Buckeye Health Plan - MyCare Ohio (MMP)

2025 FORMULARY

(LIST OF COVERED DRUGS)

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 | 2025
List of Covered Drugs (Formulary)

This list contains the Non-Part D drugs or over-the-counter (OTC) items covered by Medicaid only as a part of the Buckeye Health Plan MyCare Ohio (Medicare-Medicaid Plan). This list is subject to change. Always refer to MyCare Comprehensive Formulary and online references for the most up-to-date information.

- 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 informaci ón en otros idiomas gratis. Llame al 1-866-549-8289. El horario de atenci ón es de 8 a. m. a 8 p. m., de lunes a viernes. Luego del horario de atenci ón, los fines de semana y los días feriado, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el pr óximo 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

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.

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 8 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).

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 2.)

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.

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).

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.

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.

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.

You can find out if your drug has any additional requirements or limits by looking at the drug list starting on page 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.

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 8 has a column labeled “Drug Tier” and "Requirements/Limits".

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.

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 type of drug.
To search **alphabetically,** go to the Alphabetical Listing section. You can find it by reviewing the index of drugs.

To search **by type of drug,** the header of each section is labelled with the types of drugs contained in that section. These headers are organized alphabetically. For example, to find drugs used to treat ulcers, review the section labelled Ulcer Drugs.

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.

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
- 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.

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.

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.

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.

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Analeptics		
CAFFEINE ANHYDROUS POWD	1	RX/OTC
ALTERNATIVE MEDICINES		
Alternative Medicine - A's		
alpha-lipoic acid (thioctic acid) CAPS	1	
ALPHA-LIPOIC ACID CAPS 300 MG	1	
Alternative Medicine - C's		
coenzyme q10 (ubidecarenone) CAPS 10 MG, 30 MG, 50 MG, 60 MG, 100 MG, 200 MG, 300 MG, 400 MG	1	
NEOQ10 CAPS	1	
Alternative Medicine - D's		
d-mannose CAPS	1	
D-MANNOSE CAPS *(Use d-mannose)*	9	
Alternative Medicine - M's		
MELATONIN ER TBCR	1	
MELATONIN MAXIMUM STRENGTH LIQD	1	
MELATONIN TR TBCR	1	
melatonin CAPS 5 MG, 10 MG	1	
MELATONIN CAPS 3 MG	1	
melatonin CHEW 2.5 MG, 5 MG	1	
melatonin CHEW 2.5 MG, 5 MG	1	
melatonin LIQD 1 MG/ML	1	RX/OTC
MELATONIN LIQD 1 MG/4ML, 2.5 MG/10ML	1	
MELATONIN LIQD 1 MG/4ML, 2.5 MG/10ML	1	
MELATONIN LOZG SL 5 MG	1	
MELATONINMAX GUMMIES CHEW	1	
melatonin SUBL	1	
melatonin SUBL	1	
MELATONIN SUBL	1	
melatonin TABS 1 MG, 3 MG, 5 MG, 10 MG	1	
melatonin TABS 1 MG, 3 MG, 5 MG, 10 MG	1	
MELATONIN TABS 10 MG-3 MG, 300 MCG	1	
melatonin TBCR	1	
melatonin TBDP 3 MG, 5 MG, 10 MG	1	
melatonin TBDP 3 MG, 5 MG, 10 MG	1	
RA MELATONIN SUBL	1	
Alternative Medicine - U		
CYTO-Q MAX LIQD	1	
CYTO-Q T/F LIQD	1	
CYTO-Q LIQD	1	
ULTRA COQ10 CAPS	1	
Alternative Medicine Combinations		
LIQ-10 SYRP 50 MG/5ML-10 MG/5ML	1	
lutein-zeaxanthin CAPS	1	
MELATONEX TBCR *(Use melatonin-pyridoxine)*	9	
melatonin-pyridoxine TBCR 10 MG-10 MG, 10 MG-3 MG	1	
RA MELATONIN TABS	1	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		

Drug Name	Drug Tier	Requirements/ Limits
ADVIL DUAL ACTION TABS *(Use ibuprofen-acetaminophen)*	1	
ADVIL DUAL ACTION TABS *(Use ibuprofen-acetaminophen)*	1	
ADVIL DUAL ACTION TABS *(Use ibuprofen-acetaminophen)*	9	
ADVIL DUAL ACTION TABS	1	
ADVIL MIGRAINE CAPS *(Use ibuprofen)*	1	
ADVIL MIGRAINE CAPS *(Use ibuprofen)*	9	
ADVIL CAPS *(Use ibuprofen)*	1	
ADVIL CAPS *(Use ibuprofen)*	9	
ADVIL TABS *(Use ibuprofen)*	9	
ADVIL TABS *(Use ibuprofen)*	1	
ALEVE ALL DAY STRONG TABS 220 MG *(Use naproxen sodium)*	9	
ALEVE CAPS *(Use naproxen sodium)*	9	
ALEVE TABS *(Use naproxen sodium)*	1	
ALEVE TABS *(Use naproxen sodium)*	9	
CHILDRENS ADVIL SUSP 100 MG/5ML *(Use ibuprofen)*	9	RX/OTC
CHILDRENS ADVIL SUSP 100 MG/5ML *(Use ibuprofen)*	1	RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML *(Use ibuprofen)*	1	RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML *(Use ibuprofen)*	9	RX/OTC
ibuprofen-acetaminophen TABS	1	
ibuprofen-acetaminophen TABS	1	
ibuprofen CAPS	1	
ibuprofen CHEW	1	
ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML	1	RX/OTC
ibuprofen TABS 200 MG	1	
INFANTS ADVIL SUSP *(Use ibuprofen)*	1	
INFANTS ADVIL SUSP *(Use ibuprofen)*	9	
MOTRIN CHILDRENS CHEW *(Use ibuprofen)*	9	
MOTRIN INFANTS DROPS SUSP *(Use ibuprofen)*	9	
naproxen sodium CAPS	1	
naproxen sodium TABS 220 MG	1	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
aspirin-acetaminophen-caffeine TABS	1	
aspirin-acetaminophen-caffeine TABS	1	
EXCEDRIN EXTRA STRENGTH TABS *(Use aspirin-acetaminophen-caffeine)*	1	
EXCEDRIN EXTRA STRENGTH TABS *(Use aspirin-acetaminophen-caffeine)*	9	
EXCEDRIN MIGRAINE RELIEF TABS *(Use aspirin-acetaminophen-caffeine)*	1	

Drug Name	Drug Tier	Requirements/ Limits
EXCEDRIN MIGRAINE RELIEF TABS *(Use aspirin-acetaminophen-caffeine)*	9	
EXCEDRIN MIGRAINE TABS *(Use aspirin-acetaminophen-caffeine)*	1	
EXCEDRIN MIGRAINE TABS *(Use aspirin-acetaminophen-caffeine)*	9	
Analgesics Other		
acetaminophen CAPS 500 MG	1	
acetaminophen CHEW	1	
acetaminophen ELIX 160 MG/5ML	1	
acetaminophen LIQD	1	
acetaminophen LIQD	1	
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	1	
acetaminophen SUPP 120 MG, 650 MG	1	
acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	1	
acetaminophen TABS 325 MG, 500 MG	1	
acetaminophen TBCR	1	
FEVERALL INFANTS SUPP	1	
FEVERALL JUNIOR STRENGTH SUPP	1	
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR *(Use acetaminophen)*	1	
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR *(Use acetaminophen)*	9	
TYLENOL 8 HOUR TBCR *(Use acetaminophen)*	9	
TYLENOL 8 HOUR TBCR *(Use acetaminophen)*	1	
TYLENOL CHILDRENS CHEWABLES CHEW *(Use acetaminophen)*	9	
TYLENOL CHILDRENS PAIN + FEVER SUSP *(Use acetaminophen)*	1	
TYLENOL CHILDRENS PAIN + FEVER SUSP *(Use acetaminophen)*	9	
TYLENOL CHILDRENS SUSP *(Use acetaminophen)*	9	
TYLENOL CHILDRENS SUSP *(Use acetaminophen)*	1	
TYLENOL EXTRA STRENGTH TABS *(Use acetaminophen)*	1	
TYLENOL EXTRA STRENGTH TABS *(Use acetaminophen)*	9	
TYLENOL FOR CHILDREN + ADULTS SUSP *(Use acetaminophen)*	9	
TYLENOL INFANTS PAIN+FEVER SUSP *(Use acetaminophen)*	9	
TYLENOL TABS *(Use acetaminophen)*	9	
TYLENOL TABS *(Use acetaminophen)*	1	
TYLENOL TABS *(Use acetaminophen)*	1	
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide)	1	
aspirin CHEW	1	
ASPIRIN SUPP 300 MG	1	
aspirin TABS 325 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
aspirin TBEC 81 MG, 325 MG	1	
BUFFERIN *(Use aspirin buffered (cal carb-mag carb-mag oxide))*	9	
ECOTRIN ARTHRTIS PAIN TBEC *(Use aspirin)*	1	
ECOTRIN TBEC *(Use aspirin)*	1	
ECOTRIN TBEC *(Use aspirin)*	9	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Rectal Combinations		
HEMORRHOIDAL 0.25 %-88.44 %, 0.25 %-88.7 %	1	
phenylephrine-cocoa butter 0.25 %-88.44 %	1	
phenylephrine-mineral oil-petrolatum 0.25 %-74.9 %-14 %	1	
phenylephrine-shark liver oil-cocoa butter	1	
pramoxine-phenylephrine-glycerin-petrolatum EX	1	
pramoxine-phenylephrine-glycerin-petrolatum EX	1	
PREPARATION H *(Use phenylephrine-mineral oil-petrolatum)*	1	
PREPARATION H EX 14.4 %-0.25 %-1 %-15 % *(Use pramoxine-phenylephrine-glycerin-petrolatum)*	9	
PREPARATION H *(Use phenylephrine-mineral oil-petrolatum)*	9	
Rectal Local Anesthetics		
dibucaine (rectal) EX	1	
lidocaine (anorectal) CREA	1	
LMX 5 CREA *(Use lidocaine (anorectal))*	9	
LMX 5 CREA *(Use lidocaine (anorectal))*	1	
NUPERCAINAL EX *(Use dibucaine (rectal))*	9	
pramoxine hcl (rectal) FOAM EX	1	
PROCTOFOAM FOAM EX *(Use pramoxine hcl (rectal))*	9	
RECTICARE CREA *(Use lidocaine (anorectal))*	1	
Rectal Products - Misc.		
PREPARATION H	1	
Rectal Steroids		
PREPARATION H EX 1 %	1	RX/OTC
PREPARATION H SOOTHING RELIEF EX 1 %	1	RX/OTC
ANTACIDS		
Antacid Combinations		
ACID GONE SUSP 358 MG/15ML-95 MG/15ML	1	
alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG	1	
alum & mag hydrox-simethicone LIQD	1	
alum & mag hydrox-simethicone SUSP	1	
aluminum hydroxide-mag carb CHEW	1	
aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML	1	
calcium carbonate-mag hydrox SUSP	1	
calcium carbonate-simethicone CHEW 1000 MG-60 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
GAVISCON EXTRA STRENGTH CHEW *(Use aluminum hydroxide-mag carb)*	1	
GAVISCON EXTRA STRENGTH SUSP *(Use aluminum hydroxide-mag carb)*	1	
GAVISCON SUSP 358 MG/15ML-95 MG/15ML	1	
GELUSIL CHEW *(Use alum & mag hydrox-simethicone)*	9	
HYVEE ADVANCED ANTACID SUSP *(Use alum & mag hydrox-simethicone)*	9	
MAALOX ADVANCED MAX ST CHEW *(Use calcium carbonate-simethicone)*	9	
MAALOX MAX CHEW *(Use calcium carbonate-simethicone)*	9	
MAG-AL LIQD	1	
PHAZYME GAS & ACID MAX ST CHEW	1	
SENTRIVA-ES CHEW	1	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	1	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	1	
SODIUM BICARBONATE POWD	1	RX/OTC
Antacids - Calcium Salts		
ANTACID SOFT CHEWS CHEW	1	
ANTACID CHEW	1	
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	1	
calcium carbonate (antacid) SUSP	1	
CALCIUM CARBONATE ANTACID SUSP	1	
CALCIUM CARBONATE ANTACID TABS	1	
CVS ANTACID SOFT CHEWS ULTR ST CHEW	1	
GOODSENSE ANTACID ULTRA STR CHEW 1177 MG	1	
TUMS CHEWY BITES ULTRA STR CHEW *(Use calcium carbonate (antacid))*	1	
TUMS CHEWY BITES CHEW *(Use calcium carbonate (antacid))*	1	
TUMS CHEWY DELIGHTS CHEW	1	
TUMS E-X 750 CHEW *(Use calcium carbonate (antacid))*	9	
TUMS EXTRA STRENGTH 750 CHEW *(Use calcium carbonate (antacid))*	9	
TUMS EXTRA STRENGTH 750 CHEW *(Use calcium carbonate (antacid))*	1	
TUMS EXTRA STRENGTH CHEW *(Use calcium carbonate (antacid))*	1	
TUMS EXTRA STRENGTH CHEW *(Use calcium carbonate (antacid))*	9	

Drug Name	Drug Tier	Requirements/ Limits
TUMS LASTING EFFECTS CHEW *(Use calcium carbonate (antacid))*	9	
TUMS SMOOTHIES CHEW *(Use calcium carbonate (antacid))*	9	
TUMS SMOOTHIES CHEW *(Use calcium carbonate (antacid))*	1	
TUMS ULTRA 1000 CHEW *(Use calcium carbonate (antacid))*	9	
TUMS ULTRA 1000 CHEW *(Use calcium carbonate (antacid))*	1	
TUMS ULTRA STRENGTH CHEW *(Use calcium carbonate (antacid))*	1	
TUMS CHEW *(Use calcium carbonate (antacid))*	9	
TUMS CHEW *(Use calcium carbonate (antacid))*	1	
Antacids - Magnesium Salts		
DEWEES CARMINATIVE SUSP	1	
magnesium oxide TABS	1	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
PIN RID CHEW	1	
pyrantel pamoate SUSP	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Sympathomimetics		
PRIMATENE MIST	1	

Drug Name	Drug Tier	Requirements/ Limits
S2 (RACEPINEPHRINE) 2.25 %	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Diabetic Other		
CVS GLUCOSE CHEW	1	
CVS SOFT GLUCOSE CHEW	1	
DEX4	1	
DEX4 NATURALS	1	
dextrose (diabetic use) CHEW 2 GM	1	
dextrose (diabetic use) GEL	1	
GLUCOSE CHEW	1	
GNP GLUCOSE CHEW	1	
PX GLUCOSE	1	
RA GLUCOSE	1	
RA TRUEPLUS GLUCOSE GEL	1	
TRUEPLUS GLUCOSE ON THE GO CHEW	1	
TRUEPLUS GLUCOSE CHEW	1	
TRUEPLUS GLUCOSE GEL	1	
WALGREENS GLUCOSE	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
ABATINEX CAPS	1	RX/OTC
ACIDOPHILUS EXTRA STRENGTH CAPS	1	RX/OTC
ACIDOPHILUS HIGH-POTENCY CAPS	1	RX/OTC
ACIDOPHILUS PEARLS CAPS	1	RX/OTC
ACIDOPHILUS PROBIOTIC BLEND CAPS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ACIDOPHILUS PROBIOTIC CAPS 100 MG	1	RX/OTC
ACIDOPHILUS CAPS 100 MG	1	RX/OTC
ACIDOPHILUS WAFR	1	
ADVANCED PROBIOTIC-14 CAPS	1	RX/OTC
ADVANCED PROBIOTIC CAPS	1	RX/OTC
AZO COMPLETE FEMININE BALANCE CAPS	1	RX/OTC
AZO VAGINAL HEALTH PROBIOTIC CAPS	1	RX/OTC
BACID CAPS	1	RX/OTC
BIO-K PLUS STRONG CPDR	1	
BIOMEPRO CAPS	1	RX/OTC
BIOMEPRO CPDR	1	
BIOMEPRO LIQD	1	
bismuth subsalicylate CHEW 262 MG	1	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML	1	
bismuth subsalicylate TABS	1	
COMPLETE PROBIOTIC PEARLS CAPS	1	RX/OTC
CULTURELLE ADVANCED REGULARITY CAPS	1	RX/OTC
CULTURELLE KID PROBIOTIC+FIBER PACK	1	
CULTURELLE KIDS PURELY PACK	1	
CULTURELLE KIDS PACK	1	
CULTURELLE PROBIOTICS KIDS PACK	1	
CULTURELLE PRO-WELL CAPS	1	RX/OTC
CVS DIGESTIVE PROBIOTIC CAPS	1	RX/OTC
CVS EVERYDAY CARE PROBIOTIC CAPS	1	RX/OTC
CVS PROBIOTIC MAXIMUM STRENGTH CAPS	1	RX/OTC
CVS PROBIOTIC CAPS	1	RX/OTC
DAILY DIGESTIVE PROBIOTIC CAPS	1	RX/OTC
DAILY ULTIMATE PROBIOTIC-14 CAPS	1	RX/OTC
DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS	1	RX/OTC
DIGESTIVE ADV LACTOSE SUPPORT CAPS	1	RX/OTC
DIGESTIVE ADV+BOWEL SUPPORT CAPS	1	RX/OTC
DIGESTIVE ADV+LACTOSE SUPPORT CAPS	1	RX/OTC
DIGESTIVE ADVANTAGE CAPS	1	RX/OTC
ENVIVE CAPS	1	RX/OTC
EQL DAILY PROBIOTIC CAPS	1	RX/OTC
FLORA VANCE CAPS	1	RX/OTC
FLORAJEN DIGESTION CAPS	1	RX/OTC
FLORAJEN KIDS CAPS	1	RX/OTC
FLORASTOR BABY PACK	1	
FLORASTOR KIDS PACK	1	
FLORASTOR CAPS *(Use saccharomyces boulardii)*	1	
FT ACIDOPHILUS PROBIOTIC BLEND CAPS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GENORAVANCE CAPS	1	RX/OTC
GNP ACIDOPHILUS HIGH POTENCY CAPS	1	RX/OTC
GNP PROBIOTIC COLON SUPPORT CAPS	1	RX/OTC
INTESTINEX CAPS	1	RX/OTC
LACTINEX PACK *(Use lactobacillus)*	9	
lactobacillus CAPS	1	RX/OTC
lactobacillus CHEW	1	
lactobacillus PACK	1	
lactobacillus TABS	1	
META BIOTIC/BIO-ACTIVE 12 CAPS	1	RX/OTC
MORE-DOPHILUS ACIDOPHILUS POWD	1	
PEARLS IC CAPS	1	RX/OTC
PEPTO-BISMOL MAX STRENGTH SUSP *(Use bismuth subsalicylate)*	9	
PEPTO-BISMOL TO-GO CHEW *(Use bismuth subsalicylate)*	1	
PEPTO-BISMOL CHEW *(Use bismuth subsalicylate)*	1	
PEPTO-BISMOL SUSP 262 MG/15ML *(Use bismuth subsalicylate)*	9	
PEPTO-BISMOL TABS *(Use bismuth subsalicylate)*	9	
PHILLIPS COLON HEALTH CAPS	1	RX/OTC
PROBIOTIC & ACIDOPHILUS EX ST CAPS	1	RX/OTC
PROBIOTIC (LACTOBACILLUS) CAPS	1	RX/OTC
PROBIOTIC ACIDOPHILUS CAPS	1	RX/OTC
PROBIOTIC BLEND CAPS	1	RX/OTC
PROBIOTIC GOLD EXTRA STRENGTH CAPS	1	RX/OTC
PROBIOTIC MATURE ADULT CAPS	1	RX/OTC
PROBIOTIC PEARLS CAPS	1	RX/OTC
PROBIOTIC TABS	1	RX/OTC
PROVELLA TABS	1	RX/OTC
QUAD-PROBIOTIC CAPS	1	RX/OTC
RA DIGESTIVE HEALTH CAPS	1	RX/OTC
RA PROBIOTIC COLON CARE CAPS	1	RX/OTC
RA PROBIOTIC COMPLEX CAPS	1	RX/OTC
RESTORA CAPS	1	RX/OTC
RISA-BID PROBIOTIC TABS	1	RX/OTC
RISAQUAD-2 CAPS	1	RX/OTC
RISAQUAD CAPS	1	RX/OTC
saccharomyces boulardii CAPS	1	
saccharomyces boulardii CAPS	1	
SUPER PROBIOTIC DIGESTIVE CAPS	1	RX/OTC
SUPER PROBIOTIC CAPS	1	RX/OTC
TRUBIOTICS DIGEST + IMM HEALTH CAPS	1	RX/OTC
TRUBIOTICS CAPS	1	RX/OTC
Antidiarrheal/Probiotic Combinations		
ACIDOPHILUS/CITRUS PECTIN TABS	1	
IMODIUM MULTI-SYMPTOM RELIEF TABS *(Use loperamide-simethicone)*	9	

Drug Name	Drug Tier	Requirements/ Limits
KALA TABS	1	
lactobacillus acidophilus-pectin CAPS	1	
loperamide-simethicone TABS	1	
loperamide-simethicone TABS	1	
Antiperistaltic Agents		
IMODIUM A-D CAPS *(Use loperamide hcl)*	1	RX/OTC
IMODIUM A-D CAPS *(Use loperamide hcl)*	9	RX/OTC
IMODIUM A-D SOLN *(Use loperamide hcl)*	9	
IMODIUM A-D TABS *(Use loperamide hcl)*	9	
loperamide hcl CAPS	1	RX/OTC
loperamide hcl SOLN 1 MG/7.5ML	1	
loperamide hcl SUSP	1	
LOPERAMIDE HCL SUSP	1	
loperamide hcl TABS	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes and Specific Antagonists		
POTASSIUM IODIDE (ANTIDOTE) SOLN	1	
Opioid Antagonists		
naloxone hcl LIQD	1	RX/OTC
NARCAN LIQD *(Use naloxone hcl)*	9	RX/OTC
NARCAN LIQD *(Use naloxone hcl)*	1	RX/OTC
RIVIVE LIQD	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
Antiemetics - Anticholinergic		
ANTIVERT CHEW *(Use meclizine hcl)*	9	RX/OTC
dimenhydrinate TABS	1	
DRAMAMINE TABS *(Use dimenhydrinate)*	1	
DRAMAMINE TABS *(Use dimenhydrinate)*	9	
meclizine hcl CHEW	1	RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG	1	RX/OTC
Antiemetics - Miscellaneous		
EMETROL SOLN *(Use fructose-dextrose-phosphoric acid)*	1	
fructose-dextrose-phosphoric acid SOLN	1	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
ALA-HIST IR TABS	1	
chlorpheniramine maleate SYRP	1	
chlorpheniramine maleate TABS	1	
chlorpheniramine maleate TABS	1	
HISTEX PD LIQD *(Use triprolidine hcl)*	1	
HISTEX PD LIQD	1	
HISTEX PDX LIQD	1	
HISTEX SYRP	1	
MICLARA LQ LIQD	1	
PEDIACLEAR PD CHILDRENS LIQD *(Use triprolidine hcl)*	1	
triprolidine hcl LIQD 0.625 MG/ML	1	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS CHEW *(Use diphenhydramine hcl)*	9	

Drug Name	Drug Tier	Requirements/ Limits
BENADRYL ALLERGY CHILDRENS LIQD *(Use diphenhydramine hcl)*	9	
BENADRYL ALLERGY ULTRATABS TABS *(Use diphenhydramine hcl)*	9	
BENADRYL ALLERGY CAPS *(Use diphenhydramine hcl)*	9	
BENADRYL ALLERGY TABS *(Use diphenhydramine hcl)*	9	
CVS ALLERGY RELIEF CHEW 25 MG	1	
diphenhydramine hcl CAPS	1	
diphenhydramine hcl CHEW	1	
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	1	
diphenhydramine hcl TABS 25 MG	1	
diphenhydramine hcl TBDP	1	
Antihistamines - Ethylenediamines		
PEDIACLEAR 8 CHILDRENS LIQD	1	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP *(Use fexofenadine hcl)*	1	
ALLEGRA ALLERGY TABS *(Use fexofenadine hcl)*	9	
ALLEGRA ALLERGY TABS 180 MG *(Use fexofenadine hcl)*	1	
cetirizine hcl CAPS	1	
cetirizine hcl CHEW	1	
cetirizine hcl SOLN PO	1	RX/OTC
cetirizine hcl TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN ALLERGY CHILDRENS SOLN *(Use loratadine)*	9	
CLARITIN CHILDRENS CHEW *(Use loratadine)*	9	
CLARITIN CHILDRENS CHEW *(Use loratadine)*	1	
CLARITIN REDITABS JUNIORS TBDP *(Use loratadine)*	9	
CLARITIN REDITABS TBDP 10 MG *(Use loratadine)*	9	
CLARITIN CHEW *(Use loratadine)*	9	
CLARITIN CHEW *(Use loratadine)*	1	
CLARITIN SOLN *(Use loratadine)*	1	
CLARITIN SOLN *(Use loratadine)*	9	
CLARITIN TABS *(Use loratadine)*	9	
CLARITIN TABS *(Use loratadine)*	1	
fexofenadine hcl SUSP	1	
fexofenadine hcl TABS 60 MG, 180 MG	1	
levocetirizine dihydrochloride TABS	1	RX/OTC
loratadine CHEW	1	
loratadine SOLN	1	
loratadine TABS	1	
loratadine TBDP 10 MG	1	
XYZAL ALLERGY 24HR TABS *(Use levocetirizine dihydrochloride)*	9	RX/OTC
ZYRTEC ALLERGY CAPS *(Use cetirizine hcl)*	9	
ZYRTEC ALLERGY TABS *(Use cetirizine hcl)*	1	

Drug Name	Drug Tier	Requirements/ Limits
ZYRTEC ALLERGY TABS *(Use cetirizine hcl)*	9	
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG *(Use cetirizine hcl)*	9	
ZYRTEC CHILDRENS ALLERGY SOLN PO *(Use cetirizine hcl)*	9	RX/OTC
ZYRTEC CHEW 10 MG *(Use cetirizine hcl)*	9	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TABS	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
hydrogen peroxide SOLN EX 3 %	1	
Chlorine Antiseptics		
chlorhexidine gluconate SOLN EX	1	
chlorhexidine gluconate SOLN EX	1	
DAKINS (1/2 STRENGTH) SOLN EX *(Use sodium hypochlorite)*	9	
DAKINS (FULL STRENGTH) SOLN EX *(Use sodium hypochlorite)*	9	
sodium hypochlorite SOLN EX 0.25 %, 0.5 %	1	
Iodine Antiseptics		
BETADINE SURGICAL SCRUB SOLN	1	
BETADINE SWABSTICKS SWAB *(Use povidone-iodine)*	1	
BETADINE SOLN *(Use povidone-iodine)*	1	

Drug Name	Drug Tier	Requirements/ Limits
BETADINE SOLN *(Use povidone-iodine)*	9	
BETADINE SOLN	1	
FIRST AID ANTISEPTIC OINT	1	
FT IODINE TINCTURE TINC 2 %	1	RX/OTC
GNP IODINE TINC	1	RX/OTC
HM IODINE TINC	1	RX/OTC
IODINE TINC 2 %-2.4 %	1	RX/OTC
povidone-iodine SOLN 10 %	1	
SM IODINE TINCTURE TINC	1	RX/OTC
CHEMICALS		
Bulk Chemicals - A's		
ACETAMINOPHEN GRAN	1	
ACETAMINOPHEN POWD	1	RX/OTC
Bulk Chemicals - B's		
BIOTIN	1	RX/OTC
BIOTIN-D	1	RX/OTC
Bulk Chemicals - C's		
AVICEL PH 101 MICRO CELLULOSE POWD	1	RX/OTC
AVICEL PH 105 MICRO CELLULOSE POWD	1	RX/OTC
CELLULOSE CRYS	1	RX/OTC
CELLULOSE POWD	1	RX/OTC
CHOLESTEROL POWD	1	RX/OTC
CITRULLINE	1	RX/OTC
CYANOCOBALAMIN CRYS	1	RX/OTC
CYANOCOBALAMIN POWD	1	
L-CITRULLINE	1	RX/OTC
MICROCRYSTAL CELLULOSE NF 101 POWD	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MICROCRYSTAL CELLULOSE NF 102 POWD	1	RX/OTC
MICROCRYSTAL CELLULOSE NF 105 POWD	1	RX/OTC
Bulk Chemicals - H's		
HYDROXOCOBALAMIN	1	RX/OTC
HYDROXYPROPYL METHYLCELLULOSE	1	RX/OTC
HYPROMELLOSE	1	RX/OTC
HYPROMELLOSE METHOCEL K100M	1	RX/OTC
METHOCEL E4M PREMIUM	1	RX/OTC
METHOCEL E4M PREMIUM CR	1	RX/OTC
METHOCEL K100M PREMIUM	1	RX/OTC
Bulk Chemicals - L's		
CARNITINE (L)	1	RX/OTC
L-CARNITINE	1	RX/OTC
LEVOCARNITINE	1	RX/OTC
L-LYSINE HCL POWD	1	RX/OTC
Bulk Chemicals - P's		
PROPYLENE GLYCOL	1	RX/OTC
Bulk Chemicals - S's		
SALICYLIC ACID POWD	1	RX/OTC
Liquids		
BENZYL BENZOATE	1	RX/OTC
CASTOR OIL	1	RX/OTC
GLYCERIN LIQD	1	RX/OTC
QC CASTOR OIL	1	RX/OTC
SESAME OIL	1	RX/OTC
Solids		
BORIC ACID TOPICAL POWD	1	RX/OTC
BORIC ACID POWD	1	RX/OTC
COENZYME Q10	1	RX/OTC
GNP BORIC ACID POWD	1	RX/OTC
POTASSIUM BROMIDE CRYS	1	RX/OTC
POTASSIUM BROMIDE POWD	1	
QC BORIC ACID POWD	1	RX/OTC
SM BORIC ACID POWD	1	RX/OTC
SODIUM BROMIDE	1	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Emergency Contraceptives		
levonorgestrel (emergency oc) 1.5 MG	1	
PLAN B ONE-STEP *(Use levonorgestrel (emergency oc))*	9	
Progestin Contraceptives - Oral		
OPILL	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate	1	
DELSYM COUGH CHILDRENS SUER *(Use dextromethorphan polistirex)*	9	
DELSYM COUGH CHILDRENS SUER *(Use dextromethorphan polistirex)*	1	
DELSYM SUER *(Use dextromethorphan polistirex)*	1	
DELSYM TABS	1	
dextromethorphan hbr CAPS	1	

Drug Name	Drug Tier	Requirements/ Limits
dextromethorphan hbr LIQD 15 MG/5ML, 30 MG/10ML	1	
dextromethorphan hbr SYRP 15 MG/5ML	1	
dextromethorphan polistirex SUER	1	
HYCODAN SOLN *(Use hydrocodone bitartrate-homatropine methylbromide)*	9	
HYCODAN TABS 1.5 MG-5 MG *(Use hydrocodone bitartrate-homatropine methylbromide)*	9	
hydrocodone bitartrate-homatropine methylbromide SOLN	1	
hydrocodone bitartrate-homatropine methylbromide TABS	1	
ROBITUSSIN LONG-ACT COUGHGELS CAPS *(Use dextromethorphan hbr)*	9	
Cough/Cold/Allergy Combinations		
ACTICON TABS	1	
ACTIDOGESIC-DF TABS	1	
ACTIDOGESIC TABS	1	
ACTINEL DM LIQD	1	
ADVIL COLD & SINUS LIQUI-GELS CAPS *(Use pseudoephedrine-ibuprofen)*	1	
ADVIL COLD/SINUS TABS *(Use pseudoephedrine-ibuprofen)*	1	
ALAHIST CF TABS	1	
ALAHIST D	1	
ALAHIST DM LIQD	1	

Drug Name	Drug Tier	Requirements/ Limits
ALAHIST DM LIQD *(Use phenylephrine-dexbrompheniramine-dextromethorphan)*	1	
ALAHIST PE TABS	1	
ALEVE-D SINUS & COLD *(Use pseudoephedrine-naproxen sodium)*	9	
ALEVE-D SINUS & COLD *(Use pseudoephedrine-naproxen sodium)*	1	
ALEVE-D SINUS & HEADACHE *(Use pseudoephedrine-naproxen sodium)*	9	
ALKA-SELTZER PLUS COLD *(Use chlorpheniramine-phenylephrine-asa)*	9	
ALKA-SELTZER SEVERE COLD *(Use chlorpheniramine-phenylephrine-asa)*	9	
ALLEGRA-D ALLERGY & CONGESTION TB12 *(Use fexofenadine-pseudoephedrine)*	9	
ALLEGRA-D ALLERGY & CONGESTION TB24 *(Use fexofenadine-pseudoephedrine)*	9	
AQUANAZ TABS	1	
BIOCOF LIQD	1	
brompheniramine & phenyleph ELIX	1	
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	1	
CAPMIST DM TABS 400 MG-15 MG-60 MG	1	
CAPRON DM LIQD	1	
CAPRON DMT TABS	1	
cetirizine-pseudoephedrine	1	

Drug Name	Drug Tier	Requirements/ Limits
CHLO HIST	1	
CHLO TUSS 30 MG/5ML-12.5 MG/5ML-1 MG/5ML	1	
chlorpheniramine & phenylephrine LIQD 10 MG/5ML-4 MG/5ML	1	
chlorpheniramine & phenylephrine TABS 10 MG-4 MG	1	
chlorpheniramine & pseudoeph TABS	1	
chlorpheniramine-dm TABS 4 MG-30 MG	1	
chlorpheniramine-phenylephrine-acetaminophen TABS 5 MG-325 MG-2 MG	1	
chlorpheniramine-phenylephrine-asa	1	
CLARITIN-D 12 HOUR TB12 *(Use loratadine & pseudoephedrine)*	9	
CLARITIN-D 24 HOUR TB24 *(Use loratadine & pseudoephedrine)*	9	
COLD & ALLERGY CHILDRENS LIQD	1	
COLD AND COUGH CHILDRENS LIQD PO *(Use brompheniramine-dextromethorphan)*	1	
COMTREX COLD & COUGH MAX ST TABS *(Use dextromethorphan-phenylephrine-acetaminophen)*	9	
COMTREX COLD/COUGH DAY/NITE MS MISC *(Use phenylephrine-chlorpheniramine-dm w/ apap)*	9	
CONEX COLD/ALLERGY PEDIATRIC SOLN	1	
CONEX COLD/ALLERGY SOLN	1	
CONEX COLD/ALLERGY TABS	1	
CORICIDIN HBP COUGH/COLD TABS *(Use chlorpheniramine-dm)*	1	
CORICIDIN HBP COUGH/COLD TABS *(Use chlorpheniramine-dm)*	9	
CORICIDIN HBP MAX STRENGTH FLU TABS *(Use dextromethorphan-acetaminophen-chlorpheniramine)*	9	
CORICIDIN HBP TABS *(Use dextromethorphan-acetaminophen-chlorpheniramine)*	1	
COUGH & CHEST CONGESTION DM SYRP	1	
CVS COLD & ALLERGY CHILDRENS LIQD	1	
DECONEX DMX TABS 10 MG-400 MG-17.5 MG	1	
DECONEX IR TABS	1	
DELSYM CHILD COUGH+SORE THROAT LIQD	1	
DELSYM CHILDRENS DAY NIGHT MISC	1	
DELSYM COUGH + SORE THROAT LIQD	1	
DELSYM DAY NIGHT MISC	1	
DELSYM NIGHTTIME COUGH MAX STR SOLN	1	
dextromethorphan-acetaminophen-chlorpheniramine TABS 325 MG-2 MG-10 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
dextromethorphan-doxylamine-acetaminophen CAPS	1	
dextromethorphan-doxylamine-acetaminophen LIQD	1	
dextromethorphan-guaifenesin CAPS	1	
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/20ML-20 MG/20ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML	1	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	1	
dextromethorphan-guaifenesin TABS 400 MG-20 MG	1	
dextromethorphan-guaifenesin TB12 1200 MG-60 MG, 600 MG-30 MG	1	
dextromethorphan-phenylephrine-acetaminophen CAPS	1	
dextromethorphan-phenylephrine-acetaminophen LIQD	1	
dextromethorphan-phenylephrine-acetaminophen PACK	1	
dextromethorphan-phenylephrine-acetaminophen TABS 5 MG-325 MG-10 MG	1	
dextromethorphan-pyrilamine LIQD	1	

Drug Name	Drug Tier	Requirements/ Limits
diphenhydramine-phenylephrine-acetaminophen LIQD	1	
diphenhydramine-phenylephrine-acetaminophen LIQD	1	
diphenhydramine-phenylephrine-acetaminophen PACK	1	
diphenhydramine-phenylephrine-acetaminophen TABS 5 MG-325 MG-12.5 MG	1	
DOLOGESIC-DF TABS	1	
DOLOGESIC TABS 500 MG-1 MG	1	
doxylamine-dm LIQD 15 MG/15ML-6.25 MG/15ML, 30 MG/30ML-12.5 MG/30ML	1	
DURAFLU TABS 200 MG-325 MG-20 MG-60 MG	1	
DURAHIST TABS	1	
ED A-HIST DM TABS	1	
ED A-HIST LIQD *(Use chlorpheniramine & phenylephrine)*	1	
ED BRON GP LIQD	1	
ENDAL	1	
fexofenadine-pseudoephedrine TB12	1	
fexofenadine-pseudoephedrine TB24	1	
GLENMAX PEB DM LIQD	1	
G-TUSICOF LIQD	1	
guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML	1	
guaifenesin-codeine SYRP	1	
HISTEX-DM SYRP	1	

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone polistirex-chlorpheniramine polistirex SUER	1	
LOHIST-D LIQD	1	
LOHIST-DM SYRP	1	
loratadine & pseudoephedrine TB12	1	
loratadine & pseudoephedrine TB24	1	
LORTUSS LQ	1	
MAR-COF CG EXPECTORANT LIQD	1	
MAXICHLOR PEH DM TABS	1	
MAXIFED TR TABS	1	
MAXIFED TABS	1	
MAXI-TUSS CD LIQD	1	
MAXI-TUSS JR LIQD	1	
MAXI-TUSS PE JR LIQD	1	
MAXI-TUSS PE MAX LIQD	1	
MAXI-TUSS PE LIQD	1	
MAXI-TUSS TR LIQD	1	
M-END DMX	1	
MICLARA DM LIQD	1	
MUCINEX CHILD FEV,STHR,COUGH LIQD	1	
MUCINEX CHILD FREEFROM CLD/FLU SOLN	1	
MUCINEX CHILD MS DAY-NIGHT CLD MISC	1	
MUCINEX CHILD MULTI-SYMPTOM LIQD *(Use phenylephrine-dm-gg w/ apap)*	9	
MUCINEX CHILDRENS FREEFROM LIQD *(Use phenylephrine-dm-gg w/ apap)*	1	
MUCINEX CNG/CGH/COLD/FLU DY/NT LQPK	1	
MUCINEX COLD & FLU CHILD LIQD *(Use phenylephrine-dm-gg w/ apap)*	1	
MUCINEX COLD & FLU CAPS	1	
MUCINEX COLD CHILDRENS LIQD *(Use phenylephrine w/ dm-gg)*	1	
MUCINEX COUGH & CONGEST CHILD LIQD *(Use phenylephrine w/ dm-gg)*	1	
MUCINEX D MAX STRENGTH TB12 *(Use pseudoephedrine-guaifenesin)*	1	
MUCINEX DM MAXIMUM STRENGTH TB12 *(Use dextromethorphan-guaifenesin)*	1	
MUCINEX DM TB12 *(Use dextromethorphan-guaifenesin)*	1	
MUCINEX D TB12 *(Use pseudoephedrine-guaifenesin)*	1	
MUCINEX FAST-MAX CLD FLU THRT CAPS *(Use phenylephrine-dm-gg w/ apap)*	1	
MUCINEX FAST-MAX CLD/FLU DY/NT CPPK *(Use phenylephrine-doxylamine-dm-guaifenesin-apap)*	1	
MUCINEX FAST-MAX CNG/CGH/CD/FL TBPK	1	
MUCINEX FAST-MAX COLD FLU LIQD *(Use phenylephrine-dm-gg w/ apap)*	1	

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX FAST-MAX COLD/FLU MS CAPS *(Use phenylephrine-dm-gg w/ apap)*	1	
MUCINEX FAST-MAX COLD/FLU MS LIQD *(Use phenylephrine-dm-gg w/ apap)*	1	
MUCINEX FAST-MAX COLD/FLU LIQD *(Use phenylephrine-dm-gg w/ apap)*	1	
MUCINEX FAST-MAX CONGEST COUGH LIQD *(Use phenylephrine w/ dm-gg)*	1	
MUCINEX FAST-MAX CONGEST COUGH TABS	1	
MUCINEX FAST-MAX DAY/NIGHT MS TBPK	1	
MUCINEX FAST-MAX KICKSTART LIQD *(Use phenylephrine-dm-gg w/ apap)*	1	
MUCINEX FAST-MAX/NIGHTSHIFT	1	
MUCINEX FREEFROM CLD/FLU DY/NT LQPK	1	
MUCINEX FREEFROM COLD/FLU DAY LIQD *(Use phenylephrine-dm-gg w/ apap)*	1	
MUCINEX FREEFROM COLD/FLU NGHT SOLN	1	
MUCINEX FREEFROM DAY-NIGHT LQPK	1	
MUCINEX NIGHT COLD/FLU MAX STR TABS	1	
MUCINEX NIGHT SEV COLD/FLU MAX SOLN	1	
MUCINEX NIGHT SEV COLD/FLU MAX TABS	1	
MUCINEX NIGHTSHIFT COLD/FLU SOLN	1	
MUCINEX NIGHTSHIFT SINUS CLEAR SOLN	1	
MUCINEX NIGHTSHIFT SINUS MAXST TABS	1	
MUCINEX NIGHTSHIFT SINUS SOLN	1	
MUCINEX SINUS-MAX DAY/NIGHT CPPK *(Use phenylephrine-doxylamine-dm-guaifenesin-apap)*	1	
MUCINEX SINUS-MAX PRESS/PN/CGH CAPS *(Use phenylephrine-dm-gg w/ apap)*	1	
MUCINEX SINUS-MAX/NIGHTSHIFT LQPK	1	
MUCINEX SINUS-MAX/NIGHTSHIFT TBPK	1	
MUCINEX STUFFY NOSE & CHEST LIQD *(Use phenylephrine-guaifenesin)*	1	
MULTI-SYMPTOM COLD DAY/NIGHT MISC	1	
NEOTUSS PLUS LIQD	1	
NINJACOF-XG LIQD	1	
NOREL AD TABS	1	
NYQUIL HBP COLD & FLU LIQD *(Use dextromethorphan-doxylamine-acetaminophen)*	9	
phenylephrine w/ acetaminophen TABS 5 MG-325 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
phenylephrine w/ dm-gg LIQD 10 MG/10ML-200 MG/10ML-20 MG/10ML, 10 MG/15ML-200 MG/15ML-18 MG/15ML, 10 MG/20ML-400 MG/20ML-20 MG/20ML, 2.5 MG/5ML-100 MG/5ML-5 MG/5ML, 2.5 MG/5ML-75 MG/5ML-5 MG/5ML, 5 MG/5ML-100 MG/5ML-10 MG/5ML	1	
phenylephrine w/ dm-gg SYRP 5 MG/5ML-100 MG/5ML-10 MG/5ML	1	
phenylephrine w/ dm-gg TABS 10 MG-385 MG-17.5 MG	1	
phenylephrine-acetaminophen-guaifenesin LIQD	1	
phenylephrine-acetaminophen-guaifenesin TABS 5 MG-200 MG-325 MG	1	
phenylephrine-brompheniramine-dm LIQD 2.5 MG/5ML-5 MG/5ML-1 MG/5ML, 5 MG/10ML-10 MG/10ML-2 MG/10ML	1	
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	1	
phenylephrine-chlorpheniramine-dm w/ apap MISC	1	
phenylephrine-chlorpheniramine-dm w/ apap SUSP	1	
phenylephrine-dexbrompheniramine-dextromethorphan LIQD	1	
phenylephrine-dm-gg w/ apap LIQD	1	
phenylephrine-dm-gg w/ apap TABS 5 MG-200 MG-325 MG-10 MG	1	
phenylephrine-dm SOLN	1	
phenylephrine-doxylamine-dextromethorphan-acetaminophen CAPS	1	
phenylephrine-doxylamine-dextromethorphan-acetaminophen LIQD	1	
phenylephrine-doxylamine-dextromethorphan-acetaminophen MISC 5 MG-325 MG-6.25 MG	1	
phenylephrine-doxylamine-dm-guaifenesin-apap CPPK	1	
phenylephrine-guaifenesin LIQD 2.5 MG/5ML-100 MG/5ML	1	
phenylephrine-guaifenesin TABS 10 MG-400 MG	1	
POLY HIST FORTE 10 MG-10.5 MG	1	
POLY-HIST DM	1	
POLY-TUSSIN AC LIQD 10 MG/5ML-10 MG/5ML-4 MG/5ML	1	
POLYTUSSIN DM LIQD	1	
POLYTUSSIN DM LIQD *(Use phenylephrine-dexbrompheniramine-dextromethorphan)*	1	
POLY-VENT DM TABS	1	
POLY-VENT IR TABS	1	
promethazine & phenylephrine SYRP	1	
promethazine w/codeine SOLN	1	
promethazine w/codeine SYRP	1	

Drug Name	Drug Tier	Requirements/ Limits
promethazine-dm SYRP	1	
promethazine-phenylephrine-codeine	1	
PSE-DEXCHLORPHEN-CHLOPHEDIANOL	1	
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG	1	
pseudoephedrine-ibuprofen CAPS	1	
pseudoephedrine-ibuprofen TABS	1	
pseudoephedrine-naproxen sodium	1	
QC DIBROMM CHILDRENS COLD/ALL LIQD	1	
QC MEDIFIN PE TABS *(Use phenylephrine-guaifenesin)*	9	
ROBITUSSIN COUGH+CHEST CONG DM LIQD *(Use dextromethorphan-guaifenesin)*	1	
ROBITUSSIN HONEY CGH/CHEST DM LIQD *(Use dextromethorphan-guaifenesin)*	1	
ROBITUSSIN HONEY CGH/FLU/THRT LIQD	1	
ROBITUSSIN PEAK COLD MULTI-SYM LIQD *(Use phenylephrine w/ dm-gg)*	1	
ROBITUSSIN SEVERE CGH/SR THRT LIQD	1	
RU-HIST D TABS	1	
RYMED TABS	1	
SM COLD & ALLERGY CHILDRENS LIQD	1	
STAHIST AD TABS	1	
THERAFLU SEVERE COLD RELIEF PACK *(Use dextromethorphan-phenylephrine-acetaminophen)*	1	
THERAFLU SEVERE COLD/CGH NIGHT PACK *(Use diphenhydramine-phenylephrine-acetaminophen)*	1	
TRIAMINIC COLD/COUGH DAY TIME SYRP	1	
triprolidine & pseudoephedrine TABS	1	
TUSICOF LIQD	1	
TUSNEL DM LIQD	1	
TUSNEL PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML, 50 MG/5ML-5 MG/5ML-15 MG/5ML	1	
TUSNEL-DM PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML-2.5 MG/ML	1	
TUSNEL LIQD	1	
TUSNEL TABS	1	
TUSSI-PRES PEDIATRIC LIQD *(Use phenylephrine w/ dm-gg)*	1	
TUXARIN ER TB12	1	
TYLENOL CHILDRENS COLD/FLU SUSP *(Use phenylephrine-chlorpheniramine-dm w/ apap)*	9	
TYLENOL CHILDRENS PLUS MS COLD SUSP *(Use phenylephrine-chlorpheniramine-dm w/ apap)*	9	

Drug Name	Drug Tier	Requirements/ Limits
TYLENOL COLD & HEAD TABS *(Use phenylephrine-acetaminophen-guaifenesin)*	9	
TYLENOL COLD/FLU SEVERE TABS *(Use phenylephrine-dm-gg w/ apap)*	9	
TYLENOL COLD/FLU/COUGH NIGHT LIQD *(Use phenylephrine-doxylamine-dextromethorphan-acetaminophen)*	9	
TYLENOL SINUS SEVERE TABS *(Use phenylephrine-acetaminophen-guaifenesin)*	9	
TYLENOL WARMING COUGH/CONGEST LIQD *(Use phenylephrine-dm-gg w/ apap)*	9	
VANACOF	1	
VANACOF DM LIQD *(Use phenylephrine w/ dm-gg)*	1	
VANACOF XP LIQD	1	
VANATAB DM TABS	1	
VICKS NYQUIL COLD & FLU NIGHT LIQD *(Use dextromethorphan-doxylamine-acetaminophen)*	9	
VICKS NYQUIL COLD & FLU LIQD *(Use dextromethorphan-doxylamine-acetaminophen)*	9	
VICKS NYQUIL COUGH LIQD *(Use doxylamine-dm)*	9	
VICKS NYQUIL HBP COLD & FLU LIQD *(Use dextromethorphan-doxylamine-acetaminophen)*	9	
WESTUSSIN DM	1	
ZYRTEC-D ALLERGY & CONGESTION *(Use cetirizine-pseudoephedrine)*	1	
ZYRTEC-D ALLERGY & SINUS *(Use cetirizine-pseudoephedrine)*	1	
Expectorants		
GERI-TUSSIN SYRP	1	
guaifenesin LIQD	1	
guaifenesin TABS	1	
guaifenesin TB12	1	
MUCINEX MAXIMUM STRENGTH TB12 *(Use guaifenesin)*	1	
MUCINEX TB12 *(Use guaifenesin)*	1	
potassium iodide (expectorant) SOLN	1	
SSKI SOLN *(Use potassium iodide (expectorant))*	9	
Misc. Respiratory Inhalants		
camphor (inhalant)	1	
camphor (inhalant)	1	
sodium chloride (inhalant) AERS	1	
VICKS VAPO STEAM *(Use camphor (inhalant))*	9	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
adapalene GEL 0.1 %	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BENZAC AC WASH LIQD 5 % *(Use benzoyl peroxide)*	9	RX/OTC
benzoyl peroxide CREA 2.5 %, 10 %	1	
benzoyl peroxide CREA 2.5 %, 10 %	1	
benzoyl peroxide FOAM 10 %	1	
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	1	
BENZOYL PEROXIDE GEL	1	
benzoyl peroxide LIQD 4 %, 5 %, 10 %	1	
benzoyl peroxide LIQD 4 %, 5 %, 10 %	1	
benzoyl peroxide LOTN 5 %, 10 %	1	
benzoyl peroxide MISC 6 %	1	RX/OTC
DIFFERIN CLEANSER LIQD *(Use benzoyl peroxide)*	9	RX/OTC
DIFFERIN GEL 0.1 % *(Use adapalene)*	9	RX/OTC
NEUTROGENA ON-THE-SPOT CREA *(Use benzoyl peroxide)*	9	
PANOXYL LIQD *(Use benzoyl peroxide)*	9	
RA DAYLOGIC ACNE FOAMING WASH FOAM 10 %	1	
Antibiotics - Topical		
bacitracin (topical) OINT	1	
bacitracin zinc OINT	1	
bacitracin-polymyxin b OINT	1	
neomycin-bacitracin-polymyxin OINT	1	
neomycin-bacitracin-polymyxin-pramoxine	1	
neomycin-polymyxin w/ pramoxine	1	
NEOSPORIN ORIGINAL OINT *(Use neomycin-bacitracin-polymyxin)*	1	
NEOSPORIN ORIGINAL OINT *(Use neomycin-bacitracin-polymyxin)*	9	
NEOSPORIN PLUS PAIN RELIEF MS *(Use neomycin-polymyxin w/ pramoxine)*	9	
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM *(Use bacitracin-polymyxin b)*	9	
Antifungals - Topical		
ALEVAZOL OINT	1	
AZOLEN TINCTURE SOLN	1	
butenafine hcl	1	
clotrimazole (topical) CREA	1	RX/OTC
clotrimazole (topical) SOLN	1	RX/OTC
FUNGOID TINCTURE SOLN	1	
GENTIAN VIOLET SOLN	1	
GNP GENTIAN VIOLET SOLN	1	
LAMISIL AT ATHLETES FOOT CREA *(Use terbinafine hcl (topical))*	1	
LAMISIL AT ATHLETES FOOT CREA *(Use terbinafine hcl (topical))*	9	
LAMISIL AT JOCK ITCH CREA *(Use terbinafine hcl (topical))*	9	
LAMISIL AT CREA *(Use terbinafine hcl (topical))*	1	

Drug Name	Drug Tier	Requirements/ Limits
LAMISIL AT CREA *(Use terbinafine hcl (topical))*	9	
LOTRIMIN AF JOCK ITCH CREA *(Use clotrimazole (topical))*	9	RX/OTC
LOTRIMIN AF AERP 2 % *(Use miconazole nitrate (topical))*	9	
LOTRIMIN AF CREA *(Use clotrimazole (topical))*	9	RX/OTC
LOTRIMIN ULTRA *(Use butenafine hcl)*	9	
MICATIN CREA *(Use miconazole nitrate (topical))*	1	
miconazole nitrate (topical) AERP	1	
miconazole nitrate (topical) CREA	1	
miconazole nitrate (topical) CREA	1	
miconazole nitrate (topical) POWD EX	1	
miconazole nitrate (topical) POWD EX	1	
MICONAZOLE NITRATE SOLN	1	
terbinafine hcl (topical) CREA	1	
TINACTIN DEODORANT AERP *(Use tolnaftate)*	9	
TINACTIN JOCK ITCH AERP *(Use tolnaftate)*	9	
TINACTIN AERP *(Use tolnaftate)*	1	
TINACTIN CREA *(Use tolnaftate)*	9	
tolnaftate AERP	1	
tolnaftate CREA	1	
tolnaftate LIQD	1	RX/OTC
tolnaftate POWD EX	1	
tolnaftate SOLN	1	RX/OTC
VOTRIZA-AL LOTN	1	
Antihistamines-Topical		
BENADRYL EXTRA STRENGTH CREA *(Use diphenhydramine-zinc acetate)*	9	
diphenhydramine hcl (topical) GEL	1	
diphenhydramine-zinc acetate CREA 2 %-0.1 %	1	
diphenhydramine-zinc acetate LIQD	1	
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) GEL EX	1	RX/OTC
diclofenac sodium (topical) GEL EX	1	RX/OTC
VOLTAREN ARTHRITIS PAIN GEL EX *(Use diclofenac sodium (topical))*	1	RX/OTC
VOLTAREN ARTHRITIS PAIN GEL EX *(Use diclofenac sodium (topical))*	9	RX/OTC
VOLTAREN ARTHRITIS PAIN GEL EX *(Use diclofenac sodium (topical))*	1	RX/OTC
Antiseborrheic Products		
HEAD & SHOULDERS 2 IN 1 SHAM *(Use pyrithione zinc)*	9	
HEAD & SHOULDERS CLASSIC CLEAN SHAM *(Use pyrithione zinc)*	9	
HEAD & SHOULDERS DRY 2 IN 1 SHAM *(Use pyrithione zinc)*	9	
pyrithione zinc SHAM 1 %	1	
SEBEX	1	

Drug Name	Drug Tier	Requirements/ Limits
selenium sulfide LOTN 1 %	1	
selenium sulfide SHAM 1 %	1	
SELSUN BLUE CARE MENS MAX STR LOTN *(Use selenium sulfide)*	1	
SELSUN BLUE DAILY LOTN *(Use selenium sulfide)*	9	
SELSUN BLUE MEDICATED LOTN *(Use selenium sulfide)*	1	
SELSUN BLUE MEDICATED LOTN *(Use selenium sulfide)*	9	
SELSUN BLUE MOISTURIZING LOTN *(Use selenium sulfide)*	1	
SELSUN BLUE LOTN *(Use selenium sulfide)*	9	
SELSUN BLUE LOTN *(Use selenium sulfide)*	1	
Antivirals - Topical		
ABREVA *(Use docosanol)*	1	
ABREVA *(Use docosanol)*	1	
docosanol	1	
docosanol	1	
Corticosteroids - Topical		
hydrocortisone (topical) CREA 0.5 %, 1 %	1	RX/OTC
hydrocortisone (topical) LOTN 1 %	1	
hydrocortisone (topical) OINT 0.5 %, 1 %	1	
hydrocortisone (topical) OINT 0.5 %, 1 %	1	RX/OTC
hydrocortisone acetate (topical) OINT	1	

Drug Name	Drug Tier	Requirements/ Limits
HYDROCORTISONE ACETATE CREA	1	
VANICREAM HC MAXIMUM STRENGTH CREA	1	
Diaper Rash Products		
diaper rash products OINT	1	
Emollient/Keratolytic Agents		
urea CREA 10 %, 20 %	1	
urea LOTN 10 %	1	
Emollients		
AQUA GLYCOLIC FACE CREA	1	
AQUAPHILIC OINT	1	
BETA CARE CREA	1	
BETA XMA CREA	1	
CERAVE MOISTURIZING CREA	1	
CERAVE SA ROUGH & BUMPY SKIN CREA	1	
CETAPHIL DAILY FACIAL SPF 15 LOTN	1	
CETAPHIL MOISTURIZING CREA *(Use emollient)*	1	
CETAPHIL MOISTURIZING CREA *(Use emollient)*	9	
COCONUT OIL BEAUTY CREA	1	
CVS DRY SKIN THERAPY CREA	1	
CVS MOISTURIZING CREA	1	
D-CERIN CREA	1	
DERMABASE CREA	1	
DML FORTE CREA	1	
emollient CREA	1	
emollient OINT	1	

Drug Name	Drug Tier	Requirements/ Limits
EQ THERAPEUTIC MOISTURIZING CREA	1	
EUCERIN ADVANCED REPAIR CREA	1	
EUCERIN CALMING DAILY MOIST CREA *(Use emollient)*	1	
EUCERIN SKIN CALMING CREA *(Use emollient)*	1	
glycerin (topical)	1	
HYDRASYN25 CREA	1	
KERADAN CREA	1	
lactic acid (ammonium lactate) CREA	1	RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	1	RX/OTC
MINERAL OIL-HYDROPHIL PETROLAT	1	
NEUTROGENA HAND CREA	1	
PENTRAVAN CREA	1	
RA ADVANCED HEALING OINT	1	
STUDIO 35 MOISTURIZING SKIN CREA	1	
THERAPEUTIC MOISTURIZING CREA	1	
VANICREAM CREA	1	
vitamins a & d (topical) OINT	1	
Keratolytic/Antimitotic/Vesicant Agents		
ATRIX SYSTEM 1 KIT	1	
BETASAL SHAM	1	
COMPOUND W LIQD *(Use salicylic acid)*	1	
CVS PSORIASIS MEDICATED SHAM	1	
CVS THERAPEUTIC DANDRUFF SHAM	1	

Drug Name	Drug Tier	Requirements/ Limits
DERMAREST PSORIASIS SHAM	1	
DHS SAL SHAM	1	
NEUTROGENA T/SAL SHAM	1	
NIZORAL PSORIASIS SHAMPOO/COND SHAM	1	
salicylic acid CREA 2 %	1	
salicylic acid LIQD 2 %, 17 %	1	
salicylic acid PADS 40 %	1	
salicylic acid STRP	1	
SELSUN BLUE DEEP CLEANSING SHAM	1	
SELSUN BLUE NATURALS DRY SCALP SHAM	1	
THERAPEUTIC DANDRUFF SHAM	1	
THERAPEUTIC T+PLUS MAX ST SHAM	1	
Liniments		
ASPERCREME/ALOE CREA *(Use trolamine salicylate)*	9	
MOBISYL CREA *(Use trolamine salicylate)*	9	
MYOFLEX CREA *(Use trolamine salicylate)*	9	
SPORTSCREME CREA *(Use trolamine salicylate)*	9	
trolamine salicylate CREA	1	
ZIKS ARTHRITIS PAIN RELIEF CREA	1	
Local Anesthetics - Topical		
CALADRYL LOTN *(Use pramoxine-calamine)*	9	
capsaicin CREA 0.025 %, 0.075 %, 0.1 %	1	
CAPSAICIN CREA	1	

Drug Name	Drug Tier	Requirements/ Limits
capsaicin PTCH	1	
CAPZASIN-HP CREA *(Use capsaicin)*	1	
CIRCATA CREA	1	
DERMACINRX CIRCATRIX CREA	1	
dibucaine	1	
GNP CALAMINE PLUS AERO	1	
ICY HOT LIDOCAINE PLUS MENTHOL CREA	1	
ICY HOT MAX LIDOCAINE CREA	1	
lidocaine hcl CREA 4 %	1	
lidocaine hcl CREA 4 %	1	
lidocaine hcl LIQD	1	
lidocaine CREA 4 %	1	
lidocaine CREA 4 %	1	QL(4 GM daily)
lidocaine PTCH 4 %	1	
lidocaine PTCH 4 %	1	
LIDOCARE ARM/NECK/LEG PTCH *(Use lidocaine)*	9	
LIDOCARE BACK/SHOULDER PTCH *(Use lidocaine)*	9	
LMX 4 CREA *(Use lidocaine)*	1	QL(4 GM daily)
pramoxine-calamine LOTN	1	
pramoxine-calamine LOTN	1	
pramoxine-zinc acetate	1	
pramoxine-zinc acetate	1	
SALONPAS-HOT PTCH *(Use capsaicin)*	1	
Misc. Topical		
ABSORBASE OINT	1	
AQUAGARD HYDRATING OINT	1	
AVEENO INTENSE RELIEF CREA	1	
benzoin compound TINC	1	RX/OTC
BENZOIN TINC	1	RX/OTC
BORIC ACID GRAN	1	RX/OTC
CALAMINE LOTN 8 %-8 %	1	
CALASOOTHE OINT	1	
COZIMA CREA	1	
CUTTER ALL FAMILY WIPES SHEE	1	
CUTTER ALL FAMILY AERO	1	
CUTTER ALL FAMILY LIQD	1	
CUTTER BACKWOODS DRY AERO	1	
CUTTER BACKWOODS AERO	1	
CUTTER BACKWOODS LIQD	1	
CUTTER DRY AERO	1	
CUTTER LEMON EUCALYPTUS LIQD	1	
CUTTER NATURAL AERO	1	
CUTTER NATURAL LIQD	1	
CUTTER SKINSATIONS AERO	1	
CUTTER SKINSATIONS LIQD	1	
CUTTER SPORT AERO	1	
CUTTER AERO	1	
CVS INSECT REPELLENT AERO	1	
CVS TOTAL HOME INSECT REPEL AERO	1	
DESITIN MAXIMUM STRENGTH PSTE *(Use zinc oxide (topical))*	9	

Drug Name	Drug Tier	Requirements/ Limits
DESITIN PSTE *(Use zinc oxide (topical))*	9	
dimethicone (topical) CREA 5 %	1	
DR SMITHS DIAPER QUICK RELIEF OINT	1	
DR SMITHS DIAPER OINT	1	
EUCERIN ORIGINAL HEALING CREA *(Use skin protectants, misc.)*	9	
FT CALAMINE LOTN	1	
GNP CALAMINE LOTN	1	
lanolin (topical) CREA	1	
lanolin-petrolatum	1	
lanolin-petrolatum	1	
MAXI DEET LIQD	1	
menthol-zinc oxide OINT 20.6 %-0.44 %	1	
NATRAPEL 12-HOUR TICK/INSECT AERO	1	
NATRAPEL LIQD	1	
OFF ACTIVE AERO	1	
OFF DEEP WOODS DRY AERO	1	
OFF DEEP WOODS SPORTSMEN AERO	1	
OFF DEEP WOODS SPORTSMEN LIQD	1	
OFF DEEP WOODS TOWELETTES SHEE	1	
OFF DEEP WOODS AERO	1	
OFF DEEP WOODS LIQD	1	
OFF FAMILYCARE CLEAN FEEL LIQD	1	
OFF FAMILYCARE TROPICAL FRESH LIQD	1	
OFF FAMILYCARE UNSCENTED LIQD	1	
OFF SMOOTH & DRY AERO	1	
QC CALAMINE LOTN	1	
RANGER READY REPELLENT LIQD	1	
REPEL 100 LIQD	1	
REPEL FAMILY DRY AERO	1	
REPEL FAMILY AERO	1	
REPEL HUNTERS FORMULA AERO	1	
REPEL LEMON EUCALYPTUS AERO	1	
REPEL MOSQUITO WIPES SHEE	1	
REPEL SPORTSMEN DRY AERO	1	
REPEL SPORTSMEN MAX AERO	1	
REPEL SPORTSMEN MAX LIQD	1	
REPEL SPORTSMEN MAX LOTN	1	
REPEL SPORTSMEN AERO	1	
REPEL TICK DEFENSE AERO	1	
SAWYER INSECT REPELLENT LIQD	1	
SAWYER INSECT REPELLENT LOTN	1	
skin protectants, misc. CREA	1	
skin protectants, misc. OINT	1	
SM BENZOIN TINCTURE NFXI TINC	1	RX/OTC
SM CALAMINE LOTN	1	
SORBIDON HYDRATE CREA	1	
THERATEARS STERILID CLEANSER SOLN	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRATHON INSECT REPELLENT 8 AERO	1	
ULTRATHON INSECT REPELLENT LOTN	1	
witch hazel (hamamelis virginiana) PADS 50 %	1	
XERAC AC	1	
Z-BUM CREA	1	
ZENOPTIQ SOLN	1	RX/OTC
zinc oxide (topical) OINT 20 %, 25 %, 40 %	1	
zinc oxide (topical) OINT 20 %, 25 %, 40 %	1	
zinc oxide (topical) PSTE 40 %	1	
ZINC OXIDE CREA	1	
Podiatric Products		
AQUAPHOR ADV THERAPY FEET OINT	1	
Scabicides & Pediculicides		
ivermectin (pediculicide)	1	
NIX CREME RINSE LIQD EX *(Use permethrin)*	1	
permethrin LIQD EX	1	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	1	
SKLICE *(Use ivermectin (pediculicide))*	9	
VANALICE GEL	1	
Tar Products		
coal tar extract SHAM 0.5 %	1	
DHS TAR GEL SHAM *(Use coal tar extract)*	9	
DHS TAR SHAM *(Use coal tar extract)*	9	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ALBUSTIX STRP	1	
CHEMSTRIP 10 MD	1	
CHEMSTRIP 10/SG	1	
CHEMSTRIP 2 GP	1	
CHEMSTRIP 5 OB	1	
CHEMSTRIP 7	1	
CHEMSTRIP 9	1	
CHEMSTRIP MICRAL STRP	1	
COVID-19 TESTING BY PHARMACIST	1	
CVS KETONE CARE	1	
DIASTIX	1	
FORA GTEL BLOOD KETONE TEST	1	
FORA TEST N'GO ADV-VOICE-6 CON	1	
GOJJI BLOOD KETONE TEST	1	
KETO-DIASTIX	1	
KETONE TEST STRP	1	
KETOSTIX STRP	1	
MULTISTIX 10 SG	1	
NOVA MAX PLUS KETONE TEST	1	
PRECISION XTRA KETONE	1	
RELION KETONE TEST STRP	1	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Infant Foods		
WATER ORAL LIQD	1	
Nutritional Supplements		
BALANCED NUTRITIONAL DRINK PLS LIQD PO	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BALANCED NUTRITIONAL DRINK LIQD PO	1	RX/OTC
ENSURE ACTIVE HEART HEALTH LIQD PO	1	RX/OTC
ENSURE ACTIVE HIGH PROTEIN LIQD PO	1	RX/OTC
ENSURE ACTIVE LIGHT LIQD PO	1	RX/OTC
ENSURE CLEAR LIQD PO	1	RX/OTC
ENSURE COMPACT LIQD PO	1	RX/OTC
ENSURE HIGH PROTEIN LIQD PO	1	RX/OTC
ENSURE MAX PROTEIN LIQD PO	1	RX/OTC
ENSURE NUTRITION SHAKE LIQD PO	1	RX/OTC
ENSURE ORIGINAL LIQD PO	1	RX/OTC
ENSURE LIQD PO	1	RX/OTC
HEALTHY ACCENTS NUTRA FIT PLUS LIQD PO	1	RX/OTC
HEALTHY ACCENTS NUTRA FIT LIQD PO	1	RX/OTC
HIGH-PROTEIN NUTRITIONAL SHAKE LIQD PO	1	RX/OTC
META APPETITE CONTROL POWD	1	
NUTRITIONAL DRINK LIQD PO	1	RX/OTC
NUTRITIONAL SHAKE COMPLETE LIQD PO	1	RX/OTC
NUTRITIONAL SHAKE PLUS PROTEIN LIQD PO	1	RX/OTC
NUTRITIONAL SHAKE LIQD PO	1	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
LACTAID FAST ACT TABS *(Use lactase)*	9	
LACTAID TABS *(Use lactase)*	9	
lactase TABS 3000 UNIT, 9000 UNIT	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Fertility Regulators		
OVIDREL SOSY	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS-X EXTRA STRENGTH CHEW *(Use simethicone)*	1	
MYLICON INFANTS GAS RELIEF SUSP *(Use simethicone)*	9	
MYLICON INFANTS GAS RELIEF SUSP *(Use simethicone)*	1	
PHAZYME MAXIMUM STRENGTH CAPS *(Use simethicone)*	9	
PHAZYME MAXIMUM STRENGTH CAPS *(Use simethicone)*	1	
PHAZYME ULTRA STRENGTH CAPS *(Use simethicone)*	9	
PHAZYME ULTRA STRENGTH CAPS *(Use simethicone)*	1	
simethicone CAPS 125 MG, 180 MG, 250 MG	1	
simethicone CAPS 125 MG, 180 MG, 250 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
simethicone CHEW	1	
simethicone LIQD PO 40 MG/0.6ML	1	
simethicone SUSP 20 MG/0.3ML	1	
Phosphate Binder Agents		
calcium acetate (phosphate binder) TABS	1	RX/OTC
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
ORACIT	1	
pot & sod citrates w/citric ac SOLN	1	
pot & sod citrates w/citric ac SOLN	1	
potassium citrate-citric acid SOLN	1	RX/OTC
sodium citrate & citric acid	1	RX/OTC
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	1	
Urinary Analgesics		
AZO URINARY PAIN RELIEF TABS *(Use phenazopyridine hcl)*	1	
phenazopyridine hcl TABS 95 MG, 99.5 MG	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Cobalamins		
B-12 DOTS TBDP	1	
cyanocobalamin SOLN IJ 1000 MCG/ML	1	
cyanocobalamin SUBL 1000 MCG, 2500 MCG	1	

Drug Name	Drug Tier	Requirements/ Limits
cyanocobalamin SUBL 1000 MCG, 2500 MCG	1	
cyanocobalamin TABS 100 MCG, 250 MCG, 500 MCG, 1000 MCG	1	
cyanocobalamin TABS 100 MCG, 250 MCG, 500 MCG, 1000 MCG	1	
cyanocobalamin TBCR 1000 MCG	1	
hydroxocobalamin acetate SOLN	1	
NASCOBAL SOLN NA *(Use cyanocobalamin)*	1	
Folic Acid/Folates		
folic acid CAPS	1	
FOLIC ACID CAPS	1	
FOLIC ACID POWD	1	RX/OTC
folic acid SOLN	1	
folic acid TABS	1	RX/OTC
Hematopoietic Mixtures		
ACTIVE FE	1	
BENTIVITE TABS	1	
BP VIT 3	1	
CENTRATEX CAPS	1	
CORVITE 150 *(Use iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc)*	9	
CORVITE 150 TABS	1	
CORVITE FE TABS	1	
DERMACINRX DOTREMIN TABS	1	
DERMACINRX FOLTAMIN TABS	1	
fe fumarate-vitamin c-vitamin b12-folic acid	1	RX/OTC
fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu	1	

Drug Name	Drug Tier	Requirements/ Limits
FERIVA 21/7 (WITH DOCUSATE) 175 MG-400 MCG-12 MCG-150 MG-50 MG-600 MCG-10 MG-75 MG	1	
FERIVA 21/7 TABS PO	1	
FERRALET 90	1	
FERREX 28 MISC	1	
ferrous fumarate w/ b12-vit c-fa-ifc	1	
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	1	
FOLDITAM TABS	1	
folic acid-vitamin b6-vitamin b12 TABS 25 MG-2.5 MG-1 MG	1	RX/OTC
FOLITAB 500	1	
FOLITE	1	PA
FOLIVANE-F	1	
FOLIXAPURE TABS	1	
FOLTRATE TABS	1	RX/OTC
FOLTREXYL TABS	1	
FUSION PLUS	1	
HEMATINIC PLUS VIT/MINERALS TABS	1	
HEMATINIC/FOLIC ACID	1	
HEMATOGEN FA	1	
HEMOCYTE PLUS CAPS	1	
ICAR-C PLUS TABS *(Use iron-vitamin c-vitamin b12-folic acid)*	9	RX/OTC
INTEGRA PLUS	1	
iron combinations CAPS	1	RX/OTC
IRON FOLATE-F	1	
iron polysaccharide complex-vit b12-folic acid CAPS	1	RX/OTC
iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc	1	
iron-vitamin c-vitamin b12-folic acid TABS	1	RX/OTC
IROSPAN 24/6	1	
MAXFE	1	
MTX SUPPORT TABS	1	RX/OTC
MULTIGEN	1	
MULTIGEN FOLIC	1	
MULTIGEN PLUS	1	
NEPHRON FA	1	
NIFEREX TABS	1	
TARON FORTE	1	
TULIVITE TABS	1	
Iron		
ACCRUFER	1	
carbonyl iron SUSP	1	
EZFE 200 CAPS	1	
FEOSOL NATURAL RELEASE TABS *(Use carbonyl iron)*	1	
FEOSOL TABS *(Use ferrous sulfate dried)*	1	
FERAHEME *(Use ferumoxytol)*	1	
FER-IN-SOL SOLN *(Use ferrous sulfate)*	1	
FER-IN-SOL SOLN *(Use ferrous sulfate)*	9	
FERRIMIN 150 TABS	1	
FERRLECIT *(Use sodium ferric gluconate complex in sucrose)*	9	
ferrous fumarate TABS	1	
FERROUS FUMARATE TABS 29 MG	1	
ferrous gluconate TABS	1	
FERROUS GLUCONATE TABS 324 MG	1	
ferrous sulfate dried TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
ferrous sulfate dried TBCR	1	
FERROUS SULFATE POWD	1	RX/OTC
ferrous sulfate SOLN	1	
ferrous sulfate TABS 325 MG, 65 MG, 27 MG, 325 MG	1	
ferrous sulfate TBCR 45 MG, 50 MG	1	
ferrous sulfate TBEC	1	
FERROUS SULFATE TBEC *(Use ferrous sulfate)*	1	
HEMATEX LIQD 100 MG/5ML *(Use polysaccharide iron complex)*	1	
ICAR SUSP *(Use carbonyl iron)*	9	
INFED	1	
INJECTAFER 750 MG/15ML	1	
IRON CHEWS PEDIATRIC CHEW	1	
IRON UP LIQD	1	
IRON LIQD	1	
MONOFERRIC	1	
NOVAFERRUM 50 CAPS	1	
NOVAFERRUM PEDIATRIC DROPS LIQD	1	
NOVAFERRUM LIQD	1	
polysaccharide iron complex CAPS	1	
PROFE CAPS	1	
SLOW FE TBCR 45 MG *(Use ferrous sulfate)*	9	
SLOW FE TBCR 45 MG *(Use ferrous sulfate)*	1	
SLOW RELEASE IRON TBCR	1	
sodium ferric gluconate complex in sucrose	1	
VENOFER	1	
VENOFER 20 MG/ML *(Use iron sucrose)*	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
ADVIL PM *(Use ibuprofen-diphenhydramine citrate)*	9	
ADVIL PM *(Use ibuprofen-diphenhydramine citrate)*	9	
diphenhydramine hcl (sleep) CAPS	1	
diphenhydramine hcl (sleep) CAPS	1	
diphenhydramine hcl (sleep) LIQD	1	
diphenhydramine hcl (sleep) TABS 25 MG	1	
diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG	1	
diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG	1	
doxylamine succinate (sleep)	1	
doxylamine succinate (sleep)	1	
GNP PAIN RELIEF NIGHTTIME	1	
ibuprofen-diphenhydramine citrate	1	
TYLENOL PM EXTRA STRENGTH TABS *(Use diphenhydramine-acetaminophen (sleep))*	9	

Drug Name	Drug Tier	Requirements/ Limits
UNISOM SLEEPGELS CAPS *(Use diphenhydramine hcl (sleep))*	1	
UNISOM SLEEPTABS *(Use doxylamine succinate (sleep))*	1	
ZZZQUIL CAPS *(Use diphenhydramine hcl (sleep))*	9	
ZZZQUIL LIQD *(Use diphenhydramine hcl (sleep))*	9	
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
BENEFIBER FOR CHILDREN POWD *(Use wheat dextrin)*	9	
BENEFIBER HEALTHY SHAPE POWD *(Use wheat dextrin)*	9	
BENEFIBER POWD *(Use wheat dextrin)*	1	
BENEFIBER POWD *(Use wheat dextrin)*	9	
calcium polycarbophil TABS	1	
CITRUCEL POWD *(Use methylcellulose (laxative))*	9	
CITRUCEL TABS *(Use methylcellulose (laxative))*	1	
METAMUCIL CAPS	1	
methylcellulose (laxative) POWD	1	
methylcellulose (laxative) TABS	1	
psyllium CAPS 0.52 GM, 400 MG	1	
psyllium CAPS 0.52 GM, 400 MG	1	
psyllium POWD 25 %, 28.3 %, 51.7 %	1	
psyllium POWD 25 %, 28.3 %, 51.7 %	1	
wheat dextrin POWD	1	
Laxative Combinations		
SENNA PLUS CAPS	1	
sennosides-docusate sodium TABS	1	
SENOKOT S TABS *(Use sennosides-docusate sodium)*	1	
STOOL SOFTENER/LAXATIVE CAPS	1	
Laxatives - Miscellaneous		
FLEET LIQUID GLYCERIN SUPP ENEM	1	
GLYCERIN (ADULT) SUPP *(Use glycerin (laxative))*	1	
glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 %	1	
MIRALAX MIX-IN PAX PACK *(Use polyethylene glycol 3350)*	9	
MIRALAX MIX-IN PAX PACK *(Use polyethylene glycol 3350)*	1	
MIRALAX PACK *(Use polyethylene glycol 3350)*	9	
MIRALAX PACK *(Use polyethylene glycol 3350)*	1	
MIRALAX POWD *(Use polyethylene glycol 3350)*	1	
MIRALAX POWD *(Use polyethylene glycol 3350)*	9	
PEDIA-LAX SUPP	1	
polyethylene glycol 3350 PACK	1	
polyethylene glycol 3350 POWD	1	
SORBITOL PR 70 %	1	

Drug Name	Drug Tier	Requirements/ Limits
Lubricant Laxatives		
FLEET OIL ENEM *(Use mineral oil)*	1	
mineral oil ENEM	1	
mineral oil OIL PO	1	RX/OTC
Saline Laxatives		
EQL EPSOM SALT GRAN XX	1	
FLEET ENEMA ENEM *(Use sodium phosphates)*	9	
FLEET ENEMA ENEM *(Use sodium phosphates)*	1	
FLEET PEDIATRIC ENEM *(Use sodium phosphates)*	1	
FLEET SALINE ENEMA ENEM *(Use sodium phosphates)*	9	
magnesium citrate 1.745 GM/30ML	1	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	1	
magnesium sulfate (laxative) GRAN PO	1	
MILK OF MAGNESIA CONCENTRATE SUSP	1	
PEDIA-LAX CHEW	1	
PHILLIPS *(Use magnesium oxide (laxative))*	1	
RA EPSOM SALT GRAN XX	1	
sodium phosphates ENEM	1	
Stimulant Laxatives		
bisacodyl SUPP	1	
bisacodyl TBEC	1	
castor oil OIL 100 %	1	

Drug Name	Drug Tier	Requirements/ Limits
DULCOLAX PINK LAXATIVE TBEC *(Use bisacodyl)*	1	
DULCOLAX SUPP *(Use bisacodyl)*	9	
DULCOLAX TBEC *(Use bisacodyl)*	9	
DULCOLAX TBEC *(Use bisacodyl)*	1	
EX-LAX CHEW *(Use sennosides)*	9	
FLEET BISACODYL ENEM	1	
SENNA SYRP	1	
sennosides CAPS	1	
sennosides CHEW	1	
sennosides LIQD	1	
sennosides SYRP 8.8 MG/5ML	1	
sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG	1	
SENOKOT TABS *(Use sennosides)*	9	
SENOKOT TABS *(Use sennosides)*	1	
Surfactant Laxatives		
benzocaine-docusate sodium ENEM	1	
COLACE CLEAR CAPS *(Use docusate sodium)*	1	
COLACE CAPS 100 MG *(Use docusate sodium)*	9	
docusate calcium	1	
docusate sodium CAPS	1	
docusate sodium ENEM 283 MG/5ML	1	
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	1	
docusate sodium TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
DOCUSOL KIDS ENEM *(Use docusate sodium)*	1	
ENEMEEZ KIDS ENEM *(Use docusate sodium)*	1	
PEDIA-LAX LIQD	1	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	1	
DUREX EXTRA SENSITIVE THIN DEVI	1	
DUREX EXTRA SENSITIVE THIN MISC	1	
DUREX REALFEEL	1	
DUREX TROPICAL MISC	1	
FANTASY LUBRICATED/SPERMICIDE MISC	1	
FANTASY LUBRICATED MISC	1	
FC2 FEMALE CONDOM	1	
KIMONO MAXX-LARGE FLARE MISC	1	
KIMONO MICRO THIN PLUS MISC	1	
KIMONO MICRO THIN MISC	1	
KIMONO SENSATION PLUS MISC	1	
KIMONO SENSATION MISC	1	
KIMONO MISC	1	
TROJAN ENZ MISC	1	
TROJAN MAGNUM MISC	1	
TROJAN ULTRA THIN/SPERMICIDAL MISC	1	
TROJAN ULTRA THIN MISC	1	
TROJAN-ENZ LUBRICATED MISC	1	
TROJAN-ENZ/SPERMICIDAL MISC	1	
TRUE COVER DEVI	1	
TRUSTEX LUB/RIBBED/STUDDED MISC	1	
TRUSTEX LUB/SPERMICIDE EX ST MISC	1	
TRUSTEX LUB/SPERMICIDE XL MISC	1	
TRUSTEX LUBRICATED EX LARGE MISC	1	
TRUSTEX LUBRICATED EXTRA ST MISC	1	
TRUSTEX LUBRICATED/SPERMICIDE MISC	1	
TRUSTEX LUBRICATED MISC	1	
TRUSTEX NON-LUBRICATED MISC	1	
TRUSTEX RIA LUB/SPERMICIDE MISC	1	
TRUSTEX RIA LUBRICATED MISC	1	
TRUSTEX RIA NON-LUBRICATED MISC	1	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	1	
Diabetic Supplies		
PRODIGY COUNT-A-DOSE MISC	1	RX/OTC
Enteral Nutrition Supplies		
MONOJECT ENTERAL SYRINGE/12ML	1	RX/OTC
MONOJECT ENTERAL SYRINGE/1ML	1	RX/OTC
MONOJECT ENTERAL SYRINGE/35ML	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT ENTERAL SYRINGE/3ML	1	RX/OTC
MONOJECT ENTERAL SYRINGE/60ML	1	RX/OTC
MONOJECT ENTERAL SYRINGE/6ML	1	RX/OTC
GI-GU Ostomy & Irrigation Supplies		
BD CATHETER TIP SYRINGE	1	
DOVER BULB SYRINGE	1	
Misc. Devices		
HURRICAINE DISPENSING CAP MISC	1	RX/OTC
Parenteral Therapy Supplies		
BARDIA BULB IRRIGATION SYRINGE	1	RX/OTC
BARDIA PISTON IRRIGATION SYR	1	RX/OTC
BD ALLERGY SYRINGE MISC	1	RX/OTC
BD BLUNT FILL NEEDLE W/FILTER	1	RX/OTC
BD CONTROL SYRING LUER-LOK	1	RX/OTC
BD DISP NEEDLE	1	RX/OTC
BD DISP NEEDLES	1	RX/OTC
BD ECLIPSE NEEDLE	1	RX/OTC
BD ECLIPSE SYRINGE	1	
BD ECLIPSE SYRINGE/NEEDLE	1	RX/OTC
BD HYPODERMIC NEEDLE	1	RX/OTC
BD INTEGRA NEEDLE	1	RX/OTC
BD INTEGRA SYRINGE	1	RX/OTC
BD INTERLINK BLUNT CANNULA MISC	1	RX/OTC
BD LUER-LOK SYRINGE	1	RX/OTC
BD NOKOR ADMIX NEEDLE	1	RX/OTC
BD PLASTIPAK SYRINGE	1	RX/OTC
BD PRECISIONGLIDE NEEDLE	1	RX/OTC
BD SAFETYGLIDE NEEDLE	1	
BD SAFETYGLIDE SHIELDED NEEDLE	1	
BD SYRINGE	1	
BD SYRINGE BLUNT CANNULA 17G	1	RX/OTC
BD SYRINGE DISPOSABLE	1	
BD SYRINGE DUAL CANNULA	1	RX/OTC
BD SYRINGE LUER SLIP TIP	1	
BD SYRINGE LUER-LOK	1	RX/OTC
BD SYRINGE SLIP TIP	1	RX/OTC
BD SYRINGE/NEEDLE	1	RX/OTC
BD TB SYRINGE MISC	1	
CAREPOINT SYRINGE LUER LOCK	1	RX/OTC
CARETOUCH HYPODERMIC NEEDLE	1	RX/OTC
CARETOUCH LUER LOCK	1	RX/OTC
CARETOUCH LUER LOCK SYR/NEEDLE	1	RX/OTC
CARETOUCH LUER SLIP	1	RX/OTC
EASY GLIDE CATH TIP SYRINGE	1	RX/OTC
EASY GLIDE LUER LOCK SYRINGE	1	RX/OTC
EASY GLIDE SLIP LOCK SYRINGE	1	RX/OTC
EASY TOUCH ALLERGY SYRINGE MISC	1	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	1	
EASY TOUCH FLIPLOCK SAFETY SYR	1	

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH FLURINGE	1	RX/OTC
EASY TOUCH FLURINGE FLIPLOCK	1	RX/OTC
EASY TOUCH FLURINGE SHEATHLOCK	1	RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	1	RX/OTC
EASY TOUCH SAFETY SYRINGE	1	RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	1	
EASY TOUCH SYRINGE BARREL	1	RX/OTC
EASY TOUCH SYRINGE BARREL	1	RX/OTC
EASY TOUCH TB FLIPLOCK SYRINGE MISC	1	
EASY TOUCH TB SHEATHLOCK SYR MISC	1	RX/OTC
EASYPOINT NEEDLE	1	RX/OTC
EASYPOINT NEEDLE/SYRINGE	1	RX/OTC
INJECT-EASE MISC	1	RX/OTC
LUER LOCK SAFETY SYRINGES	1	RX/OTC
MONOJECT BLUNTIP CANNULA	1	RX/OTC
MONOJECT HYPODERMIC NEEDLE	1	RX/OTC
MONOJECT LIFESHIELD CANNULA MISC	1	RX/OTC
MONOJECT LIFESHIELD SYRINGE	1	RX/OTC
MONOJECT MEDICATION TRANSF NDL	1	
MONOJECT PHARMACY TRAY	1	RX/OTC
MONOJECT SAFETY SYR TIP CAPS MISC	1	RX/OTC
MONOJECT SOFTPACK/CATHTIP	1	RX/OTC
MONOJECT SOFTPACK/LLOCK	1	RX/OTC
MONOJECT SOFTPACK/LTIP	1	RX/OTC
MONOJECT SOFTPACK/RG LOCK	1	RX/OTC
MONOJECT SYRINGE	1	RX/OTC
MONOJECT SYRINGE REG LUER	1	RX/OTC
MONOJECT SYRINGE REGULAR TIP	1	RX/OTC
MONOJECT SYRINGE TIP CAPS MISC	1	RX/OTC
MONOJECT TB SYRINGE	1	RX/OTC
MONOJECT TIP CAPS MISC	1	RX/OTC
NOKOR VENTED NEEDLE	1	RX/OTC
PERFECT POINT SAFETY NEEDLE	1	RX/OTC
POLY HUB NEEDLE	1	RX/OTC
SYRINGE DISPOSABLE	1	RX/OTC
SYRINGE ECCENTRIC TIP	1	RX/OTC
SYRINGE FILTER/MILLEX-GS/25MM MISC	1	RX/OTC
SYRINGE LUER LOCK	1	RX/OTC
SYRINGE LUER SLIP	1	RX/OTC
ULTICARE SYRINGE	1	
ULTICARE TUBERCULIN SAFETY SYR	1	
UNIVERSAL SYRINGE TIP ADAPTOR MISC	1	RX/OTC
VANISHPOINT SAFETY SYRINGE	1	
VANISHPOINT SYRINGE	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VANISHPOINT TUBERCULIN SYRINGE MISC	1	RX/OTC
Respiratory Aids		
PEDIATRIC MEDIUM MASK	1	RX/OTC
PEDIATRIC SMALL MASK	1	RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	1	RX/OTC
ADULT AEROSOL MASK MISC	1	RX/OTC
ADULT DISPOSABLE MISC	1	RX/OTC
ADULT MASK LARGE MISC	1	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	1	RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	1	RX/OTC
AEROCHAMBER MV MISC	1	RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	1	RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	1	RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	1	RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	1	RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	1	RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	1	RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	1	RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	1	RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	1	RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	1	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	1	RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	1	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	1	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	1	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	1	RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	1	RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	1	RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	1	RX/OTC
AEROTRACH PLUS MISC	1	RX/OTC
AEROVENT PLUS DEVI	1	RX/OTC
AIRZONE PEAK FLOW METER	1	RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	1	RX/OTC
BUBBLES THE FISH II PEDI MASK MISC	1	RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	1	RX/OTC
CLEVER CHOICE PEAK FLOW METER	1	RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	1	RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	1	RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	1	RX/OTC
COMPACT SPACE CHAMBER DEVI	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASIVENT MASK LARGE MISC	1	RX/OTC
EASIVENT MASK MEDIUM MISC	1	RX/OTC
EASIVENT MASK SMALL MISC	1	RX/OTC
EASIVENT MISC	1	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	1	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	1	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	1	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	1	RX/OTC
EXPIRATORY MOUTHPIECE MISC	1	RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	1	RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	1	RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	1	RX/OTC
FLEXICHAMBER DEVI	1	RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	1	RX/OTC
LITETOUCH MASK LARGE MISC	1	RX/OTC
LITETOUCH MASK MEDIUM MISC	1	RX/OTC
LITETOUCH MASK SMALL MISC	1	RX/OTC
MICROCHAMBER DEVI	1	RX/OTC
MICROCHAMBER MISC	1	RX/OTC
MICROLIFE DIGITAL PEAK FLOW	1	RX/OTC
MICROSPACER MISC	1	RX/OTC
MINI WRIGHT PEAK FLOW METER	1	RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	1	RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	1	RX/OTC
ONE-WAY VALVED EXPIRATORY MISC	1	RX/OTC
ONE-WAY VALVED INSPIRATORY MISC	1	RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	1	RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	1	RX/OTC
OPTICHAMBER DIAMOND MISC	1	RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	1	RX/OTC
PANDA MASK LARGE	1	RX/OTC
PANDA MASK MEDIUM	1	RX/OTC
PANDA MASK SMALL	1	RX/OTC
PARI VORTEX ADULT MASK	1	RX/OTC
PEAK AIR PEAK FLOW METER	1	RX/OTC
PEDIATRIC MOUTHPIECE MISC	1	RX/OTC
PEDIATRIC PANDA MASK	1	RX/OTC
PERSONAL BEST FULL RANGE	1	RX/OTC
PIKO 1	1	RX/OTC
PILLOW MASK/PEDIATRIC MISC	1	RX/OTC
POCKET CHAMBER DEVI	1	RX/OTC
POCKET PEAK FLOW METER	1	RX/OTC
PRO COMFORT SPACER ADULT MISC	1	RX/OTC
PRO COMFORT SPACER CHILD MISC	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT SPACER INFANT DEVI	1	RX/OTC
PROCARE SPACER/ADULT MASK DEVI	1	RX/OTC
PROCARE SPACER/CHILD MASK DEVI	1	RX/OTC
PROCHAMBER VHC DEVI	1	RX/OTC
PRONEB ULTRA FILTER SET MISC	1	RX/OTC
PURE COMFORT FLOW METER ADULT	1	RX/OTC
PURE COMFORT FLOW METER CHILD	1	RX/OTC
PURE COMFORT PEAK FLOW MISC	1	RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	1	RX/OTC
REPLACEMENT FILTERS MISC	1	RX/OTC
REUSABLE COMFORTSEAL MASK-LRG MISC	1	RX/OTC
REUSABLE COMFORTSEAL MASK-MED MISC	1	RX/OTC
REUSABLE COMFORTSEAL MASK-SML MISC	1	RX/OTC
RITEFLO DEVI	1	RX/OTC
SAMI THE SEAL FILTERS MISC	1	RX/OTC
SIDESTREAM ADULT FACE MASK MISC	1	RX/OTC
SIDESTREAM PEDIATRIC FACE MASK MISC	1	RX/OTC
SILICONE MASK/INFANT MISC	1	RX/OTC
SILICONE MASK/PEDIATRIC MISC	1	RX/OTC
SOOTHENEB NBL 100 ADULT MASK MISC	1	RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	1	RX/OTC
SOOTHENEB NBL 100 MED CUP MISC	1	RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	1	RX/OTC
STRIVE DUAL ZONE PEAK FLOW MTR	1	RX/OTC
TRUZONE PEAK FLOW METER	1	RX/OTC
TUBING/WING TIP MISC	1	RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	1	RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	1	RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	1	RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	1	RX/OTC
MINERALS & ELECTROLYTES		
Calcium		
CAL-CITRATE PLUS VITAMIN D TABS	1	
calcium & phosphorus w/ vitamin d CHEW	1	
CALCIUM + D3 TABS 125 UNIT-250 MG	1	
CALCIUM 1000 + D TABS	1	
CALCIUM 600 +D HIGH POTENCY TABS	1	
CALCIUM ACETATE	1	
CALCIUM CARB-CHOLECALCIFEROL CHEW	1	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CARBONATE CHEW	1	
calcium carbonate-cholecalciferol CAPS	1	
calcium carbonate-cholecalciferol CHEW 400 UNIT-600 MG	1	
calcium carbonate-cholecalciferol TABS	1	
CALCIUM CARBONATE POWD PO	1	
calcium carbonate TABS	1	
calcium carbonate-vitamin d w/ minerals CHEW	1	
calcium carbonate-vitamin d w/ minerals TABS	1	
calcium carbonate-vitamin d CAPS	1	
calcium carbonate-vitamin d TABS 250 MG-125 UNIT, 600 MG-200 UNIT	1	
CALCIUM CITRATE + D TABS	1	
CALCIUM CITRATE GRAN	1	
calcium citrate TABS	1	
CALCIUM CITRATE TABS 250 MG	1	
CALCIUM CITRATE-VITAMIN D3 LIQD	1	
calcium citrate-vitamin d TABS	1	
CALCIUM CITRATE-VITAMIN D TABS 125 UNIT-200 MG	1	
CALCIUM LACTATE TABS 100 MG	1	
calcium phosphate-cholecalciferol CHEW 12.5 MCG-115 MG-250 MG	1	
CALCIUM PLUS D3 ABSORBABLE CAPS	1	
CALCIUM/C/D	1	
CALCIUM CHEW	1	
calcium TABS 600 MG	1	
CALCIUM-VITAMIN D3 CAPS	1	
CAL-MINT CHEW	1	
CAL-QUICK LIQD	1	
CALTRATE 600+D PLUS MINERALS CHEW *(Use calcium carbonate-vitamin d w/ minerals)*	9	
CALTRATE 600+D PLUS MINERALS TABS *(Use calcium carbonate-vitamin d w/ minerals)*	9	
CALTRATE 600+D3 SOFT CHEW	1	
CALTRATE 600+D3 TABS *(Use calcium carbonate-cholecalciferol)*	9	
CALTRATE BONE HEALTH ADVANCED CHEW *(Use calcium carbonate-vitamin d w/ minerals)*	9	
CALTRATE BONE HEALTH ADVANCED TABS 800 UNIT-600 MG-50 MG-1.8 MG-1 MG-7.5 MG *(Use calcium carbonate-vitamin d w/ minerals)*	9	
CALTRATE BONE HEALTH ADVANCED TABS 20 MCG-300 MG-25 MG-3.75 MG-0.5 MG-0.9 MG	1	
CALTRATE BONE HEALTH CHEW	1	
CALTRATE BONE HEALTH TABS *(Use calcium carbonate-cholecalciferol)*	9	

Drug Name	Drug Tier	Requirements/ Limits
CALTRATE MINIS PLUS MINERALS TABS	1	
CITRACAL +D3 CHEW 500 UNIT-250 MG-107 MG	1	
CITRACAL MAXIMUM TABS *(Use calcium citrate-vitamin d)*	9	
CITRACAL PETITES/VITAMIN D TABS *(Use calcium citrate-vitamin d)*	9	
FT CALCIUM/VITAMIN D3 TABS	1	
LIQUID CALCIUM WITH D3 CAPS	1	
MAGNEBIND 300	1	
oyster shell	1	
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	1	
OYSTER SHELL CALCIUM/VIT D3 TABS 200 UNIT-500 MG, 3.12 MCG-250 MG	1	
RISACAL-D TABS	1	
UPCAL D POWD	1	
Electrolyte Mixtures		
BIOLYTE SOLN	1	
EQUALYTE SOLN *(Use oral electrolytes)*	9	
FT ELECTROLYTE SOLN	1	
GNP ELECTROLYTE POWDER PACK	1	
HYDRALYTE PACK	1	
HYDRALYTE SOLN	1	
HYDRATING ELECTROLYTE PACK	1	
KINDERLYTE PREMAX PACK	1	
KINDERLYTE PREMAX SOLN	1	
KINDERLYTE PACK	1	
KINDERLYTE SOLN	1	
oral electrolytes SOLN	1	
PEDIALYTE ADVANCED CARE SOLN *(Use oral electrolytes)*	9	
PEDIALYTE FREEZER POPS SOLN *(Use oral electrolytes)*	9	
PEDIALYTE FREEZER POPS SOLN *(Use oral electrolytes)*	1	
PEDIALYTE SINGLES SOLN *(Use oral electrolytes)*	9	
PEDIALYTE SINGLES SOLN *(Use oral electrolytes)*	1	
PEDIALYTE SOLN *(Use oral electrolytes)*	9	
PEDIALYTE SOLN *(Use oral electrolytes)*	1	
THERMOTABS TABS	1	
TRUELYTE SOLN	1	
Fluoride		
sodium fluoride CHEW 0.25 MG, 0.5 MG	1	
sodium fluoride SOLN 0.5 MG/ML	1	RX/OTC
Magnesium		
BEELITH	1	
CVS MAGNESIUM CHEW	1	
CVS TRIPLE MAGNESIUM COMPLEX CAPS	1	
MAG-200 TABS *(Use magnesium oxide (mg supplement))*	9	
MAG64 TBEC *(Use magnesium chloride)*	1	
MAG-G TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
magnesium chloride-calcium carbonate	1	
MAGNESIUM CHLORIDE CRYS	1	
MAGNESIUM CHLORIDE POWD	1	RX/OTC
MAGNESIUM CHLORIDE TABS	1	
magnesium chloride TBEC	1	
MAGNESIUM CITRATE TABS 100 MG	1	
MAGNESIUM EXTRA STRENGTH CAPS	1	
magnesium gluconate TABS 27.5 MG	1	
MAGNESIUM GLUCONATE TABS 250 MG, 500 MG	1	
magnesium lactate	1	
magnesium oxide (mg supplement) CAPS	1	
magnesium oxide (mg supplement) TABS	1	
MAGNESIUM OXIDE -MG SUPPLEMENT CAPS	1	
MAGNESIUM OXIDE -MG SUPPLEMENT CHEW	1	
MAGNESIUM OXIDE -MG SUPPLEMENT TABS	1	
magnesium TABS 250 MG, 400 MG	1	
MAGOX 400 TABS *(Use magnesium oxide (mg supplement))*	9	
MAG-TAB SR *(Use magnesium lactate)*	1	
NU-MAG	1	
SLOW-MAG	1	
SLOWMAG MG MUSCLE/HEART	1	
Mineral Combinations		
CITRACAL MAXIMUM PLUS TABS	1	
CVS CALCIUM CITRATE+D3 TABS	1	
Phosphate		
K-PHOS-NEUTRAL *(Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	9	
PHOS-NAK PACK *(Use potassium & sodium phosphates)*	1	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	
potassium & sodium phosphates PACK	1	
Sodium		
SODIUM CHLORIDE GRAN	1	RX/OTC
SODIUM CHLORIDE POWD	1	
sodium chloride SOLN PO 4 MEQ/ML	1	
SODIUM CHLORIDE SOLN PO 4 MEQ/ML	1	
sodium chloride TABS	1	
Trace Minerals		
copper gluconate TABS	1	
COPPER GLUCONATE TABS *(Use copper gluconate)*	9	
Zinc		
GALZIN	1	
GALZIN	1	
ZINC SULFATE HEPTAHYDRATE	1	RX/OTC
ZINC SULFATE MONOHYDRATE	1	RX/OTC
zinc sulfate CAPS	1	

Drug Name	Drug Tier	Requirements/ Limits
ZINC SULFATE GRAN	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Irrigation Solutions		
water for irrigation, sterile	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
benzocaine-menthol (mouth-throat) LOZG 15 MG-3.6 MG	1	
CEPACOL SORE THROAT EX ST LOZG *(Use benzocaine-menthol (mouth-throat))*	9	
Antiseptics - Mouth/Throat		
BETADINE ANTISEPTIC GARGLE	1	
phenol (antiseptic) LIQD	1	
phenol (antiseptic) LIQD	1	
Lozenges		
CEPACOL SORE THROAT *(Use menthol (mouth-throat))*	9	
menthol (mouth-throat) 5.4 MG, 5.8 MG, 7.5 MG, 7.6 MG	1	
ZINC W/A&C	1	
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins CAPS	1	
b-complex vitamins TABS	1	
B-Complex w/ C		
b complex w/ c CAPS	1	
b complex w/ c TABS	1	
b-complex w/ c & calcium	1	
b-complex w/ c & e + zn	1	
RA B-COMPLEX/VITAMIN C CR TBCR	1	

Drug Name	Drug Tier	Requirements/ Limits
B-Complex w/ Folic Acid		
B COMPLEX-C-BIOTIN-E-FA	1	
b-complex w/ c & folic acid CAPS	1	RX/OTC
b-complex w/ c & folic acid TABS	1	
b-complex w/ folic acid CAPS	1	RX/OTC
b-complex w/ folic acid TABS	1	
b-complex w/biotin & folic acid TABS	1	
B-COMPLEX/FOLIC ACID/VITAMIN C TBCR	1	
DIALYVITE 3000	1	
DIALYVITE 5000	1	
DIALYVITE 800 PLUS D WAFR	1	
DIALYVITE 800/IRON	1	
DIALYVITE 800/ZINC	1	
DIALYVITE 800 WAFR	1	
DIALYVITE 800-ZINC 15	1	
DIALYVITE/ZINC	1	
NEPHPLEX RX	1	
NEPHRONEX LIQD	1	
VITAL-D RX	1	
B-Complex w/ Minerals		
APETIGEN-PLUS TABS	1	
B COMPLEX-MINERALS TABS	1	
b-complex w/ minerals LIQD	1	
Bioflavonoid Products		
bioflavonoid products TABS	1	RX/OTC
bioflavonoid products TBCR	1	

Drug Name	Drug Tier	Requirements/ Limits
PERIDIN-C TABS *(Use bioflavonoid products)*	9	RX/OTC
VITAMIN C CHEW	1	
Multiple Vitamins w/ Calcium		
multiple vitamins w/ calcium TABS	1	
ONE-A-DAY WOMENS FORMULA TABS *(Use multiple vitamins w/ calcium)*	1	
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron TABS	1	
PROTECT IRON LIQD	1	
TAB-A-VITE/IRON/BETA CAROTENE TABS	1	
Multiple Vitamins w/ Minerals		
ABC COMPLETE ADULT TABS	1	RX/OTC
ABC COMPLETE MENS TABS	1	RX/OTC
ABC COMPLETE SENIOR 50+ TABS	1	RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS	1	RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	1	RX/OTC
ABC COMPLETE WOMENS TABS	1	RX/OTC
ADULT ONE DAILY GUMMIES CHEW	1	
AIRBORNE KIDS CHEW	1	
AIRBORNE CHEW	1	
ALGAE BASED CALCIUM TABS	1	RX/OTC
ANTIOXIDANT FORMULA TABS	1	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE TABS	1	RX/OTC
AZO HORMONAL HEALTH HAPPY CYCL TABS	1	RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	1	RX/OTC
BIO-35 GLUTEN-FREE CAPS	1	RX/OTC
BIOCAL CAPS	1	RX/OTC
CENTRAVITES 50 PLUS TABS	1	RX/OTC
CENTRAVITES ADULTS TABS	1	RX/OTC
CENTRUM ADULT LIQD *(Use multiple vitamins w/ minerals)*	9	RX/OTC
CENTRUM ADULTS TABS *(Use multiple vitamins w/ minerals)*	1	RX/OTC
CENTRUM ADULTS TABS *(Use multiple vitamins w/ minerals)*	9	RX/OTC
CENTRUM MEN TABS	1	RX/OTC
CENTRUM MEN TABS *(Use multiple vitamins w/ minerals)*	1	RX/OTC
CENTRUM MINIS ADULTS 50+ TABS	1	RX/OTC
CENTRUM MINIS MEN 50+ TABS	1	RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	1	RX/OTC
CENTRUM MINIS WOMEN IMMUNE SUP TABS	1	RX/OTC
CENTRUM SILVER 50+MEN TABS *(Use multiple vitamins w/ minerals)*	9	RX/OTC
CENTRUM SILVER 50+MEN TABS *(Use multiple vitamins w/ minerals)*	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM SILVER 50+WOMEN TABS *(Use multiple vitamins w/ minerals)*	1	RX/OTC
CENTRUM SILVER 50+WOMEN TABS *(Use multiple vitamins w/ minerals)*	9	RX/OTC
CENTRUM SILVER ADULT 50+ TABS *(Use multiple vitamins w/ minerals)*	1	RX/OTC
CENTRUM SILVER MEN 50+ TABS *(Use multiple vitamins w/ minerals)*	9	RX/OTC
CENTRUM SILVER MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-100 MCG-10 MG-1.7 MG-300 MCG-600 MCG-1000 UNIT-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-72 MG *(Use multiple vitamins w/ minerals)*	1	RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	1	RX/OTC
CENTRUM SILVER WOMEN 50+ TABS *(Use multiple vitamins w/ minerals)*	1	RX/OTC
CENTRUM SILVER TABS *(Use multiple vitamins w/ minerals)*	1	RX/OTC
CENTRUM SILVER TABS *(Use multiple vitamins w/ minerals)*	9	RX/OTC
CENTRUM SPECIALIST HEART TABS	1	RX/OTC
CENTRUM ULTRA WOMENS TABS	1	RX/OTC
CENTRUM WOMEN TABS *(Use multiple vitamins w/ minerals)*	1	RX/OTC
CENTRUM WOMEN TABS *(Use multiple vitamins w/ minerals)*	9	RX/OTC
CENTRUM LIQD *(Use multiple vitamins w/ minerals)*	1	RX/OTC
CENTRUM LIQD *(Use multiple vitamins w/ minerals)*	9	RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT TABS	1	RX/OTC
CERTAVITE SENIOR TABS	1	RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	1	RX/OTC
CONCEPTIONXR MOTILITY SUPPORT MISC	1	
CVS ADULT 50+ EYE HEALTH CAPS	1	RX/OTC
CVS DAILY MULTIVITAMIN MENS TABS	1	RX/OTC
CVS DAILY MULTIVITAMIN WOMENS TABS	1	RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS	1	RX/OTC
CVS IMMUNE SUPPORT VITAMIN C PACK	1	
CVS ONE DAILY MENS 50+ ADV TABS	1	RX/OTC
CVS ONE DAILY WOMENS 50+ ADV TABS	1	RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	1	RX/OTC
CVS SPECTRAVITE ADULTS TABS	1	RX/OTC
DAILY DIABETES HEALTH PACK MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
DECUBI-VITE CAPS	1	RX/OTC
DEKAS BARIATRIC CHEW	1	
DEKAS PLUS OCEAN CAPS	1	RX/OTC
DEKAS PLUS CAPS	1	RX/OTC
DIABETES HEALTH MISC	1	
DIALYVITE SUPREME D TABS	1	RX/OTC
EMERGEN-C BLUE PACK	1	
EMERGEN-C IMMUNE PLUS PACK	1	
EMERGEN-C IMMUNE+ PACK	1	
EMERGEN-C IMMUNE PACK	1	
EMERGEN-C KIDZ PACK	1	
EMERGEN-C MSM LITE PACK	1	
EMERGEN-C PINK PACK	1	
EMERGEN-C VITAMIN C PACK	1	
ENDUR-VM WITH IRON TBCR	1	
ENDUR-VM TBCR	1	
EQ COMPLETE MULTIVITAMIN-ADULT TABS	1	RX/OTC
EQ ONE DAILY MENS 50+ TABS	1	RX/OTC
EQ ONE DAILY MENS HEALTH TABS	1	RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	1	RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	1	RX/OTC
EYE HEALTH + LUTEIN TABS	1	RX/OTC
EYE HEALTH AREDS 2 CAPS	1	RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	1	RX/OTC
FOSFREE TABS *(Use multiple vitamins w/ minerals)*	9	RX/OTC
FREEDAVITE TABS	1	RX/OTC
FT ADULT MULTI GUMMIES CHEW	1	
FT CENTURY 50+ TABS	1	RX/OTC
FT CENTURY ADULTS TABS	1	RX/OTC
FT CENTURY MEN 50+ TABS	1	RX/OTC
FT CENTURY MEN TABS	1	RX/OTC
FT CENTURY WOMEN 50+ TABS	1	RX/OTC
FT CENTURY WOMEN TABS	1	RX/OTC
FT EYE HEALTH TABS	1	RX/OTC
FT ONE DAILY MENS 50+ TABS	1	RX/OTC
FT ONE DAILY WOMENS 50+ TABS	1	RX/OTC
GENADEK STEP 1 CAPS	1	RX/OTC
GENADEK STEP 2 CAPS	1	RX/OTC
GNP CENTURY ADULT TABS	1	RX/OTC
GNP CENTURY MATURE ADULTS 50+ TABS	1	RX/OTC
GNP THERAPEUTIC-M TABS	1	RX/OTC
HAIR SKIN & NAILS ADVANCED TABS	1	RX/OTC
HAIR/SKIN/NAILS CAPS	1	RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	1	RX/OTC
HIGH POT MULTIVITAMIN/BETA-CAR TABS	1	RX/OTC
HIGH POTENCY MULTIVIT/FA TABS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KP MENS DAILY PACK MISC	1	
KP WOMENS DAILY MISC	1	
LYSIPLEX PLUS LIQD	1	RX/OTC
MAXIMIN PACK MISC 1390 MG-30 MCG-500 MCG-16.5 MG-70 MG-8 MG-20 MG-11.9 MG-250 MCG-300 MCG-35 MCG-202.5 MG-50 MG-2.3 MG-45 MCG-80 MG-2 MG-5 MG-150 MCG-45 MCG-0.9 MG-10 MCG-11 MG-720 MG-150 MCG-50 MG-55 MCG-750 MCG-30 MCG-25 MCG-70 MG	1	
MEGA MULTI MEN TABS	1	RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	1	RX/OTC
MENS DAILY PACK PACK	1	
MENS MULTIVITAMIN CHEW	1	
multiple vitamins w/ minerals CAPS	1	RX/OTC
multiple vitamins w/ minerals CHEW	1	
multiple vitamins w/ minerals LIQD	1	RX/OTC
multiple vitamins w/ minerals TABS	1	RX/OTC
multiple vitamins w/ minerals TBEF	1	
MULTIVITAMIN ADULT (MINERALS) TABS	1	RX/OTC
MULTI-VITAMIN MONOCAPS TABS	1	RX/OTC
MULTIVITAMIN/ZINC STRESS TABS	1	RX/OTC
MULTIVITAMIN-MINERALS TABS	1	RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	1	RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	1	RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	1	RX/OTC
MVW COMPLETE FORMULATION CAPS	1	RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	1	RX/OTC
OCULAR VITAMINS TABS	1	RX/OTC
OCUVITE ADULT 50+ CAPS	1	RX/OTC
OCUVITE-LUTEIN CAPS	1	RX/OTC
ONCOVITE TABS	1	RX/OTC
ONE A DAY MEN 50 PLUS TABS	1	RX/OTC
ONE A DAY MENS VITACRAVES CHEW	1	
ONE A DAY WOMEN 50 PLUS TABS	1	RX/OTC
ONE DAILY WOMENS TABS	1	RX/OTC
ONE-A-DAY ENERGY TABS	1	RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	1	RX/OTC
ONE-A-DAY MENS (MINERALS) TABS	1	RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	1	RX/OTC
ONE-A-DAY MENS 50+ TABS	1	RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	1	RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY MENS VITACRAVES CHEW	1	
ONE-A-DAY PROACTIVE 65+ TABS	1	RX/OTC
ONE-A-DAY TEEN ADVANTAGE/HIM TABS	1	RX/OTC
ONE-A-DAY VITACRAVES ADULT CHEW	1	
ONE-A-DAY VITACRAVES IMMUNITY CHEW	1	
ONE-A-DAY VITACRAVES SOUR CHEW	1	
ONE-A-DAY VITACRAVES CHEW	1	
ONE-A-DAY WEIGHT SMART ADVANCE TABS *(Use multiple vitamins w/ minerals)*	1	RX/OTC
ONE-A-DAY WOMENS 50 PLUS TABS *(Use multiple vitamins w/ minerals)*	9	RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS *(Use multiple vitamins w/ minerals)*	1	RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS *(Use multiple vitamins w/ minerals)*	9	RX/OTC
ONE-A-DAY WOMENS 50+ TABS	1	RX/OTC
ONE-A-DAY WOMENS HEALTHY SKIN TABS *(Use multiple vitamins w/ minerals)*	1	RX/OTC
ONE-A-DAY WOMENS MIND & BODY TABS *(Use multiple vitamins w/ minerals)*	1	RX/OTC
ONE-A-DAY WOMENS PETITES TABS *(Use multiple vitamins w/ minerals)*	1	RX/OTC
ONE-A-DAY WOMENS VITACRAVES CHEW	1	
ONE-A-DAY WOMENS TABS	1	RX/OTC
ONE-DAILY MULTI CAPS CAPS	1	RX/OTC
OPTIVITE P.M.T. TABS *(Use multiple vitamins w/ minerals)*	9	RX/OTC
PARVLEX TABS	1	RX/OTC
PHLEXY-VITS POWD	1	
PRESERVISION AREDS 2+MULTI VIT CAPS	1	RX/OTC
PRESERVISION AREDS 2 CAPS	1	RX/OTC
PRESERVISION AREDS CAPS	1	RX/OTC
PRESERVISION AREDS TABS	1	RX/OTC
PRESERVISION/LUTEIN CAPS	1	RX/OTC
PRO-CAL TABS	1	RX/OTC
PRORENAL + D W/ OMEGA-3 CAPS	1	RX/OTC
PRORENAL + D TABS	1	RX/OTC
PROTECT CARDIO AF CAPS	1	RX/OTC
PROTECT PLUS SO CAPS	1	RX/OTC
PROXEED PLUS PACK	1	
QUIN B STRONG TABS	1	RX/OTC
QUINTABS-M TABS	1	RX/OTC
RA CENTRAL-VITE TABS	1	RX/OTC
RA ESSENCE-C PACK	1	
RENAPLEX-D TABS	1	RX/OTC
SENTRY TABS	1	RX/OTC
SPECTRAVITE TABS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SUPER ANTIOXIDANT CAPS	1	RX/OTC
SUPPORT-500 CAPS	1	RX/OTC
THERA M PLUS TABS	1	RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	1	RX/OTC
THERA-M PLUS MV W/BETA-CAROT TABS	1	RX/OTC
THERAMILL FORTE CAPS	1	RX/OTC
THERA-M TABS	1	RX/OTC
THERA-TABS M TABS	1	RX/OTC
THERA-VITE MAX-M TABS	1	RX/OTC
THEREMS-M TABS	1	RX/OTC
VITABEX PLUS CAPS	1	RX/OTC
VITACHEW ADULT MULTI VITAMIN CHEW	1	
VITAJOY MULTI GUMMIES ADULT CHEW	1	
VITAROCA PLUS TABS *(Use multiple vitamins w/ minerals)*	9	RX/OTC
VITATRUM TABS	1	RX/OTC
YELETS TEENAGE FORMULA TABS	1	RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW	1	
ZINC LOZG	1	
Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid		
QUFLORA FE	1	
Multivitamins		
DEKAS ESSENTIAL CAPS	1	RX/OTC
DEKAS ESSENTIAL LIQD	1	
HIGH POTENCY MULTIVITAMIN TABS	1	RX/OTC
MULTI VITAMIN TABS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
multiple vitamin CAPS	1	RX/OTC
multiple vitamin TABS	1	RX/OTC
MULTIVITAMIN ADULT TABS	1	RX/OTC
MULTIVITAMIN TABS	1	RX/OTC
OMNICAP TABS	1	RX/OTC
ONE DAILY ESSENTIALS TABS	1	RX/OTC
ONE DAILY ESSENTIAL TABS	1	RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	1	RX/OTC
ONE-A-DAY ADULT VITACRAVES+DHA CHEW	1	RX/OTC
ONE-A-DAY ESSENTIAL TABS *(Use multiple vitamin)*	1	RX/OTC
ONE-A-DAY MENS TABS *(Use multiple vitamin)*	1	RX/OTC
QUINTABS TABS	1	RX/OTC
THERA TABS	1	RX/OTC
THEREMS TABS	1	RX/OTC
ZE-PLUS CAPS *(Use multiple vitamin)*	9	RX/OTC
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron SOLN	1	RX/OTC
Ped Multiple Vitamins w/ Minerals		
CHILDRENS GUMMIES CHEW	1	
CVS GUMMY DINOS CHEW	1	
CVS GUMMY MULTIVITAMIN KIDS CHEW	1	
DEKAS PLUS LIQD	1	RX/OTC
EQ MULTIVITAMIN GUMMIES CHEW	1	

Drug Name	Drug Tier	Requirements/ Limits
FLINTSTONES COMPLETE CHEW	1	
FLINTSTONES COMPLETE CHEW	1	
FLINTSTONES GUMMIES BONE BUILD CHEW	1	
FLINTSTONES GUMMIES COMPLETE CHEW	1	
FLINTSTONES GUMMIES CHEW	1	
FLINTSTONES SOUR GUMMIES CHEW	1	
GENADEK LIQD	1	RX/OTC
GUMMI BEAR MULTIVITAMIN/MIN CHEW	1	
MULTIVIT-MIN GUMMIES CHILDRENS CHEW	1	
MVW COMPLETE FORMULATION D3000 CHEW	1	
MVW COMPLETE FORMULATION D5000 CHEW	1	
MVW COMPLETE FORMULATION CHEW	1	
MVW COMPLETE FORMULATION SOLN	1	
MVW HI-D DROPS W/EXTRA VIT D LIQD	1	RX/OTC
NANOVM 1-3 YEARS POWD	1	
NANOVM 4-8 YEARS POWD	1	
NANOVM 9-18 YEARS POWD	1	
NANOVM T/F POWD	1	
VITACHEW MULTIPLE VITAMIN CHEW	1	
VITALETS CHILDRENS CHEW	1	
Ped MV w/ Fluoride		
FLORIVA PLUS SOLN	1	RX/OTC
MULTIVITAMIN/FLUORIDE SOLN	1	RX/OTC
MULTIVITAMIN/FLUORIDE SOLN	1	RX/OTC
pediatric multivitamins w/fl SOLN	1	RX/OTC
pediatric multivitamins w/fl SOLN	1	RX/OTC
pediatric vitamins acd w/ fluoride SOLN	1	RX/OTC
POLY-VI-FLOR SUSP	1	
VITAMINS ACD-FLUORIDE SOLN	1	RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/FE SOLN	1	
MULTIVITAMINS PLUS IRON CHILD CHEW	1	
PC PEDIATRIC POLY-VITA/FE DROP SOLN	1	
pediatric multiple vitamins w/ iron CHEW 18 MG	1	
POLY-VITA/IRON SOLN	1	
Pediatric Multiple Vitamins		
INFUVITE PEDIATRIC SOLN IV	1	
MULTIVITAMIN INFANT & TODDLER SOLN PO	1	
NOVAMV PEDIATRIC MULTI-VITAMIN LIQD	1	
ONE-A-DAY VITACRAVES+OMEGA-3 CHEW *(Use pediatric multiple vitamins)*	1	
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	1	
pediatric multiple vitamins CHEW	1	
POLY-VI-SOL SOLN PO	1	
POLY-VITA SOLN PO	1	

Drug Name	Drug Tier	Requirements/ Limits
POLY-VITE PEDIATRIC SOLN PO	1	
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA	1	
Pediatric Vitamins		
BPROTECTED PEDIA TRI-VITE	1	
HONEY BEARS	1	
pediatric vitamins adc 400 UNIT/ML-750 UNIT/ML-35 MG/ML	1	
Prenatal Vitamins		
CITRANATAL BLOOM	1	
CLASSIC PRENATAL TABS	1	
COMPLETENATE CHEW	1	
CVS PRENATAL GUMMY 10 MG-17.5 MCG-180 MCG-9 MG-1 MG-10 MCG-9.5 MG-25 MG-2.5 MG-1.9 MG-110 MCG-5 MG-325 MCG-1.4 MCG-35 MG	1	
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	1	
FT PRENATAL TABS	1	
GNP PRENATAL TABS	1	
KP PRENATAL MULTIVITAMINS TABS	1	
KPN PRENATAL TABS	1	
MULTI PRENATAL TABS	1	
NIVA-PLUS TABS	1	RX/OTC
ONE A DAY PRENATAL	1	
ONE-A-DAY WOMENS PRENATAL 1	1	
ONE-A-DAY WOMENS PRENATAL MISC 60 MG-2.5 MG-300 MCG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG-300 MG-150 MCG-30 UNIT-23 MG-223 MG	1	
PRENATABS FA TABS	1	RX/OTC
PRENATAL (W/IRON & FA) TABS	1	RX/OTC
PRENATAL 19 TABS	1	RX/OTC
PRENATAL GUMMIES/DHA & FA	1	
PRENATAL MULTI +DHA CAPS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-150 MG-1.5 MG-25 MG-200 MG-11 UNIT-28 MG-4000 UNIT-228 MG	1	
PRENATAL MULTIVITAMIN + DHA MISC	1	
PRENATAL ONE DAILY TABS	1	
prenatal vit w/ ferrous fumarate-folic acid CHEW	1	
prenatal vit w/ ferrous fumarate-folic acid TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG	1	
prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC
PRENATAL VITAMIN AND MINERAL TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	1	
PRENATAL/FOLIC ACID+DHA CAPS	1	
PRENATAL/IRON TABS	1	
PRENATAL TABS	1	
PRENATAL-U CAPS	1	
RA PRENATAL TABS	1	
STUART ONE CAPS	1	
TRICARE TABS	1	RX/OTC
Specialty Vitamins Products		
CVS HAIR/SKIN/NAILS TABS	1	RX/OTC
RA EFFERVESCENT FORMULA TBEF	1	
Vitamin Mixtures		
D3 + K2 DOTS TABS	1	
DECARA K CAPS	1	
K2 PLUS D3 TABS	1	
niacinamide w/ zinc-copper-methylfolate-se-cr	1	
NICOMIDE 750 MG-2 MG-0.5 MG-27 MG-100 MCG-50 MCG *(Use niacinamide w/ zinc-copper-methylfolate-se-cr)*	9	
Vitamins w/ Lipotropics		
LIPOTRIAD TABS *(Use vitamins w/ lipotropics)*	9	
vitamins w/ lipotropics TABS	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
AYR NASAL MIST ALLERGY/SINUS SOLN	1	
AYR SALINE NASAL DROPS SOLN	1	
FT SALINE NASAL SPRAY SOLN	1	
LITTLE REMEDIES SALINE SOLN	1	
NASADROPS SALINE ON THE GO SOLN	1	
OCEAN NASAL SPRAY SOLN *(Use saline)*	9	
RA STERILE SALINE NASAL MIST SOLN	1	
saline GEL	1	
saline SOLN 0.65 %	1	
ZARBEES SOOTHING SALINE MIST AERS	1	
Nasal Antiallergy		
cromolyn sodium (nasal) 5.2 MG/ACT	1	
NASALCROM *(Use cromolyn sodium (nasal))*	9	
Nasal Steroids		
budesonide (nasal)	1	
FLONASE ALLERGY REL CHILDRENS SUSP *(Use fluticasone propionate (nasal))*	9	RX/OTC
FLONASE ALLERGY REL CHILDRENS SUSP *(Use fluticasone propionate (nasal))*	1	RX/OTC
FLONASE ALLERGY RELIEF SUSP *(Use fluticasone propionate (nasal))*	9	RX/OTC
FLONASE ALLERGY RELIEF SUSP *(Use fluticasone propionate (nasal))*	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate (nasal) SUSP	1	RX/OTC
NASACORT ALLERGY 24HR AERO *(Use triamcinolone acetonide (nasal))*	9	
triamcinolone acetonide (nasal) AERO	1	
Sympathomimetic Decongestants		
AFRIN 12 HOUR SOLN *(Use oxymetazoline hcl)*	9	
AFRIN 12 HOUR SOLN *(Use oxymetazoline hcl)*	1	
AFRIN ALL NIGHT NODRIP SOLN *(Use oxymetazoline hcl)*	9	
AFRIN ALLERGY SINUS SOLN *(Use oxymetazoline hcl)*	1	
AFRIN CHILDRENS EXTRA MOISTURE SOLN	1	
AFRIN CHILDRENS EXTRA MOISTURE SOLN *(Use oxymetazoline hcl)*	1	
AFRIN NODRIP CHILDRENS SOLN *(Use oxymetazoline hcl)*	1	
AFRIN NODRIP EXTRA MOISTURE SOLN *(Use oxymetazoline hcl)*	1	
AFRIN NODRIP NIGHT SOLN *(Use oxymetazoline hcl)*	1	
AFRIN NODRIP ORIGINAL SOLN *(Use oxymetazoline hcl)*	9	
AFRIN NODRIP SEVERE CONGEST SOLN *(Use oxymetazoline hcl)*	1	
AFRIN NODRIP SINUS SOLN *(Use oxymetazoline hcl)*	1	
AFRIN ORIGINAL SOLN *(Use oxymetazoline hcl)*	9	

Drug Name	Drug Tier	Requirements/ Limits
AFRIN ORIGINAL SOLN *(Use oxymetazoline hcl)*	1	
AFRIN PUMP MIST SOLN *(Use oxymetazoline hcl)*	1	
AFRIN SEVERE CONGESTION SOLN *(Use oxymetazoline hcl)*	1	
NEO-SYNEPHRINE COLD/ALLRG MILD SOLN	1	
NEO-SYNEPHRINE COLD/ALLRGY EXT SOLN *(Use phenylephrine hcl)*	9	
NEO-SYNEPHRINE COLD/ALLRGY REG SOLN	1	
oxymetazoline hcl SOLN 0.05 %	1	
phenylephrine hcl (oral) TABS	1	
phenylephrine hcl SOLN 1 %	1	
pseudoephedrine hcl TABS	1	
pseudoephedrine hcl TB12	1	
SUDAFED CHILDRENS LIQD	1	
SUDAFED PE SINUS CONGESTION TABS *(Use phenylephrine hcl (oral))*	9	
SUDAFED SINUS CONGESTION TABS *(Use pseudoephedrine hcl)*	1	
SUDAFED SINUS CONGESTION TABS *(Use pseudoephedrine hcl)*	9	
SUDAFED TABS *(Use pseudoephedrine hcl)*	1	

Drug Name	Drug Tier	Requirements/ Limits
VICKS SINEX 12 HOUR DECONGEST SOLN *(Use oxymetazoline hcl)*	1	
VICKS SINEX MOISTURIZING SOLN *(Use oxymetazoline hcl)*	9	
VICKS SINEX SEVERE DECONGEST SOLN *(Use oxymetazoline hcl)*	1	
VICKS SINEX SEVERE SOLN *(Use oxymetazoline hcl)*	9	
NUTRIENTS		
Carbohydrates		
FRUCTOSE GRAN	1	RX/OTC
FRUCTOSE POWD	1	
glucose LIQD	1	
Lipotropics		
INOSITOL POWD	1	
inositol TABS	1	
Misc. Nutritional Substances		
COROMEGA OMEGA 3 KIDS EMUL	1	RX/OTC
COROMEGA OMEGA 3 SQUEEZE EMUL	1	RX/OTC
docosahexaenoic acid CAPS 200 MG	1	
FISH OIL PEARLS CAPS	1	
FISH OIL TRIPLE STRENGTH CAPS	1	
FISH OIL ULTRA CAPS	1	
FISH OIL CAPS 360 MG	1	
FT FISH OIL CAPS 300 MG, 360 MG	1	
GNP FISH OIL CPDR	1	
OMEGA MONOPURE 1300 EC CPDR	1	
omega-3 fatty acids CAPS 300 MG, 435 MG, 500 MG, 600 MG, 1000 MG, 1200 MG	1	
omega-3 fatty acids CHEW	1	
omega-3 fatty acids CPDR	1	
omega-3 fatty acids CPDR	1	
omega-3 fatty acids LIQD	1	
OMEGA-3 FISH OIL EX ST CAPS	1	
OMEGA-3 CAPS	1	
OMEGA-3 CPDR	1	
OMEGAPURE 780 EC CPDR	1	
OMEGAPURE 820 CAPS	1	
OMEGAPURE 900 EC CPDR	1	
OMEGAPURE 900-TG CAPS	1	
OMERA CAPS	1	
SUSTAINABLE VEGAN OMEGA-3 CAPS	1	
ULTRA OMEGA-3 FISH OIL CAPS	1	
Proteins		
ARGININE2000 PACK	1	
ARGININE500 PACK	1	
arginine CAPS	1	
ARGININE PACK	1	
arginine TABS 1000 MG	1	
ARGININE TABS	1	
glutamine POWD PO	1	
glutamine TABS	1	
GLUTATHIONE-L REDUCED POWD	1	RX/OTC
GLUTATHIONE-L POWD	1	RX/OTC
GLUTATHIONE POWD	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
L-ARGININE POWD XX	1	RX/OTC
L-ARGININE POWD PO *(Use arginine)*	1	
L-GLUTAMINE POWD XX	1	RX/OTC
L-ISOLEUCINE POWD XX	1	RX/OTC
L-VALINE POWD XX	1	RX/OTC
PURE L-CITRULLINE CAPS	1	
VALINE POWD XX	1	RX/OTC
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
ALCON TEARS SOLN	1	
artificial tear solution	1	
BION TEARS PF	1	
carboxymethylcellulose sodium (ophth) GEL	1	
carboxymethylcellulose sodium (ophth) SOLN 0.5 %	1	
carboxymethylcellulose-glycerin SOLN	1	
dextran 70-hypromellose 0.3 %-0.1 %	1	
FRESHKOTE PF	1	
GENTEAL SEVERE GEL	1	
GENTEAL TEARS MODERATE PF *(Use dextran 70-hypromellose)*	1	
GENTEAL TEARS PF *(Use dextran 70-hypromellose)*	1	
GENTEAL TEARS SEVERE DAY/NIGHT GEL	1	
glycerin-hypromellose-polyethylene glycol 400	1	
polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	1	
polyvinyl alcohol 1.4 %	1	
polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML	1	
propylene glycol (ophth)	1	
REFRESH	1	
REFRESH DIGITAL	1	
REFRESH DIGITAL PF	1	
REFRESH LIQUIGEL GEL *(Use carboxymethylcellulose sodium (ophth))*	1	
REFRESH OPTIVE ADVANCED	1	
REFRESH OPTIVE ADVANCED PF	1	
REFRESH OPTIVE MEGA-3	1	
REFRESH OPTIVE PF SOLN	1	
REFRESH OPTIVE GEL	1	
REFRESH OPTIVE SOLN *(Use carboxymethylcellulose-glycerin)*	1	
REFRESH PLUS SOLN *(Use carboxymethylcellulose sodium (ophth))*	1	
REFRESH RELIEVA PF SOLN	1	
REFRESH RELIEVA SOLN *(Use carboxymethylcellulose-glycerin)*	1	
REFRESH TEARS PF SOLN	1	
REFRESH TEARS SOLN *(Use carboxymethylcellulose sodium (ophth))*	1	
SYSTANE BALANCE *(Use propylene glycol (ophth))*	1	

Drug Name	Drug Tier	Requirements/ Limits
SYSTANE COMPLETE *(Use propylene glycol (ophth))*	1	
SYSTANE COMPLETE PF	1	
SYSTANE HYDRATION PF SOLN *(Use polyethylene glycol-propylene glycol (ophth))*	1	
SYSTANE NIGHT GEL	1	
SYSTANE PRESERVATIVE FREE SOLN 0.3 %-0.4 % *(Use polyethylene glycol-propylene glycol (ophth))*	1	
SYSTANE PRO PF	1	
SYSTANE ULTRA PF SOLN *(Use polyethylene glycol-propylene glycol (ophth))*	1	
SYSTANE ULTRA SOLN *(Use polyethylene glycol-propylene glycol (ophth))*	1	
SYSTANE ULTRA SOLN *(Use polyethylene glycol-propylene glycol (ophth))*	9	
SYSTANE GEL	1	
SYSTANE SOLN *(Use polyethylene glycol-propylene glycol (ophth))*	1	
VENTIVA	1	
white petrolatum-mineral oil	1	
white petrolatum-mineral oil	1	
Contact Lens Solutions		
B&L SENSITIVE EYES SOLN *(Use soft lens products)*	9	
REFRESH CONTACTS DROPS SOLN	1	
Ophthalmic Adrenergic Agents		
LUMIFY	1	
Ophthalmic Decongestants		
CLEAR EYES REDNESS RELIEF 0.25 %-0.012 % *(Use naphazoline-glycerin)*	9	
naphazoline w/ pheniramine	1	
naphazoline-glycerin 0.25 %-0.012 %, 0.5 %-0.03 %	1	
NAPHCON-A *(Use naphazoline w/ pheniramine)*	1	
OPCON-A *(Use naphazoline w/ pheniramine)*	1	
OPCON-A *(Use naphazoline w/ pheniramine)*	1	
tetrahydrozoline hcl (ophth) 0.05 %	1	
tetrahydrozoline w/ zinc sulfate	1	
tetrahydrozoline-dextran-polyethylene glycol-povidone	1	
VISINE RED EYE COMFORT *(Use tetrahydrozoline hcl (ophth))*	9	
Ophthalmics - Misc.		
ketotifen fumarate (ophth) 0.035 %	1	
LASTACAFT	1	
MURO 128 OINT *(Use sodium chloride hypertonic)*	1	
MURO 128 SOLN *(Use sodium chloride hypertonic)*	1	
MURO 128 SOLN	1	
olopatadine hcl	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
olopatadine hcl	1	RX/OTC
PATADAY	1	
PATADAY *(Use olopatadine hcl)*	1	RX/OTC
PATADAY *(Use olopatadine hcl)*	9	RX/OTC
sodium chloride hypertonic OINT	1	
sodium chloride hypertonic SOLN	1	
ZADITOR 0.035 % *(Use ketotifen fumarate (ophth))*	1	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
carbamide peroxide (otic) 6.5 %	1	
DEBROX 6.5 % *(Use carbamide peroxide (otic))*	1	
isopropyl alcohol-glycerin	1	
SWIM EAR *(Use isopropyl alcohol (otic))*	1	
PHARMACEUTICAL ADJUVANTS		
Antimicrobial Agents		
BENZYL ALCOHOL	1	RX/OTC
Gelatin Capsules (Empty)		
CAPSULE CONI-SNAP #0 BLU/WHITE	1	RX/OTC
CAPSULE CONI-SNAP #0 CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #0 DARK BLUE	1	RX/OTC
CAPSULE CONI-SNAP #0 GREEN/CLR	1	RX/OTC
CAPSULE CONI-SNAP #0 PINK	1	RX/OTC
CAPSULE CONI-SNAP #0 PURPLE	1	RX/OTC
CAPSULE CONI-SNAP #0 RED/WHITE	1	RX/OTC
CAPSULE CONI-SNAP #0 WHITE	1	RX/OTC
CAPSULE CONI-SNAP #00 CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #00 WHITE	1	RX/OTC
CAPSULE CONI-SNAP #000 CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #1 AQUA BLUE	1	RX/OTC
CAPSULE CONI-SNAP #1 BLUE	1	RX/OTC
CAPSULE CONI-SNAP #1 BLUE/PINK	1	RX/OTC
CAPSULE CONI-SNAP #1 BLUE/WHT	1	RX/OTC
CAPSULE CONI-SNAP #1 BROWN	1	RX/OTC
CAPSULE CONI-SNAP #1 BRWN/IVRY	1	RX/OTC
CAPSULE CONI-SNAP #1 CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #1 DK GRN/OR	1	RX/OTC
CAPSULE CONI-SNAP #1 DRK GREEN	1	RX/OTC
CAPSULE CONI-SNAP #1 GREY/PINK	1	RX/OTC
CAPSULE CONI-SNAP #1 GRN/YLW	1	RX/OTC
CAPSULE CONI-SNAP #1 ORANGE	1	RX/OTC
CAPSULE CONI-SNAP #1 PINK	1	RX/OTC
CAPSULE CONI-SNAP #1 PINK/BLUE	1	RX/OTC
CAPSULE CONI-SNAP #1 PINK/CLR	1	RX/OTC
CAPSULE CONI-SNAP #1 PINK/WHIT	1	RX/OTC
CAPSULE CONI-SNAP #1 PINK/YLLW	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAPSULE CONI-SNAP #1 PURPLE	1	RX/OTC
CAPSULE CONI-SNAP #1 RED/BLUE	1	RX/OTC
CAPSULE CONI-SNAP #1 RED/WHITE	1	RX/OTC
CAPSULE CONI-SNAP #1 WHITE	1	RX/OTC
CAPSULE CONI-SNAP #1 WHITE/GRN	1	RX/OTC
CAPSULE CONI-SNAP #1 WHT/CLR	1	RX/OTC
CAPSULE CONI-SNAP #1 YELLOW	1	RX/OTC
CAPSULE CONI-SNAP #1 YELLOW/GR	1	RX/OTC
CAPSULE CONI-SNAP #2 CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #2 WHITE	1	RX/OTC
CAPSULE CONI-SNAP #3 BLU/CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #3 BRN/BLUE	1	RX/OTC
CAPSULE CONI-SNAP #3 CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #3 GRAY/YLW	1	RX/OTC
CAPSULE CONI-SNAP #3 GREEN/BLU	1	RX/OTC
CAPSULE CONI-SNAP #3 GREY/PINK	1	RX/OTC
CAPSULE CONI-SNAP #3 MARON/BLU	1	RX/OTC
CAPSULE CONI-SNAP #3 MINT GRN	1	RX/OTC
CAPSULE CONI-SNAP #3 OLIVE/CLR	1	RX/OTC
CAPSULE CONI-SNAP #3 ORANGE	1	RX/OTC
CAPSULE CONI-SNAP #3 PINK/PINK	1	RX/OTC
CAPSULE CONI-SNAP #3 PNK/CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #3 RED/CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #3 RED/RED	1	RX/OTC
CAPSULE CONI-SNAP #3 WHITE	1	RX/OTC
CAPSULE CONI-SNAP #3 WHT/CLR	1	RX/OTC
CAPSULE CONI-SNAP #3 YELLOW	1	RX/OTC
CAPSULE CONI-SNAP #4 BLACK/GRN	1	RX/OTC
CAPSULE CONI-SNAP #4 CLEAR	1	RX/OTC
CAPSULE CONI-SNAP #4 WHITE	1	RX/OTC
CAPSULE SIZE 1 LACTOSE	1	RX/OTC
EMPTY CAPSULE	1	RX/OTC
EMPTY CAPSULE #0 RED/WHITE	1	RX/OTC
EMPTY CAPSULE #00 BLACK/RED	1	RX/OTC
EMPTY CAPSULE #00 BLUE/WHITE	1	RX/OTC
EMPTY CAPSULE #00 PINK/PINK	1	RX/OTC
EMPTY CAPSULE #00 PURPLE	1	RX/OTC
EMPTY CAPSULE #00 PURPLE/WHITE	1	RX/OTC
EMPTY CAPSULE #00 RED/WHITE	1	RX/OTC
EMPTY CAPSULE #00 YELLOW/YELLO	1	RX/OTC
EMPTY CAPSULE SIZE 0	1	RX/OTC
EMPTY CAPSULE SIZE 0 BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 0 BLUE/WHT	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMPTY CAPSULE SIZE 0 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 0 FUN CAPS	1	RX/OTC
EMPTY CAPSULE SIZE 0 GREEN	1	RX/OTC
EMPTY CAPSULE SIZE 0 GREEN/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 0 GRN/CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 0 MAROON	1	RX/OTC
EMPTY CAPSULE SIZE 0 ORANGE	1	RX/OTC
EMPTY CAPSULE SIZE 0 PINK	1	RX/OTC
EMPTY CAPSULE SIZE 0 PURP/WHT	1	RX/OTC
EMPTY CAPSULE SIZE 0 PURPLE	1	RX/OTC
EMPTY CAPSULE SIZE 0 RED	1	RX/OTC
EMPTY CAPSULE SIZE 0 RED/WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 0 WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 0 WHITE/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 0 WHITE/OPA	1	RX/OTC
EMPTY CAPSULE SIZE 0 YELLOW	1	RX/OTC
EMPTY CAPSULE SIZE 00 BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 00 BLUE OPQ	1	RX/OTC
EMPTY CAPSULE SIZE 00 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 00 DRK GRN	1	RX/OTC
EMPTY CAPSULE SIZE 00 GREEN	1	RX/OTC
EMPTY CAPSULE SIZE 00 ORANGE	1	RX/OTC
EMPTY CAPSULE SIZE 00 RED	1	RX/OTC
EMPTY CAPSULE SIZE 00 WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 00 WHT/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 000 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 000 WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 1 AQUA BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 1 BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 1 BLUE/PINK	1	RX/OTC
EMPTY CAPSULE SIZE 1 BLUE/RED	1	RX/OTC
EMPTY CAPSULE SIZE 1 BLUE/WHT	1	RX/OTC
EMPTY CAPSULE SIZE 1 BLUECLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 1 BRN/IVORY	1	RX/OTC
EMPTY CAPSULE SIZE 1 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 1 DRK GREEN	1	RX/OTC
EMPTY CAPSULE SIZE 1 GREEN	1	RX/OTC
EMPTY CAPSULE SIZE 1 GREY/PINK	1	RX/OTC
EMPTY CAPSULE SIZE 1 GRN/ORNGE	1	RX/OTC
EMPTY CAPSULE SIZE 1 GRN/WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 1 GRN/YLLW	1	RX/OTC
EMPTY CAPSULE SIZE 1 IVORY	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMPTY CAPSULE SIZE 1 LGHT BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 1 MAROON/CL	1	RX/OTC
EMPTY CAPSULE SIZE 1 MINT GRN	1	RX/OTC
EMPTY CAPSULE SIZE 1 ORANGE	1	RX/OTC
EMPTY CAPSULE SIZE 1 ORGE/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 1 ORGE/YLLW	1	RX/OTC
EMPTY CAPSULE SIZE 1 ORNGE/WHT	1	RX/OTC
EMPTY CAPSULE SIZE 1 PINK	1	RX/OTC
EMPTY CAPSULE SIZE 1 PINK/BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 1 PINK/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 1 PINK/YLLW	1	RX/OTC
EMPTY CAPSULE SIZE 1 PNK/WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 1 PURPLE	1	RX/OTC
EMPTY CAPSULE SIZE 1 PWDR BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 1 RED	1	RX/OTC
EMPTY CAPSULE SIZE 1 RED/BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 1 RED/WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 1 WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 1 WHITE/OPA	1	RX/OTC
EMPTY CAPSULE SIZE 1 WHT/CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 1 YELLOW	1	RX/OTC
EMPTY CAPSULE SIZE 10 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 11 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 13 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 2 BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 2 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 2 GREEN	1	RX/OTC
EMPTY CAPSULE SIZE 2 WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 3 BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 3 BLUE OPQ	1	RX/OTC
EMPTY CAPSULE SIZE 3 BLUE/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 3 BLUE/WHT	1	RX/OTC
EMPTY CAPSULE SIZE 3 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 3 DARK GRN	1	RX/OTC
EMPTY CAPSULE SIZE 3 GRAY/PINK	1	RX/OTC
EMPTY CAPSULE SIZE 3 GRAY/YLLW	1	RX/OTC
EMPTY CAPSULE SIZE 3 GREEN	1	RX/OTC
EMPTY CAPSULE SIZE 3 GREY/PINK	1	RX/OTC
EMPTY CAPSULE SIZE 3 GREY/YLLW	1	RX/OTC
EMPTY CAPSULE SIZE 3 GRN/BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 3 MARN/BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 3 MARN/CLR	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMPTY CAPSULE SIZE 3 MAROON	1	RX/OTC
EMPTY CAPSULE SIZE 3 MINT GRN	1	RX/OTC
EMPTY CAPSULE SIZE 3 OLIVE	1	RX/OTC
EMPTY CAPSULE SIZE 3 OLIVE/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 3 ORANGE	1	RX/OTC
EMPTY CAPSULE SIZE 3 ORANGE/WH	1	RX/OTC
EMPTY CAPSULE SIZE 3 PINK	1	RX/OTC
EMPTY CAPSULE SIZE 3 PINK/BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 3 PINK/WH	1	RX/OTC
EMPTY CAPSULE SIZE 3 PINK/YLLW	1	RX/OTC
EMPTY CAPSULE SIZE 3 PNK/CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 3 PRPLE/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 3 PURPLE	1	RX/OTC
EMPTY CAPSULE SIZE 3 PWDR BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 3 RED	1	RX/OTC
EMPTY CAPSULE SIZE 3 RED/CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 3 WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 3 WHITE/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 3 WHITE/OPA	1	RX/OTC
EMPTY CAPSULE SIZE 3 YELLOW	1	RX/OTC
EMPTY CAPSULE SIZE 3 YELLW/CLR	1	RX/OTC
EMPTY CAPSULE SIZE 4 BLACK	1	RX/OTC
EMPTY CAPSULE SIZE 4 BLUE/WHIT	1	RX/OTC
EMPTY CAPSULE SIZE 4 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 4 DARK BLUE	1	RX/OTC
EMPTY CAPSULE SIZE 4 PURPLE	1	RX/OTC
EMPTY CAPSULE SIZE 4 RED/WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 4 WHITE	1	RX/OTC
EMPTY CAPSULE SIZE 4 YELLOW	1	RX/OTC
EMPTY CAPSULE SIZE 5 CLEAR	1	RX/OTC
EMPTY CAPSULE SIZE 7 CLEAR	1	RX/OTC
Internal Vehicle Ingredients/Agents		
THIK & CLEAR	1	
Liquid Vehicles		
CVS DISTILLED WATER	1	RX/OTC
DISTILLED WATER	1	RX/OTC
GERBER GOOD START WATER	1	
MX-SOL BLEND SF SUSP	1	RX/OTC
MX-SOL BLEND SUSP	1	RX/OTC
MX-SOL SUSPEND SUSP	1	RX/OTC
NICE DISTILLED WATER	1	RX/OTC
ORA-BLEND SF SUSP	1	RX/OTC
ORA-BLEND SUSP	1	RX/OTC
ORAL MIX SF SUSP	1	RX/OTC
ORAL MIX SUSP	1	RX/OTC
ORAL SUSPEND LIQD	1	RX/OTC
ORA-PLUS LIQD	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ORA-SWEET SYRP 4 %-5 %-54 %	1	RX/OTC
PURIFIED WATER	1	RX/OTC
SIMILAC STERILIZED WATER	1	
SUSPENDRX W/BITTERBLOC SWEET SUSP	1	RX/OTC
SYRSPEND SF ALKA SUSR	1	RX/OTC
SYRSPEND SF PH4 SUSR	1	RX/OTC
SYRSPEND SF LIQD	1	RX/OTC
SYRSPEND SF SUSR	1	RX/OTC
UNISPEND ANHYDROUS SWEETENED SUSP	1	RX/OTC
Non Gelatin Capsules (Empty)		
AR CAPS #1 ACID RESISTANT	1	RX/OTC
CAPSULE #3 CLEAR/CLEAR VEG	1	RX/OTC
CAPSULE 0 CLEAR VEGGIE	1	RX/OTC
CAPSULE 1 CLEAR VEGGIE	1	RX/OTC
CAPSULE 3 CLEAR VEGGIE	1	RX/OTC
CAPSULE CONI-SNAP #0 CLEAR VEG	1	RX/OTC
CAPSULE CONI-SNAP #1 VEGGIE	1	RX/OTC
CAPSULE CONI-SNAP #3 CLEAR VEG	1	RX/OTC
EMPTY CAPSULE SIZE 1 VEG CLEAR	1	RX/OTC
Pharmaceutical Excipients		
GALEN IQ 900	1	
LACTOSE	1	RX/OTC
LACTOSE ANHYDROUS	1	RX/OTC
LACTOSE MONOHYDRATE	1	RX/OTC
LOLLIBASE	1	RX/OTC
METHYLCELLULOSE POWD	1	RX/OTC
PROCAP 100HD CAPSULE EXCIPIENT	1	RX/OTC
SODIUM BENZOATE	1	RX/OTC
Semi Solid Vehicles		
BABY SKIN PROTECTANT	1	RX/OTC
EMOLLIENT BASE	1	RX/OTC
HYDROPHILIC PETROLATUM	1	
PEG	1	RX/OTC
PETROLATUM	1	RX/OTC
POLYETHYLENE GLYCOL 1000 LIQD	1	
POLYETHYLENE GLYCOL 3350 POWD	1	RX/OTC
POLYETHYLENE GLYCOL 8000 POWD	1	RX/OTC
SKIN PROTECTANT	1	RX/OTC
WHITE PETROLATUM OINT	1	RX/OTC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Smoking Deterrents		
NICODERM CQ PT24 TD *(Use nicotine)*	1	
NICORETTE MINI LOZG *(Use nicotine polacrilex)*	1	
NICORETTE STARTER KIT GUM 2 MG *(Use nicotine polacrilex)*	9	
NICORETTE STARTER KIT GUM *(Use nicotine polacrilex)*	1	

Drug Name	Drug Tier	Requirements/ Limits
NICORETTE GUM 2 MG *(Use nicotine polacrilex)*	9	
NICORETTE GUM *(Use nicotine polacrilex)*	1	
NICORETTE LOZG *(Use nicotine polacrilex)*	1	
nicotine polacrilex GUM	1	
nicotine polacrilex GUM	1	
nicotine polacrilex LOZG	1	
nicotine polacrilex LOZG	1	
NICOTINE KIT	1	
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	1	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
H-2 Antagonists		
cimetidine TABS 200 MG	1	RX/OTC
famotidine TABS 10 MG, 20 MG	1	
PEPCID AC MAXIMUM STRENGTH TABS *(Use famotidine)*	1	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS *(Use famotidine)*	9	RX/OTC
PEPCID AC TABS *(Use famotidine)*	9	
PEPCID AC TABS *(Use famotidine)*	1	
PEPCID TABS 20 MG *(Use famotidine)*	9	RX/OTC
TAGAMET HB 200 TABS *(Use cimetidine)*	1	RX/OTC
TAGAMET HB TABS *(Use cimetidine)*	1	RX/OTC
Proton Pump Inhibitors		
esomeprazole magnesium CPDR 20 MG	1	RX/OTC
esomeprazole magnesium CPDR 20 MG	1	QL(2 EA daily); RX/OTC
esomeprazole magnesium TBEC	1	
lansoprazole CPDR 15 MG	1	RX/OTC
lansoprazole TBDD 15 MG	1	RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR *(Use esomeprazole magnesium)*	9	RX/OTC
NEXIUM 24HR CPDR *(Use esomeprazole magnesium)*	9	RX/OTC
NEXIUM CPDR 20 MG *(Use esomeprazole magnesium)*	9	RX/OTC
omeprazole magnesium CPDR	1	
omeprazole magnesium TBEC	1	
omeprazole TBDD	1	
omeprazole TBEC	1	
PREVACID 24HR CPDR *(Use lansoprazole)*	9	RX/OTC
PREVACID SOLUTAB TBDD 15 MG *(Use lansoprazole)*	9	RX/OTC
PRILOSEC OTC TBEC *(Use omeprazole magnesium)*	9	
Ulcer Therapy Combinations		
famotidine-calcium carbonate-magnesium hydroxide	1	
PEPCID COMPLETE *(Use famotidine-calcium carbonate-magnesium hydroxide)*	9	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		

Drug Name	Drug Tier	Requirements/ Limits
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
OXYTROL FOR WOMEN PTTW	1	RX/OTC
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
clotrimazole vaginal CREA	1	
miconazole nitrate vaginal CREA 2 %	1	
miconazole nitrate vaginal KIT	1	
miconazole nitrate vaginal SUPP 100 MG	1	
MONISTAT 1 COMBO PACK KIT *(Use miconazole nitrate vaginal)*	1	
MONISTAT 1 COMBO PACK KIT *(Use miconazole nitrate vaginal)*	9	
MONISTAT 1 DAY OR NIGHT KIT *(Use miconazole nitrate vaginal)*	1	
MONISTAT 3 COMBINATION PACK KIT *(Use miconazole nitrate vaginal)*	1	
MONISTAT 3 COMBO PACK APP KIT *(Use miconazole nitrate vaginal)*	9	
MONISTAT 7 COMBO PACK APP KIT	1	
MONISTAT 7 SIMPLY CURE CREA *(Use miconazole nitrate vaginal)*	1	
tioconazole vaginal 6.5 %	1	
tioconazole vaginal 6.5 %	1	

Drug Name	Drug Tier	Requirements/ Limits
Vaginal Anti-inflammatory Agents		
hydrocortisone vaginal	1	
MONISTAT CARE INSTANT ITCH RLF *(Use hydrocortisone vaginal)*	1	
VITAMINS		
Oil Soluble Vitamins		
AQUA-E LIQD 75 UNIT/ML	1	
BABY DDROPS LIQD PO *(Use cholecalciferol)*	1	
beta carotene CAPS 25000 UNIT	1	
BIO-D-MULSION FORTE LIQD PO	1	
BIO-D-MULSION LIQD PO	1	
cholecalciferol CAPS	1	
cholecalciferol CHEW	1	
cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML	1	
cholecalciferol TABS	1	
CVS BETA CAROTENE CAPS	1	
D3 BABY DROPS LIQD PO	1	
D3 LIQUID LIQD PO	1	
D3 CHEW	1	
DDROPS LIQD PO	1	
DECARA CAPS	1	
DRISDOL CAPS *(Use ergocalciferol)*	9	
D-VI-SOL LIQD PO *(Use cholecalciferol)*	1	
D-VI-SOL LIQD PO *(Use cholecalciferol)*	9	
ergocalciferol CAPS	1	
ergocalciferol SOLN PO 200 MCG/ML	1	

Drug Name	Drug Tier	Requirements/ Limits
OPTIMAL D3 M CAPS	1	
OSTEO-VIT3 LIQD PO	1	
phytonadione SOLN 10 MG/ML	1	
phytonadione TABS 100 MCG	1	
phytonadione TABS 5 MG	1	PA
REPLESTA NX WAFR	1	
REPLESTA WAFR	1	
SUPER DAILY D3 LIQD PO	1	
THERA-D 4000 TABS	1	
VITAMIN A PALMITATE TABS	1	
vitamin a CAPS	1	
vitamin a TABS 10000 UNIT	1	
VITAMIN D (ERGOCALCIFEROL) CAPS	1	
VITAMIN D2 TABS	1	
VITAMIN D3 IMMUNE HEALTH LIQD PO	1	
VITAMIN D3 LIQD PO 25 MCG/SPRAY, 30 MCG/15ML, 125 MCG/0.5ML, 125 MCG/ML	1	
VITAMIN D3 TABS *(Use cholecalciferol)*	1	
VITAMIN D3 TABS	1	
VITAMIN D3 TBDP	1	
vitamin e CAPS	1	
vitamin e OIL	1	
vitamin e SOLN	1	
VITAMIN E SOLN 15 MG/0.67ML	1	
VITAMIN E TABS 100 UNIT, 100 UNIT	1	
XCELLENT E CAPS	1	
YUMVS VITAMIN D3 ZERO CHEW	1	

Drug Name	Drug Tier	Requirements/ Limits
Water Soluble Vitamins		
ascorbic acid CHEW 125 MG, 250 MG, 500 MG	1	
ascorbic acid CHEW 125 MG, 250 MG, 500 MG	1	
ascorbic acid LIQD	1	
ASCORBIC ACID POWD PO	1	
ascorbic acid TABS	1	
ascorbic acid TBCR 1000 MG	1	
ASCOR SOLN IV	1	
biotin CAPS	1	
BIOTIN CAPS 1 MG	1	
biotin TABS 5 MG	1	
HARD NAILS CAPS *(Use biotin)*	9	
MEGA BIOTIN CAPS *(Use biotin)*	1	
NIACIN ER TBCR	1	
niacin CPCR 250 MG	1	
niacin TABS	1	
niacin TBCR	1	
PYRIDOXINE HCL POWD	1	RX/OTC
pyridoxine hcl SOLN	1	
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	1	
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	1	
riboflavin TABS 50 MG, 100 MG	1	
SLO-NIACIN TBCR *(Use niacin)*	1	
thiamine hcl SOLN	1	
thiamine hcl TABS 50 MG, 100 MG	1	
thiamine hcl TABS 50 MG, 100 MG	1	
thiamine mononitrate TABS 100 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
VITAMIN C POWD PO	1	
VITAMIN C TABS	1	

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