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 *(Use amphetamine-dextroamphetamine)*	NP	QL(2 ea daily); AL(At least 3 yrs old)
ADDERALL XR CP24 *(Use amphetamine-dextroamphetamine)*	NP	QL(1 ea daily); AL(At least 6 yrs old)
ADZENYS ER SUER *(Use amphetamine)*	NF	
ADZENYS XR-ODT TBED	NP	
amphetamine sulfate tabs	NP	
amphetamine-dextroamphetamine tabs	P	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
amphetamine-dextroamphetamine cp24	P	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
DESOXYN *(Use methamphetamine hcl)*	NP	
DEXEDRINE CP24 10 MG, 15 MG *(Use dextroamphetamine sulfate)*	NP	QL(2 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 5 MG *(Use dextroamphetamine sulfate)*	NF	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	
dextroamphetamine sulfate cp24 5 mg	NP	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate tabs 10 mg	NP	QL(3 ea daily)
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	
DYANAVEL XR SUER	P	PA
DYANAVEL XR CHER	NP	
EVEKEO TABS *(Use amphetamine sulfate)*	NP	
EVEKEO ODT TBDP	NP	
methamphetamine hcl	NP	
MYDAYIS CP24	NP	
VYVANSE CHEW	P	
VYVANSE CAPS	P	QL(1 ea daily)
XELSTRYM	NP	
Analeptics		
CAFCIT SOLN IV 60 MG/3ML *(Use caffeine citrate)*	NF	
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); MP
clonidine hcl (adhd) tb12	P	MP
guanfacine hcl (adhd)	P	QL(1 ea daily); MP
INTUNIV *(Use guanfacine hcl (adhd))*	NP	QL(1 ea daily); AL(At least 6 yrs old); MP
QELBREE	NP	
STRATTERA *(Use atomoxetine hcl)*	P	AL(At least 6 yrs old); MP
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI	NP	
Histamine H3-Receptor Antagonist/Inverse Agonists		

Drug Name	Drug Tier	Requirements/ Limits
WAKIX	NP	SP
Stimulants - Misc.		
ADHANSIA XR CP24	NP	
APTENSIO XR CP24 *(Use methylphenidate hcl)*	NP	
armodafinil	NP	
AZSTARYS	NP	
CONCERTA TBCR 18 MG, 27 MG, 54 MG *(Use methylphenidate hcl)*	P	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG *(Use methylphenidate hcl)*	P	QL(2 ea daily); AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED	NP	
DAYTRANA PTCH 10 MG/9HR, 20 MG/9HR *(Use methylphenidate)*	P	AL(At least 6 yrs old); PA
DAYTRANA PTCH 15 MG/9HR *(Use methylphenidate)*	P	QL(3 ea daily); AL(At least 6 yrs old - Up to 18 yrs old); PA
DAYTRANA PTCH 10 MG/9HR, 20 MG/9HR, 30 MG/9HR *(Use methylphenidate)*	P	PA
dexmethylphenidate hcl tabs	P	QL(2 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl cp24	NP	
FOCALIN TABS *(Use dexmethylphenidate hcl)*	NP	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 *(Use dexmethylphenidate hcl)*	P	
JORNAY PM CP24	P	PA
METHYLIN SOLN *(Use methylphenidate hcl)*	NP	
methylphenidate ptch 10 mg/9hr, 20 mg/9hr, 30 mg/9hr	NP	AL(At least 6 yrs old - Up to 18 yrs old)
methylphenidate ptch 10 mg/9hr, 20 mg/9hr, 30 mg/9hr	NP	
methylphenidate ptch 15 mg/9hr	NP	QL(3 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
methylphenidate hcl cpcr	NP	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcr 20 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl chew	NP	
methylphenidate hcl tb24 18 mg, 27 mg, 54 mg	NP	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcr 36 mg	NP	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcr 10 mg	P	QL(2 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 soln	NP	
methylphenidate hcl cp24	NP	
methylphenidate hcl tb24 36 mg	NP	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tabs 5 mg	P	QL(6 ea daily); AL(At least 3 yrs old)
methylphenidate hcl tabs 10 mg, 20 mg	P	QL(3 ea daily); AL(At least 3 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR	NP	
modafinil	P	
NUVIGIL *(Use armodafinil)*	NP	
PROVIGIL *(Use modafinil)*	NP	
QUILLICHEW ER CHER	NP	

Drug Name	Drug Tier	Requirements/ Limits
QUILLIVANT XR SRER	NP	
RELEXXII TBCR	NP	
RITALIN TABS 5 MG *(Use methylphenidate hcl)*	NP	QL(6 ea daily); AL(At least 3 yrs old)
RITALIN TABS 10 MG, 20 MG *(Use methylphenidate hcl)*	NP	QL(3 ea daily); AL(At least 3 yrs old)
RITALIN LA CP24 *(Use 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 *(Use tobramycin)*	NF	SP
BETHKIS NEBU *(Use tobramycin)*	NP	SP
gentamicin in saline 0.8 mg/ml-0.9 %, 1 mg/ml-0.9 %, 1.2 mg/ml-0.9 %, 1.6 mg/ml-0.9 %, 2 mg/ml-0.9 %	P	
gentamicin sulfate ij	P	
KITABIS PAK NEBU *(Use tobramycin)*	P	SP
neomycin sulfate tabs	P	
paromomycin sulfate	P	SP
TOBI NEBU *(Use tobramycin)*	NP	SP
TOBI NEBU *(Use tobramycin)*	NF	SP
TOBI PODHALER CAPS	NP	SP
tobramycin nebu	NP	SP
tobramycin sulfate soln ij 1.2 gm/30ml	P	
tobramycin sulfate solr	P	
tobramycin sulfate soln ij 10 mg/ml, 80 mg/2ml	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 SOLN	NP	SP
XELJANZ XR TB24	P	SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	NP	SP
REDITREX SOSY	NP	SP
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-FKJP AJKT	NP	
ADALIMUMAB-FKJP PSKT	NP	
AMJEVITA SOAJ	NP	SP
AMJEVITA SOSY	NP	SP
CYLTEZO PSKT	NP	
CYLTEZO AJKT	NP	

Drug Name	Drug Tier	Requirements/ Limits
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	
HULIO AJKT	NP	
HULIO PSKT	NP	
HUMIRA PSKT	P	SP; PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	P	SP; PA
HUMIRA PEN PNKT	P	SP; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP; PA
HUMIRA PEN-PS/UV STARTER PNKT	P	SP; PA
IDACIO AJKT	NP	
IDACIO PSKT	NP	
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	NP	
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	
SIMPONI SOAJ	NP	SP
SIMPONI SOSY	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 *(Use ibuprofen)*	NF	
ADVIL TABS *(Use ibuprofen)*	NF	
ADVIL MIGRAINE CAPS *(Use ibuprofen)*	NF	
ARTHROTEC 50 TBEC *(Use diclofenac w/ misoprostol)*	NP	MP
ARTHROTEC 75 TBEC *(Use diclofenac w/ misoprostol)*	NP	MP
CELEBREX *(Use celecoxib)*	NP	QL(2 ea daily); MP
celecoxib	P	QL(2 ea daily); MP
CHILDRENS ADVIL SUSP 100 MG/5ML *(Use ibuprofen)*	NF	MP; RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML *(Use ibuprofen)*	NF	MP; RX/OTC
DAYPRO *(Use oxaprozin)*	NP	MP
diclofenac potassium caps	NP	
diclofenac potassium tabs	P	
diclofenac sodium tbec	P	MP
diclofenac sodium tb24	P	MP
diclofenac w/ misoprostol tbec	NP	MP
DUEXIS *(Use ibuprofen-famotidine)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
etodolac tabs	P	MP
etodolac caps	P	MP
etodolac tb24	P	MP
FELDENE CAPS *(Use piroxicam)*	NP	MP
fenoprofen calcium tabs	NP	MP
fenoprofen calcium caps 400 mg	NP	MP
flurbiprofen tabs 100 mg	P	MP
IBUPAK KIT	NP	
ibuprofen caps	P	
ibuprofen tabs	P	MP
ibuprofen susp	P	MP; RX/OTC
ibuprofen susp 100 mg/5ml	NP	MP; RX/OTC
ibuprofen tabs	P	
ibuprofen-famotidine	NP	
indomethacin caps 25 mg, 50 mg	P	MP
indomethacin cpcr	P	MP
INFANTS ADVIL SUSP *(Use ibuprofen)*	NF	
ketoprofen caps 50 mg, 75 mg	P	MP
ketoprofen cp24	NP	MP
ketorolac tromethamine tabs	P	
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 15 MG *(Use meloxicam)*	NF	MP
MOBIC TABS 7.5 MG *(Use meloxicam)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
MOTRIN INFANTS DROPS SUSP *(Use ibuprofen)*	NF	
nabumetone	P	MP
NALFON TABS *(Use fenoprofen calcium)*	NP	MP
NALFON CAPS *(Use fenoprofen calcium)*	NP	MP
NAPRELAN TB24 500 MG *(Use naproxen sodium)*	NF	MP
NAPRELAN TB24 *(Use naproxen sodium)*	NP	MP
naproxen tabs	P	MP
naproxen tbec	P	QL(2 ea daily); MP
naproxen susp	P	MP
naproxen sodium tabs 275 mg, 550 mg	P	MP
naproxen sodium tb24	NP	MP
naproxen-esomeprazole magnesium	NP	MP
oxaprozin	NP	MP
piroxicam caps	NP	MP
RELAFEN DS	NP	
sulindac tabs	P	MP
TIVORBEX CAPS *(Use indomethacin)*	NF	
tolmetin sodium tabs 600 mg	NP	
VIMOVO *(Use naproxen-esomeprazole magnesium)*	NP	MP
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	NP	SP
OTEZLA TBPK	NP	SP
Pyrimidine Synthesis Inhibitors		
ARAVA *(Use leflunomide)*	NP	QL(1 ea daily)
leflunomide	P	QL(1 ea daily)
Selective Costimulation Modulators		

Drug Name	Drug Tier	Requirements/ Limits
ORENCIA SOSY	NP	SP
ORENCIA SOLR	NP	SP
ORENCIA CLICKJECT SOAJ	NP	SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLN	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	NP	
butalbital-acetaminophen caps 50 mg-300 mg	NP	
butalbital-acetaminophen tabs 50 mg-300 mg, 50 mg-325 mg	P	
butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg	P	QL(4 ea daily)
butalbital-acetaminophen-caffeine caps 40 mg-50 mg-300 mg	P	
butalbital-acetaminophen-caffeine caps 40 mg-50 mg-325 mg	P	QL(4 ea daily)
butalbital-acetaminophen-caffeine soln	NP	
butalbital-aspirin-caffeine caps	P	QL(4 ea daily)
ESGIC TABS *(Use butalbital-acetaminophen-caffeine)*	NP	QL(4 ea daily)
FIORICET CAPS *(Use butalbital-acetaminophen-caffeine)*	NP	
Analgesics Other		

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen tabs 325 mg, 500 mg	P	
acetaminophen liqd 160 mg/5ml	P	
acetaminophen elix	P	
acetaminophen caps 500 mg	P	
acetaminophen supp 120 mg, 650 mg	P	QL(12 ea per 31 days retail)
acetaminophen susp 80 mg/2.5ml, 160 mg/5ml, 650 mg/20.3ml	P	
acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	P	
acetaminophen chew 80 mg	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 ea per 31 days retail)
OFIRMEV SOLN IV *(Use acetaminophen)*	NF	
TYLENOL TABS *(Use acetaminophen)*	NF	
TYLENOL CHILDRENS SUSP *(Use acetaminophen)*	NF	
TYLENOL CHILDRENS PAIN +FEVER SUSP *(Use acetaminophen)*	NF	
TYLENOL EXTRA STRENGTH TABS *(Use acetaminophen)*	NF	
TYLENOL FOR CHILDREN/ADULTS SUSP *(Use acetaminophen)*	NF	
TYLENOL INFANTS PAIN+FEVER SUSP *(Use acetaminophen)*	NF	
Salicylates		
aspirin chew	P	

Drug Name	Drug Tier	Requirements/ Limits
aspirin buffered (cal carb-mag carb-mag oxide)	P	
BUFFERIN *(Use 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 *(Use fentanyl citrate)*	NP	
codeine sulfate tabs 30 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 60 MG	P	QL(2 ea daily); AL(At least 12 yrs old)
CONZIP CP24 *(Use tramadol hcl)*	NP	
DILAUDID LIQD *(Use hydromorphone hcl)*	NP	
DILAUDID TABS *(Use 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 *(Use 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)
fentanyl citrate tabs	NP	
fentanyl citrate lpop	NP	
FENTORA TABS *(Use fentanyl citrate)*	NP	
hydrocodone bitartrate cp12	NP	
hydrocodone bitartrate t24a	NP	
hydromorphone hcl tabs	P	QL(180 ea per 27 days retail)
hydromorphone hcl liqd	P	
hydromorphone hcl tb24	NP	
HYDROMORPHONE HCL SUPP	P	QL(12 ea per fill retail)
HYSINGLA ER T24A	NP	
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 soln or	NP	
methadone hcl tbso	NP	
methadone hcl tabs 10 mg	NP	QL(10 ea daily)
methadone hcl conc	NP	
methadone hcl tabs 5 mg	NP	QL(4 ea daily)
METHADOSE CONC *(Use methadone hcl)*	NP	
METHADOSE SUGAR-FREE CONC *(Use methadone hcl)*	NP	
morphine sulfate tbcr	P	QL(3 ea daily); PA
morphine sulfate cp24 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	NP	
morphine sulfate soln or 10 mg/5ml, 20 mg/5ml	P	QL(500 ml per 23 days retail)
morphine sulfate tabs	P	QL(180 ea per 27 days retail)
morphine sulfate soln or 10 mg/0.5ml, 20 mg/ml, 100 mg/5ml	P	QL(240 ml per fill retail)
morphine sulfate supp	P	QL(24 ea per fill retail)
morphine sulfate beads	NP	
MS CONTIN TBCR *(Use morphine sulfate)*	NP	QL(3 ea daily)
NUCYNTA TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA ER TB12	NP	
oxycodone hcl soln	P	
oxycodone hcl t12a 10 mg, 20 mg, 40 mg, 80 mg	NP	QL(2 ea daily)
oxycodone hcl tabs	P	QL(180 ea per 27 days retail)
oxycodone hcl conc 100 mg/5ml	P	QL(6 ml daily)
oxycodone hcl caps	P	QL(180 ea per 27 days retail)
OXYCONTIN T12A	NP	QL(2 ea daily)
oxymorphone hcl tabs	NP	
oxymorphone hcl tb12	NP	
ROXICODONE TABS *(Use oxycodone hcl)*	NP	QL(180 ea per 27 days retail)
ROXYBOND TABA	NP	
tramadol hcl soln	NP	
tramadol hcl cp24 100 mg, 200 mg, 300 mg	NP	
tramadol hcl tabs 100 mg	NP	AL(At least 18 yrs old)
tramadol hcl tb24	NP	
tramadol hcl tabs 50 mg	P	QL(8 ea daily)
TRAMADOL HYDROCHLORIDE SOLN *(Use tramadol hcl)*	NP	
ULTRAM TABS *(Use tramadol hcl)*	NF	QL(8 ea daily); AL(At least 18 yrs old)
XTAMPZA ER	NP	
Opioid Combinations		
acetaminophen w/ codeine soln	P	QL(30 ml daily); AL(At least 12 yrs old)
acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg, 60 mg-300 mg	P	QL(180 ea per 27 days retail); AL(At least 12 yrs old)
acetaminophen-caff-dihydrocod caps 30 mg-320.5 mg-16 mg	NP	
butalbital-acetaminophen-caffeine w/ codeine 30 mg-40 mg-50 mg-300 mg	NP	
butalbital-aspirin-caffeine w/cod	P	QL(4 ea daily); AL(At least 12 yrs old)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(Use butalbital-acetaminophen-caffeine w/ codeine)*	NP	
hydrocodone-acetaminophen tabs 325 mg-10 mg, 325 mg-5 mg, 325 mg-7.5 mg	P	
hydrocodone-acetaminophen tabs 325 mg-10 mg, 325 mg-5 mg, 325 mg-7.5 mg	P	QL(180 ea per 27 days retail)
hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml	P	QL(180 ml daily)
hydrocodone-ibuprofen 10 mg-200 mg, 5 mg-200 mg, 7.5 mg-200 mg	P	
NALOCET TABS	NP	
oxycodone w/ acetaminophen soln	P	
oxycodone w/ acetaminophen tabs 325 mg-10 mg, 325 mg-5 mg, 325 mg-7.5 mg	P	QL(180 ea per 27 days retail)
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG *(Use oxycodone w/ acetaminophen)*	NP	QL(180 ea per 27 days retail)
PERCOCET TABS 325 MG-2.5 MG *(Use oxycodone w/ acetaminophen)*	NP	
PROLATE SOLN	NP	
PROLATE TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
SEGLENTIS	NP	
tramadol-acetaminophen	NP	QL(4 ea daily); AL(At least 18 yrs old)
ULTRACET *(Use tramadol-acetaminophen)*	NF	QL(4 ea daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	
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 *(Use buprenorphine)*	NP	
pentazocine w/ naloxone hcl	NP	
SUBLOCADE SOSY	P	SP
SUBOXONE FILM SL *(Use buprenorphine hcl-naloxone hcl dihydrate)*	P	
ZUBSOLV SUBL	P	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL GEL TD *(Use testosterone)*	NF	
ANDROGEL GEL TD *(Use testosterone)*	NF	
ANDROGEL PUMP GEL TD 1.62 % *(Use testosterone)*	NF	
FORTESTA GEL TD *(Use testosterone)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
TESTIM GEL TD *(Use 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 *(Use testosterone)*	NF	
VOGELXO PUMP GEL TD *(Use testosterone)*	NF	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	NP	
CORTENEMA *(Use hydrocortisone (intrarectal))*	NP	QL(420 ml per fill retail)
CORTIFOAM EX 10 %	NP	
hydrocortisone (intrarectal)	P	QL(420 ml per fill retail)
UCERIS *(Use budesonide (intrarectal))*	NP	
Rectal Combinations		
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL	NP	
lidocaine-hydrocortisone acetate (rectal) crea ex	NP	
lidocaine-hydrocortisone acetate (rectal) kit	NP	

Drug Name	Drug Tier	Requirements/ Limits
phenylephrine-cocoa butter 0.25 %-85.39 %, 0.25 %-88.44 %	P	
phenylephrine-mineral oil-petrolatum 0.25 %-74.9 %-14 %	P	QL(90 gm per 30 days retail)
phenylephrine-shark liver oil-cocoa butter	P	QL(12 ea per 31 days retail)
phenylephrine-shark liver oil-mineral oil-petrolatum	P	QL(31 gm per 31 days retail)
PREPARATION H *(Use phenylephrine-mineral oil-petrolatum)*	NF	QL(90 gm per 30 days retail)
PROCTOFOAM HC FOAM EX	NP	
Rectal Local Anesthetics		
pramoxine hcl (rectal) foam ex	P	QL(15 gm per fill retail)
PROCTOFOAM FOAM EX *(Use pramoxine hcl (rectal))*	NF	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC EX *(Use 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)
PROCTOCORT EX *(Use 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)
calcium carbonate (antacid) chew 500 mg	P	
TUMS CHEW *(Use calcium carbonate (antacid))*	NF	
TUMS LASTING EFFECTS CHEW *(Use calcium carbonate (antacid))*	NF	
Antacids - Magnesium Salts		
magnesium oxide tabs 400 mg	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	NP	
ALBENZA *(Use albendazole)*	NF	
BENZNIDAZOLE	NP	SP
BILTRICIDE *(Use praziquantel)*	NP	
EMVERM CHEW	NP	QL(1 ea per 20 days retail)
ivermectin	NP	
praziquantel	P	
STROMECTOL *(Use ivermectin)*	NP	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		

Drug Name	Drug Tier	Requirements/ Limits
ASPRUZYO SPRINKLE PACK	NP	
RANEXA TB12 *(Use ranolazine)*	NP	MP
ranolazine tb12	NP	MP
Nitrates		
GONITRO PACK	NP	
ISORDIL TITRADOSE TABS *(Use isosorbide dinitrate)*	NP	MP
isosorbide dinitrate tabs	P	MP
isosorbide mononitrate tb24	P	QL(1 ea daily); MP
isosorbide mononitrate tabs	P	QL(2 ea daily); MP
NITRO-BID OINT	P	
NITRO-DUR PT24 0.1 MG/HR, 0.3 MG/HR, 0.8 MG/HR *(Use nitroglycerin)*	NF	
NITRO-DUR PT24 *(Use nitroglycerin)*	NP	
NITRO-DUR PT24	NP	
nitroglycerin soln tl 0.4 mg/spray	NP	MP
nitroglycerin pt24	P	
nitroglycerin subl	P	MP
NITROLINGUAL PUMPSPRAY SOLN TL *(Use nitroglycerin)*	NP	MP
NITROSTAT SUBL *(Use nitroglycerin)*	NP	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl 7.5 mg, 30 mg	P	QL(3 ea daily); MP
buspirone hcl 5 mg, 10 mg	P	QL(6 ea daily); MP
buspirone hcl 15 mg	P	QL(4 ea daily); MP
hydroxyzine hcl syrp	P	MP
hydroxyzine hcl tabs	P	MP
hydroxyzine pamoate caps	P	MP
meprobamate	NP	MP
VISTARIL CAPS *(Use hydroxyzine pamoate)*	NP	MP
Benzodiazepines		
alprazolam tbdp	NP	
alprazolam tabs	P	QL(4 ea daily)
alprazolam tb24	NP	
ALPRAZOLAM INTENSOL CONC	P	
ATIVAN TABS 0.5 MG, 2 MG *(Use lorazepam)*	NP	QL(3 ea daily)
ATIVAN TABS 1 MG *(Use lorazepam)*	NP	QL(4 ea daily)
chlordiazepoxide hcl caps	P	QL(4 ea daily)
clorazepate dipotassium tabs	P	QL(3 ea daily)
diazepam conc	P	
diazepam tabs	P	QL(4 ea daily)
diazepam soln or 5 mg/5ml	P	QL(500 ml per fill retail)
lorazepam conc	P	
lorazepam tabs 1 mg	P	QL(4 ea daily)
lorazepam tabs 0.5 mg, 2 mg	P	QL(3 ea daily)
LOREEV XR CS24	NP	
oxazepam caps	P	QL(4 ea daily)
TRANXENE T TABS 7.5 MG *(Use clorazepate dipotassium)*	NF	QL(3 ea daily)
XANAX TABS *(Use alprazolam)*	NP	QL(4 ea daily)
XANAX XR TB24 *(Use alprazolam)*	NP	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		

Drug Name	Drug Tier	Requirements/ Limits
disopyramide phosphate caps	P	MP
NORPACE CAPS *(Use 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 *(Use propafenone hcl)*	NP	MP
Antiarrhythmics Type III		
amiodarone hcl tabs	P	MP
dofetilide	P	MP
MULTAQ	NP	
TIKOSYN *(Use 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 SOAJ	P	SP; PA
NUCALA SOLR	P	SP; PA
NUCALA SOSY	P	SP; PA
TEZSPIRE SOSY	NP	SP
TEZSPIRE SOAJ	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)

Drug Name	Drug Tier	Requirements/ Limits
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(25 gm per 30 days retail)
INCRUSE ELLIPTA	P	QL(30 ea per fill retail)
ipratropium bromide soln 0.02 %	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 *(Use zafirlukast)*	NP	MP
montelukast sodium tabs	P	QL(1 ea daily); MP
montelukast sodium pack	P	QL(1 ea daily); MP
montelukast sodium chew	P	QL(1 ea daily); MP
SINGULAIR TABS *(Use montelukast sodium)*	NF	QL(1 ea daily); MP
SINGULAIR PACK *(Use montelukast sodium)*	NP	QL(1 ea daily); MP
SINGULAIR PACK *(Use montelukast sodium)*	NF	QL(1 ea daily); MP
SINGULAIR TABS *(Use montelukast sodium)*	NP	QL(1 ea daily); MP
SINGULAIR CHEW *(Use montelukast sodium)*	NP	QL(1 ea daily); MP
SINGULAIR CHEW 4 MG *(Use montelukast sodium)*	NF	QL(1 ea daily); MP
zafirlukast	P	MP
zileuton tb12	NP	MP
ZYFLO TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(Use 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	
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 110 mcg/act, 220 mcg/act	NP	QL(12 gm per fill retail)
fluticasone propionate hfa 44 mcg/act	NP	QL(11 gm per fill retail)
PULMICORT SUSP *(Use 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 *(Use fluticasone-salmeterol)*	P	QL(2 ea daily)
ADVAIR HFA AERO	P	
AIRDUO DIGIHALER 113/14	P	
AIRDUO DIGIHALER 232/14	P	
AIRDUO DIGIHALER 55/14	P	
AIRDUO RESPICLICK 113/14 AEPB *(Use fluticasone-salmeterol)*	P	
AIRDUO RESPICLICK 232/14 AEPB *(Use fluticasone-salmeterol)*	P	
AIRDUO RESPICLICK 55/14 AEPB *(Use fluticasone-salmeterol)*	P	
albuterol sulfate aers	P	QL(17 gm per 30 days retail)
albuterol sulfate nebu 0.083 %, 0.63 mg/3ml, 1.25 mg/3ml	P	QL(375 ml per 27 days retail)
albuterol sulfate syrp	NP	MP
albuterol sulfate nebu 2.5 mg/0.5ml	P	QL(2 ea daily)
albuterol sulfate aers	P	QL(13.4 gm per 30 days retail)
albuterol sulfate tabs	NP	
albuterol sulfate aers	NP	QL(36 gm per 30 days retail)
ANORO ELLIPTA	P	
arformoterol tartrate	NP	
BEVESPI AEROSPHERE	NP	
BREO ELLIPTA	NP	
BREZTRI AEROSPHERE	NP	

Drug Name	Drug Tier	Requirements/ Limits
BROVANA *(Use arformoterol tartrate)*	NP	
budesonide-formoterol fumarate dihydrate	NP	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS	NP	QL(4 gm per 30 days retail)
DUAKLIR PRESSAIR	NP	
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(13 gm per fill retail)
DULERA 50 MCG/ACT-5 MCG/ACT	P	
fluticasone furoate-vilanterol	NP	
fluticasone-salmeterol aepb 100 mcg/act-50 mcg/act, 250 mcg/act-50 mcg/act, 500 mcg/act-50 mcg/act	NP	QL(2 ea daily)
fluticasone-salmeterol aero	NP	
fluticasone-salmeterol aepb 113 mcg/act-14 mcg/act, 232 mcg/act-14 mcg/act, 55 mcg/act-14 mcg/act	NP	
formoterol fumarate nebu	NP	
ipratropium-albuterol soln	P	QL(12 ml daily)
levalbuterol hcl	NP	
levalbuterol tartrate	NP	2 rtl pack lmt amt; 30 rtl pack lmt day(s)
PERFOROMIST NEBU *(Use formoterol fumarate)*	NP	
PROAIR DIGIHALER	NP	
PROAIR HFA AERS *(Use albuterol sulfate)*	P	QL(17 gm per 30 days retail)
PROAIR RESPICLICK AEPB	NP	
PROVENTIL HFA AERS *(Use albuterol sulfate)*	NF	QL(13.4 gm per 30 days retail)
PROVENTIL HFA AERS *(Use albuterol sulfate)*	P	QL(13.4 gm per 30 days retail)
SEREVENT DISKUS	P	QL(2 ea daily)
STIOLTO RESPIMAT	NP	
STRIVERDI RESPIMAT	NP	
SYMBICORT *(Use budesonide-formoterol fumarate dihydrate)*	P	QL(11 gm per fill retail)
terbutaline sulfate tabs	P	
TRELEGY ELLIPTA	NP	
VENTOLIN HFA AERS *(Use albuterol sulfate)*	NP	QL(16 gm per 30 days retail)
XOPENEX *(Use levalbuterol hcl)*	NF	
XOPENEX CONCENTRATE *(Use levalbuterol hcl)*	NF	
XOPENEX HFA *(Use levalbuterol tartrate)*	NP	2 rtl pack lmt amt; 30 rtl pack lmt day(s)
Xanthines		
THEO-24 CP24	P	
theophylline soln	P	QL(475 ml per fill retail); MP
theophylline tb12 300 mg, 450 mg	P	
theophylline elix	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 10 MG	P	QL(1 ea daily; 35 ea per 180 days retail); PA
XARELTO TABS 15 MG	P	QL(2 ea daily); PA
XARELTO TABS 2.5 MG	P	PA

Drug Name	Drug Tier	Requirements/ Limits
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 *(Use fondaparinux sodium)*	NP	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 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 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 40 mg/0.4ml	P	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(6 ml per fill retail; 7 ml per 7 days 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 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

Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP
FRAGMIN SOSY	P	SP
HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	P	
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	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 *(Use 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 *(Use enoxaparin sodium)*	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(6 ml per fill retail; 7 ml per 7 days retail); SP
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(Use 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 *(Use enoxaparin sodium)*	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(5 ml per fill retail); SP
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(Use enoxaparin sodium)*	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(14 ml per fill retail); SP

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOSY 60 MG/0.6ML *(Use enoxaparin sodium)*	NP	21 rtl MAX day(s) supply; 180 rtl lmt day(s); QL(9 ml per fill retail); SP
Thrombin Inhibitors		
dabigatran etexilate mesylate caps	NP	
PRADAXA CAPS	NP	
PRADAXA PACK	NP	
PRADAXA CAPS *(Use dabigatran etexilate mesylate)*	NP	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	NP	
FYCOMPA TABS	NP	
Anticonvulsants - Benzodiazepines		
clobazam tabs	NP	
clobazam susp	NP	
clonazepam tabs	P	QL(4 ea daily)
clonazepam tbdp	NP	
DIASTAT ACUDIAL GEL *(Use diazepam (anticonvulsant))*	P	QL(1 ea per fill retail)
DIASTAT PEDIATRIC GEL *(Use diazepam (anticonvulsant))*	P	QL(1 ea per fill retail)
diazepam (anticonvulsant) gel	P	QL(1 ea per fill retail)
KLONOPIN TABS *(Use clonazepam)*	NP	QL(4 ea daily)
NAYZILAM	NP	
ONFI TABS *(Use clobazam)*	NP	
ONFI SUSP *(Use clobazam)*	NP	
SYMPAZAN FILM	NP	

Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 10 MG DOSE LIQD	NP	
VALTOCO 15 MG DOSE LQPK	NP	
VALTOCO 20 MG DOSE LQPK	NP	
VALTOCO 5 MG DOSE LIQD	NP	
Anticonvulsants - Misc.		
APTIOM	NP	
BANZEL SUSP *(Use rufinamide)*	NP	SP
BANZEL TABS *(Use rufinamide)*	NP	SP
BRIVIACT TABS	NP	
BRIVIACT SOLN OR 10 MG/ML	NP	
carbamazepine tabs	P	MP
carbamazepine cp12	NP	MP
carbamazepine susp	P	MP
carbamazepine tb12	P	MP
carbamazepine chew	P	MP
CARBATROL CP12 *(Use 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 caps	P	QL(9 ea daily); MP
gabapentin tabs 800 mg	P	QL(4 ea daily); MP
gabapentin soln	P	MP
gabapentin tabs 600 mg	P	QL(6 ea daily); MP
KEPPRA TABS 1000 MG *(Use levetiracetam)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
KEPPRA SOLN OR 100 MG/ML *(Use levetiracetam)*	NP	QL(30 ml daily); MP
KEPPRA TABS 250 MG, 750 MG *(Use levetiracetam)*	NP	QL(4 ea daily); MP
KEPPRA TABS 500 MG *(Use levetiracetam)*	NP	QL(6 ea daily); MP
KEPPRA XR TB24 *(Use levetiracetam)*	NP	MP
lacosamide soln or 10 mg/ml	NP	
lacosamide tabs	NP	
LAMICTAL TABS *(Use lamotrigine)*	NP	MP
LAMICTAL CHEWABLE DISPERSIBLE CHEW *(Use lamotrigine)*	NP	MP
LAMICTAL ODT TBDP *(Use lamotrigine)*	NP	MP
LAMICTAL ODT KIT	NP	MP
LAMICTAL ODT KIT *(Use lamotrigine)*	NP	MP
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT *(Use lamotrigine)*	NP	MP
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT *(Use lamotrigine)*	NP	MP
LAMICTAL STARTER/TAKING VALPROATE KIT *(Use lamotrigine)*	NP	MP
LAMICTAL XR TB24 *(Use lamotrigine)*	NP	ST; MP
LAMICTAL XR KIT	NP	
lamotrigine tb24	NP	ST; MP
lamotrigine tbdp	NP	MP
lamotrigine tabs	P	MP
lamotrigine kit 25 mg	NP	MP
lamotrigine chew	P	MP
levetiracetam soln or 100 mg/ml, 500 mg/5ml	P	QL(30 ml daily); MP
levetiracetam tabs 500 mg	P	QL(6 ea daily); MP
levetiracetam tabs 250 mg, 750 mg	P	QL(4 ea daily); MP
levetiracetam tb24	P	MP
levetiracetam tabs 1000 mg	P	MP
LYRICA CAPS *(Use pregabalin)*	NP	MP
LYRICA SOLN *(Use pregabalin)*	NP	MP
MYSOLINE *(Use primidone)*	NP	MP
NEURONTIN TABS 800 MG *(Use gabapentin)*	NP	QL(4 ea daily); MP
NEURONTIN CAPS *(Use gabapentin)*	NP	QL(9 ea daily); MP
NEURONTIN SOLN *(Use gabapentin)*	NF	MP
NEURONTIN SOLN *(Use gabapentin)*	NP	MP
NEURONTIN TABS 600 MG *(Use gabapentin)*	NP	QL(6 ea daily); MP
oxcarbazepine susp	P	MP
oxcarbazepine tabs	P	MP
OXTELLAR XR TB24	NP	
pregabalin caps	P	MP
pregabalin soln	P	MP
primidone 50 mg, 250 mg	P	MP
primidone 125 mg	P	
QUDEXY XR CS24 *(Use topiramate)*	NP	MP
rufinamide tabs	NP	SP
rufinamide susp	NP	SP
SPRITAM TB3D	NP	
TEGRETOL SUSP *(Use carbamazepine)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
TEGRETOL TABS *(Use carbamazepine)*	NP	MP
TEGRETOL-XR TB12 *(Use carbamazepine)*	NP	MP
TOPAMAX TABS 100 MG *(Use topiramate)*	NP	QL(4 ea daily); MP
TOPAMAX TABS 25 MG, 50 MG *(Use topiramate)*	NP	QL(6 ea daily); MP
TOPAMAX TABS 200 MG *(Use topiramate)*	NP	QL(2 ea daily); MP
TOPAMAX SPRINKLE CPSP 15 MG *(Use topiramate)*	NP	QL(6 ea daily); MP
TOPAMAX SPRINKLE CPSP 25 MG *(Use topiramate)*	NP	QL(8 ea daily); MP
topiramate tabs 200 mg	P	QL(2 ea daily); MP
topiramate cp24	NP	
topiramate cpsp 15 mg	P	QL(6 ea daily); MP
topiramate cs24	NP	MP
topiramate tabs 25 mg, 50 mg	P	QL(6 ea daily); MP
topiramate cpsp 25 mg	P	QL(8 ea daily); MP
topiramate tabs 100 mg	P	QL(4 ea daily); MP
topiramate cp24 25 mg, 50 mg, 100 mg	NP	
TRILEPTAL SUSP *(Use oxcarbazepine)*	NP	MP
TRILEPTAL TABS *(Use oxcarbazepine)*	NP	MP
TRILEPTAL TABS *(Use oxcarbazepine)*	NF	MP
TROKENDI XR CP24 *(Use topiramate)*	NP	
VIMPAT TABS *(Use lacosamide)*	NP	
VIMPAT SOLN OR 10 MG/ML *(Use lacosamide)*	NP	
ZONISADE SUSP	NP	
zonisamide caps	P	MP
ZTALMY	NP	
Carbamates		
felbamate tabs	NP	MP
felbamate susp	NP	MP
FELBATOL SUSP *(Use felbamate)*	NP	MP
FELBATOL TABS *(Use felbamate)*	NP	MP
XCOPRI TBPK	P	
XCOPRI TABS	P	
GABA Modulators		
GABITRIL *(Use tiagabine hcl)*	NP	MP
SABRIL TABS *(Use vigabatrin)*	NP	QL(6 ea daily); SP; MP
SABRIL PACK *(Use vigabatrin)*	NP	SP; MP
tiagabine hcl	NP	MP
vigabatrin tabs	NP	QL(6 ea daily); SP; MP
vigabatrin pack	NP	SP; MP
Hydantoins		
DILANTIN	NP	
DILANTIN *(Use phenytoin sodium extended)*	NP	MP
DILANTIN INFATABS CHEW *(Use phenytoin)*	NP	MP
DILANTIN-125 SUSP *(Use phenytoin)*	NP	MP
PHENYTEK *(Use phenytoin sodium extended)*	NP	MP
phenytoin chew	P	MP
phenytoin susp	P	MP
phenytoin sodium extended 100 mg, 200 mg, 300 mg	P	MP

Drug Name	Drug Tier	Requirements/ Limits
Succinimides		
CELONTIN *(Use methsuximide)*	NP	
ethosuximide soln	P	MP
ethosuximide caps	P	MP
methsuximide	NP	
ZARONTIN SOLN *(Use ethosuximide)*	NP	MP
ZARONTIN CAPS *(Use ethosuximide)*	NP	MP
Valproic Acid		
DEPAKOTE TBEC *(Use divalproex sodium)*	NP	MP
DEPAKOTE TBEC 125 MG *(Use divalproex sodium)*	NF	MP
DEPAKOTE ER TB24 *(Use divalproex sodium)*	NF	MP
DEPAKOTE ER TB24 *(Use divalproex sodium)*	NP	MP
DEPAKOTE SPRINKLES CSDR *(Use divalproex sodium)*	NP	MP
divalproex sodium tbec	P	MP
divalproex sodium tb24	P	MP
divalproex sodium csdr	P	MP
valproate sodium soln or 250 mg/5ml	P	MP
valproic acid caps	P	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs 15 mg	P	QL(3 ea daily); MP
mirtazapine tbdp 45 mg	P	QL(1 ea daily); MP
mirtazapine tabs 30 mg	P	QL(1.5 ea daily); MP
mirtazapine tabs 7.5 mg, 45 mg	P	QL(1 ea daily); MP
mirtazapine tbdp 30 mg	P	QL(1.5 ea daily); MP
mirtazapine tbdp 15 mg	P	QL(3 ea daily); MP
REMERON TABS 30 MG *(Use mirtazapine)*	NP	QL(1.5 ea daily); MP
REMERON TABS 15 MG *(Use mirtazapine)*	NP	QL(3 ea daily); MP
REMERON SOLTAB TBDP 30 MG *(Use mirtazapine)*	NP	QL(1.5 ea daily); MP
REMERON SOLTAB TBDP 45 MG *(Use mirtazapine)*	NP	QL(1 ea daily); MP
REMERON SOLTAB TBDP 15 MG *(Use mirtazapine)*	NP	QL(3 ea daily); MP
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
APLENZIN	NP	
bupropion hcl tabs	P	QL(3 ea daily); MP
bupropion hcl tb24 450 mg	P	MP
bupropion hcl tb12 100 mg	P	QL(4 ea daily); MP
bupropion hcl tb12 150 mg	P	QL(3 ea daily); MP
bupropion hcl tb12 200 mg	P	QL(2 ea daily); MP
bupropion hcl tb24 150 mg	P	QL(3 ea daily); MP
bupropion hcl tb24 300 mg	P	QL(1 ea daily); MP
FORFIVO XL TB24 *(Use bupropion hcl)*	NP	MP
WELLBUTRIN SR TB12 150 MG *(Use bupropion hcl)*	NP	QL(3 ea daily); MP
WELLBUTRIN SR TB12 200 MG *(Use bupropion hcl)*	NP	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
WELLBUTRIN SR TB12 100 MG *(Use bupropion hcl)*	NP	QL(4 ea daily); MP
WELLBUTRIN XL TB24 150 MG *(Use bupropion hcl)*	NP	QL(3 ea daily); MP
WELLBUTRIN XL TB24 300 MG *(Use bupropion hcl)*	NP	QL(1 ea daily); MP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	NP	
MARPLAN	NP	
NARDIL *(Use 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
SPRAVATO 84MG DOSE	NP	SP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 40 MG *(Use citalopram hydrobromide)*	NP	QL(1 ea daily); MP
CELEXA TABS 20 MG *(Use citalopram hydrobromide)*	NP	QL(2 ea daily); MP
CELEXA TABS 10 MG *(Use citalopram hydrobromide)*	NP	QL(4 ea daily); MP
citalopram hydrobromide tabs 10 mg	P	QL(4 ea daily); MP
citalopram hydrobromide tabs 40 mg	P	QL(1 ea daily); MP
citalopram hydrobromide soln	P	QL(240 ml per 30 days retail; 720 ml per 90 days mail); MP
citalopram hydrobromide tabs 20 mg	P	QL(2 ea daily); MP

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

Drug Name	Drug Tier	Requirements/ Limits
PAXIL SUSP *(Use paroxetine hcl)*	NP	QL(40 ml daily)
PAXIL TABS 30 MG, 40 MG *(Use paroxetine hcl)*	NP	QL(2 ea daily); MP
PAXIL TABS 10 MG *(Use paroxetine hcl)*	NP	QL(6 ea daily); MP
PAXIL TABS 20 MG *(Use paroxetine hcl)*	NP	QL(3 ea daily); MP
PAXIL CR TB24 *(Use paroxetine hcl)*	NP	MP
PEXEVA	NP	
PROZAC CAPS 20 MG *(Use fluoxetine hcl)*	NF	QL(4 ea daily); MP
PROZAC CAPS *(Use fluoxetine hcl)*	NP	QL(4 ea daily); MP
sertraline hcl tabs 25 mg, 50 mg	P	QL(4 ea daily); MP
sertraline hcl tabs 100 mg	P	QL(2 ea daily); MP
sertraline hcl conc	P	QL(10 ml daily); MP
SERTRALINE HYDROCHLORIDE CAPS	NP	
ZOLOFT TABS 100 MG *(Use sertraline hcl)*	NP	QL(2 ea daily); MP
ZOLOFT TABS 25 MG, 50 MG *(Use sertraline hcl)*	NP	QL(4 ea daily); MP
ZOLOFT CONC *(Use 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 *(Use vilazodone hcl)*	NP	QL(1 ea daily)
VIIBRYD STARTER PACK KIT	NP	
vilazodone hcl tabs	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(Use duloxetine hcl)*	NP	QL(1 ea daily); MP
CYMBALTA CPEP 60 MG *(Use duloxetine hcl)*	NF	QL(1 ea daily); MP
DESVENLAFAXINE ER	NP	MP
desvenlafaxine succinate 100 mg	NP	QL(4 ea daily); ST; MP
desvenlafaxine succinate 25 mg, 50 mg	NP	QL(1 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 75 MG *(Use venlafaxine hcl)*	NP	QL(5 ea daily); MP
EFFEXOR XR CP24 150 MG *(Use venlafaxine hcl)*	NP	QL(2 ea daily); MP
EFFEXOR XR CP24 37.5 MG *(Use venlafaxine hcl)*	NP	QL(4 ea daily); MP
FETZIMA CP24	NP	
FETZIMA TITRATION PACK C4PK	NP	
PRISTIQ 100 MG *(Use desvenlafaxine succinate)*	NP	QL(4 ea daily); ST; MP
PRISTIQ 50 MG *(Use desvenlafaxine succinate)*	NF	QL(1 ea daily); ST; MP
PRISTIQ 25 MG, 50 MG *(Use desvenlafaxine succinate)*	NP	QL(1 ea daily); ST; MP
VENLAFAXINE BESYLATE ER	P	
venlafaxine hcl tabs	P	MP
venlafaxine hcl cp24 75 mg	P	QL(5 ea daily); MP
venlafaxine hcl cp24 37.5 mg	P	QL(4 ea daily); MP
venlafaxine hcl cp24 150 mg	P	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
venlafaxine hcl tb24	NP	MP
Tricyclic Agents		
amitriptyline hcl tabs	P	MP
amoxapine	NP	MP
ANAFRANIL *(Use 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 25 MG *(Use desipramine hcl)*	NP	QL(2 ea daily); MP
NORPRAMIN TABS 10 MG *(Use desipramine hcl)*	NP	MP
nortriptyline hcl soln	P	QL(20 ml daily); MP
nortriptyline hcl caps	P	MP
PAMELOR CAPS *(Use nortriptyline hcl)*	NP	MP
protriptyline hcl	P	MP
trimipramine maleate caps	NP	MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	P	MP
miglitol	P	MP
PRECOSE *(Use 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 850 MG-15 MG *(Use pioglitazone hcl-metformin hcl)*	NP	QL(2 ea daily); MP
ACTOPLUS MET TABS 500 MG-15 MG *(Use pioglitazone hcl-metformin hcl)*	NF	QL(2 ea daily); MP
alogliptin-metformin hcl	NP	QL(2 ea daily); MP
alogliptin-pioglitazone 15 mg-25 mg, 30 mg-12.5 mg, 30 mg-25 mg, 45 mg-25 mg	NP	QL(1 ea daily); MP
DUETACT *(Use 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	
KAZANO *(Use alogliptin-metformin hcl)*	NP	QL(2 ea daily); MP
KOMBIGLYZE XR	NP	
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG *(Use alogliptin-pioglitazone)*	NP	QL(1 ea daily); MP
OSENI 15 MG-12.5 MG, 45 MG-12.5 MG *(Use alogliptin-pioglitazone)*	NF	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

Drug Name	Drug Tier	Requirements/ Limits
SOLIQUA 100/33	NP	
STEGLUJAN	NP	
SYNJARDY TABS	NP	
SYNJARDY XR TB24	NP	
TRIJARDY XR	NP	
XIGDUO XR	NP	
XULTOPHY 100/3.6	NP	
Biguanides		
GLUMETZA TB24 *(Use metformin hcl)*	NP	MP
metformin hcl tb24 500 mg, 1000 mg	NP	MP
metformin hcl tb24 500 mg	P	QL(4 ea daily); MP
metformin hcl tabs 850 mg	P	QL(3 ea daily); MP
metformin hcl tb24 750 mg	P	QL(2 ea daily); MP
metformin hcl tabs 500 mg	P	QL(5 ea daily); MP
metformin hcl soln	NP	MP
metformin hcl tabs 1000 mg	P	QL(2 ea daily); MP
RIOMET SOLN *(Use metformin hcl)*	NP	MP
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 *(Use glucagon (rdna))*	NP	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	NP	

Drug Name	Drug Tier	Requirements/ Limits
GVOKE HYPOPEN 1-PACK SOAJ	P	
GVOKE HYPOPEN 2-PACK SOAJ	P	
GVOKE KIT SOLN	P	
GVOKE PFS SOSY	P	
KORLYM	NP	SP
PROGLYCEM *(Use diazoxide)*	P	
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	NP	QL(1 ea daily); MP
JANUVIA	P	
NESINA *(Use 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)
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	NP	
RYBELSUS TABS	P	PA
TRULICITY	P	
VICTOZA	P	QL(0.3 ml daily)
Insulin		
ADMELOG SOLN IJ	NP	

Drug Name	Drug Tier	Requirements/ Limits
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
APIDRA SOLOSTAR SOPN	NP	QL(2 ml daily); MP
BASAGLAR KWIKPEN SOPN	NP	QL(2 ml daily); MP
BASAGLAR TEMPO PEN SOPN	NP	
FIASP SOLN	NP	QL(2 ml daily); MP
FIASP FLEXTOUCH SOPN	NP	QL(2 ml daily); MP
FIASP PENFILL SOCT	NP	QL(2 ml daily); MP
HUMALOG SOLN IJ	P	
HUMALOG SOCT	P	QL(2 ml daily); MP
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	P	QL(2 ml daily); MP
HUMALOG MIX 50/50 KWIKPEN SUPN	P	QL(2 ml daily); MP
HUMALOG MIX 75/25 SUSP	P	QL(2 ml daily); MP
HUMALOG MIX 75/25 KWIKPEN SUPN	P	QL(2 ml daily); MP
HUMALOG TEMPO PEN SOPN	NP	
HUMULIN 70/30 SUSP	P	QL(2 ml daily); MP
HUMULIN 70/30 KWIKPEN SUPN	P	QL(2 ml daily); MP
HUMULIN N SUSP	P	QL(2 ml daily); MP
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	NP	QL(2 ml daily); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	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 SOLN	NP	
INSULIN GLARGINE SOLN	NP	QL(2 ml daily); MP
INSULIN GLARGINE SOPN	NP	
INSULIN GLARGINE SOLOSTAR SOPN	NP	QL(2 ml daily); MP
INSULIN LISPRO SOLN IJ	P	
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	P	QL(2 ml daily); MP
LANTUS SOLN	P	QL(2 ml daily); MP

Drug Name	Drug Tier	Requirements/ Limits
LANTUS SOLOSTAR SOPN	P	QL(2 ml daily); MP
LEVEMIR SOLN	P	QL(2 ml daily); MP
LEVEMIR FLEXPEN SOPN	P	QL(2 ml daily); MP
LEVEMIR FLEXTOUCH SOPN	P	QL(2 ml daily); MP
LYUMJEV SOLN	NP	MP
LYUMJEV KWIKPEN SOPN	NP	MP
LYUMJEV TEMPO PEN SOPN	NP	
NOVOLIN 70/30 SUSP	NP	QL(2 ml daily); MP
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(2 ml daily); MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(2 ml daily); MP
NOVOLIN 70/30 RELION SUSP	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
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	NP	QL(2 ml daily); MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	NP	QL(2 ml daily); MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	QL(2 ml daily); MP
NOVOLOG MIX 70/30 RELION SUSP	NP	QL(2 ml daily); MP
NOVOLOG PENFILL SOCT	NP	QL(2 ml daily); MP
NOVOLOG RELION SOLN IJ	NP	
REZVOGLAR KWIKPEN	NP	
SEMGLEE SOLN	NP	
SEMGLEE SOPN	NP	
TOUJEO MAX SOLOSTAR SOPN	NP	QL(0.4 ml daily); MP
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 *(Use 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
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	P	
INVOKANA	P	
JARDIANCE	P	QL(1 ea daily)
STEGLATRO	NP	QL(1 ea daily); ST

Drug Name	Drug Tier	Requirements/ Limits
Sulfonylureas		
AMARYL 1 MG, 2 MG *(Use glimepiride)*	NP	QL(4 ea daily); MP
AMARYL 4 MG *(Use glimepiride)*	NP	QL(2 ea daily); MP
glimepiride 1 mg, 2 mg	P	QL(4 ea daily); MP
glimepiride 4 mg	P	QL(2 ea daily); MP
glipizide tabs	P	MP
glipizide tb24	P	MP
GLUCOTROL XL TB24 *(Use glipizide)*	NP	MP
glyburide tabs	P	MP
glyburide micronized 1.5 mg, 3 mg, 6 mg	P	MP
GLYNASE 3 MG *(Use glyburide micronized)*	NF	MP
GLYNASE *(Use glyburide micronized)*	NP	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate susp 525 mg/15ml, 1050 mg/30ml	P	
bismuth subsalicylate chew 262 mg	P	
bismuth subsalicylate tabs	P	
PEPTO BISMOL TABS *(Use bismuth subsalicylate)*	NF	
PEPTO-BISMOL CHEW *(Use bismuth subsalicylate)*	NF	
PEPTO-BISMOL MAX STRENGTH SUSP *(Use bismuth subsalicylate)*	NF	
PEPTO-BISMOL TO-GO CHEW *(Use bismuth subsalicylate)*	NF	

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

Drug Name	Drug Tier	Requirements/ Limits
KLOXXADO LIQD	P	
NALMEFENE HYDROCHLORIDE	P	
naloxone hcl sosy	P	
naloxone hcl liqd	P	
naloxone hcl soln 0.4 mg/ml, 4 mg/10ml	P	
naloxone hcl soct	P	
naltrexone hcl	P	
NARCAN LIQD *(Use 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 soln or 4 mg/5ml	P	QL(50 ml per fill retail)
ondansetron hcl tabs 4 mg, 8 mg	P	QL(20 ea per fill retail)
SANCUSO PTCH	NP	
ZOFRAN TABS 4 MG *(Use ondansetron hcl)*	NF	QL(20 ea per fill retail)
Antiemetics - Anticholinergic		
ANTIVERT TABS 50 MG *(Use meclizine hcl)*	NP	
ANTIVERT CHEW *(Use meclizine hcl)*	NP	RX/OTC
meclizine hcl tabs 12.5 mg, 25 mg, 50 mg	P	
scopolamine	P	
TRANSDERM-SCOP *(Use scopolamine)*	P	
trimethobenzamide hcl caps	NP	

Drug Name	Drug Tier	Requirements/ Limits
Antiemetics - Miscellaneous		
AKYNZEO	NP	
BONJESTA TBCR	NP	
DICLEGIS TBEC *(Use doxylamine-pyridoxine)*	NP	
doxylamine-pyridoxine tbec	NP	
dronabinol caps	NP	
MARINOL CAPS 2.5 MG *(Use dronabinol)*	NP	
MARINOL CAPS *(Use dronabinol)*	NF	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant caps	P	
aprepitant misc	P	
EMEND SUSR	NP	
EMEND CAPS 80 MG *(Use aprepitant)*	NP	
EMEND TRIPACK CAPS *(Use aprepitant)*	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	
MICAFUNGIN	P	
micafungin sodium	P	
MYCAMINE *(Use micafungin sodium)*	NF	
Antifungals		
ANCOBON *(Use flucytosine)*	NP	
flucytosine	NP	
griseofulvin microsize tabs	P	
griseofulvin microsize susp	P	
griseofulvin ultramicrosize	P	
nystatin tabs	P	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
terbinafine hcl tabs	P	QL(1 ea daily; 90 ea per 120 days retail)
terbinafine hcl tabs	P	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS	NP	
DIFLUCAN TABS 150 MG *(Use fluconazole)*	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 50 MG *(Use fluconazole)*	NF	QL(7 ea per fill retail)
DIFLUCAN TABS 200 MG *(Use fluconazole)*	NP	QL(2 ea daily)
DIFLUCAN TABS 100 MG *(Use fluconazole)*	NP	QL(1 ea daily)
DIFLUCAN SUSR *(Use fluconazole)*	NP	QL(70 ml per fill retail)
fluconazole tabs 100 mg	P	QL(1 ea daily)
fluconazole tabs 50 mg	P	QL(7 ea per fill retail)
fluconazole susr	P	QL(70 ml per fill retail)
fluconazole tabs 150 mg	P	QL(2 ea per fill retail)
fluconazole tabs 200 mg	P	QL(2 ea daily)
fluconazole in nacl 0.9 %-200 mg/100ml, 0.9 %-400 mg/200ml	P	
FLUCONAZOLE/SODIUM CHLORIDE	P	
itraconazole caps	P	QL(1 ea daily)
itraconazole soln	NP	
ketoconazole	P	
NOXAFIL TBEC *(Use posaconazole)*	NP	
NOXAFIL SUSP *(Use posaconazole)*	NP	
NOXAFIL PACK	NP	
posaconazole susp	NP	
posaconazole tbec	NP	
SPORANOX CAPS *(Use itraconazole)*	NP	QL(1 ea daily)
SPORANOX SOLN *(Use itraconazole)*	NP	
SPORANOX PULSEPAK CAPS *(Use itraconazole)*	NF	QL(1 ea daily)
TOLSURA CAPS	NP	
VFEND TABS *(Use voriconazole)*	NP	
VFEND SUSR *(Use voriconazole)*	NP	
VIVJOA	NP	
voriconazole susr	NP	
voriconazole tabs	NP	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate tabs	P	QL(120 ea per fill retail)
chlorpheniramine maleate syrp	P	QL(60 ml daily)
CHLOR-TRIMETON TABS *(Use chlorpheniramine maleate)*	NF	QL(120 ea per fill retail)
CHLOR-TRIMETON SYRP *(Use chlorpheniramine maleate)*	NF	QL(60 ml daily)
Antihistamines - Ethanolamines		
BENADRYL ALLERGY TABS *(Use diphenhydramine hcl)*	NF	QL(4 ea daily)
BENADRYL ALLERGY CAPS *(Use diphenhydramine hcl)*	NF	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD *(Use diphenhydramine hcl)*	NF	QL(240 ml per fill retail)
BENADRYL ALLERGY ULTRATABS TABS *(Use diphenhydramine hcl)*	NF	QL(4 ea daily)
clemastine fumarate tabs 1.34 mg	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
diphenhydramine hcl elix 12.5 mg/5ml	P	QL(240 ml per fill retail)
diphenhydramine hcl tabs 25 mg	P	QL(4 ea daily)
diphenhydramine hcl caps	P	QL(4 ea daily)
diphenhydramine hcl liqd 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml	P	QL(240 ml per fill retail)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 180 MG *(Use fexofenadine hcl)*	NF	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG *(Use fexofenadine hcl)*	NF	QL(2 ea daily)
cetirizine hcl tabs	P	QL(1 ea daily)
cetirizine hcl syrp or	P	QL(480 ml per fill retail); RX/OTC
cetirizine hcl soln or	P	QL(480 ml per fill retail); RX/OTC
cetirizine hcl chew	P	QL(1 ea daily)
CLARITIN TABS *(Use loratadine)*	NF	
CLARITIN SOLN *(Use loratadine)*	NF	QL(240 ml per fill retail)
CLARITIN ALLERGY CHILDRENS SOLN *(Use loratadine)*	NF	QL(240 ml per fill retail)
CLARITIN REDITABS TBDP *(Use 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 tbdp 10 mg	P	
loratadine tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
XYZAL ALLERGY 24HR TABS *(Use levocetirizine dihydrochloride)*	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY TABS *(Use cetirizine hcl)*	NF	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN OR *(Use cetirizine hcl)*	NF	QL(480 ml per fill retail); RX/OTC
Antihistamines - Phenothiazines		
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)
promethazine hcl syrp	P	QL(240 ml per fill retail); 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	NP	
VYTORIN *(Use ezetimibe-simvastatin)*	NP	ST; MP
VYTORIN *(Use ezetimibe-simvastatin)*	NF	ST; MP
Antihyperlipidemics - Misc.		
icosapent ethyl	NP	
LOVAZA *(Use omega-3-acid ethyl esters)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
omega-3-acid ethyl esters	NP	MP
VASCEPA *(Use icosapent ethyl)*	NP	
Bile Acid Sequestrants		
cholestyramine powd	P	MP
cholestyramine pack	P	MP
cholestyramine light pack	P	MP
cholestyramine light powd	P	MP
colesevelam hcl tabs	NP	MP
colesevelam hcl pack	NP	MP
COLESTID TABS *(Use colestipol hcl)*	NP	MP
COLESTID GRAN *(Use colestipol hcl)*	NP	MP
COLESTID PACK *(Use colestipol hcl)*	NP	MP
COLESTID FLAVORED PACK *(Use colestipol hcl)*	NP	MP
COLESTID FLAVORED GRAN *(Use colestipol hcl)*	NP	MP
colestipol hcl tabs	NP	MP
colestipol hcl gran	NP	MP
colestipol hcl pack	NP	MP
QUESTRAN POWD *(Use cholestyramine)*	NP	MP
QUESTRAN PACK *(Use cholestyramine)*	NP	MP
QUESTRAN LIGHT POWD *(Use cholestyramine light)*	NP	MP
WELCHOL TABS *(Use colesevelam hcl)*	NP	MP
WELCHOL PACK *(Use colesevelam hcl)*	NP	MP
Fibric Acid Derivatives		
ANTARA 30 MG, 90 MG	NP	
ANTARA 30 MG, 90 MG *(Use fenofibrate micronized)*	NP	
choline fenofibrate	P	MP
fenofibrate caps	P	MP
fenofibrate tabs 160 mg	P	QL(1 ea daily); MP
fenofibrate tabs 54 mg	P	QL(3 ea daily); 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 67 mg	P	QL(2 ea daily); MP
fenofibrate micronized 134 mg, 200 mg	P	QL(1 ea daily); MP
fenofibric acid	NP	
FENOGLIDE TABS *(Use fenofibrate)*	NP	MP
gemfibrozil tabs	P	QL(2 ea daily); MP
LIPOFEN CAPS *(Use fenofibrate)*	NP	MP
LIPOFEN CAPS *(Use fenofibrate)*	NF	MP
LOPID TABS *(Use gemfibrozil)*	NP	QL(2 ea daily); MP
TRICOR TABS *(Use fenofibrate)*	NP	MP
TRILIPIX *(Use choline fenofibrate)*	NP	MP
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
ATORVALIQ SUSP	NP	
atorvastatin calcium tabs	P	QL(1 ea daily); MP
CRESTOR TABS *(Use rosuvastatin calcium)*	NP	QL(1 ea daily); MP
CRESTOR TABS 5 MG, 10 MG *(Use rosuvastatin calcium)*	NF	QL(1 ea daily); MP
EZALLOR SPRINKLE CPSP	NP	
fluvastatin sodium caps	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
fluvastatin sodium tb24	NP	MP
LESCOL XL TB24 *(Use fluvastatin sodium)*	NP	MP
LIPITOR TABS 10 MG *(Use atorvastatin calcium)*	NF	QL(1 ea daily); MP
LIPITOR TABS *(Use atorvastatin calcium)*	NP	QL(1 ea daily); MP
LIVALO	NP	
lovastatin tabs 10 mg, 20 mg	P	QL(1 ea daily); MP
lovastatin tabs 40 mg	P	QL(2 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 10 MG, 20 MG, 40 MG, 80 MG *(Use simvastatin)*	NF	QL(1 ea daily); MP
ZOCOR TABS 10 MG, 20 MG, 40 MG *(Use simvastatin)*	NP	QL(1 ea daily); MP
ZYPITAMAG 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	P	MP
ZETIA *(Use 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 *(Use 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 *(Use quinapril hcl)*	NP	QL(1 ea daily); MP
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG *(Use ramipril)*	NP	QL(2 ea daily); MP
benazepril hcl 40 mg	P	QL(2 ea daily); MP
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 *(Use 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 10 MG, 20 MG *(Use benazepril hcl)*	NP	QL(1 ea daily); MP
LOTENSIN 40 MG *(Use benazepril hcl)*	NP	QL(2 ea daily); MP
moexipril hcl	P	MP
perindopril erbumine	NP	MP
PRINIVIL TABS 20 MG *(Use lisinopril)*	NF	MP
QBRELIS SOLN	NP	MP
quinapril hcl	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
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 *(Use enalapril maleate)*	NP	QL(2 ea daily); MP
ZESTRIL TABS *(Use lisinopril)*	NP	MP
Agents for Pheochromocytoma		
DEMSER *(Use metyrosine)*	P	SP; MP
metyrosine	P	SP; MP
phenoxybenzamine hcl	NP	MP
Angiotensin II Receptor Antagonists		
ATACAND *(Use candesartan cilexetil)*	NP	MP
AVAPRO *(Use irbesartan)*	NP	QL(1 ea daily); MP
BENICAR *(Use olmesartan medoxomil)*	NP	ST; MP
candesartan cilexetil	NP	MP
COZAAR *(Use losartan potassium)*	NP	QL(1 ea daily); MP
COZAAR 50 MG, 100 MG *(Use losartan potassium)*	NF	QL(1 ea daily); MP
DIOVAN TABS *(Use 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 *(Use 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 1 MG, 2 MG, 4 MG *(Use doxazosin mesylate)*	NF	MP
CARDURA *(Use doxazosin mesylate)*	NP	MP
CATAPRES-TTS-1 *(Use clonidine)*	NP	
CATAPRES-TTS-2 *(Use clonidine)*	NP	
CATAPRES-TTS-3 *(Use clonidine)*	NP	
clonidine	P	
clonidine hcl tabs	P	MP
clonidine hcl tb24	NP	
doxazosin mesylate	P	MP
guanfacine hcl	P	MP
methyldopa tabs	P	MP
MINIPRESS CAPS *(Use prazosin hcl)*	NP	MP
prazosin hcl caps	P	MP
terazosin hcl	P	MP
Antihypertensive Combinations		
ACCURETIC 12.5 MG-20 MG *(Use quinapril-hydrochlorothiazide)*	NF	QL(4 ea daily); MP
ACCURETIC 25 MG-20 MG *(Use quinapril-hydrochlorothiazide)*	NP	QL(2 ea daily); MP
ACCURETIC 12.5 MG-10 MG *(Use quinapril-hydrochlorothiazide)*	NF	QL(3 ea daily); MP
ACCURETIC	NP	QL(3 ea daily); MP
ACCURETIC 12.5 MG-20 MG *(Use quinapril-hydrochlorothiazide)*	NP	QL(4 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

Drug Name	Drug Tier	Requirements/ Limits
amlodipine-valsartan-hydrochlorothiazide	NP	ST; MP
ATACAND HCT *(Use candesartan cilexetil-hydrochlorothiazide)*	NP	MP
atenolol & chlorthalidone	P	QL(1 ea daily); MP
AVALIDE *(Use irbesartan-hydrochlorothiazide)*	NP	QL(1 ea daily); MP
AZOR *(Use amlodipine besylate-olmesartan medoxomil)*	NP	ST; MP
benazepril & hydrochlorothiazide	P	QL(1 ea daily); MP
BENICAR HCT *(Use olmesartan medoxomil-hydrochlorothiazide)*	NP	ST; MP
bisoprolol & hydrochlorothiazide	P	QL(1 ea daily); MP
candesartan cilexetil-hydrochlorothiazide	NP	MP
captopril & hydrochlorothiazide	P	QL(2 ea daily)
DIOVAN HCT *(Use valsartan-hydrochlorothiazide)*	NP	QL(1 ea daily); MP
EDARBYCLOR	NP	
enalapril maleate & hydrochlorothiazide	P	QL(2 ea daily); MP
EXFORGE *(Use amlodipine besylate-valsartan)*	NP	ST; MP
EXFORGE HCT *(Use amlodipine-valsartan-hydrochlorothiazide)*	NP	ST; MP
fosinopril sodium & hydrochlorothiazide	P	QL(1 ea daily); MP
HYZAAR *(Use losartan potassium & hydrochlorothiazide)*	NF	QL(1 ea daily); MP
HYZAAR *(Use losartan potassium & hydrochlorothiazide)*	NP	QL(1 ea daily); MP
irbesartan-hydrochlorothiazide	P	QL(1 ea daily); MP
lisinopril & hydrochlorothiazide	P	MP
losartan potassium & hydrochlorothiazide	P	QL(1 ea daily); MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(Use benazepril & hydrochlorothiazide)*	NP	QL(1 ea daily); MP
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(Use amlodipine besylate-benazepril hcl)*	NP	QL(1 ea daily); MP
metoprolol & hydrochlorothiazide tabs	P	QL(2 ea daily); MP
MICARDIS HCT *(Use telmisartan-hydrochlorothiazide)*	NP	QL(1 ea daily); MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	NP	ST; MP
olmesartan medoxomil-hydrochlorothiazide	NP	ST; MP
quinapril-hydrochlorothiazide 12.5 mg-10 mg	P	QL(3 ea daily); MP
TARKA 180 MG-2 MG, 240 MG-2 MG, 240 MG-4 MG *(Use trandolapril-verapamil hcl)*	NF	MP
TEKTURNA HCT	NP	
telmisartan-amlodipine	NP	MP
telmisartan-hydrochlorothiazide	NP	QL(1 ea daily); MP
TENORETIC 100 *(Use atenolol & chlorthalidone)*	NP	QL(1 ea daily); MP
TENORETIC 50 *(Use atenolol & chlorthalidone)*	NP	QL(1 ea daily); MP
trandolapril-verapamil hcl	P	MP

Drug Name	Drug Tier	Requirements/ Limits
TRIBENZOR *(Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NP	ST; MP
TWYNSTA *(Use telmisartan-amlodipine)*	NF	MP
valsartan-hydrochlorothiazide	P	QL(1 ea daily); MP
VASERETIC 25 MG-10 MG *(Use enalapril maleate & hydrochlorothiazide)*	NP	QL(2 ea daily); MP
ZESTORETIC *(Use lisinopril & hydrochlorothiazide)*	NP	MP
ZIAC *(Use bisoprolol & hydrochlorothiazide)*	NP	QL(1 ea daily); MP
Antihypertensives - Misc.		
VECAMYL	NP	SP
Direct Renin Inhibitors		
aliskiren fumarate	NP	MP
TEKTURNA *(Use aliskiren fumarate)*	NP	MP
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	NP	MP
INSPRA *(Use 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 *(Use metronidazole)*	NP	
metronidazole caps	NP	
metronidazole tabs	P	
metronidazole soln	P	
METRONIDAZOLE SOLN *(Use metronidazole)*	NF	
NEBUPENT IN *(Use pentamidine isethionate)*	P	
pentamidine isethionate in	P	
tinidazole	NP	
trimethoprim tabs	P	
XIFAXAN	NP	
Anti-infective Misc. - Combinations		
BACTRIM TABS *(Use sulfamethoxazole-trimethoprim)*	NP	
BACTRIM DS TABS *(Use sulfamethoxazole-trimethoprim)*	NP	
methenamine-hyoscamine-methylene blue-sodium phosphate tabs	NP	
methenamine-hyosc-methylene blue-benzoic acid-phenyl sal	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal caps	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 10.8 mg-81.6 mg-36.2 mg-0.12 mg-40.8 mg	NP	
sulfamethoxazole-trimethoprim tabs	P	
sulfamethoxazole-trimethoprim susp	P	
UROGESIC-BLUE TABS *(Use methenamine-hyoscamine-methylene blue-sodium phosphate)*	NP	
Antiprotozoal Agents		
atovaquone	P	

Drug Name	Drug Tier	Requirements/ Limits
LAMPIT	NP	
MEPRON *(Use atovaquone)*	NP	
nitazoxanide tabs	NP	
Carbapenems		
ertapenem sodium ij	P	SP
imipenem-cilastatin iv	P	
INVANZ IJ *(Use ertapenem sodium)*	NF	SP
meropenem	P	
MEROPENEM/SODIUM CHLORIDE	P	
PRIMAXIN IV IV 500 MG-500 MG *(Use imipenem-cilastatin)*	NF	
Glycopeptides		
FIRVANQ SOLR OR 50 MG/ML *(Use vancomycin hcl)*	NP	
FIRVANQ SOLR OR 25 MG/ML *(Use vancomycin hcl)*	NP	QL(300 ml per fill retail)
VANCOCIN CAPS 125 MG *(Use vancomycin hcl)*	NP	QL(4 ea daily)
VANCOCIN CAPS 250 MG *(Use vancomycin hcl)*	NP	QL(8 ea daily)
vancomycin hcl caps 125 mg	P	QL(4 ea daily)
vancomycin hcl caps 250 mg	P	QL(8 ea daily)
vancomycin hcl solr or 25 mg/ml	P	QL(300 ml per fill retail)
vancomycin hcl solr or 50 mg/ml, 250 mg/5ml	P	
VANCOMYCIN HYDROCHLORIDE SOLR OR *(Use vancomycin hcl)*	P	
Leprostatics		
dapsone	P	
Lincosamides		

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN *(Use clindamycin hcl)*	NP	
CLEOCIN PEDIATRIC GRANULES *(Use clindamycin palmitate hydrochloride)*	NP	QL(300 ml per fill retail)
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML *(Use clindamycin phosphate)*	NF	
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML *(Use 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	
CLINDAMYCIN/SODIUM CHLORIDE	P	
Monobactams		
AZACTAM *(Use aztreonam)*	NF	
aztreonam	P	
CAYSTON	NP	SP
Oxazolidinones		
linezolid tabs	NP	
linezolid susr	NP	
SIVEXTRO TABS	NP	QL(6 ea per fill retail)
ZYVOX SUSR *(Use linezolid)*	NP	
ZYVOX TABS *(Use linezolid)*	NP	
Pleuromutilins		

Drug Name	Drug Tier	Requirements/ Limits
XENLETA TABS	NP	SP
Urinary Anti-infectives		
fosfomycin tromethamine	P	
HIPREX *(Use methenamine hippurate)*	NF	
HIPREX *(Use methenamine hippurate)*	NP	
MACROBID *(Use nitrofurantoin monohyd macro)*	NP	
MACRODANTIN *(Use nitrofurantoin macrocrystal)*	NP	
methenamine hippurate	P	
methenamine mandelate 0.5 gm, 1 gm	P	
MONUROL *(Use 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	NP	QL(24 ea per fill retail)
MALARONE *(Use atovaquone-proguanil hcl)*	NP	MP
Antimalarials		
chloroquine phosphate tabs 500 mg	P	QL(8 ea per 56 days retail)
chloroquine phosphate tabs 250 mg	P	QL(2 ea daily)
DARAPRIM *(Use pyrimethamine)*	NP	SP
hydroxychloroquine sulfate	P	
KRINTAFEL	NP	QL(2 ea per 30 days retail)
mefloquine hcl	P	MP
primaquine phosphate tabs	P	MP
PRIMAQUINE PHOSPHATE TABS *(Use primaquine phosphate)*	P	MP
pyrimethamine	NP	SP
QUALAQUIN CAPS *(Use quinine sulfate)*	NP	
quinine sulfate caps 324 mg	NP	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	NP	SP
MESTINON TABS *(Use pyridostigmine bromide)*	NP	
MESTINON SOLN OR *(Use pyridostigmine bromide)*	NP	
MESTINON TIMESPAN TBCR *(Use pyridostigmine bromide)*	NP	
pyridostigmine bromide tabs	P	
pyridostigmine bromide tbcr	P	
pyridostigmine bromide soln or	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	P	
ethambutol hcl tabs	P	
isoniazid tabs	P	
isoniazid syrp	P	MP
MYAMBUTOL TABS 400 MG *(Use ethambutol hcl)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
MYCOBUTIN *(Use rifabutin)*	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		
cyclophosphamide caps	P	
CYCLOPHOSPHAMIDE TABS	P	
LEUKERAN	P	
melphalan	P	
MYLERAN TABS	P	
TEMODAR CAPS 100 MG, 140 MG *(Use temozolomide)*	NF	SP
TEMODAR CAPS 180 MG, 250 MG *(Use temozolomide)*	NF	QL(2 ea daily); SP
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	P	
ONUREG TABS	NP	SP
PURIXAN SUSP	NP	
TABLOID	P	SP
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
XATMEP SOLN	NP	
XELODA *(Use 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
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
gefitinib	P	SP
GILOTRIF	NP	SP
IRESSA *(Use gefitinib)*	P	SP
TAGRISSO	NP	SP
TARCEVA *(Use erlotinib hcl)*	NP	SP
VIZIMPRO	NP	SP
Antineoplastic - Hedgehog Pathway Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
DAURISMO	NP	SP
ERIVEDGE	P	SP
ODOMZO	NP	SP
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	P	SP
anastrozole	P	
ARIMIDEX *(Use anastrozole)*	NP	
AROMASIN *(Use exemestane)*	NP	
bicalutamide	P	QL(1 ea daily)
CASODEX *(Use bicalutamide)*	NP	QL(1 ea daily)
EMCYT	P	SP
ERLEADA	NP	SP
exemestane	P	
FARESTON *(Use toremifene citrate)*	NP	
FEMARA *(Use letrozole)*	NP	
flutamide	P	
letrozole	P	
LYSODREN	P	SP
megestrol acetate susp	P	
megestrol acetate tabs	P	
nilutamide	P	
NUBEQA	NP	SP
ORGOVYX	NP	SP
ORSERDU	NP	SP
SOLTAMOX SOLN	P	
tamoxifen citrate tabs	P	
toremifene citrate	P	
XTANDI CAPS	NP	SP
XTANDI TABS	NP	SP
YONSA	NP	SP
ZYTIGA *(Use abiraterone acetate)*	NP	SP
Antineoplastic - Immunomodulators		
POMALYST	NP	SP
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	NP	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO	NP	SP
XPOVIO 60 MG TWICE WEEKLY	NP	SP
XPOVIO 80 MG TWICE WEEKLY	NP	SP
Antineoplastic Combinations		
INQOVI	NP	SP
KISQALI FEMARA 200 DOSE	NP	SP
KISQALI FEMARA 400 DOSE	NP	SP
KISQALI FEMARA 600 DOSE	NP	SP
LONSURF	NP	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS *(Use everolimus)*	NP	SP
AFINITOR DISPERZ TBSO *(Use 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
CAPRELSA	P	SP
COMETRIQ KIT	NP	SP
COPIKTRA	NP	SP
COTELLIC	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
everolimus tbso	NP	SP
everolimus tabs	NP	SP
FOTIVDA	NP	SP
GAVRETO	NP	SP
GLEEVEC *(Use imatinib mesylate)*	NP	SP
IBRANCE TABS	NP	SP
IBRANCE CAPS	NP	SP
ICLUSIG	NP	SP
IDHIFA	NP	SP
imatinib mesylate	NP	SP
IMBRUVICA CAPS	NP	SP
IMBRUVICA TABS	NP	SP
IMBRUVICA SUSP	NP	SP
INREBIC	NP	SP
JAKAFI	P	SP
JAYPIRCA	NP	SP
KISQALI	NP	SP
KOSELUGO	NP	SP
KRAZATI	NP	SP
lapatinib ditosylate	NP	SP
LORBRENA	NP	SP
LUMAKRAS	NP	SP
LYNPARZA TABS	NP	SP
LYTGOBI	NP	SP
MEKINIST SOLR	NP	SP
MEKINIST TABS	NP	SP
MEKTOVI	NP	SP
NERLYNX	NP	SP
NEXAVAR *(Use 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
REZLIDHIA	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 *(Use sunitinib malate)*	P	SP
TABRECTA	NP	SP
TAFINLAR CAPS	NP	SP
TAFINLAR TBSO	NP	SP
TALZENNA 0.1 MG, 0.35 MG	NP	
TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	NP	SP
TASIGNA	NP	SP
TAZVERIK	NP	SP
TEPMETKO	NP	SP
TIBSOVO	NP	SP
TRUSELTIQ	NP	SP
TURALIO	NP	SP
TYKERB *(Use 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 TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZEJULA CAPS	NP	SP
ZELBORAF	NP	SP
ZOLINZA	NP	SP
ZYDELIG	NP	SP
ZYKADIA TABS	NP	SP
Antineoplastics Misc.		
bexarotene	P	SP
HYDREA *(Use hydroxyurea)*	NP	
hydroxyurea	P	
MATULANE	P	SP
TARGRETIN *(Use 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
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	P	MP
LODOSYN *(Use carbidopa)*	NP	MP
NOURIANZ	NP	
Antiparkinson Anticholinergics		
benztropine mesylate tabs	P	MP
trihexyphenidyl hcl soln	P	MP
trihexyphenidyl hcl tabs	P	MP
Antiparkinson COMT Inhibitors		
COMTAN *(Use entacapone)*	NP	MP
entacapone	P	MP
ONGENTYS	NP	
TASMAR *(Use tolcapone)*	NP	MP
tolcapone	NP	MP
Antiparkinson Dopaminergics		
amantadine hcl soln	P	
amantadine hcl caps	P	MP
amantadine hcl tabs	P	MP
APOKYN SOCT	NP	SP
apomorphine hydrochloride soct	NP	SP
bromocriptine mesylate caps	P	MP
bromocriptine mesylate tabs 2.5 mg	P	MP
carbidopa-levodopa tabs	P	MP
carbidopa-levodopa tbdp	NP	MP
carbidopa-levodopa tbcr	P	MP
carbidopa-levodopa-entacapone	NP	MP
DHIVY TABS	NP	MP
GOCOVRI CP24	NP	SP
INBRIJA CAPS	NP	
KYNMOBI FILM	NP	
MIRAPEX TABS 0.125 MG, 0.5 MG, 0.75 MG, 1 MG *(Use pramipexole dihydrochloride)*	NF	QL(3 ea daily); MP
MIRAPEX ER TB24 *(Use pramipexole dihydrochloride)*	NP	MP
NEUPRO	NP	
OSMOLEX ER TB24 129 MG, 193 MG	NP	
PARLODEL TABS *(Use bromocriptine mesylate)*	NP	MP
PARLODEL CAPS *(Use bromocriptine mesylate)*	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
pramipexole dihydrochloride tabs	P	QL(3 ea daily); MP
pramipexole dihydrochloride tb24	NP	MP
ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg, 5 mg	P	QL(3 ea daily); MP
ropinirole hydrochloride tb24	NP	MP
ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg	P	QL(6 ea daily); MP
RYTARY CPCR	NP	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(Use carbidopa-levodopa)*	NF	MP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(Use carbidopa-levodopa)*	NP	MP
STALEVO 100 *(Use carbidopa-levodopa-entacapone)*	NP	MP
STALEVO 125 *(Use carbidopa-levodopa-entacapone)*	NP	MP
STALEVO 150 *(Use carbidopa-levodopa-entacapone)*	NP	MP
STALEVO 200 *(Use carbidopa-levodopa-entacapone)*	NP	MP
STALEVO 50 *(Use carbidopa-levodopa-entacapone)*	NP	MP
STALEVO 75 *(Use carbidopa-levodopa-entacapone)*	NP	MP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(Use rasagiline mesylate)*	NP	MP
rasagiline mesylate	NP	MP
selegiline hcl caps	P	MP
selegiline hcl tabs	P	MP

Drug Name	Drug Tier	Requirements/ Limits
XADAGO	NP	
ZELAPAR TBDP	NP	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps	P	MP
lithium carbonate tabs	P	MP
lithium carbonate tbcr	P	MP
LITHOBID TBCR *(Use lithium carbonate)*	NP	MP
Antipsychotics - Misc.		
CAPLYTA	NP	
EQUETRO	NP	
GEODON 40 MG *(Use ziprasidone hcl)*	NF	
GEODON 20 MG, 60 MG, 80 MG *(Use ziprasidone hcl)*	NF	QL(2 ea daily); AL(At least 8 yrs old); MP
GEODON *(Use ziprasidone mesylate)*	NF	
GEODON *(Use ziprasidone mesylate)*	NP	
GEODON *(Use ziprasidone hcl)*	NP	QL(2 ea daily); AL(At least 8 yrs old); MP
LATUDA *(Use lurasidone hcl)*	NP	
LATUDA 80 MG *(Use lurasidone hcl)*	NF	
lurasidone hcl	P	AL(At least 8 yrs old)
lurasidone hcl	P	
NUPLAZID TABS 10 MG	NP	QL(1 ea daily)
NUPLAZID CAPS	NP	QL(1 ea daily)
VRAYLAR CPPK	NP	AL(At least 8 yrs old)
VRAYLAR CAPS	NP	AL(At least 8 yrs old)
ziprasidone hcl	P	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
ziprasidone hcl	P	QL(2 ea daily); AL(At least 8 yrs old); MP
ziprasidone mesylate	NP	AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT	NP	
FANAPT TITRATION PACK	NP	
INVEGA *(Use paliperidone)*	NP	AL(At least 8 yrs old); MP
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP; PA
INVEGA SUSTENNA	P	AL(At least 18 yrs old); SP; PA
INVEGA TRINZA	P	AL(At least 18 yrs old); SP; PA
paliperidone	NP	AL(At least 8 yrs old); MP
PERSERIS PRSY	NP	SP
RISPERDAL SOLN *(Use risperidone)*	NP	QL(4 ml daily); AL(At least 5 yrs old); MP
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(Use 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
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
UZEDY SUSY	NP	AL(At least 18 yrs old); SP
Butyrophenones		
HALDOL DECANOATE 100 *(Use haloperidol decanoate)*	NF	
HALDOL DECANOATE 50 *(Use haloperidol decanoate)*	NF	
haloperidol tabs 0.5 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 tbdp	NP	MP
clozapine tabs 100 mg	P	QL(9 ea daily); AL(At least 8 yrs old); MP
clozapine tabs 25 mg, 50 mg, 200 mg	P	QL(3 ea daily); AL(At least 8 yrs old); MP
CLOZARIL TABS 25 MG, 50 MG, 200 MG *(Use clozapine)*	NP	QL(3 ea daily); AL(At least 8 yrs old); MP
CLOZARIL TABS 100 MG *(Use clozapine)*	NP	QL(9 ea daily); AL(At least 8 yrs old); MP
loxapine succinate	P	QL(4 ea daily); MP
olanzapine tbdp 20 mg	P	AL(At least 8 yrs old); MP
olanzapine tabs 7.5 mg, 10 mg	P	QL(2 ea daily); 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
olanzapine solr	NP	
olanzapine tbdp	P	MP
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 tabs 300 mg, 400 mg	P	QL(2 ea daily); AL(At least 8 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
quetiapine fumarate tb24	P	MP
quetiapine fumarate tabs 150 mg	P	
SAPHRIS *(Use asenapine maleate)*	NP	
SAPHRIS 5 MG, 10 MG *(Use asenapine maleate)*	NF	
SECUADO	NP	
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG *(Use quetiapine fumarate)*	NP	QL(4 ea daily); AL(At least 8 yrs old); MP
SEROQUEL TABS 300 MG, 400 MG *(Use quetiapine fumarate)*	NP	QL(2 ea daily); AL(At least 8 yrs old); MP
SEROQUEL XR TB24 *(Use quetiapine fumarate)*	NP	MP
VERSACLOZ SUSP	NP	
ZYPREXA SOLR *(Use olanzapine)*	NP	
ZYPREXA TABS 2.5 MG, 5 MG *(Use olanzapine)*	NP	QL(4 ea daily); AL(At least 8 yrs old); MP
ZYPREXA TABS 15 MG, 20 MG *(Use olanzapine)*	NP	QL(1 ea daily); AL(At least 8 yrs old); MP
ZYPREXA TABS 7.5 MG, 10 MG *(Use olanzapine)*	NP	QL(2 ea daily); AL(At least 8 yrs old); MP
ZYPREXA RELPREVV	NP	SP
ZYPREXA ZYDIS TBDP *(Use 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 conc	P	
chlorpromazine hcl tabs 25 mg, 50 mg, 100 mg, 200 mg	P	QL(3 ea daily); MP
fluphenazine decanoate	P	
fluphenazine hcl tabs	P	MP
fluphenazine hcl elix	P	MP
fluphenazine hcl conc	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		
ABILIFY TABS *(Use aripiprazole)*	NP	QL(1 ea daily); AL(At least 6 yrs old); MP
ABILIFY ASIMTUFII PRSY	NP	SP
ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old); SP; PA
ABILIFY MAINTENA PRSY	P	AL(At least 18 yrs old); SP; PA
ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 8 yrs old); SP
ABILIFY MYCITE STARTER KIT	NP	AL(At least 8 yrs old); SP
aripiprazole tbdp	NP	QL(1 ea daily); MP
aripiprazole tabs	P	QL(1 ea daily); AL(At least 6 yrs old); MP
aripiprazole tabs	P	QL(1 ea daily); MP
aripiprazole soln or	NP	QL(750 ml per 30 days retail; 2250 ml per 90 days mail); AL(At least 8 yrs old); MP
ARISTADA	P	SP; PA
ARISTADA INITIO	P	SP; PA
REXULTI	NP	
Thioxanthenes		

Drug Name	Drug Tier	Requirements/ Limits
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 *(Use chlorhexidine gluconate)*	NF	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate tabs	P	QL(2 ea daily); MP
abacavir sulfate soln	P	QL(30 ml daily); MP
abacavir sulfate-lamivudine	P	QL(1 ea daily); MP
abacavir sulfate-lamivudine-zidovudine	P	QL(2 ea daily); MP
APRETUDE	P	
APRETUDE	NP	
APTIVUS CAPS	P	QL(4 ea daily); MP
atazanavir sulfate caps	P	QL(2 ea daily); MP
BIKTARVY 200 MG-50 MG-25 MG	P	QL(1 ea daily); MP
BIKTARVY 120 MG-30 MG-15 MG	P	
CABENUVA	P	PA
CIMDUO	NP	QL(1 ea daily); MP
COMBIVIR *(Use lamivudine-zidovudine)*	NP	QL(2 ea daily); MP
COMPLERA	P	QL(1 ea daily); MP
darunavir tabs	P	
DELSTRIGO	P	QL(1 ea daily); MP
DESCOVY 120 MG-15 MG	P	
DESCOVY 200 MG-25 MG	P	QL(1 ea daily); MP
DOVATO	P	MP
EDURANT	P	QL(1 ea daily); MP
efavirenz caps 50 mg	P	QL(2 ea daily); MP
efavirenz caps 200 mg	P	QL(1 ea daily); MP
efavirenz tabs	P	QL(1 ea daily); MP
efavirenz-emtricitabine-tenofovir disoproxil fumarate	P	QL(1 ea daily); MP
efavirenz-lamivudine-tenofovir disoproxil fumarate 300 mg-400 mg-300 mg	NP	MP
emtricitabine caps	P	QL(1 ea daily); MP
emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg	P	QL(1 ea daily); MP
EMTRIVA CAPS *(Use emtricitabine)*	P	QL(1 ea daily); MP
EMTRIVA SOLN	P	QL(24 ml daily); MP
EPIVIR TABS 150 MG *(Use lamivudine)*	NP	QL(2 ea daily); MP
EPIVIR SOLN *(Use lamivudine)*	NP	QL(30 ml daily); MP
EPIVIR TABS 300 MG *(Use lamivudine)*	NP	QL(1 ea daily); MP
EPZICOM *(Use abacavir sulfate-lamivudine)*	NP	QL(1 ea daily); MP
etravirine 200 mg	P	QL(2 ea daily); MP
etravirine 100 mg	P	QL(4 ea daily); MP
EVOTAZ	NP	QL(1 ea daily); MP
fosamprenavir calcium tabs	P	QL(4 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
FUZEON SOLR	NP	SP; MP
GENVOYA	P	QL(1 ea daily); MP
INTELENCE	P	QL(4 ea daily); MP
INTELENCE *(Use etravirine)*	P	QL(4 ea daily); MP
INTELENCE 200 MG *(Use etravirine)*	P	QL(2 ea daily); MP
INVIRASE TABS	P	QL(4 ea daily); MP
ISENTRESS PACK	P	QL(2 ea daily); MP
ISENTRESS TABS	P	QL(2 ea daily); MP
ISENTRESS CHEW 100 MG	P	QL(6 ea daily); MP
ISENTRESS CHEW 25 MG	P	QL(12 ea daily); MP
ISENTRESS HD TABS	P	QL(2 ea daily); MP
JULUCA	NP	QL(1 ea daily); MP
KALETRA TABS 25 MG-100 MG *(Use lopinavir-ritonavir)*	P	QL(4 ea daily); MP
KALETRA SOLN *(Use lopinavir-ritonavir)*	NP	QL(10.67 ml daily); MP
KALETRA TABS 50 MG-200 MG *(Use lopinavir-ritonavir)*	P	QL(6 ea daily); MP
lamivudine tabs 150 mg	P	QL(2 ea daily); MP
lamivudine soln	P	QL(30 ml daily); MP
lamivudine tabs 300 mg	P	QL(1 ea daily); MP
lamivudine-zidovudine	P	QL(2 ea daily); MP
LEXIVA TABS *(Use fosamprenavir calcium)*	P	QL(4 ea daily); MP
LEXIVA SUSP	P	QL(56 ml daily); MP
lopinavir-ritonavir soln	P	QL(10.67 ml daily); MP
lopinavir-ritonavir tabs 25 mg-100 mg	P	QL(4 ea daily); MP
lopinavir-ritonavir tabs 50 mg-200 mg	P	QL(6 ea daily); MP
maraviroc tabs 300 mg	NP	QL(4 ea daily); MP
maraviroc tabs 150 mg	NP	QL(2 ea daily); MP
nevirapine tb24 100 mg	P	QL(3 ea daily); MP
nevirapine tabs	P	QL(2 ea daily); MP
nevirapine susp	P	QL(40 ml daily); MP
nevirapine tb24 400 mg	P	QL(1 ea daily); MP
NORVIR TABS *(Use ritonavir)*	P	QL(12 ea daily); MP
NORVIR PACK	P	MP
ODEFSEY	P	QL(1 ea daily); MP
PIFELTRO	NP	QL(1 ea daily); MP
PREZCOBIX	NP	QL(1 ea daily); MP
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P	
PREZISTA SUSP	P	
PREZISTA TABS *(Use darunavir)*	P	
RETROVIR CAPS *(Use zidovudine)*	NP	QL(6 ea daily); MP
RETROVIR SYRP *(Use zidovudine)*	NP	QL(60 ml daily); MP
REYATAZ CAPS 150 MG *(Use atazanavir sulfate)*	NF	QL(2 ea daily); MP
REYATAZ PACK	P	QL(6 ea daily); MP
REYATAZ CAPS 200 MG, 300 MG *(Use atazanavir sulfate)*	P	QL(2 ea daily); MP
ritonavir tabs	P	QL(12 ea daily); MP
RUKOBIA	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY TABS 300 MG *(Use maraviroc)*	NP	QL(4 ea daily); MP
SELZENTRY TABS *(Use maraviroc)*	NP	QL(2 ea daily); MP
SELZENTRY SOLN	NP	QL(35 ml daily); MP
SELZENTRY TABS 25 MG, 75 MG, 150 MG	NP	QL(2 ea daily); MP
STRIBILD	NP	QL(1 ea daily); MP
SUNLENCA TBPK	P	SP; PA
SUNLENCA SOLN	P	SP; PA
SUSTIVA CAPS 50 MG *(Use efavirenz)*	P	QL(2 ea daily); MP
SUSTIVA CAPS 200 MG *(Use efavirenz)*	P	QL(1 ea daily); MP
SUSTIVA TABS *(Use efavirenz)*	NF	QL(1 ea daily); MP
SYMFI *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	P	QL(1 ea daily); MP
SYMFI LO *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	P	MP
SYMTUZA	P	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	P	MP
TRIUMEQ PD TBSO	P	
TRIZIVIR	NP	QL(2 ea daily); MP
TROGARZO	P	SP; MP; PA
TRUVADA 200 MG-300 MG *(Use emtricitabine-tenofovir disoproxil fumarate)*	P	QL(1 ea daily); MP
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG *(Use emtricitabine-tenofovir disoproxil fumarate)*	P	MP
TYBOST	NP	QL(1 ea daily); MP
VIRACEPT TABS 625 MG	P	QL(4 ea daily); MP
VIRACEPT TABS 250 MG	P	QL(9 ea daily); MP
VIRAMUNE SUSP *(Use nevirapine)*	NF	QL(40 ml daily); MP
VIRAMUNE XR TB24 400 MG *(Use nevirapine)*	NP	QL(1 ea daily); MP
VIREAD POWD	P	QL(8 gm daily); MP
VIREAD TABS	P	QL(1 ea daily); MP
VIREAD TABS *(Use tenofovir disoproxil fumarate)*	P	QL(1 ea daily); MP
ZIAGEN SOLN *(Use abacavir sulfate)*	P	QL(30 ml daily); MP
ZIAGEN TABS *(Use abacavir sulfate)*	NP	QL(2 ea daily); MP
zidovudine syrp	P	QL(60 ml daily); MP
zidovudine tabs	P	QL(2 ea daily); MP
zidovudine caps	P	QL(6 ea daily); MP
CMV Agents		
LIVTENCITY	P	SP; PA
PREVYMIS TABS	NP	SP
VALCYTE TABS *(Use valganciclovir hcl)*	NP	QL(2 ea daily)
VALCYTE SOLR *(Use valganciclovir hcl)*	NP	
valganciclovir hcl tabs	P	QL(2 ea daily)
valganciclovir hcl solr	NP	
Hepatitis Agents		
adefovir dipivoxil	NP	

Drug Name	Drug Tier	Requirements/ Limits
BARACLUDE SOLN	NP	
BARACLUDE TABS *(Use entecavir)*	NP	
entecavir tabs	P	
EPCLUSA TABS	NP	SP
EPCLUSA TABS	NP	SP
EPCLUSA PACK	NP	SP
EPIVIR HBV SOLN	NP	
EPIVIR HBV TABS *(Use lamivudine (hbv))*	NP	
HARVONI TABS	NP	SP
HARVONI TABS	NP	SP
HARVONI PACK	NP	SP
HEPSERA *(Use adefovir dipivoxil)*	NP	
lamivudine (hbv) tabs	NP	
LEDIPASVIR/SOFOSBUVIR TABS	NP	SP
MAVYRET TABS	P	QL(3 ea daily); SP
MAVYRET PACK	P	SP
PEGASYS SOSY	NP	SP
PEGASYS SOLN	NP	SP
ribavirin (hepatitis c) caps	P	SP
ribavirin (hepatitis c) tabs 200 mg	P	SP
SOFOSBUVIR/VELPATASVIR TABS	P	SP
SOVALDI TABS	NP	SP
SOVALDI PACK	NP	SP
VEMLIDY	NP	SP
VIEKIRA PAK TBPK	NP	SP
VOSEVI	NP	SP
ZEPATIER	NP	SP
Herpes Agents		
acyclovir caps	P	QL(50 ea per 30 days retail)
acyclovir caps	P	
acyclovir tabs or 800 mg	P	
acyclovir tabs or 400 mg	P	QL(3 ea daily)
acyclovir tabs or 800 mg	P	QL(50 ea per 30 days retail)
acyclovir susp	P	QL(400 ml per 30 days retail)
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 *(Use valacyclovir hcl)*	NP	QL(2 ea daily)
VALTREX 500 MG *(Use valacyclovir hcl)*	NF	QL(2 ea daily)
VALTREX 1 GM *(Use valacyclovir hcl)*	NP	QL(42 ea per 21 days retail)
ZOVIRAX SUSP *(Use acyclovir)*	NF	QL(400 ml per 30 days retail)
Influenza Agents		
oseltamivir phosphate caps 45 mg	P	QL(20 ea per 30 days retail)
oseltamivir phosphate caps 75 mg	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 30 days retail)
oseltamivir phosphate susr	P	
oseltamivir phosphate caps 30 mg	P	QL(40 ea per 30 days retail)
RELENZA DISKHALER	P	QL(20 ea per fill retail)
rimantadine hydrochloride tabs	NP	
TAMIFLU CAPS 30 MG *(Use oseltamivir phosphate)*	NP	QL(40 ea per 30 days retail)
TAMIFLU CAPS 45 MG *(Use oseltamivir phosphate)*	NP	QL(20 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU CAPS 75 MG *(Use oseltamivir phosphate)*	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 30 days retail)
TAMIFLU SUSR *(Use oseltamivir phosphate)*	NP	QL(120 ml per 30 days retail)
XOFLUZA 40 MG, 80 MG	NP	
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	P	
VIRAZOLE *(Use 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 *(Use carvedilol)*	NP	QL(4 ea daily); MP
COREG 25 MG *(Use carvedilol)*	NF	QL(4 ea daily); MP
COREG 3.125 MG, 6.25 MG, 12.5 MG *(Use carvedilol)*	NF	QL(3 ea daily); MP
COREG 3.125 MG, 6.25 MG, 12.5 MG *(Use carvedilol)*	NP	QL(3 ea daily); MP
COREG CR *(Use carvedilol phosphate)*	NP	QL(1 ea daily); MP
labetalol hcl tabs 200 mg	P	QL(6 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
Beta Blockers Cardio-Selective		
acebutolol hcl caps	P	MP
atenolol tabs	P	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
betaxolol hcl	P	MP
bisoprolol fumarate	P	QL(1 ea daily); MP
BYSTOLIC *(Use nebivolol hcl)*	NP	
BYSTOLIC 2.5 MG *(Use nebivolol hcl)*	NF	
KAPSPARGO SPRINKLE CS24	NP	
LOPRESSOR TABS 50 MG *(Use metoprolol tartrate)*	NP	QL(4 ea daily); MP
LOPRESSOR TABS 100 MG *(Use metoprolol tartrate)*	NP	QL(4.5 ea daily); MP
metoprolol succinate tb24 25 mg, 50 mg, 100 mg	P	QL(4 ea daily); MP
metoprolol succinate tb24 200 mg	P	QL(2 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
metoprolol tartrate tabs 25 mg, 50 mg	P	QL(4 ea daily); MP
nebivolol hcl	NP	
TENORMIN TABS *(Use atenolol)*	NP	QL(2 ea daily); MP
TOPROL XL TB24 *(Use metoprolol succinate)*	NF	
TOPROL XL TB24 200 MG *(Use metoprolol succinate)*	NP	QL(2 ea daily); MP
TOPROL XL TB24 25 MG, 50 MG, 100 MG *(Use metoprolol succinate)*	NP	QL(4 ea daily); MP
Beta Blockers Non-Selective		
BETAPACE TABS 80 MG, 120 MG, 160 MG *(Use sotalol hcl)*	NP	QL(2 ea daily); MP
BETAPACE AF *(Use sotalol hcl (afib/afl))*	NP	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
CORGARD TABS 20 MG, 40 MG, 80 MG *(Use nadolol)*	NF	QL(2 ea daily); MP
CORGARD TABS 20 MG, 40 MG *(Use nadolol)*	NP	QL(2 ea daily); MP
HEMANGEOL SOLN OR	P	SP; MP; PA
INDERAL LA CP24 *(Use 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 cp24	P	QL(2 ea daily); MP
propranolol hcl soln or 20 mg/5ml, 40 mg/5ml	P	MP
propranolol hcl tabs	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		
amlodipine besylate tabs	P	QL(1 ea daily); MP
CALAN SR TBCR *(Use verapamil hcl)*	NP	QL(2 ea daily); MP
CALAN SR TBCR 120 MG *(Use verapamil hcl)*	NF	QL(2 ea daily); MP
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(Use diltiazem hcl)*	NP	QL(3 ea daily); MP
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG *(Use diltiazem hcl coated beads)*	NP	QL(1 ea daily); MP
CARDIZEM CD CP24 240 MG *(Use diltiazem hcl coated beads)*	NP	QL(2 ea daily); MP
CARDIZEM CD CP24 360 MG *(Use diltiazem hcl coated beads)*	NP	MP
CARDIZEM LA TB24 *(Use diltiazem hcl)*	NP	
diltiazem hcl tabs	P	QL(3 ea daily); MP
diltiazem hcl cp24 240 mg	P	QL(2 ea daily); MP
diltiazem hcl cp12	P	QL(2 ea daily); MP
diltiazem hcl cp24 120 mg, 180 mg	P	QL(1 ea daily); MP
diltiazem hcl tb24	P	
diltiazem hcl coated beads cp24 240 mg	P	QL(2 ea daily); MP
diltiazem hcl coated beads cp24 360 mg	P	MP
diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg	P	QL(1 ea daily); MP
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 *(Use amlodipine besylate)*	NP	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
NYMALIZE SOLN 6 MG/ML	NP	
PROCARDIA XL TB24 60 MG *(Use nifedipine)*	NP	QL(2 ea daily); MP
PROCARDIA XL TB24 30 MG, 90 MG *(Use nifedipine)*	NP	QL(1 ea daily); MP
SULAR 8.5 MG, 17 MG, 34 MG *(Use nisoldipine)*	NP	MP
TIAZAC *(Use 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
verapamil hcl cp24 100 mg, 120 mg, 180 mg, 200 mg, 240 mg	P	QL(2 ea daily); MP
VERAPAMIL HYDROCHLORIDE ER CP24 *(Use verapamil hcl)*	P	QL(2 ea daily); MP
VERELAN CP24 360 MG *(Use verapamil hcl)*	NP	QL(1 ea daily); MP
VERELAN CP24 120 MG, 180 MG, 240 MG *(Use verapamil hcl)*	NP	QL(2 ea daily); MP
VERELAN PM CP24 100 MG, 200 MG *(Use verapamil hcl)*	NP	QL(2 ea daily); MP
VERELAN PM CP24 300 MG *(Use verapamil hcl)*	NP	QL(1 ea daily); MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin tabs 0.125 mg, 125 mcg, 250 mcg	P	MP
digoxin tabs 0.0625 mg, 62.5 mcg	NP	
digoxin soln or 0.05 mg/ml	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 *(Use isosorbide dinitrate-hydralazine hcl)*	P	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(Use amlodipine besylate-atorvastatin calcium)*	NP	MP
CADUET 10 MG-10 MG *(Use amlodipine besylate-atorvastatin calcium)*	NF	MP
ENTRESTO	P	
isosorbide dinitrate-hydralazine hcl	P	
Impotence Agents		
CIALIS 5 MG *(Use tadalafil)*	NP	
tadalafil 5 mg	NP	
Prostaglandin Vasodilators		
epoprostenol sodium	P	SP; PA
FLOLAN *(Use epoprostenol sodium)*	P	SP; PA
ORENITRAM TBCR	NP	SP
ORENITRAM TITRATION KIT MONTH 1 TEPK	NP	SP
ORENITRAM TITRATION KIT MONTH 2 TEPK	NP	SP
ORENITRAM TITRATION KIT MONTH 3 TEPK	NP	SP
REMODULIN SOLN IJ	NP	SP
treprostinil soln ij	NP	SP
TYVASO SOLN IN	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
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 *(Use epoprostenol sodium)*	NP	SP
VENTAVIS	NP	SP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	NP	SP
bosentan tabs	NP	SP
LETAIRIS *(Use ambrisentan)*	P	SP; PA
OPSUMIT	NP	SP
TRACLEER TABS *(Use bosentan)*	P	SP; PA
TRACLEER TBSO	P	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(Use tadalafil (pulmonary hypertension))*	P	SP; PA
LIQREV SUSP	NP	SP
REVATIO TABS *(Use sildenafil citrate (pulmonary hypertension))*	NP	SP
REVATIO SUSR *(Use sildenafil citrate (pulmonary hypertension))*	P	SP; PA
REVATIO SOLN *(Use sildenafil citrate (pulmonary hypertension))*	NP	SP
sildenafil citrate (pulmonary hypertension) susr	NP	SP
sildenafil citrate (pulmonary hypertension) tabs	P	SP; PA
sildenafil citrate (pulmonary hypertension) soln	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 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	NP	
VERQUVO	P	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporin Combinations		
AVYCAZ	P	
Cephalosporins - 1st Generation		
cefadroxil susr	P	
cefadroxil caps	P	

Drug Name	Drug Tier	Requirements/ Limits
cefadroxil tabs	P	
CEFAZOLIN SOLN	P	
cefazolin sodium solr ij 1 gm, 10 gm, 500 mg	P	
CEFAZOLIN SODIUM SOSY IV 1 GM/10ML, 2 GM/20ML	P	
CEFAZOLIN SODIUM SOLR IJ	P	
CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML	P	
CEFAZOLIN SODIUM/DEXTROSE SOLR	P	
CEFAZOLIN SODIUM/SODIUM CHLORIDE SOLN 0.9 %-3 GM/100ML	P	
CEFAZOLIN/SODIUM CHLORIDE SOLN 0.9 %-2 GM/100ML	P	
cephalexin susr	P	
cephalexin tabs	P	
cephalexin caps	P	
Cephalosporins - 2nd Generation		
cefaclor caps	P	
cefaclor susr 125 mg/5ml, 375 mg/5ml	P	
CEFACLOR ER TB12	NP	
cefoxitin sodium iv 1 gm, 2 gm	P	
CEFOXITIN SODIUM	P	
cefprozil tabs	NP	QL(20 ea per fill retail)
cefprozil susr 125 mg/5ml	P	QL(200 ml per fill retail)
cefprozil susr 250 mg/5ml	P	QL(100 ml per fill retail)
cefuroxime axetil tabs	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
cefdinir susr	P	QL(100 ml per fill retail)
cefdinir caps	P	QL(20 ea per fill retail)
cefixime susr	NP	
cefixime caps	P	
cefpodoxime proxetil susr	NP	
cefpodoxime proxetil tabs	NP	
ceftazidime ij 1 gm, 6 gm	P	
CEFTAZIDIME/DEXTROSE	P	
ceftriaxone sodium ij 1 gm, 2 gm, 250 mg, 500 mg	P	
CEFTRIAXONE SODIUM IJ 100 GM	P	
ceftriaxone sodium in dextrose	P	
CEFTRIAXONE/DEXTROSE	P	
FORTAZ IJ 1 GM *(Use ceftazidime)*	NF	
SUPRAX CHEW	NP	
SUPRAX CAPS *(Use cefixime)*	NF	
SUPRAX SUSR *(Use cefixime)*	NP	
Cephalosporins - 4th Generation		
CEFEPIME SOLN	P	
cefepime hcl solr ij 1 gm	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	P	MP

Drug Name	Drug Tier	Requirements/ Limits
BEYAZ *(Use 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 *(Use norethindrone acetate-ethinyl estradiol-fe)*	NF	MP
ethynodiol diacet & eth estrad 35 mcg-1 mg	P	QL(1 ea daily); MP
FALESSA	P	
GENERESS FE *(Use norethindrone & ethinyl estradiol-fe)*	NF	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)	P	
levonorgestrel-ethinyl estradiol (continuous)	P	
LO LOESTRIN FE TABS	P	MP
LOSEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))*	P	
MINASTRIN 24 FE CHEW *(Use norethin acet & estrad-fe)*	P	MP
MIRCETTE *(Use desogestrel-ethinyl estradiol (biphasic))*	P	QL(1 ea daily); MP
NATAZIA	P	MP
NEXTSTELLIS	P	
norethin acet & estrad-fe caps	P	MP
norethin acet & estrad-fe tabs 1 mg-20 mcg-75 mg, 1.5 mg-30 mcg-75 mg	P	QL(1 ea daily); MP
norethin acet & estrad-fe chew	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	P	MP
norethindrone-eth estradiol (triphasic)	P	QL(1 ea daily); MP
norgestimate-ethinyl estradiol	P	QL(1 ea daily); MP
norgestimate-ethinyl estradiol (triphasic)	P	QL(1 ea daily); MP
norgestrel & ethinyl estradiol 30 mcg-0.3 mg	P	QL(2 ea daily); MP
QUARTETTE *(Use levonorgestrel-ethinyl estradiol (91-day))*	P	
SAFYRAL *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	P	MP
SEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))*	P	QL(1 ea daily)
TAYTULLA CAPS *(Use norethin acet & estrad-fe)*	P	MP
TYBLUME CHEW	P	
YASMIN 28 *(Use drospirenone-ethinyl estradiol)*	P	QL(1 ea daily); MP
YAZ *(Use drospirenone-ethinyl estradiol)*	P	QL(1 ea daily); MP
Combination Contraceptives - Transdermal		

Drug Name	Drug Tier	Requirements/ Limits
norelgestromin-ethinyl estradiol	P	QL(3 ea per 28 days retail; 9 ea per 84 days mail); MP
TWIRLA	P	
Combination Contraceptives - Vaginal		
ANNOVERA	P	MP
etonogestrel-ethinyl estradiol	P	MP
NUVARING *(Use etonogestrel-ethinyl estradiol)*	P	MP
NUVARING *(Use etonogestrel-ethinyl estradiol)*	NF	MP
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	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
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM *(Use medroxyprogesterone acetate (contraceptive))*	P	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY IM *(Use medroxyprogesterone acetate (contraceptive))*	P	
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 20.1 MCG/DAY	P	SP
MIRENA	P	SP
SKYLA	P	SP
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	P	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 *(Use hydrocortisone)*	NP	
CORTISONE ACETATE TABS	NP	
dexamethasone elix	P	
dexamethasone tabs	P	
dexamethasone soln	P	
dexamethasone tbpk	P	
dexamethasone tbpk	NP	
DEXAMETHASONE INTENSOL CONC	P	
EMFLAZA SUSP	NP	SP
EMFLAZA TABS	NP	SP
ENTOCORT EC CPEP *(Use budesonide)*	NF	
HEMADY TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone tabs	P	
MEDROL TABS	NP	
MEDROL TABS 32 MG *(Use methylprednisolone)*	NF	
MEDROL TABS *(Use methylprednisolone)*	NP	
MEDROL DOSEPAK TBPK *(Use methylprednisolone)*	NP	
methylprednisolone tabs	P	
methylprednisolone tbpk	P	
MILLIPRED TABS	P	
ORTIKOS CP24	NP	
PEDIAPRED SOLN *(Use prednisolone sodium phosphate)*	NF	
prednisolone tabs	P	
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 5 mg/5ml, 6.7 mg/5ml, 10 mg/5ml, 25 mg/5ml	P	
prednisolone sodium phosphate soln 20 mg/5ml	P	QL(150 ml per fill retail)
prednisone tbpk	P	
prednisone tabs	P	
prednisone soln	P	
PREDNISONE INTENSOL CONC	P	
RAYOS TBEC	NP	
TARPEYO CPDR	NP	SP
UCERIS TB24 *(Use budesonide)*	NP	
Mineralocorticoids		
fludrocortisone acetate tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
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 *(Use dextromethorphan polistirex)*	NF	QL(240 ml per 7 days retail)
DELSYM COUGH CHILDRENS SUER *(Use dextromethorphan polistirex)*	NF	QL(240 ml per 7 days retail)
dextromethorphan polistirex suer	P	QL(240 ml per 7 days retail)
dextromethorphan polistirex lqcr	P	QL(240 ml per 7 days retail)
HYCODAN SOLN *(Use hydrocodone bitartrate-homatropine methylbromide)*	NF	AL(At least 18 yrs old)
hydrocodone bitartrate-homatropine methylbromide soln	P	AL(At least 18 yrs old)
TESSALON PERLES *(Use benzonatate)*	NF	AL(At least 10 yrs old)
Cough/Cold/Allergy Combinations		
ADVIL COLD & SINUS TABS *(Use pseudoephedrine-ibuprofen)*	NF	
brompheniramine & phenyleph elix	P	QL(120 ml per fill retail)
brompheniramine & pseudoeph elix	P	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
brompheniramine & pseudoeph liqd 15 mg/5ml-1 mg/5ml	P	QL(120 ml per fill retail)
cetirizine-pseudoephedrine	P	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 *(Use loratadine & pseudoephedrine)*	NF	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 *(Use loratadine & pseudoephedrine)*	NF	QL(1 ea daily)
COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ml per fill retail)
dextromethorphan-doxylamine-acetaminophen liqd	P	
dextromethorphan-guaifenesin syrp 100 mg/5ml-10 mg/5ml, 100 mg/5ml-100 mg/5ml-10 mg/5ml-10 mg/5ml	P	QL(240 ml per fill retail)
dextromethorphan-guaifenesin liqd 100 mg/5ml-10 mg/5ml, 100 mg/5ml-5 mg/5ml, 150 mg/7.5ml-15 mg/7.5ml, 200 mg/10ml-20 mg/10ml, 200 mg/5ml-10 mg/5ml, 400 mg/20ml-20 mg/20ml	P	QL(240 ml per fill retail)
dextromethorphan-phenylephrine-acetaminophen caps	P	
DIMETAPP CHILDREN'S COLD& ALLERGY LIQD	P	QL(120 ml per fill retail)
DIMETAPP COLD & ALLERGY ELIX 2.5 MG/5ML-1 MG/5ML *(Use brompheniramine & phenyleph)*	NF	QL(120 ml per fill retail)
ED BRON GP LIQD	P	QL(240 ml per 7 days retail)
guaifenesin-codeine syrp	P	
guaifenesin-codeine soln 10 mg/5ml-100 mg/5ml	P	
guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml	P	
HM DIBROMM COLD AND ALLERGY CHILDRENS LIQD	P	QL(120 ml per fill retail)
LOHIST-D LIQD	P	QL(240 ml per fill retail)
loratadine & pseudoephedrine tb12	P	QL(2 ea daily)
loratadine & pseudoephedrine tb24	P	QL(1 ea daily)
MAXI-TUSS PE MAX LIQD	P	QL(240 ml per 7 days retail)
phenylephrine-dm liqd 2.5 mg/5ml-5 mg/5ml	P	QL(240 ml per fill retail)
phenylephrine-dm soln	P	QL(240 ml per fill retail)
promethazine & phenylephrine syrp	P	
promethazine w/codeine soln	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
promethazine w/codeine syrp	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
promethazine-dm syrp	P	QL(240 ml per fill retail)
promethazine-phenylephrine-codeine	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
pseudoephed-bromphen-dm syrp 10 mg/5ml-30 mg/5ml-2 mg/5ml	P	QL(240 ml per fill retail)
pseudoephedrine-ibuprofen tabs	P	
QC DIBROMM CHILDRENS COLD& ALLERGY LIQD	P	QL(120 ml per fill retail)
QC TRIACTING DAYTIME CHILDRENS SYRP	P	QL(240 ml per fill retail)
SM COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	P	QL(240 ml per fill retail)
VIRTUSSIN DAC SOLN	P	QL(240 ml per fill retail)
WAL-TAP COLD/ALLERGY LIQD	P	QL(120 ml per fill retail)
ZYRTEC-D ALLERGY/CONGESTION *(Use cetirizine-pseudoephedrine)*	NF	QL(2 ea daily)
ZYRTEC-D ALLERGY/SINUS *(Use cetirizine-pseudoephedrine)*	NF	QL(2 ea daily)
Expectorants		
GERI-TUSSIN SYRP	P	QL(240 ml per fill retail)
guaifenesin syrp	P	QL(240 ml per fill retail)
guaifenesin liqd	P	QL(240 ml per fill retail)
guaifenesin tb12 600 mg	P	QL(40 ea per fill retail)
MUCINEX TB12 *(Use guaifenesin)*	NF	QL(40 ea per fill retail)
Misc. Respiratory Inhalants		
sodium chloride (inhalant) nebu 0.9 %, 3 %	P	
Mucolytics		
acetylcysteine soln	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 40 MG *(Use isotretinoin)*	NP	QL(2 ea daily); AL(At least 12 yrs old)
ABSORICA 25 MG, 30 MG, 35 MG *(Use isotretinoin)*	NP	
ABSORICA LD	NP	

Drug Name	Drug Tier	Requirements/ Limits
ACANYA GEL *(Use clindamycin phosphate-benzoyl peroxide)*	NP	
ACZONE 7.5 % *(Use dapsone (topical))*	NP	
adapalene crea	NP	
adapalene gel 0.3 %	NP	
ADAPALENE/BENZOYL PEROXIDE PADS	NP	
adapalene-benzoyl peroxide gel	NP	
ALTRENO LOTN	NP	
ARAZLO LOTN	NP	
ATRALIN GEL *(Use tretinoin)*	NP	
AVAR LS CLEANSER LIQD *(Use sulfacetamide sodium w/ sulfur)*	NF	
AVAR-E LS CREA *(Use sulfacetamide sodium w/ sulfur)*	NF	
BENZACLIN GEL *(Use clindamycin phosphate-benzoyl peroxide)*	NF	
BENZACLIN WITH PUMP GEL *(Use clindamycin phosphate-benzoyl peroxide)*	NF	
BENZAMYCIN GEL *(Use benzoyl peroxide-erythromycin)*	NP	
benzoyl peroxide-erythromycin gel	P	
CLEOCIN-T LOTN *(Use clindamycin phosphate (topical))*	NP	QL(60 ml per fill retail)
CLINDACIN ETZ	NP	
CLINDACIN PAC	NP	
CLINDAGEL GEL *(Use clindamycin phosphate (topical))*	NP	QL(75 ml per fill retail)
clindamycin phosphate (topical) lotn	P	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate (topical) foam	NP	
clindamycin phosphate (topical) soln	P	
clindamycin phosphate (topical) swab	P	
clindamycin phosphate (topical) gel	P	QL(75 gm per fill retail)
clindamycin phosphate-benzoyl peroxide gel	NP	
clindamycin phosphate-benzoyl peroxide (refrigerate)	NP	
clindamycin phosphate-tretinoin	NP	
dapsone (topical)	NP	
dapsone (topical) 7.5 %	NP	AL(At least 10 yrs old - Up to 20 yrs old)
ERYGEL GEL *(Use erythromycin (acne aid))*	NP	QL(60 gm per fill retail)
erythromycin (acne aid) soln	P	
erythromycin (acne aid) pads	NP	
erythromycin (acne aid) gel	P	QL(60 gm per fill retail)
EVOCLIN FOAM *(Use 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)
isotretinoin 30 mg	NP	AL(At least 12 yrs old)
KLARON *(Use sulfacetamide sodium (acne))*	NP	QL(120 ml per fill retail)
NEUAC KIT	NP	
ONEXTON GEL	NP	

Drug Name	Drug Tier	Requirements/ Limits
RETIN-A CREA 0.05 %, 0.1 % *(Use tretinoin)*	NP	QL(20 gm per 30 days retail); AL(Up to 35 yrs old)
RETIN-A GEL *(Use tretinoin)*	NP	QL(45 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A CREA 0.025 % *(Use tretinoin)*	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A MICRO	NP	
RETIN-A MICRO *(Use tretinoin microsphere)*	NP	
RETIN-A MICRO PUMP *(Use tretinoin microsphere)*	NP	
RETIN-A MICRO PUMP	NP	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NP	
sulfacetamide sodium (acne)	NP	QL(120 ml per fill retail)
sulfacetamide sodium w/ sulfur crea 10 %-2 %, 10 %-5 %	NP	
sulfacetamide sodium w/ sulfur pads 10 %-4 %	NP	
sulfacetamide sodium w/ sulfur emul 10 %-1 %	NP	
sulfacetamide sodium w/ sulfur foam	NP	
sulfacetamide sodium w/ sulfur liqd	NP	
sulfacetamide sodium w/ sulfur susp 8 %-4 %	NP	
sulfacetamide sodium-sulfur in urea vehicle emul 10 %-10 %-4 %	NP	
SUMADAN KIT	NP	
SUMADAN WASH LIQD *(Use sulfacetamide sodium w/ sulfur)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
SUMADAN XLT KIT	NP	
SUMAXIN PADS *(Use sulfacetamide sodium w/ sulfur)*	NP	
SUMAXIN CP KIT	NP	
TAZAROTENE FOAM	NP	
tretinoin crea 0.05 %, 0.1 %	P	QL(20 gm per 30 days retail)
tretinoin gel 0.01 %, 0.025 %	P	QL(45 gm per fill retail); AL(Up to 35 yrs old)
tretinoin crea 0.025 %	P	QL(20 gm per fill retail)
tretinoin gel 0.05 %	P	
tretinoin microsphere	NP	
WINLEVI	NP	
ZIANA *(Use clindamycin phosphate-tretinoin)*	NP	
ZMA CLEAR SUSP	NP	
Agents for External Genital and Perianal Warts		
VEREGEN	NP	
Antibiotics - Topical		
CENTANY OINT	NP	QL(2160 gm per fill retail)
CENTANY AT KIT	NP	
gentamicin sulfate (topical) crea	P	QL(30 gm per fill retail)
gentamicin sulfate (topical) oint	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	P	QL(454 ea per fill retail)
neomycin-polymyxin w/ pramoxine	P	QL(28.3 gm per fill retail)
NEOSPORIN ORIGINAL OINT *(Use neomycin-bacitracin-polymyxin)*	NF	QL(454 ea per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH *(Use neomycin-polymyxin w/ pramoxine)*	NF	QL(28.3 gm per fill retail)
NEO-SYNALAR	NP	
NEO-SYNALAR KIT	NP	
XEPI	NP	
Antifungals - Topical		
ciclopirox kit	NP	
ciclopirox soln	NP	
ciclopirox gel	NP	
ciclopirox sham	NP	
ciclopirox olamine crea	NP	
ciclopirox olamine susp	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	NP	QL(45 gm per fill retail)
clotrimazole w/ betamethasone lotn	NP	QL(30 ml per fill retail)
econazole nitrate crea	P	QL(30 gm per fill retail)
ERTACZO	NP	
EXTINA FOAM *(Use ketoconazole (topical))*	NP	
JUBLIA	NP	
KERYDIN *(Use tavaborole)*	NP	
KERYDIN *(Use tavaborole)*	NF	
ketoconazole (topical) sham 2 %	P	QL(120 ml per fill retail)
ketoconazole (topical) crea	P	QL(60 gm per fill retail)
ketoconazole (topical) foam	NP	
KETODAN KIT	NP	

Drug Name	Drug Tier	Requirements/ Limits
LOPROX SUSP *(Use ciclopirox olamine)*	NP	
LOPROX CREA *(Use ciclopirox olamine)*	NP	
LOPROX	NP	
LOPROX KIT	NP	
LOPROX SHAMPOO SHAM *(Use ciclopirox)*	NP	
LOTRIMIN AF CREA *(Use clotrimazole (topical))*	NF	QL(113 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA *(Use clotrimazole (topical))*	NF	QL(113 gm per fill retail); RX/OTC
luliconazole	NP	
LUZU *(Use luliconazole)*	NP	
MENTAX	NP	RX/OTC
miconazole-zinc oxide-white petrolatum	NP	
naftifine hcl crea	NP	
naftifine hcl gel	NP	
NAFTIN GEL *(Use naftifine hcl)*	NP	
NAFTIN GEL	NP	
nystatin (topical) powd ex	P	QL(60 gm per fill retail)
nystatin (topical) crea	P	QL(30 gm per fill retail)
nystatin (topical) oint	P	QL(30 gm per fill retail)
nystatin-triamcinolone oint	NP	QL(60 gm per fill retail)
nystatin-triamcinolone crea	NP	QL(60 gm per fill retail)
oxiconazole nitrate crea	NP	
OXISTAT CREA *(Use oxiconazole nitrate)*	NF	
OXISTAT LOTN	NP	
tavaborole	NP	
VUSION *(Use miconazole-zinc oxide-white petrolatum)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZOLPAK	NP	
Anti-inflammatory Agents - Topical		
DERMACINRX LEXITRAL PHARMAPAK II *(Use diclofenac sodium-capsaicin (topical))*	NP	
diclofenac epolamine ptch ex	NP	
diclofenac sodium (topical) gel ex	NP	2 rtl pack lmt amt; 30 rtl pack lmt day(s); RX/OTC
diclofenac sodium (topical) soln ex	NP	
DICLOTREX	NP	
DICLOTREX II	NP	
FLECTOR PTCH EX *(Use diclofenac epolamine)*	NP	
LICART PT24	NP	
PENNSAID SOLN EX 2 % *(Use diclofenac sodium (topical))*	NP	
VENNGEL ONE KIT	NP	RX/OTC
XRYLIX II *(Use diclofenac sodium & adhesive sheets)*	NP	
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	NP	
bexarotene (topical)	NP	SP
CARAC CREA *(Use fluorouracil (topical))*	NP	QL(30 gm per fill retail)
diclofenac sodium (actinic keratoses) ex	NP	
EFUDEX CREA *(Use fluorouracil (topical))*	NP	QL(40 gm per fill retail)
fluorouracil (topical) crea 0.5 %	NP	QL(30 gm per fill retail)
fluorouracil (topical) soln	NP	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
fluorouracil (topical) crea 5 %	NP	QL(40 gm per fill retail)
LEVULAN KERASTICK SOLR	P	SP
TARGRETIN *(Use bexarotene (topical))*	P	SP
VALCHLOR	NP	SP
Antipruritics - Topical		
camphor & menthol lotn	P	QL(222 ml per fill retail)
doxepin hcl (antipruritic)	NP	
PRUDOXIN *(Use doxepin hcl (antipruritic))*	NP	
SARNA LOTN *(Use camphor & menthol)*	NF	QL(222 ml per fill retail)
ZONALON *(Use doxepin hcl (antipruritic))*	NP	
Antipsoriatics		
acitretin	NP	
calcipotriene foam	NP	
calcipotriene soln	P	QL(60 ml per fill retail)
calcipotriene crea	P	QL(60 gm per fill retail)
calcipotriene oint	P	
calcitriol (topical)	NP	
COSENTYX SOSY	P	SP; PA
COSENTYX SENSOREADY PEN SOAJ	P	SP; PA
DOVONEX CREA *(Use calcipotriene)*	NP	QL(60 gm per fill retail)
DOVONEX CREA *(Use calcipotriene)*	NF	QL(60 gm per fill retail)
ILUMYA	NP	SP
methoxsalen rapid	NP	
SILIQ	NP	SP
SKYRIZI SOSY	NP	SP
SKYRIZI PEN SOAJ	NP	SP
SORILUX FOAM	NP	

Drug Name	Drug Tier	Requirements/ Limits
SOTYKTU	NP	SP
STELARA SOSY	NP	SP
TALTZ SOAJ	NP	SP
TALTZ SOSY	NP	SP
tazarotene crea	NP	QL(60 gm per fill retail)
tazarotene gel	NP	QL(100 gm per fill retail)
TREMFYA SOPN	NP	SP
TREMFYA SOSY	NP	SP
VTAMA	NP	
ZORYVE	NP	
Antiseborrheic Products		
OVACE PLUS WASH LIQD *(Use sulfacetamide sodium)*	NF	QL(480 ml per fill retail)
OVACE PLUS WASH GEL *(Use sulfacetamide sodium)*	NF	
OVACE WASH LIQD *(Use 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 gel	NP	
sulfacetamide sodium liqd	NP	QL(480 gm per fill retail)
Antivirals - Topical		
acyclovir topical oint	NP	QL(30 gm per 30 days retail)
acyclovir topical crea	NP	QL(5 gm per fill retail)
DENAVIR *(Use penciclovir)*	NP	
penciclovir	NP	
XERESE	NP	
ZOVIRAX OINT *(Use acyclovir topical)*	NP	QL(30 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
ZOVIRAX CREA *(Use acyclovir topical)*	NP	QL(5 gm per fill retail)
Burn Products		
mafenide acetate pack	P	
SILVADENE *(Use 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 0.5 %	NP	
Corticosteroids - Topical		
alclometasone dipropionate crea	P	
alclometasone dipropionate oint	P	
amcinonide crea	NP	
APEXICON E CREA	NP	QL(60 gm per fill retail)
BESER	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 gel 0.05 %	NP	
betamethasone dipropionate augmented crea	NP	QL(45 gm per fill retail)
betamethasone dipropionate augmented lotn	NP	
betamethasone dipropionate augmented oint	NP	
betamethasone valerate lotn	P	QL(60 ml per fill retail)
betamethasone valerate crea	P	QL(45 gm per fill retail)
betamethasone valerate foam	NP	
betamethasone valerate oint	P	QL(45 gm per fill retail)
BRYHALI LOTN	NP	
calcipotriene-betamethasone dipropionate oint	NP	
calcipotriene-betamethasone dipropionate susp	NP	
clobetasol propionate foam	NP	
clobetasol propionate lotn	NP	
clobetasol propionate oint 0.05 %	P	QL(60 gm per fill retail)
clobetasol propionate sham	NP	
clobetasol propionate liqd	NP	
clobetasol propionate soln 0.05 %	P	QL(50 ml per fill retail)
clobetasol propionate crea 0.05 %	P	QL(60 gm per fill retail)
clobetasol propionate gel 0.05 %	P	QL(60 gm per fill retail)
clobetasol propionate emollient base 0.05 %	P	QL(60 gm per fill retail)
clobetasol propionate emulsion	NP	
clocortolone pivalate	NP	
CLODAN KIT	NP	
CLODERM *(Use clocortolone pivalate)*	NP	
CUTIVATE LOTN *(Use fluticasone propionate)*	NF	
DERMA-SMOOTHE/FS BODY OIL *(Use fluocinolone acetonide)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
DERMA-SMOOTHE/FS SCALP OIL *(Use fluocinolone acetonide)*	NP	
desonide lotn	NP	
desonide oint	P	1 rtl pack lmt per fill
desonide crea	P	1 rtl pack lmt per fill
desoximetasone crea 0.25 %	NP	QL(2 gm daily)
desoximetasone liqd	NP	
desoximetasone crea 0.05 %	NP	QL(300 gm per fill retail)
desoximetasone gel	NP	QL(2 gm daily)
desoximetasone oint 0.25 %	NP	QL(2 gm daily)
desoximetasone oint 0.05 %	NP	
diflorasone diacetate oint	P	QL(100 gm per fill retail)
diflorasone diacetate crea	P	QL(60 gm per fill retail)
DIPROLENE OINT *(Use betamethasone dipropionate augmented)*	NF	
DIPROLENE OINT *(Use betamethasone dipropionate augmented)*	NP	
DIPROLENE AF CREA *(Use betamethasone dipropionate augmented)*	NF	QL(45 gm per fill retail)
DUOBRII	NP	
ENSTILAR FOAM	NP	
EPIFOAM FOAM	NP	
fluocinolone acetonide oil	P	
fluocinolone acetonide soln	P	
fluocinolone acetonide crea	P	
fluocinolone acetonide oint	P	
fluocinonide oint	P	QL(60 gm per fill retail)
fluocinonide soln	P	QL(60 ml per fill retail)
fluocinonide crea 0.1 %	P	
fluocinonide gel	P	QL(60 gm per fill retail)
fluocinonide crea 0.05 %	P	QL(60 gm per fill retail)
fluocinonide emulsified base	P	QL(60 gm per fill retail)
FLUOPAR	NP	
flurandrenolide lotn	NP	
flurandrenolide crea	NP	
fluticasone propionate oint	P	QL(60 gm per fill retail)
fluticasone propionate crea 0.05 %	P	QL(60 gm per fill retail)
fluticasone propionate lotn	NP	
halcinonide crea	NP	
halobetasol propionate crea	P	
halobetasol propionate oint	P	
HALOBETASOL PROPIONATE FOAM	NP	
HALOG OINT	NP	
HALOG SOLN	NP	
HALOG CREA *(Use halcinonide)*	NP	
hydrocortisone (topical) crea 2.5 %	P	QL(454 gm per fill retail)
hydrocortisone (topical) crea 0.5 %	P	
hydrocortisone (topical) lotn 2.5 %	P	QL(118 ml per fill retail)
hydrocortisone (topical) oint 1 %, 2.5 %	P	QL(454 gm per fill retail); RX/OTC
hydrocortisone (topical) crea 1 %	P	1 rtl pack lmt per fill; 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 butyrate crea	NP	
hydrocortisone butyrate oint	NP	
hydrocortisone butyrate lotn	NP	
hydrocortisone butyrate soln	NP	QL(60 ml per fill retail)
hydrocortisone butyrate hydrophilic lipo base	NP	
hydrocortisone valerate crea	P	
hydrocortisone valerate oint	P	
IMPEKLO LOTN	NP	
KENALOG AERS *(Use triamcinolone acetonide (topical))*	NP	
LEXETTE FOAM	NP	
LOCOID LOTN *(Use hydrocortisone butyrate)*	NP	
LOCOID LIPOCREAM *(Use hydrocortisone butyrate hydrophilic lipo base)*	NP	
LUXIQ FOAM *(Use betamethasone valerate)*	NP	
mometasone furoate oint	P	QL(45 gm per fill retail)
mometasone furoate crea	P	QL(50 gm per fill retail)
mometasone furoate soln	P	QL(60 ml per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA *(Use hydrocortisone (topical))*	NF	1 rtl pack lmt per fill; QL(454 gm per fill retail); RX/OTC
OLUX FOAM *(Use clobetasol propionate)*	NP	
OLUX-E *(Use clobetasol propionate emulsion)*	NP	
PANDEL	NP	
prednicarbate oint	NP	QL(60 gm per fill retail)
RADIAURA CREA	NP	
SYNALAR OINT *(Use fluocinolone acetonide)*	NP	
SYNALAR SOLN *(Use fluocinolone acetonide)*	NP	
SYNALAR CREA *(Use fluocinolone acetonide)*	NP	
SYNALAR CREAM KIT	NP	
SYNALAR OINTMENT KIT	NP	
SYNALAR TS	NP	
TACLONEX OINT *(Use calcipotriene-betamethasone dipropionate)*	NP	
TACLONEX SUSP *(Use calcipotriene-betamethasone dipropionate)*	NP	
TACLONEX OINT *(Use calcipotriene-betamethasone dipropionate)*	NF	
TASOPROL KIT	NP	
TEMOVATE OINT *(Use clobetasol propionate)*	NF	QL(60 gm per fill retail)
TEMOVATE CREA *(Use clobetasol propionate)*	NF	QL(60 gm per fill retail)
TEXACORT SOLN 2.5 %	NP	
TOPICORT OINT 0.25 % *(Use desoximetasone)*	NP	QL(2 gm daily)
TOPICORT CREA 0.05 % *(Use desoximetasone)*	NP	QL(300 gm per fill retail)
TOPICORT OINT 0.05 % *(Use desoximetasone)*	NF	
TOPICORT CREA 0.25 % *(Use desoximetasone)*	NP	QL(2 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
TOPICORT OINT 0.05 % *(Use desoximetasone)*	NP	
TOPICORT LIQD *(Use desoximetasone)*	NP	
TOPICORT GEL *(Use desoximetasone)*	NP	QL(2 gm daily)
TOVET KIT	NP	
triamcinolone acetonide (topical) crea 0.1 %	P	QL(454 gm per fill retail)
triamcinolone acetonide (topical) oint 0.1 %	P	QL(60 gm per fill retail)
triamcinolone acetonide (topical) oint 0.05 %	NP	
triamcinolone acetonide (topical) crea 0.025 %	P	QL(908 gm per fill retail)
triamcinolone acetonide (topical) crea 0.5 %	P	QL(15 gm per fill retail)
triamcinolone acetonide (topical) oint 0.5 %	P	QL(15 gm per fill retail)
triamcinolone acetonide (topical) aers	NP	
triamcinolone acetonide (topical) lotn	P	QL(60 ml per fill retail)
triamcinolone acetonide (topical) oint 0.025 %	P	QL(454 gm per fill retail)
TRIASIL	NP	
TRILOCICLO	NP	
ULTRAVATE LOTN	NP	
VANOS CREA *(Use fluocinonide)*	NP	
Eczema Agents		
ADBRY	NP	SP
CIBINQO	NP	SP
DUPIXENT SOPN	P	SP; MP; PA
DUPIXENT SOPN	NP	SP
DUPIXENT SOSY 100 MG/0.67ML	NP	SP
DUPIXENT SOSY	P	SP; PA
OPZELURA	NP	
Emollient/Keratolytic Agents		
KERALAC CREA 47 % *(Use urea)*	NF	
urea crea 40 %	P	QL(200 gm per fill retail); RX/OTC
urea lotn 40 %	P	QL(325 gm per fill retail)
urea crea 39 %, 41 %	P	
UREA CREA	P	
urea in lactic acid vehicle	NP	
Emollients		
lactic acid (ammonium lactate) crea	NP	QL(385 gm per fill retail); RX/OTC
lactic acid (ammonium lactate) lotn 12 %	P	QL(1368 gm per fill retail); RX/OTC
Immunomodulating Agents - Topical		
ALDARA *(Use imiquimod)*	NF	QL(48 ea per 180 days retail)
imiquimod 3.75 %	NP	
imiquimod 5 %	P	QL(48 ea per 180 days retail)
ZYCLARA *(Use imiquimod)*	NP	
ZYCLARA PUMP	NP	
ZYCLARA PUMP *(Use imiquimod)*	NP	
Immunosuppressive Agents - Topical		
ELIDEL *(Use pimecrolimus)*	P	QL(30 gm per 30 days retail); PA
HYFTOR	NP	
pimecrolimus	P	QL(30 gm per 30 days retail); PA
PROTOPIC OINT *(Use 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		

Drug Name	Drug Tier	Requirements/ Limits
BENSAL HP OINT	NP	RX/OTC
CONDYLOX GEL	P	
PODOCON-25 SOLN	NP	
podofilox soln	P	QL(4 ml per fill retail)
salicylic acid gel 6 %	P	
salicylic acid liqd 27.5 %	P	
salicylic acid foam	NP	
SALICYLIC ACID OINT	P	RX/OTC
UREA/SALICYLIC ACID CREA	NP	
Liniments		
menthol-methyl salicylate (liniments) crea	P	
Local Anesthetics - Topical		
APRIZIO PAK II	NP	
DERMACINRX LIDOGEL GEL	NP	
EMPRICAINE II	NP	
lidocaine oint	P	
lidocaine ptch 5 %	P	
lidocaine oint	P	
lidocaine hcl soln	P	
lidocaine hcl crea 3 %	P	RX/OTC
lidocaine hcl prsy	P	QL(30 ml per fill retail)
LIDOCAINE HYDROCHLORIDE CREA	NP	
lidocaine-prilocaine crea	NP	QL(30 gm per fill retail)
lidocaine-prilocaine kit	NP	
LIDODERM PTCH *(Use lidocaine)*	NP	
LIDOREX GEL	NP	
LIDOTRAL CREA	NP	
LIDOTRAN CREA	NP	
LYDEXA CREA	NP	
NUVAKAAN II	NP	
PLIAGLIS CREA	NP	
PRILO PATCH II KIT	NP	
PRIZOPAK II	NP	
PRIZOTRAL II KIT	NP	
QUTENZA	NP	
ZTLIDO PTCH	NP	
Misc. Dermatological Products		
ALADERM PLUS EMUL	NP	
HYLATOPIC PLUS CREA	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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
CVS TOTAL HOME INSECT REPELLENT AERO	P	QL(170 ml per fill retail; 340 ml per 30 days retail)
HYCLODEX	NP	
HYPOCYN SOLN	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)
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)
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		
hydroquinone crea 4 %	P	QL(56.8 gm per fill retail)
Rosacea Agents		

Drug Name	Drug Tier	Requirements/ Limits
azelaic acid gel	NP	
brimonidine tartrate (topical)	NP	
doxycycline (rosacea)	NP	
FINACEA GEL *(Use azelaic acid)*	NP	
FINACEA FOAM	NP	
ivermectin (rosacea)	NP	
metronidazole (topical) gel 1 %	P	
metronidazole (topical) lotn	P	
metronidazole (topical) gel 0.75 %	P	QL(45 gm per fill retail)
metronidazole (topical) crea	P	QL(45 gm per fill retail)
NORITATE CREA	NP	
RHOFADE	NP	
ROSADAN KIT	NP	
Scabicides & Pediculicides		
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 *(Use spinosad)*	P	
OVIDE *(Use malathion)*	NP	QL(59 ml per fill retail)
permethrin liqd ex	P	2 rtl pack lmt per fill
permethrin lotn	P	2 rtl pack lmt per fill
permethrin crea	P	QL(60 gm per fill retail)
pyrethrins-piperonyl butoxide sham 4 %-0.3 %-0.33 %, 4 %-0.33 %	P	
spinosad	NP	
Tar Products		
coal tar extract sham 0.5 %, 1 %	P	
DHS TAR SHAM *(Use coal tar extract)*	NF	
DHS TAR GEL SHAM *(Use coal tar extract)*	NF	
IONIL-T SHAM *(Use coal tar extract)*	NF	
NEUTROGENA T/GEL SHAM 0.5 % *(Use 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	
CARETOUCH 4"X4" MISC	P	
DYNAGINATE CALCIUM ALGINATE DRESSING 2"X2" MISC	P	
DYNAGINATE CALCIUM ALGINATE DRESSING 4"X8" MISC	P	
DYNAGINATE CALCIUM ALGINATE DRESSING 4-1/4"X4-1/4" MISC	P	
DYNAGINATE CALCIUM ALGINATE ROPE DRESSING 2GMX30CM MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 12"X24" MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
KENDALL CALCIUM ALGINATEDRESSING 2"X2" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 4"X4" MISC	P	
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	
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
ASSURE II TEST STRIPS STRP	NP	RX/OTC
ASSURE PLATINUM TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
BLOOD GLUCOSE TEST STRIPS333 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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE PREMIUM 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
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
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 IN VITRO MEDI-CAL STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO TEST STRIPS STRP	P	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	NP	RX/OTC
OPTIUM TEST STRIPS STRP	NP	RX/OTC
OPTIUMEZ TEST STRIPS STRP	NP	RX/OTC
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
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
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
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
RIGHTEST GT333 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-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TGT BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
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
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
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	
PERTZYE CPEP	NP	
VIOKACE TABS	NP	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide tabs	P	MP
acetazolamide cp12	P	MP
dichlorphenamide	NP	SP
KEVEYIS *(Use dichlorphenamide)*	NP	SP
methazolamide tabs	P	MP

Drug Name	Drug Tier	Requirements/ Limits
Diuretic Combinations		
ALDACTAZIDE *(Use spironolactone & hydrochlorothiazide)*	NP	MP
ALDACTAZIDE	NP	
amiloride & hydrochlorothiazide	P	QL(1 ea daily); MP
MAXZIDE TABS *(Use triamterene & hydrochlorothiazide)*	NP	QL(1 ea daily); MP
MAXZIDE-25 TABS *(Use triamterene & hydrochlorothiazide)*	NP	QL(1 ea daily); MP
spironolactone & hydrochlorothiazide	P	MP
triamterene & hydrochlorothiazide caps 25 mg-37.5 mg	P	QL(1 ea daily); MP
triamterene & hydrochlorothiazide tabs	P	QL(1 ea daily); MP
Loop Diuretics		
bumetanide tabs	P	MP
BUMEX TABS 0.5 MG *(Use bumetanide)*	NP	MP
EDECRIN *(Use 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 *(Use furosemide)*	NP	MP
torsemide tabs 20 mg	P	MP
torsemide tabs 5 mg, 10 mg, 100 mg	P	QL(1 ea daily); MP
Potassium Sparing Diuretics		
ALDACTONE TABS *(Use 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 - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	NP	SP
RECORLEV	NP	SP
Bone Density Regulators		
ACTONEL TABS 150 MG *(Use risedronate sodium)*	NP	MP
ACTONEL TABS 35 MG *(Use risedronate sodium)*	NP	QL(4 ea per 28 days retail; 12 ea per 84 days mail); MP
alendronate sodium soln	P	QL(10.8 ml daily); 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
ATELVIA TBEC *(Use risedronate sodium)*	NP	MP
BONIVA TABS *(Use ibandronate sodium)*	NP	MP
calcitonin (salmon) na	P	QL(4 ml per 30 days retail)
FOSAMAX TABS 70 MG *(Use alendronate sodium)*	NF	QL(0.143 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
FOSAMAX TABS 70 MG *(Use alendronate sodium)*	NP	QL(0.143 ea daily); MP
FOSAMAX PLUS D	NP	
ibandronate sodium tabs	NP	MP
risedronate sodium tabs 35 mg	NP	QL(4 ea per 28 days retail; 12 ea per 84 days mail); 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
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 SOCT	NP	SP
OMNITROPE SOLR SC	NP	
SAIZEN IJ	NP	SP
SAIZENPREP RECONSTITUTIONKIT IJ	NP	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
ZORBTIVE SC	NP	SP
Hormone Receptor Modulators		
EVISTA *(Use raloxifene hcl)*	NF	QL(1 ea daily); MP
EVISTA *(Use 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 POWD *(Use sodium phenylbutyrate)*	NP	SP
BUPHENYL TABS *(Use sodium phenylbutyrate)*	NP	SP
calcitriol caps	P	
calcitriol soln or	P	
CARBAGLU *(Use carglumic acid)*	NP	SP
carglumic acid	NP	SP
carglumic acid	P	SP; PA
CARNITOR SOLN OR 1 GM/10ML *(Use levocarnitine (metabolic modifiers))*	NP	QL(30 ml daily)
CARNITOR TABS *(Use levocarnitine (metabolic modifiers))*	NP	QL(3 ea daily)
CARNITOR SF SOLN OR *(Use levocarnitine (metabolic modifiers))*	NP	QL(30 ml daily)
cinacalcet hcl	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
CYSTADANE *(Use betaine)*	NP	SP
doxercalciferol caps	P	
GALAFOLD	NP	SP
KUVAN TABS *(Use sapropterin dihydrochloride)*	NP	SP
KUVAN PACK *(Use sapropterin dihydrochloride)*	NP	SP
levocarnitine (metabolic modifiers) tabs	NP	QL(3 ea daily)
levocarnitine (metabolic modifiers) soln or 1 gm/10ml	NP	QL(30 ml daily)
nitisinone caps	P	SP
NITYR TABS	NP	SP
ORFADIN CAPS *(Use nitisinone)*	P	SP
ORFADIN CAPS	P	SP
ORFADIN SUSP	NP	SP
paricalcitol caps	NP	
PHEBURANE PLLT	NP	
RAVICTI	NP	SP
RAYALDEE	NP	
ROCALTROL SOLN OR *(Use calcitriol)*	NP	
ROCALTROL CAPS *(Use calcitriol)*	NP	
sapropterin dihydrochloride pack	NP	SP; MP
sapropterin dihydrochloride tabs	NP	SP; MP
SENSIPAR *(Use cinacalcet hcl)*	NP	SP
sodium phenylbutyrate tabs	NP	SP
sodium phenylbutyrate powd	NP	SP
ZEMPLAR CAPS 1 MCG, 2 MCG *(Use paricalcitol)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
Mineralocorticoid Receptor Antagonists		
KERENDIA	P	PA
Posterior Pituitary Hormones		
DDAVP TABS *(Use 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 *(Use mifepristone)*	NP	
mifepristone	NP	
Prolactin Inhibitors		
cabergoline	P	
Somatostatic Agents		
LANREOTIDE ACETATE	NP	SP
MYCAPSSA CPDR	NP	SP
octreotide acetate sosy	NP	SP
octreotide acetate soln	NP	SP
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML *(Use octreotide acetate)*	NP	SP
SANDOSTATIN LAR DEPOT KIT	NP	SP
SIGNIFOR	NP	SP
SIGNIFOR LAR	NP	SP
SOMATULINE DEPOT	NP	SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS	NP	SP
JYNARQUE TBPK	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
SAMSCA TABS *(Use tolvaptan)*	NP	SP
tolvaptan tabs	NP	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(Use estradiol & norethindrone acetate)*	NP	QL(1 ea daily)
ANGELIQ	NP	
BIJUVA	NP	
CLIMARA PRO	NP	
COMBIPATCH PTTW	P	QL(0.29 ea daily)
DUAVEE	NP	
esterified estrogens & methyltestosterone	P	
estradiol & norethindrone acetate tabs	P	QL(1 ea daily)
FEMHRT *(Use norethindrone acetate-ethinyl estradiol)*	NF	
MYFEMBREE	P	PA
norethindrone acetate-ethinyl estradiol	NP	
ORIAHNN	P	PA
PREFEST	NP	
PREMPHASE	P	QL(1 ea daily)
PREMPRO	P	QL(1 ea daily)
Estrogens		
CLIMARA PTWK 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR, 37.5 MCG/24HR *(Use estradiol)*	NP	QL(0.143 ea daily)
CLIMARA PTWK 0.025 MG/24HR *(Use estradiol)*	NP	
DELESTROGEN *(Use estradiol valerate)*	NP	
DEPO-ESTRADIOL	NP	
DIVIGEL GEL *(Use estradiol)*	NP	
ELESTRIN GEL	NP	
ESTRACE TABS *(Use estradiol)*	NP	
estradiol ptwk 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr	P	QL(0.143 ea daily)
estradiol pttw	P	QL(0.29 ea daily)
estradiol tabs	P	
estradiol gel	NP	
estradiol ptwk 0.025 mg/24hr	P	
estradiol valerate	NP	
estradiol valerate 40 mg/ml	P	
EVAMIST SOLN	NP	
MENEST	P	
MENOSTAR PTWK	NP	
MINIVELLE PTTW *(Use estradiol)*	NP	QL(0.29 ea daily)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW *(Use estradiol)*	NF	QL(0.29 ea daily)
VIVELLE-DOT PTTW *(Use estradiol)*	NP	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	
CIPRO TABS 250 MG, 500 MG *(Use ciprofloxacin hcl)*	NP	
CIPRO SUSR	NP	
ciprofloxacin susr 5 gm/100ml, 500 mg/5ml	P	

Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin hcl tabs 100 mg	P	QL(6 ea per fill retail)
ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg	P	
ciprofloxacin in d5w	P	
levofloxacin tabs	P	QL(1 ea daily)
levofloxacin soln or	P	
levofloxacin soln iv	P	
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		
5-HT4 Receptor Agonists		
MOTEGRITY	NP	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	NP	
Antiflatulents		
MYLICON INFANTS GAS RELIEF SUSP *(Use simethicone)*	NF	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP *(Use simethicone)*	NF	
simethicone chew 80 mg	P	
simethicone susp	P	
simethicone liqd or 20 mg/0.3ml	P	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	QL(5 ea daily); SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	NP	SP
Gallstone Solubilizing Agents		
CHENODAL	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
RELTONE CAPS	NP	
URSO 250 TABS *(Use ursodiol)*	NP	QL(7 ea daily)
URSO FORTE TABS *(Use ursodiol)*	NP	
ursodiol tabs 250 mg	NP	QL(7 ea daily)
ursodiol tabs 500 mg	NP	
ursodiol caps	P	QL(3 ea daily)
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis)	P	
GASTROCROM *(Use cromolyn sodium (mastocytosis))*	NP	
Gastrointestinal Chloride Channel Activators		
AMITIZA *(Use lubiprostone)*	NP	
lubiprostone	NP	
Gastrointestinal Stimulants		
metoclopramide hcl tbdp	NP	
metoclopramide hcl tabs	P	
metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml	P	
METOCLOPRAMIDE ODT TBDP	NP	
REGLAN TABS *(Use metoclopramide hcl)*	NP	
Inflammatory Bowel Agents		
APRISO CP24 *(Use mesalamine)*	NP	
ASACOL HD TBEC *(Use mesalamine)*	NP	QL(3 ea daily)
AVSOLA	NP	SP
AZULFIDINE TABS *(Use sulfasalazine)*	NP	
AZULFIDINE EN-TABS TBEC *(Use sulfasalazine)*	NP	
balsalazide disodium caps	P	QL(9 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CANASA SUPP *(Use mesalamine)*	NP	
CIMZIA PSKT	P	SP; PA
CIMZIA KIT	NP	SP
CIMZIA STARTER KIT PSKT	P	SP; PA
COLAZAL CAPS *(Use balsalazide disodium)*	NP	QL(9 ea daily)
DELZICOL CPDR *(Use mesalamine)*	NP	
DIPENTUM	NP	
ENTYVIO	NP	SP
INFLECTRA	NP	SP
INFLIXIMAB	NP	SP
LIALDA TBEC *(Use mesalamine)*	NP	
LIALDA TBEC *(Use mesalamine)*	NF	
mesalamine tbec 800 mg	NP	QL(3 ea daily)
mesalamine cpdr	NP	
mesalamine cpcr	P	
mesalamine tbec 1.2 gm	NP	
mesalamine enem	P	QL(60 ml daily)
mesalamine supp	P	
mesalamine cp24	NP	
mesalamine w/ cleanser	NP	
PENTASA CPCR *(Use mesalamine)*	P	
PENTASA CPCR	P	
REMICADE	NP	SP
RENFLEXIS	NP	SP
ROWASA *(Use mesalamine w/ cleanser)*	NP	
SFROWASA ENEM	P	
SKYRIZI SOLN	NP	SP
SKYRIZI SOCT	NP	SP
STELARA 130 MG/26ML	NP	SP
sulfasalazine tabs	P	
sulfasalazine tbec	P	

Drug Name	Drug Tier	Requirements/ Limits
Intestinal Acidifiers		
lactulose (encephalopathy)	P	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	NP	
IBSRELA	NP	
LINZESS	NP	
LOTRONEX *(Use alosetron hcl)*	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
alvimopan	NP	
ENTEREG *(Use alvimopan)*	NP	
MOVANTIK	NP	
RELISTOR TABS	NP	
RELISTOR SOLN	NP	
SYMPROIC	NP	
Phosphate Binder Agents		
AURYXIA	NP	
calcium acetate (phosphate binder) caps	P	
calcium acetate (phosphate binder) tabs	P	RX/OTC
FOSRENOL CHEW *(Use lanthanum carbonate)*	NP	
FOSRENOL PACK	P	
lanthanum carbonate chew	P	
PHOSLYRA SOLN	NP	
RENAGEL *(Use sevelamer hcl)*	NP	
RENVELA TABS *(Use sevelamer carbonate)*	NP	
RENVELA PACK *(Use sevelamer carbonate)*	NP	
sevelamer carbonate tabs	P	
sevelamer carbonate pack	NP	

Drug Name	Drug Tier	Requirements/ Limits
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	NP	
Alkalinizers		
ORACIT	P	
pot & sod citrates w/citric ac soln	NP	
potassium citrate (alkalinizer) tbcr 15 meq, 540 mg, 1080 mg, 1620 mg	NP	
potassium citrate-citric acid pack	NP	
potassium citrate-citric acid soln	NP	RX/OTC
sodium citrate & citric acid	P	QL(500 ml per 30 days retail); RX/OTC
sodium citrate & citric acid	P	RX/OTC
UROCIT-K 10 TBCR *(Use potassium citrate (alkalinizer))*	NP	
UROCIT-K 15 TBCR *(Use potassium citrate (alkalinizer))*	NP	
UROCIT-K 5 TBCR *(Use potassium citrate (alkalinizer))*	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP
PROCYSBI PACK	NP	SP
PROCYSBI CPDR	NP	SP
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	NP	QL(3 ea daily)
Prostatic Hypertrophy Agents		
alfuzosin hcl	P	MP
AVODART *(Use dutasteride)*	NP	MP
CARDURA XL	NP	
dutasteride	NP	MP
dutasteride-tamsulosin hcl	NP	MP
ENTADFI	NP	
finasteride	P	QL(1 ea daily); MP
FLOMAX *(Use tamsulosin hcl)*	NF	QL(2 ea daily); MP
FLOMAX *(Use tamsulosin hcl)*	NP	QL(2 ea daily); MP
JALYN *(Use dutasteride-tamsulosin hcl)*	NP	MP
PROSCAR *(Use finasteride)*	NP	QL(1 ea daily); MP
PROSCAR *(Use finasteride)*	NF	QL(1 ea daily); MP
RAPAFLO 8 MG *(Use silodosin)*	NF	MP
RAPAFLO *(Use 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 *(Use phenazopyridine hcl)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
Urinary Stone Agents		
LITHOSTAT	NP	
THIOLA TABS *(Use tiopronin)*	NP	SP
THIOLA EC TBEC	NP	SP
tiopronin tabs	NP	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	P	MP
Gout Agents		
allopurinol	P	MP
ALLOPURINOL	P	
colchicine tabs	NP	QL(6 ea per fill retail); MP
colchicine caps	NP	MP
COLCRYS TABS *(Use colchicine)*	NP	QL(6 ea per fill retail); MP
febuxostat	NP	MP
MITIGARE CAPS *(Use colchicine)*	NP	MP
ULORIC *(Use febuxostat)*	NP	MP
ZYLOPRIM *(Use 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
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 1000 UNIT	P	SP; PA
KOGENATE FS KIT	P	SP; PA
KOVALTRY	P	SP; PA
NOVOEIGHT	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT	P	SP; PA
NUWIQ SOLR	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 SOSY *(Use icatibant acetate)*	NP	SP
icatibant acetate sosy	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
Complement Inhibitors		
BERINERT KIT	P	SP; PA
EMPAVELI	NP	SP
ENJAYMO	NP	SP
HAEGARDA SOLR SC	NP	SP
SOLIRIS	NP	SP
TAVNEOS	NP	SP
ULTOMIRIS	NP	SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	NP	SP
Hematorheologic Agents		
pentoxifylline	P	
Plasma Kallikrein Inhibitors		
KALBITOR	NP	SP
ORLADEYO	NP	SP
TAKHZYRO SOLN	NP	SP
TAKHZYRO SOSY	NP	SP
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(Use anagrelide hcl)*	NP	
anagrelide hcl	P	
aspirin-dipyridamole	P	
BRILINTA	P	QL(2 ea daily)
cilostazol	NP	QL(2 ea daily)
clopidogrel bisulfate 300 mg	P	
clopidogrel bisulfate 75 mg	P	QL(1 ea daily)
dipyridamole	P	MP
EFFIENT *(Use prasugrel hcl)*	NP	QL(1 ea daily)
PLAVIX 75 MG *(Use clopidogrel bisulfate)*	NP	QL(1 ea daily)
PLAVIX 75 MG *(Use clopidogrel bisulfate)*	NF	QL(1 ea daily)
prasugrel hcl	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 1 mg	P	RX/OTC
folic acid tabs 400 mcg, 800 mcg	P	QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOSY	NP	SP
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	NP	SP
DOPTELET	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA
FULPHILA	NP	SP
FYLNETRA	NP	SP
GRANIX SOSY	NP	SP
GRANIX SOLN	NP	SP
LEUKINE SOLR IJ	P	SP
MIRCERA	NP	SP
MULPLETA	NP	SP
NEULASTA SOSY	NP	SP
NEULASTA ONPRO KIT PSKT	NP	SP
NEUPOGEN SOSY	P	SP
NEUPOGEN SOLN	P	SP
NIVESTYM SOLN	NP	SP
NIVESTYM SOSY	NP	SP
NPLATE	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
NYVEPRIA	NP	SP
PROCRIT	P	SP; PA
PROCRIT	P	SP; PA
PROMACTA TABS	NP	SP
PROMACTA PACK	NP	SP
REBLOZYL	NP	SP
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	NP	SP
RETACRIT	NP	SP
ROLVEDON	NP	SP
STIMUFEND	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP
ZARXIO	NP	SP
ZIEXTENZO	NP	SP
Iron		
FEOSOL TABS *(Use ferrous sulfate dried)*	NF	
FER-IN-SOL SOLN *(Use ferrous sulfate)*	NF	QL(10 ml daily)
FERRETTS TABS	P	QL(2 ea daily)
ferrous fumarate tabs 324 mg	P	QL(2 ea daily)
ferrous sulfate elix	P	QL(16 ml daily)
ferrous sulfate tbec	P	
ferrous sulfate soln	P	QL(10 ml daily)
ferrous sulfate tabs 65 mg, 325 mg	P	
FERROUS SULFATE SOLN 300 MG/6.8ML	P	QL(16 ml daily)
FERROUS SULFATE LIQD	P	QL(16 ml daily)
ferrous sulfate dried tabs 200 mg	P	
polysaccharide iron complex caps 150 mg	P	QL(1 ea daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat		

Drug Name	Drug Tier	Requirements/ Limits
Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 500 MG *(Use 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 *(Use 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	
UNISOM SLEEPGELS CAPS *(Use diphenhydramine hcl (sleep))*	NF	
UNISOM SLEEPTABS *(Use doxylamine succinate (sleep))*	NF	
Barbiturate Hypnotics		
phenobarbital elix	P	
phenobarbital tabs	P	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	NP	

Drug Name	Drug Tier	Requirements/ Limits
SILENOR *(Use doxepin hcl (sleep))*	NP	
Non-Barbiturate Hypnotics		
AMBIEN TABS *(Use zolpidem tartrate)*	NP	QL(1 ea daily)
AMBIEN CR TBCR *(Use zolpidem tartrate)*	NP	
DORAL *(Use quazepam)*	NP	
EDLUAR SUBL	NP	
estazolam	P	
eszopiclone	NP	
HALCION 0.25 MG *(Use triazolam)*	NP	QL(1 ea daily)
LUNESTA 2 MG, 3 MG *(Use eszopiclone)*	NF	
LUNESTA *(Use eszopiclone)*	NP	
midazolam hcl syrp	NP	
quazepam	P	
RESTORIL 15 MG, 30 MG *(Use temazepam)*	NP	QL(1 ea daily)
RESTORIL 7.5 MG, 22.5 MG *(Use temazepam)*	NP	
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 tabs	P	QL(1 ea daily)
zolpidem tartrate tbcr	NP	
zolpidem tartrate subl	NP	
ZOLPIDEM TARTRATE CAPS	NP	
Orexin Receptor Antagonists		
BELSOMRA	NP	
DAYVIGO	NP	
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS *(Use tasimelteon)*	NP	SP
HETLIOZ LQ SUSP	NP	SP
ramelteon	NP	
ROZEREM *(Use ramelteon)*	NP	
tasimelteon caps	NP	SP
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil tabs	P	QL(10 ea daily)
KONSYL DAILY FIBER POWD *(Use psyllium)*	NF	
METAMUCIL CAPS *(Use psyllium)*	NF	
METAMUCIL POWD *(Use psyllium)*	NF	
METAMUCIL FREE & NATURAL POWD *(Use psyllium)*	NF	
METAMUCIL ORIGINAL TEXTURE POWD *(Use psyllium)*	NF	
NATURAL FIBER LAXATIVE POWD	P	
psyllium powd 25 %, 28.3 %, 30.9 %, 43 %, 48.57 %, 49 %, 51.7 %, 58.6 %	P	
psyllium caps 0.52 gm, 400 mg	P	
REGULOID POWD	P	
Laxative Combinations		
GOLYTELY SOLR *(Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	NF	QL(4000 ml per fill retail)
NULYTELY *(Use 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	P	QL(4000 ml per fill retail)
sennosides-docusate sodium tabs	P	QL(4 ea daily)
SENOKOT S TABS *(Use sennosides-docusate sodium)*	NF	QL(4 ea daily)
Laxatives - Miscellaneous		
glycerin (laxative) supp 2 gm, 2.1 gm, 80.7 %	P	
GLYCERIN ADULT SUPP *(Use glycerin (laxative))*	NF	
lactulose soln	P	
MIRALAX PACK *(Use polyethylene glycol 3350)*	NF	
MIRALAX POWD *(Use polyethylene glycol 3350)*	NF	QL(34 gm daily)
MIRALAX MIX-IN PAX PACK *(Use polyethylene glycol 3350)*	NF	
PEDIA-LAX SUPP *(Use glycerin (laxative))*	NF	
polyethylene glycol 3350 powd	P	QL(34 gm daily)
polyethylene glycol 3350 pack	P	
Lubricant Laxatives		
FLEET OIL ENEM *(Use mineral oil)*	NF	
mineral oil enem	P	
Saline Laxatives		
FLEET ENEMA ENEM *(Use sodium phosphates)*	NF	
FLEET PEDIATRIC ENEM *(Use 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 tbec	P	QL(1 ea daily)
bisacodyl supp	P	QL(12 ea per fill retail)
castor oil oil 100 %	P	
DULCOLAX TBEC *(Use bisacodyl)*	NF	QL(1 ea daily)
DULCOLAX SUPP *(Use bisacodyl)*	NF	QL(12 ea per fill retail)
DULCOLAX PINK LAXATIVE TBEC *(Use bisacodyl)*	NF	QL(1 ea daily)
sennosides tabs 8.6 mg	P	
sennosides syrp 8.8 mg/5ml	P	
sennosides liqd	P	
SENOKOT TABS *(Use sennosides)*	NF	
Surfactant Laxatives		
COLACE CAPS 100 MG *(Use docusate sodium)*	NF	QL(3 ea daily)
docusate sodium tabs	P	QL(3 ea daily)
docusate sodium caps 100 mg, 250 mg	P	QL(3 ea daily)
docusate sodium syrp	P	
docusate sodium liqd	P	
DOCUSATE SODIUM SYRP	P	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin pack	P	QL(2 ea per fill retail)
azithromycin tabs 500 mg	P	QL(4 ea daily)
azithromycin susr 100 mg/5ml	P	QL(15 ml per fill retail)
azithromycin tabs 600 mg	P	QL(8 ea per 28 days retail)
azithromycin tabs 250 mg	P	QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
azithromycin susr 200 mg/5ml	P	QL(60 ml per fill retail)
ZITHROMAX SUSR 100 MG/5ML *(Use azithromycin)*	NP	QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML *(Use azithromycin)*	NP	QL(60 ml per fill retail)
ZITHROMAX PACK *(Use azithromycin)*	P	QL(2 ea per fill retail)
ZITHROMAX TABS 250 MG *(Use azithromycin)*	NF	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG *(Use azithromycin)*	NP	QL(4 ea daily)
ZITHROMAX TABS 250 MG *(Use azithromycin)*	NP	QL(6 ea per fill retail)
ZITHROMAX TRI-PAK TABS *(Use azithromycin)*	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS *(Use azithromycin)*	NP	QL(6 ea per fill retail)
Clarithromycin		
clarithromycin susr 125 mg/5ml	P	QL(100 ml 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 tabs	P	QL(28 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR *(Use erythromycin ethylsuccinate)*	P	
ERYPED 200 SUSR *(Use erythromycin ethylsuccinate)*	P	
ERYPED 400 SUSR *(Use erythromycin ethylsuccinate)*	P	
erythromycin base tbec	P	
erythromycin base tabs	P	
erythromycin base cpep	P	
erythromycin ethylsuccinate susr	P	
erythromycin ethylsuccinate tabs	P	
erythromycin stearate tabs 250 mg	P	
Fidaxomicin		
DIFICID SUSR	NP	
DIFICID TABS	NP	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
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

Drug Name	Drug Tier	Requirements/ Limits
BIOGUARD BARRIER DRESSING/LARGE ROLL MISC	P	RX/OTC
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS	P	RX/OTC
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	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	P	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING 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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
CURITY SPONGES/CELLULOSEFILLED/2"X2" PADS	P	RX/OTC
CURITY SPONGES/CELLULOSEFILLED/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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
DRYMAX EXTRA PADS	P	RX/OTC
EQ GAUZE PADS 4"X4" PADS	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	
GAUZE PADS 4"X4" PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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	
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
OIL EMULSION DRESSINGS/NON-ADHERENT PADS	P	
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	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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
SILIGENTLE SILICONE FOAMDRESSING/BORDERED PADS	P	RX/OTC
SILIGENTLE SILICONE FOAMDRESSING/NON-BORDERED PADS	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

Drug Name	Drug Tier	Requirements/ Limits
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	
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	P	RX/OTC
TOPPER DRESSING SPONGES 4"X4" MISC	P	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC	P	QL(36 ea per fill retail)
DUREX EXTRA SENSITIVE THIN 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)

Drug Name	Drug Tier	Requirements/ Limits
KIMONO SPECIAL DEVI	P	QL(36 ea per fill retail)
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)
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
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	

Drug Name	Drug Tier	Requirements/ Limits
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
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
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 SAFETY LANCETS	P	
ADVOCATE SAFETY LANCETS 26G	P	
AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST DEVI	NP	
AGAMATRIX JAZZ WIRELESS 2 KIT	NP	RX/OTC
AGAMATRIX PRESTO KIT	NP	RX/OTC
AGAMATRIX PRESTO PRO METER DEVI	NP	
AGAMATRIX ULTRA-THIN LANCETS 33G	P	
AIMSCO TWIST LANCETS 32G	P	
AIMSCO TWIST LANCETS 33G	P	
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	

Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	P	
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	P	
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	P	
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	P	
ASSURE LANCE LANCETS	P	
ASSURE LANCE LANCETS 21G	P	
ASSURE LANCE PLUS SAFETYLANCETS 25G	P	
ASSURE LANCE PLUS SAFETYLANCETS 30G	P	
ASSURE LANCE SAFETY LANCET 28G	P	
ASSURE 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)
AUTOLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
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	
BIGFOOT UNITY PROGRAM KIT KIT	NP	RX/OTC
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 333 DEVI	NP	
BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM KIT	NP	RX/OTC
BLOOD GLUCOSE SYSTEM PAK KIT	NP	RX/OTC
BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CARDIOCOM LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
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)
CARETOUCH SAFETY LANCETS/26G	P	
CARETOUCH SAFETY LANCETS/28G	P	
CARETOUCH SAFETY LANCETS/30G	P	
CARETOUCH TWIST LANCETS 28G	P	
CARETOUCH TWIST LANCETS 30G	P	
CARETOUCH TWIST LANCETS 33G	P	
CARETOUCH TWIST LANCETS MULTI COLOR/30G	P	
CLEANLET LANCETS 28G	P	

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CLEVER CHEK LANCETS ULTRATHIN	P	
CLEVER CHEK LANCETS ULTRATHIN 30G	P	
CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHOICE COMFORT EZLANCETS 21G	P	
CLEVER CHOICE COMFORT EZLANCETS 23G	P	
CLEVER CHOICE COMFORT EZLANCETS 28G	P	
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	

Drug Name	Drug Tier	Requirements/ Limits
COMFORT ASSURED LANCETS MICRO THIN 33G	P	
COMFORT ASSURED LANCETS SUPER THIN 28G	P	
COMFORT LANCETS	P	
COMFORT TOUCH LANCETS ULTRA THIN 31G	P	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	P	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	P	
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CONTOUR 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
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	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	NP	
DEXCOM G4 PLATINUM RECEIVER KIT	NP	

Drug Name	Drug Tier	Requirements/ Limits
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
DEXCOM G7 RECEIVER	P	PA
DEXCOM G7 SENSOR	P	PA
DIABETES MONITORING DIGITAL SOLUTION KIT	NP	RX/OTC
DIABETES MONITORING DIGITAL SOLUTION ADD-ON KIT	NP	RX/OTC
DIATHRIVE BLOOD GLUCOSE METER DEVI	NP	
DIATHRIVE LANCETS	P	
DIATHRIVE LANCETS ULTRA THIN 30G	P	
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 26G/PULL-TOP	P	
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	P	
EASY TOUCH LANCETS 28G/PULL-TOP	P	
EASY TOUCH LANCETS 28G/TWIST	P	
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	P	
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	P	
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	
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	
EASYGLUCO KIT	NP	
EASYGLUCO STARTER KIT KIT	NP	
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	
EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NP	
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EASYPRO PLUS KIT	NP	RX/OTC
ELEMENT AUTOCODE SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
ELEMENT PLUS BLOOD GLUCOSE METER DEVI	NP	
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI	NP	
EMBRACE LANCETS ULTRA THIN 30G	P	
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	
EQL COLOR LANCETS 21G	P	
EQL COLOR LANCETS MICRO THIN 33G	P	
EQL SUPER THIN LANCETS 30G	P	
EQL THIN LANCETS 26G	P	
EVERSENSE E3 SENSOR/HOLDER	NP	
EVERSENSE E3 SMART TRANSMITTER	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	
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	

Drug Name	Drug Tier	Requirements/ Limits
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)
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	
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
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	
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	P	
FREESTYLE FREEDOM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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 DEVI	NP	
GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
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)
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	

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

Drug Name	Drug Tier	Requirements/ Limits
GNP LANCETS THIN 26G	P	
GNP LANCING SYSTEM DEVICE MISC	P	QL(1 ea per 180 days retail)
GNP STERILE LANCETS 28G	P	
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)
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	NP	
GUARDIAN 4 TRANSMITTER KIT	NP	
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)
HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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 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)
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 30G	P	
LANCETS 30G TWIST TOP	P	
LANCETS 30G/TWIST TOP	P	
LANCETS 33G EXTRA FINE	P	
LANCETS 33G UNIVERSAL DESIGN	P	
LANCETS MICRO THIN 33G	P	

Drug Name	Drug Tier	Requirements/ Limits
LANCETS SUPER THIN 28G	P	
LANCETS THIN	P	
LANCETS ULTRA THIN	P	
LANCETS ULTRA THIN 30G	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	
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	
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	
MEDLANCE/LITE	P	
MEDLANCE/UNIVERSAL	P	
MEIJER BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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)
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	

Drug Name	Drug Tier	Requirements/ Limits
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 PDM KIT (GEN 4) KIT	P	PA
OMNIPOD DASH PODS (GEN 4) MISC	P	PA
OMNIPOD GO 10 UNITS/DAY KIT	NP	
OMNIPOD GO 15 UNITS/DAY KIT	NP	
OMNIPOD GO 20 UNITS/DAY KIT	NP	
OMNIPOD GO 25 UNITS/DAY KIT	NP	
OMNIPOD GO 30 UNITS/DAY KIT	NP	
OMNIPOD GO 35 UNITS/DAY KIT	NP	
OMNIPOD GO 40 UNITS/DAY KIT	NP	
ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
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 SOLUTIONS RX STARTER KIT KIT	NP	
ONETOUCH ULTRA 2 KIT	P	RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	P	
ONETOUCH ULTRASOFT LANCETS	P	
ONETOUCH VERIO FLEX 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	
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 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
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	
PRECISION THINS GP LANCET	P	
PRECISION XTRA DEVI	NP	
PRECISION XTRA KIT	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	
PRO COMFORT LANCETS 30G	P	
PRO COMFORT LANCETS 31G	P	
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	P	
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	NP	RX/OTC
PRODIGY LANCING DEVICE MISC	P	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

Drug Name	Drug Tier	Requirements/ Limits
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	
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)
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	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	
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	

Drug Name	Drug Tier	Requirements/ Limits
RELION LANCETS ULTRA-THIN30G	P	
RELION LANCING DEVICE KIT	P	QL(1 ea per 180 days retail)
RELION LANCING DEVICE MISC	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	
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	
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 30G/PRESSURE ACTIVATED	P	
SAFETY LANCETS	P	
SAFETY LANCETS 21G	P	
SAFETY LANCETS 23G	P	

Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCETS 28G	P	
SAFETY LANCETS/PRESSURE ACTIVATED/28G	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	
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
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

Drug Name	Drug Tier	Requirements/ Limits
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	
SURE COMFORT LANCING PEN MISC	P	QL(1 ea per 180 days retail)
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	
TEMPO REFILL KIT	NP	
TEMPO WELCOME KIT	NP	RX/OTC
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	P	
TRUE COMFORT TWIST TOP LANCETS 30G	P	
TRUE FOCUS BLOOD GLUCOSESELF MONITORING METER DEVI	NP	
TRUE METRIX DEVI	NP	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits
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	
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
TWIST TOP LANCETS 30G	P	
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	
ULTRA-CARE LANCETS 30G	P	
ULTRA-THIN II AUTO LANCET	P	
ULTRA-THIN II LANCETS 28G	P	
ULTRA-THIN II LANCETS 30G	P	
UNILET COMFORTOUCH LANCET	P	
UNILET EXCELITE	P	
UNILET EXCELITE II	P	

Drug Name	Drug Tier	Requirements/ Limits
UNILET G.P. LANCET	P	
UNILET G.P. SUPERLITE LANCET	P	
UNILET GP 28 ULTRA THIN	P	
UNILET LANCET	P	
UNILET LANCETS MICRO-THIN33G	P	
UNILET LANCETS SUPER-THIN30G	P	
UNILET LANCETS ULTRA-THIN 28G	P	
UNILET SUPERLITE LANCET	P	
UNISTIK 3 GENTLE	P	
UNISTIK PRO SAFETY LANCET 21G	P	
UNISTIK PRO SAFETY LANCET 25G	P	
UNISTIK PRO SAFETY LANCET 28G	P	
UNISTIK SAFETY LANCETS 28G	P	
UNISTIK SAFETY LANCETS 30G	P	
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	
VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NP	
VERIFINE UNIVERSAL LANCETS 28G	P	
VERIFINE UNIVERSAL LANCETS 30G	P	
VERIFINE UNIVERSAL LANCETS 33G	P	
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)

Drug Name	Drug Tier	Requirements/ Limits
VIVAGUARD SAFETY LANCETS/28G	P	
WALGREENS ADVANCED TRAVELLANCETS 28G	P	
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
BD SWABS SINGLE USE	P	RX/OTC
BD SWABS SINGLE USE BUTTERFLY	P	RX/OTC
CARETOUCH ALCOHOL PREP PADS	P	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS	P	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	P	RX/OTC
CVS ALCOHOL PREP PADS	P	RX/OTC
CVS PREP PADS	P	RX/OTC
DROPSAFE ALCOHOL PREP PADS	P	RX/OTC
EASY COMFORT ALCOHOL PADS	P	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	P	RX/OTC
EQL ALCOHOL SWABS	P	RX/OTC
FIFTY50 ALCOHOL PREP PADS	P	RX/OTC
GLOBAL ALCOHOL PREP EASEPADS	P	RX/OTC
GNP ALCOHOL SWABS	P	RX/OTC
H-E-B INCONTROL ALCOHOL PADS	P	RX/OTC
HM STERILE ALCOHOL PREP PADS	P	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	P	RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS	P	RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS	P	RX/OTC
PRO COMFORT ALCOHOL PADS	P	RX/OTC
PURE COMFORT ALCOHOL PREPPADS	P	RX/OTC
QC ALCOHOL SWABS	P	RX/OTC
RA ALCOHOL SWABS	P	RX/OTC
REALITY SWABS	P	RX/OTC
RELION ALCOHOL SWABS	P	RX/OTC
SAPS CARE ALCOHOL PREP PADS	P	RX/OTC
SAPS HEALTH ALCOHOL PREPPADS	P	RX/OTC
SAPS HEALTH CARE ALCOHOLPREP PADS	P	RX/OTC
SB ALCOHOL PREP PADS	P	RX/OTC
SM ALCOHOL PREP PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
1ML VANISHPOINT TUBERCULIN SYRINGE 25GX1" MISC	P	
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	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

Drug Name	Drug Tier	Requirements/ Limits
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/31GX5MM	NP	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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); RX/OTC
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); RX/OTC
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
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AQ INSULIN SYRINGE/1ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC
AQ INSULIN SYRINGE/1ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
AQINJECT PEN NEEDLE/31G X 3/16"	NP	QL(5 ea daily); RX/OTC
AQINJECT PEN NEEDLE/32G X 5/32"	NP	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	NP	RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC
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
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16"	NP	RX/OTC
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 INSULIN SAFETY PEN NEEDLE/31GX4MM	NP	
AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	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 PEN NEEDLE/32GX4MM	NP	QL(5 ea daily); RX/OTC
AUM PEN NEEDLE/32GX5MM	NP	QL(5 ea daily); RX/OTC
AUM PEN NEEDLE/32GX6MM	NP	QL(5 ea daily)
AUM PEN NEEDLE/33GX4MM	NP	
AUM PEN NEEDLE/33GX5MM	NP	
AUM 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
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
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)
BD AUTOSHIELD DUO 30G X 5MM	NP	RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK SYRINGE 3ML/23G X 1-1/2"	P	RX/OTC
BD ECLIPSE SYRINGE 3ML/21G X 1"	P	RX/OTC
BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1"	P	RX/OTC
BD ECLIPSE SYRINGE/1ML/27GX1/2"	P	
BD ECLIPSE SYRINGE/1ML/30GX1/2"	P	
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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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 RETRACTING SAFETY/3ML/21G X 1"	P	RX/OTC
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	
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 21G X 1-1/2"	P	RX/OTC
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); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE SYRINGE 3ML/25GX1"	P	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 SYRINGE LUER-LOK 3ML/NEEDLE BLUNT FILL 18G X 1-1/2"	P	RX/OTC
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	RX/OTC
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); RX/OTC
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); RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	NP	RX/OTC
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); RX/OTC
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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/31GX5/16"	NP	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
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/28GX 5/16"	NP	
CARETOUCH INSULIN SYRINGE/U-100/1ML/29GX 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

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

Drug Name	Drug Tier	Requirements/ Limits
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	
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); RX/OTC
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
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
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	

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

Drug Name	Drug Tier	Requirements/ Limits
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
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 INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	NP	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	NP	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	NP	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	NP	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	NP	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	NP	QL(5 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	NP	QL(5 ea daily); RX/OTC
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

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

Drug Name	Drug Tier	Requirements/ Limits
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	
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
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); RX/OTC
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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
EMBRACE PEN NEEDLES/29G X 12MM	NP	QL(5 ea daily); RX/OTC
EMBRACE PEN NEEDLES/30G X 5MM	NP	RX/OTC
EMBRACE PEN NEEDLES/30G X 8MM	NP	QL(5 ea daily)
EMBRACE PEN NEEDLES/31G X 5MM	NP	QL(5 ea daily); RX/OTC
EMBRACE PEN NEEDLES/31G X 6MM	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE PEN NEEDLES/31G X 8MM	NP	QL(5 ea daily); RX/OTC
EMBRACE PEN NEEDLES/32G X 4MM	NP	QL(5 ea daily); 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); RX/OTC
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); RX/OTC
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
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
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)

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
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
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); RX/OTC
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	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
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); RX/OTC
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); RX/OTC
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); RX/OTC
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); RX/OTC
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); RX/OTC
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); RX/OTC
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); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
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); RX/OTC
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); RX/OTC
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
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); 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/30GX5/16"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGES/1/2ML/29GX1/2"	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); RX/OTC
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
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/1ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
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); RX/OTC
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); RX/OTC
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4 MM	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); RX/OTC
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	NP	QL(5 ea daily); RX/OTC
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	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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
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); RX/OTC
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); RX/OTC
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
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"	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	RX/OTC
INSULIN SYRINGES 0.5ML/31G X 1/4"	NP	RX/OTC
INSULIN SYRINGES/0.5ML/28GX1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/27GX/1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/28GX1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/29GX1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/30GX1/2"	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/U-100/1ML/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

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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
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); RX/OTC
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/32GX5/32"	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
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); RX/OTC
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); RX/OTC
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); RX/OTC
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); RX/OTC
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); RX/OTC
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
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"	NP	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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); RX/OTC
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"	NP	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16"	P	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32"	P	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32"	NP	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
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

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	NP	QL(5 ea daily); RX/OTC
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/18GX1"	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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/22G X 1-1/2"	P	RX/OTC
MONOJECT MEDICATION TRANSFER NEEDLE/20GX1"	P	
MONOJECT SYRINGE/12ML/18GX1"	P	RX/OTC
MONOJECT SYRINGE/12ML/20GX1-1/2"	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	
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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); RX/OTC
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); RX/OTC
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); RX/OTC
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
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	NP	QL(5 ea daily)
PEN NEEDLES 29GX12MM	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5MM	NP	RX/OTC
PEN NEEDLES 30GX8MM	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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
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 31GX5MM	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
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)
PIP PEN NEEDLES 31G X 5MM	NP	QL(5 ea daily); RX/OTC
PIP PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily); RX/OTC
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
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); RX/OTC
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); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
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); RX/OTC
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	NP	QL(5 ea daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	NP	QL(5 ea daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	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); RX/OTC
PX MINI PEN NEEDLES 31GX5MM	NP	QL(5 ea daily); RX/OTC
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
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	RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	NP	QL(5 ea daily); RX/OTC
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); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	NP	QL(5 ea daily); RX/OTC
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
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	RX/OTC
SAFETY PEN NEEDLES/30G X5/16"	NP	QL(5 ea daily)
SAFETY SYRINGES/NEEDLE 10ML/20GX1-1/2"	P	
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

Drug Name	Drug Tier	Requirements/ Limits
SAFETY SYRINGES/NEEDLE 5ML/20GX1-1/2"	P	
SAFETY SYRINGES/NEEDLE 5ML/21GX1-1/2"	P	
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	
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
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	NP	RX/OTC
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); RX/OTC
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); RX/OTC
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
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	RX/OTC
SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	NP	RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	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)
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); RX/OTC
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); RX/OTC
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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	
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 5/16"	NP	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
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); RX/OTC
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	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
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/31G X 15/64"	NP	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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
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); RX/OTC
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); RX/OTC
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
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); RX/OTC
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
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	
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	NP	QL(5 ea daily); RX/OTC
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
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); RX/OTC
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); RX/OTC
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); RX/OTC
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); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	NP	QL(5 ea daily); RX/OTC
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); RX/OTC
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); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/30 G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31 G 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); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC
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); RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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	RX/OTC
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/3ML/22G X1-1/2"	P	RX/OTC
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	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4"	NP	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	NP	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	NP	RX/OTC
ULTICARE U-100 INSULIN SYRINGES/HALF UNIT/0.3ML/31G X1/4"	NP	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	NP	QL(5 ea daily); RX/OTC
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); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	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 PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	NP	QL(5 ea daily); RX/OTC
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
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); RX/OTC
ULTILET INSULIN SYRINGE 31X6MM	NP	RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM	NP	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC
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); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/30 G X 5/16"	NP	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31 G 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); RX/OTC
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM	NP	RX/OTC
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	RX/OTC
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
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); RX/OTC
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); RX/OTC
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); RX/OTC
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); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	NP	QL(5 ea daily); RX/OTC
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); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
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); RX/OTC
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
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); RX/OTC
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); RX/OTC
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
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/31GX5/16"	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

Drug Name	Drug Tier	Requirements/ Limits
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
UNIFINE PENTIPS PLUS 33GX 5/32"	NP	
UNIFINE PENTIPS PLUS 33GX4MM	NP	
UNIFINE PENTIPS PLUS/30GX 3/16"	NP	RX/OTC
UNIFINE PENTIPS/30G X 3/16"	NP	RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	NP	QL(5 ea daily); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16"	NP	RX/OTC
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
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
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/21GX1-1/2"	P	
VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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/21GX1"	P	
VANISHPOINT SAFETY SYRINGE/5ML/21GX1-1/2"	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
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	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	NP	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	NP	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	NP	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	QL(5 ea daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	NP	QL(5 ea daily)
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	NP	QL(5 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VERIFINE INSULIN SYRINGE1ML/29G X 12MM	NP	QL(5 ea daily); RX/OTC
VERIFINE INSULIN SYRINGE1ML/31G X 8MM	NP	QL(5 ea daily); RX/OTC
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
ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2"	NP	QL(5 ea daily); RX/OTC
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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 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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 ea per 360 days retail); RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	P	QL(1 ea per 360 days retail); RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 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
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

Drug Name	Drug Tier	Requirements/ Limits
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/INSPIRAMASK/MEDIUM DEVI	P	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/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
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
MASK VORTEX/CHILD/FROG	P	QL(1 ea per 360 days retail); RX/OTC
MASK VORTEX/TODDLER/LADYBUG	P	QL(1 ea per 360 days retail); RX/OTC
MICROCHAMBER MISC	P	QL(2 ea per 360 days retail); RX/OTC
MICROCHAMBER DEVI	P	QL(2 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
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
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 DIAMOND 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/LARGEFACE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
PANDA MASK LARGE	P	QL(1 ea per 360 days retail); RX/OTC
PANDA MASK MEDIUM	P	QL(1 ea per 360 days retail); RX/OTC
PANDA MASK SMALL	P	QL(1 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
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	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
PEDIATRIC PANDA MASK	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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
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
WINDMILL TRAINER MISC	P	QL(1 ea per 360 days retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine		

Drug Name	Drug Tier	Requirements/ Limits
Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	P	SP; PA
AJOVY SOAJ	P	SP; PA
AJOVY SOSY	P	SP; PA
EMGALITY SOSY	P	SP; PA
EMGALITY SOAJ	P	SP; PA
NURTEC	P	PA
QULIPTA	P	PA
UBRELVY	P	PA
VYEPTI	NP	SP
ZAVZPRET	NP	
Migraine Combinations		
ergotamine w/ caffeine supp	P	
SUMANSETRON	NP	
sumatriptan-naproxen sodium	NP	
TREXIMET *(Use sumatriptan-naproxen sodium)*	NP	
Migraine Products		
D.H.E. 45 SOLN IJ *(Use dihydroergotamine mesylate)*	NF	
dihydroergotamine mesylate soln na 4 mg/ml	NP	
MIGRANAL SOLN NA *(Use dihydroergotamine mesylate)*	NP	
TRUDHESA	NP	
Migraine Products - NSAIDs		
diclofenac potassium (migraine)	NP	
ELYXYB	NP	
Serotonin Agonists		

Drug Name	Drug Tier	Requirements/ Limits
almotriptan malate	NP	
AMERGE *(Use naratriptan hcl)*	NF	QL(9 ea per 30 days retail)
eletriptan hydrobromide	NP	QL(6 ea per 30 days retail)
FROVA *(Use frovatriptan succinate)*	NP	
frovatriptan succinate	NP	
IMITREX TABS *(Use sumatriptan succinate)*	NP	QL(9 ea per 30 days retail)
IMITREX SOLN 6 MG/0.5ML *(Use sumatriptan succinate)*	NF	1 rtl MAX fill; 30 rtl day(s) supply; QL(2.5 ml per 30 days retail)
IMITREX 5 MG/ACT, 20 MG/ACT *(Use sumatriptan)*	NP	QL(6 ea per 30 days retail)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML *(Use sumatriptan succinate)*	NP	QL(3 ml per 30 days retail)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML *(Use sumatriptan succinate)*	NP	QL(2 ml per 30 days retail)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(Use sumatriptan succinate)*	NP	QL(2 ml per 30 days retail)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML *(Use sumatriptan succinate)*	NP	QL(3 ml per 30 days retail)
MAXALT TABS 10 MG *(Use rizatriptan benzoate)*	NF	QL(12 ea per 30 days retail)
MAXALT TABS 10 MG *(Use rizatriptan benzoate)*	NP	QL(12 ea per 30 days retail)
MAXALT-MLT TBDP 10 MG *(Use rizatriptan benzoate)*	NP	QL(12 ea per 30 days retail)
naratriptan hcl	NP	QL(9 ea per 30 days retail)
ONZETRA XSAIL EXHP	NP	

Drug Name	Drug Tier	Requirements/ Limits
RELPAX *(Use eletriptan hydrobromide)*	NP	QL(6 ea per 30 days retail)
REYVOW	NP	
rizatriptan benzoate tbdp	P	QL(12 ea per 30 days retail)
rizatriptan benzoate tabs	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 soln 6 mg/0.5ml	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(2.5 ml per 30 days retail)
sumatriptan succinate soct 6 mg/0.5ml	P	QL(2 ml per 30 days retail)
sumatriptan succinate soaj 6 mg/0.5ml	P	QL(2 ml per 30 days retail)
sumatriptan succinate soct 4 mg/0.5ml	P	QL(3 ml per 30 days retail)
sumatriptan succinate soaj 4 mg/0.5ml	P	QL(3 ml per 30 days retail)
TOSYMRA	NP	
ZEMBRACE SYMTOUCH SOAJ	NP	
zolmitriptan soln 2.5 mg	NP	
zolmitriptan tbdp	NP	QL(6 ea per 30 days retail)
zolmitriptan tabs	NP	QL(6 ea per 30 days retail)
zolmitriptan soln 5 mg	NP	QL(6 ea per 30 days retail)
ZOMIG TABS 2.5 MG, 5 MG *(Use zolmitriptan)*	NF	QL(6 ea per 30 days retail)
ZOMIG SOLN *(Use zolmitriptan)*	NP	QL(6 ea per 30 days retail)
ZOMIG TABS 2.5 MG, 5 MG *(Use zolmitriptan)*	NP	
ZOMIG SOLN 2.5 MG	NP	
ZOMIG ZMT TBDP *(Use zolmitriptan)*	NP	QL(6 ea per 30 days retail)
MINERALS & ELECTROLYTES		

Drug Name	Drug Tier	Requirements/ Limits
Calcium		
CALCIUM CARBONATE CHEW 500 MG	P	
calcium carbonate-cholecalciferol tabs 200 unit-600 mg, 5 mcg-600 mg	P	
Electrolyte Mixtures		
BIOLYTE SOLN	P	
CERALYTE 70 SOLN	P	
CERASPORT SOLN	P	
CERASPORT EX1 SOLN	P	
ENFAMIL ENFALYTE SOLN	P	
EQUALYTE SOLN *(Use oral electrolytes)*	NF	
HYDRALYTE SOLN	P	
HYDRALYTE FREEZER POPS SOLN	P	
KINDERLYTE SOLN	P	
KINDERLYTE PREMAX SOLN	P	
oral electrolytes soln	P	
PEDIALYTE SOLN *(Use oral electrolytes)*	NF	
PEDIALYTE ADVANCED CARE SOLN *(Use oral electrolytes)*	NF	
PEDIALYTE FREEZER POPS SOLN *(Use oral electrolytes)*	NF	
PEDIALYTE SINGLES SOLN *(Use oral electrolytes)*	NF	
Fluoride		
sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg	P	
sodium fluoride soln 0.125 mg/drop, 0.5 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 *(Use magnesium oxide (mg supplement))*	NF	
Phosphate		
K-PHOS NEUTRAL *(Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	NF	QL(8 ea daily); RX/OTC
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	P	QL(8 ea daily); RX/OTC
Potassium		
K-TAB TBCR *(Use potassium chloride)*	NF	
potassium bicarbonate tbef	P	
potassium chloride pack or 20 meq	P	
potassium chloride cpcr 10 meq	P	
potassium chloride tbcr 8 meq, 10 meq	P	
potassium chloride cpcr 8 meq	P	QL(1 ea daily)
potassium chloride soln or 10 %, 20 %	P	
potassium chloride microencapsulated crystals er	P	
Sodium		
sodium chloride soln iv 0.9 %	P	
sodium chloride flush	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS *(Use penicillamine)*	NP	
DEPEN TITRATABS TABS *(Use penicillamine)*	P	
penicillamine tabs	P	
penicillamine caps	P	
SYPRINE *(Use trientine hcl)*	NP	SP
trientine hcl	P	SP
Immunomodulators		
JOENJA	NP	
lenalidomide	NP	SP
REVLIMID	NP	SP
REZUROCK	NP	SP
RYSTIGGO	NP	
THALOMID	NP	SP
VYVGART	NP	SP
VYVGART HYTRULO	NP	
Immunosuppressive Agents		
ASTAGRAF XL CP24	NP	
azathioprine tabs 75 mg, 100 mg	NP	QL(3 ea daily)
azathioprine tabs 50 mg	P	
CELLCEPT TABS *(Use mycophenolate mofetil)*	NP	QL(4 ea daily)
CELLCEPT CAPS *(Use mycophenolate mofetil)*	NP	QL(2 ea daily)
CELLCEPT SUSR *(Use mycophenolate mofetil)*	NP	QL(15 ml daily)
cyclosporine caps	P	
cyclosporine modified (for microemulsion) soln	P	QL(8 ml daily)
cyclosporine modified (for microemulsion) caps	P	QL(4 ea daily)
ENVARSUS XR TB24	NP	
everolimus (immunosuppressant)	NP	
IMURAN TABS *(Use azathioprine)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
LUPKYNIS	NP	SP
mycophenolate mofetil caps	P	QL(2 ea daily)
mycophenolate mofetil susr	P	QL(15 ml daily)
mycophenolate mofetil tabs	P	QL(4 ea daily)
mycophenolate sodium 180 mg	P	QL(2 ea daily)
mycophenolate sodium 360 mg	P	QL(4 ea daily)
MYFORTIC 360 MG *(Use mycophenolate sodium)*	NP	QL(4 ea daily)
MYFORTIC 180 MG *(Use mycophenolate sodium)*	NP	QL(2 ea daily)
NEORAL CAPS *(Use cyclosporine modified (for microemulsion))*	NP	QL(4 ea daily)
NEORAL SOLN *(Use cyclosporine modified (for microemulsion))*	NP	QL(8 ml daily)
PROGRAF CAPS *(Use tacrolimus)*	NP	QL(3 ea daily)
PROGRAF PACK	NP	
RAPAMUNE TABS *(Use sirolimus)*	NP	
RAPAMUNE SOLN *(Use sirolimus)*	NP	
SANDIMMUNE CAPS *(Use cyclosporine)*	NP	
SANDIMMUNE SOLN OR	P	
sirolimus tabs	P	
sirolimus soln	P	
tacrolimus caps	P	QL(3 ea daily)
ZORTRESS *(Use 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) 4 %	P	
lidocaine hcl (mouth-throat) 2 %	P	QL(100 ml per fill retail)
Anti-infectives - Throat		
clotrimazole	P	
nystatin (mouth-throat)	P	QL(120 ml per fill retail)
ORAVIG	NP	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	P	
Dental Products		
LISTERINE HEALTHY WHITE VIBRANT SOLN *(Use sodium fluoride (dental))*	NF	
LISTERINE TOTAL CARE SOLN *(Use sodium fluoride (dental))*	NF	
LISTERINE TOTAL CARE PLUSWHITENING SOLN *(Use sodium fluoride (dental))*	NF	
LISTERINE WHITENING/RESTORING SOLN *(Use sodium fluoride (dental))*	NF	

Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT 5000 DRY MOUTH GEL *(Use sodium fluoride (dental))*	NF	QL(672 ml per fill retail)
PREVIDENT FLUORIDE GEL *(Use sodium fluoride (dental))*	NF	QL(672 gm per fill retail)
sodium fluoride (dental) soln 0.2 %	NP	
sodium fluoride (dental) crea	NP	QL(102 gm per fill retail)
sodium fluoride (dental) pste dt	NP	
sodium fluoride (dental) gel	NP	QL(672 gm per fill retail)
sodium fluoride-potassium nitrate gel	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 *(Use 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 caps	P	QL(1 ea daily); RX/OTC
b-complex w/ c & folic acid tabs	P	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Calcium		
multiple vitamins w/ calcium tabs	P	QL(1 ea daily)
ONE-A-DAY WOMENS FORMULA TABS *(Use multiple vitamins w/ calcium)*	NF	QL(1 ea daily)
SM ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily)
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron tabs	P	QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
3 PER DAY BONEUP CAPS	P	QL(1 ea daily); RX/OTC
ABC COMPLETE SENIOR 50+ TABS	P	QL(1 ea daily); RX/OTC
ABC COMPLETE SENIOR MEN'S50+ TABS	P	QL(1 ea daily); RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	P	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS CAPS	P	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	P	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	P	QL(1 ea daily); RX/OTC
ADEK GUMMIES PLUS ZN CHEW	P	QL(1 ea daily)
ADULT ONE DAILY GUMMIES CHEW	P	QL(1 ea daily)
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	P	QL(1 ea daily); RX/OTC
AIRBORNE CHEW	P	QL(1 ea daily)
AIRBORNE KIDS CHEW	P	QL(1 ea daily)
AIRBORNE+GOOD REST CHEW	P	QL(1 ea daily)
AIRBORNE+PROBIOTIC CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ALGAE BASED CALCIUM TABS	P	QL(1 ea daily); RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
ALIVE ENERGY 50+ TABS	P	QL(1 ea daily); RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	P	QL(1 ea daily); RX/OTC
ALIVE HAIR, SKIN & NAILS CHEW	P	QL(1 ea daily)
ALIVE MENS 50+ TABS	P	QL(1 ea daily); RX/OTC
ALIVE MENS ENERGY TABS	P	QL(1 ea daily); RX/OTC
ALIVE MULTI-VITAMIN CHEW	P	QL(1 ea daily)
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	P	QL(1 ea daily); RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	P	QL(1 ea daily); RX/OTC
ALIVE WOMENS 50+ TABS	P	QL(1 ea daily); RX/OTC
ALIVE WOMENS 50+ CHEW	P	QL(1 ea daily)
ALIVE WOMENS 50+ GUMMY MULTIVITAMIN CHEW	P	QL(1 ea daily)
ALIVE WOMENS ENERGY TABS	P	QL(1 ea daily); RX/OTC
ALIVE WOMENS GUMMY MULTIVITAMIN CHEW	P	QL(1 ea daily)
ANTIOXIDANT FORMULA TABS	P	QL(1 ea daily); RX/OTC
APETIBEX CAPS	P	QL(1 ea daily); RX/OTC
APPE-CURB CAPS	P	QL(1 ea daily); RX/OTC
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	P	QL(1 ea daily); RX/OTC
AZO HORMONAL HEALTH HAPPY CYCLE TABS	P	QL(1 ea daily); RX/OTC
BACMIN TABS	P	QL(1 ea daily); RX/OTC
BARIATRIC FUSION CHEW	P	QL(1 ea daily)
BARIATRIC MULTIVITAMINS/IRON CAPS	P	QL(1 ea daily); RX/OTC
BASIC AM TABS	P	QL(1 ea daily); RX/OTC
BASIC PM TABS	P	QL(1 ea daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	P	QL(1 ea daily); RX/OTC
BIO-35 IRON FREE CAPS	P	QL(1 ea daily); RX/OTC
BIOCAL CAPS	P	QL(1 ea daily); RX/OTC
BONEUP CAPS	P	QL(1 ea daily); RX/OTC
CAL-DAY 1000 TABS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMPLETE18 CHEW	P	QL(1 ea daily)
CELEBRATE MULTI-COMPLETE18 CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMPLETE36 CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMPLETE36 CHEW	P	QL(1 ea daily)
CELEBRATE MULTI-COMPLETE45 CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMPLETE45 CHEW	P	QL(1 ea daily)
CELEBRATE MULTI-COMPLETE60 CAPS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMPLETE60 CHEW	P	QL(1 ea daily)
CENTRAVITES 50 PLUS TABS	P	QL(1 ea daily); RX/OTC
CENTRAVITES ADULTS TABS	P	QL(1 ea daily); RX/OTC
CENTRUM ADULT MULTIGUMMIES CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM ADULTS TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
CENTRUM CARDIO TABS	P	QL(1 ea daily); RX/OTC
CENTRUM FLAVOR BURST CHEW	P	QL(1 ea daily)
CENTRUM FLAVOR BURST ADULT CHEW	P	QL(1 ea daily)
CENTRUM FRESH/FRUITY ADULTS CHEW	P	QL(1 ea daily)
CENTRUM FRESH/FRUITY ADULTS 50+ CHEW	P	QL(1 ea daily)
CENTRUM MEN TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
CENTRUM MEN TABS	P	QL(1 ea daily); RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	P	QL(1 ea daily); RX/OTC
CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW	P	QL(1 ea daily)
CENTRUM SILVER CHEW	P	QL(1 ea daily)
CENTRUM SILVER TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
CENTRUM SILVER 50+MEN TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
CENTRUM SILVER 50+WOMEN TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
CENTRUM SILVER ADULT 50+ TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
CENTRUM SILVER ADULTS 50+ TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	P	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST HEART TABS	P	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	P	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST VISION TABS	P	QL(1 ea daily); RX/OTC
CENTRUM ULTRA WOMENS TABS	P	QL(1 ea daily); RX/OTC
CENTRUM VITAMINTS CHEW	P	QL(1 ea daily)
CENTRUM WOMEN TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
CERTAVITE SENIOR TABS	P	QL(1 ea daily); RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	P	QL(1 ea daily); RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	P	QL(1 ea daily); RX/OTC
CHOICEFUL MULTIVITAMIN CHEW	P	QL(1 ea daily)
CHOICEFUL MULTIVITAMIN CAPS	P	QL(1 ea daily); RX/OTC
CULTURELLE PROBIOTICS + MULTIVITAMIN CHEW	P	QL(1 ea daily)
CVS ADULT 50+ EYE HEALTH CAPS	P	QL(1 ea daily); RX/OTC
CVS AIRSHIELD IMMUNITY SUPPORT CHEW	P	QL(1 ea daily)
CVS EYE HEALTH ADULT 50+ CAPS	P	QL(1 ea daily); RX/OTC
CVS ONE DAILY MENS 50+ ADVANCED TABS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS ONE DAILY WOMENS 50+ADVANCED TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ADULT 50+ CHEW	P	QL(1 ea daily)
CVS SPECTRAVITE ADULTS TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH SENIOR TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMENS HEALTH TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE WOMEN CHEW	P	QL(1 ea daily)
CVS VISION HEALTH CAPS	P	QL(1 ea daily); RX/OTC
DAYAVITE TABS	P	QL(1 ea daily); RX/OTC
DECUBI-VITE CAPS	P	QL(1 ea daily); RX/OTC
DEKAS BARIATRIC CHEW	P	QL(1 ea daily)
DEKAS PLUS CAPS	P	QL(1 ea daily); RX/OTC
DEKAS PLUS CHEW	P	QL(1 ea daily)
DEKAS PLUS OCEAN CAPS	P	QL(1 ea daily); RX/OTC
DERMACINRX MULTITAM TABS	P	QL(1 ea daily); RX/OTC
DERMACINRX RIBOTIN-E TABS	P	QL(1 ea daily); RX/OTC
DERMACINRX ZINTREXYL-C TABS	P	QL(1 ea daily); RX/OTC
DERMAVITE TABS	P	QL(1 ea daily); RX/OTC
DEXATRAN CAPS	P	QL(1 ea daily); RX/OTC
DIALYVITE SUPREME D TABS	P	QL(1 ea daily); RX/OTC
EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	P	QL(1 ea daily)
EMERGEN-C VITAMIN C CHEW	P	QL(1 ea daily)
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	P	QL(1 ea daily); RX/OTC
EQ MULTIVITAMINS ADULT GUMMY CHEW	P	QL(1 ea daily)
EQ ONE DAILY MENS 50+ TABS	P	QL(1 ea daily); RX/OTC
EQ ONE DAILY MENS HEALTH TABS	P	QL(1 ea daily); RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	P	QL(1 ea daily); RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	P	QL(1 ea daily); RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS	P	QL(1 ea daily); RX/OTC
EQL CENTURY MENS TABS	P	QL(1 ea daily); RX/OTC
EQL CENTURY WOMENS TABS	P	QL(1 ea daily); RX/OTC
EQL ONE DAILY ADULT GUMMIES CHEW	P	QL(1 ea daily)
EQL ONE DAILY MENS TABS	P	QL(1 ea daily); RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	P	QL(1 ea daily); RX/OTC
EYE HEALTH CAPS	P	QL(1 ea daily); RX/OTC
EYE HEALTH/LUTEIN TABS	P	QL(1 ea daily); RX/OTC
EYE MULTIVITAMIN CAPS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EYE MULTIVITAMIN/LUTEIN CAPS	P	QL(1 ea daily); RX/OTC
EYE MULTIVITAMIN/LUTEIN TABS	P	QL(1 ea daily); RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	P	QL(1 ea daily); RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	P	QL(1 ea daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	P	QL(1 ea daily); RX/OTC
FOLAGENT DHA CAPS	P	QL(1 ea daily); RX/OTC
FOLAMAX TABS	P	QL(1 ea daily); RX/OTC
FOLAMED DHA CAPS	P	QL(1 ea daily); RX/OTC
FOLIFLEX TABS	P	QL(1 ea daily); RX/OTC
FOLIKA-CI TABS	P	QL(1 ea daily); RX/OTC
FOLIKA-MG TABS	P	QL(1 ea daily); RX/OTC
FOLITIN-Z TABS	P	QL(1 ea daily); RX/OTC
FOSFREE TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
FREEDAVITE TABS	P	QL(1 ea daily); RX/OTC
GENADEK STEP 1 CAPS	P	QL(1 ea daily); RX/OTC
GENADEK STEP 2 CAPS	P	QL(1 ea daily); RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	P	QL(1 ea daily); RX/OTC
HAIR SKIN & NAILS ADVANCED FORMULA TABS	P	QL(1 ea daily); RX/OTC
HAIR/SKIN/NAILS CAPS	P	QL(1 ea daily); RX/OTC
HEALTHY EYES SUPERVISION2 CAPS	P	QL(1 ea daily); RX/OTC
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	P	QL(1 ea daily); RX/OTC
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	P	QL(1 ea daily); RX/OTC
HM COMPLETE MEN TABS	P	QL(1 ea daily); RX/OTC
HM HAIR/SKIN/NAILS TABS	P	QL(1 ea daily); RX/OTC
HYLAZINC TABS	P	QL(1 ea daily); RX/OTC
ICAPS AREDS FORMULA TABS	P	QL(1 ea daily); RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	P	QL(1 ea daily); RX/OTC
IMMUNE SUPPORT CHEW	P	QL(1 ea daily)
KEYFOLIC TABS	P	QL(1 ea daily); RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	P	QL(1 ea daily); RX/OTC
LIVER DETOX TABS	P	QL(1 ea daily); RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS	P	QL(1 ea daily); RX/OTC
MEGA MULTI FOR MEN TABS	P	QL(1 ea daily); RX/OTC
MEGA MULTI FOR WOMEN TABS	P	QL(1 ea daily); RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	P	QL(1 ea daily); RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	P	QL(1 ea daily); RX/OTC
MENS 50+ ADVANCED CAPS	P	QL(1 ea daily); RX/OTC
MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS	P	QL(1 ea daily); RX/OTC
MENS 50+ MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MENS MULTI VITAMIN & MINERAL FORMULA TABS	P	QL(1 ea daily); RX/OTC
MENS MULTIVITAMIN CHEW	P	QL(1 ea daily)
MENS MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
MOOD FOOD CAPS	P	QL(1 ea daily); RX/OTC
MOOD FOOD ES CAPS	P	QL(1 ea daily); RX/OTC
MULTI-BETIC DIABETES TABS	P	QL(1 ea daily); RX/OTC
MULTI-BETIC DIABETES SUPPORT TABS	P	QL(1 ea daily); RX/OTC
multiple vitamins w/ minerals caps	P	QL(1 ea daily); RX/OTC
multiple vitamins w/ minerals tabs	P	QL(1 ea daily); RX/OTC
multiple vitamins w/ minerals chew	P	QL(1 ea daily)
MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN ADULTS TABS	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN MEN TABS	P	QL(1 ea daily); RX/OTC
MULTI-VITAMIN MONOCAPS TABS	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN WOMEN TABS	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN/ZINC STRESSFORMULA TABS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATION CAPS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIOND3000 CAPS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIOND500 CAPS	P	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS	P	QL(1 ea daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	P	QL(1 ea daily); RX/OTC
MVW MODULATOR FORMULATION MINIS CAPS	P	QL(1 ea daily); RX/OTC
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	P	QL(1 ea daily); RX/OTC
NATRUL-VITES TABS	P	QL(1 ea daily); RX/OTC
NEOVITE TABS	P	QL(1 ea daily); RX/OTC
NICADAN TABS	P	QL(1 ea daily); RX/OTC
NICADAN ZX TABS	P	QL(1 ea daily); RX/OTC
NICAZEL TABS	P	QL(1 ea daily); RX/OTC
NICAZEL FORTE TABS	P	QL(1 ea daily); RX/OTC
NO IRON MULTIPLE VITAMIN/MINERALS TABS	P	QL(1 ea daily); RX/OTC
NUTRICAP TABS	P	QL(1 ea daily); RX/OTC
OCULAR VITAMINS TABS	P	QL(1 ea daily); RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	P	QL(1 ea daily); RX/OTC
OCUVITE ADULT 50+ CAPS	P	QL(1 ea daily); RX/OTC
OCUVITE ADULT FORMULA CAPS	P	QL(1 ea daily); RX/OTC
OCUVITE LUTEIN CAPS	P	QL(1 ea daily); RX/OTC
ONCOVITE TABS	P	QL(1 ea daily); RX/OTC
ONE A DAY IMMUNITY DEFENSE TEENS MULTI + CHEW	P	QL(1 ea daily)
ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	P	QL(1 ea daily)
ONE A DAY WOMENS 50+ ADVANCED CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY MENS 50+ MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
ONE DAILY MENS FORMULA W/O IRON TABS	P	QL(1 ea daily); RX/OTC
ONE DAILY WOMENS TABS	P	QL(1 ea daily); RX/OTC
ONE DIALY MULTIVITAMIN WOMENS TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY ENERGY TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW	P	QL(1 ea daily)
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW	P	QL(1 ea daily)
ONE-A-DAY MENOPAUSE FORMULA TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS 50+ TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS VITACRAVES GUMMIES CHEW	P	QL(1 ea daily)
ONE-A-DAY PROACTIVE 65+ TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY VITACRAVES CHEW	P	QL(1 ea daily)
ONE-A-DAY VITACRAVES ADULT CHEW	P	QL(1 ea daily)
ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW	P	QL(1 ea daily)
ONE-A-DAY VITACRAVES SOURGUMMIES CHEW	P	QL(1 ea daily)
ONE-A-DAY VITACRAVES WOMENS MULTI CHEW	P	QL(1 ea daily)
ONE-A-DAY WEIGHT SMART ADVANCED TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS 50+ TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS PETITES TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ONE-DAILY MULTI CAPS CAPS	P	QL(1 ea daily); RX/OTC
ONEVITE TABS	P	QL(1 ea daily); RX/OTC
OPTIFAST POST BARIATRIC CHEW	P	QL(1 ea daily)
OPTIMUM AIRVITES CHEW	P	QL(1 ea daily)
OPTISOURCE POST BARIATRIC SURGERY CHEW	P	QL(1 ea daily)
OPTIVITE P.M.T. TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
OPURITY TABS	P	QL(1 ea daily); RX/OTC
OPURITY/BYPASS OPTIMIZED CHEW	P	QL(1 ea daily)
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	P	QL(1 ea daily); RX/OTC
PARVLEX TABS	P	QL(1 ea daily); RX/OTC
PHYTOMULTI TABS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS TABS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 CHEW	P	QL(1 ea daily)
PRESERVISION AREDS 2 CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION/LUTEIN CAPS	P	QL(1 ea daily); RX/OTC
PRO-CAL TABS	P	QL(1 ea daily); RX/OTC
PROCERV HP TABS	P	QL(1 ea daily); RX/OTC
PROFOLA TABS	P	QL(1 ea daily); RX/OTC
PRORENAL+D TABS	P	QL(1 ea daily); RX/OTC
PRORENAL+D/OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC
PROTECT CARDIO AF CAPS	P	QL(1 ea daily); RX/OTC
PROTECT PLUS SO CAPS	P	QL(1 ea daily); RX/OTC
PROTEGRA CAPS	P	QL(1 ea daily); RX/OTC
PROVIT TABS	P	QL(1 ea daily); RX/OTC
QC MULTI-VITE TABS	P	QL(1 ea daily); RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	P	QL(1 ea daily); RX/OTC
QUIN B STRONG TABS	P	QL(1 ea daily); RX/OTC
QUINTABS-M TABS	P	QL(1 ea daily); RX/OTC
RA CENTRAL-VITE TABS	P	QL(1 ea daily); RX/OTC
RAYAVIT TABS	P	QL(1 ea daily); RX/OTC
REMEDIENT CAPS	P	QL(1 ea daily); RX/OTC
RENAPLEX-D TABS	P	QL(1 ea daily); RX/OTC
REQ 49+ TABS	P	QL(1 ea daily); RX/OTC
SENTRY TABS	P	QL(1 ea daily); RX/OTC
SENTRY SENIOR/LUTEIN TABS	P	QL(1 ea daily); RX/OTC
SIDEROL TABS	P	QL(1 ea daily); RX/OTC
SM ONE DAILY MENS TABS	P	QL(1 ea daily); RX/OTC
SM ONE DAILY WOMENS TABS	P	QL(1 ea daily); RX/OTC
SOLO TABS	P	QL(1 ea daily); RX/OTC
SPECTRAVITE TABS	P	QL(1 ea daily); RX/OTC
STROVITE FORTE TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
STROVITE ONE TABS	P	QL(1 ea daily); RX/OTC
SUPER ANTIOXIDANT CAPS	P	QL(1 ea daily); RX/OTC
SUPPORT-500 CAPS	P	QL(1 ea daily); RX/OTC
SYSTANE ICAPS AREDS2 TABS	P	QL(1 ea daily); RX/OTC
SYSTANE ICAPS AREDS2 CHEW	P	QL(1 ea daily)
THERA M PLUS TABS	P	QL(1 ea daily); RX/OTC
THERABETIC MULTI-VITAMIN TABS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M TABS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M ADVANCED TABS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M PREMIER TABS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	P	QL(1 ea daily); RX/OTC
THERA-M TABS	P	QL(1 ea daily); RX/OTC
THERAMILL FORTE CAPS	P	QL(1 ea daily); RX/OTC
THERANATAL LACTATION ONE CAPS	P	QL(1 ea daily); RX/OTC
THERA-TABS M TABS	P	QL(1 ea daily); RX/OTC
THEREMS-M TABS	P	QL(1 ea daily); RX/OTC
THRIVITE 19 TABS	P	QL(1 ea daily); RX/OTC
T-VITES TABS	P	QL(1 ea daily); RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	P	QL(1 ea daily); RX/OTC
ULTRA BONEUP TABS	P	QL(1 ea daily); RX/OTC
VEGETARIAN BONEUP TABS	P	QL(1 ea daily); RX/OTC
VENEXA TABS	P	QL(1 ea daily); RX/OTC
VENEXA FE TABS	P	QL(1 ea daily); RX/OTC
VENTRIXYL TABS	P	QL(1 ea daily); RX/OTC
VENTRIXYL FE TABS	P	QL(1 ea daily); RX/OTC
VISION HEALTH CAPS	P	QL(1 ea daily); RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	P	QL(1 ea daily); RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	P	QL(1 ea daily); RX/OTC
VITABEX CAPS	P	QL(1 ea daily); RX/OTC
VITABEX PLUS CAPS	P	QL(1 ea daily); RX/OTC
VITACHEW ADULT MULTI VITAMIN CHEW	P	QL(1 ea daily)
VITAMIN D3 COMPLETE TABS	P	QL(1 ea daily); RX/OTC
VITAROCA PLUS TABS *(Use multiple vitamins w/ minerals)*	NF	QL(1 ea daily); RX/OTC
VITASANA TABS	P	QL(1 ea daily); RX/OTC
VITATRUM TABS	P	QL(1 ea daily); RX/OTC
VITEYES CLASSIC CAPS	P	QL(1 ea daily); RX/OTC
VITEYES CLASSIC ADVANCED CAPS	P	QL(1 ea daily); RX/OTC
VITEYES CLASSIC MACULAR SUPPORT CAPS	P	QL(1 ea daily); RX/OTC
VITEYES CLASSIC MULTIIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
VITEYES CLASSIC/OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VITEYES CLASSIC+OMEGA-3 CAPS	P	QL(1 ea daily); RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS	P	QL(1 ea daily); RX/OTC
VITRAMYN TABS	P	QL(1 ea daily); RX/OTC
VITRANOL TABS	P	QL(1 ea daily); RX/OTC
VITRANOL FE TABS	P	QL(1 ea daily); RX/OTC
VITREXATE TABS	P	QL(1 ea daily); RX/OTC
VITREXATE FE TABS	P	QL(1 ea daily); RX/OTC
VITREXYL TABS	P	QL(1 ea daily); RX/OTC
VITREXYL/IRON TABS	P	QL(1 ea daily); RX/OTC
VITRUM 50+ ADULT-MULTI IRON FREE TABS	P	QL(1 ea daily); RX/OTC
VITRUM 50+ SENIOR MULTI TABS	P	QL(1 ea daily); RX/OTC
WAL-BORN VITAMIN C CHEW	P	QL(1 ea daily)
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	P	QL(1 ea daily); RX/OTC
WOMENS 50+ MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
WOMENS MULTI GUMMIES CHEW	P	QL(1 ea daily)
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	P	QL(1 ea daily); RX/OTC
WOMENS MULTIVITAMIN + COLLAGEN GUMMIES CHEW	P	QL(1 ea daily)
YELETS TEENAGE FORMULA TABS	P	QL(1 ea daily); RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW	P	QL(1 ea daily)
YUMVS MULTI ZERO CHEW	P	QL(1 ea daily)
YUMVS ZERO DIABETIC MULTIVITAMIN CHEW	P	QL(1 ea daily)
ZYVANA CAPS	P	QL(1 ea daily); RX/OTC
Multivitamins		
AMLADEX TABS	P	QL(1 ea daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	P	QL(1 ea daily); RX/OTC
ESTROFACTORS TABS	P	QL(1 ea daily); RX/OTC
GENICIN VITA-Q TABS	P	QL(1 ea daily); RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
MULTI VITAMIN TABS	P	QL(1 ea daily); RX/OTC
MULTI VITAMIN/D-3 TABS	P	QL(1 ea daily); RX/OTC
multiple vitamin tabs	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN ADULT TABS	P	QL(1 ea daily); RX/OTC
NEOMULTIVITE TABS	P	QL(1 ea daily); RX/OTC
OMNICAP TABS	P	QL(1 ea daily); RX/OTC
ONE DAILY ESSENTIAL TABS	P	QL(1 ea daily); RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY ESSENTIAL TABS *(Use multiple vitamin)*	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS TABS *(Use multiple vitamin)*	NF	QL(1 ea daily); RX/OTC
QUINTABS TABS	P	QL(1 ea daily); RX/OTC
THERA TABS	P	QL(1 ea daily); RX/OTC
THEREMS MULTIVITAMIN TABS	P	QL(1 ea daily); RX/OTC
Ped Multi Vitamins w/Fl & FE		

Drug Name	Drug Tier	Requirements/ Limits
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		
ACTIVNUTRIENTS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
ACTIVNUTRIENTS CHEWABLE CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
CENTRUM FLAVOR BURST KIDS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
CENTRUM KIDS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
DEKAS PLUS LIQD	P	
FLINTSTONES COMPLETE CHEW 90 MG-30 MCG-240 MCG-0.97 MG-12 MG-1.7 MG-5 MG-1.3 MG-20 MCG-7.5 MG-10 MG-15 MG-0.44 MG-5 MG-140 MG-150 MCG-400 MCG-2.4 MCG	P	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES GUMMIES CHEW *(Use pediatric multiple vitamin w/ minerals)*	NF	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES GUMMIES COMPLETE CHEW *(Use pediatric multiple vitamin w/ minerals)*	NF	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES GUMMIES PLUSIMMUNITY SUPPORT/EXTRA C CHEW *(Use pediatric multiple vitamin w/ minerals)*	NF	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES SOUR GUMMIES CHEW *(Use pediatric multiple vitamin w/ minerals)*	NF	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES TODDLER/TASTISMOOTH CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
GENADEK LIQD	P	
GNP MULTI CHILDRENS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
HEALTHY KIDS GUMMIES CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW	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	P	QL(1 ea daily); AL(Up to 13 yrs old)
MVW HI-D DROPS WITH EXTRA VITAMIN D LIQD	P	
ONE-A-DAY SCOOBY-DOO GUMMIES CHEW *(Use pediatric multiple vitamin w/ minerals)*	NF	QL(1 ea daily); AL(Up to 13 yrs old)
ONE-A-DAY/JOLLY RANCHER CHEW *(Use pediatric multiple vitamin w/ minerals)*	NF	QL(1 ea daily); AL(Up to 13 yrs old)
pediatric multiple vitamin w/ minerals chew	P	QL(1 ea daily); AL(Up to 13 yrs old)
UPSPRING BABY IRON & IMMUNITY LIQD	P	
UPSPRINGBABY MULTIVITAMIN/IRON LIQD	P	
VITALETS CHILDRENS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
YUMVSKIDS MULTI ZERO CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
Ped MV w/ Fluoride		
FLORIVA PLUS SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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	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
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	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
POLY-VI-SOL/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
POLY-VITA/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
POLY-VITE/IRON SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
MULTIVITAMIN INFANT & TODDLER SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
MULTIVITAMIN INFANT/TODDLER SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW *(Use pediatric multiple vitamins)*	NF	QL(1 ea daily); AL(Up to 13 yrs old)
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	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	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
POLY-VITA SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
POLY-VITE PEDIATRIC SOLN OR	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
Prenatal Vitamins		
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	NP	
CITRANATAL ASSURE	NP	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NP	MP
CITRANATAL BLOOM	NP	
CITRANATAL DHA	NP	
CITRANATAL ESSENCE	NP	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	NP	
CITRANATAL MEDLEY	NP	
CLASSIC PRENATAL TABS	P	
C-NATE DHA CAPS	NP	MP
COMPLETENATE CHEW	P	
DERMACINRX PRETRATE TABS	NP	
ENBRACE HR	NP	MP
EQL PRENATAL FORMULA TABS	P	
GNP PRENATAL TABS	P	
KP PRENATAL MULTIVITAMINS TABS	P	
MASONATAL TABS	P	
M-NATAL PLUS TABS	P	RX/OTC
MULTI-MAC	NP	MP
NATAL PNV TABS	NP	
NESTABS	NP	MP
NESTABS DHA	NP	MP
NESTABS ONE	NP	MP
NIVA-PLUS TABS	P	RX/OTC
OB COMPLETE TABS	P	MP
OB COMPLETE ONE	NP	MP
OB COMPLETE PETITE	NP	MP
OB COMPLETE PREMIER	NP	MP
OB COMPLETE/DHA	NP	MP
PNV TABS 29-1 TABS	P	QL(1 ea daily); RX/OTC
PNV-DHA+DOCUSATE	NP	
PNV-OMEGA	NP	MP
PREMESISRX	NP	MP
PRENAISSANCE	NP	
PRENAISSANCE PLUS CAPS	NP	
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG, 120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-200 MG-30 UNIT-4000 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-30 UNIT-4000 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	P	

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG, 120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-200 MG-30 UNIT-4000 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-30 UNIT-4000 UNIT, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	P	RX/OTC
PRENATAL 19 CHEW	P	
PRENATAL MULTIVITAMIN TABS	P	
PRENATAL PLUS IRON TABS	P	QL(1 ea daily); RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS	P	RX/OTC
prenatal vit w/ ferrous fumarate-folic acid chew	P	
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	NP	MP
prenatal vit w/ iron carbonyl-folic acid tabs 120 mg-10 mg-1.25 mg-315 unit-15 mcg-3.4 mg-10 mg-1 mg-2 mg-15 mg-10 mg-20 unit-2100 unit-50 mg	P	MP
prenatal vit w/ iron carbonyl-folic acid tabs 120 mg-3 mg-30 mcg-1 mg-400 unit-8 mcg-3 mg-20 mg-7 mg-3 mg-100 mg-15 mg-3 mg-4000 unit-200 mg-150 mcg-30 unit-29 mg	P	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	P	
PRENATAL VITAMIN/IRON TABS	P	
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	P	
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	NP	MP
PRENATE	NP	MP
PRENATE AM	NP	MP
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	NP	MP
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	NP	MP
PRENATE ENHANCE	NP	MP
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	NP	MP
PRENATE PIXIE	NP	MP
PRENATE RESTORE	NP	MP
PRENATRIX TABS	NP	RX/OTC
PRENATRYL TABS	NP	RX/OTC
PREPLUS TABS	P	RX/OTC
PRETAB TABS	P	RX/OTC
PRIMACARE	NP	MP
PX PRENATAL MULTIVITAMINS TABS	P	
QC PRENATAL TABS	P	
RA PRENATAL TABS	P	
RA PRENATAL FORMULA/FOLICACID TABS	P	
RELNATE DHA CAPS	NP	MP
SELECT-OB CHEW	NP	MP
SELECT-OB+DHA MISC	NP	MP
SE-NATAL 19 TABS	P	QL(1 ea daily); RX/OTC
SE-NATAL 19 CHEW	P	
SM PRENATAL VITAMINS TABS	P	
TARON-PREX	NP	
THRIVITE RX TABS	P	QL(1 ea daily); RX/OTC
TRICARE TABS	P	RX/OTC
TRINATAL RX 1 TABS	P	QL(1 ea daily)
TRISTART DHA	NP	MP
TRISTART FREE	NP	
TRISTART ONE	NP	
VINATE DHA RF	NP	
VIRT-C DHA	NP	MP
VIRT-NATE DHA CAPS	NP	MP
VIRT-PN DHA	NP	MP
VIRT-PN PLUS	NP	MP
VITAFOL FE+	NP	MP
VITAFOL GUMMIES	NP	MP
VITAFOL STRIPS	NP	
VITAFOL ULTRA	NP	MP
VITAFOL-NANO	NP	MP
VITAFOL-OB TABS	P	QL(1 ea daily)
VITAFOL-OB+DHA MISC	NP	MP
VITAFOL-ONE CAPS	NP	MP
VP-PNV-DHA CAPS	NP	MP
WESCAP-C DHA	NP	MP
WESCAP-PN DHA	NP	MP
WESNATAL DHA COMPLETE	NP	
WESNATE DHA CAPS	NP	MP
WESTAB PLUS TABS	P	RX/OTC
WESTGEL DHA	NP	MP
ZATEAN-PN DHA	NP	MP
ZATEAN-PN PLUS	NP	MP
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 *(Use cyclobenzaprine hcl)*	NP	
baclofen susp	P	
baclofen tabs	P	
baclofen soln or 5 mg/5ml	NP	
carisoprodol tabs	NP	
chlorzoxazone tabs	P	
cyclobenzaprine hcl cp24	NP	
cyclobenzaprine hcl tabs 5 mg, 10 mg	P	QL(3 ea daily)
cyclobenzaprine hcl tabs 7.5 mg	P	QL(4 ea daily)
FLEQSUVY SUSP *(Use baclofen)*	NP	
LYVISPAH PACK	NP	

Drug Name	Drug Tier	Requirements/ Limits
metaxalone	NP	
methocarbamol tabs	P	
orphenadrine citrate tb12	P	
SKELAXIN *(Use metaxalone)*	NF	
SOMA TABS *(Use carisoprodol)*	NP	
tizanidine hcl tabs	P	
tizanidine hcl caps	NP	
ZANAFLEX CAPS *(Use tizanidine hcl)*	NP	
ZANAFLEX TABS 4 MG *(Use tizanidine hcl)*	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(Use dantrolene sodium)*	NP	
DANTRIUM CAPS 50 MG *(Use dantrolene sodium)*	NF	
dantrolene sodium caps	P	
Muscle Relaxant Combinations		
carisoprodol w/ aspirin & codeine	NP	
NORGESIC FORTE *(Use orphenadrine w/ aspirin & caff)*	NP	
orphenadrine w/ aspirin & caff	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate susp	NP	
DYMISTA SUSP *(Use azelastine hcl-fluticasone propionate)*	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	QL(480 ml per fill retail)
OCEAN NASAL SPRAY SOLN *(Use saline)*	NF	QL(480 ml per fill retail)
saline soln	P	QL(480 ml per fill retail)
Nasal Antiallergy		
azelastine hcl 0.1 %, 137 mcg/spray	P	QL(1 ml daily)
azelastine hcl 0.15 %	P	RX/OTC
cromolyn sodium (nasal) 5.2 mg/act	P	QL(26 ml per fill retail)
NASALCROM *(Use cromolyn sodium (nasal))*	NF	QL(26 ml per fill retail)
olopatadine hcl (nasal)	P	
PATANASE *(Use olopatadine hcl (nasal))*	NP	
PATANASE *(Use olopatadine hcl (nasal))*	NF	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.03 %	NP	QL(30 ml per fill retail)
ipratropium bromide (nasal) 0.06 %	NP	QL(25 ml per fill retail)
Nasal Steroids		
BECONASE AQ	NP	
flunisolide (nasal) 0.025 %	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	RX/OTC
NASONEX SUSP *(Use mometasone furoate (nasal))*	NF	RX/OTC
OMNARIS SUSP	NP	
PROPEL MINI/STRAIGHT DELIVERY SYSTEM IMPL	NP	
QNASL	NP	

Drug Name	Drug Tier	Requirements/ Limits
QNASL CHILDRENS	NP	
SINUVA IMPL	NP	
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
phenylephrine hcl (oral) tabs	P	QL(24 ea per fill retail)
pseudoephedrine hcl tabs	P	
pseudoephedrine hcl tb12	P	QL(2 ea daily)
SUDAFED CHILDRENS LIQD	P	
SUDAFED CONGESTION TABS *(Use pseudoephedrine hcl)*	NF	
SUDAFED PE SINUS CONGESTION TABS *(Use phenylephrine hcl (oral))*	NF	QL(24 ea per fill retail)
SUDAFED SINUS CONGESTION TABS *(Use 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
RELYVRIO	NP	SP
RILUTEK TABS *(Use riluzole)*	NP	
riluzole tabs	P	
TIGLUTIK SUSP	NP	SP
Rett Syndrome Agents		
DAYBUE	NP	SP
NUTRIENTS		
Carbohydrates		
dextrose soln 5 %	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT	P	
polyvinyl alcohol 1.4 %	P	QL(15 ml per fill retail)
white petrolatum-mineral oil	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	NP	
carteolol hcl (ophth)	P	3 rtl MAX fill; 90 rtl day(s) supply
COMBIGAN *(Use brimonidine tartrate-timolol maleate)*	NP	
COSOPT *(Use dorzolamide hcl-timolol maleate)*	NF	QL(10 ml per fill retail)
COSOPT *(Use dorzolamide hcl-timolol maleate)*	NP	QL(10 ml per fill retail)
COSOPT PF *(Use dorzolamide hcl-timolol maleate)*	NP	
COSOPT PF *(Use dorzolamide hcl-timolol maleate)*	NF	
dorzolamide hcl-timolol maleate	NP	
dorzolamide hcl-timolol maleate	P	QL(10 ml per fill retail)
ISTALOL SOLN *(Use timolol maleate (ophth))*	NP	QL(15 ml per fill retail)
levobunolol hcl 0.5 %	P	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
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 0.25 %	P	
timolol maleate (ophth) solg 0.5 %	P	QL(5 ml per fill retail)
TIMOPTIC SOLN *(Use timolol maleate (ophth))*	NP	QL(15 ml per fill retail)
TIMOPTIC OCUDOSE SOLN *(Use timolol maleate (ophth))*	NP	QL(60 ea per fill retail)
TIMOPTIC-XE SOLG 0.25 % *(Use timolol maleate (ophth))*	NP	
TIMOPTIC-XE SOLG 0.5 % *(Use timolol maleate (ophth))*	NP	QL(5 ml per fill retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE SOLN 1 % *(Use atropine sulfate (ophthalmic))*	NF	QL(15 ml per fill retail)
ATROPINE SULFATE SOLN 1 %	P	QL(15 ml per fill retail)
atropine sulfate (ophthalmic) oint	P	QL(4 gm per fill retail)
atropine sulfate (ophthalmic) soln	P	QL(15 ml per fill retail)
CYCLOGYL	NP	QL(15 ml per fill retail)
CYCLOGYL *(Use cyclopentolate hcl)*	NP	QL(15 ml per fill retail)
CYCLOGYL 0.5 %	NP	
CYCLOMYDRIL	P	
cyclopentolate hcl 1 %	P	QL(15 ml per fill retail)
MYDRIACYL SOLN *(Use 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 *(Use pilocarpine hcl)*	NF	
PHOSPHOLINE IODIDE	NP	
pilocarpine hcl soln 1 %, 2 %, 4 %	P	
VUITY SOLN	NP	
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(Use brimonidine tartrate)*	P	
ALPHAGAN P	P	
apraclonidine hcl	NP	
brimonidine tartrate 0.2 %	P	QL(15 ml per fill retail)
brimonidine tartrate 0.15 %	P	
IOPIDINE	NP	
SIMBRINZA	NP	
Ophthalmic Anti-infectives		
AZASITE	NP	
bacitracin (ophthalmic)	P	QL(4 gm per fill retail)
bacitracin-polymyxin b (ophth)	P	QL(4 gm per fill retail)
BESIVANCE	NP	
BETADINE OPHTHALMIC PREP	NP	
BLEPH-10 SOLN *(Use sulfacetamide sodium (ophth))*	NF	QL(15 ml per fill retail)
CILOXAN SOLN *(Use ciprofloxacin hcl (ophth))*	NF	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	

Drug Name	Drug Tier	Requirements/ Limits
gentamicin sulfate (ophth) soln	P	QL(15 ml per fill retail)
MOXEZA SOLN OP *(Use moxifloxacin hcl (ophth))*	NF	
moxifloxacin hcl (ophth) soln op	NP	QL(3 ml per fill retail)
NATACYN	NP	
neomycin-bacitracin zn-polymyxin	P	QL(4 gm per fill retail)
neomycin-polymyxin-gramicidin	P	QL(10 ml per fill retail)
OCUFLOX *(Use ofloxacin (ophth))*	NP	QL(10 ml per fill retail)
ofloxacin (ophth)	P	QL(10 ml per fill retail)
polymyxin b-trimethoprim	P	QL(10 ml per fill retail)
POLYTRIM *(Use polymyxin b-trimethoprim)*	NP	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) soln	P	QL(15 ml per fill retail)
sulfacetamide sodium (ophth) oint	P	QL(4 gm per fill retail)
tobramycin (ophth) soln	P	QL(5 ml per fill retail)
TOBREX OINT	P	QL(4 gm per fill retail)
TOBREX SOLN *(Use tobramycin (ophth))*	NF	QL(5 ml per fill retail)
trifluridine	P	QL(8 ml per fill retail)
VIGAMOX SOLN OP *(Use moxifloxacin hcl (ophth))*	NF	QL(3 ml per fill retail)
VIGAMOX SOLN OP *(Use moxifloxacin hcl (ophth))*	NP	QL(3 ml per fill retail)
ZIRGAN GEL	P	
ZYMAXID *(Use gatifloxacin (ophth))*	NP	
Ophthalmic Decongestants		
tetrahydrozoline hcl (ophth) 0.05 %	P	QL(1 ml daily)
VISINE RED EYE COMFORT *(Use tetrahydrozoline hcl (ophth))*	NF	QL(1 ml daily)
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
cyclosporine (ophth) emul	NP	
RESTASIS EMUL *(Use cyclosporine (ophth))*	NP	
RESTASIS MULTIDOSE EMUL	NP	
VERKAZIA EMUL	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	NP	
Ophthalmic Kinase Inhibitors		
RHOPRESSA	NP	
ROCKLATAN	NP	
Ophthalmic Local Anesthetics		
ALCAINE *(Use 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	P	
dexamethasone sodium phosphate (ophth)	P	QL(5 ml per fill retail)
DEXTENZA INST	NP	SP
difluprednate	NP	
DUREZOL *(Use difluprednate)*	NP	
EYSUVIS SUSP	NP	
FLAREX	P	

Drug Name	Drug Tier	Requirements/ Limits
fluorometholone (ophth) susp	P	QL(15 ml per fill retail)
FML FORTE SUSP	P	
FML LIQUIFILM SUSP *(Use fluorometholone (ophth))*	NP	QL(15 ml per fill retail)
INVELTYS SUSP	NP	
LOTEMAX OINT	NP	
LOTEMAX GEL *(Use loteprednol etabonate)*	NP	
LOTEMAX SUSP *(Use loteprednol etabonate)*	NP	
LOTEMAX SM GEL	NP	
loteprednol etabonate susp	P	
loteprednol etabonate gel	NP	
MAXIDEX SUSP OP	P	
MAXITROL SUSP *(Use neomycin-polymy-dexameth)*	NP	QL(5 ml per fill retail)
MAXITROL OINT *(Use neomycin-polymy-dexameth)*	NP	QL(4 gm per fill retail)
neomycin-polymy-dexameth susp	P	QL(5 ml per fill retail)
neomycin-polymy-dexameth oint	P	QL(4 gm per fill retail)
neomycin-polymyxin-hc (ophth)	P	QL(8 ml per fill retail)
PRED FORTE *(Use prednisolone acetate (ophth))*	NP	QL(15 ml per fill retail)
PRED MILD	P	QL(10 ml per fill retail)
prednisolone acetate (ophth)	P	QL(15 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per fill retail)
sulfacetamide sod-prednisolone soln	NP	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX SUSP *(Use tobramycin-dexamethasone)*	NP	QL(10 ml per fill retail)
TOBRADEX OINT	NP	QL(4 gm per fill retail)
TOBRADEX SUSP *(Use tobramycin-dexamethasone)*	NF	QL(10 ml per fill retail)
TOBRADEX ST SUSP	NP	
tobramycin-dexamethasone susp	P	QL(10 ml per fill retail)
ZYLET	NP	
Ophthalmics - Misc.		
ACULAR *(Use ketorolac tromethamine (ophth))*	NP	QL(10 ml per fill retail)
ACULAR LS *(Use 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 *(Use brinzolamide)*	NP	QL(15 ml per fill retail)
bepotastine besilate	NP	
BEPREVE *(Use 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
diclofenac sodium (ophth)	P	QL(5 ml per fill retail)
dorzolamide hcl	P	QL(10 ml per fill retail)
epinastine hcl (ophth)	NP	

Drug Name	Drug Tier	Requirements/ Limits
FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE	NP	
flurbiprofen sodium	P	QL(3 ml per fill retail)
GLOSTRIPS STRP 1 MG	NP	
ILEVRO	NP	
ketorolac tromethamine (ophth) 0.5 %	P	QL(10 ml per fill retail)
ketorolac tromethamine (ophth) 0.4 %	P	3 rtl MAX fill; 90 rtl day(s) supply
NEVANAC	NP	
olopatadine hcl	NP	RX/OTC
PATADAY *(Use olopatadine hcl)*	NF	RX/OTC
PROLENSA	NP	
TRUSOPT *(Use dorzolamide hcl)*	NF	QL(10 ml per fill retail)
ZERVIATE	NP	
Prostaglandins - Ophthalmic		
bimatoprost soln	NP	
latanoprost soln	P	QL(3 ml per fill retail)
LUMIGAN SOLN 0.01 %	NP	
tafluprost	NP	
TRAVATAN Z *(Use travoprost)*	NP	
travoprost	NP	
VYZULTA	NP	
XALATAN SOLN *(Use latanoprost)*	NP	QL(3 ml per fill retail)
XELPROS EMUL	NP	
ZIOPTAN *(Use tafluprost)*	NF	
ZIOPTAN *(Use 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		
CIPRODEX *(Use ciprofloxacin-dexamethasone)*	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
ciprofloxacin-dexamethasone	P	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
ciprofloxacin-fluocinolone acetonide	NP	
CORTISPORIN-TC	NP	
neomycin-polymyxin-hc (otic) susp	P	QL(10 ml per fill retail)
neomycin-polymyxin-hc (otic) soln	P	QL(10 ml per fill retail)
OTOVEL *(Use ciprofloxacin-fluocinolone acetonide)*	NF	
Otic Steroids		
DERMOTIC *(Use fluocinolone acetonide (otic))*	NP	QL(20 ml per fill retail)
fluocinolone acetonide (otic)	NP	QL(20 ml per fill retail)
hydrocortisone w/acetic acid	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		

Drug Name	Drug Tier	Requirements/ Limits
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
Monoclonal Antibodies		
CASIRIVIMAB	P	
IMDEVIMAB	P	
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	
penicillin g potassium	P	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	P	
PENICILLIN G PROCAINE	P	
penicillin g sodium	P	
penicillin v potassium tabs	P	
penicillin v potassium solr	P	
Penicillin Combinations		
amoxicillin & pot clavulanate susr 28.5 mg/5ml-200 mg/5ml	P	QL(100 ml per fill retail)
amoxicillin & pot clavulanate chew	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate tb12	NP	QL(40 ea per 30 days retail)
amoxicillin & pot clavulanate tabs 125 mg-250 mg	P	QL(30 ea per fill retail)
amoxicillin & pot clavulanate susr 62.5 mg/5ml-250 mg/5ml	P	QL(150 ml per fill retail)
amoxicillin & pot clavulanate tabs 125 mg-500 mg, 125 mg-875 mg	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate susr 42.9 mg/5ml-600 mg/5ml	P	QL(400 ml per fill retail)
ampicillin & sulbactam sodium iv 1 gm-0.5 gm, 10 gm-5 gm, 2 gm-1 gm	P	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS 125 MG-500 MG *(Use amoxicillin & pot clavulanate)*	NF	QL(20 ea per fill retail)
AUGMENTIN ES-600 SUSR *(Use amoxicillin & pot clavulanate)*	NP	QL(400 ml per fill retail)
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	P	
piperacillin sodium-tazobactam sodium	P	
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM *(Use ampicillin & sulbactam sodium)*	NF	
UNASYN BULK PACK IV *(Use ampicillin & sulbactam sodium)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
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 *(Use norethindrone acetate)*	NP	
medroxyprogesterone acetate 2.5 mg, 5 mg, 10 mg	P	MP
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 100 MG *(Use progesterone)*	NF	QL(1 ea daily)
PROMETRIUM CAPS 100 MG *(Use progesterone)*	NP	QL(1 ea daily)
PROMETRIUM CAPS 200 MG *(Use progesterone)*	NP	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 200 MG *(Use progesterone)*	NF	QL(20 ea per 30 days retail)
PROVERA *(Use medroxyprogesterone acetate)*	NP	
PROVERA 10 MG *(Use medroxyprogesterone acetate)*	NF	
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		
SODIUM OXYBATE SOLN	NP	SP
XYREM SOLN	NP	SP
XYWAV	NP	SP
Antidementia Agents		
ADLARITY PTWK	NP	
ADUHELM	NP	SP
ARICEPT TABS 5 MG, 10 MG *(Use donepezil hydrochloride)*	NP	QL(1 ea daily); MP
ARICEPT TABS 23 MG *(Use donepezil hydrochloride)*	NP	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 *(Use rivastigmine)*	NP	QL(1 ea daily)
EXELON 13.3 MG/24HR *(Use rivastigmine)*	NP	
galantamine hydrobromide cp24	NP	QL(1 ea daily); MP
galantamine hydrobromide tabs	NP	QL(2 ea daily); MP
galantamine hydrobromide soln	NP	QL(6 ml daily); MP
LEQEMBI	NP	SP
memantine hcl tabs	NP	QL(49 ea per fill retail); MP

Drug Name	Drug Tier	Requirements/ Limits
memantine hcl tabs	P	QL(2 ea daily); MP
memantine hcl soln 2 mg/ml	NP	MP
memantine hcl cp24	NP	MP
NAMENDA TABS *(Use memantine hcl)*	NP	QL(2 ea daily); MP
NAMENDA TITRATION PAK TABS *(Use memantine hcl)*	NP	QL(49 ea per fill retail); MP
NAMENDA XR CP24 *(Use memantine hcl)*	NP	MP
NAMZARIC CP24	NP	
NAMZARIC C4PK	NP	
RAZADYNE ER CP24 16 MG *(Use galantamine hydrobromide)*	NF	QL(1 ea daily); MP
RAZADYNE ER CP24 8 MG, 24 MG *(Use 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 25 MG-3 MG, 25 MG-6 MG *(Use 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 TABS	P	SP; PA
AUSTEDO XR TB24	NP	SP
INGREZZA CPPK	P	SP; PA
INGREZZA CAPS	P	SP; PA
tetrabenazine	NP	SP
XENAZINE *(Use tetrabenazine)*	NP	SP
Multiple Sclerosis Agents		
AMPYRA *(Use dalfampridine)*	NP	SP
AUBAGIO *(Use teriflunomide)*	NP	SP
AUBAGIO *(Use teriflunomide)*	NF	SP
AVONEX PSKT	NP	SP
AVONEX PEN AJKT	NP	SP
BAFIERTAM	NP	SP
BETASERON KIT	P	SP
BRIUMVI	NP	SP
COPAXONE SOSY 40 MG/ML *(Use glatiramer acetate)*	NF	SP
COPAXONE SOSY *(Use glatiramer acetate)*	P	SP
dalfampridine	NP	SP
dimethyl fumarate misc	NP	SP
dimethyl fumarate cpdr	NP	SP
EXTAVIA KIT	NP	SP
fingolimod hcl	NP	SP; MP
GILENYA *(Use 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

Drug Name	Drug Tier	Requirements/ Limits
PLEGRIDY SOPN	NP	SP
PLEGRIDY STARTER PACK SOSY SC	NP	SP
PLEGRIDY STARTER PACK SOPN	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
TASCENSO ODT	NP	SP
TECFIDERA CPDR *(Use dimethyl fumarate)*	P	SP
TECFIDERA STARTER PACK MISC *(Use dimethyl fumarate)*	P	SP
teriflunomide	NP	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
ZEPOSIA STARTER KIT CPPK	NP	
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
GRALISE TABS	NP	
LYRICA CR *(Use pregabalin (once-daily))*	NP	
pregabalin (once-daily)	NP	
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) tabs	NP	MP
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	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	
CHANTIX TABS *(Use varenicline tartrate)*	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS *(Use varenicline tartrate)*	P	180 rtl MAX day(s) supply; 365 rtl lmt day(s); QL(2 ea daily)
CHANTIX STARTING MONTH PAK TBPK *(Use 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 *(Use paroxetine mesylate (vasomotor))*	NF	
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 TBPK	NP	SP
TRIKAFTA THPK	NP	SP
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(Use pirfenidone)*	NP	SP
ESBRIET TABS *(Use pirfenidone)*	NP	SP
OFEV	NP	SP
pirfenidone tabs	NP	SP
pirfenidone caps	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	
DORYX TBEC 50 MG, 80 MG, 200 MG *(Use doxycycline hyclate)*	NP	
DORYX MPC TBEC	NP	
doxycycline (monohydrate) tabs	P	
doxycycline (monohydrate) caps	P	
doxycycline (monohydrate) susr	P	
doxycycline hyclate caps	P	
doxycycline hyclate tabs	P	
doxycycline hyclate solr	P	
doxycycline hyclate tbec	NP	

Drug Name	Drug Tier	Requirements/ Limits
minocycline hcl tb24	NP	
minocycline hcl tabs	P	
minocycline hcl caps	P	
MINOLIRA TB24	NP	
MORGIDOX 1X100MG	NP	
MORGIDOX 2X100MG	NP	
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG *(Use minocycline hcl)*	NP	
tetracycline hcl caps	P	
VIBRAMYCIN SUSR *(Use doxycycline (monohydrate))*	NF	
VIBRAMYCIN CAPS *(Use doxycycline hyclate)*	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	P	MP
propylthiouracil	P	MP
Thyroid Hormones		
ADTHYZA TABS	P	
ARMOUR THYROID TABS	P	MP
CYTOMEL TABS *(Use liothyronine sodium)*	NP	MP
ERMEZA SOLN OR	NP	
levothyroxine sodium tabs	P	MP
levothyroxine sodium caps	NP	
liothyronine sodium tabs	P	MP
NP THYROID 120 TABS	P	MP
NP THYROID 15 TABS	P	MP
NP THYROID 30 TABS	P	MP
NP THYROID 60 TABS	P	MP
NP THYROID 90 TABS	P	MP
SYNTHROID TABS *(Use levothyroxine sodium)*	NP	MP
THYQUIDITY SOLN OR	NP	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	MP
TIROSINT CAPS	NP	
TIROSINT CAPS *(Use levothyroxine sodium)*	NP	
TIROSINT-SOL SOLN OR	NP	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	QL(0.5 ml per 3650 days retail); AL(At least 7 yrs old)
BOOSTRIX SUSP	P	QL(0.5 ml per 3650 days retail); AL(At least 7 yrs old)
BOOSTRIX SUSY	P	QL(0.5 ml per 999 days retail); AL(At least 7 yrs old)
TDVAX SUSP	P	QL(0.5 ml per 3650 days retail); AL(At least 19 yrs old)
TENIVAC INJ	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		
BELLADONNA/OPIUM	P	
chlordiazepoxide hcl-clidinium bromide	NP	
CUVPOSA SOLN OR *(Use glycopyrrolate)*	NP	
DARTISLA ODT TBDP	NP	

Drug Name	Drug Tier	Requirements/ Limits
dicyclomine hcl caps	P	
dicyclomine hcl soln or	P	QL(40 ml daily)
dicyclomine hcl tabs	P	
GLYCATE TABS	NP	
glycopyrrolate tabs 1 mg, 2 mg	P	QL(4 ea daily)
glycopyrrolate soln or 1 mg/5ml	P	
hyoscyamine sulfate tb12 0.375 mg	P	QL(4 ea daily)
hyoscyamine sulfate soln or 0.125 mg/ml	P	
hyoscyamine sulfate tbdp 0.125 mg	P	
hyoscyamine sulfate elix	P	
hyoscyamine sulfate tabs 0.125 mg	P	
hyoscyamine sulfate subl 0.125 mg	P	
LEVBID TB12 *(Use hyoscyamine sulfate)*	NF	QL(4 ea daily)
LEVSIN SOLN IJ 0.5 MG/ML *(Use hyoscyamine sulfate)*	NF	
LEVSIN TABS *(Use hyoscyamine sulfate)*	NP	
LEVSIN/SL SUBL *(Use hyoscyamine sulfate)*	NP	
LIBRAX *(Use chlordiazepoxide hcl-clidinium bromide)*	NP	
methscopolamine bromide	NP	
ROBINUL TABS *(Use glycopyrrolate)*	NP	QL(4 ea daily)
ROBINUL FORTE TABS *(Use 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)
famotidine tabs 20 mg, 40 mg	P	RX/OTC
famotidine susr	P	
nizatidine caps	P	
PEPCID TABS *(Use famotidine)*	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE TABS *(Use sucralfate)*	NP	QL(4 ea daily)
CARAFATE SUSP *(Use sucralfate)*	P	
sucralfate susp	P	
sucralfate tabs	P	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC *(Use rabeprazole sodium)*	NP	
DEXILANT *(Use dexlansoprazole)*	NP	ST
dexlansoprazole 30 mg	NP	AL(Up to 20 yrs old); ST
dexlansoprazole	NP	ST
esomeprazole magnesium pack	NP	
esomeprazole magnesium cpdr 20 mg	NP	QL(2 ea daily); RX/OTC
esomeprazole magnesium cpdr 40 mg	NP	
lansoprazole cpdr	NP	QL(2 ea daily)
lansoprazole tbdd	P	RX/OTC
NEXIUM CPDR 20 MG *(Use esomeprazole magnesium)*	NP	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG *(Use esomeprazole magnesium)*	NP	
NEXIUM PACK	NP	
NEXIUM PACK *(Use esomeprazole magnesium)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
NEXIUM 24HR CPDR *(Use esomeprazole magnesium)*	NF	QL(2 ea daily); RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR *(Use esomeprazole magnesium)*	NF	QL(2 ea daily); RX/OTC
omeprazole cpdr	P	QL(2 ea daily)
pantoprazole sodium tbec 40 mg	P	QL(2 ea daily)
pantoprazole sodium pack	NP	
pantoprazole sodium tbec 20 mg	P	QL(1 ea daily)
PREVACID CPDR 30 MG *(Use lansoprazole)*	NP	QL(2 ea daily)
PREVACID 24HR CPDR *(Use lansoprazole)*	NF	QL(2 ea daily); RX/OTC
PREVACID SOLUTAB TBDD *(Use lansoprazole)*	NP	RX/OTC
PRILOSEC PACK	NP	
PROTONIX TBEC 20 MG *(Use pantoprazole sodium)*	NP	QL(1 ea daily)
PROTONIX PACK *(Use pantoprazole sodium)*	NP	
PROTONIX TBEC 40 MG *(Use pantoprazole sodium)*	NP	QL(2 ea daily)
rabeprazole sodium tbec	NP	
Ulcer Drugs - Prostaglandins		
CYTOTEC *(Use misoprostol)*	NP	
misoprostol	P	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole thpk	NP	
bismuth subcitrate potassium-metronidazole-tetracycline	NP	
KONVOMEP SUSR	NP	
OMECLAMOX-PAK	NP	
omeprazole-sodium bicarbonate caps	NP	RX/OTC
omeprazole-sodium bicarbonate pack	NP	
PYLERA *(Use bismuth subcitrate potassium-metronidazole-tetracycline)*	NP	
TALICIA	NP	
ZEGERID PACK 1680 MG-40 MG *(Use omeprazole-sodium bicarbonate)*	NF	
ZEGERID PACK *(Use omeprazole-sodium bicarbonate)*	NP	
ZEGERID CAPS *(Use omeprazole-sodium bicarbonate)*	NP	RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	NP	MP
DETROL TABS *(Use tolterodine tartrate)*	NP	QL(2 ea daily); MP
DETROL LA CP24 *(Use tolterodine tartrate)*	NP	QL(1 ea daily); MP
DITROPAN XL TB24 5 MG *(Use oxybutynin chloride)*	NP	QL(2 ea daily); MP
DITROPAN XL TB24 10 MG *(Use oxybutynin chloride)*	NF	QL(2 ea daily); MP
fesoterodine fumarate	NP	
GELNIQUE GEL 10 %	NP	
oxybutynin chloride tabs 2.5 mg	P	
oxybutynin chloride syrp	P	QL(16 ml daily); MP
oxybutynin chloride tabs 5 mg	P	QL(3 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
oxybutynin chloride tb24	P	QL(2 ea daily); MP
OXYBUTYNIN CHLORIDE SOLN	P	
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 *(Use fesoterodine fumarate)*	NP	
trospium chloride cp24	NP	MP
trospium chloride tabs	NP	QL(2 ea daily); MP
VESICARE TABS *(Use solifenacin succinate)*	NP	MP
VESICARE TABS 10 MG *(Use solifenacin succinate)*	NF	MP
VESICARE LS SUSP	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
MYRBETRIQ TB24	NP	
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 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	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	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 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 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
AFLURIA QUADRIVALENT 2023-2024 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 2023-2024 SUSY	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 SUSP 20 MCG/ML	P	AL(At least 19 yrs old)
ENGERIX-B SUSY	P	AL(At least 19 yrs old)
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 2023-2024	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)
FLUARIX QUADRIVALENT 2023-2024 SUSY	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 10 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)
FLUBLOK QUADRIVALENT 2023-2024	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.5 ml per fill retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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)
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 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)
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 2023-2024 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 2023-2024 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)
FLULAVAL QUADRIVALENT 2023-2024 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)
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 HIGH-DOSE PF 2023-2024	P	1 rtl MAX fill; 180 rtl day(s) supply; QL(0.7 ml per fill retail); AL(At least 65 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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)
FLUZONE 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)
FLUZONE 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)
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)
FLUZONE QUADRIVALENT 2023-2024 SUSP	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 2023-2024 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	NP	
Vaginal Anti-infectives		
CLEOCIN CREA *(Use 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 crea 0.4 %	P	QL(45 gm per fill retail)
terconazole vaginal supp	P	QL(3 ea per fill retail)
terconazole vaginal crea 0.8 %	P	QL(20 gm per fill retail)
VANDAZOLE	NP	QL(70 gm per fill retail)
XACIATO GEL	NP	

Drug Name	Drug Tier	Requirements/ Limits
Vaginal Contraceptive - pH Modulators		
PHEXXI	P	
Vaginal Estrogens		
ESTRACE CREA *(Use estradiol vaginal)*	NP	QL(43 gm per 30 days retail; 129 gm per 90 days mail); MP
estradiol vaginal crea	P	QL(43 gm per 30 days retail; 129 gm per 90 days mail); MP
estradiol vaginal tabs	NP	MP
ESTRING RING	NP	MP
FEMRING	NP	MP
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 *(Use estradiol vaginal)*	NP	MP
Vaginal Progestins		
CRINONE GEL	NP	
ENDOMETRIN INST	P	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.1 MG/0.1ML	NP	
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	NP	QL(4 ea per 365 days retail)
epinephrine (anaphylaxis) soaj	P	QL(4 ea per 365 days retail)
EPIPEN 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NP	QL(4 ea per 365 days retail)
EPIPEN-JR 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NP	QL(4 ea per 365 days retail)
SYMJEPI SOSY	NP	
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	NP	SP
NORTHERA *(Use droxidopa)*	NP	SP
Vasopressors		
midodrine hcl	P	MP
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD OR *(Use cholecalciferol)*	NF	
cholecalciferol caps 1.25 mg, 1.25 mg, 25 mcg, 50 mcg, 125 mcg, 1000 unit, 2000 unit, 5000 unit, 50000 unit	P	
cholecalciferol liqd or 10 mcg/ml, 400 unit/ml, 400 ut/0.028ml	P	
cholecalciferol tabs 25 mcg, 400 unit, 1000 unit	P	
D3 BABY DROPS LIQD OR	P	
DRISDOL CAPS *(Use ergocalciferol)*	NF	
D-VI-SOL LIQD OR *(Use cholecalciferol)*	NF	
EQ D3 DROPS INFANTS/CHILDRENS LIQD OR	P	
ergocalciferol caps	P	
ergocalciferol soln or	P	
MEPHYTON TABS *(Use phytonadione)*	NF	
phytonadione tabs 5 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
UPSPRING BABY VITAMIN D LIQD OR	P	
VITAMIN D3 LIQD OR 5000 UNIT/ML	P	
Water Soluble Vitamins		
niacin cpcr 250 mg, 500 mg	P	

INDEX

12ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP 120

12ML SYRINGE/21G X 1"/LUER LOCK TIP 120

12ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP 120

1ML VANISHPOINT TUBERCULIN SYRINGE 25GX1" MISC 120

1ST TIER UNIFINE PENTIPS/MINI/31GX5MM 120

1ST TIER UNIFINE PENTIPS29GX12MM 120

1ST TIER UNIFINE PENTIPS31GX6MM 120

1ST TIER UNIFINE PENTIPS31GX8MM 120

1ST TIER UNIFINE PENTIPS32GX4MM 120

1ST TIER UNIFINE PENTIPS32GX6MM 120

1ST TIER UNIFINE PENTIPS33GX4MM 120

1ST TIER UNIFINE PENTIPSPLUS 31GX8MM 120

1ST TIER UNIFINE PENTIPSPLUS 32GX4MM 120

1ST TIER UNIFINE PENTIPSPLUS 33GX4MM 120

1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM 120

1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12 MM 120

1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM 120

1ST TIER UNILET COMFORTOUCH LANCETS 28G 96

1ST TIER UNILET COMFORTOUCH LANCETS 30G 96

3 PER DAY BONEUP CAPS 177

3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2" ... 120

3ML LUER LOCK SAFETY SYRINGES/3ML/21G X 1 1/2" ... 120

3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1" 120

3ML LUER LOCK SAFETY SYRINGES/3ML/23G X 1" 120

3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 1" 120

3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 5/8" 120

3ML LUER-LOK SYRINGE25G X 5/8" 120

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3ML SYRINGE/20G X 1"/LUER LOCK TIP 121

3ML SYRINGE/20G X 1"/LUER SLIP TIP 121

3ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP 121

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3ML SYRINGE/22G X 3/4"/LUER LOCK TIP 121

3ML SYRINGE/22G X 3/4"/LUER SLIP TIP 121

3ML SYRINGE/25G X 1"/LUER LOCK TIP 121

3ML SYRINGE/27G X 1-1/4"/LUER LOCK TIP 121

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3ML SYRINGE/LUER SLIP TIP23GX1" 121

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dexmethylphenidate hcl tabs 2

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dextroamphetamine sulfate cp24 5 mg 1

dextroamphetamine sulfate soln 1

dextroamphetamine sulfate tabs 10 mg 1

dextroamphetamine sulfate tabs 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg .. 1

dextroamphetamine sulfate tabs 5 mg, 10 mg 1

dextromethorphan polistirex lqcr ... 55

dextromethorphan polistirex suer .. 55

dextromethorphan-doxylamine-acetaminophen liqd 56

dextromethorphan-guaifenesin liqd 100 mg/5ml-10 mg/5ml, 100 mg/5ml-5 mg/5ml, 150 mg/7.5ml-15 mg/7.5ml, 200 mg/10ml-20 mg/10ml, 200 mg/5ml-10 mg/5ml, 400 mg/20ml-20 mg/20ml 56

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DIABETES MONITORING DIGITAL SOLUTION KIT 101

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diazepam conc 11

diazepam soln or 5 mg/5ml 11

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diazoxide 23

dichlorphenamide 75

diclofenac epolamine ptch ex 60

diclofenac potassium (migraine) .173

diclofenac potassium caps 4

diclofenac potassium tabs 4

diclofenac sodium (actinic keratoses) ex 60

diclofenac sodium (ophth) 196

diclofenac sodium (topical) gel ex . 60

diclofenac sodium (topical) soln ex 60

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diclofenac sodium tbec 4
diclofenac w/ misoprostol tbec 4
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DIFICID TABS 88
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diflorasone diacetate oint 63
diflunisal tabs 7
difluprednate 195
digoxin soln or 0.05 mg/ml 50
digoxin tabs 0.0625 mg, 62.5 mcg 50
digoxin tabs 0.125 mg, 125 mcg, 250 mcg 50
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diltiazem hcl coated beads cp24 240 mg 49
diltiazem hcl coated beads cp24 360 mg 49
diltiazem hcl cp12 49
diltiazem hcl cp24 120 mg, 180 mg 49
diltiazem hcl cp24 240 mg 49
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diphenhydramine hcl (sleep) tabs 25 mg 85
diphenhydramine hcl caps 29
diphenhydramine hcl elix 12.5 mg/5ml 29
diphenhydramine hcl liqd 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml 29
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dorzolamide hcl-timolol maleate 193
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