANTS SUPP	P		ACTIQ LPOP 400 MCG, 1600 MCG (<i>fentanyl citrate</i>)	NP	
FEVERALL JUNIOR STRENGTH SUPP	P		<i>codeine sulfate TABS 30 MG</i>	P	
TRIAMINIC FEVER REDUCER SYRP	P		CODEINE SULFATE TABS 60 MG	P	
Salicylates			CONZIP CP24 (<i>tramadol hcl</i>)	NP	
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P		DILAUDID LIQD (<i>hydromorphone hcl</i>)	NP	
<i>aspirin effervescent</i>	P		DILAUDID TABS (<i>hydromorphone hcl</i>)	NP	
<i>aspirin CHEW</i>	P		DSUVIA SUBL	NP	
<i>aspirin CHEW</i>	P		<i>fentanyl citrate LPOP</i>	NP	
ASPIRIN SUPP 300 MG	P		<i>fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG</i>	NP	
<i>aspirin TABS 325 MG, 500 MG</i>	P		<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	PA	<i>oxycodone hcl TABS 15 MG</i>	P	QL(240 EA per 365 day(s) retail)
FENTORA TABS (<i>fentanyl citrate</i>)	NP		<i>oxycodone hcl TABS 20 MG</i>	P	QL(120 EA per 365 day(s) retail)
<i>hydrocodone bitartrate CP12</i>	NP	PA	<i>oxycodone hcl TABS 5 MG, 10 MG</i>	P	
<i>hydrocodone bitartrate T24A</i>	NP	PA	<i>oxycodone hcl TABS 30 MG</i>	P	QL(60 EA per 365 day(s) retail)
<i>hydromorphone hcl LIQD</i>	NP		OXYCONTIN T12A	NP	PA
HYDROMORPHONE HCL SUPP	NP		<i>oxymorphone hcl TABS</i>	NP	
<i>hydromorphone hcl TABS</i>	P		<i>oxymorphone hcl TB12</i>	NP	PA
<i>hydromorphone hcl TB24</i>	NP	PA	ROXICODONE TABS 15 MG (<i>oxycodone hcl</i>)	NP	QL(240 EA per 365 day(s) retail)
HYSINGLA ER T24A	NP	PA	ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	NP	QL(60 EA per 365 day(s) retail)
<i>levorphanol tartrate TABS</i>	NP		ROXYBOND TABA	NP	
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	NP		<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	
<i>meperidine hcl TABS 50 MG</i>	NP		<i>tramadol hcl SOLN</i>	NP	
<i>morphine sulfate beads</i>	NP	PA	TRAMADOL HCL SOLN (<i>tramadol hcl</i>)	NP	
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP	PA	<i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>	NP	
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	P		<i>tramadol hcl TABS 50 MG</i>	P	
<i>morphine sulfate SUPP</i>	NP		<i>tramadol hcl TB24</i>	P	PA
<i>morphine sulfate TABS</i>	P		<i>tramadol hcl TB24</i>	NP	PA
<i>morphine sulfate TBCR</i>	P		Opioid Combinations		
MS CONTIN TBCR (<i>morphine sulfate</i>)	NP		<i>acetaminophen w/ codeine SOLN</i>	P	
<i>oxycodone hcl CAPS</i>	P		<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	
<i>oxycodone hcl CONC 100 MG/5ML</i>	NP		<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP	
<i>oxycodone hcl SOLN</i>	P		<i>butalbital-acetaminophen-caffeine w/ codeine</i>	P	
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	NP	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-aspirin-caffeine w/cod</i>	P		BRIXADI (WEEKLY) SOSY	P	SP
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP		BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	SP
<i>hydrocodone-acetaminophen SOLN</i>	P		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	P	QL(3 EA daily)
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG</i>	P	
<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	NP		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	P	QL(3 EA daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	NP		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	P	
NALOCET TABS	NP		<i>buprenorphine hcl SUBL</i>	P	
<i>oxycodone w/acetaminophen SOLN</i>	P		<i>buprenorphine PTWK</i>	NP	PA
<i>oxycodone w/acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P		<i>butorphanol tartrate NA 10 MG/ML</i>	NP	
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	NP		BUTRANS PTWK (<i>buprenorphine</i>)	P	Brand Preferred; PA
PROLATE SOLN	NP		<i>pentazocine w/ naloxone hcl</i>	NP	
PROLATE TABS	NP		SUBLOCADE SOSY	P	SP
SEGLENTIS	NP		SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	
<i>tramadol-acetaminophen</i>	P		SUBOXONE FILM SL 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 EA daily)
Opioid Partial Agonists			ZUBSOLV SUBL	NP	
BELBUCA FILM 75 MCG, 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG	NP		ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
BELBUCA FILM 900 MCG	NP	PA	Anabolic Steroids		
			<i>oxandrolone 2.5 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Androgens			Rectal Combinations		
ANDROGEL PUMP GEL TD (<i>testosterone</i>)	NP	PA	<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	P	
AVEED SOLN	NP	SP; PA	Rectal Local Anesthetics		
AZMIRO SOSY	NP		AMERICAINE	P	
<i>danazol CAPS</i>	P	PA	<i>dibucaine (rectal) EX</i>	P	
JATENZO CAPS	NP	PA	<i>lidocaine (anorectal) CREA</i>	P	
<i>methyltestosterone CAPS</i>	NP	PA	Rectal Steroids		
<i>methyltestosterone TABS</i>	NP	PA	ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	NP	
NATESTO GEL NA	NP	PA	<i>hydrocortisone (rectal) EX</i>	NP	
TESTIM GEL TD (<i>testosterone</i>)	NP	PA	<i>hydrocortisone (rectal) EX 1 %</i>	P	RX/OTC
TESTOPEL PLLT	NP	SP	Vasodilating Agents		
<i>testosterone cypionate SOLN IM</i>	P	PA	<i>nitroglycerin (intra-anal)</i>	NP	
<i>testosterone enanthate SOLN IM</i>	P	PA	RECTIV (<i>nitroglycerin (intra-anal)</i>)	NP	
<i>testosterone GEL TD 1 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	NP	PA	ANTACIDS		
<i>testosterone GEL TD 1 %, 1.62 %, 10 MG/ACT, 1.62 %</i>	P	PA	Antacid Combinations		
<i>testosterone SOLN</i>	P	PA	ACID GONE SUSP 358 MG/15ML-95 MG/15ML	P	
TLANDO CAPS	NP	PA	<i>alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG</i>	P	
VOGELXO PUMP GEL TD (<i>testosterone</i>)	NP	PA	<i>alum & mag hydrox-simethicone LIQD</i>	P	
VOGELXO GEL TD (<i>testosterone</i>)	NP	PA	<i>alum & mag hydrox-simethicone SUSP</i>	P	
XYOSTED SOAJ	NP	PA	<i>alum & mag hydrox-simethicone SUSP</i>	P	
ANOORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching			<i>aluminum hydroxide-mag carb CHEW</i>	P	
Intrarectal Steroids			<i>aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML</i>	P	
<i>budesonide (intrarectal)</i>	NP		ANTACID CHEW	P	
<i>hydrocortisone (intrarectal)</i>	P		<i>calcium carbonate-mag hydrox SUSP</i>	P	
UCERIS (<i>budesonide (intrarectal)</i>)	NP				

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate-simethicone CHEW 1000 MG-60 MG</i>	P	
GAVISCON SUSP 358 MG/15ML-95 MG/15ML	P	
SM FOAMING ANTACID	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	P	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 400 MG, 420 MG, 500 MG, 750 MG, 1000 MG</i>	P	
<i>calcium carbonate (antacid) CHEW 750 MG</i>	NP	
<i>calcium carbonate (antacid) CHEW 400 MG, 420 MG, 500 MG, 750 MG, 1000 MG</i>	P	
<i>calcium carbonate (antacid) SUSP</i>	P	
CALCIUM CARBONATE ANTACID SUSP	P	
TUMS CHEWY BITES ULTRA STR CHEW (<i>calcium carbonate (antacid)</i>)	P	
TUMS ULTRA 1000 CHEW (<i>calcium carbonate (antacid)</i>)	P	
TUMS ULTRA STRENGTH CHEW (<i>calcium carbonate (antacid)</i>)	P	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium oxide TABS 400 MG</i>	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	P	
BENZNIDAZOLE	P	SP
<i>praziquantel</i>	P	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZO SPRINKLE PACK	NP	
<i>ranolazine TB12</i>	P	
Nitrates		
GONITRO PACK	NP	
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	NP	
<i>isosorbide dinitrate TABS</i>	P	
<i>isosorbide mononitrate TABS</i>	P	
ISOSORBIDE MONONITRATE TABS	P	
<i>isosorbide mononitrate TB24</i>	P	
NITRO-BID OINT	NP	
NITRO-DUR PT24	NP	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	NP	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NP	
<i>nitroglycerin SUBL</i>	P	
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	NP	
NITROSTAT SUBL (<i>nitroglycerin</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
ANTIANKXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	P	
<i>droperidol SOLN 2.5 MG/ML</i>	P	
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	NP	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	NP	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	NP	
<i>alprazolam TABS</i>	NP	
<i>alprazolam TB24</i>	NP	
<i>alprazolam TBDP</i>	NP	
ATIVAN TABS (<i>lorazepam</i>)	NP	
<i>chlordiazepoxide hcl CAPS</i>	P	
<i>clorazepate dipotassium TABS</i>	P	
<i>diazepam CONC</i>	NP	
DIAZEPAM SOAJ	NP	
<i>diazepam SOLN PO 5 MG/5ML</i>	P	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>	NP	
DIAZEPAM SOLN IJ 5 MG/ML	NP	
<i>diazepam TABS</i>	P	
<i>lorazepam CONC</i>	NP	
<i>lorazepam TABS</i>	P	
LOREEV XR CS24 1 MG, 2 MG, 3 MG	NP	
<i>oxazepam CAPS</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
VALIUM TABS (<i>diazepam</i>)	NP	
XANAX XR TB24 (<i>alprazolam</i>)	NP	
XANAX TABS (<i>alprazolam</i>)	NP	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	P	
NORPACE CR CP12	P	
<i>quinidine gluconate TBCR</i>	P	
<i>quinidine sulfate TABS</i>	P	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	
<i>propafenone hcl TABS</i>	P	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 150 MG/3ML</i>	P	
<i>amiodarone hcl TABS</i>	P	
<i>dofetilide</i>	P	
MULTAQ	P	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP
FASENRA PEN SOAJ	P	SP; PA
FASENRA SOSY	P	SP; PA
NUCALA SOAJ	P	SP; PA
NUCALA SOLR	P	SP; PA
NUCALA SOSY	P	SP; PA
TEZSPIRE SOAJ	P	SP; PA
TEZSPIRE SOSY	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOAJ	P	SP; PA
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY	P	SP; PA
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	
INCRUSE ELLIPTA	P	
<i>ipratropium bromide SOLN 0.02 %</i>	P	
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	P	Brand Preferred
SPIRIVA RESPIMAT AERS	P	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	NP	
<i>tiotropium bromide monohydrate CAPS</i>	NP	
TUDORZA PRESSAIR	NP	
YUPELRI	NP	
Leukotriene Modulators		
ACCOLATE (<i>zafirlukast</i>)	NP	QL(1 EA daily)
<i>montelukast sodium CHEW</i>	P	
<i>montelukast sodium PACK</i>	NP	
<i>montelukast sodium TABS</i>	P	
SINGULAIR CHEW (<i>montelukast sodium</i>)	NP	
SINGULAIR PACK (<i>montelukast sodium</i>)	NP	
SINGULAIR TABS (<i>montelukast sodium</i>)	NP	
<i>zafirlukast</i>	NP	QL(1 EA daily)
<i>zileuton TB12</i>	NP	
ZYFLO TABS	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	NP	SP; ST

Drug Name	Drug Tier	Requirements/ Limits
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>roflumilast</i>)	NP	
<i>roflumilast</i>	NP	
Steroid Inhalants		
ALVESCO	NP	
ARMONAIR DIGIHALER 113 MCG/ACT, 232 MCG/ACT	NP	
ARNUITY ELLIPTA	P	
ASMANEX (120 METERED DOSES) AEPB	P	
ASMANEX (14 METERED DOSES) AEPB	P	
ASMANEX (30 METERED DOSES) AEPB	P	
ASMANEX (60 METERED DOSES) AEPB	P	
ASMANEX HFA AERO	P	
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	NP	
<i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i>	P	
FLOVENT DISKUS AEPB 50 MCG/ACT, 250 MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	P	
FLOVENT HFA (<i>fluticasone propionate hfa</i>)	P	
<i>fluticasone propionate (inhalation) AEPB</i>	P	AL(Up to 18 yrs old)
<i>fluticasone propionate hfa</i>	P	AL(Up to 18 yrs old)
PULMICORT FLEXHALER AEPB	P	
PULMICORT SUSP (<i>budesonide (inhalation)</i>)	NP	
QVAR REDIHALER	P	
Sympathomimetics		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVAIR DISKUS AEPB (fluticasone-salmeterol)	P	Brand Preferred	DUAKLIR PRESSAIR	NP	
ADVAIR HFA AERO (fluticasone-salmeterol)	P	Brand Preferred	DULERA	P	
AIRDUO DIGIHALER 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT	NP		fluticasone furoate-vilanterol	NP	
AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol)	NP		fluticasone-salmeterol AEPB	NP	
AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol)	NP		fluticasone-salmeterol AERO	NP	
AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol)	NP		formoterol fumarate NEBU	NP	
AIRSUPRA	NP		ipratropium-albuterol SOLN	P	
albuterol sulfate AERS	NP		levalbuterol hcl	NP	
albuterol sulfate AERS	P		levalbuterol tartrate	NP	
albuterol sulfate NEBU 0.083 %, 2.5 MG/0.5ML, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	P		PERFOROMIST NEBU (formoterol fumarate)	NP	
albuterol sulfate SYRP	P		PROAIR DIGIHALER	NP	
albuterol sulfate TABS	NP		PROAIR RESPICLICK AEPB	NP	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (umeclidinium-vilanterol)	P		SEREVENT DISKUS	P	
arformoterol tartrate	NP		STIOLTO RESPIMAT	NP	
BEVESPI AEROSPHERE	NP		STIOLTO RESPIMAT	P	
BREO ELLIPTA	NP		STRIVERDI RESPIMAT	P	
BREO ELLIPTA (fluticasone furoate-vilanterol)	NP		SYMBICORT (budesonide-formoterol fumarate dihydrate)	NP	Brand Preferred
BREZTRI AEROSPHERE	NP		SYMBICORT (budesonide-formoterol fumarate dihydrate)	P	Brand Preferred
BROVANA (arformoterol tartrate)	NP		terbutaline sulfate TABS	P	
budesonide-formoterol fumarate dihydrate	NP		TRELEGY ELLIPTA	NP	
COMBIVENT RESPIMAT AERS	P		VENTOLIN HFA AERS (albuterol sulfate)	P	Brand Preferred
			XOPENEX HFA (levalbuterol tartrate)	NP	
			Xanthines		
			theophylline ELIX	P	
			theophylline SOLN	P	
			theophylline TB12 300 MG, 450 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline TB24</i>	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	P	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	P	
ELIQUIS TABS	P	
SAVAYSA 15 MG, 30 MG	NP	QL(1 EA daily); 42 day(s) max supply per 365 day(s) retail
SAVAYSA 60 MG	NP	42 day(s) max supply per 365 day(s) retail
XARELTO STARTER PACK TBPK	P	
XARELTO SUSR	NP	
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	P	
XARELTO TABS	P	
XARELTO TABS 10 MG, 15 MG, 20 MG	NP	
Heparins And Heparinoid-Like Agents		
ARIXTRA (<i>fondaparinux sodium</i>)	NP	42 day(s) max supply per 365 day(s) retail; SP
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	42 day(s) max supply per 365 day(s) retail; SP
<i>enoxaparin sodium SOSY</i>	P	42 day(s) max supply per 365 day(s) retail; SP
<i>fondaparinux sodium</i>	NP	42 day(s) max supply per 365 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SOLN 95000 UNIT/3.8ML	NP	42 day(s) max supply per 365 day(s) retail; SP
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP
FRAGMIN SOSY	NP	42 day(s) max supply per 365 day(s) retail; SP
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	P	
HEPARIN SOD (PORCINE) IN D5W	P	
<i>heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML</i>	P	
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	42 day(s) max supply per 365 day(s) retail; SP
LOVENOX SOSY (<i>enoxaparin sodium</i>)	NP	42 day(s) max supply per 365 day(s) retail; SP
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	NP	
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	P	Brand Preferred
PRADAXA PACK	NP	SP
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	NP	
FYCOMPA TABS	NP	
Anticonvulsants - Benzodiazepines		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobazam SUSP</i>	P		BRIVIACT SOLN PO 10 MG/ML	P	SP
<i>clobazam TABS</i>	P		BRIVIACT TABS	P	SP
<i>clonazepam TABS</i>	P		<i>carbamazepine CHEW 100 MG</i>	P	
<i>clonazepam TBDP</i>	NP		<i>carbamazepine CHEW 200 MG</i>	NP	
DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	P		<i>carbamazepine CP12</i>	P	
DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	P		<i>carbamazepine SUSP</i>	P	
<i>diazepam (anticonvulsant) GEL</i>	P		<i>carbamazepine TABS</i>	P	
KLONOPIN TABS (<i>clonazepam</i>)	P		<i>carbamazepine TB12</i>	P	
LIBERVANT FILM	NP		CARBATROL CP12 (<i>carbamazepine</i>)	P	
NAYZILAM	P		DIACOMIT CAPS	NP	SP
ONFI SUSP (<i>clobazam</i>)	P		DIACOMIT PACK	NP	SP
ONFI TABS (<i>clobazam</i>)	P		ELEPSIA XR TB24	NP	
SYMPAZAN FILM	NP		EPIDIOLEX	NP	SP
VALTOCO 10 MG DOSE LIQD	P		EPRONTIA SOLN	NP	
VALTOCO 10 MG DOSE LIQD	NP		FINTEPLA	NP	SP
VALTOCO 15 MG DOSE LQPK	NP		<i>gabapentin CAPS</i>	P	
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	P		<i>gabapentin SOLN</i>	P	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	P		<i>gabapentin TABS 600 MG, 800 MG</i>	P	
VALTOCO 20 MG DOSE LQPK	NP		GABARONE TABS 100 MG, 400 MG	NP	
VALTOCO 5 MG DOSE LIQD	P		KEPPRA XR TB24 (<i>levetiracetam</i>)	NP	
VALTOCO 5 MG DOSE LIQD	NP		KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	P	
Anticonvulsants - Misc.			KEPPRA TABS (<i>levetiracetam</i>)	P	
APTOM	NP		<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	P	
BANZEL SUSP (<i>rufinamide</i>)	NP	SP	<i>lacosamide TABS</i>	P	
BANZEL TABS (<i>rufinamide</i>)	NP	SP	LAMICTAL ODT KIT (<i>lamotrigine</i>)	NP	
			LAMICTAL ODT TBDP (<i>lamotrigine</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>)	NP		<i>primidone</i>	P	
LAMICTAL XR KIT	NP		<i>primidone</i>	P	
LAMICTAL XR TB24 (<i>lamotrigine</i>)	NP		QUDEXY XR CS24 (<i>topiramate</i>)	NP	
LAMICTAL CHEW (<i>lamotrigine</i>)	P		<i>rufinamide SUSP</i>	NP	SP
LAMICTAL TABS (<i>lamotrigine</i>)	P		<i>rufinamide TABS</i>	NP	SP
<i>lamotrigine CHEW</i>	P		SPRITAM TB3D	NP	
<i>lamotrigine KIT</i>	NP		SPRITAM TB3D	NP	
<i>lamotrigine KIT 25 MG</i>	P		TEGRETOL SUSP (<i>carbamazepine</i>)	P	
<i>lamotrigine TABS</i>	P		TEGRETOL TABS (<i>carbamazepine</i>)	P	
<i>lamotrigine TB24</i>	NP		TEGRETOL-XR TB12 (<i>carbamazepine</i>)	P	
<i>lamotrigine TBDP</i>	NP		TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	P	
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P		TOPAMAX TABS (<i>topiramate</i>)	P	
<i>levetiracetam TABS</i>	P		<i>topiramate CP24</i>	NP	
<i>levetiracetam TB24</i>	NP		<i>topiramate CPSP 50 MG</i>	NP	
LEVETIRACETAM TB3D	NP		<i>topiramate CPSP 15 MG, 25 MG</i>	P	
LYRICA CAPS (<i>pregabalin</i>)	P		<i>topiramate CS24</i>	NP	
LYRICA SOLN (<i>pregabalin</i>)	P		<i>topiramate TABS</i>	P	
MOTPOLY XR CP24	NP		TRILEPTAL SUSP (<i>oxcarbazepine</i>)	NP	
MYSOLINE (<i>primidone</i>)	P		TRILEPTAL TABS (<i>oxcarbazepine</i>)	P	
NEURONTIN CAPS (<i>gabapentin</i>)	P		TROKENDI XR CP24 (<i>topiramate</i>)	NP	
NEURONTIN SOLN (<i>gabapentin</i>)	P		VIMPAT SOLN PO 10 MG/ML (<i>lacosamide</i>)	P	
NEURONTIN TABS (<i>gabapentin</i>)	P		VIMPAT TABS (<i>lacosamide</i>)	P	
<i>oxcarbazepine SUSP</i>	P		ZONEGRAN CAPS 25 MG, 100 MG (<i>zonisamide</i>)	P	
<i>oxcarbazepine TABS</i>	P		ZONISADE SUSP	NP	
<i>oxcarbazepine TB24</i>	NP		<i>zonisamide CAPS</i>	P	
OXTELLAR XR TB24 (<i>oxcarbazepine</i>)	NP	Brand Preferred over generic	<i>zonisamide CAPS</i>	P	
<i>pregabalin CAPS</i>	P		ZTALMY	NP	
<i>pregabalin SOLN</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Carbamates			CELONTIN (methsuximide)	NP	
felbamate SUSP	NP		ethosuximide CAPS	NP	
felbamate TABS	NP		ethosuximide SOLN	P	
FELBATOL SUSP (felbamate)	NP		methsuximide	NP	
FELBATOL TABS (felbamate)	NP		ZARONTIN CAPS (ethosuximide)	NP	
XCOPRI (250 MG DAILY DOSE) TBPk	NP		ZARONTIN SOLN (ethosuximide)	P	
XCOPRI (350 MG DAILY DOSE) TBPk	NP		Valproic Acid		
XCOPRI TABS	NP		DEPAKOTE ER TB24 500 MG (divalproex sodium)	P	
XCOPRI TBPk	NP		DEPAKOTE ER TB24 250 MG (divalproex sodium)	P	QL(1 EA daily)
GABA Modulators			DEPAKOTE SPRINKLES CSDR (divalproex sodium)	P	
SABRIL PACK (vigabatrin)	NP	SP	DEPAKOTE TBEC (divalproex sodium)	P	
SABRIL TABS (vigabatrin)	NP	SP	divalproex sodium CSDR	P	
tiagabine hcl	NP		divalproex sodium TB24 250 MG	P	QL(1 EA daily)
vigabatrin PACK	NP	SP	divalproex sodium TB24 500 MG	P	
vigabatrin TABS	NP	SP	divalproex sodium TBEC	P	
VIGAFYDE SOLN	NP	SP; ST	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	P	
Hydantoins			valproic acid CAPS	P	
DILANTIN	P		ANTIDEPRESSANTS - Drugs to Treat Depression		
DILANTIN (phenytoin sodium extended)	P		Alpha-2 Receptor Antagonists (Tetracyclics)		
DILANTIN INFATABS CHEW (phenytoin)	P		mirtazapine TABS 7.5 MG, 45 MG	P	AL(At least 6 yrs old)
DILANTIN-125 SUSP (phenytoin)	P		mirtazapine TABS 15 MG, 30 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
DILANTIN SUSP (phenytoin)	P		mirtazapine TBPk 15 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
phenytoin sodium extended 100 MG, 200 MG, 300 MG	P		mirtazapine TBPk 30 MG, 45 MG	NP	AL(At least 6 yrs old)
phenytoin CHEW	P				
phenytoin SUSP	P				
Succinimides					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REMERON SOLTAB TBDP 15 MG (<i>mirtazapine</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	NARDIL (<i>phenelzine sulfate</i>)	NP	AL(At least 6 yrs old)
REMERON SOLTAB TBDP 30 MG, 45 MG (<i>mirtazapine</i>)	NP	AL(At least 6 yrs old)	<i>phenelzine sulfate</i>	P	AL(At least 6 yrs old)
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>tranylcypromine sulfate</i>	P	AL(At least 6 yrs old)
Antidepressant Combinations			N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
AUVELITY	NP	AL(At least 6 yrs old)	SPRAVATO (56 MG DOSE)	P	AL(At least 6 yrs old); SP; PA
Antidepressants - Misc.			SPRAVATO (84 MG DOSE)	P	AL(At least 6 yrs old); SP; PA
APLENZIN 348 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	Selective Serotonin Reuptake Inhibitors (SSRIs)		
APLENZIN 174 MG, 522 MG	NP	AL(At least 6 yrs old)	CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>bupropion hcl</i> TABS	P	AL(At least 6 yrs old)	CELEXA TABS 10 MG, 40 MG (<i>citalopram hydrobromide</i>)	NP	AL(At least 6 yrs old)
<i>bupropion hcl</i> TB12	P	AL(At least 6 yrs old)	CITALOPRAM HYDROBROMIDE CAPS	NP	AL(At least 6 yrs old)
<i>bupropion hcl</i> TB12	NP	AL(At least 6 yrs old)	<i>citalopram hydrobromide SOLN</i>	P	AL(At least 6 yrs old - Up to 10 yrs old)
<i>bupropion hcl</i> TB24 450 MG	NP	AL(At least 6 yrs old)	<i>citalopram hydrobromide</i> TABS 20 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>bupropion hcl</i> TB24 150 MG, 300 MG	P	AL(At least 6 yrs old)	<i>citalopram hydrobromide</i> TABS 10 MG, 40 MG	P	AL(At least 6 yrs old)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NP	AL(At least 6 yrs old)	<i>escitalopram oxalate SOLN</i>	NP	AL(At least 6 yrs old - Up to 10 yrs old)
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	NP	AL(At least 6 yrs old)	<i>escitalopram oxalate</i> TABS 5 MG, 10 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	NP	AL(At least 6 yrs old)	<i>escitalopram oxalate</i> TABS 20 MG	P	AL(At least 6 yrs old)
GABA Receptor Modulator - Neuroactive Steroid			<i>fluoxetine hcl</i> CAPS	P	AL(At least 6 yrs old)
ZURZUVAE	NP	AL(At least 6 yrs old); SP	<i>fluoxetine hcl</i> CPDR	NP	AL(At least 6 yrs old)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluoxetine hcl</i> SOLN	P	AL(At least 6 yrs old - Up to 10 yrs old)
EMSAM	NP	AL(At least 6 yrs old)			
MARPLAN	P	AL(At least 6 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl TABS</i>	NP	AL(At least 6 yrs old)	<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NP	AL(At least 6 yrs old)	<i>sertraline hcl TABS 100 MG</i>	P	AL(At least 6 yrs old)
<i>fluvoxamine maleate CP24</i>	NP	AL(At least 6 yrs old)	ZOLOFT CONC (<i>sertraline hcl</i>)	NP	AL(At least 6 yrs old - Up to 10 yrs old)
<i>fluvoxamine maleate TABS</i>	P	AL(At least 6 yrs old)	ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
LEXAPRO TABS 20 MG (<i>escitalopram oxalate</i>)	NP	AL(At least 6 yrs old)	ZOLOFT TABS 100 MG (<i>sertraline hcl</i>)	NP	AL(At least 6 yrs old)
LEXAPRO TABS 5 MG, 10 MG (<i>escitalopram oxalate</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	Serotonin Modulators		
<i>paroxetine hcl SUSP</i>	NP	AL(At least 6 yrs old - Up to 10 yrs old)	<i>nefazodone hcl</i>	NP	AL(At least 6 yrs old)
<i>paroxetine hcl TABS 30 MG, 40 MG</i>	P	AL(At least 6 yrs old)	<i>trazodone hcl TABS 300 MG</i>	NP	AL(At least 6 yrs old)
<i>paroxetine hcl TABS 10 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)	<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P	AL(At least 6 yrs old)
<i>paroxetine hcl TB24 12.5 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)	TRINTELLIX 20 MG	NP	AL(At least 6 yrs old)
<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	NP	AL(At least 6 yrs old)	TRINTELLIX 5 MG, 10 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
PAXIL CR TB24 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NP	AL(At least 6 yrs old)	VIIBRYD TABS 10 MG, 20 MG (<i>vilazodone hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
PAXIL CR TB24 12.5 MG (<i>paroxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	VIIBRYD TABS 40 MG (<i>vilazodone hcl</i>)	NP	AL(At least 6 yrs old)
PAXIL SUSP (<i>paroxetine hcl</i>)	NP	AL(At least 6 yrs old - Up to 10 yrs old)	<i>vilazodone hcl TABS 40 MG</i>	NP	AL(At least 6 yrs old)
PAXIL TABS 30 MG, 40 MG (<i>paroxetine hcl</i>)	NP	AL(At least 6 yrs old)	<i>vilazodone hcl TABS 10 MG, 20 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
PAXIL TABS 10 MG, 20 MG (<i>paroxetine hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
PROZAC CAPS (<i>fluoxetine hcl</i>)	NP	AL(At least 6 yrs old)	CYMBALTA CPEP (<i>duloxetine hcl</i>)	NP	AL(At least 6 yrs old)
SERTRALINE HCL CAPS	NP	AL(At least 6 yrs old)	DESVENLAFAXINE ER	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>desvenlafaxine succinate 100 MG</i>	P	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desvenlafaxine succinate</i> 25 MG, 50 MG	P	QL(1 EA daily); AL(At least 6 yrs old)	Tricyclic Agents		
DRIZALMA SPRINKLE CSDR 30 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>amitriptyline hcl</i> TABS	P	AL(At least 6 yrs old)
DRIZALMA SPRINKLE CSDR 20 MG, 40 MG, 60 MG	NP	AL(At least 6 yrs old)	<i>amoxapine</i>	NP	AL(At least 6 yrs old)
<i>duloxetine hcl</i> CPEP 40 MG	NP	AL(At least 6 yrs old)	ANAFRANIL (<i>clomipramine hcl</i>)	NP	AL(At least 6 yrs old)
<i>duloxetine hcl</i> CPEP 20 MG, 30 MG, 60 MG	P	AL(At least 6 yrs old)	<i>clomipramine hcl</i>	P	AL(At least 6 yrs old)
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	NP	AL(At least 6 yrs old)	<i>desipramine hcl</i> TABS	NP	AL(At least 6 yrs old)
EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>doxepin hcl</i> CAPS	P	AL(At least 6 yrs old)
FETZIMA TITRATION C4PK	NP	AL(At least 6 yrs old)	<i>doxepin hcl</i> CONC	P	AL(At least 6 yrs old)
FETZIMA CP24 20 MG, 40 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>imipramine hcl</i> TABS	P	AL(At least 6 yrs old)
FETZIMA CP24 80 MG, 120 MG	NP	AL(At least 6 yrs old)	<i>imipramine pamoate</i>	NP	AL(At least 6 yrs old)
PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>)	NP	AL(At least 6 yrs old)	<i>nortriptyline hcl</i> CAPS	P	AL(At least 6 yrs old)
PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>nortriptyline hcl</i> SOLN	P	AL(At least 6 yrs old)
VENLAFAXINE BESYLATE ER	NP	AL(At least 6 yrs old)	PAMELOR CAPS (<i>nortriptyline hcl</i>)	NP	AL(At least 6 yrs old)
<i>venlafaxine hcl</i> CP24 150 MG	P	AL(At least 6 yrs old)	<i>protriptyline hcl</i>	NP	AL(At least 6 yrs old)
<i>venlafaxine hcl</i> CP24 37.5 MG, 75 MG	P	QL(1 EA daily); AL(At least 6 yrs old)	<i>trimipramine maleate</i> CAPS	NP	AL(At least 6 yrs old)
<i>venlafaxine hcl</i> TABS	P	AL(At least 6 yrs old)	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>venlafaxine hcl</i> TB24 150 MG, 225 MG	NP	AL(At least 6 yrs old)	Alpha-Glucosidase Inhibitors		
<i>venlafaxine hcl</i> TB24 37.5 MG, 75 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)	<i>acarbose</i>	P	
			<i>miglitol</i>	NP	
			Antidiabetic - Amylin Analogs		
			SYMLINPEN 120 SOPN	NP	PA
			SYMLINPEN 60 SOPN	NP	PA
			Antidiabetic Combinations		
			ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	
			<i>alogliptin-metformin hcl</i>	NP	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	PA	XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG	P	
<i>dapagliflozin propanediol-metformin hcl</i>	NP		<i>XIGDUO XR (dapagliflozin propanediol-metformin hcl)</i>	P	Brand Preferred
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NP		XIGDUO XR 500 MG-5 MG	P	QL(1 EA daily)
<i>glipizide-metformin hcl</i>	P		XULTOPHY	NP	PA
<i>glyburide-metformin</i>	P		ZITUVIMET XR TB24	NP	
GLYXAMBI	NP		ZITUVIMET TABS	NP	
INVOKAMET XR TB24	P		Biguanides		
INVOKAMET TABS	P		GLUMETZA TB24 (<i>metformin hcl</i>)	NP	
JANUMET XR TB24	P	PA	<i>metformin hcl SOLN</i>	NP	
JANUMET TABS	P	PA	<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	P	
JENTADUETO XR TB24	NP	PA	<i>metformin hcl TABS 625 MG, 750 MG</i>	NP	
JENTADUETO TABS	P	PA	<i>metformin hcl TB24</i>	NP	
KAZANO (<i>alogliptin-metformin hcl</i>)	NP	PA	<i>metformin hcl TB24 500 MG, 750 MG</i>	P	
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>)	NP	PA	RIOMET SOLN (<i>metformin hcl</i>)	NP	
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>)	NP	PA	Diabetic Other		
<i>pioglitazone hcl-glimepiride</i>	NP		BAQSIMI ONE PACK POWD	P	
<i>pioglitazone hcl-metformin hcl TABS</i>	NP		BAQSIMI ONE PACK POWD	NP	
QTERN	NP		BAQSIMI TWO PACK POWD	NP	
<i>saxagliptin-metformin hcl</i>	NP	PA	BAQSIMI TWO PACK POWD	P	
SEGLUROMET	NP		CVS GLUCOSE CHEW	P	
SITAGLIPTIN BASE-METFORMIN HCL TABS	NP		CVS SOFT GLUCOSE CHEW	P	
SOLIQUA	NP	PA	DEX4	P	
STEGLUJAN	NP		DEX4 GLUCOSE	P	
SYNJARDY XR TB24	NP		DEX4 NATURALS	P	
SYNJARDY TABS	P		DEX4 POUCH PACK	P	
TRIJARDY XR	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P		TGT GLUCOSE	P	
<i>dextrose (diabetic use) GEL</i>	P		TRUEPLUS GLUCOSE ON THE GO CHEW	P	
GLUCAGEN HYPOKIT	P		TRUEPLUS GLUCOSE CHEW	P	
<i>glucagon (rdna)</i>	P		UP & UP GLUCOSE	P	
GLUCAGON EMERGENCY	P		VALUE PLUS GLUCOSE	P	
GLUCO TO GO CHEW	P		WALGREENS GLUCOSE	P	
GLUCOSE INSTANT ENERGY	P		ZEGALOGUE SOAJ	P	
GLUCOSE CHEW	P		ZEGALOGUE SOSY	P	
GNP GLUCOSE CHEW	P		Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
GNP QUICK DISSOLVE GLUCOSE CHEW	P		<i>alogliptin benzoate</i>	NP	PA
GOODSENSE GLUCOSE	P		JANUVIA 25 MG, 50 MG	P	QL(1 EA daily); PA
GVOKE HYPOPEN 1-PACK SOAJ	NP		JANUVIA 100 MG	P	PA
GVOKE HYPOPEN 2-PACK SOAJ	NP		NESINA (<i>alogliptin benzoate</i>)	NP	PA
GVOKE KIT SOLN	NP		ONGLYZA 2.5 MG (<i>saxagliptin hcl</i>)	NP	QL(1 EA daily); PA
GVOKE PFS SOSY 1 MG/0.2ML	NP		ONGLYZA 5 MG (<i>saxagliptin hcl</i>)	NP	PA
HY-VEE GLUCOSE	P		<i>saxagliptin hcl 5 MG</i>	NP	PA
KROGER GLUCOSE	P		<i>saxagliptin hcl 2.5 MG</i>	NP	QL(1 EA daily); PA
LEADER GLUCOSE 6 MG-4 GM	P		SITAGLIPTIN 25 MG, 50 MG	NP	QL(1 EA daily)
LEADER QUICK DISSOLVE GLUCOSE CHEW	P		SITAGLIPTIN 100 MG	NP	
LONGS GLUCOSE	P		TRADJENTA	P	PA
MEIJER GLUCOSE	P		ZITUVIO 25 MG, 50 MG	NP	QL(1 EA daily)
PREFERRED PLUS GLUCOSE	P		ZITUVIO 100 MG	NP	
PX GLUCOSE	P		Incretin Mimetic Agents		
RA GLUCOSE	P		BYDUREON BCISE AUIJ	NP	PA
RELION GLUCOSE	P		BYETTA 10 MCG PEN SOPN	NP	Brand Preferred; PA
SM GLUCOSE	P		BYETTA 5 MCG PEN SOPN	NP	Brand Preferred; PA
SMART SENSE GLUCOSE	P		<i>liraglutide</i>	NP	PA
			MOUNJARO	NP	PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO (1 UNIT DIAL) SOPN	P		NOVOLOG FLEXPEN RELION SOPN	NP	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P		NOVOLOG FLEXPEN SOPN	NP	
INSULIN LISPRO PROT & LISPRO SUPN	P		NOVOLOG MIX 70/30 FLEXPEN SUPN	NP	
INSULIN LISPRO SOLN IJ	P		NOVOLOG MIX 70/30 RELION SUSP	NP	
LANTUS SOLOSTAR SOPN	NP	Brand Preferred	NOVOLOG MIX 70/30 SUSP	NP	
LANTUS SOLOSTAR SOPN	P	Brand Preferred	NOVOLOG PENFILL SOCT	NP	
LANTUS SOLN	P	Brand Preferred	NOVOLOG RELION SOLN IJ	NP	
LYUMJEV KWIKPEN SOPN	NP		NOVOLOG SOLN IJ	NP	
LYUMJEV TEMPO PEN SOPN	NP		REZVOGLAR KWIKPEN	NP	
LYUMJEV SOLN	NP		SEMGLEE (YFGN) SOLN	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP		SEMGLEE (YFGN) SOPN	NP	
NOVOLIN 70/30 FLEXPEN SUPN	NP		TOUJEO MAX SOLOSTAR SOPN	P	Brand Preferred
NOVOLIN 70/30 RELION SUSP	NP		TOUJEO MAX SOLOSTAR SOPN	NP	Brand Preferred
NOVOLIN 70/30 SUSP	NP		TOUJEO SOLOSTAR SOPN	NP	Brand Preferred
NOVOLIN N FLEXPEN RELION SUPN	NP		TOUJEO SOLOSTAR SOPN	P	Brand Preferred
NOVOLIN N FLEXPEN SUPN	P		TRESIBA FLEXTOUCH SOPN	NP	
NOVOLIN N RELION SUSP	NP		TRESIBA SOLN	NP	
NOVOLIN N SUSP	NP		Insulin Sensitizing Agents		
NOVOLIN R FLEXPEN RELION SOPN IJ	NP		ACTOS (<i>pioglitazone hcl</i>)	NP	QL(1 EA daily)
NOVOLIN R FLEXPEN SOPN IJ	P		<i>pioglitazone hcl</i>	P	QL(1 EA daily)
NOVOLIN R RELION SOLN IJ	NP		Meglitinide Analogues		
NOVOLIN R SOLN IJ	NP		<i>nateglinide</i>	P	
NOVOLOG 70/30 FLEXPEN RELION SUPN	NP		<i>repaglinide</i>	P	
			Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
			<i>dapagliflozin propanediol 10 MG</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dapagliflozin propanediol 5 MG</i>	NP	QL(1 EA daily)	<i>diphenoxylate w/ atropine TABS</i>	P	
FARXIGA 10 MG (<i>dapagliflozin propanediol</i>)	P	Brand Preferred	<i>loperamide hcl CAPS</i>	NP	RX/OTC
FARXIGA 5 MG (<i>dapagliflozin propanediol</i>)	P	Brand Preferred; QL(1 EA daily)	<i>loperamide hcl CAPS</i>	P	RX/OTC
INVOKANA	P		<i>loperamide hcl TABS</i>	P	
JARDIANCE	P		ANTIDOTES AND SPECIFIC ANTAGONISTS		
STEGLATRO	NP		Antidotes - Chelating Agents		
Sulfonylureas			CHEMET	P	
<i>glimepiride 2 MG, 4 MG</i>	P	QL(1 EA daily)	<i>deferasirox PACK</i>	NP	SP
<i>glimepiride 1 MG</i>	P		<i>deferasirox TABS</i>	P	SP
<i>glipizide TABS 5 MG, 10 MG</i>	P		<i>deferasirox TBSO</i>	NP	SP
<i>glipizide TB24</i>	P		<i>deferiprone TABS</i>	NP	SP
<i>glyburide micronized 1.5 MG, 3 MG</i>	P	QL(1 EA daily)	EXJADE TBSO (<i>deferasirox</i>)	NP	SP
<i>glyburide micronized 6 MG</i>	P		FERRIPROX TWICE-A-DAY TABS	NP	SP
<i>glyburide TABS</i>	P		FERRIPROX SOLN	NP	SP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea			FERRIPROX TABS (<i>deferiprone</i>)	NP	SP
Antidiarrheal - Chloride Channel Antagonists			JADENU SPRINKLE PACK (<i>deferasirox</i>)	NP	SP
MYTESI	NP		JADENU TABS (<i>deferasirox</i>)	NP	SP
Antidiarrheal/Probiotic Agents - Misc.			Antidotes and Specific Antagonists		
<i>bismuth subsalicylate CHEW 262 MG</i>	P		VISTOGARD	NP	
<i>bismuth subsalicylate SUSP 525 MG/30ML</i>	P		Opioid Antagonists		
<i>bismuth subsalicylate TABS</i>	P		KLOXXADO LIQD	P	
Antidiarrheal/Probiotic Combinations			NALMEFENE HCL IJ	NP	
<i>loperamide-simethicone TABS</i>	P		<i>naloxone hcl LIQD</i>	P	RX/OTC
Antiperistaltic Agents			<i>naloxone hcl SOCT</i>	P	
<i>diphenoxylate w/ atropine LIQD</i>	P		<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	
			<i>naloxone hcl SOSY</i>	P	
			<i>naltrexone hcl</i>	P	
			NARCAN LIQD (<i>naloxone hcl</i>)	P	RX/OTC
			OPVEE NA	NP	
			REXTOVY LIQD	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIVITROL	P	SP	AKYNZEO	NP	
ZIMHI SOSY	NP		AKYNZEO (READY-TO-USE) SOLN	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			AKYNZEO (TO-BE-DILUTED) SOLN	NP	
5-HT3 Receptor Antagonists			BONJESTA TBCR	NP	PA
ANZEMET TABS 50 MG	NP		DICLEGIS TBEC (doxylamine-pyridoxine)	P	Brand Preferred
<i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i>	P		<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>granisetron hcl TABS</i>	NP		<i>dronabinol CAPS</i>	NP	PA
<i>ondansetron hcl SOLN IJ</i>	P		<i>fructose-dextrose-phosphoric acid SOLN</i>	P	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P		MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NP	PA
<i>ondansetron hcl SOSY</i>	P		Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P		<i>aprepitant CAPS</i>	NP	
<i>ondansetron TBDP 4 MG, 8 MG</i>	P		<i>aprepitant MISC</i>	NP	
<i>ondansetron TBDP 16 MG</i>	NP		CINVANTI EMUL	P	
SANCUSO PTCH	NP		EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	NP	
Antiemetics - Anticholinergic			EMEND TRIPACK CAPS (<i>aprepitant</i>)	NP	
ANTIVERT CHEW (<i>meclizine hcl</i>)	NP	RX/OTC	EMEND SUSR	NP	
<i>dimenhydrinate TABS</i>	P		ANTIFUNGALS - Drugs to Treat Fungal Infections		
DRAMAMINE CHEW	P		Antifungal - Glucan Synthesis Inhibitors		
<i>meclizine hcl CHEW</i>	P	RX/OTC	BREXAFEMME	NP	
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	NP	RX/OTC	Antifungals		
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC	ANCOBON (<i>flucytosine</i>)	NP	
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC	<i>flucytosine</i>	NP	
<i>scopolamine</i>	P		<i>griseofulvin microsize SUSP</i>	P	
TRANSDERM-SCOP (<i>scopolamine</i>)	P	Brand Preferred	<i>griseofulvin microsize TABS</i>	NP	
<i>trimethobenzamide hcl CAPS</i>	NP		<i>griseofulvin ultramicrosize</i>	NP	
Antiemetics - Miscellaneous			<i>nystatin TABS</i>	P	
			<i>terbinafine hcl TABS</i>	P	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fexofenadine hcl TABS 60 MG, 180 MG</i>	P		<i>icosapent ethyl</i>	NP	
<i>fexofenadine hcl TABS 60 MG, 180 MG</i>	NP		<i>LOVAZA (omega-3-acid ethyl esters)</i>	NP	
<i>levocetirizine dihydrochloride SOLN</i>	NP	RX/OTC	<i>omega-3-acid ethyl esters</i>	P	
<i>levocetirizine dihydrochloride TABS</i>	NP	RX/OTC	Bile Acid Sequestrants		
<i>loratadine CHEW</i>	NP		<i>cholestyramine light PACK</i>	P	
<i>loratadine CHEW</i>	P		<i>cholestyramine light POWD</i>	P	
<i>loratadine SOLN</i>	P		<i>cholestyramine PACK</i>	P	
<i>loratadine TABS</i>	P		<i>cholestyramine POWD</i>	P	
<i>loratadine TBDP 10 MG</i>	NP		<i>colesevelam hcl PACK</i>	NP	
<i>loratadine TBDP 10 MG</i>	P		<i>colesevelam hcl TABS</i>	P	
Antihistamines - Phenothiazines			<i>COLESTID GRAN (colestipol hcl)</i>	NP	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	P		<i>COLESTID PACK (colestipol hcl)</i>	NP	
<i>promethazine hcl SUPP</i>	P		<i>COLESTID TABS (colestipol hcl)</i>	NP	
<i>promethazine hcl TABS</i>	P		<i>colestipol hcl GRAN</i>	P	
Antihistamines - Piperidines			<i>colestipol hcl PACK</i>	P	
<i>cyproheptadine hcl SYRP</i>	P		<i>colestipol hcl TABS</i>	P	
<i>cyproheptadine hcl TABS</i>	P		<i>QUESTRAN LIGHT POWD (cholestyramine light)</i>	NP	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>QUESTRAN PACK (cholestyramine)</i>	NP	
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors			<i>QUESTRAN POWD (cholestyramine)</i>	NP	
<i>NEXLETOL</i>	NP		<i>WELCHOL PACK (colesevelam hcl)</i>	NP	
Angiotensin-like Protein Inhibitors			<i>WELCHOL TABS (colesevelam hcl)</i>	NP	
<i>EVKEEZA</i>	NP	SP	Fibric Acid Derivatives		
Antihyperlipidemics - Combinations			<i>choline fenofibrate</i>	NP	
<i>ezetimibe-simvastatin</i>	NP		<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	NP	
<i>NEXLIZET</i>	NP		<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	P	
<i>VYTORIN (ezetimibe-simvastatin)</i>	NP		<i>fenofibrate CAPS</i>	NP	
Antihyperlipidemics - Misc.					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate TABS 40 MG, 120 MG</i>	NP		<i>pravastatin sodium 20 MG, 40 MG</i>	NP	QL(1 EA daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	P		<i>rosuvastatin calcium TABS</i>	P	QL(1 EA daily)
<i>fenofibric acid</i>	NP		<i>simvastatin TABS</i>	P	QL(1 EA daily)
FENOGLIDE TABS (<i>fenofibrate</i>)	NP		<i>simvastatin TABS 80 MG</i>	NP	QL(1 EA daily)
FIBRICOR 105 MG (<i>fenofibric acid</i>)	NP		ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NP	QL(1 EA daily)
<i>gemfibrozil TABS</i>	P		ZYPITAMAG 2 MG, 4 MG	NP	QL(1 EA daily)
LIPOFEN CAPS (<i>fenofibrate</i>)	NP		Intestinal Cholesterol Absorption Inhibitors		
LOPID TABS (<i>gemfibrozil</i>)	NP		<i>ezetimibe</i>	P	
TRICOR TABS (<i>fenofibrate</i>)	NP		ZETIA (<i>ezetimibe</i>)	NP	
TRILIPIX (<i>choline fenofibrate</i>)	NP		Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
HMG CoA Reductase Inhibitors			JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	NP	SP
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	QL(1 EA daily)	Nicotinic Acid Derivatives		
ATORVALIQ SUSP	NP		<i>niacin (antihyperlipidemic) TABS</i>	NP	
<i>atorvastatin calcium TABS 10 MG, 80 MG</i>	NP	QL(1 EA daily)	<i>niacin (antihyperlipidemic) TBCR 500 MG</i>	P	QL(1 EA daily)
<i>atorvastatin calcium TABS</i>	P	QL(1 EA daily)	<i>niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG</i>	P	
CRESTOR TABS (<i>rosuvastatin calcium</i>)	NP	QL(1 EA daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
EZALLOR SPRINKLE CPSP	NP	QL(1 EA daily)	LEQVIO	NP	SP
FLOLIPID SUSP	NP		PRALUENT SOAJ	P	SP; PA
<i>fluvastatin sodium CAPS</i>	NP	QL(1 EA daily)	REPATHA PUSHTRONEX SYSTEM SOCT	P	SP; PA
<i>fluvastatin sodium TB24</i>	NP	QL(1 EA daily)	REPATHA SURECLICK SOAJ	P	SP; PA
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NP	QL(1 EA daily)	REPATHA SOSY	P	SP; PA
LIPITOR TABS (<i>atorvastatin calcium</i>)	NP	QL(1 EA daily)	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
LIVALO (<i>pitavastatin calcium</i>)	NP	QL(1 EA daily)	ACE Inhibitors		
<i>lovastatin TABS</i>	P	QL(1 EA daily)	ACCUPRIL (<i>quinapril hcl</i>)	NP	QL(1 EA daily)
<i>pitavastatin calcium</i>	NP	QL(1 EA daily)			
<i>pravastatin sodium</i>	P	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	NP	QL(1 EA daily)
<i>benazepril hcl</i>	P	QL(1 EA daily)
<i>captopril</i>	NP	QL(1 EA daily)
<i>enalapril maleate SOLN</i>	P	
<i>enalapril maleate TABS</i>	P	QL(1 EA daily)
EPANED SOLN (<i>enalapril maleate</i>)	NP	
<i>fosinopril sodium</i>	P	QL(1 EA daily)
<i>fosinopril sodium</i>	NP	QL(1 EA daily)
<i>lisinopril TABS 20 MG</i>	NP	QL(1 EA daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(1 EA daily)
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	NP	QL(1 EA daily)
<i>moexipril hcl</i>	NP	QL(1 EA daily)
<i>perindopril erbumine</i>	NP	QL(1 EA daily)
QBRELIS SOLN	NP	QL(40 ML daily)
<i>quinapril hcl</i>	P	QL(1 EA daily)
<i>ramipril CAPS</i>	P	QL(1 EA daily)
<i>trandolapril</i>	P	QL(1 EA daily)
VASOTEC TABS (<i>enalapril maleate</i>)	NP	QL(1 EA daily)
ZESTRIL TABS (<i>lisinopril</i>)	NP	QL(1 EA daily)
Agents for Pheochromocytoma		
<i>metirosine</i>	P	SP
Angiotensin II Receptor Antagonists		
ATACAND (<i>candesartan cilexetil</i>)	NP	QL(1 EA daily)
AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	NP	QL(1 EA daily)
BENICAR (<i>olmesartan medoxomil</i>)	NP	QL(1 EA daily)
<i>candesartan cilexetil</i>	NP	QL(1 EA daily)
COZAAR (<i>losartan potassium</i>)	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
DIOVAN TABS (<i>valsartan</i>)	NP	QL(1 EA daily)
EDARBI	NP	QL(1 EA daily)
<i>irbesartan</i>	P	QL(1 EA daily)
<i>irbesartan</i>	NP	QL(1 EA daily)
<i>losartan potassium</i>	P	QL(1 EA daily)
<i>losartan potassium</i>	NP	QL(1 EA daily)
MICARDIS (<i>telmisartan</i>)	NP	QL(1 EA daily)
<i>olmesartan medoxomil</i>	P	QL(1 EA daily)
<i>telmisartan</i>	NP	QL(1 EA daily)
<i>valsartan SOLN</i>	NP	
<i>valsartan TABS</i>	NP	QL(1 EA daily)
<i>valsartan TABS</i>	P	QL(1 EA daily)
Antiadrenergic Antihypertensives		
CARDURA 1 MG, 2 MG, 4 MG (<i>doxazosin mesylate</i>)	NP	QL(1 EA daily)
CARDURA 8 MG (<i>doxazosin mesylate</i>)	NP	
<i>clonidine hcl TABS</i>	P	
<i>clonidine PTWK</i>	P	
<i>clonidine TB24</i>	NP	
<i>doxazosin mesylate 1 MG, 2 MG, 4 MG</i>	P	QL(1 EA daily)
<i>doxazosin mesylate 8 MG</i>	P	
<i>guanfacine hcl</i>	P	
<i>methyldopa TABS</i>	P	
MINIPRESS CAPS 2 MG, 5 MG (<i>prazosin hcl</i>)	NP	
NEXICLON XR TB24 (<i>clonidine</i>)	NP	
<i>prazosin hcl CAPS</i>	P	
<i>terazosin hcl</i>	P	
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan-hydrochlorothiazide</i>	NP	QL(1 EA daily)	<i>metronidazole TABS 250 MG, 500 MG</i>	P	
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NP		<i>pentamidine isethionate IN</i>	P	
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NP		<i>tinidazole</i>	P	
<i>trandolapril-verapamil hcl</i>	NP	QL(1 EA daily)	<i>trimethoprim TABS</i>	NP	
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	QL(1 EA daily)	XIFAXAN 550 MG	NP	
<i>valsartan-hydrochlorothiazide</i>	P	QL(1 EA daily)	XIFAXAN 200 MG	P	
<i>valsartan-hydrochlorothiazide</i>	NP	QL(1 EA daily)	Anti-infective Misc. - Combinations		
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i>	NP	
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</i>	NP	
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	NP		<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS 118 MG</i>	NP	
Direct Renin Inhibitors			<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81 MG, 81.6 MG</i>	NP	
<i>aliskiren fumarate</i>	NP	QL(1 EA daily)	<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
TEKTURNA (<i>aliskiren fumarate</i>)	NP	QL(1 EA daily)	<i>sulfamethoxazole-trimethoprim TABS</i>	P	
Vasodilators			URIBEL	NP	
<i>hydralazine hcl TABS</i>	P		UROGESIC-BLUE TABS (<i>methenamine-hyoscamine-methylene blue-sodium phosphate</i>)	NP	
<i>minoxidil 2.5 MG, 10 MG</i>	P		Antiprotozoal Agents		
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections			<i>atovaquone</i>	P	
Anti-infective Agents - Misc.			<i>nitazoxanide TABS</i>	NP	
AEMCOLO	NP		Carbapenems		
FLAGYL CAPS (<i>metronidazole</i>)	NP		<i>imipenem-cilastatin IV</i>	P	
LIKMEZ SUSP	NP		<i>meropenem</i>	P	
<i>metronidazole CAPS</i>	NP		Glycopeptides		
<i>metronidazole TABS 125 MG</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits
FIRVANQ SOLR PO (<i>vancomycin hcl</i>)	NP	
VANCOCIN CAPS (<i>vancomycin hcl</i>)	NP	
VANCOMYCIN HCL IN DEXTROSE 500 MG/100ML-5 %	P	
<i>vancomycin hcl</i> CAPS	P	
<i>vancomycin hcl</i> SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	
<i>vancomycin hcl</i> SOLR IV 500 MG	P	
VANCOMYCIN HCL SOLR IV 500 MG	P	
Leprostatics		
<i>dapsone</i>	P	
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	NP	
CLEOCIN (<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)
Monobactams		
CAYSTON	NP	SP
Oxazolidinones		
<i>linezolid</i> SUSR	NP	AL(Up to 10 yrs old); PA
<i>linezolid</i> TABS	NP	PA
SIVEXTRO SOLR	NP	
SIVEXTRO TABS	NP	
ZYVOX SUSR (<i>linezolid</i>)	NP	AL(Up to 10 yrs old); PA
ZYVOX TABS (<i>linezolid</i>)	NP	PA
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
MACROBID (<i>nitrofurantoin monohyd macro</i>)	NP	
<i>methenamine hippurate</i>	P	
<i>methenamine mandelate</i>	P	
<i>nitrofurantoin</i>	NP	
NITROFURANTOIN	NP	
<i>nitrofurantoin macrocrystal</i>	P	
<i>nitrofurantoin monohyd macro</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	P	
Antimalarials		
<i>chloroquine phosphate</i> TABS	P	
<i>hydroxychloroquine sulfate</i> 200 MG	P	
<i>mefloquine hcl</i>	P	
<i>primaquine phosphate</i> TABS	P	
<i>pyrimethamine</i>	P	SP
<i>quinine sulfate</i> CAPS 324 MG	P	
SOVUNA 200 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
<i>pyridostigmine bromide</i> SOLN PO	P	
<i>pyridostigmine bromide</i> TABS 60 MG	P	
<i>pyridostigmine bromide</i> TBCR	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cycloserine</i>	P		CYCLOPHOSPHAMIDE SOLN (<i>cyclophosphamide</i>)	P	SP
<i>ethambutol hcl TABS</i>	P		<i>cyclophosphamide SOLR IJ</i>	P	SP
<i>isoniazid SYRP</i>	P		CYCLOPHOSPHAMIDE TABS 50 MG	P	
<i>isoniazid TABS</i>	P		EVOMELA IV	P	SP
PRIFTIN	P		FRINDOVYX SOLN	P	SP
<i>pyrazinamide</i>	P		GLIADEL WAFER	P	
<i>rifabutin</i>	P		GRAFAPEX SOLR IV 1 GM, 5 GM	P	SP
<i>rifampin CAPS</i>	P		IFEX SOLR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			IFEX SOLR (<i>ifosfamide</i>)	P	
Alkylating Agents			<i>ifosfamide SOLN</i>	P	
BELRAPZO SOLN	P	SP	<i>ifosfamide SOLR</i>	P	
BENDAMUSTINE HCL SOLN	P	SP	IFOSFAMIDE SOLR	P	
<i>bendamustine hcl SOLR</i>	P	SP	LEUKERAN	P	
BENDEKA SOLN	P	SP	<i>melfalan hcl IV</i>	P	SP
BICNU (<i>carmustine</i>)	P		<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	P	
<i>busulfan SOLN</i>	P		<i>oxaliplatin SOLR</i>	P	
BUSULFEX SOLN (<i>busulfan</i>)	P		TEMODAR SOLR	P	SP
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML</i>	P	SP	<i>temozolomide CAPS</i>	P	SP
<i>carboplatin SOLN 450 MG/45ML, 600 MG/60ML</i>	NP	SP	TEPADINA (<i>thiotepa</i>)	P	SP
<i>carmustine</i>	P		<i>thiotepa</i>	P	SP
CARMUSTINE	P		TREANDA SOLR (<i>bendamustine hcl</i>)	P	SP
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	P	SP	VIVIMUSTA SOLN	P	SP
CISPLATIN SOLR	P	SP	YONDELIS	P	SP
<i>cyclophosphamide CAPS</i>	P		ZANOSAR	P	
CYCLOPHOSPHAMIDE SOLN	P	SP	ZEPZELCA	P	SP
			Antimetabolites		
			ALIMTA SOLR (<i>pemetrexed disodium</i>)	P	SP
			ARRANON (<i>nelarabine</i>)	P	
			AXTLE	P	SP
			<i>azacitidine SUSR</i>	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>capecitabine</i>	P	SP	PEMETREXED	P	SP
<i>cladribine 10 MG/10ML</i>	P	SP	DITROMETHAMINE		
<i>clofarabine</i>	P		PEMFEXY	P	SP
<i>cytarabine SOLN</i>	P	SP	PEMRYDI RTU SOLN	P	SP
<i>decitabine</i>	P	SP	<i>pralatrexate</i>	P	SP
<i>fludarabine phosphate SOLN</i>	P	SP	PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	NP	
<i>fludarabine phosphate SOLR</i>	P	SP	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	
<i>fluorouracil</i>	P		VIDAZA SUSR (<i>azacitidine</i>)	P	SP
FOLOTYN	P	SP	XATMEP SOLN PO	P	
<i>gemcitabine hcl SOLN</i>	P		XELODA (<i>capecitabine</i>)	NP	SP; ST
GEMCITABINE HCL SOLN	P		Antineoplastic - Angiogenesis Inhibitors		
GEMCITABINE HCL SOLN	P		ALYMSYS	P	SP
GEMCITABINE HCL SOLN (<i>gemcitabine hcl</i>)	P		AVASTIN	P	SP; ST
<i>gemcitabine hcl SOLR</i>	P		CYRAMZA	P	SP
INFUGEM	P		FRUZAQLA	P	SP
JYLAMVO SOLN PO	P	SP	INLYTA	P	SP
<i>mercaptopurine SUSP 2000 MG/100ML</i>	P		LENVIMA (10 MG DAILY DOSE)	P	SP
<i>mercaptopurine TABS</i>	P		LENVIMA (12 MG DAILY DOSE)	P	SP
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P		LENVIMA (14 MG DAILY DOSE)	P	SP
<i>methotrexate sodium SOLR</i>	P		LENVIMA (18 MG DAILY DOSE)	P	SP
<i>methotrexate sodium TABS 2.5 MG</i>	P		LENVIMA (20 MG DAILY DOSE)	P	SP
<i>nelarabine</i>	P		LENVIMA (24 MG DAILY DOSE)	P	SP
ONUREG TABS	P	SP	LENVIMA (4 MG DAILY DOSE)	P	SP
PEMETREXED	P	SP	LENVIMA (8 MG DAILY DOSE)	P	SP
PEMETREXED DISODIUM SOLN 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	P	SP	MVASI	P	SP
<i>pemetrexed disodium SOLR</i>	P	SP	VEGZELMA	P	SP
			ZALTRAP	P	SP
			ZIRABEV	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Antibodies			TECENTRIQ	P	SP
ADCETRIS	P	SP	TEVIMBRA	P	SP
BAVENCIO	P	SP	TIVDAK	P	SP
BESPONSA	P	SP	TRUXIMA	P	SP
BIZENGRI (750 MG DOSE)	P	SP	UNITUXIN	P	SP
BLINCYTO	P	SP	VYLOY	P	SP
COLUMVI	P	SP	YERVOY	P	SP
DANYELZA	P		ZEVALIN Y-90	P	SP
DARZALEX	P	SP	ZYNLONTA	P	SP
ELAHERE	P	SP	ZYNYZ	P	SP
ELREXFIO	P	SP	Antineoplastic - Anti-HER2 Agents		
EMPLICITI	P	SP	HERCEPTIN 150 MG	P	SP; ST
ENHERTU	P	SP	HERCESSI	P	SP
EPKINLY	P	SP	HERZUMA	P	SP
GAZYVA	P	SP	KANJINTI	P	SP
IMDELLTRA	P	SP	MARGENZA	NP	SP
IMFINZI	P	SP	OGIVRI	P	SP
JEMPERLI	P	SP	ONTRUZANT	P	SP
KADCYLA	P	SP	PERJETA	P	SP
KEYTRUDA	P	SP	TRAZIMERA	P	SP
KIMMTRAK	P	SP	TUKYSA	P	SP
LIBTAYO	P	SP	ZIIHERA	P	SP
LOQTORZI	P	SP	Antineoplastic - BCL-2 Inhibitors		
LUNSUMIO	P	SP	VENCLEXTA STARTING PACK TBPK	P	SP
MONJUVI	P	SP	VENCLEXTA TABS	P	SP
OPDIVO	P	SP	Antineoplastic - Cellular Immunotherapy		
PADCEV	P	SP	AUCATZYL	P	SP
POLIVY	P	SP	CARVYKTI	P	SP
POTELIGEO	P	SP	PROVENGE	P	SP
RIABNI	P	SP	TECELRA	P	SP
RITUXAN	P	SP; ST	Antineoplastic - EGFR Inhibitors		
RUXIENCE	P	SP	ERBITUX	P	SP
RYBREVANT	P	SP	<i>erlotinib hcl</i>	P	SP
SARCLISA	P	SP	<i>gefitinib</i>	P	SP
TALVEY	P	SP			

Drug Name	Drug Tier	Requirements/ Limits
GILOTRIF	P	SP
IRESSA (<i>gefitinib</i>)	NP	SP; ST
LAZCLUZE	P	SP
PORTRAZZA	P	SP
TAGRISSE	P	SP
TARCEVA 100 MG (<i>erlotinib hcl</i>)	NP	SP; ST
VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP
VIZIMPRO	P	SP
Antineoplastic - Gene Therapy Agents		
ADSTILADRIN	P	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	P	SP
ERIVEDGE	P	SP
ODOMZO	P	SP
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	P	SP
AKEEGA	P	SP
<i>anastrozole</i>	P	GL
ARIMIDEX (<i>anastrozole</i>)	P	ST; GL
AROMASIN (<i>exemestane</i>)	P	ST; GL
<i>bicalutamide</i>	P	
CAMCEVI	P	SP
CASODEX (<i>bicalutamide</i>)	NP	ST
ELIGARD KIT SC	P	SP
ERLEADA	P	SP
<i>exemestane</i>	P	GL
<i>exemestane</i>	P	
FARESTON (<i>toremifene citrate</i>)	NP	
FASLODEX SOSY (<i>fulvestrant</i>)	P	
FEMARA (<i>letrozole</i>)	P	ST; GL
FIRMAGON 80 MG	P	SP

Drug Name	Drug Tier	Requirements/ Limits
FIRMAGON (240 MG DOSE)	P	SP
<i>fulvestrant SOSY</i>	P	
<i>letrozole</i>	P	
<i>letrozole</i>	P	GL
LEUPROLIDE ACETATE (3 MONTH) INJ	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
LUPRON DEPOT (6-MONTH) IM	P	SP
LYSODREN	P	SP
<i>megestrol acetate TABS</i>	P	
<i>nilutamide</i>	P	
NUBEQA	P	SP
ORGOVYX	P	SP
ORSERDU	P	SP
SOLTAMOX SOLN	P	
<i>tamoxifen citrate TABS</i>	P	
<i>toremifene citrate</i>	P	
TRELSTAR MIXJECT	P	SP
XTANDI CAPS	P	SP
XTANDI TABS	P	SP
YONSA	P	SP
ZYTIGA (<i>abiraterone acetate</i>)	NP	SP; ST
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	P	SP
Antineoplastic - Immunomodulators		
POMALYST	P	SP
Antineoplastic - Menin Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REVUFORJ	P	SP	<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	P	SP
Antineoplastic - PDGFR-alpha Inhibitors			<i>valrubicin</i>	P	SP
AYVAKIT	P	SP	VALSTAR (<i>valrubicin</i>)	P	SP
Antineoplastic - XPO1 Inhibitors			Antineoplastic Combinations		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	P	SP	DARZALEX FASPRO	P	SP
XPOVIO (40 MG ONCE WEEKLY) 40 MG	P	SP	HERCEPTIN HYLECTA	P	SP
XPOVIO (40 MG TWICE WEEKLY) 40 MG	P	SP	INQOVI	P	SP
XPOVIO (60 MG ONCE WEEKLY) 60 MG	P	SP	KISQALI FEMARA (200 MG DOSE)	P	SP
XPOVIO (60 MG TWICE WEEKLY)	P	SP	KISQALI FEMARA (400 MG DOSE)	P	SP
XPOVIO (80 MG ONCE WEEKLY) 40 MG	P	SP	KISQALI FEMARA (600 MG DOSE)	P	SP
XPOVIO (80 MG TWICE WEEKLY)	P	SP	LONSURF	P	SP
Antineoplastic Antibiotics			OPDIVO QVANTIG	P	SP
<i>bleomycin sulfate</i>	P		OPDUALAG	P	SP
<i>dactinomycin</i>	P		PHESGO	P	SP
<i>daunorubicin hcl SOLN</i>	P	SP	RITUXAN HYCELA	P	SP
DAUNORUBICIN HCL SOLN (<i>daunorubicin hcl</i>)	P	SP	TECENTRIQ HYBREZA	P	SP
DOXIL SUSP (<i>doxorubicin hcl liposomal</i>)	P		VYXEOS	P	SP
<i>doxorubicin hcl liposomal SUSP</i>	P		Antineoplastic Enzyme Inhibitors		
<i>doxorubicin hcl SOLN</i>	P		AFINITOR DISPERZ TBSO (<i>everolimus</i>)	NP	SP; ST
DOXORUBICIN HCL SOLN (<i>doxorubicin hcl</i>)	P		AFINITOR TABS (<i>everolimus</i>)	NP	SP; ST
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	P		ALECENSA	P	SP
ELLENCES SOLN	P	SP	ALUNBRIG TABS	P	SP
IDAMYCIN PFS (<i>idarubicin hcl</i>)	P		ALUNBRIG TBPB	P	SP
<i>idarubicin hcl</i>	P		AUGTYRO	P	SP
JELMYTO SOLR UL	P		BALVERSA	P	SP
<i>mitomycin SOLR IV</i>	P		BELEODAQ	P	SP
			BORTEZOMIB SOLN IV	P	SP
			<i>bortezomib SOLR IJ</i>	P	SP
			BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	P	SP
			BORUZU SOLN IJ	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BOSULIF CAPS	P	SP	IMBRUVICA TABS 140 MG, 280 MG, 420 MG	P	SP
BOSULIF TABS	P	SP	IMKELDI SOLN	NP	SP
BRAFTOVI 75 MG	P	SP	INREBIC	P	SP
BRUKINSA	P	SP	ISTODAX SOLR (<i>romidepsin</i>)	P	SP
CABOMETYX TABS	P	SP	ITOVEBI	P	SP
CALQUENCE	P	SP	JAKAFI	P	SP
CAPRELSA	P	SP	JAYPIRCA	P	SP
COMETRIQ (100 MG DAILY DOSE) KIT	P	SP	KISQALI (200 MG DOSE)	P	SP
COMETRIQ (140 MG DAILY DOSE) KIT	P	SP	KISQALI (400 MG DOSE)	P	SP
COMETRIQ (60 MG DAILY DOSE) KIT	P	SP	KISQALI (600 MG DOSE)	P	SP
COPIKTRA	P	SP	KOSELUGO	P	SP
COTELLIC	P	SP	KRAZATI	P	SP
DANZITEN	NP	SP; PA	KYPROLIS	P	SP
<i>dasatinib</i>	NP	SP; ST	<i>lapatinib ditosylate</i>	P	SP
<i>everolimus TABS</i>	P	SP	LORBRENA	P	SP
<i>everolimus TBSO</i>	P	SP	LUMAKRAS	P	SP
FOTIVDA	P	SP	LYNPARZA TABS	P	SP
FYARRO	P	SP	LYTGOBI (12 MG DAILY DOSE)	P	SP
GAVRETO	P	SP	LYTGOBI (16 MG DAILY DOSE)	P	SP
GAVRETO	P	SP	LYTGOBI (20 MG DAILY DOSE)	P	SP
GLEEVEC TABS (<i>imatinib mesylate</i>)	NP	SP; ST	MEKINIST SOLR	P	SP
GLEEVEC TABS 400 MG (<i>imatinib mesylate</i>)	NP	SP	MEKINIST TABS	P	SP
GOMEKLI CAPS PO 1 MG, 2 MG	P	SP	MEKTOVI	P	SP
GOMEKLI TBSO PO 1 MG	P	SP	NERLYNX	P	SP
IBRANCE CAPS	P	SP	NEXAVAR (<i>sorafenib tosylate</i>)	NP	SP
IBRANCE TABS	P	SP	NEXAVAR (<i>sorafenib tosylate</i>)	NP	SP; ST
ICLUSIG	P	SP	NINLARO	P	SP
IDHIFA	P	SP	OGSIVEO	P	SP
<i>imatinib mesylate TABS</i>	P	SP	OJEMDA SUSR	P	SP
IMBRUVICA CAPS	P	SP	OJEMDA TABS	P	SP
IMBRUVICA SUSP	P	SP	OJJAARA	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pazopanib hcl</i>	P	SP	TORISEL (<i>temsirolimus</i>)	P	SP
PEMAZYRE 4.5 MG	P	QL(1 EA daily); SP	TRUQAP TABS	P	SP
PEMAZYRE 9 MG, 13.5 MG	P	SP	TRUQAP TBPk	P	SP
PIQRAY (200 MG DAILY DOSE)	P	SP	TURALIO 125 MG	P	SP
PIQRAY (250 MG DAILY DOSE)	P	SP	TYKERB (<i>lapatinib ditosylate</i>)	NP	SP; ST
PIQRAY (300 MG DAILY DOSE)	P	SP	VANFLYTA	P	SP
QINLOCK	P	SP	VELCADE SOLR IJ (<i>bortezomib</i>)	P	SP
RETEVMO CAPS	P	SP	VERZENIO	P	SP
RETEVMO TABS	P	SP	VITRAKVI CAPS	P	SP
REZLIDHIA	P	SP	VITRAKVI SOLN	P	SP
ROMIDEPSIN SOLN	P	SP	VONJO	P	SP
<i>romidepsin SOLR</i>	P	SP	VORANIGO	P	SP
ROZLYTREK CAPS	P	SP	VOTRIENT (<i>pazopanib hcl</i>)	NP	SP
ROZLYTREK PACK	P	SP	XALKORI CAPS	P	SP
RUBRACA	P	SP	XALKORI CPSP	P	SP
RYDAPT	P	SP	XOSPATA	P	SP
RYTELO	P	SP	ZEJULA TABS	P	SP
SCSEMBLIX	P	SP	ZELBORAF	P	SP
<i>sorafenib tosylate</i>	P	SP	ZOLINZA	P	SP
SPRYCEL (<i>dasatinib</i>)	P	Brand Preferred; SP	ZYDELIG	P	SP
STIVARGA	P	SP	ZYKADIA TABS	P	SP
<i>sunitinib malate</i>	P	SP	Antineoplastic Enzymes		
SUTENT (<i>sunitinib malate</i>)	NP	SP; ST	ASPARLAS	P	SP
TABRECTA	P	SP	ONCASPAR	P	SP
TAFINLAR CAPS	P	SP	RYLAZE	P	SP
TAFINLAR TBSO	P	SP	Antineoplastic Radiopharmaceuticals		
TALZENNA	P	SP	AZEDRA DOSIMETRIC	P	SP
TASIGNA	P	SP	AZEDRA THERAPEUTIC	P	SP
TAZVERIK	P	SP	LUTATHERA	P	SP
<i>temsirolimus</i>	P	SP	PLUVICTO	P	SP
TEPMETKO	P	SP	XOFIGO	P	
TIBSOVO	P	SP	Antineoplastics Misc.		
			ACTIMMUNE 100 MCG/0.5ML	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANKTIVA	P	SP	ABRAXANE (<i>paclitaxel protein-bound particles</i>)	P	SP
<i>arsenic trioxide</i>	P	SP	<i>docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>	P	SP
<i>bexarotene</i>	P	SP	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP
<i>dacarbazine SOLR</i>	P		DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (<i>docetaxel</i>)	P	SP
ELZONRIS	P		<i>docetaxel SOLN</i>	P	SP
HYDREA (<i>hydroxyurea</i>)	NP	ST	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP
<i>hydroxyurea</i>	P		DOCETAXEL SOLN (<i>docetaxel</i>)	P	SP
MATULANE	P	SP	DOCIVYX SOLN	P	SP
NIPENT	P		<i>eribulin mesylate</i>	P	SP
TARGRETIN (<i>bexarotene</i>)	NP	SP	ETOPOPHOS	P	
TICE BCG	P		<i>etoposide CAPS</i>	P	SP
<i>tretinoin (chemotherapy)</i>	P	SP	<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	P	SP
TRISENOX (<i>arsenic trioxide</i>)	P	SP	HALAVEN (<i>eribulin mesylate</i>)	P	SP
Chemotherapy Adjuncts			IXEMPRA KIT	P	SP
ELITEK	P		JEVTANA	P	SP
KEPIVANCE 6.25 MG	P	SP	<i>paclitaxel 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML</i>	P	
Chemotherapy Rescue/Antidote/Protective Agents			PACLITAXEL PROTEIN-BOUND PART	P	SP
COSELA	P		<i>paclitaxel protein-bound particles</i>	P	SP
<i>dexrazoxane hcl</i>	P	SP	<i>vinblastine sulfate SOLN</i>	P	
IWILFIN	P	SP	<i>vincristine sulfate</i>	P	SP
<i>leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML</i>	P		<i>vinorelbine tartrate</i>	P	
<i>leucovorin calcium SOLR</i>	P		Oncolytic Viral Agents		
<i>leucovorin calcium TABS</i>	P		IMLYGIC	P	SP
<i>levoleucovorin calcium SOLN 175 MG/17.5ML</i>	P	SP	Topoisomerase I Inhibitors		
<i>levoleucovorin calcium SOLR</i>	P	SP			
<i>mesna SOLN</i>	P	SP			
<i>mesna TABS</i>	P	SP			
MESNEX SOLN (<i>mesna</i>)	NP	SP; ST			
MESNEX TABS	NP	SP			
Mitotic Inhibitors					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CAMPTOSAR (<i>irinotecan hcl</i>)	P	SP	<i>bromocriptine mesylate</i> TABS 2.5 MG	P	
DATROWAY	P	SP	<i>carbidopa-levodopa-entacapone</i>	NP	
HYCAMTIN CAPS	P	SP	<i>carbidopa-levodopa</i> TABS	P	
<i>irinotecan hcl</i>	P	SP	<i>carbidopa-levodopa</i> TBCR	P	
ONIVYDE	P	SP	<i>carbidopa-levodopa</i> TBDP	NP	
<i>topotecan hcl</i> SOLN	P	SP	CREXONT CPCR	NP	
TOPOTECAN HCL SOLN	P	SP	DHIVY TABS	NP	
TOPOTECAN HCL SOLN (<i>topotecan hcl</i>)	P	SP	DUOPA SUSP	NP	
<i>topotecan hcl</i> SOLR	P	SP	GOCOVRI CP24 137 MG	NP	SP
TRODELVY	P	SP	GOCOVRI CP24 68.5 MG	NP	QL(1 EA daily); SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			INBRIJA CAPS	NP	
Antiparkinson Adjunctive Therapy			NEUPRO	NP	
<i>carbidopa</i>	NP		ONAPGO SOCT 98 MG/20ML	NP	SP
LODOSYN (<i>carbidopa</i>)	NP		OSMOLEX ER TB24 129 MG	NP	
NOURIANZ 40 MG	NP		<i>pramipexole dihydrochloride</i> TABS	P	
NOURIANZ 20 MG	NP	QL(1 EA daily)	<i>pramipexole dihydrochloride</i> TB24 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG	NP	QL(1 EA daily)
Antiparkinson Anticholinergics			<i>pramipexole dihydrochloride</i> TB24 0.375 MG, 3 MG, 4.5 MG	NP	
<i>benztropine mesylate</i> TABS	P		<i>ropinirole hydrochloride</i> TABS	P	
<i>trihexyphenidyl hcl</i> SOLN	P		<i>ropinirole hydrochloride</i> TB24 8 MG, 12 MG	NP	
<i>trihexyphenidyl hcl</i> TABS	P		<i>ropinirole hydrochloride</i> TB24 2 MG, 4 MG, 6 MG	NP	QL(1 EA daily)
Antiparkinson COMT Inhibitors			RYTARY CPCR	NP	
<i>entacapone</i>	P		SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NP	
ONGENTYS	NP		STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>)	NP	
TASMAR (<i>tolcapone</i>)	NP				
<i>tolcapone</i>	NP				
Antiparkinson Dopaminergics					
<i>amantadine hcl</i> CAPS	P				
<i>amantadine hcl</i> SOLN	P	AL(Up to 10 yrs old)			
<i>amantadine hcl</i> TABS	NP				
<i>bromocriptine mesylate</i> CAPS	P				

Drug Name	Drug Tier	Requirements/ Limits
STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>)	NP	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	NP	
STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	NP	
VYALEV SOLN SC	NP	SP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT 1 MG (<i>rasagiline mesylate</i>)	NP	
AZILECT 0.5 MG (<i>rasagiline mesylate</i>)	NP	QL(2 EA daily)
<i>rasagiline mesylate</i> 0.5 MG	NP	QL(2 EA daily)
<i>rasagiline mesylate</i> 1 MG	NP	
<i>selegiline hcl</i> CAPS	P	
<i>selegiline hcl</i> TABS	P	
XADAGO 100 MG	NP	
XADAGO 50 MG	NP	QL(1 EA daily)
ZELAPAR TBDP	NP	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	P	
<i>lithium carbonate</i> CAPS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>lithium carbonate</i> TABS	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>lithium carbonate</i> TBCR	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
LITHOBID TBCR (<i>lithium carbonate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Antipsychotics - Misc.		
CAPLYTA 10.5 MG, 21 MG	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
CAPLYTA 42 MG	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
EQUETRO	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
GEODON 40 MG (<i>ziprasidone hcl</i>)	NP	AL(At least 18 yrs old)
GEODON (<i>ziprasidone mesylate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GEODON 20 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	NUPLAZID CAPS	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
GEODON (<i>ziprasidone mesylate</i>)	NP	AL(At least 18 yrs old)	NUPLAZID TABS 10 MG	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
LATUDA 20 MG, 40 MG, 60 MG (<i>lurasidone hcl</i>)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	VRAYLAR CAPS 1.5 MG, 3 MG	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
LATUDA 80 MG, 120 MG (<i>lurasidone hcl</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	VRAYLAR CAPS 4.5 MG, 6 MG	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>lurasidone hcl</i> 80 MG, 120 MG	P	AL(At least 18 yrs old)	VRAYLAR CAPS 1.5 MG, 3 MG	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
<i>lurasidone hcl</i> 20 MG, 40 MG, 60 MG	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	<i>ziprasidone hcl</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>lurasidone hcl</i> 20 MG, 40 MG, 60 MG	P	QL(1 EA daily); AL(At least 18 yrs old)	<i>ziprasidone hcl</i>	P	AL(At least 18 yrs old)
<i>lurasidone hcl</i> 80 MG, 120 MG	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits
<i>ziprasidone mesylate</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>ziprasidone mesylate</i>	P	AL(At least 18 yrs old)
Benzisoxazoles		
ERZOFRI	NP	AL(At least 18 yrs old); SP; PA
FANAPT	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
FANAPT TITRATION PACK	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
INVEGA 6 MG, 9 MG (<i>paliperidone</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
INVEGA 3 MG (<i>paliperidone</i>)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
INVEGA HAFYERA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
INVEGA SUSTENNA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
INVEGA TRINZA	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
<i>paliperidone 6 MG, 9 MG</i>	P	AL(At least 18 yrs old)
<i>paliperidone 1.5 MG, 3 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
<i>paliperidone 1.5 MG, 3 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>paliperidone 6 MG, 9 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol lactate SOLN</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>loxapine succinate</i>	P	AL(At least 18 yrs old)
<i>haloperidol TABS</i>	P	AL(At least 18 yrs old)	<i>olanzapine SOLR</i>	P	AL(At least 18 yrs old)
<i>haloperidol TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>olanzapine TABS 10 MG, 15 MG, 20 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
Dibenzapines			<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
ADASUVE	NP	AL(At least 18 yrs old)	<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
<i>asenapine maleate</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>olanzapine TABS 10 MG, 15 MG, 20 MG</i>	P	AL(At least 18 yrs old)
<i>clozapine TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>olanzapine TBDP 5 MG</i>	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
<i>clozapine TBDP</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	<i>olanzapine TBDP 10 MG, 15 MG, 20 MG</i>	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>clozapine TBDP 150 MG, 200 MG</i>	NP	AL(At least 18 yrs old)	<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	P	AL(At least 18 yrs old)
CLOZARIL TABS 25 MG, 100 MG (<i>clozapine</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	SEROQUEL XR TB24 150 MG, 200 MG (<i>quetiapine fumarate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
<i>quetiapine fumarate TB24 150 MG, 200 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	SEROQUEL TABS (<i>quetiapine fumarate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>quetiapine fumarate TB24 150 MG, 200 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)	VERSACLOZ SUSP	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>quetiapine fumarate TB24 50 MG, 300 MG, 400 MG</i>	P	AL(At least 18 yrs old)	ZYPREXA RELPREVV	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
<i>quetiapine fumarate TB24 50 MG, 300 MG, 400 MG</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ZYPREXA ZYDIS TBDP 5 MG (<i>olanzapine</i>)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
SAPHRIS (<i>asenapine maleate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 20 MG (<i>olanzapine</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
SECUADO	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)			
SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>perphenazine TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ABILIFY MAINTENA PRSY	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
<i>perphenazine TABS</i>	P	AL(At least 18 yrs old)	ABILIFY MAINTENA SRER	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA
<i>prochlorperazine</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ABILIFY MYCITE MAINTENANCE KIT	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
<i>prochlorperazine maleate TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ABILIFY MYCITE STARTER KIT	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP
<i>thioridazine hcl</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ABILIFY TABS 2 MG, 5 MG, 30 MG (<i>aripiprazole</i>)	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
<i>trifluoperazine hcl TABS</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)	ABILIFY TABS 10 MG, 15 MG, 20 MG (<i>aripiprazole</i>)	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
Quinolinone Derivatives					
ABILIFY ASIMTUFII PRSY	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA			

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

Drug Name	Drug Tier	Requirements/ Limits
REXULTI 3 MG, 4 MG	NP	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG	NP	PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old)
Thioxanthenes		
<i>thiothixene</i>	P	PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old)
ANTISEPTICS & DISINFECTANTS		
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	
<i>chlorhexidine gluconate SOLN EX 4 %</i>	NP	
Iodine Antiseptics		
BETADINE SOLN (<i>povidone-iodine</i>)	P	
FIRST AID ANTISEPTIC OINT	P	
<i>povidone-iodine SOLN 10 %</i>	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	P	
<i>abacavir sulfate SOLN</i>	P	
<i>abacavir sulfate TABS</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APRETUDE	NP		GENVOYA	P	
APRETUDE	P		INTELENCE	NP	
APTIVUS CAPS	NP		INTELENCE (<i>etravirine</i>)	NP	
<i>atazanavir sulfate CAPS</i>	P		ISENTRESS HD TABS	NP	
BIKTARVY	P		ISENTRESS CHEW	P	
CABENUVA	P		ISENTRESS PACK	P	
CIMDUO	NP		ISENTRESS TABS	P	
COMBIVIR (<i>lamivudine-zidovudine</i>)	NP		JULUCA	NP	
COMPLERA	P		KALETRA SOLN	NP	
<i>darunavir TABS</i>	P		KALETRA TABS (<i>lopinavir-ritonavir</i>)	NP	
DELSTRIGO	P		<i>lamivudine SOLN</i>	P	
DESCOVY	P		<i>lamivudine TABS</i>	P	
DOVATO	P		<i>lamivudine-zidovudine</i>	P	
EDURANT	P		<i>lopinavir-ritonavir SOLN</i>	P	
<i>efavirenz CAPS</i>	P		<i>lopinavir-ritonavir TABS</i>	P	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P		<i>maraviroc TABS</i>	NP	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	NP		<i>nevirapine SUSP</i>	P	
<i>efavirenz TABS</i>	P		<i>nevirapine TABS</i>	P	
<i>emtricitabine CAPS</i>	P		<i>nevirapine TB24</i>	NP	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	P		NORVIR PACK	NP	
EMTRIVA CAPS (<i>emtricitabine</i>)	NP		NORVIR TABS (<i>ritonavir</i>)	NP	
EMTRIVA SOLN	NP		ODEFSEY	P	
EPIVIR SOLN (<i>lamivudine</i>)	NP		PIFELTRO	NP	
EPIVIR TABS (<i>lamivudine</i>)	NP		PREZCOBIX	P	
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	NP		PREZISTA SUSP	P	
<i>etravirine</i>	NP		PREZISTA TABS 75 MG, 150 MG	P	
EVOTAZ	P		PREZISTA TABS (<i>darunavir</i>)	NP	
<i>fosamprenavir calcium TABS</i>	NP		RETROVIR CAPS (<i>zidovudine</i>)	NP	
FUZEON SOLR	NP	SP	RETROVIR SOLN	P	
			RETROVIR SYRP (<i>zidovudine</i>)	NP	
			REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits
REYATAZ PACK	P	
<i>ritonavir TABS</i>	P	
RUKOBIA	NP	
SELZENTRY SOLN	NP	
SELZENTRY TABS	NP	
SELZENTRY TABS (<i>maraviroc</i>)	NP	
STRIBILD	NP	
SUNLENCA SOLN	NP	SP
SUNLENCA TBPk 300 MG	NP	SP
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	
SYMTUZA	P	
<i>tenofovir disoproxil fumarate TABS</i>	P	
TIVICAY PD TBSO	P	
TIVICAY TABS	P	
TRIUMEQ PD TBSO	P	
TRIUMEQ TABS	P	
TROGARZO	NP	SP
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NP	
TYBOST	P	
VIRACEPT TABS	NP	
VIREAD POWD	P	
VIREAD TABS 150 MG, 200 MG, 250 MG	P	
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NP	
ZIAGEN SOLN (<i>abacavir sulfate</i>)	NP	
<i>zidovudine CAPS</i>	P	
<i>zidovudine SYRP</i>	P	
<i>zidovudine TABS</i>	P	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LEDIPASVIR-SOFOSBUVIR TABS	NP	84 day(s) max supply per 365 day(s) retail; SP; PA	<i>acyclovir CAPS</i>	NP	
MAVYRET PACK	P	112 day(s) max supply per 365 day(s) retail; SP	<i>acyclovir CAPS</i>	P	
MAVYRET TABS	P	112 day(s) max supply per 365 day(s) retail; SP	<i>acyclovir SUSP</i>	P	AL(Up to 10 yrs old)
PEGASYS SOLN	NP	84 day(s) max supply per 365 day(s) retail; SP; PA	<i>acyclovir TABS PO</i>	P	
PEGASYS SOSY	NP	84 day(s) max supply per 365 day(s) retail; SP; PA	<i>acyclovir TABS PO 400 MG</i>	NP	
<i>ribavirin (hepatitis c) CAPS</i>	P	84 day(s) max supply per 365 day(s) retail; SP	<i>famciclovir</i>	P	
<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	84 day(s) max supply per 365 day(s) retail; SP	SITAVIG TABS BU	NP	
SOFOSBUVIR-VELPATASVIR TABS	P	84 day(s) max supply per 365 day(s) retail; SP	<i>valacyclovir hcl 500 MG</i>	NP	
SOVALDI PACK	NP	84 day(s) max supply per 365 day(s) retail; SP; PA	<i>valacyclovir hcl</i>	P	
SOVALDI TABS	NP	84 day(s) max supply per 365 day(s) retail; SP; PA	VALTREX (<i>valacyclovir hcl</i>)	NP	
VOSEVI	NP	84 day(s) max supply per 365 day(s) retail; SP; PA	Influenza Agents		
ZEPATIER	NP	84 day(s) max supply per 365 day(s) retail; SP; PA	<i>oseltamivir phosphate CAPS</i>	P	1 max fill(s) per 180 day(s) retail
Herpes Agents			<i>oseltamivir phosphate SUSR</i>	P	1 max fill(s) per 180 day(s) retail; AL(Up to 10 yrs old)
			RELENZA DISKHALER	NP	1 max fill(s) per 180 day(s) retail
			<i>rimantadine hydrochloride TABS</i>	NP	
			TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	NP	1 max fill(s) per 180 day(s) retail
			TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NP	1 max fill(s) per 180 day(s) retail; AL(Up to 10 yrs old)
			XOFLUZA (40 MG DOSE) 40 MG	NP	
			XOFLUZA (80 MG DOSE) 80 MG	NP	
			Misc. Antivirals		
			LAGEVRIO	NP	
			BETA BLOCKERS - Drugs to Treat High Blood Pressure		
			Alpha-Beta Blockers		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carvedilol</i>	P		<i>nebivolol hcl 2.5 MG, 5 MG</i>	NP	QL(1 EA daily)
<i>carvedilol phosphate 40 MG, 80 MG</i>	NP		TENORMIN TABS (<i>atenolol</i>)	NP	
<i>carvedilol phosphate 10 MG, 20 MG</i>	NP	QL(1 EA daily)	TOPROL XL TB24 25 MG, 50 MG (<i>metoprolol succinate</i>)	NP	QL(1 EA daily)
COREG (<i>carvedilol</i>)	NP		TOPROL XL TB24 100 MG, 200 MG (<i>metoprolol succinate</i>)	NP	
COREG CR 40 MG, 80 MG (<i>carvedilol phosphate</i>)	NP		Beta Blockers Non-Selective		
COREG CR 10 MG (<i>carvedilol phosphate</i>)	NP	QL(1 EA daily)	BETAPACE AF (<i>sotalol hcl (afib/afl)</i>)	NP	
<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	P		BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NP	
<i>labetalol hcl TABS 400 MG</i>	NP		HEMANGEOL SOLN PO	NP	SP
Beta Blockers Cardio-Selective			INDERAL LA CP24 120 MG, 160 MG (<i>propranolol hcl</i>)	NP	
<i>acebutolol hcl CAPS</i>	NP		INDERAL LA CP24 60 MG, 80 MG (<i>propranolol hcl</i>)	NP	QL(1 EA daily)
<i>atenolol TABS</i>	P		INDERAL XL	NP	
<i>betaxolol hcl 10 MG</i>	NP	QL(1 EA daily)	INNOPRAN XL	NP	
<i>betaxolol hcl 20 MG</i>	NP		<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(1 EA daily)
<i>bisoprolol fumarate 5 MG</i>	P	QL(1 EA daily)	<i>pindolol TABS</i>	NP	
<i>bisoprolol fumarate 10 MG</i>	P		<i>propranolol hcl CP24 60 MG, 80 MG</i>	P	QL(1 EA daily)
BYSTOLIC 10 MG, 20 MG (<i>nebivolol hcl</i>)	NP		<i>propranolol hcl CP24 120 MG, 160 MG</i>	P	
BYSTOLIC 2.5 MG, 5 MG (<i>nebivolol hcl</i>)	NP	QL(1 EA daily)	<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	
KAPSPARGO SPRINKLE CS24	NP		<i>propranolol hcl TABS</i>	P	
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	NP		<i>sotalol hcl (afib/afl)</i>	P	
<i>metoprolol succinate TB24 100 MG, 200 MG</i>	P		<i>sotalol hcl TABS</i>	P	
<i>metoprolol succinate TB24 25 MG, 50 MG</i>	P	QL(1 EA daily)	SOTYLIZE SOLN PO	NP	
<i>metoprolol tartrate TABS</i>	P		<i>timolol maleate TABS</i>	NP	
<i>nebivolol hcl 10 MG, 20 MG</i>	NP		CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
<i>nebivolol hcl 2.5 MG, 5 MG</i>	P	QL(1 EA daily)			
<i>nebivolol hcl 10 MG, 20 MG</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Calcium Channel Blockers			NORVASC TABS (amlodipine besylate)	NP	QL(1 EA daily)
amlodipine besylate TABS	P	QL(1 EA daily)	NYMALIZE SOLN 6 MG/ML	P	QL(10 ML daily)
amlodipine besylate TABS 2.5 MG, 5 MG	NP	QL(1 EA daily)	PROCARDIA XL TB24 (nifedipine)	NP	QL(1 EA daily)
CARDIZEM CD CP24 (diltiazem hcl coated beads)	NP	QL(1 EA daily)	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	NP	QL(1 EA daily)
CARDIZEM LA TB24 (diltiazem hcl)	NP	QL(1 EA daily)	TIAZAC (diltiazem hcl extended release beads)	NP	QL(1 EA daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	NP	QL(1 EA daily)	VERAPAMIL HCL ER CP24 (verapamil hcl)	NP	QL(1 EA daily)
diltiazem hcl coated beads CP24	P	QL(1 EA daily)	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	P	QL(1 EA daily)
diltiazem hcl coated beads CP24 300 MG	NP	QL(1 EA daily)	verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG	NP	QL(1 EA daily)
diltiazem hcl extended release beads	P	QL(1 EA daily)	verapamil hcl TABS	P	QL(3 EA daily)
diltiazem hcl CP12	P	QL(1 EA daily)	verapamil hcl TBCR	P	QL(2 EA daily)
diltiazem hcl CP24	P	QL(1 EA daily)	VERELAN PM CP24 (verapamil hcl)	NP	QL(1 EA daily)
DILTIAZEM HCL SOLR	P		CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
diltiazem hcl TABS	P	QL(1 EA daily)	Cardiac Glycosides		
diltiazem hcl TB24	NP	QL(1 EA daily)	digoxin SOLN PO 0.05 MG/ML	P	
felodipine	P	QL(1 EA daily)	digoxin TABS 125 MCG, 250 MCG	P	
isradipine CAPS	NP	QL(2 EA daily)	CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
KATERZIA	NP	QL(10 ML daily)	Cardiovascular Agents Misc. - Combinations		
levamlodipine maleate 2.5 MG	NP	QL(1 EA daily)	amlodipine besylate-atorvastatin calcium 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG	NP	QL(1 EA daily)
levamlodipine maleate 5 MG	NP				
nicardipine hcl CAPS	NP	QL(3 EA daily)			
nifedipine CAPS	P	QL(3 EA daily)			
nifedipine TB24	P	QL(1 EA daily)			
nimodipine CAPS	P	QL(1 EA daily)			
nimodipine SOLN	NP				
nisoldipine	NP	QL(1 EA daily)			
NORLIQVA SOLN	NP	QL(10 ML daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-80 MG</i>	NP		ORENITRAM MONTH 1 TEPK	NP	SP
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	NP		ORENITRAM MONTH 2 TEPK	NP	SP
CADUET 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NP	QL(1 EA daily)	ORENITRAM MONTH 3 TEPK	NP	SP
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NP		ORENITRAM TBCR	NP	SP
ENTRESTO CPSP	NP	Brand Preferred	REMODULIN SOLN IJ	NP	SP
ENTRESTO TABS	P	Brand Preferred	<i>treprostinil SOLN IJ</i>	NP	SP
<i>isosorbide dinitrate-hydralazine hcl</i>	NP		TYVASO DPI INSTITUTIONAL KIT POWD	NP	SP
OPSYNVI	NP	SP	TYVASO DPI MAINTENANCE KIT POWD	NP	SP
Cardiovascular Anti-inflammatory/Immune Modulators			TYVASO DPI TITRATION KIT POWD	NP	SP
LODOCO	NP		TYVASO REFILL KIT SOLN IN	NP	SP; PA
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors			TYVASO STARTER KIT SOLN IN	NP	SP; PA
INPEFA	NP		TYVASO SOLN IN	NP	SP; PA
Impotence Agents			VENTAVIS IN	P	SP; PA
CIALIS 5 MG (<i>tadalafil</i>)	NP		Pulmonary Hypertension - Activin Signaling Inhibitor		
<i>tadalafil 5 MG</i>	NP		WINREVAIR	NP	SP
Peripheral Vasodilators			Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>inositol niacinate CAPS</i>	P		<i>ambrisentan</i>	P	SP; PA
Prostaglandin Vasodilators			<i>bosentan TABS</i>	P	SP; PA
<i>alprostadil SOLN IJ 500 MCG/ML</i>	P		LETAIRIS (<i>ambrisentan</i>)	NP	SP; PA
			OPSUMIT	NP	SP; PA
			TRACLEER TABS (<i>bosentan</i>)	NP	SP; PA
			TRACLEER TBSO	NP	SP; PA
			Pulmonary Hypertension - Phosphodiesterase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	NP	SP; PA
LIQREV SUSP	NP	SP
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NP	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	P	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	NP	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	P	SP; PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPB	NP	SP; PA
UPTRAVI SOLR	NP	SP; PA
UPTRAVI TABS	NP	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	SP; PA
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO 2.5 MG, 5 MG	NP	QL(1 EA daily)
VERQUVO 10 MG	NP	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	NP	
<i>cefadroxil SUSR</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefadroxil TABS</i>	NP	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	P	
<i>cephalexin CAPS</i>	P	
<i>cephalexin SUSR</i>	P	
<i>cephalexin TABS</i>	NP	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
<i>cefaclor CAPS</i>	P	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	NP	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	P	
<i>cefoxitin sodium IV</i>	P	
<i>cefprozil SUSR</i>	P	
<i>cefprozil TABS</i>	P	
<i>cefuroxime axetil TABS</i>	P	
<i>cefuroxime sodium IJ 750 MG</i>	P	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	
<i>cefdinir SUSR</i>	P	
<i>cefixime CAPS</i>	NP	
<i>cefixime SUSR</i>	NP	
<i>cefpodoxime proxetil SUSR</i>	NP	
<i>cefpodoxime proxetil TABS</i>	NP	
<i>ceftazidime IJ 1 GM, 6 GM</i>	P	
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	P	
<i>ceftriaxone sodium in dextrose</i>	P	
Cephalosporins - 4th Generation		
CEFEPIME HCL SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefepime hcl SOLR IJ 1 GM</i>	P		<i>levonorgestrel & eth estradiol TABS</i>	P	
CHEMICALS			<i>levonorgestrel-eth estradiol (triphasic)</i>	P	
Bulk Chemicals - C's			<i>levonorgestrel-ethinyl estradiol (91-day)</i>	NP	
CHOLESTYRAMINE	NP		<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	
Bulk Chemicals - I's			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	NP	
ISOTRETINOIN	NP		<i>levonorgestrel-ethinyl estradiol-iron</i>	NP	
Bulk Chemicals - L's			LO LOESTRIN FE TABS	NP	
LEVOTHYROXINE SODIUM	NP		NATAZIA	P	
PCCA T4 SODIUM	NP		NEXTSTELLIS	NP	
Bulk Chemicals - N's			<i>norethin acet & estrad-fe CAPS</i>	P	
NITAZOXANIDE	NP		<i>norethin acet & estrad-fe CAPS</i>	NP	
Liquids			<i>norethin acet & estrad-fe CHEW</i>	P	
CAMPHOR SPIRIT	P		<i>norethin acet & estrad-fe CHEW</i>	NP	
SM CAMPHOR SPIRIT	P		<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	
CONTRACEPTIVES - Drugs to Prevent Pregnancy			<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	NP	
Combination Contraceptives - Oral			<i>norethindrone & eth estradiol</i>	P	
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	NP		<i>norethindrone & ethinyl estradiol-fe</i>	P	
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NP		<i>norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG</i>	NP	
<i>desogestrel & ethinyl estradiol</i>	P		<i>norethindrone acet & eth estra TABS</i>	NP	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P		<i>norethindrone acet & eth estra TABS</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P				
<i>drospirenone-ethinyl estradiol</i>	P				
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	NP				
<i>ethynodiol diacet & eth estrad</i>	P				
FEMLYV TBDP	NP				

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	NP	
<i>norethindrone-eth estradiol (triphasic)</i>	P	
<i>norgestimate-ethinyl estradiol</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	NP	
SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NP	
TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	NP	
TYBLUME CHEW	P	
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	NP	
YAZ (<i>drospirenone-ethinyl estradiol</i>)	NP	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	P	
<i>norelgestromin-ethinyl estradiol</i>	NP	
TWIRLA	NP	
Combination Contraceptives - Vaginal		
ANNOVERA	NP	
<i>etonogestrel-ethinyl estradiol</i>	NP	
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	P	Brand Preferred
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER	P	SP

Drug Name	Drug Tier	Requirements/ Limits
Emergency Contraceptives		
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(4 EA per 120 day(s) retail; 4 EA per 120 days mail)
Progestin Contraceptives - Implants		
NEXPLANON	P	SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	P	
DEPO-PROVERA SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	P	
DEPO-SUBQ PROVERA 104 SUSY SC	P	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	P	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	P	
Progestin Contraceptives - IUD		
KYLEENA	P	SP
LILETTA (52 MG)	P	SP
MIRENA (52 MG)	P	SP
SKYLA	P	SP
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	P	
OPILL	P	
SLYND	P	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	NP	SP
ALKINDI SPRINKLE CPSP	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide CPEP</i>	P		<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	P	
<i>budesonide TB24</i>	NP		<i>prednisolone sodium phosphate TBDP 15 MG</i>	NP	
CORTEF TABS (<i>hydrocortisone</i>)	NP		<i>prednisolone SOLN</i>	P	
CORTISONE ACETATE TABS	NP		<i>prednisolone TABS</i>	NP	
<i>deflazacort SUSP</i>	NP	SP	PREDNISONE INTENSOL CONC	NP	
<i>deflazacort TABS</i>	NP	SP	<i>prednisone SOLN</i>	P	
DEPO-MEDROL SUSP	P		<i>prednisone TABS</i>	P	
DEXAMETHASONE INTENSOL CONC	P		<i>prednisone TBPk</i>	P	
<i>dexamethasone ELIX</i>	P		RAYOS TBEC	NP	
<i>dexamethasone SOLN</i>	P		SOLU-MEDROL 2 GM	P	
<i>dexamethasone TABS</i>	P		SOLU-MEDROL (PF) 40 MG, 500 MG, 1000 MG	P	
<i>dexamethasone TBPk</i>	NP		TARPEYO CPDR	NP	SP
EMFLAZA SUSP (<i>deflazacort</i>)	NP	SP	UCERIS TB24 (<i>budesonide</i>)	NP	
EMFLAZA TABS (<i>deflazacort</i>)	NP	SP	Mineralocorticoids		
EOHILIA SUSP	NP		<i>fludrocortisone acetate TABS</i>	P	
HEMADY TABS	NP		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>hydrocortisone TABS</i>	P		Antitussives		
MEDROL TABS	NP		<i>benzonatate</i>	P	
MEDROL TABS (<i>methylprednisolone</i>)	NP		<i>dextromethorphan hbr CAPS</i>	P	
MEDROL TBPk (<i>methylprednisolone</i>)	NP		<i>dextromethorphan polistirex SUER</i>	NP	
<i>methylprednisolone acetate SUSP</i>	P		<i>dextromethorphan polistirex SUER</i>	P	
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	P		HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NP	
<i>methylprednisolone sod succ 40 MG, 500 MG, 1000 MG</i>	P				
<i>methylprednisolone TABS 8 MG, 16 MG, 32 MG</i>	NP				
<i>methylprednisolone TABS 4 MG</i>	P				
<i>methylprednisolone TBPk</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HYCODAN TABS 1.5 MG-5 MG (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NP	QL(8 EA daily)	<i>chlorpheniramine-phenylephrine-acetaminophen</i> TABS 5 MG-325 MG-2 MG	NP	
<i>hydrocodone bitartrate-homatropine methylbromide</i> SOLN	P		CLARINEX-D 12 HOUR TB12	NP	
<i>hydrocodone bitartrate-homatropine methylbromide</i> TABS	NP	QL(8 EA daily)	CONEX COLD/ALLERGY PEDIATRIC SOLN	NP	
Cough/Cold/Allergy Combinations			CONEX COLD/ALLERGY SOLN	NP	
ALAHIST CF TABS	NP		CONEX COLD/ALLERGY TABS	NP	
ALAHIST D	NP		COUGH & CHEST CONGESTION DM SYRP	P	
ALAHIST DM LIQD 7.5 MG/5ML-15 MG/5ML-2 MG/5ML (<i>phenylephrine-dexbrompheniramine-dextromethorphan</i>)	NP		DECONEX DMX TABS 10 MG-400 MG-17.5 MG	NP	
ALAHIST PE TABS	NP		DECONEX IR TABS	NP	
AQUANAZ TABS	NP		<i>dexbrompheniramine-phenylephrine</i> TABS	NP	
<i>brompheniramine & phenyleph</i> ELIX	NP		<i>dextromethorphan-acetaminophen-chlorpheniramine</i> TABS 325 MG-2 MG-10 MG	NP	
<i>brompheniramine & pseudoeph</i> LIQD 15 MG/5ML-1 MG/5ML	NP		<i>dextromethorphan-doxylamine-acetaminophen</i> CAPS	NP	
CAPMIST DM TABS 400 MG-15 MG-60 MG	NP		<i>dextromethorphan-doxylamine-acetaminophen</i> LIQD	NP	
<i>cetirizine-pseudoephedrine</i>	NP		<i>dextromethorphan-guaifenesin</i> LIQD 200 MG/20ML-20 MG/20ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML	NP	
CHLO HIST	NP		<i>dextromethorphan-guaifenesin</i> LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 200 MG/20ML-20 MG/20ML, 400 MG/20ML-20 MG/20ML	P	
CHLO TUSS 30 MG/5ML-12.5 MG/5ML-1 MG/5ML	NP		<i>dextromethorphan-guaifenesin</i> SYRP	NP	
<i>chlorpheniramine & phenylephrine</i> LIQD 10 MG/5ML-4 MG/5ML	NP				
<i>chlorpheniramine & phenylephrine</i> TABS 10 MG-4 MG	NP				
<i>chlorpheniramine & pseudoeph</i> TABS	NP				
<i>chlorpheniramine-dm</i> TABS 4 MG-30 MG	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P		ENDAL	NP	
<i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>	P		<i>fexofenadine-pseudoephedrine TB12</i>	NP	
<i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>	NP		<i>fexofenadine-pseudoephedrine TB24</i>	NP	
<i>dextromethorphan-guaifenesin TB12 1200 MG-60 MG, 600 MG-30 MG</i>	NP		<i>guaifenesin-codeine SOLN</i>	P	
<i>dextromethorphan-guaifenesin TB12 1200 MG-60 MG, 600 MG-30 MG</i>	P		HISTEX-DM SYRP	NP	
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	NP		<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	P	
<i>dextromethorphan-phenylephrine-acetaminophen LIQD</i>	NP		LOHIST-D LIQD	NP	
<i>dextromethorphan-phenylephrine-acetaminophen PACK</i>	NP		LOHIST-DM SYRP	NP	
<i>dextromethorphan-phenylephrine-acetaminophen TABS 5 MG-325 MG-10 MG</i>	NP		<i>loratadine & pseudoephedrine TB12</i>	NP	
<i>diphenhydramine-phenylephrine-acetaminophen PACK</i>	NP		<i>loratadine & pseudoephedrine TB24</i>	NP	
<i>doxylamine-dm LIQD 15 MG/15ML-6.25 MG/15ML</i>	NP		MAR-COF CG EXPECTORANT LIQD	NP	
<i>doxylamine-phenylephrine</i>	NP		M-END DMX	NP	
DURAFLU TABS 200 MG-325 MG-20 MG-60 MG	NP		NASOPEN PE	NP	
ED A-HIST DM TABS	NP		NINJACOF LIQD	NP	
ED A-HIST LIQD (<i>chlorpheniramine & phenylephrine</i>)	NP		NINJACOF-XG LIQD	NP	
ED BRON GP LIQD	NP		<i>phenylephrine w/ acetaminophen TABS 5 MG-325 MG</i>	NP	
			<i>phenylephrine w/ dm-gg LIQD 10 MG/10ML-200 MG/10ML-20 MG/10ML, 10 MG/15ML-200 MG/15ML-18 MG/15ML, 2.5 MG/5ML-100 MG/5ML-5 MG/5ML, 5 MG/5ML-100 MG/5ML-10 MG/5ML</i>	NP	
			<i>phenylephrine w/ dm-gg SYRP 5 MG/5ML-100 MG/5ML-10 MG/5ML</i>	NP	
			<i>phenylephrine w/ dm-gg TABS 10 MG-385 MG-17.5 MG</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-acetaminophen-guaifenesin TABS 5 MG-200 MG-325 MG</i>	NP		POLYTUSSIN DM LIQD	NP	
<i>phenylephrine-brompheniramine-dm LIQD 2.5 MG/5ML-5 MG/5ML-1 MG/5ML</i>	NP		POLYTUSSIN DM LIQD (<i>phenylephrine-dexbrompheniramine-dextromethorphan</i>)	NP	
<i>phenylephrine-brompheniramine-dm LIQD 5 MG/10ML-10 MG/10ML-2 MG/10ML</i>	P		POLY-VENT DM TABS	NP	
<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	NP		POLY-VENT IR TABS	NP	
<i>phenylephrine-chlorpheniramine-dm w/ apap MISC</i>	NP		<i>promethazine & phenylephrine SYRP</i>	NP	
<i>phenylephrine-dexbrompheniramine-dextromethorphan LIQD</i>	NP		<i>promethazine w/codeine SOLN</i>	P	
<i>phenylephrine-dm-gg w/ apap CAPS</i>	NP		<i>promethazine-dm SYRP</i>	P	
<i>phenylephrine-dm-gg w/ apap LIQD</i>	NP		<i>promethazine-phenylephrine-codeine</i>	NP	
<i>phenylephrine-dm-gg w/ apap TABS 5 MG-200 MG-325 MG-10 MG</i>	NP		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	
<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen LIQD</i>	NP		<i>pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML</i>	P	
<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen MISC 5 MG-325 MG-6.25 MG</i>	NP		<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG</i>	NP	
<i>phenylephrine-guaifenesin TABS 10 MG-400 MG</i>	NP		<i>pseudoephedrine-ibuprofen CAPS</i>	NP	
POLY HIST FORTE 10 MG-10.5 MG	NP		PX NITETIME MULTI-SYMPTOM CAPS	P	
POLY-HIST DM	NP		RU-HIST D TABS	NP	
POLY-TUSSIN AC LIQD 10 MG/5ML-10 MG/5ML-4 MG/5ML	NP		RYMED TABS	NP	
			SCOT-TUSSIN DM LIQD	NP	
			SCOT-TUSSIN SENIOR LIQD	NP	
			SM COLD & ALLERGY CHILDRENS LIQD	NP	
			TRIPONEL LIQD	NP	
			<i>triprolidine & pseudoephedrine TABS</i>	NP	
			TUSNEL PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML, 50 MG/5ML-5 MG/5ML-15 MG/5ML	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TUSNEL-DM PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML-2.5 MG/ML	NP		ABSORICA LD	NP	
TUSNEL LIQD	NP		ACANYA GEL (clindamycin phosphate-benzoyl peroxide)	NP	AL(Up to 20 yrs old)
TUSNEL TABS	NP		adapalene-benzoyl peroxide GEL	P	AL(Up to 20 yrs old)
VANACOF	NP		adapalene CREA	NP	AL(Up to 20 yrs old)
VANACOF 2	NP		adapalene GEL 0.3 %	P	AL(Up to 20 yrs old)
VANACOF CP LIQD	NP		adapalene GEL 0.1 %	NP	AL(Up to 20 yrs old); RX/OTC
VANACOF DM LIQD (phenylephrine w/ dm-gg)	NP		AKLIEF	NP	
VANACOF DMX LIQD	NP		ALTRENO LOTN	NP	AL(Up to 20 yrs old)
VANACOF XP LIQD	NP		ARAZLO LOTN	NP	AL(Up to 20 yrs old)
VANATAB DM TABS	NP		ATRALIN GEL (tretinoin)	NP	AL(Up to 20 yrs old)
WESTUSSIN DM	NP		AVAR LS CLEANSER LIQD (sulfacetamide sodium w/ sulfur)	NP	AL(Up to 20 yrs old)
Expectorants			AVAR-E LS CREA (sulfacetamide sodium w/ sulfur)	NP	AL(Up to 20 yrs old)
guaifenesin LIQD 100 MG/5ML, 200 MG/10ML	NP		BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	NP	AL(Up to 20 yrs old)
guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML	P		benzoyl peroxide-erythromycin GEL	NP	AL(Up to 20 yrs old)
guaifenesin TABS	NP		benzoyl peroxide GEL 2.5 %, 5 %, 10 %	P	AL(Up to 20 yrs old)
guaifenesin TABS 400 MG	P		benzoyl peroxide GEL 2.5 %	NP	AL(Up to 20 yrs old)
guaifenesin TB12	P		benzoyl peroxide LIQD 5 %, 10 %	P	AL(Up to 20 yrs old)
guaifenesin TB12 1200 MG	NP		benzoyl peroxide LOTN 10 %	NP	AL(Up to 20 yrs old)
Misc. Respiratory Inhalants			benzoyl peroxide LOTN 5 %	P	AL(Up to 20 yrs old)
camphor (inhalant)	P		benzoyl peroxide MISC 6 %	NP	AL(Up to 20 yrs old); RX/OTC
CVS HOT STEAM LIQD	P		CABTREO	NP	
sodium chloride (inhalant) NEBU 0.9 %, 3 %	P				
Mucolytics					
acetylcysteine SOLN 10 %	P				
DERMATOLOGICALS - Drugs to Treat Skin Conditions					
Acne Products					
ABSORICA (isotretinoin)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN-T LOTN (clindamycin phosphate (topical))	NP	AL(Up to 20 yrs old)	EPSOLAY CREA	NP	
CLINDACIN ETZ	NP	AL(Up to 20 yrs old)	ERYGEL GEL (erythromycin (acne aid))	NP	AL(Up to 20 yrs old)
CLINDACIN PAC	NP	AL(Up to 20 yrs old)	erythromycin (acne aid) GEL	P	AL(Up to 20 yrs old)
CLINDAGEL GEL (clindamycin phosphate (topical))	NP	AL(Up to 20 yrs old)	erythromycin (acne aid) PADS	NP	AL(Up to 20 yrs old)
clindamycin phosphate (topical) FOAM	NP	AL(Up to 20 yrs old)	erythromycin (acne aid) SOLN	P	AL(Up to 20 yrs old)
clindamycin phosphate (topical) GEL	NP		FABIOR FOAM	NP	AL(Up to 20 yrs old)
clindamycin phosphate (topical) GEL	P	AL(Up to 20 yrs old)	isotretinoin	P	
clindamycin phosphate (topical) LOTN	P	AL(Up to 20 yrs old)	KLARON (sulfacetamide sodium (acne))	NP	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SOLN	P	AL(Up to 20 yrs old)	ONEXTON GEL (clindamycin phosphate- benzoyl peroxide)	NP	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SWAB	P	AL(Up to 20 yrs old)	RETIN-A MICRO (tretinoin microsphere)	NP	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SWAB	NP	AL(Up to 20 yrs old)	RETIN-A MICRO PUMP	NP	AL(Up to 20 yrs old)
clindamycin phosphate- benzoyl peroxide (refrigerate)	NP	AL(Up to 20 yrs old)	RETIN-A MICRO PUMP (tretinoin microsphere)	NP	AL(Up to 20 yrs old)
clindamycin phosphate- benzoyl peroxide (refrigerate)	P	AL(Up to 20 yrs old)	RETIN-A CREA (tretinoin)	NP	AL(Up to 20 yrs old)
clindamycin phosphate- benzoyl peroxide GEL	NP	AL(Up to 20 yrs old)	RETIN-A GEL (tretinoin)	NP	AL(Up to 20 yrs old)
clindamycin phosphate- tretinoin	NP	AL(Up to 20 yrs old)	sulfacetamide sodium (acne)	NP	AL(Up to 20 yrs old)
dapsone (topical)	NP	AL(Up to 20 yrs old)	sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	NP	AL(Up to 20 yrs old)
DIFFERIN CREA (adapalene)	NP	AL(Up to 20 yrs old)	sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	NP	AL(Up to 20 yrs old)
DIFFERIN GEL (adapalene)	NP	AL(Up to 20 yrs old); RX/OTC	sulfacetamide sodium w/ sulfur FOAM	NP	AL(Up to 20 yrs old)
DIFFERIN LOTN	NP		sulfacetamide sodium w/ sulfur LIQD	NP	AL(Up to 20 yrs old)
EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	NP	AL(Up to 20 yrs old)	sulfacetamide sodium w/ sulfur LOTN	NP	
			sulfacetamide sodium w/ sulfur PADS 10 %-4 %	NP	AL(Up to 20 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	NP		<i>bacitracin zinc OINT</i>	NP	
<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP	AL(Up to 20 yrs old)	<i>bacitracin zinc OINT</i>	P	
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	NP	AL(Up to 20 yrs old)	<i>bacitracin-polymyxin b OINT</i>	P	
SULFACETAMIDE SODIUM-SULFUR SUSP	NP		CENTANY AT KIT	NP	
SUMADAN	NP	AL(Up to 20 yrs old)	<i>gentamicin sulfate (topical) CREA</i>	P	
SUMADAN WASH LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NP	AL(Up to 20 yrs old)	<i>gentamicin sulfate (topical) OINT</i>	P	
SUMADAN XLT KIT	NP	AL(Up to 20 yrs old)	<i>mupirocin calcium (topical)</i>	NP	
SUMAXIN CP	NP	AL(Up to 20 yrs old)	<i>mupirocin OINT</i>	P	
SUMAXIN PADS	NP	AL(Up to 20 yrs old)	<i>neomycin-bacitracin-polymyxin OINT</i>	NP	
TAZAROTENE FOAM	NP	AL(Up to 20 yrs old)	<i>neomycin-bacitracin-polymyxin OINT</i>	P	
<i>tretinoin microsphere</i>	NP	AL(Up to 20 yrs old)	<i>neomycin-bacitracin-polymyxin-pramoxine</i>	NP	
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	AL(Up to 20 yrs old)	<i>neomycin-polymyxin w/ pramoxine</i>	NP	
<i>tretinoin GEL 0.05 %</i>	NP	AL(Up to 20 yrs old)	NEO-SYNALAR	NP	
<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	AL(Up to 20 yrs old)	NEO-SYNALAR	NP	
TWYNEO	NP		XEPI	NP	
WINLEVI	NP	AL(Up to 20 yrs old)	Antifungals - Topical		
ZIANA (<i>clindamycin phosphate-tretinoin</i>)	NP	AL(Up to 20 yrs old)	ALEVAZOL OINT	NP	
ZMA CLEAR SUSP	NP		<i>butenafine hcl</i>	P	RX/OTC
Agents for External Genital and Perianal Warts			<i>ciclopirox olamine CREA</i>	P	
VEREGEN	NP		<i>ciclopirox olamine SUSP</i>	NP	
Analgesics - Topical			<i>ciclopirox GEL</i>	NP	
<i>menthol (topical analgesic) AERO</i>	P		<i>ciclopirox KIT</i>	P	
Antibiotics - Topical			<i>ciclopirox SHAM</i>	NP	
<i>bacitracin (topical) OINT</i>	P		<i>ciclopirox SOLN</i>	NP	
			<i>ciclopirox SOLN</i>	P	
			<i>clotrimazole (topical) CREA</i>	P	RX/OTC
			<i>clotrimazole (topical) CREA</i>	NP	RX/OTC
			<i>clotrimazole (topical) SOLN</i>	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole w/ betamethasone CREA</i>	P		<i>nystatin (topical) POWD EX</i>	NP	
<i>clotrimazole w/ betamethasone LOTN</i>	P		<i>nystatin (topical) POWD EX</i>	P	
<i>econazole nitrate CREA</i>	P		<i>nystatin-triamcinolone CREA</i>	NP	
ERTACZO	NP		<i>nystatin-triamcinolone OINT</i>	P	
FUNGOID TINCTURE SOLN	NP		<i>oxiconazole nitrate CREA</i>	NP	
JUBLIA	NP		OXISTAT LOTN	NP	
<i>ketoconazole (topical) CREA</i>	P		<i>tavaborole</i>	NP	
<i>ketoconazole (topical) FOAM</i>	NP		<i>terbinafine hcl (topical) CREA</i>	NP	
<i>ketoconazole (topical) SHAM 2 %</i>	P		<i>terbinafine hcl (topical) CREA</i>	P	
KETODAN	NP		<i>tolnaftate AERP</i>	NP	
LOPROX	NP		<i>tolnaftate CREA</i>	NP	
LOPROX SUSP (<i>ciclopirox olamine</i>)	NP		<i>tolnaftate CREA</i>	P	
<i>luliconazole</i>	NP		<i>tolnaftate POWD EX</i>	NP	
LUZU (<i>luliconazole</i>)	NP		<i>tolnaftate SOLN</i>	NP	RX/OTC
<i>miconazole nitrate (topical) AERP</i>	NP		<i>undecylenic acid-zinc undecylenate OINT</i>	P	
<i>miconazole nitrate (topical) CREA</i>	NP		VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	NP	
<i>miconazole nitrate (topical) CREA</i>	P		Anti-inflammatory Agents - Topical		
<i>miconazole nitrate (topical) POWD EX</i>	NP		<i>diclofenac epolamine PTCH EX</i>	NP	
MICONAZOLE NITRATE SOLN	P		<i>diclofenac sodium (topical) GEL EX</i>	P	RX/OTC
<i>miconazole-zinc oxide-white petrolatum</i>	NP		<i>diclofenac sodium (topical) GEL EX</i>	NP	RX/OTC
<i>naftifine hcl CREA</i>	NP		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	P	
<i>naftifine hcl GEL 2 %</i>	NP		<i>diclofenac sodium (topical) SOLN EX</i>	NP	
NAFTIN GEL	NP		PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	NP	
<i>nystatin (topical) CREA</i>	P		Antineoplastic or Premalignant Lesion Agents -		
<i>nystatin (topical) OINT</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Topical			SKYRIZI SOSY	NP	SP; PA
<i>bexarotene (topical)</i>	P	SP	SORILUX FOAM	NP	
<i>fluorouracil (topical) CREA</i>	P		SOTYKTU	NP	SP
<i>fluorouracil (topical) SOLN</i>	P		SPEVIGO SOLN	NP	SP
<i>fluorouracil (topical) SOLN</i>	P		SPEVIGO SOSY	NP	SP
Antipruritics - Topical			STELARA SOSY	NP	SP; PA
<i>camphor & menthol LOTN</i>	P		STEQEYMA	NP	SP
<i>doxepin hcl (antipruritic)</i>	P		TALTZ SOAJ	P	SP; PA
Antipsoriatics			TALTZ SOSY 20 MG/0.25ML, 40 MG/0.5ML	P	SP
<i>acitretin</i>	P		TALTZ SOSY 80 MG/ML	P	SP; PA
BIMZELX SOAJ	NP	SP	<i>tazarotene CREA</i>	NP	
BIMZELX SOSY	NP	SP	<i>tazarotene GEL</i>	NP	
<i>calcipotriene CREA</i>	P		TREMFYA ONE-PRESS SOAJ 100 MG/ML	NP	SP; PA
CALCIPOTRIENE FOAM	NP		TREMFYA SOSY 100 MG/ML	NP	SP; PA
<i>calcipotriene OINT</i>	P		VECTICAL (<i>calcitriol (topical)</i>)	NP	
<i>calcipotriene SOLN</i>	P		VTAMA	NP	
<i>calcitriol (topical)</i>	NP		YESINTEK SOLN 45 MG/0.5ML	NP	Brand Preferred; SP
COSENTYX (300 MG DOSE) SOSY	NP	SP; PA	YESINTEK SOSY	NP	Brand Preferred; SP
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP; PA	Antiseborrheic Products		
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA	DERMAZINC CREAM CREA	P	RX/OTC
COSENTYX UNOREADY SOAJ	NP	SP	DERMAZINC SPRAY LIQD	P	
COSENTYX SOLN	NP	SP	DERMAZINC ZINC THERAPY SOAP BAR	P	
COSENTYX SOSY	NP	SP; PA	NUTRASEB CREA	P	RX/OTC
ILUMYA	NP	SP; PA	OVACE PLUS WASH GEL (<i>sulfacetamide sodium</i>)	NP	
<i>methoxsalen rapid</i>	NP		OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NP	
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	NP	SP	OVACE PLUS SHAM (<i>sulfacetamide sodium</i>)	NP	
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP			
SILIQ	NP	SP; PA			
SKYRIZI PEN SOAJ	NP	SP; PA			

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) LOTN 2.5 %</i>	P		SYNALAR (OINTMENT)	NP	
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	RX/OTC	SYNALAR TS	NP	
<i>hydrocortisone (topical) SOLN 2.5 %</i>	NP		SYNALAR CREA (<i>fluocinolone acetonide</i>)	NP	
<i>hydrocortisone acetate (topical) OINT</i>	P		SYNALAR OINT (<i>fluocinolone acetonide</i>)	NP	
HYDROCORTISONE ACETATE CREA	NP		SYNALAR SOLN (<i>fluocinolone acetonide</i>)	NP	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP		TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	NP	
<i>hydrocortisone butyrate CREA</i>	NP		TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NP	
<i>hydrocortisone butyrate LOTN</i>	NP		TOPICORT SPRAY LIQD (<i>desoximetasone</i>)	NP	
<i>hydrocortisone butyrate OINT</i>	NP		TOPICORT CREA (<i>desoximetasone</i>)	NP	
<i>hydrocortisone butyrate SOLN</i>	NP		TOPICORT GEL (<i>desoximetasone</i>)	NP	
HYDROCORTISONE COMPLETE KIT THPK	P		TOPICORT OINT (<i>desoximetasone</i>)	NP	
<i>hydrocortisone valerate CREA</i>	NP		TOVET	NP	
<i>hydrocortisone valerate OINT</i>	NP		<i>triamcinolone acetonide (topical) AERS</i>	NP	
HYDROXYM GEL	P		<i>triamcinolone acetonide (topical) CREA</i>	P	
IMPEKLO LOTN	NP		<i>triamcinolone acetonide (topical) LOTN</i>	P	
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NP		<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	NP	
LOCOID LIPOCREAM	NP		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	P	
LOCOID LOTN (<i>hydrocortisone butyrate</i>)	NP		ULTRAVATE LOTN	NP	
<i>mometasone furoate CREA</i>	P		VANOS CREA (<i>fluocinonide</i>)	NP	
<i>mometasone furoate OINT</i>	P		Eczema Agents		
<i>mometasone furoate SOLN</i>	P		ADBRY SOAJ	P	SP; PA
PANDEL	NP		ADBRY SOSY	P	SP; PA
SYNALAR (CREAM)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CIBINQO	NP	SP; PA	<i>pimecrolimus</i>	P	QL(400 GM per 365 day(s) retail); PA
DUPIXENT SOAJ	P	SP; PA	<i>tacrolimus (topical) OINT</i>	P	QL(400 GM per 365 day(s) retail); PA
DUPIXENT SOAJ	NP	SP; PA	Keratolytic/Antimitotic/Vesicant Agents		
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	P	SP; PA	BETASAL SHAM	P	
DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	NP	SP; PA	CVS PSORIASIS MEDICATED SHAM	P	
EBGLYSS SOAJ	NP	SP	CVS THERAPEUTIC DANDRUFF SHAM	P	
EBGLYSS SOSY	NP	SP	DENOREX EX ST MEDICATED SHAM	P	
OPZELURA	NP	QL(400 GM per 365 day(s) retail; 400 GM per 365 days mail); PA	DERMAREST PSORIASIS SHAM	P	
Emollient/Keratolytic Agents			DHS SAL SHAM	P	
<i>urea CREA 20 %</i>	NP	RX/OTC	DUOFILM SOLN	P	
Emollients			MG217 DANDRUFF SHAMPOO/COND SHAM	P	
<i>colloidal oatmeal PACK</i>	P		MG217 PSORIASIS THER SHAM/COND SHAM	P	
<i>glycerin (topical)</i>	P		NEUTROGENA T/SAL SHAM	P	
LACTIC ACID E	P		NIZORAL PSORIASIS SHAMPOO/COND SHAM	P	
Hair Growth Agents			P & S SHAM	P	
<i>bimatoprost (topical)</i>	NP		PODOCON-25 SOLN	P	
LATISSE (<i>bimatoprost (topical)</i>)	NP		<i>podofilox GEL</i>	P	
LITFULO	NP	SP	<i>podofilox SOLN</i>	P	
Immunomodulating Agents - Systemic			<i>salicylic acid LIQD 3 %, 17 %</i>	P	
NEMLUVIO	NP	SP	<i>salicylic acid LIQD 2 %</i>	NP	
Immunomodulating Agents - Topical			SELSUN BLUE DEEP CLEANSING SHAM	P	
<i>imiquimod</i>	P		SELSUN BLUE NATURALS DRY SCALP SHAM	P	
<i>imiquimod 3.75 %</i>	NP		THERAPEUTIC DANDRUFF SHAM	P	
ZYCLARA (<i>imiquimod</i>)	NP		THERAPEUTIC T+PLUS MAX ST SHAM	P	
ZYCLARA PUMP (<i>imiquimod</i>)	NP				
ZYCLARA PUMP	NP				
Immunosuppressive Agents - Topical					
ELIDEL (<i>pimecrolimus</i>)	NP	QL(400 GM per 365 day(s) retail); PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Liniments			<i>pramoxine-calamine LOTN</i>	P	
<i>liniments & rubs LOTN</i>	P		<i>pramoxine-menthol CREA</i>	P	
<i>trolamine salicylate CREA</i>	P		<i>pramoxine-zinc acetate</i>	P	
Local Anesthetics - Topical			QUTENZA	NP	
<i>benzocaine (topical) OINT</i>	P		QUTENZA (2 PATCH)	NP	
<i>benzocaine-triclosan</i>	P		QUTENZA (4 PATCH)	NP	
BURN RELIEF/LIDOCAINE/ALOE	P		ZTLIDO PTCH	NP	
<i>capsaicin CREA 0.025 %, 0.075 %</i>	P		Misc. Dermatological Products		
<i>capsaicin CREA 0.025 %, 0.075 %</i>	P		ALEVICYN ANTIPRURITIC SG GEL	P	RX/OTC
CVS AFTERSUN ALOE/LIDOCAINE GEL	P		ALEVICYN ANTIPRURITIC GEL	P	RX/OTC
<i>dibucaine</i>	P		HALUCORT GEL	P	RX/OTC
ITCH-X GEL	P		LEVICYN GEL	P	RX/OTC
ITCH-X SOLN	P		NONYX GEL	P	RX/OTC
<i>lidocaine hcl CREA 3 %, 4 %</i>	P		OC8 GEL	P	RX/OTC
<i>lidocaine hcl GEL 0.5 %, 2 %</i>	P	RX/OTC	PROTEIN 29 HAIR GROOM GEL	P	RX/OTC
<i>lidocaine hcl PRSY</i>	P		SEBUDERM GEL	P	RX/OTC
<i>lidocaine AERO</i>	P		STRATA CTX GEL	P	RX/OTC
<i>lidocaine-benzalkonium LIQD 2.5 %-0.13 %</i>	P		STRATA MARK GEL	P	RX/OTC
<i>lidocaine CREA 4 %</i>	P		STRATA XRT GEL	P	RX/OTC
<i>lidocaine OINT 5 %</i>	P		Misc. Topical		
<i>lidocaine-prilocaine CREA</i>	P		<i>benzoin compound TINC</i>	P	RX/OTC
<i>lidocaine-prilocaine KIT</i>	P		COLEMAN 100 MAX CONTINUOUS SPR AERO	P	
<i>lidocaine PTCH 4 %, 5 %</i>	P		COLEMAN 100 MAX INSECT REPEL LIQD	P	
<i>lidocaine PTCH 5 %</i>	NP		COLEMAN INSECT REPEL HIGH&DRY AERO	P	
<i>lidocaine-transparent dressing 4 %</i>	P		COLEMAN INSECT REPEL SPORTSMEN AERO	P	
LIDODERM PTCH (<i>lidocaine</i>)	NP		CUTTER ALL FAMILY AERO	P	
OUTGRO PAIN RELIEF LIQD	P		CUTTER ALL FAMILY LIQD	P	
<i>pramoxine hcl LOTN</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CUTTER BACKWOODS DRY AERO	P		REPEL 100 LIQD	P	
CUTTER BACKWOODS AERO	P		REPEL FAMILY DRY AERO	P	
CUTTER BACKWOODS LIQD	P		REPEL FAMILY AERO	P	
CUTTER DRY AERO	P		REPEL HUNTERS FORMULA AERO	P	
CUTTER SKINSATIONS AERO	P		REPEL SPORTSMEN DRY AERO	P	
CUTTER SKINSATIONS LIQD	P		REPEL SPORTSMEN MAX AERO	P	
CUTTER SPORT AERO	P		REPEL SPORTSMEN MAX LIQD	P	
CUTTER AERO	P		REPEL SPORTSMEN AERO	P	
CVS INSECT REPELLENT AERO	P		REPEL TICK DEFENSE AERO	P	
CVS TOTAL HOME INSECT REPEL AERO	P		SAWYER INSECT REPELLENT AERO	P	
MAXI DEET LIQD	P		SAWYER INSECT REPELLENT LIQD	P	
NATRAPEL 12-HOUR TICK/INSECT AERO	P		ULTRATHON INSECT REPELLENT 8 AERO	P	
NATRAPEL LIQD	P		<i>zinc oxide (topical) OINT 20 %</i>	P	
OFF ACTIVE AERO	P		Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
OFF DEEP WOODS DRY AERO	P		EUCRISA	P	QL(400 GM per 365 day(s) retail); ST
OFF DEEP WOODS SPORTSMEN AERO	P		ZORYVE CREA EX	NP	
OFF DEEP WOODS SPORTSMEN LIQD	P		ZORYVE FOAM EX	NP	
OFF DEEP WOODS AERO	P		Podiatric Products		
OFF DEEP WOODS LIQD	P		AMLACTIN FOOT CREAM THERAPY CREA	P	
OFF FAMILYCARE CLEAN FEEL LIQD	P		AMLACTIN FOOT REPAIR CREA	P	
OFF FAMILYCARE TROPICAL FRESH LIQD	P		DR TEALS SHEA ENRICHED FOOT CREA	P	
OFF FAMILYCARE UNSCENTED LIQD	P		ELON HERBAL FOOT CREA	P	
OFF SMOOTH & DRY AERO	P		EUCERIN ADVANCED REPAIR FOOT CREA	P	
RANGER READY REPELLENT LIQD	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GOLD BOND FOOT CREA	P		NATROBA (<i>spinosad</i>)	P	Brand Preferred
PALMERS FOOT MAGIC SCRUB CREA	P		OVIDE (<i>malathion</i>)	NP	
UDDERLY SMOOTH FOOT CREA	P		<i>permethrin</i> AERO	P	
Rosacea Agents			<i>permethrin</i> CREA	P	
<i>azelaic acid</i> GEL	P		<i>permethrin</i> LIQD EX	P	
<i>doxycycline</i> (<i>rosacea</i>)	NP		<i>pyrethrins-piperonyl butoxide-permethrin-nit remover</i> 4 %-0.33 %-0.5 %	P	
FINACEA GEL (<i>azelaic acid</i>)	NP		<i>pyrethrins-piperonyl butoxide</i> SHAM 4 %-0.33 %	P	
<i>ivermectin</i> (<i>rosacea</i>)	NP		SKLICE (<i>ivermectin</i> (<i>pediculicide</i>))	NP	
METROCREAM CREA (<i>metronidazole</i> (<i>topical</i>))	NP		<i>spinosad</i>	NP	
METROGEL GEL 1 % (<i>metronidazole</i> (<i>topical</i>))	NP		VANALICE GEL	NP	
<i>metronidazole</i> (<i>topical</i>) CREA	NP		Tar Products		
<i>metronidazole</i> (<i>topical</i>) CREA	P		BETA CARE BETATAR GEL SHAM	P	
<i>metronidazole</i> (<i>topical</i>) GEL 1 %	NP		<i>coal tar extract</i> SHAM 0.5 %, 1 %	P	
<i>metronidazole</i> (<i>topical</i>) GEL	P		<i>coal tar extract</i> SHAM 0.5 %, 1 %	P	
<i>metronidazole</i> (<i>topical</i>) LOTN	P		<i>coal tar extract</i> SOLN	P	
MIRVASO (<i>brimonidine tartrate</i> (<i>topical</i>))	NP		DHS TAR GEL SHAM (<i>coal tar extract</i>)	P	
NORITATE CREA	P		DHS TAR SHAM (<i>coal tar extract</i>)	P	
ORACEA (<i>doxycycline</i> (<i>rosacea</i>))	NP		X-SEB T PEARL SHAM	P	
SOOLANTRA (<i>ivermectin</i> (<i>rosacea</i>))	NP		X-SEB T PLUS SHAM	P	
Scabicides & Pediculicides			Wound Care Products		
<i>crotamiton</i> LOTN	NP		ACTIMARIS WOUND GEL	P	RX/OTC
ELIMITE CREA (<i>permethrin</i>)	NP		AMERIGEL WOUND DRESSING GEL	P	RX/OTC
<i>ivermectin</i> (<i>pediculicide</i>)	NP		ARIDA GEL	P	RX/OTC
<i>malathion</i>	NP		ATRAPRO HYDROGEL GEL	P	RX/OTC
			AZADROX GEL	P	RX/OTC
			BASADROX GEL	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CURAFIL WOUND DRESSING GEL	P	RX/OTC	SILVRSTAT WOUND DRESSING GEL	P	RX/OTC
CVS ANTI-MICROBIAL SILVER GEL	P	RX/OTC	SOLOSITE WOUND GEL GEL	P	RX/OTC
CVS MANUKA HONEY WOUND GEL	P	RX/OTC	SOLOX GEL	P	RX/OTC
DERMAGRAN HYDROGEL WOUND GEL	P	RX/OTC	STIMULEN GEL	P	RX/OTC
DERMAGRAN-B HYDROPHILIC GEL	P	RX/OTC	STRATA GRT GEL	P	RX/OTC
DERPIXA GEL	P	RX/OTC	TEGADERM HYDROGEL WOUND FILLER GEL	P	RX/OTC
DIABETIC HYDROGEL WOUND DRESS GEL	P	RX/OTC	TRIDERGEL GEL	P	RX/OTC
DYNAGEL GEL	P	RX/OTC	WOUND GEL SPRAY GEL	P	RX/OTC
EXCEL-GEL GEL	P	RX/OTC	WOUND GEL GEL	P	RX/OTC
HAPRODERM GEL	P	RX/OTC	WOUN'DRES GEL	P	RX/OTC
HYDROGEL WOUND DRESSING GEL	P	RX/OTC	ZANABIN HYDROGEL GEL	P	RX/OTC
INTRASITE GEL APPLIPAK GEL	P	RX/OTC	ZENPHOR WOUND GEL GEL	P	RX/OTC
KENDALL AMORPHOUS WOUND GEL	P	RX/OTC	DIAGNOSTIC PRODUCTS		
KERAGEL GEL	P	RX/OTC	Diagnostic Drugs		
KERAGELT GEL	P	RX/OTC	GLUCAGON HCL (DIAGNOSTIC)	P	
L-MESITRAN SOFT WOUND GEL	P	RX/OTC	Diagnostic Tests		
MEDIHONEY WOUND/BURN DRESSING GEL	P	RX/OTC	ALBUSTIX STRP	P	
NORMLGEL AG GEL	P	RX/OTC	AZO TEST STRIPS STRP	P	
NU-GEL GEL	P	RX/OTC	AZO TEST STRP	P	
RADIAPLEXRX GEL	P	RX/OTC	CHEMSTRIP 10 MD	P	
RESTA SILVER GEL	P	RX/OTC	CHEMSTRIP 10/SG	P	
RESTORE HYDROGEL DRESSING GEL	P	RX/OTC	CHEMSTRIP 2 GP	P	
REVITADERM WOUND CARE GEL	P	RX/OTC	CHEMSTRIP 5 OB	P	
SILVER GEL ANTI-MICROBIAL GEL	P	RX/OTC	CHEMSTRIP 7	P	
SILVERMED GEL	P	RX/OTC	CHEMSTRIP 9	P	
			CHEMSTRIP K STRP	P	
			CHEMSTRIP MICRAL STRP	P	
			CHEMSTRIP UGK	P	
			CLINISTIX UTI TEST STRIPS STRP	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS KETONE CARE	P		HORMONE PROTECT CAPS	P	RX/OTC
FREESTYLE INSULINX TEST STRP	P	RX/OTC	LEPTIN MANAGER CAPS	P	RX/OTC
FREESTYLE LITE TEST STRP	P	RX/OTC	MALE SUPPORT CAPS	P	RX/OTC
FREESTYLE PRECISION NEO TEST STRP	P	RX/OTC	METHIONINE-200 CAPS	P	RX/OTC
FREESTYLE TEST STRP	P	RX/OTC	<i>nutritional supplements</i> CAPS	P	RX/OTC
GNP URINARY TRACT TEST STRIPS STRP	P		PROSTATE 2.4 CAPS	P	RX/OTC
KETO-DIASTIX	P		PROTEOLIN CAPS	P	RX/OTC
KETONE TEST STRP	P		VITEYES TEAR SUPPORT CAPS	P	RX/OTC
KETOSTIX STRP	P		DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
MULTISTIX 10 SG	P		Digestive Enzymes		
PRECISION XTRA BLOOD GLUCOSE STRP	P	RX/OTC	BIO-ZYME TABS	P	
RA URINARY TRACT INFECTION STRP	P		CREON CPEP	P	
RELION KETONE TEST STRP	P		CVS DAIRY RELIEF EX ST TABS	P	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS			DIGESTIVE ENZYMES TABS	P	
Nutritional Supplements			EQL DIGESTIVE ENZYMES TABS	P	
AMINOPMRMS CAPS	P	RX/OTC	<i>lactase CHEW 9000 UNIT</i>	P	
ANTI-INFLAMMATORY ENZYME CAPS	P	RX/OTC	<i>lactase TABS 3000 UNIT, 9000 UNIT</i>	P	
ANTIOXIDANT FORMULA CAPS	P	RX/OTC	OMNIGEST EZ TABS	P	
ASILNASALRMS CAPS	P	RX/OTC	PANPLEX 2-PHASE TBEC	P	
BIO-IMMUNEX CAPS	P	RX/OTC	PARVENZYME DIGESTIVE ENZYME TABS	P	
BRAIN SUPPORT CAPS	P	RX/OTC	PERTZYE CPEP	NP	
CARDIO COMPLETE CAPS	P	RX/OTC	SUPER ENZYMES TABS	P	
CHRONOVISION CAPS	P	RX/OTC	VIOKACE TABS	NP	
ESTROVEN WEIGHT MANAGEMENT CAPS	P	RX/OTC			
HOMOCYSTEINE SUPPORT CAPS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P		<i>torsemide TABS</i>	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			Potassium Sparing Diuretics		
Carbonic Anhydrase Inhibitors			<i>ALDACTONE TABS (spironolactone)</i>	NP	
<i>acetazolamide CP12</i>	P		<i>amiloride hcl TABS</i>	P	
<i>acetazolamide TABS</i>	P		<i>CAROSPIR SUSP (spironolactone)</i>	NP	
<i>dichlorphenamide</i>	NP	SP	<i>spironolactone SUSP</i>	P	
<i>KEVEYIS (dichlorphenamide)</i>	NP	SP	<i>spironolactone TABS</i>	P	
<i>methazolamide TABS</i>	NP		<i>triamterene CAPS</i>	NP	
Diuretic Combinations			Thiazides and Thiazide-Like Diuretics		
<i>amiloride & hydrochlorothiazide</i>	P		<i>chlorthalidone 25 MG, 50 MG</i>	P	
<i>spironolactone & hydrochlorothiazide</i>	P		<i>DIURIL SUSP</i>	P	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P		<i>hydrochlorothiazide CAPS</i>	P	
<i>triamterene & hydrochlorothiazide TABS</i>	P		<i>hydrochlorothiazide TABS</i>	P	
Loop Diuretics			<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	
<i>bumetanide TABS</i>	P		<i>metolazone 2.5 MG, 5 MG</i>	P	QL(1 EA daily)
<i>EDECIN (ethacrynic acid)</i>	NP		<i>metolazone 10 MG</i>	P	
<i>ethacrynic acid</i>	NP		<i>THALITONE</i>	NP	
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	P		ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
<i>furosemide TABS</i>	P		Bone Density Regulators		
<i>LASIX TABS (furosemide)</i>	NP		<i>ACTONEL TABS 35 MG, 150 MG (risedronate sodium)</i>	NP	
			<i>alendronate sodium SOLN</i>	NP	
			<i>alendronate sodium TABS 10 MG, 35 MG, 70 MG</i>	P	
			<i>ATELVIA TBEC (risedronate sodium)</i>	NP	
			<i>BINOSTO TBEF</i>	NP	
			<i>calcitonin (salmon) IJ</i>	P	
			<i>calcitonin (salmon) NA</i>	P	
			<i>EVENITY</i>	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
FORTEO SOPN (<i>teriparatide</i>)	P	Brand Preferred; PA
FOSAMAX PLUS D	NP	
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NP	
<i>ibandronate sodium TABS</i>	P	
PROLIA SOSY	P	SP; PA
<i>risedronate sodium TABS</i>	NP	
<i>risedronate sodium TBEC</i>	NP	
<i>teriparatide SOPN</i>	NP	PA
TERIPARATIDE SOPN	NP	SP
TYMLOS	NP	SP; PA
XGEVA SOLN	P	SP; PA
GnRH/LHRH Antagonists		
ORILISSA	P	SP; PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	P	SP; PA
GENOTROPIN MINIQUICK PRSY 0.2 MG	NP	SP; PA
GENOTROPIN CART SC	P	SP; PA
HUMATROPE CART IJ	NP	SP; PA
NGENLA	NP	SP
NORDITROPIN FLEXPRO 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	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP; PA
SKYTROFA	P	SP; PA
SKYTROFA	NP	SP; PA
SOGROYA	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
ZOMACTON SOLR SC	NP	SP; PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	NP	ST
<i>raloxifene hcl</i>	P	
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	P	SP
LUPRON DEPOT-PED (1-MONTH)	P	SP
LUPRON DEPOT-PED (3-MONTH)	P	SP
LUPRON DEPOT-PED (6-MONTH) IM	P	SP
SUPPRELIN LA	P	SP
SYNAREL	P	SP
TRIPTODUR	NP	SP
Menopausal Symptoms Suppressants		
VEOZAH	NP	
Metabolic Modifiers		
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	NP	SP
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	NP	SP
<i>calcitriol CAPS</i>	P	
<i>calcitriol SOLN PO</i>	P	
CARBAGLU (<i>carglumic acid</i>)	NP	SP
<i>carglumic acid</i>	P	SP
<i>carglumic acid</i>	NP	SP
<i>cinacalcet hcl</i>	P	SP
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	P	
<i>levocarnitine (metabolic modifiers) TABS</i>	P	
<i>nitisinone CAPS</i>	P	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OLPRUVA (2 GM DOSE) THPK	NP	SP	<i>desmopressin acetate SOLN IJ</i>	P	SP
OLPRUVA (3 GM DOSE) THPK	NP	SP	<i>desmopressin acetate TABS</i>	P	
OLPRUVA (4 GM DOSE) THPK	NP	SP	NOC DURNA SUBL	NP	
OLPRUVA (5 GM DOSE) THPK	NP	SP	Somatostatic Agents		
OLPRUVA (6 GM DOSE) THPK	NP	SP	<i>lanreotide acetate</i>	P	SP
OLPRUVA (6.67 GM DOSE) THPK	NP	SP	LANREOTIDE ACETATE	P	SP
<i>paricalcitol CAPS</i>	NP		<i>octreotide acetate KIT</i>	P	SP
<i>paricalcitol SOLN</i>	NP	SP	<i>octreotide acetate SOLN</i>	P	SP
PHEBURANE PLLT	P		<i>octreotide acetate SOSY</i>	P	SP
RAVICTI	NP	SP	SOMATULINE DEPOT	P	SP
RAYALDEE	NP		ESTROGENS - Hormone Replacement/Modifying Drugs		
SENSIPAR (<i>cinacalcet hcl</i>)	NP	SP	Estrogen Combinations		
<i>sodium phenylbutyrate POWD</i>	P	SP	BIJUVA 1 MG-100 MG	NP	
<i>sodium phenylbutyrate TABS</i>	P	SP	<i>estradiol & norethindrone acetate TABS</i>	P	
TRYNGOLZA	NP	SP	MYFEMBREE	P	PA
XPHOZAH	NP	SP	<i>norethindrone acetate-ethinyl estradiol</i>	P	
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	NP		ORIAHNN	NP	PA
ZEMPLAR SOLN (<i>paricalcitol</i>)	NP	SP	PREMPRO	P	
Mineralocorticoid Receptor Antagonists			Estrogens		
KERENDIA	NP		<i>estradiol PTWK</i>	P	
Natriuretic Peptides			<i>estradiol TABS</i>	P	
VOXZOGO	NP	SP	MENEST 0.3 MG, 0.625 MG, 1.25 MG	P	
Posterior Pituitary Hormones			PREMARIN TABS	P	
<i>desmopressin acetate spray</i>	P		FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
<i>desmopressin acetate spray refrigerated 0.01 %</i>	P		Fluoroquinolones		
			BAXDELA TABS	NP	
			<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin in d5w 400 MG/200ML</i>	P		URSO FORTE TABS (<i>ursodiol</i>)	NP	
CIPRO SUSR	NP		<i>ursodiol CAPS</i>	P	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NP		<i>ursodiol TABS</i>	P	
<i>levofloxacin SOLN PO</i>	NP		Gastrointestinal Chloride Channel Activators		
<i>levofloxacin TABS 250 MG</i>	P	QL(1 EA daily)	AMITIZA (<i>lubiprostone</i>)	NP	
<i>levofloxacin TABS 500 MG, 750 MG</i>	P		<i>lubiprostone</i>	P	
<i>moxifloxacin hcl TABS</i>	NP		Gastrointestinal Stimulants		
<i>ofloxacin 300 MG, 400 MG</i>	NP		<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			<i>metoclopramide hcl TABS</i>	P	
5-HT4 Receptor Agonists			Hepatotropics		
MOTEGRITY (<i>prucalopride succinate</i>)	NP		REZDIFFRA	NP	SP
<i>prucalopride succinate</i>	NP		Inflammatory Bowel Agents		
Agents for Chronic Idiopathic Constipation (CIC)			APRISO CP24 (<i>mesalamine</i>)	P	Brand Preferred
TRULANCE	P		ASACOL HD TBEC (<i>mesalamine</i>)	NP	
Antiflatulents			AVSOLA	P	SP
<i>simethicone CAPS 125 MG</i>	P		AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NP	
<i>simethicone CHEW</i>	P		AZULFIDINE TABS (<i>sulfasalazine</i>)	NP	
<i>simethicone CHEW</i>	P		<i>balsalazide disodium CAPS</i>	P	
<i>simethicone LIQD PO</i>	P		CANASA SUPP (<i>mesalamine</i>)	NP	
<i>simethicone SUSP 20 MG/0.3ML</i>	P		CIMZIA (2 SYRINGE) PSKT	NP	SP; PA
Bile Acid Synthesis Disorder Agents			CIMZIA KIT	NP	SP; PA
CHOLBAM	NP	SP	CIMZIA-STARTER PSKT	NP	SP; PA
Farnesoid X Receptor (FXR) Agonists			COLAZAL CAPS (<i>balsalazide disodium</i>)	NP	
OCALIVA	NP	SP	DELZICOL CPDR (<i>mesalamine</i>)	P	Brand Preferred
Gallstone Solubilizing Agents			DIPENTUM	NP	
<i>chenodiol</i>	NP	SP	ENTYVIO PEN SOAJ	P	SP
RELTONE CAPS	NP				

Drug Name	Drug Tier	Requirements/ Limits
ENTYVIO SOLR	P	SP
INFLECTRA SOLR	NP	SP
INFLIXIMAB	P	SP
LIALDA TBEC (mesalamine)	NP	
mesalamine w/ cleanser	NP	
mesalamine CP24	NP	
mesalamine CPCR	NP	
mesalamine CPDR	NP	
mesalamine ENEM	P	
mesalamine SUPP	P	
mesalamine TBEC 800 MG	NP	
mesalamine TBEC 1.2 GM	P	
OMVOH (300 MG DOSE) SOAJ	NP	SP
OMVOH (300 MG DOSE) SOSY	NP	SP
OMVOH SOSY	NP	SP
PENTASA CPCR 250 MG	P	
PENTASA CPCR 500 MG	P	Brand Preferred
PYZCHIVA 130 MG/26ML	NP	SP
REMICADE	NP	SP; ST
RENFLEXIS	NP	SP
ROWASA (mesalamine w/ cleanser)	NP	
SFROWASA ENEM	NP	
SKYRIZI SOCT	NP	SP; PA
SKYRIZI SOLN	NP	SP; PA
STELARA 130 MG/26ML	NP	SP; PA
STEQEYMA	NP	SP
sulfasalazine TABS	P	
sulfasalazine TBEC	P	
TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP
TREMFYA SOLN IV	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
TREMFYA SOSY SC 200 MG/2ML	NP	SP
VELSIPITY	NP	SP
ZYMFENTRA (1 PEN) AJKT	NP	SP
ZYMFENTRA (2 PEN) AJKT	NP	SP
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP
Intestinal Acidifiers		
lactulose (encephalopathy)	P	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	NP	
IBSRELA	NP	
LINZESS 72 MCG, 290 MCG	P	
LINZESS 145 MCG	P	QL(1 EA daily)
LOTRONEX (alosetron hcl)	NP	
VIBERZI	NP	
Live Fecal Microbiota		
VOWST	NP	SP
Peripheral Opioid Receptor Antagonists		
MOVANTIK 12.5 MG	P	QL(1 EA daily)
MOVANTIK 25 MG	P	
RELISTOR TABS	NP	
SYMPROIC	NP	
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
IQIRVO	NP	SP
LIVDELZI	NP	SP
Phosphate Binder Agents		
AURYXIA 210 MG (ferric citrate)	NP	PA
calcium acetate (phosphate binder) CAPS	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcium acetate (phosphate binder) TABS</i>	NP	RX/OTC	CARDURA XL 8 MG	NP	
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	NP	PA	CARDURA XL 4 MG	NP	QL(1 EA daily)
FOSRENOL PACK	NP	PA	<i>dutasteride</i>	NP	
<i>lanthanum carbonate CHEW</i>	NP	PA	<i>dutasteride-tamsulosin hcl</i>	NP	
REVELA PACK (<i>sevelamer carbonate</i>)	NP	PA	ENTADFI	NP	
REVELA TABS (<i>sevelamer carbonate</i>)	NP	PA	<i>finasteride</i>	P	
<i>sevelamer carbonate PACK</i>	NP	PA	PROSCAR (<i>finasteride</i>)	NP	
<i>sevelamer carbonate TABS</i>	P	PA	RAPAFLO 8 MG (<i>silodosin</i>)	NP	
<i>sevelamer hcl</i>	NP	PA	RAPAFLO 4 MG (<i>silodosin</i>)	NP	QL(1 EA daily)
VELPHORO	NP	PA	<i>silodosin 8 MG</i>	NP	
GENERAL ANESTHETICS			<i>silodosin 4 MG</i>	NP	QL(1 EA daily)
Volatile Anesthetics			<i>tamsulosin hcl</i>	P	
<i>desflurane</i>	P		Urinary Analgesics		
<i>sevoflurane</i>	P		<i>phenazopyridine hcl TABS 95 MG, 99.5 MG, 100 MG, 200 MG</i>	P	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			<i>phenazopyridine hcl TABS 95 MG, 99.5 MG, 100 MG, 200 MG</i>	P	
Alkalinizers			<i>phenazopyridine hcl TABS 95 MG, 99.5 MG</i>	NP	
<i>potassium citrate (alkalinizer) TBCR</i>	P		GOUT AGENTS - Drugs to Treat Gout		
<i>sodium citrate & citric acid</i>	P	RX/OTC	Gout Agent Combinations		
Genitourinary Irrigants			<i>colchicine w/ probenecid</i>	P	
<i>acetic acid 0.25 %</i>	P		Gout Agents		
RENACIDIN	P		<i>allopurinol 100 MG, 300 MG</i>	P	
Interstitial Cystitis Agents			<i>allopurinol 200 MG</i>	NP	
ELMIRON CAPS	P		<i>colchicine CAPS</i>	NP	
Prostatic Hypertrophy Agents			<i>colchicine TABS</i>	P	
<i>alfuzosin hcl</i>	P		COLCRYS TABS (<i>colchicine</i>)	NP	
AVODART (<i>dutasteride</i>)	NP		<i>febuxostat 40 MG</i>	P	QL(1 EA daily)
			<i>febuxostat 80 MG</i>	P	
			GLOPERBA SOLN PO	NP	

Drug Name	Drug Tier	Requirements/ Limits
MITIGARE CAPS (<i>colchicine</i>)	NP	
ULORIC 40 MG (<i>febuxostat</i>)	NP	QL(1 EA daily)
ULORIC 80 MG (<i>febuxostat</i>)	NP	
ZYLOPRIM 100 MG (<i>allopurinol</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	NP	SP
ADYNOVATE	NP	SP
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	P	SP
ALHEMO	NP	SP
ALPHANATE SOLR	P	SP
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP
ALPROLIX	P	SP
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	NP	SP
BENEFIX KIT	P	SP
ELOCTATE	NP	SP
ESPEROCT	NP	SP
FEIBA	P	SP
HEMLIBRA	P	SP
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP
HUMATE-P SOLR	P	SP
HYMPAVZI	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
IDELVION	NP	SP
IXINITY SOLR	P	SP
JIVI	P	SP
KOATE-DVI SOLR 1000 UNIT	P	SP
KOATE SOLR	P	SP
KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT	NP	SP
KOVALTRY	P	SP
KOVALTRY	NP	SP
NOVOEIGHT	P	SP
NOVOSEVEN RT	P	SP
NUWIQ KIT	P	SP
NUWIQ SOLR	NP	SP
OBIZUR	P	SP
PROFILNINE	P	SP
REBINYN	P	SP
REBINYN	NP	SP
RECOMBINATE SOLR	NP	SP
RIXUBIS SOLR	P	SP
SEVENFACT	NP	SP
VONVENDI	NP	SP
WILATE KIT	P	SP
XYNTHA	P	SP
XYNTHA SOLOFUSE	P	SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (<i>icatibant acetate</i>)	NP	SP; PA
<i>icatibant acetate SOSY</i>	P	SP; PA
Complement Inhibitors		
BERINERT KIT	P	SP; PA
CINRYZE SOLR IV	P	SP; PA
HAEGARDA SOLR SC	P	SP; PA
RUCONEST	P	SP; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	NP	SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Hematorheologic Agents			<i>cyanocobalamin TABS 500 MCG, 1000 MCG</i>	NP	
<i>pentoxifylline</i>	P		<i>cyanocobalamin TABS 50 MCG, 100 MCG, 250 MCG, 500 MCG, 1000 MCG</i>	P	
Plasma Kallikrein Inhibitors			<i>cyanocobalamin TBCR 1000 MCG</i>	NP	
KALBITOR	P	SP; PA	<i>cyanocobalamin TBCR 1000 MCG, 2000 MCG</i>	P	
ORLADEYO	P	SP; PA	Folic Acid/Folates		
TAKHZYRO SOLN	P	SP; PA	FOLIC ACID CAPS	P	
TAKHZYRO SOSY	P	SP; PA	<i>folic acid SOLN</i>	P	
Platelet Aggregation Inhibitors			<i>folic acid TABS 400 MCG, 800 MCG</i>	NP	
<i>anagrelide hcl</i>	P		<i>folic acid TABS</i>	P	RX/OTC
<i>aspirin-dipyridamole</i>	P		Hematopoietic Growth Factors		
BRILINTA	P		ALVAIZ	NP	SP
<i>cilostazol</i>	P		ARANESP (ALBUMIN FREE) SOLN	NP	SP; PA
<i>clopidogrel bisulfate</i>	P		ARANESP (ALBUMIN FREE) SOSY	NP	SP; PA
<i>dipyridamole</i>	P		DOPTelet	NP	SP
EFFIENT (<i>prasugrel hcl</i>)	NP		EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NP		FULPHILA	P	SP
<i>prasugrel hcl</i>	P		FYLNETRA	NP	SP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			GRANIX SOLN	NP	SP
Agents for Sickle Cell Disease			GRANIX SOSY	NP	SP
ADAKVEO	NP	SP	LEUKINE SOLR IJ	NP	SP
DROXIA CAPS	P		MIRCERA	P	SP; PA
ENDARI (<i>glutamine sickle cell</i>)	NP	SP	MULPLETA	NP	SP
<i>glutamine (sickle cell)</i>	NP	SP	NEULASTA ONPRO PSKT	NP	SP
SIKLOS TABS	NP		NEULASTA SOSY	NP	SP; ST
XROMI SOLN PO 100 MG/ML	NP	SP	NEUPOGEN SOLN	P	SP; ST
Cobalamins			NEUPOGEN SOSY	P	SP; ST
B-12 DOTS TBDP	P				
B-12 TABS 2000 MCG	P				
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P				
<i>cyanocobalamin SUBL 2500 MCG</i>	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NIVESTYM SOLN	NP	SP	HOMOCYSTEINE FORMULA TABS	P	
NIVESTYM SOSY	NP	SP	<i>iron polysaccharide complex-vit b12-folic acid CAPS</i>	P	RX/OTC
NPLATE	P	SP	<i>iron-vitamin c</i>	P	
NYVEPRIA	P	SP	<i>iron-vitamin c-vitamin b12-folic acid TABS</i>	P	RX/OTC
PROCRIT	NP	SP; PA	Iron		
PROCRIT	NP	SP; PA	<i>carbonyl iron SUSP</i>	P	
PROMACTA PACK	NP	SP	<i>carbonyl iron TABS</i>	P	
PROMACTA TABS	P	SP	<i>ferrous fumarate TABS 324 MG</i>	P	
RELEUKO SOLN 480 MCG/1.6ML	NP	SP	<i>ferrous gluconate TABS 240 MG</i>	NP	
RELEUKO SOSY	NP	SP	<i>ferrous gluconate TABS</i>	P	
RETACRIT	NP	SP; PA	<i>ferrous sulfate dried TABS</i>	P	
RETACRIT	P	SP; PA	<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/5ML, 325 MG/5ML</i>	P	
ROLVEDON	NP	SP	<i>ferrous sulfate SOLN</i>	NP	
STIMUFEND	NP	SP	<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/5ML, 325 MG/5ML</i>	P	
UDENYCA ONBODY SOSY	NP	SP	<i>ferrous sulfate TABS</i>	NP	
UDENYCA SOAJ	NP	SP	<i>ferrous sulfate TABS</i>	P	
UDENYCA SOSY	NP	SP	<i>ferrous sulfate TBEC 324 MG</i>	NP	
ZARXIO	NP	SP	<i>ferrous sulfate TBEC 325 MG</i>	P	
Hematopoietic Mixtures			INFED	P	
ABATRON	P		IRON CHEWS PEDIATRIC CHEW	P	
B COMPLEX-FOLIC ACID TABS	P		IRON TABS 90 MG	P	
<i>cyanocobalamin-methylcobalamin SUBL</i>	P		<i>polysaccharide iron complex CAPS</i>	P	
<i>ferrous fumarate w/ b12-vit c-fa-ifc</i>	P		PROFERRIN ES	P	
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P		HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
<i>folic acid-vitamin b6-vitamin b12 TABS 10 MG-800 MCG-115 MCG</i>	P		Hemostatics - Systemic		
FOLTABS 800 TABS	P				
HEMATINIC PLUS VIT/MINERALS TABS	P				
HEMATINIC/FOLIC ACID	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid TABS</i>	P	SP	<i>temazepam 15 MG, 30 MG</i>	P	QL(1 EA daily)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			<i>temazepam 7.5 MG, 22.5 MG</i>	NP	QL(1 EA daily)
Antihistamine Hypnotics			<i>triazolam</i>	NP	QL(1 EA daily)
<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P		<i>zaleplon</i>	P	QL(1 EA daily)
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P		ZOLPIDEM TARTRATE CAPS	NP	QL(1 EA daily)
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P		<i>zolpidem tartrate SUBL</i>	NP	QL(1 EA daily)
<i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG</i>	P		<i>zolpidem tartrate TABS</i>	P	QL(1 EA daily)
<i>ibuprofen-diphenhydramine citrate</i>	NP		<i>zolpidem tartrate TBCR</i>	NP	QL(1 EA daily)
Barbiturate Hypnotics			Orexin Receptor Antagonists		
<i>phenobarbital ELIX</i>	P		BELSOMRA	NP	QL(1 EA daily)
<i>phenobarbital TABS</i>	P		DAYVIGO	NP	QL(1 EA daily)
Hypnotics - Tricyclic Agents			QUVIVIQ	NP	QL(1 EA daily)
<i>doxepin hcl (sleep)</i>	NP	QL(1 EA daily)	Selective Melatonin Receptor Agonists		
Non-Barbiturate Hypnotics			HETLIOZ LQ SUSP	NP	QL(5 ML daily); SP
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NP	QL(1 EA daily)	HETLIOZ CAPS (<i>tasimelteon</i>)	NP	QL(1 EA daily); SP
AMBIEN TABS (<i>zolpidem tartrate</i>)	NP	QL(1 EA daily)	<i>ramelteon</i>	NP	QL(1 EA daily)
DORAL (<i>quazepam</i>)	NP		ROZEREM (<i>ramelteon</i>)	NP	QL(1 EA daily)
EDLUAR SUBL	NP	QL(1 EA daily)	<i>tasimelteon CAPS</i>	NP	QL(1 EA daily); SP
<i>estazolam</i>	NP	QL(1 EA daily)	LAXATIVES - Bowel Treatment Drugs		
<i>eszopiclone</i>	NP	QL(1 EA daily)	Bulk Laxatives		
<i>flurazepam hcl</i>	NP	QL(1 EA daily)	<i>calcium polycarbophil TABS</i>	P	
HALCION 0.25 MG (<i>triazolam</i>)	NP	QL(1 EA daily)	<i>calcium polycarbophil TABS</i>	P	
IGALMI FILM	NP	QL(1 EA daily)	EQUALACTIN CHEW	P	
LUNESTA 1 MG, 3 MG (<i>eszopiclone</i>)	NP	QL(1 EA daily)	HYDROCIL PACK	P	
<i>quazepam</i>	NP		KONSYL DAILY FIBER PACK 100 %	P	
RESTORIL (<i>temazepam</i>)	NP	QL(1 EA daily)	KONSYL ORIGINAL DAILY FIBER PACK	P	
			METAMUCIL WAFR	P	
			<i>methylcellulose (laxative) POWD</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methylcellulose (laxative) TABS</i>	P		SENOKOT S TABS (<i>sennosides-docusate sodium</i>)	P	
NATURAL FIBER LAXATIVE POWD	P		<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P	
NUTRISOURCE FIBER PACK	P		STOOL SOFTENER/LAXATIVE CAPS	P	
NUTRISOURCE FIBER POWD	P		SUFLAVE	NP	
<i>psyllium CAPS 0.52 GM</i>	P		SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	P	
<i>psyllium POWD 28.3 %, 30 %, 33 %, 48.57 %, 49 %, 58.6 %, 95 %, 100 %</i>	P		SUTAB	NP	
Laxative Combinations			Laxatives - Miscellaneous		
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NP		CEO-TWO	P	
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	P		<i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 %</i>	P	
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	P		<i>lactulose SOLN</i>	P	
MOVIPREP (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	P		<i>polyethylene glycol 3350 PACK</i>	NP	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	P		<i>polyethylene glycol 3350 PACK</i>	P	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P		<i>polyethylene glycol 3350 PACK</i>	P	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P		<i>polyethylene glycol 3350 POWD</i>	NP	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P		<i>polyethylene glycol 3350 POWD</i>	P	
PLENVU	P		<i>polyethylene glycol 3350 POWD</i>	P	
SENNAPLUS CAPS	P		Lubricant Laxatives		
<i>sennosides-docusate sodium TABS</i>	P		FLEET OIL ENEM (<i>mineral oil</i>)	P	
<i>sennosides-docusate sodium TABS</i>	P		<i>mineral oil ENEM</i>	P	
<i>sennosides-docusate sodium TABS</i>	P		<i>mineral oil OIL PO</i>	P	RX/OTC
<i>sennosides-docusate sodium TABS</i>	NP		<i>mineral oil OIL PO</i>	P	RX/OTC
			Saline Laxatives		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLEET ENEMA ENEM (sodium phosphates)	P		sennosides SYRP 8.8 MG/5ML	P	
FLEET SALINE ENEMA ENEM (sodium phosphates)	P		sennosides SYRP 8.8 MG/5ML	P	
magnesium citrate 1.745 GM/30ML	NP		sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG	P	
magnesium citrate 1.745 GM/30ML	P		sennosides TABS 8.6 MG	NP	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P		sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG	P	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P		SENOKOT TABS (sennosides)	P	
magnesium hydroxide SUSP 2400 MG/30ML	NP		Surfactant Laxatives		
magnesium sulfate (laxative) GRAN PO	P		COLACE CLEAR CAPS (docusate sodium)	P	
PHILLIPS MILK OF MAGNESIA CHEW	P		COLACE CAPS 100 MG (docusate sodium)	P	
sodium phosphates ENEM	P		docusate calcium	P	
sodium phosphates ENEM	P		docusate sodium CAPS	P	
Stimulant Laxatives			docusate sodium CAPS	P	
bisacodyl SUPP	P		docusate sodium CAPS 50 MG, 100 MG	NP	
bisacodyl SUPP	P		docusate sodium ENEM 283 MG/5ML	P	
bisacodyl SUPP	NP		docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	P	
bisacodyl TBEC	P		DOCUSATE SODIUM SYRP	P	
bisacodyl TBEC	P		docusate sodium TABS	P	
castor oil OIL 100 %	P		PEDIA-LAX LIQD	P	
FLEET BISACODYL ENEM	P		LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
SENNA SYRP	P		Local Anesthetics - Amides		
sennosides CAPS	P		lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %, 4 %	P	
sennosides CHEW	P		LIDOCAINE HCL SOLN	P	
sennosides LIQD	P		MACROLIDES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Azithromycin			DIFICID TABS	NP	ST
<i>azithromycin</i> PACK	P		MEDICAL DEVICES AND SUPPLIES		
<i>azithromycin</i> SUSR	P		Diabetic Supplies		
<i>azithromycin</i> TABS	P		1ST TIER UNILET COMFORTOUCH	P	RX/OTC
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NP		ACCU-CHEK FASTCLIX LANCETS	P	RX/OTC
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NP		ACCU-CHEK SAFE-T PRO LANCETS	P	RX/OTC
ZITHROMAX PACK	NP		ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC
ZITHROMAX SUSR (<i>azithromycin</i>)	NP		ACTI-LANCE 28G	P	RX/OTC
ZITHROMAX TABS 250 MG, 500 MG (<i>azithromycin</i>)	NP		ACTI-LANCE LITE LANCETS 28G	P	RX/OTC
Clarithromycin			ACTI-LANCE SPECIAL LANCETS 17G	P	RX/OTC
<i>clarithromycin</i> SUSR	NP		ACTI-LANCE UNIVERSAL 23G	P	RX/OTC
<i>clarithromycin</i> TABS	P		ADJUSTABLE LANCING DEVICE MISC	P	
<i>clarithromycin</i> TB24	NP		ADVANCED MOBILE LANCET	P	RX/OTC
Erythromycins			ADVOCATE LANCETS	P	RX/OTC
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NP		ADVOCATE LANCETS 30G	P	RX/OTC
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NP		ADVOCATE LANCING DEVICE MISC	P	
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NP		ADVOCATE RAPID-SAFE LANCING MISC	P	
<i>erythromycin</i> base CPEP	NP		ADVOCATE SAFETY LANCETS	P	RX/OTC
<i>erythromycin</i> base TABS	NP		ADVOCATE SAFETY LANCETS 26G	P	RX/OTC
<i>erythromycin</i> base TBEC	NP		AGAMATRIX ULTRA-THIN LANCETS	P	RX/OTC
<i>erythromycin ethylsuccinate</i> SUSR	P		AIMSCO TWIST LANCETS 32G	P	RX/OTC
<i>erythromycin ethylsuccinate</i> TABS	NP		AIMSCO TWIST LANCETS 33G	P	RX/OTC
<i>erythromycin stearate</i> TABS 250 MG	NP		AQUALANCE LANCETS 30G	P	RX/OTC
Fidaxomicin					
DIFICID SUSR	NP	ST			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE COMFORT LANCETS 28G	P	RX/OTC	BD MICROTAINER LANCETS	P	RX/OTC
ASSURE HAEMOLANCE PLUS HIGH	P	RX/OTC	CARDIOCOM LANCING DEVICE MISC	P	
ASSURE HAEMOLANCE PLUS LOW	P	RX/OTC	CAREONE ADVANCED LANCING DEV MISC	P	
ASSURE HAEMOLANCE PLUS MICRO	P	RX/OTC	CAREONE LANCET SUPER THIN 30G	P	RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL	P	RX/OTC	CAREONE LANCET THIN 23G	P	RX/OTC
ASSURE HAEMOLANCE PLUS PED	P	RX/OTC	CARESENS LANCETS	P	RX/OTC
ASSURE LANCE LANCETS	P	RX/OTC	CARESENS LANCETS 30G	P	RX/OTC
ASSURE LANCE LANCETS 21G	P	RX/OTC	CARETOUCH LANCING/EJECTOR MISC	P	
ASSURE LANCE PLUS SAFETY 25G	P	RX/OTC	CARETOUCH SAFETY LANCETS	P	RX/OTC
ASSURE LANCE PLUS SAFETY 30G	P	RX/OTC	CARETOUCH SAFETY LANCETS 26G	P	RX/OTC
ASSURE LANCE SAFETY LANCET 28G	P	RX/OTC	CARETOUCH TWIST LANCETS 28G	P	RX/OTC
AURORA LANCET SUPER THIN 30G	P	RX/OTC	CARETOUCH TWIST LANCETS 30G	P	RX/OTC
AURORA LANCET THIN 23G	P	RX/OTC	CARETOUCH TWIST LANCETS 33G	P	RX/OTC
AUTO-LANCET MINI MISC	P		CARETOUCH TWIST MC LANCETS 30G	P	RX/OTC
AUTO-LANCET MISC	P		CHOSEN LANCETS 30G	P	RX/OTC
AUTOLET LANCING DEVICE MISC	P		CHOSEN LANCING DEVICE MISC	P	
AUTOLET LANCING DEVICE MISC	P		CHOSEN SAFETY LANCETS 28G	P	RX/OTC
AUTOLET LITE LANCING DEVICE MISC	P		CLEANLET LANCETS 28G	P	RX/OTC
AUTOLET MINI MISC	P		CLEVER CHEK LANCETS	P	RX/OTC
AUTOLET PLUS MISC	P		CLEVER CHOICE COMFORT EZ	P	RX/OTC
BD LANCET ULTRAFINE 30G	P	RX/OTC	CLEVER CHOICE LANCETS 21G	P	RX/OTC
BD LANCET ULTRAFINE 33G	P	RX/OTC	CLEVER CHOICE LANCETS 23G	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE LANCETS 28G	P	RX/OTC	DROPLET GENTEEL LANCING DEVICE MISC	P	
COAGUCHEK LANCETS	P	RX/OTC	DROPLET LANCETS ULTRA THIN 30G	P	RX/OTC
COMFORT ASSURED LANCETS 28G	P	RX/OTC	DROPLET LANCING DEVICE MISC	P	
COMFORT ASSURED LANCETS 33G	P	RX/OTC	DROPLET PERSONAL LANCETS 30G	P	RX/OTC
COMFORT LANCETS	P	RX/OTC	DROPSAFE ACTI-LANCE 23G	P	RX/OTC
COMFORT TOUCH LANCETS 31G	P	RX/OTC	DRUG MART LANCETS THIN 26G	P	RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	P	RX/OTC	DRUG MART LANCING DEVICE MISC	P	
COMFORT TOUCH PLUS LANCETS 30G	P	RX/OTC	DRUG MART ON-THE-GO LANCET 30G	P	RX/OTC
COMFORT TOUCH TWIST LANCET 30G	P	RX/OTC	DRUG MART UNILET LANCETS 28G	P	RX/OTC
CVS LANCETS 21G	P	RX/OTC	DRUG MART UNILET LANCETS 30G	P	RX/OTC
CVS LANCETS MICRO THIN 33G	P	RX/OTC	DRUG MART UNILET LANCETS 33G	P	RX/OTC
CVS LANCETS ORIGINAL	P	RX/OTC	EASY COMFORT LANCETS	P	RX/OTC
CVS LANCETS THIN 26G	P	RX/OTC	EASY COMFORT LANCETS TWIST TOP	P	RX/OTC
CVS LANCETS ULTRA THIN 30G	P	RX/OTC	EASY MINI EJECT LANCING DEVICE MISC	P	
CVS LANCETS ULTRA-THIN 30G	P	RX/OTC	EASY MINI LANCING DEVICE MISC	P	
CVS LANCING DEVICE MISC	P		EASY TOUCH LANCETS 21G	P	RX/OTC
CVS ULTRA THIN LANCETS	P	RX/OTC	EASY TOUCH LANCETS 23G	P	RX/OTC
DEXCOM G6 RECEIVER	P		EASY TOUCH LANCETS 26G	P	RX/OTC
DEXCOM G6 SENSOR	P		EASY TOUCH LANCETS 28G	P	RX/OTC
DEXCOM G6 TRANSMITTER	P		EASY TOUCH LANCETS 28G/TWIST	P	RX/OTC
DEXCOM G7 RECEIVER	P		EASY TOUCH LANCETS 30G	P	RX/OTC
DEXCOM G7 SENSOR	P				
DIATHRIVE LANCET ULTRA THIN 30	P	RX/OTC			
DIATHRIVE LANCETS	P	RX/OTC			
DIATHRIVE LANCING DEVICE MISC	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 30G/TWIST	P	RX/OTC	EZ-LETS LANCETS 26G	P	RX/OTC
EASY TOUCH LANCETS 32G	P	RX/OTC	EZ-LETS LANCETS 28G	P	RX/OTC
EASY TOUCH LANCETS 32G/TWIST	P	RX/OTC	EZ-LETS LANCETS 30G	P	RX/OTC
EASY TOUCH LANCETS 33G/TWIST	P	RX/OTC	FIFTY50 SAFETY SEAL LANCETS	P	RX/OTC
EASY TOUCH LANCING DEVICE MISC	P		FIFTY50 UNILET LANCETS 33G	P	RX/OTC
EASY TOUCH SAFETY LANCETS 21G	P	RX/OTC	FINE 30	P	RX/OTC
EASY TOUCH SAFETY LANCETS 23G	P	RX/OTC	FINGERSTIX LANCETS	P	RX/OTC
EASY TOUCH SAFETY LANCETS 26G	P	RX/OTC	FORA LANCETS	P	RX/OTC
EASY TOUCH SAFETY LANCETS 28G	P	RX/OTC	FORA LANCING DEVICE MISC	P	
EMBRACE LANCETS ULTRA THIN 30G	P	RX/OTC	FREDS PHARMACY AUTOLET LANCING MISC	P	
EMBRACE LANCING DEVICE/EJECTOR MISC	P		FREDS PHARMACY UNILET LANC 28G	P	RX/OTC
EMBRACE PRESSURE ACTIVATED 21G	P	RX/OTC	FREDS PHARMACY UNILET LANC 30G	P	RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	P	RX/OTC	FREESTYLE FREEDOM LITE KIT	P	RX/OTC
EQL COLOR LANCETS 21G	P	RX/OTC	FREESTYLE LANCETS	P	RX/OTC
EQL COLOR LANCETS MICRO 33G	P	RX/OTC	FREESTYLE LIBRE 14 DAY READER	P	
EQL SUPER THIN LANCETS 30G	P	RX/OTC	FREESTYLE LIBRE 14 DAY SENSOR	P	
EQL THIN LANCETS 26G	P	RX/OTC	FREESTYLE LIBRE 2 PLUS SENSOR	P	
E-Z JECT LANCET MICRO-THIN 33G	P	RX/OTC	FREESTYLE LIBRE 2 READER	P	
E-Z JECT LANCET SUPER THIN 30G	P	RX/OTC	FREESTYLE LIBRE 2 SENSOR	P	
E-Z JECT LANCETS	P	RX/OTC	FREESTYLE LIBRE 3 PLUS SENSOR	P	
E-Z JECT LANCETS 21G	P	RX/OTC	FREESTYLE LIBRE 3 READER	P	
E-Z JECT LANCETS THIN 26G	P	RX/OTC	FREESTYLE LIBRE 3 SENSOR	P	
EZ-LETS LANCETS 21G	P	RX/OTC	FREESTYLE LITE KIT	P	RX/OTC
			FREESTYLE PRECISION NEO SYSTEM KIT	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE UNISTICK II LANCETS	P	RX/OTC	GOJJI LANCING DEVICE/CLEAR CAP MISC	P	
GENTEEL BUTTERFLY TOUCH LANCET	P	RX/OTC	GOJJI STERILE LANCETS	P	RX/OTC
GENTEEL PLUS LANCING (BLACK) MISC	P		GOODSENSE COLOR LANCETS 33G	P	RX/OTC
GENTEEL PLUS LANCING (PURPLE) MISC	P		GOODSENSE LANCETS 26G UNIV	P	RX/OTC
GENTEEL PLUS LANCING (WHITE) MISC	P		GOODSENSE LANCETS 30G	P	RX/OTC
GENTEEL PLUS LANCING DEV(BLUE) MISC	P		GOODSENSE LANCETS 30G UNIV	P	RX/OTC
GENTEEL PLUS LANCING DEV(PINK) MISC	P		GOODSENSE LANCETS 33G	P	RX/OTC
GENTLE-LET GP LANCETS	P	RX/OTC	GOODSENSE LANCETS 33G UNIV	P	RX/OTC
GENTLE-LET LANCETS	P	RX/OTC	GOODSENSE LANCING DEVICE MISC	P	
GLOBAL INJECT EASE LANCETS 28G	P	RX/OTC	HAEMOLANCE	P	RX/OTC
GLOBAL INJECT EASE LANCETS 30G	P	RX/OTC	HAEMOLANCE LOW FLOW LANCETS	P	RX/OTC
GLOBAL LANCING DEVICE MISC	P		HAEMOLANCE PLUS	P	RX/OTC
GLUCOCOM LANCETS 28G	P	RX/OTC	HAEMOLANCE PLUS HIGH FLOW	P	RX/OTC
GLUCOCOM LANCETS 30G	P	RX/OTC	HAEMOLANCE PLUS LOW FLOW	P	RX/OTC
GLUCOCOM LANCETS 33G	P	RX/OTC	HAEMOLANCE PLUS MAX FLOW	P	RX/OTC
GNP LANCETS 21G	P	RX/OTC	HAEMOLANCE PLUS PEDIATRIC FLOW	P	RX/OTC
GNP LANCETS THIN 26G	P	RX/OTC	HEALTH CARE LANCING DEVICE MISC	P	
GNP LANCING SYSTEM DEVICE MISC	P		HEALTHY ACCENTS LANCING DEVICE MISC	P	
GNP STERILE LANCETS 28G	P	RX/OTC	HEALTHY ACCENTS UNILET LANCETS	P	RX/OTC
GNP STERILE LANCETS 30G	P	RX/OTC	H-E-B INCONTROL ADV LANCING MISC	P	
GNP STERILE LANCETS 33G	P	RX/OTC	H-E-B INCONTROL LANCETS 28G	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL LANCETS 30G	P	RX/OTC	LANCETS SUPER THIN	P	RX/OTC
H-E-B INCONTROL LANCETS 33G	P	RX/OTC	LANCETS SUPER THIN 28G	P	RX/OTC
HY-VEE LANCETS	P	RX/OTC	LANCETS THIN	P	RX/OTC
HY-VEE THIN LANCETS	P	RX/OTC	LANCETS ULTRA THIN	P	RX/OTC
IHEALTH LANCING DEVICE MISC	P		LANCETS ULTRA THIN 30G	P	RX/OTC
IN TOUCH LANCING DEVICE MISC	P		LANCING DEVICE MISC	P	
IN TOUCH STERILE LANCETS 30G	P	RX/OTC	LANZO MISC	P	
KINNEY LANCETS	P	RX/OTC	LEADER ADVANCED LANCING DEVICE MISC	P	
KINNEY THIN LANCETS	P	RX/OTC	LIBERTY MEDICAL LANCETS	P	RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	P		LIBERTY MINI LANCING DEVICE MISC	P	
KROGER HEALTHPRO LANCET 26G	P	RX/OTC	LIFESCAN UNISTIK 2	P	RX/OTC
KROGER LANCETS	P	RX/OTC	LIFESCAN UNISTIK II LANCETS	P	RX/OTC
KROGER LANCETS 21G	P	RX/OTC	LITE TOUCH LANCETS	P	RX/OTC
KROGER LANCETS MICRO THIN 33G	P	RX/OTC	LITE TOUCH LANCING PEN MISC	P	
KROGER LANCETS SUPER THIN	P	RX/OTC	LITETOUCH LANCETS	P	RX/OTC
KROGER LANCETS THIN	P	RX/OTC	LIVE BETTER ADV LANCING DEVICE MISC	P	
KROGER LANCETS THIN 26G	P	RX/OTC	LIVE BETTER LANCET SUPER THIN	P	RX/OTC
KROGER LANCETS ULTRATHIN 30G	P	RX/OTC	LIVE BETTER LANCET ULTRA THIN	P	RX/OTC
KROGER LANCING DEVICE MISC	P		LONGS LANCETS STANDARD	P	RX/OTC
LANCET DEVICE WITH EJECTOR MISC	P		LONGS LANCETS THIN	P	RX/OTC
LANCET DEVICE MISC	P		LONGS LANCETS ULTRA THIN	P	RX/OTC
LANCETS	P	RX/OTC	MEDICHOICE SAFETY LANCET	P	RX/OTC
LANCETS 28G THIN	P	RX/OTC	MEDICHOICE SAFETY LANCET EXTRA	P	RX/OTC
LANCETS 30G	P	RX/OTC	MEDICHOICE SAFETY LANCET NORM	P	RX/OTC
LANCETS 33G	P	RX/OTC	MEDLANCE EXTRA 21G	P	RX/OTC
LANCETS MICRO THIN 33G	P	RX/OTC	MEDLANCE LITE 25G	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS EXTRA 21G	P	RX/OTC	MPD SAFETY LANCET 28G	P	RX/OTC
MEDLANCE PLUS LANCETS	P	RX/OTC	MPD SAFETY LANCET 30G	P	RX/OTC
MEDLANCE PLUS LITE 25G	P	RX/OTC	MULTI-LANCET DEVICE MISC	P	
MEDLANCE PLUS SPECIAL 0.8MM	P	RX/OTC	MYGLUCOHEALTH LANCETS 30G	P	RX/OTC
MEDLANCE PLUS SUPERLITE 30G	P	RX/OTC	NOVA SAFETY LANCETS 23G	P	RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	P	RX/OTC	NOVA SAFETY LANCETS 28G	P	RX/OTC
MEDLANCE UNIVERSAL 21G	P	RX/OTC	NOVA SUREFLEX LANCETS	P	RX/OTC
MEIJER LANCETS	P	RX/OTC	NOVA SUREFLEX LANCING DEVICE MISC	P	
MEIJER LANCETS THIN	P	RX/OTC	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	P	PA
MEIJER LANCETS UNIVERSAL 21G	P	RX/OTC	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	P	PA
MEIJER LANCETS UNIVERSAL 30G	P	RX/OTC	OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	P	PA
MEIJER LANCETS UNIVERSAL 33G	P	RX/OTC	OMNIPOD 5 LIBRE2 PLUS G6 KIT	P	PA
MEIJER SUPER THIN LANCETS	P	RX/OTC	OMNIPOD DASH PODS (GEN 4) MISC	P	PA
MICROLET LANCETS	P	RX/OTC	OMNIPOD GO KIT	P	PA
MICROLET NEXT LANCING DEVICE MISC	P		ONETOUCH CLUB LANCETS FINE PT	P	RX/OTC
MINI LANCING DEVICE MISC	P		ONETOUCH DELICA LANCETS 33G	P	RX/OTC
MM LANCING DEVICE MISC	P		ONETOUCH DELICA PLUS LANCET30G	P	RX/OTC
MM TWIST LANCETS	P	RX/OTC	ONETOUCH DELICA PLUS LANCET33G	P	RX/OTC
MONOLET LANCETS	P	RX/OTC	ONETOUCH DELICA PLUS LANCING MISC	P	
MONOLET OPD LANCETS	P	RX/OTC	ONETOUCH DELICA SAFETY LANCING	P	RX/OTC
MONOLETTOR SAFETY LANCETS	P	RX/OTC	ONETOUCH FINEPOINT LANCETS	P	RX/OTC
MPD SAFETY LANCET 21G	P	RX/OTC			
MPD SAFETY LANCET 23G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONETOUGH ULTRASOFT 2 LANCETS	P	RX/OTC	PURE COMFORT LANCETS 30G	P	RX/OTC
ONETOUGH ULTRASOFT LANCETS	P	RX/OTC	PX ADVANCED LANCING DEVICE MISC	P	
PC LANCETS SUPER THIN 30G	P	RX/OTC	PX LANCET AUTO INJECTOR MISC	P	
PERFECT LANCETS 28G	P	RX/OTC	PX LANCETS MICROTHIN 33G	P	RX/OTC
PERFECT LANCETS 30G	P	RX/OTC	PX LANCETS ULTRA THIN	P	RX/OTC
PERFECT POINT SAFETY LANCETS	P	RX/OTC	PX LANCETS ULTRA THIN 28G	P	RX/OTC
PHARMACIST CHOICE LANCETS	P	RX/OTC	QC ADVANCED LANCING DEVICE MISC	P	
PHARMACY COUNTER LANCETS	P	RX/OTC	QC LANCETS SUPER THIN 30G	P	RX/OTC
PIP LANCETS 28G	P	RX/OTC	QC LANCETS ULTRA THIN	P	RX/OTC
PIP LANCETS 30G	P	RX/OTC	QC UNILET LANCETS 28G	P	RX/OTC
PRECISION THINS GP LANCETS	P	RX/OTC	QC UNILET LANCETS MICRO THIN	P	RX/OTC
PRECISION XTRA-GLUCOSE/KETONE DEVI	P		RA E-ZJECT LANCETS 28G	P	RX/OTC
PREFERRED PLUS LANCETS COLORED	P	RX/OTC	RA E-ZJECT LANCETS THIN 26G	P	RX/OTC
PREFERRED PLUS LANCETS THIN	P	RX/OTC	RA E-ZJECT LANCETS THIN 28G	P	RX/OTC
PRO COMFORT LANCETS 30G	P	RX/OTC	RA E-ZJECT LANCETS ULTRA THIN	P	RX/OTC
PRO COMFORT LANCETS 31G	P	RX/OTC	READYLANCE SAFETY LANCETS	P	RX/OTC
PRO COMFORT SAFETY LANCETS 30G	P	RX/OTC	REALITY LANCETS	P	RX/OTC
PRODIGY LANCETS 28G	P	RX/OTC	REALITY TRIGGER LANCETS	P	RX/OTC
PRODIGY LANCING DEVICE MISC	P		RELION LANCET DEVICES 30G	P	RX/OTC
PRODIGY SAFETY LANCETS 26G	P	RX/OTC	RELION LANCETS	P	RX/OTC
PRODIGY TWIST TOP LANCETS 28G	P	RX/OTC	RELION LANCETS MICRO-THIN 33G	P	RX/OTC
PSS SELECT GP LANCETS	P	RX/OTC	RELION LANCETS THIN 26G	P	RX/OTC
PSS SELECT SAFETY LANCETS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION LANCETS ULTRA-THIN 30G	P	RX/OTC	SHOPKO UNILET LANCETS 30G	P	RX/OTC
RELION LANCING DEVICE MISC	P		SIMPLE DIAGNOSTICS LANCING DEV MISC	P	
RELION ULTRA THIN LANCETS 30G	P	RX/OTC	SINGLE-LET	P	RX/OTC
RELION ULTRA THIN PLUS LANCETS	P	RX/OTC	SM LANCETS 33G	P	RX/OTC
REXALL LANCETS ULTRA THIN 30G	P	RX/OTC	SM TRUEDRAW LANCING DEVICE MISC	P	
RIGHTEST GD500 LANCING DEVICE MISC	P		SMART DIABETES VANTAGE LANCING MISC	P	
RIGHTEST GL300 LANCETS	P	RX/OTC	SMART SENSE COLOR LANCETS 33G	P	RX/OTC
SAFE-T-LANCE	P	RX/OTC	SMART SENSE STANDARD LANCETS	P	RX/OTC
SAFE-T-LANCE PLUS	P	RX/OTC	SMART SENSE SUPER THIN LANCETS	P	RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	P	RX/OTC	SMART SENSE THIN LANCETS 26G	P	RX/OTC
SAFETY LANCETS	P	RX/OTC	SMARTEST LANCETS 28G	P	RX/OTC
SAFETY LANCETS 21G	P	RX/OTC	SOLUS V2 LANCETS 28G	P	RX/OTC
SAFETY LANCETS 23G	P	RX/OTC	SOLUS V2 LANCING DEVICE MISC	P	
SAFETY LANCETS 28G	P	RX/OTC	SOLUS V2 TWIST LANCETS 30G	P	RX/OTC
SAPS HEALTH PLUS LANCETS	P	RX/OTC	STERILANCE TL	P	RX/OTC
SAPS HEALTH TWIST TOP LANCETS	P	RX/OTC	SUPER THIN LANCETS	P	RX/OTC
SAPS TWIST TOP LANCETS	P	RX/OTC	SURE COMFORT LANCETS 18G	P	RX/OTC
SAPSCARE TWIST TOP LANCETS	P	RX/OTC	SURE COMFORT LANCETS 21G	P	RX/OTC
SB LANCETS THIN	P	RX/OTC	SURE COMFORT LANCETS 23G	P	RX/OTC
SB LANCETS ULTRA THIN	P	RX/OTC	SURE COMFORT LANCETS 28G	P	RX/OTC
SELECT-LITE LANCING DEVICE MISC	P		SURE COMFORT LANCETS 30G	P	RX/OTC
SHOPKO AUTOLET LANCING DEVICE MISC	P		SURE COMFORT LANCING PEN MISC	P	
SHOPKO ON-THE-GO LANCETS 30G	P	RX/OTC	SURELITE LANCETS	P	RX/OTC
SHOPKO UNILET LANCETS 28G	P	RX/OTC			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK 2 EXTRA	P	RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN	P	RX/OTC
UNISTIK 2 NEONATAL	P	RX/OTC	VALUE PLUS LANCET STANDARD 21G	P	RX/OTC
UNISTIK 2 NORMAL	P	RX/OTC	VALUE PLUS LANCETS SUPER THIN	P	RX/OTC
UNISTIK 2 SUPER	P	RX/OTC	VALUE PLUS LANCETS THIN 26G	P	RX/OTC
UNISTIK 3	P	RX/OTC	VALUE PLUS LANCING DEVICE MISC	P	
UNISTIK 3 COMFORT	P	RX/OTC	VALUMARK LANCET SUPER THIN 30G	P	RX/OTC
UNISTIK 3 COMFORT	P	RX/OTC	VALUMARK LANCET ULTRA THIN 28G	P	RX/OTC
UNISTIK 3 EXTRA	P	RX/OTC	VERIFINE SAFE LANCET MINI 21G	P	RX/OTC
UNISTIK 3 EXTRA	P	RX/OTC	VERIFINE SAFE LANCET MINI 23G	P	RX/OTC
UNISTIK 3 GENTLE	P	RX/OTC	VERIFINE SAFE LANCET MINI 28G	P	RX/OTC
UNISTIK 3 GENTLE	P	RX/OTC	VERIFINE SAFE LANCET MINI 30G	P	RX/OTC
UNISTIK 3 NEONATAL	P	RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	P	RX/OTC
UNISTIK 3 NORMAL	P	RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	P	RX/OTC
UNISTIK 3 NORMAL	P	RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	P	RX/OTC
UNISTIK CZT COMFORT	P	RX/OTC	VIDA MIA AUTOLET LANCING DEV MISC	P	
UNISTIK CZT NORMAL	P	RX/OTC	VIDA MIA UNILET LANCETS 28G	P	RX/OTC
UNISTIK NORMAL	P	RX/OTC	VIDA MIA UNILET LANCETS 30G	P	RX/OTC
UNISTIK PRO SAFETY LANCET	P	RX/OTC	VIVAGUARD LANCETS	P	RX/OTC
UNISTIK SAFETY LANCETS 28G	P	RX/OTC	VIVAGUARD LANCETS 30G	P	RX/OTC
UNISTIK SAFETY LANCETS 30G	P	RX/OTC	VIVAGUARD LANCING DEVICE MISC	P	
UNISTIK TOUCH SAFETY LANC 21G	P	RX/OTC	VIVAGUARD SAFETY LANCETS 28G	P	RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	P	RX/OTC			
UNISTIK TOUCH SAFETY LANC 23G	P	RX/OTC			
UNISTIK TOUCH SAFETY LANC 23G	P	RX/OTC			
UNISTIK TOUCH SAFETY LANC 28G	P	RX/OTC			
UNISTIK TOUCH SAFETY LANC 30G	P	RX/OTC			
UNIVERSAL 1 LANCETS THIN 26G	P	RX/OTC			
UNIVERSAL 1 LANCETS THIN 33G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WALGREENS ADV TRAVEL LANCETS	P	RX/OTC	ENFIT LOW DOSE TIP SYRINGE	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
WALGREENS LANCETS	P	RX/OTC	ENFIT LOW DOSE TIP SYRINGE/1ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
WALGREENS LANCETS MICRO THIN	P	RX/OTC	ENFIT LOW DOSE TIP SYRINGE/3ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
WALGREENS LANCETS SUPER THIN	P	RX/OTC	ENFIT MED BOTTLE ADAPTER/SZ 1	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC
WALGREENS THIN LANCETS	P	RX/OTC	ENFIT MED BOTTLE ADAPTER/SZ 2	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC
WALGREENS ULTRA THIN LANCETS	P	RX/OTC	ENFIT MED BOTTLE ADAPTER/SZ 3	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC
ZEVRX TWIST TOP LANCETS 30G	P	RX/OTC	ENFIT MED BOTTLE ADAPTER/SZ 4	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC
Enteral Nutrition Supplies			ENFIT MED BOTTLE ADAPTER/SZ 5	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC
ENFIT AMBER LOW DOSE SYR/0.5ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ENFIT MED BOTTLE ADAPTER/SZ 6	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC
ENFIT AMBER LOW DOSE SYR/1ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ENFIT MED BOTTLE ADAPTER/SZ 7	P	QL(1 EA per 28 day(s) retail; 3 EA per 84 days mail); RX/OTC
ENFIT AMBER LOW DOSE SYR/3ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ENFIT SYRINGE/10ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
ENFIT AMBER SYRINGE/10ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	ENFIT SYRINGE/20ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC
ENFIT AMBER SYRINGE/20ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC			
ENFIT AMBER SYRINGE/35ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC			
ENFIT AMBER SYRINGE/60ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC			
ENFIT AMBER TIP SYRINGE/5ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENFIT SYRINGE/35ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	CVS ALCOHOL PREP PADS	P	RX/OTC
ENFIT SYRINGE/60ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	CVS PREP	P	RX/OTC
ENFIT TIP SYRINGE/10ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	DROPSAFE ALCOHOL PREP	P	RX/OTC
ENFIT TIP SYRINGE/20ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	EASY COMFORT ALCOHOL PADS	P	RX/OTC
ENFIT TIP SYRINGE/5ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	EASY TOUCH ALCOHOL PREP MEDIUM	P	RX/OTC
ENFIT TIP SYRINGE/60ML	P	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); RX/OTC	EQL ALCOHOL SWABS	P	RX/OTC
Misc. Devices			FIFTY50 ALCOHOL PREP	P	RX/OTC
			GLOBAL ALCOHOL PREP EASE	P	RX/OTC
ADVOCATE ALCOHOL PREP PADS	P	RX/OTC	GNP ALCOHOL SWABS	P	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC	GOODSENSE ALCOHOL SWABS	P	RX/OTC
ALCOHOL PADS	P	RX/OTC	H-E-B INCONTROL ALCOHOL	P	RX/OTC
ALCOHOL PREP	P	RX/OTC	HM STERILE ALCOHOL PREP	P	RX/OTC
ALCOHOL PREP PADS	P	RX/OTC	MEIJER ALCOHOL SWABS	P	RX/OTC
ALCOHOL SWABS	P	RX/OTC	PHARMACIST CHOICE ALCOHOL	P	RX/OTC
ALCOHOL SWABSTICK	P	RX/OTC	PRO COMFORT ALCOHOL	P	RX/OTC
AUM ALCOHOL PREP PADS	P	RX/OTC	PURE COMFORT ALCOHOL PREP	P	RX/OTC
BD SWAB SINGLE USE REGULAR	P	RX/OTC	QC ALCOHOL SWABS	P	RX/OTC
CARETOUCH ALCOHOL PREP	P	RX/OTC	RA ALCOHOL SWABS	P	RX/OTC
COMFORT TOUCH ALCOHOL PREP	P	RX/OTC	REALITY SWABS	P	RX/OTC
CURITY ALCOHOL PREPS	P	RX/OTC	RELION ALCOHOL SWABS	P	RX/OTC
			SAPS CARE ALCOHOL PREP	P	RX/OTC
			SAPS HEALTH ALCOHOL PREP	P	RX/OTC
			SAPS HEALTH CARE ALCOHOL PREP	P	RX/OTC
			SB ALCOHOL PREP	P	RX/OTC
			SM ALCOHOL PREP	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT ALCOHOL PREP	P	RX/OTC	AUM READYGARD DUO PEN NEEDLE	P	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC	AUM SAFETY PEN NEEDLE	P	RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	P	RX/OTC	AURORA PEN NEEDLES	P	RX/OTC
ULTICARE ALCOHOL SWABS	P	RX/OTC	AURORA UNIFINE PENTIPS	P	RX/OTC
ULTILET ALCOHOL SWABS	P	RX/OTC	AUTOPEN DEVI	P	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC	BD INSULIN SYR ULTRAFINE II	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE	P	RX/OTC	BD INSULIN SYRINGE	P	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	P	RX/OTC	BD INSULIN SYRINGE HALF-UNIT	P	RX/OTC
ZEVSRX STERILE ALCOHOL PREP PAD	P	RX/OTC	BD INSULIN SYRINGE MICROFINE	P	RX/OTC
Parenteral Therapy Supplies			BD INSULIN SYRINGE U/F	P	
1ST TIER UNIFINE PENTIPS	P		BD INSULIN SYRINGE U/F	P	RX/OTC
1ST TIER UNIFINE PENTIPS PLUS	P	RX/OTC	BD INSULIN SYRINGE U/F 1/2UNIT	P	RX/OTC
ABOUTTIME PEN NEEDLE	P	RX/OTC	BD INSULIN SYRINGE U-500	P	
ADVOCATE INSULIN PEN NEEDLE	P	RX/OTC	BD INSULIN SYRINGE ULTRAFINE	P	
ADVOCATE INSULIN PEN NEEDLES	P		BD PEN MINI MISC	P	RX/OTC
ADVOCATE INSULIN SYRINGE	P	RX/OTC	BD PEN NEEDLE MICRO U/F	P	
AQ INSULIN SYRINGE	P	RX/OTC	BD PEN NEEDLE MINI U/F	P	RX/OTC
AQINJECT PEN NEEDLE	P	RX/OTC	BD PEN NEEDLE NANO 2ND GEN	P	RX/OTC
ASSURE ID DUO PRO PEN NEEDLES	P	RX/OTC	BD PEN NEEDLE NANO U/F	P	RX/OTC
AUM INSULIN SAFETY PEN NEEDLE	P	RX/OTC	BD PEN NEEDLE ORIGINAL U/F	P	
AUM MINI INSULIN PEN NEEDLE	P	RX/OTC	BD PEN NEEDLE SHORT U/F	P	RX/OTC
AUM PEN NEEDLE	P	RX/OTC	BD PEN MISC	P	RX/OTC
			BD SAFETYGLIDE INSULIN SYRINGE	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BD SAFETYGLIDE SYRINGE/NEEDLE	P		DIATHRIVE PEN NEEDLE	P	RX/OTC
BD SAFETY-LOK INSULIN SYRINGE	P	RX/OTC	DROPLET INSULIN SYRINGE	P	RX/OTC
BD VEO INSULIN SYR U/F 1/2UNIT	P	RX/OTC	DROPLET PEN NEEDLES	P	RX/OTC
BD VEO INSULIN SYR U/F 1/2UNIT	P	RX/OTC	DROPSAFE SAFETY PEN NEEDLES	P	RX/OTC
BD VEO INSULIN SYRINGE U/F	P	RX/OTC	DROPSAFE SAFETY SYRINGE/NEEDLE	P	RX/OTC
BD VEO INSULIN SYRINGE U/F	P	RX/OTC	DRUG MART UNIFINE PENTIPS	P	RX/OTC
CAREFINE PEN NEEDLES	P	RX/OTC	DRUG MART UNIFINE PENTIPS PLUS	P	RX/OTC
CAREONE INSULIN SYRINGE	P		EASY COMFORT INSULIN SYRINGE	P	RX/OTC
CAREONE UNIFINE PENTIPS	P	RX/OTC	EASY COMFORT PEN NEEDLES	P	RX/OTC
CAREONE UNIFINE PENTIPS PLUS	P	RX/OTC	EASY TOUCH FLIPLOCK INSULIN SY	P	RX/OTC
CARETOUCH INSULIN SYRINGE	P	RX/OTC	EASY TOUCH INSULIN BARRELS	P	RX/OTC
CARETOUCH PEN NEEDLES	P	RX/OTC	EASY TOUCH INSULIN SAFETY SYR	P	RX/OTC
CEQUR SIMPLICITY 2U DEVI	P	RX/OTC	EASY TOUCH INSULIN SYRINGE	P	
CLICKFINE PEN NEEDLES	P	RX/OTC	EASY TOUCH PEN NEEDLES	P	RX/OTC
COMFORT ASSIST INSULIN SYRINGE	P	RX/OTC	EASY TOUCH SHEATHLOCK SYRINGE	P	RX/OTC
COMFORT EZ INSULIN SYRINGE	P	RX/OTC	EMBECTA INS SYR U/F 1/2 UNIT	P	RX/OTC
COMFORT EZ MICRO PEN NEEDLES	P	RX/OTC	EMBECTA INSULIN SYRINGE	P	RX/OTC
COMFORT EZ PEN NEEDLES	P	RX/OTC	EMBECTA INSULIN SYRINGE U/F	P	RX/OTC
COMFORT EZ PRO PEN NEEDLES	P	RX/OTC	EMBECTA INSULIN SYRINGE U-100	P	
COMFORT EZ SHORT PEN NEEDLES	P	RX/OTC	EMBECTA PEN NEEDLE NANO	P	RX/OTC
COMFORT TOUCH INSULIN PEN NEED	P	RX/OTC	EMBECTA PEN NEEDLE NANO 2 GEN	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMBECTA PEN NEEDLE U/F	P		GOODSENSE PEN NEEDLE PENFINE	P	RX/OTC
EMBRACE PEN NEEDLES	P	RX/OTC	HEALTHWISE INSULIN SYR/NEEDLE	P	RX/OTC
EQL INSULIN SYRINGE	P	RX/OTC	HEALTHWISE MICRON PEN NEEDLES	P	RX/OTC
FIFTY50 PEN NEEDLES	P	RX/OTC	HEALTHWISE SHORT PEN NEEDLES	P	RX/OTC
FIFTY50 SUPERIOR COMFORT SYR	P	RX/OTC	HEALTHWISE UNIFINE PENTIPS	P	RX/OTC
FREDS PHARMACY UNIFINE PENTIP+	P	RX/OTC	HEALTHY ACCENTS UNIFINE PENTIP	P	RX/OTC
FREDS PHARMACY UNIFINE PENTIPS	P	RX/OTC	H-E-B INCONTROL PEN NEEDLES	P	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES	P	RX/OTC	H-E-B INCONTROL UNIFINE PENTIP	P	RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	P	RX/OTC	HM ULTICARE INSULIN SYRINGE	P	RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES	P	RX/OTC	HM ULTICARE MINI PEN NEEDLES	P	RX/OTC
GLOBAL INJECT EASE INSULIN SYR	P	RX/OTC	HM ULTICARE SHORT PEN NEEDLES	P	RX/OTC
GLOBAL INSULIN SYRINGES	P		INCONTROL ULTICARE PEN NEEDLES	P	RX/OTC
GLUCOPRO INSULIN SYRINGE	P		INPEN 100-BLUE-LILLY-HUMALOG DEVI	P	RX/OTC
GNP CLICKFINE PEN NEEDLES	P	RX/OTC	INPEN 100-BLUE-NOVOLOG-FIASP DEVI	P	RX/OTC
GNP INSULIN SYRINGE	P	RX/OTC	INPEN 100-GREY-LILLY-HUMALOG DEVI	P	RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	P	RX/OTC	INPEN 100-GREY-NOVOLOG-FIASP DEVI	P	RX/OTC
GNP INSULIN SYRINGES 29GX1/2"	P	RX/OTC	INPEN 100-PINK-LILLY-HUMALOG DEVI	P	RX/OTC
GNP INSULIN SYRINGES 31GX5/16"	P	RX/OTC	INPEN 100-PINK-NOVOLOG-FIASP DEVI	P	RX/OTC
GNP PEN NEEDLES	P	RX/OTC	INSULIN SYRINGE	P	RX/OTC
GNP ULTICARE PEN NEEDLES	P	RX/OTC	INSULIN SYRINGE-NEEDLE U-100	P	RX/OTC
GNP ULTIGUARD SAFEPACK NEEDLE	P	RX/OTC	INSUPEN PEN NEEDLES	P	RX/OTC
GNP ULTRA COM INSULIN SYRINGE	P	RX/OTC	INSUPEN SENSITIVE	P	
GOODSENSE CLICKFINE PEN NEEDLE	P	RX/OTC	INSUPEN ULTRAFIN	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KINRAY INSULIN SYRINGE	P	RX/OTC	MONOJECT ULTRA COMFORT SYRINGE	P	RX/OTC
KMART VALU INSULIN SYRINGE 29G	P	RX/OTC	MS INSULIN SYRINGE	P	RX/OTC
KMART VALU INSULIN SYRINGE 30G	P	RX/OTC	NOVOFINE PEN NEEDLE	P	
KROGER INSULIN SYRINGE	P	RX/OTC	NOVOFINE PLUS PEN NEEDLE	P	RX/OTC
KROGER PEN NEEDLES	P	RX/OTC	NOVOPEN ECHO DEVI	P	RX/OTC
LEADER INSULIN SYRINGE	P	RX/OTC	PC UNIFINE PENTIPS	P	RX/OTC
LEADER UNIFINE PENTIPS	P	RX/OTC	PEN NEEDLE/5-BEVEL TIP	P	RX/OTC
LEADER UNIFINE PENTIPS PLUS	P	RX/OTC	PEN NEEDLES	P	RX/OTC
LITETOUCH INSULIN SYRINGE	P	RX/OTC	PEN NEEDLES 5/16"	P	RX/OTC
LITETOUCH PEN NEEDLES	P	RX/OTC	PENTIPS	P	RX/OTC
LONGS INSULIN SYRINGE	P	RX/OTC	PENTIPS GENERIC PEN NEEDLES	P	
MAGELLAN INSULIN SAFETY SYR	P	RX/OTC	PIP PEN NEEDLES 31G X 5MM	P	RX/OTC
MARATHON MEDICAL PENTIPS	P	RX/OTC	PIP PEN NEEDLES 32G X 4MM	P	RX/OTC
MAXI-COMFORT INSULIN SYRINGE	P	RX/OTC	PREFERRED PLUS INSULIN SYRINGE	P	RX/OTC
MAXICOMFORT SYR 27G X 1/2"	P	RX/OTC	PREFERRED PLUS UNIFINE PENTIPS	P	RX/OTC
MEDIC INSULIN SYRINGE	P	RX/OTC	PREVENT DROPSAFE PEN NEEDLES	P	RX/OTC
MEDICINE SHOPPE PEN NEEDLES	P	RX/OTC	PREVENT SAFETY PEN NEEDLES	P	RX/OTC
MEIJER PEN NEEDLES	P	RX/OTC	PRO COMFORT INSULIN SYRINGE	P	RX/OTC
MICRODOT PEN NEEDLE	P	RX/OTC	PRO COMFORT PEN NEEDLES	P	RX/OTC
MM INSULIN SYRINGE/NEEDLE	P	RX/OTC	PRODIGY INSULIN SYRINGE	P	RX/OTC
MM PEN NEEDLES	P	RX/OTC	PURE COMFORT PEN NEEDLE	P	RX/OTC
MONOJECT INSULIN SYRINGE	P	RX/OTC	PURE COMFORT SAFETY PEN NEEDLE	P	RX/OTC
			PX INSULIN SYRINGE	P	
			PX MINI PEN NEEDLES	P	RX/OTC
			PX PEN NEEDLE	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PX SHORTLENGTH PEN NEEDLES	P	RX/OTC	TRUE COMFORT INSULIN SYRINGE	P	RX/OTC
QC PEN NEEDLES	P	RX/OTC	TRUE COMFORT PEN NEEDLES	P	RX/OTC
QC UNIFINE PENTIPS	P	RX/OTC	TRUE COMFORT PRO INSULIN SYR	P	RX/OTC
QUICK TOUCH INSULIN PEN NEEDLE	P	RX/OTC	TRUE COMFORT PRO PEN NEEDLES	P	RX/OTC
RA INSULIN SYRINGE	P	RX/OTC	TRUE COMFORT SAFETY PEN NEEDLE	P	RX/OTC
RA PEN NEEDLES	P	RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES	P	
RAYA SURE PEN NEEDLE	P	RX/OTC	TRUEPLUS INSULIN SYRINGE	P	RX/OTC
REALITY INSULIN SYRINGE	P	RX/OTC	TRUEPLUS PEN NEEDLES	P	RX/OTC
RELION INSULIN SYRINGE	P	RX/OTC	ULTICARE INSULIN SAFETY SYR	P	RX/OTC
RELION PEN NEEDLES	P	RX/OTC	ULTICARE INSULIN SYRINGE	P	RX/OTC
RELION SHORT PEN NEEDLES	P	RX/OTC	ULTICARE MICRO PEN NEEDLES	P	RX/OTC
SB INSULIN SYRINGE	P	RX/OTC	ULTICARE MINI PEN NEEDLES	P	
SECURESAFE INSULIN SYRINGE	P	RX/OTC	ULTICARE PEN NEEDLES	P	RX/OTC
SHOPKO UNIFINE PENTIPS	P	RX/OTC	ULTICARE SHORT PEN NEEDLES	P	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS	P	RX/OTC	ULTICARE TUBERCULIN SAFETY SYR	P	
SURE COMFORT INSULIN SYRINGE	P	RX/OTC	ULTIGUARD SAFEPAK PEN NEEDLE	P	RX/OTC
SURE COMFORT PEN NEEDLES	P	RX/OTC	ULTIGUARD SAFEPAK SYR/NEEDLE	P	
TECHLITE INSULIN SYRINGE	P	RX/OTC	ULTILET PEN NEEDLE	P	
TECHLITE PEN NEEDLES	P	RX/OTC	ULTRA FLO INSULIN PEN NEEDLES	P	RX/OTC
TECHLITE PLUS PEN NEEDLES	P	RX/OTC	ULTRA FLO INSULIN SYR 1/2 UNIT	P	
TODAYS HEALTH SHORT PEN NEEDLE	P	RX/OTC	ULTRA FLO INSULIN SYRINGE	P	
TOPCARE CLICKFINE PEN NEEDLES	P	RX/OTC			
TOPCARE ULTRA COMFORT INS SYR	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRA THIN PEN NEEDLES	P	RX/OTC	VIDA MIA UNIFINE PENTIPS	P	RX/OTC
ULTRACARE INSULIN SYRINGE	P	RX/OTC	VP INSULIN SYRINGE	P	RX/OTC
ULTRACARE PEN NEEDLES	P	RX/OTC	WEGMANS UNIFINE PENTIPS PLUS	P	RX/OTC
ULTRA-THIN II INS SYR SHORT	P	RX/OTC	ZEVRX INSULIN SYRINGE	P	RX/OTC
ULTRA-THIN II INSULIN SYRINGE	P	RX/OTC	ZEVRX PEN NEEDLES	P	RX/OTC
ULTRA-THIN II MINI PEN NEEDLE	P	RX/OTC	Respiratory Therapy Supplies		
ULTRA-THIN II PEN NEEDLE SHORT	P	RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	P	RX/OTC
ULTRA-THIN II PEN NEEDLES	P		ADULT MASK LARGE MISC	P	RX/OTC
UNIFINE OTC PEN NEEDLES	P	RX/OTC	ADULT MASK DEVI	P	RX/OTC
UNIFINE PEN NEEDLES	P	RX/OTC	AEROBIKA DEVI	P	RX/OTC
UNIFINE PENTIPS	P	RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	NP	RX/OTC
UNIFINE PENTIPS	P		AEROCHAMBER MINI CHAMBER DEVI	P	RX/OTC
UNIFINE PENTIPS PLUS	P	RX/OTC	AEROCHAMBER MV MISC	P	RX/OTC
UNIFINE PENTIPS PLUS	P	RX/OTC	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	NP	RX/OTC
UNIFINE PROTECT PEN NEEDLE	P	RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	NP	RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	P	RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE DEVI	NP	RX/OTC
UNIFINE ULTRA PEN NEEDLE	P	RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	NP	RX/OTC
VALUE HEALTH INSULIN SYRINGE	P	RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	NP	RX/OTC
VALUMARK PEN NEEDLES	P	RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	NP	RX/OTC
VANISHPOINT INSULIN SYRINGE	P	RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL DEVI	NP	RX/OTC
VERIFINE INSULIN PEN NEEDLE	P	RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL MISC	NP	RX/OTC
VERIFINE INSULIN SYRINGE	P	RX/OTC	AEROCHAMBER PLUS FLO-VU W/MASK MISC	NP	RX/OTC
VERIFINE PLUS PEN NEEDLE	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU MISC	NP	RX/OTC	BREATHERITE VALVED MDI CHAMBER DEVI	P	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	NP	RX/OTC	CLEVER CHOICE HOLDING CHAMBER DEVI	P	RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	P	RX/OTC	CO MONITOR DEVI	P	RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	P	RX/OTC	COMPACT SPACE CHAMBER/LG MASK DEVI	NP	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	RX/OTC	COMPACT SPACE CHAMBER/MED MASK DEVI	NP	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	P	RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	NP	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	P	RX/OTC	COMPACT SPACE CHAMBER DEVI	NP	RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	P	RX/OTC	EASIVENT MASK LARGE MISC	P	RX/OTC
AEROVENT PLUS DEVI	P	RX/OTC	EASIVENT MASK MEDIUM MISC	P	RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	P	RX/OTC	EASIVENT MASK SMALL MISC	P	RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	RX/OTC	EASIVENT MISC	P	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	P	RX/OTC	EASY FLOW BLACK/BLUE DEVI	P	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	RX/OTC	EASY FLOW BLACK/ORANGE DEVI	P	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	P	RX/OTC	EASY FLOW BLACK/RED DEVI	P	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	RX/OTC	EASY FLOW BLACK/WHITE DEVI	P	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	P	RX/OTC	EASY FLOW BLACK/YELLOW DEVI	P	RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	P	RX/OTC	EASY FLOW WHITE/BLUE DEVI	P	RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	P	RX/OTC	EASY FLOW WHITE/GREEN DEVI	P	RX/OTC
BREATHE EASE LARGE DEVI	P	RX/OTC	EASY FLOW WHITE/PINK DEVI	P	RX/OTC
BREATHE EASE MEDIUM DEVI	P	RX/OTC	EASY FLOW WHITE/WHITE DEVI	P	RX/OTC
BREATHE EASE SMALL DEVI	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY FLOW WHITE/YELLOW DEVI	P	RX/OTC	OPTICHAMBER DIAMOND-LG MASK DEVI	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	P	RX/OTC	OPTICHAMBER DIAMOND-MD MASK MISC	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	P	RX/OTC	OPTICHAMBER DIAMOND MISC	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	P	RX/OTC	OPTICHAMBER DIAMOND-SM MASK MISC	P	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	P	RX/OTC	PARI MANUAL INTERRUPTER DEVI	P	RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	NP	RX/OTC	PARI TREK S COMBO PACK DEVI	P	RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	NP	RX/OTC	POCKET CHAMBER DEVI	P	RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	NP	RX/OTC	POCKET SPACER DEVI	P	RX/OTC
FLEXICHAMBER DEVI	NP	RX/OTC	PRO COMFORT SPACER ADULT MISC	P	RX/OTC
IN-CHECK DIAL FLOW TRAINER DEVI	P	RX/OTC	PRO COMFORT SPACER CHILD MISC	P	RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	P	RX/OTC	PRO COMFORT SPACER INFANT DEVI	P	RX/OTC
INSPIRACHAMBER/LARGE DEVI	P	RX/OTC	PROCARE SPACER/ADULT MASK DEVI	P	RX/OTC
INSPIRACHAMBER/MEDIUM DEVI	P	RX/OTC	PROCARE SPACER/CHILD MASK DEVI	P	RX/OTC
INSPIRACHAMBER/MOUTHPIECE DEVI	P	RX/OTC	PROCHAMBER VHC DEVI	P	RX/OTC
INSPIRACHAMBER/SMALL DEVI	P	RX/OTC	PURE COMFORT 3-BALL BREATHE EX DEVI	P	RX/OTC
INSPIREASE MISC	P	RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	P	RX/OTC
MICROCHAMBER DEVI	P	RX/OTC	QUAKE DEVI	P	RX/OTC
MICROCHAMBER MISC	P	RX/OTC	REUSABLE COMFORTSEAL MASK-LRG MISC	NP	RX/OTC
MICROSPACER MISC	P	RX/OTC			
NEBULIZER CUP/TUBING DEVI	P	RX/OTC			
OMBRA TABLE TOP COMPRESSOR DEVI	P	RX/OTC			
ONE FLOW SPIROMETER DEVI	P	RX/OTC			
OPTICHAMBER DIAMOND DEVI	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REUSABLE COMFORTSEAL MASK-MED MISC	NP	RX/OTC	QULIPTA 10 MG, 60 MG	NP	
REUSABLE COMFORTSEAL MASK-SML MISC	NP	RX/OTC	UBRELVY	NP	
RITEFLO DEVI	P	RX/OTC	VYEPTI	NP	SP
SPIRO PD DEVI	P	RX/OTC	ZAVZPRET	NP	
THRESHOLD PEP DEVI	P	RX/OTC	Migraine Combinations		
VERSAPAP W/UNIVERSAL TUBING DEVI	P	RX/OTC	CAFERGOT TABS (ergotamine w/ caffeine)	NP	
VERSAPAP DEVI	P	RX/OTC	ergotamine w/ caffeine TABS	NP	
VORTEX HOLD CHMBR/MASK/CHILD DEVI	P	RX/OTC	sumatriptan-naproxen sodium	NP	
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	P	RX/OTC	Migraine Products		
VORTEX VALVE CHAMBER-PEDI MASK DEVI	NP	RX/OTC	dihydroergotamine mesylate SOLN NA 4 MG/ML	NP	
VORTEX VALVED HOLDING CHAMBER DEVI	P	RX/OTC	ERGOMAR SUBL	NP	
VORTEX VALVED HOLDING CHAMBER DEVI	P	RX/OTC	MIGRANAL SOLN NA (dihydroergotamine mesylate)	NP	
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			Migraine Products - NSAIDs		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			diclofenac potassium (migraine)	NP	
AIMOVIG	P	SP; PA	ELYXYB	NP	
AJOVY SOAJ	P	SP; PA	Serotonin Agonists		
AJOVY SOSY	P	SP; PA	almotriptan malate	NP	
EMGALITY (300 MG DOSE) SOSY	NP	SP; PA	eletriptan hydrobromide	NP	
EMGALITY SOAJ	P	SP; PA	FROVA (frovatriptan succinate)	NP	
EMGALITY SOSY	P	SP; PA	frovatriptan succinate	NP	
NURTEC	P	PA	IMITREX 5 MG/ACT (sumatriptan)	NP	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)
QULIPTA 30 MG	NP	QL(1 EA daily)	IMITREX STATDOSE REFILL SOCT (sumatriptan succinate)	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)
			IMITREX STATDOSE SYSTEM SOAJ (sumatriptan succinate)	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS (sumatriptan succinate)	NP		zolmitriptan SOLN 5 MG	NP	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	NP		zolmitriptan TABS	P	
MAXALT TABS 10 MG (rizatriptan benzoate)	NP		zolmitriptan TABS	NP	
naratriptan hcl	P		zolmitriptan TBDP	P	
RELPAX (eletriptan hydrobromide)	NP		ZOMIG SOLN 2.5 MG (zolmitriptan)	NP	
REYVOW	NP		ZOMIG SOLN 5 MG (zolmitriptan)	NP	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)
rizatriptan benzoate TABS 10 MG	NP		MINERALS & ELECTROLYTES		
rizatriptan benzoate TABS	P		Calcium		
rizatriptan benzoate TBDP	P		CALCIUM 600 +D HIGH POTENCY TABS	P	
rizatriptan benzoate TBDP 10 MG	NP		CALCIUM ACETATE	NP	
sumatriptan	P	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)	CALCIUM CARBONATE CHEW	P	
sumatriptan succinate SOAJ	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)	calcium carbonate-cholecalciferol TABS	P	
sumatriptan succinate SOCT	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)	calcium carbonate-cholecalciferol TABS	P	
sumatriptan succinate SOLN 6 MG/0.5ML	P	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 20 MCG-600 MG, 5 MCG-500 MG, 800 UNIT-600 MG	NP	
sumatriptan succinate TABS	P		calcium carbonate TABS 1250 MG, 1500 MG, 500 MG, 600 MG, 600 MG	P	
TOSYMRA	NP	QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail)	calcium carbonate TABS	P	
ZEMBRACE SYMTOUCH SOAJ	NP	QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail)	calcium carbonate TABS 1250 MG, 600 MG	NP	
zolmitriptan SOLN 2.5 MG	NP		calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT	P	
			CALCIUM CITRATE + D3 TABS	P	
			CALCIUM CITRATE + D TABS	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcium citrate TABS</i>	P		CORAL CALCIUM CAPS 100 UNIT-50 MG-185 MG	P	
CALCIUM CITRATE TABS 250 MG	P		<i>oyster shell</i>	NP	
<i>calcium citrate-vitamin d TABS 250 UNIT-315 MG, 6.25 MCG-315 MG</i>	NP		<i>oyster shell</i>	P	
<i>calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-315 MG, 5 MCG-315 MG, 6.25 MCG-315 MG</i>	P		OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	
CALCIUM GLUCONATE CAPS	P		RA CALCIUM-BORON	P	
CALCIUM/C/D	P		RA CALCIUM TABS	P	
CALCIUM CHEW	P		Electrolyte Mixtures		
<i>calcium-magnesium-zinc</i>	P		BIOLYTE SOLN	P	
CALCIUM-MAGNESIUM-ZINC 334 MG-134 MG-5 MG	P		CERASPORT EX1 SOLN	P	
<i>calcium-magnesium-zinc-cholecalciferol TABS 200 UNIT-333.33 MG-133.33 MG-5 MG, 5 MCG-333 MG-133 MG-5 MG</i>	P		CERASPORT SOLN	P	
CALCIUM-MAGNESIUM-ZINC-D3 TABS	P		ENFAMIL ENFALYTE SOLN	P	
CALCIUM-MAGNESIUM-ZINC-VIT D3 TABS 1.666 MCG-333.333 MG-133.333 MG-5 MG	P		FT ELECTROLYTE SOLN	P	
CALTRATE 600+D3 TABS (<i>calcium carbonate-cholecalciferol</i>)	P		GOODSENSE ELECTROLYTE ADV CARE SOLN	P	
CALTRATE BONE HEALTH CHEW	NP		HYDRALYTE FREEZER POPS SOLN	P	
CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>)	P		HYDRALYTE SOLN	P	
CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>)	NP		KINDERLYTE PREMAX SOLN	P	
CITRACAL MAXIMUM TABS (<i>calcium citrate-vitamin d</i>)	P		KINDERLYTE SOLN	P	
			<i>oral electrolytes SOLN</i>	P	
			PEDIALYTE IMMUNE SUPPORT SOLN	P	
			TRUELYTE SOLN	P	
			Fluoride		
			<i>sodium fluoride CHEW</i>	NP	
			<i>sodium fluoride CHEW</i>	P	
			<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	P	RX/OTC
			<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	P	
			<i>sodium fluoride TABS 0.5 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOLUVITA SOLN	NP	RX/OTC	CITRACAL PLUS TABS	P	
Magnesium			CVS CALCIUM CITRATE+D3 W/MAGNE TABS	P	
<i>magnesium oxide (mg supplement) TABS 400 MG, 400 MG</i>	P		CVS CALCIUM CITRATE+D3 TABS	P	
<i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG</i>	NP		FEM-CAL CITRATE TABS	P	
<i>magnesium TABS 400 MG</i>	P		GNP CAL MAG ZINC +D3 TABS 133.333 UNIT-333.333 MG-133.333 MG-5 MG	P	
SLOW-MAG	P		MULTI MEGA MINERALS TABS	P	
SLOWMAG MG MUSCLE/HEART	P		MULTI-MINERALS TABS	P	
Mineral Combinations			MULTISOURCE CALCIUM MAG/D TABS	P	
ADVANCED CALCIUM/D/MAGNESIUM TABS	P		PROSTEON TABS	P	
BONE DENSITY BUILDER TABS	P		THERACAL D2000 TABS	P	
CALCIUM 600+D3 PLUS MINERALS TABS	P		THERACAL D4000 TABS	P	
CALCIUM CITRATE + TABS 200 UNIT-315 MG, 50 UNIT-0.5 MG-50 MCG-0.5 MG-2 MG-250 MG	P		THERACAL RAPID REPLETION TABS	P	
CALCIUM CITRATE PLUS/MAGNESIUM TABS 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG-0.5 MG	P		Phosphate		
CALCIUM CITRATE PLUS TABS 125 UNIT-0.5 MG-3.75 MG-250 MG-0.5 MG-40 MG, 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG-0.5 MG	P		K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	P	
CALCIUM CITRATE-MAG-MINERALS TABS 5 MG-400 UNIT-0.5 MG-5 MG-250 MG-40 MG-0.5 MG	P		K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	P	
CITRACAL MAXIMUM PLUS TABS	P		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	
			<i>potassium & sodium phosphates PACK</i>	P	
			Potassium		
			<i>potassium bicarbonate TBEF</i>	P	
			<i>potassium chloride microencapsulated crystals er</i>	P	
			<i>potassium chloride CPCR</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride PACK PO 20 MEQ</i>	P	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	P	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	P	
Sodium		
<i>sodium chloride SOLN IJ 0.9 %</i>	P	
<i>sodium chloride TABS</i>	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine CAPS</i>	P	
<i>penicillamine TABS</i>	P	
Enzymes		
<i>papaya CHEW</i>	P	
Immunomodulators		
<i>lenalidomide</i>	P	SP
REVLIMID	NP	SP; ST
Immunosuppressive Agents		
<i>azathioprine TABS 50 MG</i>	P	
<i>cyclosporine modified (for microemulsion) CAPS 25 MG, 100 MG</i>	P	
<i>cyclosporine modified (for microemulsion) SOLN</i>	P	
<i>cyclosporine CAPS</i>	P	
<i>mycophenolate mofetil CAPS</i>	P	
<i>mycophenolate mofetil TABS</i>	P	
SANDIMMUNE SOLN PO 100 MG/ML	P	
<i>sirolimus SOLN</i>	P	
<i>sirolimus TABS</i>	P	
<i>tacrolimus CAPS</i>	P	
Lymphatic Agents		

Drug Name	Drug Tier	Requirements/ Limits
SYLVANT	P	SP
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE PACK	P	SP
Potassium Removing Agents		
LOKELMA	P	
LOKELMA	NP	
<i>sodium polystyrene sulfonate POWD</i>	P	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
VELTASSA	NP	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>benzocaine (dental) GEL 20 %</i>	P	
<i>benzocaine (dental) LIQD 20 %</i>	P	
<i>benzocaine (dental) SOLN 20 %</i>	P	
<i>benzocaine-menthol (mouth-throat) LOZG 15 MG-3.6 MG</i>	P	
HURRICANE AERO 20 %	P	
HURRICANE SNAP-N-GO SWAB	P	
ORAJEL 3X TOOTHACHE & GUM GEL	P	
Anti-infectives - Throat		
<i>clotrimazole</i>	NP	
NYSTATIN (<i>nystatin (mouth-throat)</i>)	P	
<i>nystatin (mouth-throat)</i>	P	
ORAVIG	NP	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Dental Products			<i>b-complex w/ c & folic acid TABS 1 MG</i>	NP	RX/OTC
<i>sodium fluoride (dental) CREA</i>	P		<i>b-complex w/ folic acid CAPS</i>	P	RX/OTC
<i>sodium fluoride (dental) GEL</i>	P		<i>b-complex w/ folic acid TABS</i>	P	
<i>sodium fluoride (dental) SOLN 0.2 %</i>	P		<i>b-complex w/biotin & folic acid TABS</i>	P	
Steroids - Mouth/Throat/Dental			<i>b-complex w/biotin & folic acid TBCR</i>	P	
<i>triamcinolone acetonide (mouth)</i>	NP		NUTRIVIT	P	RX/OTC
Throat Products - Misc.			SM B-COMPLEX/VITAMIN C TABS	P	RX/OTC
<i>cevimeline hcl</i>	P		B-Complex w/ Iron		
<i>pilocarpine hcl (oral) 5 MG</i>	P		APETIGEN-PLUS SOLN	P	
MULTIVITAMINS			<i>b complex w/ iron TABS</i>	P	
B-Complex Vitamins			SUPER B-COMPLEX/IRON/VITAMIN C TABS	P	
<i>b-complex vitamins CAPS</i>	P		B-Complex w/ Minerals		
<i>b-complex vitamins TABS</i>	NP		<i>b-complex w/ minerals LIQD</i>	P	
<i>b-complex vitamins TABS</i>	P		Bioflavonoid Products		
<i>b-complex vitamins TBCR</i>	P		ACTITROM CAPS	P	
CVS BALANCED B100 TBCR	P		ACTITROM-D CAPS	P	
B-Complex w/ C			ADRENAL C FORMULA TABS	P	RX/OTC
<i>b complex w/ c CAPS</i>	P		ADVANCED C PLUS TABS	P	RX/OTC
<i>b complex w/ c TABS</i>	P		BIO C 1:1 CAPS	P	
<i>b-complex w/ c & calcium</i>	P		<i>bioflavonoid products TABS</i>	P	RX/OTC
<i>b-complex w/ c & e + zn</i>	P		<i>bioflavonoid products TBCR</i>	P	
PRONUTRIENTS SUPER B COMPLEX	P		C 1000-BIOFLAVONOIDS-ROSE HIPS CAPS	P	
RA B-COMPLEX/VITAMIN C CR TBCR	P		DAFLONEX-XL TBCR	P	
B-Complex w/ Folic Acid					
ACTRIVIT	P	RX/OTC			
BALANCED B-50 TBCR	P				
<i>b-complex w/ c & folic acid CAPS</i>	P	RX/OTC			
<i>b-complex w/ c & folic acid TABS</i>	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY-C IMMUNE HEALTH W/BIOFLAV CAPS	P		ADULT ONE DAILY GUMMIES CHEW	P	
FRUIT C 200 CHEW	P		AIRBORNE ELDERBERRY CHEW 90 MG-3.15 MCG-3.35 MG-7.5 MG-1 MG-150 MG	P	
GRAPE SEED EXTRACT CAPS	P		AIRBORNE KIDS CHEW	P	
GRAPE SEED CAPS	P		AIRBORNE+GOOD REST CHEW	P	
QUERCETIN COMPLEX IMMUNE CAPS	P		AIRBORNE+NATURAL ENERGY LIQD	P	RX/OTC
THORNE VITAMIN C-FLAVONOIDS CAPS	P		AIRBORNE+PROBIOTIC CHEW	P	
TROMBONEX CAPS	P		AIRBORNE CHEW	P	
TROMBONEX-D CAPS	P		ALIVE ADULT PREMIUM CHEW	P	
VASOFLEX FORTE CAPS	P		ALIVE CALCIUM BONE SUPPORT TABS	NP	RX/OTC
VASOFLEX CAPS	P		ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	RX/OTC
VITAMIN C CHEW	P		ALIVE HAIR, SKIN & NAILS CAPS	NP	RX/OTC
Multiple Vitamins w/ Calcium			ALIVE HAIR, SKIN & NAILS CHEW	P	
<i>multiple vitamins w/ calcium TABS</i>	P		ALIVE MENS 50+ MULTI GUMMY CHEW	P	
SM ONE DAILY ESSENTIAL TABS	P		ALIVE MENS GUMMY MULTIVITAMINS CHEW	P	
Multiple Vitamins w/ Iron			ALIVE MULTI-VITAMIN CHEW	P	
DAVIMET-IRON CHEW	NP		ALIVE MULTI-VITAMIN LIQD	P	RX/OTC
<i>multiple vitamins w/ iron TABS</i>	P		ALIVE ULTRA POTENCY ADULT TABS	NP	RX/OTC
TAB-A-VITE/IRON/BETA CAROTENE TABS	P		ALIVE WOMENS 50+ GUMMY CHEW	P	
Multiple Vitamins w/ Minerals			ALIVE WOMENS 50+ CHEW	P	
ACTIVESSENTIALS FOR WOMEN MISC	P		ALIVE WOMENS GUMMY CHEW	P	
ACTIVESSENTIALS/ONC OPLEX & D3 MISC	P		APETIBEX CAPS	P	RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	P	RX/OTC	APPE-CURB CAPS	P	RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	P	RX/OTC			
ACTIVNUTRIENTS CAPS	P	RX/OTC			
ADEK GUMMIES PLUS ZN CHEW	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BARIATRIC FUSION CHEW	P		CELEBRATE MULTI-COMplete 60 CHEW	P	
BARIATRIC MULTIVITAMIN/IRON CHEW	P		CENTRUM ADULT 50+ MULTIGUMMIES CHEW	P	
BARIATRIC MULTIVITAMINS/IRON CAPS	P	RX/OTC	CENTRUM ADULTS MULTIGUMMIES CHEW	P	
BARIATRIC MULTIVITAMINS/IRON CHEW	P		CENTRUM FLAVOR BURST ADULT CHEW	P	
BARIATRIC MULTIVITAMINS CAPS	P	RX/OTC	CENTRUM FLAVOR BURST CHEW	P	
BARIATRIC MULTIVITAMINS CHEW	P		CENTRUM FRESH/FRUITY 50+ CHEW	P	
BIO-35 GLUTEN-FREE CAPS	P	RX/OTC	CENTRUM FRESH/FRUITY ADULT CHEW	P	
BIO-35 IRON FREE CAPS	P	RX/OTC	CENTRUM MULTI + OMEGA 3 CHEW	P	
BIOCAL CAPS	P	RX/OTC	CENTRUM SILVER CHEW	P	
BIOTECT PLUS CAPS	P	RX/OTC	CENTRUM VITAMINTS CHEW	P	
BONEUP 3 PER DAY CAPS	P	RX/OTC	CHOICEFUL MULTIVITAMIN CAPS	P	RX/OTC
BONEUP CAPS	P	RX/OTC	CHOICEFUL MULTIVITAMIN CHEW	P	
BOOSTNOW IMMUNE SUPPORT CAPS	P	RX/OTC	CONCEPTIONXR MOTILITY SUPPORT MISC	P	
BURIED TREASURE ACTIVE 55 PLUS LIQD	P	RX/OTC	CULTURELLE PROBIOTIC MEN DAILY CAPS	P	RX/OTC
CELEBRATE MULTI-COMplete 18 CAPS	P	RX/OTC	CULTURELLE PROBIOTICS + MULTIV CHEW	P	
CELEBRATE MULTI-COMplete 18 CHEW	P		CVS ADULT 50+ EYE HEALTH CAPS	P	RX/OTC
CELEBRATE MULTI-COMplete 36 CAPS	P	RX/OTC	CVS ADULT MULTIVITAMIN CHEW	P	
CELEBRATE MULTI-COMplete 36 CHEW	P		CVS AIRSHIELD IMMUNITY SUPPORT CHEW	P	
CELEBRATE MULTI-COMplete 45 CAPS	P	RX/OTC			
CELEBRATE MULTI-COMplete 45 CHEW	P				
CELEBRATE MULTI-COMplete 60 CAPS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS DIABETES HEALTH SUPPORT MISC	P		EMERGEN-C VITAMIN C CHEW	P	
CVS EYE HEALTH ADULT 50+ CAPS	P	RX/OTC	ENDUR-VM WITH IRON TBCR	P	
CVS IMMUNE SUPPORT CAPS	P	RX/OTC	ENDUR-VM TBCR	P	
CVS SPECTRAVITE ADULT 50+ CHEW	P		EQ MULTIVITAMINS ADULT GUMMY CHEW	P	
CVS SPECTRAVITE WOMEN CHEW	P		EQL ONE DAILY ADULT GUMMIES CHEW	P	
CVS VISION HEALTH CAPS	P	RX/OTC	EYE HEALTH CAPS	P	RX/OTC
DAILY DIABETES HEALTH PACK MISC	P		EYE MULTIVITAMIN CAPS	P	RX/OTC
DAILY HEART HEALTH SUPPORT MISC	P		FLORRAXYL TABS	NP	RX/OTC
DAILY PAK MAXIMUM MULTIVITAMIN MISC	P		FOLAGENT DHA CAPS	P	RX/OTC
DECUBI-VITE CAPS	P	RX/OTC	FOLAMED DHA CAPS	P	RX/OTC
DEKAS BARIATRIC CHEW	P		FOLAPRIME TABS	NP	RX/OTC
DEKAS PLUS OCEAN CAPS	P	RX/OTC	FT ADULT MULTI GUMMIES CHEW	P	
DEKAS PLUS CAPS	P	RX/OTC	FT IMMUNE SUPPORT CHEW	P	
DEKAS PLUS CHEW	P		GENADEK STEP 1 CAPS	P	RX/OTC
DEPLIN MA CAPS	P	RX/OTC	GENADEK STEP 2 CAPS	P	RX/OTC
DEXATRAM CAPS	P	RX/OTC	HAIR/SKIN/NAILS CAPS	P	RX/OTC
DIABETES HEALTH MISC	P		HEALTHY EYES SUPERVISION 2 CAPS	P	RX/OTC
EMERGEN-C APPLE CIDER VINEGAR CHEW	P		IMMUNE ESSENTIALS DAILY CAPS	P	RX/OTC
EMERGEN-C ASHWAGANDHA CHEW	P		IMMUNE SUPPORT CHEW	P	
EMERGEN-C ELDERBERRY CHEW	P		KEYFOLIC TABS	NP	RX/OTC
EMERGEN-C IMMUNE PLUS/VIT D CHEW	P		KP MENS DAILY PACK MISC	P	
EMERGEN-C IMMUNE+ CHEW	P		KP WOMENS DAILY MISC	P	
EMERGEN-C TURMERIC & GINGER CHEW	P		LIFE PACK MENS MISC	P	
			LIFE PACK WOMENS MISC	P	
			LIVITA ADULTS LIQD	P	RX/OTC
			LYSIPLEX PLUS LIQD	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAXIMIN PACK MISC 1390 MG-30 MCG-500 MCG-16.5 MG-70 MG-8 MG-20 MG-11.9 MG-250 MCG-300 MCG-35 MCG- 202.5 MG-50 MG-2.3 MG- 45 MCG-80 MG-2 MG-5 MG-150 MCG-45 MCG- 0.9 MG-10 MCG-11 MG- 720 MG-150 MCG-50 MG- 55 MCG-750 MCG-30 MCG-25 MCG-70 MG	P		MVW COMPLETE FORMULATION CAPS	P	RX/OTC
			MVW HI-D ADEK GUMMIES CHEW	P	
			MVW MODULATOR FORMULATION MINI CAPS	P	RX/OTC
			MVW MODULATOR FORMULATION CAPS	P	RX/OTC
			MVW ORANGE CHEWABLES CHEW	P	
MENATROL CAPS	P	RX/OTC	OCUVEL CAPS 250 MG- 0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	RX/OTC
MENS 50+ ADVANCED CAPS	P	RX/OTC	OCUVITE ADULT 50+ CAPS	P	RX/OTC
MENS MULTIVITAMIN GUMMIES CHEW	P		OCUVITE ADULT FORMULA CAPS	P	RX/OTC
MENS MULTIVITAMIN CHEW	P		OCUVITE-LUTEIN CAPS	P	RX/OTC
MENS PACK MISC	P		ONE A DAY IMMUNITY DEFENSE CHEW	P	
MOOD FOOD ES CAPS	P	RX/OTC	ONE A DAY MENS VITACRAVES CHEW	P	
MOOD FOOD CAPS	P	RX/OTC	ONE A DAY WOMEN 50 PLUS CHEW	P	
MULTIA CAPS	P	RX/OTC	ONE-A-DAY FOR HER VITACRAVES CHEW	P	
<i>multiple vitamins w/ minerals CAPS</i>	P	RX/OTC	ONE-A-DAY FOR HIM VITACRAVES CHEW	P	
<i>multiple vitamins w/ minerals CHEW</i>	P		ONE-A-DAY MENS VITACRAVES CHEW	P	
<i>multiple vitamins w/ minerals CHEW</i>	P		ONE-A-DAY VITACRAVES ADULT CHEW	P	
<i>multiple vitamins w/ minerals LIQD</i>	P	RX/OTC	ONE-A-DAY VITACRAVES IMMUNITY CHEW	P	
<i>multiple vitamins w/ minerals TBCR</i>	P		ONE-A-DAY VITACRAVES SOUR CHEW	P	
MULTI-VITE LIQD	P	RX/OTC	ONE-A-DAY VITACRAVES CHEW	P	
MVW COMPLETE FORMULATION D3000 CAPS	P	RX/OTC			
MVW COMPLETE FORMULATION D5000 CAPS	P	RX/OTC			
MVW COMPLETE FORMULATION MINIS CAPS	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY WOMENS VITACRAVES CHEW	P		SUPER ANTIOXIDANT CAPS	P	RX/OTC
ONE-DAILY MULTI CAPS CAPS	P	RX/OTC	SUPPORT LIQD	P	RX/OTC
OPTIFAST POST BARIATRIC CHEW	P		SYSTANE ICAPS AREDS2 CHEW	P	
OPTIMUM AIRVITES CHEW	P		THERA M PLUS TABS	P	RX/OTC
OPTISOURCE POST BARIATRIC SURG CHEW	P		THERAMILL FORTE CAPS	P	RX/OTC
OPURITY BYPASS OPTIMIZED CHEW	P		THERANATAL LACTATION COMPLETE MISC	P	
PREMIUM PACKETS MISC	P		THERANATAL LACTATION ONE CAPS	P	RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	P	RX/OTC	ULTRA MEGA GOLD TBCR	P	
PRESERVISION AREDS 2+MULTI VIT CAPS	P	RX/OTC	ULTRA MEGA TWO TBCR	P	
PRESERVISION AREDS 2 CAPS	P	RX/OTC	ULTRA MEGA TBCR	P	
PRESERVISION AREDS 2 CHEW	P		VISION HEALTH CAPS	P	RX/OTC
PRESERVISION AREDS CAPS	P	RX/OTC	VISION OPTIMIZER CAPS	P	RX/OTC
PRESERVISION/LUTEIN CAPS	P	RX/OTC	VISTA ADVANCED AREDS2 FORMULA CAPS	P	RX/OTC
PROBIOTICS + BARIATRIC MULTI CAPS	P	RX/OTC	VISTA ADVANCED DRY EYE FORMULA CAPS	P	RX/OTC
PRORENAL + D W/ OMEGA-3 CAPS	P	RX/OTC	VITABEX PLUS CAPS	P	RX/OTC
PROTECT CARDIO AF CAPS	P	RX/OTC	VITABEX CAPS	P	RX/OTC
PROTECT PLUS SO CAPS	P	RX/OTC	VITACHEW ADULT MULTI VITAMIN CHEW	P	
PROTEGRA CAPS	P	RX/OTC	VITAFUSION MULTI WOMENS CHEW	P	
QC OCUHEALTH VISION SUPPORT 2 CAPS	P	RX/OTC	VITAJoy MULTI GUMMIES ADULT CHEW	P	
REMEDIENT CAPS	P	RX/OTC	VITEYES CLASSIC ADVANCED CAPS	P	RX/OTC
SKIN HAIR & NAILS ADVANCED CAPS	P	RX/OTC	VITEYES CLASSIC MACULAR SUPPOR CAPS	P	RX/OTC
			VITEYES CLASSIC+OMEGA-3 CAPS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WAL-BORN VITAMIN C CHEW	P		MULTIVITAMIN ADULT TABS	P	RX/OTC
WOMENS MULTI GUMMIES CHEW	P		MULTIVITAMIN+ LIQD	P	
WOMENS MULTIVITAMIN + COLLAGEN CHEW	P		MULTIVITAMIN TABS	P	RX/OTC
WOMENS MULTIVITAMIN GUMMIES CHEW	P		NEOMULTIVITE TABS	P	RX/OTC
WOMENS PACK MISC	P		NUTRA-Z+ CAPS	P	RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW	P		OMNICAP TABS	P	RX/OTC
YUM-VS COMPLETE MULTIVITAMIN CHEW	P		ONE DAILY ESSENTIALS TABS	P	RX/OTC
YUMVS MULTI ZERO CHEW	P		ONE DAILY ESSENTIAL TABS	P	RX/OTC
YUMVS ZERO DIABETIC MULTIVITAM CHEW	P		ONE VITE DAILY MULTIVITAMIN TABS	P	RX/OTC
Multivitamins			ONE-A-DAY ESSENTIAL TABS <i>(multiple vitamin)</i>	P	RX/OTC
ALTRIXA TABS	P	RX/OTC	ONE-A-DAY MENS TABS <i>(multiple vitamin)</i>	P	RX/OTC
AMLADEX TABS	P	RX/OTC	QUINTABS TABS	P	RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	RX/OTC	STRESS FORMULA/ZINC/ENERGY TABS	P	RX/OTC
DEKAS ESSENTIAL CAPS	P	RX/OTC	THERA TABS	P	RX/OTC
DEKAS ESSENTIAL LIQD	P		THEREMS TABS	P	RX/OTC
DIALYVITE 800 LIQD	P		TM-DAILY VITE TABS	P	RX/OTC
ESTROFACTORS TABS	P	RX/OTC	TRIVIA COMPLETE CAPS	P	RX/OTC
FOLCYTEINE TABS	P	RX/OTC	TRUE MULTIVITAMIN TABS	P	RX/OTC
GENICIN VITA-Q TABS	P	RX/OTC	ZELDANA CAPS	P	RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	RX/OTC	Ped Multi Vitamins w/Fl & FE		
MINCORA TABS	P	RX/OTC	<i>ped multivitamins w/fl & iron SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML</i>	P	RX/OTC
MOMMY'S BLISS MV ORGANIC DROPS LIQD	P		Ped Multiple Vitamins w/ Minerals		
MULTI VITAMIN W/D-3 TABS	P	RX/OTC	LIVITA CHILDREN LIQD	NP	RX/OTC
MULTI VITAMIN TABS	P	RX/OTC	Ped MV w/ Fluoride		
<i>multiple vitamin CAPS</i>	P	RX/OTC			
<i>multiple vitamin TABS</i>	P	RX/OTC			
<i>multiple vitamin TABS</i>	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAVIMET-FLUORIDE CHEW	NP		Pediatric Multiple Vitamins		
FLORAFOL PEDIATRIC CHEW	NP	RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN PO	P	
FLOTREX CHEW 0.25 MG	P	RX/OTC	FT CHILDRENS MULTI PLUS IMMUNE CHEW	P	
MULTIVITAMIN + FLUORIDE CHEW 0.25 MG	P	RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN PO	P	
MULTIVITAMIN/FLUORIDE CHEW	P	RX/OTC	NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	P	
MULTIVITAMIN/FLUORIDE CHEW	P	RX/OTC	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	
MULTIVITAMIN/FLUORIDE SOLN	P	RX/OTC	<i>pediatric multiple vitamins CHEW</i>	P	
MULTI-VIT-FLOR CHEW	P	RX/OTC	POLY-VI-SOL SOLN PO	P	
<i>pediatric multivitamins w/fl CHEW 0.5 MG, 1 MG</i>	NP	RX/OTC	POLY-VITA SOLN PO	P	
<i>pediatric multivitamins w/fl CHEW</i>	P	RX/OTC	POLY-VITE PEDIATRIC SOLN PO	P	
POLY-VI-FLOR CHEW	P	RX/OTC	Pediatric Vitamins		
QUFLORA PEDIATRIC CHEW	P	RX/OTC	HONEY BEARS	P	
SOLUVITA ACD WITH FLUORIDE SOLN	NP	RX/OTC	MULTIVITAMIN GUMMIES CHILDRENS	P	
VITAMINS ACD-FLUORIDE SOLN	P	RX/OTC	Prenatal Vitamins		
Ped MV w/ Iron			ALIVE DAILY SUP PRENATAL GUMMI	NP	QL(2 EA daily); AL(Up to 50 yrs old)
BPROTECTED PEDIA POLY-VITE/FE SOLN	P		ALIVE PRENATAL	NP	QL(1 EA daily); AL(Up to 50 yrs old)
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	P		AZESCO TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
HONEY BEARS W/IRON-ZINC CHEW	P		BRAINSTRONG PRENATAL MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
MULTIVITAMIN DROPS/IRON SOLN	P		CADEAU DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)
MULTIVITAMINS PLUS IRON CHILD CHEW	P		CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NP	QL(2 EA daily); AL(Up to 50 yrs old)
<i>pediatric multiple vitamins w/ iron CHEW</i>	P		CITRANATAL MEDLEY	NP	QL(1 EA daily); AL(Up to 50 yrs old)
POLY-VITE/IRON SOLN	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
C-NATE DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	KOSHER PRENATAL PLUS IRON TABS	NP	QL(2 EA daily); AL(Up to 50 yrs old)
COMPLETE NATAL DHA	P	QL(2 EA daily); AL(Up to 50 yrs old)	KOSHER PRENATAL PLUS IRON TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
COMPLETENATE CHEW	NP	QL(1 EA daily); AL(Up to 50 yrs old)	KP PRENATAL MULTIVITAMINS TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
CONCEPT DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	KPN PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
CONCEPT OB	NP	QL(1 EA daily); AL(Up to 50 yrs old)	M-NATAL PLUS TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-2000 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-5 MG-35 MG	NP	QL(2 EA daily); AL(Up to 50 yrs old)	MULTI PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
CVS PRENATAL GUMMY	NP	QL(1 EA daily); AL(Up to 50 yrs old)	MULTI-MAC	NP	QL(1 EA daily); AL(Up to 50 yrs old)
CVS PRENATAL MULTI+DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	NATAL PNV TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	NP	QL(1 EA daily); AL(Up to 50 yrs old)	NEONATAL + DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
CVS WOMENS PRENATAL+DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)	NEONATAL COMPLETE TABS 120 MG-3 MG-30 MCG-1000 MCG-25 MCG-8 MCG-3 MG-20 MG-7 MG-29 MG-200 MG-3 MG-100 MG-15 MG-3 MG-1200 MCG-150 MCG-18.4 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
DERMACINRX PRETRATE TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	NEONATAL FE	NP	QL(1 EA daily); AL(Up to 50 yrs old)
ENBRACE HR	NP	QL(1 EA daily); AL(Up to 50 yrs old)	NEONATAL PLUS TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
FOLIVANE-OB	NP	QL(1 EA daily); AL(Up to 50 yrs old)	NEO-VITAL RX TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
GNP PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	NESTABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATAL MULTI +DHA CAPS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-150 MG-1.5 MG-25 MG-200 MG-11 UNIT-28 MG-4000 UNIT-228 MG, 60 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-38 MG-1.5 MG-25 MG-4000 UNIT-11 UNIT-250 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)	<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG, 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG</i>	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL MULTIVITAMIN + DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)	PRENATAL VITAMIN AND MINERAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL MULTIVITAMIN PLUS DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL ONE DAILY TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL/IRON TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATAL PLUS VITAMIN/MINERAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	PRENATAL+DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
<i>prenatal vit w/ ferrous fumarate-folic acid CHEW</i>	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
<i>prenatal vit w/ ferrous fumarate-folic acid TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG</i>	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATAL TABS 100 UNIT-0.75 MG-25 MCG-200 MCG-0.5 MG-2.5 MCG-500 UNIT-0.75 MG-5 MG-2.5 MG-6.75 MG-0.5 MG-3.75 MG-15 MG-25 MG-0.5 MG-50 MG-3.75 UNIT, 120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	NP	QL(2 EA daily); AL(Up to 50 yrs old)
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	NP	QL(1 EA daily); AL(Up to 50 yrs old)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRENATRYL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
PRENATAL-U CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PRIMACARE	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	PROVIDA OB	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATE AM	NP	QL(1 EA daily); AL(Up to 50 yrs old)	RA PRENATAL TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)	SELECT-OB+DHA MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)	SELECT-OB CHEW	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATE ENHANCE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	SE-NATAL 19 CHEW	P	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)	SE-NATAL 19 TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	NP	QL(1 EA daily); AL(Up to 50 yrs old)	TARON-C DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)
PRENATE PIXIE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	THERANATAL COMPLETE MISC	NP	QL(2 EA daily); AL(Up to 50 yrs old)
PRENATE RESTORE	NP	QL(1 EA daily); AL(Up to 50 yrs old)	THERANATAL CORE NUTRITION TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
PRENATRIX TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC	THERANATAL ONE CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
			THERANATAL OVAVITE	NP	QL(2 EA daily); AL(Up to 50 yrs old)
			THRIVITE RX TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
			TRICARE TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
			TRINATAL RX 1 TABS	P	QL(1 EA daily); AL(Up to 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRISTART DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	WESNATE DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
ULTRA PRENATAL VIT/MIN + DHA CAPS	NP		WESTAB PLUS TABS	P	QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC
VIRT-NATE DHA CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	WESTGEL DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)
VIRT-PN DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ZALVIT TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)
VITAFOL FE+	NP	QL(1 EA daily); AL(Up to 50 yrs old)	Specialty Vitamins Products		
VITAFOL GUMMIES	NP	QL(2 EA daily); AL(Up to 50 yrs old)	ADRENAL MANAGER CAPS	P	RX/OTC
VITAFOL ULTRA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ADRENAL STRESS CALM TABS	P	RX/OTC
VITAFOL-OB+DHA MISC	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ADRENALIV CAPS	P	RX/OTC
VITAFOL-OB TABS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ADRENOLD CAPS	P	RX/OTC
VITAFOL-ONE CAPS	NP	QL(1 EA daily); AL(Up to 50 yrs old)	ALLERWELL ALLERGY FORMULA TABS	P	RX/OTC
VITAMEDMD ONE RX/QUATREFOLIC	NP	QL(1 EA daily); AL(Up to 50 yrs old)	BILBERRY PLUS CAPS	P	RX/OTC
VITAMEDMD REDICHEW RX	NP	QL(1 EA daily); AL(Up to 50 yrs old)	BIOTIN PLUS KERATIN TABS	P	RX/OTC
VITAPEARL	NP	QL(1 EA daily); AL(Up to 50 yrs old)	BRAIN MIGHT/DHA & CO Q10 TABS	P	RX/OTC
VITATRUE	NP	QL(2 EA daily); AL(Up to 50 yrs old)	CARDIOPRESS CAPS	P	RX/OTC
WESCAP-PN DHA	NP	QL(1 EA daily); AL(Up to 50 yrs old)	CENTRUM PERFORMANCE TABS	P	RX/OTC
WESNATAL DHA COMPLETE	P	QL(2 EA daily); AL(Up to 50 yrs old)	CENTRUM SPECIALIST ENERGY TABS	P	RX/OTC
			CHOLASE CONTROL CAPS	P	RX/OTC
			COLLAGEN ULTRA CAPS	P	RX/OTC
			CORTICARE B CAPS	P	RX/OTC
			CVS HAIR/SKIN/NAILS TABS	P	RX/OTC
			ELON MATRIX 5000 COMPLETE TABS	P	RX/OTC
			ELON MATRIX 5000 TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELON MATRIX COMPLETE TABS	P	RX/OTC	MG PLUS PROTEIN TABS	P	RX/OTC
ELON MATRIX PLUS TABS	P	RX/OTC	MIL ADREGEN TABS	P	RX/OTC
ELON R3 TABS	P	RX/OTC	MM BIOTIN/KERATIN CAPS	P	RX/OTC
FEMQUIL CAPS	P	RX/OTC	NERVIVE NERVE RELIEF TABS	P	RX/OTC
GLYCOTROL COMPLETE CAPS	P	RX/OTC	NITRIVIA CAPS	P	RX/OTC
GLYCOTROL CAPS	P	RX/OTC	PRO HERS RX CAPS	P	RX/OTC
HAIR FARE TABS	P	RX/OTC	PRO HIS RX CAPS	P	RX/OTC
HAIR NOURISHING SUPPLEMENT TABS	P	RX/OTC	PRO PCOS RX CAPS	P	RX/OTC
HEALTHY HEART COMPLEX TABS	P	RX/OTC	RA EAR CARE TABS	P	RX/OTC
HEART SAVIOR CAPS	P	RX/OTC	RETAIN VISION CAPS	P	RX/OTC
HEART TABS TABS	P	RX/OTC	<i>specialty vitamins products</i> TABS	P	RX/OTC
IMMUNERX CAPS	P	RX/OTC	SYNERTROPIN CAPS	P	RX/OTC
IMMUNICARE CAPS	P	RX/OTC	THERABETIC EYE HEALTH TABS	P	RX/OTC
INFLAMEX CAPS	P	RX/OTC	UPSPRING HE NATAL TABS	P	RX/OTC
INULOSE BLOOD SUGAR SUPPORT CAPS	P	RX/OTC	Vitamin Mixtures		
LIPIDSHIELD PLUS TABS	P	RX/OTC	COD LIVER OIL FOR KIDS OIL	P	RX/OTC
LIPOTRIAD VISION SUPPORT PLUS CAPS	P	RX/OTC	<i>cod liver oil</i> CAPS	P	
LIPOTRIAD VISION SUPPORT CAPS	P	RX/OTC	COD LIVER OIL OIL	P	RX/OTC
LIPOTRIAD VISIONARY CAPS	P	RX/OTC	CRANBERRY URINARY COMFORT	P	
MEDCAPS DPO CAPS	P	RX/OTC	E-400/SELENIUM CAPS	P	
MEDCAPS GI CAPS	P	RX/OTC	ECEE PLUS TABS	P	
MEDCAPS IS CAPS	P	RX/OTC	<i>niacin w/ inositol</i>	P	
MEDCAPS T3 CAPS	P	RX/OTC	NORWEGIAN COD LIVER OIL OIL	P	RX/OTC
MEMORALL CAPS	P	RX/OTC	QC COD LIVER OIL OIL	P	RX/OTC
MEMORY COMPLEX BRAIN HEALTH TABS	P	RX/OTC	RA COD LIVER OIL OIL	P	RX/OTC
METHYL PROTECT CAPS	P	RX/OTC	<i>vitamins a & d w/ c</i>	P	
METHYL-GUARD PLUS CAPS	P	RX/OTC	<i>vitamins a & d</i> CAPS	P	
METHYL-GUARD CAPS	P	RX/OTC	Vitamins w/ Lipotropics		
			ACTIFLOVIT EAR HEALTH TABS	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>vitamins w/ lipotropics CAPS</i>	P		ZANAFLEX TABS 4 MG (tizanidine hcl)	NP	
<i>vitamins w/ lipotropics TABS</i>	P		Direct Muscle Relaxants		
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			DANTRIUM CAPS 25 MG (dantrolene sodium)	NP	
Central Muscle Relaxants			<i>dantrolene sodium CAPS</i>	NP	
AMRIX CP24 (cyclobenzaprine hcl)	NP		Muscle Relaxant Combinations		
<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP		<i>orphenadrine w/ aspirin & caff</i>	NP	
<i>baclofen SUSP</i>	NP		Viscosupplements		
<i>baclofen TABS 15 MG</i>	NP		SYNVISC ONE SOSY	P	SP
<i>baclofen TABS 5 MG, 10 MG, 20 MG</i>	P		SYNVISC SOSY	P	SP
<i>carisoprodol TABS</i>	NP	PA	NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
<i>chlorzoxazone TABS</i>	NP		Nasal Agent Combinations		
<i>cyclobenzaprine hcl CP24</i>	NP		<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P		DYMISTA SUSP (azelastine hcl-fluticasone propionate)	NP	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP		RYALTRIS	NP	
FLEQSUVY SUSP (baclofen)	NP		Nasal Agents - Misc.		
LYVISPAH PACK	NP		AYR SALINE NASAL DROPS SOLN	P	
<i>metaxalone</i>	NP		FT SALINE NASAL SPRAY SOLN	P	
METAXALONE 640 MG	NP		FT SALINE NASAL SPRAY SOLN	NP	
<i>methocarbamol TABS 1000 MG</i>	NP		LITTLE REMEDIES SALINE SOLN	P	
<i>methocarbamol TABS 500 MG, 750 MG</i>	P		<i>saline SOLN 0.65 %</i>	P	
<i>orphenadrine citrate TB12</i>	NP		Nasal Antiallergy		
SOMA TABS (carisoprodol)	NP	PA	<i>azelastine hcl 0.15 %</i>	NP	RX/OTC
<i>tizanidine hcl CAPS</i>	NP		<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	
<i>tizanidine hcl TABS</i>	P		<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	
ZANAFLEX CAPS (tizanidine hcl)	NP				

Drug Name	Drug Tier	Requirements/ Limits
<i>olopatadine hcl (nasal)</i>	NP	
PATANASE (<i>olopatadine hcl (nasal)</i>)	NP	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	P	
Nasal Steroids		
BECONASE AQ	NP	
<i>budesonide (nasal)</i>	NP	
<i>flunisolide (nasal)</i>	NP	
<i>fluticasone propionate (nasal) SUSP</i>	NP	RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	P	RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	NP	RX/OTC
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	NP	
NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	NP	RX/OTC
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
<i>triamcinolone acetonide (nasal) AERO</i>	NP	
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
<i>epinephrine hcl (nasal)</i>	P	
<i>oxymetazoline hcl SOLN 0.05 %</i>	NP	
<i>phenylephrine hcl (oral) TABS</i>	P	
<i>pseudoephedrine hcl TABS</i>	P	
<i>pseudoephedrine hcl TB12</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	P	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	NP	SP
NUTRIENTS		
Misc. Nutritional Substances		
KELP-B6-LECITHIN-VINEGAR CAPS	P	
<i>omega-3 fatty acids CAPS 1000 MG</i>	P	
Proteins		
<i>glutamine TABS</i>	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
ALCON TEARS SOLN	P	
<i>artificial tear solution</i>	P	
BION TEARS PF	P	
<i>carboxymethylcellulose sodium (ophth) GEL</i>	P	
<i>carboxymethylcellulose sodium (ophth) SOLN 0.25 %, 0.5 %</i>	P	
<i>carboxymethylcellulose sodium (ophth) SOLN 0.25 %, 0.5 %</i>	P	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	P	
GENTEAL TEARS MODERATE PF (<i>dextran 70-hypromellose</i>)	P	
<i>glycerin-hypromellose-polyethylene glycol 400</i>	P	
LACRISERT	P	
<i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>polyvinyl alcohol 1.4 %</i>	P		ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	P	
<i>polyvinyl alcohol 1.4 %</i>	NP		<i>levobunolol hcl 0.5 %</i>	P	
<i>propylene glycol-glycerin</i>	P		<i>timolol</i>	NP	
PURE & GENTLE LUBRICANT SOLN	P		<i>timolol maleate (ophth) SOLG</i>	NP	
REFRESH LIQUIGEL GEL (<i>carboxymethylcellulose sodium (ophth)</i>)	P		<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	
REFRESH PLUS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	P		<i>timolol maleate (ophth) SOLN</i>	P	
REFRESH TEARS SOLN (<i>carboxymethylcellulose sodium (ophth)</i>)	P		TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NP	
<i>white petrolatum-mineral oil</i>	P		TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	NP	
<i>white petrolatum-mineral oil</i>	P		TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	NP	
Beta-blockers - Ophthalmic			Cholinergic Agonists		
<i>betaxolol hcl (ophth) SOLN</i>	NP		TYRVAYA	NP	
BETIMOL	NP		Cycloplegic Mydriatics		
BETIMOL (<i>timolol</i>)	NP		<i>atropine sulfate (ophthalmic) OINT</i>	P	
BETOPTIC-S SUSP	NP		<i>atropine sulfate (ophthalmic) SOLN</i>	P	
<i>brimonidine tartrate-timolol maleate</i>	NP		ATROPINE SULFATE SOLN 1 %	P	
<i>carteolol hcl (ophth)</i>	P		CYCLOGYL	P	
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	P	Brand Preferred	<i>cyclopentolate hcl 1 %</i>	P	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NP		ISOPTO ATROPINE SOLN	P	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NP		<i>phenylephrine hcl (mydriatic) SOLN</i>	P	
<i>dorzolamide hcl-timolol maleate</i>	P		<i>tropicamide SOLN</i>	P	
<i>dorzolamide hcl-timolol maleate</i>	NP		Miotics		
<i>dorzolamide hcl-timolol maleate</i>	P		PHOSPHOLINE IODIDE	NP	
			<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P	
			Ophthalmic Adrenergic Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALPHAGAN P (brimonidine tartrate)	P	Brand Preferred	sulfacetamide sodium (ophth) SOLN	NP	
apraclonidine hcl	NP		tobramycin (ophth) SOLN	P	
brimonidine tartrate 0.1 %, 0.15 %	NP		TOBREX OINT	NP	
brimonidine tartrate 0.2 %	P		trifluridine	P	
IOPIDINE	NP		VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	NP	
LUMIFY	NP		XDEMVY	NP	
SIMBRINZA	P		Ophthalmic Decongestants		
Ophthalmic Anti-infectives			ADVANCED EYE RELIEF MAX RED	P	
AZASITE	NP		naphazoline w/ pheniramine 0.3 %-0.025 %	P	
bacitracin (ophthalmic)	NP		naphazoline w/ pheniramine 0.315 %-0.027 %	NP	
bacitracin-polymyxin b (ophth)	P		naphazoline-polyethylene glycol 300	P	
BESIVANCE	NP		NAPHCN-A (naphazoline w/ pheniramine)	P	
CILOXAN OINT	P		tetrahydrozoline hcl (ophth) 0.05 %	P	
ciprofloxacin hcl (ophth) SOLN	P		tetrahydrozoline w/ polyethylene glycol	P	
erythromycin (ophth)	P		tetrahydrozoline w/ zinc sulfate	P	
gatifloxacin (ophth)	NP		tetrahydrozoline-dextran-polyethylene glycol-povidone	P	
gentamicin sulfate (ophth) SOLN	NP		Ophthalmic Immunomodulators		
gentamicin sulfate (ophth) SOLN	P		CEQUA SOLN	NP	
moxifloxacin hcl (ophth) SOLN OP	NP		cyclosporine (ophth) EMUL	NP	
moxifloxacin hcl (ophth) SOLN OP	P		RESTASIS MULTIDOSE EMUL	NP	
NATACYN	NP		RESTASIS EMUL (cyclosporine (ophth))	P	Brand Preferred
neomycin-bacitracin zn-polymyxin	NP		VERKAZIA EMUL	NP	
neomycin-polymyxin-gramicidin	NP		VEVYE SOLN	NP	
OCUFLOX (ofloxacin (ophth))	NP				
ofloxacin (ophth)	P				
polymyxin b-trimethoprim	P				
sulfacetamide sodium (ophth) OINT	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Integrin Antagonists			MAXITROL SUSP (neomycin-polymy-dexameth)	NP	
XIIDRA	NP		neomycin-polymy-dexameth OINT	P	
Ophthalmic Kinase Inhibitors			neomycin-polymy-dexameth SUSP	P	
RHOPRESSA	NP		neomycin-polymyxin-hc (ophth)	P	
ROCKLATAN	NP		OZURDEX IMPL	NP	SP
Ophthalmic Steroids			PRED FORTE (prednisolone acetate (ophth))	P	
ALREX SUSP (loteprednol etabonate)	NP		PRED MILD	P	
bacitracin-poly-neomycin-hc	NP		prednisolone acetate (ophth)	P	
dexamethasone sodium phosphate (ophth)	P		PREDNISOLONE SODIUM PHOSPHATE	P	
DEXTENZA INST	NP	SP	RETISERT	NP	SP
difluprednate	NP		sulfacetamide sod-prednisolone SOLN	P	
DUREZOL (difluprednate)	P	Brand Preferred	TOBRADEX ST SUSP	NP	
EYSUVIS SUSP	NP		TOBRADEX OINT	P	
FLAREX	P		tobramycin-dexamethasone SUSP	NP	
fluorometholone (ophth) SUSP	P		TRIESENCE	NP	SP
FML FORTE SUSP	P		YUTIQ	NP	SP
FML LIQUIFILM SUSP (fluorometholone (ophth))	NP		ZYLET	NP	
ILUVIEN	NP	SP	Ophthalmics - Misc.		
INVELTYS SUSP	NP		ACULAR (ketorolac tromethamine (ophth))	NP	
LOTEMAX SM GEL	NP		ACULAR LS (ketorolac tromethamine (ophth))	NP	
LOTEMAX GEL (loteprednol etabonate)	P	Brand Preferred	ACUVAIL	NP	
LOTEMAX OINT	P		ALOMIDE	NP	
LOTEMAX SUSP (loteprednol etabonate)	P	Brand Preferred	azelastine hcl (ophth)	P	
loteprednol etabonate GEL	NP		AZOPT (brinzolamide)	NP	
loteprednol etabonate SUSP	NP		bepotastine besilate	NP	
MAXIDEX SUSP OP	P		BEPREVE (bepotastine besilate)	NP	
MAXITROL OINT (neomycin-polymy-dexameth)	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>brinzolamide</i>	NP		<i>bimatoprost SOLN</i>	NP	
<i>bromfenac sodium (ophth)</i>	NP		DURYSTA IMPL	NP	
BROMSITE (<i>bromfenac sodium (ophth)</i>)	NP		IDOSE TR IMPL	NP	
<i>cromolyn sodium (ophth)</i>	P		IYUZEH SOLN	NP	
<i>diclofenac sodium (ophth)</i>	P		<i>latanoprost SOLN</i>	P	
<i>dorzolamide hcl</i>	P		LUMIGAN SOLN 0.01 %	NP	
<i>epinastine hcl (ophth)</i>	NP		<i>tafluprost</i>	NP	
<i>flurbiprofen sodium</i>	P		TRAVATAN Z SOLN (<i>travoprost</i>)	NP	
ILEVRO	NP		<i>travoprost SOLN</i>	P	
<i>ketorolac tromethamine (ophth)</i>	P		VYZULTA	NP	
<i>ketotifen fumarate (ophth) 0.035 %</i>	P		XALATAN SOLN (<i>latanoprost</i>)	NP	
LASTACAFT	NP		XELPROS EMUL	NP	
MIEBO	NP		ZIOPTAN (<i>tafluprost</i>)	NP	
MURO 128 OINT (<i>sodium chloride hypertonic</i>)	P		OTIC AGENTS - Drugs to Treat the Ear		
MURO 128 SOLN	P		Otic Agents - Miscellaneous		
MURO 128 SOLN (<i>sodium chloride hypertonic</i>)	P		<i>acetic acid (otic)</i>	P	
NEVANAC	P		<i>acetic acid (otic)</i>	NP	
<i>olopatadine hcl</i>	P	RX/OTC	<i>carbamide peroxide (otic) 6.5 %</i>	P	
<i>olopatadine hcl 0.1 %</i>	NP	RX/OTC	Otic Anti-infectives		
PATADAY (<i>olopatadine hcl</i>)	NP	RX/OTC	<i>ciprofloxacin hcl (otic)</i>	NP	
PATADAY	NP		<i>ofloxacin (otic)</i>	P	
PROLENSA (<i>bromfenac sodium (ophth)</i>)	NP		Otic Combinations		
<i>sodium chloride hypertonic OINT</i>	P		CIPRO HC	P	
<i>sodium chloride hypertonic SOLN</i>	P		<i>ciprofloxacin-dexamethasone</i>	NP	
ZADITOR 0.035 % (<i>ketotifen fumarate (ophth)</i>)	NP		<i>ciprofloxacin-fluocinolone acetone</i>	NP	
ZERVIAE	NP		CORTISPORIN-TC	P	
Prostaglandins - Ophthalmic			<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	
			<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	
			Otic Steroids		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone w/acetic acid</i>	NP		Aminopenicillins		
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			<i>amoxicillin CAPS</i>	P	
Oxytocics			<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>methylergonovine maleate TABS</i>	P		<i>amoxicillin SUSR</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			AMOXICILLIN SUSR (<i>amoxicillin</i>)	P	
Immune Serums			<i>amoxicillin TABS</i>	P	
ALYGLO	NP	SP	<i>ampicillin sodium IJ 1 GM, 2 GM</i>	P	
ASCENIV	NP		<i>ampicillin CAPS 500 MG</i>	P	
BIVIGAM SOLN	P	SP	Natural Penicillins		
CUTAQUIG	NP	SP	BICILLIN L-A SUSY	P	
CUVITRU SOLN	NP	SP	<i>penicillin v potassium SOLR</i>	P	
FLEBOGAMMA DIF SOLN 2.5 GM/50ML	NP	SP	<i>penicillin v potassium TABS</i>	P	
GAMASTAN	NP	SP	Penicillin Combinations		
GAMMAGARD	P	SP	<i>amoxicillin & pot clavulanate CHEW</i>	P	
GAMMAGARD S/D LESS IGA SOLR	P	SP	<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	NP	SP	<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	NP	
GAMMAPLEX SOLN	NP	SP	<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	P	
GAMUNEX-C	P	SP	<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	NP	
HIZENTRA SOLN	NP	SP	<i>amoxicillin & pot clavulanate TB12</i>	NP	
HIZENTRA SOSY	NP	SP	AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NP	
OCTAGAM SOLN	P	SP			
PANZYGA	NP	SP			
PRIVIGEN SOLN	P	SP			
XEMBIFY	P	SP			
Passive Immunizing Agents - Combinations					
HYQVIA	NP	SP			
PENICILLINS - Drugs to Treat Bacterial Infections					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	NP		SIMILAC STERILIZED WATER	P	
BICILLIN C-R	P		SOSWEET SYRP	P	RX/OTC
BICILLIN C-R 900/300	P		STERILE WATER FOR INJECTION IJ	P	
Penicillinase-Resistant Penicillins			SYRPALTA (RED) SYRP	P	RX/OTC
<i>dicloxacillin sodium</i>	P		SYRPALTA SYRP	P	RX/OTC
PHARMACEUTICAL ADJUVANTS			SYRSPEND SF LIQD	P	RX/OTC
Liquid Vehicles			SYRUP VEHICLE SF SYRP	P	RX/OTC
<i>bacteriostatic sodium chloride</i>	P		SYRUP VEHICLE SYRP	P	RX/OTC
CHERRY	P	RX/OTC	VERSAFREE SYRP	P	RX/OTC
CHERRY CONCENTRATE	P	RX/OTC	VERSAPLUS SYRP	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC	<i>water for injection, sterile IJ</i>	P	
FLAVOR SWEET-SF SYRP	P	RX/OTC	PROGESTINS - Hormone Replacement/Modifying Drugs		
FLAVOR SWEET SYRP	P	RX/OTC	Progestins		
GERBER GOOD START WATER	P		<i>medroxyprogesterone acetate 10 MG</i>	P	
GOOD START STERILE WATER	P		<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	P	QL(1 EA daily)
GRAPE SYRUP SYRP	P	RX/OTC	<i>norethindrone acetate TABS</i>	P	
MX-SOL SF SYRP	P	RX/OTC	<i>progesterone CAPS</i>	P	
MX-SOL SYRP	P	RX/OTC	<i>progesterone OIL</i>	P	
ORAL SUSPEND LIQD	P	RX/OTC	PROMETRIUM CAPS (<i>progesterone</i>)	NP	
ORAL SYRUP SF SYRP	P	RX/OTC	PROVERA 5 MG (<i>medroxyprogesterone acetate</i>)	NP	QL(1 EA daily)
ORAL SYRUP SYRP	P	RX/OTC	PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	NP	
ORAPENN SD ANHYD SWEETENED LIQD	P	RX/OTC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
ORAPENN SD ANHYD UNSWEETEN LIQD	P	RX/OTC	Agents for Chemical Dependency		
ORA-PLUS LIQD	P	RX/OTC	<i>disulfiram</i>	P	
ORA-SWEET SF SYRP 10 %-9 %	P	RX/OTC			
ORA-SWEET SYRP 4 %-5 %-54 %	P	RX/OTC			
PCCA SWEET-SF SYRP	P	RX/OTC			
PCCA SYRUP VEHICLE SYRP	P	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lofexidine hcl</i>	NP		<i>memantine hcl TABS</i>	P	PA
LUCEMYRA (<i>lofexidine hcl</i>)	NP		<i>memantine hcl TABS</i>	NP	PA
Anti-Cataleptic Agents			NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NP	PA
SODIUM OXYBATE SOLN	NP	SP	NAMENDA XR CP24 7 MG, 14 MG (<i>memantine hcl</i>)	NP	QL(1 EA daily); PA
XYREM SOLN	NP	SP	NAMENDA XR CP24 28 MG (<i>memantine hcl</i>)	NP	PA
Antidementia Agents			NAMZARIC C4PK	NP	PA
ADLARITY PTWK	NP	QL(0.143 EA daily); PA	NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	NP	PA
ADUHELM	NP	SP	NAMZARIC CP24	NP	PA
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	NP	QL(1 EA daily); PA	<i>rivastigmine</i>	P	PA
ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	NP	PA	<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	PA
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 EA daily); PA	<i>rivastigmine tartrate CAPS</i>	NP	PA
<i>donepezil hydrochloride TABS 23 MG</i>	NP	PA	Combination Psychotherapeutics		
<i>donepezil hydrochloride TBDP</i>	NP	QL(1 EA daily); PA	<i>chlordiazepoxide-amitriptyline</i>	NP	
EXELON (<i>rivastigmine</i>)	NP	PA	LYBALVI	NP	
<i>galantamine hydrobromide CP24 16 MG, 24 MG</i>	NP	PA	<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG</i>	NP	QL(1 EA daily)
<i>galantamine hydrobromide CP24 8 MG</i>	NP	QL(1 EA daily); PA	<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG</i>	NP	
<i>galantamine hydrobromide SOLN</i>	NP	PA	<i>perphenazine-amitriptyline</i>	P	
<i>galantamine hydrobromide TABS</i>	NP	PA	Fibromyalgia Agents		
LEQEMBI	NP	SP	SAVELLA TITRATION PACK MISC	NP	
<i>memantine hcl CP24 7 MG, 14 MG</i>	NP	QL(1 EA daily); PA	SAVELLA TABS	NP	
<i>memantine hcl CP24 21 MG, 28 MG</i>	NP	PA	Movement Disorder Drug Therapy		
<i>memantine hcl-donepezil hcl CP24</i>	NP	PA	AUSTEDO XR PATIENT TITRATION TEPK	NP	SP
<i>memantine hcl SOLN 2 MG/ML</i>	NP	PA	AUSTEDO XR TB24	NP	SP
			AUSTEDO TABS	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INGREZZA CAPS	P	QL(1 EA daily); SP	MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP; PA
INGREZZA CPPK	P	QL(1 EA daily); SP	MAYZENT TABS	NP	SP; PA
INGREZZA CPSP	NP	QL(1 EA daily); SP	OCREVUS	NP	SP; PA
<i>tetrabenazine</i>	P	SP	OCREVUS ZUNOVO	NP	SP
XENAZINE (<i>tetrabenazine</i>)	NP	SP	PLEGRIDY STARTER PACK SOAJ	NP	SP; PA
Multiple Sclerosis Agents			PLEGRIDY STARTER PACK SOSY SC	NP	SP; PA
AMPYRA (<i>dalfampridine</i>)	NP	SP; PA	PLEGRIDY SOAJ	NP	SP; PA
AUBAGIO 7 MG (<i>teriflunomide</i>)	NP	QL(1 EA daily); SP; PA	PLEGRIDY SOSY IM	NP	SP; PA
AUBAGIO 14 MG (<i>teriflunomide</i>)	NP	SP; PA	PONVORY STARTER PACK TBPK	NP	SP; PA
AVONEX PEN AJKT	P	SP; PA	PONVORY TABS	NP	SP; PA
AVONEX PREFILLED PSKT	P	SP; PA	REBIF REBIDOSE TITRATION PACK SOAJ	P	SP; PA
BAFIERTAM	NP	SP; PA	REBIF REBIDOSE SOAJ	P	SP; PA
BETASERON KIT	NP	SP; PA	REBIF TITRATION PACK SOSY	P	SP; PA
BRIUMVI	NP	SP	REBIF SOSY	P	SP; PA
COPAXONE SOSY (<i>glatiramer acetate</i>)	NP	SP; PA	TASCENSO ODT	NP	SP; PA
<i>dalfampridine</i>	P	SP; PA	TECFIDERA CDPK (<i>dimethyl fumarate</i>)	NP	SP; PA
<i>dimethyl fumarate CDPK</i>	P	SP; PA	TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NP	SP; PA
<i>dimethyl fumarate CPDR</i>	P	SP; PA	<i>teriflunomide 14 MG</i>	P	SP; PA
<i> fingolimod hcl</i>	P	SP; PA	<i>teriflunomide 7 MG</i>	P	QL(1 EA daily); SP; PA
GILENYA (<i>fingolimod hcl</i>)	NP	SP; PA	TYSABRI	P	SP; PA
<i>glatiramer acetate SOSY</i>	P	SP; PA	VUMERITY	NP	SP; PA
KESIMPTA	P	SP; PA	ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP; PA
LEMTRADA	NP	SP; PA	ZEPOSIA STARTER KIT CPPK	NP	SP; PA
MAVENCLAD (10 TABS)	NP	SP; PA	ZEPOSIA CAPS	NP	SP; PA
MAVENCLAD (4 TABS)	NP	SP; PA	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
MAVENCLAD (5 TABS)	NP	SP; PA	<i>gabapentin (once-daily) TABS</i>	NP	
MAVENCLAD (6 TABS)	NP	SP; PA			
MAVENCLAD (7 TABS)	NP	SP; PA			
MAVENCLAD (8 TABS)	NP	SP; PA			
MAVENCLAD (9 TABS)	NP	SP; PA			

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

Drug Name	Drug Tier	Requirements/ Limits
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
PULMOZYME	P	SP
Respiratory Agents - Misc.		
INFASURF TR	P	
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	NP	
DORYX MPC TBEC 60 MG	NP	
DORYX TBEC 80 MG, 200 MG (<i>doxycycline hyclate</i>)	NP	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	P	
<i>doxycycline (monohydrate) CAPS 75 MG, 150 MG</i>	NP	
<i>doxycycline (monohydrate) SUSR</i>	NP	
<i>doxycycline (monohydrate) TABS</i>	P	
<i>doxycycline hyclate CAPS</i>	P	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate TABS 50 MG, 75 MG, 100 MG, 150 MG</i>	NP	
<i>doxycycline hyclate TBEC</i>	NP	
<i>minocycline hcl CAPS</i>	P	
<i>minocycline hcl TABS</i>	NP	
<i>minocycline hcl TB24</i>	NP	
MINOLIRA TB24	NP	
SOLODYN TB24 65 MG, 80 MG, 105 MG, 115 MG (<i>minocycline hcl</i>)	NP	
<i>tetracycline hcl CAPS</i>	NP	
TETRACYCLINE HCL TABS	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	P	
<i>propylthiouracil</i>	P	
Thyroid Hormones		
ADTHYZA TABS	NP	
ARMOUR THYROID TABS	P	
CYTOMEL TABS (<i>liothyronine sodium</i>)	NP	
ERMEZA SOLN PO	P	
<i>levothyroxine sodium CAPS</i>	NP	
LEVOTHYROXINE SODIUM SOLN IV	NP	
LEVOTHYROXINE SODIUM SOLN IV	NP	
<i>levothyroxine sodium TABS</i>	NP	
<i>levothyroxine sodium TABS</i>	P	
<i>liothyronine sodium SOLN</i>	NP	
<i>liothyronine sodium TABS</i>	P	
NIVA THYROID TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
NP THYROID TABS	P	
SYNTHROID TABS (<i>levothyroxine sodium</i>)	NP	
THYQUIDITY SOLN PO	NP	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BELLADONNA ALKALOIDS-OPIUM 16.2 MG-60 MG	P	
<i>dicyclomine hcl CAPS</i>	P	
<i>dicyclomine hcl SOLN PO</i>	P	
<i>dicyclomine hcl TABS</i>	P	
H-2 Antagonists		
<i>cimetidine hcl PO 300 MG/5ML</i>	NP	
<i>cimetidine TABS</i>	NP	RX/OTC
<i>famotidine SUSR</i>	P	
<i>famotidine TABS</i>	P	RX/OTC
<i>nizatidine CAPS</i>	P	
PEPCID TABS (<i>famotidine</i>)	NP	RX/OTC
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	P	
<i>sucralfate TABS</i>	P	
Proton Pump Inhibitors		
DEXILANT (<i>dexlansoprazole</i>)	NP	QL(1 EA daily)
<i>dexlansoprazole</i>	NP	QL(1 EA daily)
<i>esomeprazole magnesium CPDR</i>	NP	QL(1 EA daily); RX/OTC
<i>esomeprazole magnesium PACK</i>	NP	QL(1 EA daily); AL(Up to 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>esomeprazole magnesium TBEC</i>	NP	QL(1 EA daily)	PROTONIX PACK (<i>pantoprazole sodium</i>)	P	Brand Preferred; QL(2 EA daily); AL(Up to 10 yrs old)
<i>lansoprazole CPDR</i>	NP	QL(1 EA daily)	PROTONIX TBEC (<i>pantoprazole sodium</i>)	NP	QL(2 EA daily)
<i>lansoprazole TBDD</i>	NP	QL(2 EA daily); RX/OTC	<i>rabeprazole sodium TBEC</i>	NP	QL(2 EA daily)
NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>)	NP	QL(1 EA daily); RX/OTC	VOQUEZNA 20 MG	NP	
NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	NP	QL(1 EA daily); RX/OTC	VOQUEZNA 10 MG	NP	QL(1 EA daily)
NEXIUM CPDR (<i>esomeprazole magnesium</i>)	NP	QL(1 EA daily); RX/OTC	Ulcer Drugs - Prostaglandins		
NEXIUM PACK (<i>esomeprazole magnesium</i>)	NP	QL(1 EA daily); AL(Up to 10 yrs old)	<i>misoprostol</i>	P	
<i>omeprazole magnesium CPDR</i>	NP	QL(1 EA daily)	Ulcer Therapy Combinations		
<i>omeprazole magnesium TBEC</i>	NP	QL(1 EA daily)	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	NP	
<i>omeprazole CPDR</i>	P	QL(1 EA daily)	<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	NP	
<i>omeprazole CPDR</i>	P	QL(1 EA daily)	<i>famotidine-calcium carbonate-magnesium hydroxide</i>	NP	
<i>omeprazole TBDD</i>	NP	QL(1 EA daily)	KONVOMEK SUSR	NP	
<i>omeprazole TBEC</i>	NP	QL(1 EA daily)	OMECLAMOX-PAK	NP	
<i>pantoprazole sodium PACK</i>	NP	QL(2 EA daily); AL(Up to 10 yrs old)	<i>omeprazole-sodium bicarbonate CAPS 1100 MG-40 MG</i>	NP	
<i>pantoprazole sodium SOLR</i>	P		<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	NP	QL(1 EA daily); RX/OTC
<i>pantoprazole sodium TBEC</i>	P	QL(2 EA daily)	<i>omeprazole-sodium bicarbonate PACK 1680 MG-20 MG</i>	NP	QL(1 EA daily)
PREVACID 24HR CPDR (<i>lansoprazole</i>)	NP	QL(1 EA daily); RX/OTC	<i>omeprazole-sodium bicarbonate PACK 1680 MG-40 MG</i>	NP	
PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	NP	QL(2 EA daily); RX/OTC	PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	P	Brand Preferred
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NP	QL(1 EA daily)	TALICIA	NP	
PRILOSEC OTC TBEC (<i>omeprazole magnesium</i>)	NP	QL(1 EA daily)	VOQUEZNA DUAL PAK	NP	
PRILOSEC PACK	NP	QL(1 EA daily); AL(Up to 10 yrs old)	VOQUEZNA TRIPLE PAK	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZEGERID CAPS 1100 MG-40 MG (<i>omeprazole-sodium bicarbonate</i>)	NP		OXYTROL PTTW	NP	RX/OTC
ZEGERID CAPS 1100 MG-20 MG (<i>omeprazole-sodium bicarbonate</i>)	NP	QL(1 EA daily); RX/OTC	<i>solifenacin succinate</i> TABS 10 MG	P	
ZEGERID PACK 1680 MG-40 MG (<i>omeprazole-sodium bicarbonate</i>)	NP		<i>solifenacin succinate</i> TABS 5 MG	P	QL(1 EA daily)
ZEGERID PACK 1680 MG-20 MG (<i>omeprazole-sodium bicarbonate</i>)	NP	QL(1 EA daily)	<i>tolterodine tartrate</i> CP24 4 MG	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			<i>tolterodine tartrate</i> CP24 2 MG	NP	QL(1 EA daily)
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			<i>tolterodine tartrate</i> TABS	NP	
<i>darifenacin hydrobromide</i> 7.5 MG	NP	QL(1 EA daily)	TOVIAZ 4 MG (<i>fesoterodine fumarate</i>)	NP	QL(1 EA daily)
<i>darifenacin hydrobromide</i> 15 MG	NP		TOVIAZ 8 MG (<i>fesoterodine fumarate</i>)	NP	
DETROL LA CP24 2 MG (<i>tolterodine tartrate</i>)	NP	QL(1 EA daily)	<i>trospium chloride</i> CP24	NP	
DETROL LA CP24 4 MG (<i>tolterodine tartrate</i>)	NP		<i>trospium chloride</i> TABS	NP	
DETROL TABS (<i>tolterodine tartrate</i>)	NP		VESICARE LS SUSP	NP	
<i>fesoterodine fumarate</i> 4 MG	NP	QL(1 EA daily)	VESICARE TABS 5 MG (<i>solifenacin succinate</i>)	NP	QL(1 EA daily)
<i>fesoterodine fumarate</i> 8 MG	NP		VESICARE TABS 10 MG (<i>solifenacin succinate</i>)	NP	
<i>oxybutynin chloride</i> SOLN	P		Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
<i>oxybutynin chloride</i> TABS 5 MG	P		GEMTESA	NP	
<i>oxybutynin chloride</i> TABS 2.5 MG	NP		<i>mirabegron</i> TB24 50 MG	NP	
<i>oxybutynin chloride</i> TB24 10 MG, 15 MG	P		<i>mirabegron</i> TB24 25 MG	NP	QL(1 EA daily)
<i>oxybutynin chloride</i> TB24 5 MG	P	QL(1 EA daily)	MYRBETRIQ SRER	NP	
OXYTROL FOR WOMEN PTTW	NP	RX/OTC	MYRBETRIQ TB24 25 MG (<i>mirabegron</i>)	P	Brand Preferred; QL(1 EA daily)
			MYRBETRIQ TB24 50 MG (<i>mirabegron</i>)	P	Brand Preferred
			Urinary Antispasmodics - Direct Muscle Relaxants		
			<i>flavoxate hcl</i>	P	
			VACCINES		
			Bacterial Vaccines		
			ACTHIB SOLR IM	P	
			BEXSERO	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BIOTHRAX	P		DENGVAIXA	P	
CAPVAXIVE	P		ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail
HIBERIX SOLR IJ	P		ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail
MENACTRA	P		FLUAD	P	
MENQUADFI	P		FLUAD QUADRIVALENT	P	
MENVEO SOLN	P		FLUARIX QUADRIVALENT SUSY	P	
MENVEO SOLR	P		FLUARIX SUSY	P	
PEDVAX HIB SUSP	P		FLUBLOK QUADRIVALENT	P	
PNEUMOVAX 23 SOLN	P		FLUBLOK SOSY	P	
PNEUMOVAX 23 SOSY	P		FLUCELVAX QUADRIVALENT SUSP	P	
PREVNAR 13	P		FLUCELVAX QUADRIVALENT SUSY	P	
PREVNAR 20	P		FLUCELVAX SUSP	P	
TRUMENBA	P		FLUCELVAX SUSY	P	
TYPHIM VI SOLN	P		FLULAVAL QUADRIVALENT SUSY	P	
TYPHIM VI SOSY	P		FLULAVAL SUSY	P	
VAXCHORA	P		FLUMIST	P	
VAXNEUVANCE	P		FLUMIST QUADRIVALENT	P	
VIVOTIF	P		FLUZONE HIGH-DOSE QUADRIVALENT	P	
Viral Vaccines			FLUZONE HIGH-DOSE SUSY	P	
ABRYSVO	P	QL(1 EA per 365 day(s) retail); AL(At least 60 yrs old)	FLUZONE QUADRIVALENT SUSP	P	
ACAM2000	P		FLUZONE QUADRIVALENT SUSY	P	
AFLURIA PRESERVATIVE FREE SUSY	P		FLUZONE SUSP	P	
AFLURIA QUADRIVALENT SUSP	P		FLUZONE SUSY	P	
AFLURIA QUADRIVALENT SUSY 0.5 ML	P		GARDASIL 9 SUSP	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
AFLURIA SUSP	P				
AREXVY	P				
AUDENZ EMUL	P				
AUDENZ PRSY	P				
COMIRNATY SUSP	P				
COMIRNATY SUSY	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 SUSY	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	P	
HAVRIX IM 720 EL U/0.5ML	P		PFIZER-BIONT COVID-19 VAC-TRIS SUSP	P	
HAVRIX 1440 EL U/ML	P		PFIZER-BIONTECH COVID-19 VACC SUSP	P	
HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail	PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
IMOVAX RABIES SUSR	P		PRIORIX SUSR	P	
IPOL	P		PROQUAD SUSR	P	
IXCHIQ	P	QL(1 EA per fill retail)	RABAVERT	P	
IXIARO	P		RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
JANSSEN COVID-19 VACCINE	P		RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail
JYNNEOS	P	QL(0.5 ML per fill retail)	ROTARIX SUSP	P	
M-M-R II SOLR	P		ROTARIX SUSR	P	
MODERNA COVID-19 BIVAL 6M-5Y	P		ROTATEQ SOLN	P	
MODERNA COVID-19 BIVALENT	P		SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
MODERNA COVID-19 VAC 6M-11Y SUSP	P		SPIKEVAX COVID-19 VACCINE SUSP	P	
MODERNA COVID-19 VAC 6M-11Y SUSY	P		SPIKEVAX SUSP	P	
MODERNA COVID-19 VACCINE SUSP	P		SPIKEVAX SUSY	P	
NOVAVAX COVID-19 VACCINE SUSP	P		STAMARIL SUSR	P	
NOVAVAX COVID-19 VACCINE SUSY	P		TWINRIX SUSY	P	
PFIZER COVID-19 BIVAL 6MO-4YR	P		VAQTA	P	
PFIZER COVID-19 VAC BIVAL 5-11	P		VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail
PFIZER COVID-19 VAC BIVALENT	P		YF-VAX INJ	P	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P		VAGINAL AND RELATED PRODUCTS		
			Miscellaneous Vaginal Products		
			VAGISIL EX	P	
			Vaginal Anti-infectives		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN CREA (clindamycin phosphate vaginal)	NP		epinephrine (anaphylaxis) SOAJ	NP	
CLEOCIN SUPP	P		epinephrine (anaphylaxis) SOAJ	P	
clindamycin phosphate vaginal CREA	P		EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	NP	
CLINDESSE	NP		EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	NP	
clotrimazole vaginal CREA	NP		Vasopressors		
clotrimazole vaginal CREA	P		epinephrine SOLN IJ	NP	
GYNAZOLE-1	P		VITAMINS		
metronidazole vaginal	P		Oil Soluble Vitamins		
metronidazole vaginal	NP		beta carotene CAPS 25000 UNIT	P	
miconazole nitrate vaginal CREA 2 %	P		cholecalciferol CAPS 125 MCG, 25 MCG, 50 MCG, 5000 UNIT	NP	
miconazole nitrate vaginal KIT	P		cholecalciferol CAPS 10 MCG, 125 MCG, 400 UNIT, 5000 UNIT	P	
miconazole nitrate vaginal SUPP	P		cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	P	
miconazole nitrate vaginal SUPP	P		cholecalciferol TABS 10 MCG, 400 UNIT	P	
MONISTAT 3 CREA	P		ergocalciferol CAPS	P	
NUVESSA	P	Brand Preferred	ergocalciferol SOLN PO 200 MCG/ML	P	
terconazole vaginal CREA	P		phytonadione TABS	P	
tioconazole vaginal 6.5 %	P		VITAMIN A PALMITATE TABS	P	
VANDAZOLE	NP		vitamin a CAPS	P	
XACIATO GEL	NP		vitamin a CAPS	NP	
Vaginal Estrogens			VITAMIN D2 TABS 400 UNIT	P	
estradiol vaginal CREA	P		vitamin e CAPS	P	
estradiol vaginal TABS	P		vitamin e CAPS 90 MG, 180 MG, 450 MG	NP	
Vaginal Progestins			VITAMIN E CAPS	P	
CRINONE GEL	NP				
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions					
Anaphylaxis Therapy Agents					
AUVI-Q SOAJ	NP				

Drug Name	Drug Tier	Requirements/ Limits
<i>vitamin e SOLN</i>	P	
VITAMIN E SOLN 15 MG/0.67ML	P	
Water Soluble Vitamins		
ACEROLA C 500 WAFR	P	
<i>ascorbic acid CHEW 100 MG, 250 MG, 500 MG</i>	P	
<i>ascorbic acid CPCR</i>	P	
ASCORBIC ACID POWD PO	P	
<i>ascorbic acid TABS 500 MG-10 MG, 500 MG, 1000 MG</i>	NP	
<i>ascorbic acid TABS</i>	P	
<i>ascorbic acid TBCR 500 MG, 1000 MG, 1500 MG</i>	P	
B-1 TABS	P	
B-6 TABS	P	
<i>biotin CAPS 5 MG, 5000 MCG</i>	P	
<i>biotin TABS 10 MG, 800 MCG, 10000 MCG</i>	P	
BIOTIN TABS 300 MCG	P	
<i>calcium ascorbate TABS</i>	P	
CYTO C POWD PO	P	
<i>niacinamide TABS</i>	P	
<i>niacin TABS</i>	P	
<i>niacin TBCR 500 MG, 750 MG</i>	NP	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	P	
<i>riboflavin TABS 100 MG</i>	NP	
<i>riboflavin TABS</i>	P	
SLO-NIACIN TBCR (<i>niacin</i>)	NP	
<i>thiamine hcl TABS</i>	P	
<i>thiamine mononitrate TABS 100 MG</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>thiamine mononitrate TABS 100 MG</i>	P	
TRUE VITAMIN B1 TABS	NP	
VITA-C CRYST	P	
VITAMIN B-6 ER TBCR	P	
VITAMIN C ER TBCR	P	
VITAMIN C POWD PO	P	
VITAMIN C TABS	P	

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1ST TIER UNIFINE PENTIPS PLUS 106	ACCOLATE (zafirlukast) 14	acetaminophen w/ pamabrom 7
1ST TIER UNILET COMFORTOUCH 93	ACCU-CHEK FASTCLIX LANCETS . 93	acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG 9
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abacavir sulfate TABS 53	ACCU-CHEK SOFTCLIX LANCETS 93	acetaminophen-pamabrom- pyrilamine TABS 7
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				coal tar extract SHAM 0.5 %, 1 %	78
				coal tar extract SOLN	78

COBENFY CAPS	51	colestipol hcl TABS	30	COMFORT TOUCH LANCETS 31G .	95
COBENFY STARTER PACK CPPK	51	COLLAGEN ULTRA CAPS	131	COMFORT TOUCH PLUS LANCETS	
cod liver oil CAPS	132	colloidal oatmeal PACK	75	28G	95
COD LIVER OIL FOR KIDS OIL .	132	COLUMVI	38	COMFORT TOUCH PLUS LANCETS	
COD LIVER OIL OIL	132	COMBIGAN (brimonidine tartrate-		30G	95
codeine sulfate TABS 30 MG	8	timolol maleate)	135	COMFORT TOUCH TWIST LANCET	
CODEINE SULFATE TABS 60 MG .	8	COMBIVENT RESPIMAT AERS ..	15	30G	95
COLACE CAPS 100 MG (docusate		COMBIVIR (lamivudine-zidovudine) .	54	COMIRNATY SUSP	147
sodium)	92	COMETRIQ (100 MG DAILY DOSE)		COMIRNATY SUSY	147
COLACE CLEAR CAPS (docusate		KIT	41	COMPACT SPACE CHAMBER DEVI	
sodium)	92	COMETRIQ (140 MG DAILY DOSE)			112
COLAZAL CAPS (balsalazide		KIT	41	COMPACT SPACE CHAMBER/LG	
disodium)	84	COMETRIQ (60 MG DAILY DOSE)		MASK DEVI	112
colchicine CAPS	86	KIT	41	COMPACT SPACE CHAMBER/MED	
colchicine TABS	86	COMFORT ASSIST INSULIN		MASK DEVI	112
colchicine w/ probenecid	86	SYRINGE	107	COMPACT SPACE CHAMBER/SM	
COLCRYS TABS (colchicine)	86	COMFORT ASSURED LANCETS		MASK DEVI	112
COLEMAN 100 MAX CONTINUOUS		28G	95	COMPLERA	54
SPR AERO	76	COMFORT ASSURED LANCETS		COMPLETE NATAL DHA	127
COLEMAN 100 MAX INSECT		33G	95	COMPLETENATE CHEW	127
REPEL LIQD	76	COMFORT EZ INSULIN SYRINGE .	107	CONCEPT DHA	127
COLEMAN INSECT REPEL		COMFORT EZ MICRO PEN		CONCEPT OB	127
HIGH&DRY AERO	76	NEEDLES	107	CONCEPTIONXR MOTILITY	
COLEMAN INSECT REPEL		COMFORT EZ PEN NEEDLES .	107	SUPPORT MISC	121
SPORTSMEN AERO	76	COMFORT EZ PRO PEN NEEDLES		CONCERTA TBCR (methylphenidate	
colesevelam hcl PACK	30		107	hcl)	2
colesevelam hcl TABS	30	COMFORT EZ SHORT PEN		CONEX COLD/ALLERGY	
COLESTID GRAN (colestipol hcl) .	30	NEEDLES	107	PEDIATRIC SOLN	64
COLESTID PACK (colestipol hcl) .	30	COMFORT LANCETS	95	CONEX COLD/ALLERGY SOLN ..	64
COLESTID TABS (colestipol hcl) .	30	COMFORT TOUCH ALCOHOL		CONEX COLD/ALLERGY TABS ..	64
colestipol hcl GRAN	30	PREP	105	CONZIP CP24 (tramadol hcl)	8
colestipol hcl PACK	30	COMFORT TOUCH INSULIN PEN		COPAXONE SOSY (glatiramer	
		NEED	107	acetate)	142

COPIKTRA	41		132	CAPS	121
CORAL CALCIUM CAPS 100 UNIT-50 MG-185 MG	116	CREON CPEP	80	CVS ADULT MULTIVITAMIN CHEW	121
COREG (carvedilol)	57	CRESEMBA CAPS	29	CVS AFTERSUN ALOE/LIDOCAINE GEL	76
COREG CR 10 MG (carvedilol phosphate)	57	CRESTOR TABS (rosuvastatin calcium)	31	CVS AIRSHIELD IMMUNITY SUPPORT CHEW	121
COREG CR 40 MG, 80 MG (carvedilol phosphate)	57	CREXONT CPCR	44	CVS ALCOHOL PREP PADS ...	105
CORTEF TABS (hydrocortisone) ..	63	CRINONE GEL	149	CVS ANTI-MICROBIAL SILVER GEL	79
CORTICARE B CAPS	131	cromolyn sodium (nasal) 5.2 MG/ACT	133	CVS BALANCED B100 TBCR ...	119
CORTISONE ACETATE TABS	63	cromolyn sodium (ophth)	138	CVS CALCIUM CITRATE+D3 TABS .	117
CORTISPORIN-TC	138	crotamiton LOTN	78	CVS CALCIUM CITRATE+D3 W/MAGNE TABS	117
COSELA	43	CULTURELLE PROBIOTIC MEN DAILY CAPS	121	CVS DAIRY RELIEF EX ST TABS	80
COSENTYX (300 MG DOSE) SOSY .	71	CULTURELLE PROBIOTICS + MULTIV CHEW	121	CVS DIABETES HEALTH SUPPORT MISC	122
COSENTYX SENSOREADY (300 MG) SOAJ	71	CURAFIL WOUND DRESSING GEL .	79	CVS EYE HEALTH ADULT 50+ CAPS	122
COSENTYX SENSOREADY PEN SOAJ	71	CURITY ALCOHOL PREPS	105	CVS GLUCOSE CHEW	23
COSENTYX SOLN	71	CUTAQUIG	139	CVS HAIR/SKIN/NAILS TABS ...	131
COSENTYX SOSY	71	CUTTER AERO	77	CVS HOT STEAM LIQD	67
COSENTYX UNOREADY SOAJ ..	71	CUTTER ALL FAMILY AERO	76	CVS IMMUNE SUPPORT CAPS .	122
COSOPT (dorzolamide hcl-timolol maleate)	135	CUTTER ALL FAMILY LIQD	76	CVS INSECT REPELLENT AERO	77
COSOPT PF (dorzolamide hcl-timolol maleate)	135	CUTTER BACKWOODS AERO ...	77	CVS KETONE CARE	80
COTELLIC	41	CUTTER BACKWOODS DRY AERO	77	CVS LANCETS 21G	95
COTEMPLA XR-ODT TBED	2	CUTTER BACKWOODS LIQD	77	CVS LANCETS MICRO THIN 33G	95
COUGH & CHEST CONGESTION DM SYRP	64	CUTTER DRY AERO	77	CVS LANCETS ORIGINAL	95
COZAAR (losartan potassium)	32	CUTTER SKINSATIONS AERO ...	77	CVS LANCETS THIN 26G	95
CRAMP TABS	7	CUTTER SKINSATIONS LIQD	77	CVS LANCETS ULTRA THIN 30G	95
CRANBERRY URINARY COMFORT		CUVITRU SOLN	139	CVS ADULT 50+ EYE HEALTH	

CVS LANCETS ULTRA-THIN 30G 95	cyanocobalamin TABS 50 MCG, 100 MCG, 250 MCG, 500 MCG, 1000 MCG88	CYLTEZO (2 SYRINGE) PSKT5
CVS LANCING DEVICE MISC 95		CYLTEZO-CD/UC/HS STARTER AJKT5
CVS MANUKA HONEY WOUND GEL 79	cyanocobalamin TABS 500 MCG, 1000 MCG88	CYLTEZO-PSORIASIS/UV STARTER AJKT 5
CVS PRENATAL GUMMY127	cyanocobalamin TBCR 1000 MCG, 2000 MCG88	CYMBALTA CPEP (duloxetine hcl) 21
CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-2000 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-5 MG-35 MG 127	cyanocobalamin TBCR 1000 MCG 88	cyproheptadine hcl SYRP 30
	cyanocobalamin-methylcobalamin SUBL89	cyproheptadine hcl TABS30
CVS PRENATAL MULTI+DHA CAPS127	cyclobenzaprine hcl CP24133	CYRAMZA37
	cyclobenzaprine hcl TABS 5 MG, 10 MG133	cytarabine SOLN37
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT127	cyclobenzaprine hcl TABS 7.5 MG 133	CYTO C POWD PO 150
CVS PREP105	CYCLOGYL135	CYTOMEL TABS (liothyronine sodium) 144
CVS PSORIASIS MEDICATED SHAM 75	cyclopentolate hcl 1 %135	dabigatran etexilate mesylate CAPS . 16
CVS SOFT GLUCOSE CHEW 23	cyclophosphamide CAPS36	dacarbazine SOLR43
CVS SPECTRAVITE ADULT 50+ CHEW122	CYCLOPHOSPHAMIDE SOLN (cyclophosphamide)36	dactinomycin 40
CVS SPECTRAVITE WOMEN CHEW122	CYCLOPHOSPHAMIDE SOLN ...36	DAFLONEX-XL TBCR119
CVS THERAPEUTIC DANDRUFF SHAM 75	cyclophosphamide SOLR IJ36	DAILY DIABETES HEALTH PACK MISC122
CVS TOTAL HOME INSECT REPEL AERO 77	CYCLOPHOSPHAMIDE TABS 50 MG 36	DAILY HEART HEALTH SUPPORT MISC122
CVS ULTRA THIN LANCETS95	cycloserine 36	DAILY MULTIPLE VITAMINS TABS . 125
CVS VISION HEALTH CAPS 122	cyclosporine (ophth) EMUL136	DAILY PAK MAXIMUM MULTIVITAMIN MISC122
CVS WOMENS PRENATAL+DHA MISC127	cyclosporine CAPS118	dalfampridine142
cyanocobalamin SOLN IJ 1000 MCG/ML88	cyclosporine modified (for microemulsion) CAPS 25 MG, 100 MG118	DALIRESP (roflumilast) 14
cyanocobalamin SUBL 2500 MCG 88	cyclosporine modified (for microemulsion) SOLN118	danazol CAPS 11
	CYLTEZO (2 PEN) AJKT 5	DANTRIUM CAPS 25 MG (dantrolene sodium) 133
		dantrolene sodium CAPS133

DANYELZA	38	deferasirox TABS	27	(contraceptive))	62
DANZITEN	41	deferasirox TBSO	27	DEPO-SUBQ PROVERA 104 SUSY	
dapagliflozin propanediol 10 MG ..	26	deferiprone TABS	27	SC	62
dapagliflozin propanediol 5 MG ...	27	deflazacort SUSP	63	DERMACINRX PRETRATE TABS	
dapagliflozin propanediol-metformin		deflazacort TABS	63	127	
hcl	23	DEKAS BARIATRIC CHEW	122	DERMAGRAN HYDROGEL WOUND	
dapsone (topical)	68	DEKAS ESSENTIAL CAPS	125	GEL	79
dapsone	35	DEKAS ESSENTIAL LIQD	125	DERMAGRAN-B HYDROPHILIC	
darifenacin hydrobromide 15 MG	146	DEKAS PLUS CAPS	122	GEL	79
darifenacin hydrobromide 7.5 MG		DEKAS PLUS CHEW	122	DERMAREST PSORIASIS SHAM	75
146		DEKAS PLUS OCEAN CAPS	122	DERMA-SMOOTH/FS BODY OIL	
darunavir TABS	54	DELSTRIGO	54	(fluocinolone acetonide)	73
DARZALEX	38	DELZICOL CPDR (mesalamine) ..	84	DERMA-SMOOTH/FS SCALP OIL	
DARZALEX FASPRO	40	demeclocycline hcl TABS	143	(fluocinolone acetonide)	73
dasatinib	41	DENAVIR (penciclovir)	72	DERMAZINC CREAM CREA	71
DATROWAY	44	DENGVAIXA	147	DERMAZINC SPRAY LIQD	71
DAUNORUBICIN HCL SOLN		DENOREX EX ST MEDICATED		DERMAZINC ZINC THERAPY SOAP	
(daunorubicin hcl)	40	SHAM	75	BAR	71
daunorubicin hcl SOLN	40	DEPAKOTE ER TB24 250 MG		DERPIXA GEL	79
DAURISMO	39	(divalproex sodium)	19	DESCOVY	54
DAVIMET-FLUORIDE CHEW	126	DEPAKOTE ER TB24 500 MG		desflurane	86
DAVIMET-IRON CHEW	120	(divalproex sodium)	19	desipramine hcl TABS	22
DAYPRO TABS (oxaprozin)	6	DEPAKOTE SPRINKLES CSDR		desloratadine TABS	29
DAYTRANA PTCH		(divalproex sodium)	19	desloratadine TBDP	29
(methylphenidate)	2	DEPAKOTE TBEC (divalproex		desmopressin acetate SOLN IJ ...	83
DAYVIGO	90	sodium)	19	desmopressin acetate spray	83
decitabine	37	DEPLIN MA CAPS	122	desmopressin acetate spray	
DECONEX DMX TABS 10 MG-400		DEPO-MEDROL SUSP	63	refrigerated 0.01 %	83
MG-17.5 MG	64	DEPO-PROVERA SUSP IM		desmopressin acetate TABS	83
DECONEX IR TABS	64	(medroxyprogesterone acetate		desogestrel & ethinyl estradiol	61
DECUBI-VITE CAPS	122	(contraceptive))	62	desogestrel-ethinyl estradiol	
deferasirox PACK	27	DEPO-PROVERA SUSY IM		(biphasic)	61
		(medroxyprogesterone acetate		desogestrel-ethinyl estradiol	

(triphasic)	61	dexamethasone TBPK	63	chlorpheniramine TABS 325 MG-2 MG-10 MG	64
desonide CREA	73	DEXATRAN CAPS	122	dextromethorphan-doxylamine- acetaminophen CAPS	64
desonide LOTN	73	dexbrompheniramine-phenylephrine TABS	64	dextromethorphan-doxylamine- acetaminophen LIQD	64
desonide OINT	73	DEXCOM G6 RECEIVER	95	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 200 MG/20ML- 20 MG/20ML, 400 MG/20ML-20 MG/20ML	64
DESOWEN CREA (desonide)	73	DEXCOM G6 SENSOR	95	dextromethorphan-guaifenesin LIQD 200 MG/20ML-20 MG/20ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML- 20 MG/20ML	64
desoximetasone CREA	73	DEXCOM G6 TRANSMITTER	95	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	65
desoximetasone GEL	73	DEXCOM G7 RECEIVER	95	dextromethorphan-guaifenesin SYRP	64
desoximetasone LIQD	73	DEXCOM G7 SENSOR	95	dextromethorphan-guaifenesin TABS 400 MG-20 MG	65
desoximetasone OINT	73	DEXEDRINE CP24 10 MG (dextroamphetamine sulfate)	1	dextromethorphan-guaifenesin TB12 1200 MG-60 MG, 600 MG-30 MG	65
DESVENLAFAXINE ER	21	DEXILANT (dexlansoprazole) ...	144	dextromethorphan-phenylephrine- acetaminophen CAPS	65
desvenlafaxine succinate 100 MG ..	21	dexlansoprazole	144	dextromethorphan-phenylephrine- acetaminophen LIQD	65
desvenlafaxine succinate 25 MG, 50 MG	22	dexmethylphenidate hcl CP24	2	dextromethorphan-phenylephrine- acetaminophen PACK	65
DETROL LA CP24 2 MG (tolterodine tartrate)	146	dexmethylphenidate hcl TABS 2.5 MG, 10 MG	2	dextromethorphan-phenylephrine- acetaminophen TABS 5 MG-325 MG- 10 MG	65
DETROL LA CP24 4 MG (tolterodine tartrate)	146	dexmethylphenidate hcl TABS 5 MG . 2		dextrose (diabetic use) GEL	24
DETROL TABS (tolterodine tartrate) . 146		dexrazoxane hcl	43	DHIVY TABS	44
DEX4	23	DEXTENZA INST	137	DHS SAL SHAM	75
DEX4 GLUCOSE	23	dextran 70-hypromellose 0.3 %-0.1 %	134	DHS TAR GEL SHAM (coal tar	
DEX4 NATURALS	23	dextroamphetamine sulfate CP24 ...	1		
DEX4 POUCH PACK	23	dextroamphetamine sulfate SOLN ..	1		
DEX4 QUICK DISSOLVE GLUCOSE CHEW	24	dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG	1		
dexamethasone ELIX	63	dextroamphetamine sulfate TABS 30 MG	1		
DEXAMETHASONE INTENSOL CONC	63	dextromethorphan hbr CAPS	63		
dexamethasone sodium phosphate (ophth)	137	dextromethorphan polistirex SUER 63			
dexamethasone SOLN	63	dextromethorphan-acetaminophen-			
dexamethasone TABS	63				

extract) 78	diclofenac potassium (migraine) .114	diflunisal TABS 8
DHS TAR SHAM (coal tar extract) .78	diclofenac potassium CAPS 6	difluprednate 137
DIABETES HEALTH MISC 122	diclofenac potassium TABS 6	DIGESTIVE ENZYMES TABS 80
DIABETIC HYDROGEL WOUND	diclofenac sodium (ophth) 138	digoxin SOLN PO 0.05 MG/ML 58
DRESS GEL 79	diclofenac sodium (topical) GEL EX	digoxin TABS 125 MCG, 250 MCG
DIACOMIT CAPS 17	70	58
DIACOMIT PACK 17	diclofenac sodium (topical) SOLN EX	dihydroergotamine mesylate SOLN
DIALYVITE 800 LIQD 125	1.5 % 70	NA 4 MG/ML 114
DIASTAT ACUDIAL GEL (diazepam	diclofenac sodium (topical) SOLN EX	DILANTIN (phenytoin sodium
(anticonvulsant)) 17	 70	extended) 19
DIASTAT PEDIATRIC GEL	diclofenac sodium TB24 6	DILANTIN 19
(diazepam (anticonvulsant)) 17	diclofenac sodium TBEC 6	DILANTIN INFATABS CHEW
DIATHRIVE LANCET ULTRA THIN	diclofenac w/ misoprostol TBEC 6	(phenytoin) 19
30 95	dicloxacillin sodium 140	DILANTIN SUSP (phenytoin) 19
DIATHRIVE LANCETS 95	dicyclomine hcl CAPS 144	DILANTIN-125 SUSP (phenytoin) . 19
DIATHRIVE LANCING DEVICE	dicyclomine hcl SOLN PO 144	DILAUDID LIQD (hydromorphone
MISC 95	dicyclomine hcl TABS 144	hcl) 8
DIATHRIVE PEN NEEDLE 107	diethylpropion hcl TABS 2	DILAUDID TABS (hydromorphone
diazepam (anticonvulsant) GEL ... 17	diethylpropion hcl TB24 2	hcl) 8
diazepam CONC 13	DIFFERIN CREA (adapalene) 68	diltiazem hcl coated beads CP24 300
DIAZEPAM SOAJ 13	DIFFERIN GEL (adapalene) 68	MG 58
diazepam SOLN IJ 5 MG/ML, 10	DIFFERIN LOTN 68	diltiazem hcl coated beads CP24 .. 58
MG/2ML 13	DIFICID SUSR 93	diltiazem hcl CP12 58
DIAZEPAM SOLN IJ 5 MG/ML 13	DIFICID TABS 93	diltiazem hcl CP24 58
diazepam SOLN PO 5 MG/5ML ... 13	diflorasone diacetate CREA 73	diltiazem hcl extended release beads
diazepam TABS 13	diflorasone diacetate OINT 73	 58
dibucaine (rectal) EX 11	DIFLUCAN SUSR 40 MG/ML	DILTIAZEM HCL SOLR 58
dibucaine 76	(fluconazole) 29	diltiazem hcl TABS 58
dichlorphenamide 81	DIFLUCAN TABS 100 MG	diltiazem hcl TB24 58
DICLEGIS TBEC (doxylamine-	(fluconazole) 29	dimenhydrinate TABS 28
pyridoxine) 28	DIFLUCAN TABS 200 MG	dimethyl fumarate CDPK 142
diclofenac epolamine PTCH EX ... 70	(fluconazole) 29	dimethyl fumarate CPDR 142
		DIOVAN HCT (valsartan-

hydrochlorothiazide) 33	divalproex sodium TB24 500 MG ..19	DORAL (quazepam) 90
DIOVAN TABS (valsartan)32	divalproex sodium TBEC19	DORYX MPC TBEC 60 MG143
DIPENTUM84	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (docetaxel) 43	DORYX TBEC 80 MG, 200 MG (doxycycline hyclate) 143
diphenhydramine hcl (sleep) CAPS 50 MG90	docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML43	dorzolamide hcl 138
diphenhydramine hcl (sleep) TABS 25 MG90	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML 43	dorzolamide hcl-timolol maleate .135
diphenhydramine hcl CAPS 29	DOCETAXEL SOLN (docetaxel) ..43	DOVATO 54
diphenhydramine hcl CHEW 12.5 MG29	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML 43	doxazosin mesylate 1 MG, 2 MG, 4 MG 32
diphenhydramine hcl ELIX 12.5 MG/5ML29	docetaxel SOLN43	doxazosin mesylate 8 MG 32
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML 29	DOCIVYX SOLN43	doxepin hcl (antipruritic)71
diphenhydramine hcl LIQD 12.5 MG/5ML29	docosanol72	doxepin hcl (sleep)90
diphenhydramine hcl SOLN 50 MG/ML29	docusate calcium92	doxepin hcl CAPS22
diphenhydramine hcl TABS 25 MG 29	docusate sodium CAPS 50 MG, 100 MG 92	doxepin hcl CONC22
diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG 90	docusate sodium CAPS92	DOXIL SUSP (doxorubicin hcl liposomal) 40
diphenhydramine-phenylephrine- acetaminophen PACK 65	docusate sodium ENEM 283 MG/5ML92	doxorubicin hcl liposomal SUSP ...40
diphenoxylate w/ atropine LIQD ...27	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML92	DOXORUBICIN HCL SOLN (doxorubicin hcl) 40
diphenoxylate w/ atropine TABS ...27	DOCUSATE SODIUM SYRP92	doxorubicin hcl SOLN40
DIPROLENE OINT (betamethasone dipropionate augmented) 73	docusate sodium TABS92	doxorubicin hcl SOLR 10 MG, 50 MG40
dipyridamole88	dofetilide13	doxycycline (monohydrate) CAPS 50 MG, 100 MG143
disopyramide phosphate CAPS ... 13	DOLOBID TABS8	doxycycline (monohydrate) CAPS 75 MG, 150 MG143
disulfiram140	donepezil hydrochloride TABS 23 MG141	doxycycline (monohydrate) SUSR 143
DIURIL SUSP81	donepezil hydrochloride TABS 5 MG, 10 MG141	doxycycline (monohydrate) TABS 143
divalproex sodium CSDR 19	donepezil hydrochloride TBDP ...141	doxycycline (rosacea)78
divalproex sodium TB24 250 MG ..19	DOPTELET88	doxycycline hyclate CAPS143
		doxycycline hyclate TABS 20 MG,

100 MG	143	drospirenone-ethinyl estradiol-levomefolate calcium	61	300 MG/2ML	75
doxycycline hyclate TABS 50 MG, 75 MG, 100 MG, 150 MG	144	DROXIA CAPS	88	DURAFLU TABS 200 MG-325 MG-20 MG-60 MG	65
doxycycline hyclate TBEC	144	DRUG MART LANCETS THIN 26G .95		DUREZOL (difluprednate)	137
doxylamine-dm LIQD 15 MG/15ML-6.25 MG/15ML	65	DRUG MART LANCING DEVICE MISC	95	DURYSTA IMPL	138
doxylamine-phenylephrine	65	DRUG MART ON-THE-GO LANCET 30G	95	dutasteride	86
doxylamine-pyridoxine TBEC	28	DRUG MART UNIFINE PENTIPS 107		dutasteride-tamsulosin hcl	86
DR TEALS SHEA ENRICHED FOOT CREA	77	DRUG MART UNIFINE PENTIPS PLUS	107	DYANAVEL XR SUER	1
DRAMAMINE CHEW	28	DRUG MART UNIFINE PENTIPS 28G	95	DYANAVEL XR TBCR	1
DRIZALMA SPRINKLE CSDR 20 MG, 40 MG, 60 MG	22	DRUG MART UNILET LANCETS 30G	95	DYMISTA SUSP (azelastine hcl-fluticasone propionate)	133
DRIZALMA SPRINKLE CSDR 30 MG	22	DRUG MART UNILET LANCETS 33G	95	DYNAGEL GEL	79
dronabinol CAPS	28	DSUVIA SUBL	8	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	93
droperidol SOLN 2.5 MG/ML	13	DUAKLIR PRESSAIR	15	E-400/SELENIUM CAPS	132
DROPLET GENTEEL LANCING DEVICE MISC	95	DUETACT (pioglitazone hcl-glimepiride)	23	EASIVENT MASK LARGE MISC .112	
DROPLET INSULIN SYRINGE ..	107	DULERA	15	EASIVENT MASK MEDIUM MISC 112	
DROPLET LANCETS ULTRA THIN 30G	95	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	22	EASIVENT MASK SMALL MISC .112	
DROPLET LANCING DEVICE MISC .95		DUOBRII	73	EASIVENT MISC	112
DROPLET PEN NEEDLES	107	DUOFILM SOLN	75	EASY COMFORT ALCOHOL PADS 105	
DROPLET PERSONAL LANCETS 30G	95	DUOPA SUSP	44	EASY COMFORT INSULIN SYRINGE	107
DROPSAFE ACTI-LANCE 23G ...	95	DUPIXENT SOAJ	75	EASY COMFORT LANCETS	95
DROPSAFE ALCOHOL PREP ..	105	DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	75	EASY COMFORT LANCETS TWIST TOP	95
DROPSAFE SAFETY PEN NEEDLES	107	DUPIXENT SOSY 200 MG/1.14ML,		EASY COMFORT PEN NEEDLES 107	
DROPSAFE SAFETY SYRINGE/NEEDLE	107			EASY FLOW BLACK/BLUE DEVI 112	
drospirenone-ethinyl estradiol	61			EASY FLOW BLACK/ORANGE DEVI	112

EASY FLOW BLACK/RED DEVI .112	EASY TOUCH LANCETS	EDLUAR SUBL 90
EASY FLOW BLACK/WHITE DEVI	30G/TWIST96	EDURANT54
112	EASY TOUCH LANCETS 32G ...96	efavirenz CAPS54
EASY FLOW BLACK/YELLOW DEVI	EASY TOUCH LANCETS	efavirenz TABS 54
.....112	32G/TWIST96	efavirenz-emtricitabine-tenofovir
EASY FLOW WHITE/BLUE DEVI	EASY TOUCH LANCETS	disoproxil fumarate54
112	33G/TWIST96	efavirenz-lamivudine-tenofovir
EASY FLOW WHITE/GREEN DEVI	EASY TOUCH LANCING DEVICE	disoproxil fumarate54
112	MISC96	EFFEXOR XR CP24 150 MG
EASY FLOW WHITE/PINK DEVI .112	EASY TOUCH PEN NEEDLES ..107	(venlafaxine hcl) 22
EASY FLOW WHITE/WHITE DEVI	EASY TOUCH SAFETY LANCETS	EFFEXOR XR CP24 37.5 MG, 75
112	21G96	MG (venlafaxine hcl)22
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SY107	W/BIOFLAV CAPS 120	ELIQUIS TABS16
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ENTADFI	86	lamivudine)	54	ERMEZA SOLN PO	144
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ENTYVIO PEN SOAJ	84	EQ SPACE CHAMBER ANTI-		aid))	68
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EOHILIA SUSP	63	EQ SPACE CHAMBER ANTI-		ethylsuccinate)	93
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32		EQ SPACE CHAMBER ANTI-		ethylsuccinate)	93
EPCLUSA PACK	55	STATIC S DEVI	113	erythromycin (acne aid) GEL	68
EPCLUSA TABS	55	EQL ALCOHOL SWABS	105	erythromycin (acne aid) PADS	68
		EQL COLOR LANCETS 21G	96	erythromycin (acne aid) SOLN	68

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erythromycin base CPEP	93	ethosuximide CAPS	19	EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	33
erythromycin base TABS	93	ethosuximide SOLN	19	EXJADE TBSO (deferasirox)	27
erythromycin base TBEC	93	ethynodiol diacet & eth estrad	61	EYE HEALTH CAPS	122
erythromycin ethylsuccinate SUSR 93		etodolac CAPS	6	EYE MULTIVITAMIN CAPS	122
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escitalopram oxalate TABS 20 MG 20		etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	43	E-Z JECT LANCETS THIN 26G ..	96
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esomeprazole magnesium PACK 144		EUCRISA	77	ezetimibe-simvastatin	30
esomeprazole magnesium TBEC 145		EVEKEO ODT TBDP	1	EZ-LETS LANCETS 21G	96
ESPEROCT	87	EVEKEO TABS 10 MG (amphetamine sulfate)	1	EZ-LETS LANCETS 26G	96
estazolam	90	EVEKEO TABS 5 MG (amphetamine sulfate)	1	EZ-LETS LANCETS 28G	96
estradiol & norethindrone acetate TABS	83	EVENITY	81	EZ-LETS LANCETS 30G	96
estradiol PTWK	83	everolimus TABS	41	FABIOR FOAM	68
estradiol TABS	83	everolimus TBSO	41	famciclovir	56
estradiol vaginal CREA	149	EVISTA (raloxifene hcl)	82	famotidine SUSR	144
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ESTROFACTORS TABS	125	EVOMELA IV	36	famotidine-calcium carbonate-magnesium hydroxide	145
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fenoprofen calcium TABS6		

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FLEET ENEMA ENEM (sodium phosphates) 92	FLUCELVAX SUSY 147	fluorometholone (ophth) SUSP ... 137
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FLEET SALINE ENEMA ENEM (sodium phosphates) 92	fluconazole SUSR 29	fluorouracil (topical) SOLN 71
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FLEXICHAMBER CHILD MASK/SMALL 113	fludarabine phosphate SOLN 37	fluoxetine hcl CPDR 20
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FT ADULT MULTI GUMMIES CHEW	GAMASTAN139	%, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9
.....122	GAMMAGARD139	%, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9
FT CHILDRENS MULTI PLUS	GAMMAGARD S/D LESS IGA SOLR	%4
IMMUNE CHEW126	139	gentamicin sulfate (ophth) SOLN .136
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GENTEEL PLUS LANCING (WHITE) MISC	97	glyburide micronized 6 MG 27
GENTEEL PLUS LANCING DEV(BLUE) MISC	97	glyburide TABS 27
GENTEEL PLUS LANCING DEV(PINK) MISC	97	glyburide-metformin 23
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GENTLE-LET LANCETS	97	glycerin (topical) 75
GENVOYA	54	glycerin-hypromellose-polyethylene glycol 400 134
GEODON (ziprasidone mesylate) .45		GLYCOTROL CAPS 132
GEODON (ziprasidone mesylate) .46		GLYCOTROL COMPLETE CAPS 132
GEODON 20 MG, 60 MG, 80 MG (ziprasidone hcl)	46	GLYXAMBI 23
GEODON 40 MG (ziprasidone hcl) 45		GNP ALCOHOL SWABS 105
GERBER GOOD START WATER 140		GNP CAL MAG ZINC +D3 TABS 133.333 UNIT-333.333 MG-133.333 MG-5 MG 117
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GILOTRIF	39	GNP GLUCOSE CHEW 24
glatiramer acetate SOSY	142	GNP INSULIN SYRINGE 108
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GLEEVEC TABS 400 MG (imatinib mesylate)	41	GNP INSULIN SYRINGES 29GX1/2" 108
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glimepiride 2 MG, 4 MG	27	GNP LANCETS THIN 26G 97
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GNP STERILE LANCETS 33G ... 97	GOODSENSE LANCETS 30G UNIV97	guaifenesin TB12 67
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GNP ULTRA COM INSULIN SYRINGE 108	GOODSENSE LANCING DEVICE MISC 97	guanfacine hcl (adhd) 3 MG, 4 MG . 2
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GOMEKLI TBSO PO 1 MG41	GRAPE SEED CAPS120	HAEGARDA SOLR SC 87
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		HAIR FARE TABS132
		HAIR NOURISHING SUPPLEMENT TABS132

HAIR/SKIN/NAILS CAPS	122	HEALTHY ACCENTS LANCING DEVICE MISC	97	0.45 %-25000 UNIT/500ML	16
HALAVEN (eribulin mesylate)	43	HEALTHY ACCENTS UNIFINE PENTIP	108	HEPARIN SOD (PORCINE) IN D5W	16
halcinonide CREA	73	HEALTHY ACCENTS UNILET LANCETS	97	heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML	16
halcinonide SOLN 0.1 %	73	HEALTHY EYES SUPERVISION 2 CAPS	122	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	16
HALCION 0.25 MG (triazolam)	90	HEALTHY HEART COMPLEX TABS 132		HEPLISAV-B SOSY	148
HALDOL DECANOATE (haloperidol decanoate)	48	HEART SAVIOR CAPS	132	HERCEPTIN 150 MG	38
halobetasol propionate CREA	73	HEART TABS TABS	132	HERCEPTIN HYLECTA	40
halobetasol propionate FOAM	73	H-E-B INCONTROL ADV LANCING MISC	97	HERCESSI	38
halobetasol propionate OINT	73	H-E-B INCONTROL ALCOHOL .	105	HERZUMA	38
HALOG CREA (halcinonide)	73	H-E-B INCONTROL LANCETS 28G .	97	HETLIOZ CAPS (tasimelteon)	90
HALOG OINT	73	H-E-B INCONTROL LANCETS 30G .	98	HETLIOZ LQ SUSP	90
haloperidol decanoate	48	H-E-B INCONTROL LANCETS 33G .	98	HIBERIX SOLR IJ	147
haloperidol lactate CONC	48	H-E-B INCONTROL UNIFINE PENTIP	108	HIGH POTENCY MULTIVITAMIN TABS	125
haloperidol lactate SOLN	49	HEMADY TABS	63	HISTEX-DM SYRP	65
haloperidol TABS	49	HEMANGEOL SOLN PO	57	HIZENTRA SOLN	139
HALUCORT GEL	76	HEMATINIC PLUS VIT/MINERALS TABS	89	HIZENTRA SOSY	139
HAPRODERM GEL	79	HEMATINIC/FOLIC ACID	89	HM STERILE ALCOHOL PREP .	105
HARVONI PACK	55	HEMLIBRA	87	HM ULTICARE INSULIN SYRINGE .	108
HARVONI TABS	55	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	87	HM ULTICARE MINI PEN NEEDLES	108
HAVRIX 1440 EL U/ML	148	HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-25000 UNIT/250ML,		HM ULTICARE SHORT PEN NEEDLES	108
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HEALTHWISE SHORT PEN NEEDLES	108				
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HORIZANT143	HUMULIN R U-500 KWIKPEN SOPN SC25	hydrocodone-acetaminophen TABS 325 MG-2.5 MG10
HORMONE PROTECT CAPS80	HURRICANE AERO 20 %118	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG 10
HULIO (2 PEN) AJKT5	HURRICANE SNAP-N-GO SWAB 118	hydrocortisone (intrarectal)11
HULIO (2 SYRINGE) PSKT5	HYCANTIN CAPS44	hydrocortisone (rectal) EX 1 %11
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hydromorphone hcl TABS	9	ibuprofen CHEW	6	ILEVRO	138
hydromorphone hcl TB24	9	ibuprofen SUSP 100 MG/5ML	6	ILUMYA	71
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		MG/5ML, 200 MG/10ML	6	imatinib mesylate TABS	41
HYDROXYM GEL	74	ibuprofen TABS 200 MG, 400 MG,	6	IMBRUVICA CAPS	41
hydroxyurea	43	600 MG, 800 MG	6	IMBRUVICA SUSP	41
hydroxyzine hcl SYRP	13	ibuprofen TABS 800 MG	6	IMBRUVICA TABS 140 MG, 280 MG,	41
hydroxyzine hcl TABS	13	ibuprofen-diphenhydramine citrate	90	420 MG	41
hydroxyzine pamoate CAPS	13	ibuprofen-famotidine	6	IMDELLTRA	38
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HYRIMOZ SOAJ	5	icosapent ethyl	30	imipramine hcl TABS	22
HYRIMOZ SOSY	5	IDACIO (2 PEN) AJKT	5	imipramine pamoate	22
HYRIMOZ-CROHNS/UC STARTER	5	IDACIO (2 SYRINGE) PSKT	5	imiquimod	75
SOAJ	5	IDACIO-CROHNS/UC STARTER	5	imiquimod 3.75 %	75
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HY-VEE THIN LANCETS	98	IFEX SOLR	36	IMLYGIC	43
HYZAAR (losartan potassium &	33	ifosfamide SOLN	36	IMMUNE ESSENTIALS DAILY CAPS	122
hydrochlorothiazide)	33	ifosfamide SOLR	36		122
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IBRANCE CAPS	41	IGALMI FILM	90	IMMUNERX CAPS	132
IBRANCE TABS	41				

IMMUNICARE CAPS	132	INGREZZA CPPK	142	25	
IMOVAX RABIES SUSR	148	INGREZZA CPSP	142	INSULIN ASPART PROT & ASPART SUSP	25
IMPEKLO LOTN	74	INLYTA	37	INSULIN ASPART SOLN IJ	25
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IN TOUCH STERILE LANCETS 30G	98	inositol niacinate CAPS	59	INSULIN DEGLUDEC SOLN	25
INBRIJA CAPS	44	INPEFA	59	INSULIN GLARGINE MAX SOLOSTAR SOPN	25
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IN-CHECK INSPIRATORY FLOW MTR DEVI	113	INPEN 100-BLUE-NOVOLOG-FIASP DEVI	108	INSULIN GLARGINE SOLOSTAR SOPN	25
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indapamide TABS 1.25 MG, 2.5 MG . 81		INPEN 100-PINK-LILLY-HUMALOG DEVI	108	INSULIN LISPRO (1 UNIT DIAL) SOPN	26
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INDERAL LA CP24 60 MG, 80 MG (propranolol hcl)	57	INQOVI	40	INSULIN LISPRO PROT & LISPRO SUPN	26
INDERAL XL	57	INREBIC	41	INSULIN LISPRO SOLN IJ	26
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INFLECTRA SOLR	85	INSULIN ASPART PENFILL SOCT		INTRASITE GEL APPLIPAK GEL	79
INFLIXIMAB	85			INTUNIV 1 MG, 2 MG (guanfacine hcl (adhd))	2
INFUGEM	37				
INGREZZA CAPS	142				

INTUNIV 3 MG, 4 MG (guanfacine hcl (adhd))	iron-vitamin c-vitamin b12-folic acid TABS	IXCHIQ
INULOSE BLOOD SUGAR SUPPORT CAPS	ISENTRESS CHEW	IXEMPRA KIT
INVEGA 3 MG (paliperidone)	ISENTRESS HD TABS	IXIARO
INVEGA 6 MG, 9 MG (paliperidone)	ISENTRESS PACK	IXINITY SOLR
INVEGA HAFYERA	ISENTRESS TABS	IYUZEH SOLN
INVEGA SUSTENNA	isoniazid SYRP	JADENU SPRINKLE PACK (deferiasirox)
INVEGA TRINZA	isoniazid TABS	JADENU TABS (deferiasirox)
INVELTYS SUSP	ISOPTO ATROPINE SOLN	JAKAFI
INVOKAMET TABS	ISORDIL TITRADOSE TABS (isosorbide dinitrate)	JANSSEN COVID-19 VACCINE
INVOKAMET XR TB24	isosorbide dinitrate TABS	JANUMET TABS
INVOKANA	isosorbide dinitrate-hydralazine hcl 59	JANUMET XR TB24
IOPIDINE	isosorbide mononitrate TABS	JANUVIA 100 MG
IPOL	ISOSORBIDE MONONITRATE TABS	JANUVIA 25 MG, 50 MG
ipratropium bromide (nasal)	isosorbide mononitrate TB24	JARDIANCE
ipratropium bromide SOLN 0.02 %	ISOTRETINOIN	JATENZO CAPS
ipratropium-albuterol SOLN	isotretinoin	JAYPIRCA
IQIRVO	isradipine CAPS	JELMYTO SOLR UL
irbesartan	ISTALOL SOLN (timolol maleate (ophth))	JEMPERLI
irbesartan-hydrochlorothiazide	ISTODAX SOLR (romidepsin)	JENTADUETO TABS
irbesartan-hydrochlorothiazide 12.5 MG-300 MG	ITCH-X GEL	JENTADUETO XR TB24
IRESSA (gefitinib)	ITCH-X SOLN	JEVTANA
irinotecan hcl	ITOVEBI	JIVI
IRON CHEWS PEDIATRIC CHEW	itraconazole CAPS	JORNAY PM CP24
iron polysaccharide complex-vit b12-folic acid CAPS	itraconazole SOLN	JUBLIA
IRON TABS 90 MG	ivermectin (pediculicide)	JULUCA
iron-vitamin c	ivermectin (rosacea)	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG
	IWILFIN	JYLAMVO SOLN PO
		JYNNEOS
		KADCYLA

KALBITOR	88	ketoprofen CP24	6	KLOXXADO LIQD	27
KALETRA SOLN	54	ketorolac tromethamine (ophth) .	138	KMART VALU INSULIN SYRINGE	
KALETRA TABS (lopinavir-ritonavir) .		ketorolac tromethamine TABS	6	29G	109
54		KETOSTIX STRP	80	KMART VALU INSULIN SYRINGE	
KANJINTI	38	ketotifen fumarate (ophth) 0.035 %		30G	109
KAPSPARGO SPRINKLE CS24 ..	57	138		KOATE SOLR	87
KATERZIA	58	KEVEYIS (dichlorphenamide)	81	KOATE-DVI SOLR 1000 UNIT	87
KAZANO (alogliptin-metformin hcl)		KEVZARA SOAJ	6	KOGENATE FS KIT 250 UNIT, 500	
23		KEVZARA SOSY	6	UNIT, 3000 UNIT	87
KELP-B6-LECITHIN-VINEGAR		KEYFOLIC TABS	122	KOMBIGLYZE XR (saxagliptin-	
CAPS	134	KEYTRUDA	38	metformin hcl)	23
KENALOG AERS (triamcinolone		KIMMTRAK	38	KONSYL DAILY FIBER PACK 100 %	
acetoneide (topical))	74	KINDERLYTE PREMAX SOLN ..	116		90
KENDALL AMORPHOUS WOUND		KINDERLYTE SOLN	116	KONSYL ORIGINAL DAILY FIBER	
GEL	79	KINERET SOSY	5	PACK	90
KEPIVANCE 6.25 MG	43	KINNEY LANCETS	98	KONVOMEPI SUSR	145
KEPPRA SOLN PO 100 MG/ML		KINNEY THIN LANCETS	98	KOSELUGO	41
(levetiracetam)	17	KINRAY INSULIN SYRINGE	109	KOSHER PRENATAL PLUS IRON	
KEPPRA TABS (levetiracetam)	17	KISQALI (200 MG DOSE)	41	TABS	127
KEPPRA XR TB24 (levetiracetam) 17		KISQALI (400 MG DOSE)	41	KOVALTRY	87
KERAGEL GEL	79	KISQALI (600 MG DOSE)	41	KP MENS DAILY PACK MISC ...	122
KERAGELT GEL	79	KISQALI FEMARA (200 MG DOSE) .		KP PRENATAL MULTIVITAMINS	
KERENDIA	83	40		TABS	127
KESIMPTA	142	KISQALI FEMARA (400 MG DOSE) .		KP WOMENS DAILY MISC	122
ketoconazole (topical) CREA	70	40		K-PHOS-NEUTRAL (pot phosphate	
ketoconazole (topical) FOAM	70	KISQALI FEMARA (600 MG DOSE) .		monobasic w/ sod phosphate dibasic	
ketoconazole (topical) SHAM 2 % .	70	40		& monobasic)	117
ketoconazole	29	KITABIS PAK (W/ NEBULIZER)		KPN PRENATAL TABS	127
KETODAN	70	NEBU 300 MG/5ML (tobramycin) ...	4	KRAZATI	41
KETO-DIASTIX	80	KLARON (sulfacetamide sodium		KROGER AUTOLET LANCING	
KETONE TEST STRP	80	(acne))	68	DEVICE MISC	98
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KROGER LANCETS THIN98	LAMICTAL XR TB24 (lamotrigine) .18	LANTUS SOLOSTAR SOPN26
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KYPROLIS41	lamotrigine KIT18	LATISSE (bimatoprost (topical)) ..75
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labetalol hcl TABS 400 MG57	lamotrigine TB2418	LATUDA 80 MG, 120 MG (lurasidone hcl)46
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML17	lamotrigine TBDP18	LAZCLUZE39
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LENVIMA (14 MG DAILY DOSE) .37	LEVICYN GEL 76	LEVOTHYROXINE SODIUM SOLN IV 144
LENVIMA (18 MG DAILY DOSE) .37	levobunolol hcl 0.5 % 135	levothyroxine sodium TABS 144
LENVIMA (20 MG DAILY DOSE) .37	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML 82	LEXAPRO TABS 20 MG (escitalopram oxalate) 21
LENVIMA (24 MG DAILY DOSE) .37	levocarnitine (metabolic modifiers) TABs 82	LEXAPRO TABS 5 MG, 10 MG (escitalopram oxalate) 21
LENVIMA (4 MG DAILY DOSE) .. 37	levocetirizine dihydrochloride SOLN 30	LIALDA TBEC (mesalamine) 85
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leucovorin calcium SOLR 43	levonorgestrel-eth estradiol (triphasic) 61	lidocaine hcl CREA 3 %, 4 % 76
leucovorin calcium TABS 43	levonorgestrel-ethinyl estradiol (91- day) 61	lidocaine hcl GEL 0.5 %, 2 % 76
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LEUKINE SOLR IJ 88	levonorgestrel-ethinyl estradiol (continuous) 61	LIDOCAINE HCL SOLN 92
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lidocaine-transparent dressing 4 % 76		lisinopril TABS 20 MG	32	LOCOID LOTN (hydrocortisone butyrate)	74
LIDODERM PTCH (lidocaine)	76	LITE TOUCH LANCETS	98	LODOCO	59
LIFE PACK MENS MISC	122	LITE TOUCH LANCING PEN MISC 98		LODOSYN (carbidopa)	44
LIFE PACK WOMENS MISC	122	LITETOUCH INSULIN SYRINGE 109		lofexidine hcl	141
LIFESCAN UNISTIK 2	98	LITETOUCH LANCETS	98	LOHIST-D LIQD	65
LIFESCAN UNISTIK II LANCETS	98	LITETOUCH PEN NEEDLES	109	LOHIST-DM SYRP	65
LIKMEZ SUSP	34	LITFULO	75	LOKELMA	118
LILETTA (52 MG)	62	lithium	45	LOMAIRA TABS	2
linezolid SUSR	35	lithium carbonate CAPS	45	LONGS GLUCOSE	24
linezolid TABS	35	lithium carbonate TABS	45	LONGS INSULIN SYRINGE	109
liniments & rubs LOTN	76	lithium carbonate TBCR	45	LONGS LANCETS STANDARD ..	98
LINZESS 145 MCG	85	LITHOBID TBCR (lithium carbonate) . 45		LONGS LANCETS THIN	98
LINZESS 72 MCG, 290 MCG	85	LITTLE REMEDIES SALINE SOLN 133		LONGS LANCETS ULTRA THIN ..	98
liothyronine sodium SOLN	144	LIVALO (pitavastatin calcium)	31	LONSURF	40
liothyronine sodium TABS	144	LIVDELZI	85	loperamide hcl CAPS	27
LIPIDSHIELD PLUS TABS	132	LIVE BETTER ADV LANCING DEVICE MISC	98	loperamide hcl TABS	27
LIPITOR TABS (atorvastatin calcium)	31	LIVE BETTER LANCET SUPER THIN	98	loperamide-simethicone TABS	27
LIPOFEN CAPS (fenofibrate)	31	LIVE BETTER LANCET ULTRA THIN	98	LOPID TABS (gemfibrozil)	31
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LOTEMAX SM GEL137	LUPRON DEPOT (3-MONTH) KIT IM39	MACROBID (nitrofurantoin monohyd macro)35
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LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)32	LUPRON DEPOT (6-MONTH) IM .39	magnesium citrate 1.745 GM/30ML 92
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LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) .33	lurasidone hcl 20 MG, 40 MG, 60 MG46	magnesium oxide (mg supplement) TABS 400 MG, 400 MG117
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LOVENOX SOLN IJ 300 MG/3ML	LYBALVI141	magnesium sulfate (laxative) GRAN PO92
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malathion	78	MCG-500 MCG-16.5 MG-70 MG-8	MEDLANCE PLUS EXTRA 21G ..	99
MALE SUPPORT CAPS	80	MG-20 MG-11.9 MG-250 MCG-300	MEDLANCE PLUS LANCETS	99
MARATHON MEDICAL PENTIPS		MCG-35 MCG-202.5 MG-50 MG-2.3	MEDLANCE PLUS LITE 25G	99
109		MG-45 MCG-80 MG-2 MG-5 MG-150	MEDLANCE PLUS SPECIAL 0.8MM	
maraviroc TABS	54	MCG-45 MCG-0.9 MG-10 MCG-11		99
MAR-COF CG EXPECTORANT		MG-720 MG-150 MCG-50 MG-55	MEDLANCE PLUS SUPERLITE 30G	
LIQD	65	MCG-750 MCG-30 MCG-25 MCG-70		99
MARGENZA	38	MG	MEDLANCE PLUS UNIVERSAL 21G	
MARINOL CAPS 2.5 MG		MAXITROL OINT (neomycin-polymy-		99
(dronabinol)	28	dexameth)	MEDLANCE UNIVERSAL 21G ...	99
MARPLAN	20	137	MEDROL TABS	
MATULANE	43	MAXITROL SUSP (neomycin-	(methylprednisolone)	63
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MAVENCLAD (5 TABS)	142	MAYZENT STARTER PACK TBPK	(methylprednisolone)	63
MAVENCLAD (6 TABS)	142	0.25 MG	medroxyprogesterone acetate	
MAVENCLAD (7 TABS)	142	142	(contraceptive) SUSP IM	62
MAVENCLAD (8 TABS)	142	MAYZENT TABS	medroxyprogesterone acetate	
MAVENCLAD (9 TABS)	142	142	(contraceptive) SUSY IM	62
MAVYRET PACK	56	meclizine hcl CHEW	medroxyprogesterone acetate 10 MG	
MAVYRET TABS	56	28		140
MAXALT TABS 10 MG (rizatriptan		meclizine hcl TABS 12.5 MG, 25 MG	medroxyprogesterone acetate 2.5	
benzoate)	115	28	MG, 5 MG	140
MAXALT-MLT TBDP 10 MG		meclofenamate sodium CAPS	mefenamic acid CAPS	6
(rizatriptan benzoate)	115	6	mefloquine hcl	35
MAXI DEET LIQD	77	MEDCAPS DPO CAPS	megestrol acetate TABS	39
MAXI-COMFORT INSULIN		132	MEIJER ALCOHOL SWABS	105
SYRINGE	109	MEDCAPS GI CAPS	MEIJER GLUCOSE	24
MAXICOMFORT SYR 27G X 1/2"		132	MEIJER LANCETS	99
109		MEDCAPS IS CAPS	MEIJER LANCETS THIN	99
MAXIDEX SUSP OP	137	132	MEIJER LANCETS UNIVERSAL 21G	
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		MEDCAPS T3 CAPS		
		132		
		MEDIC INSULIN SYRINGE		
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		MEDICHOICE SAFETY LANCET		
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		MEDICHOICE SAFETY LANCET		
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meloxicam CAPS 10 MG6	meperidine hcl TABS 50 MG9	methenamine mandelate35
meloxicam CAPS 5 MG6	meprobamate13	methenamine-hyoscamine-methylene blue-sodium phosphate TABS34
meloxicam TABS 15 MG6	mercaptopurine SUSP 2000 MG/100ML 37	methenamine-hyosc-methylene blue- benzoic acid-phenyl sal 34
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METHYL PROTECT CAPS	132	methylprednisolone sod succ 40 MG, 500 MG, 1000 MG	63	metyrosine	32
methylcellulose (laxative) POWD ..	90	methylprednisolone TABS 4 MG ..	63	mexiletine hcl	13
methylcellulose (laxative) TABS ...	91	methylprednisolone TABS 8 MG, 16 MG, 32 MG	63	MG PLUS PROTEIN TABS	132
methyldopa TABS	32	methylprednisolone TBPK	63	MG217 DANDRUFF SHAMPOO/COND SHAM	75
methylergonovine maleate TABS	139	methyltestosterone CAPS	11	MG217 PSORIASIS THER SHAM/COND SHAM	75
METHYL-GUARD CAPS	132	methyltestosterone TABS	11	MICARDIS (telmisartan)	32
METHYL-GUARD PLUS CAPS ..	132	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	84	MICARDIS HCT (telmisartan- hydrochlorothiazide)	33
METHYLIN SOLN 10 MG/5ML (methylphenidate hcl)	3	metoclopramide hcl TABS	84	miconazole nitrate (topical) AERP	.70
METHYLIN SOLN 5 MG/5ML (methylphenidate hcl)	3	metolazone 10 MG	81	miconazole nitrate (topical) CREA	.70
methylphenidate hcl CHEW	3	metolazone 2.5 MG, 5 MG	81	miconazole nitrate (topical) POWD EX	70
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	metoprolol & hydrochlorothiazide TABS	33	MICONAZOLE NITRATE SOLN ...	70
methylphenidate hcl CP24	3	metoprolol succinate TB24 100 MG, 200 MG	57	miconazole nitrate vaginal CREA 2 %	149
methylphenidate hcl CPCR	3	metoprolol succinate TB24 25 MG, 50 MG	57	miconazole nitrate vaginal KIT ...	149
methylphenidate hcl SOLN 10 MG/5ML	3	metoprolol tartrate TABS	57	miconazole nitrate vaginal SUPP	149
methylphenidate hcl SOLN 5 MG/5ML	3	METROCREAM CREA (metronidazole (topical))	78	miconazole-zinc oxide-white petrolatum	70
methylphenidate hcl TABS	3	METROGEL GEL 1 % (metronidazole (topical))	78	MICROCHAMBER DEVI	113
methylphenidate hcl TB24	3	metronidazole (topical) CREA	78	MICROCHAMBER MISC	113
methylphenidate hcl TBCR 10 MG, 18 MG, 20 MG, 27 MG, 36 MG, 54 MG	3	metronidazole (topical) GEL 1 % ..	78	MICRODOT PEN NEEDLE	109
methylphenidate hcl TBCR 45 MG, 63 MG	3	metronidazole (topical) GEL	78	MICROLET LANCETS	99
methylphenidate hcl TBCR 72 MG ..	3	metronidazole (topical) LOTN	78	MICROLET NEXT LANCING DEVICE MISC	99
methylphenidate PTCH	3	metronidazole CAPS	34	MICROSPACER MISC	113
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80		metronidazole TABS 125 MG	34	MIEBO	138
		metronidazole TABS 250 MG, 500		miglitol	22

MIGRANAL SOLN NA (dihydroergotamine mesylate)	114	MM LANCING DEVICE MISC	99	MONOLETTOR SAFETY LANCETS	99
MIL ADREGEN TABS	132	MM PEN NEEDLES	109	montelukast sodium CHEW	14
MINCORA TABS	125	MM TWIST LANCETS	99	montelukast sodium PACK	14
mineral oil ENEM	91	M-M-R II SOLR	148	montelukast sodium TABS	14
mineral oil OIL PO	91	M-NATAL PLUS TABS	127	MOOD FOOD CAPS	123
MINI LANCING DEVICE MISC	99	modafinil	3	MOOD FOOD ES CAPS	123
MINIPRESS CAPS 2 MG, 5 MG (prazosin hcl)	32	MODERNA COVID-19 BIVAL 6M-5Y	148	morphine sulfate beads	9
minocycline hcl CAPS	144	MODERNA COVID-19 BIVALENT 148		morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	9
minocycline hcl TABS	144	MODERNA COVID-19 VAC 6M-11Y SUSP	148	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	9
minocycline hcl TB24	144	MODERNA COVID-19 VAC 6M-11Y SUSY	148	morphine sulfate SUPP	9
MINOLIRA TB24	144	MODERNA COVID-19 VACCINE SUSP	148	morphine sulfate TABS	9
minoxidil 2.5 MG, 10 MG	34	moexipril hcl	32	morphine sulfate TBCR	9
mirabegron TB24 25 MG	146	molindone hcl	51	MOTTEGRITY (prucalopride succinate)	84
mirabegron TB24 50 MG	146	mometasone furoate (nasal) SUSP 134		MOTPOLY XR CP24	18
MIRCERA	88	mometasone furoate CREA	74	MOUNJARO	24
MIRENA (52 MG)	62	mometasone furoate OINT	74	MOVANTIK 12.5 MG	85
mirtazapine TABS 15 MG, 30 MG .	19	mometasone furoate SOLN	74	MOVANTIK 25 MG	85
mirtazapine TABS 7.5 MG, 45 MG	19	MOMMY'S BLISS MV ORGANIC DROPS LIQD	125	MOVIPREP (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid) 91	
mirtazapine TBDP 15 MG	19	MONISTAT 3 CREA	149	moxifloxacin hcl (ophth) SOLN OP 136	
mirtazapine TBDP 30 MG, 45 MG .	19	MONJUVI	38	moxifloxacin hcl TABS	84
MIRVASO (brimonidine tartrate (topical))	78	MONOJECT INSULIN SYRINGE 109		MPD SAFETY LANCET 21G	99
misoprostol	145	MONOJECT ULTRA COMFORT SYRINGE	109	MPD SAFETY LANCET 23G	99
MITIGARE CAPS (colchicine)	87	MONOLET LANCETS	99	MPD SAFETY LANCET 28G	99
mitomycin SOLR IV	40	MONOLET OPD LANCETS	99	MPD SAFETY LANCET 30G	99
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	40				
MM BIOTIN/KERATIN CAPS	132				
MM INSULIN SYRINGE/NEEDLE 109					

MS CONTIN TBCR (morphine sulfate)	9	126	CAPS	123			
MS INSULIN SYRINGE	109	MULTIVITAMIN GUMMIES CHILDRENS	MVW MODULATOR FORMULATION MINI CAPS	123			
MULPLETA	88	MULTIVITAMIN INFANT & TODDLER SOLN PO	MVW ORANGE CHEWABLES CHEW	123			
MULTAQ	13	MULTIVITAMIN TABS	125	MX-SOL SF SYRP	140		
MULTI MEGA MINERALS TABS	117	MULTIVITAMIN/FLUORIDE CHEW 126	MX-SOL SYRP	140	mycophenolate mofetil CAPS	118	
MULTI PRENATAL TABS	127	MULTIVITAMIN/FLUORIDE SOLN 126	mycophenolate mofetil TABS	118	MYDAYIS CP24 (amphetamine-dextroamphetamine)	1	
MULTI VITAMIN TABS	125	MULTIVITAMIN+ LIQD	125	MYFEMBREE	83	MYGLUCOHEALTH LANCETS 30G 99	
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MULTIA CAPS	123	MULTI-VITE LIQD	123	MYRBETRIQ TB24 50 MG (mirabegron)	146	MYSOLINE (primidone)	18
MULTI-LANCET DEVICE MISC ...	99	MULTI-VIT-FLOR CHEW	126	MYTESI	27	nabumetone	6
MULTI-MAC	127	mupirocin calcium (topical)	69	nadolol TABS 20 MG, 40 MG, 80 MG	57	naftifine hcl CREA	70
MULTI-MINERALS TABS	117	mupirocin OINT	69	naftifine hcl GEL 2 %	70	NAFTIN GEL (naftifine hcl)	70
multiple vitamin CAPS	125	MURO 128 OINT (sodium chloride hypertonic)	138	naftifine hcl GEL 2 %	70	NALFON CAPS (fenoprofen calcium)	6
multiple vitamin TABS	125	MURO 128 SOLN (sodium chloride hypertonic)	138	naftifine hcl GEL 2 %	70	NALFON TABS 600 MG	6
multiple vitamins w/ calcium TABS 120		MURO 128 SOLN	138	naftifine hcl GEL 2 %	70	NALMEFENE HCL IJ	27
multiple vitamins w/ iron TABS ...	120	MVASI	37	naftifine hcl GEL 2 %	70	NALOCET TABS	10
multiple vitamins w/ minerals CAPS 123		MVW COMPLETE FORMULATION CAPS	123	naftifine hcl GEL 2 %	70		
multiple vitamins w/ minerals CHEW . 123		MVW COMPLETE FORMULATION D3000 CAPS	123	naftifine hcl GEL 2 %	70		
multiple vitamins w/ minerals LIQD 123		MVW COMPLETE FORMULATION D5000 CAPS	123	naftifine hcl GEL 2 %	70		
multiple vitamins w/ minerals TBCR 123		MVW COMPLETE FORMULATION MINIS CAPS	123	naftifine hcl GEL 2 %	70		
MULTISOURCE CALCIUM MAG/D TABS	117	MVW HI-D ADEK GUMMIES CHEW . 123		naftifine hcl GEL 2 %	70		
MULTISTIX 10 SG	80	MVW MODULATOR FORMULATION		naftifine hcl GEL 2 %	70		
MULTIVITAMIN + FLUORIDE CHEW 0.25 MG	126			naftifine hcl GEL 2 %	70		
MULTIVITAMIN ADULT TABS ...	125			naftifine hcl GEL 2 %	70		
MULTIVITAMIN DROPS/IRON SOLN				naftifine hcl GEL 2 %	70		

naloxone hcl LIQD	27	naproxen TABS	7	neomycin-bacitracin zn-polymyxin	136
naloxone hcl SOCT	27	naproxen TBEC	7	neomycin-bacitracin-polymyxin OINT	69
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	27	naproxen-esomeprazole magnesium	6	neomycin-bacitracin-polymyxin- pramoxine	69
naloxone hcl SOSY	27	naratriptan hcl	115	neomycin-polymy-dexameth OINT	137
naltrexone hcl	27	NARCAN LIQD (naloxone hcl)	27	neomycin-polymy-dexameth SUSP	137
NAMENDA TITRATION PAK TABS (memantine hcl)	141	NARDIL (phenelzine sulfate)	20	neomycin-polymyxin w/ pramoxine	69
NAMENDA XR CP24 28 MG (memantine hcl)	141	NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal))	134	neomycin-polymyxin-gramicidin .	136
NAMENDA XR CP24 7 MG, 14 MG (memantine hcl)	141	NASONEX 24HR SUSP (mometasone furoate (nasal))	134	neomycin-polymyxin-hc (ophth) .	137
NAMZARIC C4PK	141	NASOPEN PE	65	neomycin-polymyxin-hc (otic) SOLN .	138
NAMZARIC CP24 (memantine hcl- donepezil hcl)	141	NATACYN	136	neomycin-polymyxin-hc (otic) SUSP .	138
NAMZARIC CP24	141	NATAL PNV TABS	127	NEONATAL + DHA MISC	127
naphazoline w/ pheniramine 0.3 %- 0.025 %	136	NATAZIA	61	NEONATAL COMPLETE TABS 120 MG-3 MG-30 MCG-1000 MCG-25	
naphazoline w/ pheniramine 0.315 %-0.027 %	136	nateglinide	26	MCG-8 MCG-3 MG-20 MG-7 MG-29	
naphazoline-polyethylene glycol 300	136	NATESTO GEL NA	11	MG-200 MG-3 MG-100 MG-15 MG-3	
NAPHCON-A (naphazoline w/ pheniramine)	136	NATRAPEL 12-HOUR TICK/INSECT AERO	77	MG-1200 MCG-150 MCG-18.4 MG	127
NAPRELAN TB24 (naproxen sodium)	6	NATRAPEL LIQD	77	NEONATAL FE	127
NAPROSYN SUSP (naproxen)	6	NATROBA (spinosad)	78	NEONATAL PLUS TABS	127
naproxen sodium CAPS	6	NATURAL FIBER LAXATIVE POWD	91	NEO-SYNALAR	69
naproxen sodium TABS 220 MG ...	6	NAYZILAM	17	NEO-VITAL RX TABS	127
naproxen sodium TABS	6	nebivolol hcl 10 MG, 20 MG	57	NERLYNX	41
naproxen sodium TB24	6	nebivolol hcl 2.5 MG, 5 MG	57	NERVIVE NERVE RELIEF TABS	132
naproxen SUSP	6	NEBULIZER CUP/TUBING DEVI	113	NESINA (alogliptin benzoate)	24
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		nelarabine	37	NESTABS DHA	128
		NEMLUVIO	75		
		NEOMULTIVITE TABS	125		
		neomycin sulfate TABS	4		

NESTABS ONE	128	niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG	31	nitrofurantoin	35
NEULASTA ONPRO PSKT	88	niacin TABS	150	NITROFURANTOIN	35
NEULASTA SOSY	88	niacin TBCR 500 MG, 750 MG ...	150	nitrofurantoin macrocrystal	35
NEUPOGEN SOLN	88	niacin w/ inositol	132	nitrofurantoin monohyd macro	35
NEUPOGEN SOSY	88	niacinamide TABS	150	nitroglycerin (intra-anal)	11
NEUPRO	44	nicardipine hcl CAPS	58	nitroglycerin PT24	12
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NEURONTIN SOLN (gabapentin) .	18	nicotine polacrilex GUM	143	nitroglycerin SUBL	12
NEURONTIN TABS (gabapentin) .	18	nicotine polacrilex LOZG	143	NITROLINGUAL SOLN TL (nitroglycerin)	12
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		NITRO-DUR PT24	12		

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70	LIQD	77	hydrochlorothiazide	33
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PAXIL TABS 30 MG, 40 MG (paroxetine hcl)	21	peg 3350-potassium chloride-sod bicarbonate-sod chloride	91		pentoxifylline	88
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pazopanib hcl	42	PEMAZYRE 4.5 MG	42		PERFECT LANCETS 28G	100
PC LANCETS SUPER THIN 30G 100		PEMAZYRE 9 MG, 13.5 MG	42		PERFECT LANCETS 30G	100
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PHARMACIST CHOICE LANCETS . 100		phenylephrine-brompheniramine-dm LIQD 2.5 MG/5ML-5 MG/5ML-1 MG/5ML	66	phytonadione TABS	149
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progesterone OIL	140	PROQUAD SUSR	148	pseudoephedrine-ibuprofen CAPS	66
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PROLATE TABS	10	PROSCAR (finasteride)	86	PSS SELECT SAFETY LANCETS 100	
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		pseudoephedrine hcl TABS	134		

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PX INSULIN SYRINGE	109	QC ADVANCED LANCING DEVICE MISC	100	quetiapine fumarate TB24 150 MG, 200 MG	50
PX LANCET AUTO INJECTOR MISC	100	QC ALCOHOL SWABS	105	quetiapine fumarate TB24 50 MG, 300 MG, 400 MG	50
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PX MINI PEN NEEDLES	109	QC OCUHEALTH VISION SUPPORT 2 CAPS	124	QUILLIVANT XR SRER	3
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PX PEN NEEDLE	109	QC UNIFINE PENTIPS	110	quinapril-hydrochlorothiazide	33
PX SHORTLENGTH PEN NEEDLES	110	QC UNILET LANCETS 28G	100	quinidine gluconate TBCR	13
PYLERA (bismuth subcitrate potassium-metronidazole-tetracycline)	145	QC UNILET LANCETS MICRO THIN	100	quinidine sulfate TABS	13
pyrazinamide	36	QELBREE	2	quinine sulfate CAPS 324 MG	35
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	78	QINLOCK	42	QUINTABS TABS	125
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	78	QNASL	134	QULIPTA 10 MG, 60 MG	114
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pyridostigmine bromide TABS 60 MG	35	QTERN	23	QUTENZA (2 PATCH)	76
pyridostigmine bromide TBCR	35	QUAKE DEVI	113	QUTENZA (4 PATCH)	76
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pyrimethamine	35	QUDEXY XR CS24 (topiramate) ..	18	QUVIVIQ	90
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PYZCHIVA 45 MG/0.5ML, 90 MG/ML	85	QUESTRAN PACK (cholestyramine) 30		RA B-COMPLEX/VITAMIN C CR TBCR	119
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REVELA TABS (sevelamer carbonate)	86	RETIN-A MICRO (tretinoin microsphere)	68	REZLIDHIA	42
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REPEL HUNTERS FORMULA AERO	77	REUSABLE COMFORTSEAL MASK-MED MISC	114	RIDAURA	5
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ritonavir TABS	55	ROXICODONE TABS 30 MG (oxycodone hcl)	9	SAFETY LANCETS 21G	101
RITUXAN	38	ROXYBOND TABA	9	SAFETY LANCETS 23G	101
RITUXAN HYCELA	40	ROZEREM (ramelteon)	90	SAFETY LANCETS 28G	101
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SAVELLA TITRATION PACK MISC 141	selegiline hcl TABS45	SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (quetiapine fumarate) 50
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ZERVIAE	138	ziprasidone hcl	46	ZOMACTON SOLR SC	82
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