

2019

## FORMULARY (LIST OF COVERED DRUGS)

### Buckeye Health Plan - MyCare Ohio (MMP)

**NOTE TO EXISTING MEMBERS:**

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.**

For more recent information or other questions, please contact Buckeye Health Plan Member Services at **1-866-549-8289, TTY:711**. Member Service hours are from **8 a.m. to 8 p.m., Monday through Friday**.

After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. Or visit: <http://mmp.BuckeyeHealthPlan.com>.

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## Buckeye Health Plan – MyCare Ohio | 2019 List of Covered Drugs (Formulary)

This is a list of drugs that members can get in Buckeye Health Plan – MyCare Ohio (Buckeye).

- Buckeye Health Plan – MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits may change on January 1 of each year.
- You can always check Buckeye's up-to-date List of Covered Drugs online at <http://mmp.buckeyehealthplan.com>.
- Limitations and restrictions may apply. For more information, call Buckeye Member Services or read the Buckeye Member Handbook.
- You can get this information for free in other languages. Call 1-866-549-8289. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- Puede obtener esta información en otros idiomas gratis. Llame al 1-866-549-8289. El horario de atención es de 8 a. m. a 8 p. m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriado, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. Los usuarios de TTY deben llamar al 711. La llamada es gratuita.
- You can get this information for free in other formats, such as large print, braille, or audio. Call 1-866-549-8289 from 8 a.m. to 8 p.m., Monday through Friday. TTY users call 711. The call is free.
- If you would like this information in a format other than English or in an alternate format, please call 1-866-549-8289. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. You can also [email OH\\_MMP\\_EmailRequests@centene.com](mailto:OH_MMP_EmailRequests@centene.com).

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**?** **If you have questions**, please call Buckeye at 1-866-549-8289. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users call 711. The call is free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.

## Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more, or look for a question and answer.

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### 1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the “Drug List” for short.)

The drugs on the List of Covered Drugs that starts on page 10 are the drugs covered by Buckeye. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Buckeye will cover all medically necessary drugs on the Drug List if:
- your doctor or other prescriber says you need them to get better or stay healthy, **and**
- you fill the prescription at a Buckeye network pharmacy.
- Buckeye may have additional steps to access certain drugs (see question #5 below).

You can also see an up-to-date list of drugs that we cover on our website at <http://mmp.buckeyehealthplan.com> or call Member Services at 1-866-549-8289 (TTY: 711).

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### 2. Does the Drug List ever change?

Yes. Buckeye may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- a cheaper drug comes along that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe.


We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from Buckeye before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

(For more information on these drug rules, see page 3.)

We will tell you when a drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a drug. Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

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 **If you have questions**, please call Buckeye at 1-866-549-8289. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users call 711. The call is free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.

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You can always check Buckeye's up to date Drug List online at <http://mmp.buckeyehealthplan.com>. You can also call Member Services to check the current Drug List at 1-866-549-8289 (TTY: 711).

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### **3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?**

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List **or** when you ask for a refill. Then you can get a 60-day supply of the drug before the change to the Drug List is made.

We will mail you a notice if you are taking a drug, and we change our rules for covering it. You will receive the notice by mail at least 60 days before we remove the drug from our List of Covered Drugs. Or, we have to tell you when you request a refill of the drug. If we tell you when you refill your drug, you will receive a 60-day supply of the drug. For more information on these drug rules, see below. If you have questions about the notice you receive from Buckeye, call Member Services at 1-866-549-8289. TTY Users should call 711. Hours are from 8 a.m. to 8 p.m., Monday through Friday.

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### **4. What happens when we find out a drug is not safe?**

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. If you have any questions after being notified of the change, you should contact the doctor who prescribed the drug for you.

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### **5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Buckeye before you fill your prescription. If you don't get approval, Buckeye may not cover the drug.
- **Quantity limits:** Sometimes Buckeye limits the amount of a drug you can get.
- **Step therapy:** Sometimes Buckeye requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

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You can find out if your drug has any additional requirements or limits by looking in the tables on pages 8. You can also get more information by visiting our web site at <http://mmp.buckeyehealthplan.com>. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an “exception” from these limits. Please see question 11 for more information on exceptions.

- If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List, or if you cannot easily get the drug you need, we can help. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Buckeye member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see question 11 for more information about exceptions.

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## 6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The List of Covered Drugs on page 10 has a column labeled “Necessary actions, restrictions, or limits on use.”

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## 7. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. This gives you time to talk to your doctor or other prescriber about what to do next.

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## 8. How can you find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it by reviewing the index of drugs that begins on page 147.

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To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 10. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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## 9. What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Member Services at 1-866-549-8289 (TTY: 711) and ask about it. If you learn that Buckeye will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
  - You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.
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## 10. What if you are a new Buckeye member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Buckeye. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.


We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Buckeye, **or**
- you are taking a drug that is part of a step therapy restriction.

If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as 91 to 98 days. You may refill the drug multiple times during your first 90 days in the plan. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

Throughout the plan year, you may have a change in your treatment setting (the place where you get and take your medicine) because of the level of care you require. Such transitions may include, but are not limited to:

- Members who are discharged from a hospital or skilled-nursing facility to a home setting
  - Members who are admitted to a hospital or skilled-nursing facility from a home setting
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 **If you have questions**, please call Buckeye at 1-866-549-8289. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users call 711. The call is free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.

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- Members who transfer from one skilled-nursing facility to another and are served by a different pharmacy
- Members who end their skilled-nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who now need to use their Part D plan benefit
- Members who give up Hospice Status and go back to standard Medicare Part A and B coverage
- Members discharged from psychiatric hospitals with highly individualized drug regimens

For these changes in treatment settings, Buckeye will cover as much as a 31-day temporary supply of a Part D-covered drug when you fill your prescription at a network pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and get approval for continued coverage of your drug. We will review these requests for continuation of therapy on a case-by-case basis when you are on a stabilized drug regimen that, if changed, is known to have risks. To ask for a temporary supply of a drug, call Member Services.

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## 11. Can you ask for an exception to cover your drug?

Yes. You can ask Buckeye to make an exception to cover a drug that is not on the Drug

List. You can also ask us to change the rules on your drug.

- For example, Buckeye may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

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## 12. How long does it take to get an exception?

First, we must get a statement from your prescriber supporting your request for an exception.

After we get the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

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## 13. How can you ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception.

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4349 Easton Way, Suite 300  
Columbus, OH 43219  
1-866-549-8289  
TTY: 711

[mmp.BuckeyeHealthPlan.com](http://mmp.BuckeyeHealthPlan.com)



Drug Name	Drug Tier	Requirements/Limits
<b>ALTERNATIVE MEDICINES</b>		
<b>Alternative Medicine - A's</b>		
ALPHA LIPOIC ACID CAPS	\$0 (Tier 3)	
<i>alpha-lipoic acid (thioctic acid) caps 100 mg, 200 mg, 600 mg</i>	\$0 (Tier 3)	
ALPHA-LIPOIC ACID CAPS OR 50 MG	\$0 (Tier 3)	
LIPOIC ACID CAPS	\$0 (Tier 3)	
<b>Alternative Medicine - C's</b>		
CHEW Q CHEW	\$0 (Tier 3)	
CO Q-10 CAPS 300 MG (Use Coenzyme Q10 (Ubidecarenone))	\$0 (Tier 3)	
CO Q-10 CHEW 100 MG	\$0 (Tier 3)	
<i>coenzyme q10 (ubidecarenone) caps 10 mg, 30 mg, 50 mg, 60 mg, 75 mg, 100 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	\$0 (Tier 3)	
NEOQ10 CAPS	\$0 (Tier 3)	
Q-GEL CAPS	\$0 (Tier 3)	
<b>Alternative Medicine - U</b>		
CYTO-Q LIQD	\$0 (Tier 3)	
CYTO-Q MAX LIQD	\$0 (Tier 3)	
CYTO-Q T/F LIQD	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
QH LIQD	\$0 (Tier 3)	
<b>Alternative Medicine Combinations</b>		
CO Q-10 PLUS CAPS	\$0 (Tier 3)	
LIQ-10 SYRP	\$0 (Tier 3)	
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
ADVIL CAPS (Use Ibuprofen)	\$0 (Tier 3)	
ADVIL MIGRAINE CAPS (Use Ibuprofen)	\$0 (Tier 3)	
ADVIL TABS (Use Ibuprofen)	\$0 (Tier 3)	
ALEVE CAPS (Use Naproxen Sodium)	NF	
CHILDRENS MOTRIN SUSP (Use Ibuprofen)	NF	RX/OTC
<i>ibuprofen caps 200 mg</i>	\$0 (Tier 3)	
<i>ibuprofen chew 100 mg</i>	\$0 (Tier 3)	
<i>ibuprofen susp 40 mg/ml, 50 mg/1.25ml</i>	\$0 (Tier 3)	
<i>ibuprofen tabs 100 mg, 200 mg</i>	\$0 (Tier 3)	
INFANTS ADVIL SUSP (Use Ibuprofen)	NF	
MOTRIN INFANTS DROPS SUSP (Use Ibuprofen)	NF	
<i>naproxen sodium caps</i>	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
HISTAFLEX TABS	\$0 (Tier 3)	
<b>Analgesics Other</b>		
<i>acetaminophen caps or 500 mg</i>	\$0 (Tier 3)	
<i>acetaminophen chew or 80 mg, 160 mg</i>	\$0 (Tier 3)	
<i>acetaminophen liqd or 160 mg/5ml, 500 mg/15ml, 1000 mg/30ml</i>	\$0 (Tier 3)	
<i>acetaminophen soln or 160 mg/5ml, 650 mg/20.3ml, 325 mg/10.15ml</i>	\$0 (Tier 3)	
<i>acetaminophen supp re 120 mg, 325 mg, 650 mg</i>	\$0 (Tier 3)	
<i>acetaminophen susp or 160 mg/5ml, 80 mg/0.8ml, 80 mg/2.5ml</i>	\$0 (Tier 3)	
<i>acetaminophen tabs or 325 mg, 500 mg</i>	\$0 (Tier 3)	
<i>acetaminophen tbcr or 650 mg</i>	\$0 (Tier 3)	
<i>acetaminophen tbdp or 80 mg, 160 mg</i>	\$0 (Tier 3)	
FEVERALL INFANTS SUPP	\$0 (Tier 3)	
NORTEMP INFANTS SUSP	\$0 (Tier 3)	
TYLENOL 8 HOUR ARTHRITISPAIN TBCR (Use Acetaminophen)	NF	
TYLENOL 8 HOUR TBCR (Use Acetaminophen)	NF	

Drug Name	Drug Tier	Requirements/Limits
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use Acetaminophen)	NF	
TYLENOL CHILDRENS SUSP (Use Acetaminophen)	\$0 (Tier 3)	
TYLENOL EXTRA STRENGTH TABS (Use Acetaminophen)	NF	
TYLENOL INFANTS PAIN+FEVER SUSP (Use Acetaminophen)	\$0 (Tier 3)	
TYLENOL INFANTS SUSP (Use Acetaminophen)	\$0 (Tier 3)	
TYLENOL SORE THROAT DAYTIME LIQD (Use Acetaminophen)	NF	
TYLENOL TABS (Use Acetaminophen)	NF	
<b>Salicylates</b>		
<i>aspirin chew or 81 mg</i>	\$0 (Tier 3)	
<i>aspirin supp re 300 mg, 600 mg</i>	\$0 (Tier 3)	
ASPIRIN SUPP RE 300 MG, 600 MG	\$0 (Tier 3)	
<i>aspirin tabs or 325 mg</i>	\$0 (Tier 3)	
<i>aspirin tbec or 81 mg, 324 mg, 325 mg</i>	\$0 (Tier 3)	
ECOTRIN REGULAR STRENGTH TBEC (Use Aspirin)	NF	
<b>ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Rectal Combinations</b>		
<i>phenylephrine in hard fat supp</i>	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine-cocoa butter supp 88.44%-0.25%</i>	\$0 (Tier 3)	
<i>phenylephrine-mineral oil-petrolatum oint 14%-74.9%-0.25%</i>	\$0 (Tier 3)	
<i>phenylephrine-shark liver oil-mineral oil-petrolatum oint</i>	\$0 (Tier 3)	
PREPARATION H OINT 14%-74.9%-0.25% (Use Phenylephrine-Mineral Oil-Petrolatum)	\$0 (Tier 3)	
<b>ANTACIDS</b>		
<b>Antacid Combinations</b>		
<i>alum &amp; mag hydrox-simethicone chew</i>	\$0 (Tier 3)	
<i>alum &amp; mag hydrox-simethicone liqd</i>	\$0 (Tier 3)	
<i>alum &amp; mag hydrox-simethicone susp</i>	\$0 (Tier 3)	
<i>aluminum hydroxide-mag carb chew</i>	\$0 (Tier 3)	
<i>aluminum hydroxide-mag carb susp</i>	\$0 (Tier 3)	
<i>aluminum hydroxide-mag trisil chew</i>	\$0 (Tier 3)	
<i>calcium carbonate-mag hydrox chew 110mg-550mg</i>	\$0 (Tier 3)	
<i>calcium carbonate-simethicone chew 60mg-1000mg</i>	\$0 (Tier 3)	
GAVISCON CHEW 14.2MG-80MG	\$0 (Tier 3)	
GAVISCON EXTRA STRENGTH CHEW (Use Aluminum Hydroxide-Mag Carb)	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
GAVISCON EXTRA STRENGTH RELIEF FORMULA SUSP (Use Aluminum Hydroxide-Mag Carb)	\$0 (Tier 3)	
GAVISCON EXTRA STRENGTH SUSP (Use Aluminum Hydroxide-Mag Carb)	\$0 (Tier 3)	
GAVISCON SUSP 95MG/15ML-358MG/15ML, 95MG/15ML-95MG/15ML-358MG/15ML-358MG/15ML (Use Aluminum Hydroxide-Mag Carb)	\$0 (Tier 3)	
GELUSIL CHEW (Use Alum & Mag Hydrox-Simethicone)	NF	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (Use Alum & Mag Hydrox-Simethicone)	NF	
MAALOX ADVANCED MAXIMUM STRENGTH CHEW (Use Calcium Carbonate-Simethicone)	NF	
MAALOX MAX CHEW (Use Calcium Carbonate-Simethicone)	NF	
MAG-AL LIQD	\$0 (Tier 3)	
MI-ACID CHEW	\$0 (Tier 3)	
<b>Antacids - Aluminum Salts</b>		
ALUMINUM HYDROXIDE SUSP OR	\$0 (Tier 3)	
<b>Antacids - Bicarbonate</b>		
<i>sodium bicarbonate (antacid) tabs</i>	\$0 (Tier 3)	
<b>Antacids - Calcium Salts</b>		

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Drug Name	Drug Tier	Requirements/Limits
ANTACID CHEW	\$0 (Tier 3)	
ANTACID SOFT CHEWS CHEW	\$0 (Tier 3)	
<i>calcium carbonate (antacid) chew 500 mg, 750 mg, 1000 mg</i>	\$0 (Tier 3)	
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	\$0 (Tier 3)	
<i>calcium carbonate (antacid) tabs 648 mg</i>	\$0 (Tier 3)	
CALCIUM CARBONATE TABS 648 MG	\$0 (Tier 3)	
TUMS CHEW (Use Calcium Carbonate (Antacid))	\$0 (Tier 3)	
TUMS CHEWY BITES CHEW (Use Calcium Carbonate (Antacid))	\$0 (Tier 3)	
TUMS CHEWY DELIGHTS CHEW	\$0 (Tier 3)	
TUMS E-X 750 CHEW (Use Calcium Carbonate (Antacid))	\$0 (Tier 3)	
TUMS EXTRA STRENGTH 750 CHEW (Use Calcium Carbonate (Antacid))	\$0 (Tier 3)	
TUMS KIDS CHEW (Use Calcium Carbonate (Antacid))	\$0 (Tier 3)	
TUMS LASTING EFFECTS CHEW (Use Calcium Carbonate (Antacid))	\$0 (Tier 3)	
TUMS SMOOTHIES CHEW (Use Calcium Carbonate (Antacid))	\$0 (Tier 3)	
TUMS ULTRA 1000 CHEW (Use Calcium Carbonate (Antacid))	\$0 (Tier 3)	
<b>Antacids - Magnesium Salts</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium oxide tabs 400 mg, 420 mg</i>	\$0 (Tier 3)	
MAOX TABS	\$0 (Tier 3)	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>pyrantel pamoate susp</i>	\$0 (Tier 3)	
REESES PINWORM MEDICINE TABS	\$0 (Tier 3)	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Diabetic Other</b>		
BD GLUCOSE CHEW	\$0 (Tier 3)	
CVS GLUCOSE CHEW	\$0 (Tier 3)	
DEX4 CHEW	\$0 (Tier 3)	
DEX4 FAST ACTING GLUCOSE CHEW 4GM-6MG	\$0 (Tier 3)	
DEX4 NATURALS CHEW	\$0 (Tier 3)	
DEX4 POUCH PACK CHEW	\$0 (Tier 3)	
DEX4 QUICK DISSOLVE GLUCOSE CHEW	\$0 (Tier 3)	
<i>dextrose (diabetic use) gel 40 %, 15 gm/38gm</i>	\$0 (Tier 3)	
GLUCOSE CHEW 4 GM	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
GLUCOSE CHEW 4GM-6MG, 4GM-4GM-6MG	\$0 (Tier 3)	
GLUCOSE INSTANT ENERGY CHEW	\$0 (Tier 3)	
GNP GLUCOSE CHEW	\$0 (Tier 3)	
GNP QUICK DISSOLVE GLUCOSE CHEW	\$0 (Tier 3)	
GOODSENSE GLUCOSE CHEW	\$0 (Tier 3)	
HM GLUCOSE CHEW	\$0 (Tier 3)	
HY-VEE GLUCOSE CHEW	\$0 (Tier 3)	
INSTA-GLUCOSE GEL	\$0 (Tier 3)	
KROGER GLUCOSE CHEW	\$0 (Tier 3)	
LEADER GLUCOSE CHEW	\$0 (Tier 3)	
LEADER QUICK DISSOLVE GLUCOSE CHEW	\$0 (Tier 3)	
LONGS GLUCOSE CHEW	\$0 (Tier 3)	
MEIJER GLUCOSE CHEW	\$0 (Tier 3)	
PREFERRED PLUS GLUCOSE CHEW	\$0 (Tier 3)	
PX GLUCOSE CHEW	\$0 (Tier 3)	
RA GLUCOSE CHEW	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
RELION GLUCOSE CHEW	\$0 (Tier 3)	
SM GLUCOSE CHEW	\$0 (Tier 3)	
SMART SENSE GLUCOSE CHEW	\$0 (Tier 3)	
SMART SENSE GLUCOSE TABLETS CHEW	\$0 (Tier 3)	
TGT GLUCOSE CHEW	\$0 (Tier 3)	
UP & UP GLUCOSE CHEW	\$0 (Tier 3)	
VALUE PLUS GLUCOSE CHEW	\$0 (Tier 3)	
WALGREENS GLUCOSE CHEW	\$0 (Tier 3)	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antidiarrheal/Probiotic Agents - Misc.</b>		
ACIDOPHILUS WAFR	\$0 (Tier 3)	
ACIDOPHILUS/BIFIDUS WAFR	\$0 (Tier 3)	
<i>bismuth subsalicylate chew</i>	\$0 (Tier 3)	
<i>bismuth subsalicylate susp</i>	\$0 (Tier 3)	
<i>bismuth subsalicylate tabs</i>	\$0 (Tier 3)	
FLORAJEN ACIDOPHILUS CAPS	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
LACTINEX PACK ( <i>Use Lactobacillus</i> )	\$0 (Tier 3)	
<i>lactobacillus caps</i>	\$0 (Tier 3)	
<i>lactobacillus chew</i>	\$0 (Tier 3)	
<i>lactobacillus pack</i>	\$0 (Tier 3)	
<i>lactobacillus tabs</i>	\$0 (Tier 3)	
MORE-DOPHILUS ACIDOPHILUS POWD	\$0 (Tier 3)	
PEPTO BISMOL TABS ( <i>Use Bismuth Subsalicylate</i> )	NF	
PEPTO-BISMOL CHEW 262 MG ( <i>Use Bismuth Subsalicylate</i> )	NF	
PEPTO-BISMOL INSTACOOOL CHEW ( <i>Use Bismuth Subsalicylate</i> )	NF	
PEPTO-BISMOL MAX STRENGTH SUSP ( <i>Use Bismuth Subsalicylate</i> )	NF	
PEPTO-BISMOL SUSP 262 MG/15ML, 524 MG/30ML ( <i>Use Bismuth Subsalicylate</i> )	\$0 (Tier 3)	
PEPTO-BISMOL TO-GO CHEW ( <i>Use Bismuth Subsalicylate</i> )	NF	
PROBIOTIC CAPS	\$0 (Tier 3)	
PROBIOTIC GOLD EXTRA STRENGTH CAPS	\$0 (Tier 3)	
REPHRESH PRO-B CAPS	\$0 (Tier 3)	
<b>Antidiarrheal/Probiotic Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
ACIDOPHILUS/CITRUS PECTIN TABS	\$0 (Tier 3)	
KALA TABS	\$0 (Tier 3)	
<i>lactobacillus acidophilus-pectin caps</i>	\$0 (Tier 3)	
<b>Antiperistaltic Agents</b>		
IMODIUM A-D CAPS 2 MG ( <i>Use Loperamide HCl</i> )	\$0 (Tier 3)	RX/OTC
IMODIUM A-D LIQD 1 MG/7.5ML ( <i>Use Loperamide HCl</i> )	NF	
IMODIUM A-D TABS 2 MG ( <i>Use Loperamide HCl</i> )	NF	
<i>loperamide hcl caps 2 mg</i>	\$0 (Tier 3)	RX/OTC
<i>loperamide hcl caps 2 mg</i>	\$0 (Tier 3)	RX/OTC; NT
<i>loperamide hcl caps 2 mg</i>	\$0 (Tier 3)	Over-the-counter;RX/OTC
<i>loperamide hcl liqd 1 mg/5ml, 1 mg/7.5ml</i>	\$0 (Tier 3)	
<i>loperamide hcl susp 1 mg/7.5ml</i>	\$0 (Tier 3)	
<i>loperamide hcl tabs 2 mg</i>	\$0 (Tier 3)	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>Antiemetics - Anticholinergic</b>		
<i>dimenhydrinate tabs</i>	\$0 (Tier 3)	
DRAMAMINE TABS ( <i>Use Dimenhydrinate</i> )	NF	
<i>meclizine hcl chew 25 mg</i>	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
<i>meclizine hcl tabs 12.5 mg</i>	\$0 (Tier 3)	RX/OTC; NT
<i>meclizine hcl tabs 25 mg, 12.5 mg</i>	\$0 (Tier 3)	RX/OTC
<i>meclizine hcl tabs 25 mg, 12.5 mg</i>	\$0 (Tier 3)	Over-the-counter;RX/OT C
<b>Antiemetics - Miscellaneous</b>		
EMETROL SOLN (Use Fructose-Dextrose-Phosphoric Acid)	NF	
<i>fructose-dextrose-phosphoric acid liqd</i>	\$0 (Tier 3)	
<i>fructose-dextrose-phosphoric acid soln</i>	\$0 (Tier 3)	
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
ALA-HIST IR TABS	\$0 (Tier 3)	
CHLOR-TRIMETON ALLERGY TBCR (Use Chlorpheniramine Maleate)	NF	
CHLOR-TRIMETON SYRP 2 MG/5ML (Use Chlorpheniramine Maleate)	NF	
CHLOR-TRIMETON TABS 4 MG (Use Chlorpheniramine Maleate)	\$0 (Tier 3)	
<i>chlorpheniramine maleate syrp</i>	\$0 (Tier 3)	
<i>chlorpheniramine maleate tabs</i>	\$0 (Tier 3)	
<i>chlorpheniramine maleate tbcr</i>	\$0 (Tier 3)	
ED CHLORPED LIQD	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
HISTEX PD LIQD	\$0 (Tier 3)	
HISTEX SYRP 2.5 MG/5ML	\$0 (Tier 3)	
<i>triprolidine hcl liqd</i>	\$0 (Tier 3)	
VANACLEAR PD LIQD (Use Triprolidine HCl)	\$0 (Tier 3)	
VANAHIST PD LIQD (Use Triprolidine HCl)	\$0 (Tier 3)	
<b>Antihistamines - Ethanolamines</b>		
BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML (Use Diphenhydramine HCl)	NF	
BENADRYL ALLERGY TABS (Use Diphenhydramine HCl)	NF	
<i>clemastine fumarate tabs</i>	\$0 (Tier 3)	
<i>diphenhydramine hcl caps 50 mg</i>	\$0 (Tier 3)	
<i>diphenhydramine hcl liqd 25 mg/10ml, 50 mg/20ml, 6.25 mg/ml, 12.5 mg/5ml</i>	\$0 (Tier 3)	
<i>diphenhydramine hcl tabs 25 mg</i>	\$0 (Tier 3)	
SILPHEN COUGH SYRP	\$0 (Tier 3)	
TAVIST ALLERGY TABS (Use Clemastine Fumarate)	NF	
VANAMINE PD LIQD (Use Diphenhydramine HCl)	\$0 (Tier 3)	
<b>Antihistamines - Non-Sedating</b>		

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Drug Name	Drug Tier	Requirements/ Limits
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (Use Fexofenadine HCl)	NF	
ALLEGRA ALLERGY TABS (Use Fexofenadine HCl)	NF	
<i>cetirizine hcl chew 5 mg, 10 mg</i>	\$0 (Tier 3)	
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	\$0 (Tier 3)	Over-the-counter;RX/OT C
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	\$0 (Tier 3)	RX/OTC
<i>cetirizine hcl syrup 1 mg/ml, 5 mg/5ml</i>	\$0 (Tier 3)	RX/OTC
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	\$0 (Tier 3)	
CLARITIN ALLERGY CHILDRENS SYRP (Use Loratadine)	NF	
CLARITIN CAPS 10 MG (Use Loratadine)	NF	
CLARITIN CHEW 5 MG	\$0 (Tier 3)	
CLARITIN CHEW 5 MG (Use Loratadine)	NF	
CLARITIN CHILDRENS CHEW (Use Loratadine)	NF	
CLARITIN REDITABS TBDP 10 MG (Use Loratadine)	NF	
CLARITIN REDITABS TBDP 5 MG	\$0 (Tier 3)	
CLARITIN SYRP 5 MG/5ML (Use Loratadine)	NF	
CLARITIN TABS 10 MG (Use Loratadine)	NF	
<i>fexofenadine hcl susp</i>	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
<i>fexofenadine hcl tabs</i>	\$0 (Tier 3)	
<i>loratadine caps</i>	\$0 (Tier 3)	
<i>loratadine chew</i>	\$0 (Tier 3)	
<i>loratadine soln</i>	\$0 (Tier 3)	
<i>loratadine syrup</i>	\$0 (Tier 3)	
<i>loratadine tabs</i>	\$0 (Tier 3)	
<i>loratadine tbdp</i>	\$0 (Tier 3)	
ZYRTEC ALLERGY TABS (Use Cetirizine HCl)	NF	
ZYRTEC CHILDRENS ALLERGY SOLN 1 MG/ML, 5 MG/5ML (Use Cetirizine HCl)	\$0 (Tier 3)	RX/OTC
ZYRTEC CHILDRENS ALLERGY SOLN 5 MG/5ML (Use Cetirizine HCl)	\$0 (Tier 3)	RX/OTC; NT
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>Iodine Antiseptics</b>		
BETADINE SKIN CLEANSER SOLN (Use Povidone-Iodine)	\$0 (Tier 3)	
BETADINE SOLN 10 % (Use Povidone-Iodine)	\$0 (Tier 3)	
BETADINE SOLN 5 %	\$0 (Tier 3)	
BETADINE SURGICAL SCRUB SOLN (Use Povidone-Iodine)	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
BETADINE SWAB AID SWAB ( <i>Use Povidone-iodine</i> )	\$0 (Tier 3)	
BETADINE SWABSTICKS SWAB ( <i>Use Povidone-iodine</i> )	\$0 (Tier 3)	
NUPREP 5% POVIDONE- IODINE SOLN	\$0 (Tier 3)	
<i>povidone-iodine oint</i>	\$0 (Tier 3)	
<i>povidone-iodine soln</i>	\$0 (Tier 3)	
<i>povidone-iodine swab</i>	\$0 (Tier 3)	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Peripheral Vasodilators</b>		
<i>inositol niacinate caps</i>	\$0 (Tier 3)	
<b>CHEMICALS</b>		
<b>Bulk Chemicals - B's</b>		
BIOTIN POWD XX	\$0 (Tier 3)	RX/OTC
BIOTIN-D POWD	\$0 (Tier 3)	RX/OTC
<b>Bulk Chemicals - C's</b>		
CITRULLINE(L) POWD	\$0 (Tier 3)	RX/OTC
L-CITRULLINE POWD XX	\$0 (Tier 3)	RX/OTC
<b>Bulk Chemicals - S's</b>		
SALICYLIC ACID POWD XX	\$0 (Tier 3)	RX/OTC
<b>Liquids</b>		

Drug Name	Drug Tier	Requirements/Limits
CASTOR OIL OIL XX	\$0 (Tier 3)	RX/OTC
CVS CASTOR OIL OIL	\$0 (Tier 3)	RX/OTC
GLYCERIN LIQD	\$0 (Tier 3)	RX/OTC
GLYCERINE LIQD	\$0 (Tier 3)	RX/OTC
GLYCEROL FORMAL LIQD	\$0 (Tier 3)	RX/OTC
HM CASTOR OIL OIL	\$0 (Tier 3)	RX/OTC
QC CASTOR OIL OIL	\$0 (Tier 3)	RX/OTC
SESAME OIL OIL	\$0 (Tier 3)	RX/OTC
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Emergency Contraceptives</b>		
<i>levonorgestrel (emergency oc) tabs</i>	\$0 (Tier 3)	
PLAN B ONE-STEP TABS ( <i>Use Levonorgestrel (Emergency OC)</i> )	\$0 (Tier 3)	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
<i>benzonatate caps</i>	\$0 (Tier 3)	
DELSYM COUGH CHILDRENS SUER ( <i>Use Dextromethorphan Polistirex</i> )	\$0 (Tier 3)	
DELSYM SUER ( <i>Use Dextromethorphan Polistirex</i> )	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan hbr caps</i>	\$0 (Tier 3)	
<i>dextromethorphan hbr liqd</i>	\$0 (Tier 3)	
DEXTROMETHORPHAN HBR MONOHYDRATE CRYSTALS	\$0 (Tier 3)	
<i>dextromethorphan hbr syrup</i>	\$0 (Tier 3)	
<i>dextromethorphan polistirex suer</i>	\$0 (Tier 3)	
<i>hydrocodone w/ homatropine syrup</i>	\$0 (Tier 3)	
<i>hydrocodone w/ homatropine tabs</i>	\$0 (Tier 3)	
ROBITUSSIN CHILDRENS COUGH LONG-ACTING SYRP	\$0 (Tier 3)	
ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS CAPS (Use Dextromethorphan HBr)	NF	
TESSALON PERLES CAPS (Use Benzonatate)	\$0 (Tier 3)	
<b>Cough/Cold/Allergy Combinations</b>		
<i>acetaminophen w/ dm liqd</i>	\$0 (Tier 3)	
<i>acetaminophen w/ dm susp</i>	\$0 (Tier 3)	
ACTICON SOLN	\$0 (Tier 3)	
ACTICON TABS	\$0 (Tier 3)	
ACTINEL LIQD	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
ACTINEL PEDIATRIC LIQD	\$0 (Tier 3)	
ADVIL COLD & SINUS TABS (Use Pseudoephedrine-Ibuprofen)	NF	
ALA-HIST PE TABS (Use Dexbrompheniramine-Phenylephrine)	NF	
ALAHIST DM LIQD	\$0 (Tier 3)	
ALEVE-D SINUS & COLD TB12 (Use Pseudoephedrine-Naproxen Sodium)	NF	
ALEVE-D SINUS & HEADACHE TB12 (Use Pseudoephedrine-Naproxen Sodium)	NF	
ALKA-SELTZER PLUS COLD TBEF (Use Chlorpheniramine-Phenylephrine-ASA)	NF	
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use Fexofenadine-Pseudoephedrine)	NF	
AMBI 60PSE/400GFN TABS	\$0 (Tier 3)	
AP-HIST DM LIQD	\$0 (Tier 3)	
AQUANAZ TABS	\$0 (Tier 3)	
ATUSS DA LIQD	\$0 (Tier 3)	
BIONEL LIQD	\$0 (Tier 3)	
BIONEL PEDIATRIC LIQD	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
BROHIST D TABS	\$0 (Tier 3)	
<i>brompheniramine &amp; phenyleph elix 1mg/5ml-2.5mg/5ml, 1mg/5ml-1mg/5ml-2.5mg/5ml-2.5mg/5ml</i>	\$0 (Tier 3)	
<i>brompheniramine &amp; pseudoeph elix</i>	\$0 (Tier 3)	
<i>brompheniramine &amp; pseudoeph liqd</i>	\$0 (Tier 3)	
BROTAPP DM LIQD	\$0 (Tier 3)	
CAPCOF SYRP	\$0 (Tier 3)	
CAPMIST DM TABS	\$0 (Tier 3)	
CAPRON DM LIQD	\$0 (Tier 3)	
<i>cetirizine-pseudoephedrine tb12</i>	\$0 (Tier 3)	
CHERACOL PLUS LIQD (Use Dextromethorphan-Guaifenesin)	NF	
CHERACOL-D COUGH LIQD (Use Dextromethorphan-Guaifenesin)	NF	
CHLO HIST SOLN	\$0 (Tier 3)	
CHLO TUSS LIQD	\$0 (Tier 3)	
<i>chlorpheniramine &amp; phenylephrine liqd</i>	\$0 (Tier 3)	
<i>chlorpheniramine &amp; phenylephrine tabs</i>	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpheniramine &amp; pseudoeph tabs</i>	\$0 (Tier 3)	
<i>chlorpheniramine-dm tabs</i>	\$0 (Tier 3)	
<i>chlorpheniramine-phenylephrine-acetaminophen misc</i>	\$0 (Tier 3)	
<i>chlorpheniramine-phenylephrine-acetaminophen tabs</i>	\$0 (Tier 3)	
<i>chlorpheniramine-phenylephrine-asa tbef</i>	\$0 (Tier 3)	
CLARITIN-D 12 HOUR TB12 (Use Loratadine & Pseudoephedrine)	NF	
CLARITIN-D 24 HOUR TB24 (Use Loratadine & Pseudoephedrine)	NF	
CLEAR COUGH PM MULTI-SYMPTOM LIQD (Use Dextromethorphan-Doxylamine-Acetaminophen)	NF	
COMTrex COLD & COUGH DAY/NIGHT MAXIMUM STRENGTH MISC (Use Phenylephrine-Chlorpheniramine-DM w/ APAP)	NF	
COMTrex COLD & COUGH MAXIMUM STRENGTH TABS (Use Dextromethorphan-Phenylephrine-Acetaminophen)	NF	
COMTrex COLD & COUGH NIGHTTIME MAXIMUM STRENGTH TABS (Use Phenylephrine-Chlorpheniramine-DM w/ APAP)	NF	
CONEX COLD/ALLERGY SOLN	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
CONEX COLD/ALLERGY TABS	\$0 (Tier 3)	
CONGESTAC TABS (Use Pseudoephedrine-Guaifenesin)	\$0 (Tier 3)	
CORICIDIN HBP COUGH & COLD TABS (Use Chlorpheniramine-DM)	NF	
CORICIDIN HBP FLU TABS (Use Dextromethorphan-Acetaminophen-Chlorpheniramine)	NF	
CVS SINUS RELIEF DAYTIME/NIGHTTIME MISC	\$0 (Tier 3)	
DALLERGY LIQD	\$0 (Tier 3)	
DALLERGY SYRP	\$0 (Tier 3)	
DALLERGY TABS	\$0 (Tier 3)	
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF CAPS (Use Dextromethorphan-Phenylephrine-Acetaminophen)	NF	
DECONEX DMX TABS (Use Phenylephrine w/ DM-GG)	NF	
DECONEX IR TABS	\$0 (Tier 3)	
dexbrompheniramine-phenylephrine tabs	\$0 (Tier 3)	
dextromethorphan-acetaminophen-chlorpheniramine tabs	\$0 (Tier 3)	
dextromethorphan-doxylamine-acetaminophen caps	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
dextromethorphan-doxylamine-acetaminophen liqd	\$0 (Tier 3)	
dextromethorphan-guaifenesin liqd	\$0 (Tier 3)	
dextromethorphan-guaifenesin soln	\$0 (Tier 3)	
dextromethorphan-guaifenesin syrp	\$0 (Tier 3)	
dextromethorphan-guaifenesin tabs	\$0 (Tier 3)	
dextromethorphan-guaifenesin tb12	\$0 (Tier 3)	
dextromethorphan-phenylephrine-acetaminophen caps	\$0 (Tier 3)	
dextromethorphan-phenylephrine-acetaminophen liqd	\$0 (Tier 3)	
dextromethorphan-phenylephrine-acetaminophen pack	\$0 (Tier 3)	
dextromethorphan-phenylephrine-acetaminophen tabs	\$0 (Tier 3)	
DIMETAPP COLD & ALLERGY ELIX 1MG/5ML-2.5MG/5ML (Use Brompheniramine & Phenyleph)	NF	
DIMETAPP DM COLD & COUGH LIQD (Use Phenylephrine-Brompheniramine-DM)	NF	
DIMETAPP LONG ACTING COUGH PLUS COLD SYRP	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
DIMETAPP MULTI-SYMPTOM COLD & FLU LIQD 5MG/5ML-1MG/5ML-160MG/5ML-2.5MG/5ML (Use Phenylephrine-Chlorpheniramine-DM w/ APAP)	\$0 (Tier 3)	
DIMETAPP MULTI-SYMPTOM COLD & FLU LIQD 6.25MG/5ML-160MG/5ML-2.5MG/5ML	\$0 (Tier 3)	
DIMETAPP MULTI-SYMPTOM COLD RELIEF CHILDRENS LIQD (Use Phenylephrine-Brompheniramine-DM)	NF	
diphenhydramine-acetaminophen tabs	\$0 (Tier 3)	
diphenhydramine-phenylephrine liqd 6.25mg/5ml-2.5mg/5ml	\$0 (Tier 3)	
diphenhydramine-phenylephrine-acetaminophen liqd	\$0 (Tier 3)	
diphenhydramine-phenylephrine-acetaminophen pack	\$0 (Tier 3)	
diphenhydramine-phenylephrine-acetaminophen tabs	\$0 (Tier 3)	
DONATUSSIN SYRP	\$0 (Tier 3)	
DOUBLE-TUSSIN DM LIQD (Use Dextromethorphan-Guaifenesin)	NF	
doxylamine-dm liqd 12.5mg/30ml-30mg/30ml, 6.25mg/15ml-15mg/15ml, 6.25mg/15ml-6.25mg/15ml-15mg/15ml-15mg/15ml-10%	\$0 (Tier 3)	
doxylamine-phenylephrine tabs	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
doxylamine-phenylephrine-acetaminophen caps 6.25mg-325mg-5mg, 6.25mg-6.25mg-325mg-325mg-5mg-5mg	\$0 (Tier 3)	
DURAFLU TABS	\$0 (Tier 3)	
DURAVENT DM TABS	\$0 (Tier 3)	
ED A-HIST DM TABS	\$0 (Tier 3)	
ED A-HIST LIQD (Use Chlorpheniramine & Phenylephrine)	\$0 (Tier 3)	
ED BRON GP LIQD	\$0 (Tier 3)	
ED CHLORPED D LIQD	\$0 (Tier 3)	
fexofenadine-pseudoephedrine tb12 60mg-120mg	\$0 (Tier 3)	
FLOWTUSS SOLN	\$0 (Tier 3)	
FLU & SORE THROAT PACK	\$0 (Tier 3)	
GCON IR TABS	\$0 (Tier 3)	
GLENMAX PEB LIQD	\$0 (Tier 3)	
GNP COLD RELIEF PLUS TBEF	\$0 (Tier 3)	
GNP DAY TIME MUCUS RELIEFDM LIQD (Use Dextromethorphan-Guaifenesin)	NF	
GNP FLU & SORE THROAT PACK	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
<i>guaifenesin-codeine liqd</i>	\$0 (Tier 3)	
<i>guaifenesin-codeine soln</i>	\$0 (Tier 3)	
<i>guaifenesin-codeine syrp</i>	\$0 (Tier 3)	
HISTEX-AC SYRP	\$0 (Tier 3)	
HISTEX-DM SYRP	\$0 (Tier 3)	
HISTEX-PE SYRP	\$0 (Tier 3)	
HYCOFENIX SOLN	\$0 (Tier 3)	
HYDROCODONE BITARTRATE/CHLORPHENIRAMINE MALEATE/PSE SOLN	\$0 (Tier 3)	
HYDROCODONE BITARTRATE/GUAIFENESIN SOLN	\$0 (Tier 3)	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	\$0 (Tier 3)	
LODRANE D CAPS	\$0 (Tier 3)	
LOHIST-D LIQD	\$0 (Tier 3)	
LOHIST-DM SYRP	\$0 (Tier 3)	
<i>loratadine &amp; pseudoephedrine tb12</i>	\$0 (Tier 3)	
<i>loratadine &amp; pseudoephedrine tb24</i>	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
LORTUSS DM LIQD ( <i>Use Pseudoephedrine-Doxylamine-Dextromethorphan</i> )	\$0 (Tier 3)	
LORTUSS EX LIQD	\$0 (Tier 3)	
LORTUSS LQ LIQD	\$0 (Tier 3)	
M-CLEAR WC SOLN	\$0 (Tier 3)	
M-END DMX LIQD	\$0 (Tier 3)	
M-END PE LIQD	\$0 (Tier 3)	
MAR-COF BP LIQD	\$0 (Tier 3)	
MAR-COF CG EXPECTORANT LIQD ( <i>Use Guaifenesin-Codeine</i> )	\$0 (Tier 3)	
MUCINEX CHILDRENS COLD COUGH & SORE THROAT LIQD ( <i>Use Phenylephrine-DM-GG w/ APAP</i> )	\$0 (Tier 3)	
MUCINEX CHILDRENS MULTI-SYMPTOM COLD & FEVER LIQD ( <i>Use Phenylephrine-DM-GG w/ APAP</i> )	\$0 (Tier 3)	
MUCINEX CHILDRENS MULTI-SYMPTOM COLD LIQD ( <i>Use Phenylephrine w/ DM-GG</i> )	\$0 (Tier 3)	
MUCINEX CONGESTION & COUGH CHILDRENS LIQD ( <i>Use Phenylephrine w/ DM-GG</i> )	\$0 (Tier 3)	
MUCINEX COUGH FOR KIDS PACK	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
MUCINEX D MAXIMUM STRENGTH TB12 ( <i>Use Pseudoephedrine-Guaifenesin</i> )	\$0 (Tier 3)	
MUCINEX D TB12 ( <i>Use Pseudoephedrine-Guaifenesin</i> )	\$0 (Tier 3)	
MUCINEX DM MAXIMUM STRENGTH TB12 ( <i>Use Dextromethorphan-Guaifenesin</i> )	\$0 (Tier 3)	
MUCINEX DM TB12 ( <i>Use Dextromethorphan-Guaifenesin</i> )	\$0 (Tier 3)	
MUCINEX FAST-MAX COLD & SINUS LIQD ( <i>Use Phenylephrine-Acetaminophen-Guaifenesin</i> )	\$0 (Tier 3)	
MUCINEX FAST-MAX COLD FLU& SORE THROAT CLEAR & COOL LIQD ( <i>Use Phenylephrine-DM-GG w/ APAP</i> )	\$0 (Tier 3)	
MUCINEX FAST-MAX COLD FLU& SORE THROAT LIQD ( <i>Use Phenylephrine-DM-GG w/ APAP</i> )	\$0 (Tier 3)	
MUCINEX FAST-MAX COLD/FLU LIQD ( <i>Use Phenylephrine-DM-GG w/ APAP</i> )	\$0 (Tier 3)	
MUCINEX FAST-MAX COLD/FLU/SORE THROAT CAPS ( <i>Use Phenylephrine-DM-GG w/ APAP</i> )	NF	
MUCINEX FAST-MAX DAY TIME/NIGHT TIME MISC	\$0 (Tier 3)	
MUCINEX FAST-MAX DAY TIME/NIGHT TIME MISC ( <i>Use Phenylephrine-Diphenhydramine-DM-Guaifenesin-APAP</i> )	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX FAST-MAX DAY/NIGHT CPPK ( <i>Use Phenylephrine-Doxylamine-DM-Guaifenesin-APAP</i> )	\$0 (Tier 3)	
MUCINEX FAST-MAX DAY/NIGHT MAXIMUM STRENGTH MISC	\$0 (Tier 3)	
MUCINEX FAST-MAX DAY/NITE M/S MISC	\$0 (Tier 3)	
MUCINEX FAST-MAX SEVERE COLD LIQD ( <i>Use Phenylephrine-DM-GG w/ APAP</i> )	\$0 (Tier 3)	
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH CLEAR & COOL LIQD ( <i>Use Phenylephrine w/ DM-GG</i> )	\$0 (Tier 3)	
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH LIQD 5MG/5ML-100MG/5ML-2.5MG/5ML, 20MG/20ML-400MG/20ML-10MG/20ML ( <i>Use Phenylephrine w/ DM-GG</i> )	\$0 (Tier 3)	
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH TABS 10MG-200MG-5MG	\$0 (Tier 3)	
MUCINEX MULTI-SYMPTOM COLD DAY/NIGHT PACK MISC	\$0 (Tier 3)	
MUCINEX SINUS-MAX DAY/NIGHT CPPK ( <i>Use Phenylephrine-Doxylamine-DM-Guaifenesin-APAP</i> )	\$0 (Tier 3)	
MUCINEX SINUS-MAX SEVERE CONGESTION RELIEF CAPS ( <i>Use Phenylephrine-DM-GG w/ APAP</i> )	NF	
MUCINEX STUFFY NOSE & COLD CHILDRENS LIQD ( <i>Use Phenylephrine-Guaifenesin</i> )	\$0 (Tier 3)	
MULTI-SYMPTOM COLD DAYTIME/NIGHTTIME CHILDRENS MISC	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
NASOPEN PE LIQD	\$0 (Tier 3)	
NINJACOF LIQD	\$0 (Tier 3)	
NINJACOF-A LIQD	\$0 (Tier 3)	
NINJACOF-XG LIQD	\$0 (Tier 3)	
NIVANEX DMX TABS	\$0 (Tier 3)	
NOREL AD TABS	\$0 (Tier 3)	
OBREDON SOLN	\$0 (Tier 3)	
PERCOGESIC TABS (Use Diphenhydramine-Acetaminophen)	NF	
PHENYLEPHRINE HCL/PYRILAMINE MALEATE TABS	\$0 (Tier 3)	
<i>phenylephrine w/ acetaminophen caps 325mg-5mg, 325mg-325mg-5mg-5mg</i>	\$0 (Tier 3)	
<i>phenylephrine w/ acetaminophen tabs 325mg-5mg, 325mg-325mg-5mg-5mg</i>	\$0 (Tier 3)	
<i>phenylephrine w/ dm-gg liqd 10mg/5ml-100mg/5ml-5mg/5ml, 10mg/5ml-200mg/5ml-5mg/5ml, 5mg/5ml-100mg/5ml-2.5mg/5ml, 18mg/15ml-200mg/15ml-10mg/15ml, 20mg/20ml-400mg/20ml-10mg/20ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml-5mg/5ml-5mg/5ml</i>	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine w/ dm-gg syrps 10mg/5ml-100mg/5ml-5mg/5ml</i>	\$0 (Tier 3)	
<i>phenylephrine w/ dm-gg tabs 15mg-380mg-10mg, 17.5mg-385mg-10mg</i>	\$0 (Tier 3)	
<i>phenylephrine-acetaminophen-guaifenesin liqd</i>	\$0 (Tier 3)	
<i>phenylephrine-acetaminophen-guaifenesin tabs</i>	\$0 (Tier 3)	
<i>phenylephrine-brompheniramine-dm elix</i>	\$0 (Tier 3)	
<i>phenylephrine-brompheniramine-dm liqd</i>	\$0 (Tier 3)	
<i>phenylephrine-chlorphen-dm liqd</i>	\$0 (Tier 3)	
<i>phenylephrine-chlorpheniramine-dm w/ apap liqd</i>	\$0 (Tier 3)	
<i>phenylephrine-chlorpheniramine-dm w/ apap misc</i>	\$0 (Tier 3)	
<i>phenylephrine-chlorpheniramine-dm w/ apap susp</i>	\$0 (Tier 3)	
<i>phenylephrine-chlorpheniramine-dm w/ apap tabs</i>	\$0 (Tier 3)	
<i>phenylephrine-diphenhydramine-dm-guaifenesin-apap misc</i>	\$0 (Tier 3)	
<i>phenylephrine-diphenhydramine-gg w/ apap misc</i>	\$0 (Tier 3)	
<i>phenylephrine-dm liqd</i>	\$0 (Tier 3)	
<i>phenylephrine-dm soln</i>	\$0 (Tier 3)	
<i>phenylephrine-dm-gg w/ apap caps</i>	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine-dm-gg w/ apap liqd</i>	\$0 (Tier 3)	
<i>phenylephrine-dm-gg w/ apap tabs</i>	\$0 (Tier 3)	
<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen caps</i>	\$0 (Tier 3)	
<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen liqd</i>	\$0 (Tier 3)	
<i>phenylephrine-doxylamine-dm-guaifenesin-apap cppk</i>	\$0 (Tier 3)	
<i>phenylephrine-guaifenesin liqd</i>	\$0 (Tier 3)	
<i>phenylephrine-guaifenesin tabs</i>	\$0 (Tier 3)	
PHENYLHISTINE DH LIQD	\$0 (Tier 3)	
POLY HIST FORTE TABS (Use Doxylamine-Phenylephrine)	NF	
POLY-HIST DM LIQD	\$0 (Tier 3)	
POLY-HIST PD LIQD	\$0 (Tier 3)	
POLY-TUSSIN AC LIQD	\$0 (Tier 3)	
POLY-VENT DM TABS	\$0 (Tier 3)	
POLY-VENT IR TABS	\$0 (Tier 3)	
PRO-RED AC SYRP	\$0 (Tier 3)	
<i>promethazine w/codeine soln</i>	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine w/codeine syrp</i>	\$0 (Tier 3)	
<i>promethazine-dm soln</i>	\$0 (Tier 3)	
<i>promethazine-dm syrp</i>	\$0 (Tier 3)	
<i>promethazine-phenylephrine-codeine syrp</i>	\$0 (Tier 3)	
PROMETHAZINE/PHENYL EPHRINE/CODEINE SYRP	\$0 (Tier 3)	
<i>pseudoephed-bromphen-dm syrp</i>	\$0 (Tier 3)	
<i>pseudoephed-cpm w/ hydrocod soln</i>	\$0 (Tier 3)	
<i>pseudoephedrine w/ codeine-gg soln</i>	\$0 (Tier 3)	
<i>pseudoephedrine-chlorphen-dm liqd</i>	\$0 (Tier 3)	
<i>pseudoephedrine-dexchlorpheniramine-chlophedianol liqd</i>	\$0 (Tier 3)	
<i>pseudoephedrine-doxylamine-dextromethorphan liqd</i>	\$0 (Tier 3)	
<i>pseudoephedrine-guaifenesin tb12</i>	\$0 (Tier 3)	
<i>pseudoephedrine-ibuprofen tabs</i>	\$0 (Tier 3)	
<i>pseudoephedrine-naproxen sodium tb12</i>	\$0 (Tier 3)	
QC MEDIFIN PE TABS (Use Phenylephrine-Guaifenesin)	NF	
RELHIST BP TABS	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
RESCON TABS	\$0 (Tier 3)	
RESPAIRE-30 CAPS	\$0 (Tier 3)	
REZIRA SOLN	\$0 (Tier 3)	
ROBITUSSIN CHILDRENS COUGH & COLD CF LIQD	\$0 (Tier 3)	
ROBITUSSIN CHILDRENS COUGH/COLD LONG- ACTING LIQD	\$0 (Tier 3)	
ROBITUSSIN NIGHTTIME COUGH LONG-ACTING DM CHILDRENS LIQD	\$0 (Tier 3)	
ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH LIQD ( <i>Use Dextromethorphan- Guaifenesin</i> )	NF	
ROBITUSSIN PEAK COLD DAY/NIGHT PACK MAXIMUM STRENGTH MISC	\$0 (Tier 3)	
ROBITUSSIN PEAK COLD DM SYRP ( <i>Use Dextromethorphan- Guaifenesin</i> )	NF	
ROBITUSSIN PEAK COLD MULTI-SYMPTOM COLD LIQD ( <i>Use Phenylephrine w/ DM-GG</i> )	NF	
ROBITUSSIN TO GO COUGH & COLD CF LIQD ( <i>Use Phenylephrine w/ DM- GG</i> )	NF	
RU-HIST D TABS	\$0 (Tier 3)	
RYDEX LIQD	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
RYMED TABS	\$0 (Tier 3)	
SM COUGH & SORE THROAT DAYTIME PAIN RELIEVER LIQD	\$0 (Tier 3)	
STAFLEX TABS	\$0 (Tier 3)	
STAHIST AD LIQD	\$0 (Tier 3)	
STAHIST AD TABS	\$0 (Tier 3)	
THERAFLU FLU & SORE THROAT PACK	\$0 (Tier 3)	
THERAFLU SEVERE COLD & COUGH NIGHTTIME PACK ( <i>Use Diphenhydramine- Phenylephrine- Acetaminophen</i> )	\$0 (Tier 3)	
THERAFLU SEVERE COLD NIGHTTIME TABS ( <i>Use Phenylephrine- Chlorpheniramine-DM w/ APAP</i> )	NF	
TRIAMINIC COLD & ALLERGY SYRP	\$0 (Tier 3)	
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	\$0 (Tier 3)	
TRIAMINIC COUGH & CONGESTION CHILDRENS SYRP	\$0 (Tier 3)	
TRIAMINIC COUGH & SORE THROAT SUSP	\$0 (Tier 3)	
TRIAMINIC NIGHT TIME COLD & COUGH SYRP	\$0 (Tier 3)	
<i>triprolidine &amp; pseudoephedrine tabs</i>	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
TUSNEL C SYRP	\$0 (Tier 3)	
TUSNEL LIQD	\$0 (Tier 3)	
TUSNEL PEDIATRIC LIQD	\$0 (Tier 3)	
TUSNEL-DM PEDIATRIC LIQD	\$0 (Tier 3)	
TUSSICAPS CP12	\$0 (Tier 3)	
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER (Use Hydrocodone Polistirex-Chlorpheniramine Polistirex)	NF	
TYLENOL CHILDRENS PLUS FLU SUSP (Use Phenylephrine-Chlorpheniramine-DM w/ APAP)	NF	
TYLENOL CHILDRENS PLUS MULTI-SYMPTOM COLD SUSP (Use Phenylephrine-Chlorpheniramine-DM w/ APAP)	NF	
TYLENOL COLD & FLU SEVERE TABS (Use Phenylephrine-DM-GG w/ APAP)	NF	
TYLENOL COLD & HEAD SEVERE CONGESTION TABS (Use Phenylephrine-Acetaminophen-Guaifenesin)	NF	
TYLENOL COLD MAX LIQD (Use Dextromethorphan-Phenylephrine-Acetaminophen)	NF	

Drug Name	Drug Tier	Requirements/ Limits
TYLENOL COLD MULTI-SYMPTOM NIGHTTIME LIQD (Use Phenylephrine-Doxylamine-Dextromethorphan-Acetaminophen)	NF	
TYLENOL COLD MULTI-SYMPTOM SEVERE DAYTIME LIQD (Use Phenylephrine-DM-GG w/ APAP)	NF	
TYLENOL COLD/COUGH/SORE THROAT CHILDRENS SUSP (Use Acetaminophen w/ DM)	NF	
TYLENOL SINUS SEVERE TABS (Use Phenylephrine-Acetaminophen-Guaifenesin)	NF	
TYLENOL WARMING COUGH & SEVER CONGESTION DAYTIME LIQD (Use Phenylephrine-DM-GG w/ APAP)	NF	
VANACOF DM LIQD (Use Phenylephrine w/ DM-GG)	\$0 (Tier 3)	
VANACOF LIQD (Use Pseudoephedrine-Dexchlorpheniramine-Chlophedianol)	\$0 (Tier 3)	
VANACOF-8 LIQD	\$0 (Tier 3)	
VICKS DAYQUIL MUCUS CONTROL DM LIQD	\$0 (Tier 3)	
VICKS NYQUIL COLD & FLU LIQD (Use Dextromethorphan-Doxylamine-Acetaminophen)	NF	
VICKS NYQUIL COLD & FLU NIGHTTIME RELIEF LIQD (Use Dextromethorphan-Doxylamine-Acetaminophen)	NF	

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Drug Name	Drug Tier	Requirements/Limits
VICKS NYQUIL COUGH LIQD (Use Doxylamine-DM)	NF	
VICKS NYQUIL HBP COLD & FLU LIQD (Use Dextromethorphan-Doxylamine-Acetaminophen)	NF	
WAL-FLU SEVERE COLD NIGHT TIME PACK	\$0 (Tier 3)	
Z-TUSS AC LIQD	\$0 (Tier 3)	
ZUTRIPRO SOLN (Use Pseudoephed-CPM w/ Hydrocod)	\$0 (Tier 3)	
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use Cetirizine-Pseudoephedrine)	NF	
<b>Expectorants</b>		
<i>guaifenesin liqd</i>	\$0 (Tier 3)	
<i>guaifenesin soln</i>	\$0 (Tier 3)	
<i>guaifenesin syrp</i>	\$0 (Tier 3)	
<i>guaifenesin tabs</i>	\$0 (Tier 3)	
<i>guaifenesin tb12</i>	\$0 (Tier 3)	
MUCINEX FOR KIDS PACK	\$0 (Tier 3)	
MUCINEX MAXIMUM STRENGTH TB12 (Use Guaifenesin)	\$0 (Tier 3)	
MUCINEX TB12 (Use Guaifenesin)	\$0 (Tier 3)	
<b>Misc. Respiratory Inhalants</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride (inhalant) aers</i>	\$0 (Tier 3)	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
ACNE MEDICATION 10 LOTN	\$0 (Tier 3)	
ACNE MEDICATION 5 LOTN	\$0 (Tier 3)	
ACNEFREE 24 HOUR ACNE CLEARING SYSTEM KIT	\$0 (Tier 3)	
BENZAC AC WASH LIQD (Use Benzoyl Peroxide)	NF	RX/OTC
BENZEFOAM FOAM (Use Benzoyl Peroxide)	NF	RX/OTC
BENZEFOAM ULTRA FOAM (Use Benzoyl Peroxide)	NF	
<i>benzoyl peroxide bar 10 %</i>	\$0 (Tier 3)	
BENZOYL PEROXIDE CLEANSER LIQD	\$0 (Tier 3)	
BENZOYL PEROXIDE CLEANSER LOTN	\$0 (Tier 3)	
<i>benzoyl peroxide foam 5.3 %</i>	\$0 (Tier 3)	RX/OTC
<i>benzoyl peroxide foam 9.8 %</i>	\$0 (Tier 3)	
<i>benzoyl peroxide gel 10 %</i>	\$0 (Tier 3)	RX/OTC
BENZOYL PEROXIDE GEL 2.5 %	\$0 (Tier 3)	
<i>benzoyl peroxide gel 5 %</i>	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide liqd 4 %, 6 %</i>	\$0 (Tier 3)	
<i>benzoyl peroxide liqd 5 %, 10 %</i>	\$0 (Tier 3)	RX/OTC
BPO CREAMY WASH COMPLETEPACK KIT	\$0 (Tier 3)	
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	\$0 (Tier 3)	
DESQUAM-X WASH LIQD (Use Benzoyl Peroxide)	NF	RX/OTC
PANOXYL-4 CREAMY WASH LIQD (Use Benzoyl Peroxide)	\$0 (Tier 3)	
<b>Antibiotics - Topical</b>		
BACIGUENT OINT (Use Bacitracin (Topical))	NF	
<i>bacitracin (topical) oint</i>	\$0 (Tier 3)	
<i>bacitracin zinc oint</i>	\$0 (Tier 3)	
<i>bacitracin-polymyxin b oint</i>	\$0 (Tier 3)	
<i>neomycin-bacitracin-polymyxin oint</i>	\$0 (Tier 3)	
<i>neomycin-bacitracin-polymyxin-pramoxine oint</i>	\$0 (Tier 3)	
<i>neomycin-polymyxin w/ pramoxine crea</i>	\$0 (Tier 3)	
NEOSPORIN ORIGINAL OINT (Use Neomycin-Bacitracin-Polymyxin)	NF	
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (Use Neomycin-Polymyxin w/ Pramoxine)	NF	

Drug Name	Drug Tier	Requirements/Limits
POLYSPORIN OINT (Use Bacitracin-Polymyxin B)	NF	
<b>Antifungals - Topical</b>		
ALEVAZOL OINT	\$0 (Tier 3)	
ALOE VESTA ANTIFUNGAL OINT (Use Miconazole Nitrate (Topical))	\$0 (Tier 3)	
ALOE VESTA CLEAR ANTIFUNGAL OINT (Use Miconazole Nitrate (Topical))	\$0 (Tier 3)	
AZOLEN TINCTURE SOLN	\$0 (Tier 3)	
<i>castellani paint liqd</i>	\$0 (Tier 3)	
<i>clotrimazole (topical) crea</i>	\$0 (Tier 3)	Over-the-counter;RX/OTC
<i>clotrimazole (topical) crea</i>	\$0 (Tier 3)	RX/OTC
<i>clotrimazole (topical) crea</i>	\$0 (Tier 3)	RX/OTC; NT
<i>clotrimazole (topical) soln</i>	\$0 (Tier 3)	RX/OTC
<i>clotrimazole (topical) soln</i>	\$0 (Tier 3)	Over-the-counter;RX/OTC
FUNGOID TINCTURE KIT	\$0 (Tier 3)	
FUNGOID TINCTURE SOLN	\$0 (Tier 3)	
LAMISIL ADVANCED GEL	\$0 (Tier 3)	
LAMISIL AT CREA (Use Terbinafine HCl (Topical))	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
LAMISIL AT JOCK ITCH CREA (Use Terbinafine HCl (Topical))	\$0 (Tier 3)	
LAMISIL AT SPRAY SOLN	\$0 (Tier 3)	
LOTRIMIN AF CREA 1 % (Use Clotrimazole (Topical))	\$0 (Tier 3)	RX/OTC
LOTRIMIN AF FOR HER CREA (Use Clotrimazole (Topical))	\$0 (Tier 3)	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use Clotrimazole (Topical))	\$0 (Tier 3)	RX/OTC
MICATIN CREA (Use Miconazole Nitrate (Topical))	NF	
<i>miconazole nitrate (topical) aerp</i>	\$0 (Tier 3)	
<i>miconazole nitrate (topical) crea</i>	\$0 (Tier 3)	
<i>miconazole nitrate (topical) oint</i>	\$0 (Tier 3)	
<i>miconazole nitrate (topical) powd</i>	\$0 (Tier 3)	
<i>terbinafine hcl (topical) crea</i>	\$0 (Tier 3)	
TINACTIN AERO (Use Tolnaftate)	NF	
TINACTIN AERP (Use Tolnaftate)	NF	
TINACTIN CREA (Use Tolnaftate)	NF	
TINACTIN DEODORANT AERP (Use Tolnaftate)	NF	
TINACTIN JOCK ITCH AERP (Use Tolnaftate)	NF	
TINACTIN JOCK ITCH CREA (Use Tolnaftate)	NF	
TINACTIN POWD (Use Tolnaftate)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>tolnaftate aerp</i>	\$0 (Tier 3)	
<i>tolnaftate aerp</i>	\$0 (Tier 3)	
<i>tolnaftate crea</i>	\$0 (Tier 3)	
<i>tolnaftate liqd</i>	\$0 (Tier 3)	
<i>tolnaftate powd</i>	\$0 (Tier 3)	
<i>tolnaftate soln</i>	\$0 (Tier 3)	
<b>Antihistamines-Topical</b>		
BENADRYL EXTRA STRENGTH CREA (Use Diphenhydramine-Zinc Acetate)	NF	
<i>diphenhydramine hcl (topical) soln</i>	\$0 (Tier 3)	
<i>diphenhydramine-zinc acetate crea 0.1%-0.1%-2%-2%, 0.1%-2%</i>	\$0 (Tier 3)	
<i>diphenhydramine-zinc acetate liqd 0.1%-2%</i>	\$0 (Tier 3)	
<b>Antiseborrheic Products</b>		
DHS ZINC SHAM (Use Pyrithione Zinc)	\$0 (Tier 3)	
<i>pyrithione zinc sham 2 %</i>	\$0 (Tier 3)	
<i>salicylic acid &amp; sulfur sham</i>	\$0 (Tier 3)	
SEBULEX SHAM (Use Salicylic Acid & Sulfur)	NF	
<i>selenium sulfide lotn</i>	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
<i>selenium sulfide sham</i>	\$0 (Tier 3)	
SELSUN BLUE DAILY LOTN (Use Selenium Sulfide)	NF	
SELSUN BLUE LOTN (Use Selenium Sulfide)	NF	
SELSUN BLUE MEDICATED LOTN (Use Selenium Sulfide)	NF	
SELSUN BLUE MOISTURIZING LOTN (Use Selenium Sulfide)	NF	
<b>Corticosteroids - Topical</b>		
<i>hydrocortisone (topical) crea 0.5 %</i>	\$0 (Tier 3)	
<i>hydrocortisone (topical) crea 1 %</i>	\$0 (Tier 3)	RX/OTC; NT
<i>hydrocortisone (topical) crea 1 %</i>	\$0 (Tier 3)	Over-the-counter;RX/OTC
<i>hydrocortisone (topical) crea 1 %</i>	\$0 (Tier 3)	RX/OTC
<i>hydrocortisone (topical) lotn 1 %</i>	\$0 (Tier 3)	
<i>hydrocortisone (topical) oint 0.5 %</i>	\$0 (Tier 3)	
<i>hydrocortisone (topical) oint 1 %</i>	\$0 (Tier 3)	RX/OTC
<i>hydrocortisone (topical) soln 1 %</i>	\$0 (Tier 3)	
<i>hydrocortisone-aloe vera crea</i>	\$0 (Tier 3)	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use Hydrocortisone (Topical))	\$0 (Tier 3)	RX/OTC
<b>Emollient/Keratolytic Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
ATRAC-TAIN CREA (Use Urea)	NF	
<i>urea crea 10 %</i>	\$0 (Tier 3)	
<i>urea lotn 10 %</i>	\$0 (Tier 3)	
<b>Emollients</b>		
ALBOLENE CREA	\$0 (Tier 3)	
AMLACTIN ULTRA CREA	\$0 (Tier 3)	
AQUA GLYCOLIC FACE CREAM CREA	\$0 (Tier 3)	
AQUAPHILIC OINT	\$0 (Tier 3)	
AQUAPHOR ADVANCED THERAPY BABY OINT	\$0 (Tier 3)	
AQUAPHOR ADVANCED THERAPY OINT	\$0 (Tier 3)	
AQUAPHOR OINT	\$0 (Tier 3)	
AVEENO ACTIVE NATURALS SKIN RELIEF MOISTURE REPAIR CREA	\$0 (Tier 3)	
AVEENO INTENSE RELIEF HAND CREA	\$0 (Tier 3)	
AVEENO POSITIVELY AGELESSSKIN STRENGTHENING BODY CREAM CREA	\$0 (Tier 3)	
AVEENO POSITIVELY AGELESSSKIN STRENGTHENING HAND CREAM CREA	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
AVEENO POSITIVELY NOURISHING 24-HOUR ULTRA-HYDRATING CREA	\$0 (Tier 3)	
AVEENO POSITIVELY RADIANTOVERNIGHT HYDRATING FACIAL MOISTURI CREA	\$0 (Tier 3)	
BASLE CREA	\$0 (Tier 3)	
BETA CARE CREA	\$0 (Tier 3)	
BETA XMA CREA	\$0 (Tier 3)	
BOUDREAUXS BABY BUTT SMOOTH DRY SKIN OINT	\$0 (Tier 3)	
CERAVE CREA	\$0 (Tier 3)	
CERAVE RENEWING SA CREA	\$0 (Tier 3)	
CETAPHIL MOISTURIZING CREA (Use <i>Emollient</i> )	\$0 (Tier 3)	
CETAPHIL THERAPEUTIC HAND CREA	\$0 (Tier 3)	
COCONUT OIL BEAUTY CREA	\$0 (Tier 3)	
CVS MOISTURIZING CREAM CREA	\$0 (Tier 3)	
DAILY CONDITIONING TREATMENT OINT	\$0 (Tier 3)	
DERMABASEOIL IN WATER CREA	\$0 (Tier 3)	
DERMAIDE ALOE CREA	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
DERMEND MOISTURIZING BRUISE FORMULA CREA	\$0 (Tier 3)	
DHEA CREA EX 1%	\$0 (Tier 3)	
DIABETIDERM CREA	\$0 (Tier 3)	
DIABETIDERM FOOT REJUVENATING CREA	\$0 (Tier 3)	
DMAE CREA	\$0 (Tier 3)	
DML FORTE CREA	\$0 (Tier 3)	
DROXY CREAM CREA	\$0 (Tier 3)	
ELON SKIN REPAIR SYSTEM CREA	\$0 (Tier 3)	
EMOLLIA-CREME CREA	\$0 (Tier 3)	
<i>emollient crea</i>	\$0 (Tier 3)	
<i>emollient oint</i>	\$0 (Tier 3)	
EQ THERAPEUTIC DRY SKIN CREA	\$0 (Tier 3)	
EQ THERAPEUTIC MOISTURIZING CREAM CREA	\$0 (Tier 3)	
EQL MOISTURIZING CREAM CREA	\$0 (Tier 3)	
EUCERIN CALMING DAILY MOISTURIZER CREA (Use <i>Emollient</i> )	\$0 (Tier 3)	
EUCERIN INTENSIVE REPAIRHAND CREA	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
EUCERIN PLUS CREA	\$0 (Tier 3)	
EUCERIN SKIN CALMING DAILY MOISTURIZING CREA ( <i>Use Emollient</i> )	\$0 (Tier 3)	
GENTLE CREA	\$0 (Tier 3)	
GOLD BOND ULTIMATE HEALING CREA	\$0 (Tier 3)	
GOLD BOND ULTIMATE HEALING OINT	\$0 (Tier 3)	
GOLD BOND ULTIMATE ROUGH& BUMPY SKIN CREA	\$0 (Tier 3)	
GOLD BOND ULTIMATE SOOTHING CREA	\$0 (Tier 3)	
HYDRASYN25 CREA	\$0 (Tier 3)	
HYDRO-LAN CREA	\$0 (Tier 3)	
J & J BURN CREAM CREA	\$0 (Tier 3)	
KERADAN CREA	\$0 (Tier 3)	
KERI LONG LASTING CREA	\$0 (Tier 3)	
LAC-HYDRIN TWELVE LOTN ( <i>Use Lactic Acid (Ammonium Lactate)</i> )	\$0 (Tier 3)	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	\$0 (Tier 3)	Over-the-counter;RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	\$0 (Tier 3)	Over-the-counter;RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	\$0 (Tier 3)	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LACTINOL HX CREA	\$0 (Tier 3)	
LADY ESTHER 4 PURPOSE FACE CREAM CREA	\$0 (Tier 3)	
LANAPHILIC OINT	\$0 (Tier 3)	
LANOLOR CREA	\$0 (Tier 3)	
LEADER FINGER CREAM CREA	\$0 (Tier 3)	
MEDELA TENDER CARE LANOLIN CREA	\$0 (Tier 3)	
MEDERMA AG FACE CREAM CREA	\$0 (Tier 3)	
MEDERMA STRETCH MARKS THERAPY CREA	\$0 (Tier 3)	
MOISTURIZING CREAM CREA	\$0 (Tier 3)	
MOTHERS FRIEND CREA	\$0 (Tier 3)	
NEUTROGENA HAND CREA	\$0 (Tier 3)	
NEUTROGENA HAND/NORWEGIANFOR MULA/FAST ABSORBING CREA	\$0 (Tier 3)	
NEUTROGENA HEALTHY SKIN CREA	\$0 (Tier 3)	
NISEKO HYDRATING FACIAL MOISTURIZER CREA	\$0 (Tier 3)	
NIVEA CREA	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
NIVEA LIGHT CREA	\$0 (Tier 3)	
NIVEA SOFT CREA	\$0 (Tier 3)	
NIVEA VISAGE CREA	\$0 (Tier 3)	
NIVEA VISAGE INNER BEAUTY NIGHTTIME RENEWAL CREA	\$0 (Tier 3)	
NUTRADERM CREA	\$0 (Tier 3)	
OINTMENT BASE OINT	\$0 (Tier 3)	
PEN-KERA CREA	\$0 (Tier 3)	
PENTRAVAN CREA	\$0 (Tier 3)	
PENTRAVAN PLUS CREA	\$0 (Tier 3)	
PETROLATUM OINT	\$0 (Tier 3)	
PRETTY FEET & HANDS CREA	\$0 (Tier 3)	
RA ADVANCED HEALING OINT	\$0 (Tier 3)	
RA GENTLE SKIN CREAM CREA	\$0 (Tier 3)	
RESTA CREA	\$0 (Tier 3)	
RISABAL-PH CREA	\$0 (Tier 3)	
ROC MULTI CORREXION 5 IN1 RESTORING EYE CREAM CREA	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
ROC MULTI CORREXION 5 IN1 RESTORING NIGHT CREAM CREA	\$0 (Tier 3)	
ROC RETINOL CORREXION CREA	\$0 (Tier 3)	
ROC RETINOL CORREXION MAX CREA	\$0 (Tier 3)	
ROC RETINOL CORREXION NIGHT CREA	\$0 (Tier 3)	
ROC RETINOL CORREXION SENSITIVE EYE CREA	\$0 (Tier 3)	
ROC RETINOL CORREXION SENSITIVE NIGHT CREA	\$0 (Tier 3)	
SOOTHE & COOL SKIN CREAM WITH ALOE & VITAMINS A, D & E CREA	\$0 (Tier 3)	
SORBOLENE CREA	\$0 (Tier 3)	
SPECIAL CARE CREAM CREA	\$0 (Tier 3)	
STUDIO 35 MOISTURIZING SKIN CREA	\$0 (Tier 3)	
THERAPEUTIC MOISTURIZING CREA	\$0 (Tier 3)	
UDDERLY SMOOTH CREA	\$0 (Tier 3)	
UDDERLY SMOOTH EXTRA CARE CREA	\$0 (Tier 3)	
UDDERLY SMOOTH EXTRA CARE20 CREA	\$0 (Tier 3)	
VANICREAM CREA	\$0 (Tier 3)	
VELVACHOL CREA	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
VITAMIN E WITH PANTHENOL CREA	\$0 (Tier 3)	
ZIMS CRACK CREME DAYTIME CREA	\$0 (Tier 3)	
<b>Keratolytic/Antimitotic Agents</b>		
COMPOUND W LIQD (Use Salicylic Acid)	NF	
COMPOUND W MAXIMUM STRENGTH GEL (Use Salicylic Acid)	NF	
<i>salicylic acid gel ex 17 %</i>	\$0 (Tier 3)	
<i>salicylic acid liqd ex 3 %, 17 %</i>	\$0 (Tier 3)	
<i>salicylic acid soln ex 17 %</i>	\$0 (Tier 3)	
<b>Liniments</b>		
ZIKS ARTHRITIS PAIN RELIEF CREA	\$0 (Tier 3)	
<b>Local Anesthetics - Topical</b>		
ARTHRITIS PAIN RELIEVING CREA	\$0 (Tier 3)	
<i>capsaicin crea 0.025 %, 0.1 %</i>	\$0 (Tier 3)	
CAPZASIN LIQD	\$0 (Tier 3)	
CAPZASIN-HP CREA (Use Capsaicin)	NF	
CVS CAPSAICIN LIQD	\$0 (Tier 3)	
GNP CAPSAICIN LIQD	\$0 (Tier 3)	
GOODSENSE CAPSAICIN ARTHRITIS PAIN RELIEF LIQD	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine crea</i>	\$0 (Tier 3)	
<i>lidocaine-transparent dressing kit</i>	\$0 (Tier 3)	
LMX 4 CREA (Use Lidocaine)	NF	
LMX 4 PLUS KIT (Use Lidocaine-Transparent Dressing)	\$0 (Tier 3)	
<b>Misc. Dermatological Products</b>		
5 DAY LIQD	\$0 (Tier 3)	RX/OTC
<i>dermatological products, misc. liqd</i>	\$0 (Tier 3)	RX/OTC
DIABETIDERM MASSAGE STIMULATOR LIQD	\$0 (Tier 3)	RX/OTC
GENADUR LIQD	\$0 (Tier 3)	RX/OTC
JOBST IT STAYS/ROLL-ON LIQD	\$0 (Tier 3)	RX/OTC
KERASAL FUNGAL NAIL RENEWAL LIQD	\$0 (Tier 3)	RX/OTC
NAIL SCRUB LIQD	\$0 (Tier 3)	RX/OTC
REMOVE ADHESIVE REMOVER LIQD	\$0 (Tier 3)	RX/OTC
THUM LIQD	\$0 (Tier 3)	RX/OTC
<b>Misc. Topical</b>		
4-N-1 CREA	\$0 (Tier 3)	
A+D FIRST AID OINT	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
ABSORBASE OINT	\$0 (Tier 3)	
ALOE VESTA DAILY MOISTURIZER LOTN ( <i>Use Dimethicone (Topical)</i> )	\$0 (Tier 3)	
ALOE VESTA PROTECTIVE OINT	\$0 (Tier 3)	
ALOE VESTA SKIN CONDITIONER LOTN ( <i>Use Dimethicone (Topical)</i> )	\$0 (Tier 3)	
<i>aluminum hydroxide oint ex</i>	\$0 (Tier 3)	
<i>aluminum sulfate &amp; calcium acetate pack</i>	\$0 (Tier 3)	
AMERIDERM PERISHIELD OINT	\$0 (Tier 3)	
AQUAPHOR LIP REPAIR OINT	\$0 (Tier 3)	
BASIS FACIAL MOISTURIZER CREA	\$0 (Tier 3)	
BASIS OVERNIGHT CREA	\$0 (Tier 3)	
<i>benzoin compound tinc</i>	\$0 (Tier 3)	RX/OTC
BENZOIN TINCTURE PLAIN TINC	\$0 (Tier 3)	RX/OTC
BENZOIN TINCTURE TINC	\$0 (Tier 3)	RX/OTC
CARRINGTON MOISTURE BARRIER CREA	\$0 (Tier 3)	
CARRINGTON MOISTURE BARRIER/ZINC CREA	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
CERAVE OINT	\$0 (Tier 3)	
CHAPSTICK OVERNIGHT OINT	\$0 (Tier 3)	
CHAPSTICK ULTRA MOISTUREDAYS TIME FORMULA OINT	\$0 (Tier 3)	
CHAPSTICK ULTRASMooth FORTIFY OINT	\$0 (Tier 3)	
CHAPSTICK ULTRASMooth NOURISH OINT	\$0 (Tier 3)	
CHAPSTICK ULTRASMooth REJUVENATE OINT	\$0 (Tier 3)	
CHAPSTICK ULTRASMooth SOOTHE OINT	\$0 (Tier 3)	
COOL BOTTOMS CREA	\$0 (Tier 3)	
CRITIC-AID CLEAR MOISTUREBARRIER OINT	\$0 (Tier 3)	
DERMADROX OINT	\$0 (Tier 3)	
DERMAGRAN OINT ( <i>Use Aluminum Hydroxide</i> )	\$0 (Tier 3)	
DERMAGRAN SKIN PROTECTANT OINT ( <i>Use Aluminum Hydroxide</i> )	\$0 (Tier 3)	
<i>dimethicone (topical) lotn 3 %</i>	\$0 (Tier 3)	
DOMEBORO PACK ( <i>Use Aluminum Sulfate &amp; Calcium Acetate</i> )	NF	
EUCERIN CREA ( <i>Use Skin Protectants, Misc.</i> )	\$0 (Tier 3)	
GERI PROTECT OINT	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
HYDROCERIN CREA	\$0 (Tier 3)	
LANTISEPTIC SKIN PROTECTANT OINT	\$0 (Tier 3)	
MOISTURE GUARD CREA	\$0 (Tier 3)	
NATRAPEL 12-HOUR TICK & INSECT REPELLENT CONTINUOUS SPRAY AERO	\$0 (Tier 3)	
NATRAPEL LIQD	\$0 (Tier 3)	
NEOSPORIN LIP HEALTH OVERNIGHT RENEWAL THERAPY OINT	\$0 (Tier 3)	
NEUTRAPHOR CREA	\$0 (Tier 3)	
NEUTRAPHORUS REX CREA	\$0 (Tier 3)	
OFF FAMILYCARE CLEAN FEEL LIQD	\$0 (Tier 3)	
PALOMAR E OINT	\$0 (Tier 3)	
PETROLEUM JELLY LIP TREATMENT OINT	\$0 (Tier 3)	
PROSHIELD PLUS SKIN PROTECTANT CREA	\$0 (Tier 3)	
RA RENEWAL ADVANCED HEALING OINT	\$0 (Tier 3)	
RANGER READY REPELLENT LIQD	\$0 (Tier 3)	
REMEDY CLEAR-AID OINT	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
REMEDY DIMETHICONE MOISTURE BARRIER CREA	\$0 (Tier 3)	
REMEDY NUTRASHIELD CREA	\$0 (Tier 3)	
REMEDY SKIN REPAIR CREA	\$0 (Tier 3)	
REPEL TICK DEFENSE AERO	\$0 (Tier 3)	
SAWYER PREMIUM INSECT REPELLENT LIQD	\$0 (Tier 3)	
SECURA DIMETHICONE PROTECTANT CREA	\$0 (Tier 3)	
SENSI-CARE BODY CREAM CREA	\$0 (Tier 3)	
SENSI-CARE MOISTURIZING CREA	\$0 (Tier 3)	
<i>skin protectants, misc. crea</i>	\$0 (Tier 3)	
<i>skin protectants, misc. oint 0.5%-6.3%-70%, 51.1 %</i>	\$0 (Tier 3)	
SM BENZOIN TINCTURE TINC	\$0 (Tier 3)	RX/OTC
SOOTHE & COOL FREE MEDSEPTIC OINT	\$0 (Tier 3)	
SOOTHE & COOL FREE MOISTURE BARRIER OINT	\$0 (Tier 3)	
SOOTHE & COOL FREE SKIN PASTE OINT	\$0 (Tier 3)	
SOOTHE & COOL MOISTURE BARRIER OINT	\$0 (Tier 3)	
SOOTHE & COOL PROTECT MOISTURE BARRIER OINT	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
SORBIDON HYDRATE CREA	\$0 (Tier 3)	
<b>Scabicides &amp; Pediculicides</b>		
NIX CREME RINSE LIQD (Use Permethrin)	NF	
permethrin liqd ex 1 %	\$0 (Tier 3)	
permethrin lotn ex 1 %	\$0 (Tier 3)	
pyrethrins-piperonyl butoxide liqd 0.33%-4%	\$0 (Tier 3)	
pyrethrins-piperonyl butoxide sham 0.3%-0.33%-4%, 0.33%-4%	\$0 (Tier 3)	
pyrethrins-piperonyl butoxide-permethrin-nit remover kit	\$0 (Tier 3)	
RID COMPLETE LICE ELIMINATION KIT (Use Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover)	NF	
RID LIQD EX 0.33%-4% (Use Pyrethrins-Piperonyl Butoxide)	NF	
<b>Tar Products</b>		
coal tar extract sham	\$0 (Tier 3)	
DENOREX THERAPEUTIC 2-IN-1 SHAM (Use Coal Tar Extract)	NF	
DHS TAR GEL SHAM (Use Coal Tar Extract)	\$0 (Tier 3)	
DHS TAR SHAM (Use Coal Tar Extract)	\$0 (Tier 3)	
NEUTROGENA T/GEL SHAM (Use Coal Tar Extract)	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (Use Coal Tar Extract)	\$0 (Tier 3)	
THERAPLEX T SHAM (Use Coal Tar Extract)	NF	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Antiflatulents</b>		
GAS-X CHEW (Use Simethicone)	NF	
GAS-X EXTRA STRENGTH CHEW (Use Simethicone)	\$0 (Tier 3)	
MYLICON INFANTS GAS RELIEF SUSP (Use Simethicone)	NF	
MYLICON SUSP (Use Simethicone)	NF	
PHAZYME CAPS (Use Simethicone)	NF	
PHAZYME ULTRA STRENGTH CAPS (Use Simethicone)	NF	
simethicone caps 125 mg, 180 mg	\$0 (Tier 3)	
simethicone chew 80 mg, 125 mg	\$0 (Tier 3)	
simethicone susp 20 mg/0.3ml, 40 mg/0.6ml	\$0 (Tier 3)	
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Urinary Analgesics</b>		
AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS	\$0 (Tier 3)	
phenazopyridine hcl tabs	\$0 (Tier 3)	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Cobalamins</b>		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	\$0 (Tier 3)	
HYDROXOCOBALAMIN SOLN	\$0 (Tier 3)	
NASCOBAL SOLN	\$0 (Tier 3)	
<b>Folic Acid/Folates</b>		
<i>folic acid caps or 0.8 mg, 800 mcg</i>	\$0 (Tier 3)	
FOLIC ACID CAPS OR 5 MG, 20 MG	\$0 (Tier 3)	
FOLIC ACID POWD XX	\$0 (Tier 3)	RX/OTC
FOLIC ACID SOLN IJ 5 MG/ML	\$0 (Tier 3)	
<i>folic acid tabs or 1 mg</i>	\$0 (Tier 3)	RX/OTC
<i>folic acid tabs or 400 mcg, 800 mcg</i>	\$0 (Tier 3)	
<b>Hematopoietic Mixtures</b>		
BIFERA TABS	\$0 (Tier 3)	
FEOSOL BIFERA TABS	\$0 (Tier 3)	
FOLGARD TABS	\$0 (Tier 3)	
FOLIC + B12 TABS	\$0 (Tier 3)	RX/OTC
FOLITAB 500 TBCR	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
FOLTRATE TABS	\$0 (Tier 3)	RX/OTC
HEMATRON-AF TABS (Use Iron-Docusate-B12-Folic Acid-Vit C-Vit E-Copper-Biotin)	NF	RX/OTC
<i>iron-docusate-b12-folic acid-vit c-vit e-copper-biotin tabs</i>	\$0 (Tier 3)	RX/OTC
MTX SUPPORT TABS	\$0 (Tier 3)	RX/OTC
NOVAFERRUM 125 LIQD	\$0 (Tier 3)	
OPURITY B12/FOLIC ACID TABS	\$0 (Tier 3)	RX/OTC
VITAMIN B12/FOLIC ACID TABS	\$0 (Tier 3)	RX/OTC
<b>Iron</b>		
<i>carbonyl iron susp</i>	\$0 (Tier 3)	
<i>carbonyl iron tabs</i>	\$0 (Tier 3)	
EZFE 200 CAPS	\$0 (Tier 3)	
FEOSOL NATURAL RELEASE TABS (Use Carbonyl Iron)	\$0 (Tier 3)	
FEOSOL TABS (Use Ferrous Sulfate Dried)	\$0 (Tier 3)	
FER-IN-SOL SOLN (Use Ferrous Sulfate)	\$0 (Tier 3)	
FERAHEME SOLN	\$0 (Tier 3)	
FERRLECIT SOLN (Use Sodium Ferric Gluconate Complex in Sucrose)	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
<i>ferrous gluconate tabs 27 mg, 240 mg, 324 mg</i>	\$0 (Tier 3)	
FERROUS GLUCONATE TABS 324 MG	\$0 (Tier 3)	
<i>ferrous sulfate dried tabs</i>	\$0 (Tier 3)	
<i>ferrous sulfate dried tbc</i>	\$0 (Tier 3)	
<i>ferrous sulfate elix 220 mg/5ml</i>	\$0 (Tier 3)	
FERROUS SULFATE LIQD 220 MG/5ML	\$0 (Tier 3)	
<i>ferrous sulfate soln 15 mg/ml</i>	\$0 (Tier 3)	
FERROUS SULFATE SYRP 300 MG/5ML	\$0 (Tier 3)	
<i>ferrous sulfate tabs 27 mg, 28 mg, 65 mg, 325 mg</i>	\$0 (Tier 3)	
FERROUS SULFATE TBCR 140 MG	\$0 (Tier 3)	
<i>ferrous sulfate tbc 45 mg, 50 mg, 142 mg, 143 mg, 47.5 mg</i>	\$0 (Tier 3)	
FERROUS SULFATE TBEC 324 MG	\$0 (Tier 3)	
<i>ferrous sulfate tbec 325 mg</i>	\$0 (Tier 3)	
ICAR PEDIATRIC SUSP (Use Carbonyl Iron)	\$0 (Tier 3)	
INFED SOLN	\$0 (Tier 3)	
INJECTAFER SOLN	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
IRON CHEWS PEDIATRIC CHEW	\$0 (Tier 3)	
IRON SLOW RELEASE TBCR	\$0 (Tier 3)	
IRON TABS	\$0 (Tier 3)	
IRON TBCR	\$0 (Tier 3)	
IRON UP LIQD	\$0 (Tier 3)	
NOVAFERRUM 50 CAPS	\$0 (Tier 3)	
NOVAFERRUM PEDIATRIC DROPS LIQD	\$0 (Tier 3)	
PIC 200 CAPS (Use Polysaccharide Iron Complex)	NF	
<i>polysaccharide iron complex caps</i>	\$0 (Tier 3)	
PROFE CAPS	\$0 (Tier 3)	
SLOW FE TBCR (Use Ferrous Sulfate)	\$0 (Tier 3)	
SM SLOW RELEASE IRON TBCR	\$0 (Tier 3)	
<i>sodium ferric gluconate complex in sucrose soln</i>	\$0 (Tier 3)	
VENOFER SOLN	\$0 (Tier 3)	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
Antihistamine Hypnotics		

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl (sleep) caps 50 mg</i>	\$0 (Tier 3)	
<i>diphenhydramine hcl (sleep) tabs 25 mg</i>	\$0 (Tier 3)	
UNISOM SLEEPGELS CAPS (Use <i>Diphenhydramine HCl (Sleep)</i> )	NF	
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
<i>calcium polycarbophil tabs</i>	\$0 (Tier 3)	
CITRUCEL FIBER LAXATIVE POWD (Use <i>Methylcellulose (Laxative)</i> )	\$0 (Tier 3)	
CITRUCEL TABS (Use <i>Methylcellulose (Laxative)</i> )	\$0 (Tier 3)	
EVAC POWD (Use <i>Psyllium</i> )	\$0 (Tier 3)	
FIBERCON TABS (Use <i>Calcium Polycarbophil</i> )	NF	
HYDROCIL INSTANT POWD (Use <i>Psyllium</i> )	NF	
KONSYL DAILY FIBER PACK 100 %, 28.3 %, 60.3 %	\$0 (Tier 3)	
KONSYL DAILY FIBER POWD 100 % (Use <i>Psyllium</i> )	\$0 (Tier 3)	
KONSYL DAILY FIBER POWD 60.3 %	\$0 (Tier 3)	
KONSYL ORIGINAL FORMULADAILY FIBER POWD (Use <i>Psyllium</i> )	\$0 (Tier 3)	
KONSYL PACK	\$0 (Tier 3)	
KONSYL POWD	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
KONSYL-D POWD	\$0 (Tier 3)	
METAMUCIL CAPS 0.52 GM (Use <i>Psyllium</i> )	NF	
METAMUCIL ORIGINAL TEXTURE POWD (Use <i>Psyllium</i> )	\$0 (Tier 3)	
METAMUCIL POWD 48.57 % (Use <i>Psyllium</i> )	\$0 (Tier 3)	
<i>methylcellulose (laxative) powd</i>	\$0 (Tier 3)	
<i>methylcellulose (laxative) tabs</i>	\$0 (Tier 3)	
<i>psyllium caps 0.52 gm, 520 mg</i>	\$0 (Tier 3)	
<i>psyllium powd 95 %, 100 %, 28.3 %, 30.9 %, 58.6 %, 48.57 %</i>	\$0 (Tier 3)	
<b>Laxative Combinations</b>		
SENNA PROMPT CAPS	\$0 (Tier 3)	
<i>sennosides-docusate sodium tabs</i>	\$0 (Tier 3)	
SEKOT S TABS (Use <i>Sennosides-Docusate Sodium</i> )	\$0 (Tier 3)	
<b>Laxatives - Miscellaneous</b>		
MIRALAX PACK (Use <i>Polyethylene Glycol 3350</i> )	\$0 (Tier 3)	RX/OTC
MIRALAX POWD (Use <i>Polyethylene Glycol 3350</i> )	\$0 (Tier 3)	RX/OTC
<i>polyethylene glycol 3350 pack</i>	\$0 (Tier 3)	RX/OTC
<i>polyethylene glycol 3350 pack</i>	\$0 (Tier 3)	Over-the-counter;RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
<i>polyethylene glycol 3350 powd</i>	\$0 (Tier 3)	Over-the-counter;RX/OT C
<i>polyethylene glycol 3350 powd</i>	\$0 (Tier 3)	RX/OTC
<i>polyethylene glycol 3350 powd</i>	\$0 (Tier 3)	RX/OTC; NT
SORBITOL SOLN	\$0 (Tier 3)	
<b>Lubricant Laxatives</b>		
FLEET OIL ENEM ( <i>Use Mineral Oil</i> )	\$0 (Tier 3)	
<i>mineral oil enem re 100 %,</i>	\$0 (Tier 3)	
<i>mineral oil oil or 100 %, 99.9 %,</i>	\$0 (Tier 3)	RX/OTC
<b>Saline Laxatives</b>		
FLEET ENEMA ENEM ( <i>Use Sodium Phosphates</i> )	\$0 (Tier 3)	
FLEET ENEMA SIX PACK ENEM ( <i>Use Sodium Phosphates</i> )	\$0 (Tier 3)	
FLEET PEDIATRIC ENEM ( <i>Use Sodium Phosphates</i> )	\$0 (Tier 3)	
<i>magnesium citrate soln 1.745gm/30ml, 1.745 gm/30ml,</i>	\$0 (Tier 3)	
<i>magnesium hydroxide susp</i>	\$0 (Tier 3)	
<i>magnesium sulfate (laxative) gran</i>	\$0 (Tier 3)	
MILK OF MAGNESIA CONCENTRATE SUSP	\$0 (Tier 3)	
ORAL SALINE LAXATIVE SOLN	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
PEDIA-LAX CHEW OR 400 MG	\$0 (Tier 3)	
<i>sodium phosphates enem</i>	\$0 (Tier 3)	
<i>sodium phosphates soln</i>	\$0 (Tier 3)	
<b>Stimulant Laxatives</b>		
<i>bisacodyl supp</i>	\$0 (Tier 3)	
<i>bisacodyl tbec</i>	\$0 (Tier 3)	
<i>castor oil oil or</i>	\$0 (Tier 3)	
CASTOR OIL OIL OR ( <i>Use Castor Oil</i> )	NF	
DULCOLAX SUPP ( <i>Use Bisacodyl</i> )	NF	
DULCOLAX TBEC ( <i>Use Bisacodyl</i> )	NF	
EX-LAX CHEW ( <i>Use Sennosides</i> )	\$0 (Tier 3)	
EX-LAX MAXIMUM STRENGTH TABS ( <i>Use Sennosides</i> )	\$0 (Tier 3)	
EX-LAX TABS ( <i>Use Sennosides</i> )	\$0 (Tier 3)	
FLEET BISACODYL ENEM	\$0 (Tier 3)	
<i>sennosides chew</i>	\$0 (Tier 3)	
<i>sennosides liqd</i>	\$0 (Tier 3)	
<i>sennosides syrpf</i>	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
<i>sennosides tabs</i>	\$0 (Tier 3)	
SENOKOT TABS ( <i>Use Sennosides</i> )	\$0 (Tier 3)	
<b>Surfactant Laxatives</b>		
COLACE CAPS ( <i>Use Docusate Sodium</i> )	\$0 (Tier 3)	
COLACE CLEAR CAPS ( <i>Use Docusate Sodium</i> )	\$0 (Tier 3)	
<i>docusate calcium caps</i>	\$0 (Tier 3)	
<i>docusate sodium caps</i>	\$0 (Tier 3)	
<i>docusate sodium enem</i>	\$0 (Tier 3)	
<i>docusate sodium liqd</i>	\$0 (Tier 3)	
<i>docusate sodium syrp</i>	\$0 (Tier 3)	
<i>docusate sodium tabs</i>	\$0 (Tier 3)	
DOCUSOL KIDS ENEM ( <i>Use Docusate Sodium</i> )	\$0 (Tier 3)	
DOCUSOL MINI ENEM	\$0 (Tier 3)	
DOCUSOL PLUS MINI-ENEMA ENEM	\$0 (Tier 3)	
ENEMEEZ MINI ENEM	\$0 (Tier 3)	
ENEMEEZ PLUS ENEM	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
PEDIA-LAX LIQD OR 50 MG/15ML	\$0 (Tier 3)	
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Calcium</b>		
CAL-CITRATE CAPS	\$0 (Tier 3)	
CAL-CITRATE PLUS VITAMIND TABS	\$0 (Tier 3)	
CAL-LAC CAPS	\$0 (Tier 3)	
CAL-MINT CHEW	\$0 (Tier 3)	
CAL-QUICK LIQD	\$0 (Tier 3)	
CALCET PETITES TABS	\$0 (Tier 3)	
CALCI-CHEW CHEW	\$0 (Tier 3)	
CALCIONATE SYRP	\$0 (Tier 3)	
<i>calcium &amp; phosphorus w/ vitamin d chew</i>	\$0 (Tier 3)	
CALCIUM 1000 + D TABS	\$0 (Tier 3)	
CALCIUM CARBONATE CHEW 260 MG	\$0 (Tier 3)	
CALCIUM CARBONATE POWD 800 MG/2GM	\$0 (Tier 3)	
<i>calcium carbonate tabs 500 mg, 600 mg, 1250 mg, 1500 mg</i>	\$0 (Tier 3)	
<i>calcium carbonate-cholecalciferol caps</i>	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate-cholecalciferol chew</i>	\$0 (Tier 3)	
<i>calcium carbonate-cholecalciferol tabs</i>	\$0 (Tier 3)	
<i>calcium carbonate-vitamin d caps</i>	\$0 (Tier 3)	
<i>calcium carbonate-vitamin d chew</i>	\$0 (Tier 3)	
<i>calcium carbonate-vitamin d tabs</i>	\$0 (Tier 3)	
<i>calcium carbonate-vitamin d w/ minerals chew</i>	\$0 (Tier 3)	
<i>calcium carbonate-vitamin d w/ minerals tabs</i>	\$0 (Tier 3)	
<i>calcium chloride (dihydrate) soln</i>	\$0 (Tier 3)	
CALCIUM CHLORIDE SOLN	\$0 (Tier 3)	
CALCIUM CITRATE GRAN 760 MG/3.5GM	\$0 (Tier 3)	
<i>calcium citrate tabs 200 mg, 950 mg</i>	\$0 (Tier 3)	
CALCIUM CITRATE TABS 250 MG, 1040 MG	\$0 (Tier 3)	
CALCIUM CITRATE W/D TABS	\$0 (Tier 3)	
<i>calcium citrate-vitamin d tabs 200mg-250unit, 250mg-200unit, 315mg-200unit, 315mg-250unit</i>	\$0 (Tier 3)	
CALCIUM LACTATE TABS	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM PLUS D3 ABSORBABLE CAPS	\$0 (Tier 3)	
CALCIUM PLUS VITAMIN D CAPS 500MG-50UNIT	\$0 (Tier 3)	
CALCIUM TABS 600MG-200UNIT	\$0 (Tier 3)	
CALCIUM/VITAMIN D CAPS	\$0 (Tier 3)	
CALTRATE 600+D PLUS MINERALS CHEW ( <i>Use Calcium Carbonate-Vitamin D w/ Minerals</i> )	\$0 (Tier 3)	
CALTRATE 600+D PLUS MINERALS TABS ( <i>Use Calcium Carbonate-Vitamin D w/ Minerals</i> )	\$0 (Tier 3)	
CALTRATE 600+D3 SOFT CHEWS CHEW	\$0 (Tier 3)	
CALTRATE 600+D3 TABS ( <i>Use Calcium Carbonate-Cholecalciferol</i> )	\$0 (Tier 3)	
CALTRATE MINIS PLUS MINERALS TABS	\$0 (Tier 3)	
CITRACAL + D3 MAXIMUM TABS ( <i>Use Calcium Citrate-Vitamin D</i> )	\$0 (Tier 3)	
CITRACAL CALCIUM GUMMIES CHEW	\$0 (Tier 3)	
CITRACAL MAXIMUM TABS ( <i>Use Calcium Citrate-Vitamin D</i> )	\$0 (Tier 3)	
CITRACAL PETITES/VITAMIND TABS ( <i>Use Calcium Citrate-Vitamin D</i> )	\$0 (Tier 3)	
CITRACAL+D3 CHEW	\$0 (Tier 3)	
DISNEY CALCIUM + VITAMIND3 GUMMIES CHEW	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
EQL CALCIUM/VITAMIN D CAPS	\$0 (Tier 3)	
LIQUID CALCIUM WITH D3 MAXIMUM STRENGTH CAPS	\$0 (Tier 3)	
MAGNEBIND 300 TABS	\$0 (Tier 3)	
OSTEO-PORETICAL TABS	\$0 (Tier 3)	
<i>oyster shell tabs</i>	\$0 (Tier 3)	
RA CALCIUM HI-CAL/VITAMIND TABS 500MG-125UNIT	\$0 (Tier 3)	
RISACAL-D TABS	\$0 (Tier 3)	
UPCAL D PACK	\$0 (Tier 3)	
UPCAL D POWD	\$0 (Tier 3)	
<b>Electrolyte Mixtures</b>		
CERASPORT EX1 SOLN	\$0 (Tier 3)	
CERASPORT SOLN 4MEQ/L-18MEQ/L-20MEQ/L-6MEQ/L	\$0 (Tier 3)	
ENFAMIL ENFALYTE SOLN	\$0 (Tier 3)	
EQUALYTE SOLN ( <i>Use Oral Electrolytes</i> )	\$0 (Tier 3)	
HYDRALYTE FREEZER POPS SOLN	\$0 (Tier 3)	
HYDRALYTE SOLN 270MG/250ML-210MG/250ML, 45MEQ/L-45MEQ/L-20MEQ/L-90MEQ/L-16GM/L	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
MEDI-LYTE TABS	\$0 (Tier 3)	
<i>oral electrolytes soln</i>	\$0 (Tier 3)	
PEDIALYTE ADVANCED CARE SOLN ( <i>Use Oral Electrolytes</i> )	\$0 (Tier 3)	
PEDIALYTE FREEZER POPS SOLN ( <i>Use Oral Electrolytes</i> )	\$0 (Tier 3)	
PEDIALYTE SINGLES SOLN ( <i>Use Oral Electrolytes</i> )	\$0 (Tier 3)	
PEDIALYTE SOLN 20MEQ/L-45MEQ/L-35MEQ/L-5GM/L-20GM/L, 20MEQ/L-45MEQ/L-35MEQ/L-30MEQ/L-25GM/L, 35MEQ/L-45MEQ/L-7.8MG/L-20MEQ/L-25GM/L, 4.7MEQ/237ML-10.6MEQ/237ML-8.3MEQ/237ML, 2.1MEQ/59ML-2.7MEQ/59ML-0.5MG/59ML-1.2MEQ/59ML-1.5GM/59ML ( <i>Use Oral Electrolytes</i> )	\$0 (Tier 3)	
THERMOTABS TABS	\$0 (Tier 3)	
<b>Magnesium</b>		
CVS TRIPLE MAGNESIUM COMPLEX CAPS	\$0 (Tier 3)	
MAG-200 TABS ( <i>Use Magnesium Oxide (Mg Supplement)</i> )	NF	
MAG-SR PLUS CALCIUM TBEC	\$0 (Tier 3)	
MAG-TAB SR TBCR ( <i>Use Magnesium Lactate</i> )	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
MAG64 TBEC	\$0 (Tier 3)	
MAGDELAY TBEC	\$0 (Tier 3)	
MAGNESIUM CAPS 400 MG	\$0 (Tier 3)	
MAGNESIUM CHLORIDE POWD	\$0 (Tier 3)	RX/OTC
<i>magnesium chloride-calcium carbonate tbec</i>	\$0 (Tier 3)	
MAGNESIUM CHLORIDE/CALCIUM TABS	\$0 (Tier 3)	
MAGNESIUM CITRATE TABS 100 MG	\$0 (Tier 3)	
MAGNESIUM GLUCONATE TABS 250 MG, 500 MG	\$0 (Tier 3)	
<i>magnesium gluconate tabs 500 mg, 27.5 mg</i>	\$0 (Tier 3)	
<i>magnesium lactate tbc</i>	\$0 (Tier 3)	
<i>magnesium oxide (mg supplement) caps</i>	\$0 (Tier 3)	
<i>magnesium oxide (mg supplement) tabs</i>	\$0 (Tier 3)	
MAGNESIUM OXIDE CAPS 400 MG	\$0 (Tier 3)	
MAGOX 400 TABS ( <i>Use Magnesium Oxide (Mg Supplement)</i> )	\$0 (Tier 3)	
NU-MAG TBEC	\$0 (Tier 3)	
SLOW-MAG TBEC	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
<b>Manganese</b>		
MANGANESE TRACE METAL SOLN	\$0 (Tier 3)	
<b>Phosphate</b>		
PHOS-NAK POWDER CONCENTRATE PACK ( <i>Use Potassium &amp; Sodium Phosphates</i> )	\$0 (Tier 3)	
<i>potassium &amp; sodium phosphates pack</i>	\$0 (Tier 3)	
<b>Sodium</b>		
SODIUM CHLORIDE GRAN XX	\$0 (Tier 3)	RX/OTC
<i>sodium chloride tabs or 1 gm</i>	\$0 (Tier 3)	
<b>Trace Minerals</b>		
CHROMIUM CHLORIDE SOLN	\$0 (Tier 3)	
COPPER TRACE METAL SOLN	\$0 (Tier 3)	
<b>Zinc</b>		
GALZIN CAPS	\$0 (Tier 3)	
ZINC CAPS OR 30 MG	\$0 (Tier 3)	
<i>zinc sulfate caps or 220 mg</i>	\$0 (Tier 3)	
ZINC SULFATE CAPS OR 50 MG	\$0 (Tier 3)	
ZINC SULFATE HEPTAHYDRATE POWD	\$0 (Tier 3)	RX/OTC
ZINC SULFATE MONOHYDRATE POWD	\$0 (Tier 3)	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
ZINC SULFATE POWD XX	\$0 (Tier 3)	RX/OTC
ZINC TRACE METAL SOLN	\$0 (Tier 3)	
<b>MULTIVITAMINS</b>		
<b>B-Complex w/ C</b>		
<i>b complex w/ c tbc</i>	\$0 (Tier 3)	
<i>b-complex w/ c &amp; calcium tabs</i>	\$0 (Tier 3)	
<i>b-complex w/ c &amp; e + zn tabs</i>	\$0 (Tier 3)	
<b>B-Complex w/ Folic Acid</b>		
B COMPLEX + C TR TBCR	\$0 (Tier 3)	NT
B-COMPLEX/FOLIC ACID/VITAMIN C TBCR	\$0 (Tier 3)	NT
DIALYVITE 800 PLUS D WAFR	\$0 (Tier 3)	
DIALYVITE 800/ZINC 15 TABS	\$0 (Tier 3)	
DIALYVITE 800/ZINC TABS	\$0 (Tier 3)	
NEPHRONEX LIQD	\$0 (Tier 3)	
VITALINE BIOTIN FORTE/ZINC TABS	\$0 (Tier 3)	
<b>B-Complex w/ Minerals</b>		
APETIGEN-PLUS TABS 18MG-30UNIT-300MG-10MG-8.5MG-20MG-6MCG-15MG-80MG-8MG-225MG	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
<i>b-complex w/ minerals liqd</i>	\$0 (Tier 3)	
GLYCO-TECH TABS	\$0 (Tier 3)	
<b>Multivitamins</b>		
INFUVITE ADULT INJ	\$0 (Tier 3)	
M.V.I. ADULT INJ	\$0 (Tier 3)	
M.V.I.-12 WITHOUT VITAMIN K INJ	\$0 (Tier 3)	
<b>Ped MV w/ Iron</b>		
ANIMAL SHAPES/IRON CHEW	\$0 (Tier 3)	
DINO-LIFE W/IRON & ZINC CHEW	\$0 (Tier 3)	
HONEY BEARS W/IRON AND ZINC CHEW	\$0 (Tier 3)	
MULTI-DELYN/IRON LIQD	\$0 (Tier 3)	
MULTIVITAMIN PLUS IRON CHILDRENS CHEW	\$0 (Tier 3)	
MYKIDZ IRON SUSP	\$0 (Tier 3)	
<i>pediatric multiple vitamins w/ iron chew</i>	\$0 (Tier 3)	
<i>pediatric multiple vitamins w/ iron soln</i>	\$0 (Tier 3)	
POLY-VI-SOL/IRON SOLN (Use Pediatric Multiple Vitamins w/ Iron)	\$0 (Tier 3)	
SCOOBY-DOO ONE A DAY CHEW	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
<b>Pediatric Multiple Vitamins</b>		
INFUVITE PEDIATRIC SOLN	\$0 (Tier 3)	
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (Use Pediatric Multiple Vitamin w/ C & FA)	\$0 (Tier 3)	
<i>pediatric multiple vitamin w/ c &amp; fa chew</i>	\$0 (Tier 3)	
<i>pediatric multiple vitamin w/ c soln</i>	\$0 (Tier 3)	
<i>pediatric multiple vitamin w/ extra c &amp; fa chew</i>	\$0 (Tier 3)	
<i>pediatric multiple vitamins liqd</i>	\$0 (Tier 3)	
POLY-VI-SOL SOLN (Use Pediatric Multiple Vitamin w/ C)	\$0 (Tier 3)	
<b>Pediatric Vitamins</b>		
HONEY BEARS CHEW	\$0 (Tier 3)	
MULTIVITAMIN GUMMIES CHILDRENS CHEW	\$0 (Tier 3)	
<i>pediatric vitamins adc soln</i>	\$0 (Tier 3)	
TRI-VI-SOL SOLN (Use Pediatric Vitamins ADC)	\$0 (Tier 3)	
<b>Vitamin Mixtures</b>		
<i>vitamins c &amp; e caps</i>	\$0 (Tier 3)	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agent Combinations</b>		
AFRIN MENTHOL SOLN	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
<b>Nasal Agents - Misc.</b>		
AYR NASAL DROPS SOLN	\$0 (Tier 3)	
AYR NASAL MIST ALLERGY & SINUS HYPERTONIC SALINE SOLN	\$0 (Tier 3)	
CVS NASAL MIST AERS 0.9 %	\$0 (Tier 3)	
NASADROPS SALINE ON THE GO SOLN	\$0 (Tier 3)	
OCEAN NASAL SPRAY SOLN (Use Saline)	\$0 (Tier 3)	
RA STERILE SALINE NASAL MIST SOLN	\$0 (Tier 3)	
RHINARIS SOLN	\$0 (Tier 3)	
<i>saline gel</i>	\$0 (Tier 3)	
<i>saline soln</i>	\$0 (Tier 3)	
SIMPLY SALINE AERS	\$0 (Tier 3)	
SINUS WASH SALT CRYSTALS	\$0 (Tier 3)	
<b>Nasal Antiallergy</b>		
<i>cromolyn sodium (nasal) aers</i>	\$0 (Tier 3)	
NASALCROM AERS (Use Cromolyn Sodium (Nasal))	NF	
<b>Nasal Steroids</b>		
<i>budesonide (nasal) susp</i>	\$0 (Tier 3)	Over-the-counter;RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (nasal) susp</i>	\$0 (Tier 3)	RX/OTC; NT
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>Fluticasone Propionate (Nasal)</i> )	\$0 (Tier 3)	RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use <i>Fluticasone Propionate (Nasal)</i> )	\$0 (Tier 3)	RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use <i>Fluticasone Propionate (Nasal)</i> )	\$0 (Tier 3)	Over-the-counter;RX/OT C
<i>fluticasone propionate (nasal) susp</i>	\$0 (Tier 3)	Over-the-counter;RX/OT C
<i>fluticasone propionate (nasal) susp</i>	\$0 (Tier 3)	RX/OTC; NT
<i>fluticasone propionate (nasal) susp</i>	\$0 (Tier 3)	RX/OTC
NASACORT ALLERGY 24HR AERO	\$0 (Tier 3)	RX/OTC
NASACORT ALLERGY 24HR AERO (Use <i>Triamcinolone Acetonide (Nasal)</i> )	NF	RX/OTC
NASACORT ALLERGY 24HR AERO (Use <i>Triamcinolone Acetonide (Nasal)</i> )	\$0 (Tier 3)	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use <i>Triamcinolone Acetonide (Nasal)</i> )	\$0 (Tier 3)	RX/OTC
<i>triamcinolone acetonide (nasal) aero</i>	\$0 (Tier 3)	RX/OTC
<b>Sympathomimetic Decongestants</b>		
AFRIN 12 HOUR SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
AFRIN ALL NIGHT NODRIP SOLN (Use <i>Oxymetazoline HCl</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
AFRIN NASAL SPRAY SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
AFRIN NODRIP EXTRA MOISTURIZING SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
AFRIN NODRIP ORIGINAL SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
AFRIN NODRIP SEVERE CONGESTION SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
AFRIN NODRIP SINUS SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
AFRIN SINUS SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
AFRIN SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
BENZEDREX INHALER INHA	\$0 (Tier 3)	
DRISTAN SPRAY SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
DURATION 12 HOUR SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
DURATION SPRAY SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
NASAL DECONGESTANT LIQD	\$0 (Tier 3)	
NASAL DECONGESTANT SYRP	\$0 (Tier 3)	
NEO-SYNEPHRINE COLD & SINUS EXTRA SOLN (Use <i>Phenylephrine HCl</i> )	NF	
<i>oxymetazoline hcl soln</i>	\$0 (Tier 3)	
<i>phenylephrine hcl (oral) tabs</i>	\$0 (Tier 3)	
<i>phenylephrine hcl soln 1 %</i>	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine hcl liqd 15 mg/5ml</i>	\$0 (Tier 3)	
<i>pseudoephedrine hcl tabs 30 mg, 60 mg</i>	\$0 (Tier 3)	
<i>pseudoephedrine hcl tb12 120 mg</i>	\$0 (Tier 3)	
SUDAFED CHILDRENS LIQD (Use <i>Pseudoephedrine HCl</i> )	NF	
SUDAFED CONGESTION TABS (Use <i>Pseudoephedrine HCl</i> )	NF	
SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH TABS (Use <i>Pseudoephedrine HCl</i> )	NF	
SUDAFED PE CONGESTION TABS (Use <i>Phenylephrine HCl (Oral)</i> )	NF	
VICKS SINEX 12 HOUR DECONGESTANT SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
VICKS SINEX MOISTURIZING SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
VICKS SINEX SEVERE NASALDECONGESTANT SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
VICKS SINEX SEVERE SOLN NA 0.05 % (Use <i>Oxymetazoline HCl</i> )	NF	
VICKS SINEX SOLN (Use <i>Oxymetazoline HCl</i> )	NF	
<b>NUTRIENTS</b>		
<b>Carbohydrates</b>		
FRUCTOSE GRAN	\$0 (Tier 3)	RX/OTC
<b>Misc. Nutritional Substances</b>		

Drug Name	Drug Tier	Requirements/Limits
PRO NUTRIENTS OMEGA 3 CPDR	\$0 (Tier 3)	
<b>Proteins</b>		
<i>arginine caps 500 mg</i>	\$0 (Tier 3)	
ARGININE PACK 500 MG	\$0 (Tier 3)	
<i>arginine powd</i>	\$0 (Tier 3)	
ARGININE TABS 500 MG	\$0 (Tier 3)	
<i>arginine tabs 500 mg, 1000 mg</i>	\$0 (Tier 3)	
ARGININE2000 PACK	\$0 (Tier 3)	
<i>glutamine powd or</i>	\$0 (Tier 3)	
GLUTAMINE POWD XX	\$0 (Tier 3)	RX/OTC
L-ARGININE BASE POWD	\$0 (Tier 3)	RX/OTC
L-ARGININE POWD OR (Use <i>Arginine</i> )	NF	
L-ARGININE POWD XX	\$0 (Tier 3)	RX/OTC
L-GLUTAMINE POWD	\$0 (Tier 3)	RX/OTC
L-GLUTATHIONE CRYST	\$0 (Tier 3)	
L-ISOLEUCINE POWD OR	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
L-ISOLEUCINE POWD XX	\$0 (Tier 3)	RX/OTC
PURE L-CITRULLINE CAPS	\$0 (Tier 3)	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		
<i>artificial tear ointment oint</i>	\$0 (Tier 3)	
<i>artificial tear solution soln</i>	\$0 (Tier 3)	
<i>carboxymethylcellulose sodium (ophth) gel 1 %</i>	\$0 (Tier 3)	
<i>carboxymethylcellulose sodium (ophth) soln 0.5 %</i>	\$0 (Tier 3)	
<i>carboxymethylcellulose-glycerin soln</i>	\$0 (Tier 3)	
<i>carboxymethylcellulose-hypromellose gel</i>	\$0 (Tier 3)	
DAKRINA SOLN	\$0 (Tier 3)	
<i>dextran 70-hypromellose soln</i>	\$0 (Tier 3)	
DWELLE SOLN	\$0 (Tier 3)	
FRESHKOTE SOLN	\$0 (Tier 3)	
GENTEAL GEL ( <i>Use Carboxymethylcellulose-Hypromellose</i> )	\$0 (Tier 3)	
GENTEAL MILD SOLN	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
GENTEAL MILD TO MODERATE SOLN ( <i>Use Hypromellose (Ophth)</i> )	\$0 (Tier 3)	
GENTEAL SEVERE GEL	\$0 (Tier 3)	
<i>hypromellose (ophth) soln</i>	\$0 (Tier 3)	
ISOPTO TEARS SOLN	\$0 (Tier 3)	
<i>polyethylene glycol-propylene glycol (ophth) soln</i>	\$0 (Tier 3)	
<i>polyvinyl alcohol soln</i>	\$0 (Tier 3)	
<i>polyvinyl alcohol-povidone (ophth) soln</i>	\$0 (Tier 3)	
<i>propylene glycol (ophth) soln</i>	\$0 (Tier 3)	
REFRESH OPTIVE ADVANCED SOLN	\$0 (Tier 3)	
REFRESH OPTIVE GEL 1%-0.9%	\$0 (Tier 3)	
REFRESH OPTIVE SENSITIVE SOLN	\$0 (Tier 3)	
REFRESH OPTIVE SOLN 0.5%-0.9% ( <i>Use Carboxymethylcellulose-Glycerin</i> )	\$0 (Tier 3)	
REFRESH PLUS SOLN ( <i>Use Carboxymethylcellulose Sodium (Ophth)</i> )	\$0 (Tier 3)	
REFRESH REPAIR SOLN ( <i>Use Carboxymethylcellulose-Glycerin</i> )	\$0 (Tier 3)	
REFRESH SOLN	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/Limits
REFRESH TEARS SOLN (Use Carboxymethylcellulose Sodium (Ophth))	\$0 (Tier 3)	
SYSTANE COMPLETE SOLN (Use Propylene Glycol (Ophth))	\$0 (Tier 3)	
SYSTANE GEL GEL	\$0 (Tier 3)	
SYSTANE OVERNIGHT THERAPY LUBRICANT EYE GEL	\$0 (Tier 3)	
SYSTANE PRESERVATIVE FREE SOLN (Use Polyethylene Glycol-Propylene Glycol (Ophth))	\$0 (Tier 3)	
SYSTANE SOLN (Use Polyethylene Glycol-Propylene Glycol (Ophth))	\$0 (Tier 3)	
SYSTANE ULTRA HOME & AWAY PACK SOLN (Use Polyethylene Glycol-Propylene Glycol (Ophth))	\$0 (Tier 3)	
SYSTANE ULTRA PRESERVATIVE FREE SOLN (Use Polyethylene Glycol-Propylene Glycol (Ophth))	\$0 (Tier 3)	
SYSTANE ULTRA SOLN (Use Polyethylene Glycol-Propylene Glycol (Ophth))	\$0 (Tier 3)	
TEARS NATURALE PM OINT (Use White Petrolatum-Mineral Oil)	NF	
THERATEARS GEL 1 % (Use Carboxymethylcellulose Sodium (Ophth))	NF	
white petrolatum-mineral oil oint	\$0 (Tier 3)	
<b>Ophthalmic Decongestants</b>		
tetrahydrozoline hcl (ophth) soln	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
tetrahydrozoline w/ zinc sulfate soln	\$0 (Tier 3)	
VISINE SOLN (Use Tetrahydrozoline HCl (Ophth))	NF	
<b>Ophthalmics - Misc.</b>		
MURO 128 OINT 5 % (Use Sodium Chloride Hypertonic)	\$0 (Tier 3)	
MURO 128 SOLN 2 %	\$0 (Tier 3)	
MURO 128 SOLN 5 % (Use Sodium Chloride Hypertonic)	\$0 (Tier 3)	
sodium chloride hypertonic oint	\$0 (Tier 3)	
sodium chloride hypertonic soln	\$0 (Tier 3)	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
carbamide peroxide (otic) soln	\$0 (Tier 3)	
DEBROX SOLN (Use Carbamide Peroxide (Otic))	NF	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>Antimicrobial Agents</b>		
BENZYL ALCOHOL LIQD	\$0 (Tier 3)	RX/OTC
<b>Liquid Vehicles</b>		
FLAVOR PLUS LIQD	\$0 (Tier 3)	RX/OTC
ORA-PLUS LIQD	\$0 (Tier 3)	RX/OTC
ORAL SUSPEND LIQD	\$0 (Tier 3)	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
PROPYLENE GLYCOL SOLN	\$0 (Tier 3)	RX/OTC
SYRSPEND SF LIQD	\$0 (Tier 3)	RX/OTC
<b>Pharmaceutical Excipients</b>		
LACTOSE ANHYDROUS POWD	\$0 (Tier 3)	RX/OTC
LACTOSE HYDROUS POWD	\$0 (Tier 3)	RX/OTC
LACTOSE POWD	\$0 (Tier 3)	RX/OTC
LOLLIBASE POWD	\$0 (Tier 3)	RX/OTC
LOLLIPOP BASE POWD	\$0 (Tier 3)	RX/OTC
<b>Semi Solid Vehicles</b>		
AQUABASE OINT	\$0 (Tier 3)	
HYDROPHILIC PETROLATUM OINT	\$0 (Tier 3)	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Smoking Deterrents</b>		
NICODERM CQ PT24 (Use Nicotine)	\$0 (Tier 3)	
NICORETTE GUM (Use Nicotine Polacrilex)	\$0 (Tier 3)	
NICORETTE LOZG (Use Nicotine Polacrilex)	\$0 (Tier 3)	
NICORETTE MINI LOZG (Use Nicotine Polacrilex)	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/Limits
NICORETTE STARTER KIT GUM (Use Nicotine Polacrilex)	\$0 (Tier 3)	
<i>nicotine polacrilex gum</i>	\$0 (Tier 3)	
<i>nicotine polacrilex lozg</i>	\$0 (Tier 3)	
<i>nicotine pt24</i>	\$0 (Tier 3)	
NICOTINE TRANSDERMAL SYSTEM KIT	\$0 (Tier 3)	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>H-2 Antagonists</b>		
<i>cimetidine tabs</i>	\$0 (Tier 3)	Over-the-counter;RX/OT C
<i>cimetidine tabs</i>	\$0 (Tier 3)	RX/OTC
<i>famotidine tabs 10 mg</i>	\$0 (Tier 3)	
<i>famotidine tabs 20 mg</i>	\$0 (Tier 3)	Over-the-counter;RX/OT C
<i>famotidine tabs 20 mg</i>	\$0 (Tier 3)	RX/OTC
<i>famotidine tabs 20 mg</i>	\$0 (Tier 3)	RX/OTC; NT
PEPCID AC MAXIMUM STRENGTH TABS (Use Famotidine)	\$0 (Tier 3)	RX/OTC
PEPCID AC TABS (Use Famotidine)	NF	
<i>ranitidine hcl tabs 150 mg</i>	\$0 (Tier 3)	Over-the-counter;RX/OT C
<i>ranitidine hcl tabs 150 mg</i>	\$0 (Tier 3)	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl tabs 75 mg</i>	\$0 (Tier 3)	
TAGAMET HB TABS ( <i>Use Cimetidine</i> )	\$0 (Tier 3)	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS ( <i>Use Ranitidine HCl</i> )	\$0 (Tier 3)	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS ( <i>Use Ranitidine HCl</i> )	NF	RX/OTC
ZANTAC 75 TABS ( <i>Use Ranitidine HCl</i> )	\$0 (Tier 3)	
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium cpdr</i>	\$0 (Tier 3)	RX/OTC
<i>esomeprazole magnesium cpdr</i>	\$0 (Tier 3)	RX/OTC; NT
<i>esomeprazole magnesium cpdr</i>	\$0 (Tier 3)	Over-the-counter;RX/OTC
<i>lansoprazole cpdr</i>	\$0 (Tier 3)	Over-the-counter;RX/OTC
<i>lansoprazole cpdr</i>	\$0 (Tier 3)	RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR ( <i>Use Esomeprazole Magnesium</i> )	\$0 (Tier 3)	RX/OTC
NEXIUM 24HR CPDR ( <i>Use Esomeprazole Magnesium</i> )	\$0 (Tier 3)	RX/OTC
<i>omeprazole magnesium cpdr</i>	\$0 (Tier 3)	
PREVACID 24HR CPDR ( <i>Use Lansoprazole</i> )	\$0 (Tier 3)	RX/OTC
PREVACID 24HR CPDR ( <i>Use Lansoprazole</i> )	\$0 (Tier 3)	Over-the-counter;RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRILOSEC OTC TBEC	\$0 (Tier 3)	
<b>Ulcer Therapy Combinations</b>		
ZEGERID OTC CAPS ( <i>Use Omeprazole-Sodium Bicarbonate</i> )	NF	RX/OTC
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
OXYTROL FOR WOMEN PTTW	\$0 (Tier 3)	RX/OTC
<b>VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones</b>		
<b>Vaginal Anti-infectives</b>		
<i>clotrimazole vaginal crea</i>	\$0 (Tier 3)	
GYNE-LOTRIMIN 3 CREA ( <i>Use Clotrimazole Vaginal</i> )	NF	
GYNE-LOTRIMIN CREA ( <i>Use Clotrimazole Vaginal</i> )	NF	
<i>miconazole nitrate vaginal crea</i>	\$0 (Tier 3)	
<i>miconazole nitrate vaginal kit</i>	\$0 (Tier 3)	
<i>miconazole nitrate vaginal supp</i>	\$0 (Tier 3)	
MONISTAT 1 COMBO PACK KIT ( <i>Use Miconazole Nitrate Vaginal</i> )	NF	
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT ( <i>Use Miconazole Nitrate Vaginal</i> )	NF	
MONISTAT 3 COMBINATION PACK KIT ( <i>Use Miconazole Nitrate Vaginal</i> )	NF	
MONISTAT 3 CREA ( <i>Use Miconazole Nitrate Vaginal</i> )	NF	

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Drug Name	Drug Tier	Requirements/Limits
MONISTAT 7 SIMPLY CURE CREA ( <i>Use Miconazole Nitrate Vaginal</i> )	NF	
<i>tioconazole vaginal oint</i>	\$0 (Tier 3)	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
AQUASOL A PARENTERAL SOLN	\$0 (Tier 3)	
BABY DDROPS LIQD 400 UNT/0.03ML	\$0 (Tier 3)	
BABY DDROPS LIQD 400 UT/0.028ML ( <i>Use Cholecalciferol</i> )	\$0 (Tier 3)	
<i>cholecalciferol caps 400 unit, 1000 unit, 2000 unit, 5000 unit, 10000 unit, 50000 unit</i>	\$0 (Tier 3)	
<i>cholecalciferol chew 400 unit, 1000 unit, 2000 unit</i>	\$0 (Tier 3)	
<i>cholecalciferol liqd 400 unit/ml, 5000 unit/ml, 400 ut/0.03ml, 400 ut/0.028ml, 2000 ut/0.03ml</i>	\$0 (Tier 3)	
<i>cholecalciferol tabs 25 mcg, 400 unit, 1000 unit, 2000 unit, 5000 unit, 50000 unit</i>	\$0 (Tier 3)	
D-VI-SOL LIQD ( <i>Use Cholecalciferol</i> )	\$0 (Tier 3)	
D3 DOTS TBDP	\$0 (Tier 3)	
DDROPS LIQD	\$0 (Tier 3)	
DECARA CAPS	\$0 (Tier 3)	
DRISDOL CAPS ( <i>Use Ergocalciferol</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>ergocalciferol caps</i>	\$0 (Tier 3)	
<i>ergocalciferol soln</i>	\$0 (Tier 3)	
HM VITAMIN D3 CAPS	\$0 (Tier 3)	
KEY-E CHEW	\$0 (Tier 3)	
MEPHYTON TABS ( <i>Use Phytonadione</i> )	\$0 (Tier 3)	NT
NATURAL VITAMIN E TABS	\$0 (Tier 3)	
OPTIMAL D3 M CAPS	\$0 (Tier 3)	
<i>phytonadione soln ij 1 mg/0.5ml</i>	\$0 (Tier 3)	
<i>phytonadione tabs or 5 mg</i>	\$0 (Tier 3)	NT
REPLESTA CHILDRENS WAFR	\$0 (Tier 3)	
REPLESTA NX WAFR	\$0 (Tier 3)	
REPLESTA WAFR	\$0 (Tier 3)	
SM VITAMIN D3 MAXIMUM STRENGTH CAPS	\$0 (Tier 3)	
SUPER DAILY D3 LIQD	\$0 (Tier 3)	
THERA-D 4000 TABS	\$0 (Tier 3)	
VITAMIN D2 TABS	\$0 (Tier 3)	

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Drug Name	Drug Tier	Requirements/ Limits
VITAMIN D3 LIQD 1200 UNIT/15ML, 1000 UNIT/SPRAY	\$0 (Tier 3)	
VITAMIN D3 TABS 3000 UNIT, 10000 UNIT	\$0 (Tier 3)	
VITAMIN D3 TBDP 5000 UNIT	\$0 (Tier 3)	
<i>vitamin e caps 100 unit, 200 unit, 400 unit, 1000 unit</i>	\$0 (Tier 3)	
VITAMIN E CHEW 400 UNIT	\$0 (Tier 3)	
<i>vitamin e liqd 400 unit/15ml</i>	\$0 (Tier 3)	
<i>vitamin e oil 100 unt/0.25ml</i>	\$0 (Tier 3)	
<i>vitamin e soln 50 unit/ml, 15 unit/0.3ml</i>	\$0 (Tier 3)	
VITAMIN E TABS 100 UNIT, 200 UNIT	\$0 (Tier 3)	
<i>vitamin e tabs 400 unit</i>	\$0 (Tier 3)	
VITAMIN K1 SOLN	\$0 (Tier 3)	
WELLESSE VITAMIN D3 LIQD	\$0 (Tier 3)	
<b>Water Soluble Vitamins</b>		
<i>ascorbic acid tabs or 500mg, 100 mg, 1000mg, 250 mg, 500 mg, 1000 mg, 10mg-500mg, 37mg-500mg, 37mg-1000mg, 14mg-25mg-500mg, 25mg-35mg-500mg</i>	\$0 (Tier 3)	
BIOTIN CAPS OR 1 MG	\$0 (Tier 3)	

Drug Name	Drug Tier	Requirements/ Limits
<i>biotin caps or 5 mg, 10 mg, 2500 mcg, 5000 mcg</i>	\$0 (Tier 3)	
HARD NAILS CAPS (Use Biotin)	\$0 (Tier 3)	
MEGA BIOTIN CAPS (Use Biotin)	\$0 (Tier 3)	
<i>niacin cpcr</i>	\$0 (Tier 3)	
<i>niacin tabs</i>	\$0 (Tier 3)	
<i>niacin tbcrcr</i>	\$0 (Tier 3)	
NIACIN TR TBCR	\$0 (Tier 3)	
<i>pyridoxine hcl soln ij 100 mg/ml</i>	\$0 (Tier 3)	
PYRIDOXINE HCL SOLN IJ 100 MG/ML	\$0 (Tier 3)	
<i>pyridoxine hcl tabs or 50 mg, 100 mg</i>	\$0 (Tier 3)	
PYRIDOXINE HYDROCHLORIDE SOLN	\$0 (Tier 3)	
SLO-NIACIN TBCR (Use Niacin)	\$0 (Tier 3)	
<i>thiamine hcl soln ij 100 mg/ml</i>	\$0 (Tier 3)	
VITAMIN C TABS 100 MG	\$0 (Tier 3)	

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HYDRO-LAN.....	25	KONSYL ORIGINAL FORMULADAILY FIBER..	33	LOLLIBASE.....	45
HYDROCERIN.....	29	KONSYL-D.....	33	LOLLIPOP BASE.....	45
HYDROCIL INSTANT.....	33	KROGER GLUCOSE.....	5	LONGS GLUCOSE.....	5
HYDROCODONE BITARTRATE/CHLORPHENIRA MINE MALEATE/PSE.....	14	L-ARGININE.....	42	loperamide hcl.....	6
HYDROCODONE BITARTRATE/GUAIFENESIN .....	14	L-ARGININE BASE.....	42	loratadine.....	8
		L-CITRULLINE.....	9	loratadine & pseudoephedrine.....	14
		L-GLUTAMINE.....	42	LORTUSS DM.....	14
		L-GLUTATHIONE.....	42	LORTUSS EX.....	14

LORTUSS LQ.....	14	MEDERMA STRETCH MARKS THERAPY.....	25	MUCINEX DM MAXIMUM STRENGTH.....	15
LOTRIMIN AF.....	22	MEDI-LYTE.....	37	MUCINEX FAST-MAX COLD & SINUS.....	15
LOTRIMIN AF FOR HER.....	22	MEGA BIOTIN.....	48	MUCINEX FAST-MAX COLD FLU& SORE THROAT.....	15
LOTRIMIN AF JOCK ITCH.....	22	MEIJER GLUCOSE.....	5	MUCINEX FAST-MAX COLD FLU& SORE THROAT CLEAR & COOL.....	15
M-CLEAR WC.....	14	MEPHYTON.....	47	MUCINEX FAST-MAX COLD/FLU.....	15
M-END DMX.....	14	METAMUCIL.....	33	MUCINEX FAST-MAX COLD/FLU/SORE THROAT.....	15
M-END PE.....	14	METAMUCIL ORIGINAL TEXTURE.....	33	MUCINEX FAST-MAX DAY TIME/NIGHT TIME.....	15
M.V.I. ADULT.....	39	methylcellulose (laxative).....	33	MUCINEX FAST-MAX DAY/NIGHT.....	15
M.V.I.-12 WITHOUT VITAMIN K.....	39	MI-ACID.....	3	MUCINEX FAST-MAX DAY/NIGHT MAXIMUM STRENGTH.....	15
MAALOX ADVANCED MAXIMUM STRENGTH.....	3	MICATIN.....	22	MUCINEX FAST-MAX DAY/NITE M/S.....	15
MAALOX MAX.....	3	miconazole nitrate (topical).....	22	MUCINEX FAST-MAX SEVERE COLD.....	15
MAG-200.....	37	miconazole nitrate vaginal.....	46	MUCINEX FAST-MAX SEVERE CONGESTION & COUGH.....	15
MAG-AL.....	3	MILK OF MAGNESIA CONCENTRATE.....	34	MUCINEX FAST-MAX SEVERE CONGESTION & COUGH CLEAR & COOL.....	15
MAG-SR PLUS CALCIUM.....	37	mineral oil.....	34	MUCINEX FOR KIDS.....	20
MAG-TAB SR.....	37	MIRALAX.....	33	MUCINEX MAXIMUM STRENGTH.....	20
MAG64.....	38	MOISTURE GUARD.....	29	MUCINEX MULTI-SYMPTOM COLD DAY/NIGHT PACK.....	15
MAGDELAY.....	38	MOISTURIZING CREAM.....	25	MUCINEX SINUS-MAX DAY/NIGHT.....	15
MAGNEBIND 300.....	37	MONISTAT 1 COMBO PACK.....	46	MUCINEX SINUS-MAX SEVERECONGESTION RELIEF.....	15
MAGNESIUM.....	38	MONISTAT 1 DAY OR NIGHT COMBO PACK.....	46	MUCINEX STUFFY NOSE & COLD CHILDRENS.....	15
MAGNESIUM CHLORIDE.....	38	MONISTAT 3.....	46	MULTI-DELYN/IRON.....	39
magnesium chloride-calcium carbonate.....	38	MONISTAT 3 COMBINATION PACK.....	46	MULTI-SYMPTOM COLD DAYTIME/NIGHTTIME CHILDRENS.....	15
MAGNESIUM CHLORIDE/CALCIUM.....	38	MONISTAT 7 SIMPLY CURE.....	47	MULTIVITAMIN GUMMIES CHILDRENS.....	40
magnesium citrate.....	34	MONISTAT SOOTHING CARE ITCH RELIEF.....	23	MULTIVITAMIN PLUS IRON CHILDRENS.....	39
MAGNESIUM CITRATE.....	38	MORE-DOPHILUS ACIDOPHILUS.....	6	MURO 128.....	44
MAGNESIUM GLUCONATE.....	38	MOTHERS FRIEND.....	25	MYKIDZ IRON.....	39
magnesium gluconate.....	38	MOTRIN INFANTS DROPS.....	1	MYLICON.....	30
magnesium hydroxide.....	34	MTX SUPPORT.....	31	MYLICON INFANTS GAS RELIEF.....	30
magnesium lactate.....	38	MUCINEX.....	20	NAIL SCRUB.....	27
magnesium oxide.....	4	MUCINEX CHILDRENS COLD COUGH & SORE THROAT.....	14	naproxen sodium.....	1
MAGNESIUM OXIDE.....	38	MUCINEX CHILDRENS MULTI-SYMPTOM COLD.....	14		
magnesium oxide (mg supplement).....	38	MUCINEX CHILDRENS MULTI-SYMPTOM COLD & FEVER.....	14		
magnesium sulfate (laxative).....	34	MUCINEX CONGESTION & COUGH CHILDRENS.....	14		
MAGOX 400.....	38	MUCINEX COUGH FOR KIDS.....	14		
MANGANESE TRACE		MUCINEX D.....	15		
METAL.....	38	MUCINEX D MAXIMUM STRENGTH.....	15		
MAOX.....	4	MUCINEX DM.....	15		
MAR-COF BP.....	14				
MAR-COF CG EXPECTORANT.....	14				
meclizine hcl.....	6,7				
MEDELA TENDER CARE LANOLIN.....	25				
MEDERMA AG FACE CREAM.....	25				

NASACORT ALLERGY 24HR	41	nicotine	45	PANOXYL-4 CREAMY WASH	21
NASACORT ALLERGY 24HR CHILDRENS	41	nicotine polacrilex	45	PEDIA-LAX	34,35
NASADROPS SALINE ON THE GO	40	NICOTINE TRANSDERMAL SYSTEM	45	PEDIALYTE	37
NASAL DECONGESTANT	41	NINJACOF	16	PEDIALYTE ADVANCED CARE	37
NASALCROM	40	NINJACOF-A	16	PEDIALYTE FREEZER	37
NASCOBAL	31	NINJACOF-XG	16	POPS	37
NASOPEN PE	16	NISEKO HYDRATING FACIAL MOISTURIZER	25	PEDIALYTE SINGLES	37
NATRAPEL	29	NIVANEX DMX	16	pediatric multiple vitamin w/ c	40
NATRAPEL 12-HOUR TICK & INSECT REPELLENT CONTINUOUS SPRAY	29	NIVEA	25	pediatric multiple vitamin w/ c & fa	40
NATURAL VITAMIN E	47	NIVEA LIGHT	26	pediatric multiple vitamin w/ extra c & fa	40
NEO-SYNEPHRINE COLD & SINUS EXTRA	41	NIVEA SOFT	26	pediatric multiple vitamins	40
neomycin-bacitracin-polymyxin	21	NIVEA VISAGE	26	pediatric multiple vitamins w/ iron	39
neomycin-bacitracin-polymyxin-pramoxine	21	NIVEA VISAGE INNER BEAUTY NIGHTTIME RENEWAL	26	pediatric vitamins adc	40
neomycin-polymyxin w/ pramoxine	21	NIX CREME RINSE	30	PEN-KERA	26
NEOQ10	1	NOREL AD	16	PENTRAVAN	26
NEOSPORIN LIP HEALTH OVERNIGHT RENEWAL THERAPY	29	NORTEMP INFANTS	2	PENTRAVAN PLUS	26
NEOSPORIN ORIGINAL	21	NOVAFERRUM 125	31	PEPCID AC	45
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH	21	NOVAFERRUM 50	32	PEPCID AC MAXIMUM STRENGTH	45
NEPHRONEX	39	NOVAFERRUM PEDIATRIC DROPS	32	PEPTO BISMOL	6
NEUTRAPHOR	29	NU-MAG	38	PEPTO-BISMOL	6
NEUTRAPHORUS REX	29	NUPREP 5% POVIDONE- IODINE	9	PEPTO-BISMOL INSTACOOOL	6
NEUTROGENA HAND	25	NUTRADERM	26	PEPTO-BISMOL MAX STRENGTH	6
NEUTROGENA HAND/NORWEGIANFORMULA/ FAST ABSORBING	25	OBREDON	16	PEPTO-BISMOL TO-GO	6
NEUTROGENA HEALTHY SKIN	25	OCEAN NASAL SPRAY	40	PERCOGESIC	16
NEUTROGENA T/GEL	30	OFF FAMILYCARE CLEAN FEEL	29	permethrin	30
NEUTROGENA T/GEL STUBBORN ITCH CONTROL	30	OINTMENT BASE	26	PETROLATUM	26
NEXIUM 24HR	46	omeprazole magnesium	46	PETROLEUM JELLY LIP TREATMENT	29
NEXIUM 24HR CLEAR MINIS	46	ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA	40	PHAZYME	30
niacin	48	OPTIMAL D3 M	47	PHAZYME ULTRA STRENGTH	30
NIACIN TR	48	OPURITY B12/FOLIC ACID	31	phenazopyridine hcl	30
NICODERM CQ	45	ORA-PLUS	44	phenylephrine hcl	41
NICORETTE	45	oral electrolytes	37	phenylephrine hcl (oral)	41
NICORETTE MINI	45	ORAL SALINE LAXATIVE	34	PHENYLEPHRINE HCL/PYRILAMINE MALEATE	16
NICORETTE STARTER KIT	45	ORAL SUSPEND	44	phenylephrine in hard fat	2
		OSTEO-PORETICAL	37	phenylephrine w/ acetaminophen	16
		oxymetazoline hcl	41	phenylephrine w/ dm-gg	16
		OXYTROL FOR WOMEN	46	phenylephrine-acetaminophen-guaifenesin	16
		oyster shell	37		
		PALOMAR E	29		

phenylephrine-brompheniramine-dm	16	PREVACID 24HR	46	QC CASTOR OIL	9
phenylephrine-chlorphen-dm	16	PRIOSEC OTC	46	QC MEDIFIN PE	17
phenylephrine-chlorpheniramine-dm w/ apap	16	PRO NUTRIENTS OMEGA 3	42	QH	1
phenylephrine-cocoa butter	3	PRO-RED AC	17	RA ADVANCED HEALING	26
phenylephrine-diphenhydramine-dm-guaifenesin-apap	16	PROBIOTIC	6	RA CALCIUM HI-CAL/VITAMIND	37
phenylephrine-diphenhydramine-gg w/ apap	16	PROBIOTIC GOLD EXTRA STRENGTH	6	RA GENTLE SKIN CREAM	26
phenylephrine-dm	16	PROFE	32	RA GLUCOSE	5
phenylephrine-dm-gg w/ apap	16	promethazine w/codeine	17	RA RENEWAL ADVANCED HEALING	29
phenylephrine-doxylamine-dextromethorphan-acetaminophen	17	promethazine-dm	17	RA STERILE SALINE NASAL MIST	40
phenylephrine-doxylamine-dm-guaifenesin-apap	17	promethazine-phenylephrine-codeine	17	RANGER READY REPELLENT	29
phenylephrine-guaifenesin	17	PROMETHAZINE/PHENYLEPHRINE/CODEINE	17	ranitidine hcl	45,46
phenylephrine-mineral oil-petrolatum	3	PROPYLENE GLYCOL	45	REESES PINWORM MEDICINE	4
phenylephrine-shark liver oil-mineral oil-petrolatum	3	propylene glycol (ophth)	43	REFRESH	43
PHENYLHISTINE DH	17	PROSHIELD PLUS SKIN PROTECTANT	29	REFRESH OPTIVE	43
PHOS-NAK POWDER CONCENTRATE	38	pseudoephed-bromphen-dm	17	REFRESH OPTIVE ADVANCED	43
phytonadione	47	pseudoephed-cpm w/ hydrocod	17	REFRESH OPTIVE SENSITIVE	43
PIC 200	32	pseudoephedrine hcl	42	REFRESH PLUS	43
PLAN B ONE-STEP	9	pseudoephedrine w/ codeine-gg	17	REFRESH REPAIR	43
POLY HIST FORTE	17	pseudoephedrine-chlorphen-dm	17	REFRESH TEARS	44
POLY-HIST DM	17	pseudoephedrine-dexchlorpheniramine-chlophedianol	17	RELHIST BP	17
POLY-HIST PD	17	pseudoephedrine-doxylamine-dextromethorphan	17	RELION GLUCOSE	5
POLY-TUSSIN AC	17	pseudoephedrine-guaifenesin	17	REMEDY CLEAR-AID	29
POLY-VENT DM	17	pseudoephedrine-ibuprofen	17	REMEDY DIMETHICONE MOISTURE BARRIER	29
POLY-VENT IR	17	pseudoephedrine-naproxen sodium	17	REMEDY NUTRASHIELD	29
POLY-VI-SOL	40	psyllium	33	REMEDY SKIN REPAIR	29
POLY-VI-SOL/IRON	39	PURE L-CITRULLINE	43	REMOVE ADHESIVE REMOVER	27
polyethylene glycol 3350	33	PX GLUCOSE	5	REPEL TICK DEFENSE	29
polyethylene glycol-propylene glycol (ophth)	43	pyrantel pamoate	4	REPHRESH PRO-B	6
polysaccharide iron complex	32	pyrethrins-piperonyl butoxide	30	REPLESTA	47
POLYSPORIN	21	pyrethrins-piperonyl butoxide-permethrin-nit remover	30	REPLESTA CHILDRENS	47
polyvinyl alcohol	43	pyridoxine hcl	48	REPLESTA NX	47
polyvinyl alcohol-povidone (ophth)	43	PYRIDOXINE HCL	48	RESCON	18
potassium & sodium phosphates	38	pyridoxine hcl	48	RESPAIRE-30	18
povidone-iodine	9	PYRIDOXINE HYDROCHLORIDE	48	RESTA	26
PREFERRED PLUS GLUCOSE	5	pyrithione zinc	22	REZIRA	18
PREPARATION H	3	Q-GEL	1	RHINARIS	40
PRETTY FEET & HANDS	26			RID	30
				RID COMPLETE LICE ELIMINATION	30
				RISABAL-PH	26
				RISACAL-D	37



ROBITUSSIN CHILDRENS COUGH & COLD CF.....	18	SELSUN BLUE MEDICATED.....	23	SOOTHE & COOL PROTECT MOISTURE BARRIER.....	29
ROBITUSSIN CHILDRENS COUGH LONG-ACTING.....	10	SELSUN BLUE MOISTURIZING.....	23	SOOTHE & COOL SKIN CREAMWITH ALOE & VITAMINS A, D & E.....	26
ROBITUSSIN CHILDRENS COUGH/COLD LONG- ACTING.....	18	SELSUN BLUE SENNA PROMPT.....	33	SORBIDON HYDRATE.....	30
ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS.....	10	senosides.....	34	SORBITOL.....	34
ROBITUSSIN NIGHTTIME COUGH LONG-ACTING DM CHILDRENS.....	18	senosides-docusate sodium.....	33	SORBOLENE.....	26
ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH.....	18	SENOKOT.....	35	SPECIAL CARE CREAM.....	26
ROBITUSSIN PEAK COLD DAY/NIGHT PACK MAXIMUM STRENGTH.....	18	SENOKOT S.....	33	STAFLEX.....	18
ROBITUSSIN PEAK COLD DM.....	18	SENSI-CARE BODY CREAM.....	29	STAHIST AD.....	18
ROBITUSSIN PEAK COLD MULTI-SYMPTOM COLD.....	18	SENSI-CARE MOISTURIZING.....	29	STUDIO 35 MOISTURIZING SKIN.....	26
ROBITUSSIN TO GO COUGH &COLD CF.....	18	SESAME OIL.....	9	SUDAFED CHILDRENS.....	42
ROC MULTI CORREXION 5 IN1 RESTORING EYE CREAM.....	26	SILPHEN COUGH.....	7	SUDAFED CONGESTION.....	42
ROC MULTI CORREXION 5 IN1 RESTORING NIGHT CREAM.....	26	simethicone.....	30	SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH.....	42
ROC RETINOL CORREXION.....	26	SIMPLY SALINE.....	40	SUDAFED PE CONGESTION.....	42
ROC RETINOL CORREXION MAX.....	26	SINUS WASH SALT.....	40	SUPER DAILY D3.....	47
ROC RETINOL CORREXION NIGHT.....	26	skin protectants, misc.....	29	SYRSPEND SF.....	45
ROC RETINOL CORREXION SENSITIVE EYE.....	26	SLO-NIACIN.....	48	SYSTANE.....	44
ROC RETINOL CORREXION SENSITIVE NIGHT.....	26	SLOW FE.....	32	SYSTANE COMPLETE.....	44
RU-HIST D.....	18	SLOW-MAG.....	38	SYSTANE GEL.....	44
RYDEX.....	18	SM BENZOIN TINCTURE.....	29	SYSTANE OVERNIGHT THERAPY LUBRICANT EYE.....	44
RYMED.....	18	SM COUGH & SORE THROAT DAYTIME PAIN RELIEVER.....	18	SYSTANE PRESERVATIVE FREE.....	44
SALICYLIC ACID.....	9	SM GLUCOSE.....	5	SYSTANE ULTRA.....	44
salicylic acid.....	27	SM SLOW RELEASE IRON.....	32	SYSTANE ULTRA HOME & AWAY PACK.....	44
salicylic acid & sulfur.....	22	SM VITAMIN D3 MAXIMUM STRENGTH.....	47	SYSTANE ULTRA PRESERVATIVE FREE.....	44
saline.....	40	SMART SENSE GLUCOSE.....	5	TAGAMET HB.....	46
SAWYER PREMIUM INSECT REPELLENT.....	29	SMART SENSE GLUCOSE TABLETS.....	5	TAVIST ALLERGY.....	7
SCOOBY-DOO ONE A DAY.....	39	sodium bicarbonate (antacid).....	3	TEARS NATURALE PM.....	44
SEBULEX.....	22	SODIUM CHLORIDE.....	38	terbinafine hcl (topical).....	22
SECURA DIMETHICONE PROTECTANT.....	29	sodium chloride.....	38	TESSALON PERLES.....	10
selenium sulfide.....	22	sodium chloride (inhalant).....	20	tetrahydrozoline hcl (ophth).....	44
SELSUN BLUE.....	23	sodium chloride hypertonic.....	44	tetrahydrozoline w/ zinc sulfate.....	44
SELSUN BLUE DAILY.....	23	sodium ferric gluconate complex in sucrose.....	32	TGT GLUCOSE.....	5
		sodium phosphates.....	34	THERA-D 4000.....	47
		SOOTHE & COOL FREE MEDSEPTIC.....	29	THERAFLU FLU & SORE THROAT.....	18
		SOOTHE & COOL FREE MOISTURE BARRIER.....	29	THERAFLU SEVERE COLD & COUGH NIGHTTIME.....	18
		SOOTHE & COOL FREE SKIN PASTE.....	29	THERAFLU SEVERE COLD NIGHTTIME.....	18
		SOOTHE & COOL MOISTURE BARRIER.....	29	THERAPEUTIC MOISTURIZING.....	26

THERAPLEX T.....	30	TYLENOL CHILDRENS PLUS FLU.....	19	VICKS NYQUIL COUGH.....	20
THERATEARS.....	44	TYLENOL CHILDRENS PLUS MULTI-SYMPTOM COLD.....	19	VICKS NYQUIL HBP COLD & FLU.....	20
THERMOTABS.....	37	TYLENOL COLD & FLU SEVERE.....	19	VICKS SINEX.....	42
thiamine hcl.....	48	TYLENOL COLD & HEAD SEVERE CONGESTION.....	19	VICKS SINEX 12 HOUR DECONGESTANT.....	42
THUM.....	27	TYLENOL COLD MAX.....	19	VICKS SINEX MOISTURIZING.....	42
TINACTIN.....	22	TYLENOL COLD MULTI- SYMPTOM NIGHTTIME.....	19	VICKS SINEX SEVERE.....	42
TINACTIN DEODORANT.....	22	TYLENOL COLD MULTI- SYMPTOM SEVERE DAYTIME.....	19	VICKS SINEX SEVERE NASALDECONGESTANT.....	42
tioconazole vaginal.....	47	TYLENOL COLD/COUGH/SORE THROAT CHILDRENS.....	19	VISINE.....	44
tolnaftate.....	22	TYLENOL EXTRA STRENGTH.....	2	VITALINE BIOTIN FORTE/ZINC.....	39
TRI-VI-SOL.....	40	TYLENOL INFANTS.....	2	VITAMIN B12/FOLIC ACID.....	31
triamcinolone acetonide (nasal).....	41	TYLENOL INFANTS PAIN+FEVER.....	2	VITAMIN C.....	48
TRIAMINIC COLD & ALLERGY.....	18	TYLENOL SINUS SEVERE.....	19	VITAMIN D2.....	47
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS.....	18	TYLENOL SORE THROAT DAYTIME.....	2	VITAMIN D3.....	48
TRIAMINIC COUGH & CONGESTION CHILDRENS.....	18	TYLENOL WARMING COUGH & SEVERE CONGESTION DAYTIME.....	19	vitamin e.....	48
TRIAMINIC COUGH & SORE THROAT.....	18	UDDERLY SMOOTH.....	26	VITAMIN E.....	48
TRIAMINIC NIGHT TIME COLD & COUGH.....	18	UDDERLY SMOOTH EXTRA CARE.....	26	vitamin e.....	48
triprolidine & pseudoephedrine.....	18	UDDERLY SMOOTH EXTRA CARE20.....	26	VITAMIN E WITH PANTHENOL.....	27
triprolidine hcl.....	7	UNISOM SLEEPGELS.....	33	VITAMIN K1.....	48
TUMS.....	4	UP & UP GLUCOSE.....	5	vitamins c & e.....	40
TUMS CHEWY BITES.....	4	UPCAL D.....	37	WAL-FLU SEVERE COLD NIGHT TIME.....	20
TUMS CHEWY DELIGHTS.....	4	urea.....	23	WALGREENS GLUCOSE.....	5
TUMS E-X 750.....	4	VALUE PLUS GLUCOSE.....	5	WELLESSE VITAMIN D3.....	48
TUMS EXTRA STRENGTH 750.....	4	VANACLEAR PD.....	7	white petrolatum-mineral oil.....	44
TUMS KIDS.....	4	VANACOF.....	19	Z-TUSS AC.....	20
TUMS LASTING EFFECTS.....	4	VANACOF DM.....	19	ZANTAC 150 MAXIMUM STRENGTH.....	46
TUMS SMOOTHIES.....	4	VANACOF-8.....	19	ZANTAC 75.....	46
TUMS ULTRA 1000.....	4	VANA HIST PD.....	7	ZEGERID OTC.....	46
TUSNEL.....	19	VANAMINE PD.....	7	ZIKS ARTHRITIS PAIN RELIEF.....	27
TUSNEL C.....	19	VANICREAM.....	26	ZIMS CRACK CREME DAYTIME.....	27
TUSNEL PEDIATRIC.....	19	VELVACHOL.....	26	ZINC.....	38
TUSNEL-DM PEDIATRIC.....	19	VENOFER.....	32	zinc sulfata.....	38
TUSSICAPS.....	19	VICKS DAYQUIL MUCUS CONTROL DM.....	19	ZINC SULFATE.....	38,39
TUSSIONEX PENNKINETIC EXTENDED RELEASE.....	19	VICKS NYQUIL COLD & FLU.....	19	ZINC SULFATE HEPTAHYDRATE.....	38
TYLENOL.....	2	VICKS NYQUIL COLD & FLU NIGHTTIME RELIEF.....	19	ZINC SULFATE MONOHYDRATE.....	38
TYLENOL 8 HOUR.....	2			ZINC TRACE METAL.....	39
TYLENOL 8 HOUR ARTHRITISPAIN.....	2			ZUTRIPRO.....	20
TYLENOL CHILDRENS.....	2			ZYRTEC ALLERGY.....	8
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER.....	2				

ZYRTEC CHILDRENS ALLERGY.....	8
ZYRTEC-D ALLERGY/CONGESTION....	20