Comprehensive

PREFERRED DRUG LIST

Pharmacy Program

YouthCare Health*Choice* Illinois (YouthCare) is committed to providing high quality drug coverage to our members. We work with providers and pharmacists, as well as the Illinois Department of Healthcare and Family Services and the Department of Children and Family Services to make sure we cover drugs used to treat many conditions and diseases. YouthCare covers prescription and certain over-the-counter (OTC) medications when ordered by a network provider. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

Filling a Prescription

You can have your prescriptions filled at a network pharmacy. At the pharmacy, you will need to give the pharmacist your prescription and your ID card. You can find a pharmacy that is in the YouthCare network by using the Find a Provider tool on www.ilyouthcare.com. If you need help finding a pharmacy near you, or if you have any questions about drug coverage, call us at 844-289-2264 (TTY: 711).

There is no cost for covered drugs.

If your medication is not on the preferred drug list or is on the preferred drug list but has limitations, you can:

1. Speak with your doctor about switching to a similar medication that is on the preferred drug list.

2. Request a prior authorization; or speak to your doctor about submitting a prior authorization for you. You or your doctor may do this by submitting the medication prior authorization form, found on www.ilyouthcare.com.

Psychotropic Medication Consent (DCFS Rule 325)

For Children in YouthCare whom the Illinois Department of Children and Family Services (DCFS) is legally responsible for, consent must be obtained prior to the administration of any psychotropic medication. Consent requests must be submitted directly to the DCFS Centralized Consent Unit (CCU) using Form CSF431-A, available on www2.illinois.gov/dcfs.

CFS 431-A Psychotropic Medication Request Form

CFS 431-A Psychotropic Medication Request Cover Sheet

Generic Drugs

Generic drugs have the same active ingredient and work the same as brand name drugs. When generic drugs are available, the brand name drug will not be covered without prior authorization, unless the brand name is preferred over the generic.

Specialty Drugs

Specialty drugs are usually not available at retail pharmacies; and require additional review and monitoring. These drugs are only covered when supplied by a YouthCare network specialty pharmacy. We work with AcariaHealth to help oversee these drugs. Prior authorization request forms for specialty drugs are located on the YouthCare website at www.ilyouthcare.com.

Pharmacy Benefit Exclusions

The following drug categories are not part of the YouthCare pharmacy benefit:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Durable Medical Equipment (DME) products and medical supplies (unless listed on the PDL)
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- OTC products (unless listed on the PDL)
- Drugs not included in the Medicaid Drug Rebate Program, drug product data file (unless listed on the PDL)

Legend

P	Preferred Drug	Drugs preferred by YouthCare
NP	Non-Preferred	Drugs not preferred by YouthCare
AL	Age Limit	Drug is limited to specific ages
PA	Prior Authorization	Prior Authorization required before prescription can be filled
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame
SP	Specialty Drug	Products that must be dispensed by a specialty pharmacy
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage
RX/OTC	Both RX and OTC NDCs	Over the Counter (OTC) products eligible for coverage with a valid prescription written by a licensed physician/clinician
MP	Maintenance Product	Products used to treat long-term conditions or illnesses, available for a 90-Day (3-month) supply
NF	Non-formulary	Drugs that are not included on the formulary by YouthCare.

The publication date of this preferred drug list appears at the bottom of all subsequent pages, and this list is accurate of that date.

For more information regarding the preferred drug list or to receive updated information, call YouthCare at 1-844-289-2264 (TTY: 711) from 8:00 a.m. – 6:00 p.m. Monday through Friday, or email ILYouthCare@centene.com.

For a printed copy of the preferred drug list or to report inaccuracies, call YouthCare at 1-844-289-2264 (TTY: 711) from 8:00 a.m. – 6:00 p.m. Monday through Friday, or email ILYouthCare@centene.com.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS *(amphetamine-dextroamphetamine)*	NP	QL(2 ea daily);AL(At least 3 yrs old)
ADDERALL XR CP24 *(amphetamine-dextroamphetamine)*	NP	QL(1 ea daily);AL(At least 6 yrs old)
ADZENYS ER SUER *(amphetamine)*	NF	
ADZENYS XR-ODT TBED	NP	
amphetamine sulfate tabs	NP	
amphetamine-dextroamphetamine tabs	P	QL(2 ea daily);AL(At least 3 yrs old)
amphetamine-dextroamphetamine cp24	P	QL(1 ea daily);AL(At least 6 yrs old)
DESOXYN *(methamphetamine hcl)*	NP	
DEXEDRINE CP24 5 MG *(dextroamphetamine sulfate)*	NF	QL(1 ea daily);AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG *(dextroamphetamine sulfate)*	NP	QL(2 ea daily);AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 10 MG, 15 MG	NP	QL(2 ea daily);AL(At least 6 yrs old)
dextroamphetamine sulfate tabs 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	
dextroamphetamine sulfate cp24 5 MG	NP	QL(1 ea daily);AL(At least 6 yrs old)
dextroamphetamine sulfate tabs 5 MG, 10 MG	NP	QL(3 ea daily);AL(At least 3 yrs old)
dextroamphetamine sulfate soln	NP	
DYANAVEL XR SUER	P	PA
DYANAVEL XR CHER	NP	
EVEKEO TABS *(amphetamine sulfate)*	NP	
EVEKEO ODT TBDP	NP	
methamphetamine hcl	NP	
MYDAYIS CP24	NP	
VYVANSE CAPS	P	QL(1 ea daily)
VYVANSE CHEW	P	
XELSTRYM	NP	
Analeptics		
caffeine citrate soln or	P	QL(45 ml per fill retail);AL(Up to 18 yrs old)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	NP	AL(At least 6 yrs old);ST;MP
clonidine hcl (adhd) tb12	P	MP
guanfacine hcl (adhd)	P	QL(1 ea daily);MP
INTUNIV *(guanfacine hcl (adhd))*	NP	QL(1 ea daily);AL(At least 6 yrs old);MP
QELBREE	NP	
STRATTERA *(atomoxetine hcl)*	NP	AL(At least 6 yrs old);ST;MP

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI	NP	
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	NP	SP
Stimulants - Misc.		
ADHANSIA XR CP24	NP	
APTENSIO XR CP24 *(methylphenidate hcl)*	NP	
armodafinil	NP	
AZSTARYS	NP	
CONCERTA TBCR 10 MG, 36 MG *(methylphenidate hcl)*	P	QL(2 ea daily);AL(At least 6 yrs old)
CONCERTA TBCR *(methylphenidate hcl)*	P	QL(1 ea daily);AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED	NP	
DAYTRANA PTCH *(methylphenidate)*	NP	
DAYTRANA PTCH *(methylphenidate)*	P	PA
dexmethylphenidate hcl tabs	P	QL(2 ea daily);AL(At least 6 yrs old)
dexmethylphenidate hcl cp24	NP	
FOCALIN TABS *(dexmethylphenidate hcl)*	NP	QL(2 ea daily);AL(At least 6 yrs old)
FOCALIN XR CP24 *(dexmethylphenidate hcl)*	P	
JORNAY PM CP24	P	PA

Drug Name	Drug Tier	Requirements/Limits
METHYLIN SOLN *(methylphenidate hcl)*	NP	
methylphenidate ptch	NP	
methylphenidate hcl tbcr 18 MG, 20 MG, 27 MG, 54 MG	P	QL(1 ea daily);AL(At least 6 yrs old)
methylphenidate hcl tbcr 18 MG, 27 MG, 54 MG	NP	QL(1 ea daily);AL(At least 6 yrs old)
methylphenidate hcl tb24 18 MG, 27 MG, 54 MG	NP	QL(1 ea daily);AL(At least 6 yrs old)
methylphenidate hcl cp24	NP	
methylphenidate hcl cpcr	NP	QL(1 ea daily);AL(At least 6 yrs old)
methylphenidate hcl tabs 10 MG, 20 MG	P	QL(3 ea daily);AL(At least 3 yrs old)
methylphenidate hcl tbcr 36 MG	NP	QL(2 ea daily);AL(At least 6 yrs old)
methylphenidate hcl tbcr 10 MG, 36 MG	P	QL(2 ea daily);AL(At least 6 yrs old)
methylphenidate hcl chew	NP	
methylphenidate hcl tb24 36 MG	NP	QL(2 ea daily);AL(At least 6 yrs old)
methylphenidate hcl soln	NP	
methylphenidate hcl tabs 5 MG	P	QL(6 ea daily);AL(At least 3 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	NP	
modafinil	P	

Drug Name	Drug Tier	Requirements/Limits
NUVIGIL *(armodafinil)*	NP	
PROVIGIL *(modafinil)*	NP	
QUILLICHEW ER CHER	NP	
QUILLIVANT XR SRER	NP	
RELEXXII TBCR 72 MG	NP	
RITALIN TABS 5 MG *(methylphenidate hcl)*	NP	QL(6 ea daily);AL(At least 3 yrs old)
RITALIN TABS 10 MG, 20 MG *(methylphenidate hcl)*	NP	QL(3 ea daily);AL(At least 3 yrs old)
RITALIN LA CP24 *(methylphenidate hcl)*	NP	
AMEBICIDES		
Amebicides		
SOLOSEC	NP	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
amikacin sulfate soln 1 GM/4ML, 500 MG/2ML	P	
ARIKAYCE	NP	SP
BETHKIS NEBU *(tobramycin)*	NP	SP
BETHKIS NEBU *(tobramycin)*	NF	SP
gentamicin in saline 0.9 %-0.8 MG/ML, 0.9 %-1 MG/ML, 0.9 %-1.2 MG/ML, 0.9 %-1.6 MG/ML, 0.9 %-2 MG/ML	P	
gentamicin sulfate ij	P	
KITABIS PAK NEBU *(tobramycin)*	P	SP

Drug Name	Drug Tier	Requirements/Limits
neomycin sulfate tabs	P	
paromomycin sulfate	P	SP
TOBI NEBU *(tobramycin)*	NP	SP
TOBI PODHALER CAPS	NP	SP
tobramycin nebu	NP	SP
tobramycin sulfate soln ij 1.2 GM/30ML	P	
tobramycin sulfate soln ij 10 MG/ML, 80 MG/2ML	P	
tobramycin sulfate solr	P	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP
RINVOQ	NP	SP
XELJANZ TABS	P	SP;PA
XELJANZ SOLN	P	SP;PA
XELJANZ XR TB24	P	SP;PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ	NP	SP
RASUVO SOAJ	NP	SP
REDITREX SOSY	NP	SP
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PSKT	P	SP;PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	SP;PA
HUMIRA PEN PNKT	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP;PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP;PA
HUMIRA PEN-PS/UV STARTER PNKT	P	SP;PA
SIMPONI SOSY	NP	SP
SIMPONI SOAJ	NP	SP
SIMPONI ARIA SOLN	NP	SP
Gold Compounds		
RIDAURA	NP	
Interleukin-1 Blockers		
ARCALYST	NP	SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	NP	SP
Interleukin-1beta Blockers		
ILARIS SOLN	NP	SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN	NP	SP
ACTEMRA SOSY	NP	SP
ACTEMRA ACTPEN SOAJ	NP	SP
KEVZARA SOSY	NP	SP
KEVZARA SOAJ	NP	SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL CAPS *(ibuprofen)*	NF	
ADVIL TABS *(ibuprofen)*	NF	
ADVIL MIGRAINE CAPS *(ibuprofen)*	NF	

Drug Name	Drug Tier	Requirements/Limits
ARTHROTEC 50 TBEC 200 MCG-50 MG *(diclofenac w/ misoprostol)*	NP	MP
ARTHROTEC 75 TBEC 200 MCG-75 MG *(diclofenac w/ misoprostol)*	NP	MP
CELEBREX *(celecoxib)*	NP	QL(2 ea daily);MP
celecoxib	P	QL(2 ea daily);MP
CHILDRENS ADVIL SUSP *(ibuprofen)*	NF	MP;RX/OTC
CHILDRENS MOTRIN SUSP *(ibuprofen)*	NF	MP;RX/OTC
DAYPRO *(oxaprozin)*	NP	MP
diclofenac potassium caps	NP	
diclofenac potassium tabs	P	MP
diclofenac sodium tbec	P	MP
diclofenac sodium tb24	P	MP
diclofenac w/ misoprostol tbec	NP	MP
DUEXIS 26.6 MG-800 MG *(ibuprofen-famotidine)*	NP	
etodolac tb24	P	MP
etodolac caps	P	MP
etodolac tabs	P	MP
FELDENE CAPS *(piroxicam)*	NP	MP
fenoprofen calcium caps 400 MG	NP	MP
fenoprofen calcium tabs	NP	MP

Drug Name	Drug Tier	Requirements/Limits
flurbiprofen tabs 100 MG	P	MP
IBUPAK KIT	NP	
ibuprofen tabs 100 MG, 200 MG	P	
ibuprofen susp	P	MP;RX/OTC
ibuprofen caps	P	
ibuprofen tabs 400 MG, 600 MG, 800 MG	P	MP
ibuprofen susp 100 MG/5ML	NP	MP;RX/OTC
ibuprofen-famotidine 26.6 MG-800 MG	NP	
indomethacin caps 25 MG, 50 MG	P	MP
indomethacin cpcr	P	MP
INFANTS ADVIL SUSP *(ibuprofen)*	NF	
ketoprofen cp24	NP	MP
ketoprofen caps 50 MG, 75 MG	P	MP
ketorolac tromethamine tabs	P	QL(20 ea per 30 days retail)
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	
meclofenamate sodium caps	NP	MP
mefenamic acid caps	NP	MP
meloxicam tabs	P	MP
meloxicam caps	NP	
MOBIC TABS *(meloxicam)*	NF	MP
MOBIC TABS 7.5 MG *(meloxicam)*	NP	MP

Drug Name	Drug Tier	Requirements/Limits
MOTRIN INFANTS DROPS SUSP *(ibuprofen)*	NF	
nabumetone	P	MP
NALFON TABS *(fenoprofen calcium)*	NP	MP
NALFON CAPS *(fenoprofen calcium)*	NP	MP
NAPRELAN TB24 500 MG *(naproxen sodium)*	NF	MP
NAPRELAN TB24 *(naproxen sodium)*	NP	MP
naproxen tabs	P	MP
naproxen tbec	P	QL(2 ea daily);MP
naproxen susp	P	MP
naproxen sodium tb24	NP	MP
naproxen sodium tabs 275 MG, 550 MG	P	MP
naproxen-esomeprazole magnesium	NP	MP
oxaprozin	NP	MP
piroxicam caps	NP	MP
RELAFEN DS	NP	
sulindac tabs	P	MP
TIVORBEX CAPS *(indomethacin)*	NF	
VIMOVO *(naproxen-esomeprazole magnesium)*	NP	MP
VIVLODEX CAPS *(meloxicam)*	NF	
ZIPSOR CAPS *(diclofenac potassium)*	NF	
Phosphodiesterase 4 (PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TBPK	NP	SP
OTEZLA TABS	NP	SP
Pyrimidine Synthesis Inhibitors		
ARAVA *(leflunomide)*	NP	QL(1 ea daily)
leflunomide	P	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOLR	NP	SP
ORENCIA SOSY	NP	SP
ORENCIA CLICKJECT SOAJ	NP	SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLN	P	SP;PA
ENBREL SOLR	P	SP;PA
ENBREL SOSY	P	SP;PA
ENBREL MINI SOCT	P	SP;PA
ENBREL SURECLICK SOAJ	P	SP;PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
ALLZITAL TABS 325 MG-25 MG	NP	
butalbital-acetaminophen caps 300 MG-50 MG	NP	
butalbital-acetaminophen tabs 300 MG-50 MG, 325 MG-50 MG	P	
butalbital-acetaminophen-caffeine tabs 325 MG-40 MG-50 MG	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen-caffeine caps 300 MG-40 MG-50 MG	P	
butalbital-acetaminophen-caffeine soln 325 MG/15ML-40 MG/15ML-50 MG/15ML	NP	
butalbital-acetaminophen-caffeine caps 325 MG-40 MG-50 MG	P	QL(4 ea daily)
butalbital-aspirin-caffeine caps 50 MG-325 MG-40 MG	P	QL(4 ea daily)
ESGIC TABS 325 MG-40 MG-50 MG *(butalbital-acetaminophen-caffeine)*	NP	QL(4 ea daily)
FIORICET CAPS 300 MG-40 MG-50 MG *(butalbital-acetaminophen-caffeine)*	NP	
FIORINAL CAPS 50 MG-325 MG-40 MG *(butalbital-aspirin-caffeine)*	NF	QL(4 ea daily)
Analgesics Other		
acetaminophen susp 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	P	
acetaminophen liqd 160 MG/5ML	P	
acetaminophen chew 80 MG	P	

Drug Name	Drug Tier	Requirements/Limits
acetaminophen supp	P	QL(12 ea per 31 days retail)
acetaminophen caps 500 MG	P	
acetaminophen elix	P	
acetaminophen soln or 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	P	
acetaminophen tabs 325 MG, 500 MG	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 ea per 31 days retail)
OFIRMEV SOLN IV *(acetaminophen)*	NF	
TYLENOL TABS *(acetaminophen)*	NF	
TYLENOL CHILDRENS SUSP *(acetaminophen)*	NF	
TYLENOL CHILDRENS PAIN +FEVER SUSP *(acetaminophen)*	NF	
TYLENOL EXTRA STRENGTH TABS *(acetaminophen)*	NF	
TYLENOL FOR CHILDREN/ADULTS SUSP *(acetaminophen)*	NF	
TYLENOL INFANTS PAIN+FEVER SUSP *(acetaminophen)*	NF	
Salicylates		
aspirin chew	P	
aspirin buffered (cal carb-mag carb-mag oxide)	P	

Drug Name	Drug Tier	Requirements/Limits
BUFFERIN 325 MG *(aspirin buffered (cal carb-mag carb-mag oxide))*	NF	
diflunisal tabs	P	
salsalate	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP *(fentanyl citrate)*	NP	
codeine sulfate tabs 30 MG, 60 MG	P	QL(2 ea daily);AL(At least 12 yrs old)
CODEINE SULFATE TABS 15 MG	P	QL(2 ea daily)
CODEINE SULFATE TABS	P	QL(2 ea daily);AL(At least 12 yrs old)
CONZIP CP24 *(tramadol hcl)*	NP	
DILAUDID LIQD *(hydromorphone hcl)*	NP	
DILAUDID TABS *(hydromorphone hcl)*	NP	QL(180 ea per 27 days retail)
DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR *(fentanyl)*	NF	QL(0.34 ea daily)
fentanyl pt72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	NP	
fentanyl pt72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	NP	QL(0.34 ea daily)

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate lpop	NP	
fentanyl citrate tabs	NP	
FENTORA TABS *(fentanyl citrate)*	NP	
hydrocodone bitartrate cp12	NP	
hydrocodone bitartrate t24a	NP	
hydromorphone hcl tabs	P	QL(180 ea per 27 days retail)
hydromorphone hcl tb24	NP	
hydromorphone hcl liqd	P	
HYDROMORPHONE HCL SUPP	P	QL(12 ea per fill retail)
HYSINGLA ER T24A	NP	
KADIAN CP24 *(morphine sulfate)*	NP	
KADIAN CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG *(morphine sulfate)*	NF	
KADIAN CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG, 200 MG	NP	
KADIAN CP24 40 MG *(morphine sulfate)*	NF	
levorphanol tartrate tabs	NP	
meperidine hcl soln or 50 MG/5ML	NP	QL(500 ml per fill retail)
meperidine hcl tabs 50 MG	NP	QL(180 ea per 27 days retail)
methadone hcl tabs 5 MG	NP	QL(4 ea daily)
methadone hcl conc	NP	

Drug Name	Drug Tier	Requirements/Limits
methadone hcl tabs 10 MG	NP	QL(10 ea daily)
methadone hcl tbso	NP	
methadone hcl soln or	NP	
METHADOSE CONC *(methadone hcl)*	NP	
METHADOSE SUGAR-FREE CONC *(methadone hcl)*	NP	
morphine sulfate supp	P	QL(24 ea per fill retail)
morphine sulfate soln or 10 MG/5ML, 20 MG/5ML	P	QL(500 ml per 23 days retail)
morphine sulfate soln or 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML	P	QL(240 ea per fill retail)
morphine sulfate tabs	P	QL(180 ea per 27 days retail)
morphine sulfate cp24	NP	
morphine sulfate tbcr	P	QL(3 ea daily);PA
morphine sulfate beads	NP	
MS CONTIN TBCR *(morphine sulfate)*	NP	QL(3 ea daily)
NUCYNTA TABS	NP	
NUCYNTA ER TB12	NP	
oxycodone hcl caps	P	QL(180 ea per 27 days retail)
oxycodone hcl soln	P	
oxycodone hcl conc 100 MG/5ML	P	QL(6 ml daily)
oxycodone hcl t12a	NP	QL(2 ea daily)
oxycodone hcl tabs	P	QL(180 ea per 27 days retail)
OXYCONTIN T12A	NP	QL(2 ea daily)
oxymorphone hcl tabs	NP	

Drug Name	Drug Tier	Requirements/Limits
oxymorphone hcl tb12	NP	
ROXICODONE TABS *(oxycodone hcl)*	NP	QL(180 ea per 27 days retail)
ROXYBOND TABA 5 MG, 30 MG	NP	
tramadol hcl tabs 100 MG	NP	AL(At least 18 yrs old)
tramadol hcl tabs 50 MG	P	QL(8 ea daily)
tramadol hcl tb24	NP	
tramadol hcl cp24 100 MG, 200 MG, 300 MG	NP	
TRAMADOL HYDROCHLORIDE SOLN	NP	
ULTRAM TABS *(tramadol hcl)*	NF	QL(8 ea daily);AL(At least 18 yrs old)
XTAMPZA ER	NP	
ZOHYDRO ER CP12 *(hydrocodone bitartrate)*	NP	
Opioid Combinations		
acetaminophen w/ codeine soln 120 MG/5ML-12 MG/5ML	P	QL(30 ml daily)
acetaminophen w/ codeine tabs 300 MG-15 MG, 300 MG-30 MG, 300 MG-60 MG	P	QL(180 ea per 27 days retail);AL(At least 12 yrs old)
acetaminophen w/ codeine soln 120 MG/5ML-12 MG/5ML	P	QL(30 ml daily);AL(At least 12 yrs old)
acetaminophen-caff-dihydrocod caps 16 MG-30 MG-320.5 MG	NP	
APADAZ	NP	

Drug Name	Drug Tier	Requirements/Limits
BENZHYDROCODONE/ ACETAMINOPHEN	NP	
butalbital-acetaminophen-caffeine w/ codeine 300 MG-30 MG-40 MG-50 MG	NP	
butalbital-aspirin-caffeine w/cod 50 MG-325 MG-30 MG-40 MG	P	QL(4 ea daily);AL(At least 12 yrs old)
FIORICET/CODEINE 300 MG-30 MG-40 MG-50 MG *(butalbital-acetaminophen-caffeine w/ codeine)*	NP	
FIORINAL/CODEINE #3 50 MG-325 MG-30 MG-40 MG *(butalbital-aspirin-caffeine w/cod)*	NF	QL(4 ea daily);AL(At least 12 yrs old)
hydrocodone-acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG	P	
hydrocodone-acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG	P	QL(180 ea per 27 days retail)
hydrocodone-acetaminophen soln 2.5 MG/5ML-108 MG/5ML, 5 MG/10ML-217 MG/10ML, 7.5 MG/15ML-325 MG/15ML	P	QL(180 ml daily)

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-ibuprofen 200 MG-10 MG, 200 MG-5 MG, 200 MG-7.5 MG	P	
LORTAB ELIX 10 MG/15ML-300 MG/15ML	NP	
NORCO TABS *(hydrocodone-acetaminophen)*	NF	QL(180 ea per 27 days retail)
oxycodone w/ acetaminophen tabs 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG	P	QL(180 ea per 27 days retail)
oxycodone w/ acetaminophen soln 5 MG/5ML-325 MG/5ML	P	
PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG *(oxycodone w/ acetaminophen)*	NP	QL(180 ea per 27 days retail)
PERCOCET TABS 2.5 MG-325 MG *(oxycodone w/ acetaminophen)*	NP	
SEGLENTIS 56 MG-44 MG	NP	
tramadol-acetaminophen 37.5 MG-325 MG	NP	QL(4 ea daily);AL(At least 18 yrs old)
ULTRACET 37.5 MG-325 MG *(tramadol-acetaminophen)*	NF	QL(4 ea daily);AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	

Drug Name	Drug Tier	Requirements/Limits
buprenorphine ptwk	NP	
buprenorphine hcl subl	P	
buprenorphine hcl-naloxone hcl dihydrate film sl	P	
buprenorphine hcl-naloxone hcl dihydrate subl	P	
butorphanol tartrate na 10 MG/ML	NP	
BUTRANS PTWK *(buprenorphine)*	NP	
pentazocine w/ naloxone hcl 50 MG-0.5 MG	NP	
SUBLOCADE SOSY	P	SP
SUBOXONE FILM SL *(buprenorphine hcl-naloxone hcl dihydrate)*	P	
ZUBSOLV SUBL	P	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL GEL TD *(testosterone)*	NF	
ANDROGEL GEL TD 20.25 MG/1.25GM *(testosterone)*	NF	
ANDROGEL PUMP GEL TD *(testosterone)*	NF	
DEPO-TESTOSTERONE SOLN IM 100 MG/ML *(testosterone cypionate)*	NF	

Drug Name	Drug Tier	Requirements/Limits
DEPO-TESTOSTERONE SOLN IM 200 MG/ML *(testosterone cypionate)*	NF	QL(4 ml per 30 days retail)
FORTESTA GEL TD *(testosterone)*	NF	
TESTIM GEL TD *(testosterone)*	NF	
testosterone gel td 1 %, 1.62 %, 10 MG/ACT, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	P	
testosterone soln	P	
testosterone cypionate soln im 100 MG/ML	P	
testosterone cypionate soln im 200 MG/ML	P	QL(4 ml per 30 days retail)
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	P	QL(4 ml per 30 days retail)
testosterone enanthate soln im	P	
VOGELXO GEL TD *(testosterone)*	NF	
VOGELXO PUMP GEL TD *(testosterone)*	NF	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA *(hydrocortisone (intrarectal))*	NP	QL(420 ml per fill retail)
CORTIFOAM EX 10 %	NP	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone (intrarectal)	P	QL(420 ml per fill retail)
UCERIS	NP	
Rectal Combinations		
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL 2.8 %-0.55 %	NP	
lidocaine-hydrocortisone acetate (rectal) kit	NP	
lidocaine-hydrocortisone acetate (rectal) crea ex 3 %-0.5 %	NP	
phenylephrine-cocoa butter 85.39 %-0.25 %, 88.44 %-0.25 %	P	
phenylephrine-mineral oil-petrolatum 14 %-0.25 %-74.9 %	P	QL(90 gm per 30 days retail)
phenylephrine-shark liver oil-cocoa butter 3 %-0.25 %-85.5 %	P	QL(12 ea per 31 days retail)
phenylephrine-shark liver oil-mineral oil-petrolatum 3 %-0.25 %-71.9 %-14 %	P	QL(31 gm per 31 days retail)
PREPARATION H 14 %-0.25 %-74.9 % *(phenylephrine-mineral oil-petrolatum)*	NF	QL(90 gm per 30 days retail)
PROCTOFOAM HC FOAM EX 1 %-1 %	NP	
Rectal Local Anesthetics		
pramoxine hcl (rectal) foam ex	P	QL(15 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
PROCTOFOAM FOAM EX *(pramoxine hcl (rectal))*	NF	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC EX *(hydrocortisone (rectal))*	NP	QL(30 gm per fill retail)
hydrocortisone (rectal) ex 1 %	P	
hydrocortisone (rectal) ex 2.5 %	P	QL(30 gm per fill retail)
hydrocortisone acetate (rectal) 30 MG	NP	
PROCTOCORT *(hydrocortisone acetate (rectal))*	NF	
PROCTOCORT EX *(hydrocortisone (rectal))*	NF	
Vasodilating Agents		
RECTIV	NP	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone susp	P	
alum & mag hydrox-simethicone liqd	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) tabs 325 MG, 650 MG	P	
Antacids - Calcium Salts		
calcium carbonate (antacid) susp	P	QL(500 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate (antacid) chew 500 MG	P	
TUMS CHEW *(calcium carbonate (antacid))*	NF	
TUMS LASTING EFFECTS CHEW *(calcium carbonate (antacid))*	NF	
Antacids - Magnesium Salts		
magnesium oxide tabs 400 MG	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	NP	
ALBENZA *(albendazole)*	NP	
BENZNIDAZOLE	NP	SP
BILTRICIDE *(praziquantel)*	NP	
EMVERM CHEW	NP	QL(1 ea per 20 days retail)
ivermectin	NP	
praziquantel	P	
STROMECTOL *(ivermectin)*	NP	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
RANEXA TB12 *(ranolazine)*	NP	MP
ranolazine tb12	NP	MP
Nitrates		

Drug Name	Drug Tier	Requirements/Limits
GONITRO PACK	NP	
ISORDIL TITRADOSE TABS *(isosorbide dinitrate)*	NP	MP
isosorbide dinitrate tabs	P	MP
isosorbide mononitrate tabs	P	QL(2 ea daily);MP
isosorbide mononitrate tb24	P	QL(1 ea daily);MP
NITRO-BID OINT	P	
NITRO-DUR PT24	NP	
NITRO-DUR PT24 *(nitroglycerin)*	NP	
nitroglycerin soln tl .4 MG/SPRAY	NP	MP
nitroglycerin subl	P	MP
nitroglycerin pt24	P	
NITROLINGUAL PUMPSPRAY SOLN TL *(nitroglycerin)*	NP	MP
NITROSTAT SUBL *(nitroglycerin)*	NP	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl 15 MG	P	QL(4 ea daily);MP
buspirone hcl 5 MG, 10 MG	P	QL(6 ea daily);MP
buspirone hcl 7.5 MG, 30 MG	P	QL(3 ea daily);MP
hydroxyzine hcl syrp	P	MP
hydroxyzine hcl tabs	P	MP
hydroxyzine pamoate caps	P	MP
meprobamate	NP	MP

Drug Name	Drug Tier	Requirements/Limits
VISTARIL CAPS *(hydroxyzine pamoate)*	NP	MP
Benzodiazepines		
alprazolam tabs	P	QL(4 ea daily)
alprazolam tb24	NP	
alprazolam tbdp	NP	
ALPRAZOLAM INTENSOL CONC	P	
ATIVAN TABS 1 MG *(lorazepam)*	NP	QL(4 ea daily)
ATIVAN TABS .5 MG, 2 MG *(lorazepam)*	NP	QL(3 ea daily)
chlordiazepoxide hcl caps	P	QL(4 ea daily)
clorazepate dipotassium tabs	P	QL(3 ea daily)
diazepam soln or 5 MG/5ML	P	QL(500 ml per fill retail)
diazepam conc	P	
diazepam tabs	P	QL(4 ea daily)
lorazepam tabs 1 MG	P	QL(4 ea daily)
lorazepam conc	P	
lorazepam tabs .5 MG, 2 MG	P	QL(3 ea daily)
LOREEV XR CS24	NP	
oxazepam caps	P	QL(4 ea daily)
TRANXENE T TABS *(clorazepate dipotassium)*	NF	QL(3 ea daily)
XANAX TABS *(alprazolam)*	NP	QL(4 ea daily)
XANAX XR TB24 *(alprazolam)*	NP	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		

Drug Name	Drug Tier	Requirements/Limits
Antiarrhythmics Type I-A		
disopyramide phosphate caps	P	MP
NORPACE CAPS *(disopyramide phosphate)*	NP	MP
NORPACE CR CP12	P	
quinidine gluconate tbcr	P	MP
quinidine sulfate tabs	P	MP
Antiarrhythmics Type I-B		
mexiletine hcl	P	MP
Antiarrhythmics Type I-C		
flecainide acetate	P	MP
propafenone hcl cp12	NP	MP
propafenone hcl tabs	P	MP
RYTHMOL SR CP12 *(propafenone hcl)*	NP	MP
Antiarrhythmics Type III		
amiodarone hcl tabs	P	MP
dofetilide	P	MP
MULTAQ	NP	
TIKOSYN *(dofetilide)*	NP	MP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP
FASENRA SOSY	P	SP;PA
FASENRA PEN SOAJ	P	SP;PA
NUCALA SOLR	P	SP;PA
NUCALA SOAJ	P	SP;PA
NUCALA SOSY	P	SP;PA
TEZSPIRE	NP	SP
XOLAIR SOLR	P	SP;PA
XOLAIR SOSY	P	SP;PA
Anti-Inflammatory Agents		
cromolyn sodium nebu	P	QL(240 ml per 30 days retail)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(25 gm per 30 days retail)
INCRUSE ELLIPTA	P	QL(30 ea per fill retail)
ipratropium bromide soln .02 %	P	QL(375 ml per 27 days retail)
LONHALA MAGNAIR REFILL KIT SOLN	NP	
LONHALA MAGNAIR STARTER KIT SOLN	NP	
SPIRIVA HANDIHALER CAPS	P	
SPIRIVA RESPIMAT AERS	P	
TUDORZA PRESSAIR	NP	QL(1 ea per 30 days retail)
YUPELRI	NP	
Leukotriene Modulators		
ACCOLATE *(zafirlukast)*	NP	MP
montelukast sodium chew	P	QL(1 ea daily);MP
montelukast sodium tabs	P	QL(1 ea daily);MP
montelukast sodium pack	P	QL(1 ea daily);MP
SINGULAIR PACK *(montelukast sodium)*	NF	QL(1 ea daily);MP
SINGULAIR CHEW *(montelukast sodium)*	NP	QL(1 ea daily);MP
SINGULAIR TABS *(montelukast sodium)*	NP	QL(1 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
SINGULAIR PACK *(montelukast sodium)*	NP	QL(1 ea daily);MP
SINGULAIR TABS *(montelukast sodium)*	NF	QL(1 ea daily);MP
zafirlukast	P	MP
zileuton tb12	NP	MP
ZYFLO TABS	NP	
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(roflumilast)*	NP	
roflumilast	NP	
Steroid Inhalants		
ALVESCO	NP	
ARMONAIR DIGIHALER	NP	
ARNUITY ELLIPTA	NP	
ASMANEX HFA AERO	NP	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	P	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	P	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	P	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	P	

Drug Name	Drug Tier	Requirements/Limits
budesonide (inhalation) susp	P	QL(120 ml per 30 days retail);AL(Up to 8 yrs old)
FLOVENT DISKUS AEPB 50 MCG/BLIST	P	QL(60 ea per fill retail)
FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST	P	QL(2 ea daily)
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail)
FLOVENT HFA 44 MCG/ACT	P	QL(11 gm per fill retail)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT	NP	QL(11 gm per fill retail)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT	NP	QL(12 gm per fill retail)
PULMICORT SUSP *(budesonide (inhalation))*	NP	QL(120 ml per 30 days retail);AL(Up to 8 yrs old)
PULMICORT FLEXHALER AEPB	NP	QL(1 ea per 25 days retail)
QVAR REDIHALER	NP	
Sympathomimetics		
ADVAIR DISKUS AEPB *(fluticasone-salmeterol)*	P	QL(2 ea daily)
ADVAIR HFA AERO	P	
AIRDUO DIGIHALER 113/14 14 MCG/ACT-113 MCG/ACT	P	

Drug Name	Drug Tier	Requirements/Limits
AIRDUO DIGIHALER 232/14 14 MCG/ACT-232 MCG/ACT	P	
AIRDUO DIGIHALER 55/14 14 MCG/ACT-55 MCG/ACT	P	
AIRDUO RESPICLICK 113/14 AEPB 14 MCG/ACT-113 MCG/ACT *(fluticasone-salmeterol)*	P	
AIRDUO RESPICLICK 232/14 AEPB 14 MCG/ACT-232 MCG/ACT *(fluticasone-salmeterol)*	P	
AIRDUO RESPICLICK 55/14 AEPB 14 MCG/ACT-55 MCG/ACT *(fluticasone-salmeterol)*	P	
albuterol sulfate syrp	P	MP
albuterol sulfate aers	P	QL(17 gm per 30 days retail)
albuterol sulfate nebu .5 %, 2.5 MG/0.5ML	P	QL(2 ml daily)
albuterol sulfate tabs	NP	
albuterol sulfate aers	P	QL(36 gm per 30 days retail)
albuterol sulfate aers	P	QL(13.4 gm per 30 days retail)
albuterol sulfate nebu .083 %, .63 MG/3ML, 1.25 MG/3ML	P	QL(375 ml per 27 days retail)

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA 62.5 MCG/INH-25 MCG/INH	P	
arformoterol tartrate	NP	
BEVESPI AEROSPHERE 4.8 MCG/ACT-9 MCG/ACT	NP	
BREO ELLIPTA	NP	
BREZTRI AEROSPHERE 4.8 MCG/ACT-9 MCG/ACT-160 MCG/ACT	NP	
BROVANA *(arformoterol tartrate)*	NP	
budesonide-formoterol fumarate dihydrate	NP	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS 20 MCG/ACT-100 MCG/ACT	NP	QL(4 gm per 30 days retail)
DUAKLIR PRESSAIR 400 MCG/ACT-12 MCG/ACT	NP	
DULERA 5 MCG/ACT-100 MCG/ACT, 5 MCG/ACT-200 MCG/ACT	P	QL(13 gm per fill retail)
DULERA 5 MCG/ACT-50 MCG/ACT	P	
FLUTICASONE FUROATE/VILANTEROL ELLIPTA	NP	

Drug Name	Drug Tier	Requirements/Limits
fluticasone-salmeterol aepb 14 MCG/ACT-113 MCG/ACT, 14 MCG/ACT-232 MCG/ACT, 14 MCG/ACT-55 MCG/ACT	NP	
fluticasone-salmeterol aepb 50 MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT	NP	QL(2 ea daily)
formoterol fumarate nebu	NP	
ipratropium-albuterol soln 0.5 MG/3ML-2.5 MG/3ML	P	QL(12 ml daily)
levalbuterol hcl	P	
levalbuterol tartrate	P	2 rtl pack lmt amt,30 rtl pack lmt day(s)
PERFOROMIST NEBU *(formoterol fumarate)*	NP	
PROAIR DIGIHALER	NP	
PROAIR HFA AERS *(albuterol sulfate)*	P	QL(17 gm per 30 days retail)
PROAIR RESPICLICK AEPB	NP	
PROVENTIL HFA AERS *(albuterol sulfate)*	P	QL(13.4 gm per 30 days retail)
PROVENTIL HFA AERS *(albuterol sulfate)*	NF	QL(13.4 gm per 30 days retail)
SEREVENT DISKUS	P	QL(2 ea daily)
STIOLTO RESPIMAT 2.5 MCG/ACT-2.5 MCG/ACT	NP	

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT	NP	
SYMBICORT *(budesonide-formoterol fumarate dihydrate)*	P	QL(11 gm per fill retail)
terbutaline sulfate tabs	P	
TRELEGY ELLIPTA	NP	
VENTOLIN HFA AERS *(albuterol sulfate)*	P	QL(16 gm per 30 days retail)
XOPENEX *(levalbuterol hcl)*	NP	
XOPENEX CONCENTRATE *(levalbuterol hcl)*	NP	
XOPENEX HFA *(levalbuterol tartrate)*	P	2 rtl pack lmt amt,30 rtl pack lmt day(s)
Xanthines		
THEO-24 CP24	P	
theophylline elix	P	
theophylline soln	P	QL(475 ml per fill retail);MP
theophylline tb12 300 MG, 450 MG	P	
theophylline tb24	P	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium tabs	P	
Direct Factor Xa Inhibitors		
ELIQUIS TABS	P	QL(4 ea daily);PA
ELIQUIS STARTER PACK TBPK	P	QL(4 ea daily);PA
SAVAYSA	NP	
XARELTO TABS 15 MG	P	QL(2 ea daily);PA

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS 10 MG	P	QL(1 ea daily,35 ea per 180 days retail);PA
XARELTO TABS 2.5 MG	P	PA
XARELTO TABS 20 MG	P	QL(1 ea daily);PA
XARELTO SUSR	NP	
XARELTO STARTER PACK TBPK	P	PA
Heparins And Heparinoid-Like Agents		
ARIXTRA *(fondaparinux sodium)*	NP	SP
enoxaparin sodium sosy 40 MG/0.4ML	P	21 rtl MAX day(s) supply,180 rtl lmt day(s);QL(6 ml per fill retail);SP
enoxaparin sodium sosy 30 MG/0.3ML	P	21 rtl MAX day(s) supply,180 rtl lmt day(s);QL(5 ml per fill retail);SP
enoxaparin sodium soln ij 300 MG/3ML	P	21 rtl MAX day(s) supply,180 rtl lmt day(s);QL(42 ml per fill retail);SP
enoxaparin sodium sosy 80 MG/0.8ML, 120 MG/0.8ML	P	21 rtl MAX day(s) supply,180 rtl lmt day(s);QL(12 ml per fill retail);SP
enoxaparin sodium sosy 100 MG/ML, 150 MG/ML	P	21 rtl MAX day(s) supply,180 rtl lmt day(s);QL(14 ml per fill retail);SP
enoxaparin sodium sosy 60 MG/0.6ML	P	21 rtl MAX day(s) supply,180 rtl lmt day(s);QL(9 ml per fill retail);SP
fondaparinux sodium	P	SP
FRAGMIN INJ IJ 2500 UNIT/ML	NP	SP
FRAGMIN SOSY	P	SP

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOLN 95000 UNIT/3.8ML	P	SP
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P	
HEPARIN SODIUM SOLN IJ	P	
heparin sodium (porcine) soln ij 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
heparin sodium (porcine) lock flush 10 UNIT/ML	P	
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	NP	21 rtl MAX day(s) supply,180 rtl lmt day(s);QL(42 ml per fill retail);SP
LOVENOX SOSY 40 MG/0.4ML *(enoxaparin sodium)*	NP	21 rtl MAX day(s) supply,180 rtl lmt day(s);QL(6 ml per fill retail);SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(enoxaparin sodium)*	NP	21 rtl MAX day(s) supply,180 rtl lmt day(s);QL(14 ml per fill retail);SP
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(enoxaparin sodium)*	NP	21 rtl MAX day(s) supply,180 rtl lmt day(s);QL(12 ml per fill retail);SP
LOVENOX SOSY 30 MG/0.3ML *(enoxaparin sodium)*	NP	21 rtl MAX day(s) supply,180 rtl lmt day(s);QL(5 ml per fill retail);SP
LOVENOX SOSY 60 MG/0.6ML *(enoxaparin sodium)*	NP	21 rtl MAX day(s) supply,180 rtl lmt day(s);QL(9 ml per fill retail);SP

Drug Name	Drug Tier	Requirements/Limits
Thrombin Inhibitors		
dabigatran etexilate mesylate	NP	
PRADAXA	NP	
PRADAXA *(dabigatran etexilate mesylate)*	NP	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS	NP	
FYCOMPA SUSP	NP	
Anticonvulsants - Benzodiazepines		
clobazam tabs	NP	
clobazam susp	NP	
clonazepam tbdp	NP	
clonazepam tabs	P	QL(4 ea daily)
DIASTAT ACUDIAL GEL *(diazepam (anticonvulsant))*	P	QL(1 ea per fill retail)
DIASTAT PEDIATRIC GEL *(diazepam (anticonvulsant))*	P	QL(1 ea per fill retail)
diazepam (anticonvulsant) gel	P	QL(1 ea per fill retail)
KLONOPIN TABS *(clonazepam)*	NP	QL(4 ea daily)
NAYZILAM	NP	
ONFI TABS *(clobazam)*	NP	
ONFI SUSP *(clobazam)*	NP	
SYMPAZAN FILM	NP	
VALTOCO LIQD	NP	
VALTOCO LQPK	NP	
Anticonvulsants - Misc.		
APTIOM	NP	

Drug Name	Drug Tier	Requirements/Limits
BANZEL SUSP *(rufinamide)*	NP	SP
BANZEL TABS *(rufinamide)*	NP	SP
BRIVIACT TABS	NP	
BRIVIACT SOLN OR 10 MG/ML	NP	
carbamazepine chew	P	MP
carbamazepine cp12	NP	MP
carbamazepine tb12	P	MP
carbamazepine tabs	P	MP
carbamazepine susp	P	MP
CARBATROL CP12 *(carbamazepine)*	NP	MP
DIACOMIT CAPS	NP	SP
DIACOMIT PACK	NP	SP
ELEPSIA XR TB24	NP	
EPIDIOLEX	NP	SP
EPRONTIA SOLN	NP	
FINTEPLA	NP	SP
gabapentin tabs 600 MG	P	QL(6 ea daily);MP
gabapentin soln	P	MP
gabapentin tabs 800 MG	P	QL(4 ea daily);MP
gabapentin caps	P	QL(9 ea daily);MP
KEPPRA SOLN OR 100 MG/ML *(levetiracetam)*	NP	QL(30 ml daily);MP
KEPPRA TABS 250 MG, 750 MG *(levetiracetam)*	NP	QL(4 ea daily);MP
KEPPRA TABS 500 MG *(levetiracetam)*	NP	QL(6 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
KEPPRA TABS 1000 MG *(levetiracetam)*	NP	MP
KEPPRA XR TB24 *(levetiracetam)*	NP	MP
lacosamide tabs	NP	
lacosamide soln or 10 MG/ML	NP	
LAMICTAL TABS *(lamotrigine)*	NP	MP
LAMICTAL CHEWABLE DISPERSIBLE CHEW *(lamotrigine)*	NP	MP
LAMICTAL ODT KIT 25 MG	NP	MP
LAMICTAL ODT TBDP *(lamotrigine)*	NP	MP
LAMICTAL ODT KIT *(lamotrigine)*	NP	MP
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT *(lamotrigine)*	NP	MP
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT *(lamotrigine)*	NP	MP
LAMICTAL STARTER/TAKING VALPROATE KIT *(lamotrigine)*	NP	MP
LAMICTAL XR TB24 *(lamotrigine)*	NP	ST;MP
LAMICTAL XR KIT 25 MG	NP	
lamotrigine tbdp	NP	MP
lamotrigine chew	P	MP
lamotrigine tabs	P	MP

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tb24	NP	ST;MP
lamotrigine kit	NP	MP
levetiracetam tb24	P	MP
levetiracetam tabs 1000 MG	P	MP
levetiracetam tabs 500 MG	P	QL(6 ea daily);MP
levetiracetam soln or 100 MG/ML, 500 MG/5ML	P	QL(30 ml daily);MP
levetiracetam tabs 250 MG, 750 MG	P	QL(4 ea daily);MP
LYRICA CAPS *(pregabalin)*	NP	MP
LYRICA SOLN *(pregabalin)*	NP	MP
MYSOLINE *(primidone)*	NP	MP
NEURONTIN TABS 800 MG *(gabapentin)*	NP	QL(4 ea daily);MP
NEURONTIN SOLN *(gabapentin)*	NP	MP
NEURONTIN SOLN *(gabapentin)*	NF	MP
NEURONTIN CAPS *(gabapentin)*	NP	QL(9 ea daily);MP
NEURONTIN TABS 600 MG *(gabapentin)*	NP	QL(6 ea daily);MP
oxcarbazepine tabs	P	MP
oxcarbazepine susp 300 MG/5ML	P	MP
OXTELLAR XR TB24	NP	
pregabalin soln	P	MP
pregabalin caps	P	MP
primidone	P	MP
QUDEXY XR CS24 *(topiramate)*	NP	MP

Drug Name	Drug Tier	Requirements/Limits
rufinamide tabs	NP	SP
rufinamide susp	NP	SP
SPRITAM TB3D	NP	
TEGRETOL TABS *(carbamazepine)*	NP	MP
TEGRETOL SUSP *(carbamazepine)*	NP	MP
TEGRETOL-XR TB12 *(carbamazepine)*	NP	MP
TOPAMAX TABS 25 MG, 50 MG *(topiramate)*	NP	QL(6 ea daily);MP
TOPAMAX TABS 100 MG *(topiramate)*	NP	QL(4 ea daily);MP
TOPAMAX TABS 200 MG *(topiramate)*	NP	QL(2 ea daily);MP
TOPAMAX SPRINKLE CPSP 15 MG *(topiramate)*	NP	QL(6 ea daily);MP
TOPAMAX SPRINKLE CPSP 25 MG *(topiramate)*	NP	QL(8 ea daily);MP
topiramate tabs 25 MG, 50 MG	P	QL(6 ea daily);MP
topiramate tabs 200 MG	P	QL(2 ea daily);MP
topiramate cpsp 15 MG	P	QL(6 ea daily);MP
topiramate tabs 100 MG	P	QL(4 ea daily);MP
topiramate cpsp 25 MG	P	QL(8 ea daily);MP
topiramate cs24	NP	MP
topiramate tabs 100 MG	P	MP
TRILEPTAL SUSP *(oxcarbazepine)*	NP	MP

Drug Name	Drug Tier	Requirements/Limits
TRILEPTAL TABS *(oxcarbazepine)*	NP	MP
TROKENDI XR CP24	NP	
VIMPAT SOLN OR 10 MG/ML *(lacosamide)*	NP	
VIMPAT TABS *(lacosamide)*	NP	
ZONISADE SUSP	NP	
zonisamide caps	P	MP
Carbamates		
felbamate tabs	NP	MP
felbamate susp	NP	MP
FELBATOL SUSP *(felbamate)*	NP	MP
FELBATOL TABS *(felbamate)*	NP	MP
XCOPRI TABS	P	
XCOPRI TBPK 0	P	
GABA Modulators		
GABITRIL *(tiagabine hcl)*	NP	MP
SABRIL PACK *(vigabatrin)*	NP	SP;MP
SABRIL TABS *(vigabatrin)*	NP	SP;MP
tiagabine hcl	NP	MP
vigabatrin tabs	NP	SP;MP
vigabatrin pack	NP	SP;MP
Hydantoins		
DILANTIN	NP	
DILANTIN *(phenytoin sodium extended)*	NP	MP
DILANTIN INFATABS CHEW *(phenytoin)*	NP	MP

Drug Name	Drug Tier	Requirements/Limits
DILANTIN-125 SUSP *(phenytoin)*	NP	MP
PHENYTEK *(phenytoin sodium extended)*	NP	MP
phenytoin chew	P	MP
phenytoin susp	P	MP
phenytoin sodium extended 100 MG, 200 MG, 300 MG	P	MP
Succinimides		
CELONTIN	NP	
ethosuximide caps	P	MP
ethosuximide soln	P	MP
ZARONTIN CAPS *(ethosuximide)*	NP	MP
ZARONTIN SOLN *(ethosuximide)*	NP	MP
Valproic Acid		
DEPAKOTE TBEC *(divalproex sodium)*	NP	MP
DEPAKOTE TBEC *(divalproex sodium)*	NF	MP
DEPAKOTE ER TB24 *(divalproex sodium)*	NP	MP
DEPAKOTE ER TB24 *(divalproex sodium)*	NF	MP
DEPAKOTE SPRINKLES CSDR *(divalproex sodium)*	NP	MP
divalproex sodium csdr	P	MP
divalproex sodium tbec	P	MP
divalproex sodium tb24	P	MP
valproate sodium soln or 250 MG/5ML	P	MP

Drug Name	Drug Tier	Requirements/Limits
valproic acid caps	P	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tbdp 15 MG	P	QL(3 ea daily);MP
mirtazapine tabs 30 MG	P	QL(1.5 ea daily);MP
mirtazapine tabs 15 MG	P	QL(3 ea daily);MP
mirtazapine tbdp 45 MG	P	QL(1 ea daily);MP
mirtazapine tbdp 30 MG	P	QL(1.5 ea daily);MP
mirtazapine tabs 7.5 MG, 45 MG	P	QL(1 ea daily);MP
REMERON TABS 30 MG *(mirtazapine)*	NP	QL(1.5 ea daily);MP
REMERON TABS 15 MG *(mirtazapine)*	NP	QL(3 ea daily);MP
REMERON SOLTAB TBDP 30 MG *(mirtazapine)*	NP	QL(1.5 ea daily);MP
REMERON SOLTAB TBDP 45 MG *(mirtazapine)*	NP	QL(1 ea daily);MP
REMERON SOLTAB TBDP 15 MG *(mirtazapine)*	NP	QL(3 ea daily);MP
Antidepressants - Misc.		
APLENZIN	NP	
bupropion hcl tb12 100 MG	P	
bupropion hcl tabs	P	QL(3 ea daily);MP
bupropion hcl tb12 200 MG	P	QL(2 ea daily);MP
bupropion hcl tb24 450 MG	P	MP

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl tb24 300 MG	P	QL(1 ea daily);MP
bupropion hcl tb12 150 MG	P	QL(3 ea daily);MP
bupropion hcl tb12 100 MG	P	QL(4 ea daily);MP
bupropion hcl tb24 150 MG	P	QL(3 ea daily);MP
FORFIVO XL TB24 *(bupropion hcl)*	NP	MP
WELLBUTRIN SR TB12 150 MG *(bupropion hcl)*	NP	QL(3 ea daily);MP
WELLBUTRIN SR TB12 200 MG *(bupropion hcl)*	NP	QL(2 ea daily);MP
WELLBUTRIN SR TB12 100 MG *(bupropion hcl)*	NP	QL(4 ea daily);MP
WELLBUTRIN XL TB24 150 MG *(bupropion hcl)*	NP	QL(3 ea daily);MP
WELLBUTRIN XL TB24 300 MG *(bupropion hcl)*	NP	QL(1 ea daily);MP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	NP	
MARPLAN	NP	
NARDIL *(phenelzine sulfate)*	NP	MP
phenelzine sulfate	P	MP
tranylcypromine sulfate	P	MP
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	NP	SP

Drug Name	Drug Tier	Requirements/Limits
SPRAVATO 84MG DOSE	NP	SP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 20 MG *(citalopram hydrobromide)*	NP	QL(2 ea daily);MP
CELEXA TABS 10 MG *(citalopram hydrobromide)*	NP	QL(4 ea daily);MP
CELEXA TABS 40 MG *(citalopram hydrobromide)*	NP	QL(1 ea daily);MP
citalopram hydrobromide tabs 10 MG	P	QL(4 ea daily);MP
citalopram hydrobromide tabs 20 MG	P	QL(2 ea daily);MP
citalopram hydrobromide tabs 40 MG	P	QL(1 ea daily);MP
citalopram hydrobromide soln	P	QL(240 ml per 720 days retail,30 ml per 30 days mail);MP
citalopram hydrobromide soln	P	QL(240 ml per 30 days retail,720 ml per 90 days mail);MP
CITALOPRAM HYDROBROMIDE CAPS	NP	
escitalopram oxalate tabs 20 MG	P	QL(1 ea daily);MP
escitalopram oxalate tabs 5 MG	P	QL(4 ea daily);MP
escitalopram oxalate soln	P	MP
escitalopram oxalate tabs 10 MG	P	QL(2 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
fluoxetine hcl tabs	P	MP
fluoxetine hcl soln	P	QL(600 ml per 30 days retail,1800 ml per 90 days mail);MP
fluoxetine hcl caps	P	QL(4 ea daily);MP
fluoxetine hcl cpdr	NP	MP
FLUOXETINE HYDROCHLORIDE TABS *(fluoxetine hcl)*	P	MP
fluvoxamine maleate cp24	NP	MP
fluvoxamine maleate tabs 100 MG	P	QL(3 ea daily);MP
fluvoxamine maleate tabs 25 MG, 50 MG	P	QL(2 ea daily);MP
LEXAPRO TABS 5 MG *(escitalopram oxalate)*	NP	QL(4 ea daily);MP
LEXAPRO TABS 10 MG *(escitalopram oxalate)*	NP	QL(2 ea daily);MP
LEXAPRO TABS 20 MG *(escitalopram oxalate)*	NP	QL(1 ea daily);MP
paroxetine hcl susp	P	QL(40 ml daily)
paroxetine hcl tabs 10 MG	P	QL(6 ea daily);MP
paroxetine hcl tb24	NP	MP
paroxetine hcl tabs 30 MG, 40 MG	P	QL(2 ea daily);MP
paroxetine hcl tabs 20 MG	P	QL(3 ea daily);MP
PAXIL TABS 10 MG *(paroxetine hcl)*	NP	QL(6 ea daily);MP
PAXIL SUSP *(paroxetine hcl)*	NP	QL(40 ml daily)
PAXIL TABS 30 MG, 40 MG *(paroxetine hcl)*	NP	QL(2 ea daily);MP
PAXIL TABS 20 MG *(paroxetine hcl)*	NP	QL(3 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
PAXIL CR TB24 *(paroxetine hcl)*	NP	MP
PEXEVA	NP	
PROZAC CAPS *(fluoxetine hcl)*	NF	QL(4 ea daily);MP
PROZAC CAPS *(fluoxetine hcl)*	NP	QL(4 ea daily);MP
sertraline hcl tabs 100 MG	P	QL(2 ea daily);MP
sertraline hcl tabs 25 MG, 50 MG	P	QL(4 ea daily);MP
sertraline hcl conc	P	QL(10 ml daily);MP
SERTRALINE HYDROCHLORIDE CAPS	NP	
ZOLOFT TABS 25 MG, 50 MG *(sertraline hcl)*	NP	QL(4 ea daily);MP
ZOLOFT TABS 100 MG *(sertraline hcl)*	NP	QL(2 ea daily);MP
ZOLOFT CONC *(sertraline hcl)*	NP	QL(10 ml daily);MP
Serotonin Modulators		
nefazodone hcl	NP	MP
trazodone hcl tabs 50 MG, 100 MG, 150 MG	P	MP
trazodone hcl tabs 300 MG	P	QL(2 ea daily);MP
TRINTELLIX	NP	QL(1 ea daily)
VIIBRYD TABS *(vilazodone hcl)*	NP	QL(1 ea daily)
VIIBRYD STARTER PACK KIT	NP	
vilazodone hcl tabs	NP	QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(duloxetine hcl)*	NF	QL(1 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
CYMBALTA CPEP *(duloxetine hcl)*	NP	QL(1 ea daily);MP
DESVENLAFAXINE ER	NP	MP
desvenlafaxine succinate 25 MG, 50 MG	NP	QL(1 ea daily);ST;MP
desvenlafaxine succinate 100 MG	NP	QL(4 ea daily);ST;MP
DRIZALMA SPRINKLE CSDR	NP	
duloxetine hcl cpep 40 MG	P	MP
duloxetine hcl cpep 20 MG, 30 MG, 60 MG	P	QL(1 ea daily);MP
EFFEXOR XR CP24 37.5 MG *(venlafaxine hcl)*	NF	QL(4 ea daily);MP
EFFEXOR XR CP24 150 MG *(venlafaxine hcl)*	NF	QL(2 ea daily);MP
EFFEXOR XR CP24 37.5 MG *(venlafaxine hcl)*	NP	QL(4 ea daily);MP
EFFEXOR XR CP24 75 MG *(venlafaxine hcl)*	NP	QL(5 ea daily);MP
EFFEXOR XR CP24 150 MG *(venlafaxine hcl)*	NP	QL(2 ea daily);MP
FETZIMA CP24	NP	
FETZIMA TITRATION PACK C4PK	NP	
PRISTIQ 100 MG *(desvenlafaxine succinate)*	NP	QL(4 ea daily);ST;MP
PRISTIQ 50 MG *(desvenlafaxine succinate)*	NF	QL(1 ea daily);ST;MP
PRISTIQ 25 MG, 50 MG *(desvenlafaxine succinate)*	NP	QL(1 ea daily);ST;MP
VENLAFAXINE BESYLATE ER	P	

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl cp24 150 MG	P	QL(2 ea daily);MP
venlafaxine hcl tb24	NP	MP
venlafaxine hcl cp24 75 MG	P	QL(5 ea daily);MP
venlafaxine hcl tabs	P	MP
venlafaxine hcl cp24 37.5 MG	P	QL(4 ea daily);MP
Tricyclic Agents		
amitriptyline hcl tabs	P	MP
amoxapine	NP	MP
ANAFRANIL *(clomipramine hcl)*	NP	MP
clomipramine hcl	P	MP
desipramine hcl tabs 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	MP
desipramine hcl tabs 25 MG	P	QL(2 ea daily);MP
doxepin hcl conc	P	MP
doxepin hcl caps	P	MP
imipramine hcl tabs	P	MP
imipramine pamoate	NP	MP
NORPRAMIN TABS 10 MG *(desipramine hcl)*	NP	MP
NORPRAMIN TABS 25 MG *(desipramine hcl)*	NP	QL(2 ea daily);MP
nortriptyline hcl soln	P	QL(20 ml daily);MP
nortriptyline hcl caps	P	MP
PAMELOR CAPS *(nortriptyline hcl)*	NP	MP
protriptyline hcl	P	MP
trimipramine maleate caps	NP	MP
ANTIDIABETICS - Drugs to Regulate Blood		

Drug Name	Drug Tier	Requirements/Limits
Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	P	MP
miglitol	P	MP
PRECOSE *(acarbose)*	NF	MP
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	NP	QL(11 ml per 30 days retail)
SYMLINPEN 60 SOPN	NP	QL(6 ml per 30 days retail)
Antidiabetic Combinations		
ACTOPLUS MET TABS *(pioglitazone hcl-metformin hcl)*	NP	QL(2 ea daily);MP
ACTOPLUS MET TABS *(pioglitazone hcl-metformin hcl)*	NF	QL(2 ea daily);MP
alogliptin-metformin hcl	NP	QL(2 ea daily);MP
alogliptin-pioglitazone 12.5 MG-30 MG, 25 MG-15 MG, 25 MG-30 MG, 25 MG-45 MG	NP	QL(1 ea daily);MP
DUETACT *(pioglitazone hcl-glimepiride)*	NP	MP
glipizide-metformin hcl	P	MP
glyburide-metformin	P	MP
GLYXAMBI	NP	
INVOKAMET TABS	NP	
INVOKAMET XR TB24	NP	
JANUMET TABS	NP	
JANUMET XR TB24	NP	
JENTADUETO TABS	NP	QL(2 ea daily)
JENTADUETO XR TB24	NP	

Drug Name	Drug Tier	Requirements/Limits
KAZANO *(alogliptin-metformin hcl)*	NP	QL(2 ea daily);MP
KOMBIGLYZE XR	NP	
OSENI 12.5 MG-30 MG, 25 MG-15 MG, 25 MG-30 MG, 25 MG-45 MG *(alogliptin-pioglitazone)*	NP	QL(1 ea daily);MP
pioglitazone hcl-glimepiride	NP	MP
pioglitazone hcl-metformin hcl tabs	NP	QL(2 ea daily);MP
QTERN	NP	
SEGLUROMET	NP	QL(2 ea daily);ST
SOLIQUA 100/33 33 MCG/ML-100 UNIT/ML	NP	
STEGLUJAN	NP	
SYNJARDY TABS	NP	
SYNJARDY XR TB24	NP	
TRIJARDY XR	NP	
XIGDUO XR	NP	
XULTOPHY 100/3.6 100 UNIT/ML-3.6 MG/ML	NP	
Biguanides		
FORTAMET TB24 *(metformin hcl)*	NF	MP
GLUMETZA TB24 *(metformin hcl)*	NP	MP
metformin hcl soln	NP	MP
metformin hcl tabs 500 MG	P	QL(5 ea daily);MP
metformin hcl tb24 500 MG, 1000 MG	NP	MP
metformin hcl tabs 1000 MG	P	QL(2 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
metformin hcl tabs 850 MG	P	QL(3 ea daily);MP
metformin hcl tb24 500 MG	P	QL(4 ea daily);MP
metformin hcl tb24 750 MG	P	QL(2 ea daily);MP
RIOMET SOLN *(metformin hcl)*	NP	MP
RIOMET ER SRER	NP	
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
diazoxide	P	
GLUCAGEN HYPOKIT	NP	
glucagon (rdna)	NP	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT *(glucagon (rdna))*	NP	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	NP	
GVOKE HYPOPEN 1-PACK SOAJ	P	
GVOKE HYPOPEN 2-PACK SOAJ	P	
GVOKE KIT SOLN	P	
GVOKE PFS SOSY	P	
KORLYM	NP	SP
PROGLYCEM *(diazoxide)*	P	
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
alogliptin benzoate	NP	QL(1 ea daily);MP
JANUVIA	P	
NESINA *(alogliptin benzoate)*	NP	QL(1 ea daily);MP
ONGLYZA	NP	
TRADJENTA	P	QL(1 ea daily)
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NP	
Incretin Mimetic Agents		
ADLYXIN SOPN	NP	
ADLYXIN STARTER PACK PNKT	NP	
BYDUREON BCISE AUIJ	NP	QL(3.4 ml per 28 days retail)
BYDUREON PEN PEN	NP	QL(4 ea per 30 days retail)
BYETTA SOPN 10 MCG/0.04ML	NP	QL(2.4 ml per 30 days retail)
BYETTA SOPN 5 MCG/0.02ML	NP	QL(1.2 ml per 30 days retail)
MOUNJARO	NP	
OZEMPIC SOPN 8 MG/3ML-14 MG/ML-5.5 MG/ML	NP	
RYBELSUS TABS	P	PA
TRULICITY	P	
VICTOZA	P	QL(0.3 ml daily)
Insulin		
ADMELOG SOLN IJ	NP	
ADMELOG SOLOSTAR SOPN	NP	QL(2 ml daily);MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	MP
APIDRA SOLN	NP	QL(2 ml daily);MP

Drug Name	Drug Tier	Requirements/Limits
APIDRA SOLOSTAR SOPN	NP	QL(2 ml daily);MP
BASAGLAR KWIKPEN SOPN	NP	QL(2 ml daily);MP
FIASP SOLN 100 UNIT/ML	NP	QL(2 ml daily);MP
FIASP FLEXTOUCH SOPN 100 UNIT/ML	NP	QL(2 ml daily);MP
FIASP PENFILL SOCT 100 UNIT/ML-20.8 MG/ML	NP	QL(2 ml daily);MP
HUMALOG SOCT	P	QL(2 ml daily);MP
HUMALOG SOLN IJ	P	
HUMALOG JUNIOR KWIKPEN SOPN	P	QL(2 ml daily);MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	QL(2 ml daily);MP
HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	QL(1 ml daily);MP
HUMALOG MIX 50/50 SUSP 50 UNIT/ML-50 UNIT/ML	P	QL(2 ml daily);MP
HUMALOG MIX 50/50 KWIKPEN SUPN 50 UNIT/ML-50 UNIT/ML	P	QL(2 ml daily);MP
HUMALOG MIX 75/25 SUSP 75 UNIT/ML-25 UNIT/ML	P	QL(2 ml daily);MP
HUMALOG MIX 75/25 KWIKPEN SUPN 75 UNIT/ML-25 UNIT/ML	P	QL(2 ml daily);MP
HUMULIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	P	QL(2 ml daily);MP
HUMULIN 70/30 KWIKPEN SUPN 70 UNIT/ML-30 UNIT/ML	P	QL(2 ml daily);MP
HUMULIN N SUSP	P	QL(2 ml daily);MP

Drug Name	Drug Tier	Requirements/Limits
HUMULIN N KWIKPEN SUPN	P	QL(2 ml daily);MP
HUMULIN R SOLN IJ	P	QL(2 ml daily);MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	QL(2 ml daily);MP
HUMULIN R U-500 KWIKPEN SOPN SC	P	QL(0.6 ml daily);MP
INSULIN ASPART SOLN IJ	NP	
INSULIN ASPART FLEXPEN SOPN	NP	QL(2 ml daily);MP
INSULIN ASPART PENFILL SOCT	NP	QL(2 ml daily);MP
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP 70 %-30 %	NP	QL(2 ml daily);MP
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	NP	QL(2 ml daily);MP
INSULIN DEGLUDEC SOLN	NP	QL(2 ml daily);MP
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	QL(2 ml daily);MP
INSULIN GLARGINE SOPN	NP	
INSULIN GLARGINE SOLN	NP	QL(2 ml daily);MP
INSULIN GLARGINE SOLN	NP	
INSULIN GLARGINE SOLOSTAR SOPN	NP	QL(2 ml daily);MP
INSULIN LISPRO SOLN IJ	P	

Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	QL(2 ml daily);MP
INSULIN LISPRO KWIKPEN SOPN	P	QL(2 ml daily);MP
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 75 UNIT/ML-25 UNIT/ML	P	QL(2 ml daily);MP
LANTUS SOLN	P	QL(2 ml daily);MP
LANTUS SOLOSTAR SOPN	P	QL(2 ml daily);MP
LEVEMIR SOLN	P	QL(2 ml daily);MP
LEVEMIR FLEXTOUCH SOPN	P	QL(2 ml daily);MP
LYUMJEV SOLN	NP	MP
LYUMJEV KWIKPEN SOPN	NP	MP
NOVOLIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	NP	QL(2 ml daily);MP
NOVOLIN 70/30 FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	NP	QL(2 ml daily);MP
NOVOLIN 70/30 FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	NP	QL(2 ml daily);MP
NOVOLIN 70/30 RELION SUSP 70 UNIT/ML-30 UNIT/ML	NP	QL(2 ml daily);MP
NOVOLIN N SUSP	NP	QL(2 ml daily);MP
NOVOLIN N FLEXPEN SUPN	NP	QL(2 ml daily);MP
NOVOLIN N FLEXPEN RELION SUPN	NP	QL(2 ml daily);MP

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N RELION SUSP	NP	QL(2 ml daily);MP
NOVOLIN R SOLN IJ	NP	QL(2 ml daily);MP
NOVOLIN R FLEXPEN SOPN IJ	NP	QL(2 ml daily);MP
NOVOLIN R FLEXPEN RELION SOPN IJ	NP	QL(2 ml daily);MP
NOVOLIN R RELION SOLN IJ	NP	QL(2 ml daily);MP
NOVOLOG SOLN IJ	NP	
NOVOLOG FLEXPEN SOPN	NP	QL(2 ml daily);MP
NOVOLOG FLEXPEN RELION SOPN	NP	QL(2 ml daily);MP
NOVOLOG MIX 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	NP	QL(2 ml daily);MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN 70 UNIT/ML-30 UNIT/ML	NP	QL(2 ml daily);MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN 70 UNIT/ML-30 UNIT/ML	NP	QL(2 ml daily);MP
NOVOLOG MIX 70/30 RELION SUSP 70 UNIT/ML-30 UNIT/ML	NP	QL(2 ml daily);MP
NOVOLOG PENFILL SOCT	NP	QL(2 ml daily);MP
NOVOLOG RELION SOLN IJ	NP	
SEMGLEE SOPN	NP	QL(2 ml daily);MP
SEMGLEE SOLN	NP	
SEMGLEE SOPN	NP	
TOUJEO MAX SOLOSTAR SOPN	NP	QL(0.4 ml daily);MP

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR SOPN	NP	QL(0.45 ml daily);MP
TRESIBA SOLN	NP	QL(2 ml daily);MP
TRESIBA FLEXTOUCH SOPN	NP	QL(2 ml daily);MP
Insulin Sensitizing Agents		
ACTOS *(pioglitazone hcl)*	NP	QL(1 ea daily);MP
pioglitazone hcl	P	QL(1 ea daily);MP
Meglitinide Analogues		
nateglinide	P	QL(3 ea daily);MP
repaglinide	NP	MP
STARLIX *(nateglinide)*	NF	QL(3 ea daily);MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	P	
INVOKANA	P	
JARDIANCE	P	QL(1 ea daily)
STEGLATRO	NP	QL(1 ea daily);ST
Sulfonylureas		
AMARYL 1 MG, 2 MG *(glimepiride)*	NP	QL(4 ea daily);MP
AMARYL 4 MG *(glimepiride)*	NP	QL(2 ea daily);MP
glimepiride 4 MG	P	QL(2 ea daily);MP
glimepiride 1 MG, 2 MG	P	QL(4 ea daily);MP
glipizide tb24	P	MP
glipizide tabs	P	MP
GLUCOTROL TABS *(glipizide)*	NF	MP
GLUCOTROL XL TB24 *(glipizide)*	NP	MP
glyburide tabs	P	MP

Drug Name	Drug Tier	Requirements/Limits
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	MP
GLYNASE *(glyburide micronized)*	NP	MP
GLYNASE 3 MG *(glyburide micronized)*	NF	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate tabs	P	
bismuth subsalicylate chew 262 MG	P	
bismuth subsalicylate susp 525 MG/15ML, 1050 MG/30ML	P	
PEPTO BISMOL TABS *(bismuth subsalicylate)*	NF	
PEPTO-BISMOL CHEW *(bismuth subsalicylate)*	NF	
PEPTO-BISMOL MAX STRENGTH SUSP *(bismuth subsalicylate)*	NF	
PEPTO-BISMOL TO-GO CHEW *(bismuth subsalicylate)*	NF	
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD	P	QL(40 ml daily)
diphenoxylate w/ atropine liqd 2.5 MG/5ML-0.025 MG/5ML	P	
diphenoxylate w/ atropine tabs 2.5 MG-0.025 MG	P	

Drug Name	Drug Tier	Requirements/Limits
IMODIUM A-D LIQD *(loperamide hcl)*	NF	QL(60 ml daily)
IMODIUM A-D CAPS *(loperamide hcl)*	NF	QL(8 ea daily);RX/OTC
IMODIUM A-D TABS *(loperamide hcl)*	NF	QL(8 ea daily)
LOMOTIL TABS 2.5 MG-0.025 MG *(diphenoxylate w/ atropine)*	NF	
loperamide hcl tabs	P	QL(8 ea daily)
loperamide hcl susp	P	QL(60 ml daily)
loperamide hcl caps	P	QL(8 ea daily);RX/OTC
loperamide hcl liqd	P	QL(60 ml daily)
loperamide hcl soln	P	QL(60 ml daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
deferasirox pack	NP	SP
deferasirox tabs	NP	SP
deferasirox tbso	NP	SP
deferiprone tabs	NP	SP
EXJADE TBSO *(deferasirox)*	NP	SP
FERRIPROX TABS *(deferiprone)*	NF	SP
FERRIPROX TABS *(deferiprone)*	NP	SP
FERRIPROX SOLN	NP	SP
FERRIPROX TWICE-A-DAY TABS	NP	SP
JADENU TABS *(deferasirox)*	NP	SP
JADENU SPRINKLE PACK *(deferasirox)*	NP	SP

Drug Name	Drug Tier	Requirements/Limits
Antidotes and Specific Antagonists		
VISTOGARD	P	
Opioid Antagonists		
KLOXXADO LIQD	P	
NALMEFENE HYDROCHLORIDE	P	
naloxone hcl sosy	P	
naloxone hcl soct	P	
naloxone hcl liqd	P	
naloxone hcl soln .4 MG/ML, 4 MG/10ML	P	
naltrexone hcl	P	
NARCAN LIQD *(naloxone hcl)*	P	
VIVITROL	P	SP
ZIMHI SOSY	P	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	
granisetron hcl tabs	NP	
ondansetron tbdp	P	QL(20 ea per fill retail)
ondansetron hcl tabs 4 MG, 8 MG	P	QL(20 ea per fill retail)
ondansetron hcl soln or 4 MG/5ML	P	QL(50 ml per fill retail)
SANCUSO PTCH	NP	
ZOFRAN TABS *(ondansetron hcl)*	NF	QL(20 ea per fill retail)
Antiemetics - Anticholinergic		
ANTIVERT TABS	NP	
ANTIVERT CHEW *(meclizine hcl)*	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
meclizine hcl tabs 12.5 MG, 25 MG	P	RX/OTC
scopolamine	P	
TIGAN CAPS *(trimethobenzamide hcl)*	NF	
TRANSDERM-SCOP *(scopolamine)*	P	
trimethobenzamide hcl caps	NP	
Antiemetics - Miscellaneous		
AKYNZEO 300 MG-0.5 MG	NP	
BONJESTA TBCR 20 MG-20 MG	NP	
DICLEGIS TBEC 10 MG-10 MG *(doxylamine-pyridoxine)*	NP	
doxylamine-pyridoxine tbec 10 MG-10 MG	NP	
dronabinol caps	NP	
MARINOL CAPS *(dronabinol)*	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant caps	P	
aprepitant misc	P	
EMEND SUSR	NP	
EMEND CAPS 80 MG *(aprepitant)*	NP	
EMEND TRIPACK CAPS *(aprepitant)*	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	

Drug Name	Drug Tier	Requirements/Limits
MICAFUNGIN	P	
micafungin sodium	P	
MYCAMINE 100 MG *(micafungin sodium)*	NF	
Antifungals		
ANCOBON *(flucytosine)*	NP	
flucytosine	NP	
griseofulvin microsize tabs	P	
griseofulvin microsize susp	P	
griseofulvin ultramicrosize	P	
nystatin tabs	P	QL(6 ea daily)
terbinafine hcl tabs	P	QL(1 ea daily,90 ea per 120 days retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS	NP	
DIFLUCAN SUSR *(fluconazole)*	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG *(fluconazole)*	NP	QL(1 ea daily)
DIFLUCAN TABS 200 MG *(fluconazole)*	NP	QL(2 ea daily)
DIFLUCAN TABS 50 MG *(fluconazole)*	NP	QL(7 ea per fill retail)
DIFLUCAN TABS 150 MG *(fluconazole)*	NP	QL(2 ea per fill retail)
fluconazole tabs 100 MG	P	QL(1 ea daily)
fluconazole tabs 150 MG	P	QL(2 ea per fill retail)
fluconazole tabs 200 MG	P	QL(2 ea daily)
fluconazole susr	P	QL(70 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
fluconazole tabs 50 MG	P	QL(7 ea per fill retail)
fluconazole in nacl	P	
FLUCONAZOLE/SODIUM CHLORIDE 100 MG/50ML-0.9 %	P	
itraconazole soln	NP	
itraconazole caps	P	QL(1 ea daily)
ketoconazole	P	
NOXAFIL SUSP	NP	
NOXAFIL PACK	NP	
NOXAFIL TBEC *(posaconazole)*	NP	
posaconazole tbec	NP	
SPORANOX CAPS *(itraconazole)*	NP	QL(1 ea daily)
SPORANOX SOLN *(itraconazole)*	NP	
SPORANOX PULSEPAK CAPS *(itraconazole)*	NF	QL(1 ea daily)
TOLSURA CAPS	NP	
VFEND TABS *(voriconazole)*	NP	
VFEND SUSR *(voriconazole)*	NP	
VIVJOA	NP	
voriconazole susr	NP	
voriconazole tabs	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate syrp	P	QL(60 ml daily)
chlorpheniramine maleate tabs	P	QL(120 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
CHLOR-TRIMETON TABS *(chlorpheniramine maleate)*	NF	QL(120 ea per fill retail)
CHLOR-TRIMETON SYRP *(chlorpheniramine maleate)*	NF	QL(60 ml daily)
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CAPS *(diphenhydramine hcl)*	NF	QL(4 ea daily)
BENADRYL ALLERGY TABS *(diphenhydramine hcl)*	NF	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD *(diphenhydramine hcl)*	NF	QL(240 ml per fill retail)
BENADRYL ALLERGY ULTRATABS TABS *(diphenhydramine hcl)*	NF	QL(4 ea daily)
clemastine fumarate tabs 1.34 MG	P	QL(2 ea daily)
diphenhydramine hcl tabs 25 MG	P	QL(4 ea daily)
diphenhydramine hcl caps	P	QL(4 ea daily)
diphenhydramine hcl elix 12.5 MG/5ML	P	QL(240 ml per fill retail)
diphenhydramine hcl liqd 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	P	QL(240 ml per fill retail)
VANAMINE PD LIQD *(diphenhydramine hcl)*	NF	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 60 MG *(fexofenadine hcl)*	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ALLEGRA ALLERGY TABS 180 MG *(fexofenadine hcl)*	NF	QL(1 ea daily)
cetirizine hcl syrp or	P	QL(480 ml per fill retail);RX/OTC
cetirizine hcl tabs	P	QL(1 ea daily)
cetirizine hcl chew	P	QL(1 ea daily)
cetirizine hcl soln or	P	QL(480 ml per fill retail);RX/OTC
CLARITIN SYRP *(loratadine)*	NF	QL(240 ml per fill retail)
CLARITIN TABS *(loratadine)*	NF	
CLARITIN ALLERGY CHILDRENS SYRP *(loratadine)*	NF	QL(240 ml per fill retail)
CLARITIN REDITABS TBDP *(loratadine)*	NF	
fexofenadine hcl tabs 180 MG	P	QL(1 ea daily)
fexofenadine hcl tabs 60 MG	P	QL(2 ea daily)
levocetirizine dihydrochloride tabs	P	QL(1 ea daily);RX/OTC
loratadine soln	P	QL(240 ml per fill retail)
loratadine syrp	P	QL(240 ml per fill retail)
loratadine tbdp	P	
loratadine tabs	P	
XYZAL ALLERGY 24HR TABS *(levocetirizine dihydrochloride)*	NF	QL(1 ea daily);RX/OTC
ZYRTEC ALLERGY TABS *(cetirizine hcl)*	NF	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN OR *(cetirizine hcl)*	NF	QL(480 ml per fill retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
Antihistamines - Phenothiazines		
promethazine hcl syrp	P	QL(240 ml per fill retail);AL(At least 2 yrs old)
promethazine hcl soln 6.25 MG/5ML	P	QL(240 ml per fill retail);AL(At least 2 yrs old)
promethazine hcl supp	P	QL(12 ea per fill retail);AL(At least 2 yrs old)
promethazine hcl tabs	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl syrp	P	
cyproheptadine hcl tabs	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	NP	
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	NP	ST;MP
NEXLIZET 180 MG-10 MG	NP	
VYTORIN *(ezetimibe-simvastatin)*	NF	ST;MP
VYTORIN *(ezetimibe-simvastatin)*	NP	ST;MP
Antihyperlipidemics - Misc.		
icosapent ethyl	NP	
LOVAZA 1 GM-375 MG-465 MG *(omega-3-acid ethyl esters)*	NF	MP

Drug Name	Drug Tier	Requirements/Limits
LOVAZA 1 GM-375 MG-465 MG *(omega-3-acid ethyl esters)*	NP	MP
omega-3-acid ethyl esters 1 GM-375 MG-465 MG	NP	MP
VASCEPA *(icosapent ethyl)*	NP	
Bile Acid Sequestrants		
cholestyramine pack	P	MP
cholestyramine powd	P	MP
cholestyramine light pack	P	MP
cholestyramine light powd	P	MP
colesevelam hcl pack	NP	MP
colesevelam hcl tabs	NP	MP
COLESTID PACK *(colestipol hcl)*	NP	MP
COLESTID TABS *(colestipol hcl)*	NP	MP
COLESTID GRAN *(colestipol hcl)*	NP	MP
COLESTID FLAVORED PACK *(colestipol hcl)*	NP	MP
COLESTID FLAVORED GRAN *(colestipol hcl)*	NP	MP
colestipol hcl pack	NP	MP
colestipol hcl tabs	NP	MP
colestipol hcl gran	NP	MP
QUESTRAN PACK *(cholestyramine)*	NP	MP
QUESTRAN POWD *(cholestyramine)*	NP	MP

Drug Name	Drug Tier	Requirements/Limits
QUESTRAN LIGHT POWD *(cholestyramine light)*	NP	MP
WELCHOL PACK *(colesevelam hcl)*	NP	MP
WELCHOL TABS *(colesevelam hcl)*	NP	MP
Fibric Acid Derivatives		
ANTARA 30 MG, 90 MG *(fenofibrate micronized)*	NP	
choline fenofibrate	P	MP
fenofibrate tabs 160 MG	P	QL(1 ea daily);MP
fenofibrate tabs 54 MG	P	QL(3 ea daily);MP
fenofibrate caps	P	MP
fenofibrate tabs 40 MG, 48 MG, 120 MG, 145 MG	P	MP
fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG	P	
fenofibrate micronized 134 MG, 200 MG	P	QL(1 ea daily);MP
fenofibrate micronized 67 MG	P	QL(2 ea daily);MP
fenofibric acid	NP	
FENOGLIDE TABS *(fenofibrate)*	NP	MP
gemfibrozil tabs	P	QL(2 ea daily);MP
LIPOFEN CAPS 150 MG *(fenofibrate)*	NF	MP
LIPOFEN CAPS *(fenofibrate)*	NP	MP
LOPID TABS *(gemfibrozil)*	NP	QL(2 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
TRICOR TABS *(fenofibrate)*	NP	MP
TRILIPIX *(choline fenofibrate)*	NP	MP
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
atorvastatin calcium	P	QL(1 ea daily);MP
CRESTOR TABS *(rosuvastatin calcium)*	NP	QL(1 ea daily);MP
CRESTOR TABS 5 MG, 10 MG *(rosuvastatin calcium)*	NF	QL(1 ea daily);MP
EZALLOR SPRINKLE CPSP	NP	
fluvastatin sodium caps	NP	MP
fluvastatin sodium tb24	NP	MP
LESCOL XL TB24 *(fluvastatin sodium)*	NP	MP
LIPITOR *(atorvastatin calcium)*	NP	QL(1 ea daily);MP
LIVALO	NP	
lovastatin tabs 40 MG	P	QL(2 ea daily);MP
lovastatin tabs 10 MG, 20 MG	P	QL(1 ea daily);MP
PRAVACHOL *(pravastatin sodium)*	NF	QL(1 ea daily);MP
pravastatin sodium	P	QL(1 ea daily);MP
rosuvastatin calcium tabs	P	QL(1 ea daily);MP
simvastatin tabs	P	QL(1 ea daily);MP
ZOCOR TABS *(simvastatin)*	NF	QL(1 ea daily);MP
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG *(simvastatin)*	NP	QL(1 ea daily);MP

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

Drug Name	Drug Tier	Requirements/Limits
benazepril hcl 5 MG, 10 MG, 20 MG	P	QL(1 ea daily);MP
captopril	P	QL(3 ea daily);MP
enalapril maleate soln	NP	MP
enalapril maleate tabs	P	QL(2 ea daily);MP
EPANED SOLN *(enalapril maleate)*	NP	MP
fosinopril sodium	P	QL(1 ea daily);MP
lisinopril tabs 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	MP
LOTENSIN 40 MG *(benazepril hcl)*	NP	QL(2 ea daily);MP
LOTENSIN 10 MG, 20 MG *(benazepril hcl)*	NP	QL(1 ea daily);MP
moexipril hcl	P	MP
perindopril erbumine	NP	MP
PRINIVIL TABS *(lisinopril)*	NF	MP
QBRELIS SOLN	NP	MP
quinapril hcl	P	QL(1 ea daily);MP
ramipril caps	P	QL(2 ea daily);MP
trandolapril 1 MG, 2 MG	P	QL(1 ea daily);MP
trandolapril 4 MG	P	QL(2 ea daily);MP
VASOTEC TABS *(enalapril maleate)*	NP	QL(2 ea daily);MP
ZESTRIL TABS *(lisinopril)*	NP	MP
Agents for Pheochromocytoma		
DEMSER *(metyrosine)*	P	SP;MP
metyrosine	P	SP;MP
phenoxybenzamine hcl	NP	MP
Angiotensin II Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
ATACAND *(candesartan cilexetil)*	NP	MP
AVAPRO *(irbesartan)*	NP	QL(1 ea daily);MP
BENICAR *(olmesartan medoxomil)*	NP	ST;MP
candesartan cilexetil	NP	MP
COZAAR *(losartan potassium)*	NP	QL(1 ea daily);MP
COZAAR *(losartan potassium)*	NF	QL(1 ea daily);MP
DIOVAN TABS *(valsartan)*	NP	QL(1 ea daily);MP
EDARBI	NP	
irbesartan	P	QL(1 ea daily);MP
losartan potassium	P	QL(1 ea daily);MP
MICARDIS *(telmisartan)*	NP	QL(1 ea daily);MP
olmesartan medoxomil	NP	ST;MP
telmisartan	NP	QL(1 ea daily);MP
valsartan tabs	P	QL(1 ea daily);MP
Antiadrenergic Antihypertensives		
CARDURA *(doxazosin mesylate)*	NF	MP
CARDURA *(doxazosin mesylate)*	NP	MP
CATAPRES TABS *(clonidine hcl)*	NF	MP
CATAPRES-TTS-1 *(clonidine)*	NP	
CATAPRES-TTS-2 *(clonidine)*	NP	
CATAPRES-TTS-3 *(clonidine)*	NP	
clonidine	P	
clonidine hcl tabs	P	MP

Drug Name	Drug Tier	Requirements/Limits
clonidine hcl tb24	NP	
doxazosin mesylate	P	MP
guanfacine hcl	P	MP
MINIPRESS CAPS *(prazosin hcl)*	NP	MP
prazosin hcl caps	P	MP
terazosin hcl	P	MP
Antihypertensive Combinations		
ACCURETIC 20 MG-12.5 MG *(quinapril-hydrochlorothiazide)*	NP	QL(4 ea daily);MP
ACCURETIC 10 MG-12.5 MG	NP	QL(3 ea daily);MP
ACCURETIC 20 MG-12.5 MG *(quinapril-hydrochlorothiazide)*	NF	QL(4 ea daily);MP
ACCURETIC 10 MG-12.5 MG *(quinapril-hydrochlorothiazide)*	NF	QL(3 ea daily);MP
ACCURETIC 20 MG-25 MG *(quinapril-hydrochlorothiazide)*	NP	QL(2 ea daily);MP
amlodipine besylate-benazepril hcl	P	QL(1 ea daily);MP
amlodipine besylate-olmesartan medoxomil	NP	ST;MP
amlodipine besylate-valsartan	NP	ST;MP
amlodipine-valsartan-hydrochlorothiazide	NP	ST;MP
ATACAND HCT *(candesartan cilexetil-hydrochlorothiazide)*	NP	MP

Drug Name	Drug Tier	Requirements/Limits
atenolol & chlorthalidone	P	QL(1 ea daily);MP
AVALIDE *(irbesartan-hydrochlorothiazide)*	NP	QL(1 ea daily);MP
AZOR *(amlodipine besylate-olmesartan medoxomil)*	NP	ST;MP
benazepril & hydrochlorothiazide	P	QL(1 ea daily);MP
BENICAR HCT *(olmesartan medoxomil-hydrochlorothiazide)*	NP	ST;MP
bisoprolol & hydrochlorothiazide	P	QL(1 ea daily);MP
candesartan cilexetil-hydrochlorothiazide	NP	MP
DIOVAN HCT *(valsartan-hydrochlorothiazide)*	NP	QL(1 ea daily);MP
EDARBYCLOR	NP	
enalapril maleate & hydrochlorothiazide	P	QL(2 ea daily);MP
EXFORGE *(amlodipine besylate-valsartan)*	NP	ST;MP
EXFORGE HCT *(amlodipine-valsartan-hydrochlorothiazide)*	NP	ST;MP
fosinopril sodium & hydrochlorothiazide	P	QL(1 ea daily);MP
HYZAAR *(losartan potassium & hydrochlorothiazide)*	NF	QL(1 ea daily);MP
HYZAAR *(losartan potassium & hydrochlorothiazide)*	NP	QL(1 ea daily);MP
irbesartan-hydrochlorothiazide	P	QL(1 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
lisinopril & hydrochlorothiazide	P	MP
LOPRESSOR HCT TABS 50 MG-25 MG *(metoprolol & hydrochlorothiazide)*	NF	QL(2 ea daily);MP
losartan potassium & hydrochlorothiazide	P	QL(1 ea daily);MP
LOTENSIN HCT 10 MG-12.5 MG, 20 MG-12.5 MG, 20 MG-25 MG *(benazepril & hydrochlorothiazide)*	NP	QL(1 ea daily);MP
LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG *(amlodipine besylate-benazepril hcl)*	NP	QL(1 ea daily);MP
metoprolol & hydrochlorothiazide tabs	P	QL(2 ea daily);MP
MICARDIS HCT *(telmisartan-hydrochlorothiazide)*	NP	QL(1 ea daily);MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	NP	ST;MP
olmesartan medoxomil-hydrochlorothiazide	NP	ST;MP
quinapril-hydrochlorothiazide 20 MG-25 MG	P	QL(2 ea daily);MP
TARKA 2 MG-180 MG, 2 MG-240 MG, 4 MG-240 MG *(trandolapril-verapamil hcl)*	NF	MP

Drug Name	Drug Tier	Requirements/Limits
TEKTURNA HCT	NP	
telmisartan-amlodipine	NP	MP
telmisartan-hydrochlorothiazide	NP	QL(1 ea daily);MP
TENORETIC 100 100 MG-25 MG *(atenolol & chlorthalidone)*	NP	QL(1 ea daily);MP
TENORETIC 50 50 MG-25 MG *(atenolol & chlorthalidone)*	NP	QL(1 ea daily);MP
trandolapril-verapamil hcl	P	MP
TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NP	ST;MP
TWYNSTA *(telmisartan-amlodipine)*	NF	MP
valsartan-hydrochlorothiazide	P	QL(1 ea daily);MP
VASERETIC 10 MG-25 MG *(enalapril maleate & hydrochlorothiazide)*	NP	QL(2 ea daily);MP
ZESTORETIC *(lisinopril & hydrochlorothiazide)*	NP	MP
ZIAC *(bisoprolol & hydrochlorothiazide)*	NP	QL(1 ea daily);MP
Antihypertensives - Misc.		
VECAMYL	NP	SP
Direct Renin Inhibitors		
aliskiren fumarate	NP	MP
TEKTURNA *(aliskiren fumarate)*	NP	MP
Selective Aldosterone Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
(SARAs)		
eplerenone	NP	MP
INSPRA *(eplerenone)*	NP	MP
Vasodilators		
hydralazine hcl tabs	P	MP
minoxidil 2.5 MG, 10 MG	P	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	
FLAGYL CAPS *(metronidazole)*	NP	
FLAGYL TABS *(metronidazole)*	NF	
metronidazole tabs	P	
metronidazole caps	NP	
metronidazole soln	P	
METRONIDAZOLE SOLN *(metronidazole)*	NF	
NEBUPENT IN *(pentamidine isethionate)*	P	
pentamidine isethionate in	P	
tinidazole	NP	
trimethoprim tabs	P	
TRIMETHOPRIM TABS	P	
XIFAXAN	NP	
Anti-infective Misc. - Combinations		
BACTRIM TABS 80 MG-400 MG *(sulfamethoxazole-trimethoprim)*	NP	

Drug Name	Drug Tier	Requirements/Limits
BACTRIM DS TABS 160 MG-800 MG *(sulfamethoxazole-trimethoprim)*	NP	
methenamine-hyoscamine-methylene blue-sodium phosphate tabs 40.8 MG-10.8 MG-81.6 MG-0.12 MG	NP	
methenamine-hyosc-methylene blue-benzoic acid-phenyl sal 0.12 MG-10.8 MG-9 MG-81.6 MG-36.2 MG	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal caps	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 40.8 MG-10.8 MG-120 MG-36.2 MG-0.12 MG, 40.8 MG-10.8 MG-81.6 MG-36.2 MG-0.12 MG	NP	
sulfamethoxazole-trimethoprim susp 40 MG/5ML-200 MG/5ML	P	
sulfamethoxazole-trimethoprim tabs	P	
URIMAR-T TABS 40.8 MG-10.8 MG-120 MG-36.2 MG-0.12 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
UROGESIC-BLUE TABS 40.8 MG-10.8 MG-81.6 MG-0.12 MG *(methenamine-hyoscamine-methylene blue-sodium phosphate)*	NP	
Antiprotozoal Agents		
atovaquone	P	
LAMPIT	NP	
MEPRON *(atovaquone)*	NP	
nitazoxanide tabs	NP	
Carbapenems		
ertapenem sodium ij	P	SP
imipenem-cilastatin iv	P	
INVANZ IJ *(ertapenem sodium)*	NF	SP
meropenem	P	
MEROPENEM/SODIUM CHLORIDE	P	
MERREM 500 MG *(meropenem)*	NF	
PRIMAXIN IV IV 500 MG-500 MG *(imipenem-cilastatin)*	NF	
Glycopeptides		
FIRVANQ SOLR OR 25 MG/ML	NP	QL(300 ml per fill retail)
FIRVANQ SOLR OR 50 MG/ML	NP	
VANCOCIN CAPS 125 MG *(vancomycin hcl)*	NP	QL(4 ea daily)
VANCOCIN CAPS 250 MG *(vancomycin hcl)*	NP	QL(8 ea daily)
vancomycin hcl caps 125 MG	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl caps 250 MG	P	QL(8 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	P	
Leprostatics		
dapsone	P	
Lincosamides		
CLEOCIN *(clindamycin hcl)*	NP	
CLEOCIN PEDIATRIC GRANULES *(clindamycin palmitate hydrochloride)*	NP	QL(300 ml per fill retail)
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML *(clindamycin phosphate)*	NF	
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML *(clindamycin phosphate)*	NF	
clindamycin hcl	P	
clindamycin palmitate hydrochloride	P	QL(300 ml per fill retail)
clindamycin phosphate soln ij 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	P	
clindamycin phosphate soln ij 9 GM/60ML, 9000 MG/60ML	P	
clindamycin phosphate in d5w	P	

Drug Name	Drug Tier	Requirements/Limits
CLINDAMYCIN/SODIUM CHLORIDE	P	
Monobactams		
AZACTAM *(aztreonam)*	NF	
aztreonam	P	
CAYSTON	NP	SP
Oxazolidinones		
linezolid susr	NP	
linezolid tabs	NP	
SIVEXTRO TABS	NP	QL(6 ea per fill retail)
ZYVOX SUSR *(linezolid)*	NP	
ZYVOX TABS *(linezolid)*	NP	
Pleuromutilins		
XENLETA TABS	NP	SP
Urinary Anti-infectives		
fosfomycin tromethamine	P	
HIPREX *(methenamine hippurate)*	NP	
HIPREX *(methenamine hippurate)*	NF	
MACROBID *(nitrofurantoin monohyd macro)*	NP	
MACRODANTIN *(nitrofurantoin macrocrystal)*	NP	
methenamine hippurate	P	
methenamine mandelate	P	

Drug Name	Drug Tier	Requirements/Limits
MONUROL *(fosfomycin tromethamine)*	P	
nitrofurantoin	P	QL(40 ml daily)
nitrofurantoin macrocrystal	P	
nitrofurantoin monohyd macro	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	P	MP
COARTEM 120 MG-20 MG	NP	QL(24 ea per fill retail)
MALARONE *(atovaquone-proguanil hcl)*	NP	MP
Antimalarials		
chloroquine phosphate tabs 250 MG	P	QL(2 ea daily)
chloroquine phosphate tabs 500 MG	P	QL(8 ea per 56 days retail)
DARAPRIM *(pyrimethamine)*	NP	SP
hydroxychloroquine sulfate	P	MP
HYDROXYCHLOROQUINE SULFATE	P	
KRINTAFEL	NP	QL(2 ea per 30 days retail)
mefloquine hcl	P	MP
primaquine phosphate tabs	P	MP

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE PHOSPHATE TABS *(primaquine phosphate)*	P	MP
pyrimethamine	NP	SP
QUALAQUIN CAPS *(quinine sulfate)*	NP	
quinine sulfate caps 324 MG	NP	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	NP	SP
MESTINON SOLN OR *(pyridostigmine bromide)*	NP	
MESTINON TABS *(pyridostigmine bromide)*	NP	
MESTINON TIMESPAN TBCR *(pyridostigmine bromide)*	NP	
pyridostigmine bromide tbcr	P	
pyridostigmine bromide tabs	P	
pyridostigmine bromide soln or	P	
RUZURGI	NP	SP
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	P	
ethambutol hcl tabs	P	
isoniazid syrp	P	MP
isoniazid tabs	P	

Drug Name	Drug Tier	Requirements/Limits
MYAMBUTOL TABS 400 MG *(ethambutol hcl)*	NP	
MYCOBUTIN *(rifabutin)*	NP	
PASER PACK	NP	
PRETOMANID	NP	
PRIFTIN	P	
pyrazinamide	P	
rifabutin	P	
rifampin caps	P	
SIRTURO	NP	
TRECATOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN *(melphalan)*	NF	
cyclophosphamide caps	P	
CYCLOPHOSPHAMIDE TABS	P	
LEUKERAN	P	
melphalan	P	
MYLERAN TABS	P	
TEMODAR CAPS 250 MG *(temozolomide)*	NP	QL(2 ea daily);SP
TEMODAR CAPS 180 MG, 250 MG *(temozolomide)*	NF	QL(2 ea daily);SP
TEMODAR CAPS 5 MG, 20 MG, 100 MG, 140 MG *(temozolomide)*	NF	SP

Drug Name	Drug Tier	Requirements/Limits
temozolomide caps 5 MG, 20 MG, 100 MG, 140 MG	P	SP
temozolomide caps 180 MG, 250 MG	P	QL(2 ea daily);SP
Antimetabolites		
capecitabine	NP	SP
mercaptopurine tabs	P	
methotrexate sodium tabs 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG	P	
ONUREG TABS	NP	SP
PURIXAN SUSP	NP	
TABLOID	P	SP
TREXALL TABS	P	
XATMEP SOLN	NP	
XELODA *(capecitabine)*	NP	SP
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	NP	SP
LENVIMA 10 MG DAILY DOSE	NP	SP
LENVIMA 12MG DAILY DOSE	NP	SP
LENVIMA 14 MG DAILY DOSE	NP	SP
LENVIMA 18 MG DAILY DOSE	NP	SP
LENVIMA 20 MG DAILY DOSE	NP	SP
LENVIMA 24 MG DAILY DOSE	NP	SP
LENVIMA 4 MG DAILY DOSE	NP	SP
LENVIMA 8 MG DAILY DOSE	NP	SP

Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - Anti-HER2 Agents		
TUKYSA	NP	SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA TABS	NP	SP
VENCLEXTA STARTING PACK TBPK	NP	SP
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	P	SP
EXKIVITY	NP	SP
GILOTRIF	NP	SP
IRESSA	P	SP
TAGRISSO	NP	SP
TARCEVA *(erlotinib hcl)*	NP	SP
VIZIMPRO	NP	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	NP	SP
ERIVEDGE	P	SP
ODOMZO	NP	SP
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	P	SP
anastrozole	P	
ARIMIDEX *(anastrozole)*	NP	
AROMASIN *(exemestane)*	NP	
bicalutamide	P	QL(1 ea daily)
CASODEX *(bicalutamide)*	NP	QL(1 ea daily)
EMCYT	P	SP
ERLEADA	NP	SP

Drug Name	Drug Tier	Requirements/Limits
exemestane	P	
FARESTON *(toremifene citrate)*	NP	
FEMARA *(letrozole)*	NP	
flutamide	P	
letrozole	P	
LYSODREN	P	SP
megestrol acetate tabs	P	
megestrol acetate susp	P	
nilutamide	P	
NUBEQA	NP	SP
ORGOVYX	NP	SP
SOLTAMOX SOLN	P	
tamoxifen citrate tabs	P	
toremifene citrate	P	
XTANDI TABS	NP	SP
XTANDI CAPS	NP	SP
YONSA	NP	SP
ZYTIGA *(abiraterone acetate)*	NP	SP
Antineoplastic - Immunomodulators		
POMALYST	NP	SP
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	NP	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO	NP	SP
XPOVIO 100 MG ONCE WEEKLY	NP	SP
XPOVIO 40 MG ONCE WEEKLY	NP	SP

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 40 MG TWICE WEEKLY	NP	SP
XPOVIO 60 MG ONCE WEEKLY	NP	SP
XPOVIO 60 MG TWICE WEEKLY	NP	SP
XPOVIO 80 MG ONCE WEEKLY	NP	SP
XPOVIO 80 MG TWICE WEEKLY	NP	SP
Antineoplastic Combinations		
INQOVI 100 MG-35 MG	NP	SP
KISQALI FEMARA 200 DOSE 200 MG-2.5 MG	NP	SP
KISQALI FEMARA 400 DOSE 200 MG-2.5 MG	NP	SP
KISQALI FEMARA 600 DOSE 200 MG-2.5 MG	NP	SP
LONSURF	NP	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS *(everolimus)*	NP	SP
AFINITOR DISPERZ TBSO *(everolimus)*	NP	SP
ALECENSA	NP	SP
ALUNBRIG TABS	NP	SP
ALUNBRIG TBPK	NP	SP
BALVERSA	NP	SP
BOSULIF	NP	SP
BRAFTOVI 75 MG	NP	SP
BRUKINSA	NP	SP
CABOMETYX TABS	NP	SP
CALQUENCE	NP	SP
CALQUENCE	NP	SP

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA	P	SP
COMETRIQ KIT	NP	SP
COPIKTRA	NP	SP
COTELLIC	NP	SP
everolimus tabs	NP	SP
everolimus tbso	NP	SP
FARYDAK	NP	SP
FOTIVDA	NP	SP
GAVRETO	NP	SP
GLEEVEC *(imatinib mesylate)*	NP	SP
IBRANCE CAPS	NP	SP
IBRANCE TABS	NP	SP
ICLUSIG	NP	SP
IDHIFA	NP	SP
imatinib mesylate	NP	SP
IMBRUVICA CAPS	NP	SP
IMBRUVICA SUSP	NP	SP
IMBRUVICA TABS	NP	SP
INREBIC	NP	SP
JAKAFI	P	SP
KISQALI	NP	SP
KOSELUGO	NP	SP
lapatinib ditosylate	NP	SP
LORBRENA	NP	SP
LUMAKRAS	NP	SP
LYNPARZA TABS	NP	SP
LYTGOBI	NP	
MEKINIST	NP	SP
MEKTOVI	NP	SP

Drug Name	Drug Tier	Requirements/Limits
NERLYNX	NP	SP
NEXAVAR *(sorafenib tosylate)*	P	SP
NINLARO	NP	SP
PEMAZYRE	NP	SP
PIQRAY 200MG DAILY DOSE	NP	SP
PIQRAY 250MG DAILY DOSE	NP	SP
PIQRAY 300MG DAILY DOSE	NP	SP
QINLOCK	NP	SP
RETEVMO	NP	SP
ROZLYTREK	NP	SP
RUBRACA	NP	SP
RYDAPT	NP	SP
SCEMBLIX	NP	SP
sorafenib tosylate	P	SP
SPRYCEL	NP	SP
STIVARGA	NP	SP
sunitinib malate	P	SP
SUTENT *(sunitinib malate)*	P	SP
TABRECTA	NP	SP
TAFINLAR	NP	SP
TALZENNA	NP	SP
TASIGNA	NP	SP
TAZVERIK	NP	SP
TEPMETKO	NP	SP
TIBSOVO	NP	SP
TRUSELTIQ	NP	SP
TURALIO	NP	SP

Drug Name	Drug Tier	Requirements/Limits
TYKERB *(lapatinib ditosylate)*	NP	SP
VERZENIO	NP	SP
VITRAKVI CAPS	NP	SP
VITRAKVI SOLN	NP	SP
VONJO	NP	SP
VOTRIENT	P	SP
XALKORI	NP	SP
XOSPATA	NP	SP
ZEJULA	NP	SP
ZELBORAF	NP	SP
ZOLINZA	NP	SP
ZYDELIG	NP	SP
ZYKADIA TABS	NP	SP
Antineoplastics Misc.		
bexarotene	P	SP
HYDREA *(hydroxyurea)*	NP	
hydroxyurea	P	
MATULANE	P	SP
TARGRETIN *(bexarotene)*	NP	SP
tretinoin (chemotherapy)	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium tabs	P	
MESNEX TABS	P	SP
Mitotic Inhibitors		
etoposide caps	P	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	P	SP

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	P	MP
LODOSYN *(carbidopa)*	NP	MP
NOURIANZ	NP	
Antiparkinson Anticholinergics		
benztropine mesylate tabs	P	MP
trihexyphenidyl hcl tabs	P	MP
trihexyphenidyl hcl soln	P	MP
Antiparkinson COMT Inhibitors		
COMTAN *(entacapone)*	NF	MP
COMTAN *(entacapone)*	NP	MP
entacapone	P	MP
ONGENTYS	NP	
TASMAR *(tolcapone)*	NP	MP
tolcapone	NP	MP
Antiparkinson Dopaminergics		
amantadine hcl tabs	P	MP
amantadine hcl soln	P	
amantadine hcl caps	P	MP
APOKYN SOCT	NP	SP
apomorphine hydrochloride soct	NP	SP
bromocriptine mesylate tabs 2.5 MG	P	MP
bromocriptine mesylate caps	P	MP
carbidopa-levodopa tbcr	P	MP

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa tbdp	NP	MP
carbidopa-levodopa tabs	P	MP
carbidopa-levodopa-entacapone	NP	MP
DHIVY TABS 25 MG-100 MG	NP	MP
GOCOVRI CP24	NP	SP
INBRIJA CAPS	NP	
KYNMOBI FILM	NP	
MIRAPEX TABS *(pramipexole dihydrochloride)*	NF	QL(3 ea daily);MP
MIRAPEX ER TB24 *(pramipexole dihydrochloride)*	NP	MP
NEUPRO	NP	
OSMOLEX ER T4PK	NP	
OSMOLEX ER TB24 129 MG, 193 MG	NP	
PARLODEL CAPS *(bromocriptine mesylate)*	NP	MP
PARLODEL TABS *(bromocriptine mesylate)*	NP	MP
pramipexole dihydrochloride tabs	P	QL(3 ea daily);MP
pramipexole dihydrochloride tb24	NP	MP
ropinirole hydrochloride tb24	NP	MP
ropinirole hydrochloride tabs .25 MG, 3 MG, 4 MG	P	QL(6 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
ropinirole hydrochloride tabs .5 MG, 1 MG, 2 MG, 5 MG	P	QL(3 ea daily);MP
RYTARY CPCR	NP	
SINEMET TABS 10 MG-100 MG, 25 MG-100 MG *(carbidopa-levodopa)*	NP	MP
SINEMET TABS *(carbidopa-levodopa)*	NF	MP
STALEVO 100 200 MG-100 MG-25 MG *(carbidopa-levodopa-entacapone)*	NP	MP
STALEVO 125 200 MG-125 MG-31.25 MG *(carbidopa-levodopa-entacapone)*	NF	MP
STALEVO 125 200 MG-125 MG-31.25 MG *(carbidopa-levodopa-entacapone)*	NP	MP
STALEVO 150 200 MG-150 MG-37.5 MG *(carbidopa-levodopa-entacapone)*	NP	MP
STALEVO 150 200 MG-150 MG-37.5 MG *(carbidopa-levodopa-entacapone)*	NF	MP
STALEVO 200 200 MG-200 MG-50 MG *(carbidopa-levodopa-entacapone)*	NP	MP
STALEVO 200 200 MG-200 MG-50 MG *(carbidopa-levodopa-entacapone)*	NF	MP

Drug Name	Drug Tier	Requirements/Limits
STALEVO 50 200 MG-50 MG-12.5 MG *(carbidopa-levodopa-entacapone)*	NF	MP
STALEVO 50 200 MG-50 MG-12.5 MG *(carbidopa-levodopa-entacapone)*	NP	MP
STALEVO 75 200 MG-75 MG-18.75 MG *(carbidopa-levodopa-entacapone)*	NP	MP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(rasagiline mesylate)*	NP	MP
rasagiline mesylate	NP	MP
selegiline hcl tabs	P	MP
selegiline hcl caps	P	MP
XADAGO	NP	
ZELAPAR TBDP	NP	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps	P	MP
lithium carbonate tbcr	P	MP
lithium carbonate tabs	P	MP
LITHOBID TBCR *(lithium carbonate)*	NP	MP
Antipsychotics - Misc.		
CAPLYTA	NP	
EQUETRO	NP	
GEODON 20 MG, 60 MG, 80 MG *(ziprasidone hcl)*	NF	QL(2 ea daily);AL(At least 8 yrs old);MP

Drug Name	Drug Tier	Requirements/Limits
GEODON *(ziprasidone mesylate)*	NP	
GEODON *(ziprasidone hcl)*	NP	QL(2 ea daily);AL(At least 8 yrs old);MP
LATUDA	NP	
NUPLAZID CAPS	NP	QL(1 ea daily)
NUPLAZID TABS 10 MG	NP	QL(1 ea daily)
VRAYLAR CPPK	NP	
VRAYLAR CAPS	NP	
ziprasidone hcl	P	QL(2 ea daily);AL(At least 8 yrs old);MP
ziprasidone mesylate	NP	
Benzisoxazoles		
FANAPT	NP	
FANAPT TITRATION PACK	NP	
INVEGA *(paliperidone)*	NP	MP
INVEGA HAFYERA	P	SP;PA
INVEGA SUSTENNA	P	SP;PA
INVEGA TRINZA	P	SP;PA
paliperidone	NP	MP
PERSERIS PRSY	NP	SP
RISPERDAL SOLN *(risperidone)*	NP	QL(4 ml daily);AL(At least 5 yrs old);MP
RISPERDAL TABS .5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(risperidone)*	NP	QL(4 ea daily);AL(At least 5 yrs old);MP
RISPERDAL CONSTA	NP	SP
risperidone soln	P	QL(4 ml daily);MP

Drug Name	Drug Tier	Requirements/Limits
risperidone tbdp	NP	QL(2 ea daily);AL(At least 5 yrs old);MP
risperidone tabs	P	QL(4 ea daily);AL(At least 5 yrs old);MP
Butyrophenones		
HALDOL DECANOATE 100 *(haloperidol decanoate)*	NF	
HALDOL DECANOATE 50 *(haloperidol decanoate)*	NF	
haloperidol tabs .5 MG, 1 MG, 10 MG	P	QL(3 ea daily);MP
haloperidol tabs 2 MG, 5 MG, 20 MG	P	MP
haloperidol decanoate	P	
haloperidol lactate conc	P	MP
Dibenzapines		
asenapine maleate	NP	
clozapine tabs 25 MG, 50 MG, 200 MG	P	QL(3 ea daily);AL(At least 8 yrs old);MP
clozapine tbdp	NP	MP
clozapine tabs 100 MG	P	QL(9 ea daily);AL(At least 8 yrs old);MP
CLOZARIL TABS 100 MG *(clozapine)*	NP	QL(9 ea daily);AL(At least 8 yrs old);MP
CLOZARIL TABS 25 MG, 50 MG, 200 MG *(clozapine)*	NP	QL(3 ea daily);AL(At least 8 yrs old);MP
loxapine succinate	P	QL(4 ea daily);MP
olanzapine tbdp	P	MP
olanzapine solr	NP	

Drug Name	Drug Tier	Requirements/Limits
olanzapine tabs 7.5 MG, 10 MG	P	QL(2 ea daily);AL(At least 8 yrs old);MP
olanzapine tbdp 20 MG	P	AL(At least 8 yrs old);MP
olanzapine tabs 15 MG, 20 MG	P	QL(1 ea daily);AL(At least 8 yrs old);MP
olanzapine tabs 2.5 MG, 5 MG	P	QL(4 ea daily);AL(At least 8 yrs old);MP
quetiapine fumarate tabs 150 MG	P	
quetiapine fumarate tabs 25 MG, 50 MG, 100 MG, 200 MG	P	QL(4 ea daily);AL(At least 8 yrs old);MP
quetiapine fumarate tb24	P	MP
quetiapine fumarate tabs 300 MG, 400 MG	P	QL(2 ea daily);AL(At least 8 yrs old);MP
SAPHRIS 5 MG, 10 MG *(asenapine maleate)*	NF	
SAPHRIS *(asenapine maleate)*	NP	
SECUADO	NP	
SEROQUEL TABS 300 MG, 400 MG *(quetiapine fumarate)*	NP	QL(2 ea daily);AL(At least 8 yrs old);MP
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG *(quetiapine fumarate)*	NP	QL(4 ea daily);AL(At least 8 yrs old);MP
SEROQUEL XR TB24 *(quetiapine fumarate)*	NP	MP
VERSACLOZ SUSP	NP	
ZYPREXA TABS 2.5 MG, 5 MG *(olanzapine)*	NP	QL(4 ea daily);AL(At least 8 yrs old);MP

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TABS 15 MG, 20 MG *(olanzapine)*	NP	QL(1 ea daily);AL(At least 8 yrs old);MP
ZYPREXA TABS 7.5 MG, 10 MG *(olanzapine)*	NP	QL(2 ea daily);AL(At least 8 yrs old);MP
ZYPREXA SOLR *(olanzapine)*	NP	
ZYPREXA RELPREVV	NP	SP
ZYPREXA ZYDIS TBDP *(olanzapine)*	NP	MP
Dihydroindolones		
molindone hcl	NP	QL(4 ea daily);MP
Phenothiazines		
chlorpromazine hcl tabs 10 MG	P	QL(10 ea daily);MP
chlorpromazine hcl tabs 25 MG, 50 MG, 100 MG, 200 MG	P	QL(3 ea daily);MP
CHLORPROMAZINE HYDROCHLORIDE CONC	P	
fluphenazine decanoate	P	
fluphenazine hcl tabs	P	MP
fluphenazine hcl conc	P	MP
fluphenazine hcl elix	P	MP
perphenazine tabs	P	QL(4 ea daily);MP
prochlorperazine	P	
prochlorperazine maleate tabs	P	MP
thioridazine hcl	P	QL(3 ea daily);MP
trifluoperazine hcl tabs	P	QL(3 ea daily);MP
Quinolinone Derivatives		

Drug Name	Drug Tier	Requirements/Limits
ABILIFY TABS *(aripiprazole)*	NP	QL(1 ea daily);AL(At least 6 yrs old);MP
ABILIFY MAINTENA SRER	P	SP;PA
ABILIFY MAINTENA PRSY	P	SP;PA
ABILIFY MYCITE MAINTENANCE KIT	NP	
ABILIFY MYCITE STARTER KIT	NP	
aripiprazole tabs	P	QL(1 ea daily);MP
aripiprazole tabs	P	QL(1 ea daily);AL(At least 6 yrs old);MP
aripiprazole soln or	NP	QL(750 ml per 30 days retail,2250 ml per 90 days mail);AL(At least 6 yrs old);MP
aripiprazole tbdp	NP	QL(1 ea daily);MP
ARISTADA	P	SP;PA
ARISTADA INITIO	P	SP;PA
REXULTI	NP	
Thioxanthenes		
thiothixene	P	QL(3 ea daily);MP
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde soln 10 %	P	QL(90 ml per fill retail)
Chlorine Antiseptics		
chlorhexidine gluconate liqd	P	
HIBICLENS LIQD *(chlorhexidine gluconate)*	NF	
ANTIVIRALS - Drugs to Treat Viral Infections		

Drug Name	Drug Tier	Requirements/Limits
Antiretrovirals		
abacavir sulfate soln	P	QL(30 ml daily);MP
abacavir sulfate tabs	P	QL(2 ea daily);MP
abacavir sulfate-lamivudine 600 MG-300 MG	P	QL(1 ea daily);MP
abacavir sulfate-lamivudine-zidovudine 300 MG-300 MG-150 MG	P	QL(2 ea daily);MP
APRETUDE	P	
APTIVUS CAPS	P	QL(4 ea daily);MP
atazanavir sulfate caps	P	QL(2 ea daily);MP
ATRIPLA 300 MG-200 MG-600 MG *(efavirenz-emtricitabine-tenofovir disoproxil fumarate)*	P	QL(1 ea daily);MP
BIKTARVY 25 MG-200 MG-50 MG	P	QL(1 ea daily);MP
BIKTARVY 15 MG-120 MG-30 MG	P	
CABENUVA	P	PA
CIMDUO 300 MG-300 MG	NP	QL(1 ea daily);MP
COMBIVIR 150 MG-300 MG *(lamivudine-zidovudine)*	NP	QL(2 ea daily);MP
COMPLERA 25 MG-200 MG-300 MG	P	QL(1 ea daily);MP
DELSTRIGO 100 MG-300 MG-300 MG	P	QL(1 ea daily);MP
DESCOVY 15 MG-120 MG	P	

Drug Name	Drug Tier	Requirements/Limits
DESCOVY 25 MG-200 MG	P	QL(1 ea daily);MP
didanosine cpdr 250 MG, 400 MG	P	QL(1 ea daily);MP
DOVATO 50 MG-300 MG	P	MP
EDURANT	P	QL(1 ea daily);MP
efavirenz caps 50 MG	P	QL(2 ea daily);MP
efavirenz tabs	P	QL(1 ea daily);MP
efavirenz caps 200 MG	P	QL(1 ea daily);MP
efavirenz-emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG-600 MG	P	QL(1 ea daily);MP
efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-300 MG-400 MG	NP	MP
emtricitabine caps	P	QL(1 ea daily);MP
emtricitabine-tenofovir disoproxil fumarate 300 MG-200 MG	P	QL(1 ea daily);MP
EMTRIVA SOLN	P	QL(24 ml daily);MP
EMTRIVA CAPS *(emtricitabine)*	P	QL(1 ea daily);MP
EPIVIR SOLN *(lamivudine)*	NP	QL(30 ml daily);MP
EPIVIR TABS 150 MG *(lamivudine)*	NP	QL(2 ea daily);MP
EPIVIR TABS 300 MG *(lamivudine)*	NP	QL(1 ea daily);MP
EPZICOM 600 MG-300 MG *(abacavir sulfate-lamivudine)*	NP	QL(1 ea daily);MP
etravirine 200 MG	P	QL(2 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
etravirine	P	QL(4 ea daily);MP
EVOTAZ 150 MG-300 MG	NP	QL(1 ea daily);MP
fosamprenavir calcium tabs	P	QL(4 ea daily);MP
FUZEON SOLR	NP	SP;MP
GENVOYA 150 MG-200 MG-150 MG-10 MG	P	QL(1 ea daily);MP
INTELENCE *(etravirine)*	P	QL(4 ea daily);MP
INTELENCE 200 MG *(etravirine)*	P	QL(2 ea daily);MP
INTELENCE	P	QL(4 ea daily);MP
INVIRASE TABS	P	QL(4 ea daily);MP
ISENTRESS CHEW 25 MG	P	QL(12 ea daily);MP
ISENTRESS CHEW 100 MG	P	QL(6 ea daily);MP
ISENTRESS PACK	P	QL(2 ea daily);MP
ISENTRESS TABS	P	QL(2 ea daily);MP
ISENTRESS HD TABS	P	QL(2 ea daily);MP
JULUCA 50 MG-25 MG	NP	QL(1 ea daily);MP
KALETRA TABS 100 MG-25 MG *(lopinavir-ritonavir)*	P	QL(4 ea daily);MP
KALETRA TABS 200 MG-50 MG *(lopinavir-ritonavir)*	P	QL(6 ea daily);MP
KALETRA SOLN 400 MG/5ML-100 MG/5ML *(lopinavir-ritonavir)*	NP	QL(10.67 ml daily);MP
lamivudine soln	P	QL(30 ml daily);MP
lamivudine tabs 150 MG	P	QL(2 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
lamivudine tabs 300 MG	P	QL(1 ea daily);MP
lamivudine-zidovudine 150 MG-300 MG	P	QL(2 ea daily);MP
LEXIVA TABS *(fosamprenavir calcium)*	P	QL(4 ea daily);MP
LEXIVA SUSP	P	QL(56 ml daily);MP
lopinavir-ritonavir tabs 200 MG-50 MG	P	QL(6 ea daily);MP
lopinavir-ritonavir soln 400 MG/5ML-100 MG/5ML	P	QL(10.67 ml daily);MP
lopinavir-ritonavir tabs 100 MG-25 MG	P	QL(4 ea daily);MP
maraviroc tabs	NP	QL(2 ea daily);MP
maraviroc tabs 300 MG	NP	QL(4 ea daily);MP
nevirapine susp	P	QL(40 ml daily);MP
nevirapine tb24 400 MG	P	QL(1 ea daily);MP
nevirapine tabs	P	QL(2 ea daily);MP
nevirapine tb24 100 MG	P	QL(3 ea daily);MP
NORVIR TABS *(ritonavir)*	P	QL(12 ea daily);MP
NORVIR SOLN	P	QL(15 ml daily);MP
NORVIR PACK	P	MP
ODEFSEY 25 MG-200 MG-25 MG	P	QL(1 ea daily);MP
PIFELTRO	NP	QL(1 ea daily);MP
PREZCOBIX 800 MG-150 MG	NP	QL(1 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P	
PREZISTA SUSP	P	
RETROVIR CAPS *(zidovudine)*	NP	QL(6 ea daily);MP
RETROVIR SYRP *(zidovudine)*	NP	QL(60 ml daily);MP
REYATAZ CAPS *(atazanavir sulfate)*	P	QL(2 ea daily);MP
REYATAZ PACK	P	QL(6 ea daily);MP
ritonavir tabs	P	QL(12 ea daily);MP
RUKOBIA	NP	MP
SELZENTRY SOLN	NP	QL(35 ml daily);MP
SELZENTRY TABS *(maraviroc)*	NP	QL(2 ea daily);MP
SELZENTRY TABS 25 MG, 75 MG, 150 MG	NP	QL(2 ea daily);MP
SELZENTRY TABS 300 MG *(maraviroc)*	NP	QL(4 ea daily);MP
stavudine caps 15 MG, 20 MG, 40 MG	P	QL(2 ea daily);MP
STRIBILD 150 MG-200 MG-300 MG-150 MG	NP	QL(1 ea daily);MP
SUSTIVA CAPS 50 MG *(efavirenz)*	P	QL(2 ea daily);MP
SUSTIVA CAPS 200 MG *(efavirenz)*	P	QL(1 ea daily);MP
SUSTIVA TABS *(efavirenz)*	P	QL(1 ea daily);MP
SYMFI 300 MG-300 MG-600 MG *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	P	QL(1 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
SYMFI LO 300 MG-300 MG-400 MG *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	P	MP
SYMTUZA 800 MG-200 MG-10 MG-150 MG	P	QL(1 ea daily);MP
TEMIXYS 300 MG-300 MG	NP	QL(1 ea daily);MP
tenofovir disoproxil fumarate tabs	P	QL(1 ea daily);MP
TIVICAY TABS	P	MP
TIVICAY PD TBSO	P	MP
TRIUMEQ TABS 50 MG-300 MG-600 MG	P	MP
TRIUMEQ PD TBSO 5 MG-30 MG-60 MG	P	
TRIZIVIR 300 MG-300 MG-150 MG	NP	QL(2 ea daily);MP
TROGARZO	P	SP;MP;PA
TRUVADA 300 MG-200 MG *(emtricitabine-tenofovir disoproxil fumarate)*	P	QL(1 ea daily);MP
TRUVADA 150 MG-100 MG, 200 MG-133 MG, 250 MG-167 MG *(emtricitabine-tenofovir disoproxil fumarate)*	P	MP
TYBOST	NP	QL(1 ea daily);MP
VIRACEPT TABS 250 MG	P	QL(9 ea daily);MP
VIRACEPT TABS 625 MG	P	QL(4 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE SUSP *(nevirapine)*	NF	QL(40 ml daily);MP
VIRAMUNE XR TB24 400 MG *(nevirapine)*	NP	QL(1 ea daily);MP
VIREAD TABS	P	QL(1 ea daily);MP
VIREAD POWD	P	QL(8 gm daily);MP
VIREAD TABS *(tenofovir disoproxil fumarate)*	P	QL(1 ea daily);MP
ZIAGEN SOLN *(abacavir sulfate)*	P	QL(30 ml daily);MP
ZIAGEN TABS *(abacavir sulfate)*	NP	QL(2 ea daily);MP
zidovudine caps	P	QL(6 ea daily);MP
zidovudine syrp	P	QL(60 ml daily);MP
zidovudine tabs	P	QL(2 ea daily);MP
CMV Agents		
LIVTENCITY	P	SP;PA
PREVYMIS TABS	NP	SP
VALCYTE SOLR *(valganciclovir hcl)*	NP	
VALCYTE TABS *(valganciclovir hcl)*	NP	QL(2 ea daily)
valganciclovir hcl solr	NP	
valganciclovir hcl tabs	P	QL(2 ea daily)
Hepatitis Agents		
adefovir dipivoxil	NP	
BARACLUDE TABS *(entecavir)*	NP	
BARACLUDE SOLN	NP	
entecavir tabs	P	
EPCLUSA PACK	NP	SP
EPCLUSA TABS	NP	SP

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA TABS	NP	SP
EPIVIR HBV SOLN	NP	
EPIVIR HBV TABS *(lamivudine (hbv))*	NP	
HARVONI TABS	NP	SP
HARVONI TABS	NP	SP
HARVONI PACK	NP	SP
HEPSERA *(adefovir dipivoxil)*	NP	
lamivudine (hbv) tabs	NP	
LEDIPASVIR/SOFOSBUVIR TABS 400 MG-90 MG	NP	SP
MAVYRET TABS 100 MG-40 MG	P	QL(3 ea daily);SP;PA
MAVYRET PACK 50 MG-20 MG	P	SP;PA
PEGASYS SOLN	NP	SP
PEGASYS SOSY	NP	SP
ribavirin (hepatitis c) caps	P	SP
ribavirin (hepatitis c) tabs 200 MG	P	SP
SOFOSBUVIR/VELPATASVIR TABS 400 MG-100 MG	P	SP;PA
SOVALDI TABS	NP	SP
SOVALDI PACK	NP	SP
VEMLIDY	NP	SP
VIEKIRA PAK TBPK 12.5 MG-50 MG-250 MG-75 MG	NP	SP
VOSEVI 400 MG-100 MG-100 MG	NP	SP
ZEPATIER 50 MG-100 MG	NP	SP

Drug Name	Drug Tier	Requirements/Limits
Herpes Agents		
acyclovir tabs or 800 MG	P	QL(50 ea per 30 days retail)
acyclovir tabs or 400 MG	P	QL(3 ea daily)
acyclovir caps	P	QL(50 ea per 30 days retail)
acyclovir tabs or 800 MG	P	
acyclovir caps	P	
acyclovir susp	P	
famciclovir	NP	
SITAVIG TABS BU	NP	
valacyclovir hcl 1 GM, 1000 MG	P	QL(42 ea per 21 days retail)
valacyclovir hcl 500 MG	P	QL(2 ea daily)
VALTREX 500 MG *(valacyclovir hcl)*	NP	QL(2 ea daily)
VALTREX 1 GM *(valacyclovir hcl)*	NP	QL(42 ea per 21 days retail)
VALTREX 500 MG *(valacyclovir hcl)*	NF	QL(2 ea daily)
ZOVIRAX SUSP *(acyclovir)*	NP	QL(400 ml per 30 days retail)
Influenza Agents		
oseltamivir phosphate caps 30 MG	P	QL(20 ea per 30 days retail)
oseltamivir phosphate caps 75 MG	P	1 rtl MAX fill,180 rtl day(s) supply
oseltamivir phosphate caps 45 MG	P	QL(10 ea per 30 days retail)
oseltamivir phosphate susr	P	QL(120 ml per 30 days retail)
RELENZA DISKHALER	P	QL(20 ea per fill retail)
rimantadine hydrochloride tabs	NP	

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU SUSR *(oseltamivir phosphate)*	P	QL(120 ml per 30 days retail)
TAMIFLU CAPS 30 MG *(oseltamivir phosphate)*	P	QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG *(oseltamivir phosphate)*	P	QL(10 ea per 30 days retail)
TAMIFLU CAPS 75 MG *(oseltamivir phosphate)*	P	1 rtl MAX fill,180 rtl day(s) supply;QL(10 ea per 30 days retail)
XOFLUZA 40 MG, 80 MG	NP	
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	P	
VIRAZOLE *(ribavirin)*	NP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 25 MG	P	QL(4 ea daily);MP
carvedilol 3.125 MG, 6.25 MG, 12.5 MG	P	QL(3 ea daily);MP
carvedilol phosphate	NP	QL(1 ea daily);MP
COREG 25 MG *(carvedilol)*	NP	QL(4 ea daily);MP
COREG 3.125 MG, 6.25 MG, 12.5 MG *(carvedilol)*	NP	QL(3 ea daily);MP
COREG CR *(carvedilol phosphate)*	NP	QL(1 ea daily);MP
labetalol hcl tabs 300 MG	P	QL(8 ea daily);MP
labetalol hcl tabs 100 MG	P	QL(3 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
labetalol hcl tabs 200 MG	P	QL(6 ea daily);MP
Beta Blockers Cardio-Selective		
acebutolol hcl caps	P	MP
atenolol tabs	P	QL(2 ea daily);MP
betaxolol hcl	P	MP
bisoprolol fumarate	P	QL(1 ea daily);MP
BYSTOLIC *(nebivolol hcl)*	NP	
KAPSPARGO SPRINKLE CS24	NP	
LOPRESSOR TABS 50 MG *(metoprolol tartrate)*	NP	QL(4 ea daily);MP
LOPRESSOR TABS 100 MG *(metoprolol tartrate)*	NP	QL(4.5 ea daily);MP
metoprolol succinate tb24 100 MG	P	QL(4 ea daily)
metoprolol succinate tb24 200 MG	P	QL(2 ea daily);MP
metoprolol succinate tb24 25 MG, 50 MG, 100 MG	P	QL(4 ea daily);MP
metoprolol tartrate tabs 25 MG, 50 MG	P	QL(4 ea daily);MP
metoprolol tartrate tabs 100 MG	P	QL(4.5 ea daily);MP
metoprolol tartrate tabs 37.5 MG, 75 MG	P	MP
nebivolol hcl	NP	
TENORMIN TABS *(atenolol)*	NP	QL(2 ea daily);MP
TOPROL XL TB24 25 MG, 50 MG, 100 MG *(metoprolol succinate)*	NP	QL(4 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
TOPROL XL TB24 200 MG *(metoprolol succinate)*	NP	QL(2 ea daily);MP
Beta Blockers Non-Selective		
BETAPACE TABS 80 MG, 120 MG, 160 MG *(sotalol hcl)*	NP	QL(2 ea daily);MP
BETAPACE AF *(sotalol hcl (afib/afl))*	NP	QL(2 ea daily);MP
CORGARD TABS 20 MG, 40 MG, 80 MG *(nadolol)*	NP	QL(2 ea daily);MP
HEMANGEOL SOLN OR	P	SP;MP;PA
INDERAL LA CP24 *(propranolol hcl)*	NP	QL(2 ea daily);MP
INDERAL XL	NP	
INNOPRAN XL	NP	
nadolol tabs 20 MG, 40 MG, 80 MG	P	QL(2 ea daily);MP
pindolol tabs	P	MP
propranolol hcl tabs	P	MP
propranolol hcl cp24	P	QL(2 ea daily);MP
propranolol hcl soln or 20 MG/5ML, 40 MG/5ML	P	MP
sotalol hcl tabs 80 MG, 120 MG, 160 MG	P	QL(2 ea daily);MP
sotalol hcl tabs 240 MG	P	MP
sotalol hcl (afib/afl)	NP	QL(2 ea daily);MP
SOTYLIZE SOLN OR	NP	MP
timolol maleate tabs	P	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate tabs	P	QL(1 ea daily);MP
CALAN SR TBCR *(verapamil hcl)*	NP	QL(2 ea daily);MP
CALAN SR TBCR *(verapamil hcl)*	NF	QL(2 ea daily);MP
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(diltiazem hcl)*	NP	QL(3 ea daily);MP
CARDIZEM CD CP24 240 MG *(diltiazem hcl coated beads)*	NP	QL(2 ea daily);MP
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG *(diltiazem hcl coated beads)*	NP	QL(1 ea daily);MP
CARDIZEM CD CP24 360 MG *(diltiazem hcl coated beads)*	NP	MP
CARDIZEM LA TB24	NP	
CARDIZEM LA TB24 *(diltiazem hcl coated beads)*	NP	MP
diltiazem hcl tabs	P	QL(3 ea daily);MP
diltiazem hcl cp12	P	QL(2 ea daily);MP
diltiazem hcl cp24 240 MG	P	QL(2 ea daily);MP
diltiazem hcl cp24 120 MG, 180 MG	P	QL(1 ea daily);MP
diltiazem hcl coated beads cp24 120 MG, 180 MG, 300 MG	P	QL(1 ea daily);MP
diltiazem hcl coated beads cp24 360 MG	P	MP
diltiazem hcl coated beads cp24 240 MG	P	QL(2 ea daily);MP
diltiazem hcl coated beads tb24	P	MP

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads	P	QL(1 ea daily);MP
felodipine	P	QL(1 ea daily);MP
isradipine caps	NP	MP
KATERZIA	NP	MP
levamlodipine maleate	NP	
nicardipine hcl caps	NP	MP
nifedipine tb24 60 MG	P	QL(2 ea daily);MP
nifedipine tb24 30 MG, 90 MG	P	QL(1 ea daily);MP
nifedipine caps	P	QL(4 ea daily);MP
nimodipine caps	P	MP
nisoldipine	NP	MP
NORLIQVA SOLN	NP	
NORVASC TABS *(amlodipine besylate)*	NP	QL(1 ea daily);MP
NYMALIZE SOLN 6 MG/ML	NP	
PROCARDIA CAPS *(nifedipine)*	NF	QL(4 ea daily);MP
PROCARDIA XL TB24 30 MG, 90 MG *(nifedipine)*	NP	QL(1 ea daily);MP
PROCARDIA XL TB24 60 MG *(nifedipine)*	NP	QL(2 ea daily);MP
SULAR *(nisoldipine)*	NP	MP
TIAZAC *(diltiazem hcl extended release beads)*	NP	QL(1 ea daily);MP
verapamil hcl tabs	P	QL(3 ea daily);MP
verapamil hcl tbcr	P	QL(2 ea daily);MP
verapamil hcl cp24 300 MG, 360 MG	P	QL(1 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl cp24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG	P	QL(2 ea daily);MP
VERELAN CP24 *(verapamil hcl)*	NP	QL(2 ea daily);MP
VERELAN CP24 300 MG, 360 MG *(verapamil hcl)*	NP	QL(1 ea daily);MP
VERELAN PM CP24 300 MG, 360 MG *(verapamil hcl)*	NP	QL(1 ea daily);MP
VERELAN PM CP24 *(verapamil hcl)*	NP	QL(2 ea daily);MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin tabs .0625 MG, 62.5 MCG	NP	
digoxin soln or .05 MG/ML	P	MP
digoxin tabs .125 MG, .25 MG, 125 MCG, 250 MCG	P	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	NP	SP
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	NP	MP
BIDIL 37.5 MG-20 MG *(isosorbide dinitrate-hydralazine hcl)*	P	
CADUET *(amlodipine besylate-atorvastatin calcium)*	NP	MP
ENTRESTO	P	

Drug Name	Drug Tier	Requirements/Limits
isosorbide dinitrate-hydralazine hcl 37.5 MG-20 MG	P	
Impotence Agents		
CIALIS 5 MG *(tadalafil)*	NF	
CIALIS 5 MG *(tadalafil)*	NP	
tadalafil 5 MG	NP	
Prostaglandin Vasodilators		
epoprostenol sodium	P	SP;PA
FLOLAN *(epoprostenol sodium)*	P	SP;PA
ORENITRAM	NP	SP
REMODULIN SOLN IJ	NP	SP
treprostinil soln ij	NP	SP
TYVASO SOLN IN	NP	SP
TYVASO DPI MAINTENANCE KIT POWD	NP	SP
TYVASO DPI TITRATION KIT POWD	NP	SP
TYVASO REFILL SOLN IN	NP	SP
TYVASO STARTER SOLN IN	NP	SP
VELETRI *(epoprostenol sodium)*	NP	SP
VENTAVIS	NP	SP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	NP	SP
bosentan tabs	NP	SP
LETAIRIS *(ambrisentan)*	P	SP;PA
OPSUMIT	NP	SP
TRACLEER TBSO	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
TRACLEER TABS *(bosentan)*	P	SP;PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(tadalafil (pulmonary hypertension))*	P	SP;PA
REVATIO SOLN *(sildenafil citrate (pulmonary hypertension))*	NP	SP
REVATIO TABS *(sildenafil citrate (pulmonary hypertension))*	NP	SP
REVATIO SUSR *(sildenafil citrate (pulmonary hypertension))*	P	SP;PA
sildenafil citrate (pulmonary hypertension) tabs	P	SP;PA
sildenafil citrate (pulmonary hypertension) soln	NP	SP
sildenafil citrate (pulmonary hypertension) susr	NP	SP
tadalafil (pulmonary hypertension) tabs	P	SP;PA
TADLIQ SUSP	NP	SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TABS	NP	SP
UPTRAVI SOLR	NP	SP
UPTRAVI TITRATION PACK TBPK	NP	SP
Pulmonary Hypertension - Sol Guanylate		

Drug Name	Drug Tier	Requirements/Limits
Cyclase Stimulator		
ADEMPAS	NP	SP
Sinus Node Inhibitors		
CORLANOR SOLN	NP	
CORLANOR TABS	NP	
Transthyretin Stabilizers		
VYNDAMAX	NP	SP
VYNDAQEL	NP	SP
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	P	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporin Combinations		
AVYCAZ 0.5 GM-2 GM	P	
Cephalosporins - 1st Generation		
cefadroxil caps	P	
cefadroxil tabs	P	
cefadroxil susr	P	
CEFAZOLIN SOLN 2 GM/100ML-4 %	P	
cefazolin sodium solr ij	P	
CEFAZOLIN SODIUM SOLR IJ	P	
CEFAZOLIN SODIUM SOLN	P	
CEFAZOLIN SODIUM SOSY IV 1 GM/10ML, 2 GM/20ML	P	
CEFAZOLIN SODIUM/DEXTROSE SOLR	P	

Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN SODIUM/SODIUM CHLORIDE SOLN 2 GM/100ML-0.9 %, 3 GM/100ML-0.9 %	P	
CEFAZOLIN/SODIUM CHLORIDE SOLN	P	
cephalexin susr	P	
cephalexin tabs	P	
cephalexin caps	P	
KEFLEX CAPS *(cephalexin)*	NF	
Cephalosporins - 2nd Generation		
cefaclor susr 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	P	
cefaclor caps	P	
CEFACLOR ER TB12	NP	
cefoxitin sodium iv 1 GM, 2 GM	P	
CEFOXITIN SODIUM	P	
cefprozil susr 250 MG/5ML	P	QL(100 ml per fill retail)
cefprozil susr 125 MG/5ML	P	QL(200 ml per fill retail)
cefprozil tabs	NP	QL(20 ea per fill retail)
cefuroxime axetil tabs	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
cefdinir caps	P	QL(20 ea per fill retail)
cefdinir susr	P	QL(100 ml per fill retail)
cefixime susr	NP	
cefixime caps	P	

Drug Name	Drug Tier	Requirements/Limits
cefpodoxime proxetil susr	NP	
cefpodoxime proxetil tabs	NP	
ceftazidime ij 1 GM, 6 GM	P	
CEFTAZIDIME/DEXTROSE	P	
ceftriaxone sodium ij	P	
CEFTRIAXONE SODIUM IJ	P	
ceftriaxone sodium in dextrose	P	
CEFTRIAXONE/DEXTROSE	P	
FORTAZ IJ 1 GM *(ceftazidime)*	NF	
SUPRAX SUSR *(cefixime)*	NP	
SUPRAX CAPS *(cefixime)*	NF	
SUPRAX CHEW	NP	
Cephalosporins - 4th Generation		
CEFEPIME SOLN	P	
cefepime hcl solr ij	P	
CEFEPIME/DEXTROSE	P	
CHEMICALS		
Liquids		
CASTOR OIL	P	RX/OTC
HM CASTOR OIL	P	RX/OTC
QC CASTOR OIL	P	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA 36.5 MG-20 MCG-0.1 MG	P	MP

Drug Name	Drug Tier	Requirements/Limits
BEYAZ 0.451 MG-0.02 MG-3 MG *(drospirenone-ethinyl estradiol-levomefolate calcium)*	P	MP
desogestrel & ethinyl estradiol	P	QL(1 ea daily);MP
desogestrel-ethinyl estradiol (biphasic)	P	QL(1 ea daily);MP
desogestrel-ethinyl estradiol (triphasic)	P	QL(1 ea daily);MP
drospirenone-ethinyl estradiol	P	QL(1 ea daily);MP
drospirenone-ethinyl estradiol-levomefolate calcium	P	MP
ESTROSTEP FE 75 MG-1 MG *(norethindrone acetate-ethinyl estradiol-fe)*	NF	MP
ethynodiol diacet & eth estrad 1 MG-35 MCG	P	QL(1 ea daily);MP
FALESSA 1 MG-20 MCG-0.1 MG	P	
GENERESS FE 75 MG-25 MCG-0.8 MG *(norethindrone & ethinyl estradiol-fe)*	P	MP
levonorgestrel & eth estradiol tabs	P	QL(1 ea daily);MP
levonorgestrel-eth estradiol (triphasic)	P	QL(1 ea daily);MP
levonorgestrel-ethinyl estradiol (91-day) 0	P	
levonorgestrel-ethinyl estradiol (continuous) 90 MCG-20 MCG	P	

Drug Name	Drug Tier	Requirements/Limits
LO LOESTRIN FE TABS 75 MG-1 MG-10 MCG	P	MP
LOSEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	P	
MINASTRIN 24 FE CHEW 75 MG-1 MG-20 MCG *(norethin acet & estrad-fe)*	P	MP
MIRCETTE 0 *(desogestrel-ethinyl estradiol (biphasic))*	P	QL(1 ea daily);MP
NATAZIA	P	MP
NEXTSTELLIS 14.2 MG-3 MG	P	
norethin acet & estrad-fe tabs 75 MG-1 MG-20 MCG, 75 MG-1.5 MG-30 MCG	P	QL(1 ea daily);MP
norethin acet & estrad-fe caps 75 MG-1 MG-20 MCG	P	MP
norethin acet & estrad-fe chew 75 MG-1 MG-20 MCG	P	MP
norethindrone & eth estradiol	P	QL(1 ea daily);MP
norethindrone & ethinyl estradiol-fe	P	MP
norethindrone acet & eth estra	P	QL(1 ea daily);MP
norethindrone acetate-ethinyl estradiol-fe 75 MG-1 MG	P	MP
norethindrone-eth estradiol (triphasic) 0	P	QL(1 ea daily);MP
norgestimate-ethinyl estradiol 0.25 MG-35 MCG	P	QL(1 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
norgestimate-ethinyl estradiol (triphasic) 0	P	QL(1 ea daily);MP
norgestrel & ethinyl estradiol 0.3 MG-30 MCG	P	QL(2 ea daily);MP
QUARTETTE *(levonorgestrel-ethinyl estradiol (91-day))*	P	
SAFYRAL 0.451 MG-0.03 MG-3 MG *(drospirenone-ethinyl estradiol-levomefolate calcium)*	P	MP
SEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	P	QL(1 ea daily)
TAYTULLA CAPS 75 MG-1 MG-20 MCG *(norethin acet & estrad-fe)*	P	MP
TYBLUME CHEW 0.1 MG-20 MCG	P	
YASMIN 28 3 MG-0.03 MG *(drospirenone-ethinyl estradiol)*	P	QL(1 ea daily);MP
YAZ 3 MG-0.02 MG *(drospirenone-ethinyl estradiol)*	P	QL(1 ea daily);MP
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol 150 MCG/24HR-35 MCG/24HR	P	QL(3 ea per 28 days retail,9 ea per 84 days mail);MP
TWIRLA 120 MCG/24HR-30 MCG/24HR	P	
Combination Contraceptives - Vaginal		
ANNOVERA 0.15 MG/24HR-0.013 MG/24HR	P	MP

Drug Name	Drug Tier	Requirements/Limits
etonogestrel-ethinyl estradiol 0.12 MG/24HR-0.015 MG/24HR	P	MP
NUVARING 0.12 MG/24HR-0.015 MG/24HR *(etonogestrel-ethinyl estradiol)*	P	MP
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A 0	P	SP
Emergency Contraceptives		
ELLA	P	QL(3 ea per 63 days retail,3 ea per 63 days mail);MP
levonorgestrel (emergency oc) 1.5 MG	P	QL(3 ea per 30 days retail,9 ea per 90 days mail);MP
PLAN B ONE-STEP *(levonorgestrel (emergency oc))*	NF	QL(3 ea per 30 days retail,9 ea per 90 days mail);MP
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSY IM *(medroxyprogesterone acetate (contraceptive))*	P	
DEPO-PROVERA CONTRACEPTIVE SUSP IM *(medroxyprogesterone acetate (contraceptive))*	P	QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUSY SC	P	
medroxyprogesterone acetate (contraceptive) susp im	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susy im	P	
Progestin Contraceptives - IUD		
KYLEENA	P	SP
LILETTA	P	SP
MIRENA	P	SP
SKYLA	P	SP
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	P	QL(1 ea daily);MP
ORTHO MICRONOR *(norethindrone (contraceptive))*	NF	QL(1 ea daily);MP
SLYND	P	MP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
ALKINDI SPRINKLE CPSP	NP	
budesonide cpep	NP	
budesonide tb24	NP	
CORTEF TABS *(hydrocortisone)*	NP	
dexamethasone tabs	P	
dexamethasone elix	P	
dexamethasone soln	P	
dexamethasone tbpk	NP	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tbpk	P	
DEXAMETHASONE INTENSOL CONC	P	
EMFLAZA SUSP	NP	SP
EMFLAZA TABS	NP	SP
ENTOCORT EC CPEP *(budesonide)*	NF	
HEMADY TABS	NP	
hydrocortisone tabs	P	
MEDROL TABS 32 MG *(methylprednisolone)*	NF	
MEDROL TABS *(methylprednisolone)*	NP	
MEDROL TABS	NP	
MEDROL DOSEPAK TBPK *(methylprednisolone)*	NP	
methylprednisolone tabs	P	
methylprednisolone tbpk	P	
MILLIPRED TABS	P	
ORTIKOS CP24	NP	
PEDIAPRED SOLN *(prednisolone sodium phosphate)*	NF	
prednisolone soln	P	
prednisolone sodium phosphate soln 15 MG/5ML	P	QL(240 ml per fill retail)
prednisolone sodium phosphate tbdp	NP	
prednisolone sodium phosphate soln 20 MG/5ML	P	QL(150 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
prednisolone sodium phosphate soln 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 25 MG/5ML	P	
prednisone soln	P	
prednisone tbpk	P	
prednisone tabs	P	
PREDNISONE INTENSOL CONC	P	
RAYOS TBEC	NP	
TARPEYO CPDR	NP	SP
UCERIS TB24 *(budesonide)*	NP	
Mineralocorticoids		
fludrocortisone acetate tabs	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 100 MG	P	AL(At least 10 yrs old)
benzonatate 200 MG	P	1 rtl MAX fill,30 rtl day(s) supply;QL(30 ea per 30 days retail);AL(At least 10 yrs old)
DELSYM SUER *(dextromethorphan polistirex)*	NF	QL(240 ml per 7 days retail)
DELSYM COUGH CHILDRENS SUER *(dextromethorphan polistirex)*	NF	QL(240 ml per 7 days retail)
dextromethorphan polistirex suer	P	QL(240 ml per 7 days retail)

Drug Name	Drug Tier	Requirements/Limits
dextromethorphan polistirex lqcr	P	QL(240 ml per 7 days retail)
HYCODAN SOLN 5 MG/5ML-1.5 MG/5ML *(hydrocodone bitartrate-homatropine methylbromide)*	NF	AL(At least 18 yrs old)
hydrocodone bitartrate-homatropine methylbromide soln 5 MG/5ML-1.5 MG/5ML	P	AL(At least 18 yrs old)
TESSALON PERLES *(benzonatate)*	NF	AL(At least 10 yrs old)
Cough/Cold/Allergy Combinations		
ADVIL COLD & SINUS TABS 200 MG-30 MG *(pseudoephedrine-ibuprofen)*	NF	
brompheniramine & phenyleph elix 1 MG/5ML-2.5 MG/5ML	P	QL(120 ml per fill retail)
brompheniramine & pseudoeph elix 1 MG/5ML-15 MG/5ML	P	QL(120 ml per fill retail)
brompheniramine & pseudoeph liqd 1 MG/5ML-15 MG/5ML	P	QL(120 ml per fill retail)
cetirizine-pseudoephedrine 5 MG-120 MG	P	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 5 MG-120 MG *(loratadine & pseudoephedrine)*	NF	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 10 MG-240 MG *(loratadine & pseudoephedrine)*	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
COLD & ALLERGY CHILDRENS LIQD 2 MG/10ML-5 MG/10ML	P	QL(120 ml per fill retail)
dextromethorphan-doxylamine-acetaminophen liqd	P	
dextromethorphan-guaifenesin liqd 10 MG/5ML-100 MG/5ML, 10 MG/5ML-200 MG/5ML, 15 MG/7.5ML-150 MG/7.5ML, 20 MG/10ML-200 MG/10ML, 20 MG/20ML-400 MG/20ML, 5 MG/5ML-100 MG/5ML	P	QL(240 ml per fill retail)
dextromethorphan-guaifenesin syrp 10 MG/5ML-100 MG/5ML, 10 MG/5ML-100 MG/5ML-100 MG/5ML-10 MG/5ML	P	QL(240 ml per fill retail)
dextromethorphan-phenylephrine-acetaminophen caps 10 MG-5 MG-325 MG	P	
DIMETAPP CHILDREN'S COLD& ALLERGY LIQD 2 MG/10ML-5 MG/10ML	P	QL(120 ml per fill retail)
DIMETAPP COLD & ALLERGY ELIX 1 MG/5ML-2.5 MG/5ML *(brompheniramine & phenyleph)*	NF	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ED BRON GP LIQD 100 MG/5ML-5 MG/5ML	P	QL(240 ml per 7 days retail)
guaifenesin-codeine syrp 100 MG/5ML-10 MG/5ML	P	
guaifenesin-codeine soln 100 MG/5ML-10 MG/5ML	P	
guaifenesin-codeine liqd 100 MG/5ML-10 MG/5ML	P	
HM DIBROMM COLD AND ALLERGY CHILDRENS LIQD 2 MG/10ML-5 MG/10ML	P	QL(120 ml per fill retail)
LOHIST-D LIQD 30 MG/5ML-2 MG/5ML	P	QL(240 ml per fill retail)
loratadine & pseudoephedrine tb12 5 MG-120 MG	P	QL(2 ea daily)
loratadine & pseudoephedrine tb24 10 MG-240 MG	P	QL(1 ea daily)
MAXI-TUSS PE MAX LIQD 100 MG/5ML-5 MG/5ML	P	QL(240 ml per 7 days retail)
phenylephrine-dm soln 5 MG/5ML-2.5 MG/5ML	P	QL(240 ml per fill retail)
phenylephrine-dm liqd 5 MG/5ML-2.5 MG/5ML	P	QL(240 ml per fill retail)
promethazine & phenylephrine syrp 5 MG/5ML-6.25 MG/5ML	P	
promethazine w/codeine syrp 6.25 MG/5ML-10 MG/5ML	P	QL(240 ml per fill retail);AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
promethazine w/codeine soln 6.25 MG/5ML-10 MG/5ML	P	QL(240 ml per fill retail);AL(At least 18 yrs old)
promethazine-dm syrp 15 MG/5ML-6.25 MG/5ML	P	QL(240 ml per fill retail)
promethazine-phenylephrine-codeine 5 MG/5ML-10 MG/5ML-6.25 MG/5ML	P	QL(240 ml per fill retail);AL(At least 18 yrs old)
pseudoephed-bromphen-dm syrp 2 MG/5ML-10 MG/5ML-30 MG/5ML	P	QL(240 ml per fill retail)
pseudoephedrine-ibuprofen tabs 200 MG-30 MG	P	
QC DIBROMM CHILDRENS COLD& ALLERGY LIQD 2 MG/10ML-5 MG/10ML	P	QL(120 ml per fill retail)
QC TRIACTING DAYTIME CHILDRENS SYRP 5 MG/5ML-2.5 MG/5ML	P	QL(240 ml per fill retail)
SM COLD & ALLERGY CHILDRENS LIQD 2 MG/10ML-5 MG/10ML	P	QL(120 ml per fill retail)
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP 5 MG/5ML-2.5 MG/5ML	P	QL(240 ml per fill retail)
VIRTUSSIN DAC SOLN 30 MG/5ML-70 %-10 MG/5ML-100 MG/5ML	P	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
WAL-TAP COLD/ALLERGY LIQD 2 MG/10ML-5 MG/10ML	P	QL(120 ml per fill retail)
ZYRTEC-D ALLERGY/CONGESTION 5 MG-120 MG *(cetirizine-pseudoephedrine)*	NF	QL(2 ea daily)
Expectorants		
guaifenesin tb12 600 MG	P	QL(40 ea per fill retail)
guaifenesin syrp	P	QL(240 ml per fill retail)
guaifenesin liqd	P	QL(240 ml per fill retail)
MUCINEX TB12 *(guaifenesin)*	NF	QL(40 ea per fill retail)
Misc. Respiratory Inhalants		
sodium chloride (inhalant) nebu .9 %, 3 %	P	
Mucolytics		
acetylcysteine soln	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 25 MG, 30 MG, 35 MG *(isotretinoin)*	NP	
ABSORICA 10 MG, 20 MG, 40 MG *(isotretinoin)*	NP	QL(2 ea daily);AL(At least 12 yrs old)
ABSORICA LD	NP	
ACANYA GEL 1.2 %-2.5 % *(clindamycin phosphate-benzoyl peroxide)*	NP	

Drug Name	Drug Tier	Requirements/Limits
ACZONE *(dapsone (topical))*	NP	
adapalene gel	NP	
adapalene crea	NP	
adapalene-benzoyl peroxide gel	NP	
AKLIEF	NP	
ALTRENO LOTN	NP	
AMZEEQ	NP	
ARAZLO LOTN	NP	
ATRALIN GEL *(tretinoin)*	NP	
AVAR LS CLEANSER LIQD 2 %-10 % *(sulfacetamide sodium w/ sulfur)*	NF	
AVAR-E LS CREA 2 %-10 % *(sulfacetamide sodium w/ sulfur)*	NF	
BENZACLIN GEL 1 %-5 % *(clindamycin phosphate-benzoyl peroxide)*	NF	
BENZACLIN WITH PUMP GEL 1 %-5 % *(clindamycin phosphate-benzoyl peroxide)*	NF	
BENZAMYCIN GEL 3 %-5 % *(benzoyl peroxide-erythromycin)*	NP	
benzoyl peroxide-erythromycin gel 3 %-5 %	P	
CLEOCIN-T LOTN *(clindamycin phosphate (topical))*	NP	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
CLINDACIN ETZ 1 %	NP	
CLINDACIN PAC 1 %	NP	
CLINDAGEL GEL *(clindamycin phosphate (topical))*	NP	QL(75 ml per fill retail)
clindamycin phosphate (topical) lotn	P	QL(60 ml per fill retail)
clindamycin phosphate (topical) swab	P	
clindamycin phosphate (topical) foam	NP	
clindamycin phosphate (topical) gel	P	QL(75 ml per fill retail)
clindamycin phosphate (topical) soln	P	
clindamycin phosphate-benzoyl peroxide gel	NP	
clindamycin phosphate-benzoyl peroxide (refrigerate) 1.2 %-5 %	NP	
clindamycin phosphate-tretinoin 1.2 %-0.025 %	NP	
dapsone (topical)	NP	
DIFFERIN GEL *(adapalene)*	NP	
DIFFERIN LOTN	NP	
DIFFERIN CREA *(adapalene)*	NP	
DIFFERIN GEL .1 % *(adapalene)*	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EPIDUO GEL 0.1 %-2.5 % *(adapalene-benzoyl peroxide)*	NF	
EPIDUO FORTE GEL 0.3 %-2.5 % *(adapalene-benzoyl peroxide)*	NP	
EPIDUO FORTE GEL 0.3 %-2.5 % *(adapalene-benzoyl peroxide)*	NF	
EPSOLAY CREA	NP	
ERYGEL GEL *(erythromycin (acne aid))*	NP	QL(60 gm per fill retail)
erythromycin (acne aid) gel	P	QL(60 gm per fill retail)
erythromycin (acne aid) pads	NP	
erythromycin (acne aid) soln	P	
EVOCLIN FOAM *(clindamycin phosphate (topical))*	NP	
FABIOR FOAM	NP	
isotretinoin 25 MG, 30 MG, 35 MG	NP	
isotretinoin 10 MG, 20 MG, 40 MG	NP	QL(2 ea daily);AL(At least 12 yrs old)
KLARON *(sulfacetamide sodium (acne))*	NP	QL(120 ml per fill retail)
NEUAC KIT 1.2 %-5 %	NP	
ONEXTON GEL 1.2 %-3.75 %	NP	
RETIN-A GEL *(tretinoin)*	NP	QL(45 gm per fill retail);AL(Up to 35 yrs old)

Drug Name	Drug Tier	Requirements/Limits
RETIN-A CREA .05 %, .1 % *(tretinoin)*	NP	QL(20 gm per 30 days retail);AL(Up to 35 yrs old)
RETIN-A CREA .025 % *(tretinoin)*	NP	QL(20 gm per fill retail);AL(Up to 35 yrs old)
RETIN-A MICRO *(tretinoin microsphere)*	NP	
RETIN-A MICRO	NP	
RETIN-A MICRO PUMP	NP	
RETIN-A MICRO PUMP *(tretinoin microsphere)*	NP	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL 5 %-10 %-10 %	NP	
sulfacetamide sodium (acne)	NP	QL(120 ml per fill retail)
sulfacetamide sodium w/ sulfur foam 5 %-10 %	NP	
sulfacetamide sodium w/ sulfur pads 4 %-10 %	NP	
sulfacetamide sodium w/ sulfur emul 1 %-10 %	NP	
sulfacetamide sodium w/ sulfur susp 4 %-8 %	NP	
sulfacetamide sodium w/ sulfur crea 2 %-10 %, 5 %-10 %	NP	
sulfacetamide sodium w/ sulfur liqd	NP	
sulfacetamide sodium-sulfur in urea vehicle emul	NP	

Drug Name	Drug Tier	Requirements/Limits
SUMADAN KIT 4.5 %-9 %	NP	
SUMADAN WASH LIQD 4.5 %-9 % *(sulfacetamide sodium w/ sulfur)*	NP	
SUMADAN XLT KIT 3 %-5 %-7.5 %-9 %-4.5 %	NP	
SUMAXIN PADS 4 %-10 % *(sulfacetamide sodium w/ sulfur)*	NP	
SUMAXIN CP KIT 4 %-10 %	NP	
SUMAXIN WASH LIQD 4 %-9 % *(sulfacetamide sodium w/ sulfur)*	NP	
TAZAROTENE FOAM	NP	
tretinoin gel .01 %, .025 %	P	QL(45 gm per fill retail);AL(Up to 35 yrs old)
tretinoin crea .025 %	P	QL(20 gm per fill retail);AL(Up to 35 yrs old)
tretinoin crea .05 %, .1 %	P	QL(20 gm per 30 days retail)
tretinoin gel .05 %	P	
tretinoin microsphere	NP	
TWYNEO 0.1 %-3 %	NP	
WINLEVI	NP	
ZIANA 1.2 %-0.025 % *(clindamycin phosphate-tretinoin)*	NP	
Antibiotics - Topical		
CENTANY OINT	NP	QL(2160 gm per fill retail)
CENTANY AT KIT	NP	

Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate (topical) oint	P	QL(30 gm per fill retail)
gentamicin sulfate (topical) crea	P	QL(30 gm per fill retail)
mupirocin oint	P	QL(2160 gm per fill retail)
mupirocin calcium (topical)	NP	QL(30 gm per fill retail)
neomycin-bacitracin-polymyxin oint 400 UNIT/GM-3.5 MG/GM-5000 UNIT/GM	P	QL(454 ea per fill retail)
neomycin-polymyxin w/ pramoxine 10000 UNIT/GM-10 MG/GM-3.5 MG/GM	P	QL(28.3 gm per fill retail)
NEOSPORIN ORIGINAL OINT 400 UNIT/GM-3.5 MG/GM-5000 UNIT/GM *(neomycin-bacitracin-polymyxin)*	NF	QL(454 ea per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH 10000 UNIT/GM-10 MG/GM-3.5 MG/GM *(neomycin-polymyxin w/ pramoxine)*	NF	QL(28.3 gm per fill retail)
NEO-SYNALAR 0.5 %-0.025 %	NP	
NEO-SYNALAR KIT 0.35 %-0.025 %	NP	
XEPI	NP	
Antifungals - Topical		
ciclopirox sham	NP	
ciclopirox kit 8 %	NP	
ciclopirox gel	NP	

Drug Name	Drug Tier	Requirements/Limits
ciclopirox soln	NP	
ciclopirox olamine susp	NP	
ciclopirox olamine crea	NP	
clotrimazole (topical) soln	NP	QL(60 ml per fill retail);RX/OTC
clotrimazole (topical) crea	P	QL(113 gm per fill retail);RX/OTC
clotrimazole w/ betamethasone crea 1 %-0.05 %	NP	QL(45 gm per fill retail)
clotrimazole w/ betamethasone lotn 1 %-0.05 %	NP	QL(30 ml per fill retail)
ECONASIL	NP	
econazole nitrate crea	P	QL(30 gm per fill retail)
ERTACZO	NP	
EXELDERM CREA *(sulconazole nitrate)*	NP	
EXELDERM SOLN *(sulconazole nitrate)*	NP	
EXTINA FOAM *(ketoconazole (topical))*	NP	
JUBLIA	NP	
KERYDIN *(tavaborole)*	NP	
KERYDIN *(tavaborole)*	NF	
ketoconazole (topical) sham 2 %	P	QL(120 ml per fill retail)
ketoconazole (topical) foam	NP	
ketoconazole (topical) crea	P	QL(60 gm per fill retail)
KETODAN KIT 2 %	NP	
LOPROX 0.77 %	NP	

Drug Name	Drug Tier	Requirements/Limits
LOPROX SUSP *(ciclopirox olamine)*	NP	
LOPROX CREA *(ciclopirox olamine)*	NP	
LOPROX KIT	NP	
LOPROX SHAMPOO SHAM *(ciclopirox)*	NP	
LOTRIMIN AF CREA *(clotrimazole (topical))*	NF	QL(113 gm per fill retail);RX/OTC
LOTRIMIN AF JOCK ITCH CREA *(clotrimazole (topical))*	NF	QL(113 gm per fill retail);RX/OTC
luliconazole	NP	
LUZU *(luliconazole)*	NP	
MENTAX	NP	RX/OTC
miconazole-zinc oxide-white petrolatum 0.25 %-15 %-81.35 %	NP	
naftifine hcl crea	NP	
naftifine hcl gel	NP	
NAFTIN GEL	NP	
NAFTIN CREA 2 % *(naftifine hcl)*	NF	
nystatin (topical) powd ex	P	QL(60 gm per fill retail)
nystatin (topical) oint	P	QL(30 gm per fill retail)
nystatin (topical) crea	P	QL(30 gm per fill retail)
nystatin-triamcinolone oint 100000 UNIT/GM-0.1 %	NP	QL(60 gm per fill retail)
nystatin-triamcinolone crea 100000 UNIT/GM-1 MG/GM	NP	QL(60 gm per fill retail)
oxiconazole nitrate crea	NP	

Drug Name	Drug Tier	Requirements/Limits
OXISTAT LOTN	NP	
OXISTAT CREA *(oxiconazole nitrate)*	NF	
sulconazole nitrate crea	NP	
sulconazole nitrate soln	NP	
tavaborole	NP	
VUSION 0.25 %-15 %-81.35 % *(miconazole-zinc oxide-white petrolatum)*	NP	
ZOLPAK	NP	
Anti-inflammatory Agents - Topical		
DERMACINRX LEXITRAL PHARMAPAK II 1.5 %-0.025 % *(diclofenac sodium-capsaicin (topical))*	NP	
diclofenac epolamine ptch ex	NP	
diclofenac sodium (topical) soln ex	NP	
diclofenac sodium (topical) gel ex	NP	2 rtl pack lmt amt,30 rtl pack lmt day(s);RX/OTC
DICLOTREX 1.5 %-4 %-10 %	NP	
DICLOTREX II 1.5 %-4 %-10 %	NP	
FLECTOR PTCH EX *(diclofenac epolamine)*	NP	
LICART PT24	NP	
PENNSAID SOLN EX *(diclofenac sodium (topical))*	NP	

Drug Name	Drug Tier	Requirements/Limits
VENNGEL ONE KIT	NP	RX/OTC
VOLTAREN GEL EX *(diclofenac sodium (topical))*	NF	2 rtl pack lmt amt,30 rtl pack lmt day(s);RX/OTC
XRYLIX II *(diclofenac sodium & adhesive sheets)*	NP	
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	NP	
bexarotene (topical)	NP	SP
CARAC CREA *(fluorouracil (topical))*	NP	QL(30 gm per fill retail)
diclofenac sodium (actinic keratoses) ex	NP	
EFUDEX CREA *(fluorouracil (topical))*	NP	QL(40 gm per fill retail)
fluorouracil (topical) soln	NP	QL(10 ml per fill retail)
fluorouracil (topical) crea .5 %	NP	QL(30 gm per fill retail)
fluorouracil (topical) crea 5 %	NP	QL(40 gm per fill retail)
LEVULAN KERASTICK SOLR	P	SP
TARGRETIN *(bexarotene (topical))*	P	SP
VALCHLOR	NP	SP
Antipruritics - Topical		
camphor & menthol lotn 0.5 %-0.5 %	P	QL(222 ml per fill retail)
doxepin hcl (antipruritic)	NP	
PRUDOXIN *(doxepin hcl (antipruritic))*	NP	

Drug Name	Drug Tier	Requirements/Limits
SARNA LOTN 0.5 %-0.5 % *(camphor & menthol)*	NF	QL(222 ml per fill retail)
ZONALON *(doxepin hcl (antipruritic))*	NP	
Antipsoriatics		
acitretin	NP	
calcipotriene oint	P	
calcipotriene foam	NP	
calcipotriene soln	P	QL(60 ml per fill retail)
calcipotriene crea	P	QL(60 gm per fill retail)
calcitriol (topical)	NP	
COSENTYX SOSY	NP	SP
COSENTYX SENSOREADY PEN SOAJ	NP	SP
DOVONEX CREA *(calcipotriene)*	NP	QL(60 gm per fill retail)
ILUMYA	NP	SP
methoxsalen rapid	NP	
OXSORALEN ULTRA *(methoxsalen rapid)*	NF	
SILIQ	NP	SP
SKYRIZI PSKT	NP	SP
SKYRIZI SOSY	NP	SP
SKYRIZI PEN SOAJ	NP	SP
SORIATANE 10 MG, 25 MG *(acitretin)*	NF	
SORILUX FOAM	NP	
SOTYKTU	NP	SP
STELARA SOSY	NP	SP
TALTZ SOAJ	NP	SP

Drug Name	Drug Tier	Requirements/Limits
TALTZ SOSY	NP	SP
tazarotene gel	NP	QL(100 gm per fill retail)
tazarotene crea	NP	QL(60 gm per fill retail)
TREMFYA SOSY	NP	SP
TREMFYA SOPN	NP	SP
VECTICAL *(calcitriol (topical))*	NP	
VTAMA	NP	
Antiseborrheic Products		
OVACE PLUS WASH LIQD *(sulfacetamide sodium)*	NF	QL(480 ml per fill retail)
OVACE PLUS WASH GEL *(sulfacetamide sodium)*	NF	
OVACE WASH LIQD *(sulfacetamide sodium)*	NF	QL(480 ml per fill retail)
selenium sulfide sham 2.25 %, 2.3 %	NP	
selenium sulfide lotn 2.5 %	P	QL(120 ml per fill retail)
sulfacetamide sodium liqd	NP	QL(480 gm per fill retail)
sulfacetamide sodium gel	NP	
Antivirals - Topical		
acyclovir topical crea	NP	QL(5 gm per fill retail)
acyclovir topical oint	NP	QL(30 gm per 30 days retail)
DENAVIR *(penciclovir)*	NP	
XERESE 5 %-1 %	NP	
ZOVIRAX CREA *(acyclovir topical)*	NP	QL(5 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX OINT *(acyclovir topical)*	NP	QL(30 gm per 30 days retail)
Burn Products		
mafenide acetate pack	P	
SILVADENE *(silver sulfadiazine)*	NP	QL(1000 gm per fill retail)
silver sulfadiazine	P	QL(1000 gm per fill retail)
SULFAMYLON CREA	P	
Cauterizing Agents		
SILVER NITRATE SOLN .5 %	NP	
Corticosteroids - Topical		
alclometasone dipropionate oint	P	
alclometasone dipropionate crea	P	
amcinonide crea	NP	
APEXICON E CREA	NP	QL(60 gm per fill retail)
BESER 0.05 %	NP	
betamethasone dipropionate (topical) oint	NP	
betamethasone dipropionate (topical) crea	NP	1 rtl pack lmt per fill
betamethasone dipropionate (topical) lotn	NP	
betamethasone dipropionate augmented crea	NP	QL(45 gm per fill retail)
betamethasone dipropionate augmented gel .05 %	NP	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate augmented lotn	NP	
betamethasone dipropionate augmented oint	NP	
betamethasone valerate foam	NP	
betamethasone valerate oint	P	QL(45 gm per fill retail)
betamethasone valerate crea	P	QL(45 gm per fill retail)
betamethasone valerate lotn	P	QL(60 ml per fill retail)
BRYHALI LOTN	NP	
calcipotriene-betamethasone dipropionate oint 0.005 %-0.064 %	NP	
calcipotriene-betamethasone dipropionate susp 0.005 %-0.064 %	NP	
CAPEX SHAM	NP	
clobetasol propionate oint .05 %	P	QL(60 gm per fill retail)
clobetasol propionate soln .05 %	P	QL(50 ml per fill retail)
clobetasol propionate foam	NP	
clobetasol propionate lotn	NP	
clobetasol propionate sham	NP	
clobetasol propionate gel .05 %	P	QL(60 gm per fill retail)
clobetasol propionate liqd	NP	

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate crea .05 %	P	QL(60 gm per fill retail)
clobetasol propionate emollient base .05 %	P	QL(60 gm per fill retail)
clobetasol propionate emulsion	NP	
CLOBEX LOTN .05 % *(clobetasol propionate)*	NF	
CLOBEX SHAM *(clobetasol propionate)*	NP	
CLOBEX LIQD *(clobetasol propionate)*	NP	
clocortolone pivalate	NP	
CLODAN KIT	NP	
CLODERM *(clocortolone pivalate)*	NP	
CUTIVATE LOTN *(fluticasone propionate)*	NF	
DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)*	NP	
DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)*	NP	
desonide lotn	NP	
desonide oint	P	1 rtl pack lmt per fill
desonide crea	P	1 rtl pack lmt per fill
DESOWEN CREA *(desonide)*	NF	1 rtl pack lmt per fill
desoximetasone crea .05 %	NP	QL(300 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
desoximetasone oint .25 %	NP	QL(2 gm daily)
desoximetasone liqd	NP	
desoximetasone gel	NP	QL(2 gm daily)
desoximetasone oint .05 %	NP	
desoximetasone crea .25 %	NP	QL(2 gm daily)
diflorasone diacetate crea	P	QL(60 gm per fill retail)
diflorasone diacetate oint	P	QL(100 gm per fill retail)
DIPROLENE OINT *(betamethasone dipropionate augmented)*	NP	
DIPROLENE AF CREA *(betamethasone dipropionate augmented)*	NF	QL(45 gm per fill retail)
DUOBRII 0.045 %-0.01 %	NP	
ENSTILAR FOAM 0.005 %-0.064 %	NP	
EPIFOAM FOAM 1 %-1 %	NP	
fluocinolone acetonide oil	P	
fluocinolone acetonide oint	P	
fluocinolone acetonide crea	P	
fluocinolone acetonide soln	P	
fluocinonide crea .1 %	P	
fluocinonide gel	P	QL(60 gm per fill retail)
fluocinonide oint	P	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
fluocinonide soln	P	QL(60 ml per fill retail)
fluocinonide crea .05 %	P	QL(60 gm per fill retail)
fluocinonide emulsified base	P	QL(60 gm per fill retail)
FLUOPAR 5 %-0.1 %	NP	
flurandrenolide crea	NP	
flurandrenolide oint	NP	
flurandrenolide lotn	NP	
fluticasone propionate crea .05 %	P	QL(60 gm per fill retail)
fluticasone propionate lotn	NP	
fluticasone propionate oint	P	QL(60 gm per fill retail)
halcinonide crea	NP	
halobetasol propionate oint	P	
halobetasol propionate crea	P	
HALOBETASOL PROPIONATE FOAM	NP	
HALOG OINT	NP	
HALOG SOLN	NP	
HALOG CREA *(halcinonide)*	NP	
hydrocortisone (topical) crea .5 %	P	
hydrocortisone (topical) crea 1 %	P	1 rtl pack lmt per fill;QL(454 gm per fill retail);RX/OTC
hydrocortisone (topical) oint 1 %, 2.5 %	P	QL(454 gm per fill retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone (topical) crea 1 %	P	1 rtl pack lmt per fill;QL(454 gm per fill retail);RX/OTC
hydrocortisone (topical) crea 2.5 %	P	QL(454 gm per fill retail)
hydrocortisone (topical) lotn 2.5 %	P	QL(118 ml per fill retail)
hydrocortisone butyrate oint	NP	
hydrocortisone butyrate crea	NP	
hydrocortisone butyrate soln	NP	QL(60 ml per fill retail)
hydrocortisone butyrate lotn	NP	
hydrocortisone butyrate hydrophilic lipo base	NP	
hydrocortisone valerate oint	P	
hydrocortisone valerate crea	P	
IMPEKLO LOTN	NP	
KENALOG AERS *(triamcinolone acetonide (topical))*	NP	
LEXETTE FOAM	NP	
LOCOID LOTN *(hydrocortisone butyrate)*	NP	
LOCOID LIPOCREAM *(hydrocortisone butyrate hydrophilic lipo base)*	NP	
LUXIQ FOAM *(betamethasone valerate)*	NP	

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate crea	P	QL(50 gm per fill retail)
mometasone furoate soln	P	QL(60 ml per fill retail)
mometasone furoate oint	P	QL(45 gm per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA *(hydrocortisone (topical))*	NF	1 rtl pack lmt per fill;QL(454 gm per fill retail);RX/OTC
OLUX FOAM *(clobetasol propionate)*	NP	
OLUX-E *(clobetasol propionate emulsion)*	NP	
PANDEL	NP	
prednicarbate oint	NP	QL(60 gm per fill retail)
prednicarbate crea	NP	QL(60 gm per fill retail)
RADIAURA CREA 3 %-0.5 %	NP	
SYNALAR OINT *(fluocinolone acetonide)*	NP	
SYNALAR SOLN *(fluocinolone acetonide)*	NP	
SYNALAR CREA *(fluocinolone acetonide)*	NP	
SYNALAR CREAM KIT	NP	
SYNALAR OINTMENT KIT	NP	
SYNALAR TS	NP	

Drug Name	Drug Tier	Requirements/Limits
TACLONEX SUSP 0.005 %-0.064 % *(calcipotriene-betamethasone dipropionate)*	NP	
TACLONEX OINT 0.005 %-0.064 % *(calcipotriene-betamethasone dipropionate)*	NP	
TASOPROL KIT	NP	
TEMOVATE OINT *(clobetasol propionate)*	NF	QL(60 gm per fill retail)
TEMOVATE CREA *(clobetasol propionate)*	NF	QL(60 gm per fill retail)
TEXACORT SOLN 2.5 %	NP	
TOPICORT OINT .25 % *(desoximetasone)*	NP	QL(2 gm daily)
TOPICORT OINT .05 % *(desoximetasone)*	NF	
TOPICORT LIQD *(desoximetasone)*	NP	
TOPICORT CREA .25 % *(desoximetasone)*	NP	QL(2 gm daily)
TOPICORT OINT .05 % *(desoximetasone)*	NP	
TOPICORT CREA .05 % *(desoximetasone)*	NP	QL(300 gm per fill retail)
TOPICORT GEL *(desoximetasone)*	NP	QL(2 gm daily)
TOVET KIT 0.05 %	NP	
triamcinolone acetonide (topical) crea .1 %	P	QL(454 gm per fill retail)
triamcinolone acetonide (topical) crea .5 %	P	QL(15 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide (topical) lotn	P	QL(60 ml per fill retail)
triamcinolone acetonide (topical) oint .1 %	P	QL(80 gm per fill retail)
triamcinolone acetonide (topical) crea .025 %	P	QL(908 gm per fill retail)
triamcinolone acetonide (topical) aers	NP	
triamcinolone acetonide (topical) oint .025 %, .1 %	P	QL(454 gm per fill retail)
triamcinolone acetonide (topical) oint .05 %	NP	
triamcinolone acetonide (topical) oint .5 %	P	QL(15 gm per fill retail)
triamcinolone acetonide (topical) oint .1 %	P	QL(60 gm per fill retail)
TRILOCICLO 8 %-0.1 %	NP	
ULTRAVATE LOTN	NP	
VANOS CREA *(fluocinonide)*	NP	
Eczema Agents		
ADBRY	NP	SP
CIBINQO	NP	SP
DUPIXENT SOSY 100 MG/0.67ML	NP	SP
DUPIXENT SOSY	P	SP;PA
DUPIXENT SOPN	P	SP;MP;PA
DUPIXENT SOPN 200 MG/1.14ML	NP	SP;MP
OPZELURA	NP	

Drug Name	Drug Tier	Requirements/Limits
Emollient/Keratolytic Agents		
KERALAC CREA *(urea)*	NF	
urea crea 39 %, 41 %	P	
urea lotn 40 %	P	QL(325 gm per fill retail)
urea crea 40 %	P	QL(200 gm per fill retail);RX/OTC
urea in lactic acid vehicle 35 %	NP	
Emollients		
lactic acid (ammonium lactate) lotn 12 %	P	QL(1368 gm per fill retail);RX/OTC
lactic acid (ammonium lactate) crea	NP	QL(385 gm per fill retail);RX/OTC
Immunomodulating Agents - Topical		
ALDARA *(imiquimod)*	NF	QL(48 ea per 180 days retail)
imiquimod 5 %	P	QL(48 ea per 180 days retail)
imiquimod	NP	
ZYCLARA *(imiquimod)*	NP	
ZYCLARA PUMP *(imiquimod)*	NP	
ZYCLARA PUMP	NP	
Immunosuppressive Agents - Topical		
ELIDEL *(pimecrolimus)*	P	QL(30 gm per 30 days retail);PA
HYFTOR	NP	
pimecrolimus	P	QL(30 gm per 30 days retail);PA
PROTOPIC OINT *(tacrolimus (topical))*	P	QL(30 gm per 30 days retail);PA
tacrolimus (topical) oint	P	QL(30 gm per 30 days retail);PA
Keratolytic/Antimitotic Agents		
BENSAL HP OINT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CONDYLOX GEL	P	
PODOCON-25 SOLN	NP	
podofilox soln	P	QL(4 ml per fill retail)
salicylic acid gel 6 %	P	
salicylic acid foam	NP	
salicylic acid liqd 27.5 %	P	
SALICYLIC ACID OINT	P	RX/OTC
Liniments		
BENGAY GREASELESS CREA 10 %-15 % *(menthol-methyl salicylate (liniments))*	NF	
menthol-methyl salicylate (liniments) crea 10 %-15 %	P	
Local Anesthetics - Topical		
APRIZIO PAK II 2.5 %-2.5 %	NP	
DERMACINRX LIDOGEL GEL	NP	RX/OTC
EMPRICAINE II 2.5 %-2.5 %	NP	
lidocaine oint	P	
lidocaine ptch 5 %	P	
lidocaine oint	P	
lidocaine hcl gel 2 %	P	QL(30 ml per fill retail)
lidocaine hcl crea 3 %	P	RX/OTC
lidocaine hcl prsy	P	QL(30 ml per fill retail)
lidocaine hcl soln	P	
LIDOCAINE HYDROCHLORIDE CREA	NP	

Drug Name	Drug Tier	Requirements/Limits
lidocaine-prilocaine kit 2.5 %-2.5 %	NP	
lidocaine-prilocaine crea 2.5 %-2.5 %	NP	QL(30 gm per fill retail)
LIDODERM PTCH *(lidocaine)*	NP	
LIDOREX GEL	NP	RX/OTC
LIDOTRAL CREA	NP	
LIDOTRAN CREA	NP	
LYDEXA CREA	NP	
NUVAKAAN II 2.5 %-2.5 %	NP	
PLIAGLIS CREA 7 %-7 %	NP	
PRILO PATCH II KIT 2.5 %	NP	
PRIZOPAK II 2.5 %-2.5 %	NP	
PRIZOTRAL II KIT 2.5 %-3.88 %-2.5 %	NP	
QUTENZA 8 %	NP	
SYNERA PTCH 70 MG-70 MG	NP	
ZTLIDO PTCH	NP	
Misc. Dermatological Products		
ALADERM PLUS EMUL	NP	
HYLATOPIC PLUS CREA	NP	RX/OTC
HYLATOPIC PLUS LOTN	NP	RX/OTC
NUVAIL SOLN	NP	RX/OTC
TETRIX CREA	NP	RX/OTC
Misc. Topical		
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
COLEMAN INSECT REPELLENT/HIGH & DRY AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
CUTTER AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
CUTTER ALL FAMILY AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
CUTTER BACKWOODS AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
CUTTER BACKWOODS DRY AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
CUTTER DRY AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
CUTTER SKINSATIONS AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
CUTTER SPORT AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
CVS INSECT REPELLENT AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
CVS TOTAL HOME INSECT REPELLENT AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
HYCLODEX	NP	
HYPOCYN SOLN 0.01 %-0.048 %-0.002 %	NP	RX/OTC
OFF ACTIVE AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
OFF DEEP WOODS AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
OFF DEEP WOODS DRY AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
OFF DEEP WOODS SPORTSMEN AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
OFF FAMILYCARE SMOOTH & DRY AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
OFF SMOOTH & DRY AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
QBREXZA	NP	
REPEL FAMILY AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
REPEL FAMILY DRY AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
REPEL HUNTERS FORMULA AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
REPEL SPORTSMEN AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
REPEL SPORTSMEN DRY AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
REPEL SPORTSMEN MAX AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
REPEL SPORTSMEN MAX LOTN	P	QL(57 gm per fill retail,114 gm per 30 days retail)
SAWYER INSECT REPELLENT AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	P	QL(57 ml per fill retail,114 ml per 30 days retail)
ULTRATHON INSECT REPELLENT LOTN	P	QL(57 gm per fill retail,114 gm per 30 days retail)
ULTRATHON INSECT REPELLENT 8 AERO	P	QL(170 gm per fill retail,340 gm per 30 days retail)
XERAC AC	NP	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	P	PA
Pigmenting-Depigmenting Agents		

Drug Name	Drug Tier	Requirements/Limits
hydroquinone crea 4 %	P	QL(56.8 gm per fill retail)
Rosacea Agents		
azelaic acid gel	NP	
doxycycline (rosacea)	NP	
FINACEA FOAM	NP	
FINACEA GEL *(azelaic acid)*	NP	
ivermectin (rosacea)	NP	
METROCREAM CREA *(metronidazole (topical))*	NP	QL(45 gm per fill retail)
METROGEL GEL 1 % *(metronidazole (topical))*	NP	
METROLOTION LOTN *(metronidazole (topical))*	NF	
metronidazole (topical) lotn	P	
metronidazole (topical) gel .75 %	P	QL(45 gm per fill retail)
metronidazole (topical) crea	P	QL(45 gm per fill retail)
metronidazole (topical) gel 1 %	P	
MIRVASO	NP	
NORITATE CREA	NP	
ORACEA *(doxycycline (rosacea))*	NP	
RHOFADE	NP	
ROSADAN KIT	NP	
SOOLANTRA *(ivermectin (rosacea))*	NP	
ZILXI	NP	
Scabicides & Pediculicides		

Drug Name	Drug Tier	Requirements/Limits
crotamiton lotn	NP	QL(454 gm per fill retail)
ivermectin (pediculicide)	NP	RX/OTC
lindane sham	NP	
malathion	NP	QL(59 ml per fill retail)
NATROBA *(spinosad)*	P	
OVIDE *(malathion)*	NP	QL(59 ml per fill retail)
permethrin lotn	P	2 rtl pack lmt per fill
permethrin crea	P	QL(60 gm per fill retail)
permethrin liqd ex	P	2 rtl pack lmt per fill
pyrethrins-piperonyl butoxide sham 0.33 %-4 %, 0.33 %-4 %-0.3 %	P	
pyrethrins-piperonyl butoxide-permethrin-nit remover 0.5 %-4 %-0.33 %	P	
SKLICE *(ivermectin (pediculicide))*	NF	RX/OTC
spinosad	NP	
Tar Products		
coal tar extract sham .5 %, 1 %	P	
DENOREX THERAPEUTIC 2-IN-1 SHAM *(coal tar extract)*	NF	
DHS TAR SHAM *(coal tar extract)*	NF	
DHS TAR GEL SHAM *(coal tar extract)*	NF	

Drug Name	Drug Tier	Requirements/Limits
IONIL-T SHAM *(coal tar extract)*	NF	
NEUTROGENA T/GEL SHAM *(coal tar extract)*	NF	
Wound Care Products		
ALGICELL CALCIUM DRESSING2"X2" MISC	P	
ALGICELL CALCIUM DRESSING3/4"X12" MISC	P	
ALGICELL CALCIUM DRESSING4"X4" MISC	P	
ALGICELL CALCIUM DRESSING4"X8" MISC	P	
ALGISITE M 2"X2" MISC	P	
ALGISITE M 3/4"X12" MISC	P	
ALGISITE M 4"X4" MISC	P	
ALGISITE M 6"X8" MISC	P	
calcium alginate misc	P	
CARETOUCH 4"X4" MISC	P	
DERMAGINATE DRESSING 12" MISC	P	
DERMAGINATE DRESSING 4"X4" PADS	P	
KENDALL CALCIUM ALGINATEDRESSING 12"X24" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 2"X2" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 4"X4" MISC	P	

Drug Name	Drug Tier	Requirements/Limits
KENDALL CALCIUM ALGINATEDRESSING 4"X5-1/2" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 6"X10" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 8"X4" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING PLUS 4"X4" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING ROPE 12" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING ROPE 24" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	P	
MAXORB II ALGINATE DRESSING 4"X4" MISC	P	
RESTORE CALCICARE DRESSING 12" ROPE MISC	P	
RESTORE CALCICARE DRESSING 2"X2" MISC	P	
RESTORE CALCICARE DRESSING 4"X4" MISC	P	
RESTORE CALCICARE DRESSING 4"X8" MISC	P	
RESTORE CALCIUM ALGINATEDRESSING 4"X4" MISC	P	
ZENIFIBER 2"X2" MISC	P	
ZENIFIBER 4"X5" MISC	P	
ZENIFIBER 6"X6" MISC	P	
ZENIFIBER 8"X8" MISC	P	

Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	NP	RX/OTC
ACCU-CHEK GUIDE STRP	NP	RX/OTC
ACCU-CHEK SMARTVIEW STRIPS STRP	NP	RX/OTC
ACCUTREND GLUCOSE STRP	NP	RX/OTC
ADVANCE INTUITION TEST STRIPS STRP	NP	RX/OTC
ADVANCE MICRO-DRAW TEST STRIPS STRP	NP	RX/OTC
ADVOCATE REDI-CODE STRP	NP	RX/OTC
ADVOCATE REDI-CODE+ TESTSTRIPS STRP	NP	RX/OTC
ADVOCATE TEST STRIPS STRP	NP	RX/OTC
AGAMATRIX AMP NO CODE TEST STRIPS STRP	NP	RX/OTC
AGAMATRIX JAZZ TEST STRIPS STRP	NP	RX/OTC
AGAMATRIX KEYNOTE TEST STRIPS STRP	NP	RX/OTC
AGAMATRIX PRESTO TEST STRIPS STRP	NP	RX/OTC
ASSURE 3 TEST STRIPS STRP	NP	RX/OTC
ASSURE 4 TEST STRIPS STRP	NP	RX/OTC
ASSURE II STRP	NP	RX/OTC
ASSURE II CHECK STRIP STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ASSURE II TEST STRIPS STRP	NP	RX/OTC
ASSURE PLATINUM TEST STRIPS STRP	NP	RX/OTC
ASSURE PRISM MULTI TEST STRIPS STRP	NP	RX/OTC
ASSURE PRO TEST STRIPS STRP	NP	RX/OTC
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	
BIOSCANNER GLUCOSE TEST STRIPS STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	RX/OTC
BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM STRP	NP	RX/OTC
CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRP	NP	RX/OTC
CARESENS N BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CHEMSTRIP-K STRP	P	
CLEVER CHEK AUTO-CODE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHEK AUTO-CODE VOICE TEST STRIPS STRP	NP	RX/OTC
CLEVER CHEK TEST STRIPS STRP	NP	RX/OTC
CLEVER CHOICE AUTO-CODE PRO TEST STRIPS STRP	NP	RX/OTC
CLEVER CHOICE MICRO TESTSTRIPS STRP	NP	RX/OTC
CLEVER CHOICE NO CODING TEST STRIPS STRP	NP	RX/OTC
CLEVER CHOICE TALK NO CODING TEST STRIPS STRP	NP	RX/OTC
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	P	
CONTOUR BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CONTOUR NEXT BLOOD GLUCOSE TEST STRP	NP	RX/OTC
COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
COVID-19 AT-HOME TEST KIT KIT	P	
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	P	
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	P	
CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CVS GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC
D-CARE BLOOD GLUCOSE STRP	NP	RX/OTC
DIATHRIVE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
DIATHRIVE+ BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
DUO-CARE TEST STRIPS STRP	NP	RX/OTC
EASY PLUS II BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EASY STEP TEST STRIPS STRP	NP	RX/OTC
EASY TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TRAK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASYGLUCO STRP	NP	RX/OTC
EASYGLUCO PLUS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASYMAX 15 TEST STRIPS STRP	NP	RX/OTC
EASYMAX TEST STRIPS STRP	NP	RX/OTC
EASYPRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EASYPRO PLUS STRP	NP	RX/OTC
ELEMENT COMPACT TEST STRIPS STRP	NP	RX/OTC
ELEMENT TEST STRIPS STRP	NP	RX/OTC
ELLUME COVID-19 HOME TEST KIT	P	
EMBRACE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EMBRACE EVO BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EQ BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EVENCARE + BLOOD GLUCOSETEST STRIP STRP	NP	RX/OTC
EVENCARE BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
EVENCARE G2 TEST STRIPS STRP	NP	RX/OTC
EVENCARE G3 TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EVENCARE MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EVENCARE PROVIEW BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
EVOLUTION AUTOCODE STRP	NP	RX/OTC
EXACTECH R-S-G TEST STRIPS STRP	NP	RX/OTC
EXACTECH TEST STRIPS STRP	NP	RX/OTC
FIFTY50 GLUCOSE TEST STRIP 2.0 STRP	NP	RX/OTC
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	
FORA 6 CONNECT STRP	NP	RX/OTC
FORA BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA D15G BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA D20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA D40/G31 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA G20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA GD20 TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FORA GD50 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA V10 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA V12 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA V20 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORA V30A BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FORACARE GD40 STRP	NP	RX/OTC
FORACARE PREMIUM V10 TESTSTRIPS STRP	NP	RX/OTC
FORACARE TEST N GO TEST STRIPS STRP	NP	RX/OTC
FORTISCARE BLOOD GLUCOSETEST STRIP STRP	NP	RX/OTC
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	NP	RX/OTC
FREESTYLE LITE TEST STRIPS STRP	NP	RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FREESTYLE TEST STRIPS STRP	NP	RX/OTC
GE100 BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC
GENULTIMATE TEST STRIPS STRP	NP	RX/OTC
GHT TEST STRIPS STRP	NP	RX/OTC
GLUCO PERFECT 3 TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD 01 SENSOR PLUS STRP	NP	RX/OTC
GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	NP	RX/OTC
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD SHINE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD VITAL TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD X-SENSOR STRP	NP	RX/OTC
GLUCOCOM TEST STRIPS STRP	NP	RX/OTC
GLUCONAVII BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GLUCOSE METER TEST STRIPS ADVANCED STRP	NP	RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUETRACK SMART SYSTEM STRP	NP	RX/OTC
GOJJI BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC
GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G STRP	NP	RX/OTC
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
HARMONY BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
IGLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	P	
IN TOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
INFINITY BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
INFINITY VOICE STRP	NP	RX/OTC
INTELISWAB COVID-19 RAPID TEST KIT	P	
KETONE STRP	P	
KETONE TEST STRIPS STRP	P	
KETOSTIX STRP	P	
KROGER BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC
KROGER HEALTHPRO GLUCOSETEST STRIPS STRP	NP	RX/OTC
KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
KROGER TEST STRIPS STRP	NP	RX/OTC
LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
LIBERTY TEST STRIPS STRP	NP	RX/OTC
LUCIRA CHECK IT COVID-19TEST KIT KIT	P	RX/OTC
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MEIJER BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC
MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MEIJER TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MICRODOT TEST STRIPS STRP	NP	RX/OTC
MICRODOT XTRA TEST STRIPS STRP	NP	RX/OTC
MM EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
MYGLUCOHEALTH BLOOD GLUCOSE TEST STRP	NP	RX/OTC
NEUTEK 2TEK TEST STRIPS STRP	NP	RX/OTC
NOVA MAX GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	
ONE DROP BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ONETOUCH ULTRA STRP	P	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH VERIO TEST STRIPS STRP	P	RX/OTC
OPTIUM TEST STRIPS STRP	NP	RX/OTC
OPTIUMEZ TEST STRIPS STRP	NP	RX/OTC
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PRECISION PCX STRP	NP	RX/OTC
PRECISION PCX PLUS TEST STRIPS STRP	NP	RX/OTC
PRECISION POINT OF CARE TEST STRIPS STRP	NP	RX/OTC
PRECISION QID TEST STRIPS STRP	NP	RX/OTC
PRECISION SOF-TACT TEST STRIPS STRP	NP	RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PTS PANELS EGLU STRP	NP	RX/OTC
PTS PANELS GLUCOSE TEST STRP	NP	RX/OTC
QUICKTEK TEST STRIPS STRP	NP	RX/OTC
QUICKVUE AT-HOME COVID-19 TEST KIT	P	
QUINTET AC BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
QUINTET BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
REFUAH PLUS BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
RELION BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC
RELION CONFIRM/MICRO TEST STRIPS STRP	NP	RX/OTC
RELION KETONE TEST STRIPS STRP	P	
RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION PRIME BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	NP	RX/OTC
RELION ULTIMA BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
REXALL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS STRP	NP	RX/OTC
SMART SENSE VALUE BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC
SMARTEST BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SOLUS V2 AUDIBLE TEST STRP	NP	RX/OTC
SUPREME TEST STRIPS STRP	NP	RX/OTC
SURE EDGE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SURECHEK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TELCARE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TGT BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	RX/OTC
TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC
TRUETEST STRIPS STRP	NP	RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	NP	RX/OTC
TRUETRACK TEST STRP	NP	RX/OTC
ULTRATRAK PRO TEST STRIPS STRP	NP	RX/OTC
ULTRATRAK ULTIMATE TEST STRIPS STRP	NP	RX/OTC
UNISTRIP1 GENERIC STRP	NP	RX/OTC
VERASENS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
VOCAL POINT BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	
PANCREAZE CPEP	P	

Drug Name	Drug Tier	Requirements/Limits
PERTZYE CPEP	NP	
VIOKACE TABS	NP	
ZENPEP CPEP	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide tabs	P	MP
acetazolamide cp12	P	MP
KEVEYIS	NP	SP
methazolamide tabs	P	MP
Diuretic Combinations		
ALDACTAZIDE 50 MG-50 MG	NP	
ALDACTAZIDE 25 MG-25 MG *(spironolactone & hydrochlorothiazide)*	NP	MP
amiloride & hydrochlorothiazide 5 MG-50 MG	P	QL(1 ea daily);MP
MAXZIDE TABS 75 MG-50 MG *(triamterene & hydrochlorothiazide)*	NP	QL(1 ea daily);MP
MAXZIDE-25 TABS 37.5 MG-25 MG *(triamterene & hydrochlorothiazide)*	NP	QL(1 ea daily);MP
spironolactone & hydrochlorothiazide 25 MG-25 MG	P	MP
triamterene & hydrochlorothiazide caps 37.5 MG-25 MG	P	QL(1 ea daily);MP
triamterene & hydrochlorothiazide tabs	P	QL(1 ea daily);MP

Drug Name	Drug Tier	Requirements/Limits
Loop Diuretics		
bumetanide tabs	P	MP
BUMEX TABS *(bumetanide)*	NP	MP
EDECRIN *(ethacrynic acid)*	NP	MP
ethacrynic acid	P	MP
furosemide tabs	P	MP
furosemide soln or 10 MG/ML, 40 MG/5ML	P	MP
LASIX TABS *(furosemide)*	NP	MP
torsemide tabs 5 MG, 10 MG, 100 MG	P	QL(1 ea daily);MP
torsemide tabs 20 MG	P	MP
Potassium Sparing Diuretics		
ALDACTONE TABS *(spironolactone)*	NP	MP
amiloride hcl tabs	P	QL(4 ea daily);MP
CAROSPIR SUSP	NP	MP
spironolactone tabs	P	MP
triamterene caps	P	MP
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	P	MP
DIURIL SUSP	P	MP
hydrochlorothiazide tabs	P	MP
hydrochlorothiazide caps	P	MP
indapamide tabs 1.25 MG, 2.5 MG	P	MP
metolazone	P	MP
THALITONE	NP	
ENDOCRINE AND METABOLIC AGENTS -		

Drug Name	Drug Tier	Requirements/Limits
MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	NP	SP
RECORLEV	NP	SP
Bone Density Regulators		
ACTONEL TABS 35 MG *(risedronate sodium)*	NP	QL(4 ea per 28 days retail,12 ea per 84 days mail);MP
ACTONEL TABS 150 MG *(risedronate sodium)*	NP	MP
alendronate sodium tabs 10 MG	P	QL(1 ea daily);MP
alendronate sodium tabs 35 MG, 70 MG	P	QL(0.143 ea daily);MP
alendronate sodium soln	P	QL(10.8 ml daily);MP
ATELVIA TBEC *(risedronate sodium)*	NP	MP
BONIVA TABS *(ibandronate sodium)*	NP	MP
calcitonin (salmon) na	P	QL(4 ml per 30 days retail)
FOSAMAX TABS 70 MG *(alendronate sodium)*	NP	QL(0.143 ea daily);MP
FOSAMAX TABS 35 MG, 70 MG *(alendronate sodium)*	NF	QL(0.143 ea daily);MP
FOSAMAX PLUS D	NP	
ibandronate sodium tabs	NP	MP
risedronate sodium tabs 150 MG	NP	MP
risedronate sodium tbec	NP	MP
risedronate sodium tabs 5 MG, 30 MG	NP	QL(1 ea daily);MP
risedronate sodium tabs 35 MG	NP	QL(4 ea per 28 days retail,12 ea per 84 days mail);MP
GnRH/LHRH Antagonists		
ORILISSA	P	SP;PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	NP	SP
Growth Hormones		
GENOTROPIN CART SC	P	SP;PA
GENOTROPIN MINIQUICK PRSY	P	SP;PA
HUMATROPE CART IJ	NP	SP
NORDITROPIN FLEXPRO SOPN	NP	SP
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP
OMNITROPE SOLR SC	NP	
OMNITROPE SOCT	NP	SP
SAIZEN IJ	NP	SP
SAIZENPREP RECONSTITUTIONKIT IJ	NP	SP
SEROSTIM SC	NP	SP
SKYTROFA	NP	SP
ZOMACTON SOLR SC	NP	SP
ZORBTIVE SC	NP	SP
Hormone Receptor Modulators		

Drug Name	Drug Tier	Requirements/Limits
EVISTA *(raloxifene hcl)*	NP	QL(1 ea daily);MP
OSPHENA	NP	
raloxifene hcl	NP	QL(1 ea daily);MP
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	NP	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants		
SYNAREL	NP	SP
Metabolic Modifiers		
betaine	NP	SP
BUPHENYL TABS *(sodium phenylbutyrate)*	NP	SP
BUPHENYL POWD *(sodium phenylbutyrate)*	NP	SP
calcitriol caps	P	
calcitriol soln or	P	
CARBAGLU *(carglumic acid)*	NP	SP
carglumic acid	P	SP;PA
CARNITOR SOLN OR *(levocarnitine (metabolic modifiers))*	NP	QL(30 ml daily)
CARNITOR TABS *(levocarnitine (metabolic modifiers))*	NP	QL(3 ea daily)
CARNITOR SF SOLN OR *(levocarnitine (metabolic modifiers))*	NP	QL(30 ml daily)
cinacalcet hcl	NP	SP
CYSTADANE *(betaine)*	NP	SP
doxercalciferol caps	P	
GALAFOLD	NP	SP

Drug Name	Drug Tier	Requirements/Limits
KUVAN TABS *(sapropterin dihydrochloride)*	NP	SP
KUVAN PACK *(sapropterin dihydrochloride)*	NP	SP
levocarnitine (metabolic modifiers) soln or 1 GM/10ML	NP	QL(30 ml daily)
levocarnitine (metabolic modifiers) tabs	NP	QL(3 ea daily)
nitisinone caps	P	SP
NITYR TABS	NP	SP
ORFADIN CAPS *(nitisinone)*	P	SP
ORFADIN CAPS	P	SP
ORFADIN SUSP	NP	SP
paricalcitol caps	NP	
PHEBURANE PLLT	NP	
RAVICTI	NP	SP
RAYALDEE	NP	
ROCALTROL CAPS *(calcitriol)*	NP	
ROCALTROL SOLN OR *(calcitriol)*	NP	
sapropterin dihydrochloride pack	NP	SP;MP
sapropterin dihydrochloride tabs	NP	SP
SENSIPAR *(cinacalcet hcl)*	NP	SP
sodium phenylbutyrate powd	NP	SP
sodium phenylbutyrate tabs	NP	SP

Drug Name	Drug Tier	Requirements/Limits
ZEMPLAR CAPS *(paricalcitol)*	NP	
Mineralocorticoid Receptor Antagonists		
KERENDIA	P	PA
Posterior Pituitary Hormones		
DDAVP TABS *(desmopressin acetate)*	NP	QL(6 ea daily)
desmopressin acetate tabs	P	QL(6 ea daily)
desmopressin acetate spray	P	1 rtl pack lmt per fill;QL(1 ml daily)
desmopressin acetate spray refrigerated	P	1 rtl pack lmt per fill;QL(1 ml daily)
NOCDURNA SUBL	NP	
Progesterone Receptor Antagonists		
MIFEPREX *(mifepristone)*	NF	
MIFEPREX *(mifepristone)*	NP	
mifepristone	NP	
Prolactin Inhibitors		
cabergoline	P	
Somatostatic Agents		
BYNFEZIA PEN SOPN	NP	SP
LANREOTIDE ACETATE	NP	SP
MYCAPSSA CPDR	NP	SP
octreotide acetate sosy	NP	SP
octreotide acetate soln	NP	SP;MP
SANDOSTATIN SOLN *(octreotide acetate)*	NP	SP
SANDOSTATIN LAR DEPOT KIT	NP	SP
SIGNIFOR	NP	SP

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR	NP	SP
SOMATULINE DEPOT	NP	SP
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	NP	SP
JYNARQUE TABS	NP	SP
SAMSCA TABS *(tolvaptan)*	NP	SP
tolvaptan tabs	NP	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 0.5 MG-1 MG *(estradiol & norethindrone acetate)*	NP	QL(1 ea daily)
ANGELIQ	NP	
BIJUVA 100 MG-1 MG	NP	
CLIMARA PRO 0.015 MG/DAY-0.045 MG/DAY	NP	
COMBIPATCH PTTW	P	QL(0.29 ea daily)
DUAVEE 20 MG-0.45 MG	NP	
estradiol & norethindrone acetate tabs	P	QL(1 ea daily)
FEMHRT 2.5 MCG-0.5 MG *(norethindrone acetate-ethinyl estradiol)*	NF	
MYFEMBREE 40 MG-1 MG-0.5 MG	P	PA
norethindrone acetate-ethinyl estradiol	NP	
ORIAHNN 300 MG-1 MG-0.5 MG	P	PA

Drug Name	Drug Tier	Requirements/Limits
PREFEST	NP	
PREMPHASE 0.625 MG-5 MG	P	QL(1 ea daily)
PREMPRO	P	QL(1 ea daily)
Estrogens		
CLIMARA PTWK .025 MG/24HR, 14 MCG/24HR *(estradiol)*	NP	
CLIMARA PTWK .05 MG/24HR, .06 MG/24HR, .075 MG/24HR, .1 MG/24HR, 37.5 MCG/24HR *(estradiol)*	NP	QL(0.143 ea daily)
DELESTROGEN	NP	
DELESTROGEN *(estradiol valerate)*	NP	
DEPO-ESTRADIOL	NP	
DIVIGEL GEL *(estradiol)*	NP	
ELESTRIN GEL	NP	
ESTRACE TABS *(estradiol)*	NP	
estradiol gel	NP	
estradiol tabs	P	
estradiol ptwk .025 MG/24HR	P	
estradiol ptwk .05 MG/24HR, .06 MG/24HR, .075 MG/24HR, .1 MG/24HR, 37.5 MCG/24HR	P	QL(0.143 ea daily)
estradiol pttw	P	QL(0.29 ea daily)
estradiol valerate 40 MG/ML	P	
estradiol valerate	NP	

Drug Name	Drug Tier	Requirements/Limits
EVAMIST SOLN	NP	
MENEST .3 MG, .625 MG, 1.25 MG	P	
MENOSTAR PTWK	NP	
MINIVELLE PTTW *(estradiol)*	NP	QL(0.29 ea daily)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW *(estradiol)*	NF	QL(0.29 ea daily)
VIVELLE-DOT PTTW *(estradiol)*	NP	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)*	NP	
ciprofloxacin hcl tabs 250 MG, 500 MG, 750 MG	P	
ciprofloxacin hcl tabs 100 MG	P	QL(6 ea per fill retail)
ciprofloxacin in d5w	P	
levofloxacin soln or	P	
levofloxacin soln iv	P	
levofloxacin tabs	P	QL(1 ea daily)
levofloxacin in d5w	P	
moxifloxacin hcl tabs	P	
ofloxacin 300 MG	NP	
ofloxacin 400 MG	NP	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		

Drug Name	Drug Tier	Requirements/Limits
5-HT4 Receptor Agonists		
MOTEGRITY	NP	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	NP	
Antiflatulents		
MYLICON INFANTS GAS RELIEF SUSP *(simethicone)*	NF	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP *(simethicone)*	NF	
simethicone chew 80 MG	P	
simethicone liqd or	P	
simethicone susp	P	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	QL(5 ea daily);SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	NP	SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS *(ursodiol)*	NF	QL(3 ea daily)
CHENODAL	NP	SP
RELTONE CAPS	NP	
URSO 250 TABS *(ursodiol)*	NP	QL(7 ea daily)
URSO FORTE TABS *(ursodiol)*	NP	
ursodiol tabs 500 MG	NP	
ursodiol tabs 250 MG	NP	QL(7 ea daily)
ursodiol caps	P	QL(3 ea daily)
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis)	P	

Drug Name	Drug Tier	Requirements/Limits
GASTROCROM *(cromolyn sodium (mastocytosis))*	NP	
Gastrointestinal Chloride Channel Activators		
AMITIZA *(lubiprostone)*	NP	
lubiprostone	NP	
LUBIPROSTONE *(lubiprostone)*	NP	
Gastrointestinal Stimulants		
metoclopramide hcl tabs	P	
metoclopramide hcl soln or 5 MG/5ML, 10 MG/10ML	P	
metoclopramide hcl tbdp	NP	
METOCLOPRAMIDE ODT TBDP	NP	
REGLAN TABS *(metoclopramide hcl)*	NP	
Inflammatory Bowel Agents		
APRISO CP24 *(mesalamine)*	NP	
ASACOL HD TBEC *(mesalamine)*	NP	QL(3 ea daily)
AVSOLA	NP	SP
AZULFIDINE TABS *(sulfasalazine)*	NP	
AZULFIDINE EN-TABS TBEC *(sulfasalazine)*	NF	
AZULFIDINE EN-TABS TBEC *(sulfasalazine)*	NP	
balsalazide disodium caps	P	QL(9 ea daily)
CANASA SUPP *(mesalamine)*	NP	
CIMZIA KIT	NP	SP

Drug Name	Drug Tier	Requirements/Limits
CIMZIA PSKT	P	SP;PA
CIMZIA STARTER KIT PSKT	P	SP;PA
COLAZAL CAPS *(balsalazide disodium)*	NP	QL(9 ea daily)
DELZICOL CPDR *(mesalamine)*	NP	
DIPENTUM	NP	
ENTYVIO	NP	SP
INFLECTRA	NP	SP
INFLIXIMAB	NP	SP
LIALDA TBEC *(mesalamine)*	NP	
LIALDA TBEC *(mesalamine)*	NF	
mesalamine supp	P	
mesalamine enem	P	QL(60 ml daily)
mesalamine cpcr	P	
mesalamine tbec 1.2 GM	NP	
mesalamine cp24	NP	
mesalamine tbec 800 MG	NP	QL(3 ea daily)
mesalamine cpdr	NP	
mesalamine w/ cleanser	NP	
PENTASA CPCR	P	
PENTASA CPCR *(mesalamine)*	P	
REMICADE	NP	SP
RENFLEXIS	NP	SP
ROWASA *(mesalamine w/ cleanser)*	NP	
SFROWASA ENEM	P	

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOLN	NP	SP
SKYRIZI SOCT	NP	SP
STELARA 130 MG/26ML	NP	SP
sulfasalazine tbec	P	
sulfasalazine tabs	P	
Intestinal Acidifiers		
lactulose (encephalopathy)	P	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	NP	
IBSRELA	NP	
LINZESS	NP	
LOTRONEX *(alosetron hcl)*	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
alvimopan	NP	
ENTEREG *(alvimopan)*	NP	
MOVANTIK	NP	
RELISTOR SOLN	NP	
RELISTOR TABS	NP	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA	NP	
calcium acetate (phosphate binder) caps	P	
calcium acetate (phosphate binder) tabs	P	RX/OTC
FOSRENOL CHEW *(lanthanum carbonate)*	NP	

Drug Name	Drug Tier	Requirements/Limits
FOSRENOL PACK	P	
lanthanum carbonate chew	P	
PHOSLYRA SOLN	NP	
RENAGEL *(sevelamer hcl)*	NP	
RENVELA TABS *(sevelamer carbonate)*	NP	
RENVELA PACK *(sevelamer carbonate)*	NP	
sevelamer carbonate tabs	P	
sevelamer carbonate pack	NP	
sevelamer hcl	P	
VELPHORO	NP	
Short Bowel Syndrome (SBS) Agents		
GATTEX	NP	SP
Tryptophan Hydroxylase Inhibitors		
XERMELO	NP	SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2 305 MG-700 MG	NP	
Alkalinizers		
ORACIT 640 MG/5ML-490 MG/5ML	P	
pot & sod citrates w/citric ac soln 550 MG/5ML-500 MG/5ML-334 MG/5ML	NP	
potassium citrate (alkalinizer) tbcr 15 MEQ, 540 MG, 1080 MG, 1620 MG	NP	
potassium citrate-citric acid soln 1100 MG/5ML-334 MG/5ML	NP	RX/OTC
potassium citrate-citric acid pack 3300 MG-1002 MG	NP	
sodium citrate & citric acid 334 MG/5ML-500 MG/5ML	P	QL(500 ml per 30 days retail);RX/OTC
UROCIT-K 10 TBCR *(potassium citrate (alkalinizer))*	NP	
UROCIT-K 15 TBCR *(potassium citrate (alkalinizer))*	NP	
UROCIT-K 5 TBCR *(potassium citrate (alkalinizer))*	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP
PROCYSBI PACK	NP	SP
PROCYSBI CPDR	NP	SP
Genitourinary Irrigants		
sodium chloride (gu irrigant) .9 %	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	NP	QL(3 ea daily)
Prostatic Hypertrophy Agents		
alfuzosin hcl	P	MP
AVODART *(dutasteride)*	NP	MP
AVODART *(dutasteride)*	NF	

Drug Name	Drug Tier	Requirements/Limits
CARDURA XL	NP	
dutasteride	NP	MP
dutasteride-tamsulosin hcl 0.5 MG-0.4 MG	NP	MP
finasteride	P	QL(1 ea daily);MP
FLOMAX *(tamsulosin hcl)*	NP	QL(2 ea daily);MP
FLOMAX *(tamsulosin hcl)*	NF	QL(2 ea daily);MP
JALYN 0.5 MG-0.4 MG *(dutasteride-tamsulosin hcl)*	NP	MP
PROSCAR *(finasteride)*	NF	QL(1 ea daily);MP
PROSCAR *(finasteride)*	NP	QL(1 ea daily);MP
RAPAFLO *(silodosin)*	NP	MP
silodosin	NP	MP
tamsulosin hcl	P	QL(2 ea daily);MP
Urinary Analgesics		
phenazopyridine hcl tabs 100 MG, 100 MG, 200 MG	P	
PYRIDIUM TABS *(phenazopyridine hcl)*	NP	
Urinary Stone Agents		
LITHOSTAT	NP	
THIOLA TABS *(tiopronin)*	NP	SP
THIOLA EC TBEC	NP	SP
tiopronin tabs	NP	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid 0.5 MG-500 MG	P	MP

Drug Name	Drug Tier	Requirements/Limits
Gout Agents		
allopurinol	P	MP
ALLOPURINOL	P	
colchicine caps	NP	MP
colchicine tabs	NP	QL(6 ea per fill retail);MP
COLCRYS TABS *(colchicine)*	NP	QL(6 ea per fill retail);MP
febuxostat	NP	MP
GLOPERBA SOLN OR	NP	
MITIGARE CAPS *(colchicine)*	NP	MP
ULORIC *(febuxostat)*	NP	MP
ZYLOPRIM *(allopurinol)*	NF	MP
Uricosurics		
probenecid	P	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP;PA
ADYNOVATE	P	SP;PA
AFSTYLA	P	SP;PA
ALPHANATE SOLR	P	SP;PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP;PA
ALPROLIX	P	SP;PA
BENEFIX KIT	P	SP;PA
COAGADEX	P	SP;PA
CORIFACT	P	SP;PA
ELOCTATE	P	SP;PA
ESPEROCT	P	SP;PA

Drug Name	Drug Tier	Requirements/Limits
FEIBA	P	SP;PA
HEMLIBRA	P	SP;PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP;PA
HUMATE-P SOLR	P	SP;PA
IDELVION	P	SP;PA
IXINITY SOLR	P	SP;PA
JIVI	P	SP;PA
KOATE SOLR	P	SP;PA
KOATE-DVI SOLR	P	SP;PA
KOGENATE FS KIT	P	SP;PA
KOVALTRY	P	SP;PA
NOVOEIGHT	P	SP;PA
NOVOSEVEN RT	P	SP;PA
NUWIQ SOLR	P	SP;PA
NUWIQ KIT	P	SP;PA
OBIZUR	P	SP;PA
PROFILNINE	P	SP;PA
REBINYN	P	SP;PA
RECOMBINATE SOLR	P	SP;PA
RIXUBIS SOLR	P	SP;PA
SEVENFACT	P	SP;PA
TRETTEN	P	SP;PA
VONVENDI	P	SP;PA
WILATE KIT	P	SP;PA
XYNTHA	P	SP;PA
XYNTHA SOLOFUSE	P	SP;PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR *(icatibant acetate)*	NP	SP

Drug Name	Drug Tier	Requirements/Limits
icatibant acetate	NP	SP
Complement Inhibitors		
EMPAVELI	NP	
HAEGARDA SOLR SC	NP	SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	NP	SP
Hematorheologic Agents		
pentoxifylline	P	
Plasma Kallikrein Inhibitors		
KALBITOR	NP	SP
ORLADEYO	NP	SP
TAKHZYRO SOSY	NP	SP
TAKHZYRO SOLN	NP	SP
Platelet Aggregation Inhibitors		
AGRYLIN .5 MG *(anagrelide hcl)*	NP	
anagrelide hcl	P	
aspirin-dipyridamole 200 MG-25 MG	P	
BRILINTA	P	QL(2 ea daily)
cilostazol	NP	QL(2 ea daily)
clopidogrel bisulfate 75 MG	P	QL(1 ea daily)
clopidogrel bisulfate 300 MG	P	
dipyridamole	P	MP
EFFIENT *(prasugrel hcl)*	NF	QL(1 ea daily)
EFFIENT *(prasugrel hcl)*	NP	QL(1 ea daily)
PLAVIX 75 MG *(clopidogrel bisulfate)*	NF	QL(1 ea daily)
PLAVIX 75 MG *(clopidogrel bisulfate)*	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
prasugrel hcl	NP	QL(1 ea daily)
ZONTIVITY	NP	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
DROXIA CAPS	P	
Cobalamins		
cyanocobalamin soln ij	P	
Folic Acid/Folates		
folic acid tabs 400 MCG, 800 MCG	P	QL(1 ea daily)
folic acid tabs 1 MG	P	RX/OTC
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	NP	SP
ARANESP ALBUMIN FREE SOSY	NP	SP
DOPTELET	NP	SP
EPOGEN	P	SP;PA
FULPHILA	NP	SP
FYLNETRA	NP	SP
GRANIX SOLN	NP	SP
GRANIX SOSY	NP	SP
LEUKINE SOLR IJ	P	SP
MIRCERA	NP	SP
MULPLETA	NP	SP
NEULASTA SOSY	NP	SP
NEULASTA ONPRO KIT PSKT	NP	SP

Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN SOLN	P	SP
NEUPOGEN SOSY	P	SP
NIVESTYM SOSY	NP	SP
NIVESTYM SOLN	NP	SP
NPLATE	NP	SP
NYVEPRIA	NP	SP
PROCRIT	P	SP;PA
PROCRIT	P	SP;PA
PROMACTA PACK	NP	SP
PROMACTA TABS	NP	SP
REBLOZYL	NP	SP
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	NP	SP
RETACRIT	NP	SP
UDENYCA	NP	SP
ZARXIO	NP	SP
ZIEXTENZO	NP	SP
Iron		
FEOSOL TABS *(ferrous sulfate dried)*	NF	
FER-IN-SOL SOLN *(ferrous sulfate)*	NF	QL(10 ml daily)
FERRETTS TABS	P	QL(2 ea daily)
ferrous fumarate tabs	P	QL(2 ea daily)
ferrous sulfate tabs 65 MG, 325 MG	P	
ferrous sulfate elix	P	QL(16 ml daily)
ferrous sulfate tbec	P	
ferrous sulfate soln	P	QL(10 ml daily)
FERROUS SULFATE LIQD	P	QL(16 ml daily)

Drug Name	Drug Tier	Requirements/Limits
FERROUS SULFATE SOLN 300 MG/6.8ML	P	QL(16 ml daily)
ferrous sulfate dried tabs 200 MG	P	
HEMOCYTE TABS *(ferrous fumarate)*	NF	QL(2 ea daily)
polysaccharide iron complex caps 150 MG	P	QL(1 ea daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 500 MG *(aminocaproic acid)*	NF	QL(24 ea per fill retail);SP
aminocaproic acid tabs 500 MG	P	QL(24 ea per fill retail);SP
LYSTEDA TABS *(tranexamic acid)*	NF	2 rtl MAX fill,30 rtl day(s) supply;QL(30 ea per 5 days retail);AL(At least 12 yrs old)
tranexamic acid tabs	P	2 rtl MAX fill,30 rtl day(s) supply;QL(30 ea per 5 days retail);AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) caps 50 MG	P	
diphenhydramine hcl (sleep) tabs 25 MG	P	QL(1 ea daily)
doxylamine succinate (sleep)	P	

Drug Name	Drug Tier	Requirements/Limits
NYTOL MAXIMUM STRENGTH TABS *(diphenhydramine hcl (sleep))*	NF	
UNISOM SLEEPGELS CAPS *(diphenhydramine hcl (sleep))*	NF	
UNISOM SLEEPTABS *(doxylamine succinate (sleep))*	NF	
Barbiturate Hypnotics		
phenobarbital tabs	P	
phenobarbital elix	P	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	NP	
SILENOR *(doxepin hcl (sleep))*	NP	
Non-Barbiturate Hypnotics		
AMBIEN TABS *(zolpidem tartrate)*	NP	QL(1 ea daily)
AMBIEN CR TBCR *(zolpidem tartrate)*	NP	
EDLUAR SUBL	NP	
estazolam	P	
eszopiclone	NP	
flurazepam hcl	NP	QL(1 ea daily)
HALCION .25 MG *(triazolam)*	NP	QL(1 ea daily)
LUNESTA 2 MG, 3 MG *(eszopiclone)*	NF	
LUNESTA *(eszopiclone)*	NP	
midazolam hcl syrp	NP	
RESTORIL 7.5 MG, 22.5 MG *(temazepam)*	NP	

Drug Name	Drug Tier	Requirements/Limits
RESTORIL 15 MG, 30 MG *(temazepam)*	NP	QL(1 ea daily)
temazepam 15 MG, 30 MG	P	QL(1 ea daily)
temazepam 7.5 MG, 22.5 MG	P	
triazolam	P	QL(1 ea daily)
zaleplon	NP	QL(1 ea daily)
zolpidem tartrate subl	NP	
zolpidem tartrate tbcr	NP	
zolpidem tartrate tabs	P	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	NP	
DAYVIGO	NP	
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	NP	SP
HETLIOZ LQ SUSP	NP	SP
ramelteon	NP	
ROZEREM *(ramelteon)*	NP	
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil tabs	P	QL(10 ea daily)
FIBERCON TABS *(calcium polycarbophil)*	NF	QL(10 ea daily)
KONSYL DAILY FIBER POWD *(psyllium)*	NF	
METAMUCIL POWD *(psyllium)*	NF	
METAMUCIL CAPS *(psyllium)*	NF	

Drug Name	Drug Tier	Requirements/Limits
METAMUCIL FREE & NATURAL POWD *(psyllium)*	NF	
METAMUCIL ORIGINAL TEXTURE POWD *(psyllium)*	NF	
NATURAL FIBER LAXATIVE POWD	P	
psyllium powd 25 %, 28.3 %, 30.9 %, 43 %, 48.57 %, 49 %, 51.7 %, 57.6 %, 58.6 %	P	
psyllium caps .52 GM, 400 MG	P	
REGULOID POWD	P	
Laxative Combinations		
GOLYTELY SOLR 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	NF	QL(4000 ml per fill retail)
NULYTELY 420 GM-5.72 GM-1.48 GM-11.2 GM *(peg 3350-potassium chloride-sod bicarbonate-sod chloride)*	NF	QL(4000 ml per fill retail)
NULYTELY/FLAVOR PACKS 420 GM-5.72 GM-1.48 GM-11.2 GM *(peg 3350-potassium chloride-sod bicarbonate-sod chloride)*	NF	QL(4000 ml per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	P	QL(4000 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
peg 3350-potassium chloride-sod bicarbonate-sod chloride 420 GM-5.72 GM-1.48 GM-11.2 GM	P	QL(4000 ml per fill retail)
sennosides-docusate sodium tabs 8.6 MG-50 MG	P	QL(4 ea daily)
SENOKOT S TABS 8.6 MG-50 MG *(sennosides-docusate sodium)*	NF	QL(4 ea daily)
Laxatives - Miscellaneous		
glycerin (laxative) supp 2 GM, 2.1 GM, 80.7 %	P	
GLYCERIN ADULT SUPP *(glycerin (laxative))*	NF	
lactulose soln	P	
MIRALAX PACK *(polyethylene glycol 3350)*	NF	
MIRALAX POWD *(polyethylene glycol 3350)*	NF	QL(34 gm daily)
MIRALAX MIX-IN PAX PACK *(polyethylene glycol 3350)*	NF	
PEDIA-LAX SUPP *(glycerin (laxative))*	NF	
polyethylene glycol 3350 powd	P	QL(34 gm daily)
polyethylene glycol 3350 pack	P	
Lubricant Laxatives		
FLEET OIL ENEM *(mineral oil)*	NF	
mineral oil enem	P	

Drug Name	Drug Tier	Requirements/Limits
Saline Laxatives		
FLEET ENEMA ENEM 7 GM/197ML-19 GM/197ML *(sodium phosphates)*	NF	
FLEET PEDIATRIC ENEM 3.5 GM/59ML-9.5 GM/59ML *(sodium phosphates)*	NF	
magnesium citrate	P	
magnesium hydroxide susp 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	
sodium phosphates enem	P	
Stimulant Laxatives		
bisacodyl supp	P	QL(12 ea per fill retail)
bisacodyl tbec	P	QL(1 ea daily)
castor oil oil 100 %	P	
DULCOLAX SUPP *(bisacodyl)*	NF	QL(12 ea per fill retail)
DULCOLAX TBEC *(bisacodyl)*	NF	QL(1 ea daily)
DULCOLAX PINK LAXATIVE TBEC *(bisacodyl)*	NF	QL(1 ea daily)
sennosides liqd	P	
sennosides tabs 8.6 MG	P	
sennosides syrp 8.8 MG/5ML	P	
SENOKOT TABS *(sennosides)*	NF	
Surfactant Laxatives		

Drug Name	Drug Tier	Requirements/Limits
COLACE CAPS 100 MG *(docusate sodium)*	NF	QL(3 ea daily)
docusate sodium tabs	P	QL(3 ea daily)
docusate sodium syrp	P	
docusate sodium liqd	P	
docusate sodium caps 100 MG, 250 MG	P	QL(3 ea daily)
DOCUSATE SODIUM SYRP	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin pack	P	QL(2 ea per fill retail)
azithromycin susr 100 MG/5ML	P	QL(15 ml per fill retail)
azithromycin susr 200 MG/5ML	P	QL(60 ml per fill retail)
azithromycin tabs 250 MG	P	QL(6 ea per fill retail)
azithromycin tabs 600 MG	P	QL(8 ea per 28 days retail)
azithromycin tabs 500 MG	P	QL(4 ea daily)
ZITHROMAX SUSR 100 MG/5ML *(azithromycin)*	NP	QL(15 ml per fill retail)
ZITHROMAX TABS 500 MG *(azithromycin)*	NP	QL(4 ea daily)
ZITHROMAX SUSR 200 MG/5ML *(azithromycin)*	NP	QL(60 ml per fill retail)
ZITHROMAX TABS 250 MG *(azithromycin)*	NP	QL(6 ea per fill retail)
ZITHROMAX PACK *(azithromycin)*	P	QL(2 ea per fill retail)
ZITHROMAX TRI-PAK TABS *(azithromycin)*	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX Z-PAK TABS *(azithromycin)*	NP	QL(6 ea per fill retail)
Clarithromycin		
clarithromycin tabs	P	QL(28 ea per fill retail)
clarithromycin susr 250 MG/5ML	P	QL(200 ml per fill retail)
clarithromycin tb24	P	QL(14 ea per fill retail)
clarithromycin susr 125 MG/5ML	P	QL(100 ml per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)*	P	
ERYPED 200 SUSR *(erythromycin ethylsuccinate)*	P	
ERYPED 400 SUSR *(erythromycin ethylsuccinate)*	P	
erythromycin base cpep	P	
erythromycin base tabs	P	
erythromycin base tbec	P	
erythromycin ethylsuccinate tabs	P	
erythromycin ethylsuccinate susr	P	
erythromycin stearate tabs 250 MG	P	
Fidaxomicin		
DIFICID SUSR	NP	
DIFICID TABS	NP	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		

Drug Name	Drug Tier	Requirements/Limits
AMD FOAM DRESSING 4"X4" PADS	P	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	P	RX/OTC
BAND-AID FLEXIBLE ROLLEDGAUZE 3" X 2.1 YARDS MISC	P	RX/OTC
BAND-AID FLEXIBLE ROLLEDGAUZE 4" X 2.1 YARDS MISC	P	RX/OTC
BAND-AID GAUZE PADS LARGE4" X 4" PADS	P	RX/OTC
BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS	P	
BAND-AID GAUZE PADS SMALL2" X 2" PADS	P	RX/OTC
BAND-AID KLING ROLLED GAUZE LARGE 4" X 2.5 YDS MISC	P	RX/OTC
BAND-AID KLING ROLLED GAUZE MEDIUM 3" X 2.5 YDS MISC	P	RX/OTC
BAND-AID KLING ROLLED GAUZE SMALL 2" X 2.5 YDS MISC	P	RX/OTC
BAND-AID TRU-ABSORB GAUZE SPONGES LARGE PADS	P	RX/OTC
BIOGUARD BARRIER DRESSING/LARGE ROLL MISC	P	RX/OTC
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
BORDERED GAUZE PADS 0	P	RX/OTC
CARRASMART PADS 0	P	RX/OTC
CARRASMART FOAM PADS 0	P	RX/OTC
COMPEED SKIN PROTECTOR DRESSING/MEDIUM/OVAL MISC	P	RX/OTC
COMPEED SKIN PROTECTOR DRESSING/SMALL/STRIP MISC	P	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	P	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	P	RX/OTC
COVRSITE COVER DRESSING PADS 0	P	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS 0	P	RX/OTC
CRUAD GAUZE PADS 4" X 4" PADS	P	RX/OTC
CURAD HOLD TITE TUBULAR STRETCH BANDAGE/LARGE/5YDS MISC	P	RX/OTC
CURITY #10 BURN DRESSING/READY CUT GAUZE/12"X12" MISC	P	RX/OTC
CURITY #10 BURN DRESSING/READY CUT GAUZE/18"X18" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CURITY #10 BURN DRESSING/READY CUT GAUZE/36"X36" MISC	P	RX/OTC
CURITY #10 GAUZE BOLT/OVAL FOLD/36"X300' MISC	P	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS	P	
CURITY ALL PURPOSE SPONGES 4 PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	P	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS	P	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
CURITY AMD ANTIMICROBIALPACKING STRIPS 1"X3' MISC	P	RX/OTC
CURITY AMD ANTIMICROBIALPACKING STRIPS 1/2"X3' MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CURITY AMD ANTIMICROBIALPACKING STRIPS 1/4"X3' MISC	P	RX/OTC
CURITY COVER SPONGE 4"X4" PADS	P	RX/OTC
CURITY COVER SPONGES 3"X3" PADS	P	
CURITY COVER SPONGES 4"X4" PADS	P	RX/OTC
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
CURITY GAUZE PADS 2"X2" 12 PLY PADS	P	RX/OTC
CURITY GAUZE PADS 3"X3" PADS	P	
CURITY GAUZE PADS 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 2"X2"12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 3"X3" 12 PLY PADS	P	
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGE 4"X4"16 PLY PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	P	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	P	RX/OTC
CURITY IODOFORM PACKING STRIP MISC	P	RX/OTC
CURITY IODOFORM PACKING STRIP 1"X15' MISC	P	RX/OTC
CURITY IODOFORM PACKING STRIP 1/2"X15' MISC	P	RX/OTC
CURITY IODOFORM PACKING STRIP 1/4"X15' MISC	P	RX/OTC
CURITY IODOFORM PACKING STRIP 2"X15' MISC	P	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 1"X30' MISC	P	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 2"X30' MISC	P	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 3"X30' MISC	P	RX/OTC
CURITY MESH GAUZE BANDAGEROLL 4"X30' MISC	P	RX/OTC
CURITY NON-ADHERENT STRIPS 1/2"X12' MISC	P	RX/OTC
CURITY NON-ADHERENT STRIPS 3"X3" PADS	P	
CURITY PLAIN PACKING STRIP MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CURITY SPONGES/CELLULOSE FILLED/2"X2" PADS	P	RX/OTC
CURITY SPONGES/CELLULOSE FILLED/4"X4" PADS	P	RX/OTC
CURITY TRIANGULAR BANDAGE 40"X40"X56" MISC	P	RX/OTC
CVS GAUZE PAD 3"X3" PADS	P	
CVS GAUZE PADS 2"X2" 12-PLY PADS	P	RX/OTC
CVS GAUZE PADS 4"X4" 12-PLY PADS	P	RX/OTC
CVS GAUZE PADS STERILE 4"X4" PADS	P	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	P	RX/OTC
CVS TUBULAR GAUZE MISC	P	RX/OTC
DERMACEA DRAIN SPONGES 4"X4" PADS	P	RX/OTC
DERMACEA GAUZE FLUFF ROLL 2"X3YD MISC	P	RX/OTC
DERMACEA GAUZE FLUFF ROLL 2.25"X3 YD 6 PLY MISC	P	RX/OTC
DERMACEA GAUZE FLUFF ROLL 3.4"X3.6 YD 6 PLY MISC	P	RX/OTC
DERMACEA GAUZE FLUFF ROLL 3.4"X3-1/2YD 6PLY MISC	P	RX/OTC
DERMACEA GAUZE FLUFF ROLL 4.5"X4.1 YD 6 PLY MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DERMACEA GAUZE FLUFF ROLL 4-1/2"X4-1/8YD 6PLY MISC	P	RX/OTC
DERMACEA GAUZE ROLL 2"X4-1/8YD MISC	P	RX/OTC
DERMACEA GAUZE ROLL 3"X4-1/8YD MISC	P	RX/OTC
DERMACEA GAUZE ROLL 4"X4-1/8YD MISC	P	RX/OTC
DERMACEA GAUZE ROLL 6"X4-1/8YD MISC	P	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 12 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 3"X3" 12 PLY PADS	P	
DERMACEA GAUZE SPONGE 3"X3" 8 PLY PADS	P	
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	P	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	P	RX/OTC
DERMACEA I.V. DRAIN SPONGES 2"X2" PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	P	RX/OTC
DERMACEA I.V. SPONGES 2"X2" PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY PADS	P	
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	P	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
DERMACEA STRETCH BANDAGE ROLL 2"X12' MISC	P	RX/OTC
DERMACEA STRETCH BANDAGE ROLL 3"X12' MISC	P	RX/OTC
DERMACEA STRETCH BANDAGE ROLL 4"X12' MISC	P	RX/OTC
DERMACEA STRETCH BANDAGE ROLL 6"X12' MISC	P	RX/OTC
DERMACEA STRETCH BANDAGE2"X4-1/8YD MISC	P	RX/OTC
DERMACEA STRETCH BANDAGE3"X4-1/8YD MISC	P	RX/OTC
DERMACEA STRETCH BANDAGE4"X4-1/8YD MISC	P	RX/OTC
DERMACEA STRETCH BANDAGE6"X12.3' MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DERMACEA STRETCH BANDAGE6"X4-1/8YD MISC	P	RX/OTC
DERMACEA STRETCH BANDAGEROLL 3"X12' MISC	P	RX/OTC
DERMACEA STRETCH BANDAGEROLL 4"X12' MISC	P	RX/OTC
DERMACEA STRETCH BANDAGEROLL 6"X12' MISC	P	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 12 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 8 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 3"X3" 12 PLY PADS	P	
DERMACEA TYPE VII GAUZE 3"X3" 12PLY PADS	P	
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	P	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	P	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	P	RX/OTC
DERMADRESS WATERPROOF COMPOSITE DRESSING MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DERMALEVIN ADHESIVE FOAMDRESSING 4"X4" PADS	P	RX/OTC
DRYMAX EXTRA PADS 0	P	RX/OTC
EQL GAUZE PADS 2"X2"/SMALL PADS	P	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS	P	RX/OTC
EQL GAUZE STERILE PADS 3"X3" PADS	P	
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	P	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	P	RX/OTC
EXCILON I.V. SPONGES 2"X2" 6 PLY PADS	P	RX/OTC
GAUZE BANDAGE 3" MISC	P	RX/OTC
GAUZE BANDAGE ROLL 4.5"X2.5YD MISC	P	RX/OTC
GAUZE BANDAGE/2" X 4YDS MISC	P	RX/OTC
GAUZE DRESSING 4"X4" PADS	P	RX/OTC
GAUZE PADS PADS	P	RX/OTC
GAUZE PADS 2"X2" PADS	P	RX/OTC
GAUZE PADS 3"X3" PADS	P	

Drug Name	Drug Tier	Requirements/Limits
GAUZE PADS 4"X4" PADS	P	RX/OTC
GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS	P	RX/OTC
GAUZE STRETCH BANDAGE 3"X2.5YD MISC	P	RX/OTC
GNP STERILE GAUZE PADS 2"X2" PADS	P	RX/OTC
GNP STERILE GAUZE PADS 3"X3" PADS	P	
HM STERILE PADS PADS	P	RX/OTC
HM STERILE PADS 2"X2" PADS	P	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	P	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	P	RX/OTC
J & J GAUZE 2"X2" 8 PLY PADS	P	RX/OTC
J & J GAUZE 4"X4" 12 PLY PADS	P	RX/OTC
J & J GAUZE 4"X4" 8 PLY PADS	P	RX/OTC
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	P	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	P	RX/OTC
J & J GAUZE SPONGES 8-PLY4" X 4" MISC	P	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 3"X3" PADS	P	

Drug Name	Drug Tier	Requirements/Limits
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS	P	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3" PADS	P	
KERLIX AMD ANTIMICROBIALBANDAGE ROLL 4-1/2"X12.3YD 6 PLY MISC	P	RX/OTC
KERLIX AMD ANTIMICROBIALBANDAGE ROLL/6 PLY/4.5"X4-1/8YD MISC	P	RX/OTC
KERLIX BANDAGE ROLL 2-1/4"X9' 6PLY MISC	P	RX/OTC
KERLIX BANDAGE ROLL 3-7/16"X3-3/16' 6PLY MISC	P	RX/OTC
KERLIX BANDAGE ROLL 4-1/2"X4-1/8YD 6PLY MISC	P	RX/OTC
KERLIX BANDAGE ROLL 4-1/2"X9.3' 8PLY MISC	P	RX/OTC
KERLIX BANDAGE ROLL/6 PLY/MEDIUM MISC	P	RX/OTC
KERLIX GAUZE ROLL LARGE 4.5"X 4.1YD 6 PLY MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
KERLIX GAUZE ROLL MEDIUM3.4"X3.6YD 6 PLY MISC	P	RX/OTC
KERLIX GAUZE ROLL SMALL 2.25"X 3YD 6 PLY MISC	P	RX/OTC
KERLIX SPONGES 4" X 4" 12 PLY PADS	P	RX/OTC
KERLIX SPONGES 4" X 4" 16 PLY PADS	P	RX/OTC
KERLIX X-RAY DETECTABLE PACKING SPONGE 4-1/2"X22" MISC	P	RX/OTC
KERLIX X-RAY DETECTABLE SPONGES EXTRA LARGE 1-5/8" MISC	P	RX/OTC
KLING FLUFF MISC	P	RX/OTC
MIRASORB SPONGES 2" X 2" MISC	P	RX/OTC
MIRASORB SPONGES 4" X 4" MISC	P	RX/OTC
NEXCARE ABSOLUTE WATERPROOF PREMIUM ADHESIVE PAD 2-3/8"X45" MISC	P	RX/OTC
NU GAUZE 4PLY 4"X4" PADS	P	RX/OTC
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	P	RX/OTC
NU GAUZE PACKING STRIPS PLAIN 1/2" X 5 YDS MISC	P	RX/OTC
NU GAUZE UTERINE PACKINGSTRIPS IODOFORM 8" X 10 YDS MISC	P	RX/OTC
OPTIFOAM PADS 0	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
POLYMEM NON-ADHESIVE PAD PADS	P	RX/OTC
PRIMAPORE 11-3/4"X4" MISC	P	RX/OTC
PRIMAPORE 13-3/4"X4" MISC	P	RX/OTC
PRIMAPORE 2-7/8"X2" MISC	P	RX/OTC
PRIMAPORE 4"X3-1/8" MISC	P	RX/OTC
PRIMAPORE 6"X3-1/8" MISC	P	RX/OTC
PRIMAPORE 8"X4" MISC	P	RX/OTC
QC ALL PURPOSE DRESSINGS4"X4" PADS	P	RX/OTC
QC BORDER ISLAND GAUZE PAD 2"X2" PADS	P	RX/OTC
QC STERILE PADS PADS 0	P	RX/OTC
RA STERILE PADS 2"X2" PADS	P	RX/OTC
RA STERILE PADS 3"X3" PADS	P	
RA STERILE PADS 4"X4" PADS	P	RX/OTC
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	P	RX/OTC
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS	P	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	P	RX/OTC
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	P	RX/OTC
RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS	P	
ROLLED GAUZE 2"X2YD MISC	P	RX/OTC
SM BANDAGE ROLL 4.5"X144" MISC	P	RX/OTC
SM GAUZE PADS 2"X2" PADS	P	RX/OTC
SM GAUZE PADS 3"X3" PADS	P	
SM GAUZE PADS 4"X4" PADS	P	RX/OTC
SM ROLLED GAUZE BANDAGE 2"X4.1YD MISC	P	RX/OTC
SM ROLLED GAUZE BANDAGE 3"X4.1YD MISC	P	RX/OTC
SM STERILE PADS PADS	P	RX/OTC
SM STERILE PADS 2"X2" PADS	P	RX/OTC
SOF-WICK 4"X4" PADS	P	RX/OTC
SOF-WIK MISC	P	RX/OTC
STERILE BANDAGE ROLL 2.25"X3YD MISC	P	RX/OTC
STERILE GAUZE PADS 2"X2" PADS	P	RX/OTC
STERILE GAUZE PADS 3"X3" PADS	P	

Drug Name	Drug Tier	Requirements/Limits
STERILE PADS 2"X2" PADS	P	RX/OTC
STERILE PADS 3"X3" PADS	P	
STERILE PADS 4"X4" PADS	P	RX/OTC
STRETCH GAUZE BANDAGE MISC	P	RX/OTC
SURGICAL GAUZE SPONGE PADS	P	RX/OTC
TEGADERM FILM TRANSPARENT DRESS/FRAME STYLE 1-3/4"X1-3/4" MISC	P	RX/OTC
TEGADERM FOAM DRESSING 2"X2" PADS	P	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS	P	RX/OTC
TEGADERM FOAM DRESSING ROLL 4"X24" MISC	P	RX/OTC
TELFA AMD ADHESIVE BANDAGE 2"X3.75" MISC	P	RX/OTC
TENDEROL UNDERCAST PADDING 2"X4 YD MISC	P	RX/OTC
TENDEROL UNDERCAST PADDING 3"X4 YD MISC	P	RX/OTC
TENDEROL UNDERCAST PADDING 4"X4 YD MISC	P	RX/OTC
TENDEROL UNDERCAST PADDING 6"X4 YD MISC	P	RX/OTC
THERAGAUZE PADS 0	P	RX/OTC
TOPPER DRESSING SPONGES 4"X4" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
Contraceptives		
AIMSCO LUBRICATED MISC	P	QL(36 ea per fill retail)
DUREX EXTRA SENSITIVE DEVI	P	QL(36 ea per fill retail)
FANTASY LUBRICATED MISC	P	QL(36 ea per fill retail)
FANTASY LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per fill retail)
KAMELEON LUBRICATED MISC	P	QL(36 ea per fill retail)
KIMONO COLORS DEVI	P	QL(36 ea per fill retail)
KIMONO LUBRICATED MISC	P	QL(36 ea per fill retail)
KIMONO MICRO THIN MISC	P	QL(36 ea per fill retail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per fill retail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per fill retail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P	QL(36 ea per fill retail)
KIMONO PS LUBRICATED MISC	P	QL(36 ea per fill retail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P	QL(36 ea per fill retail)
KIMONO SENSATION LUBRICATED MISC	P	QL(36 ea per fill retail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per fill retail)
KIMONO SPECIAL DEVI	P	QL(36 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
K-Y ME & YOU EXTRA LUBRICATED DEVI	P	QL(36 ea per fill retail)
K-Y ME & YOU INTENSE DEVI	P	QL(36 ea per fill retail)
MAXX LUBRICATED MISC	P	QL(36 ea per fill retail)
MAXX PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per fill retail)
PREMIUM CONDOMS LUBRICATED MISC	P	QL(36 ea per fill retail)
REALITY LATEX CONDOMS/LUBRICATED MISC	P	QL(36 ea per fill retail)
REALITY LATEX/ULTRA TEXTURED DEVI	P	QL(36 ea per fill retail)
REALITY LATEX/ULTRA THIN DEVI	P	QL(36 ea per fill retail)
TRUSTEX COLOR CONDOMS + LUBE MISC	P	QL(36 ea per fill retail)
TRUSTEX LUBRICATED MISC	P	QL(36 ea per fill retail)
TRUSTEX LUBRICATED EXTRALARGE MISC	P	QL(36 ea per fill retail)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	P	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	P	QL(36 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	P	QL(36 ea per fill retail)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P	QL(36 ea per fill retail)
TRUSTEX NON-LUBRICATED MISC	P	QL(36 ea per fill retail)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	P	QL(36 ea per fill retail)
TRUSTEX/RIA LUBRICATED MISC	P	QL(36 ea per fill retail)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	P	QL(36 ea per fill retail)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	P	QL(36 ea per fill retail)
TRUSTEX/RIA NON-LUBRICATED MISC	P	QL(36 ea per fill retail)
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G	P	
1ST TIER UNILET COMFORTOUCH LANCETS 30G	P	
ACCU-CHEK AVIVA PLUS KIT	NP	RX/OTC
ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	P	QL(1 ea per 180 days retail)
ACCU-CHEK FASTCLIX LANCETS	P	
ACCU-CHEK GUIDE KIT	NP	RX/OTC
ACCU-CHEK GUIDE ME KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	P	QL(1 ea per 180 days retail)
ACCU-CHEK SAFE-T-PRO LANCETS	P	
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	P	
ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	P	QL(1 ea per 180 days retail)
ACCU-CHEK SOFTCLIX LANCETS	P	
ACTI-LANCE LANCETS 28G	P	
ACTI-LANCE LITE SAFETY LANCETS 28G	P	
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	P	
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	P	
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	P	
ADJUSTABLE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ADVANCE INTUITION BLOOD GLUCOSE METER DEVI	NP	
ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ADVANCE MICRO-DRAW METER DEVI	NP	
ADVANCED MOBILE LANCET 30G	P	
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM/TALKING KIT	NP	RX/OTC
ADVOCATE LANCETS	P	
ADVOCATE LANCETS 30G	P	
ADVOCATE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ADVOCATE REDI-CODE DEVI	NP	
ADVOCATE REDI-CODE/TALKING KIT	NP	RX/OTC
ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NP	
ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
ADVOCATE REDI-CODE+/ TALKING KIT	NP	RX/OTC
ADVOCATE SAFETY LANCETS	P	
ADVOCATE SAFETY LANCETS 26G	P	

Drug Name	Drug Tier	Requirements/Limits
AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST DEVI	NP	
AGAMATRIX JAZZ WIRELESS 2 KIT	NP	RX/OTC
AGAMATRIX PRESTO KIT	NP	RX/OTC
AGAMATRIX PRESTO PRO METER DEVI	NP	
AGAMATRIX ULTRA-THIN LANCETS 33G	P	
AIMSCO TWIST LANCETS 32G	P	
AIMSCO TWIST LANCETS 33G	P	
ALTERNATE SITE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	P	QL(1 ea per 180 days retail)
AQUALANCE LANCETS ULTRA THIN 30G	P	
ASSURE 3 METER KIT	NP	
ASSURE 4 BLOOD GLUCOSE METER DEVI	NP	
ASSURE COMFORT LANCETS ULTRA THIN 28G	P	
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	P	
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	P	
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	P	

Drug Name	Drug Tier	Requirements/Limits
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	P	
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	P	
ASSURE LANCE LANCETS	P	
ASSURE LANCE LANCETS 21G	P	
ASSURE LANCE PLUS SAFETYLANCETS 25G	P	
ASSURE LANCE PLUS SAFETYLANCETS 30G	P	
ASSURE LANCE SAFETY LANCET 28G	P	
ASSURE LANCETS	P	
ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	NP	
ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
ASSURE PRO BLOOD GLUCOSE METER DEVI	NP	
AURORA LANCET SUPER THIN30G	P	
AURORA LANCET THIN 23G	P	
AUTO-LANCET MISC	P	QL(1 ea per 180 days retail)
AUTO-LANCET MINI MISC	P	QL(1 ea per 180 days retail)
AUTOLET II CLINISAFE KIT	P	QL(1 ea per 180 days retail)
AUTOLET IMPRESSION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
AUTOLET LITE CLINISAFE KIT	P	QL(1 ea per 180 days retail)
AUTOLET LITE STARTER PACK KIT	P	QL(1 ea per 180 days retail)
AUTOLET MINI MISC	P	QL(1 ea per 180 days retail)
AUTOLET PLUS MISC	P	QL(1 ea per 180 days retail)
BD LANCET ULTRAFINE 30G	P	
BD LANCET ULTRAFINE 33G	P	
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	NP	RX/OTC
BD LOGIC BLOOD GLUCOSE MONITOR KIT	NP	RX/OTC
BD MICROTAINER LANCETS	P	
BIOTEL CARE BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	RX/OTC
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
BLOOD GLUCOSE MONITORINGSYSTEM KIT	NP	RX/OTC
BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM KIT	NP	RX/OTC
BLOOD GLUCOSE SYSTEM PAK KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
BULLSEYE MINI SAFETY LANCETS	P	
BULLSEYE SAFETY LANCETS	P	
CARDIOCOM LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CAREONE ADVANCED LANCINGDEVICE MISC	P	QL(1 ea per 180 days retail)
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	NP	RX/OTC
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	NP	RX/OTC
CAREONE LANCET SUPER THIN/30G	P	
CAREONE LANCET THIN	P	
CARESENS LANCETS	P	
CARESENS N GLUCOSE MONITORING SYSTEM DEVI	NP	
CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH SAFETY LANCETS/26G	P	
CARETOUCH SAFETY LANCETS/28G	P	
CARETOUCH SAFETY LANCETS/30G	P	
CARETOUCH TWIST LANCETS 28G	P	
CARETOUCH TWIST LANCETS 30G	P	
CARETOUCH TWIST LANCETS 33G	P	
CARETOUCH TWIST LANCETS MULTI COLOR/30G	P	
CLEANLET LANCETS 28G	P	
CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CLEVER CHEK LANCETS ULTRATHIN	P	

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHEK LANCETS ULTRATHIN 30G	P	
CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHOICE COMFORT EZLANCETS 21G	P	
CLEVER CHOICE COMFORT EZLANCETS 23G	P	
CLEVER CHOICE COMFORT EZLANCETS 28G	P	
CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
COAGUCHEK LANCETS	P	
COMFORT ASSURED LANCETS MICRO THIN 33G	P	
COMFORT ASSURED LANCETS SUPER THIN 28G	P	
COMFORT LANCETS	P	

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH LANCETS ULTRA THIN 31G	P	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	P	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	P	
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT LINK 2.4 WIRELESS BLOOD GLUCOSE MONITORING SYST KIT	NP	RX/OTC
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	
COOL BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CVS ADVANCED GLUCOSE METER KIT	NP	RX/OTC
CVS LANCETS 21G	P	
CVS LANCETS MICRO THIN 33G	P	
CVS LANCETS MICRO-THIN 33G	P	
CVS LANCETS ORIGINAL	P	
CVS LANCETS THIN 26G	P	
CVS LANCETS ULTRA THIN 30G	P	
CVS LANCETS ULTRA-THIN 30G	P	
CVS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CVS ULTRA THIN LANCETS	P	
D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	NP	RX/OTC
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	NP	

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	NP	
DEXCOM G4 PLATINUM RECEIVER KIT	NP	
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	NP	
DEXCOM G4 PLATINUM TRANSMITTER KIT	NP	
DEXCOM G5 MOBILE RECEIVERKIT	NP	
DEXCOM G5 MOBILE TRANSMITTER KIT	NP	
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	NP	
DEXCOM G5 RECEIVER KIT	NP	
DEXCOM G6 RECEIVER	P	PA
DEXCOM G6 SENSOR	P	PA
DEXCOM G6 TRANSMITTER	P	PA
DIABETES MONITORING DIGITAL SOLUTION KIT	NP	
DIABETES MONITORING DIGITAL SOLUTION ADD-ON KIT	NP	
DIATHRIVE BLOOD GLUCOSE METER DEVI	NP	
DIATHRIVE LANCETS	P	
DIATHRIVE LANCETS ULTRA THIN 30G	P	

Drug Name	Drug Tier	Requirements/Limits
DIATHRIVE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DIATHRIVE+ BLOOD GLUCOSEMONITORING SYSTEM/BLUETOOTH DEVI	NP	
DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DROPLET LANCETS ULTRA THIN 30G	P	
DROPLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DROPLET PERSONAL LANCETS30G	P	
DRUG MART ADJUSTABLE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DRUG MART LANCETS THIN	P	
DRUG MART ON-THE-GO LANCETS GENTLE 30G	P	
DRUG MART UNILET LANCETSSUPER THIN 30G	P	
DRUG MART UNILET LANCETSULTRA THIN 28G	P	
DRUG MART UNILET MICRO THIN LANCETS 33G	P	
EASY COMFORT LANCETS	P	

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT LANCETS 30G/PULL TOP	P	
EASY COMFORT LANCETS 30G/THIN TOP	P	
EASY COMFORT LANCETS TWIST TOP	P	
EASY MINI EJECT LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
EASY MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EASY STEP BLOOD GLUCOSE MONITOR DEVI	NP	
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 26G/PULL-TOP	P	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 28G/PULL-TOP	P	
EASY TOUCH LANCETS 28G/TWIST	P	
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	P	
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 30G/PULL-TOP	P	
EASY TOUCH LANCETS 30G/TWIST	P	
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 32G/PULL-TOP	P	
EASY TOUCH LANCETS 32G/TWIST	P	
EASY TOUCH LANCETS 33G/TWIST	P	
EASY TOUCH LANCING DEVICE/EJECTOR MISC	P	QL(1 ea per 180 days retail)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	P	
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	P	
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	P	
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	P	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	P	
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	P	
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EASY TWIST & CAP LANCETS	P	
EASYGLUCO KIT	NP	
EASYGLUCO STARTER KIT KIT	NP	
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NP	
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EASYPRO PLUS KIT	NP	RX/OTC
ELEMENT AUTOCODE SYSTEM KIT	NP	RX/OTC
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	

Drug Name	Drug Tier	Requirements/Limits
ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
ELEMENT PLUS BLOOD GLUCOSE METER DEVI	NP	
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI	NP	
EMBRACE LANCETS ULTRA THIN 30G	P	
EMBRACE LANCING DEVICE WITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	P	
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	P	
EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	
EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ENLITE GLUCOSE SENSOR	NP	

Drug Name	Drug Tier	Requirements/Limits
EQL COLOR LANCETS 21G	P	
EQL COLOR LANCETS MICRO THIN 33G	P	
EQL SUPER THIN LANCETS 30G	P	
EQL THIN LANCETS 26G	P	
EVENCARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	
EVENCARE G2 BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	
EVENCARE G3 BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	
EVENCARE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EVERSENSE SENSOR/HOLDER	NP	
EVERSENSE SMART TRANSMITTER	NP	
EVOLUTION AUTOCODE DEVI	NP	
E-Z JECT LANCETS	P	
E-Z JECT LANCETS 21G	P	
E-Z JECT LANCETS COLOR	P	
E-Z JECT LANCETS SUPER THIN 30G	P	
E-Z JECT LANCETS THIN 26G	P	
E-ZJECT LANCETS MICRO-THIN 33G	P	
EZ-LETS LANCETS 21G	P	

Drug Name	Drug Tier	Requirements/Limits
EZ-LETS LANCETS 26G SUPER-SOFT	P	
EZ-LETS LANCETS 28G ULTRA-SOFT	P	
EZ-LETS LANCETS 30G	P	
FIFTY50 GLUCOSE METER 2.0 KIT	NP	RX/OTC
FIFTY50 SAFETY SEAL LANCETS 30G	P	
FIFTY50 SAFETY SEAL LANCETS 32G	P	
FIFTY50 UNILET LANCETS 33G	P	
FINE 30	P	
FINGERSTIX LANCETS	P	
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL DEVI	NP	
FORA LANCETS	P	
FORA LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
FORA LANCING DEVICE/CLEARCAP MISC	P	QL(1 ea per 180 days retail)
FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
FORA V10/V12/D10/D20 BLOOD GLUCOSE TEST STRIPS/LANCETS 30G KIT	NP	
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING DEVI	NP	
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	

Drug Name	Drug Tier	Requirements/Limits
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
FORTISCARE CONTROL SOLUTIONS HIGH SOLN	P	QL(1 ea per 90 days retail)
FORTISCARE CONTROL SOLUTIONS LOW SOLN	P	QL(1 ea per 90 days retail)
FORTISCARE CONTROL SOLUTIONS NORMAL SOLN	P	QL(1 ea per 90 days retail)
FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	P	

Drug Name	Drug Tier	Requirements/Limits
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	
FREESTYLE FREEDOM KIT	NP	RX/OTC
FREESTYLE FREEDOM LITE KIT	NP	RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FREESTYLE LANCETS	P	
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	PA
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	NP	
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FREESTYLE SIDEKICK II VALUEPACK KIT	NP	RX/OTC
FREESTYLE UNISTICK II LANCETS	P	
GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
GENTEEL BUTTERFLY TOUCH LANCETS	P	
GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	P	QL(1 ea per 180 days retail)
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
GENTLE-LET GP LANCETS	P	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	P	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	P	
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	P	
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	P	
GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLOBAL INJECT EASE LANCETS 28G	P	
GLOBAL INJECT EASE LANCETS 30G	P	
GLOBAL LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
GLUCO PERFECT 3 BLOOD GLUCOSE METER DEVI	NP	
GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE DEVI	NP	
GLUCOCARD 01 BLOOD GLUCOSE METER DEVI	NP	
GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT	NP	RX/OTC
GLUCOCARD SHINE KIT	NP	RX/OTC
GLUCOCARD SHINE DEVI	NP	
GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCARD SHINE XL DEVI	NP	
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	NP	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	NP	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD X-METER KIT	NP	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	NP	RX/OTC
GLUCOCOM LANCETS 28G	P	
GLUCOCOM LANCETS 30G	P	
GLUCOCOM LANCETS 33G	P	
GLUCONAVII BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	RX/OTC
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM DEVI	NP	
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	NP	
GNP LANCETS 21G	P	
GNP LANCETS THIN	P	
GNP LANCETS THIN 26G	P	
GNP LANCING SYSTEM DEVICE MISC	P	QL(1 ea per 180 days retail)
GNP STERILE LANCETS 28G	P	

Drug Name	Drug Tier	Requirements/Limits
GNP STERILE LANCETS 30G	P	
GNP STERILE LANCETS 33G	P	
GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	NP	RX/OTC
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	NP	RX/OTC
GOJJI CONTROL SOLUTION NORMAL SOLN	P	QL(1 ea per 90 days retail)
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 ea per 180 days retail)
GOJJI STERILE LANCETS 30G	P	
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	P	
GOODSENSE LANCETS MICRO-THIN 33G	P	
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	P	
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	P	
GOODSENSE LANCETS ULTRA-THIN 30G	P	
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	P	
GOODSENSE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GUARDIAN CONNECT TRANSMITTER	NP	
GUARDIAN CONNECT TRANSMITTER KIT	NP	
GUARDIAN LINK 3	NP	
GUARDIAN LINK 3 TRANSMITTER KIT	NP	
GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	NP	RX/OTC
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP	
GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC	NP	RX/OTC
GUARDIAN SENSOR (3)	NP	
GUARDIAN SENSOR 3	NP	
HAEMOLANCE	P	
HAEMOLANCE LOW FLOW LANCETS	P	
HAEMOLANCE PLUS	P	
HAEMOLANCE PLUS HIGH FLOW	P	
HAEMOLANCE PLUS LOW FLOW	P	
HAEMOLANCE PLUS MAX FLOW	P	
HAEMOLANCE PLUS PEDIATRIC FLOW	P	
HEALTH CARE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	P	
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
H-E-B INCONTROL LANCETS MICRO THIN 33G	P	
H-E-B INCONTROL LANCETS SUPER THIN 30G	P	
H-E-B INCONTROL LANCETS ULTRA THIN 28G	P	
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	NP	
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NP	
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
HYPOLANCE AST LANCING KIT KIT	P	QL(1 ea per 180 days retail)
HY-VEE LANCETS	P	
HY-VEE THIN LANCETS	P	
IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
IN TOUCH DEVI	NP	
IN TOUCH LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
IN TOUCH STERILE LANCETS30G	P	
INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
INFINITY BLOOD GLUCOSE MONITORING SYSTEM/STARTER KIT KIT	NP	RX/OTC
INFINITY VOICE KIT	NP	RX/OTC
KINNEY LANCETS	P	
KINNEY THIN LANCETS	P	
KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
KROGER BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
KROGER HEALTHPRO TWIST LANCETS/26G	P	
KROGER LANCETS	P	
KROGER LANCETS 21G	P	
KROGER LANCETS MICRO THIN33G	P	
KROGER LANCETS SUPER THIN	P	
KROGER LANCETS THIN	P	
KROGER LANCETS THIN 26G	P	
KROGER LANCETS ULTRATHIN30G	P	
KROGER LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
LANCET DEVICE ADJUSTABLE MISC	P	QL(1 ea per 180 days retail)
LANCET DEVICE WITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
LANCETS	P	
LANCETS 26G TWIST TOP	P	
LANCETS 30G	P	
LANCETS 30G TWIST TOP	P	
LANCETS 30G/TWIST TOP	P	
LANCETS 31G TWIST TOP	P	
LANCETS 33G EXTRA FINE	P	
LANCETS 33G UNIVERSAL DESIGN	P	
LANCETS MICRO THIN 33G	P	
LANCETS SAFETY SEAL 21G	P	
LANCETS SAFETY SEAL 26G	P	
LANCETS SAFETY SEAL 28G	P	
LANCETS SAFETY SEAL 30G	P	
LANCETS SUPER THIN 28G	P	
LANCETS THIN	P	
LANCETS TWIST TOP	P	
LANCETS ULTRA THIN	P	
LANCETS ULTRA THIN 30G	P	

Drug Name	Drug Tier	Requirements/Limits
LANCETSBULLSEYE SAFETY	P	
LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LANZO MISC	P	QL(1 ea per 180 days retail)
LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LIBERTY BLOOD GLUCOSE METER DEVI	NP	
LIBERTY MEDICAL LANCETS 30G	P	
LIBERTY MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI	NP	
LIFESCAN UNISTIK 2 DEEP PENETRATION	P	
LIFESCAN UNISTIK II LANCETS	P	
LITE TOUCH LANCETS	P	
LITE TOUCH LANCING PEN MISC	P	QL(1 ea per 180 days retail)
LITETOUCH LANCETS MICRO THIN 33G	P	
LIVE BETTER ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LIVE BETTER LANCET SUPERTHIN 30G	P	
LIVE BETTER LANCET ULTRATHIN 28G	P	
LONGS LANCETS STANDARD	P	
LONGS LANCETS THIN	P	
LONGS LANCETS ULTRA THIN	P	

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

Drug Name	Drug Tier	Requirements/Limits
MEDLANCE/LITE	P	
MEDLANCE/UNIVERSAL	P	
MEIJER BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
MEIJER COLOR LANCETS UNIVERSAL 33G	P	
MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MEIJER LANCETS	P	
MEIJER LANCETS THIN	P	
MEIJER LANCETS UNIVERSAL21G	P	
MEIJER LANCETS UNIVERSAL30G	P	
MEIJER LANCETS UNIVERSAL33G	P	
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
MEIJER SUPER THIN LANCETS	P	
MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MICROLET LANCETS	P	
MICROLET NEXT MISC	P	QL(1 ea per 180 days retail)
MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
MINILINK REAL-TIME TRANSMITTER	NP	
MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT	NP	
MM EASY TOUCH BLOOD GLUCOSE METER KIT	NP	RX/OTC
MM LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
MM TWIST LANCETS	P	
MONOLET LANCETS	P	
MONOLET OPD LANCETS	P	
MONOLETTOR SAFETY LANCETS	P	
MPD SAFETY LANCET 21G/1.8MM	P	
MPD SAFETY LANCET 28G/1.8MM	P	
MPD SAFETY LANCET 30G/1.8MM	P	
MPD SAFETY LANCETS 23G/1.8MM	P	
MULTI-LANCET DEVICE MISC	P	QL(1 ea per 180 days retail)
MULTI-LANCET DEVICE 2 KIT	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	P	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
NOVA SAFETY LANCETS 23G	P	
NOVA SAFETY LANCETS 28G	P	
NOVA SUREFLEX LANCETS	P	
NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	P	PA
OMNIPOD 5 G6 PODS (GEN 5) MISC	P	PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	P	PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	P	PA
OMNIPOD DASH INTRO KIT (GEN 4) KIT	P	PA
OMNIPOD DASH PODS (GEN 4) MISC	P	PA
OMNIPOD POD PALS	P	PA

Drug Name	Drug Tier	Requirements/Limits
ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ONETOUCH CLUB LANCETS FINE POINT	P	
ONETOUCH DELICA LANCETS EXTRA FINE 33G	P	
ONETOUCH DELICA LANCETS FINE 30G	P	
ONETOUCH DELICA LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	
ONETOUCH DELICA PLUS LANCETS FINE 30G	P	
ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH FINEPOINT LANCETS	P	
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	
ONETOUCH ULTRA 2 KIT	P	RX/OTC
ONETOUCH ULTRA MINI KIT	P	RX/OTC
ONETOUCH ULTRA MINI KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRASOFT LANCETS	P	
ONETOUCH VERIO KIT	P	RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
ONETOUCH VERIO REFLECT KIT	P	RX/OTC
OPTIUM BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
OPTIUM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
OVAL TAPE MISC	NP	RX/OTC
PARADIGM REAL-TIME TRANSMITTER	NP	
PC LANCETS SUPER THIN 30G	P	
PENLET II AUTOMATIC BLOODSAMPLER KIT	P	QL(1 ea per 180 days retail)
PERFECT LANCETS 30G	P	
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	P	
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	P	
PHARMACIST CHOICE ULTRA THIN LANCETS	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	P	
PHARMACY COUNTER LANCETS	P	
PIP LANCETS/28G	P	
PIP LANCETS/30G	P	
POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PRECISION LINK KIT	NP	RX/OTC
PRECISION QID MONITOR DEVI	NP	
PRECISION SOF-TACT MONITOR DEVI	NP	

Drug Name	Drug Tier	Requirements/Limits
PRECISION THINS GP LANCET	P	
PRECISION XTRA KIT 0	NP	
PRECISION XTRA DEVI	NP	
PRECISION XTRA MONITOR DEVI	NP	
PREFERRED PLUS LANCETS COLORED 21G	P	
PREFERRED PLUS LANCETS SUPER THIN 30G	P	
PREFERRED PLUS LANCETS THIN 26G	P	
PRESSURE ACTIVATED SAFETYLANCET 21G	P	
PRO COMFORT LANCETS 30G	P	
PRO COMFORT LANCETS 31G	P	
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRODIGY LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
PRODIGY NO CODING BLOOD GLUCOSE KIT	NP	RX/OTC
PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	NP	RX/OTC
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	P	
PRODIGY SAFETY LANCETS	P	
PRODIGY TWIST TOP LANCETS	P	
PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	NP	RX/OTC
PSS SELECT GP LANCETS	P	
PSS SELECT SAFETY LANCETS	P	
PURE COMFORT LANCETS 30G	P	
PUSH BUTTON SAFETY LANCETS 21G	P	
PUSH BUTTON SAFETY LANCETS 28G	P	
PX ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
PX LANCET AUTO INJECTOR MISC	P	QL(1 ea per 180 days retail)
PX LANCETS MICROTHIN 33G	P	
PX LANCETS ULTRA THIN	P	
PX LANCETS ULTRA THIN 28G	P	
QC ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/Limits
QC LANCETS SUPER THIN	P	
QC LANCETS ULTRA THIN	P	
QC UNILET LANCETS 28G/ULTRA THIN	P	
QC UNILET LANCETS 33G/MICRO THIN	P	
QUICKTEK KIT 0	NP	
QUINTET AC BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	
QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
RA E-ZJECT LANCETS 28G	P	
RA E-ZJECT LANCETS THIN 26G	P	
RA E-ZJECT LANCETS THIN 28G	P	
RA E-ZJECT LANCETS ULTRATHIN 30G	P	
READYLANCE SAFETY LANCETS/21G/2.2MM	P	
READYLANCE SAFETY LANCETS/23G/1.8MM	P	
READYLANCE SAFETY LANCETS/26G/1.8MM	P	
READYLANCE SAFETY LANCETS/28G/1.8MM	P	
READYLANCE SAFETY LANCETS/30G/1.6MM	P	
REALITY LANCETS	P	
REALITY TRIGGER LANCETS	P	

Drug Name	Drug Tier	Requirements/Limits
REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G MISC	P	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 25G MISC	P	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 30G MISC	P	QL(1 ea per 180 days retail)
RELION ALL-IN-ONE COMPACTBLOOD GLUCOSE TESTING SYSTEM	NP	
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RELION LANCETS MICRO-THIN33G	P	
RELION LANCETS THIN 26G	P	
RELION LANCETS ULTRA-THIN30G	P	
RELION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
RELION LANCING DEVICE KIT	P	QL(1 ea per 180 days retail)
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	

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

Drug Name	Drug Tier	Requirements/Limits
RIGHTEST GD500 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
RIGHTEST GL300 LANCETS	P	
RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
SAFE-T-LANCE LOW FLOW 25G	P	
SAFE-T-LANCE NORMAL FLOW21G	P	
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	P	
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	P	
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	P	
SAFETY LANCET 21G/PRESSURE ACTIVATED	P	
SAFETY LANCET 23G/PRESSURE ACTIVATED	P	

Drug Name	Drug Tier	Requirements/Limits
SAFETY LANCET 28G/PRESSURE ACTIVATED	P	
SAFETY LANCET 30G/PRESSURE ACTIVATED	P	
SAFETY LANCETS	P	
SAFETY LANCETS 21G	P	
SAFETY LANCETS 28G	P	
SAFETY LET LANCETS	P	
SAPS HEALTH CARE TWIST TOP LANCETS	P	
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	P	
SAPS HEALTH TWIST TOP LANCETS 30G	P	
SAPSCARE TWIST TOP LANCETS 30G	P	
SB LANCETS THIN	P	
SB LANCETS ULTRA THIN	P	
SELECT-LITE DEVICE/LANCETS KIT	P	QL(1 ea per 180 days retail)
SELECT-LITE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SHOPKO AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SHOPKO ON-THE-GO COMFORTLANCETS 30G	P	
SHOPKO UNILET LANCETS SUPER THIN 30G	P	
SHOPKO UNILET LANCETS ULTRA THIN 28G	P	

Drug Name	Drug Tier	Requirements/Limits
SIDE BUTTON SAFETY LANCET21G	P	
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SINGLE-LET	P	
SM MICRO THIN LANCETS 33G	P	
SM TRUEDRAW LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SMART DIABETES VANTAGE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G	P	
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	P	
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	P	
SMART SENSE THIN LANCETSUNIVERSAL 26G	P	
SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
SMARTEST EJECT STARTER KIT KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SMARTEST LANCETS 28G	P	
SMARTEST PERSONA STARTERKIT KIT	NP	RX/OTC
SMARTEST PRONTO STARTERKIT KIT	NP	RX/OTC
SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
SMARTEST PROTEGE STARTERKIT KIT	NP	RX/OTC
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NP	
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	NP	RX/OTC
SOLUS V2 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	P	
SOLUS V2 TWIST LANCETS 30G	P	
STERILANCE TL	P	
SUPER THIN LANCETS	P	
SURE COMFORT LANCETS 18G	P	
SURE COMFORT LANCETS 21G	P	
SURE COMFORT LANCETS 23G	P	
SURE COMFORT LANCETS 28G	P	
SURE COMFORT LANCETS 30G	P	

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT LANCING PEN MISC	P	QL(1 ea per 180 days retail)
SURE EDGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT KIT	NP	RX/OTC
SURE-LANCE FLAT LANCETS	P	
SURE-LANCE LANCETS 26G	P	
SURE-LANCE THIN LANCETS 28G	P	
SURE-LANCE ULTRA THIN LANCETS	P	
SURELITE LANCETS	P	
SURE-PEN MISC	P	QL(1 ea per 180 days retail)
SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER DEVI	NP	
SURE-TOUCH LANCETS UNIVERSAL	P	
TECHLITE AST LANCETS	P	
TECHLITE LANCETS	P	
TECHLITE LANCETS 30G	P	
TELCARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NP	RX/OTC
TGT LANCET MICRO THIN 33G	P	
TGT LANCET THIN 26G	P	
TGT LANCET ULTRA THIN 30G	P	
TGT LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
THINLETS GP LANCETS	P	
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
TODAYS HEALTH SUPER THINLANCETS 30G	P	
TODAYS HEALTH ULTRA THINLANCETS 28G	P	
TOPCARE LANCETS MICRO-THIN 33G	P	
TRAVEL LANCETS 30G	P	
TRAVEL LANCETS ADVANCED 28G	P	
TRUE COMFORT SAFETY LANCETS/30G 0	P	
TRUE COMFORT TWIST TOP LANCETS 30G	P	
TRUE FOCUS BLOOD GLUCOSESELF MONITORING METER DEVI	NP	
TRUE METRIX DEVI	NP	

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NP	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NP	RX/OTC
TRUE METRIX AIR W/BLUETOOTH SMART KIT	NP	RX/OTC
TRUE METRIX BLOOD GLUCOSEMETER KIT	NP	RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	P	QL(1 ea per 90 days retail)
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	P	QL(1 ea per 90 days retail)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	P	QL(1 ea per 90 days retail)
TRUE METRIX GO BLOOD GLUCOSE METER KIT	NP	RX/OTC
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	P	QL(1 ea per 90 days retail)
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	P	QL(1 ea per 90 days retail)
TRUEDRAW LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
TRUEPLUS LANCETS 26G	P	
TRUEPLUS LANCETS 28G	P	
TRUEPLUS LANCETS 28G SUPER THIN	P	

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS LANCETS 30G	P	
TRUEPLUS LANCETS 30G ULTRA THIN	P	
TRUEPLUS LANCETS 33G	P	
TRUEPLUS LANCETS 33G MICRO THIN	P	
TRUEPLUS SAFETY LANCETS 28G	P	
TRUERESULT BLOOD GLUCOSEMONITORING SYSTEM/NO CODING KIT	NP	RX/OTC
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
TRUETRACK SMART SYSTEM KIT	NP	RX/OTC
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	QL(1 ea per 180 days retail)
ULTILET CLASSIC LANCETS	P	
ULTILET LANCETS	P	
ULTILET LANCETS 33G	P	
ULTILET SAFETY LANCETS 21G X 2.2MM	P	
ULTILET SAFETY LANCETS 23G	P	
ULTIMA KIT	NP	
ULTRA THIN LANCETS 31G	P	

Drug Name	Drug Tier	Requirements/Limits
ULTRA TRAK PRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ULTRA-CARE LANCETS 30G	P	
ULTRA-THIN II AUTO LANCET	P	
ULTRA-THIN II LANCETS 28G	P	
ULTRA-THIN II LANCETS 30G	P	
ULTRATRAK ACTIVE DEVI	NP	
ULTRATRAK PRO DEVI	NP	
ULTRATRAK ULTIMATE MONITOR DEVI	NP	
UNILET COMFORTOUCH LANCET	P	
UNILET EXCELITE	P	
UNILET EXCELITE II	P	
UNILET G.P. LANCET	P	
UNILET G.P. SUPERLITE LANCET	P	
UNILET GP 28 ULTRA THIN	P	
UNILET LANCET	P	
UNILET LANCETS MICRO-THIN33G	P	
UNILET LANCETS SUPER-THIN30G	P	
UNILET LANCETS ULTRA-THIN 28G	P	
UNILET SUPERLITE LANCET	P	
UNISTIK 3 GENTLE	P	

Drug Name	Drug Tier	Requirements/Limits
UNISTIK PRO SAFETY LANCET 21G	P	
UNISTIK PRO SAFETY LANCET 25G	P	
UNISTIK PRO SAFETY LANCET 28G	P	
UNISTIK SAFETY LANCETS 28G	P	
UNISTIK SAFETY LANCETS 30G	P	
UNISTIK TOUCH SAFETY LANCETS 21G	P	
UNISTIK TOUCH SAFETY LANCETS 23G	P	
UNISTIK TOUCH SAFETY LANCETS 28G	P	
UNISTIK TOUCH SAFETY LANCETS 30G	P	
UNIVERSAL 1 LANCETS THIN26G	P	
UNIVERSAL 1 LANCETS ULTRA THIN 30G	P	
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	P	
VALUE PLUS LANCETS STANDARD 21G	P	
VALUE PLUS LANCETS SUPERTHIN 30G	P	
VALUE PLUS LANCETS THIN 26G	P	
VALUE PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
VALUMARK LANCET SUPER THIN 30G	P	
VALUMARK LANCET ULTRA THIN 28G	P	

Drug Name	Drug Tier	Requirements/Limits
VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NP	
V-GO 20 KIT	NP	
V-GO 30 KIT	NP	
V-GO 40 KIT	NP	
VIDA MIA AUTOLET LANCINGDEVICE MISC	P	QL(1 ea per 180 days retail)
VIDA MIA UNILET LANCETS SUPER THIN 30G	P	
VIDA MIA UNILET LANCETS ULTRA THIN 28G	P	
VIVAGUARD INO BLOOD GLUCOSE METER DEVI	NP	
VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	NP	
VIVAGUARD LANCETS	P	
VIVAGUARD LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
VIVAGUARD SAFETY LANCETS/28G	P	
VOCAL POINT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
WALGREENS ADVANCED TRAVELLANCETS 28G	P	

Drug Name	Drug Tier	Requirements/Limits
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	P	
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	P	
WALGREENS LANCETS	P	
WALGREENS THIN LANCETS	P	
WALGREENS ULTRA THIN LANCETS	P	
WAVESENSE AMP KIT	NP	RX/OTC
ZEVRX TWIST TOP LANCETS 30G	P	
Misc. Devices		
ADVOCATE ALCOHOL PREP PADS	P	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	P	RX/OTC
ALCOHOL PADS	P	RX/OTC
ALCOHOL PREP PAD	P	RX/OTC
ALCOHOL PREP PADS	P	RX/OTC
ALCOHOL PREPS	P	RX/OTC
ALCOHOL SWABS	P	RX/OTC
ALCOHOL SWABSTICK	P	RX/OTC
APLICARE ALCOHOL SWABSTICK	P	RX/OTC
BD SWABS SINGLE USE	P	RX/OTC
BD SWABS SINGLE USE BUTTERFLY	P	RX/OTC
CARETOUCH ALCOHOL PREP PADS	P	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	RX/OTC
CVS ALCOHOL PREP PADS	P	RX/OTC
CVS PREP PADS	P	RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	RX/OTC
EASY COMFORT ALCOHOL PADS	P	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	RX/OTC
EQL ALCOHOL SWABS	P	RX/OTC
FIFTY50 ALCOHOL PREP PADS	P	RX/OTC
GLOBAL ALCOHOL PREP EASEPADS	P	RX/OTC
GNP ALCOHOL SWABS	P	RX/OTC
H-E-B INCONTROL ALCOHOL PADS	P	RX/OTC
HM STERILE ALCOHOL PREP PADS	P	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	P	RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	P	RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS	P	RX/OTC
PRO COMFORT ALCOHOL PADS	P	RX/OTC
PURE COMFORT ALCOHOL PREPPADS	P	RX/OTC
QC ALCOHOL SWABS	P	RX/OTC
RA ALCOHOL SWABS	P	RX/OTC
REALITY SWABS	P	RX/OTC
RELION ALCOHOL SWABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SAPS CARE ALCOHOL PREP PADS	P	RX/OTC
SAPS HEALTH ALCOHOL PREPPADS	P	RX/OTC
SAPS HEALTH CARE ALCOHOLPREP PADS	P	RX/OTC
SB ALCOHOL PREP PADS	P	RX/OTC
SM ALCOHOL PREP PADS	P	RX/OTC
SURE COMFORT ALCOHOL PREP PADS	P	RX/OTC
SURE-PREP ALCOHOL PREP PADS	P	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	P	RX/OTC
TRUE COMFORT PRO ALCOHOLPREP PADS	P	RX/OTC
ULTICARE ALCOHOL SWABS	P	RX/OTC
ULTILET ALCOHOL SWABS	P	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY	P	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	P	RX/OTC
ZEVRX STERILE ALCOHOL PREP PADS	P	RX/OTC
Parenteral Therapy Supplies		
12ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
12ML SYRINGE/21G X 1"/LUER LOCK TIP	P	RX/OTC
12ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
1ML VANISHPOINT TUBERCULIN SYRINGE 25GX1" MISC	P	
1ST TIER UNIFINE PENTIPS/MINI/31GX5 MM	NP	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM	NP	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM	NP	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM	NP	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM	NP	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM	NP	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS33GX4MM	NP	
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	NP	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	NP	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	NP	
1ST TIER UNIFINE PENTIPSPLUS/MINI/31 GX5MM	NP	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGIN AL/29GX12MM	NP	QL(5 ea daily);RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	NP	QL(5 ea daily);RX/OTC
3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
3ML LUER LOCK SAFETY SYRINGES/3ML/21G X 1 1/2"	P	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1"	P	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/23G X 1"	P	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 1"	P	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 5/8"	P	RX/OTC
3ML LUER-LOK SYRINGE25G X 5/8"	P	RX/OTC
3ML SYRINGE/18G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
3ML SYRINGE/20G X 1"/LUER LOCK TIP	P	RX/OTC
3ML SYRINGE/20G X 1"/LUER SLIP TIP	P	RX/OTC
3ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
3ML SYRINGE/21G X 1"/LUER LOCK TIP	P	RX/OTC
3ML SYRINGE/21G X 1"/LUER SLIP TIP	P	RX/OTC
3ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
3ML SYRINGE/22G 1-1/2"/LUER LOCK TIP	P	RX/OTC
3ML SYRINGE/22G X 1"/LUER LOCK TIP	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
3ML SYRINGE/22G X 3/4"/LUER LOCK TIP	P	
3ML SYRINGE/22G X 3/4"/LUER SLIP TIP	P	
3ML SYRINGE/25G X 1"/LUER LOCK TIP	P	RX/OTC
3ML SYRINGE/27G X 1-1/4"/LUER LOCK TIP	P	RX/OTC
3ML SYRINGE/LUER LOCK TIP23GX1"	P	RX/OTC
3ML SYRINGE/LUER LOCK TIP25G X 1-1/2"	P	
3ML SYRINGE/LUER SLIP TIP23GX1"	P	RX/OTC
6ML SYRINGE/21G X 1"/LUER LOCK TIP	P	RX/OTC
6ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
6ML SYRINGE/22G X 1-1/2"/LUER LOCK TIP	P	RX/OTC
ABOUTTIME PEN NEEDLE 32GX 5/32"	NP	QL(5 ea daily);RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16"	NP	QL(5 ea daily)
ABOUTTIME PEN NEEDLES 31G X 3/16"	NP	QL(5 ea daily);RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16"	NP	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN PEN NEEDLES	NP	
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	NP	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM	NP	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	NP	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	NP	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	NP	QL(5 ea daily);RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	NP	
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	NP	QL(5 ea daily)
ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16"	NP	
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	NP	QL(5 ea daily)
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	NP	QL(5 ea daily);RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX4MM	NP	QL(5 ea daily);RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX5MM	NP	QL(5 ea daily);RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX6MM	NP	QL(5 ea daily)
AUM MINI INSULIN PEN NEEDLE/32GX8MM	NP	
AUM MINI INSULIN PEN NEEDLE/33GX4MM	NP	
AUM MINI INSULIN PEN NEEDLE/33GX5MM	NP	
AUM MINI INSULIN PEN NEEDLE/33GX6MM	NP	
AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC	NP	QL(5 ea daily);RX/OTC
AUM SAFETY PEN NEEDLE/31G X 4MM	NP	
AUM SAFETY PEN NEEDLE/31G X 5MM	NP	QL(5 ea daily);RX/OTC
AURORA PEN NEEDLES 29GX12MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AURORA PEN NEEDLES 31G X6MM	NP	QL(5 ea daily);RX/OTC
AURORA PEN NEEDLES 31G X8MM	NP	QL(5 ea daily);RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32"	NP	QL(5 ea daily);RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	NP	QL(5 ea daily);RX/OTC
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
BD 10ML LUER-LOK SYRINGE20G X 1-1/2"	P	
BD 10ML LUER-LOK SYRINGE21G X 1"	P	
BD 10ML LUER-LOK SYRINGE21G X 1-1/2"	P	
BD 10ML LUER-LOK SYRINGE22GX1"	P	
BD 1ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25G X 5/8"	P	RX/OTC
BD 3ML LUER-LOK SYRINGE 18G X 1 1/2"	P	RX/OTC
BD 3ML LUER-LOK SYRINGE/20G X 1"	P	RX/OTC
BD 3ML LUER-LOK SYRINGE/21G X 1"	P	RX/OTC
BD 3ML LUER-LOK SYRINGE/21G X 1-1/2"	P	RX/OTC
BD 3ML LUER-LOK SYRINGE/23G X 1"	P	RX/OTC
BD 3ML LUER-LOK SYRINGE/23G X 1-1/2"	P	RX/OTC
BD 3ML LUER-LOK SYRINGE/25G X 1"	P	RX/OTC
BD 3ML LUER-LOK SYRINGE/26G X 5/8"	P	

Drug Name	Drug Tier	Requirements/Limits
BD 3ML SYRINGE LUER-LOK 21GX1-1/2"	P	RX/OTC
BD 3ML SYRINGE LUER-LOK 22GX1"	P	RX/OTC
BD 3ML SYRINGE LUER-LOK 22GX1-1/2"	P	RX/OTC
BD 3ML SYRINGE LUER-LOK 23GX1"	P	RX/OTC
BD 3ML SYRINGE LUER-LOK 25GX1-1/2"	P	
BD 3ML SYRINGE LUER-LOK 25GX5/8"	P	RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2"	P	RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1"	P	RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8"	P	RX/OTC
BD 5ML LUER-LOK SYRINGE/20G X 1"	P	
BD 5ML LUER-LOK SYRINGE/20G X 1-1/2"	P	
BD 5ML LUER-LOK SYRINGE/21G X 1"	P	
BD 5ML LUER-LOK SYRINGE/21G X 1-1/2"	P	
BD 5ML LUER-LOK SYRINGE/22G X 1"	P	
BD 5ML LUER-LOK SYRINGE/22G X 1-1/2"	P	
BD AUTOSHIELD 29G X 3/16"	NP	
BD AUTOSHIELD 29G X 5/16"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BD AUTOSHIELD DUO 30G X 5MM	NP	
BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1"	P	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/22G X 1"	P	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/23G X 1"	P	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/25G X 5/8"	P	RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	NP	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	NP	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML	NP	QL(5 ea daily);RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE/1ML/29G X 12.7MM	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	NP	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	NP	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	NP	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	NP	QL(5 ea daily);RX/OTC
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	NP	
BD INTEGRA SYRINGE/3ML 25GX1"	P	RX/OTC
BD INTEGRA SYRINGE/3ML/21G X 1-1/2"	P	RX/OTC
BD INTEGRA SYRINGE/3ML/22G X 1.5"	P	RX/OTC
BD INTEGRA SYRINGE/3ML/23G X 1"	P	RX/OTC
BD INTEGRA SYRINGE/3ML/25G X 5/8	P	RX/OTC
BD LUER LOCK SYRINGE/1ML/20G X 1"	P	

Drug Name	Drug Tier	Requirements/Limits
BD LUER-LOK SYRINGE W/ECLIPSE NEEDLE	P	RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	NP	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	NP	QL(5 ea daily);RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	NP	QL(5 ea daily);RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	NP	QL(5 ea daily);RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	NP	QL(5 ea daily);RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	NP	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	NP	QL(5 ea daily);RX/OTC
BD PLASTIPAK SYRINGE/3ML/21G X 1"/LUER-LOK	P	RX/OTC
BD SAFETYGLIDE 1ML 27GX5/8"	P	
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	NP	
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
BD SAFETYGLIDE SYRINGE 5ML/22GX1.5"	P	
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
BD SLIP TIP SYRINGE/NEEDLE/1ML/26G X 5/8"	P	
BD SYRINGE 10ML/20G X 1"	P	
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	NP	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	NP	

Drug Name	Drug Tier	Requirements/Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	NP	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	NP	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	NP	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	NP	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	NP	
CAREFINE PEN NEEDLE 32GX4MM	NP	QL(5 ea daily);RX/OTC
CAREFINE PEN NEEDLES 29GX1/2"	NP	QL(5 ea daily);RX/OTC
CAREFINE PEN NEEDLES 30GX5/16"	NP	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX6MM	NP	QL(5 ea daily);RX/OTC
CAREFINE PEN NEEDLES 31GX8MM	NP	QL(5 ea daily);RX/OTC
CAREFINE PEN NEEDLES 32GX5MM	NP	QL(5 ea daily);RX/OTC
CAREFINE PEN NEEDLES 32GX6MM	NP	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	NP	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS 29GX12MM	NP	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM	NP	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM	NP	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM	NP	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	NP	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	NP	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	NP	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	NP	QL(5 ea daily);RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	NP	
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/23G X 1"	P	
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/25G X 1"	P	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/23G X 1"	P	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 1"	P	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 5/8"	P	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1"	P	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1-1/2"	P	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1"	P	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1-1/2"	P	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1-1/2"	P	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/25GX1"	P	RX/OTC
CARETOUCH INSULIN SYRINGE/0.3ML/31GX 5/16"	NP	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/31GX 5/16"	NP	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	NP	QL(5 ea daily);RX/OTC
CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16"	NP	
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16"	NP	
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
CARETOUCH LUER LOCK 3ML/22GX1"	P	RX/OTC
CARETOUCH LUER LOCK 3ML/22GX1-1/2"	P	RX/OTC
CARETOUCH LUER LOCK 3ML/23GX1"	P	RX/OTC
CARETOUCH LUER LOCK 3ML/23GX1-1/2'	P	RX/OTC
CARETOUCH LUER LOCK 3ML/25GX1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH LUER LOCK 3ML/25GX1-1/2"	P	
CARETOUCH LUER LOCK 3ML/25GX5/8"	P	RX/OTC
CARETOUCH PEN NEEDLE 29GX1/2"	NP	QL(5 ea daily);RX/OTC
CARETOUCH PEN NEEDLE 33GX5/32"	NP	
CARETOUCH PEN NEEDLES 31G X 6 MM	NP	QL(5 ea daily);RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM	NP	QL(5 ea daily);RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM	NP	QL(5 ea daily);RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM	NP	QL(5 ea daily);RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	NP	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	NP	QL(5 ea daily);RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	NP	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	NP	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM	NP	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM	NP	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM	NP	

Drug Name	Drug Tier	Requirements/Limits
CLICKFINE PEN NEEDLE 32GX5/32"	NP	QL(5 ea daily);RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	NP	QL(5 ea daily);RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	NP	QL(5 ea daily);RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4"	NP	QL(5 ea daily);RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16"	NP	QL(5 ea daily);RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16"	NP	QL(5 ea daily);RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily);RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32"	NP	QL(5 ea daily);RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily);RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
COMFORT EZ MICRO/32G X 4MM	NP	QL(5 ea daily);RX/OTC
COMFORT EZ SHORT/31G X 8MM	NP	QL(5 ea daily);RX/OTC
COMFORT EZ/31G X 5MM	NP	QL(5 ea daily);RX/OTC
COMFORT EZ/31G X 6MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NEEDLES/31G X 4MM	NP	
COMFORT TOUCH PEN NEEDLES/31G X 5MM	NP	QL(5 ea daily);RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 6 MM	NP	QL(5 ea daily);RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 8 MM	NP	QL(5 ea daily);RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 4MM	NP	QL(5 ea daily);RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 5MM	NP	QL(5 ea daily);RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 6MM	NP	QL(5 ea daily)
COMFORT TOUCH PEN NEEDLES/32G X 8MM	NP	
COMFORT TOUCH PEN NEEDLES/33G X 5/32"	NP	
COMFORT TOUCH PEN NEEDLES/33GX 3/16"	NP	
COMFORT TOUCH PEN NEEDLES/33GX1/4"	NP	
DIALYSIS SAFETY SYRINGES/LOW DEAD SPACE 3ML/22GX1-1/2"	P	RX/OTC
DIATHRIVE PEN NEEDLE/31 G X 6MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DIATHRIVE PEN NEEDLE/31 GX 8MM	NP	QL(5 ea daily);RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM	NP	QL(5 ea daily);RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM	NP	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	NP	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64"	NP	
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	NP	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	NP	
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"	NP	
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	NP	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	NP	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	NP	
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
DROPLET MICRON 34G X 9/64"	NP	
DROPLET PEN NEEDLES 29G X1/2"	NP	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 29GX10MM	NP	
DROPLET PEN NEEDLES 29GX12MM	NP	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 30G X 5/16"	NP	QL(5 ea daily)
DROPLET PEN NEEDLES 31G X3/16"	NP	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 31G X5/16"	NP	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 31GX5MM	NP	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 31GX6MM	NP	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 31GX8MM	NP	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 32G X 1/4"	NP	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLES 32G X 5/16"	NP	
DROPLET PEN NEEDLES 32G X 5/32"	NP	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 32GX4MM	NP	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 32GX5MM	NP	QL(5 ea daily);RX/OTC
DROPLET PEN NEEDLES 32GX6MM	NP	QL(5 ea daily)
DROPLET PEN NEEDLES 32GX8MM	NP	
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	NP	QL(5 ea daily);RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily);RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM	NP	QL(5 ea daily);RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM	NP	QL(5 ea daily);RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM	NP	QL(5 ea daily);RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM	NP	QL(5 ea daily);RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM	NP	QL(5 ea daily);RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	NP	QL(5 ea daily);RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	NP	
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
EASY COMFORT INSULIN SYRINGES/0.5ML/32G X5/16"	NP	
EASY COMFORT PEN NEEDLES31GX1/4"	NP	QL(5 ea daily);RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16"	NP	QL(5 ea daily);RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16"	NP	QL(5 ea daily);RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32"	NP	QL(5 ea daily);RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM	NP	
EASY COMFORT PEN NEEDLES33G X 5MM	NP	

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT PEN NEEDLES33G X 6MM	NP	
EASY GLIDE PEN NEEDLES 33G X 5/32"	NP	
EASY TOUCH 32GX5MM	NP	QL(5 ea daily);RX/OTC
EASY TOUCH 32GX6MM	NP	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETTY SYRINGES 3ML/18GX1-1/2"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH FLIPLOCK SAFETY SRYINGE 5ML/22GX1-1/2"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/21GX1"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/22GX1-1/2"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/25GX1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/26GX3/8"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/27GX1/2"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 21G/10ML1-1/2"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/21GX1"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1-1/2"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1-1/2"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX1"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX5/8"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/20GX1-1/2"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1-1/2"	P	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1-1/2"	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1-1/2"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/21GX1-1/2"	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 5ML/20GX1"	P	
EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX1"	P	RX/OTC
EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX5/8"	P	RX/OTC
EASY TOUCH FLURINGE FLU TRAY SYRINGE/1ML/25G X 1"	P	RX/OTC
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX5/8"	P	RX/OTC
EASY TOUCH FLURINGE SYRINGE/1ML/25G X 1"	P	RX/OTC
EASY TOUCH FLURINGE SYRINGE/1ML/25G X 5/8"	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	NP	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH PEN NEEDLE 30G X 5/16"	NP	QL(5 ea daily)
EASY TOUCH PEN NEEDLE/30G X 3/16"	NP	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLES 29GX1/2"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4"	NP	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 32GX3/16"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM	NP	
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	NP	QL(5 ea daily)
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	NP	
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	NP	QL(5 ea daily)
EASY TOUCH SAFETY SYRINGE/1ML/25G X 1"	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/1ML/25G X 5/8"	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/20G X 1"	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/21G X 1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1"	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1-1/2"	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/23G X 1"	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/25G X 1"	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/25G X 5/8"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	NP	QL(5 ea daily);RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/21GX1-1/2"	P	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/22GX1-1/2"	P	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1-1/2"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1-1/2"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/23GX1"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX1"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX5/8"	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/21GX1-1/2"	P	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/22GX1-1/2"	P	
EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/26GX5/8"	P	
EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1-1/2"	P	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/23 G X 1"	P	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/25G X 1"	P	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/25G X 5/8"	P	RX/OTC
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	NP	
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	NP	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	NP	QL(5 ea daily);RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	NP	QL(5 ea daily);RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM	NP	QL(5 ea daily);RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM	NP	QL(5 ea daily);RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM	NP	QL(5 ea daily);RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM	NP	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
FLOW-EZE VENTED NEEDLE	P	
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	QL(5 ea daily);RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	NP	QL(5 ea daily);RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	NP	QL(5 ea daily);RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	NP	QL(5 ea daily);RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	NP	QL(5 ea daily);RX/OTC
GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM	NP	QL(5 ea daily);RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	NP	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	NP	
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	NP	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily);RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/0.3ML/30G X5/16"	NP	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1/2ML/29G X1/2"	NP	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2"	NP	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16"	NP	QL(5 ea daily)
GNP ULTICARE PEN NEEDLES/31GX5/16"	NP	QL(5 ea daily);RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GNP ULTICARE PEN NEEDLES/32GX1/4"	NP	QL(5 ea daily)
GNP ULTICARE PEN NEEDLES31G X 5MM	NP	QL(5 ea daily);RX/OTC
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	NP	QL(5 ea daily);RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	NP	QL(5 ea daily);RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	NP	QL(5 ea daily)
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	NP	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT	NP	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	NP	QL(5 ea daily);RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	NP	QL(5 ea daily);RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	NP	QL(5 ea daily)
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	NP	QL(5 ea daily);RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	NP	QL(5 ea daily);RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE PEN NEEDLES 29GX12MM	NP	QL(5 ea daily);RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	NP	QL(5 ea daily);RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily);RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	QL(5 ea daily);RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	NP	QL(5 ea daily);RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	NP	QL(5 ea daily);RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	NP	QL(5 ea daily);RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	NP	QL(5 ea daily);RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	NP	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	NP	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	NP	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	NP	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX 4MM	NP	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	NP	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	NP	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	NP	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	NP	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	NP	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	NP	QL(5 ea daily);RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	NP	
H-E-B INCONTROL PEN NEEDLES 29GX12MM	NP	QL(5 ea daily);RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HM ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	QL(5 ea daily);RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	NP	QL(5 ea daily);RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	NP	QL(5 ea daily);RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE 1ML/31G X1/4"	NP	
INSULIN SYRINGE/0.3ML/29G X 1"	NP	
INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	NP	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	NP	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" 0	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGES 0.3ML/31G X 1/4"	NP	
INSULIN SYRINGES 0.5ML/31G X 1/4"	NP	
INSULIN SYRINGES/0.5ML/27G X1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/28G X1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/29G X1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/30G X5/16"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31G X5/16"	NP	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX/1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/1ML/27GX1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES/1ML/28GX1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/1ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/1ML/30GX1/2"	NP	QL(5 ea daily);RX/OTC
INSULIN SYRINGES/1ML/31GX5/16"	NP	QL(5 ea daily);RX/OTC
INSUPEN 29G X 12MM	NP	QL(5 ea daily);RX/OTC
INSUPEN 31G X 5MM	NP	QL(5 ea daily);RX/OTC
INSUPEN 31G X 8MM	NP	QL(5 ea daily);RX/OTC
INSUPEN 32G X 4MM	NP	QL(5 ea daily);RX/OTC
INSUPEN 33GX4MM	NP	
INSUPEN PEN NEEDLES 32G X4MM	NP	QL(5 ea daily);RX/OTC
INSUPEN SENSITIVE 32GX6MM	NP	QL(5 ea daily)
INSUPEN SENSITIVE 32GX8MM	NP	
INSUPEN ULTRAFIN 30GX8MM	NP	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX6MM	NP	QL(5 ea daily);RX/OTC
INSUPEN ULTRAFIN 31GX8MM	NP	QL(5 ea daily);RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	NP	
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	NP	QL(5 ea daily)
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	NP	QL(5 ea daily)
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	NP	QL(5 ea daily);RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	NP	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
KROGER PEN NEEDLES 29G X12MM	NP	QL(5 ea daily);RX/OTC
KROGER PEN NEEDLES 31G X8MM	NP	QL(5 ea daily);RX/OTC
KROGER PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily);RX/OTC
KROGER PEN NEEDLES/31G X1/4"	NP	QL(5 ea daily);RX/OTC
KROGER PEN NEEDLES/31G X3/16"	NP	QL(5 ea daily);RX/OTC
KROGER PEN NEEDLES/31G X5/16"	NP	QL(5 ea daily);RX/OTC
KROGER PEN NEEDLES/32G X5/32"	NP	QL(5 ea daily);RX/OTC
KROGER PEN NEEDLES/33G X5/32"	NP	
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	NP	QL(5 ea daily);RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	NP	QL(5 ea daily);RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16"	NP	QL(5 ea daily);RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX 5/32"	NP	QL(5 ea daily);RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	NP	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
LITETOUCH PEN NEEDLES 29GX12.7MM	NP	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily);RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	NP	QL(5 ea daily);RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT	NP	QL(5 ea daily);RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily);RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI	NP	QL(5 ea daily);RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	NP	QL(5 ea daily);RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
MAGELLAN SYRINGE/HYPODERMIC SAFETY NEEDLE/1ML/23G X 1"	P	
MARATHON MEDICAL PENTIPS29GX12MM	NP	QL(5 ea daily);RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM	NP	QL(5 ea daily);RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM	NP	QL(5 ea daily);RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM	NP	QL(5 ea daily);RX/OTC
MAXICOMFORT II PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily);RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	NP	QL(5 ea daily);RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	NP	QL(5 ea daily);RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" 0	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	NP	
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	NP	QL(5 ea daily)
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	NP	QL(5 ea daily);RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily);RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily);RX/OTC
MEIJER PEN NEEDLES 29G X12MM	NP	QL(5 ea daily);RX/OTC
MEIJER PEN NEEDLES 31G X6MM	NP	QL(5 ea daily);RX/OTC
MEIJER PEN NEEDLES 31G X8MM	NP	QL(5 ea daily);RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM	NP	QL(5 ea daily);RX/OTC
MICRODOT PEN NEEDLE/32G X 4 MM	NP	QL(5 ea daily);RX/OTC
MICRODOT PEN NEEDLE/33G X 4 MM	NP	
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	NP	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
MM PEN NEEDLES 31G X 1/4"	NP	QL(5 ea daily);RX/OTC
MM PEN NEEDLES 31G X 1/4"	P	QL(5 ea daily);RX/OTC
MM PEN NEEDLES 31G X 3/16"	P	QL(5 ea daily);RX/OTC
MM PEN NEEDLES 31G X 3/16"	NP	QL(5 ea daily);RX/OTC
MM PEN NEEDLES 31G X 5/16"	P	QL(5 ea daily);RX/OTC
MM PEN NEEDLES 31G X 5/16"	NP	QL(5 ea daily);RX/OTC
MM PEN NEEDLES 32G X 5/32"	NP	QL(5 ea daily);RX/OTC
MM PEN NEEDLES 32G X 5/32"	P	QL(5 ea daily);RX/OTC
MONOJECT 3ML SYRINGE/STANDARD HYPODERMIC NEEDLE/21GX1-1/2"	P	RX/OTC
MONOJECT INSULIN SYRINGE/1ML	NP	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	NP	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	NP	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	NP	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML	NP	QL(5 ea daily);RX/OTC
MONOJECT LIFESHIELD BLUNTCANNULA/LUER LOCK SYR/3ML/18G X 1"	P	RX/OTC
MONOJECT LIFESHIELD SYRINGE/12ML/18GX 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/18G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/20G X 1-1/2"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/21G X 1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/21G X 1-1/2"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/23G X 1"	P	
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 5/8"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1-1/2"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1-1/2"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1-1/2"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/23G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 5/8"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/20G X 1-1/2"	P	
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1-1/2"	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/22G X 1-1/2"	P	RX/OTC
MONOJECT MEDICATION TRANSFER NEEDLE/20GX1"	P	

Drug Name	Drug Tier	Requirements/Limits
MONOJECT SYRINGE/12ML/18GX 1"	P	RX/OTC
MONOJECT SYRINGE/12ML/20GX 1-1/2"	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1"	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1-1/2"	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 3/4"	P	
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1"	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/23G X 1"	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 1"	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 5/8"	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/27G X 1-1/4"	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/6ML/20G X 1-1/2"	P	

Drug Name	Drug Tier	Requirements/Limits
MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1"	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1-1/2"	P	RX/OTC
MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1"	P	RX/OTC
MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1-1/2"	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/20GX1"	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/20GX1-1/2"	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/21GX1"	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/22GX1"	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/22GX1-1/2"	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/23GX1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/25GX1"	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/25GX1-1/4"	P	
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/25GX5/8"	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/27GX1-1/4"	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/6ML/20GX1-1/2"	P	
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/6ML/21G X1"	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/6ML/21GX1-1/2"	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/6ML/22GX1-1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	NP	QL(5 ea daily)
NOVOFINE PEN NEEDLE 32G X 6MM	NP	QL(5 ea daily)
NOVOFINE PLUS PEN NEEDLE32G X 4MM	NP	QL(5 ea daily);RX/OTC
NOVOTWIST PEN NEEDLE 32GX 5MM	NP	QL(5 ea daily);RX/OTC
PC UNIFINE PENTIPS 29G X1/2"	NP	QL(5 ea daily);RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI	NP	QL(5 ea daily);RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	NP	QL(5 ea daily);RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES 29G X 12MM	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES 29GX12MM	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES 30GX5/16"	NP	QL(5 ea daily)
PEN NEEDLES 30GX5MM	NP	
PEN NEEDLES 30GX8MM	NP	QL(5 ea daily)
PEN NEEDLES 31G X 3/16"	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES 31G X 5MM	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES 31GX6MM (1/4")	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES 31GX8MM	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES 31GX8MM (5/16")	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES 32G X 5MM	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES 32G X 6MM	NP	QL(5 ea daily)
PEN NEEDLES 32GX4MM	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES 33G X 5/32"	NP	
PEN NEEDLES/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES/31G X 6MM	NP	QL(5 ea daily);RX/OTC
PEN NEEDLES/32G X 5/32"	NP	QL(5 ea daily);RX/OTC
PENTIPS 29G X 12MM	NP	QL(5 ea daily);RX/OTC
PENTIPS 29GX12MM	NP	QL(5 ea daily);RX/OTC
PENTIPS 31G X 5MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PENTIPS 31G X 8MM	NP	QL(5 ea daily);RX/OTC
PENTIPS 31GX5MM	NP	QL(5 ea daily);RX/OTC
PENTIPS 31GX6MM	NP	QL(5 ea daily);RX/OTC
PENTIPS 31GX8MM	NP	QL(5 ea daily);RX/OTC
PENTIPS 32G X 4MM	NP	QL(5 ea daily);RX/OTC
PENTIPS 32GX4MM	NP	QL(5 ea daily);RX/OTC
PENTIPS 32GX6MM	NP	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8"	NP	
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	NP	QL(5 ea daily);RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	NP	QL(5 ea daily);RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	NP	QL(5 ea daily);RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	NP	QL(5 ea daily);RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily);RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily);RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily);RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily);RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
PRO COMFORT PEN NEEDLES/31G X 8MM	NP	QL(5 ea daily);RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM	NP	QL(5 ea daily);RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM	NP	QL(5 ea daily);RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM	NP	QL(5 ea daily)
PRODIGY INSULIN SYRING/U-100/0.3ML/ 31G X 5/16"	NP	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	NP	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM	NP	QL(5 ea daily)
PURE COMFORT PEN NEEDLE 32G X8MM	NP	
PURE COMFORT PEN NEEDLE/32G X 5MM	NP	QL(5 ea daily);RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM	NP	QL(5 ea daily);RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM	NP	QL(5 ea daily);RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PX PEN NEEDLE 29GX12MM	NP	QL(5 ea daily);RX/OTC
PX PEN NEEDLE 31GX8MM	NP	QL(5 ea daily);RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM	NP	QL(5 ea daily);RX/OTC
QC PEN NEEDLES 29G X 12MM	NP	QL(5 ea daily);RX/OTC
QC PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily);RX/OTC
QC PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily);RX/OTC
QC UNIFINE PENTIPS 32GX4MM	NP	QL(5 ea daily);RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
RA PEN NEEDLES 31G X 5MM3/16"	NP	QL(5 ea daily);RX/OTC
RA PEN NEEDLES 31G X 8MM5/16"	NP	QL(5 ea daily);RX/OTC
RAYA SURE PEN NEEDLE 29GX 12MM	NP	QL(5 ea daily);RX/OTC
RAYA SURE PEN NEEDLE 31GX 4MM	NP	
RAYA SURE PEN NEEDLE 31GX 5MM	NP	QL(5 ea daily);RX/OTC
RAYA SURE PEN NEEDLE 31GX 6MM	NP	QL(5 ea daily);RX/OTC
RAYA SURE PEN NEEDLE 31GX 8MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	NP	
RELION INSULIN SYRINGE 1ML/31GX15/64"	NP	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	NP	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
RELION MINI PEN NEEDLES 31GX6MM	NP	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 29GX12MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
RELION PEN NEEDLES 31G X6MM	NP	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 31G X8MM	NP	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 31GX6MM	NP	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 31GX8MM	NP	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 32G X4MM	NP	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 32G X5/32"	NP	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES 32GX4MM	NP	QL(5 ea daily);RX/OTC
RELION PEN NEEDLES/31G X1/4"	NP	QL(5 ea daily);RX/OTC
RELION SHORT PEN NEEDLES31GX8MM	NP	QL(5 ea daily);RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	NP	QL(5 ea daily);RX/OTC
SAFETY PEN NEEDLES/30G X3/16"	NP	
SAFETY PEN NEEDLES/30G X5/16"	NP	QL(5 ea daily)
SAFETY SYRINGES/NEEDLE 10ML/20GX1-1/2"	P	

Drug Name	Drug Tier	Requirements/Limits
SAFETY SYRINGES/NEEDLE 10ML/22GX1-1/2"	P	
SAFETY SYRINGES/NEEDLE 1ML/25GX5/8"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 1ML/27GX1/2"	P	
SAFETY SYRINGES/NEEDLE 3ML/20GX1"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/20GX1-1/2"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/21GX1"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/21GX1-1/2"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/22GX1"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/22GX1-1/2"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/23GX1"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/25GX5/8"	P	RX/OTC
SAFETY SYRINGES/NEEDLE 5ML/20GX1-1/2"	P	
SAFETY SYRINGES/NEEDLE 5ML/21GX1-1/2"	P	

Drug Name	Drug Tier	Requirements/Limits
SAFETY SYRINGES/NEEDLE 5ML/22GX1-1/2"	P	
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	NP	QL(5 ea daily)
SECURESAFE SYRINGE/NEEDLE/10ML/21G X 1-1/2"	P	
SECURESAFE SYRINGE/NEEDLE/1ML/25G X 1"	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/1ML/25G X 5/8"	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/1ML/27G X 1/2"	P	

Drug Name	Drug Tier	Requirements/Limits
SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1"	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1-1/2"	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/21G X 1"	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/21G X 1-1/2"	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/22G X 1"	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/22G X 1-1/2"	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/23G X 1"	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/25G X 5/8"	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/5ML/21G X 1-1/2"	P	
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	NP	QL(5 ea daily);RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	NP	QL(5 ea daily);RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	NP	QL(5 ea daily);RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM	NP	QL(5 ea daily);RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM	NP	QL(5 ea daily);RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM	NP	QL(5 ea daily);RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM	NP	QL(5 ea daily);RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	NP	QL(5 ea daily);RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	NP	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	NP	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	NP	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	NP	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM	NP	
SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	NP	
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	NP	QL(5 ea daily)
SURE COMFORT PEN NEEDLES30GX5/16" SHORT	NP	QL(5 ea daily)
SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	NP	QL(5 ea daily);RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	NP	QL(5 ea daily);RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32"	NP	QL(5 ea daily);RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM	NP	QL(5 ea daily)
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SURE-FINE PEN NEEDLES 31GX3/16" 5MM	NP	QL(5 ea daily);RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM	NP	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SYRINGE/HYPODERMIC SAFETY12ML 18GX1"	P	RX/OTC
SYRINGE/LUER LOCK/10ML/21G X 1"	P	
SYRINGE/LUER LOCK/3ML/20G X 1"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/20G X 1-1/2"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/20GX1-1/2"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/21G X 1"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/21G X 1-1/2"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/21GX1"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/21GX1-1/2"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/22G X 1"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/22GX1"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/22GX1-1/2"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/23G X 1"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/23G X 1-1/2"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/23GX1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SYRINGE/LUER LOCK/3ML/25G X 1"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 1-1/2"	P	
SYRINGE/LUER LOCK/3ML/25G X 5/8"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/25GX1"	P	RX/OTC
SYRINGE/LUER LOCK/3ML/25GX5/8"	P	RX/OTC
SYRINGE/LUER LOCK/5ML/20G X 1-1/2"	P	
SYRINGE/LUER SLIP/1ML/25G X 5/8"	P	RX/OTC
SYRINGE/LUER SLIP/1ML/26G X 3/8"	P	
SYRINGE/LUER SLIP/1ML/27G X 1/2"	P	
SYRINGES/LUER LOCK/10ML/20GX1"	P	
SYRINGES/LUER LOCK/10ML/20GX1-1/2"	P	
SYRINGES/LUER LOCK/10ML/21G X 1"	P	
SYRINGES/LUER LOCK/10ML/22GX1"	P	
SYRINGES/LUER LOCK/10ML/22GX1-1/2"	P	
SYRINGES/LUER LOCK/1ML/20GX1"	P	RX/OTC
SYRINGES/LUER LOCK/5ML/20GX1"	P	
SYRINGES/LUER LOCK/5ML/20GX1-1/2"	P	

Drug Name	Drug Tier	Requirements/Limits
SYRINGES/LUER LOCK/5ML/21GX1"	P	
SYRINGES/LUER LOCK/5ML/21GX1-1/2"	P	
SYRINGES/LUER LOCK/5ML/22GX1-1/2"	P	
SYRINGES/LUER SLIP/1ML/25GX5/8"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	NP	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	NP	
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	NP	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
TECHLITE PEN NEEDLES 29GX 10MM	NP	
TECHLITE PEN NEEDLES 29GX 12 MM	NP	QL(5 ea daily);RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM	NP	QL(5 ea daily);RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM	NP	QL(5 ea daily);RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM	NP	QL(5 ea daily);RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM	NP	QL(5 ea daily);RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM	NP	QL(5 ea daily);RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM	NP	QL(5 ea daily)
TECHLITE PEN NEEDLES/32GX 8MM	NP	
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	NP	QL(5 ea daily);RX/OTC
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	NP	QL(5 ea daily);RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4"	NP	QL(5 ea daily);RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"	NP	QL(5 ea daily);RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
TRUE COMFORT PEN NEEDLES31G X 5MM	NP	QL(5 ea daily);RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM	NP	QL(5 ea daily);RX/OTC
TRUE COMFORT PEN NEEDLES32G X 4MM	NP	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"	NP	
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16"	NP	
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	NP	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	NP	QL(5 ea daily);RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	NP	QL(5 ea daily)
TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	NP	
TRUE COMFORT PRO PEN NEEDLES 33G X 5MM	NP	
TRUE COMFORT PRO PEN NEEDLES 33G X 6MM	NP	
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	P	QL(5 ea daily)
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	P	QL(5 ea daily);RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	P	QL(5 ea daily);RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	P	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	P	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	P	QL(5 ea daily);RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	P	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS PEN NEEDLES 29GX12MM	P	QL(5 ea daily);RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM	P	QL(5 ea daily);RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM	P	QL(5 ea daily);RX/OTC
TRUEPLUS PEN NEEDLES 31GX8MM	P	QL(5 ea daily);RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM	P	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTICARE MICRO PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily);RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily);RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily);RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM	NP	QL(5 ea daily);RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32"	NP	QL(5 ea daily);RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM	NP	QL(5 ea daily);RX/OTC
ULTICARE MINI PEN NEEDLES ULTI-FINE IV	NP	QL(5 ea daily);RX/OTC
ULTICARE MINI PEN NEEDLES/31G X 6MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTICARE MINI PEN NEEDLES/32G X 1/4"	NP	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES31GX6MM	NP	QL(5 ea daily);RX/OTC
ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16"	NP	
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	NP	QL(5 ea daily)
ULTICARE PEN NEEDLES 31GX 5MM/MINI	NP	QL(5 ea daily);RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM	NP	QL(5 ea daily)
ULTICARE SAFETY SYRINGE/LOW DEAD SPACE/1.5ML/22GX1-1/2"	P	
ULTICARE SHORT PEN NEEDLES 31GX8MM	NP	QL(5 ea daily);RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	NP	QL(5 ea daily);RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM	NP	QL(5 ea daily);RX/OTC
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	NP	QL(5 ea daily)
ULTICARE SYRINGE/LOW DEADSPACE/1.5ML/22G X1-1/2"	P	
ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTICARE TUBERCULIN SAFETSYRINGES/1ML/27G X 5/8"	P	
ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 1" MISC	P	
ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 1/2"	P	
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	NP	
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4"	NP	
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	NP	
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	NP	
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	NP	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	NP	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	NP	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	NP	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	NP	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	NP	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	NP	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	NP	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	NP	QL(5 ea daily);RX/OTC
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	NP	QL(5 ea daily)
ULTILET INSULIN SYRINGE 31X6MM 0	NP	RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM	NP	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM	NP	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM	NP	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM	NP	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM	NP	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM	NP	

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
ULTILET PEN NEEDLE 29GX12.7MM	NP	QL(5 ea daily)
ULTILET PEN NEEDLE 31GX5MM	NP	QL(5 ea daily);RX/OTC
ULTILET PEN NEEDLE 31GX8MM	NP	QL(5 ea daily);RX/OTC
ULTILET PEN NEEDLE 32GX4MM	NP	QL(5 ea daily);RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT	NP	QL(5 ea daily);RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16"	NP	QL(5 ea daily);RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16"	NP	QL(5 ea daily);RX/OTC
ULTILET U-100 INSULIN SYRINGES/1ML/31G X 6MM	NP	
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	NP	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	NP	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	NP	
ULTRA FLO INSULIN PEN NEEDLES	NP	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN PEN NEELE 31GX8MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	NP	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	NP	QL(5 ea daily);RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTRACARE PEN NEEDLES/31G X 1/4"	NP	QL(5 ea daily);RX/OTC
ULTRACARE PEN NEEDLES/31G X 3/16"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLES/31G X 5/16"	NP	QL(5 ea daily);RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14"	NP	QL(5 ea daily)
ULTRACARE PEN NEEDLES/32G X 3/16"	NP	QL(5 ea daily);RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32"	NP	QL(5 ea daily);RX/OTC
ULTRACARE PEN NEEDLES/33G X 5/32"	NP	
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	NP	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	NP	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	NP	QL(5 ea daily);RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	NP	QL(5 ea daily);RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	NP	QL(5 ea daily);RX/OTC
ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16"	NP	QL(5 ea daily);RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2"	NP	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31G X5/16"	NP	QL(5 ea daily);RX/OTC
UNIFINE PEN NEEDLE/32G X4MM	NP	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 29GX12MM	NP	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 31G X 3/16"	NP	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 31GX5MM	NP	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 31GX6MM	NP	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 31GX8MM	NP	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 32GX4MM	NP	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS 32GX6MM	NP	QL(5 ea daily)
UNIFINE PENTIPS 33GX4MM	NP	
UNIFINE PENTIPS PLUS 29GX12MM	NP	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM	NP	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM	NP	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM	NP	QL(5 ea daily);RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS 33GX 5/32"	NP	
UNIFINE PENTIPS PLUS 33GX4MM	NP	
UNIFINE PENTIPS PLUS/30GX 3/16"	NP	
UNIFINE PENTIPS/30G X 3/16"	NP	
UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	NP	QL(5 ea daily);RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16"	NP	
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	NP	QL(5 ea daily)
UNIFINE ULTRA PEN NEEDLE/31GX5MM	NP	QL(5 ea daily);RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX6MM	NP	QL(5 ea daily);RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX8MM	NP	QL(5 ea daily);RX/OTC
UNIFINE ULTRA PEN NEEDLE/32GX4MM	NP	QL(5 ea daily);RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
VALUMARK PEN NEEDLES 29GX12MM	NP	QL(5 ea daily);RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM	NP	QL(5 ea daily);RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16"	NP	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	NP	
VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16"	NP	
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
VANISHPOINT SAFETY SYRINGE/10ML/20GX 1"	P	
VANISHPOINT SAFETY SYRINGE/10ML/20GX 1-1/2"	P	
VANISHPOINT SAFETY SYRINGE/10ML/21GX 1"	P	
VANISHPOINT SAFETY SYRINGE/10ML/21GX 1-1/2"	P	

Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT SAFETY SYRINGE/10ML/22GX 1"	P	
VANISHPOINT SAFETY SYRINGE/10ML/22GX 1-1/2"	P	
VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/20GX1-1/2"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/21GX1"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/21GX1-1/2"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/22GX1"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/22GX1-1/2"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/23GX1"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/23GX1-1/2"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/25GX1"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2"	P	
VANISHPOINT SAFETY SYRINGE/3ML/25GX5/8"	P	RX/OTC
VANISHPOINT SAFETY SYRINGE/5ML/20GX1"	P	
VANISHPOINT SAFETY SYRINGE/5ML/20GX1-1/2"	P	

Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT SAFETY SYRINGE/5ML/21GX1"	P	
VANISHPOINT SAFETY SYRINGE/5ML/21GX1-1/2"	P	
VANISHPOINT SAFETY SYRINGE/5ML/22GX1"	P	
VANISHPOINT SAFETY SYRINGE/5ML/22GX1-1/2"	P	
VANISHPOINT SYRINGE/10ML/21G X 1-1/2"	P	
VANISHPOINT SYRINGE/1ML/25G X 1"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1-1/2"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/21G X 1"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/21G X 1-1/2"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/22G X 1"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/22G X 1-1/2"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/23G X 1"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/23G X 1-1/2"	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT SYRINGE/3ML/25G X 1"	P	RX/OTC
VANISHPOINT SYRINGE/3ML/25G X 1-1/2"	P	
VANISHPOINT SYRINGE/3ML/25G X 5/8"	P	RX/OTC
VANISHPOINT SYRINGE/5ML/21G X 1-1/2"	P	
VIDA MIA UNIFINE PENTIPS32GX4MM	NP	QL(5 ea daily);RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	NP	QL(5 ea daily);RX/OTC
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	NP	QL(5 ea daily);RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	NP	QL(5 ea daily);RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	NP	QL(5 ea daily);RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	NP	QL(5 ea daily);RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	NP	QL(5 ea daily);RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	NP	QL(5 ea daily);RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	NP	QL(5 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	QL(5 ea daily)
ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
ZEVRX INSULIN SYRINGE/1ML/30G X 1/2"	NP	QL(5 ea daily);RX/OTC
ZEVRX INSULIN SYRINGE/1ML/30G X 5/16"	NP	QL(5 ea daily);RX/OTC
ZEVRX PEN NEEDLES 31G X 5MM	NP	QL(5 ea daily);RX/OTC
ZEVRX PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily);RX/OTC
ZEVRX PEN NEEDLES 31G X 8MM	NP	QL(5 ea daily);RX/OTC
ZEVRX PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily);RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ea per 360 days retail);RX/OTC
ACTIVITY POUCH MISC	P	QL(1 ea per 360 days retail);RX/OTC
ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
ADULT MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ADULT MASK LARGE MISC	P	QL(1 ea per 360 days retail);RX/OTC
AEROBIKA DEVI	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER MV MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	P	QL(2 ea per 360 days retail);RX/OTC
AEROTRACH PLUS MISC	P	QL(1 ea per 360 days retail);RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	P	QL(2 ea per 360 days retail);RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 days retail);RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ALL FLOW 7000 PFT FILTER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	P	QL(2 ea per 360 days retail);RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	P	QL(2 ea per 360 days retail);RX/OTC
BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ea per 360 days retail);RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 days retail);RX/OTC
BREATHE EASE/LARGE MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
BREATHE EASE/SMALL MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE W/LARGE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE W/MEDIUM MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BREATHERITE W/SMALL MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 days retail);RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 days retail);RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea per 360 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	P	QL(2 ea per 360 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	P	QL(2 ea per 360 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	P	QL(2 ea per 360 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	P	QL(2 ea per 360 days retail);RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	P	QL(2 ea per 360 days retail);RX/OTC
CO MONITOR DEVI	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 days retail);RX/OTC
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 days retail);RX/OTC
DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 days retail);RX/OTC
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 days retail);RX/OTC
DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
EASIVENT MISC	P	QL(2 ea per 360 days retail);RX/OTC
EASIVENT/MASK-LARGE MISC	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASIVENT/MASK-MEDIUM MISC	P	QL(2 ea per 360 days retail);RX/OTC
EASIVENT/MASK-SMALL MISC	P	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 days retail);RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 days retail);RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 ea per 360 days retail);RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW BLACK/ORANGE DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW BLACK/RED DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW BLACK/WHITE DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW BLACK/YELLOW DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW HEPA FILTER MISC	P	QL(1 ea per 360 days retail);RX/OTC
EASY FLOW WHITE/BLUE DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW WHITE/GREEN DEVI	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY FLOW WHITE/PINK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW WHITE/WHITE DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EASY FLOW WHITE/YELLOW DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EBASE CONTROLLER KIT MISC	P	QL(1 ea per 360 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
FILTER AIR PP MISC	P	QL(1 ea per 360 days retail);RX/OTC
FLEXICHAMBER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ea per 360 days retail);RX/OTC
FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	QL(2 ea per 360 days retail);RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	P	QL(2 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/LARGE DEVI	P	QL(2 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRA MASK/MEDIUM DEVI	P	QL(2 ea per 360 days retail);RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRA MASK/SMALL DEVI	P	QL(2 ea per 360 days retail);RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	P	QL(2 ea per 360 days retail);RX/OTC
KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
LITETOUCH MASK LARGE MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 days retail);RX/OTC
LITETOUCH MASK SMALL MISC	P	QL(1 ea per 360 days retail);RX/OTC
MICROCHAMBER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
MICROCHAMBER MISC	P	QL(2 ea per 360 days retail);RX/OTC
MICROELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 days retail);RX/OTC
MICROELITE RECHARGEABLE BATTERY MISC	P	QL(1 ea per 360 days retail);RX/OTC
MICROSPACER MISC	P	QL(2 ea per 360 days retail);RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 days retail);RX/OTC
MINIELITE RECHARGEABLE BATTERY MISC	P	QL(1 ea per 360 days retail);RX/OTC
MISTASSIST DEVI	P	QL(2 ea per 360 days retail);RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 days retail);RX/OTC
NEBULIZER CUP/TUBING DEVI	P	QL(2 ea per 360 days retail);RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
NEBULIZER MASK CHILD MISC	P	QL(1 ea per 360 days retail);RX/OTC
NOSE CLIP MISC	P	QL(1 ea per 360 days retail);RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	P	QL(2 ea per 360 days retail);RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail);RX/OTC
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail);RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER DIAMOND DEVI	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER DIAMOND MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTIHALER MISC	P	QL(2 ea per 360 days retail);RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI	P	QL(2 ea per 360 days retail);RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PARI MANUAL INTERRUPTER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
PARI MASK SET MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
PARI TREK S COMBO PACK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
PARI VORTEX ADULT MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 days retail);RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 days retail);RX/OTC
PFLEX MISC	P	QL(1 ea per 360 days retail);RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	QL(1 ea per 360 days retail);RX/OTC
PILLOW MASK/ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
PILLOW MASK/CHILD MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PILLOW MASK/PEDIATRIC MISC	P	QL(1 ea per 360 days retail);RX/OTC
POCKET CHAMBER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
POCKET SPACER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	QL(2 ea per 360 days retail);RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	P	QL(2 ea per 360 days retail);RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	QL(2 ea per 360 days retail);RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	QL(2 ea per 360 days retail);RX/OTC
PRONEB ULTRA FILTER SET MISC	P	QL(1 ea per 360 days retail);RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	P	QL(2 ea per 360 days retail);RX/OTC
QUAKE DEVI	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 days retail);RX/OTC
REPLACEMENT FILTERS MISC	P	QL(1 ea per 360 days retail);RX/OTC
RITEFLO DEVI	P	QL(2 ea per 360 days retail);RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ea per 360 days retail);RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 days retail);RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ea per 360 days retail);RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	P	QL(1 ea per 360 days retail);RX/OTC
SPIRO PD DEVI	P	QL(2 ea per 360 days retail);RX/OTC
THRESHOLD IMT MISC	P	QL(1 ea per 360 days retail);RX/OTC
THRESHOLD PEP DEVI	P	QL(2 ea per 360 days retail);RX/OTC
TUBING/WING TIP MISC	P	QL(1 ea per 360 days retail);RX/OTC
VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	P	QL(2 ea per 360 days retail);RX/OTC
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	P	QL(2 ea per 360 days retail);RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
WATCHHALER DEVI	P	QL(2 ea per 360 days retail);RX/OTC
WINDMILL TRAINER MISC	P	QL(1 ea per 360 days retail);RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	P	SP;PA
AJOVY SOSY	P	SP;PA
AJOVY SOAJ	P	SP;PA
EMGALITY SOSY	NP	SP
EMGALITY SOAJ	NP	SP
NURTEC	P	PA
QULIPTA	P	PA
UBRELVY	P	PA
VYEPTI	NP	SP
Migraine Combinations		
ergotamine w/ caffeine supp 2 MG-100 MG	P	
SUMANSETRON 4 MG-50 MG	NP	
sumatriptan-naproxen sodium 85 MG-500 MG	NP	
TREXIMET 85 MG-500 MG *(sumatriptan-naproxen sodium)*	NP	
Migraine Products		
D.H.E. 45 SOLN IJ *(dihydroergotamine mesylate)*	NF	
dihydroergotamine mesylate soln na 4 MG/ML	NP	
MIGRANAL SOLN NA *(dihydroergotamine mesylate)*	NP	
TRUDHESA	NP	
Migraine Products - NSAIDs		
ELYXYB	NP	
Serotonin Agonists		
almotriptan malate	NP	
AMERGE *(naratriptan hcl)*	NP	QL(9 ea per 30 days retail)
eletriptan hydrobromide	NP	QL(6 ea per 30 days retail)
FROVA *(frovatriptan succinate)*	NP	
frovatriptan succinate	NP	
IMITREX 5 MG/ACT, 20 MG/ACT *(sumatriptan)*	NP	QL(6 ea per 30 days retail)
IMITREX TABS *(sumatriptan succinate)*	NP	QL(9 ea per 30 days retail)
IMITREX SOLN 6 MG/0.5ML *(sumatriptan succinate)*	NF	1 rtl MAX fill,30 rtl day(s) supply;QL(2.5 ml per 30 days retail)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML *(sumatriptan succinate)*	NP	QL(3 ml per 30 days retail)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML *(sumatriptan succinate)*	NP	QL(2 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML *(sumatriptan succinate)*	NP	QL(3 ml per 30 days retail)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(sumatriptan succinate)*	NP	QL(2 ml per 30 days retail)
MAXALT TABS 10 MG *(rizatriptan benzoate)*	NP	QL(12 ea per 30 days retail)
MAXALT TABS *(rizatriptan benzoate)*	NF	QL(12 ea per 30 days retail)
MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)*	NP	QL(12 ea per 30 days retail)
naratriptan hcl	NP	QL(9 ea per 30 days retail)
ONZETRA XSAIL EXHP	NP	
RELPAX *(eletriptan hydrobromide)*	NP	QL(6 ea per 30 days retail)
REYVOW	NP	
rizatriptan benzoate tabs	P	QL(12 ea per 30 days retail)
rizatriptan benzoate tbdp	P	QL(12 ea per 30 days retail)
sumatriptan	P	QL(6 ea per 30 days retail)
sumatriptan succinate tabs	P	QL(9 ea per 30 days retail)
sumatriptan succinate soct 4 MG/0.5ML	P	QL(3 ml per 30 days retail)
sumatriptan succinate soaj 6 MG/0.5ML	P	QL(2 ml per 30 days retail)
sumatriptan succinate soct 6 MG/0.5ML	P	QL(2 ml per 30 days retail)
sumatriptan succinate soaj 4 MG/0.5ML	P	QL(3 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate soln 6 MG/0.5ML	P	1 rtl MAX fill,30 rtl day(s) supply;QL(2.5 ml per 30 days retail)
TOSYMRA	NP	
ZEMBRACE SYMTOUCH SOAJ	NP	
zolmitriptan tabs	NP	QL(6 ea per 30 days retail)
zolmitriptan tbdp	NP	QL(6 ea per 30 days retail)
zolmitriptan soln 5 MG	NP	QL(6 ea per 30 days retail)
zolmitriptan soln 2.5 MG	NP	
ZOMIG SOLN 5 MG *(zolmitriptan)*	NP	QL(6 ea per 30 days retail)
ZOMIG TABS 2.5 MG, 5 MG *(zolmitriptan)*	NP	QL(6 ea per 30 days retail)
ZOMIG SOLN 2.5 MG *(zolmitriptan)*	NP	
ZOMIG ZMT TBDP *(zolmitriptan)*	NP	QL(6 ea per 30 days retail)
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM CARBONATE CHEW 500 MG	P	
calcium carbonate-cholecalciferol tabs 600 MG-200 UNIT, 600 MG-5 MCG	P	
Electrolyte Mixtures		

Drug Name	Drug Tier	Requirements/Limits
BIOLYTE SOLN 1.1 GM/437ML-16 MG/437ML-5 MG/437ML-500 MCG/437ML-3 MG/437ML-8 GM/473ML-400 MG/437ML-700 MG/437ML-1 MCG/437ML	P	
CERASPORT SOLN 4 MEQ/L-6 MEQ/L-20 MEQ/L-18 MEQ/L	P	
CERASPORT EX1 SOLN 10 MEQ/L-15 MEQ/L-35 MEQ/L-30 MEQ/L	P	
ENFAMIL ENFALYTE SOLN 4.5 MEQ/100ML-3.3 MEQ/100ML-2.5 MEQ/100ML-5 MEQ/100ML	P	
EQUALYTE SOLN 20 MEQ/L-25 GM/L-30.1 MEQ/L-67.6 MEQ/L-78.2 MEQ/L *(oral electrolytes)*	NF	
HYDRALYTE SOLN 140 MG/250ML-107.5 MG/250ML-132.5 MG/250ML	P	
HYDRALYTE FREEZER POPS SOLN 45 MEQ/L-16 GM/L-90 MEQ/L-20 MEQ/L-55 MEQ/L	P	
KINDERLYTE SOLN 1590 MG/L-840 MG/L-1270 MG/L-8.6 MG/L	P	
KINDERLYTE PREMAX SOLN 630 MG/360ML-620 MG/360ML-330 MG/360ML-3.1 MG/360ML	P	
oral electrolytes soln 40 MEQ/L-20 GM/L-7.8 MG/L-20 MEQ/L-50 MEQ/L	P	
PEDIALYTE SOLN *(oral electrolytes)*	NF	
PEDIALYTE ADVANCED CARE SOLN 20 MEQ/L-2.8 MG/360ML-50 MEQ/L-60 MEQ/L *(oral electrolytes)*	NF	
PEDIALYTE FREEZER POPS SOLN 35 MEQ/L-25 GM/L-30 MEQ/L-20 MEQ/L-45 MEQ/L *(oral electrolytes)*	NF	
PEDIALYTE SINGLES SOLN 7 MEQ/200ML-5.3 GM/200ML-1.6 MG/200ML-4 MEQ/200ML-9 MEQ/200ML *(oral electrolytes)*	NF	
Fluoride		
sodium fluoride chew .25 MG, .5 MG, 1 MG, 2.2 MG	P	
sodium fluoride soln .125 MG/DROP, .5 MG/ML	P	
Magnesium		

Drug Name	Drug Tier	Requirements/Limits
magnesium tabs 400 MG, 400 MG	P	
magnesium oxide (mg supplement) tabs 400 MG	P	
MAGOX 400 TABS *(magnesium oxide (mg supplement))*	NF	
Phosphate		
K-PHOS NEUTRAL 130 MG-852 MG-155 MG *(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	NF	QL(8 ea daily);RX/OTC
pot phosphate monobasic w/ sod phosphate dibasic & monobasic 130 MG-852 MG-155 MG	P	QL(8 ea daily);RX/OTC
Potassium		
K-TAB TBCR 8 MEQ, 10 MEQ *(potassium chloride)*	NF	
potassium bicarbonate tbef	P	
potassium chloride tbcr 8 MEQ, 10 MEQ	P	
potassium chloride soln or 10 %, 20 %	P	
potassium chloride pack or 20 MEQ	P	
potassium chloride cpcr 8 MEQ	P	QL(1 ea daily)
potassium chloride cpcr 10 MEQ	P	
potassium chloride microencapsulated crystals er	P	
Sodium		
sodium chloride soln iv .9 %	P	
sodium chloride flush	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS *(penicillamine)*	NP	
DEPEN TITRATABS TABS *(penicillamine)*	P	
penicillamine caps	P	
penicillamine tabs	P	
SYPRINE *(trientine hcl)*	NP	SP
trientine hcl	P	SP
Immunomodulators		
lenalidomide	NP	SP
REVLIMID	NP	SP
REZUROCK	NP	SP
THALOMID	NP	SP
VYVGART	NP	SP
Immunosuppressive Agents		
ASTAGRAF XL CP24	NP	
azathioprine tabs 75 MG, 100 MG	NP	QL(3 ea daily)
azathioprine tabs 50 MG	P	
CELLCEPT TABS *(mycophenolate mofetil)*	NP	QL(4 ea daily)
CELLCEPT SUSR *(mycophenolate mofetil)*	NP	QL(15 ml daily)
CELLCEPT CAPS *(mycophenolate mofetil)*	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
cyclosporine caps	P	
cyclosporine modified (for microemulsion) caps	P	QL(4 ea daily)
cyclosporine modified (for microemulsion) soln	P	QL(8 ml daily)
ENVARSUS XR TB24	NP	
everolimus (immunosuppressant)	NP	
IMURAN TABS *(azathioprine)*	NP	
LUPKYNIS	NP	SP
mycophenolate mofetil susr	P	QL(15 ml daily)
mycophenolate mofetil caps	P	QL(2 ea daily)
mycophenolate mofetil tabs	P	QL(4 ea daily)
mycophenolate sodium 360 MG	P	QL(4 ea daily)
mycophenolate sodium 180 MG	P	QL(2 ea daily)
MYFORTIC 180 MG *(mycophenolate sodium)*	NP	QL(2 ea daily)
MYFORTIC 360 MG *(mycophenolate sodium)*	NP	QL(4 ea daily)
NEORAL SOLN *(cyclosporine modified (for microemulsion))*	NP	QL(8 ml daily)
NEORAL CAPS *(cyclosporine modified (for microemulsion))*	NP	QL(4 ea daily)
PROGRAF CAPS *(tacrolimus)*	NP	QL(3 ea daily)
PROGRAF PACK	NP	

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE TABS *(sirolimus)*	NP	
RAPAMUNE SOLN *(sirolimus)*	NP	
SANDIMMUNE CAPS *(cyclosporine)*	NP	
SANDIMMUNE SOLN OR	P	
sirolimus soln	P	
sirolimus tabs	P	
tacrolimus caps	P	QL(3 ea daily)
ZORTRESS *(everolimus (immunosuppressant))*	NP	
Potassium Removing Agents		
LOKELMA	NP	
sodium polystyrene sulfonate susp or 15 GM/60ML	NP	
sodium polystyrene sulfonate powd	P	QL(454 gm per fill retail)
VELTASSA	NP	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOSY	NP	SP
BENLYSTA SOAJ	NP	SP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	P	QL(100 ml per fill retail)
lidocaine hcl (mouth-throat) 4 %	P	
Anti-infectives - Throat		
clotrimazole	P	
nystatin (mouth-throat)	P	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		

Drug Name	Drug Tier	Requirements/Limits
chlorhexidine gluconate (mouth-throat)	P	
Dental Products		
LISTERINE HEALTHY WHITE VIBRANT SOLN *(sodium fluoride (dental))*	NF	
LISTERINE SMART RINSE SOLN *(sodium fluoride (dental))*	NF	
LISTERINE SMART RINSE ANTICAVITY SOLN *(sodium fluoride (dental))*	NF	
LISTERINE TOTAL CARE SOLN *(sodium fluoride (dental))*	NF	
LISTERINE TOTAL CARE PLUSWHITENING SOLN *(sodium fluoride (dental))*	NF	
LISTERINE WHITENING/RESTORING SOLN *(sodium fluoride (dental))*	NF	
PREVIDENT 5000 DRY MOUTH GEL *(sodium fluoride (dental))*	NF	QL(672 ml per fill retail)
PREVIDENT FLUORIDE GEL *(sodium fluoride (dental))*	NF	QL(672 gm per fill retail)
sodium fluoride (dental) pste dt	NP	
sodium fluoride (dental) crea	NP	QL(102 gm per fill retail)
sodium fluoride (dental) soln .2 %	NP	
sodium fluoride (dental) gel	NP	QL(672 gm per fill retail)
sodium fluoride-potassium nitrate gel 5 %-1.1 %	NP	
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	P	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	NP	RX/OTC
cevimeline hcl	NP	
EVOXAC *(cevimeline hcl)*	NP	
GELX GEL	NP	
pilocarpine hcl (oral) 7.5 MG	P	
pilocarpine hcl (oral) 5 MG	P	QL(6 ea daily)
MULTIVITAMINS		
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid tabs	P	QL(1 ea daily);RX/OTC
b-complex w/ c & folic acid caps 6 MCG-100 MG-150 MCG-1000 MCG-1.5 MG-20 MG-10 MG-5 MG-1.7 MG	P	QL(1 ea daily);RX/OTC
NEPHRO-VITE RX TABS 1.5 MG-60 MG-10 MG-300 MCG-1 MG-6 MCG-1.7 MG-20 MG-10 MG *(b-complex w/ c & folic acid)*	NF	QL(1 ea daily);RX/OTC
Multiple Vitamins w/ Calcium		

Drug Name	Drug Tier	Requirements/Limits
multiple vitamins w/ calcium tabs 0.25 MG-0.5 MG-75 UNIT-125 MG-13.63 MG-0.75 MG-15 MG-250 MG-0.25 MCG-0.25 MG	P	QL(1 ea daily)
ONE-A-DAY WOMENS FORMULA TABS 20 MCG-60 MG-2 MG-30 MCG-30 UNIT-400 MCG-1.5 MG-800 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-15 MG-50 MG-450 MG-2 MG-2 MG-120 MCG *(multiple vitamins w/ calcium)*	NF	QL(1 ea daily)
SM ONE DAILY ESSENTIAL TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG	P	QL(1 ea daily)
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron tabs 6 MCG-60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS 13.5 MG-60 MG-2 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-1.5 MG	P	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
ABC COMPLETE SENIOR 50+ TABS 72 MG-60 MG-30 MCG-400 MCG-1.5 MG-20 MG-3 MG-10 MG-1.7 MG-250 MCG-300 MCG-25 MCG-22.5 MG-50 MG-2.3 MG-45 MCG-80 MG-50 MCG-0.5 MG-11 MG-220 MG-150 MCG-20 MG-19 MCG-750 MCG-30 MCG-25 MCG	P	QL(1 ea daily);RX/OTC
ABC COMPLETE SENIOR MEN'S50+ TABS 72 MG-120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-10 MG-1.7 MG-300 MCG-600 MCG-25 MCG-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-100 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ABC COMPLETE SENIOR WOMENS 50+ TABS 2 MG-100 MG-5 MG-30 MCG-400 MCG-20 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-80 MG-300 MG-72 MG-50 MCG-150 MCG-15.75 MG-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-1050 MCG-10 MCG-52 MCG	P	QL(1 ea daily);RX/OTC
ACTIVNUTRIENTS CAPS 170 MCG-62.5 MG-250 MCG-5 MG-16 MG-9 MG-5 MG-50 MG-5 MG-9 MG-3 MG-1.25 MCG-33.5 MG-25 MG-0.125 MG-12.5 MCG-24.75 MG-125 MCG-187.5 MCG-3.25 MG-25 MG-25 MCG-25 MCG-560 MCG-125 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ACTIVNUTRIENTS W/O IRON CAPS 100 MCG-62.5 MG-250 MCG-5 MG-16 MG-9 MG-5 MG-50 MG-5 MG-9 MG-3.25 MG-1.25 MCG-33.5 MG-25 MG-0.125 MG-12.5 MCG-24.75 MG-125 MCG-0.25 MG-187.5 MCG-3.25 MG-25 MG-25 MCG-25 MCG-560 MCG-125 MCG	P	QL(1 ea daily);RX/OTC
ADEK GUMMIES PLUS ZN CHEW 400 MCG-18.75 MCG-67 MG-5 MG-2400 MCG	P	QL(1 ea daily)
ADULT ONE DAILY GUMMIES CHEW 2.5 MG-30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT	P	QL(1 ea daily)
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS 250 MCG-250 MG-2.5 MG-150 MCG-200 MCG-75 MG-200 UNIT-50 MCG-2500 UNIT-2.5 MG-15 MG-10 MG-0.5 MG-5 MG-125 MG-1 MG-1 MG-1 MG-2.5 MG-7.5 MG-62.5 MG-50 UNIT-25 MCG-75 MCG-1 MG-35 MCG	P	QL(1 ea daily);RX/OTC
AIRBORNE CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
AIRBORNE KIDS CHEW 5 MCG-20 MCG-0.34 MG-0.03 MG-3.35 MG-2.25 MG	P	QL(1 ea daily)
AIRBORNE+GOOD REST CHEW 5 MCG-20 MCG-0.33 MG-66.67 MG-0.03 MG-3.33 MG-1.67 MG-2.23 MG	P	QL(1 ea daily)
AIRBORNE+PROBIOTIC CHEW 5 MCG-20 MCG-0.33 MG-0.03 MG-3.33 MG-3.33 MG-2.23 MG	P	QL(1 ea daily)
ALGAE BASED CALCIUM TABS 50 MG-6.666 MCG-32 MG-2.333 MG-31 MCG-8.666 MCG-333.333 MG-1 MG-28.333 MCG	P	QL(1 ea daily);RX/OTC
ALIVE ENERGY 50+ TABS 72 MG-60 MG-6 MG-300 MCG-400 MCG-4.5 MG-800 UNIT-25 MCG-5.1 MG-30 MCG-40 MG-250 MCG-2500 UNIT-10 MG-900 MCG-300 MCG-15 MG-150 MCG-50 MG-80 MG-225 MG-75 MCG-150 MCG-2 MG-2 MG-50 UNIT-70 MCG	P	QL(1 ea daily);RX/OTC
ALIVE HAIR, SKIN & NAILS CHEW 50 MG-67.5 MG-1250 MCG-15 MG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ALIVE MENS ENERGY TABS 50 MG-90 MG-6 MG-40 MCG-400 MCG-800 UNIT-18 MCG-5.1 MG-60 MCG-40 MG-100 MCG-3500 UNIT-15 MG-200 MG-700 MCG-600 MCG-4.5 MG-30 MG-100 MG-5 MG-80 MG-75 MCG-150 MCG-45 UNIT-2 MG-2 MG-140 MCG-120 MCG-72 MG-150 MCG	P	QL(1 ea daily);RX/OTC
ALIVE MULTI-VITAMIN CHEW 7.5 MG-45 MG-0.85 MG-15 MCG-120 MCG-150 MCG-10 MCG-2.4 MCG-450 MCG-162.5 MCG-20 MG-2 MG-2.5 MG-1.8 MG-5 MG-75 MCG	P	QL(1 ea daily)
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS 5 MG-120 MG-40 MG-325 MCG-800 MCG-1000 UNIT-100 MCG-25 MG-100 MCG-10 MG-10 MG-50 MG-500 MCG-7500 UNIT-40 MG-18 MG-1 MG-25 MG-15 MG-100 UNIT-100 MG-200 MG-75 MCG-150 MCG-2 MG-5 MG-250 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ALIVE ULTRA POTENCY WOMENS 50+ TABS 800 MCG-180 MG-33 MCG-20 MG-40 MG-11 MG-20 MG-20 MG-20 MG-10 MG-1 MG-5 MG-50 MCG-50 MG-105 MG-5.8 MG-45 MCG-0.9 MG-11 MG-130 MG-150 MCG-200 MCG-1350 MCG-150 MCG-90 MCG	P	QL(1 ea daily);RX/OTC
ALIVE WOMENS 50+ TABS 900 MCG-90 MG-6 MG-300 MCG-400 MCG-1000 UNIT-100 MCG-5.1 MG-60 MCG-20 MG-3500 UNIT-15 MG-500 MG-4.5 MG-50 MG-22.5 MG-5 MG-75 MCG-150 MCG-30 UNIT-2 MG-4 MG-70 MCG-180 MCG-300 MCG-150 MCG	P	QL(1 ea daily);RX/OTC
ALIVE WOMENS 50+ CHEW 50 MG-15 MG-0.85 MG-15 MCG-7.5 MG-120 MCG-150 MCG-20 MCG-2.4 MCG-225 MCG-165 MCG-2 MG-150 MCG-0.65 MG-1.35 MG-75 MCG-7.5 MG-75 MCG-25 MG	P	QL(1 ea daily)
ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ALIVE WOMENS ENERGY TABS 12 MCG-90 MG-30 MCG-240 MCG-2.4 MG-16 MG-4.25 MG-7.5 MG-2.6 MG-100 MCG-50 MCG-15 MG-18 MG-50 MG-2.3 MG-45 MCG-150 MCG-0.9 MG-11 MG-260 MG-150 MCG-55 MCG-900 MCG-120 MCG	P	QL(1 ea daily);RX/OTC
ALIVE WOMENS GUMMY MULTIVITAMIN CHEW 1.8 MCG-15 MG-18.75 MCG-120 MCG-0.15 MG-2 MG-1.3 MG-0.65 MG-0.163 MG-20 MCG-20 MCG-7.5 MG-75 MCG-0.95 MG-50 MG-75 MCG-25 MG-225 MCG	P	QL(1 ea daily)
ANTIOXIDANT FORMULA TABS 17 MCG-167 MG-2492 MCG-61 MG-53 MG	P	QL(1 ea daily);RX/OTC
APPE-CURB CAPS 15 MCG-125 MG-18.75 MG-93.75 MG-187.5 MG-9.375 MG-250 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AQUADEKS CHEW 5 MG-0.95 MG-50 MCG-50 UNIT-100 MCG-400 UNIT-6 MCG-9083.5 UNIT-0.85 MG-350 MCG-5 MG-35 MG-6 MG-5 MG-0.75 MG-15 MG-37.5 MCG-5 MG	P	QL(1 ea daily)
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS 40 MG-50 MG-50 MG-100 MG-50 MG-10 MG-15 MG-50 MG	P	QL(1 ea daily);RX/OTC
AZO HORMONAL HEALTH HAPPY CYCLE TABS 40 MG-50 MG-100 MG-50 MG-50 MG-125 MG	P	QL(1 ea daily);RX/OTC
BACMIN TABS 50 MCG-500 MG-25 MG-150 MCG-1 MG-50 MCG-20 MG-100 MG-5000 UNIT-25 MG-27 MG-20 MG-50 MG-22.5 MG-3 MG-5 MG-0.1 MG-30 UNIT-50 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BARIATRIC FUSION CHEW 17.5 MG-45 MG-500 MCG-150 MCG-200 MCG-750 UNIT-140 MCG-2.5 MG-425 MCG-5 MG-1875 UNIT-11.25 MG-3 MG-100 MG-300 MG-37.5 MG-7.5 UNIT-18.75 MCG-30 MCG-0.5 MG-7.5 MG-0.5 MG	P	QL(1 ea daily)
BARIATRIC MULTIVITAMINS/IRON CAPS 100 MCG-130 MG-12 MG-600 MCG-800 MCG-20 MG-3000 UNIT-12 MG-120 MCG-40 MG-10000 UNIT-20 MG-45 MG-2 MG-60 UNIT-200 MG-15 MG-150 MCG-2 MG-100 MCG-1000 MCG-75 MCG	P	QL(1 ea daily);RX/OTC
BASIC AM TABS 25 MG-60 MG-2 MG-30 MCG-400 MCG-50 MG-2 MCG-1.3 MG-20 MG-1 MG-25 MG-1 MG-35.5 MCG-1 MG-60 MCG-5 MG-25 MG-75 MCG-15 MG	P	QL(1 ea daily);RX/OTC
BASIC PM TABS 500 MCG-50 MG-200 MCG-500 UNIT-2500 UNIT-5 MG-50 MG-35.5 MCG-30 MG-1 MG-100 MG-2 MCG-0.5 MG-1 MG-100 MG-75 MCG-75 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BIO-35 GLUTEN-FREE CAPS 33.334 MG-45 MG-7 MG-10 UNIT-133.334 MCG-5 MCG-6 MG-5 MG-32.5 MG-32.5 MG-25 MG-33.334 MCG-3 MG-15 MG-12.5 MG-33.334 MCG-5 MG-5 MG-17.5 MG-5 MG-50 UNIT-1 MG-50 MG-50 MCG-37.834 MG-1 MG-100 MG-113 MG-66.667 MG-1000 UNIT-50 MG-33.5 MG	P	QL(1 ea daily);RX/OTC
BIO-35 IRON FREE CAPS 33.334 MG-45 MG-7 MG-10 UNIT-133.334 MCG-5 MCG-6 MG-5 MG-32.5 MG-32.5 MG-25 MG-33.334 MCG-15 MG-12.5 MG-33.334 MCG-5 MG-5 MG-17.5 MG-5 MG-50 UNIT-1 MG-50 MG-50 MCG-37.834 MG-1 MG-50 MG-113 MG-20 MG-66.667 MG-1000 UNIT-15 MG-50 MG-50 MG-33.5 MG	P	QL(1 ea daily);RX/OTC
BIOCAL CAPS 45 MG-800 MCG-100 UNIT-40 MCG-500 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CAL-DAY 1000 TABS 9 MG-1 MG-150 MCG-200 MCG-0.75 MG-200 UNIT-3 MCG-0.85 MG-10 MG-2500 UNIT-30 MG-5 MG-500 MG-15 UNIT	P	QL(1 ea daily);RX/OTC
CELEBRATE MULTI-COMPLETE18 CHEW 140 MCG-90 MG-4 MG-600 MCG-30 UNIT-800 MCG-3000 UNIT-5000 UNIT-3.4 MG-40 MCG-40 MG-20 MG-18 MG-6 MG-15 MG-100 MG-150 MCG-2 MG-500 MCG-75 MCG-200 MCG-2 MG	P	QL(1 ea daily)
CELEBRATE MULTI-COMPLETE18 CAPS 46.666 MCG-30 MG-1.333 MG-200 MCG-10 UNIT-266.666 MCG-1000 UNIT-166.666 MCG-1666.666 UNIT-1.133 MG-13.333 MCG-13.333 MG-6.666 MG-6 MG-2 MG-33.333 MG-50 MCG-25 MCG-66.666 MCG-0.666 MG-5 MG-0.666 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CELEBRATE MULTI-COMPLETE36 CHEW 70 MCG-90 MG-2 MG-300 MCG-30 UNIT-400 MCG-1500 UNIT-250 MCG-5000 UNIT-6 MG-60 MCG-20 MG-10 MG-18 MG-6 MG-50 MG-75 MCG-1.5 MG-37.5 MCG-100 MCG-1 MG-15 MG	P	QL(1 ea daily)
CELEBRATE MULTI-COMPLETE36 CAPS 46.666 MCG-60 MG-1.333 MG-200 MCG-20 UNIT-200 MCG-1000 UNIT-3333.333 UNIT-4 MG-40 MCG-13.333 MG-6.666 MG-12 MG-4 MG-33.333 MG-50 MCG-166.666 MCG-25 MCG-66.666 MCG-0.666 MG-10 MG-1 MG	P	QL(1 ea daily);RX/OTC
CELEBRATE MULTI-COMPLETE45 CAPS 46.666 MCG-60 MG-1.33 MG-200 MCG-20 UNIT-266.666 MCG-1000 UNIT-3333.333 UNIT-4 MG-40 MCG-13.333 MG-6.666 MG-15 MG-4 MG-33.333 MG-50 MCG-1 MG-333.333 MCG-25 MCG-66.666 MCG-0.666 MG-10 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CELEBRATE MULTI-COMPLETE45 CHEW 70 MCG-90 MG-2 MG-300 MCG-30 UNIT-400 MCG-1500 UNIT-5000 UNIT-6 MG-60 MCG-20 MG-10 MG-22.5 MG-6 MG-50 MG-75 MCG-1.5 MG-500 MCG-37.5 MCG-100 MCG-1 MG-15 MG	P	QL(1 ea daily)
CELEBRATE MULTI-COMPLETE60 CHEW 70 MCG-90 MG-2 MG-300 MCG-30 UNIT-400 MCG-1500 UNIT-5000 UNIT-6 MG-60 MCG-20 MG-10 MG-30 MG-6 MG-500 MG-75 MCG-1.5 MG-500 MCG-37.5 MCG-100 MCG-1 MG-15 MG	P	QL(1 ea daily)
CELEBRATE MULTI-COMPLETE60 CAPS 46.666 MCG-60 MG-1.333 MG-200 MCG-20 UNIT-266.666 MCG-1000 UNIT-3333.333 UNIT-4 MG-40 MCG-13.333 MG-6.666 MG-20 MG-4 MG-33.333 MG-50 MCG-1 MG-333.333 MCG-25 MCG-66.666 MCG-0.666 MG-10 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CELLULAR SECURITY CAPS 8.333 MCG-250 MG-0.833 MG-33.333 MCG-66.667 UNIT-133.333 MG-66.667 UNIT-1.667 MCG-833.333 UNIT-0.833 MG-1.667 MG-0.667 MG-5 MG-20.833 MG-41.667 MG-2.5 MG-16.667 MCG	P	QL(1 ea daily);RX/OTC
CENTRAVITES 50 PLUS TABS 2 MG-60 MG-3 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-19 MCG-10 MCG-50 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CENTRAVITES ADULTS TABS 2 MG-60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-1.8 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	P	QL(1 ea daily);RX/OTC
CENTRUM ADULT MULTIGUMMIES CHEW 1.2 MCG-15 MG-15 MCG-12 MCG-1.6 MG-0.8 MG-1.5 MG-0.13 MG-12.5 MCG-9 MG-0.23 MG-5 MG-2.5 MG-40 MCG-300 MCG	P	QL(1 ea daily)
CENTRUM ADULTS TABS 72 MG-60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CENTRUM CARDIO TABS 400 MG-30 MG-2.5 MG-15 MCG-200 MCG-200 UNIT-100 MCG-0.85 MG-12.5 MCG-10 MG-1750 UNIT-5 MG-3 MG-0.75 MG-3.75 MG-20 MG-32 MG-16 MCG-54 MG-37.5 MCG-75 MCG-15 UNIT-40 MG-0.35 MG-2.5 MCG-5 MCG-1 MG-60 MCG-10 MCG-5 MCG-29 MG-1 MG	P	QL(1 ea daily);RX/OTC
CENTRUM FLAVOR BURST CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-100 MCG-19 MG-200 UNIT-2.5 MCG-500 UNIT-10 MCG-2.5 MG-20 MCG-10 UNIT	P	QL(1 ea daily)
CENTRUM FLAVOR BURST ADULT CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-100 MCG-19 MG-200 UNIT-2.5 MCG-500 UNIT-10 MCG-2.5 MG-20 MCG-10 UNIT	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CENTRUM FRESH/FRUITY ADULTS CHEW 2.4 MCG-82 MG-15 MCG-400 MCG-1.2 MG-5 MG-1.3 MG-2.5 MG-1.2 MG-25 MCG-10 MG-8 MG-65 MG-1 MG-10 MG-12 MCG-0.4 MG-9 MG-130 MG-150 MCG-25 MCG-800 MCG-80 MCG	P	QL(1 ea daily)
CENTRUM FRESH/FRUITY ADULTS 50+ CHEW 25 MCG-82 MG-3.2 MG-15 MCG-120 MCG-25 MCG-50 MCG-1.2 MG-5 MG-2.5 MG-1.1 MG-65 MG-9 MG-0.4 MG-800 MCG-10 MG-150 MG-150 MCG-10 MG-1 MG-12 MCG	P	QL(1 ea daily)
CENTRUM MEN TABS 72 MG-90 MG-2 MG-40 MCG-200 MCG-25 MCG-6 MCG-1.3 MG-60 MCG-16 MG-15 MG-8 MG-600 MCG-1.2 MG-100 MG-11 MG-80 MG-210 MG-50 MCG-150 MCG-20.3 MG-20 MG-0.9 MG-2.3 MG-1050 MCG-100 MCG-35 MCG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CENTRUM MEN TABS 72 MG-90 MG-40 MCG-200 MCG-1.2 MG-16 MG-2 MG-15 MG-1.3 MG-600 MCG-25 MCG-20.3 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-35 MCG-0.9 MG-11 MG-210 MG-150 MCG-20 MG-100 MCG-1050 MCG-60 MCG-6 MCG	P	QL(1 ea daily);RX/OTC
CENTRUM MINIS WOMEN 50+ TABS 36 MG-50 MG-15 MCG-200 MCG-0.55 MG-7 MG-2.5 MG-2.5 MG-0.55 MG-150 MCG-12.5 MCG-7.9 MG-4 MG-50 MG-1.15 MG-25 MCG-40 MG-26 MG-0.25 MG-7.5 MG-150 MG-75 MCG-10 MG-11 MCG-525 MCG-25 MCG-25 MCG	P	QL(1 ea daily);RX/OTC
CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW 3.5 MG-15 MG-0.8 MG-37.5 MCG-80 MCG-500 UNIT-5 MCG-1000 UNIT-3 MG-16.5 MG-2.5 MG-40 MCG-20 UNIT-2.5 MG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CENTRUM SILVER TABS 2 MG-60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-2500 UNIT-10 MG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC
CENTRUM SILVER CHEW 4 MG-75 MG-7 MG-45 MCG-500 MCG-400 UNIT-25 MCG-2.7 MG-12 MG-250 MCG-4000 UNIT-10 MG-2.2 MG-15 MG-2 MG-50 MG-5 MCG-200 MG-25 MCG-100 MCG-70 UNIT-125 MG-10 MCG-4.5 MG-100 MCG-22.5 MCG-10 MCG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CENTRUM SILVER 50+MEN TABS 72 MG-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 *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC
CENTRUM SILVER 50+WOMEN TABS 72 MG-100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CENTRUM SILVER ADULT 50+ TABS 72 MG-60 MG-30 MCG-400 MCG-1.5 MG-20 MG-3 MG-10 MG-1.7 MG-250 MCG-300 MCG-25 MCG-22.5 MG-50 MG-2.3 MG-45 MCG-80 MG-50 MCG-0.5 MG-11 MG-220 MG-150 MCG-20 MG-19 MCG-750 MCG-30 MCG-25 MCG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC
CENTRUM SILVER ADULTS 50+ TABS 72 MG-60 MG-30 MCG-400 MCG-1.5 MG-20 MG-3 MG-10 MG-1.7 MG-250 MCG-300 MCG-25 MCG-22.5 MG-50 MG-2.3 MG-45 MCG-80 MG-50 MCG-0.5 MG-11 MG-220 MG-150 MCG-20 MG-19 MCG-750 MCG-30 MCG-25 MCG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CENTRUM SILVER ULTRA WOMENS TABS 2 MG-100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG-15 MG-150 MCG-35 UNIT-50 MG-80 MG-500 MG-50 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-50 MCG-72 MG	P	QL(1 ea daily);RX/OTC
CENTRUM SPECIALIST HEART TABS 400 MG-30 MG-2.5 MG-15 MCG-200 MCG-200 UNIT-100 MCG-0.85 MG-12.5 MCG-10 MG-1750 UNIT-5 MG-3 MG-0.75 MG-3.75 MG-20 MG-16 MCG-54 MG-32 MG-37.5 MCG-75 MCG-15 UNIT-40 MG-0.35 MG-2.5 MCG-5 MCG-1 MG-60 MCG-10 MCG-5 MCG-29 MG-1 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CENTRUM SPECIALIST IMMUNE SUPPORT TABS 72 MG-120 MG-2 MG-40 MCG-200 MCG-600 UNIT-6 MCG-1.3 MG-60 MCG-16 MG-5000 UNIT-15 MG-8 MG-210 MG-300 MCG-1.2 MG-15 MG-45 UNIT-100 MG-150 MCG-80 MG-50 MCG-150 MCG-20 MG-0.5 MG-2.3 MG-70 MCG-35 MCG	P	QL(1 ea daily);RX/OTC
CENTRUM SPECIALIST VISION TABS 36 MG-45 MG-1.5 MG-15 MCG-100 MCG-200 UNIT-12.5 MCG-0.85 MG-12.5 MCG-10 MG-5 MG-1750 UNIT-2.5 MG-1 MG-0.75 MG-7.5 MG-50 MG-100 MG-40 MG-22.5 MCG-75 MCG-30 UNIT-25 MG-0.25 MG-1.15 MG-27.5 MCG-17.5 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CENTRUM ULTRA WOMENS TABS 2 MG-75 MG-2 MG-40 MCG-400 MCG-800 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT-15 MG-18 MG-1.1 MG-8 MG-150 MCG-35 UNIT-100 MG-80 MG-10 MCG-500 MG-50 MCG-150 MCG-20 MG-0.9 MG-5 MCG-1.8 MG-55 MCG-10 MCG-25 MCG-72 MG	P	QL(1 ea daily);RX/OTC
CENTRUM VITAMINTS CHEW 10 MCG-30 MG-1 MG-30 MCG-200 MCG-500 UNIT-2.5 MCG-32.5 MCG-1 MG-1250 UNIT-2.5 MG-0.6 MG-0.6 MG-5 MG-20 MCG-75 MCG-15 UNIT-1.15 MG-17.5 MCG	P	QL(1 ea daily)
CENTRUM WOMEN TABS 72 MG-75 MG-40 MCG-400 MCG-1.1 MG-14 MG-2 MG-15 MG-1.1 MG-25 MCG-15.8 MG-18 MG-100 MG-1.8 MG-50 MCG-80 MG-32 MCG-0.5 MG-8 MG-200 MG-150 MCG-20 MG-18 MCG-1050 MCG-50 MCG-6 MCG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CERTAVITE SENIOR TABS 2 MG-60 MG-3 MG-30 MCG-400 MCG-12.5 MCG-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-22.75 MG-20 MG-0.5 MG-5 MCG-2.3 MG-750 MCG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 ea daily);RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS 2 MG-60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CERTAVITE/ANTIOXIDANTS TABS 2 MG-60 MG-2 MG-30 MCG-400 MCG-10 MCG-6 MCG-1.7 MG-25 MCG-20 MG-1050 MCG-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-13.5 MG-20 MG-5 MCG-10 MCG-2.3 MG-75 MCG-0.5 MG-55 MCG-10 MCG-35 MCG-72 MG	P	QL(1 ea daily);RX/OTC
CHOICEFUL MULTIVITAMIN CAPS 15 MG-30 MG-1.9 MG-80 MCG-170 UNIT-180 MCG-1000 UNIT-5 MCG-14000 UNIT-1.5 MG-700 MCG-18 MG-8 MG-1 MG	P	QL(1 ea daily);RX/OTC
CHOICEFUL MULTIVITAMIN CHEW 15 MG-60 MG-1.5 MG-80 MCG-180 UNIT-180 MCG-800 UNIT-6 MCG-13000 UNIT-1.4 MG-600 MCG-8 MG-10 MG-1.2 MG	P	QL(1 ea daily)
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW 39.7 MCG-15 MCG-30 MG-0.85 MG-7.5 MCG-10 MG-2 MCG-315 MCG-2.5 MG-1.815 MG-7.5 MG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CVS ADULT 50+ EYE HEALTH CAPS 160 MG-150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG	P	QL(1 ea daily);RX/OTC
CVS AIRSHIELD IMMUNITY SUPPORT CHEW 2.5 UNIT-250 MG-2.5 UNIT-50 UNIT-28.75 MG-25 MCG	P	QL(1 ea daily)
CVS EYE HEALTH ADULT 50+ CAPS 250 MG-150 MG-5 MG-1 MG-1 MG-9 MG-30 UNIT-90 MG-160 MG	P	QL(1 ea daily);RX/OTC
CVS ONE DAILY MENS 50+ ADVANCED TABS 117 MCG-120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-370 MCG-4.5 MG-24 MG-110 MG-120 MG-90 MCG-150 MCG-25.5 UNIT-2.2 MG-4.2 MG-180 MCG	P	QL(1 ea daily);RX/OTC
CVS ONE DAILY WOMENS 50+ADVANCED TABS 27 MCG-120 MG-6 MG-30 MCG-13.5 MG-400 MCG-25 MCG-25 MCG-3.4 MG-20 MCG-20 MG-1050 MCG-15 MG-500 MG-4.5 MG-50 MG-24 MG-90 MCG-150 MCG-2.2 MG-4.2 MG-180 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CVS SPECTRAVITE ADULT 50+ CHEW 4 MG-75 MG-7 MG-45 MCG-500 MCG-400 UNIT-25 MCG-2.7 MG-12 MG-250 MCG-4000 UNIT-10 MG-2.2 MG-50 MG-15 MG-2 MG-150 MCG-200 MG-25 MCG-100 MCG-70 UNIT-125 MG-5 MCG-10 MCG-4.5 MG-100 MCG-25 MCG-10 MCG	P	QL(1 ea daily)
CVS SPECTRAVITE ADULT 50+ TABS 2 MG-60 MG-3 MG-30 MCG-22.5 MG-400 MCG-25 MCG-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-750 MCG-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-220 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-19 MCG-10 MCG-50 MCG-72 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CVS SPECTRAVITE ADULTS TABS 2 MG-60 MG-2 MG-30 MCG-13.5 MG-400 MCG-25 MCG-6 MCG-1.7 MG-25 MCG-20 MG-1050 MCG-10 MG-18 MG-1.5 MG-50 MG-11 MG-200 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	P	QL(1 ea daily);RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS 2 MG-120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-10 MG-600 MCG-1.5 MG-15 MG-50 MG-80 MG-150 MCG-250 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.7 MG-5 MCG-4 MG-100 MCG-10 MCG-60 MCG-72 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CVS SPECTRAVITE ULTRA MENS HEALTH TABS 2 MG-90 MG-2 MG-40 MCG-200 MCG-600 UNIT-6 MCG-1.3 MG-60 MCG-16 MG-3500 UNIT-15 MG-8 MG-210 MG-600 MCG-1.2 MG-100 MG-11 MG-80 MG-50 MCG-150 MCG-45 UNIT-20 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-150 MCG-100 MCG-10 MCG-35 MCG-72 MG	P	QL(1 ea daily);RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH SENIOR TABS 2 MG-120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-10 MG-600 MCG-1.5 MG-50 MG-15 MG-150 MCG-250 MG-80 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.7 MG-5 MCG-4 MG-100 MCG-10 MCG-60 MCG-72 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CVS SPECTRAVITE ULTRA WOMEN TABS 2 MG-75 MG-2 MG-40 MCG-400 MCG-800 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT-15 MG-18 MG-1.1 MG-8 MG-100 MG-150 MCG-500 MG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.9 MG-5 MCG-10 MCG-1.8 MG-55 MCG-10 MCG-25 MCG-72 MG	P	QL(1 ea daily);RX/OTC
CVS SPECTRAVITE ULTRA WOMENS HEALTH TABS 2 MG-75 MG-2 MG-40 MCG-400 MCG-800 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT-15 MG-18 MG-500 MG-1.1 MG-100 MG-8 MG-150 MCG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.9 MG-5 MCG-10 MCG-1.8 MG-55 MCG-10 MCG-25 MCG-72 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR TABS 2 MG-100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-500 MG-1.1 MG-50 MG-15 MG-150 MCG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-50 MCG-72 MG	P	QL(1 ea daily);RX/OTC
CVS SPECTRAVITE WOMEN CHEW 50 MG-9 MG-1 MG-75 MCG-80 MCG-12.5 MCG-4.5 MCG-300 MCG-20 MCG-6.75 MG-1.25 MG	P	QL(1 ea daily)
CVS VISION HEALTH CAPS 1 MG-250 MG-200 UNIT-5 MG-1 MG-10 MG	P	QL(1 ea daily);RX/OTC
DAYAVITE TABS 100 MCG-75 MG-17.5 MG-1 MG-75 MG-25 MCG-750 MCG-15 MG-20 MG-10 MG-15 MG-200 MG-20.1 MG-7.5 MG-75 MCG-50 MCG-1 MG-2.5 MG-37.5 MCG-35 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DECUBI-VITE CAPS 50 MG-500 MG-3 MG-15 MCG-400 MCG-200 UNIT-9 MCG-2500 UNIT-3.4 MG-30 MG-10 MG-3 MG-30 UNIT	P	QL(1 ea daily);RX/OTC
DEKAS BARIATRIC CHEW 10 MG-2 MG-300 MCG-400 MCG-2500 UNIT-500 MCG-5000 UNIT-1.7 MG-500 MCG-10 MG-10 MG-45 MG-10 MG-22.5 MG-5 MG-12.5 MG-1 MG-75 UNIT-10 MG-25 MG-25 MCG-75 MCG-1 MG-35 MCG-1 MG-60 MCG-25 MG	P	QL(1 ea daily)
DEKAS PLUS CAPS 75 MCG-1.9 MG-100 MCG-200 MCG-1.5 MG-3000 UNIT-12 MCG-18167 UNIT-1.7 MG-1000 MCG-10 MG-75 MG-12 MG-10 MG-150 UNIT-10 MG	P	QL(1 ea daily);RX/OTC
DEKAS PLUS CHEW 10 MG-1.9 MG-100 MCG-200 MCG-1.5 MG-2000 UNIT-12 MCG-18167 UNIT-1.7 MG-1000 MCG-10 MG-70 MG-12 MG-10 MG-100 UNIT-75 MCG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DEKAS PLUS OCEAN CAPS 75 MCG-1.9 MG-100 MCG-200 MCG-1.5 MG-75 MCG-12 MCG-1.7 MG-1000 MCG-10 MG-75 MG-12 MG-10 MG-101 MG-10 MG-5450 MCG	P	QL(1 ea daily);RX/OTC
DERMACINRX MULTITAM TABS 8 MCG-120 MG-1000 MCG-3 MG-20 MG-20 MG-3.4 MG-20 MCG-30 MG-200 MG-2.3 MG-45 MCG-35 MCG-25 MG-200 MG-55 MCG-1500 MCG	P	QL(1 ea daily);RX/OTC
DERMACINRX RIBOTIN-E TABS 13 MCG-250 MG-100 MCG-500 MCG-3.25 MG-22.5 MG-6 MG-15 MG-3.35 MG-13.75 MCG-45 MG-9 MG-37.5 MG-0.75 MG-25 MCG-24.5 MG-25 MCG-37.5 MCG-1 MG-15 MG-75 MG-25 MCG-30 MCG-1500 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
DERMACINRX ZINTREXYL-C TABS 37.5 MCG-250 MG-6 MG-100 MCG-500 MCG-13.75 MCG-13 MCG-3.35 MG-22.5 MG-1500 MCG-15 MG-9 MG-75 MG-3.25 MG-37.5 MG-1 MG-30 MCG-15 MG-24.5 MG-25 MCG-25 MCG-45 MG-0.75 MG-25 MCG	P	QL(1 ea daily);RX/OTC
DERMAVITE TABS 50 MCG-120 MG-10 MG-600 MCG-400 MCG-8.5 MG-270 MG-5 MG-45 MG-2 MG-20 MG-60 UNIT-5 MG-200 MCG-3500 UNIT	P	QL(1 ea daily);RX/OTC
DIALYVITE SUPREME D TABS 70 MCG-100 MG-25 MG-300 MCG-3 MG-2000 UNIT-1.7 MG-20 MG-10 MG-1.5 MG-15 MG-30 UNIT-1 MG	P	QL(1 ea daily);RX/OTC
EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW 15 UNIT-500 MG-1 MG-75 MCG-300 UNIT-2.5 MG-30.5 MG	P	QL(1 ea daily)
EMERGEN-C VITAMIN C CHEW 15 UNIT-500 MG-1 MG-150 MCG-2.5 MG-30 MG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS 2 MG-60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-11 MG-75 MCG-50 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	P	QL(1 ea daily);RX/OTC
EQ MULTIVITAMINS ADULT GUMMY CHEW 75 MCG-15 MG-2 MG-7.5 MCG-200 MCG-5 MG-400 UNIT-6 MCG-20 MCG-1.5 MG-137.5 MCG-5 MG-7.5 UNIT-1250 UNIT-60 MCG-18.75 MCG	P	QL(1 ea daily)
EQ ONE DAILY MENS 50+ TABS 117 MCG-120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-370 MCG-4.5 MG-110 MG-24 MG-2.2 MG-90 MCG-150 MCG-25.5 UNIT-120 MG-4.2 MG-180 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EQ ONE DAILY MENS HEALTH TABS 110 MCG-60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-300 MCG-1.2 MG-15 MG-2 MG-120 MG-210 MG-22.5 UNIT-2 MG-120 MCG	P	QL(1 ea daily);RX/OTC
EQ ONE DAILY WOMENS 50+ TABS 27 MCG-120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-24 MG-50 MG-500 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG	P	QL(1 ea daily);RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS 150 MCG-60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-0.5 MG-15 MG-50 MG-5 MCG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-2.3 MG-45 MCG-55 MCG-72 MG-10 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EQL CENTURY MENS TABS 150 MCG-90 MG-2 MG-40 MCG-200 MCG-600 UNIT-6 MCG-1.3 MG-60 MCG-16 MG-3500 UNIT-15 MG-8 MG-210 MG-600 MCG-1.2 MG-11 MG-0.9 MG-15 MG-100 MG-5 MCG-80 MG-50 MCG-150 MCG-20 MG-2.3 MG-35 MCG-45 UNIT-100 MCG-72 MG-10 MCG-10 MCG	P	QL(1 ea daily);RX/OTC
EQL CENTURY WOMENS TABS 150 MCG-75 MG-2 MG-40 MCG-400 MCG-800 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT-15 MG-18 MG-500 MG-1.1 MG-8 MG-0.9 MG-15 MG-100 MG-5 MCG-80 MG-50 MCG-150 MCG-20 MG-1.8 MG-25 MCG-35 UNIT-55 MCG-72 MG-10 MCG-10 MCG	P	QL(1 ea daily);RX/OTC
EQL ONE DAILY ADULT GUMMIES CHEW 2.5 MG-30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EQL ONE DAILY MENS TABS 105 MCG-90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-600 MCG-1.2 MG-15 MG-2 MG-120 MG-210 MG-99 MG-45 UNIT-2 MG-120 MCG	P	QL(1 ea daily);RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS 100 MG-10 MG-400 MCG-6 MCG-2 MG-20 MG-2 MG-100 MG-13.5 MG-70 MCG-40 MG	P	QL(1 ea daily);RX/OTC
EYE HEALTH CAPS 200 UNIT-250 MG-5 MG-1 MG-10 MG-1 MG	P	QL(1 ea daily);RX/OTC
EYE HEALTH/LUTEIN TABS 55 MCG-200 MG-2 MG-40 MG-2 MG-300 MCG-27 MG	P	QL(1 ea daily);RX/OTC
EYE MULTIVITAMIN CAPS 40 MG-250 MG-5 MG-1 MG-90 MG-2 MG	P	QL(1 ea daily);RX/OTC
EYE MULTIVITAMIN/LUTEIN CAPS 34.8 MG-226 MG-5 MG-90 MG-2 MG	P	QL(1 ea daily);RX/OTC
EYE MULTIVITAMIN/LUTEIN TABS 55 MCG-200 MG-2 MG-40 MG-2 MG-300 MCG-27 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EYE MULTIVITAMIN/SODIUM TABS 45.5 MG-113 MG-17.4 MG-0.4 MG-2148 MCG-3 MG	P	QL(1 ea daily);RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS 100 MG-150 MG-400 UNIT-0.5 MG	P	QL(1 ea daily);RX/OTC
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS 25 MG-400 UNIT-0.5 MG-100 MG-60 MCG	P	QL(1 ea daily);RX/OTC
FOLAGENT DHA CAPS 8 MCG-60 MG-300 MCG-1000 MCG-1.7 MG-20 MG-2.5 MG-10 MG-2 MG-10 MCG-20.1 MG-35 MG-28 MG-50 MG-2 MG-15 MG-200 MG-150 MCG-200 MG-1200 MCG	P	QL(1 ea daily);RX/OTC
FOLAMAX TABS 1.67 MG-60 MG-0.28 MG-26 MG-10 MCG-4.5 MG-20 MG-25 MG-80 MG-0.15 MG-300 MCG-0.013 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FOLAMED DHA CAPS 8 MCG-60 MG-300 MCG-1000 MCG-1.7 MG-20 MG-2.5 MG-10 MG-2 MG-10 MCG-20.1 MG-35 MG-28 MG-50 MG-2 MG-15 MG-200 MG-150 MCG-200 MG-1200 MCG	P	QL(1 ea daily);RX/OTC
FOLIFLEX TABS 13 MCG-250 MG-100 MCG-500 MCG-3.25 MG-22.5 MG-6 MG-15 MG-3.35 MG-13.75 MCG-45 MG-9 MG-37.5 MG-0.75 MG-25 MCG-25 MCG-37.5 MCG-1 MG-15 MG-75 MG-25 MCG-30 MCG-1500 MCG	P	QL(1 ea daily);RX/OTC
FOLIKA-CI TABS 1000 MCG-125 MG-2.5 MG-1000 MCG-1.4 MG-12.5 MCG-13 MG-200 MG-150 MCG	P	QL(1 ea daily);RX/OTC
FOLIKA-MG TABS 20 MG-60 MG-26 MG-280 MCG-1670 MCG-10 MCG-13 MCG-80 MG-25 MG-300 MCG-150 MCG-4.5 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FOLITIN-Z TABS 37.5 MCG-250 MG-6 MG-100 MCG-500 MCG-13.75 MCG-13 MCG-3.35 MG-22.5 MG-1500 MCG-15 MG-9 MG-75 MG-3.25 MG-37.5 MG-1 MG-30 MCG-15 MG-24.5 MG-25 MCG-25 MCG-45 MG-0.75 MG-25 MCG	P	QL(1 ea daily);RX/OTC
FOSFREE TABS 300 MG-50 MG-3 MG-5 MG-2 MG-1500 UNIT-1 MG-2 MG-10 MG-200 UNIT-14.5 MG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC
FREEDAVITE TABS 30 UNIT-400 UNIT-2 MG-30 MCG-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-1.8 MG-0.1 MG-1.5 MG-8 MG-60 MG-0.625 MG-75 MCG-35 MCG	P	QL(1 ea daily);RX/OTC
GENADEK STEP 1 CAPS 75 MCG-75 MG-1.9 MG-100 MCG-200 MCG-1.5 MG-75 MCG-12 MCG-1.7 MG-1000 MCG-10 MG-12 MG-10 MG-100.5 MG-10 MG-5450 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
GENADEK STEP 2 CAPS 75 MCG-75 MG-1.9 MG-100 MCG-200 MCG-1.5 MG-125 MCG-12 MCG-1.7 MG-1000 MCG-10 MG-12 MG-10 MG-100.5 MG-10 MG-5450 MCG	P	QL(1 ea daily);RX/OTC
GERI-FREEDA SENIOR FORMULA TABS 60 MCG-400 UNIT-15 MG-15 MCG-400 MCG-15 MG-15 MCG-10 MG-5000 UNIT-15 MG-10 MG-50 MG-15 MG-10 MG-0.5 MG-7.5 MG-10 MG-25 MG-15 UNIT-150 MG-1 MG-50 MG-150 MCG-35 MCG-25 MG	P	QL(1 ea daily);RX/OTC
HAIR SKIN & NAILS ADVANCED FORMULA TABS 10 MG-50 MG-3.5 MG-6.5 MG-25 MCG-25 MCG-7.5 MG-7.2 MG-1.2 MCG-25 MCG-750 MCG-5 MG-25 MG-10 MG-15 MG-3.3 MG-10 MG-5 MG-10 MG-20 MG-0.6 MG-5 MG-125 MG-150 MCG-25 MG-58 MG-10 MG-50 MG-0.6 MG	P	QL(1 ea daily);RX/OTC
HEALTHY EYES SUPERVISION2 CAPS 10 MG-250 MG-5 MG-1 MG-90 MG-1 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS 7.5 MG-90 MG-6 MG-30 MCG-400 MCG-10 MCG-12 MCG-3.4 MG-28 MCG-20 MG-10 MG-9 MG-3 MG-100 MG-15 MG-150 MCG-2 MG-7.5 MG-40 MG-75 MCG-150 MCG-27 MG-31 MG-2 MG-5 MCG-10 MCG-2 MG-50 MCG-1500 MCG-70 MCG-10 MCG	P	QL(1 ea daily);RX/OTC
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS 1 MG-60 MG-2 MG-13.5 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-1.5 MG-15 MG-60 MG-150 MCG-45 MG-2 MG-5 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HM COMPLETE MEN TABS 2 MG-90 MG-2 MG-40 MCG-200 MCG-1000 UNIT-6 MCG-1.3 MG-60 MCG-16 MG-3500 UNIT-15 MG-8 MG-600 MCG-1.2 MG-11 MG-100 MG-10 MCG-10 MCG-210 MG-80 MG-50 MCG-150 MCG-45 UNIT-20 MG-0.9 MG-5 MCG-2.3 MG-100 MCG-35 MCG-72 MG	P	QL(1 ea daily);RX/OTC
HM HAIR/SKIN/NAILS TABS 1 MG-20 MG-1.667 MG-1666.667 MCG-66.667 MCG-1.667 MG-8.333 MCG-2.667 MCG-0.667 MG-3.333 MG-10 MG-8.333 MG-500 MCG-5 MG-3.333 MG-16.667 MG-16.667 MG-2.5 MG-0.667 MG-124 MG-2.25 MG-60 MG-12.667 MG	P	QL(1 ea daily);RX/OTC
HYLAZINC TABS 6 MCG-100 MG-10 MG-1 MG-1.7 MG-20 MG-1.5 MG-50 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ICAPS AREDS FORMULA TABS 10 MCG-113 MG-3 MG-3 MG-10 MG-3.4 MG-30 MG-5000 UNIT-17.4 MG-0.4 MG-400 UNIT-30 UNIT-7160 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MG-150 MCG-100 UNIT-31 MG-33 MG	P	QL(1 ea daily);RX/OTC
IMMUNE SUPPORT CHEW 4 MCG-250 MG-500 UNIT-10 MG-2 MG-7.5 UNIT-0.75 MG	P	QL(1 ea daily)
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS 3.75 MG-250 MG-25 MG-7.5 MG-25 MCG-100 MCG-7.5 MG-50 MG-125 UNIT-30 MG-7.5 MG-7.5 MG-7.5 MG-7.5 MG-18.75 MG-150 MG-12.5 MG-50 MG-25 MG-50 UNIT-125 MG-2500 UNIT-2.25 MG-1.25 MG-37.5 MCG-0.25 MG-0.25 MG-50 MG-18.75 MCG-25 MCG-37.5 MG-125 MCG-12.5 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LIVER DETOX TABS 200 MG-75 MG-400 MCG-25 MG-25 MG-25 MG-75 MG-25 MG-25 MG-150 MG-150 MG-100 MG-61 MG-100 MCG-125 MCG	P	QL(1 ea daily);RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS 20 MG-60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG	P	QL(1 ea daily);RX/OTC
MACULAR VITAMIN BENEFIT TABS 200 UNIT-250 MG-25 MG-25 MCG-500 MCG-500 MCG-25 MG-25 MG-25 MG-25 MG-40 MG-1 MG	P	QL(1 ea daily);RX/OTC
MEGA MULTI FOR MEN TABS 25 MG-150 MG-25 MG-15 MG-125 MCG-200 MCG-2.5 MG-5 MG-2.5 MCG-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-33.5 MG-2.5 MG-1500 MCG-105 MG-75 MCG-25 MG-12.5 MG-25 MCG-5 MCG-35 MG-15 MG-15 MG-35 MG-35 MG-50 MCG-25 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MEGA MULTI FOR WOMEN TABS 25 MG-100 MG-40 MG-40 MCG-200 MCG-200 UNIT-40 MCG-5000 UNIT-40 MG-37.5 MCG-5 MG-10 MCG-40 MG-250 MCG-40 MG-5 MG-40 MG-100 MG-7.5 MG-50 UNIT-12.5 MG-255 MG-135 MCG-12.5 MG-1 MCG-1 MG-2.5 MG-13.5 MG-25 MCG-50 MCG-2.5 MG-1 MG-1 MG-50 MCG	P	QL(1 ea daily);RX/OTC
MEGAVITE FRUITS & VEGGIES TABS 18 MG-180 MG-300 MCG-800 MCG-2 MG-1200 UNIT-18 MCG-5.1 MG-5 MG-5 MG-20 MG-30 MG-5 MG-4.5 MG-5 MG-2 MG-15000 UNIT-100 MG-15 UNIT-15 MG-120 MG-150 MCG-2 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MEGAVITE GOLDEN YEARS 55+ TABS 50 MG-180 MG-6 MG-300 MCG-800 MCG-1200 UNIT-18 MCG-5.1 MG-5 MG-5 MG-20 MG-10 MG-5 MG-100 MG-4.5 MG-50 MG-50 MG-50 MG-5 MG-2 MG-15000 UNIT-150 MCG-15 UNIT-2 MG-100 MG	P	QL(1 ea daily);RX/OTC
MENS 50+ ADVANCED CAPS 150 MCG-72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-300 MCG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-33 UNIT-5 MCG-10 MCG-180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS 25 MG-125 MG-2.5 MG-150 MCG-300 MCG-25 MG-200 UNIT-25 MCG-2500 UNIT-2.5 MG-15 MG-10 MG-1 MG-5 MG-125 MG-1 MG-1.5 MG-1 MG-2.5 MG-12.5 MG-20 MG-62.5 MG-30 UNIT-0.5 MG-25 MCG-1 MG-100 MCG-60 MCG-40 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MENS 50+ MULTIVITAMIN TABS 0.05 MG-400 UNIT-500 MG-25 MG-0.15 MG-1 MG-50 MCG-25 MG-20 MG-100 MG-10 MG-20 MG-50 MG-15 MG-3 MG-20 MCG-60 UNIT-50 MCG, 0.5 MG-400 UNIT-100 MG-25 MG-30 MCG-400 MCG-25 MG-30 MCG-25 MG-150 MG-25 MG-3.75 MG-35 MG-100 MG, 0.5 MG-60 MG-1 MG-400 MCG-400 UNIT-1 MCG-2.5 MG-15 MG-5000 UNIT-5 MG-2.5 MG-2.5 MG-0.37 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG, 0.5 MG-60 MG-1 MG-400 MCG-400 UNIT-1 MCG-2.5 MG-15 MG-5000 UNIT-5 MG-7.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.375 MG, 0.5 MG-60 MG-1 MG-400 MCG-400 UNIT-1 MCG-5 MG-2.5 MG-15 MG-5000 UNIT-2.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.37 MG, 0.6 MG-50 MG-50 MG-3.5	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MG-6.5 MG-25		
MCG-25 UNIT-25		
MCG-7.5 MG-7.2		
MG-50 UNIT-25		
MCG-2500 UNIT-15		
MG-5 MG-25 MG-10		
MG-3.3 MG-10 MG-5		
MG-10 MG-20 MG-0.6		
MG-150 MCG-54		
MG-70 MG-897 MCG,		
1 MCG-50 MG-2		
MG-20 MG-1 MG-1		
MG-2.5 MG-10		
MCG-4.5 MG-10 MG-1		
MG-5 MCG-3.75		
MG-150 MCG-5		
MCG-1500 MCG, 1		
MG-10 MG-400		
MCG-20 MG-50		
MCG-20 MG-20		
MG-10 MG-29 MG-0.2		
MG-60 MG, 1 MG-120		
MG-6 MG-60		
MCG-400 MCG-4.5		
MG-400 UNIT-18		
MCG-10 MG-5.1		
MG-40 MG-275		
MCG-18 MG-300		
MCG-100 MG-15		
MG-3.5 MG-80 MG-2		
MG-13 MCG-200		
MCG-200 MCG-165		
MG-150 MCG-200		
MCG-60 UNIT-80		
MG-6.5 MCG-10 MG-5		
MG-7.5 MG-5000		
UNIT-80 MCG-200		
MCG-72 MG-13		
MCG-10 MG-25 MG-5		
MG-10 MG-25 MG-5		
MG, 1 MG-120 MG-6		
MG-60 MCG-400		
MCG-4.5 MG-400		

Drug Name	Drug Tier	Requirements/Limits
UNIT-24 MCG-10		
MG-5.1 MG-40		
MG-275 MCG-18		
MG-300 MCG-100		
MG-15 MG-3.5		
MG-0.5 MG-100 MG-2		
MG-13 MCG-1		
MG-200 MCG-165		
MG-150 MCG-200		
MCG-60 UNIT-80		
MG-6.5 MCG-10 MG-2		
MG-7.5 MG-5000		
UNIT-80 MCG-200		
MCG-90 MG-13		
MCG-2 MG-5 MG-25		
MG-10 MG-1 MG-0.5		
MG-1 MG-25 MG-1		
MG, 1 MG-150 MG-2		
MG-2.5 MG-10		
MCG-7.5 MCG-10		
MG-100 MG-3000		
MCG-10 MG-15		
MG-15 MG-5 MG-1		
MG-1.5 MG-150 MCG,		
1 MG-20 MG-1.667		
MG-1 MG-66.667		
MCG-1.667		
MG-333.333		
UNIT-2.667		
MCG-1666.667		
UNIT-0.667 MG-3.333		
MG-10 MG-8.333		
MG-5 MG-3.333		
MG-16.667		
MG-16.667 MG-2.5		
MG-0.667 MG-66.667		
MG-5 UNIT-30		
MG-12.667 MG, 1		
MG-20 MG-1.667		
MG-1000 MCG-66.667		
MCG-333.333		
UNIT-2.667		
MCG-0.667 MG-3.333		

Drug Name	Drug Tier	Requirements/Limits
MG-10 MG-8.333		
MG-1666.667 UNIT-5		
MG-3.333 MG-1.667		
MG-16.667		
MG-16.667 MG-2.5		
MG-66.667 MG-5		
UNIT-30 MG-0.667		
MG-12.667 MG, 1		
MG-20 MG-1.667		
MG-1666.667		
MCG-66.667		
MCG-1.667 MG-8.333		
MCG-2.667		
MCG-0.667 MG-3.333		
MG-10 MG-8.333		
MG-500 MCG-5		
MG-3.333 MG-16.667		
MG-16.667 MG-2.5		
MG-0.667 MG-124		
MG-2.25 MG-60		
MG-12.667 MG, 1		
MG-250 MG-5 MG-1		
MG-12.5 MG-1		
MG-94.3 MG-200		
UNIT, 1 MG-5 MG-250		
MCG-400 MG-50		
MG-2 MG-10 MG, 1		
MG-60 MG-2 MG-13.5		
MG-400 MCG-10		
MCG-6 MCG-1.7		
MG-20 MG-1500		
MCG-10 MG-18		
MG-1.5 MG-15 MG-60		
MG-150 MCG-45		
MG-2 MG-5 MG, 1		
MG-60 MG-2 MG-30		
UNIT-400 MCG-20		
MG-400 UNIT-6		
MCG-10 MG-1.7		
MG-5000 UNIT-1.5		
MG-16 MG-2 MG-15		
MG-60 MG-150		
MCG-45 MG-5 MG, 1		

Drug Name	Drug Tier	Requirements/Limits
MG-60 MG-2 MG-400		
MCG-400 UNIT-6		
MCG-1.7 MG-20		
MG-5000 UNIT-10		
MG-18 MG-1.5 MG-15		
MG-60 MG-150		
MCG-30 UNIT-45		
MG-2 MG-5 MG, 1.5		
MG-500 MCG-5		
MG-600 MG-5 MG-10		
MG, 1.67 MG-60		
MG-0.28 MG-26		
MG-10 MCG-4.5		
MG-20 MG-25 MG-80		
MG-0.15 MG-300		
MCG-0.013 MG, 1.75		
MG-30 MG-6.25		
MG-200 MCG-5		
MG-200 UNIT-12.5		
MCG-5 MG-12.5 MG-5		
MG-0.5 MG-5		
MG-86.25 MCG-75		
MG-1.25 MG-200		
MG-12.5 MCG-32		
MG-0.75 MG-25		
MCG-5 MG-1.25 MG,		
10 MCG-113 MG-3		
MG-3 MG-10 MG-3.4		
MG-30 MG-5000		
UNIT-17.4 MG-0.4		
MG-400 UNIT-30		
UNIT-7160 UNIT-27		
MG-100 MG-5 MG-15		
MCG-7.5 MG-15		
MG-150 MCG-100		
UNIT-31 MG-33 MG,		
10 MCG-120 MG-3		
MG-15 MCG-400		
MCG-400 UNIT-9		
MCG-3.4 MG-30		
MG-5500 UNIT-10		
MG-18 MG-3 MG-100		
MG-15 MG-2 MG-40		

Drug Name	Drug Tier	Requirements/Limits
MG-7.5 MG-15 MCG-150 MCG-30 UNIT-31 MG-5 MG-15 MCG, 10 MCG-120 MG-3 MG-15 MCG-400 MCG-400 UNIT-9 MCG-5500 UNIT-3.4 MG-30 MG-10 MG-27 MG-3 MG-100 MG-15 MCG-40 MG-10 MG-15 MCG-150 MCG-30 UNIT-15 MG-2 MG-5 MG, 10 MCG-120 MG-3 MG-15 MCG-400 MCG-400 UNIT-9 MCG-5500 UNIT-3.4 MG-30 MG-10 MG-27 MG-3 MG-100 MG-40 MG-10 MG-15 MCG-150 MCG-30 UNIT-15 MG-2 MG-5 MG-15 MCG, 10 MCG-128 MG-7.5 MCG-100 MCG-0.5 MG-100 UNIT-1.5 MCG-2.5 MG-6.25 MCG-2.5 MG-1.67 MG-2.5 MG-0.83 MG-83.25 MG-0.075 MG-0.38 MG-25 MG-21.15 MG-0.9 MG-18.75 MCG-30 MCG-37.5 MCG-107.5 UNIT-35 MG-0.5 MG, ...(423)		

Drug Name	Drug Tier	Requirements/Limits
MENS MULTI VITAMIN & MINERAL FORMULA TABS 25 MG-125 MG-12.5 MG-150 MCG-200 MCG-25 MG-12.5 MG-200 UNIT-12.5 MCG-2500 UNIT-12.5 MG-40 MCG-15 MG-12.5 MG-1 MG-12.5 MG-125 MG-1 MG-1.5 MG-1 MG-7.5 MG-20 MG-62.5 MG-35 MCG-30 UNIT-1 MG-0.5 MG-25 MCG-75 MCG-60 MCG	P	QL(1 ea daily);RX/OTC
MENS MULTIVITAMIN CHEW 8.75 MCG-37.5 MG-2 MG-50 MCG-7.5 MG-200 MCG-10 MCG-7.5 MCG-300 MCG-5 MG-2.5 MG-75 MCG-27.5 MCG	P	QL(1 ea daily)
MENS MULTIVITAMIN TABS 110 MCG-60 MG-3 MG-75 MCG-22.5 UNIT-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-2 MG-120 MCG-3500 UNIT	P	QL(1 ea daily);RX/OTC
MOOD FOOD ES CAPS 255 MCG-10 MG-50 MG-50 MG-2.5 MG-150 MG-50 MG-35 MG-1.5 MG-25 MCG-15 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MULTI-BETIC DIABETES TABS 35 MCG-2.5 MG-150 MCG-200 MCG-200 UNIT-50 MCG-2500 UNIT-1.7 MG-0.5 MG-10 MG-1.5 MG-1 MG-1.5 MG-50 MG-100 MG-50 UNIT-20 MG-125 MG-50 MG-2.5 MG-7.5 MG-100 MCG-100 MCG	P	QL(1 ea daily);RX/OTC
MULTI-BETIC DIABETES SUPPORT TABS 50 MCG-125 MG-150 MCG-200 MCG-1.5 MG-20 MG-50 MG-2.5 MG-10 MG-1.7 MG-0.5 MG-1.5 MG-5 MCG-33.5 MG-100 MG-2.5 MG-50 MG-100 MCG-1 MG-100 MCG-7.5 MG-35 MCG-900 MCG	P	QL(1 ea daily);RX/OTC
multiple vitamins w/ minerals tabs 72 MG-100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
multiple vitamins w/ minerals chew 2.5 MG-30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG-20 UNIT	P	QL(1 ea daily)
multiple vitamins w/ minerals caps 15 MG-60 MG-13.5 MG-6 MG	P	QL(1 ea daily);RX/OTC
MULTIVITAMIN TABS	P	QL(1 ea daily);RX/OTC
MULTIVITAMIN MEN TABS 2 MG-90 MG-2 MG-40 MCG-200 MCG-600 UNIT-6 MCG-1.3 MG-60 MCG-16 MG-3500 UNIT-15 MG-8 MG-210 MG-600 MCG-1.2 MG-11 MG-0.9 MG-150 MCG-45 UNIT-100 MG-80 MG-150 MCG-20 MG-5 MCG-10 MCG-2.3 MG-35 MCG-100 MCG-50 MCG-10 MCG-72 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MULTI-VITAMIN MONOCAPS TABS 10 MG-400 UNIT-15 MG-15 MCG-400 MCG-15 MG-15 MCG-5000 UNIT-15 MG-40 MG-15 MG-14 MG-0.1 MG-3.75 MG-30 MG-15 UNIT-120 MG-1 MG-50 MG-150 MCG-35 MCG-10 MG	P	QL(1 ea daily);RX/OTC
MULTIVITAMIN WOMEN TABS 72 MG-75 MG-2 MG-40 MCG-400 MCG-25 MCG-6 MCG-1.1 MG-50 MCG-14 MG-1050 MCG-15 MG-18 MG-1.1 MG-8 MG-100 MG-80 MG-2 MG-200 MG-50 MCG-150 MCG-15.7 MG-20 MG-10 MCG-1.8 MG-18 MCG-0.5 MG-10 MCG-32 MCG	P	QL(1 ea daily);RX/OTC
MULTIVITAMIN/ZINC STRESSFORMULA TABS 3 MG-500 MG-5 MG-45 MCG-400 MCG-12 MCG-10 MG-100 MG-20 MG-15 MG-13.5 MG-23.9 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MVW COMPLETE FORMULATION CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-800 MCG-20 MG-12 MG-1.5 MG	P	QL(1 ea daily);RX/OTC
MVW COMPLETE FORMULATIOND3000 CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-3000 UNIT-6 MCG-16000 UNIT-1.7 MG-800 MCG-20 MG-12 MG-1.5 MG	P	QL(1 ea daily);RX/OTC
MVW COMPLETE FORMULATIOND500 CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 UNIT-200 MCG-5000 UNIT-6 MCG-16000 UNIT-1.7 MG-800 MCG-20 MG-12 MG-1.5 MG	P	QL(1 ea daily);RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS 10 MG-100 MG-1.9 MG-100 MCG-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-20 MG-12 MG-1.5 MG-200 UNIT	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS 2 MG-400 UNIT-90 MG-6 MG-30 MCG-400 MCG-12 MCG-3.4 MG-28 MCG-20 MG-5000 UNIT-10 MG-9 MG-3 MG-100 MG-15 MG-2 MG-7.5 MG-150 MCG-40 MG-75 MCG-150 MCG-60 UNIT-31 MG-5 MCG-10 MCG-2 MG-50 MCG-70 MCG-10 MCG-7.5 MG	P	QL(1 ea daily);RX/OTC
NATRUL-VITES TABS 50 MG-150 MG-1 MCG-25 MG-15 MG-50 MCG-25 MG-50 MG-50 MG-50 MG-12.5 MG-15 MG-5 MG-50 MG-0.25 MG-25 MG-400 UNIT-12.5 UNIT-7.2 MG-2.2 MG-6.15 MG-67 MG-0.1 MG-35 MG-15 MG-10000 UNIT-162 MG	P	QL(1 ea daily);RX/OTC
NEOVITE TABS 200 MCG-125 MG-300 MCG-1000 MCG-100 MG-12.5 MG-1.5 MG-10 MCG-1000 MCG-1.7 MG-20 MG-1 MG-1500 MCG-10 MG	P	QL(1 ea daily);RX/OTC
NICADAN TABS 20 MG-100 MG-10 MG-500 MCG-50 MG-800 MG-2 MG-5 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
NICADAN ZX TABS 1 MG-5 MG-250 MCG-400 MG-50 MG-2 MG-10 MG	P	QL(1 ea daily);RX/OTC
NICAZEL TABS 1.5 MG-500 MCG-5 MG-600 MG-5 MG-10 MG	P	QL(1 ea daily);RX/OTC
NICAZEL FORTE TABS 2 MG-500 MCG-8 MG-12 MG	P	QL(1 ea daily);RX/OTC
NO IRON MULTIPLE VITAMIN/MINERALS TABS 0.5 MG-60 MG-1 MG-400 MCG-400 UNIT-1 MCG-2.5 MG-15 MG-5000 UNIT-5 MG-2.5 MG-2.5 MG-0.37 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG	P	QL(1 ea daily);RX/OTC
NUTRICAP TABS 25 MCG-150 MG-10 MG-80 MCG-1 MG-5 MG-15 MG-25 MCG-17 MG-20 MG-10 MG-18 MG-50 MG-400 UNIT-6000 UNIT-25 MCG-25 MCG-150 MCG-200 UNIT-18 MG-2 MG-2 MG-33.5 MCG	P	QL(1 ea daily);RX/OTC
OCULAR VITAMINS TABS 100 UNIT-113 MG-0.5 MG-17.4 MG-0.4 MG-7160 UNIT	P	QL(1 ea daily);RX/OTC
OCUVEL CAPS	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
OCUVITE ADULT 50+ CAPS 250 MG-150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG	P	QL(1 ea daily);RX/OTC
OCUVITE ADULT FORMULA CAPS 100 MG-100 MG-15 UNIT-2 MG-9 MG-1 MG	P	QL(1 ea daily);RX/OTC
OCUVITE LUTEIN CAPS 2 MG-60 MG-30 UNIT-5 MG-15 MG	P	QL(1 ea daily);RX/OTC
ONCOVITE TABS 8000 UNIT-500 MG-25 MG-0.1 MG-100 UNIT-1.5 MCG-2.5 MG-0.425 MG-5 MG-0.368 MG-100 UNIT-10000 UNIT-22.5 MG	P	QL(1 ea daily);RX/OTC
ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW 0.6 MCG-45 MG-15 MCG-120 MCG-8 MG-0.85 MG-1 MG-25 MCG-6.75 MG-2.5 MG-75 MCG-27.5 MCG-300 MCG	P	QL(1 ea daily)
ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW 55 MCG-37.5 MG-2.5 MG-300 MCG-15 UNIT-200 MCG-200 UNIT-7.5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-2.5 MG-75 MCG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ONE A DAY WOMENS 50+ ADVANCED CHEW 8.5 MCG-20 MG-15 MCG-75 MCG-0.09 MG-7 MG-0.75 MG-1.4 MG-0.13 MG-12.5 MCG-7.5 MG-2.5 MG-1.1 MG-75 MCG-27.5 MCG-225 MCG	P	QL(1 ea daily)
ONE DAILY MENS 50+ MULTIVITAMIN TABS 25 MCG-120 MG-30 MCG-400 MCG-4.5 MG-20 MG-6 MG-15 MG-3.4 MG-370 MCG-17.5 MCG-11.4 MG-110 MG-4.2 MG-90 MCG-180 MCG-2.2 MG-24 MG-120 MG-150 MCG-117 MCG-940 MCG-20 MCG	P	QL(1 ea daily);RX/OTC
ONE DAILY MENS FORMULA W/O IRON TABS 87.5 MCG-90 MG-3 MG-30 MCG-400 MCG-400 UNIT-9 MCG-5000 UNIT-2.55 MG-20 MG-10 MG-2.25 MG-100 MG-37.5 MG-130 MG-150 MCG-45 UNIT-100 MG-15 MG-2 MG-3.5 MG-34 MG-75 MCG-150 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE DAILY WOMENS TABS 20 MCG-60 MG-2 MG-300 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-2500 UNIT-10 MG-18 MG-500 MG-1.5 MG-15 MG-150 MCG-22.5 UNIT-2 MG-2 MG-120 MCG	P	QL(1 ea daily);RX/OTC
ONE DIALY MULTIVITAMIN WOMENS TABS 6 MCG-75 MG-1000 MCG-400 MCG-1.2 MG-16 MG-1.7 MG-5 MG-1.3 MG-25 MCG-7.5 MG-18 MG-1.8 MG-25 MCG-0.9 MG-8 MG-380 MG-150 MCG-27.5 MCG-700 MCG-25 MCG	P	QL(1 ea daily);RX/OTC
ONE-A-DAY ENERGY TABS 5 MG-60 MG-4 MG-300 MCG-400 MCG-400 UNIT-12 MCG-3.4 MG-25 MCG-40 MG-3500 UNIT-10 MG-9 MG-3 MG-40 MG-15 MG-2 MG-250 MG-99 MG-25 MCG-150 MCG-22.5 UNIT-5 MCG-10 MCG-2 MG-100 MCG-45 MCG-89.8 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW 50 MG-32.5 MG-0.6 MG-15 MCG-15 UNIT-100 MCG-300 UNIT-1.2 MCG-37.5 MCG-7 MG-1250 UNIT	P	QL(1 ea daily)
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW 50 MG-37.5 MG-0.65 MG-15 MCG-15 UNIT-100 MCG-300 UNIT-1.2 MCG-37.5 MCG-8 MG-1250 UNIT	P	QL(1 ea daily)
ONE-A-DAY MENOPAUSE FORMULA TABS 60 MG-60 MG-8 MG-300 MCG-400 MCG-800 UNIT-12 MCG-3.4 MG-20 MG-2500 UNIT-15 MG-3 MG-50 MG-15 MG-1 MG-300 MG-37.5 MCG-150 MCG-33 UNIT-2 MG-120 MCG-20 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY MENS TABS 6.24 MCG-99 MG-43 MCG-240 MCG-1.07 MG-17.6 MG-2.17 MG-15.5 MG-1.43 MG-300 MCG-25 MCG-15 MG-120 MG-2.3 MG-35 MCG-0.9 MG-11 MG-210 MG-150 MCG-55 MCG-900 MCG-30 MCG	P	QL(1 ea daily);RX/OTC
ONE-A-DAY MENS 50+ TABS 117 MCG-120 MG-6 MG-30 MCG-400 MCG-17.5 MCG-25 MCG-3.4 MG-20 MCG-20 MG-940 MCG-15 MG-370 MCG-4.5 MG-110 MG-24 MG-120 MG-90 MCG-150 MCG-11.4 MG-2.2 MG-4.2 MG-180 MCG	P	QL(1 ea daily);RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS 117 MCG-120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-370 MCG-4.5 MG-110 MG-24 MG-2.2 MG-120 MG-90 MCG-150 MCG-25.5 UNIT-4.2 MG-180 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY MENS HEALTH FORMULA TABS 110 MCG-60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG	P	QL(1 ea daily);RX/OTC
ONE-A-DAY MENS PRO EDGE TABS 70 MCG-80 MG-4 MG-300 MCG-400 MCG-800 UNIT-12 MCG-3.4 MG-20 MCG-25 MG-3500 UNIT-15 MG-3 MG-15 MG-200 MG-120 MCG-200 MG-33 UNIT-2 MG-2 MG	P	QL(1 ea daily);RX/OTC
ONE-A-DAY MENS VITACRAVES GUMMIES CHEW 55 MCG-37.5 MG-2.5 MG-300 MCG-15 UNIT-200 MCG-200 UNIT-7.5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-75 MCG-2.5 MG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY PROACTIVE 65+ TABS 12 MCG-45 MG-1 MG-15 MCG-200 MCG-0.75 MG-600 UNIT-25 MCG-5 MG-0.85 MG-10 MG-1250 UNIT-0.5 MG-50 MG-7.5 MG-250 MG-75 MCG-27.5 MCG-1 MG	P	QL(1 ea daily);RX/OTC
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS 20 MCG-120 MG-5 MG-300 MCG-400 MCG-400 UNIT-15 MCG-4.25 MG-25 MCG-30 MG-2500 UNIT-10 MG-9 MG-3.75 MG-100 MG-15 MG-2 MG-200 MG-30 UNIT-2 MG-120 MCG	P	QL(1 ea daily);RX/OTC
ONE-A-DAY VITACRAVES CHEW 2.5 MG-30 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG	P	QL(1 ea daily)
ONE-A-DAY VITACRAVES ADULT CHEW 2.5 MG-30 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW 17.5 MCG-62.5 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-2000 UNIT-10 MG-40 MCG-2.5 MG	P	QL(1 ea daily)
ONE-A-DAY VITACRAVES SOURGUMMIES CHEW 2.5 MG-30 MG-1 MG-75 MCG-20 UNIT-200 MCG-200 UNIT-5 MCG-30 MCG-20 MCG-2000 UNIT-5 MG-40 MCG	P	QL(1 ea daily)
ONE-A-DAY VITACRAVES WOMENS MULTI CHEW 1.25 MG-15 MG-1 MG-75 MCG-15 UNIT-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-50 MG-20 MCG	P	QL(1 ea daily)
ONE-A-DAY WEIGHT SMART ADVANCED TABS 70 MCG-60 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.1 MG-80 MCG-25 MG-2500 UNIT-12.5 MG-18 MG-200 MG-1.9 MG-15 MG-50 MG-30 UNIT-2 MG-2 MG-200 MCG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY WOMENS TABS 9.6 MCG-90 MG-45 MCG-400 MCG-2.4 MG-24 MG-3.4 MG-7.5 MG-1.95 MG-25 MCG-15 MG-18 MG-42 MG-1.35 MG-8 MG-130 MG-150 MCG-41 MCG-700 MCG	P	QL(1 ea daily);RX/OTC
ONE-A-DAY WOMENS 50+ TABS 25 MCG-120 MG-30 MCG-400 MCG-3.6 MG-20 MG-6 MG-15 MG-3.4 MG-25 MCG-13.5 MG-50 MG-4.2 MG-90 MCG-180 MCG-2.2 MG-24 MG-300 MG-150 MCG-27 MCG-940 MCG-20 MCG	P	QL(1 ea daily);RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 27 MCG-120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG-2.2 MG-500 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS 27 MCG-120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG-2.2 MG-300 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS 20 MCG-60 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG-2 MG-30 UNIT-2 MG-120 MCG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC
ONE-A-DAY WOMENS PETITES TABS 10 MCG-30 MG-1 MG-15 MCG-200 MCG-500 UNIT-3 MCG-0.85 MG-12.5 MCG-5 MG-1250 UNIT-2.5 MG-9 MG-250 MG-0.75 MG-25 MG-7.5 MG-1 MG-11.25 UNIT-1 MG-60 MCG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS 20 MCG-90 MG-2 MG-300 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-5 MG-6 MG-2500 UNIT-5 MG-18 MG-1.5 MG-50 MG-7.5 MG-2 MG-300 MG-30 UNIT-120 MCG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW 1.25 MG-15 MG-1 MG-75 MCG-15 UNIT-200 MCG-400 UNIT-4.5 MCG-1250 UNIT-50 MG-20 MCG	P	QL(1 ea daily)
ONE-DAILY MULTI CAPS CAPS 100 MCG-150 MG-15 MG-100 MCG-800 MCG-10 MCG-100 MCG-15 MG-10 MG-10 MG-50 MG-500 MCG-25 MG-1 MG-500 MCG-2 MG-15 MG-100 MCG-40 MG-3000 MCG-5 MG-75 MCG-25 MG-150 MCG-5 MG-10 MG	P	QL(1 ea daily);RX/OTC
ONEVITE TABS 200 MCG-125 MG-300 MCG-1000 MCG-100 MG-12.5 MG-1.5 MG-10 MCG-1000 MCG-1.7 MG-20 MG-1 MG-1500 MCG-10 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
OPTIFAST POST BARIATRIC CHEW 125 MCG-23 MG-7.5 MCG-120 MCG-3 MG-4 MG-0.5 MG-1.3 MG-0.33 MG-18.8 MCG-10 MG-105 MG-0.6 MG-11.2 MCG-9 MCG-0.7 MG-7.5 MG-320 MG-38 MCG-60 MG-13.8 MCG-540 MCG-30 MCG	P	QL(1 ea daily)
OPTIMUM AIRVITES CHEW 3.75 MCG-12.5 MG-250 MG-500 UNIT-10 MG-2 MG-7.5 UNIT-0.75 MG	P	QL(1 ea daily)
OPTISOURCE POST BARIATRIC SURGERY CHEW 17.5 MCG-15 MG-0.5 MG-15 MCG-200 MCG-200 UNIT-125 MCG-0.43 MG-40 MCG-5 MG-1875 UNIT-2.5 MG-9 MG-0.75 MG-7.5 MG-0.5 MG-15 UNIT-100 MG-250 MG-18.75 MCG-37.5 MCG-50 MG-30 MCG-0.5 MG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
OPTIVITE P.M.T. TABS 10 MCG-250 MG-50 MG-10 MCG-33.33 MCG-52.17 MG-16.67 UNIT-2083.33 UNIT-4.17 MG-4.17 MG-4 MG-4.17 MG-4.17 MG-4.17 MG-4.17 MG-16.67 MG-16.67 UNIT-2.5 MG-41.67 MG-1.67 MG-8 MG-16.67 MCG-4.17 MG-20.83 MG-12.5 MCG-16.67 MCG-41.67 MG-15.5 MG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC
OPURITY TABS 75 MCG-60 MG-2 MG-30 MCG-400 MCG-800 UNIT-6 MCG-1.7 MG-20 MG-3500 UNIT-10 MG-18 MG-200 MG-1.5 MG-50 MG-11 MG-1 MG-80 MG-150 MCG-30 UNIT-20 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG	P	QL(1 ea daily);RX/OTC
OPURITY/BYPASS OPTIMIZED CHEW 70 MCG-180 MG-5 MG-600 MCG-800 MCG-1600 UNIT-350 MCG-4.3 MG-40 MG-7500 UNIT-20 MG-6 MG-80 MG-50 MG-2 MG-300 MCG-60 UNIT-100 MCG-2 MG-30 MG-20 MG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS 1.75 MG-30 MG-6.25 MG-200 MCG-5 MG-200 UNIT-12.5 MCG-5 MG-12.5 MG-5 MG-0.5 MG-5 MG-86.25 MCG-75 MG-1.25 MG-200 MG-12.5 MCG-32 MG-0.75 MG-25 MCG-5 MG-1.25 MG	P	QL(1 ea daily);RX/OTC
PARVLEX TABS 1 MG-10 MG-400 MCG-20 MG-50 MCG-20 MG-20 MG-10 MG-29 MG-0.2 MG-60 MG	P	QL(1 ea daily);RX/OTC
PHYTOMULTI TABS 100 MCG-60 MG-12.5 MG-250 MCG-50 UNIT-500 UNIT-7.5 MG-60 MCG-12.5 MG-12.5 MG-25 MG-3 MG-5000 UNIT-37.5 MG-1 MG-5 MG-3 MG-12.5 MG-7.5 MG-20 MG-0.25 MG-25 MCG-75 MCG-0.5 MG-100 MCG-400 MCG-50 MCG	P	QL(1 ea daily);RX/OTC
PRESERVISION AREDS CAPS 200 UNIT-226 MG-34.8 MG-0.8 MG-14320 UNIT	P	QL(1 ea daily);RX/OTC
PRESERVISION AREDS TABS 100 UNIT-113 MG-17.4 MG-0.4 MG-7160 UNIT	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRESERVISION AREDS 2 CHEW 200 UNIT-250 MG-5 MG-1 MG-40 MG-1 MG	P	QL(1 ea daily)
PRESERVISION AREDS 2 CAPS 90 MG-250 MG-5 MG-1 MG-40 MG-1 MG	P	QL(1 ea daily);RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS 25 MCG-250 MG-1 MG-15 MCG-200 UNIT-0.75 MG-300 UNIT-12.5 MCG-0.85 MG-15 MCG-10 MG-5 MG-5 MG-1 MG-50 MG-1 MG-40 MG-22.5 MCG-75 MCG-200 UNIT-9.5 MCG	P	QL(1 ea daily);RX/OTC
PRESERVISION/LUTEIN CAPS 200 UNIT-226 MG-5 MG-34.8 MG-0.8 MG	P	QL(1 ea daily);RX/OTC
PRO-CAL TABS 145 MG-7.5 MG-100 UNIT-40 MG-187.5 MG	P	QL(1 ea daily);RX/OTC
PROCERV HP TABS 200 MG-100 MG-3 MG-15 MCG-50 UNIT-300 MCG-1000 UNIT-25 MCG-3000 UNIT-5 MG-50 MCG-50 MG-12.5 MG-5 MG-9 MG-50 MG-5 MG-100 MG-50 MG-7.5 MG-1 MG-1 MG-125 MCG-5 MCG-37.5 MCG-75 MCG-50 MCG-35 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PROFOLA TABS 1.67 MG-60 MG-0.28 MG-26 MG-10 MCG-4.5 MG-20 MG-25 MG-80 MG-0.15 MG-300 MCG-0.013 MG	P	QL(1 ea daily);RX/OTC
PRORENAL+D TABS 55 MCG-60 MG-10 MG-30 MCG-800 MCG-1000 UNIT-2.4 MCG-2 MG-20 MG-5 MG-8 MG-0.9 MG-1.5 MG-8 MG-8 MG	P	QL(1 ea daily);RX/OTC
PRORENAL+D/OMEGA-3 CAPS 500 MG-30 MG-5 MG-15 MCG-5 UNIT-400 MCG-0.75 MG-500 UNIT-1.2 MG-1 MG-10 MG-2.5 MG-4 MG-4 MG-0.45 MG-21.5 MCG-110 MG-165 MG	P	QL(1 ea daily);RX/OTC
PROTECT CARDIO AF CAPS 50 MG-250 MG-120 UNIT-25 MG-25 MG-25 MG-25 MG-32 UNIT-30 MG-50 MG-174 MG-200 UNIT-75 MCG-60 MG-25 MG-100 MG-50 MCG-340 MG-90 MG-50 MCG-1100 MCG-50 MCG-500 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PROTECT PLUS SO CAPS 0.5 MG-250 MG-150 MCG-25 MG-25 MG-20 MG-25 MG-25 MG-25 MG-25 MG-25 MG-15 MG-15 MG-5 MCG-144 MG-100 MG-2.5 MG-25 MCG-100 MCG-0.5 MG-25 MCG-15 MG-15 MG-50 MG-50 MCG-2875 MCG-50 MCG-25 MCG-500 MCG	P	QL(1 ea daily);RX/OTC
PROTEGRA CAPS 50 MG-250 MG-60 UNIT-7.5 MG-1 MG-5000 UNIT-1.5 MG-15 MCG	P	QL(1 ea daily);RX/OTC
PROVIT TABS 29 MG-400 MG-6 MG-1000 MCG-10 MG-400 UNIT-6 MCG-5 MG-100 MG-20 MG-2700 UNIT-100 UNIT	P	QL(1 ea daily);RX/OTC
QC MULTI-VITE TABS 2 MG-60 MG-2 MG-30 MCG-30 UNIT-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-75 MCG-200 MG-45 MCG-150 MCG-20 MG-5 MCG-10 MCG-2.3 MG-0.5 MG-55 MCG-10 MCG-35 MCG-72 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
QC OCUHEALTH VISION SUPPORT 2 CAPS 1 MG-250 MG-90 MG-5 MG-1 MG-10 MG	P	QL(1 ea daily);RX/OTC
QUIN B STRONG TABS 15 MG-500 MG-25 MG-25 MCG-400 MCG-25 MG-25 MCG-25 MG-100 MG-25 MG	P	QL(1 ea daily);RX/OTC
RA CENTRAL-VITE TABS 72 MG-60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-2 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG	P	QL(1 ea daily);RX/OTC
RAYAVIT TABS 250 MCG-120 MG-120 MG-350 MCG-350 MCG-1 MG-1 MG-1.4 MG-1.4 MG-20 MG-20 MG-50 MG-50 MG-2 MG-2 MG-600 UNIT-15 MCG-15 MG-15 MG-27 MG-27 MG-25 MG-25 MG-1 MG-1 MG-25 MG-25 MG-290 MCG-290 MCG-60 MCG-60 MCG-750 MCG-2500 UNIT-250 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
REMEDIENT CAPS 8.5 MG-200 MG-1 MG-20 MCG-28 MG-60.3 MG-40 MG-8 MG-6 MCG-3.6 MG	P	QL(1 ea daily);RX/OTC
RENAPLEX-D TABS 70 MCG-60 MG-10 MG-300 MCG-800 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-15 MG-35 UNIT	P	QL(1 ea daily);RX/OTC
REPLACE CAPS 40 UNIT-100 MG-25 MG-0.02 MG-0.4 MG-25 MG-1000 UNIT-500 MCG-75 MG-25 MG-40 MG-4500 UNIT-2.5 MG-20 MG-10 MG-90 MG-2.5 MG-20 MCG-5 MG-50 MCG-0.1 MG-10 MG-900 MG-225 MCG-50 MCG-50 MG	P	QL(1 ea daily);RX/OTC
REQ 49+ TABS 2.5 MCG-100 MG-1 MG-20 MCG-200 MCG-5 MG-0.5 MG-200 UNIT-150 MCG-750 UNIT-1 MG-30 MCG-1.5 MG-2 MG-2.5 MG-190 MG-1.5 MG-0.7 MG-25 MG-10 MG-0.5 MG-15 MCG-40 MCG-50 MCG-30 MCG-50 MCG-100 UNIT-0.8 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SENTRY TABS 2 MG-60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-200 MG-1.5 MG-50 MG-11 MG-75 MCG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG	P	QL(1 ea daily);RX/OTC
SENTRY SENIOR TABS 2 MG-60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SENTRY SENIOR/LUTEIN TABS 10 MCG-60 MG-3 MG-30 MCG-45 UNIT-400 MCG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-5000 UNIT-10 MG-1.5 MG-100 MG-15 MG-2 MG-150 MCG-2 MG-200 MG-152 MG-75 MCG-150 MCG-48 MG-5 MCG-2 MG-150 MCG-20 MCG	P	QL(1 ea daily);RX/OTC
SIDEROL TABS 100 MG-250 MG-15 MG-400 MCG-50 MG-60 MCG-25 MG-15 MG-20 MG-150 MG-8 MG-3 MG	P	QL(1 ea daily);RX/OTC
SM ONE DAILY MENS TABS 110 MCG-60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-300 MCG-1.2 MG-15 MG-2 MG-120 MG-210 MG-22.5 UNIT-2 MG-120 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SM ONE DAILY WOMENS TABS 20 MCG-60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-15 MG-50 MG-500 MG-22.5 UNIT-2 MG-2 MG-120 MCG	P	QL(1 ea daily);RX/OTC
SOLO TABS 70 MCG-100 MG-30 MCG-30 UNIT-400 MCG-2000 UNIT-30 MCG-3000 UNIT-5 MG-80 MCG-100 MG-20 MG-10 MG-100 MG-5 MG-100 MG-15 MG-0.9 MG-250 MCG-5 MG-2 MG-10 MCG-75 MCG-150 MCG-100 MCG	P	QL(1 ea daily);RX/OTC
SPECTRAVITE TABS 72 MG-75 MG-2 MG-40 MCG-400 MCG-1000 UNIT-6 MCG-1.1 MG-50 MCG-14 MG-3500 UNIT-15 MG-18 MG-1.1 MG-8 MG-100 MG-80 MG-2 MG-200 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-1.8 MG-18 MCG-10 MCG-32 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
STROVITE FORTE TABS 0.1 MG-500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-20 MG-100 MG-3000 UNIT-25 MG-10 MG-20 MG-50 MG-3 MG-15 MG-1000 UNIT-25 MCG-60 UNIT-50 MCG *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC
STROVITE ONE TABS 3000 UNIT-300 MG-25 MG-100 MCG-1 MG-15 MG-20 MG-1000 UNIT-50 MCG-5 MG-25 MG-5 MG-15 MG-50 MG-25 MG-1.5 MG-1.5 MG-50 MCG-100 MCG-100 UNIT	P	QL(1 ea daily);RX/OTC
SUPER ANTIOXIDANT CAPS 3 MG-166.67 MG-30 UNIT-333.33 MG-10 MG-1000 MCG-1000 MCG-1000 MCG-10 MG-2 MG-333.33 UNIT-5 MG-25 MCG-6.67 MG-10 MG-1000 MCG	P	QL(1 ea daily);RX/OTC
SYSTANE ICAPS AREDS2 TABS 1 MG-250 MG-5 MG-1 MG-12.5 MG-1 MG-94.3 MG-200 UNIT	P	QL(1 ea daily);RX/OTC
SYSTANE ICAPS AREDS2 CHEW 1 MG-250 MG-5 MG-1 MG-12.5 MG-200 UNIT	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
THERA M PLUS TABS 6 MG-400 UNIT-90 MG-6 MG-30 MCG-400 MCG-12 MCG-3.4 MG-28 MCG-20 MG-5000 UNIT-10 MG-9 MG-3 MG-100 MG-15 MG-2 MG-150 MCG-30 MG-7 MG-75 MCG-150 MCG-60 UNIT-23 MG-5 MCG-10 MCG-2 MG-50 MCG-70 MCG-10 MCG	P	QL(1 ea daily);RX/OTC
THERABETIC MULTI-VITAMIN TABS 2.5 MG-125 MG-2.5 MG-300 MCG-400 MCG-2.5 MG-25 MG-400 UNIT-1875 UNIT-25 MG-25 MG-25 MG-25 MG-12.5 MG-50 MCG-100 UNIT-25 MG-62.5 MG-5 MG-7.5 MG-125 MG-25 MG-10 MG-75 MCG-65 MG-25 MCG-1 MG-100 MCG-37.5 MG-25 MCG-25 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
THERAGRAN-M TABS 7.5 MG-90 MG-6 MG-30 MCG-400 MCG-400 UNIT-12 MCG-3.4 MG-28 MCG-20 MG-5000 UNIT-10 MG-9 MG-3 MG-100 MG-15 MG-150 MCG-7.5 MG-2 MG-40 MG-75 MCG-150 MCG-60 UNIT-31 MG-2 MG-5 MCG-10 MCG-2 MG-50 MCG-70 MCG-10 MCG	P	QL(1 ea daily);RX/OTC
THERAGRAN-M ADVANCED TABS 7.5 MG-90 MG-6 MG-30 MCG-400 MCG-400 UNIT-12 MCG-3.4 MG-28 MCG-20 MG-5000 UNIT-10 MG-9 MG-3 MG-100 MG-15 MG-150 MCG-2 MG-40 MG-7.5 MG-75 MCG-150 MCG-60 UNIT-31 MG-2 MG-5 MCG-10 MCG-2 MG-50 MCG-70 MCG-10 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
THERAGRAN-M ADVANCED 50 PLUS TABS 72 MG-60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-100 MG-15 MG-150 MCG-80 MG-2 MG-200 MG-75 MCG-150 MCG-45 UNIT-48 MG-2 MG-2 MG-150 MCG-20 MCG-10 MCG	P	QL(1 ea daily);RX/OTC
THERAGRAN-M PREMIER TABS 72 MG-120 MG-4 MG-30 MCG-400 MCG-1000 UNIT-9 MCG-4 MG-25 MCG-25 MG-250 MCG-3500 UNIT-10 MG-18 MG-250 MCG-375 MCG-4 MG-15 MG-150 MCG-100 MG-80 MG-2 MG-165 MG-80 MCG-150 MCG-60 UNIT-109 MG-3.5 MG-10 MCG-2 MG-120 MCG-200 MCG-10 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
THERAGRAN-M PREMIER 50 PLUS TABS 72 MG-120 MG-6 MG-35 MCG-400 MCG-25 MCG-30 MCG-3 MG-10 MCG-25 MG-250 MCG-890 MCG-15 MG-250 MCG-375 MCG-3 MG-100 MG-17 MG-2 MG-150 MCG-2 MG-80 MG-200 MG-75 MCG-150 MCG-27 MG-50 MG-3.5 MG-150 MCG-200 MCG-10 MCG	P	QL(1 ea daily);RX/OTC
THERAMILL FORTE CAPS 8 MCG-167 MG-4 MG-17 MG-50 MCG-67 UNIT-67 MCG-33 UNIT-16.5 MCG-12.5 MG-12.5 MG-12.5 MG-34 MG-17 MG-8 MG-17 MG-67 MG-0.25 MG-3 MCG-67 MG-16.5 MG-33 MCG-33 MCG-3500 UNIT-17 MG-2.5 MG-4 MG-2 MG-33 MCG	P	QL(1 ea daily);RX/OTC
THERANATAL LACTATION ONE CAPS 30 MG-60 MG-2.5 MG-300 MCG-30 UNIT-400 MCG-6400 UNIT-8 MCG-2 MG-9 MG-1.7 MG-300 MG-220 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
THERA-TABS M TABS 5000 UNIT-60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-400 UNIT-6 MCG-10 MG-1.7 MG-20 UNIT-19 MG-60 MG-2 MG-15 MCG-15 MCG-2 MG-15 MG-60 MG-150 MCG-10 MCG	P	QL(1 ea daily);RX/OTC
THEREMS-M TABS 7.5 MG-90 MG-6 MG-30 MCG-400 MCG-400 UNIT-12 MCG-3.4 MG-28 MCG-20 MG-5000 UNIT-10 MG-9 MG-3 MG-15 MG-150 MCG-2 MG-100 MG-7.5 MG-40 MG-75 MCG-150 MCG-60 UNIT-31 MG-2 MG-5 MCG-10 MCG-2 MG-50 MCG-70 MCG-10 MCG	P	QL(1 ea daily);RX/OTC
THRIVITE 19 TABS 30 UNIT-100 MG-1 MG-20 MG-3 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-25 MG-20 MG-1000 UNIT	P	QL(1 ea daily);RX/OTC
T-VITES TABS 0.5 MG-400 UNIT-100 MG-25 MG-30 MCG-400 MCG-25 MG-30 MCG-25 MG-150 MG-25 MG-3.75 MG-35 MG-100 MG	P	QL(1 ea daily);RX/OTC
UDAMIN SP TABS	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
UNICOMPLEX-M TABS 1 MG-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-15 MG-60 MG-150 MCG-30 UNIT-45 MG-2 MG-5 MG	P	QL(1 ea daily);RX/OTC
VENEXA TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1500 MCG-200 MG-3 MG-200 MG-25 MG-30 MG-2.3 MG-45 MCG-55 MCG	P	QL(1 ea daily);RX/OTC
VENEXA FE TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1500 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-30 MG-2.3 MG-45 MCG-55 MCG	P	QL(1 ea daily);RX/OTC
VENTRIXYL TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1500 MCG-200 MG-3 MG-200 MG-25 MG-30 MG-2.3 MG-45 MCG-55 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VENTRIXYL FE TABS 8 MCG-120 MG-1000 MCG-3 MG-20 MG-20 MG-3.4 MG-20 MCG-30 MG-27 MG-200 MG-2.3 MG-45 MCG-35 MCG-25 MG-200 MG-55 MCG-1500 MCG	P	QL(1 ea daily);RX/OTC
VISION HEALTH CAPS 40 MG-250 MG-5 MG-1 MG-90 MG-2 MG	P	QL(1 ea daily);RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS 27.5 MCG-137.5 MG-25 MG-5 MG-1 MG-1 MG-250 MG-12.5 MG	P	QL(1 ea daily);RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS 37.5 MG-12.5 MG-12.5 MCG-5 MG-1 MG-3 MG-133 MG-667 MG-25 MG-333 MG-250 MG-25 MG	P	QL(1 ea daily);RX/OTC
VITABEX CAPS 50 MG-250 MG-6 MG-25 MCG-800 MCG-3 MG-500 UNIT-12 MCG-3 MG-50 MG-25 MG-25 MG-25 MCG-2500 UNIT-15 UNIT-2 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITABEX PLUS CAPS 10 MCG-120 MG-5 MG-25 MCG-500 MCG-25 MG-3 MG-1000 UNIT-6 MCG-3 MG-25 MG-10 MG-10 MG-10 UNIT	P	QL(1 ea daily);RX/OTC

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

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

Drug Name	Drug Tier	Requirements/Limits
UNIT-1.7 MG-1000		
MCG-10 MG-70		
MG-12 MG-10		
MG-100 UNIT-75		
MCG, 10 MG-2		
MG-300 MCG-400		
MCG-2500 UNIT-500		
MCG-5000 UNIT-1.7		
MG-500 MCG-10		
MG-10 MG-45 MG-10		
MG-22.5 MG-5		
MG-12.5 MG-1 MG-75		
UNIT-10 MG-25		
MG-25 MCG-75		
MCG-1 MG-35 MCG-1		
MG-60 MCG-25 MG,		
125 MCG-23 MG-7.5		
MCG-120 MCG-3		
MG-4 MG-0.5 MG-1.3		
MG-0.33 MG-18.8		
MCG-10 MG-105		
MG-0.6 MG-11.2		
MCG-9 MCG-0.7		
MG-7.5 MG-320		
MG-38 MCG-60		
MG-13.8 MCG-540		
MCG-30 MCG, 140		
MCG-90 MG-4		
MG-600 MCG-30		
UNIT-800 MCG-3000		
UNIT-5000 UNIT-3.4		
MG-40 MCG-40		
MG-20 MG-18 MG-6		
MG-15 MG-100		
MG-150 MCG-2		
MG-500 MCG-75		
MCG-200 MCG-2 MG,		
140 MG-30 MG-1		
MG-150 MCG-200		
MCG-400 UNIT-3		
MCG-1250 UNIT-20		
MCG-30 MCG-5		
MG-2.5 MG-2.5 MG-1		

Drug Name	Drug Tier	Requirements/Limits
MG-7.5 UNIT, 15		
MG-60 MG-1.5 MG-80		
MCG-180 UNIT-180		
MCG-800 UNIT-6		
MCG-13000 UNIT-1.4		
MG-600 MCG-8		
MG-10 MG-1.2 MG,		
15 UNIT-30 MG-1		
MG-75 MCG-200		
MCG-500 UNIT-3		
MCG-10 MG-1250		
UNIT-5 MG-3.75		
MG-37.5 MCG, 15		
UNIT-50 MG-2.5		
MG-0.5 MG-4.5 MG,		
15 UNIT-500 MG-1		
MG-150 MCG-2.5		
MG-30 MG, 15		
UNIT-500 MG-1		
MG-75 MCG-300		
UNIT-2.5 MG-30 MG,		
15 UNIT-500 MG-1		
MG-75 MCG-300		
UNIT-2.5 MG-30.5		
MG, 150 MG-65		
MG-3.35 MG-3.15		
MCG-1 MG-7.5 MG,		
17.5 MCG-15 MG-0.5		
MG-15 MCG-200		
MCG-200 UNIT-125		
MCG-0.43 MG-40		
MCG-5 MG-1875		
UNIT-2.5 MG-9		
MG-0.75 MG-7.5		
MG-0.5 MG-15		
UNIT-100 MG-250		
MG-18.75 MCG-37.5		
MCG-50 MG-30		
MCG-0.5 MG, 17.5		
MCG-62.5 MG-1		
MG-75 MCG-20		
UNIT-200 MCG-200		
UNIT-5 MCG-2000		

Drug Name	Drug Tier	Requirements/Limits
UNIT-10 MG-40		
MCG-2.5 MG, 17.5		
MG-45 MG-500		
MCG-150 MCG-200		
MCG-750 UNIT-140		
MCG-2.5 MG-425		
MCG-5 MG-1875		
UNIT-11.25 MG-3		
MG-100 MG-300		
MG-37.5 MG-7.5		
UNIT-18.75 MCG-30		
MCG-0.5 MG-7.5		
MG-0.5 MG, 2.4		
MCG-82 MG-15		
MCG-400 MCG-1.2		
MG-5 MG-1.3 MG-2.5		
MG-1.2 MG-25		
MCG-10 MG-8 MG-65		
MG-1 MG-10 MG-12		
MCG-0.4 MG-9		
MG-130 MG-150		
MCG-25 MCG-800		
MCG-80 MCG, 2.5		
MG-30 MG-1 MG-75		
MCG-20 UNIT-200		
MCG-200 UNIT-5		
MCG-30 MCG-20		
MCG-2000 UNIT-5		
MG-40 MCG, 2.5		
MG-30 MG-1 MG-75		
MCG-200 MCG-200		
UNIT-5 MCG-30		
MCG-20 MCG-2000		
UNIT-5 MG-40		
MCG-20 UNIT, 2.5		
MG-30 MG-1 MG-75		
MCG-200 MCG-5		
MCG-4 MCG-600		
MCG-5 MG-17.5		
MG-40 MCG-9 MG,		
2.5 UNIT-250 MG-2.5		
UNIT-50 UNIT-28.75		
MG-25 MCG, 20		

Drug Name	Drug Tier	Requirements/Limits
MCG-60 MG-2 MG-45 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-10 UNIT-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-108 MG-20 MG-150 MCG-60 UNIT-50 MG-1 MG, 20 UNIT-30 MG-1 MG-75 MCG-200 MCG-200 UNIT-5 MCG-2000 UNIT-30 MCG-20 MCG-5 MG-2.5 MG-40 MCG, 200 UNIT-250 MG-5 MG-1 MG-40 MG-1 MG, 25 MCG-82 MG-3.2 MG-15 MCG-120 MCG-25 MCG-50 MCG-1.2 MG-5 MG-2.5 MG-1.1 MG-65 MG-9 MG-0.4 MG-800 MCG-10 MG-150 MG-150 MCG-10 MG-1 MG-12 MCG, 25 MG-10 MG-1 MG-250 MCG-200 MCG-12.5 MCG-5 MCG-375 MCG-1 MG-25 MG-4.5 MG, 3.5 MCG-150 MCG-0.5 MG-10 MG-10 MG-3.4 MG-2 MG, ...(49)		

Drug Name	Drug Tier	Requirements/Limits
VITAMIN D3 COMPLETE TABS 18 MG-180 MG-300 MCG-800 MCG-2 MG-1200 UNIT-18 MCG-5.1 MG-5 MG-5 MG-20 MG-30 MG-5 MG-4.5 MG-5 MG-2 MG-15000 UNIT-100 MG-120 MG-15 UNIT-15 MG-150 MCG-2 MG	P	QL(1 ea daily);RX/OTC
VITAROCA PLUS TABS 0.1 MG-500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-20 MG-100 MG-5000 UNIT-25 MG-27 MG-20 MG-50 MG-5 MG-22.5 MG-3 MG-30 UNIT *(multiple vitamins w/ minerals)*	NF	QL(1 ea daily);RX/OTC
VITASANA TABS 40 MG-60 MG-2 MG-15 UNIT-200 MCG-200 UNIT-1 MCG-1.7 MG-15 MG-1.2 MG-10 MG-1 MG-1 MG-9 MG-80 MG-100 MG-1 MG-2000 UNIT	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITATRUM TABS 2 MG-90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-100 MG-150 MCG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-11 MG-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-35 MCG-55 MCG-10 MCG-72 MG	P	QL(1 ea daily);RX/OTC
VITEYES CLASSIC CAPS 89 MG-250 MG-5 MG-1 MG-12.5 MG-0.6 MG	P	QL(1 ea daily);RX/OTC
VITEYES CLASSIC ADVANCED CAPS 25 MG-250 MG-25 MG-5 MG-1.75 MG-12.5 MG-0.6 MG-100 MCG-134.5 MG-20 MG	P	QL(1 ea daily);RX/OTC
VITEYES CLASSIC MACULAR SUPPORT CAPS 89 MG-250 MG-5 MG-1 MG-12.5 MG-0.6 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITEYES CLASSIC MULTIIVITAMIN TABS 150 MCG-3 MG-30 MCG-400 MCG-1.5 MG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-10 MG-300 MCG-100 MG-2 MG-80 MG-150 MCG-10 MCG-200 MG-150 MCG-75 MCG-48 MCG-5 MCG-20 MCG-72 MG-14 MG	P	QL(1 ea daily);RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS 150 MCG-3 MG-30 MCG-400 MCG-1.5 MG-10 MCG-25 MCG-1.7 MG-10 MCG-20 MG-10 MG-300 MCG-100 MG-2 MG-80 MG-200 MG-150 MCG-75 MCG-48 MG-5 MCG-750 MCG-20 MCG-72 MG-14 MG-10 MCG-150 MCG	P	QL(1 ea daily);RX/OTC
VITEYES CLASSIC/OMEGA-3 CAPS 360 MG-166.667 MG-89.333 MG-3.333 MG-0.667 MG-8.333 MG-0.4 MG-116.667 MG-216.667 MG	P	QL(1 ea daily);RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS 360 MG-166.667 MG-89.333 MG-3.333 MG-0.667 MG-8.333 MG-0.4 MG-116.667 MG-216.667 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITEYES OPTIC NERVE SUPPORT TABS 33 MG-167 MG-267 MCG-67 MG-250 MG-10 MG-100 MG-167 MG-33 MG-67 MG-17 UNIT-333 MCG-40 MG-33 MG	P	QL(1 ea daily);RX/OTC
VITRAMYN TABS 8 MCG-120 MG-1000 MCG-3 MG-20 MG-20 MG-3.4 MG-20 MCG-30 MG-200 MG-2.3 MG-45 MCG-35 MCG-25 MG-200 MG-55 MCG-1500 MCG	P	QL(1 ea daily);RX/OTC
VITRANOL TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1500 MCG-200 MG-3 MG-200 MG-25 MG-30 MG-2.3 MG-45 MCG-55 MCG	P	QL(1 ea daily);RX/OTC
VITRANOL FE TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1500 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-30 MG-2.3 MG-45 MCG-55 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITREXATE TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1500 MCG-200 MG-3 MG-200 MG-25 MG-30 MG-2.3 MG-45 MCG-55 MCG	P	QL(1 ea daily);RX/OTC
VITREXATE FE TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1500 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-30 MG-2.3 MG-45 MCG-55 MCG	P	QL(1 ea daily);RX/OTC
VITREXYL TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1720 MCG-200 MG-3 MG-200 MG-25 MG-0.9 MG-30 MG-2.3 MG-45 MCG-55 MCG	P	QL(1 ea daily);RX/OTC
VITREXYL/IRON TABS 35 MCG-120 MG-20 MG-1000 MCG-20 MCG-8 MCG-3.4 MG-20 MG-1720 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-0.9 MG-30 MG-2.3 MG-45 MCG-55 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VITRUM 50+ ADULT-MULTI IRON FREE TABS 72 MG-60 MG-30 MCG-400 MCG-1.5 MG-20 MG-10 MG-1.7 MG-250 MCG-300 MCG-12.5 MCG-20 MG-50 MG-2.3 MG-45 MCG-5 MCG-80 MG-2 MG-150 MCG-45 MCG-0.5 MG-10 MCG-11 MG-220 MG-150 MCG-20 MG-55 MCG-600 MCG-30 MCG-25 MCG	P	QL(1 ea daily);RX/OTC
VITRUM 50+ SENIOR MULTI TABS 2 MG-90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-50 MG-150 MCG-80 MG-45 MCG-150 MCG-50 UNIT-11 MG-110 MG-0.9 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG	P	QL(1 ea daily);RX/OTC
WAL-BORN VITAMIN C CHEW 3.75 MCG-12.5 MG-250 MG-500 UNIT-2 MG-10 MG-7.5 UNIT-0.75 MG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS 25 MG-125 MG-2.5 MG-150 MCG-300 MCG-25 MG-200 UNIT-25 MCG-2500 UNIT-2.5 MG-15 MG-12.5 MG-1 MG-12.5 MG-1 MG-1 MG-2.5 MG-7.5 MG-20 MG-62.5 MG-50 UNIT-0.5 MG-25 MCG-125 MG-1 MG-35 MCG-60 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
WOMENS 50+ MULTIVITAMIN TABS 0.05 MG-400 UNIT-500 MG-25 MG-0.15 MG-1 MG-50 MCG-25 MG-20 MG-100 MG-10 MG-20 MG-50 MG-15 MG-3 MG-20 MCG-60 UNIT-50 MCG, 0.5 MG-400 UNIT-100 MG-25 MG-30 MCG-400 MCG-25 MG-30 MCG-25 MG-150 MG-25 MG-3.75 MG-35 MG-100 MG, 0.5 MG-60 MG-1 MG-400 MCG-400 UNIT-1 MCG-2.5 MG-15 MG-5000 UNIT-5 MG-2.5 MG-2.5 MG-0.37 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG, 0.5 MG-60 MG-1 MG-400 MCG-400 UNIT-1 MCG-2.5 MG-15 MG-5000 UNIT-5 MG-7.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.375 MG, 0.5 MG-60 MG-1 MG-400 MCG-400 UNIT-1 MCG-5 MG-2.5 MG-15 MG-5000 UNIT-2.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.37 MG, 0.6 MG-50 MG-50 MG-3.5	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MG-6.5 MG-25 MCG-25 UNIT-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-15 MG-5 MG-25 MG-10 MG-3.3 MG-10 MG-5 MG-10 MG-20 MG-0.6 MG-150 MCG-54 MG-70 MG-897 MCG, 1 MCG-50 MG-2 MG-20 MG-1 MG-1 MG-2.5 MG-10 MCG-4.5 MG-10 MG-1 MG-5 MCG-3.75 MG-150 MCG-5 MCG-1500 MCG, 1 MG-10 MG-400 MCG-20 MG-50 MCG-20 MG-20 MG-10 MG-29 MG-0.2 MG-60 MG, 1 MG-120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-18 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-80 MG-2 MG-13 MCG-200 MCG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-5 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-72 MG-13 MCG-10 MG-25 MG-5 MG-10 MG-25 MG-5 MG, 1 MG-120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400		

Drug Name	Drug Tier	Requirements/Limits
UNIT-24 MCG-10		
MG-5.1 MG-40		
MG-275 MCG-18		
MG-300 MCG-100		
MG-15 MG-3.5		
MG-0.5 MG-100 MG-2		
MG-13 MCG-1		
MG-200 MCG-165		
MG-150 MCG-200		
MCG-60 UNIT-80		
MG-6.5 MCG-10 MG-2		
MG-7.5 MG-5000		
UNIT-80 MCG-200		
MCG-90 MG-13		
MCG-2 MG-5 MG-25		
MG-10 MG-1 MG-0.5		
MG-1 MG-25 MG-1		
MG, 1 MG-150 MG-2		
MG-2.5 MG-10		
MCG-7.5 MCG-10		
MG-100 MG-3000		
MCG-10 MG-15		
MG-15 MG-5 MG-1		
MG-1.5 MG-150 MCG,		
1 MG-20 MG-1.667		
MG-1 MG-66.667		
MCG-1.667		
MG-333.333		
UNIT-2.667		
MCG-1666.667		
UNIT-0.667 MG-3.333		
MG-10 MG-8.333		
MG-5 MG-3.333		
MG-16.667		
MG-16.667 MG-2.5		
MG-0.667 MG-66.667		
MG-5 UNIT-30		
MG-12.667 MG, 1		
MG-20 MG-1.667		
MG-1000 MCG-66.667		
MCG-333.333		
UNIT-2.667		
MCG-0.667 MG-3.333		

Drug Name	Drug Tier	Requirements/Limits
MG-10 MG-8.333		
MG-1666.667 UNIT-5		
MG-3.333 MG-1.667		
MG-16.667		
MG-16.667 MG-2.5		
MG-66.667 MG-5		
UNIT-30 MG-0.667		
MG-12.667 MG, 1		
MG-20 MG-1.667		
MG-1666.667		
MCG-66.667		
MCG-1.667 MG-8.333		
MCG-2.667		
MCG-0.667 MG-3.333		
MG-10 MG-8.333		
MG-500 MCG-5		
MG-3.333 MG-16.667		
MG-16.667 MG-2.5		
MG-0.667 MG-124		
MG-2.25 MG-60		
MG-12.667 MG, 1		
MG-250 MG-5 MG-1		
MG-12.5 MG-1		
MG-94.3 MG-200		
UNIT, 1 MG-5 MG-250		
MCG-400 MG-50		
MG-2 MG-10 MG, 1		
MG-60 MG-2 MG-13.5		
MG-400 MCG-10		
MCG-6 MCG-1.7		
MG-20 MG-1500		
MCG-10 MG-18		
MG-1.5 MG-15 MG-60		
MG-150 MCG-45		
MG-2 MG-5 MG, 1		
MG-60 MG-2 MG-30		
UNIT-400 MCG-20		
MG-400 UNIT-6		
MCG-10 MG-1.7		
MG-5000 UNIT-1.5		
MG-16 MG-2 MG-15		
MG-60 MG-150		
MCG-45 MG-5 MG, 1		

Drug Name	Drug Tier	Requirements/Limits
MG-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-15 MG-60 MG-150 MCG-30 UNIT-45 MG-2 MG-5 MG, 1.5 MG-500 MCG-5 MG-600 MG-5 MG-10 MG, 1.67 MG-60 MG-0.28 MG-26 MG-10 MCG-4.5 MG-20 MG-25 MG-80 MG-0.15 MG-300 MCG-0.013 MG, 1.75 MG-30 MG-6.25 MG-200 MCG-5 MG-200 UNIT-12.5 MCG-5 MG-12.5 MG-5 MG-0.5 MG-5 MG-86.25 MCG-75 MG-1.25 MG-200 MG-12.5 MCG-32 MG-0.75 MG-25 MCG-5 MG-1.25 MG, 10 MCG-113 MG-3 MG-3 MG-10 MG-3.4 MG-30 MG-5000 UNIT-17.4 MG-0.4 MG-400 UNIT-30 UNIT-7160 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MG-150 MCG-100 UNIT-31 MG-33 MG, 10 MCG-120 MG-3 MG-15 MCG-400 MCG-400 UNIT-9 MCG-3.4 MG-30 MG-5500 UNIT-10 MG-18 MG-3 MG-100 MG-15 MG-2 MG-40		

Drug Name	Drug Tier	Requirements/Limits
MG-7.5 MG-15 MCG-150 MCG-30 UNIT-31 MG-5 MG-15 MCG, 10 MCG-120 MG-3 MG-15 MCG-400 MCG-400 UNIT-9 MCG-5500 UNIT-3.4 MG-30 MG-10 MG-27 MG-3 MG-100 MG-15 MCG-40 MG-10 MG-15 MCG-150 MCG-30 UNIT-15 MG-2 MG-5 MG, 10 MCG-120 MG-3 MG-15 MCG-400 MCG-400 UNIT-9 MCG-5500 UNIT-3.4 MG-30 MG-10 MG-27 MG-3 MG-100 MG-40 MG-10 MG-15 MCG-150 MCG-30 UNIT-15 MG-2 MG-5 MG-15 MCG, 10 MCG-128 MG-7.5 MCG-100 MCG-0.5 MG-100 UNIT-1.5 MCG-2.5 MG-6.25 MCG-2.5 MG-1.67 MG-2.5 MG-0.83 MG-83.25 MG-0.075 MG-0.38 MG-25 MG-21.15 MG-0.9 MG-18.75 MCG-30 MCG-37.5 MCG-107.5 UNIT-35 MG-0.5 MG, ...(423)		

Drug Name	Drug Tier	Requirements/Limits
WOMENS MULTI GUMMIES CHEW 50 MG-15 MG-1 MG-300 MCG-200 MCG-12.5 MCG-4.5 MCG-375 MG-1.25 MG-25 MG-20 MCG-6.75 MG	P	QL(1 ea daily)
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS 25 MG-125 MG-2.5 MG-150 MCG-200 MCG-25 MG-2.5 MG-200 UNIT-12.5 MCG-2500 UNIT-2.5 MG-40 MCG-15 MG-12.5 MG-1 MG-12.5 MG-125 MG-1 MG-1 MG-7.5 MG-20 MG-62.5 MG-35 MCG-50 UNIT-1 MG-1.5 MG-25 MCG-75 MCG-60 MCG	P	QL(1 ea daily);RX/OTC
WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW 25 MG-10 MG-1 MG-250 MCG-200 MCG-12.5 MCG-5 MCG-375 MCG-1 MG-25 MG-4.5 MG	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
YELETS TEENAGE FORMULA TABS 10 MG-400 UNIT-10 MG-30 MCG-400 MCG-10 MG-10 MCG-5000 UNIT-10 MG-25 MG-10 MG-18 MG-7.5 MG-20 MG-30 UNIT-100 MG-1 MG-60 MG-150 MCG-17.5 MCG	P	QL(1 ea daily);RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW 140 MG-30 MG-1 MG-150 MCG-200 MCG-400 UNIT-3 MCG-1250 UNIT-20 MCG-30 MCG-5 MG-2.5 MG-2.5 MG-1 MG-7.5 UNIT	P	QL(1 ea daily)
ZYVANA CAPS 48.5 MCG-263.5 MG-6 MG-20.5 MCG-11.5 MG	P	QL(1 ea daily);RX/OTC
Multivitamins		
AMLADEX TABS 1 MG-125 MG-1 MG-25 MG-12.5 MG-5 MG-50 MG-12.5 MCG	P	QL(1 ea daily);RX/OTC
DAILY MULTIPLE VITAMINS TABS 6 MCG-60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-21 MG-900 MCG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ESTROFACTORS TABS 0.67 MG-16.7 MG-66.7 UNIT-13 MCG-30 MG-66.7 MG-66.7 UNIT-833 UNIT-10 MCG-266 MCG-66.7 MG-70 MG-33 MG	P	QL(1 ea daily);RX/OTC
GENICIN VITA-Q TABS 1000 MCG-125 MG-12.5 MG-1000 MCG-25 MG-12.5 MCG-50 MG-5 MG	P	QL(1 ea daily);RX/OTC
HIGH POTENCY MULTIVITAMIN TABS 35 MG-90 MG-3 MG-30 MCG-400 MCG-3 MG-10 MCG-9 MCG-3.4 MG-20 MG-1500 MCG-10 MG-45 MG-13.6 MG	P	QL(1 ea daily);RX/OTC
MULTI VITAMIN TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG	P	QL(1 ea daily);RX/OTC
MULTI VITAMIN/D-3 TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.9 MG-20 MG-3000 UNIT-50 MG-1.5 MG-40 MG	P	QL(1 ea daily);RX/OTC
multiple vitamin tabs 60 MG-50 MG-1 MG-1.5 MG-10 MCG-3 MCG-1.7 MG-20 MG-1200 MCG-1 MG	P	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN ADULT TABS 1500 MCG-60 MG-2 MG-400 MCG-1.5 MG-10 MCG-6 MCG-1.7 MG-20 MG	P	QL(1 ea daily);RX/OTC
NEOMULTIVITE TABS 2 MCG-60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-5 MCG-1500 MCG	P	QL(1 ea daily);RX/OTC
OMNICAP TABS 30 UNIT-60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG	P	QL(1 ea daily);RX/OTC
ONE DAILY ESSENTIAL TABS 900 MCG-60 MG-2 MG-500 MCG-1.5 MG-20 MCG-6 MCG-1.7 MG-20 MG-10 MG-45 MG-3.3 MG	P	QL(1 ea daily);RX/OTC
ONE-A-DAY ESSENTIAL TABS 5000 UNIT-60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT *(multiple vitamin)*	NF	QL(1 ea daily);RX/OTC
ONE-A-DAY MENS TABS 5000 UNIT-200 MG-3 MG-0.4 MG-20 MG-2.25 MG-9 MCG-10 MG-2.55 MG-400 UNIT-45 UNIT *(multiple vitamin)*	NF	QL(1 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
QUINTABS TABS 50 UNIT-400 UNIT-300 MG-30 MG-30 MCG-400 MCG-30 MG-30 MCG-5000 UNIT-30 MG-100 MG-30 MG	P	QL(1 ea daily);RX/OTC
THERA TABS 45 MG-90 MG-3 MG-30 MCG-400 MCG-3 MG-400 UNIT-9 MCG-3.4 MG-20 MG-5000 UNIT-10 MG-30 UNIT	P	QL(1 ea daily);RX/OTC
THEREMS MULTIVITAMIN TABS 9 MCG-90 MG-30 MCG-400 MCG-3 MG-20 MG-3 MG-10 MG-3.4 MG-10 MCG-13.6 MG-45 MG-35 MG-1500 MCG	P	QL(1 ea daily);RX/OTC
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron soln	P	QL(50 ml per fill retail);AL(Up to 13 yrs old);RX/OTC
Ped Multiple Vitamins w/ Minerals		

Drug Name	Drug Tier	Requirements/Limits
ACTIVNUTRIENTS CHEW 85 MCG-62.5 MG-37.5 MCG-1.25 MG-2.5 MG-0.625 MG-2.5 MG-1.25 MG-61.5 MCG-3 MCG-30.75 MCG-3.125 MCG-8.375 MG-0.75 MG-12.5 MG-0.125 MG-12.5 MCG-12.5 MCG-0.125 MG-1.875 MG-12.5 MG-18.75 MCG-12.5 MCG-3.75 MCG-150 MCG-12.5 MCG	P	QL(1 ea daily);AL(Up to 13 yrs old)
AQUADEKS LIQD 0.6 MG/ML-45 MG/ML-0.6 MG/ML-15 MCG/ML-50 UNIT/ML-0.6 MG/ML-400 UNIT/ML-400 MCG/ML-6 MG/ML-3 MG/ML-2 MG/ML-15 MG/ML-10 MCG/ML-5 MG/ML-3 MG/ML-5751 UNIT/ML	P	
CENTRUM FLAVOR BURST KIDS CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-100 MCG-19 MG-200 UNIT-2.5 MCG-500 UNIT-10 MCG-2.5 MG-20 MCG-10 UNIT	P	QL(1 ea daily);AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits
CENTRUM KIDS CHEW 8 MG-60 MG-2 MG-45 MCG-400 MCG-10 MCG-6 MCG-1.7 MG-10 MCG-20 MG-450 MCG-10 MG-1.5 MG-40 MG-15 MG-2 MG-108 MG-20 MCG-150 MCG-13.5 MG-50 MG-1 MG-20 MCG	P	QL(1 ea daily);AL(Up to 13 yrs old)
DEKAS PLUS LIQD 10 MCG/ML-45 MG/ML-0.6 MG/ML-15 MCG/ML-0.6 MG/ML-750 UNIT/ML-5751 UNIT/ML-500 MCG/ML-6 MG/ML-3 MG/ML-2 MG/ML-50 UNIT/ML-5 MG/ML-0.6 MG/ML	P	
FLINTSTONES GUMMIES CHEW 0.4 MG-20 MG-0.35 MG-22.5 MCG-2.5 UNIT-300 UNIT-1.5 MCG-800 UNIT-1.25 MG-35 MCG *(pediatric multiple vitamin w/ minerals & c)*	NF	QL(1 ea daily);AL(Up to 13 yrs old)
FLINTSTONES GUMMIES COMPLETE CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-9 UNIT-100 MCG-300 UNIT-1.5 MCG-1000 UNIT-2.5 MG-15 MCG *(pediatric multiple vitamin w/ minerals & c)*	NF	QL(1 ea daily);AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLINTSTONES GUMMIES PLUSIMMUNITY SUPPORT/EXTRA C CHEW 1.25 MG-62.5 MG-0.5 MG-37.5 MCG-10 UNIT-100 MCG-100 UNIT-2.5 MCG-10 MCG-1000 UNIT-2.5 MG-20 MCG *(pediatric multiple vitamin w/ minerals & c)*	NF	QL(1 ea daily);AL(Up to 13 yrs old)
FLINTSTONES SOUR GUMMIES CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-9 UNIT-100 MCG-200 UNIT-1.5 MCG-19 MG-1000 UNIT-2.5 MG-15 MCG *(pediatric multiple vitamin w/ minerals & c)*	NF	QL(1 ea daily);AL(Up to 13 yrs old)
FLINTSTONES TODDLER/TASTISMOOTH CHEW 70 MCG-40 MG-0.7 MG-150 MCG-10 UNIT-100 MCG-600 UNIT-3 MCG-0.8 MG-6 MG-1600 UNIT-2.5 MG-80 MG-0.7 MG-1.6 MG	P	QL(1 ea daily);AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits
GENADEK LIQD 0.6 MG/ML-45 MG/ML-0.6 MG/ML-15 MCG/ML-0.6 MG/ML-19 MCG/ML-500 MCG/ML-6 MG/ML-3 MG/ML-2 MG/ML-34 MG/ML-5 MG/ML-10 MCG/ML-1730 MCG/ML	P	
HEALTHY KIDS GUMMIES CHEW 2.5 MG-30 MG-1 MG-75 MCG-200 UNIT-200 MCG-200 UNIT-5 MCG-38 MG-20 MCG-2000 UNIT-5 MG-40 MCG	P	QL(1 ea daily);AL(Up to 13 yrs old)
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW 1.25 MG-15 MG-1 MG-10 MCG-40 MCG-7.5 MCG-1.5 MCG-300 MCG-1 MG-1.5 MG-1.5 MG	P	QL(1 ea daily);AL(Up to 13 yrs old)
MULTIVITAMIN GUMMIES CHILDRENS CHEW	P	QL(1 ea daily);AL(Up to 13 yrs old)
MVW COMPLETE FORMULATION CHEW 200 UNIT-100 MG-1.9 MG-100 MCG-200 MCG-1500 UNIT-6 MCG-16000 UNIT-1.7 MG-1000 MCG-10 MG-12 MG-1.5 MG-15 MG	P	QL(1 ea daily);AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits
MVW HI-D DROPS WITH EXTRA VITAMIN D LIQD 500 MCG/0.5ML-45 MG/0.5ML-15 MCG/0.5ML-0.5 MG/0.5ML-6 MG/0.5ML-0.6 MG/0.5ML-3 MG/0.5ML-0.6 MG/0.5ML-38 MCG/0.5ML-34 MG/0.5ML-5 MG/0.5ML-1388 MCG/0.5ML	P	
ONE-A-DAY SCOOBY-DOO GUMMIES CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-10 UNIT-100 MCG-100 UNIT-2.5 MCG-15 MCG-10 MCG-1000 UNIT-2.5 MG-20 MCG *(pediatric multiple vitamin w/ minerals & c)*	NF	QL(1 ea daily);AL(Up to 13 yrs old)
ONE-A-DAY/JOLLY RANCHER CHEW 1.25 MG-15 MG-0.5 MG-37.5 MCG-10 UNIT-100 MCG-100 UNIT-2.5 MCG-15 MCG-10 MCG-1000 UNIT-2.5 MG-20 MCG *(pediatric multiple vitamin w/ minerals & c)*	NF	QL(1 ea daily);AL(Up to 13 yrs old)
pediatric multiple vitamin w/ minerals & c chew	P	QL(1 ea daily);AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits
UPSPRING BABY IRON & IMMUNITY LIQD 0.3 MG/ML-50 MG/ML-0.3 MG/ML-6 MCG/ML-4 MG/ML-0.3 MG/ML-10 MCG/ML-0.5 MCG/ML-500 MCG/ML-0.4 MG/ML-1.8 MG/ML-5 MG/ML-10 MG/ML	P	
UPSPRINGBABY MULTIVITAMIN/IRON LIQD 10 MG/ML-35 MG/ML-50 MCG/ML-5 UNIT/ML-0.5 MG/ML-0.4 MG/ML-400 UNIT/ML-1500 UNIT/ML-3 MG/ML-0.6 MG/ML-8 MG/ML-0.5 MG/ML-2 MCG/ML	P	
VITALETS CHILDRENS CHEW 60 MG-200 UNIT-40 MG-1 MG-150 MCG-15 UNIT-200 MCG-0.75 MG-3 MCG-2500 UNIT-0.85 MG-10 MG-5 MG-10 MG-0.8 MG-20 MG-0.1 MG-80 MG	P	QL(1 ea daily);AL(Up to 13 yrs old)
ZOO FRIENDS COMPLETE CHEW 9 MG-1 MG-20 MCG-200 MCG-300 UNIT-3 MCG-0.85 MG-7.5 MG-1500 UNIT-30 MG-5 MG-50 MG-0.75 MG-6 MG-1 MG-5 MG-75 MCG-15 UNIT	P	QL(1 ea daily);AL(Up to 13 yrs old)
Ped MV w/ Fluoride		
FLORIVA PLUS SOLN 0.25 MG/ML-32 MG/ML-0.4 MG/ML-29.7 MCG/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1150 UNIT/ML-2 MG/ML-5 UNIT/ML-0.6 MG/ML	P	QL(50 ml per fill retail);AL(Up to 13 yrs old);RX/OTC
MULTIVITAMIN + FLUORIDE CHEW	P	QL(1 ea daily);AL(Up to 13 yrs old);RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	P	QL(1 ea daily);AL(Up to 13 yrs old);RX/OTC
MULTIVITAMIN/FLUORIDE CHEW 15 UNIT-60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG	P	QL(1 ea daily);AL(Up to 13 yrs old);RX/OTC
MULTI-VIT-FLOR CHEW	P	QL(1 ea daily);AL(Up to 13 yrs old);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
pediatric multivitamins w/fl chew	P	QL(1 ea daily);AL(Up to 13 yrs old);RX/OTC
pediatric multivitamins w/fl soln	P	QL(50 ml per fill retail);AL(Up to 13 yrs old);RX/OTC
pediatric vitamins acd w/ fluoride soln	P	QL(50 ml per fill retail);AL(Up to 13 yrs old)
POLY-VI-FLOR CHEW	P	QL(1 ea daily);AL(Up to 13 yrs old);RX/OTC
QUFLORA PEDIATRIC CHEW	P	QL(1 ea daily);AL(Up to 13 yrs old);RX/OTC
QUFLORA PEDIATRIC SOLN	P	QL(50 ml per fill retail);AL(Up to 13 yrs old);RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/IRON SOLN 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-10 MG/ML	P	QL(50 ml per fill retail);AL(Up to 13 yrs old)
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 250 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-10 MCG/ML-5 MG/ML-11 MG/ML	P	QL(50 ml per fill retail);AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN 10 MG/ML-0.4 MG/ML-5 UNIT/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-35 MG/ML	P	QL(50 ml per fill retail);AL(Up to 13 yrs old)
POLY-VI-SOL/IRON SOLN 0.4 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-10 MCG/ML-250 MCG/ML-4 MG/ML-11 MG/ML-5 MG/ML	P	QL(50 ml per fill retail);AL(Up to 13 yrs old)
POLY-VITA/IRON SOLN 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-10 MCG/ML-412.5 MCG/ML-8 MG/ML-5 MG/ML-10 MG/ML	P	QL(50 ml per fill retail);AL(Up to 13 yrs old)
POLY-VITE/IRON SOLN 11 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-400 UNIT/ML-0.5 MCG/ML-833 UNIT/ML-4 MG/ML-0.4 MG/ML-5 UNIT/ML	P	QL(50 ml per fill retail);AL(Up to 13 yrs old)
Pediatric Multiple Vitamins		

Drug Name	Drug Tier	Requirements/Limits
BPROTECTED PEDIA POLY-VITE SOLN OR 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML	P	QL(50 ml per fill retail);AL(Up to 13 yrs old)
MULTIVITAMIN INFANT & TODDLER SOLN OR 0.5 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-10 MCG/ML-5 MG/ML-250 MCG/ML	P	QL(50 ml per fill retail);AL(Up to 13 yrs old)
MULTIVITAMIN INFANT/TODDLER SOLN OR 0.5 MCG/ML-50 MG/ML-0.3 MG/ML-4 MG/ML-0.3 MG/ML-0.4 MG/ML-400 UNIT/ML-5 MG/ML-250 MCG/ML	P	QL(50 ml per fill retail);AL(Up to 13 yrs old)
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW 16 MCG-30 MG-1 MG-75 MCG-7.5 UNIT-200 MCG-200 UNIT-4.5 MCG-2000 UNIT *(pediatric multiple vitamins)*	NF	QL(1 ea daily);AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/Limits
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR 35 MG/ML-0.4 MG/ML-5 UNIT/ML-0.5 MG/ML-400 UNIT/ML-2 MCG/ML-750 UNIT/ML-0.6 MG/ML-8 MG/ML	P	QL(50 ml per fill retail);AL(Up to 13 yrs old)
pediatric multiple vitamins chew	P	QL(1 ea daily);AL(Up to 13 yrs old)
POLY-VI-SOL SOLN OR 0.4 MG/ML-50 MG/ML-0.3 MG/ML-0.3 MG/ML-10 MCG/ML-0.5 MCG/ML-250 MCG/ML-4 MG/ML-5 MG/ML	P	QL(50 ml per fill retail);AL(Up to 13 yrs old)
POLY-VITA SOLN OR 0.6 MG/ML-35 MG/ML-0.4 MG/ML-0.5 MG/ML-10 MCG/ML-2 MCG/ML-412.5 MCG/ML-8 MG/ML-5 MG/ML	P	QL(50 ml per fill retail);AL(Up to 13 yrs old)
POLY-VITE PEDIATRIC SOLN OR 5 UNIT/ML-0.3 MG/ML-0.3 MG/ML-400 UNIT/ML-0.5 MCG/ML-833 UNIT/ML-4 MG/ML-50 MG/ML-0.4 MG/ML	P	QL(50 ml per fill retail);AL(Up to 13 yrs old)
Prenatal Vitamins		
CITRANATAL 90 DHA	NP	

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL ASSURE 300 MG-120 MG-25 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-124 MG-35 MG-150 MCG-30 UNIT-0.75 MG	NP	
CITRANATAL B-CALM 20 MG-120 MG-25 MG-1 MG-400 UNIT-120 MG	NP	MP
CITRANATAL BLOOM 90 MG-120 MG-1 MG-12 MCG-50 MG	NP	
CITRANATAL DHA 625 MG-120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-124 MG-250 MG-27 MG-150 MCG-30 UNIT-0.625 MG	NP	
CITRANATAL ESSENCE 30 UNIT-120 MG-25 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-25 MG-2 MG-140 MG-300 MG-35 MG-150 MCG	NP	
CITRANATAL HARMONY 260 MG-25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT	NP	

Drug Name	Drug Tier	Requirements/Limits
CLASSIC PRENATAL TABS 200 MG-60 MG-4 MG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-8000 UNIT-28 MG-1.7 MG-100 MG-150 MCG-30 UNIT	P	
C-NATE DHA CAPS 200 MG-100 MG-20 MG-30 UNIT-1 MG-400 UNIT-15 MCG-3 MG-28 MG-3 MG-20 MG-30 MG-1 MG	NP	MP
COMPLETENATE CHEW 11 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-29 MG-2 MG-1000 UNIT	P	
DERMACINRX PRETRATE TABS 10 MCG-120 MG-1000 MCG-3 MG-20 MG-55 MG-50 MG-3.4 MG-20 MCG-30 MG-27 MG-200 MG-2.6 MG-50 MCG-45 MCG-25 MG-200 MG-150 MCG-70 MCG-1500 MCG	NP	
ENBRACE HR 1 MG-25 MCG-25 MCG-2.5 MG-500 MCG-25 MCG-25 MCG-50 MCG-24 MG-12 MCG-1 MG-13.6 MG-1 MG-5.23 MG	NP	MP

Drug Name	Drug Tier	Requirements/Limits
EQL PRENATAL FORMULA TABS 4000 UNIT-120 MG-2.6 MG-30 UNIT-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG	P	
GNP PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	
GOODSENSE PRENATAL VITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	
KP PRENATAL MULTIVITAMINS TABS 30 UNIT-120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	
MASONATAL TABS 8 MCG-120 MG-800 MCG-1.8 MG-20 MG-2.6 MG-1.7 MG-28 MG-10 MCG-13.5 MG-25 MG-244 MG-600 MCG	P	

Drug Name	Drug Tier	Requirements/Limits
M-NATAL PLUS TABS 22 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-200 MG	P	RX/OTC
MULTI-MAC 0.75 MG-125 MG-30 MCG-1 MG-1.4 MG-20 MG-12.5 MCG-15 MG-4.5 MG-20 MG-100 MG-150 MCG-300 MCG-0.03 MG	NP	MP
NESTABS 32 MG-50 MG-1000 MCG-450 UNIT-10 MCG-3 MG-55 MG-120 MG-65 MG-3 MG-155 MG-10 MG-100 MCG-30 UNIT	NP	MP
NESTABS DHA 32 MG-50 MG-1000 MCG-450 UNIT-10 MCG-3 MG-55 MG-120 MG-45 MG-3 MG-155 MG-10 MG-230 MG-100 MCG-30 UNIT-30 MG	NP	MP
NESTABS ONE 225 MG-30 MG-10 MG-6.25 MCG-15 MCG-15 MG-20 MG-18 MG-38 MG-1 MG	NP	MP

Drug Name	Drug Tier	Requirements/Limits
NIVA-PLUS TABS 200 MG-120 MG-10 MG-22 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG	P	RX/OTC
OB COMPLETE 50 MG-120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT	P	MP
OB COMPLETE ONE 10 MG-30 MG-200 MCG-1000 MCG-1200 UNIT-50 MCG-4 MG-10 MG-2 MG-25 MG-15 MG-70 MG-300 MG-55 MG-150 MCG-30 UNIT-1 MG-476 MG-40 MG-40 MG	NP	MP
OB COMPLETE PETITE 200 MG-30 MG-30 UNIT-1 MG-1000 UNIT-15 MCG-3.4 MG-2 MG-25 MG-125 MG-1 MG-35 MG-5 MG	NP	MP
OB COMPLETE PREMIER 20 MG-120 MG-10 MG-1 MG-10 MG-800 UNIT-15 MCG-3.4 MG-2 MG-20 UNIT-1 MG-10 MG-2100 UNIT-30 MG-15 MG-100 MG	NP	MP

Drug Name	Drug Tier	Requirements/Limits
OB COMPLETE/DHA 200 MG-125 MG-30 UNIT-1 MG-1000 UNIT-15 MCG-3.4 MG-2 MG-25 MG-1 MG-30 MG-10 MG	NP	MP
PNV TABS 29-1 29 MG-120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-200 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-150 MCG-30 UNIT	P	QL(1 ea daily)
PNV-DHA+DOCUSATE 160 MG-28 MG-25 MG-30 UNIT-1.25 MG-400 UNIT-27 MG-55 MG-300 MG	NP	
PNV-OMEGA 600 MCG-85 MG-250 MCG-400 MCG-25 MG-200 UNIT-12 MCG-28 MG-140 MG-45 MG-10 UNIT-300 MG-150 MCG-40 MG	NP	MP
PREMESISRX 600 MCG-75 MG-400 MCG-12 MCG-200 MG-500 MG-25 MG	NP	MP
PRENAISSANCE 160 MG-28 MG-25 MG-30 UNIT-1.25 MG-800 UNIT-29 MG-55 MG-325 MG	NP	
PRENAISSANCE PLUS CAPS 250 MG-25 MG-1 MG-400 UNIT-50 MG-100 MG-30 UNIT-28 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL TABS	P	
PRENATAL TABS	P	RX/OTC
PRENATAL 19 CHEW 30 UNIT-100 MG-20 MG-1 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-3 MG-20 MG-1000 UNIT	P	
PRENATAL MULTIVITAMIN TABS 30 UNIT-120 MG-800 MCG-2.6 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	
PRENATAL PLUS IRON 29 MG-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-200 MG-1.84 MG-25 MG-2 MG-22 UNIT	P	QL(1 ea daily)
PRENATAL PLUS VITAMIN ANDMINERAL TABS 12 MCG-120 MG-1 MG-1.84 MG-20 MG-10 MG-3 MG-27 MG-10 MCG-9.9 MG-2 MG-25 MG-200 MG-1200 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid 600 MCG-80 MG-20 MG-300 MCG-400 MCG-400 UNIT-12 MCG-3.4 MG-20 MG-6 MG-27 MG-120 MG-3 MG-30 MG-15 MG-2 MG-2500 UNIT-150 MCG-10 UNIT	NP	MP
prenatal vit w/ iron carbonyl-folic acid 50 MG-120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT	P	MP
prenatal vit w/ iron carbonyl-folic acid	P	QL(1 ea daily)
PRENATAL VITAMIN & MINERAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-4000 UNIT-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG	P	
PRENATAL VITAMIN/IRON TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	
PRENATAL VITAMINS TABS	P	

Drug Name	Drug Tier	Requirements/Limits
prenatal without a w/ fe fumarate-l methylfolate-fa-dha 600 MCG-85 MG-25 MG-400 MCG-200 UNIT-12 MCG-27 MG-140 MG-45 MG-300 MG-10 UNIT	NP	MP
PRENATE 25 MG-10 MG-280 MCG-400 MCG-300 UNIT-125 MCG-500 MG-50 MG-600 MCG-250 MCG	NP	MP
PRENATE AM 600 MCG-75 MG-400 MCG-12 MCG-200 MG-500 MG-25 MG	NP	MP
PRENATE DHA 18 MG-90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG, 18 MG-90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG, 5 MG-30 MG-5 MG-75 MCG-400 MCG-500 UNIT-13 MCG-200 MG-150 MCG-10 UNIT-600 MCG-10 MG	NP	MP

Drug Name	Drug Tier	Requirements/Limits
PRENATE ELITE 20 MG-75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG	NP	MP
PRENATE ENHANCE 600 MCG-85 MG-25 MG-500 MCG-400 MCG-1000 UNIT-12 MCG-28 MG-50 MG-400 MG-155 MG-150 MCG-10 UNIT	NP	MP
PRENATE ESSENTIAL	NP	MP
PRENATE MINI 25 MG-60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG	NP	MP
PRENATE PIXIE 5 MG-30 MG-5 MG-75 MCG-400 MCG-500 UNIT-13 MCG-200 MG-150 MCG-10 UNIT-600 MCG-10 MG	NP	MP
PRENATE RESTORE 600 MCG-85 MG-25 MG-500 MCG-400 MCG-1000 UNIT-12 MCG-27 MG-45 MG-400 MG-155 MG-10 UNIT-10 MG	NP	MP

Drug Name	Drug Tier	Requirements/Limits
PRENATRIX TABS 45 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1720 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-1.3 MG-150 MCG-30 MG-2.6 MG-50 MCG-70 MCG	NP	RX/OTC
PRENATRYL TABS 70 MCG-120 MG-50 MG-1000 MCG-20 MCG-10 MCG-3.4 MG-55 MG-20 MG-1500 MCG-27 MG-200 MG-3 MG-200 MG-25 MG-150 MCG-30 MG-2.6 MG-45 MCG-50 MCG	NP	RX/OTC
PREPLUS TABS 22 UNIT-120 MG-10 MG-1 MG-400 UNIT-12 MCG-3 MG-20 MG-4000 UNIT-27 MG-1.84 MG-25 MG-2 MG-200 MG	P	RX/OTC
PRETAB TABS 30 UNIT-120 MG-3 MG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-29 MG-200 MG-3 MG-15 MG-4000 UNIT-150 MCG	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PRIMACARE 30 MG-50 MG-1 MG-250 MCG-50 MG-1000 UNIT-1.5 MG-10 MG-50 MG-25 MG-300 MG-100 MG-150 MCG-15 UNIT-120 MG-15 MG-750 MCG	NP	MP
PX PRENATAL MULTIVITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	
QC PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	
RA PRENATAL TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	
RA PRENATAL FORMULA/FOLICACID TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	

Drug Name	Drug Tier	Requirements/Limits
RELNATE DHA CAPS 200 MG-100 MG-20 MG-30 UNIT-1 MG-400 UNIT-15 MCG-3 MG-28 MG-3 MG-20 MG-30 MG-1 MG	NP	MP
SELECT-OB CHEW 0.6 MG-60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG	NP	MP
SELECT-OB+DHA MISC 250 MG-60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-20 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG	NP	MP
SE-NATAL 19 TABS 30 UNIT-100 MG-1 MG-20 MG-3 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-20 MG-1000 UNIT	P	QL(1 ea daily);RX/OTC
SE-NATAL 19 CHEW 30 UNIT-20 MG-1 MG-400 UNIT-12 MCG-3 MG-15 MG-7 MG-29 MG-200 MG-3 MG-20 MG-100 MG-1000 UNIT	P	

Drug Name	Drug Tier	Requirements/Limits
SM PRENATAL VITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	P	
TARON-PREX 160 MG-25 MG-25 MG-30 UNIT-1.2 MG-170 UNIT-30 MG-55 MG-265 MG	NP	
THRIVITE RX 29 MG-120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-200 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-150 MCG-30 UNIT	P	QL(1 ea daily)
TRICARE TABS 200 MG-100 MG-1 MG-1.6 MG-20 MG-3.1 MG-12 MCG-1.6 MG-27 MG-10 MCG-30 UNIT-2 MG-10 MG	P	RX/OTC
TRINATAL RX 1 TABS 15 UNIT-80 MG-4 MG-30 MCG-1 MG-400 UNIT-2.5 MCG-7 MG-1.6 MG-17 MG-3600 UNIT-60 MG-200 MG-1.5 MG-100 MG-25 MG-3 MG-400 UNIT	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TRISTART DHA 600 MCG-55 MG-35 MG-15 UNIT-400 MCG-5 MG-1.3 MG-1000 UNIT-14 MCG-1.8 MG-30 MG-200 MG-200 MCG-15 MG-31 MG	NP	MP
TRISTART FREE 218 MG-60 MG-50 MG-9 MCG-1 MG-12 MG-25 MCG-1.5 MG-5 MG-33 MG	NP	
TRISTART ONE 432 MCG-55 MG-50 MG-15 UNIT-568 MCG-18 MG-1000 UNIT-2 MG-5 MCG-200 MCG-35 MG-215 MG	NP	
TRI-TABS DHA 32 MG-50 MG-30 UNIT-1000 MCG-450 UNIT-10 MCG-3 MG-55 MG-20 MG-120 MG-55 MG-3 MG-145 MG-10 MG-230 MG-100 MCG-30 MG	NP	MP
VINATE DHA RF 1.13 MG-85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
VIRT-C DHA 200 MG-25 MG-25 MG-300 MCG-1 MG-1.8 MG-12.5 MCG-3 MG-5 MG-53.5 MG-2 MG-156 MG-5 MG-10 MG-2 MG-310 MG-38 MG-39 MG	NP	MP
VIRT-NATE DHA CAPS 200 MG-100 MG-20 MG-30 UNIT-1 MG-400 UNIT-15 MCG-3 MG-28 MG-3 MG-30 MG-20 MG-1 MG	NP	MP
VIRT-PN DHA 600 MCG-85 MG-25 MG-10 UNIT-400 MCG-200 UNIT-12 MCG-27 MG-140 MG-45 MG-300 MG-330 MG	NP	MP
VIRT-PN PLUS 340 MG-85 MG-250 MCG-400 MCG-25 MG-200 UNIT-12 MCG-28 MG-140 MG-45 MG-10 UNIT-300 MG-150 MCG-40 MG-600 MCG	NP	MP
VITAFOL FE+ 415 MG-60 MG-2.5 MG-0.4 MG-1.6 MG-1000 UNIT-25 MCG-1.8 MG-15 MG-20 MG-25 MG-2 MG-200 MG-1100 UNIT-150 MCG-20 UNIT-90 MG-0.6 MG	NP	MP

Drug Name	Drug Tier	Requirements/Limits
VITAFOL GUMMIES 34.8 MG-10 MG-0.833 MG-5 UNIT-0.333 MG-333.333 UNIT-2.667 MG-366.667 MG-3.333 MG-5 MG-25 MG-50 MCG-3.33 MG-5.1 MG	NP	MP
VITAFOL STRIPS 12 MCG-2.5 MG-1 MG-1000 UNIT	NP	
VITAFOL ULTRA 415 MG-30 MG-2.5 MG-0.4 MG-1.6 MG-1000 UNIT-12 MCG-1.8 MG-15 MG-20 MG-25 MG-2 MG-200 MG-1100 UNIT-150 MCG-20 UNIT-29 MG-0.6 MG	NP	MP
VITAFOL-NANO 0.6 MG-2.5 MG-0.4 MG-25 MCG-12 MCG-18 MG-150 MCG	NP	MP
VITAFOL-OB TABS 30 UNIT-70 MG-2.5 MG-1 MG-400 UNIT-12 MCG-1.8 MG-18 MG-65 MG-100 MG-1.6 MG-25 MG-25 MG-2700 UNIT-2 MG	P	QL(1 ea daily)
VITAFOL-OB+DHA MISC 250 MG-70 MG-2.5 MG-1 MG-400 UNIT-12 MCG-1.8 MG-18 MG-65 MG-20 MG-100 MG-1.6 MG-25 MG-25 MG-2 MG-2700 UNIT-30 UNIT	NP	MP
VITAFOL-ONE CAPS 200 MG-30 MG-2.5 MG-1 MG-1000 UNIT-12 MCG-1.8 MG-15 MG-1.6 MG-20 MG-25 MG-2 MG-1100 UNIT-150 MCG-20 UNIT-29 MG	NP	MP
VOL-TAB RX 29 MG-120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-200 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-150 MCG-30 UNIT	P	QL(1 ea daily)
VP-PNV-DHA CAPS 15.8 MG-80 MG-16 MG-30 UNIT-1 MG-20 MG-400 UNIT-12 MCG-2500 UNIT-2.2 MG-28 MG-50 MG-6 MG-30 MG-20 MG-200 MG-1 MG	NP	MP
WESCAP-C DHA 200 MG-25 MG-300 MCG-1 MG-2 MG-1.8 MG-25 MG-5 MG-3 MG-53.5 MG-156 MG-5 MG-2 MG-10 MG-38 MG-39 MG-12.5 MCG	NP	MP
WESCAP-PN DHA 0.6 MG-85 MG-0.4 MG-25 MG-5 MCG-6.7 MG-300 MG-27 MG-45 MG-140 MG-12 MCG	NP	MP

Drug Name	Drug Tier	Requirements/Limits
WESNATE DHA CAPS 200 MG-100 MG-1 MG-3 MG-20 MG-3 MG-10 MCG-20.1 MG-28 MG-30 MG-1 MG-20 MG-15 MCG	NP	MP
WESTAB PLUS TABS 1200 MCG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-9.9 MG	P	RX/OTC
WESTGEL DHA 600 MCG-55 MG-35 MG-400 MCG-5 MG-1.3 MG-25 MCG-14 MCG-1.8 MG-30 MG-200 MG-200 MCG-10 MG-15 MG-31 MG	NP	MP
ZATEAN-PN DHA 600 MCG-85 MG-25 MG-10 UNIT-400 MCG-200 UNIT-12 MCG-27 MG-140 MG-45 MG-300 MG	NP	MP
ZATEAN-PN PLUS 340 MG-85 MG-250 MCG-400 MCG-25 MG-200 UNIT-12 MCG-28 MG-140 MG-45 MG-10 UNIT-300 MG-150 MCG-40 MG-600 MCG	NP	MP
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 *(cyclobenzaprine hcl)*	NP	

Drug Name	Drug Tier	Requirements/Limits
baclofen soln or 5 MG/5ML	NP	
baclofen tabs	P	
carisoprodol tabs	NP	
chlorzoxazone tabs	P	
cyclobenzaprine hcl tabs 7.5 MG	P	QL(4 ea daily)
cyclobenzaprine hcl cp24	NP	
cyclobenzaprine hcl tabs 5 MG, 10 MG	P	QL(3 ea daily)
FLEQSUVY SUSP	NP	
LYVISPAH PACK	NP	
metaxalone	NP	
methocarbamol tabs	P	
orphenadrine citrate tb12	P	
ROBAXIN-750 TABS *(methocarbamol)*	NF	
SKELAXIN *(metaxalone)*	NP	
SOMA TABS *(carisoprodol)*	NP	
tizanidine hcl tabs	P	
tizanidine hcl caps	NP	
ZANAFLEX CAPS *(tizanidine hcl)*	NP	
ZANAFLEX TABS 4 MG *(tizanidine hcl)*	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(dantrolene sodium)*	NP	
DANTRIUM CAPS 50 MG *(dantrolene sodium)*	NF	

Drug Name	Drug Tier	Requirements/Limits
dantrolene sodium caps	P	
Muscle Relaxant Combinations		
carisoprodol w/ aspirin & codeine 200 MG-325 MG-16 MG	NP	
NORGESIC FORTE 50 MG-770 MG-60 MG *(orphenadrine w/ aspirin & caff)*	NP	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate susp 50 MCG/ACT-137 MCG/ACT	NP	
DYMISTA SUSP 50 MCG/ACT-137 MCG/ACT *(azelastine hcl-fluticasone propionate)*	NP	
RYALTRIS 665 MCG/ACT-25 MCG/ACT	NP	
Nasal Agents - Misc.		
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	QL(480 ml per fill retail)
OCEAN NASAL SPRAY SOLN *(saline)*	NF	QL(480 ml per fill retail)
saline soln	P	QL(480 ml per fill retail)
Nasal Antiallergy		
azelastine hcl .15 %	P	RX/OTC
azelastine hcl .1 %, 137 MCG/SPRAY	P	QL(1 ml daily)
cromolyn sodium (nasal) 5.2 MG/ACT	P	QL(26 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
NASALCROM *(cromolyn sodium (nasal))*	NF	QL(26 ml per fill retail)
olopatadine hcl (nasal)	P	
PATANASE *(olopatadine hcl (nasal))*	NF	
PATANASE *(olopatadine hcl (nasal))*	NP	
Nasal Anticholinergics		
ipratropium bromide (nasal) .06 %	NP	QL(25 ml per fill retail)
ipratropium bromide (nasal) .03 %	NP	QL(30 ml per fill retail)
Nasal Steroids		
BECONASE AQ	NP	
flunisolide (nasal) .025 %	P	QL(25 ml per fill retail)
fluticasone propionate (nasal) susp	P	QL(16 gm per fill retail);RX/OTC
mometasone furoate (nasal) susp	NP	
NASONEX SUSP *(mometasone furoate (nasal))*	NF	
OMNARIS SUSP	NP	
PROPEL MINI/STRAIGHT DELIVERY SYSTEM IMPL	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
SINUVA IMPL	NP	
XHANCE EXHU	NP	
ZETONNA AERS	NP	

Drug Name	Drug Tier	Requirements/Limits
Sympathomimetic Decongestants		
phenylephrine hcl (oral) tabs	P	QL(24 ea per fill retail)
pseudoephedrine hcl liqd 15 MG/5ML	P	
pseudoephedrine hcl tb12	P	QL(2 ea daily)
pseudoephedrine hcl tabs	P	
SUDAFED CHILDRENS LIQD	P	
SUDAFED CONGESTION TABS *(pseudoephedrine hcl)*	NF	
SUDAFED PE SINUS CONGESTION TABS *(phenylephrine hcl (oral))*	NF	QL(24 ea per fill retail)
SUDAFED SINUS CONGESTION TABS *(pseudoephedrine hcl)*	NF	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
EXSERVAN FILM	NP	SP
RADICAVA ORS SUSP	NP	SP
RADICAVA ORS STARTER KIT SUSP	NP	SP
RILUTEK TABS *(riluzole)*	NP	
riluzole tabs	P	
TIGLUTIK SUSP	NP	SP
NUTRIENTS		
Carbohydrates		
dextrose soln 5 %	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		

Drug Name	Drug Tier	Requirements/Limits
Artificial Tears and Lubricants		
LACRISERT	P	
polyvinyl alcohol 1.4 %	P	QL(15 ml per fill retail)
white petrolatum-mineral oil 15 %-83 %	P	QL(4 gm per fill retail)
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) soln	P	QL(15 ml per fill retail)
BETIMOL	NP	
BETOPTIC-S SUSP	NP	QL(15 ml per fill retail)
brimonidine tartrate-timolol maleate 0.2 %-0.5 %	NP	
carteolol hcl (ophth)	P	3 rtl MAX fill,90 rtl day(s) supply
COMBIGAN 0.2 %-0.5 % *(brimonidine tartrate-timolol maleate)*	NP	
COSOPT 22.3 MG/ML-6.8 MG/ML *(dorzolamide hcl-timolol maleate)*	NP	QL(10 ml per fill retail)
COSOPT PF 2 %-0.5 % *(dorzolamide hcl-timolol maleate)*	NP	
COSOPT PF 2 %-0.5 % *(dorzolamide hcl-timolol maleate)*	NF	
dorzolamide hcl-timolol maleate 2 %-0.5 %	NP	
dorzolamide hcl-timolol maleate	P	QL(10 ml per fill retail)
ISTALOL SOLN *(timolol maleate (ophth))*	NP	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
levobunolol hcl .5 %	P	QL(15 ml per fill retail)
timolol maleate (ophth) soln	NP	QL(60 ea per fill retail)
timolol maleate (ophth) soln	P	QL(15 ml per fill retail)
timolol maleate (ophth) solg .25 %	P	
timolol maleate (ophth) solg .5 %	P	QL(5 ml per fill retail)
TIMOPTIC SOLN *(timolol maleate (ophth))*	NP	QL(15 ml per fill retail)
TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))*	NP	QL(60 ea per fill retail)
TIMOPTIC-XE SOLG .25 % *(timolol maleate (ophth))*	NP	
TIMOPTIC-XE SOLG .5 % *(timolol maleate (ophth))*	NP	QL(5 ml per fill retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE SOLN 1 % *(atropine sulfate (ophthalmic))*	P	QL(15 ml per fill retail)
atropine sulfate (ophthalmic) soln	P	QL(15 ml per fill retail)
atropine sulfate (ophthalmic) oint	P	QL(4 gm per fill retail)
CYCLOGYL .5 % *(cyclopentolate hcl)*	NP	
CYCLOGYL 1 %, 2 % *(cyclopentolate hcl)*	NP	QL(15 ml per fill retail)
CYCLOMYDRIL 0.2 %-1 %	P	
cyclopentolate hcl .5 %	P	
cyclopentolate hcl 1 %, 2 %	P	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ISOPTO ATROPINE SOLN	NP	QL(15 ml per fill retail)
MYDRIACYL SOLN *(tropicamide)*	NP	QL(15 ml per fill retail)
phenylephrine hcl (mydriatic) soln 10 %	NP	
phenylephrine hcl (mydriatic) soln 2.5 %	NP	QL(30 ml per fill retail)
tropicamide soln	P	QL(15 ml per fill retail)
Miotics		
ISOPTO CARPINE SOLN *(pilocarpine hcl)*	NP	
ISOPTO CARPINE SOLN 4 % *(pilocarpine hcl)*	NF	
PHOSPHOLINE IODIDE	NP	
pilocarpine hcl soln 1 %, 2 %, 4 %	P	
VUITY SOLN	NP	
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(brimonidine tartrate)*	P	
ALPHAGAN P	P	
apraclonidine hcl	NP	
brimonidine tartrate	P	
brimonidine tartrate .2 %	P	QL(15 ml per fill retail)
IOPIDINE	NP	
SIMBRINZA 1 %-0.2 %	NP	
Ophthalmic Anti-infectives		
AZASITE	NP	
bacitracin (ophthalmic)	P	QL(4 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
bacitracin-polymyxin b (ophth) 500 UNIT/GM-10000 UNIT/GM	P	QL(4 gm per fill retail)
BESIVANCE	NP	
BETADINE OPHTHALMIC PREP	NP	
BLEPH-10 SOLN *(sulfacetamide sodium (ophth))*	NF	QL(15 ml per fill retail)
CILOXAN SOLN *(ciprofloxacin hcl (ophth))*	NP	QL(10 ml per fill retail)
CILOXAN OINT	P	QL(4 gm per fill retail)
ciprofloxacin hcl (ophth) soln	P	QL(10 ml per fill retail)
erythromycin (ophth)	P	QL(4 gm per fill retail)
gatifloxacin (ophth)	NP	
gentamicin sulfate (ophth) oint	P	QL(4 gm per fill retail)
gentamicin sulfate (ophth) soln	P	QL(15 ml per fill retail)
levofloxacin (ophth) .5 %	P	
MOXEZA SOLN OP *(moxifloxacin hcl (ophth))*	NF	
moxifloxacin hcl (ophth) soln op	NP	QL(3 ml per fill retail)
NATACYN	NP	
neomycin-bacitracin zn-polymyxin 400 UNIT/GM-3.5 MG/GM-10000 UNIT/GM	P	QL(4 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-gramicidin 0.025 MG/ML-1.75 MG/ML-10000 UNIT/ML	P	QL(10 ml per fill retail)
OCUFLOX *(ofloxacin (ophth))*	NP	QL(10 ml per fill retail)
ofloxacin (ophth)	P	QL(10 ml per fill retail)
polymyxin b-trimethoprim 0.1 %-10000 UNIT/ML	P	QL(10 ml per fill retail)
POLYTRIM 0.1 %-10000 UNIT/ML *(polymyxin b-trimethoprim)*	NP	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) oint	P	QL(4 gm per fill retail)
sulfacetamide sodium (ophth) soln	P	QL(15 ml per fill retail)
tobramycin (ophth) soln	P	QL(5 ml per fill retail)
TOBREX OINT	P	QL(4 gm per fill retail)
TOBREX SOLN *(tobramycin (ophth))*	NP	QL(5 ml per fill retail)
trifluridine	P	QL(8 ml per fill retail)
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	NP	QL(3 ml per fill retail)
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	NF	QL(3 ml per fill retail)
ZIRGAN GEL	P	
ZYMAXID *(gatifloxacin (ophth))*	NP	
Ophthalmic Decongestants		
tetrahydrozoline hcl (ophth) .05 %	P	QL(1 ml daily)

Drug Name	Drug Tier	Requirements/Limits
VISINE RED EYE COMFORT *(tetrahydrozoline hcl (ophth))*	NF	QL(1 ml daily)
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
cyclosporine (ophth) emul	NP	
RESTASIS EMUL *(cyclosporine (ophth))*	NP	
RESTASIS MULTIDOSE EMUL	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	NP	
Ophthalmic Kinase Inhibitors		
RHOPRESSA	NP	
ROCKLATAN 0.02 %-0.005 %	NP	
Ophthalmic Local Anesthetics		
AKTEN	NP	
ALCAINE *(proparacaine hcl)*	NP	
proparacaine hcl	NP	
tetracaine hcl (ophth)	NP	
Ophthalmic Nerve Growth Factors		
OXERVATE	NP	SP
Ophthalmic Steroids		
ALREX SUSP	P	
bacitracin-poly-neomycin-hc 400 UNIT/GM-1 %-3.5 MG/GM-10000 UNIT/GM	P	
BLEPHAMIDE S.O.P. OINT 10 %-0.2 %	NP	QL(4 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate (ophth)	P	QL(5 ml per fill retail)
DEXTENZA INST	NP	SP
difluprednate	NP	
DUREZOL *(difluprednate)*	NP	
EYSUVIS SUSP	NP	
FLAREX	P	
fluorometholone (ophth) susp	P	QL(15 ml per fill retail)
FML OINT	P	QL(4 gm per fill retail)
FML FORTE SUSP	P	
FML LIQUIFILM SUSP *(fluorometholone (ophth))*	NP	QL(15 ml per fill retail)
INVELTYS SUSP	NP	
LOTEMAX GEL *(loteprednol etabonate)*	NP	
LOTEMAX SUSP *(loteprednol etabonate)*	NP	
LOTEMAX OINT	NP	
LOTEMAX SM GEL	NP	
loteprednol etabonate susp	P	
loteprednol etabonate gel	NP	
MAXIDEX SUSP OP	P	
MAXITROL SUSP 10000 UNIT/ML-0.1 %-3.5 MG/ML *(neomycin-polymy-dexameth)*	NP	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
MAXITROL OINT 10000 UNIT/GM-0.1 %-3.5 MG/GM *(neomycin-polymy-dexameth)*	NP	QL(4 gm per fill retail)
neomycin-polymy-dexameth susp 10000 UNIT/ML-0.1 %-3.5 MG/ML	P	QL(5 ml per fill retail)
neomycin-polymy-dexameth oint 10000 UNIT/GM-0.1 %-3.5 MG/GM	P	QL(4 gm per fill retail)
neomycin-polymyxin-hc (ophth) 10000 UNIT/ML-1 %-3.5 MG/ML	P	QL(8 ml per fill retail)
PRED FORTE *(prednisolone acetate (ophth))*	NP	QL(15 ml per fill retail)
PRED MILD	P	QL(10 ml per fill retail)
PRED-G SUSP 0.3 %-1 %	NP	1 rtl pack lmt amt,30 rtl pack lmt day(s),1 rtl pack lmt per fill
PRED-G S.O.P. OINT 0.3 %-0.6 %	NP	
prednisolone acetate (ophth)	P	QL(15 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per fill retail)
sulfacetamide sod-prednisolone soln 10 %-0.23 %	NP	QL(10 ml per fill retail)
TOBRADEX SUSP 0.3 %-0.1 % *(tobramycin-dexamethasone)*	NF	
TOBRADEX OINT 0.3 %-0.1 %	NP	QL(4 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX SUSP 0.3 %-0.1 % *(tobramycin-dexamethasone)*	NP	QL(10 ml per fill retail)
TOBRADEX ST SUSP 0.3 %-0.05 %	NP	
tobramycin-dexamethasone susp 0.3 %-0.1 %	P	QL(10 ml per fill retail)
ZYLET 0.5 %-0.3 %	NP	
Ophthalmics - Misc.		
ACULAR *(ketorolac tromethamine (ophth))*	NP	QL(10 ml per fill retail)
ACULAR LS *(ketorolac tromethamine (ophth))*	NP	3 rtl MAX fill,90 rtl day(s) supply
ACUVAIL	NP	
ALOCRIL	NP	QL(5 ml per fill retail)
ALOMIDE	NP	QL(10 ml per fill retail)
azelastine hcl (ophth)	P	QL(6 ml per fill retail)
AZOPT *(brinzolamide)*	NP	QL(15 ml per fill retail)
bepotastine besilate	NP	
BEPREVE *(bepotastine besilate)*	NP	
brinzolamide	NP	QL(15 ml per fill retail)
bromfenac sodium (ophth)	NP	
BROMSITE	NP	
cromolyn sodium (ophth)	P	QL(10 ml per fill retail)
CYSTADROPS	NP	SP
CYSTARAN	NP	SP

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium (ophth)	P	QL(5 ml per fill retail)
dorzolamide hcl	P	QL(10 ml per fill retail)
epinastine hcl (ophth)	NP	
fluorescein sodium topical strp 1 MG	NP	
FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE 0.4 %-0.3 %	NP	
flurbiprofen sodium	P	QL(3 ml per fill retail)
ILEVRO	NP	
ketorolac tromethamine (ophth) .4 %	P	3 rtl MAX fill,90 rtl day(s) supply
ketorolac tromethamine (ophth) .5 %	P	QL(10 ml per fill retail)
LASTACAFT	NP	RX/OTC
NEVANAC	NP	
olopatadine hcl	NP	RX/OTC
PAREMYD 0.25 %-1 %	NP	
PATADAY *(olopatadine hcl)*	NF	RX/OTC
PROLENSA	NP	
TRUSOPT *(dorzolamide hcl)*	NP	QL(10 ml per fill retail)
ZERVIATE	NP	
Prostaglandins - Ophthalmic		
bimatoprost soln	NP	
latanoprost soln	P	QL(3 ml per fill retail)
LUMIGAN SOLN	NP	

Drug Name	Drug Tier	Requirements/Limits
TRAVATAN Z *(travoprost)*	NP	
TRAVATAN Z *(travoprost)*	NF	
travoprost	NP	
VYZULTA	NP	
XALATAN SOLN *(latanoprost)*	NP	QL(3 ml per fill retail)
XELPROS EMUL	NP	
ZIOPTAN *(tafluprost)*	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	QL(15 ml per fill retail)
Otic Anti-infectives		
ciprofloxacin hcl (otic)	NP	
ofloxacin (otic)	P	QL(10 ml per fill retail)
Otic Combinations		
CIPRO HC 0.2 %-1 %	NP	
CIPRODEX 0.3 %-0.1 % *(ciprofloxacin-dexamethasone)*	P	1 rtl MAX fill,30 rtl day(s) supply;QL(7.5 ml per fill retail)
ciprofloxacin-dexamethasone 0.3 %-0.1 %	P	1 rtl MAX fill,30 rtl day(s) supply;QL(7.5 ml per fill retail)
ciprofloxacin-fluocinolone acetonide 0.3 %-0.025 %	NP	
CORTISPORIN-TC 3.3 MG/ML-10 MG/ML-0.5 MG/ML-3 MG/ML	NP	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc (otic) soln 10000 UNIT/ML-1 %-3.5 MG/ML	P	QL(10 ml per fill retail)
neomycin-polymyxin-hc (otic) susp 10000 UNIT/ML-1 %-3.5 MG/ML	P	QL(10 ml per fill retail)
OTOVEL 0.3 %-0.025 % *(ciprofloxacin-fluocinolone acetonide)*	NF	
Otic Steroids		
DERMOTIC *(fluocinolone acetonide (otic))*	NP	QL(20 ml per fill retail)
fluocinolone acetonide (otic)	NP	QL(20 ml per fill retail)
hydrocortisone w/acetic acid 2 %-1 %	NP	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate tabs	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
Monoclonal Antibodies		
CASIRIVIMAB	P	
IMDEVIMAB	P	

Drug Name	Drug Tier	Requirements/Limits
REGEN-COV 1332 MG/11.1ML-1332 MG/11.1ML, 1332 MG/11.1ML-300 MG/2.5ML, 300 MG/2.5ML-1332 MG/11.1ML, 300 MG/2.5ML-300 MG/2.5ML, 600 MG/10ML-600 MG/10ML	P	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin susr	P	
amoxicillin tabs	P	
amoxicillin chew 125 MG, 250 MG	P	
amoxicillin caps	P	
ampicillin caps 500 MG	P	
ampicillin sodium iv 1 GM, 2 GM, 10 GM	P	
Natural Penicillins		
BICILLIN L-A SUSY	P	
BICILLIN L-A SUSP 2400000 UNIT/4ML	P	
penicillin g potassium	P	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	P	
PENICILLIN G PROCAINE	P	
penicillin g sodium	P	
penicillin v potassium solr	P	
penicillin v potassium tabs	P	

Drug Name	Drug Tier	Requirements/Limits
Penicillin Combinations		
amoxicillin & pot clavulanate tabs 500 MG-125 MG, 875 MG-125 MG	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate susr 600 MG/5ML-42.9 MG/5ML	P	QL(400 ml per fill retail)
amoxicillin & pot clavulanate tabs 250 MG-125 MG	P	QL(30 ea per fill retail)
amoxicillin & pot clavulanate tb12 1000 MG-62.5 MG	NP	QL(40 ea per 30 days retail)
amoxicillin & pot clavulanate chew	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate susr 250 MG/5ML-62.5 MG/5ML	P	QL(150 ml per fill retail)
amoxicillin & pot clavulanate susr 200 MG/5ML-28.5 MG/5ML	P	QL(100 ml per fill retail)
ampicillin & sulbactam sodium iv 0.5 GM-1 GM, 1 GM-2 GM, 5 GM-10 GM	P	
AUGMENTIN TABS 500 MG-125 MG, 875 MG-125 MG *(amoxicillin & pot clavulanate)*	NF	QL(20 ea per fill retail)
AUGMENTIN ES-600 SUSR 600 MG/5ML-42.9 MG/5ML *(amoxicillin & pot clavulanate)*	NF	QL(400 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R 300000 UNIT/ML-300000 UNIT/ML, 900000 UNIT/2ML-300000 UNIT/2ML	P	
piperacillin sodium-tazobactam sodium	P	
UNASYN IJ 0.5 GM-1 GM, 1 GM-2 GM *(ampicillin & sulbactam sodium)*	NF	
UNASYN BULK PACK IV 5 GM-10 GM *(ampicillin & sulbactam sodium)*	NF	
ZOSYN	P	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	P	
PHARMACEUTICAL ADJUVANTS		
Semi Solid Vehicles		
POLYETHYLENE GLYCOL 3350 POWD	P	QL(34 gm daily);RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS *(norethindrone acetate)*	NP	
hydroxyprogesterone caproate oil	NP	SP;MP
MAKENA SOAJ	P	SP;MP;PA
MAKENA OIL *(hydroxyprogesterone caproate)*	NF	SP;MP
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	P	MP

Drug Name	Drug Tier	Requirements/Limits
megestrol acetate (appetite)	NP	
norethindrone acetate tabs	NP	
progesterone oil	P	
progesterone caps 100 MG	P	QL(1 ea daily)
progesterone caps 200 MG	P	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 200 MG *(progesterone)*	NP	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 100 MG *(progesterone)*	NP	QL(1 ea daily)
PROVERA 10 MG *(medroxyprogesterone acetate)*	NF	
PROVERA *(medroxyprogesterone acetate)*	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	P	
disulfiram	P	
LUCEMYRA	P	
Anti-Cataplectic Agents		
XYREM	NP	SP
XYWAV 96 MG/ML-40 MG/ML-130 MG/ML-234 MG/ML	NP	SP
Antidementia Agents		
ADLARITY PTWK	NP	
ADUHELM	NP	SP

Drug Name	Drug Tier	Requirements/Limits
ARICEPT TABS 23 MG *(donepezil hydrochloride)*	NP	MP
ARICEPT TABS 5 MG, 10 MG *(donepezil hydrochloride)*	NP	QL(1 ea daily);MP
donepezil hydrochloride tbdp	P	MP
donepezil hydrochloride tabs 5 MG, 10 MG	P	QL(1 ea daily);MP
donepezil hydrochloride tabs 23 MG	P	MP
EXELON 4.6 MG/24HR, 9.5 MG/24HR *(rivastigmine)*	NP	QL(1 ea daily)
EXELON 13.3 MG/24HR *(rivastigmine)*	NP	
galantamine hydrobromide soln	NP	QL(6 ml daily);MP
galantamine hydrobromide tabs	NP	QL(2 ea daily);MP
galantamine hydrobromide cp24	NP	QL(1 ea daily);MP
memantine hcl tabs	NP	QL(49 ea per fill retail);MP
memantine hcl tabs	P	QL(2 ea daily);MP
memantine hcl soln 2 MG/ML	NP	MP
memantine hcl cp24	NP	MP
NAMENDA TABS *(memantine hcl)*	NP	QL(2 ea daily);MP
NAMENDA TITRATION PAK TABS *(memantine hcl)*	NP	QL(49 ea per fill retail);MP

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CP24 *(memantine hcl)*	NP	MP
NAMZARIC C4PK 10 MG	NP	
NAMZARIC CP24	NP	
RAZADYNE ER CP24 *(galantamine hydrobromide)*	NP	QL(1 ea daily);MP
rivastigmine 13.3 MG/24HR	NP	
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	NP	QL(1 ea daily)
rivastigmine tartrate caps	NP	QL(2 ea daily);MP
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	P	
LYBALVI	NP	
olanzapine-fluoxetine hcl	NP	
perphenazine-amitriptyline	P	QL(4 ea daily)
SYMBYAX *(olanzapine-fluoxetine hcl)*	NF	
SYMBYAX *(olanzapine-fluoxetine hcl)*	NP	
Fibromyalgia Agents		
SAVELLA TABS	NP	QL(2 ea daily)
SAVELLA TITRATION PACK MISC	NP	QL(55 ea per 365 days retail)
Movement Disorder Drug Therapy		
AUSTEDO	NP	SP
INGREZZA CAPS	NP	SP
INGREZZA CPPK	NP	SP

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine	NP	SP
XENAZINE *(tetrabenazine)*	NP	SP
Multiple Sclerosis Agents		
AMPYRA *(dalfampridine)*	NP	SP
AUBAGIO	NP	SP
AVONEX PSKT	NP	SP
AVONEX PEN AJKT	NP	SP
BAFIERTAM	NP	SP
BETASERON KIT	P	SP
COPAXONE SOSY *(glatiramer acetate)*	P	SP
dalfampridine	NP	SP
dimethyl fumarate cpdr	NP	SP
dimethyl fumarate misc	NP	SP
EXTAVIA KIT	NP	SP
fingolimod hcl	NP	SP;MP
GILENYA *(fingolimod hcl)*	P	SP;PA
glatiramer acetate sosy	NP	SP
KESIMPTA	NP	SP
LEMTRADA	NP	SP
MAVENCLAD	NP	SP
MAYZENT TABS	NP	SP
MAYZENT STARTER PACK TBPK	NP	SP
OCREVUS	NP	SP
PLEGRIDY SOSY IM	NP	SP
PLEGRIDY SOPN	NP	SP

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY STARTER PACK SOPN	NP	SP
PLEGRIDY STARTER PACK SOSY SC	NP	SP
PONVORY TABS	NP	SP
PONVORY 14-DAY STARTER PACK TBPK	NP	SP
REBIF SOSY	P	SP
REBIF REBIDOSE SOAJ	P	SP
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP
REBIF TITRATION PACK SOSY	P	SP
TECFIDERA CPDR *(dimethyl fumarate)*	P	SP
TECFIDERA STARTER PACK MISC *(dimethyl fumarate)*	P	SP
TYSABRI	NP	SP
VUMERITY	NP	SP
ZEPOSIA CAPS	NP	SP
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
GRALISE TABS	NP	
LYRICA CR *(pregabalin (once-daily))*	NP	
pregabalin (once-daily)	NP	
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) tabs	NP	MP

Drug Name	Drug Tier	Requirements/Limits
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA 10 MG-20 MG	NP	
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates tabs	P	
pimozide	P	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	NP	
Smoking Deterrents		
bupropion hcl (smoking deterrent)	P	180 rtl MAX day(s) supply,365 rtl lmt day(s);QL(2 ea daily)
CHANTIX TABS *(varenicline tartrate)*	P	180 rtl MAX day(s) supply,365 rtl lmt day(s);QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS *(varenicline tartrate)*	P	180 rtl MAX day(s) supply,365 rtl lmt day(s);QL(2 ea daily)
CHANTIX STARTING MONTH PAK TBPK *(varenicline tartrate)*	P	
nicotine pt24 7 MG/24HR	P	180 rtl MAX day(s) supply,365 rtl lmt day(s)
nicotine pt24 14 MG/24HR, 21 MG/24HR	P	180 rtl MAX day(s) supply,365 rtl lmt day(s);QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
nicotine polacrilex lozg	P	180 rtl MAX day(s) supply,365 rtl lmt day(s);QL(20 ea daily)
nicotine polacrilex gum	P	180 rtl MAX day(s) supply,365 rtl lmt day(s);QL(24 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	180 rtl MAX day(s) supply,365 rtl lmt day(s);QL(56 ea per fill retail)
NICOTROL INHALER INHA	P	180 rtl MAX day(s) supply,365 rtl lmt day(s);QL(16.8 ea daily,504 ea per 30 days retail)
NICOTROL NS SOLN	P	180 rtl MAX day(s) supply,365 rtl lmt day(s);QL(4 ml daily,120 ml per 30 days retail)
varenicline tartrate tabs	P	180 rtl MAX day(s) supply,365 rtl lmt day(s);QL(2 ea daily)
varenicline tartrate tbpk	P	
Transthyretin Amyloidosis Agents		
AMVUTTRA	NP	SP
TEGSEDI	NP	SP
Vasomotor Symptom Agents		
BRISDELLE *(paroxetine mesylate (vasomotor))*	NP	
paroxetine mesylate (vasomotor)	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
BRONCHITOL	NP	SP
BRONCHITOL TOLERANCE TEST	NP	SP
KALYDECO TABS	NP	SP
KALYDECO PACK	NP	SP
ORKAMBI TABS	NP	SP
ORKAMBI PACK	NP	SP
PULMOZYME	P	SP
SYMDEKO	NP	SP
TRIKAFTA	NP	SP
Pulmonary Fibrosis Agents		
ESBRIET CAPS	NP	SP
ESBRIET TABS *(pirfenidone)*	NP	SP
OFEV	NP	SP
pirfenidone tabs	NP	SP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine tabs	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS	NP	
Tetracyclines		
demeclocycline hcl tabs	P	

Drug Name	Drug Tier	Requirements/Limits
DORYX TBEC *(doxycycline hyclate)*	NP	
DORYX MPC TBEC	NP	
doxycycline (monohydrate) caps	P	
doxycycline (monohydrate) susr	P	
doxycycline (monohydrate) tabs	P	
doxycycline hyclate caps	P	
doxycycline hyclate solr	P	
doxycycline hyclate tabs	P	
doxycycline hyclate tbec	NP	
minocycline hcl tb24	NP	
minocycline hcl cp24	NP	
minocycline hcl caps	P	
minocycline hcl tabs	P	
MINOLIRA TB24	NP	
MORGIDOX 1X100MG 100 MG	NP	
MORGIDOX 2X100MG 100 MG	NP	
SOLODYN TB24 *(minocycline hcl)*	NP	
tetracycline hcl caps	P	
VIBRAMYCIN CAPS *(doxycycline hyclate)*	NP	
VIBRAMYCIN	P	
VIBRAMYCIN SUSR *(doxycycline (monohydrate))*	NF	
XIMINO CP24 *(minocycline hcl)*	NP	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	P	MP
propylthiouracil	P	MP
TAPAZOLE TABS *(methimazole)*	NF	MP
Thyroid Hormones		
ARMOUR THYROID TABS	P	MP
CYTOMEL TABS *(liothyronine sodium)*	NP	MP
levothyroxine sodium caps	NP	
levothyroxine sodium tabs	P	MP
liothyronine sodium tabs	P	MP
SYNTHROID TABS *(levothyroxine sodium)*	NP	MP
THYQUIDITY SOLN OR	NP	
thyroid tabs 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	P	MP
TIROSINT CAPS *(levothyroxine sodium)*	NP	
TIROSINT-SOL SOLN OR	NP	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP 15.5 MCG/0.5ML-2 LF/0.5ML-5 LF/0.5ML	P	QL(0.5 ml per 3650 days retail);AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	QL(0.5 ml per 999 days retail);AL(At least 7 yrs old)
BOOSTRIX SUSP 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	QL(0.5 ml per 3650 days retail);AL(At least 7 yrs old)
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML	P	QL(2.5 ml per 9999 days retail);AL(At least 19 yrs old)
INFANRIX 58 MCG/0.5ML-25 LFU/0.5ML-10 LFU/0.5ML	P	QL(2.5 ml per 9999 days retail);AL(At least 7 yrs old)
TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML	P	QL(0.5 ml per 3650 days retail);AL(At least 19 yrs old)
TENIVAC INJ 5 LFU-2 LFU	P	QL(0.5 ml per 3650 days retail);AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP *(hyoscyamine sulfate)*	NP	
BELLADONNA/OPIUM	P	
chlordiazepoxide hcl-clidinium bromide 2.5 MG-5 MG	NP	
CUVPOSA SOLN OR *(glycopyrrolate)*	NP	
DARTISLA ODT TBDP	NP	
dicyclomine hcl soln or	P	QL(40 ml daily)
dicyclomine hcl tabs	P	

Drug Name	Drug Tier	Requirements/Limits
dicyclomine hcl caps	P	
GLYCATE TABS	NP	
glycopyrrolate tabs 1 MG, 2 MG	P	QL(4 ea daily)
glycopyrrolate soln or 1 MG/5ML	P	
hyoscyamine sulfate elix	P	
hyoscyamine sulfate subl .125 MG	P	
hyoscyamine sulfate soln or .125 MG/ML	P	
hyoscyamine sulfate tb12 .375 MG	P	QL(4 ea daily)
hyoscyamine sulfate tbdp .125 MG	P	
hyoscyamine sulfate tabs .125 MG	P	
LEVBID TB12 *(hyoscyamine sulfate)*	NF	QL(4 ea daily)
LEVSIN TABS *(hyoscyamine sulfate)*	NP	
LEVSIN/SL SUBL *(hyoscyamine sulfate)*	NP	
LIBRAX 2.5 MG-5 MG *(chlordiazepoxide hcl-clidinium bromide)*	NP	
methscopolamine bromide	NP	
ROBINUL TABS *(glycopyrrolate)*	NP	QL(4 ea daily)
ROBINUL FORTE TABS *(glycopyrrolate)*	NP	QL(4 ea daily)
H-2 Antagonists		
cimetidine tabs	P	RX/OTC
cimetidine hcl or 300 MG/5ML	P	QL(27 ml daily)

Drug Name	Drug Tier	Requirements/Limits
famotidine tabs 20 MG, 40 MG	P	RX/OTC
famotidine susr	P	
nizatidine caps	P	
nizatidine soln	P	
PEPCID TABS *(famotidine)*	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP *(sucralfate)*	P	
CARAFATE TABS *(sucralfate)*	NP	QL(4 ea daily)
sucralfate tabs	P	QL(4 ea daily)
sucralfate susp	P	
Proton Pump Inhibitors		
ACIPHEX TBEC *(rabeprazole sodium)*	NP	
DEXILANT *(dexlansoprazole)*	NP	ST
dexlansoprazole	NP	ST
esomeprazole magnesium cpdr 40 MG	NP	
esomeprazole magnesium cpdr 20 MG	NP	QL(2 ea daily);RX/OTC
esomeprazole magnesium pack	NP	
lansoprazole tbdd	P	RX/OTC
lansoprazole cpdr	NP	QL(2 ea daily);RX/OTC
NEXIUM PACK *(esomeprazole magnesium)*	NP	
NEXIUM PACK	NP	

Drug Name	Drug Tier	Requirements/Limits
NEXIUM CPDR 20 MG *(esomeprazole magnesium)*	NP	QL(2 ea daily);RX/OTC
NEXIUM CPDR 40 MG *(esomeprazole magnesium)*	NP	
NEXIUM 24HR CPDR *(esomeprazole magnesium)*	NF	QL(2 ea daily);RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR *(esomeprazole magnesium)*	NF	QL(2 ea daily);RX/OTC
omeprazole cpdr	P	QL(2 ea daily);RX/OTC
pantoprazole sodium pack	NP	
pantoprazole sodium tbec 20 MG	P	QL(1 ea daily)
pantoprazole sodium tbec 40 MG	P	QL(2 ea daily)
PREVACID CPDR *(lansoprazole)*	NP	QL(2 ea daily)
PREVACID CPDR *(lansoprazole)*	NF	QL(2 ea daily);RX/OTC
PREVACID 24HR CPDR *(lansoprazole)*	NF	QL(2 ea daily);RX/OTC
PREVACID SOLUTAB TBDD *(lansoprazole)*	NP	RX/OTC
PRILOSEC PACK	NP	
PROTONIX TBEC 20 MG *(pantoprazole sodium)*	NP	QL(1 ea daily)
PROTONIX PACK *(pantoprazole sodium)*	NP	
PROTONIX TBEC 40 MG *(pantoprazole sodium)*	NP	QL(2 ea daily)
rabeprazole sodium tbec	NP	

Drug Name	Drug Tier	Requirements/Limits
Ulcer Drugs - Prostaglandins		
CYTOTEC *(misoprostol)*	NP	
misoprostol	P	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole 30 MG-500 MG-500 MG	NP	
OMECLAMOX-PAK 500 MG-500 MG-20 MG	NP	
omeprazole-sodium bicarbonate pack	NP	
omeprazole-sodium bicarbonate caps	NP	RX/OTC
PYLERA 140 MG-125 MG-125 MG	NP	
TALICIA 10 MG-250 MG-12.5 MG	NP	
ZEGERID PACK 40 MG-1680 MG *(omeprazole-sodium bicarbonate)*	NF	
ZEGERID PACK *(omeprazole-sodium bicarbonate)*	NP	
ZEGERID CAPS *(omeprazole-sodium bicarbonate)*	NP	RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	NP	MP
DETROL TABS *(tolterodine tartrate)*	NP	QL(2 ea daily);MP
DETROL LA CP24 *(tolterodine tartrate)*	NP	QL(1 ea daily);MP
DITROPAN XL TB24 5 MG, 10 MG *(oxybutynin chloride)*	NP	QL(2 ea daily);MP
ENABLEX 7.5 MG *(darifenacin hydrobromide)*	NF	MP
fesoterodine fumarate	NP	
GELNIQUE GEL 10 %	NP	
oxybutynin chloride syrp	P	QL(16 ml daily);MP
oxybutynin chloride tabs	P	QL(3 ea daily);MP
oxybutynin chloride tb24	P	QL(2 ea daily);MP
OXYTROL PTTW	NP	RX/OTC
solifenacin succinate tabs	P	MP
tolterodine tartrate cp24	NP	QL(1 ea daily);MP
tolterodine tartrate tabs	NP	QL(2 ea daily);MP
TOVIAZ *(fesoterodine fumarate)*	NP	
trospium chloride cp24	NP	MP
trospium chloride tabs	NP	QL(2 ea daily);MP
VESICARE TABS *(solifenacin succinate)*	NF	MP
VESICARE TABS *(solifenacin succinate)*	NP	MP
VESICARE LS SUSP	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
MYRBETRIQ TB24	NP	

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ SRER	NP	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	P	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	NP	MP
VACCINES		
Bacterial Vaccines		
BEXSERO	P	AL(At least 19 yrs old)
MENACTRA	P	AL(At least 19 yrs old)
MENQUADFI	P	AL(At least 19 yrs old)
MENVEO SOLR	P	AL(At least 19 yrs old)
PNEUMOVAX 23	P	AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE	P	AL(At least 19 yrs old)
PREVNAR 13	P	AL(At least 19 yrs old)
TRUMENBA	P	AL(At least 19 yrs old)
Viral Vaccines		
AFLURIA QUADRIVALENT 2020-2021 SUSY 0	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2020-2021 SUSP	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUADRIVALENT 2020-2021 SUSY 0	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.25 ml per fill retail);AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY 0	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY 0	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.25 ml per fill retail);AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
ENGERIX-B SUSY	P	AL(At least 19 yrs old)
ENGERIX-B SUSP	P	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLUAD 2020-2021	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 65 yrs old)
FLUAD QUADRIVALENT 2021-2022	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 65 yrs old)
FLUAD QUADRIVALENT 2022-2023	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 65 yrs old)
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 65 yrs old)
FLUARIX QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
FLUARIX QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
FLUARIX QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLUBLOK QUADRIVALENT 2020-2021	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 18 yrs old)
FLUBLOK QUADRIVALENT 2021-2022	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 18 yrs old)
FLUBLOK QUADRIVALENT 2022-2023	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 18 yrs old)
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
FLULAVAL QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
FLULAVAL QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
FLULAVAL QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
FLUMIST QUADRIVALENT	P	1 rtl MAX fill,180 rtl day(s) supply;QL(1 ea per fill retail);AL(At least 10 yrs old- Up to 49 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLUZONE HIGH-DOSE PF 2020-2021	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.7 ml per fill retail);AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2021-2022	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.7 ml per fill retail);AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2022-2023	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.7 ml per fill retail);AL(At least 65 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSP 0	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSP 0	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUADRIVALENT 2022-2023 SUSP 0	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSY	P	1 rtl MAX fill,180 rtl day(s) supply;QL(0.5 ml per fill retail);AL(At least 10 yrs old)
GARDASIL 9 SUSY	P	AL(At least 9 yrs old)
GARDASIL 9 SUSP	P	AL(At least 9 yrs old)
HAVRIX	P	AL(At least 19 yrs old)
JANSSEN COVID-19 VACCINE	P	QL(0.5 ml per fill retail);AL(At least 18 yrs old)
M-M-R II SOLR	P	AL(At least 19 yrs old)
RECOMBIVAX HB SUSY	P	AL(At least 19 yrs old)
RECOMBIVAX HB SUSP	P	AL(At least 19 yrs old)
SHINGRIX	P	AL(At least 50 yrs old)
VAQTA	P	AL(At least 19 yrs old)
VARIVAX INJ	P	AL(At least 19 yrs old)
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	NP	
TRIMO-SAN 0.01 %-0.025 %	NP	
Vaginal Anti-infectives		

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN CREA *(clindamycin phosphate vaginal)*	NP	QL(40 gm per fill retail)
CLEOCIN SUPP	P	
clindamycin phosphate vaginal crea	P	QL(40 gm per fill retail)
CLINDESSE	NP	
GYNAZOLE-1	NP	
metronidazole vaginal	P	QL(70 gm per fill retail)
miconazole nitrate vaginal supp 200 MG	P	QL(3 ea per fill retail)
NUVESSA	NP	
terconazole vaginal supp	P	QL(3 ea per fill retail)
terconazole vaginal crea .4 %	P	QL(45 gm per fill retail)
terconazole vaginal crea .8 %	P	QL(20 gm per fill retail)
VANDAZOLE	NP	QL(70 gm per fill retail)
Vaginal Contraceptive - pH Modulators		
PHEXXI 0.4 %-1.8 %-1 %	P	
Vaginal Estrogens		
ESTRACE CREA *(estradiol vaginal)*	NP	QL(43 gm per 30 days retail,129 gm per 90 days mail);MP
estradiol vaginal tabs	NP	MP
estradiol vaginal crea	P	QL(43 gm per 30 days retail,129 gm per 90 days mail);MP
ESTRING RING	NP	MP
FEMRING	NP	MP

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAINTENANCE PACK INST	NP	MP
IMVEXXY STARTER PACK INST	NP	MP
PREMARIN	P	QL(43 gm per 30 days retail,129 gm per 90 days mail);MP
VAGIFEM TABS *(estradiol vaginal)*	NP	MP
Vaginal Progestins		
CRINONE GEL	NP	
ENDOMETRIN INST	P	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) soaj	P	QL(4 ea per 365 days retail)
EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))*	NP	QL(4 ea per 365 days retail)
EPIPEN-JR 2-PAK SOAJ *(epinephrine (anaphylaxis))*	NP	QL(4 ea per 365 days retail)
SYMJEPI SOSY	NP	
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	NP	SP
NORTHERA *(droxidopa)*	NP	SP
Vasopressors		
midodrine hcl	P	MP
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD OR *(cholecalciferol)*	NF	

Drug Name	Drug Tier	Requirements/Limits
cholecalciferol liqd or	P	
cholecalciferol caps 1.25 MG, 1.25 MG, 25 MCG, 50 MCG, 125 MCG, 1000 UNIT, 2000 UNIT, 5000 UNIT, 50000 UNIT	P	
cholecalciferol tabs 25 MCG, 400 UNIT, 1000 UNIT	P	
D3 BABY DROPS LIQD OR	P	
DRISDOL CAPS *(ergocalciferol)*	NF	
D-VI-SOL LIQD OR *(cholecalciferol)*	NF	
EQ D3 DROPS INFANTS/CHILDRENS LIQD OR	P	
ergocalciferol soln or	P	
ergocalciferol caps	P	
MEPHYTON TABS *(phytonadione)*	NF	
phytonadione tabs 5 MG	P	
UPSPRING BABY VITAMIN D LIQD OR	P	
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Water Soluble Vitamins		
niacin cpcr 250 MG, 500 MG	P	

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