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	NP	
ADZENYS XR-ODT TBED	NP	
AMPHETAMINE ER SUER	NP	
amphetamine sulfate tabs	NP	
amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine tabs 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 1.25 mg-1.25 mg-1.25 mg-1.25 mg	P	QL(2 ea daily); AL(At least 3 yrs old)
DESOXYN TABS (*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*)	NP	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 10 mg, 15 mg	NP	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate cp24 5 mg	NP	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate soln 5 mg/5ml	NP	
dextroamphetamine sulfate tabs 10 mg, 5 mg	NP	QL(3 ea daily); AL(At least 3 yrs old)
dextroamphetamine sulfate tabs 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg	NP	
DYANAVEL XR SUER	NP	
EVEKEO ODT TBDP	NP	
EVEKEO TABS (*Use amphetamine sulfate*)	NP	
methamphetamine hcl tabs	NP	
MYDAYIS CP24	NP	
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	P	QL(1 ea daily)
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	P	
Analeptics		
caffeine citrate soln or 20 mg/ml, 60 mg/3ml	P	QL(45 ml per fill retail); AL(Up to 18 yrs old)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps 25 mg, 10 mg, 100 mg, 18 mg, 40 mg, 60 mg, 80 mg	NP	ST; AL(At least 6 yrs old); MP
guanfacine hcl (adhd) tb24 1 mg, 2 mg, 3 mg, 4 mg	P	QL(1 ea daily); AL(At least 6 yrs old); MP
INTUNIV TB24 (*Use guanfacine hcl (adhd)*)	NP	QL(1 ea daily); AL(At least 6 yrs old); MP
QELBREE CP24	NP	

Drug Name	Drug Tier	Requirements/ Limits
STRATTERA CAPS (*Use atomoxetine hcl*)	NP	ST; AL(At least 6 yrs old); MP
Dopamine and Norepinephrine Reuptake		
SUNOSI TABS	NP	
Histamine H3-Receptor Antagonist/Inverse		
WAKIX TABS	NP	SP
Stimulants - Misc.		
ADHANSIA XR CP24	NP	
APTENSIO XR CP24 (*Use methylphenidate hcl*)	NP	
armodafinil tabs	NP	
AZSTARYS CAPS	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	NP	
dexmethylphenidate hcl cp24 35 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 25 mg	NP	
dexmethylphenidate hcl tabs 2.5 mg, 10 mg, 5 mg	P	QL(2 ea daily); AL(At least 6 yrs old)
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	NP	
METHYLIN SOLN (*Use methylphenidate hcl*)	NP	
methylphenidate hcl chew or 5 mg, 10 mg, 2.5 mg	NP	
methylphenidate hcl cp24 or 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	NP	
methylphenidate hcl cpcr or 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg	NP	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl soln or 10 mg/5ml, 5 mg/5ml	NP	
methylphenidate hcl tabs or 10 mg, 20 mg	P	QL(3 ea daily); AL(At least 3 yrs old)
methylphenidate hcl tabs or 5 mg	P	QL(6 ea daily); AL(At least 3 yrs old)
methylphenidate hcl tb24 or 18 mg, 27 mg, 54 mg	NP	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tb24 or 36 mg	NP	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcr or 10 mg	P	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcr or 18 mg, 27 mg, 54 mg	NP	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcr or 20 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl tbcr or 36 mg	NP	QL(2 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR	NP	
modafinil tabs 100 mg, 200 mg	NP	
NUVIGIL TABS (*Use armodafinil*)	NP	
PROVIGIL TABS (*Use modafinil*)	NP	
QUILLICHEW ER CHER	NP	
QUILLIVANT XR SRER	NP	
RELEXXII TBCR	NP	

Drug Name	Drug Tier	Requirements/ Limits
RITALIN LA CP24 (*Use methylphenidate hcl*)	NP	
RITALIN TABS 10 MG, 20 MG (*Use methylphenidate hcl*)	NP	QL(3 ea daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (*Use methylphenidate hcl*)	NP	QL(6 ea daily); AL(At least 3 yrs old)
AMEBICIDES		
Amebicides		
SOLOSEC PACK	NP	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
amikacin sulfate soln ij 1 gm/4ml, 500 mg/2ml	P	
ARIKAYCE SUSP	NP	SP
BETHKIS NEBU (*Use tobramycin*)	NF	SP
BETHKIS NEBU (*Use tobramycin*)	NP	SP
gentamicin in saline soln	P	
gentamicin sulfate soln ij 10 mg/ml, 40 mg/ml	P	
KITABIS PAK NEBU (*Use tobramycin*)	P	SP
neomycin sulfate tabs or	P	
TOBI NEBU (*Use tobramycin*)	NP	SP
TOBI PODHALER CAPS	NP	SP
tobramycin nebu in 300 mg/4ml, 300 mg/5ml	NP	SP
tobramycin sulfate soln ij 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml	P	
tobramycin sulfate solr ij 1.2 gm	P	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	PA; SP; PA
HUMIRA PEN PNKT	P	PA; SP; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	PA; SP; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	PA; SP; PA
HUMIRA PEN-PS/UV STARTER PNKT	P	PA; SP; PA
HUMIRA PSKT	P	PA; SP; PA
SIMPONI ARIA SOLN	NP	SP
SIMPONI SOAJ	NP	SP
SIMPONI SOSY	NP	SP
Antirheumatic - Enzyme Inhibitors		
OLUMIANT TABS 1 MG, 2 MG	NP	SP
RINVOQ TB24	NP	SP
XELJANZ SOLN	P	PA; SP; PA
XELJANZ TABS	P	PA; SP; PA
XELJANZ XR TB24	P	PA; 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 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, 7.5 MG/0.15ML	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
REDITREX SOSY	NP	SP
Gold Compounds		
RIDAURA CAPS	NP	
Interleukin-1 Blockers		
ARCALYST SOLR	NP	SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	NP	SP
Interleukin-1beta Blockers		
ILARIS SOLN	NP	SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	NP	SP
ACTEMRA SOLN	NP	SP
ACTEMRA SOSY	NP	SP
KEVZARA SOAJ	NP	SP
KEVZARA SOSY	NP	SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL CAPS (*Use ibuprofen*)	NF	
ADVIL MIGRAINE CAPS (*Use ibuprofen*)	NF	
ADVIL TABS (*Use ibuprofen*)	NF	
ARTHROTEC 50 TBEC (*Use diclofenac w/ misoprostol*)	NP	MP
ARTHROTEC 75 TBEC (*Use diclofenac w/ misoprostol*)	NP	MP
CELEBREX CAPS (*Use celecoxib*)	NP	QL(2 ea daily); MP
celecoxib caps or 100 mg, 400 mg, 50 mg, 200 mg	P	QL(2 ea daily); MP
CHILDRENS ADVIL SUSP (*Use ibuprofen*)	NF	RX/OTC; MP
CHILDRENS MOTRIN SUSP (*Use ibuprofen*)	NF	RX/OTC; MP

Drug Name	Drug Tier	Requirements/ Limits
DAYPRO TABS (*Use oxaprozin*)	NP	MP
diclofenac potassium caps 25 mg	NP	
diclofenac potassium tabs 25 mg	P	
diclofenac potassium tabs 50 mg	P	MP
diclofenac sodium tb24 or 100 mg	P	MP
diclofenac sodium tbec or 25 mg, 50 mg, 75 mg	P	MP
diclofenac w/ misoprostol tbec 75 mg-200 mcg, 0.2 mg-50 mg, 50 mg-200 mcg	NP	MP
DUEXIS TABS (*Use ibuprofen-famotidine*)	NP	
etodolac caps 200 mg, 300 mg	P	MP
etodolac tabs 500 mg	P	MP
etodolac tb24 400 mg, 600 mg, 500 mg	P	MP
FELDENE CAPS (*Use piroxicam*)	NP	MP
fenoprofen calcium caps or 400 mg	NP	MP
fenoprofen calcium tabs or 600 mg	NP	MP
flurbiprofen tabs or 100 mg	P	MP
IBUPAK KIT	NP	
ibuprofen caps or 200 mg	P	
ibuprofen susp or 100 mg/5ml	NP	RX/OTC; MP
ibuprofen susp or 100 mg/5ml	P	RX/OTC; MP
ibuprofen susp or 40 mg/ml, 50 mg/1.25ml	P	
ibuprofen tabs or 100 mg, 200 mg	P	
ibuprofen tabs or 400 mg, 600 mg, 800 mg	P	MP
ibuprofen-famotidine tabs	NP	

Drug Name	Drug Tier	Requirements/ Limits
INDOCIN SUPP	NP	
INDOCIN SUSP	NP	
indomethacin caps or 50 mg, 25 mg	P	MP
indomethacin cpcr or 75 mg	P	MP
INFANTS ADVIL SUSP (*Use ibuprofen*)	NF	
ketoprofen caps or 50 mg, 75 mg	P	MP
ketoprofen cp24 or 200 mg	NP	MP
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	
ketorolac tromethamine tabs or 10 mg	P	QL(20 ea per 30 days retail)
meclofenamate sodium caps or 100 mg, 50 mg	NP	MP
mefenamic acid caps or	NP	MP
meloxicam caps or 10 mg, 5 mg	NP	
meloxicam tabs or 15 mg, 7.5 mg	P	MP
MOBIC TABS (*Use meloxicam*)	NP	MP
MOTRIN INFANTS DROPS SUSP (*Use ibuprofen*)	NF	
nabumetone tabs or 750 mg, 500 mg	P	MP
NALFON CAPS 400 MG	NP	MP
NALFON TABS 600 MG (*Use fenoprofen calcium*)	NP	MP
NAPRELAN TB24 500 MG (*Use naproxen sodium*)	NF	MP
NAPRELAN TB24 500 MG, 375 MG (*Use naproxen sodium*)	NP	MP
NAPRELAN TB24 750 MG (*Use naproxen sodium*)	NP	
naproxen sodium tabs or 275 mg	P	MP
naproxen sodium tb24 or 500 mg, 375 mg	NP	MP
naproxen sodium tb24 or 750 mg	NP	
naproxen tabs or 250 mg, 375 mg	P	MP
naproxen-esomeprazole magnesium tbec	NP	MP
oxaprozin tabs	NP	MP
piroxicam caps or 10 mg, 20 mg	NP	MP
RELAFEN DS TABS	NP	
SPRIX SOLN	NP	
sulindac tabs or 150 mg, 200 mg	P	MP
VIMOVO TBEC (*Use naproxen-esomeprazole magnesium*)	NP	MP
VIVLODEX CAPS (*Use meloxicam*)	NP	
ZIPSOR CAPS (*Use diclofenac potassium*)	NP	
ZORVOLEX CAPS 18 MG, 35 MG	NP	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	NP	SP
OTEZLA TBPK	NP	SP
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (*Use leflunomide*)	NP	QL(1 ea daily)
leflunomide tabs or 20 mg, 10 mg	P	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	NP	SP
ORENCIA SOLR	NP	SP
ORENCIA SOSY	NP	SP
Soluble Tumor Necrosis Factor Receptor Agents		

Drug Name	Drug Tier	Requirements/ Limits
ENBREL MINI SOCT	P	PA; SP; PA
ENBREL SOLN	P	PA; SP; PA
ENBREL SOLR	P	PA; SP; PA
ENBREL SOSY	P	PA; SP; PA
ENBREL SURECLICK SOAJ	P	PA; SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen tabs	P	
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 40 mg/15ml-50 mg/15ml-325 mg/15ml	NP	
butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg	P	QL(4 ea daily)
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	
FIORINAL CAPS (*Use butalbital-aspirin-caffeine*)	NP	QL(4 ea daily)
Analgesics Other		
acetaminophen caps or 500 mg	P	
acetaminophen chew or 80 mg	P	
acetaminophen elix or 160 mg/5ml, 80 mg/2.5ml	P	
acetaminophen liqd or 160 mg/5ml	P	
acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	P	
acetaminophen supp re 650 mg, 120 mg	P	QL(12 ea per 31 days retail)
acetaminophen susp or 160 mg/5ml, 650 mg/20.3ml, 80 mg/2.5ml	P	
acetaminophen tabs or 325 mg, 500 mg	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 ea per 31 days retail)
TYLENOL CHILDRENS 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	
TYLENOL INFANTS SUSP (*Use acetaminophen*)	NF	
TYLENOL TABS (*Use acetaminophen*)	NF	
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide) tabs	P	
aspirin chew or 81 mg	P	
BUFFERIN TABS (*Use aspirin buffered (cal carb-mag carb-mag oxide*))	NF	
diflunisal tabs or	P	
salsalate tabs or 500 mg, 750 mg	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (*Use fentanyl citrate*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
CODEINE SULFATE TABS 15 MG	P	QL(2 ea daily)
codeine sulfate tabs 30 mg	P	QL(2 ea daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS 60 MG	P	QL(2 ea daily); AL(At least 12 yrs old)
CONZIP CP24 (*Use tramadol hcl*)	NP	
DILAUDID LIQD OR 1 MG/ML (*Use hydromorphone hcl*)	NP	
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (*Use hydromorphone hcl*)	NP	QL(180 ea per 27 days retail)
DURAGESIC PT72 (*Use fentanyl*)	NF	QL(0.34 ea daily)
fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	NP	
fentanyl citrate tabs bu 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	NP	
fentanyl pt72 td 12 mcg/hr, 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	NP	QL(0.34 ea daily)
fentanyl pt72 td 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	NP	
FENTORA TABS (*Use fentanyl citrate*)	NP	
hydrocodone bitartrate cp12 or 20 mg, 10 mg, 15 mg, 30 mg, 40 mg, 50 mg	NP	
hydrocodone bitartrate t24a or 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	NP	
hydromorphone hcl liqd or 1 mg/ml	P	
HYDROMORPHONE HCL SUPP RE 3 MG	P	QL(12 ea per fill retail)
hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg	P	QL(180 ea per 27 days retail)

Drug Name	Drug Tier	Requirements/ Limits
hydromorphone hcl tb24 or 12 mg, 16 mg, 8 mg, 32 mg	NP	
HYSINGLA ER T24A	NP	
KADIAN CP24 10 MG (*Use morphine sulfate*)	NF	
KADIAN CP24 200 MG	NP	
KADIAN CP24 40 MG, 10 MG, 20 MG, 100 MG, 30 MG, 50 MG, 60 MG, 80 MG (*Use morphine sulfate*)	NP	
levorphanol tartrate tabs or 3 mg, 2 mg	NP	
meperidine hcl soln or 50 mg/5ml	NP	QL(500 ml per fill retail)
meperidine hcl tabs or 50 mg	NP	QL(180 ea per 27 days retail)
methadone hcl conc or 10 mg/ml	NP	
methadone hcl soln or 10 mg/5ml, 5 mg/5ml	NP	
methadone hcl tabs or 10 mg	NP	QL(10 ea daily)
methadone hcl tabs or 5 mg	NP	QL(4 ea daily)
methadone hcl tbso or 40 mg	NP	
METHADOSE CONC (*Use methadone hcl*)	NP	
METHADOSE SUGAR-FREE CONC (*Use methadone hcl*)	NP	
morphine sulfate beads cp24	NP	
morphine sulfate cp24 or 10 mg, 20 mg, 100 mg, 30 mg, 50 mg, 60 mg, 80 mg	NP	
morphine sulfate soln or 10 mg/5ml, 20 mg/5ml	P	QL(500 ml per 23 days retail)
morphine sulfate soln or 100 mg/5ml, 20 mg/ml	P	QL(240 ml per fill retail)
morphine sulfate supp re 10 mg, 20 mg, 30 mg, 5 mg	P	QL(24 ea per fill retail)
morphine sulfate tabs or 15 mg, 30 mg	P	QL(180 ea per 27 days retail)

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate tbcr or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	P	PA; QL(3 ea daily); PA
MS CONTIN TBCR (*Use morphine sulfate*)	NP	QL(3 ea daily)
NUCYNTA ER TB12	NP	
NUCYNTA TABS	NP	
OXAYDO TABS 5 MG	NP	QL(180 ea per 27 days retail)
OXAYDO TABS 7.5 MG	NP	
oxycodone hcl caps or 5 mg	P	QL(180 ea per 27 days retail)
oxycodone hcl conc or 100 mg/5ml	P	QL(6 ml daily)
oxycodone hcl soln or 5 mg/5ml	P	
oxycodone hcl t12a or 15 mg, 30 mg, 60 mg, 10 mg, 20 mg, 40 mg, 80 mg	NP	QL(2 ea daily)
oxycodone hcl tabs or 10 mg, 20 mg, 5 mg, 15 mg, 30 mg	P	QL(180 ea per 27 days retail)
OXYCONTIN T12A	NP	QL(2 ea daily)
oxymorphone hcl tabs 10 mg, 5 mg	NP	
oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 40 mg, 5 mg, 7.5 mg, 30 mg	NP	
ROXICODONE TABS (*Use oxycodone hcl*)	NP	QL(180 ea per 27 days retail)
tramadol hcl cp24 or 100 mg, 200 mg, 300 mg	NP	
tramadol hcl tabs or 100 mg	NP	
tramadol hcl tabs or 50 mg	P	QL(8 ea daily)
tramadol hcl tabs or 50 mg	P	QL(8 ea daily); AL(At least 18 yrs old)
tramadol hcl tb24 or 100 mg, 200 mg, 300 mg	NP	
TRAMADOL HYDROCHLORIDE SOLN OR	NP	
ULTRAM TABS (*Use tramadol hcl*)	NP	QL(8 ea daily); AL(At least 18 yrs old)
XTAMPZA ER C12A	NP	
ZOHYDRO ER CP12 (*Use hydrocodone bitartrate*)	NP	
Opioid Combinations		
acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml	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 16 mg-30 mg-320.5 mg	NP	
APADAZ TABS	NP	
BENZHYDROCODONE/ACETAMINOPHEN TABS	NP	
butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-300 mg	NP	
butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-325 mg	NP	QL(4 ea daily)
butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-325 mg	NP	QL(4 ea daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod caps	P	QL(4 ea daily); AL(At least 12 yrs old)
FIORICET/CODEINE CAPS (*Use butalbital-acetaminophen-caffeine w/ codeine*)	NP	
FIORINAL/CODEINE #3 CAPS (*Use butalbital-aspirin-caffeine w/cod*)	NF	QL(4 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml	P	QL(180 ml daily)
hydrocodone-acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg	P	QL(180 ea per 27 days retail)
hydrocodone-acetaminophen tabs 5 mg-300 mg, 10 mg-300 mg, 7.5 mg-300 mg	P	
hydrocodone-ibuprofen tabs	P	
LORTAB ELIX	NP	
NORCO TABS (*Use hydrocodone-acetaminophen*)	NF	QL(180 ea per 27 days retail)
oxycodone w/ acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg	P	QL(180 ea per 27 days retail)
oxycodone w/ acetaminophen tabs 2.5 mg-325 mg	P	
PERCOCET TABS 10 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG (*Use oxycodone w/ acetaminophen*)	NP	QL(180 ea per 27 days retail)
PERCOCET TABS 2.5 MG-325 MG (*Use oxycodone w/ acetaminophen*)	NP	
SEGLENTIS TABS	NP	
tramadol-acetaminophen tabs	NP	QL(4 ea daily); AL(At least 18 yrs old)
TYLENOL/CODEINE #3 TABS (*Use acetaminophen w/ codeine*)	NF	QL(180 ea per 27 days retail); AL(At least 12 yrs old)
ULTRACET TABS (*Use tramadol-acetaminophen*)	NF	QL(4 ea daily); AL(At least 18 yrs old)
ULTRACET TABS (*Use tramadol-acetaminophen*)	NP	QL(4 ea daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	NP	
buprenorphine hcl subl sl 2 mg, 8 mg	P	
buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg, 2 mg-8 mg, 3 mg-12 mg	P	
buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg	P	
buprenorphine ptwk td 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	NP	
butorphanol tartrate soln na 10 mg/ml	NP	
BUTRANS PTWK (*Use buprenorphine*)	NP	
pentazocine w/ naloxone hcl tabs	NP	
SUBLOCADE SOSY	P	SP
SUBOXONE FILM (*Use buprenorphine hcl-naloxone hcl dihydrate*)	P	
ZUBSOLV SUBL	P	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL GEL 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM (*Use testosterone*)	NF	
ANDROGEL PUMP GEL (*Use testosterone*)	NF	
DEPO-TESTOSTERONE SOLN 100 MG/ML (*Use testosterone cypionate*)	NF	
DEPO-TESTOSTERONE SOLN 200 MG/ML (*Use testosterone cypionate*)	NF	QL(4 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
FORTESTA GEL (*Use testosterone*)	NF	
TESTIM GEL (*Use testosterone*)	NF	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	P	QL(4 ml per 30 days retail)
testosterone cypionate soln im 100 mg/ml	P	
testosterone cypionate soln im 200 mg/ml	P	QL(4 ml per 30 days retail)
testosterone enanthate soln im	P	
testosterone gel td 10 mg/act, 25 mg/2.5gm, 40.5 mg/2.5gm, 1 %, 1.62 %, 50 mg/5gm	P	
testosterone soln td 30 mg/act	P	
VOGELXO GEL (*Use testosterone*)	NF	
VOGELXO PUMP GEL (*Use testosterone*)	NF	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (*Use hydrocortisone (intrarectal)*)	NP	QL(420 ml per fill retail)
CORTIFOAM FOAM	NP	
hydrocortisone (intrarectal) enem	P	QL(420 ml per fill retail)
UCERIS FOAM RE 2 MG/ACT	NP	
Rectal Combinations		
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL	NP	
lidocaine-hydrocortisone acetate (rectal) crea ex 0.5 %-3 %	NP	
lidocaine-hydrocortisone acetate (rectal) kit re 0.5 %-3 %, 1 %-3 %, 2.5 %-3 %, 2 %-2 %	NP	
phenylephrine-cocoa butter supp 0.25 %-85.39 %, 0.25 %-88.44 %	P	
phenylephrine-mineral oil-petrolatum oint	P	QL(90 gm per 30 days retail)
phenylephrine-shark liver oil-cocoa butter supp	P	QL(12 ea per 31 days retail)
phenylephrine-shark liver oil-mineral oil-petrolatum oint	P	QL(31 gm per 31 days retail)
PREPARATION H OINT RE 0.25 %-14 %-74.9 % (*Use phenylephrine-mineral oil-petrolatum*)	NF	QL(90 gm per 30 days retail)
PROCTOFOAM HC FOAM	NP	
Rectal Local Anesthetics		
pramoxine hcl (rectal) foam	P	QL(15 gm per fill retail)
PROCTOFOAM FOAM (*Use pramoxine hcl (rectal)*)	NF	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC CREA (*Use hydrocortisone (rectal)*)	NP	QL(30 gm per fill retail)
hydrocortisone (rectal) crea 1 %	P	
hydrocortisone (rectal) crea 2.5 %	P	QL(30 gm per fill retail)
hydrocortisone acetate (rectal) supp 30 mg, 25 mg	NP	
PROCTOCORT CREA (*Use hydrocortisone (rectal)*)	NF	
PROCTOCORT SUPP (*Use hydrocortisone acetate (rectal)*)	NF	
Vasodilating Agents		
RECTIV OINT	NP	
ANTACIDS		
Antacid Combinations		

Drug Name	Drug Tier	Requirements/ Limits
alum & mag hydrox-simethicone liqd 20 mg/5ml-200 mg/5ml-200 mg/5ml	P	
alum & mag hydrox-simethicone susp 0.2 %-40 mg/10ml-400 mg/10ml-400 mg/10ml, 120 mg/30ml-1200 mg/30ml-1200 mg/30ml, 20 mg/5ml-20 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP OR	P	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) tabs	P	
Antacids - Calcium Salts		
calcium carbonate (antacid) chew 500 mg	P	
calcium carbonate (antacid) susp 1250 mg/5ml	P	QL(500 ml per 30 days retail)
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 tabs or	NP	
ALBENZA TABS (*Use albendazole*)	NF	
ALBENZA TABS (*Use albendazole*)	NP	
BENZNIDAZOLE TABS	NP	SP
BILTRICIDE TABS (*Use praziquantel*)	NP	
EMVERM CHEW	NP	QL(1 ea per 20 days retail)
ivermectin tabs or 3 mg	NP	
praziquantel tabs or	P	
STROMECTOL TABS (*Use ivermectin*)	NP	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO TBEC	NP	
FLAGYL CAPS 375 MG (*Use metronidazole*)	NP	
FLAGYL TABS 500 MG (*Use metronidazole*)	NF	
metronidazole caps or 375 mg	NP	
metronidazole soln iv 500 mg/100ml	P	
METRONIDAZOLE SOLN IV 500 MG/100ML (*Use metronidazole*)	NF	
metronidazole tabs or 500 mg, 250 mg	P	
NEBUPENT SOLR (*Use pentamidine isethionate*)	P	
pentamidine isethionate solr in	P	
tinidazole tabs or 250 mg, 500 mg	NP	
TRIMETHOPRIM TABS OR	P	
trimethoprim tabs or	P	
XIFAXAN TABS 200 MG, 550 MG	NP	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (*Use sulfamethoxazole-trimethoprim*)	NP	
BACTRIM TABS (*Use sulfamethoxazole-trimethoprim*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
methenamine-hyosc-methylene blue-benzoic acid-phenyl sal tabs	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal caps 0.12 mg-10 mg-36 mg-40.8 mg-120 mg, 0.12 mg-10 mg-36 mg-40.8 mg-118 mg	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 0.12 mg-10.8 mg-36.2 mg-40.8 mg-81.6 mg	NP	
methenamine-hyoscamine-methylene blue-sodium phosphate tabs	NP	
sulfamethoxazole-trimethoprim susp or 40 mg/5ml-200 mg/5ml	P	
sulfamethoxazole-trimethoprim tabs or 80 mg-400 mg, 160 mg-800 mg	P	
URIMAR-T TABS	NP	
UROGESIC-BLUE TABS (*Use methenamine-hyoscamine-methylene blue-sodium phosphate*)	NP	
Antiprotozoal Agents		
atovaquone susp or	P	
LAMPIT TABS	NP	
MEPRON SUSP (*Use atovaquone*)	NP	
Carbapenems		
ertapenem sodium solr	P	SP
imipenem-cilastatin solr	P	
INVANZ SOLR (*Use ertapenem sodium*)	NF	SP
meropenem solr	P	
MEROPENEM/SODIUM CHLORIDE SOLR	P	
MERREM SOLR (*Use meropenem*)	NF	
PRIMAXIN IV SOLR (*Use imipenem-cilastatin*)	NF	
Glycopeptides		
FIRVANQ SOLR 25 MG/ML	NP	QL(300 ml per fill retail)
FIRVANQ SOLR 50 MG/ML	NP	
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 or 125 mg	P	QL(4 ea daily)
vancomycin hcl caps or 250 mg	P	QL(8 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	P	
Leprostatics		
dapsone tabs or 100 mg, 25 mg	P	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (*Use clindamycin hcl*)	NP	
CLEOCIN PEDIATRIC GRANULES SOLR (*Use clindamycin palmitate hydrochloride*)	NP	QL(300 ml per fill retail)
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML (*Use clindamycin phosphate*)	NF	
CLEOCIN PHOSPHATE SOLN IV 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	P	
clindamycin hcl caps or 75 mg, 150 mg, 300 mg	P	
clindamycin palmitate hydrochloride solr	P	QL(300 ml per fill retail)
clindamycin phosphate in d5w soln	P	

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate soln ij 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml, 9000 mg/60ml	P	
CLINDAMYCIN/SODIUM CHLORIDE SOLN	P	
Monobactams		
AZACTAM SOLR (*Use aztreonam*)	NF	
aztreonam solr	P	
CAYSTON SOLR	NP	SP
Oxazolidinones		
linezolid susr or 100 mg/5ml	NP	
linezolid tabs or 600 mg	NP	
SIVEXTRO TABS OR	NP	QL(6 ea per fill retail)
ZYVOX SUSR OR 100 MG/5ML (*Use linezolid*)	NP	
ZYVOX TABS OR 600 MG (*Use linezolid*)	NP	
Pleuromutilins		
XENLETA TABS OR 600 MG	NP	SP
Urinary Anti-infectives		
fosfomycin tromethamine pack	P	
HIPREX TABS (*Use methenamine hippurate*)	NP	
MACROBID CAPS (*Use nitrofurantoin monohyd macro*)	NP	
MACRODANTIN CAPS (*Use nitrofurantoin macrocrystal*)	NP	
methenamine hippurate tabs	P	
methenamine mandelate tabs or 1 gm, 0.5 gm, 500 mg	P	
MONUROL PACK (*Use fosfomycin tromethamine*)	P	

Drug Name	Drug Tier	Requirements/ Limits
nitrofurantoin macrocrystal caps or 25 mg, 50 mg, 100 mg	P	
nitrofurantoin monohyd macro caps	P	
nitrofurantoin susp or	P	QL(40 ml daily)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 (*Use ranolazine*)	NP	MP
ranolazine tb12 1000 mg, 500 mg	NP	MP
Nitrates		
GONITRO PACK	NP	
ISORDIL TITRADOSE TABS (*Use isosorbide dinitrate*)	NP	MP
isosorbide dinitrate tabs 40 mg, 10 mg, 20 mg, 30 mg, 5 mg	P	MP
isosorbide mononitrate tabs 10 mg, 20 mg	P	QL(2 ea daily); MP
isosorbide mononitrate tb24 30 mg, 120 mg, 60 mg	P	QL(1 ea daily); MP
NITRO-BID OINT	P	
NITRO-DUR PT24 0.1 MG/HR (*Use nitroglycerin*)	NF	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (*Use nitroglycerin*)	NP	
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	NP	
nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	P	
nitroglycerin soln tl 0.4 mg/spray	NP	MP
nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg	P	MP

Drug Name	Drug Tier	Requirements/ Limits
NITROLINGUAL PUMPSPRAY SOLN (*Use nitroglycerin*)	NP	MP
NITROSTAT SUBL (*Use nitroglycerin*)	NP	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl tabs or 10 mg, 5 mg	P	QL(6 ea daily); MP
buspirone hcl tabs or 15 mg	P	QL(4 ea daily); MP
buspirone hcl tabs or 7.5 mg, 30 mg	P	QL(3 ea daily); MP
hydroxyzine hcl syrp or 10 mg/5ml	P	MP
hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg	P	MP
hydroxyzine pamoate caps or 100 mg, 25 mg, 50 mg	P	MP
meprobamate tabs 200 mg, 400 mg	NP	MP
VISTARIL CAPS (*Use hydroxyzine pamoate*)	NP	MP
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	P	
alprazolam tabs or 0.25 mg, 0.5 mg, 1 mg, 2 mg	P	QL(4 ea daily)
alprazolam tb24 or 0.5 mg, 1 mg, 2 mg, 3 mg	NP	
alprazolam tbdp or 0.25 mg, 0.5 mg, 1 mg, 2 mg	NP	
ATIVAN TABS OR 0.5 MG, 2 MG (*Use lorazepam*)	NP	QL(3 ea daily)
ATIVAN TABS OR 1 MG (*Use lorazepam*)	NP	QL(4 ea daily)
chlordiazepoxide hcl caps 25 mg, 10 mg, 5 mg	P	QL(4 ea daily)
clorazepate dipotassium tabs 15 mg, 3.75 mg, 7.5 mg	P	QL(3 ea daily)
diazepam conc or 5 mg/ml	P	
diazepam soln or 5 mg/5ml	P	QL(500 ml per fill retail)
lorazepam conc or 2 mg/ml	P	
lorazepam tabs or 0.5 mg, 2 mg	P	QL(3 ea daily)
lorazepam tabs or 1 mg	P	QL(4 ea daily)
LOREEV XR CS24	NP	
oxazepam caps	P	QL(4 ea daily)
TRANXENE T TABS (*Use clorazepate dipotassium*)	NP	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		
disopyramide phosphate caps 100 mg, 150 mg	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 caps	P	MP
Antiarrhythmics Type I-C		
flecainide acetate tabs	P	MP
propafenone hcl cp12 225 mg, 325 mg, 425 mg	NP	MP
propafenone hcl tabs 150 mg, 225 mg, 300 mg	P	MP
RYTHMOL SR CP12 (*Use propafenone hcl*)	NP	MP
Antiarrhythmics Type III		
amiodarone hcl tabs or 100 mg, 200 mg, 400 mg	P	MP
dofetilide caps	P	MP

Drug Name	Drug Tier	Requirements/ Limits
MULTAQ TABS	NP	
TIKOSYN CAPS (*Use dofetilide*)	NP	MP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
cromolyn sodium nebu in	P	QL(240 ml per 30 days retail)
Antiasthmatic - Monoclonal Antibodies		
CINQAIR SOLN	NP	SP
FASENRA PEN SOAJ	P	PA; SP; PA
FASENRA SOSY	P	PA; SP; PA
NUCALA SOAJ 100 MG/ML	P	PA; SP; PA
NUCALA SOLR 100 MG	P	PA; SP; PA
NUCALA SOSY 100 MG/ML	P	PA; SP; PA
TEZSPIRE SOSY	NP	SP
XOLAIR SOLR 150 MG	P	PA; SP; PA
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	P	PA; SP; PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	P	QL(25 gm per 30 days retail)
INCRUSE ELLIPTA AEPB	P	QL(30 ea per fill retail)
ipratropium bromide soln in	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 1.25 MCG/ACT, 2.5 MCG/ACT	P	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	NP	
TUDORZA PRESSAIR AEPB	NP	QL(1 ea per 30 days retail)
YUPELRI SOLN	NP	
Leukotriene Modulators		
ACCOLATE TABS (*Use zafirlukast*)	NP	MP
montelukast sodium chew or 4 mg, 5 mg	P	QL(1 ea daily); MP
montelukast sodium pack or 4 mg	P	QL(1 ea daily); MP
montelukast sodium tabs or 10 mg	P	QL(1 ea daily); MP
SINGULAIR CHEW (*Use montelukast sodium*)	NP	QL(1 ea daily); MP
SINGULAIR PACK (*Use montelukast sodium*)	NP	QL(1 ea daily); MP
SINGULAIR TABS (*Use montelukast sodium*)	NP	QL(1 ea daily); MP
zafirlukast tabs	P	MP
zileuton tb12	NP	MP
ZYFLO TABS	NP	
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	NP	
Steroid Inhalants		
ALVESCO AERS	NP	
ARMONAIR DIGIHALER AEPB	NP	
ARNUITY ELLIPTA AEPB	NP	
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	NP	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	P	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	P	

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH, 220 MCG/INH	P	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	P	
budesonide (inhalation) susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	P	QL(120 ml per 30 days retail); AL(Up to 8 yrs old)
FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST	P	QL(2 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST	P	QL(60 ea per fill retail)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail)
FLOVENT HFA AERO 44 MCG/ACT	P	QL(11 gm per fill retail)
FLUTICASONE PROPIONATE HFA AERO 110 MCG/ACT, 220 MCG/ACT	NP	QL(12 gm per fill retail)
FLUTICASONE PROPIONATE HFA AERO 44 MCG/ACT	NP	QL(11 gm per fill retail)
PULMICORT FLEXHALER AEPB	NP	QL(1 ea per 25 days retail)
PULMICORT SUSP (*Use budesonide (inhalation)*)	NP	QL(120 ml per 30 days retail); AL(Up to 8 yrs old)
QVAR REDIHALER AERB	NP	
Sympathomimetics		
ADVAIR DISKUS AEPB (*Use fluticasone-salmeterol*)	P	QL(2 ea daily)
ADVAIR HFA AERO	P	
AIRDUO DIGIHALER 113/14 AEPB	P	
AIRDUO DIGIHALER 232/14 AEPB	P	
AIRDUO DIGIHALER 55/14 AEPB	P	

Drug Name	Drug Tier	Requirements/ Limits
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 in 108 mcg/act	P	QL(13.4 gm per 30 days retail)
albuterol sulfate aers in 108 mcg/act	P	QL(36 gm per 30 days retail)
albuterol sulfate aers in 108 mcg/act	P	QL(17 gm per 30 days retail)
albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml, 0.083 %	P	QL(375 ml per 27 days retail)
albuterol sulfate nebu in 2.5 mg/0.5ml	P	QL(2 ea daily)
albuterol sulfate syrp or 2 mg/5ml	P	MP
albuterol sulfate tabs or 2 mg, 4 mg	NP	
ANORO ELLIPTA AEPB	P	
arformoterol tartrate nebu	NP	
BEVESPI AEROSPHERE AERO	NP	
BREO ELLIPTA AEPB	NP	
BREZTRI AEROSPHERE AERO	NP	
BROVANA NEBU (*Use arformoterol tartrate*)	NP	
budesonide-formoterol fumarate dihydrate aero	NP	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS	NP	QL(4 gm per 30 days retail)
DUAKLIR PRESSAIR AEPB	NP	
DULERA AERO 5 MCG/ACT-100 MCG/ACT, 5 MCG/ACT-200 MCG/ACT	P	QL(13 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
DULERA AERO 5 MCG/ACT-50 MCG/ACT	P	
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEPB	NP	
fluticasone-salmeterol aepb 14 mcg/act-113 mcg/act, 14 mcg/act-232 mcg/act, 14 mcg/act-55 mcg/act	NP	
fluticasone-salmeterol aepb 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/act-500 mcg/act	NP	QL(2 ea daily)
formoterol fumarate nebu in	NP	
ipratropium-albuterol soln	P	QL(12 ml daily)
levalbuterol hcl nebu in 1.25 mg/0.5ml, 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	P	
levalbuterol tartrate aero	P	2 rtl pack lmt amt,30 rtl pack lmt day(s),
PERFOROMIST NEBU (*Use formoterol fumarate*)	NP	
PROAIR DIGIHALER AEPB	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*)	P	QL(13.4 gm per 30 days retail)
SEREVENT DISKUS AEPB	P	QL(2 ea daily)
STIOLTO RESPIMAT AERS	NP	
STRIVERDI RESPIMAT AERS	NP	
SYMBICORT AERO (*Use budesonide-formoterol fumarate dihydrate*)	P	QL(11 gm per fill retail)
terbutaline sulfate tabs or 2.5 mg, 5 mg	P	
TRELEGY ELLIPTA AEPB	NP	

Drug Name	Drug Tier	Requirements/ Limits
VENTOLIN HFA AERS (*Use albuterol sulfate*)	P	QL(16 gm per 30 days retail)
VENTOLIN HFA AERS (*Use albuterol sulfate*)	P	QL(36 gm per 30 days retail)
XOPENEX CONCENTRATE NEBU (*Use levalbuterol hcl*)	NP	
XOPENEX HFA AERO (*Use levalbuterol tartrate*)	P	2 rtl pack lmt amt,30 rtl pack lmt day(s),
XOPENEX NEBU (*Use levalbuterol hcl*)	NP	
Xanthines		
THEO-24 CP24	P	
theophylline soln 80 mg/15ml	P	QL(475 ml per fill retail); MP
theophylline tb12 300 mg, 450 mg	P	
theophylline tb24 400 mg	P	
theophylline tb24 600 mg	P	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS 1 MG (*Use warfarin sodium*)	NF	
COUMADIN TABS 2.5 MG (*Use warfarin sodium*)	NF	MP
warfarin sodium tabs 1 mg, 4 mg, 6 mg, 10 mg, 7.5 mg	P	
warfarin sodium tabs 2 mg, 2.5 mg, 3 mg, 5 mg	P	MP
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	P	PA; QL(4 ea daily); PA
ELIQUIS TABS	P	PA; QL(4 ea daily); PA
SAVAYSA TABS 15 MG, 30 MG, 60 MG	NP	
XARELTO STARTER PACK TBPK	P	PA; PA
XARELTO SUSR 1 MG/ML	NP	

Drug Name	Drug Tier	Requirements/ Limits
XARELTO TABS 10 MG	P	PA; QL(1 ea daily,35 ea per 180 days retail); PA
XARELTO TABS 15 MG	P	PA; QL(2 ea daily); PA
XARELTO TABS 2.5 MG	P	PA; PA
XARELTO TABS 20 MG	P	PA; QL(1 ea daily); PA
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN (*Use fondaparinux sodium*)	NP	SP
enoxaparin sodium soln 300 mg/3ml	P	QL(42 ml per fill retail)21 rtl MAX day(s) supply,180 rtl lmt day(s),; SP
enoxaparin sodium sosy 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 30 mg/0.3ml	P	SP
fondaparinux sodium soln	P	SP
FRAGMIN SOLN	P	SP
FRAGMIN SOSY	P	SP
heparin sodium (porcine) lock flush soln 10 unit/ml	P	
heparin sodium (porcine) soln 5000 unit/0.5ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml, 1000 unit/ml	P	
HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	P	
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P	
LOVENOX SOLN 300 MG/3ML (*Use enoxaparin sodium*)	NP	QL(42 ml per fill retail)21 rtl MAX day(s) supply,180 rtl lmt day(s),; SP
LOVENOX SOSY 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML, 30 MG/0.3ML (*Use enoxaparin sodium*)	NP	SP
Thrombin Inhibitors		
PRADAXA CAPS	NP	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	NP	
FYCOMPA TABS	NP	
Anticonvulsants - Benzodiazepines		
clobazam susp 2.5 mg/ml	NP	
clobazam tabs 10 mg, 20 mg	NP	
clonazepam tabs or 0.5 mg, 1 mg, 2 mg	P	QL(4 ea daily)
clonazepam tbdp or 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	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 0.5 MG, 1 MG (*Use clonazepam*)	NF	QL(4 ea daily)
KLONOPIN TABS 0.5 MG, 1 MG, 2 MG (*Use clonazepam*)	NP	QL(4 ea daily)
NAYZILAM SOLN	NP	
ONFI SUSP (*Use clobazam*)	NP	
ONFI TABS (*Use clobazam*)	NP	
SYMPAZAN FILM	NP	

Drug Name	Drug Tier	Requirements/ Limits
VALTOCO LIQD	NP	
VALTOCO LQPK	NP	
Anticonvulsants - Misc.		
APTIOM TABS	NP	
BANZEL SUSP (*Use rufinamide*)	NP	SP
BANZEL TABS (*Use rufinamide*)	NP	SP
BRIVIACT SOLN	NP	
BRIVIACT TABS	NP	
carbamazepine chew or 100 mg	P	MP
carbamazepine cp12 or 100 mg, 200 mg, 300 mg	NP	MP
carbamazepine susp or 100 mg/5ml, 200 mg/10ml	P	MP
carbamazepine tabs or 200 mg	P	MP
carbamazepine tb12 or 100 mg, 200 mg, 400 mg	P	MP
CARBATROL CP12 (*Use carbamazepine*)	NP	MP
DIACOMIT CAPS	NP	SP
DIACOMIT PACK	NP	SP
ELEPSIA XR TB24	NP	
EPIDIOLEX SOLN	NP	SP
EPRONTIA SOLN	NP	
FINTEPLA SOLN	NP	SP
gabapentin caps or 100 mg, 300 mg, 400 mg	P	QL(9 ea daily); MP
gabapentin soln or 250 mg/5ml, 300 mg/6ml	P	MP
gabapentin tabs or 600 mg	P	QL(6 ea daily); MP
gabapentin tabs or 800 mg	P	QL(4 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
KEPPRA SOLN OR 100 MG/ML (*Use levetiracetam*)	NP	QL(30 ml daily); MP
KEPPRA TABS OR 1000 MG (*Use levetiracetam*)	NP	MP
KEPPRA TABS OR 250 MG, 750 MG (*Use levetiracetam*)	NP	QL(4 ea daily); MP
KEPPRA TABS OR 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 or 100 mg, 150 mg, 200 mg, 50 mg	NP	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (*Use lamotrigine*)	NP	MP
LAMICTAL ODT KIT	NP	MP
LAMICTAL ODT KIT (*Use lamotrigine*)	NP	MP
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (*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 TABS (*Use lamotrigine*)	NP	MP
LAMICTAL XR KIT	NP	
LAMICTAL XR TB24 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*Use lamotrigine*)	NP	ST; MP

Drug Name	Drug Tier	Requirements/ Limits
lamotrigine chew or 25 mg, 5 mg	P	MP
lamotrigine kit or 25 mg	NP	MP
lamotrigine tabs or 100 mg, 150 mg, 200 mg, 25 mg	P	MP
lamotrigine tb24 or 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	NP	ST; MP
lamotrigine tbdp or 100 mg, 200 mg, 25 mg, 50 mg	NP	MP
levetiracetam soln or 100 mg/ml, 500 mg/5ml	P	QL(30 ml daily); MP
levetiracetam tabs or 1000 mg	P	MP
levetiracetam tabs or 250 mg, 750 mg	P	QL(4 ea daily); MP
levetiracetam tabs or 500 mg	P	QL(6 ea daily); MP
levetiracetam tb24 or 500 mg, 750 mg	P	MP
LYRICA CAPS (*Use pregabalin*)	NP	MP
LYRICA SOLN (*Use pregabalin*)	NP	MP
MYSOLINE TABS (*Use primidone*)	NP	MP
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (*Use gabapentin*)	NP	QL(9 ea daily); MP
NEURONTIN SOLN 250 MG/5ML (*Use gabapentin*)	NF	MP
NEURONTIN SOLN 250 MG/5ML (*Use gabapentin*)	NP	MP
NEURONTIN TABS 600 MG (*Use gabapentin*)	NP	QL(6 ea daily); MP
NEURONTIN TABS 800 MG (*Use gabapentin*)	NP	QL(4 ea daily); MP
oxcarbazepine susp 300 mg/5ml	P	MP
oxcarbazepine tabs 150 mg, 300 mg, 600 mg	P	MP
OXTELLAR XR TB24	NP	

Drug Name	Drug Tier	Requirements/ Limits
pregabalin caps or 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	P	MP
pregabalin soln or 20 mg/ml	P	MP
primidone tabs or 250 mg, 50 mg	P	MP
QUDEXY XR CS24 (*Use topiramate*)	NP	MP
rufinamide susp	NP	SP
rufinamide tabs	NP	SP
SPRITAM TB3D	NP	
TEGRETOL SUSP (*Use carbamazepine*)	NP	MP
TEGRETOL TABS (*Use carbamazepine*)	NP	MP
TEGRETOL-XR TB12 (*Use carbamazepine*)	NP	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
TOPAMAX TABS 100 MG (*Use topiramate*)	NP	QL(4 ea daily); MP
TOPAMAX TABS 200 MG (*Use topiramate*)	NP	QL(2 ea daily); MP
TOPAMAX TABS 25 MG, 50 MG (*Use topiramate*)	NP	QL(6 ea daily); MP
topiramate cpsp or 15 mg	P	QL(6 ea daily); MP
topiramate cpsp or 25 mg	P	QL(8 ea daily); MP
topiramate cs24 or 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	NP	MP
topiramate tabs or 100 mg	P	QL(4 ea daily); MP
topiramate tabs or 200 mg	P	QL(2 ea daily); MP
topiramate tabs or 25 mg, 50 mg	P	QL(6 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
TRILEPTAL SUSP (*Use oxcarbazepine*)	NP	MP
TRILEPTAL TABS (*Use oxcarbazepine*)	NP	MP
TROKENDI XR CP24	NP	
VIMPAT SOLN OR 10 MG/ML (*Use lacosamide*)	NP	
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG (*Use lacosamide*)	NP	
zonisamide caps or	P	MP
Carbamates		
felbamate susp 600 mg/5ml	NP	MP
felbamate tabs 400 mg, 600 mg	NP	MP
FELBATOL SUSP (*Use felbamate*)	NP	MP
FELBATOL TABS (*Use felbamate*)	NP	MP
XCOPRI TABS	P	
XCOPRI TBPK	P	
GABA Modulators		
GABITRIL TABS (*Use tiagabine hcl*)	NP	MP
SABRIL PACK (*Use vigabatrin*)	NP	SP; MP
SABRIL TABS (*Use vigabatrin*)	NP	SP; MP
tiagabine hcl tabs 12 mg, 16 mg, 2 mg, 4 mg	NP	MP
vigabatrin pack	NP	SP; MP
vigabatrin tabs	NP	SP; MP
Hydantoins		
DILANTIN CAPS 100 MG (*Use phenytoin sodium extended*)	NP	MP
DILANTIN CAPS 30 MG	NP	

Drug Name	Drug Tier	Requirements/ Limits
DILANTIN INFATABS CHEW (*Use phenytoin*)	NP	MP
DILANTIN-125 SUSP (*Use phenytoin*)	NF	MP
DILANTIN-125 SUSP (*Use phenytoin*)	NP	MP
PHENYTEK CAPS (*Use phenytoin sodium extended*)	NP	MP
phenytoin chew or 50 mg	P	MP
phenytoin sodium extended caps	P	MP
phenytoin susp or 100 mg/4ml, 125 mg/5ml	P	MP
Succinimides		
CELONTIN CAPS	NP	
ethosuximide caps or 250 mg	P	MP
ethosuximide soln or 250 mg/5ml	P	MP
ZARONTIN CAPS 250 MG (*Use ethosuximide*)	NP	MP
ZARONTIN SOLN 250 MG/5ML (*Use ethosuximide*)	NF	MP
ZARONTIN SOLN 250 MG/5ML (*Use ethosuximide*)	NP	MP
Valproic Acid		
DEPAKOTE ER TB24 250 MG (*Use divalproex sodium*)	NF	MP
DEPAKOTE ER TB24 250 MG, 500 MG (*Use divalproex sodium*)	NP	MP
DEPAKOTE SPRINKLES CSDR (*Use divalproex sodium*)	NP	MP
DEPAKOTE TBEC (*Use divalproex sodium*)	NP	MP
divalproex sodium csdr or 125 mg	P	MP
divalproex sodium tb24 or 250 mg, 500 mg	P	MP

Drug Name	Drug Tier	Requirements/ Limits
divalproex sodium tbec or 125 mg, 250 mg, 500 mg	P	MP
valproate sodium soln or 250 mg/5ml	P	MP
valproic acid caps or	P	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs or 15 mg	P	QL(3 ea daily); MP
mirtazapine tabs or 30 mg	P	QL(1.5 ea daily); MP
mirtazapine tabs or 7.5 mg, 45 mg	P	QL(1 ea daily); MP
mirtazapine tbdp or 15 mg	P	QL(3 ea daily); MP
mirtazapine tbdp or 30 mg	P	QL(1.5 ea daily); MP
mirtazapine tbdp or 45 mg	P	QL(1 ea daily); MP
REMERON SOLTAB TBDP 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 TABS 15 MG (*Use mirtazapine*)	NF	QL(3 ea daily); MP
REMERON TABS 15 MG (*Use mirtazapine*)	NP	QL(3 ea daily); MP
REMERON TABS 30 MG (*Use mirtazapine*)	NF	QL(1.5 ea daily); MP
REMERON TABS 30 MG (*Use mirtazapine*)	NP	QL(1.5 ea daily); MP
Antidepressants - Misc.		
APLENZIN TB24	NP	
bupropion hcl tabs or 100 mg, 75 mg	P	QL(3 ea daily); MP
bupropion hcl tb12 or 100 mg	P	QL(4 ea daily); MP
bupropion hcl tb12 or 150 mg	P	QL(3 ea daily); MP
bupropion hcl tb12 or 200 mg	P	QL(2 ea daily); MP
bupropion hcl tb24 or 150 mg	P	QL(3 ea daily); MP
bupropion hcl tb24 or 300 mg	P	QL(1 ea daily); MP
bupropion hcl tb24 or 450 mg	P	MP
FORFIVO XL TB24 (*Use bupropion hcl*)	NP	MP
WELLBUTRIN SR TB12 100 MG (*Use bupropion hcl*)	NP	QL(4 ea daily); 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
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 PT24	NP	
MARPLAN TABS	NP	
NARDIL TABS (*Use phenelzine sulfate*)	NP	MP
phenelzine sulfate tabs or	P	MP
N-Methyl-D-aspartic acid (NMDA) Receptor		
SPRAVATO 56MG DOSE SOPK	NP	SP
SPRAVATO 84MG DOSE SOPK	NP	SP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (*Use citalopram hydrobromide*)	NP	QL(4 ea daily); MP
CELEXA TABS 20 MG (*Use citalopram hydrobromide*)	NP	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
CELEXA TABS 40 MG (*Use citalopram hydrobromide*)	NP	QL(1 ea daily); MP
CITALOPRAM HYDROBROMIDE CAPS 30 MG	NP	
citalopram hydrobromide soln 10 mg/5ml	P	QL(240 ml per 30 days retail,720 ml per 90 days mail); MP
citalopram hydrobromide tabs 10 mg	P	QL(4 ea daily); MP
citalopram hydrobromide tabs 20 mg	P	QL(2 ea daily); MP
citalopram hydrobromide tabs 40 mg	P	QL(1 ea daily); MP
escitalopram oxalate soln or 5 mg/5ml	P	MP
escitalopram oxalate tabs or 10 mg	P	QL(2 ea daily); MP
escitalopram oxalate tabs or 20 mg	P	QL(1 ea daily); MP
escitalopram oxalate tabs or 5 mg	P	QL(4 ea daily); MP
fluoxetine hcl caps or 10 mg, 20 mg, 40 mg	P	QL(4 ea daily); MP
fluoxetine hcl cpdr or 90 mg	NP	MP
fluoxetine hcl soln or 20 mg/5ml	P	QL(600 ml per 30 days retail,1800 ml per 90 days mail); MP
fluoxetine hcl tabs or 60 mg, 10 mg, 20 mg	P	MP
FLUOXETINE HYDROCHLORIDE TABS (*Use fluoxetine hcl*)	P	MP
fluvoxamine maleate cp24 100 mg, 150 mg	NP	MP
fluvoxamine maleate tabs 100 mg	P	QL(3 ea daily); MP
fluvoxamine maleate tabs 25 mg, 50 mg	P	QL(2 ea daily); MP
LEXAPRO TABS 10 MG (*Use escitalopram oxalate*)	NP	QL(2 ea daily); MP
LEXAPRO TABS 20 MG (*Use escitalopram oxalate*)	NP	QL(1 ea daily); MP
LEXAPRO TABS 5 MG (*Use escitalopram oxalate*)	NP	QL(4 ea daily); MP
paroxetine hcl susp 10 mg/5ml	P	QL(40 ml daily)
paroxetine hcl tabs 10 mg	P	QL(6 ea daily); MP
paroxetine hcl tabs 20 mg	P	QL(3 ea daily); MP
paroxetine hcl tabs 40 mg, 30 mg	P	QL(2 ea daily); MP
paroxetine hcl tb24 37.5 mg, 12.5 mg, 25 mg	NP	MP
PAXIL CR TB24 (*Use paroxetine hcl*)	NP	MP
PAXIL SUSP 10 MG/5ML (*Use paroxetine hcl*)	NP	QL(40 ml daily)
PAXIL TABS 10 MG (*Use paroxetine hcl*)	NP	QL(6 ea daily); MP
PAXIL TABS 20 MG (*Use paroxetine hcl*)	NF	QL(3 ea daily); MP
PAXIL TABS 20 MG (*Use paroxetine hcl*)	NP	QL(3 ea daily); MP
PAXIL TABS 40 MG, 30 MG (*Use paroxetine hcl*)	NP	QL(2 ea daily); MP
PEXEVA TABS	NP	
PROZAC CAPS 10 MG, 20 MG, 40 MG (*Use fluoxetine hcl*)	NP	QL(4 ea daily); MP
PROZAC CAPS 20 MG (*Use fluoxetine hcl*)	NF	QL(4 ea daily); MP
sertraline hcl conc or 20 mg/ml	P	QL(10 ml daily); MP
sertraline hcl tabs or 100 mg	P	QL(2 ea daily); MP
sertraline hcl tabs or 25 mg, 50 mg	P	QL(4 ea daily); MP
SERTRALINE HYDROCHLORIDE CAPS	NP	
ZOLOFT CONC 20 MG/ML (*Use sertraline hcl*)	NP	QL(10 ml daily); MP
ZOLOFT TABS 100 MG (*Use sertraline hcl*)	NP	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
ZOLOFT TABS 25 MG, 50 MG (*Use sertraline hcl*)	NP	QL(4 ea daily); MP
Serotonin Modulators		
nefazodone hcl tabs	NP	MP
trazodone hcl tabs or 150 mg, 100 mg, 50 mg	P	MP
trazodone hcl tabs or 300 mg	P	QL(2 ea daily); MP
TRINTELLIX TABS	NP	QL(1 ea daily)
VIIBRYD STARTER PACK KIT	NP	
VIIBRYD TABS	NP	QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP 20 MG, 60 MG, 30 MG (*Use duloxetine hcl*)	NP	QL(1 ea daily); MP
CYMBALTA CPEP 60 MG (*Use duloxetine hcl*)	NF	QL(1 ea daily); MP
DESVENLAFAXINE ER TB24 100 MG, 50 MG	NP	MP
desvenlafaxine succinate tb24 100 mg	NP	ST; QL(4 ea daily); MP
desvenlafaxine succinate tb24 25 mg, 50 mg	NP	ST; QL(1 ea daily); MP
DRIZALMA SPRINKLE CSDR	NP	
duloxetine hcl cpep or 20 mg, 60 mg, 30 mg	P	QL(1 ea daily); MP
duloxetine hcl cpep or 40 mg	P	MP
EFFEXOR XR CP24 150 MG (*Use venlafaxine hcl*)	NF	QL(2 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*)	NF	QL(4 ea daily); MP
EFFEXOR XR CP24 37.5 MG (*Use venlafaxine hcl*)	NP	QL(4 ea daily); MP
EFFEXOR XR CP24 75 MG (*Use venlafaxine hcl*)	NP	QL(5 ea daily); MP
FETZIMA CP24	NP	

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA TITRATION PACK C4PK	NP	
PRISTIQ TB24 100 MG (*Use desvenlafaxine succinate*)	NP	ST; QL(4 ea daily); MP
PRISTIQ TB24 25 MG, 50 MG (*Use desvenlafaxine succinate*)	NP	ST; QL(1 ea daily); MP
PRISTIQ TB24 50 MG (*Use desvenlafaxine succinate*)	NF	ST; QL(1 ea daily); MP
venlafaxine hcl cp24 150 mg	P	QL(2 ea daily); MP
venlafaxine hcl cp24 37.5 mg	P	QL(4 ea daily); MP
venlafaxine hcl cp24 75 mg	P	QL(5 ea daily); MP
venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	P	MP
venlafaxine hcl tb24 150 mg, 225 mg, 75 mg, 37.5 mg	NP	MP
Tricyclic Agents		
amitriptyline hcl tabs or 10 mg, 100 mg, 150 mg, 50 mg, 75 mg, 25 mg	P	MP
amoxapine tabs	NP	MP
ANAFRANIL CAPS (*Use clomipramine hcl*)	NP	MP
clomipramine hcl caps or 25 mg, 50 mg, 75 mg	P	MP
desipramine hcl tabs or 10 mg, 100 mg, 150 mg, 75 mg, 50 mg	P	MP
desipramine hcl tabs or 25 mg	P	QL(2 ea daily); MP
doxepin hcl caps or 150 mg, 25 mg, 75 mg, 10 mg, 100 mg, 50 mg	P	MP
doxepin hcl conc or 10 mg/ml	P	MP
imipramine hcl tabs or 10 mg, 25 mg, 50 mg	P	MP
imipramine pamoate caps	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
NORPRAMIN TABS 10 MG (*Use desipramine hcl*)	NP	MP
NORPRAMIN TABS 25 MG (*Use desipramine hcl*)	NP	QL(2 ea daily); MP
nortriptyline hcl caps or 50 mg, 10 mg, 25 mg, 75 mg	P	MP
nortriptyline hcl soln or 10 mg/5ml	P	QL(20 ml daily); MP
PAMELOR CAPS (*Use nortriptyline hcl*)	NP	MP
protriptyline hcl tabs 10 mg, 5 mg	P	MP
trimipramine maleate caps or 100 mg, 25 mg, 50 mg	NP	MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose tabs or 100 mg, 50 mg, 25 mg	P	MP
GLYSET TABS (*Use miglitol*)	NF	MP
miglitol tabs	P	MP
PRECOSE TABS (*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 15 MG-500 MG (*Use pioglitazone hcl-metformin hcl*)	NF	QL(2 ea daily); MP
ACTOPLUS MET TABS 15 MG-850 MG (*Use pioglitazone hcl-metformin hcl*)	NP	QL(2 ea daily); MP
alogliptin-metformin hcl tabs	NP	QL(2 ea daily); MP
alogliptin-pioglitazone tabs	NP	QL(1 ea daily); MP
DUETACT TABS (*Use pioglitazone hcl-glimepiride*)	NP	MP
glipizide-metformin hcl tabs	P	MP
glyburide-metformin tabs 1.25 mg-250 mg, 2.5 mg-500 mg, 5 mg-500 mg	P	MP
GLYXAMBI TABS	NP	
INVOKAMET TABS	NP	
INVOKAMET XR TB24	NP	
JANUMET TABS 50 MG-1000 MG, 50 MG-500 MG	NP	
JANUMET XR TB24 100 MG-1000 MG, 50 MG-1000 MG, 50 MG-500 MG	NP	
JENTADUETO TABS	NP	QL(2 ea daily)
JENTADUETO XR TB24	NP	
KAZANO TABS (*Use alogliptin-metformin hcl*)	NP	QL(2 ea daily); MP
KOMBIGLYZE XR TB24	NP	
OSENI TABS (*Use alogliptin-pioglitazone*)	NP	QL(1 ea daily); MP
pioglitazone hcl-glimepiride tabs 2 mg-30 mg, 4 mg-30 mg	NP	MP
pioglitazone hcl-metformin hcl tabs 15 mg-500 mg, 15 mg-850 mg	NP	QL(2 ea daily); MP
QTERN TABS	NP	
SEGLUROMET TABS	NP	ST; QL(2 ea daily)
SOLIQUA 100/33 SOPN	NP	
STEGLUJAN TABS	NP	
SYNJARDY TABS	NP	
SYNJARDY XR TB24	NP	

Drug Name	Drug Tier	Requirements/ Limits
TRIJARDY XR TB24	NP	
XIGDUO XR TB24	NP	
XULTOPHY 100/3.6 SOPN	NP	
Biguanides		
FORTAMET TB24 (*Use metformin hcl*)	NF	MP
GLUMETZA TB24 (*Use metformin hcl*)	NP	MP
metformin hcl soln or 500 mg/5ml	NP	MP
metformin hcl tabs or 1000 mg	P	QL(2 ea daily); MP
metformin hcl tabs or 500 mg	P	QL(5 ea daily); MP
metformin hcl tabs or 850 mg	P	QL(3 ea daily); MP
metformin hcl tb24 or 1000 mg, 500 mg	NP	MP
metformin hcl tb24 or 500 mg	P	QL(4 ea daily); MP
metformin hcl tb24 or 750 mg	P	QL(2 ea daily); MP
RIOMET ER SRER	NP	
RIOMET SOLN (*Use metformin hcl*)	NP	MP
Diabetic Other		
BAQSIMI ONE PACK POWD	P	
BAQSIMI TWO PACK POWD	P	
diazoxide susp or	P	
GLUCAGEN HYPOKIT SOLR	NP	
glucagon (rdna) kit	NP	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR SOLR	NP	
GLUCAGON EMERGENCY KIT KIT (*Use glucagon (rdna)*)	NP	QL(1 ea per fill retail)
GVOKE HYPOPEN 1-PACK SOAJ	P	
GVOKE HYPOPEN 2-PACK SOAJ	P	
GVOKE KIT SOLN	P	
GVOKE PFS SOSY	P	
KORLYM TABS	NP	SP
PROGLYCEM SUSP (*Use diazoxide*)	P	
ZEGALOGUE SOAJ	P	
ZEGALOGUE SOSY	P	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate tabs	NP	QL(1 ea daily); MP
JANUVIA TABS	P	
NESINA TABS (*Use alogliptin benzoate*)	NP	QL(1 ea daily); MP
ONGLYZA TABS	NP	
TRADJENTA TABS	P	QL(1 ea daily)
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	NP	
Incretin Mimetic Agents (GLP-1 Receptor		
ADLYXIN SOPN	NP	
ADLYXIN STARTER PACK PNKT	NP	
BYDUREON BCISE AUIJ	NP	QL(3.4 ml per 28 days retail)
BYDUREON PEN PEN	NP	QL(4 ea per 30 days retail)
BYETTA SOPN 10 MCG/0.04ML	NP	QL(2.4 ml per 30 days retail)
BYETTA SOPN 5 MCG/0.02ML	NP	QL(1.2 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
MOUNJARO SOPN	NP	
OZEMPIC SOPN	NP	
RYBELSUS TABS	P	PA; PA
TRULICITY SOPN	P	
VICTOZA SOPN	P	QL(0.3 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (*Use pioglitazone hcl*)	NP	QL(1 ea daily); MP
pioglitazone hcl tabs 15 mg, 30 mg, 45 mg	P	QL(1 ea daily); MP
Insulin		
ADMELOG SOLN	NP	
ADMELOG SOLOSTAR SOPN	NP	QL(2 ml daily); MP
AFREZZA POWD	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
FIASP FLEXTOUCH SOPN	NP	QL(2 ml daily); MP
FIASP PENFILL SOCT	NP	QL(2 ml daily); MP
FIASP SOLN	NP	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 KWIKPEN SUPN	P	QL(2 ml daily); MP
HUMALOG MIX 50/50 SUSP	P	QL(2 ml daily); MP
HUMALOG MIX 75/25 KWIKPEN SUPN	P	QL(2 ml daily); MP
HUMALOG MIX 75/25 SUSP	P	QL(2 ml daily); MP
HUMALOG SOCT SC	P	QL(2 ml daily); MP
HUMALOG SOLN IJ	P	
HUMULIN 70/30 KWIKPEN SUPN	P	QL(2 ml daily); MP
HUMULIN 70/30 SUSP	P	QL(2 ml daily); MP
HUMULIN N KWIKPEN SUPN	P	QL(2 ml daily); MP
HUMULIN N SUSP	P	QL(2 ml daily); MP
HUMULIN R SOLN	P	QL(2 ml daily); MP
HUMULIN R U-500 (*CONCENTRATED*) SOLN	P	QL(2 ml daily); MP
HUMULIN R U-500 KWIKPEN SOPN	P	QL(0.6 ml daily); MP
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 FLEXPEN SUPN	NP	QL(2 ml daily); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	NP	QL(2 ml daily); MP
INSULIN ASPART SOLN	NP	
INSULIN GLARGINE SOLN	NP	QL(2 ml daily); MP
INSULIN GLARGINE SOLN	NP	
INSULIN GLARGINE SOLOSTAR SOPN	NP	QL(2 ml daily); MP
INSULIN GLARGINE SOPN	NP	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	QL(2 ml daily); MP
INSULIN LISPRO KWIKPEN SOPN	P	QL(2 ml daily); MP

Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(2 ml daily); MP
INSULIN LISPRO SOLN	P	
LANTUS SOLN	P	QL(2 ml daily); MP
LANTUS SOLOSTAR SOPN	P	QL(2 ml daily); MP
LEVEMIR FLEXTOUCH SOPN	P	QL(2 ml daily); MP
LEVEMIR SOLN	P	QL(2 ml daily); MP
LYUMJEV KWIKPEN SOPN	NP	MP
LYUMJEV SOLN	NP	MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(2 ml daily); MP
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(2 ml daily); MP
NOVOLIN 70/30 RELION SUSP	NP	QL(2 ml daily); MP
NOVOLIN 70/30 SUSP	NP	QL(2 ml daily); MP
NOVOLIN N FLEXPEN RELION SUPN	NP	QL(2 ml daily); MP
NOVOLIN N FLEXPEN SUPN	NP	QL(2 ml daily); MP
NOVOLIN N RELION SUSP	NP	QL(2 ml daily); MP
NOVOLIN N SUSP	NP	QL(2 ml daily); MP
NOVOLIN R FLEXPEN RELION SOPN	NP	QL(2 ml daily); MP
NOVOLIN R FLEXPEN SOPN	NP	QL(2 ml daily); MP
NOVOLIN R RELION SOLN	NP	QL(2 ml daily); MP
NOVOLIN R SOLN	NP	QL(2 ml daily); MP
NOVOLOG FLEXPEN RELION SOPN	NP	QL(2 ml daily); MP
NOVOLOG FLEXPEN SOPN	NP	QL(2 ml daily); MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	QL(2 ml daily); MP
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	NP	QL(2 ml daily); MP
NOVOLOG MIX 70/30 RELION SUSP	NP	QL(2 ml daily); MP
NOVOLOG MIX 70/30 SUSP	NP	QL(2 ml daily); MP
NOVOLOG PENFILL SOCT	NP	QL(2 ml daily); MP
NOVOLOG RELION SOLN	NP	
NOVOLOG SOLN	NP	
SEMGLEE SOLN	NP	QL(2 ml daily); MP
SEMGLEE SOLN	NP	
SEMGLEE SOPN	NP	QL(2 ml daily); MP
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 FLEXTOUCH SOPN	NP	QL(2 ml daily); MP
TRESIBA SOLN	NP	QL(2 ml daily); MP
Meglitinide Analogues		
nateglinide tabs	P	QL(3 ea daily); MP
repaglinide tabs	NP	MP
STARLIX TABS (*Use nateglinide*)	NF	QL(3 ea daily); MP
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS 10 MG, 5 MG	NP	
FARXIGA TABS 10 MG, 5 MG	P	
INVOKANA TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
JARDIANCE TABS 10 MG, 25 MG	P	QL(1 ea daily)
STEGLATRO TABS	NP	ST; QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (*Use glimepiride*)	NP	QL(4 ea daily); MP
AMARYL TABS 4 MG (*Use glimepiride*)	NP	QL(2 ea daily); MP
glimepiride tabs 1 mg, 2 mg	P	QL(4 ea daily); MP
glimepiride tabs 4 mg	P	QL(2 ea daily); MP
glipizide tabs or 10 mg, 5 mg	P	MP
glipizide tb24 or 10 mg, 2.5 mg, 5 mg	P	MP
GLUCOTROL TABS (*Use glipizide*)	NF	MP
GLUCOTROL XL TB24 (*Use glipizide*)	NP	MP
glyburide micronized tabs	P	MP
glyburide tabs or 1.25 mg, 2.5 mg, 5 mg	P	MP
GLYNASE TABS 1.5 MG, 3 MG, 6 MG (*Use glyburide micronized*)	NP	MP
GLYNASE TABS 3 MG (*Use glyburide micronized*)	NF	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate chew or 262 mg	P	
bismuth subsalicylate susp or 1050 mg/30ml, 525 mg/15ml	P	
bismuth subsalicylate tabs or 262 mg	P	
PEPTO BISMOL TABS (*Use bismuth subsalicylate*)	NF	
PEPTO-BISMOL CHEW 262 MG (*Use bismuth subsalicylate*)	NF	
PEPTO-BISMOL MAX STRENGTH SUSP (*Use bismuth subsalicylate*)	NF	
PEPTO-BISMOL TO-GO CHEW (*Use bismuth subsalicylate*)	NF	
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD	P	QL(40 ml daily)
diphenoxylate w/ atropine liqd	P	
diphenoxylate w/ atropine tabs	P	
IMODIUM A-D CAPS 2 MG (*Use loperamide hcl*)	NF	QL(8 ea daily); RX/OTC
IMODIUM A-D LIQD 1 MG/7.5ML (*Use loperamide hcl*)	NF	QL(60 ml daily)
IMODIUM A-D TABS 2 MG (*Use loperamide hcl*)	NF	QL(8 ea daily)
LOMOTIL TABS (*Use diphenoxylate w/ atropine*)	NF	
loperamide hcl caps or 2 mg	P	QL(8 ea daily); RX/OTC
loperamide hcl liqd or 1 mg/7.5ml	P	QL(60 ml daily)
loperamide hcl soln or 1 mg/7.5ml, 2 mg/15ml	P	QL(60 ml daily)
loperamide hcl susp or 1 mg/7.5ml	P	QL(60 ml daily)
loperamide hcl tabs or 2 mg	P	QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	P	
deferasirox pack 90 mg, 180 mg, 360 mg	NP	SP
deferasirox tabs 180 mg, 360 mg, 90 mg	NP	SP
deferasirox tbso 125 mg, 250 mg, 500 mg	NP	SP
deferiprone tabs	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
EXJADE TBSO (*Use deferasirox*)	NP	SP
FERRIPROX SOLN 100 MG/ML	NP	SP
FERRIPROX TABS 1000 MG, 500 MG (*Use deferiprone*)	NF	SP
FERRIPROX TABS 1000 MG, 500 MG (*Use deferiprone*)	NP	SP
FERRIPROX TWICE-A-DAY TABS	NP	SP
JADENU SPRINKLE PACK (*Use deferasirox*)	NP	SP
JADENU TABS (*Use deferasirox*)	NP	SP
Antidotes and Specific Antagonists		
VISTOGARD PACK	P	
Opioid Antagonists		
KLOXXADO LIQD	P	
NALMEFENE HYDROCHLORIDE SOLN	P	
naloxone hcl liqd na 4 mg/0.1ml	P	
naloxone hcl soct ij 0.4 mg/ml	P	
naloxone hcl soln ij 0.4 mg/ml, 4 mg/10ml	P	
naloxone hcl sosy ij 2 mg/2ml	P	
naltrexone hcl tabs or	P	
NARCAN LIQD (*Use naloxone hcl*)	P	
VIVITROL SUSR	P	SP
ZIMHI SOSY	P	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS	NP	
granisetron hcl tabs or 1 mg	NP	
ondansetron hcl soln or 4 mg/5ml	P	QL(50 ml per fill retail)
ondansetron hcl tabs or 8 mg, 4 mg	P	QL(20 ea per fill retail)
ondansetron tbdp 4 mg, 8 mg	P	QL(20 ea per fill retail)
SANCUSO PTCH	NP	
ZOFRAN TABS (*Use ondansetron hcl*)	NF	QL(20 ea per fill retail)
Antiemetics - Anticholinergic		
ANTIVERT CHEW 25 MG (*Use meclizine hcl*)	NP	RX/OTC
ANTIVERT TABS 50 MG	NP	
meclizine hcl tabs or 12.5 mg, 25 mg	P	RX/OTC
scopolamine pt72	P	
TIGAN CAPS OR 300 MG (*Use trimethobenzamide hcl*)	NF	
TRANSDERM-SCOP PT72 (*Use scopolamine*)	P	
trimethobenzamide hcl caps or	NP	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 0.5 MG-300 MG	NP	
BONJESTA TBCR	NP	
DICLEGIS TBEC (*Use doxylamine-pyridoxine*)	NP	
doxylamine-pyridoxine tbec	NP	
dronabinol caps	NP	
MARINOL CAPS (*Use dronabinol*)	NP	
Substance P/Neurokinin 1 (NK1) Receptor		
aprepitant caps	P	
aprepitant misc	P	

Drug Name	Drug Tier	Requirements/ Limits
EMEND CAPS OR 40 MG (*Use aprepitant*)	NF	
EMEND CAPS OR 80 MG (*Use aprepitant*)	NP	
EMEND SUSR OR 125 MG/5ML	NP	
EMEND TRIPACK CAPS (*Use aprepitant*)	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME TABS	NP	
micafungin sodium solr	P	
MICAFUNGIN SOLR	P	
MYCAMINE SOLR (*Use micafungin sodium*)	NF	
Antifungals		
ANCOBON CAPS (*Use flucytosine*)	NP	
flucytosine caps or 250 mg, 500 mg	NP	
griseofulvin microsize susp 125 mg/5ml	P	
griseofulvin microsize tabs 500 mg	P	
griseofulvin ultramicrosize tabs 125 mg, 250 mg	P	
nystatin tabs or	P	QL(6 ea daily)
terbinafine hcl tabs or	P	QL(1 ea daily,90 ea per 120 days retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	NP	
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (*Use fluconazole*)	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG (*Use fluconazole*)	NP	QL(1 ea daily)
DIFLUCAN TABS 150 MG (*Use fluconazole*)	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 200 MG (*Use fluconazole*)	NP	QL(2 ea daily)
DIFLUCAN TABS 50 MG (*Use fluconazole*)	NP	QL(7 ea per fill retail)
fluconazole in nacl soln	P	
fluconazole susr or 10 mg/ml, 40 mg/ml	P	QL(70 ml per fill retail)
fluconazole tabs or 100 mg	P	QL(1 ea daily)
fluconazole tabs or 150 mg	P	QL(2 ea per fill retail)
fluconazole tabs or 200 mg	P	QL(2 ea daily)
fluconazole tabs or 50 mg	P	QL(7 ea per fill retail)
FLUCONAZOLE/SODIUM CHLORIDE SOLN	P	
itraconazole caps or 100 mg	P	QL(1 ea daily)
itraconazole soln or 10 mg/ml	NP	
ketoconazole tabs or	P	
NOXAFIL SUSP OR 40 MG/ML	NP	
NOXAFIL TBEC OR 100 MG (*Use posaconazole*)	NP	
posaconazole tbec	NP	
SPORANOX CAPS 100 MG (*Use itraconazole*)	NP	QL(1 ea daily)
SPORANOX PULSEPAK CAPS (*Use itraconazole*)	NP	QL(1 ea daily)
SPORANOX SOLN 10 MG/ML (*Use itraconazole*)	NP	
TOLSURA CAPS	NP	
VFEND SUSR (*Use voriconazole*)	NP	
VFEND TABS (*Use voriconazole*)	NP	
voriconazole susr or 40 mg/ml	NP	
voriconazole tabs or 200 mg, 50 mg	NP	

Drug Name	Drug Tier	Requirements/ Limits
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
CHLOR-TRIMETON SYRP 2 MG/5ML (*Use chlorpheniramine maleate*)	NF	QL(60 ml daily)
CHLOR-TRIMETON TABS 4 MG (*Use chlorpheniramine maleate*)	NF	QL(120 ea per fill retail)
chlorpheniramine maleate syrp or 2 mg/5ml	P	QL(60 ml daily)
chlorpheniramine maleate tabs or 4 mg	P	QL(120 ea per fill retail)
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CAPS (*Use diphenhydramine hcl*)	NF	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML (*Use diphenhydramine hcl*)	NF	QL(240 ml per fill retail)
BENADRYL ALLERGY TABS (*Use diphenhydramine hcl*)	NF	QL(4 ea daily)
BENADRYL ALLERGY ULTRATABS TABS (*Use diphenhydramine hcl*)	NF	QL(4 ea daily)
clemastine fumarate tabs or 1.34 mg	P	QL(2 ea daily)
diphenhydramine hcl caps or 50 mg, 25 mg	P	QL(4 ea daily)
diphenhydramine hcl elix or 12.5 mg/5ml	P	QL(240 ml per fill retail)
diphenhydramine hcl liqd or 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml	P	QL(240 ml per fill retail)
diphenhydramine hcl tabs or 25 mg	P	QL(4 ea daily)
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 chew 5 mg, 10 mg	P	QL(1 ea daily)
cetirizine hcl soln 1 mg/ml, 5 mg/5ml	P	QL(480 ml per fill retail); RX/OTC
cetirizine hcl syrp 1 mg/ml, 5 mg/5ml	P	QL(480 ml per fill retail); RX/OTC
cetirizine hcl tabs 5 mg, 10 mg	P	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (*Use loratadine*)	NF	QL(240 ml per fill retail)
CLARITIN REDITABS TBDP 10 MG (*Use loratadine*)	NF	
CLARITIN SYRP 5 MG/5ML (*Use loratadine*)	NF	QL(240 ml per fill retail)
CLARITIN TABS 10 MG (*Use loratadine*)	NF	
fexofenadine hcl tabs or 180 mg	P	QL(1 ea daily)
fexofenadine hcl tabs or 60 mg	P	QL(2 ea daily)
levocetirizine dihydrochloride tabs or 5 mg	P	QL(1 ea daily); RX/OTC
loratadine soln or 5 mg/5ml	P	QL(240 ml per fill retail)
loratadine syrp or 5 mg/5ml	P	QL(240 ml per fill retail)
loratadine tabs or 10 mg	P	
loratadine tbdp or 10 mg	P	
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 (*Use cetirizine hcl*)	NF	QL(480 ml per fill retail); RX/OTC
Antihistamines - Phenothiazines		
promethazine hcl soln or 6.25 mg/5ml	P	QL(240 ml per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
promethazine hcl supp re 50 mg, 12.5 mg, 25 mg	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
promethazine hcl syrp or 6.25 mg/5ml	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine hcl tabs or 25 mg, 12.5 mg, 50 mg	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl syrp or 2 mg/5ml	P	
cyproheptadine hcl tabs or 4 mg	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL)		
NEXLETOL TABS	NP	
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin tabs	NP	ST; MP
NEXLIZET TABS	NP	
VYTORIN TABS (*Use ezetimibe-simvastatin*)	NP	ST; MP
Antihyperlipidemics - Misc.		
icosapent ethyl caps	NP	
LOVAZA CAPS (*Use omega-3-acid ethyl esters*)	NF	MP
LOVAZA CAPS (*Use omega-3-acid ethyl esters*)	NP	MP
omega-3-acid ethyl esters caps	NP	MP
VASCEPA CAPS 0.5 GM	NP	
VASCEPA CAPS 1 GM (*Use icosapent ethyl*)	NP	
Bile Acid Sequestrants		
cholestyramine light pack 4 gm	P	MP
cholestyramine light powd 4 gm/dose	P	MP
cholestyramine pack or 4 gm	P	MP
cholestyramine powd or 4 gm/dose	P	MP
colesevelam hcl pack	NP	MP
colesevelam hcl tabs	NP	MP
COLESTID FLAVORED GRAN (*Use colestipol hcl*)	NP	MP
COLESTID FLAVORED PACK (*Use colestipol hcl*)	NP	MP
COLESTID GRAN (*Use colestipol hcl*)	NP	MP
COLESTID PACK (*Use colestipol hcl*)	NP	MP
COLESTID TABS (*Use colestipol hcl*)	NP	MP
colestipol hcl gran	NP	MP
colestipol hcl pack	NP	MP
colestipol hcl tabs	NP	MP
QUESTRAN LIGHT POWD (*Use cholestyramine light*)	NP	MP
QUESTRAN PACK (*Use cholestyramine*)	NP	MP
QUESTRAN POWD (*Use cholestyramine*)	NP	MP
WELCHOL PACK (*Use colesevelam hcl*)	NP	MP
WELCHOL TABS (*Use colesevelam hcl*)	NP	MP
Fibric Acid Derivatives		
ANTARA CAPS (*Use fenofibrate micronized*)	NP	
choline fenofibrate cpdr 135 mg, 45 mg	P	MP
fenofibrate caps or 150 mg, 50 mg	P	MP
fenofibrate micronized caps 130 mg, 43 mg	P	MP
fenofibrate micronized caps 134 mg, 200 mg	P	QL(1 ea daily); MP
fenofibrate micronized caps 30 mg, 90 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
fenofibrate micronized caps 67 mg	P	QL(2 ea daily); MP
fenofibrate tabs or 120 mg, 40 mg, 145 mg, 48 mg	P	MP
fenofibrate tabs or 160 mg	P	QL(1 ea daily); MP
fenofibrate tabs or 54 mg	P	QL(3 ea daily); MP
FENOGLIDE TABS (*Use fenofibrate*)	NP	MP
gemfibrozil tabs or	P	QL(2 ea daily); MP
LIPOFEN CAPS (*Use fenofibrate*)	NP	MP
LOPID TABS (*Use gemfibrozil*)	NP	QL(2 ea daily); MP
TRICOR TABS (*Use fenofibrate*)	NP	MP
TRILIPIX CPDR (*Use choline fenofibrate*)	NP	MP
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	NP	
atorvastatin calcium tabs or 10 mg, 20 mg, 40 mg, 80 mg	P	QL(1 ea daily); MP
CRESTOR TABS 10 MG, 20 MG, 40 MG, 5 MG (*Use rosuvastatin calcium*)	NP	QL(1 ea daily); MP
CRESTOR TABS 10 MG, 5 MG (*Use rosuvastatin calcium*)	NF	QL(1 ea daily); MP
EZALLOR SPRINKLE CPSP	NP	
fluvastatin sodium caps	NP	MP
fluvastatin sodium tb24	NP	MP
LESCOL XL TB24 (*Use fluvastatin sodium*)	NP	MP
LIPITOR TABS 10 MG, 20 MG, 40 MG, 80 MG (*Use atorvastatin calcium*)	NP	QL(1 ea daily); MP
LIPITOR TABS 80 MG (*Use atorvastatin calcium*)	NF	QL(1 ea daily); MP
LIVALO TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
lovastatin tabs or 10 mg, 20 mg	P	QL(1 ea daily); MP
lovastatin tabs or 40 mg	P	QL(2 ea daily); MP
PRAVACHOL TABS (*Use pravastatin sodium*)	NF	QL(1 ea daily); MP
pravastatin sodium tabs 80 mg, 10 mg, 20 mg, 40 mg	P	QL(1 ea daily); MP
rosuvastatin calcium tabs	P	QL(1 ea daily); MP
simvastatin tabs or 10 mg, 20 mg, 5 mg, 80 mg, 40 mg	P	QL(1 ea daily); MP
ZOCOR TABS 10 MG (*Use simvastatin*)	NF	QL(1 ea daily); MP
ZOCOR TABS 10 MG, 20 MG, 80 MG, 40 MG (*Use simvastatin*)	NP	QL(1 ea daily); MP
ZYPITAMAG TABS 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tabs	P	MP
ZETIA TABS (*Use ezetimibe*)	NF	MP
ZETIA TABS (*Use ezetimibe*)	NP	MP
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS 10 MG, 20 MG, 30 MG, 5 MG	NP	SP
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbcr 1000 mg, 500 mg, 750 mg	NP	MP
NIASPAN TBCR (*Use niacin (antihyperlipidemic)*)	NP	MP
Proprotein Convertase Subtilisin/Kexin Type 9		
LEQVIO SOSY	NP	SP
PRALUENT SOAJ	NP	SP
REPATHA PUSHTRONEX SYSTEM SOCT	NP	SP
REPATHA SOSY	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
REPATHA SURECLICK SOAJ	NP	SP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS 10 MG, 20 MG (*Use quinapril hcl*)	NF	QL(1 ea daily); MP
ACCUPRIL TABS 10 MG, 20 MG, 40 MG, 5 MG (*Use quinapril hcl*)	NP	QL(1 ea daily); MP
ALTACE CAPS (*Use ramipril*)	NP	QL(2 ea daily); MP
benazepril hcl tabs or 10 mg, 5 mg, 20 mg	P	QL(1 ea daily); MP
benazepril hcl tabs or 40 mg	P	QL(2 ea daily); MP
captopril tabs or 100 mg, 50 mg, 12.5 mg, 25 mg	P	QL(3 ea daily); MP
enalapril maleate soln or 1 mg/ml	NP	MP
enalapril maleate tabs or 10 mg, 2.5 mg, 20 mg, 5 mg	P	QL(2 ea daily); MP
EPANED SOLN (*Use enalapril maleate*)	NP	MP
fosinopril sodium tabs 10 mg, 20 mg, 40 mg	P	QL(1 ea daily); MP
lisinopril tabs or 2.5 mg, 20 mg, 30 mg, 10 mg, 40 mg, 5 mg	P	MP
LOTENSIN TABS 10 MG, 20 MG (*Use benazepril hcl*)	NP	QL(1 ea daily); MP
LOTENSIN TABS 40 MG (*Use benazepril hcl*)	NP	QL(2 ea daily); MP
moexipril hcl tabs	P	MP
perindopril erbumine tabs 2 mg, 4 mg, 8 mg	NP	MP
PRINIVIL TABS (*Use lisinopril*)	NF	MP
QBRELIS SOLN	NP	MP
quinapril hcl tabs 10 mg, 20 mg, 40 mg, 5 mg	P	QL(1 ea daily); MP
ramipril caps 1.25 mg, 10 mg, 2.5 mg, 5 mg	P	QL(2 ea daily); MP
trandolapril tabs 1 mg, 2 mg	P	QL(1 ea daily); MP
trandolapril tabs 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 CAPS (*Use metyrosine*)	P	SP; MP
metyrosine caps	P	SP; MP
Angiotensin II Receptor Antagonists		
ATACAND TABS (*Use candesartan cilexetil*)	NP	MP
AVAPRO TABS (*Use irbesartan*)	NP	QL(1 ea daily); MP
BENICAR TABS (*Use olmesartan medoxomil*)	NP	ST; MP
candesartan cilexetil tabs 16 mg, 4 mg, 8 mg, 32 mg	NP	MP
COZAAR TABS (*Use losartan potassium*)	NP	QL(1 ea daily); MP
DIOVAN TABS (*Use valsartan*)	NP	QL(1 ea daily); MP
EDARBI TABS	NP	
irbesartan tabs 150 mg, 300 mg, 75 mg	P	QL(1 ea daily); MP
losartan potassium tabs or 100 mg, 50 mg, 25 mg	P	QL(1 ea daily); MP
MICARDIS TABS (*Use telmisartan*)	NP	QL(1 ea daily); MP
olmesartan medoxomil tabs or 20 mg, 40 mg, 5 mg	NP	ST; MP
telmisartan tabs 20 mg, 40 mg, 80 mg	NP	QL(1 ea daily); MP
valsartan tabs 40 mg, 80 mg, 160 mg, 320 mg	P	QL(1 ea daily); MP
Antiadrenergic Antihypertensives		
CARDURA TABS 1 MG, 2 MG, 4 MG, 8 MG (*Use doxazosin mesylate*)	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
CARDURA TABS 1 MG, 4 MG (*Use doxazosin mesylate*)	NF	MP
CATAPRES TABS (*Use clonidine hcl*)	NF	MP
CATAPRES-TTS-1 PTWK (*Use clonidine*)	NP	
CATAPRES-TTS-2 PTWK (*Use clonidine*)	NP	
CATAPRES-TTS-3 PTWK (*Use clonidine*)	NP	
clonidine hcl tabs or 0.1 mg, 0.3 mg, 0.2 mg	P	MP
clonidine ptwk	P	
doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg	P	MP
guanfacine hcl tabs 2 mg, 1 mg	P	MP
methyldopa tabs 250 mg, 500 mg	P	MP
MINIPRESS CAPS (*Use prazosin hcl*)	NP	MP
prazosin hcl caps	P	MP
terazosin hcl caps 2 mg, 1 mg, 10 mg, 5 mg	P	MP
Antihypertensive Combinations		
ACCURETIC TABS 10 MG-12.5 MG (*Use quinapril-hydrochlorothiazide*)	NF	QL(3 ea daily); MP
ACCURETIC TABS 10 MG-12.5 MG (*Use quinapril-hydrochlorothiazide*)	NP	QL(3 ea daily); MP
ACCURETIC TABS 12.5 MG-20 MG (*Use quinapril-hydrochlorothiazide*)	NF	QL(4 ea daily); MP
ACCURETIC TABS 12.5 MG-20 MG (*Use quinapril-hydrochlorothiazide*)	NP	QL(4 ea daily); MP
ACCURETIC TABS 20 MG-25 MG (*Use quinapril-hydrochlorothiazide*)	NP	QL(2 ea daily); MP
amlodipine besylate-benazepril hcl caps 10 mg-20 mg, 2.5 mg-10 mg, 5 mg-10 mg, 5 mg-20 mg, 10 mg-40 mg, 5 mg-40 mg	P	QL(1 ea daily); MP
amlodipine besylate-olmesartan medoxomil tabs	NP	ST; MP
amlodipine besylate-valsartan tabs	NP	ST; MP
amlodipine-valsartan-hydrochlorothiazide tabs 5 mg-12.5 mg-160 mg, 10 mg-25 mg-160 mg, 10 mg-25 mg-320 mg, 5 mg-25 mg-160 mg, 10 mg-12.5 mg-160 mg	NP	ST; MP
ATACAND HCT TABS (*Use candesartan cilexetil-hydrochlorothiazide*)	NP	MP
atenolol & chlorthalidone tabs	P	QL(1 ea daily); MP
AVALIDE TABS (*Use irbesartan-hydrochlorothiazide*)	NP	QL(1 ea daily); MP
AZOR TABS (*Use amlodipine besylate-olmesartan medoxomil*)	NP	ST; MP
benazepril & hydrochlorothiazide tabs 10 mg-12.5 mg, 12.5 mg-20 mg, 20 mg-25 mg, 5 mg-6.25 mg	P	QL(1 ea daily); MP
BENICAR HCT TABS (*Use olmesartan medoxomil-hydrochlorothiazide*)	NP	ST; MP
bisoprolol & hydrochlorothiazide tabs 2.5 mg-6.25 mg, 5 mg-6.25 mg, 6.25 mg-10 mg	P	QL(1 ea daily); MP
candesartan cilexetil-hydrochlorothiazide tabs 12.5 mg-16 mg, 12.5 mg-32 mg, 25 mg-32 mg	NP	MP
DIOVAN HCT TABS (*Use valsartan-hydrochlorothiazide*)	NP	QL(1 ea daily); MP
EDARBYCLOR TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
enalapril maleate & hydrochlorothiazide tabs 10 mg-25 mg, 5 mg-12.5 mg	P	QL(2 ea daily); MP
EXFORGE HCT TABS	NP	ST; MP
EXFORGE TABS (*Use amlodipine besylate-valsartan*)	NP	ST; MP
fosinopril sodium & hydrochlorothiazide tabs 10 mg-12.5 mg, 12.5 mg-20 mg	P	QL(1 ea daily); MP
HYZAAR TABS (*Use losartan potassium & hydrochlorothiazide*)	NP	QL(1 ea daily); MP
irbesartan-hydrochlorothiazide tabs	P	QL(1 ea daily); MP
lisinopril & hydrochlorothiazide tabs 12.5 mg-20 mg, 10 mg-12.5 mg, 20 mg-25 mg	P	MP
LOPRESSOR HCT TABS (*Use metoprolol & hydrochlorothiazide*)	NF	QL(2 ea daily); MP
losartan potassium & hydrochlorothiazide tabs 12.5 mg-100 mg, 25 mg-100 mg, 12.5 mg-50 mg	P	QL(1 ea daily); MP
LOTENSIN HCT TABS (*Use benazepril & hydrochlorothiazide*)	NP	QL(1 ea daily); MP
LOTREL CAPS (*Use amlodipine besylate-benazepril hcl*)	NP	QL(1 ea daily); MP
metoprolol & hydrochlorothiazide tabs	P	QL(2 ea daily); MP
MICARDIS HCT TABS (*Use telmisartan-hydrochlorothiazide*)	NP	QL(1 ea daily); MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	NP	ST; MP
olmesartan medoxomil-hydrochlorothiazide tabs 12.5 mg-20 mg, 12.5 mg-40 mg, 25 mg-40 mg	NP	ST; MP
quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg	P	QL(3 ea daily); MP
quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg	P	QL(4 ea daily); MP
quinapril-hydrochlorothiazide tabs 20 mg-25 mg	P	QL(2 ea daily); MP
TARKA TBCR (*Use trandolapril-verapamil hcl*)	NF	MP
TEKTURNA HCT TABS	NP	
telmisartan-amlodipine tabs	NP	MP
telmisartan-hydrochlorothiazide tabs 12.5 mg-40 mg, 12.5 mg-80 mg, 25 mg-80 mg	NP	QL(1 ea daily); MP
TENORETIC 100 TABS (*Use atenolol & chlorthalidone*)	NP	QL(1 ea daily); MP
TENORETIC 50 TABS (*Use atenolol & chlorthalidone*)	NP	QL(1 ea daily); MP
trandolapril-verapamil hcl tbcr 1 mg-240 mg, 2 mg-240 mg, 2 mg-180 mg, 4 mg-240 mg	P	MP
TRIBENZOR TABS (*Use olmesartan medoxomil-amlodipine-hydrochlorothiazide*)	NP	ST; MP
TWYNSTA TABS (*Use telmisartan-amlodipine*)	NF	MP
valsartan-hydrochlorothiazide tabs 12.5 mg-160 mg, 12.5 mg-320 mg, 12.5 mg-80 mg, 25 mg-160 mg, 25 mg-320 mg	P	QL(1 ea daily); MP
VASERETIC TABS (*Use enalapril maleate & hydrochlorothiazide*)	NP	QL(2 ea daily); MP
ZESTORETIC TABS (*Use lisinopril & hydrochlorothiazide*)	NP	MP
ZIAC TABS (*Use bisoprolol & hydrochlorothiazide*)	NP	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
Antihypertensives - Misc.		
VECAMYL TABS	NP	SP
Direct Renin Inhibitors		
aliskiren fumarate tabs	NP	MP
TEKTURNA TABS (*Use aliskiren fumarate*)	NP	MP
Selective Aldosterone Receptor Antagonists		
eplerenone tabs 25 mg, 50 mg	NP	MP
INSPRA TABS (*Use eplerenone*)	NP	MP
Vasodilators		
hydralazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg	P	MP
minoxidil tabs or 10 mg, 2.5 mg	P	MP
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl tabs	P	MP
COARTEM TABS	NP	QL(24 ea per fill retail)
MALARONE TABS (*Use atovaquone-proguanil hcl*)	NP	MP
Antimalarials		
chloroquine phosphate tabs or 250 mg	P	QL(2 ea daily)
chloroquine phosphate tabs or 500 mg	P	QL(8 ea per 56 days retail)
DARAPRIM TABS (*Use pyrimethamine*)	NP	SP
HYDROXYCHLOROQUINE SULFATE TABS OR 100 MG, 300 MG, 400 MG	P	
KRINTAFEL TABS	NP	QL(2 ea per 30 days retail)
mefloquine hcl tabs	P	MP
primaquine phosphate tabs	P	MP
PRIMAQUINE PHOSPHATE TABS (*Use primaquine phosphate*)	P	MP
pyrimethamine tabs or	NP	SP
QUALAQUIN CAPS (*Use quinine sulfate*)	NP	
quinine sulfate caps or	NP	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	NP	SP
MESTINON SOLN (*Use pyridostigmine bromide*)	NP	
MESTINON TABS (*Use pyridostigmine bromide*)	NP	
MESTINON TIMESPAN TBCR (*Use pyridostigmine bromide*)	NP	
pyridostigmine bromide soln or 60 mg/5ml	P	
pyridostigmine bromide tabs or 30 mg, 60 mg	P	
pyridostigmine bromide tbcr or 180 mg	P	
RUZURGI TABS	NP	SP
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine caps or	P	
ethambutol hcl tabs or 100 mg, 400 mg	P	
isoniazid syrp or 50 mg/5ml	P	MP
isoniazid tabs or 100 mg, 300 mg	P	
MYAMBUTOL TABS (*Use ethambutol hcl*)	NP	
MYCOBUTIN CAPS (*Use rifabutin*)	NP	
PASER PACK	NP	

Drug Name	Drug Tier	Requirements/ Limits
PRETOMANID TABS	NP	
PRIFTIN TABS	P	
pyrazinamide tabs or	P	
rifabutin caps	P	
RIFADIN CAPS OR 150 MG, 300 MG (*Use rifampin*)	NF	
rifampin caps or 150 mg, 300 mg	P	
SIRTURO TABS	NP	
TRECATOR TABS	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS (*Use melphalan*)	NP	
cyclophosphamide caps or 25 mg, 50 mg	P	
CYCLOPHOSPHAMIDE TABS OR 25 MG, 50 MG	P	
LEUKERAN TABS	P	
melphalan tabs	P	
MYLERAN TABS	P	
TEMODAR CAPS 100 MG, 140 MG (*Use temozolomide*)	NP	SP
TEMODAR CAPS 140 MG, 20 MG, 5 MG (*Use temozolomide*)	NF	SP
TEMODAR CAPS 180 MG (*Use temozolomide*)	NF	QL(2 ea daily); SP
TEMODAR CAPS 180 MG, 250 MG (*Use temozolomide*)	NP	QL(2 ea daily); SP
temozolomide caps 100 mg, 140 mg, 20 mg, 5 mg	P	SP
temozolomide caps 180 mg, 250 mg	P	QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
Antimetabolites		
capecitabine tabs 150 mg, 500 mg	NP	SP
mercaptopurine tabs or	P	
methotrexate sodium tabs or 2.5 mg	P	
ONUREG TABS	NP	SP
PURIXAN SUSP	NP	
TABLOID TABS	P	SP
TREXALL TABS	P	
XATMEP SOLN	NP	
XELODA TABS (*Use capecitabine*)	NP	SP
Antineoplastic - Angiogenesis Inhibitors		
INLYTA TABS	NP	SP
LENVIMA 10 MG DAILY DOSE CPPK	NP	SP
LENVIMA 12MG DAILY DOSE CPPK	NP	SP
LENVIMA 14 MG DAILY DOSE CPPK	NP	SP
LENVIMA 18 MG DAILY DOSE CPPK	NP	SP
LENVIMA 20 MG DAILY DOSE CPPK	NP	SP
LENVIMA 24 MG DAILY DOSE CPPK	NP	SP
LENVIMA 4 MG DAILY DOSE CPPK	NP	SP
LENVIMA 8 MG DAILY DOSE CPPK	NP	SP
Antineoplastic - Anti-HER2 Agents		
TUKYSA TABS	NP	SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	NP	SP
VENCLEXTA TABS	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - EGFR Inhibitors		
erlotinib hcl tabs 100 mg, 150 mg, 25 mg	P	SP
EXKIVITY CAPS	NP	SP
GILOTRIF TABS	NP	SP
IRESSA TABS	P	SP
TAGRISSO TABS	NP	SP
TARCEVA TABS (*Use erlotinib hcl*)	NP	SP
VIZIMPRO TABS	NP	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	NP	SP
ERIVEDGE CAPS	P	SP
ODOMZO CAPS	NP	SP
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate tabs 250 mg, 500 mg	P	SP
anastrozole tabs or	P	
ARIMIDEX TABS (*Use anastrozole*)	NP	
AROMASIN TABS (*Use exemestane*)	NP	
bicalutamide tabs	P	QL(1 ea daily)
CASODEX TABS (*Use bicalutamide*)	NP	QL(1 ea daily)
EMCYT CAPS	P	SP
ERLEADA TABS	NP	SP
exemestane tabs	P	
FARESTON TABS (*Use toremifene citrate*)	NP	
FEMARA TABS (*Use letrozole*)	NP	
letrozole tabs or	P	

Drug Name	Drug Tier	Requirements/ Limits
LYSODREN TABS	P	SP
megestrol acetate susp or 40 mg/ml, 400 mg/10ml	P	
megestrol acetate tabs or 20 mg, 40 mg	P	
NUBEQA TABS	NP	SP
ORGOVYX TABS	NP	SP
SOLTAMOX SOLN	P	
tamoxifen citrate tabs or 10 mg, 20 mg	P	
toremifene citrate tabs	P	
XTANDI CAPS	NP	SP
XTANDI TABS	NP	SP
YONSA TABS	NP	SP
ZYTIGA TABS (*Use abiraterone acetate*)	NP	SP
Antineoplastic - Immunomodulators		
POMALYST CAPS	NP	SP
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT TABS	NP	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPK	NP	SP
XPOVIO 40 MG ONCE WEEKLY TBPK	NP	SP
XPOVIO 40 MG TWICE WEEKLY TBPK	NP	SP
XPOVIO 60 MG ONCE WEEKLY TBPK	NP	SP
XPOVIO 60 MG TWICE WEEKLY TBPK	NP	SP
XPOVIO 80 MG ONCE WEEKLY TBPK	NP	SP
XPOVIO 80 MG TWICE WEEKLY TBPK	NP	SP
XPOVIO TBPK	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic Combinations		
INQOVI TABS	NP	SP
KISQALI FEMARA 200 DOSE TBPK	NP	SP
KISQALI FEMARA 400 DOSE TBPK	NP	SP
KISQALI FEMARA 600 DOSE TBPK	NP	SP
LONSURF TABS	NP	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (*Use everolimus*)	NP	SP
AFINITOR TABS (*Use everolimus*)	NP	SP
ALECENSA CAPS	NP	SP
ALUNBRIG TABS	NP	SP
ALUNBRIG TBPK	NP	SP
BALVERSA TABS	NP	SP
BOSULIF TABS	NP	SP
BRAFTOVI CAPS	NP	SP
BRUKINSA CAPS	NP	SP
CABOMETYX TABS	NP	SP
CALQUENCE CAPS	NP	SP
CAPRELSA TABS	P	SP
COMETRIQ KIT	NP	SP
COPIKTRA CAPS 15 MG, 25 MG	NP	SP
COTELLIC TABS	NP	SP
everolimus tabs 10 mg, 5 mg, 7.5 mg, 2.5 mg	NP	SP
everolimus tbso 2 mg, 3 mg, 5 mg	NP	SP
FARYDAK CAPS	NP	SP
FOTIVDA CAPS	NP	SP
GAVRETO CAPS	NP	SP
GLEEVEC TABS (*Use imatinib mesylate*)	NP	SP
IBRANCE CAPS	NP	SP
IBRANCE TABS	NP	SP
ICLUSIG TABS	NP	SP
IDHIFA TABS	NP	SP
imatinib mesylate tabs 100 mg, 400 mg	NP	SP
IMBRUVICA CAPS	NP	SP
IMBRUVICA TABS	NP	SP
INREBIC CAPS	NP	SP
JAKAFI TABS	P	SP
KISQALI TBPK	NP	SP
KOSELUGO CAPS	NP	SP
lapatinib ditosylate tabs	NP	SP
LORBRENA TABS	NP	SP
LUMAKRAS TABS	NP	SP
LYNPARZA TABS 100 MG, 150 MG	NP	SP
MEKINIST TABS	NP	SP
MEKTOVI TABS	NP	SP
NERLYNX TABS	NP	SP
NEXAVAR TABS (*Use sorafenib tosylate*)	P	SP
NINLARO CAPS 2.3 MG, 3 MG, 4 MG	NP	SP
PEMAZYRE TABS	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
PIQRAY 200MG DAILY DOSE TBPK	NP	SP
PIQRAY 250MG DAILY DOSE TBPK	NP	SP
PIQRAY 300MG DAILY DOSE TBPK	NP	SP
QINLOCK TABS	NP	SP
RETEVMO CAPS	NP	SP
ROZLYTREK CAPS	NP	SP
RUBRACA TABS	NP	SP
RYDAPT CAPS	NP	SP
SCEMBLIX TABS	NP	SP
SPRYCEL TABS	NP	SP
STIVARGA TABS	NP	SP
sunitinib malate caps	P	SP
SUTENT CAPS (*Use sunitinib malate*)	P	SP
TABRECTA TABS	NP	SP
TAFINLAR CAPS	NP	SP
TALZENNA CAPS	NP	SP
TASIGNA CAPS	NP	SP
TAZVERIK TABS	NP	SP
TEPMETKO TABS	NP	SP
TIBSOVO TABS	NP	SP
TRUSELTIQ CPPK	NP	SP
TURALIO CAPS	NP	SP
TYKERB TABS (*Use lapatinib ditosylate*)	NP	SP
UKONIQ TABS	NP	SP
VERZENIO TABS	NP	SP
VITRAKVI CAPS 100 MG, 25 MG	NP	SP
VITRAKVI SOLN 20 MG/ML	NP	SP
VONJO CAPS	NP	SP
VOTRIENT TABS	P	SP
XALKORI CAPS	NP	SP
XOSPATA TABS	NP	SP
ZEJULA CAPS	NP	SP
ZELBORAF TABS	NP	SP
ZOLINZA CAPS	NP	SP
ZYDELIG TABS	NP	SP
ZYKADIA TABS	NP	SP
Antineoplastics Misc.		
bexarotene caps	P	SP
HYDREA CAPS (*Use hydroxyurea*)	NP	
hydroxyurea caps or	P	
MATULANE CAPS	P	SP
TARGRETIN CAPS OR 75 MG (*Use bexarotene*)	NP	SP
tretinoin (chemotherapy) caps	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg	P	
MESNEX TABS	P	SP
Mitotic Inhibitors		
etoposide caps or	P	SP
Topoisomerase I Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
HYCAMTIN CAPS	P	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa tabs or	P	MP
LODOSYN TABS (*Use carbidopa*)	NP	MP
NOURIANZ TABS 20 MG, 40 MG	NP	
Antiparkinson Anticholinergics		
benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg	P	MP
trihexyphenidyl hcl soln 0.4 mg/ml	P	MP
trihexyphenidyl hcl tabs 2 mg, 5 mg	P	MP
Antiparkinson COMT Inhibitors		
COMTAN TABS (*Use entacapone*)	NF	MP
COMTAN TABS (*Use entacapone*)	NP	MP
entacapone tabs	P	MP
ONGENTYS CAPS	NP	
TASMAR TABS (*Use tolcapone*)	NP	MP
tolcapone tabs	NP	MP
Antiparkinson Dopaminergics		
amantadine hcl caps or 100 mg	P	MP
amantadine hcl soln or 50 mg/5ml	P	
amantadine hcl tabs or 100 mg	P	MP
APOKYN SOCT	NP	SP
apomorphine hydrochloride soct sc	NP	SP
bromocriptine mesylate caps or 5 mg	P	MP
bromocriptine mesylate tabs or 2.5 mg	P	MP
carbidopa-levodopa tabs 25 mg-250 mg, 10 mg-100 mg, 25 mg-100 mg	P	MP
carbidopa-levodopa tbcr 50 mg-200 mg, 25 mg-100 mg	P	MP
carbidopa-levodopa tbdp 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg	NP	MP
carbidopa-levodopa-entacapone tabs 50 mg-200 mg-200 mg, 31.25 mg-125 mg-200 mg, 37.5 mg-150 mg-200 mg, 12.5 mg-50 mg-200 mg, 18.75 mg-75 mg-200 mg, 25 mg-100 mg-200 mg	NP	MP
DHIVY TABS	NP	MP
GOCOVRI CP24	NP	SP
INBRIJA CAPS	NP	
KYNMOBI FILM	NP	
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG (*Use pramipexole dihydrochloride*)	NF	MP
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 4.5 MG, 3.75 MG (*Use pramipexole dihydrochloride*)	NP	MP
MIRAPEX TABS (*Use pramipexole dihydrochloride*)	NF	QL(3 ea daily); MP
NEUPRO PT24	NP	
OSMOLEX ER T4PK	NP	
OSMOLEX ER TB24 129 MG, 193 MG	NP	
PARLODEL CAPS (*Use bromocriptine mesylate*)	NP	MP
PARLODEL TABS (*Use bromocriptine mesylate*)	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	P	QL(3 ea daily); MP
pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg, 3.75 mg	NP	MP
REQUIP XL TB24 (*Use ropinirole hydrochloride*)	NF	MP
ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg	P	QL(6 ea daily); MP
ropinirole hydrochloride tabs 1 mg, 2 mg, 5 mg, 0.5 mg	P	QL(3 ea daily); MP
ropinirole hydrochloride tb24 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	NP	MP
RYTARY CPCR 23.75 MG-95 MG, 36.25 MG-145 MG, 48.75 MG-195 MG, 61.25 MG-245 MG	NP	
SINEMET TABS 10 MG-100 MG, 25 MG-100 MG (*Use carbidopa-levodopa*)	NP	MP
SINEMET TABS 25 MG-250 MG, 10 MG-100 MG, 25 MG-100 MG (*Use carbidopa-levodopa*)	NF	MP
STALEVO 100 TABS (*Use carbidopa-levodopa-entacapone*)	NF	MP
STALEVO 100 TABS (*Use carbidopa-levodopa-entacapone*)	NP	MP
STALEVO 125 TABS (*Use carbidopa-levodopa-entacapone*)	NF	MP
STALEVO 125 TABS (*Use carbidopa-levodopa-entacapone*)	NP	MP
STALEVO 150 TABS (*Use carbidopa-levodopa-entacapone*)	NF	MP
STALEVO 150 TABS (*Use carbidopa-levodopa-entacapone*)	NP	MP
STALEVO 200 TABS (*Use carbidopa-levodopa-entacapone*)	NF	MP
STALEVO 200 TABS (*Use carbidopa-levodopa-entacapone*)	NP	MP
STALEVO 50 TABS (*Use carbidopa-levodopa-entacapone*)	NF	MP
STALEVO 50 TABS (*Use carbidopa-levodopa-entacapone*)	NP	MP
STALEVO 75 TABS (*Use carbidopa-levodopa-entacapone*)	NP	MP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (*Use rasagiline mesylate*)	NP	MP
rasagiline mesylate tabs or 0.5 mg, 1 mg	NP	MP
selegiline hcl caps or	P	MP
selegiline hcl tabs or	P	MP
XADAGO TABS	NP	
ZELAPAR TBDP	NP	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps or 150 mg, 300 mg, 600 mg	P	MP
lithium carbonate tabs or 300 mg	P	MP
lithium carbonate tbcr or 300 mg, 450 mg	P	MP
LITHOBID TBCR (*Use lithium carbonate*)	NP	MP
Antipsychotics - Misc.		
CAPLYTA CAPS	NP	
EQUETRO CP12	NP	

Drug Name	Drug Tier	Requirements/ Limits
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (*Use ziprasidone hcl*)	NP	QL(2 ea daily); AL(At least 8 yrs old); MP
GEODON SOLR IM 20 MG (*Use ziprasidone mesylate*)	NP	
LATUDA TABS 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	NP	
NUPLAZID CAPS	NP	QL(1 ea daily)
NUPLAZID TABS	NP	QL(1 ea daily)
VRAYLAR CAPS	NP	
VRAYLAR CPPK	NP	
ziprasidone hcl caps 20 mg, 40 mg, 60 mg, 80 mg	P	QL(2 ea daily); AL(At least 8 yrs old); MP
ziprasidone mesylate solr	NP	
Benzisoxazoles		
FANAPT TABS	NP	
FANAPT TITRATION PACK TABS	NP	
INVEGA HAFYERA SUSY	NP	SP
INVEGA SUSTENNA SUSY	P	PA; SP; PA
INVEGA TB24 3 MG, 6 MG, 1.5 MG, 9 MG (*Use paliperidone*)	NP	MP
INVEGA TB24 3 MG, 6 MG, 9 MG (*Use paliperidone*)	NF	MP
INVEGA TRINZA SUSY	P	PA; SP; PA
paliperidone tb24 3 mg, 6 mg, 1.5 mg, 9 mg	NP	MP
PERSERIS PRSY	NP	SP
RISPERDAL CONSTA SRER 12.5 MG, 25 MG, 37.5 MG, 50 MG	NP	SP
RISPERDAL SOLN 1 MG/ML (*Use risperidone*)	NP	QL(4 ml daily); AL(At least 5 yrs old); MP
RISPERDAL TABS 4 MG, 0.5 MG, 1 MG, 2 MG, 3 MG (*Use risperidone*)	NP	QL(4 ea daily); AL(At least 5 yrs old); MP
risperidone soln 1 mg/ml	P	QL(4 ml daily); AL(At least 5 yrs old); MP
risperidone tabs 0.25 mg, 4 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	P	QL(4 ea daily); AL(At least 5 yrs old); MP
risperidone tbdp 0.25 mg, 1 mg, 2 mg, 0.5 mg, 3 mg, 4 mg	NP	QL(2 ea daily); AL(At least 5 yrs old); MP
Butyrophenones		
HALDOL DECANOATE 100 SOLN (*Use haloperidol decanoate*)	NF	
HALDOL DECANOATE 50 SOLN (*Use haloperidol decanoate*)	NF	
haloperidol decanoate soln im 100 mg/ml, 50 mg/ml	P	
haloperidol lactate conc or 2 mg/ml	P	MP
haloperidol tabs or 0.5 mg, 1 mg, 10 mg	P	QL(3 ea daily); MP
haloperidol tabs or 2 mg, 20 mg, 5 mg	P	MP
Dibenzapines		
asenapine maleate subl	NP	
clozapine tabs 100 mg	P	QL(9 ea daily); AL(At least 8 yrs old); MP
clozapine tabs 200 mg, 25 mg, 50 mg	P	QL(3 ea daily); AL(At least 8 yrs old); MP
clozapine tbdp 100 mg, 12.5 mg, 25 mg, 150 mg, 200 mg	NP	MP
CLOZARIL TABS 100 MG (*Use clozapine*)	NP	QL(9 ea daily); AL(At least 8 yrs old); MP
CLOZARIL TABS 200 MG, 25 MG, 50 MG (*Use clozapine*)	NP	QL(3 ea daily); AL(At least 8 yrs old); MP
loxapine succinate caps 5 mg, 10 mg, 25 mg, 50 mg	P	QL(4 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
olanzapine solr im 10 mg	NP	
olanzapine tabs or 15 mg, 20 mg	P	QL(1 ea daily); AL(At least 8 yrs old); MP
olanzapine tabs or 2.5 mg, 5 mg	P	QL(4 ea daily); AL(At least 8 yrs old); MP
olanzapine tabs or 7.5 mg, 10 mg	P	QL(2 ea daily); AL(At least 8 yrs old); MP
olanzapine tbdp or 10 mg, 15 mg, 5 mg, 20 mg	P	MP
olanzapine tbdp or 20 mg	P	AL(At least 8 yrs old); MP
quetiapine fumarate tabs 100 mg, 200 mg, 50 mg, 25 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
quetiapine fumarate tb24 50 mg, 200 mg, 300 mg, 400 mg, 150 mg	P	MP
SAPHRIS SUBL 10 MG, 2.5 MG, 5 MG (*Use asenapine maleate*)	NP	
SAPHRIS SUBL 10 MG, 5 MG (*Use asenapine maleate*)	NF	
SECUADO PT24	NP	
SEROQUEL TABS 100 MG, 200 MG, 50 MG, 25 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 50 MG, 200 MG, 300 MG, 400 MG, 150 MG (*Use quetiapine fumarate*)	NP	MP
SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (*Use quetiapine fumarate*)	NF	MP
VERSACLOZ SUSP	NP	
ZYPREXA RELPREVV SUSR	NP	SP
ZYPREXA SOLR IM 10 MG (*Use olanzapine*)	NP	
ZYPREXA TABS OR 15 MG, 20 MG (*Use olanzapine*)	NP	QL(1 ea daily); AL(At least 8 yrs old); MP
ZYPREXA TABS OR 2.5 MG, 5 MG (*Use olanzapine*)	NP	QL(4 ea daily); AL(At least 8 yrs old); MP
ZYPREXA TABS OR 7.5 MG, 10 MG (*Use olanzapine*)	NP	QL(2 ea daily); AL(At least 8 yrs old); MP
ZYPREXA ZYDIS TBDP (*Use olanzapine*)	NP	MP
Dihydroindolones		
molindone hcl tabs	NP	QL(4 ea daily); MP
Phenothiazines		
chlorpromazine hcl tabs or 10 mg	P	QL(10 ea daily); MP
chlorpromazine hcl tabs or 100 mg, 50 mg, 200 mg, 25 mg	P	QL(3 ea daily); MP
CHLORPROMAZINE HYDROCHLORIDE CONC	P	
fluphenazine decanoate soln ij	P	
fluphenazine hcl conc or 5 mg/ml	P	MP
fluphenazine hcl elix or 2.5 mg/5ml	P	MP
fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg	P	MP
perphenazine tabs or 16 mg, 2 mg, 4 mg, 8 mg	P	QL(4 ea daily); MP
prochlorperazine maleate tabs or 5 mg, 10 mg	P	MP
prochlorperazine supp	P	
thioridazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg	P	QL(3 ea daily); MP
trifluoperazine hcl tabs 1 mg, 10 mg, 2 mg, 5 mg	P	QL(3 ea daily); MP
Quinolinone Derivatives		

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MAINTENA PRSY	P	PA; SP; PA
ABILIFY MAINTENA SRER	P	PA; SP; PA
ABILIFY MYCITE MAINTENANCE KIT TABS	NP	
ABILIFY MYCITE STARTER KIT TABS	NP	
ABILIFY TABS (*Use aripiprazole*)	NP	QL(1 ea daily); AL(At least 6 yrs old); MP
aripiprazole soln 1 mg/ml	NP	QL(750 ml per 30 days retail,2250 ml per 90 days mail); AL(At least 6 yrs old); MP
aripiprazole tabs 10 mg, 2 mg, 30 mg, 5 mg, 15 mg, 20 mg	P	QL(1 ea daily); AL(At least 6 yrs old); MP
aripiprazole tbdp 10 mg, 15 mg	NP	QL(1 ea daily); AL(At least 6 yrs old); MP
aripiprazole tbdp 10 mg, 15 mg	NP	QL(1 ea daily); MP
ARISTADA INITIO PRSY	P	PA; SP; PA
ARISTADA PRSY 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	P	PA; SP; PA
REXULTI TABS	NP	
Thioxanthenes		
thiothixene caps 1 mg, 10 mg, 5 mg, 2 mg	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 ex 4 %	P	
HIBICLENS LIQD (*Use chlorhexidine gluconate*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate soln 20 mg/ml	P	QL(30 ml daily); MP
abacavir sulfate tabs 300 mg	P	QL(2 ea daily); MP
abacavir sulfate-lamivudine tabs	P	QL(1 ea daily); MP
abacavir sulfate-lamivudine-zidovudine tabs	P	QL(2 ea daily); MP
APRETUDE SUER	NP	
APTIVUS CAPS 250 MG	P	QL(4 ea daily); MP
atazanavir sulfate caps 150 mg, 200 mg, 300 mg	P	QL(2 ea daily); MP
ATRIPLA TABS (*Use efavirenz-emtricitabine-tenofovir disoproxil fumarate*)	P	QL(1 ea daily); MP
BIKTARVY TABS 15 MG-30 MG-120 MG	P	
BIKTARVY TABS 25 MG-50 MG-200 MG	P	QL(1 ea daily); MP
CABENUVA SUER	P	PA; PA
CIMDUO TABS	NP	QL(1 ea daily); MP
COMBIVIR TABS (*Use lamivudine-zidovudine*)	NP	QL(2 ea daily); MP
COMPLERA TABS	P	QL(1 ea daily); MP
DELSTRIGO TABS	P	QL(1 ea daily); MP
DESCOVY TABS 15 MG-120 MG	P	
DESCOVY TABS 25 MG-200 MG	P	QL(1 ea daily); MP
didanosine cpdr 250 mg, 400 mg	P	QL(1 ea daily); MP
DOVATO TABS	P	MP
EDURANT TABS	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
efavirenz caps 200 mg	P	QL(1 ea daily); MP
efavirenz caps 50 mg	P	QL(2 ea daily); MP
efavirenz tabs 600 mg	P	QL(1 ea daily); MP
efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs	P	QL(1 ea daily); MP
efavirenz-lamivudine-tenofovir disoproxil fumarate tabs 300 mg-300 mg-400 mg	NP	MP
efavirenz-lamivudine-tenofovir disoproxil fumarate tabs 300 mg-300 mg-600 mg	NP	QL(1 ea daily); MP
emtricitabine caps	P	QL(1 ea daily); MP
emtricitabine-tenofovir disoproxil fumarate tabs 100 mg-150 mg, 133 mg-200 mg, 167 mg-250 mg	P	MP
emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg	P	QL(1 ea daily); MP
EMTRIVA CAPS 200 MG (*Use emtricitabine*)	P	QL(1 ea daily); MP
EMTRIVA SOLN 10 MG/ML	P	QL(24 ml daily); MP
EPIVIR SOLN 10 MG/ML (*Use lamivudine*)	NP	QL(30 ml daily); MP
EPIVIR TABS 150 MG (*Use lamivudine*)	NP	QL(2 ea daily); MP
EPIVIR TABS 300 MG (*Use lamivudine*)	NP	QL(1 ea daily); MP
EPZICOM TABS (*Use abacavir sulfate-lamivudine*)	NP	QL(1 ea daily); MP
etravirine tabs 100 mg	P	QL(4 ea daily); MP
etravirine tabs 200 mg	P	QL(2 ea daily); MP
EVOTAZ TABS	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 TABS	P	QL(1 ea daily); MP
INTELENCE TABS 100 MG (*Use etravirine*)	P	QL(4 ea daily); MP
INTELENCE TABS 200 MG (*Use etravirine*)	P	QL(2 ea daily); MP
INTELENCE TABS 25 MG	P	QL(4 ea daily); MP
INVIRASE TABS	P	QL(4 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
ISENTRESS PACK 100 MG	P	QL(2 ea daily); MP
ISENTRESS TABS 400 MG	P	QL(2 ea daily); MP
JULUCA TABS	NP	QL(1 ea daily); MP
KALETRA SOLN 100 MG/5ML-400 MG/5ML (*Use lopinavir-ritonavir*)	NP	QL(10.67 ml daily); MP
KALETRA TABS 25 MG-100 MG (*Use lopinavir-ritonavir*)	P	QL(4 ea daily); MP
KALETRA TABS 50 MG-200 MG (*Use lopinavir-ritonavir*)	P	QL(6 ea daily); MP
lamivudine soln 10 mg/ml	P	QL(30 ml daily); MP
lamivudine tabs 150 mg	P	QL(2 ea daily); MP
lamivudine tabs 300 mg	P	QL(1 ea daily); MP
lamivudine-zidovudine tabs	P	QL(2 ea daily); MP
LEXIVA SUSP 50 MG/ML	P	QL(56 ml daily); MP
LEXIVA TABS 700 MG (*Use fosamprenavir calcium*)	P	QL(4 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
lopinavir-ritonavir soln 100 mg/5ml-400 mg/5ml	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 150 mg	NP	QL(2 ea daily); MP
maraviroc tabs 300 mg	NP	QL(4 ea daily); MP
nevirapine susp 50 mg/5ml	P	QL(40 ml daily); MP
nevirapine tabs 200 mg	P	QL(2 ea daily); MP
nevirapine tb24 100 mg	P	QL(3 ea daily); MP
nevirapine tb24 400 mg	P	QL(1 ea daily); MP
NORVIR PACK 100 MG	P	MP
NORVIR SOLN 80 MG/ML	P	QL(15 ml daily); MP
NORVIR TABS 100 MG (*Use ritonavir*)	P	QL(12 ea daily); MP
ODEFSEY TABS	P	QL(1 ea daily); MP
PIFELTRO TABS	NP	QL(1 ea daily); MP
PREZCOBIX TABS	NP	QL(1 ea daily); MP
PREZISTA SUSP	P	
PREZISTA TABS	P	
RETROVIR CAPS 100 MG (*Use zidovudine*)	NP	QL(6 ea daily); MP
RETROVIR SYRP 50 MG/5ML (*Use zidovudine*)	NP	QL(60 ml daily); MP
REYATAZ CAPS 150 MG, 200 MG, 300 MG (*Use atazanavir sulfate*)	P	QL(2 ea daily); MP
REYATAZ PACK 50 MG	P	QL(6 ea daily); MP
ritonavir tabs	P	QL(12 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
RUKOBIA TB12	NP	MP
SELZENTRY SOLN 20 MG/ML	NP	QL(35 ml daily); MP
SELZENTRY TABS 150 MG (*Use maraviroc*)	NP	QL(2 ea daily); MP
SELZENTRY TABS 25 MG, 75 MG	NP	QL(2 ea daily); MP
SELZENTRY TABS 300 MG (*Use maraviroc*)	NP	QL(4 ea daily); MP
stavudine caps 15 mg, 20 mg, 40 mg	P	QL(2 ea daily); MP
STRIBILD TABS	NP	QL(1 ea daily); MP
SUSTIVA CAPS 200 MG (*Use efavirenz*)	P	QL(1 ea daily); MP
SUSTIVA CAPS 50 MG (*Use efavirenz*)	P	QL(2 ea daily); MP
SUSTIVA TABS 600 MG (*Use efavirenz*)	P	QL(1 ea daily); MP
SYMFI LO TABS (*Use efavirenz-lamivudine-tenofovir disoproxil fumarate*)	P	MP
SYMFI TABS (*Use efavirenz-lamivudine-tenofovir disoproxil fumarate*)	P	QL(1 ea daily); MP
SYMTUZA TABS	P	QL(1 ea daily); MP
TEMIXYS TABS	NP	QL(1 ea daily); MP
tenofovir disoproxil fumarate tabs	P	QL(1 ea daily); MP
TIVICAY PD TBSO	P	MP
TIVICAY TABS	P	MP
TRIUMEQ PD TBSO	NP	
TRIUMEQ TABS	P	MP
TRIZIVIR TABS	NP	QL(2 ea daily); MP
TROGARZO SOLN	P	PA; SP; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
TRUVADA TABS 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (*Use emtricitabine-tenofovir disoproxil fumarate*)	P	MP
TRUVADA TABS 200 MG-300 MG (*Use emtricitabine-tenofovir disoproxil fumarate*)	P	QL(1 ea daily); MP
TYBOST TABS	NP	QL(1 ea daily); MP
VIRACEPT TABS 250 MG	P	QL(9 ea daily); MP
VIRACEPT TABS 625 MG	P	QL(4 ea daily); MP
VIRAMUNE SUSP 50 MG/5ML (*Use nevirapine*)	NF	QL(40 ml daily); MP
VIRAMUNE TABS 200 MG (*Use nevirapine*)	NF	QL(2 ea daily); MP
VIRAMUNE XR TB24 (*Use nevirapine*)	NP	QL(1 ea daily); MP
VIREAD POWD 40 MG/GM	P	QL(8 gm daily); MP
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 ea daily); MP
VIREAD TABS 300 MG (*Use tenofovir disoproxil fumarate*)	P	QL(1 ea daily); MP
ZIAGEN SOLN 20 MG/ML (*Use abacavir sulfate*)	P	QL(30 ml daily); MP
ZIAGEN TABS 300 MG (*Use abacavir sulfate*)	NP	QL(2 ea daily); MP
zidovudine caps 100 mg	P	QL(6 ea daily); MP
zidovudine syrp 50 mg/5ml	P	QL(60 ml daily); MP
zidovudine tabs 300 mg	P	QL(2 ea daily); MP
CMV Agents		
LIVTENCITY TABS	NP	SP
PREVYMIS TABS	NP	SP
VALCYTE SOLR 50 MG/ML (*Use valganciclovir hcl*)	NP	
VALCYTE TABS 450 MG (*Use valganciclovir hcl*)	NP	QL(2 ea daily)
valganciclovir hcl solr 50 mg/ml	NP	
valganciclovir hcl tabs 450 mg	P	QL(2 ea daily)
Hepatitis Agents		
adefovir dipivoxil tabs	NP	
BARACLUDE SOLN 0.05 MG/ML	NP	
BARACLUDE TABS 0.5 MG, 1 MG (*Use entecavir*)	NP	
entecavir tabs 0.5 mg, 1 mg	P	
EPCLUSA PACK 37.5 MG-150 MG, 50 MG-200 MG	NP	SP
EPCLUSA TABS 100 MG-400 MG, 50 MG-200 MG	NP	SP
EPIVIR HBV SOLN 5 MG/ML	NP	
EPIVIR HBV TABS 100 MG (*Use lamivudine (hbv)*)	NP	
HARVONI PACK 33.75 MG-150 MG, 45 MG-200 MG	NP	SP
HARVONI TABS 45 MG-200 MG, 90 MG-400 MG	NP	SP
HEPSERA TABS (*Use adefovir dipivoxil*)	NP	
lamivudine (hbv) tabs	NP	
LEDIPASVIR/SOFOSBUVIR TABS	NP	SP
MAVYRET PACK 20 MG-50 MG	P	PA; SP; PA
MAVYRET TABS 40 MG-100 MG	P	PA; QL(3 ea daily); SP; PA
PEGASYS SOLN	NP	SP
PEGASYS SOSY	NP	SP
ribavirin (hepatitis c) caps	P	SP
ribavirin (hepatitis c) tabs	P	SP

Drug Name	Drug Tier	Requirements/ Limits
SOFOSBUVIR/VELPATASVIR TABS	P	PA; SP; PA
SOVALDI PACK	NP	SP
SOVALDI TABS	NP	SP
VEMLIDY TABS	NP	SP
VIEKIRA PAK TBPK	NP	SP
VOSEVI TABS	NP	SP
ZEPATIER TABS	NP	SP
Herpes Agents		
acyclovir caps or 200 mg	P	QL(50 ea per 30 days retail)
acyclovir susp or 200 mg/5ml	P	QL(400 ml per 30 days retail)
acyclovir tabs or 400 mg	P	QL(3 ea daily)
acyclovir tabs or 800 mg	P	QL(50 ea per 30 days retail)
famciclovir tabs or 125 mg, 250 mg, 500 mg	NP	
SITAVIG TABS	NP	
valacyclovir hcl tabs or 1 gm, 1000 mg	P	QL(42 ea per 21 days retail)
valacyclovir hcl tabs or 500 mg	P	QL(2 ea daily)
VALTREX TABS 1 GM (*Use valacyclovir hcl*)	NP	QL(42 ea per 21 days retail)
VALTREX TABS 500 MG (*Use valacyclovir hcl*)	NF	QL(2 ea daily)
VALTREX TABS 500 MG (*Use valacyclovir hcl*)	NP	QL(2 ea daily)
ZOVIRAX SUSP OR 200 MG/5ML (*Use acyclovir*)	NP	QL(400 ml per 30 days retail)
Influenza Agents		
oseltamivir phosphate caps or 30 mg	P	QL(20 ea per 30 days retail)
oseltamivir phosphate caps or 45 mg	P	QL(10 ea per 30 days retail)
oseltamivir phosphate caps or 75 mg	P	QL(10 ea per 30 days retail)1 rtl MAX fill,180 rtl day(s) supply,
oseltamivir phosphate susr or 6 mg/ml	P	QL(120 ml per 30 days retail)
RELENZA DISKHALER AEPB	P	QL(20 ea per fill retail)
rimantadine hydrochloride tabs	NP	
TAMIFLU CAPS 30 MG (*Use oseltamivir phosphate*)	NP	QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG (*Use oseltamivir phosphate*)	NP	QL(10 ea per 30 days retail)
TAMIFLU CAPS 75 MG (*Use oseltamivir phosphate*)	NP	QL(10 ea per 30 days retail)1 rtl MAX fill,180 rtl day(s) supply,
TAMIFLU SUSR 6 MG/ML (*Use oseltamivir phosphate*)	NP	QL(120 ml per 30 days retail)
XOFLUZA TBPK	NP	
Respiratory Syncytial Virus (RSV) Agents		
ribavirin solr in	P	
VIRAZOLE SOLR (*Use ribavirin*)	NP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol phosphate cp24	NP	QL(1 ea daily); MP
carvedilol tabs 12.5 mg, 3.125 mg, 6.25 mg	P	QL(3 ea daily); MP
carvedilol tabs 25 mg	P	QL(4 ea daily); MP
COREG CR CP24 (*Use carvedilol phosphate*)	NP	QL(1 ea daily); MP
COREG TABS 12.5 MG, 3.125 MG, 6.25 MG (*Use carvedilol*)	NP	QL(3 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
COREG TABS 25 MG (*Use carvedilol*)	NP	QL(4 ea daily); MP
labetalol hcl tabs or 100 mg	P	QL(3 ea daily); MP
labetalol hcl tabs or 200 mg	P	QL(6 ea daily); MP
labetalol hcl tabs or 300 mg	P	QL(8 ea daily); MP
Beta Blockers Cardio-Selective		
acebutolol hcl caps or 400 mg, 200 mg	P	MP
atenolol tabs or 100 mg, 25 mg, 50 mg	P	QL(2 ea daily); MP
betaxolol hcl tabs	P	MP
bisoprolol fumarate tabs or 10 mg, 5 mg	P	QL(1 ea daily); MP
BYSTOLIC TABS (*Use nebivolol hcl*)	NP	
KAPSPARGO SPRINKLE CS24	NP	
LOPRESSOR TABS 100 MG (*Use metoprolol tartrate*)	NP	QL(4.5 ea daily); MP
LOPRESSOR TABS 50 MG (*Use metoprolol tartrate*)	NP	QL(4 ea daily); MP
metoprolol succinate tb24 200 mg	P	QL(2 ea daily); MP
metoprolol succinate tb24 25 mg, 100 mg, 50 mg	P	QL(4 ea daily); MP
metoprolol tartrate tabs or 100 mg	P	QL(4.5 ea daily); MP
metoprolol tartrate tabs or 25 mg, 50 mg	P	QL(4 ea daily); MP
metoprolol tartrate tabs or 75 mg, 37.5 mg	P	MP
nebivolol hcl tabs 2.5 mg, 10 mg, 20 mg, 5 mg	NP	
TENORMIN TABS (*Use atenolol*)	NP	QL(2 ea daily); MP
TOPROL XL TB24 200 MG (*Use metoprolol succinate*)	NP	QL(2 ea daily); MP
TOPROL XL TB24 25 MG, 100 MG, 50 MG (*Use metoprolol succinate*)	NP	QL(4 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
Beta Blockers Non-Selective		
BETAPACE AF TABS (*Use sotalol hcl (afib/afl)*)	NP	QL(2 ea daily); MP
BETAPACE TABS (*Use sotalol hcl*)	NP	QL(2 ea daily); MP
CORGARD TABS (*Use nadolol*)	NP	QL(2 ea daily); MP
HEMANGEOL SOLN	P	PA; SP; MP; PA
INDERAL LA CP24 (*Use propranolol hcl*)	NP	QL(2 ea daily); MP
INDERAL XL CP24	NP	
INNOPRAN XL CP24 120 MG, 80 MG	NP	
nadolol tabs or 20 mg, 40 mg, 80 mg	P	QL(2 ea daily); MP
pindolol tabs	P	MP
propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg	P	QL(2 ea daily); MP
propranolol hcl soln or 40 mg/5ml, 20 mg/5ml	P	MP
propranolol hcl tabs or 10 mg, 20 mg, 80 mg, 40 mg, 60 mg	P	MP
sotalol hcl (afib/afl) tabs 120 mg, 80 mg, 160 mg	NP	QL(2 ea daily); MP
sotalol hcl tabs 120 mg, 160 mg, 80 mg	P	QL(2 ea daily); MP
sotalol hcl tabs 240 mg	P	MP
SOTYLIZE SOLN	NP	MP
timolol maleate tabs or 10 mg, 20 mg, 5 mg	P	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate tabs or 10 mg, 2.5 mg, 5 mg	P	QL(1 ea daily); MP
CALAN SR TBCR 120 MG, 180 MG, 240 MG (*Use verapamil hcl*)	NF	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
CALAN SR TBCR 120 MG, 180 MG, 240 MG (*Use verapamil hcl*)	NP	QL(2 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 120 MG	NP	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*Use diltiazem hcl coated beads*)	NP	MP
CARDIZEM TABS (*Use diltiazem hcl*)	NP	QL(3 ea daily); MP
diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg	P	QL(1 ea daily); MP
diltiazem hcl coated beads cp24 240 mg	P	QL(2 ea daily); MP
diltiazem hcl coated beads cp24 360 mg	P	MP
diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	P	MP
diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg	P	QL(2 ea daily); MP
diltiazem hcl cp24 or 120 mg, 180 mg	P	QL(1 ea daily); MP
diltiazem hcl cp24 or 240 mg	P	QL(2 ea daily); MP
diltiazem hcl extended release beads cp24 420 mg, 300 mg, 120 mg, 180 mg, 240 mg, 360 mg	P	QL(1 ea daily); MP
diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg	P	QL(3 ea daily); MP
felodipine tb24 10 mg, 2.5 mg, 5 mg	P	QL(1 ea daily); MP
isradipine caps	NP	MP
KATERZIA SUSP	NP	MP
levamlodipine maleate tabs	NP	
nicardipine hcl caps or 20 mg, 30 mg	NP	MP
nifedipine caps or 20 mg, 10 mg	P	QL(4 ea daily); MP
nifedipine tb24 or 60 mg	P	QL(2 ea daily); MP
nifedipine tb24 or 90 mg, 30 mg	P	QL(1 ea daily); MP
nimodipine caps or	P	MP
nisoldipine tb24	NP	MP
NORLIQVA SOLN	NP	
NORVASC TABS (*Use amlodipine besylate*)	NP	QL(1 ea daily); MP
NYMALIZE SOLN	NP	
PROCARDIA CAPS (*Use nifedipine*)	NF	QL(4 ea daily); MP
PROCARDIA XL TB24 60 MG (*Use nifedipine*)	NP	QL(2 ea daily); MP
PROCARDIA XL TB24 90 MG, 30 MG (*Use nifedipine*)	NP	QL(1 ea daily); MP
SULAR TB24 (*Use nisoldipine*)	NP	MP
TIAZAC CP24 (*Use diltiazem hcl extended release beads*)	NP	QL(1 ea daily); MP
verapamil hcl cp24 or 100 mg, 200 mg, 120 mg, 180 mg, 240 mg	P	QL(2 ea daily); MP
verapamil hcl cp24 or 300 mg, 360 mg	P	QL(1 ea daily); MP
verapamil hcl tabs or 40 mg, 120 mg, 80 mg	P	QL(3 ea daily); MP
verapamil hcl tbcr or 120 mg, 180 mg, 240 mg	P	QL(2 ea daily); MP
VERELAN CP24 120 MG, 180 MG, 240 MG (*Use verapamil hcl*)	NP	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
VERELAN CP24 360 MG (*Use verapamil hcl*)	NP	QL(1 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 soln or 0.05 mg/ml	P	MP
digoxin tabs or 0.125 mg, 0.25 mg	P	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium tabs 10 mg-10 mg, 10 mg-40 mg, 10 mg-80 mg, 10 mg-20 mg, 2.5 mg-20 mg, 2.5 mg-40 mg, 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg, 5 mg-80 mg, 2.5 mg-10 mg	NP	MP
BIDIL TABS (*Use isosorbide dinitrate-hydralazine hcl*)	P	
CADUET TABS (*Use amlodipine besylate-atorvastatin calcium*)	NP	MP
ENTRESTO TABS	P	
isosorbide dinitrate-hydralazine hcl tabs	P	
Impotence Agents		
CIALIS TABS 5 MG (*Use tadalafil*)	NF	
CIALIS TABS 5 MG (*Use tadalafil*)	NP	
tadalafil tabs or 5 mg	NP	
Prostaglandin Vasodilators		
epoprostenol sodium solr	P	PA; SP; PA
FLOLAN SOLR (*Use epoprostenol sodium*)	P	PA; SP; PA
ORENITRAM TBCR	NP	SP
REMODULIN SOLN	NP	SP
treprostinil soln	NP	SP
TYVASO REFILL SOLN	NP	SP
TYVASO SOLN	NP	SP
TYVASO STARTER SOLN	NP	SP
VELETRI SOLR (*Use epoprostenol sodium*)	NP	SP
VENTAVIS SOLN	NP	SP
Pulmonary Hypertension - Endothelin Receptor		
ambrisentan tabs	NP	SP
bosentan tabs 62.5 mg, 125 mg	NP	SP
LETAIRIS TABS (*Use ambrisentan*)	P	PA; SP; PA
OPSUMIT TABS	NP	SP
TRACLEER TABS 62.5 MG, 125 MG (*Use bosentan*)	P	PA; SP; PA
TRACLEER TBSO 32 MG	P	PA; SP; PA
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (*Use tadalafil (pulmonary hypertension)*)	P	PA; SP; PA
REVATIO SOLN IV 10 MG/12.5ML (*Use sildenafil citrate (pulmonary hypertension)*)	NP	SP
REVATIO SUSR OR 10 MG/ML (*Use sildenafil citrate (pulmonary hypertension)*)	P	PA; SP; PA
REVATIO TABS OR 20 MG (*Use sildenafil citrate (pulmonary hypertension)*)	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml	NP	SP
sildenafil citrate (pulmonary hypertension) susr or 10 mg/ml	NP	SP
sildenafil citrate (pulmonary hypertension) tabs or 20 mg	P	PA; SP; PA
tadalafil (pulmonary hypertension) tabs	P	PA; SP; PA
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI SOLR	NP	SP
UPTRAVI TABS	NP	SP
UPTRAVI TBPK	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS	NP	SP
Sinus Node Inhibitors		
CORLANOR SOLN	NP	
CORLANOR TABS	NP	
Transthyretin Stabilizers		
VYNDAMAX CAPS	NP	SP
VYNDAQEL CAPS	NP	SP
Vasoactive Soluble Guanylate Cyclase Stimulator		
VERQUVO TABS	P	PA; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporin Combinations		
AVYCAZ SOLR	P	
Cephalosporins - 1st Generation		
cefadroxil caps	P	
cefadroxil susr	P	
cefadroxil tabs	P	

Drug Name	Drug Tier	Requirements/ Limits
CEFAZOLIN SODIUM SOLN IV 1 GM/50ML-4 %	P	
cefazolin sodium solr ij 1 gm, 10 gm, 500 mg	P	
CEFAZOLIN SODIUM SOLR IJ 100 GM, 300 GM	P	
cefazolin sodium solr iv 1 gm	P	
CEFAZOLIN SODIUM SOSY IV 1 GM/10ML, 2 GM/20ML	P	
CEFAZOLIN SODIUM/DEXTROSE SOLR 1 GM-4 %, 2 GM-3 %	P	
CEFAZOLIN SODIUM/SODIUM CHLORIDE SOLN	P	
CEFAZOLIN SOLN	P	
CEFAZOLIN/SODIUM CHLORIDE SOLN	P	
cephalexin caps 750 mg, 250 mg, 500 mg	P	
cephalexin susr 125 mg/5ml, 250 mg/5ml	P	
cephalexin tabs 250 mg, 500 mg	P	
KEFLEX CAPS (*Use cephalexin*)	NF	
Cephalosporins - 2nd Generation		
cefaclor caps	P	
CEFACLOR ER TB12	NP	
cefaclor susr	P	
cefoxitin sodium solr 1 gm, 2 gm	P	
CEFOXITIN SODIUM SOLR 1 GM-4 %, 2 GM-2.2 %	P	
cefprozil susr 125 mg/5ml	P	QL(200 ml per fill retail)
cefprozil susr 250 mg/5ml	P	QL(100 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
cefprozil tabs 250 mg, 500 mg	NP	QL(20 ea per fill retail)
cefuroxime axetil tabs 250 mg, 500 mg	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
cefdinir caps 300 mg	P	QL(20 ea per fill retail)
cefdinir susr 250 mg/5ml, 125 mg/5ml	P	QL(100 ml per fill retail)
cefixime caps 400 mg	P	
cefixime susr 100 mg/5ml, 200 mg/5ml	NP	
cefpodoxime proxetil susr 100 mg/5ml, 50 mg/5ml	NP	
cefpodoxime proxetil tabs 100 mg, 200 mg	NP	
ceftazidime solr ij 6 gm, 1 gm	P	
ceftazidime solr iv 1 gm, 2 gm	P	
CEFTAZIDIME/DEXTROSE SOLR	P	
ceftriaxone sodium in dextrose soln	P	
ceftriaxone sodium solr ij 1 gm, 2 gm, 250 mg, 500 mg	P	
CEFTRIAXONE SODIUM SOLR IJ 100 GM	P	
ceftriaxone sodium solr iv 1 gm, 10 gm, 2 gm	P	
CEFTRIAXONE/DEXTROSE SOLR	P	
FORTAZ SOLR IJ 1 GM (*Use ceftazidime*)	NF	
FORTAZ SOLR IV 2 GM (*Use ceftazidime*)	NF	
SUPRAX CAPS 400 MG (*Use cefixime*)	NF	
SUPRAX CHEW 100 MG, 200 MG	NP	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (*Use cefixime*)	NP	
Cephalosporins - 4th Generation		
cefepime hcl solr	P	
CEFEPIME SOLN	P	
CEFEPIME/DEXTROSE SOLR	P	
CHEMICALS		
Liquids		
CASTOR OIL OIL XX	P	RX/OTC
HM CASTOR OIL OIL	P	RX/OTC
QC CASTOR OIL OIL	P	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	P	MP
BEYAZ TABS (*Use drospirenone-ethinyl estradiol-levomefolate calcium*)	P	MP
desogestrel & ethinyl estradiol tabs 0.03 mg-0.15 mg, 0.15 mg-30 mcg	P	QL(1 ea daily); MP
desogestrel-ethinyl estradiol (biphasic) tabs	P	QL(1 ea daily); MP
desogestrel-ethinyl estradiol (triphasic) tabs	P	QL(1 ea daily); MP
drospirenone-ethinyl estradiol tabs 0.03 mg-3 mg, 0.02 mg-3 mg	P	QL(1 ea daily); MP
drospirenone-ethinyl estradiol-levomefolate calcium tabs	P	MP
ESTROSTEP FE TABS (*Use norethindrone acetate-ethinyl estradiol-fe*)	NF	MP
ethynodiol diacet & eth estrad tabs 1 mg-35 mcg	P	QL(1 ea daily); MP
ethynodiol diacet & eth estrad tabs 1 mg-50 mcg	P	MP
FALESSA KIT 0.1 MG-1 MG-20 MCG	P	

Drug Name	Drug Tier	Requirements/ Limits
GENERESS FE CHEW (*Use norethindrone & ethinyl estradiol-fe*)	P	MP
levonorgestrel & eth estradiol tabs 0.03 mg-0.15 mg, 0.15 mg-30 mcg, 0.1 mg-20 mcg	P	QL(1 ea daily); MP
levonorgestrel-eth estradiol (triphasic) tabs	P	QL(1 ea daily); MP
levonorgestrel-ethinyl estradiol (91-day) tabs	P	
levonorgestrel-ethinyl estradiol (91-day) tabs	P	QL(1 ea daily)
levonorgestrel-ethinyl estradiol (continuous) tabs	P	
LO LOESTRIN FE TABS	P	MP
LOSEASONIQUE TABS (*Use levonorgestrel-ethinyl estradiol (91-day)*)	P	
MINASTRIN 24 FE CHEW (*Use norethin acet & estrad-fe*)	P	MP
MIRCETTE TABS (*Use desogestrel-ethinyl estradiol (biphasic)*)	P	QL(1 ea daily); MP
NATAZIA TABS	P	MP
NEXTSTELLIS TABS	P	
norethin acet & estrad-fe caps 1 mg-20 mcg-75 mg	P	MP
norethin acet & estrad-fe chew 1 mg-20 mcg-75 mg	P	MP
norethin acet & estrad-fe tabs 1 mg-20 mcg-75 mg	P	MP
norethin acet & estrad-fe tabs 1.5 mg-30 mcg-75 mg, 1 mg-20 mcg-75 mg	P	QL(1 ea daily); MP
norethindrone & eth estradiol tabs 0.5 mg-35 mcg, 0.4 mg-35 mcg, 1 mg-35 mcg	P	QL(1 ea daily); MP
norethindrone & ethinyl estradiol-fe chew	P	MP
norethindrone acet & eth estra tabs 1 mg-20 mcg, 1.5 mg-30 mcg	P	QL(1 ea daily); MP
norethindrone acetate-ethinyl estradiol-fe tabs	P	MP
norethindrone-eth estradiol (triphasic) tabs	P	QL(1 ea daily); MP
norgestimate-ethinyl estradiol (triphasic) tabs	P	MP
norgestimate-ethinyl estradiol (triphasic) tabs	P	QL(1 ea daily); MP
norgestimate-ethinyl estradiol tabs	P	QL(1 ea daily); MP
norgestrel & ethinyl estradiol tabs	P	QL(2 ea daily); MP
QUARTETTE TABS (*Use levonorgestrel-ethinyl estradiol (91-day)*)	P	
SAFYRAL TABS (*Use drospirenone-ethinyl estradiol-levomefolate calcium*)	P	MP
SEASONIQUE TABS (*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 TABS (*Use drospirenone-ethinyl estradiol*)	P	QL(1 ea daily); MP
YAZ TABS (*Use drospirenone-ethinyl estradiol*)	P	QL(1 ea daily); MP
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol ptwk	P	QL(3 ea per 28 days retail,9 ea per 84 days mail); MP
TWIRLA PTWK	P	
Combination Contraceptives - Vaginal		
ANNOVERA RING	P	MP
etonogestrel-ethinyl estradiol ring	P	MP

Drug Name	Drug Tier	Requirements/ Limits
NUVARING RING (*Use etonogestrel-ethinyl estradiol*)	P	MP
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	P	SP
Emergency Contraceptives		
ELLA TABS	P	QL(3 ea per 63 days retail,3 ea per 63 days mail); MP
levonorgestrel (emergency oc) tabs	P	QL(3 ea per 30 days retail,9 ea per 90 days mail); MP
PLAN B ONE-STEP TABS (*Use levonorgestrel (emergency oc)*)	NF	QL(3 ea per 30 days retail,9 ea per 90 days mail); MP
Progestin Contraceptives - IUD		
KYLEENA IUD	P	SP
LILETTA IUD	P	SP
MIRENA IUD	P	SP
SKYLA IUD	P	SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (*Use medroxyprogesterone acetate (contraceptive)*)	P	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (*Use medroxyprogesterone acetate (contraceptive)*)	P	
DEPO-SUBQ PROVERA 104 SUSY	P	
medroxyprogesterone acetate (contraceptive) susp	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susy	P	

Drug Name	Drug Tier	Requirements/ Limits
Progestin Contraceptives - Oral		
norethindrone (contraceptive) tabs	P	QL(1 ea daily); MP
ORTHO MICRONOR TABS (*Use norethindrone (contraceptive)*)	NF	QL(1 ea daily); MP
SLYND TABS	P	MP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
ALKINDI SPRINKLE CPSP	NP	
budesonide cpep or 3 mg	NP	
budesonide tb24 or 9 mg	NP	
CORTEF TABS (*Use hydrocortisone*)	NP	
dexamethasone elix or 0.5 mg/5ml	P	
DEXAMETHASONE INTENSOL CONC	P	
dexamethasone soln or 0.5 mg/5ml	P	
dexamethasone tabs or 1 mg, 1.5 mg, 2 mg, 4 mg, 0.5 mg, 0.75 mg, 6 mg	P	
dexamethasone tbpk or 1.5 mg	NP	
dexamethasone tbpk or 1.5 mg	P	
EMFLAZA SUSP	NP	SP
EMFLAZA TABS	NP	SP
ENTOCORT EC CPEP (*Use budesonide*)	NF	
HEMADY TABS	NP	
hydrocortisone tabs or 10 mg, 20 mg, 5 mg	P	
MEDROL DOSEPAK TBPK (*Use methylprednisolone*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
MEDROL TABS 16 MG, 32 MG, 8 MG, 4 MG (*Use methylprednisolone*)	NP	
MEDROL TABS 2 MG	NP	
methylprednisolone tabs or 16 mg, 32 mg, 8 mg, 4 mg	P	
methylprednisolone tbpk or 4 mg	P	
MILLIPRED TABS	P	
ORTIKOS CP24	NP	
PEDIAPRED SOLN (*Use prednisolone sodium phosphate*)	NF	
prednisolone sodium phosphate soln or 10 mg/5ml, 25 mg/5ml, 5 mg/5ml, 6.7 mg/5ml	P	
prednisolone sodium phosphate soln or 15 mg/5ml	P	QL(240 ml per fill retail)
prednisolone sodium phosphate soln or 20 mg/5ml	P	QL(150 ml per fill retail)
prednisolone soln or	P	
PREDNISONE INTENSOL CONC	P	
prednisone soln or 5 mg/5ml	P	
prednisone tabs or 2.5 mg, 5 mg, 50 mg, 1 mg, 10 mg, 20 mg	P	
prednisone tbpk or 10 mg, 5 mg	P	
RAYOS TBEC	NP	
TARPEYO CPDR	NP	SP
UCERIS TB24 OR 9 MG (*Use budesonide*)	NF	
UCERIS TB24 OR 9 MG (*Use budesonide*)	NP	
Mineralocorticoids		
fludrocortisone acetate tabs or	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate caps 100 mg	P	AL(At least 10 yrs old)
benzonatate caps 200 mg	P	QL(30 ea per 30 days retail)1 rtl MAX fill,30 rtl day(s) supply,; AL(At least 10 yrs old)
DELSYM COUGH CHILDRENS SUER (*Use dextromethorphan polistirex*)	NF	QL(240 ml per 7 days retail)
DELSYM SUER 30 MG/5ML (*Use dextromethorphan polistirex*)	NF	QL(240 ml per 7 days retail)
dextromethorphan polistirex lqcr	P	QL(240 ml per 7 days retail)
dextromethorphan polistirex suer	P	QL(240 ml per 7 days retail)
HYCODAN SOLN 1.5 MG/5ML-5 MG/5ML (*Use hydrocodone bitartrate-homatropine methylbromide*)	NF	AL(At least 18 yrs old)
hydrocodone bitartrate-homatropine methylbromide soln 1.5 mg/5ml-5 mg/5ml	P	AL(At least 18 yrs old)
TESSALON PERLES CAPS (*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 & phenyleph liqd	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	P	QL(120 ml per fill retail)
cetirizine-pseudoephedrine tb12	P	QL(2 ea daily)
CHERACOL PLUS LIQD (*Use dextromethorphan-guaifenesin*)	NF	QL(240 ml per fill retail)
CHERACOL-D COUGH LIQD (*Use dextromethorphan-guaifenesin*)	NF	QL(240 ml per fill retail)
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 12.5 mg/30ml-30 mg/30ml-1000 mg/30ml, 6.25 mg/15ml-15 mg/15ml-500 mg/15ml, 6.25 mg/15ml-6.25 mg/15ml-10 %-15 mg/15ml-15 mg/15ml-500 mg/15ml-500 mg/15ml	P	
dextromethorphan-guaifenesin liqd 10 mg/5ml-200 mg/5ml, 20 mg/10ml-400 mg/10ml, 10 mg/5ml-100 mg/5ml, 15 mg/7.5ml-150 mg/7.5ml, 20 mg/10ml-200 mg/10ml, 20 mg/20ml-400 mg/20ml, 5 mg/5ml-100 mg/5ml	P	QL(240 ml per fill retail)
dextromethorphan-guaifenesin syrp 10 mg/5ml-10 mg/5ml-100 mg/5ml-100 mg/5ml	P	QL(240 ml per fill retail)
dextromethorphan-phenylephrine-acetaminophen caps 5 mg-10 mg-325 mg, 5 mg-5 mg-10 mg-10 mg-325 mg-325 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
DIMETAPP CHILDREN'S COLD& ALLERGY LIQD	P	QL(120 ml per fill retail)
DIMETAPP COLD & ALLERGY ELIX (*Use brompheniramine & phenyleph*)	NF	QL(120 ml per fill retail)
DIMETAPP LONG ACTING COUGH PLUS COLD SYRP	P	QL(240 ml per fill retail)
ED BRON GP LIQD	P	QL(240 ml per 7 days retail)
guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml	P	
guaifenesin-codeine soln 10 mg/5ml-100 mg/5ml	P	
guaifenesin-codeine syrp 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 5 mg-120 mg	P	QL(2 ea daily)
loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg	P	QL(1 ea daily)
MAXI-TUSS PE MAX LIQD	P	QL(240 ml per 7 days retail)
phenylephrine-dm liqd	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)

Drug Name	Drug Tier	Requirements/ Limits
promethazine-phenylephrine-codeine syrp	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
pseudoephed-bromphen-dm syrp	P	QL(240 ml per fill retail)
pseudoephedrine w/ codeine-gg soln	P	QL(240 ml per fill retail)
pseudoephedrine-ibuprofen tabs	P	
QC TRIACTING DAYTIME CHILDRENS SYRP	P	QL(240 ml per fill retail)
ROBITUSSIN PEAK COLD DM SYRP (*Use dextromethorphan-guaifenesin*)	NF	QL(240 ml per fill retail)
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 TB12 (*Use cetirizine-pseudoephedrine*)	NF	QL(2 ea daily)
Expectorants		
guaifenesin liqd or 100 mg/5ml, 200 mg/10ml, 400 mg/20ml	P	QL(240 ml per fill retail)
guaifenesin soln or 100 mg/5ml, 200 mg/10ml, 300 mg/15ml	P	QL(240 ml per fill retail)
guaifenesin syrp or 100 mg/5ml	P	QL(240 ml per fill retail)
guaifenesin tb12 or 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 in 10 %, 20 %	P	

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 10 MG, 20 MG, 40 MG (*Use isotretinoin*)	NP	QL(2 ea daily); AL(At least 12 yrs old)
ABSORICA CAPS 25 MG, 35 MG, 30 MG (*Use isotretinoin*)	NP	
ABSORICA LD CAPS	NP	
ACANYA GEL (*Use clindamycin phosphate-benzoyl peroxide*)	NP	
ACZONE GEL (*Use dapsone (topical)*)	NP	
adapalene crea 0.1 %	NP	
adapalene gel 0.1 %	NP	RX/OTC
adapalene gel 0.3 %	NP	
adapalene-benzoyl peroxide gel 0.1 %-2.5 %, 0.3 %-2.5 %	NP	
AKLIEF CREA	NP	
ALTRENO LOTN	NP	
AMZEEQ FOAM	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	
AZELEX CREA	NP	
BENZACLIN GEL (*Use clindamycin phosphate-benzoyl peroxide*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
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 KIT	NP	
CLINDACIN PAC KIT	NP	
CLINDAGEL GEL (*Use clindamycin phosphate (topical)*)	NP	QL(75 ml per fill retail)
clindamycin phosphate (topical) foam	NP	
clindamycin phosphate (topical) gel	P	QL(75 gm per fill retail)
clindamycin phosphate (topical) gel	P	QL(75 ml per fill retail)
clindamycin phosphate (topical) lotn	P	QL(60 ml per fill retail)
clindamycin phosphate (topical) soln	P	
clindamycin phosphate (topical) swab	P	
clindamycin phosphate-benzoyl peroxide (refrigerate) gel 1 %-5 %, 1.2 %-5 %	NP	
clindamycin phosphate-benzoyl peroxide gel 1.2 %-2.5 %, 1 %-5 %	NP	
clindamycin phosphate-tretinoin gel	NP	
dapsone (topical) gel	NP	
DIFFERIN CREA 0.1 % (*Use adapalene*)	NP	
DIFFERIN GEL 0.1 % (*Use adapalene*)	NF	RX/OTC
DIFFERIN GEL 0.3 % (*Use adapalene*)	NP	
DIFFERIN LOTN 0.1 %	NP	
EPIDUO FORTE GEL (*Use adapalene-benzoyl peroxide*)	NP	
EPIDUO FORTE GEL (*Use adapalene-benzoyl peroxide*)	NF	
EPIDUO GEL (*Use adapalene-benzoyl peroxide*)	NF	
EPSOLAY CREA	NP	
ERYGEL GEL (*Use erythromycin (acne aid)*)	NP	QL(60 gm per fill retail)
erythromycin (acne aid) gel	P	QL(60 gm per fill retail)
erythromycin (acne aid) pads	NP	
erythromycin (acne aid) soln	P	
EVOCLIN FOAM (*Use clindamycin phosphate (topical)*)	NP	
FABIOR FOAM	NP	
isotretinoin caps or 10 mg, 20 mg, 40 mg	NP	QL(2 ea daily); AL(At least 12 yrs old)
isotretinoin caps or 25 mg, 35 mg, 30 mg	NP	
KLARON LOTN (*Use sulfacetamide sodium (acne)*)	NP	QL(120 ml per fill retail)
NEUAC KIT KIT	NP	
ONEXTON GEL	NP	
RETIN-A CREA 0.025 % (*Use tretinoin*)	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A CREA 0.05 %, 0.1 % (*Use tretinoin*)	NP	QL(20 gm per 30 days retail); AL(Up to 35 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
RETIN-A GEL 0.01 %, 0.025 % (*Use tretinoin*)	NP	QL(45 gm per fill retail); AL(Up to 35 yrs old)
RETIN-A MICRO GEL 0.04 %, 0.1 % (*Use tretinoin microsphere*)	NP	
RETIN-A MICRO GEL 0.06 %	NP	
RETIN-A MICRO PUMP GEL 0.04 %, 0.1 % (*Use tretinoin microsphere*)	NP	
RETIN-A MICRO PUMP GEL 0.08 %	NP	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NP	
sulfacetamide sodium (acne) lotn	NP	QL(120 ml per fill retail)
sulfacetamide sodium w/ sulfur crea 2 %-10 %, 5 %-10 %	NP	
sulfacetamide sodium w/ sulfur emul 1 %-10 %	NP	
sulfacetamide sodium w/ sulfur foam 5 %-10 %	NP	
sulfacetamide sodium w/ sulfur liqd 2 %-10 %, 4 %-9 %, 4.5 %-9 %, 5 %-10 %	NP	
sulfacetamide sodium w/ sulfur pads 4 %-10 %	NP	
sulfacetamide sodium w/ sulfur susp 4 %-8 %	NP	
sulfacetamide sodium-sulfur in urea vehicle emul	NP	
SUMADAN KIT KIT	NP	
SUMADAN WASH LIQD (*Use sulfacetamide sodium w/ sulfur*)	NP	
SUMADAN XLT KIT	NP	
SUMAXIN CP KIT KIT	NP	
SUMAXIN PADS (*Use sulfacetamide sodium w/ sulfur*)	NP	
SUMAXIN WASH LIQD (*Use sulfacetamide sodium w/ sulfur*)	NP	
TAZAROTENE FOAM EX	NP	
tretinoin crea ex 0.025 %	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)
tretinoin crea ex 0.05 %, 0.1 %	P	QL(20 gm per 30 days retail)
tretinoin crea ex 0.05 %, 0.1 %	P	QL(20 gm per 30 days retail); AL(Up to 35 yrs old)
tretinoin gel ex 0.01 %, 0.025 %	P	QL(45 gm per fill retail); AL(Up to 35 yrs old)
tretinoin gel ex 0.05 %	P	
tretinoin microsphere gel	NP	
TWYNEO CREA	NP	
WINLEVI CREA	NP	
ZIANA GEL (*Use clindamycin phosphate-tretinoin*)	NP	
Agents for External Genital and Perianal Warts		
VEREGEN OINT	NP	
Anti-inflammatory Agents - Topical		
DERMACINRX LEXITRAL PHARMAPAK II THPK (*Use diclofenac sodium-capsaicin (topical)*)	NP	
DERMACINRX LEXITRAL PHARMAPAK THPK (*Use diclofenac sodium-capsaicin (topical)*)	NF	
diclofenac epolamine ptch	NP	

Drug Name	Drug Tier	Requirements/ Limits
diclofenac sodium (topical) gel 1 %	NP	2 rtl pack lmt amt,30 rtl pack lmt day(s),; RX/OTC
diclofenac sodium (topical) kit 1 %	NP	RX/OTC
diclofenac sodium (topical) soln 2 %, 1.5 %	NP	
diclofenac sodium-capsaicin (topical) thpk	NP	
DICLOTREX II THPK	NP	
DICLOTREX THPK	NP	
FLECTOR PTCH (*Use diclofenac epolamine*)	NP	
LICART PT24	NP	
PENNSAID SOLN	NP	
PENNSAID SOLN (*Use diclofenac sodium (topical)*)	NP	
VOLTAREN GEL (*Use diclofenac sodium (topical)*)	NF	2 rtl pack lmt amt,30 rtl pack lmt day(s),; RX/OTC
Antibiotics - Topical		
CENTANY AT KIT	NP	
CENTANY OINT	NP	QL(2160 gm per fill retail)
gentamicin sulfate (topical) crea	P	QL(30 gm per fill retail)
gentamicin sulfate (topical) oint	P	QL(30 gm per fill retail)
mupirocin calcium (topical) crea	NP	QL(30 gm per fill retail)
mupirocin oint ex	P	QL(2160 gm per fill retail)
NEO-SYNALAR CREA	NP	
NEO-SYNALAR KIT KIT	NP	
neomycin-bacitracin-polymyxin oint	P	QL(454 gm per fill retail)
neomycin-polymyxin w/ pramoxine crea	P	QL(28.3 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
NEOSPORIN ORIGINAL OINT (*Use neomycin-bacitracin-polymyxin*)	NF	QL(454 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (*Use neomycin-polymyxin w/ pramoxine*)	NF	QL(28.3 gm per fill retail)
XEPI CREA	NP	
Antifungals - Topical		
ciclopirox gel ex 0.77 %	NP	
ciclopirox kit ex 8 %	NP	
ciclopirox olamine crea ex	NP	
ciclopirox olamine susp ex	NP	
ciclopirox sham ex 1 %	NP	
ciclopirox soln ex 8 %	NP	
clotrimazole (topical) crea	P	QL(113 gm per fill retail); RX/OTC
clotrimazole (topical) soln	NP	QL(60 ml 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)
ECONASIL KIT	NP	
econazole nitrate crea ex	P	QL(30 gm per fill retail)
ERTACZO CREA	NP	
EXELDERM CREA (*Use sulconazole nitrate*)	NP	
EXELDERM SOLN (*Use sulconazole nitrate*)	NP	
EXTINA FOAM (*Use ketoconazole (topical)*)	NP	
JUBLIA SOLN	NP	

Drug Name	Drug Tier	Requirements/ Limits
KERYDIN SOLN (*Use tavaborole*)	NP	
ketoconazole (topical) crea 2 %	P	QL(60 gm per fill retail)
ketoconazole (topical) foam 2 %	NP	
ketoconazole (topical) sham 2 %	P	QL(120 ml per fill retail)
KETODAN KIT KIT	NP	
LOPROX CREA (*Use ciclopirox olamine*)	NP	
LOPROX KIT	NP	
LOPROX KIT KIT	NP	
LOPROX SHAMPOO SHAM (*Use ciclopirox*)	NP	
LOPROX SUSP (*Use ciclopirox olamine*)	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 crea	NP	
LUZU CREA (*Use luliconazole*)	NP	
MENTAX CREA	NP	RX/OTC
miconazole-zinc oxide-white petrolatum oint	NP	
naftifine hcl crea	NP	
naftifine hcl gel	NP	
NAFTIFINE HYDROCHLORIDE CREA (*Use naftifine hcl*)	NF	
NAFTIN CREA 2 % (*Use naftifine hcl*)	NF	
NAFTIN GEL 2 %, 1 %	NP	
nystatin (topical) crea	P	QL(30 gm per fill retail)
nystatin (topical) oint	P	QL(30 gm per fill retail)
nystatin (topical) powd	P	QL(60 gm per fill retail)
nystatin-triamcinolone crea 1 mg/gm-100000 unit/gm	NP	QL(60 gm per fill retail)
nystatin-triamcinolone oint 0.1 %-100000 unit/gm	NP	QL(60 gm per fill retail)
oxiconazole nitrate crea	NP	
OXISTAT CREA (*Use oxiconazole nitrate*)	NP	
OXISTAT LOTN	NP	
sulconazole nitrate crea	NP	
sulconazole nitrate soln	NP	
tavaborole soln	NP	
VUSION OINT (*Use miconazole-zinc oxide-white petrolatum*)	NP	
ZOLPAK KIT	NP	
Antineoplastic or Premalignant Lesion Agents -		
AMELUZ GEL	NP	
bexarotene (topical) gel	NP	SP
CARAC CREA (*Use fluorouracil (topical)*)	NP	QL(30 gm per fill retail)
diclofenac sodium (actinic keratoses) gel	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) crea 5 %	NP	QL(40 gm per fill retail)
fluorouracil (topical) soln 2 %, 5 %	NP	QL(10 ml per fill retail)
LEVULAN KERASTICK SOLR	P	SP
ORMECA KIT	NP	

Drug Name	Drug Tier	Requirements/ Limits
PANRETIN GEL	P	
TARGRETIN GEL EX 1 % (*Use bexarotene (topical)*)	P	SP
VALCHLOR GEL	NP	SP
Antipruritics - Topical		
camphor & menthol lotn 0.5 %-0.5 %	P	QL(222 ml per fill retail)
doxepin hcl (antipruritic) crea	NP	
PRUDOXIN CREA (*Use doxepin hcl (antipruritic)*)	NP	
SARNA LOTN (*Use camphor & menthol*)	NF	QL(222 ml per fill retail)
ZONALON CREA (*Use doxepin hcl (antipruritic)*)	NP	
Antipsoriatics		
acitretin caps 10 mg, 17.5 mg, 25 mg	NP	
calcipotriene crea ex	P	QL(60 gm per fill retail)
calcipotriene foam ex	NP	
calcipotriene oint ex	P	
calcipotriene soln ex	P	QL(60 ml per fill retail)
calcitriol (topical) oint	NP	
COSENTYX SENSOREADY PEN SOAJ	NP	SP
COSENTYX SOSY	NP	SP
DOVONEX CREA (*Use calcipotriene*)	NP	QL(60 gm per fill retail)
ILUMYA SOSY	NP	SP
methoxsalen rapid caps	NP	
OXSORALEN ULTRA CAPS (*Use methoxsalen rapid*)	NF	
SILIQ SOSY	NP	SP
SKYRIZI PEN SOAJ	NP	SP
SKYRIZI PSKT SC 75 MG/0.83ML	NP	SP
SKYRIZI SOSY SC 150 MG/ML	NP	SP
SORIATANE CAPS (*Use acitretin*)	NF	
SORILUX FOAM	NP	
STELARA SOLN	NP	SP
STELARA SOSY	NP	SP
TALTZ SOAJ	NP	SP
TALTZ SOSY	NP	SP
tazarotene crea ex	NP	QL(60 gm per fill retail)
TAZORAC CREA 0.1 % (*Use tazarotene*)	NP	QL(60 gm per fill retail)
TAZORAC GEL 0.05 %, 0.1 %	NP	QL(100 gm per fill retail)
TREMFYA SOPN	NP	SP
TREMFYA SOSY	NP	SP
VECTICAL OINT (*Use calcitriol (topical)*)	NP	
Antiseborrheic Products		
OVACE PLUS WASH GEL (*Use sulfacetamide sodium*)	NF	
OVACE PLUS WASH LIQD (*Use sulfacetamide sodium*)	NF	QL(480 ml per fill retail)
OVACE WASH LIQD (*Use sulfacetamide sodium*)	NF	QL(480 ml per fill retail)
selenium sulfide lotn ex 2.5 %	P	QL(120 ml per fill retail)
selenium sulfide sham ex 2.25 %	NP	
sulfacetamide sodium gel ex 10 %	NP	
sulfacetamide sodium liqd ex 10 %	NP	QL(480 ml per fill retail)
Antivirals - Topical		

Drug Name	Drug Tier	Requirements/ Limits
acyclovir topical crea	NP	QL(5 gm per fill retail)
acyclovir topical oint	NP	QL(30 gm per 30 days retail)
DENAVIR CREA	NP	
XERESE CREA	NP	
ZOVIRAX CREA EX 5 % (*Use acyclovir topical*)	NP	QL(5 gm per fill retail)
ZOVIRAX OINT EX 5 % (*Use acyclovir topical*)	NP	QL(30 gm per 30 days retail)
Burn Products		
mafenide acetate pack ex	P	
SILVADENE CREA (*Use silver sulfadiazine*)	NP	QL(1000 gm per fill retail)
silver sulfadiazine crea ex	P	QL(1000 gm per fill retail)
SULFAMYLON CREA 85 MG/GM	P	
SULFAMYLON PACK 5 % (*Use mafenide acetate*)	NP	
Cauterizing Agents		
SILVER NITRATE SOLN EX 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 KIT	NP	
betamethasone dipropionate (topical) crea	NP	1 rtl pack lmt per fill,
betamethasone dipropionate (topical) lotn	NP	
betamethasone dipropionate (topical) oint	NP	
betamethasone dipropionate augmented crea	NP	QL(45 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate augmented gel	NP	
betamethasone dipropionate augmented lotn	NP	
betamethasone dipropionate augmented oint	NP	
betamethasone valerate crea ex 0.1 %	P	QL(45 gm per fill retail)
betamethasone valerate foam ex 0.12 %	NP	
betamethasone valerate lotn ex 0.1 %	P	QL(60 ml per fill retail)
betamethasone valerate oint ex 0.1 %	P	QL(45 gm per fill retail)
BRYHALI LOTN	NP	
calcipotriene-betamethasone dipropionate oint	NP	
calcipotriene-betamethasone dipropionate susp	NP	
CAPEX SHAM	NP	
clobetasol propionate crea ex	P	QL(60 gm per fill retail)
clobetasol propionate emollient base crea	P	QL(60 gm per fill retail)
clobetasol propionate emulsion foam	NP	
clobetasol propionate foam ex	NP	
clobetasol propionate gel ex	P	QL(60 gm per fill retail)
clobetasol propionate liqd ex	NP	
clobetasol propionate lotn ex	NP	
clobetasol propionate oint ex	P	QL(60 gm per fill retail)
clobetasol propionate sham ex	NP	
clobetasol propionate soln ex	P	QL(50 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
CLOBEX LIQD (*Use clobetasol propionate*)	NP	
CLOBEX LOTN (*Use clobetasol propionate*)	NF	
CLOBEX SHAM (*Use clobetasol propionate*)	NP	
clocortolone pivalate crea	NP	
CLODAN KIT KIT	NP	
CLODERM CREA (*Use clocortolone pivalate*)	NP	
CUTIVATE LOTN (*Use fluticasone propionate*)	NF	
DERMA-SMOOTHE/FS BODY OIL (*Use fluocinolone acetonide*)	NP	
DERMA-SMOOTHE/FS SCALP OIL (*Use fluocinolone acetonide*)	NP	
desonide crea ex	P	1 rtl pack lmt per fill,
desonide lotn ex	NP	
desonide oint ex	P	1 rtl pack lmt per fill,
DESOWEN CREA (*Use desonide*)	NF	1 rtl pack lmt per fill,
desoximetasone crea ex 0.05 %	NP	QL(300 gm per fill retail)
desoximetasone crea ex 0.25 %	NP	QL(2 gm daily)
desoximetasone gel ex 0.05 %	NP	QL(2 gm daily)
desoximetasone liqd ex 0.25 %	NP	
desoximetasone oint ex 0.05 %	NP	
desoximetasone oint ex 0.25 %	NP	QL(2 gm daily)
diflorasone diacetate crea	P	QL(60 gm per fill retail)
diflorasone diacetate oint	P	QL(100 gm per fill retail)
DIPROLENE AF CREA (*Use betamethasone dipropionate augmented*)	NF	QL(45 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
DIPROLENE OINT (*Use betamethasone dipropionate augmented*)	NP	
DUOBRII LOTN	NP	
ENSTILAR FOAM	NP	
EPIFOAM FOAM	NP	
fluocinolone acetonide crea ex 0.01 %, 0.025 %	P	
fluocinolone acetonide oil ex 0.01 %	P	
fluocinolone acetonide oint ex 0.025 %	P	
fluocinolone acetonide soln ex 0.01 %	P	
fluocinonide crea ex 0.05 %	P	QL(60 gm per fill retail)
fluocinonide crea ex 0.1 %	P	
fluocinonide emulsified base crea	P	QL(60 gm per fill retail)
fluocinonide gel ex 0.05 %	P	QL(60 gm per fill retail)
fluocinonide oint ex 0.05 %	P	QL(60 gm per fill retail)
fluocinonide soln ex 0.05 %	P	QL(60 ml per fill retail)
FLUOPAR KIT	NP	
fluticasone propionate crea ex 0.05 %	P	QL(60 gm per fill retail)
fluticasone propionate lotn ex 0.05 %	NP	
fluticasone propionate oint ex 0.005 %	P	QL(60 gm per fill retail)
halcinonide crea	NP	
halobetasol propionate crea	P	
HALOBETASOL PROPIONATE FOAM	NP	
halobetasol propionate oint	P	
HALOG CREA (*Use halcinonide*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
HALOG OINT	NP	
HALOG SOLN	NP	
hydrocortisone (topical) crea 0.5 %	P	
hydrocortisone (topical) crea 1 %	P	QL(454 gm per fill retail)1 rtl pack lmt per fill,; RX/OTC
hydrocortisone (topical) crea 2.5 %	P	QL(454 gm per fill retail)
hydrocortisone (topical) lotn 2.5 %	P	QL(118 ml per fill retail)
hydrocortisone (topical) oint 1 %	P	QL(454 gm per fill retail); RX/OTC
hydrocortisone (topical) oint 2.5 %	P	QL(454 gm per fill retail)
hydrocortisone butyrate crea	NP	
hydrocortisone butyrate hydrophilic lipo base crea	NP	
hydrocortisone butyrate lotn	NP	
hydrocortisone butyrate oint	NP	
hydrocortisone butyrate soln	NP	QL(60 ml per fill retail)
hydrocortisone valerate crea	P	
hydrocortisone valerate oint	P	
hydrocortisone-aloe vera crea	P	
HYDROCORTISONE/ALOE CREA	P	
IMPEKLO LOTN	NP	
KENALOG AERS (*Use triamcinolone acetonide (topical)*)	NP	
LEXETTE FOAM	NP	

Drug Name	Drug Tier	Requirements/ Limits
LOCOID LIPOCREAM CREA (*Use hydrocortisone butyrate hydrophilic lipo base*)	NP	
LOCOID LOTN (*Use hydrocortisone butyrate*)	NP	
LUXIQ FOAM (*Use betamethasone valerate*)	NP	
mometasone furoate crea ex	P	QL(50 gm per fill retail)
mometasone furoate oint ex	P	QL(45 gm per fill retail)
mometasone furoate soln ex	P	QL(60 ml per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA (*Use hydrocortisone (topical)*)	NF	QL(454 gm per fill retail)1 rtl pack lmt per fill,; RX/OTC
OLUX FOAM (*Use clobetasol propionate*)	NP	
OLUX-E FOAM (*Use clobetasol propionate emulsion*)	NP	
PANDEL CREA	NP	
PRAMOSONE CREA 1 %-2.5 % (*Use pramoxine-hc*)	NF	
pramoxine-hc crea 1 %-2.5 %	NP	
prednicarbate crea	NP	QL(60 gm per fill retail)
prednicarbate oint	NP	QL(60 gm per fill retail)
PSORCON CREA (*Use diflorasone diacetate*)	NP	QL(60 gm per fill retail)
RADIAURA CREA	NP	
SYNALAR CREA (*Use fluocinolone acetonide*)	NP	
SYNALAR CREAM KIT KIT	NP	
SYNALAR OINT (*Use fluocinolone acetonide*)	NP	
SYNALAR OINTMENT KIT KIT	NP	
SYNALAR SOLN (*Use fluocinolone acetonide*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
SYNALAR TS KIT	NP	
TACLONEX OINT (*Use calcipotriene-betamethasone dipropionate*)	NP	
TACLONEX SUSP (*Use calcipotriene-betamethasone dipropionate*)	NF	
TACLONEX SUSP (*Use calcipotriene-betamethasone dipropionate*)	NP	
TASOPROL KIT	NP	
TEMOVATE CREA (*Use clobetasol propionate*)	NF	QL(60 gm per fill retail)
TEMOVATE OINT (*Use clobetasol propionate*)	NF	QL(60 gm per fill retail)
TEXACORT SOLN	NP	
TOPICORT CREA 0.05 % (*Use desoximetasone*)	NP	QL(300 gm per fill retail)
TOPICORT CREA 0.25 % (*Use desoximetasone*)	NP	QL(2 gm daily)
TOPICORT GEL 0.05 % (*Use desoximetasone*)	NP	QL(2 gm daily)
TOPICORT LIQD 0.25 % (*Use desoximetasone*)	NP	
TOPICORT OINT 0.05 % (*Use desoximetasone*)	NF	
TOPICORT OINT 0.05 % (*Use desoximetasone*)	NP	
TOPICORT OINT 0.25 % (*Use desoximetasone*)	NP	QL(2 gm daily)
TOVET KIT KIT	NP	
triamcinolone acetonide (topical) aers 0.147 mg/gm	NP	
triamcinolone acetonide (topical) crea 0.025 %	P	QL(908 gm per fill retail)
triamcinolone acetonide (topical) crea 0.1 %	P	QL(454 gm per fill retail)
triamcinolone acetonide (topical) crea 0.5 %	P	QL(15 gm per fill retail)
triamcinolone acetonide (topical) lotn 0.1 %, 0.025 %	P	QL(60 ml per fill retail)
triamcinolone acetonide (topical) oint 0.025 %	P	QL(454 gm per fill retail)
triamcinolone acetonide (topical) oint 0.05 %	NP	
triamcinolone acetonide (topical) oint 0.1 %	P	QL(60 gm per fill retail)
triamcinolone acetonide (topical) oint 0.5 %	P	QL(15 gm per fill retail)
TRILOCICLO KIT	NP	
ULTRAVATE LOTN	NP	
VANOS CREA (*Use fluocinonide*)	NP	
Eczema Agents		
ADBRY SOSY	NP	SP
CIBINQO TABS	NP	SP
DUPIXENT SOPN 200 MG/1.14ML	NP	
DUPIXENT SOPN 200 MG/1.14ML	P	PA; PA
DUPIXENT SOPN 300 MG/2ML	P	PA; SP; PA
DUPIXENT SOSY 100 MG/0.67ML	NP	SP
DUPIXENT SOSY 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	P	PA; SP; PA
OPZELURA CREA	NP	
Emollient/Keratolytic Agents		
urea crea ex 39 %	P	
urea crea ex 40 %	P	QL(200 gm per fill retail); RX/OTC
urea in lactic acid vehicle foam	NP	
urea lotn ex 40 %	P	QL(325 gm per fill retail)
Emollients		

Drug Name	Drug Tier	Requirements/ Limits
LAC-HYDRIN TWELVE LOTN (*Use lactic acid (ammonium lactate)*)	NF	QL(1368 gm per fill retail); RX/OTC
lactic acid (ammonium lactate) crea 12 %	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 CREA (*Use imiquimod*)	NP	QL(48 ea per 180 days retail)
imiquimod crea ex 3.75 %	NP	
imiquimod crea ex 5 %	P	QL(48 ea per 180 days retail)
ZYCLARA CREA (*Use imiquimod*)	NP	
ZYCLARA PUMP CREA 2.5 %	NP	
ZYCLARA PUMP CREA 3.75 % (*Use imiquimod*)	NP	
Immunosuppressive Agents - Topical		
ELIDEL CREA (*Use pimecrolimus*)	P	PA; QL(30 gm per 30 days retail); PA
pimecrolimus crea	P	PA; QL(30 gm per 30 days retail); PA
PROTOPIC OINT (*Use tacrolimus (topical)*)	P	PA; QL(30 gm per 30 days retail); PA
tacrolimus (topical) oint	P	PA; QL(30 gm per 30 days retail); PA
Keratolytic/Antimitotic Agents		
BENSAL HP OINT	NP	RX/OTC
CONDYLOX GEL	P	
PODOCON-25 SOLN	NP	
podofilox soln ex	P	QL(4 ml per fill retail)
SALEX LOTION KIT	NP	

Drug Name	Drug Tier	Requirements/ Limits
Liniments		
BENGAY GREASELESS CREA (*Use menthol-methyl salicylate (liniments)*)	NF	
menthol-methyl salicylate (liniments) crea 1 %-15 %, 10 %-15 %, 10 %-30 %, 2 %-10 %, 3 %-10 %, 4 %-25 %, 8 %-30 %	P	
Local Anesthetics - Topical		
APRIZIO PAK II KIT	NP	
DERMACINRX LIDOGEL GEL	NP	RX/OTC
EMPRICAINE II KIT	NP	
lidocaine hcl crea ex 3 %	P	RX/OTC
lidocaine hcl gel ex 2 %	P	QL(30 ml per fill retail)
lidocaine hcl prsy ex 2 %	P	QL(30 ml per fill retail)
lidocaine hcl soln ex 4 %	P	
lidocaine oint ex 5 %	P	
lidocaine ptch ex 5 %	P	
lidocaine-prilocaine crea	NP	QL(30 gm per fill retail)
lidocaine-prilocaine kit	NP	
LIDODERM PTCH (*Use lidocaine*)	NP	
LIDOREX GEL	NP	RX/OTC
LYDEXA CREA	NP	
NUVAKAAN II KIT	NP	
PLIAGLIS CREA	NP	
PRILO PATCH II KIT	NP	
PRIZOPAK II KIT	NP	
PRIZOTRAL II KIT	NP	

Drug Name	Drug Tier	Requirements/ Limits
QUTENZA KIT	NP	
SYNERA PTCH	NP	
ZTLIDO PTCH	NP	
Misc. Dermatological Products		
ALADERM PLUS EMUL	NP	
HYLATOPIC PLUS CREA	NP	RX/OTC
HYLATOPIC PLUS LOTN	NP	RX/OTC
NUVAIL SOLN	NP	RX/OTC
TETRIX CREA	NP	RX/OTC
Misc. Topical		
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
COLEMAN INSECT REPELLENT/HIGH & DRY AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
CUTTER AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
CUTTER ALL FAMILY AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
CUTTER BACKWOODS AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
CUTTER BACKWOODS DRY AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
CUTTER DRY AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
CUTTER SKINSATIONS AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
CUTTER SPORT AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
CVS INSECT REPELLENT AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
CVS TOTAL HOME INSECT REPELLENT AERO 30 %	P	QL(170 ml per fill retail,340 ml per 30 days retail)
HYCLODEX SOLN	NP	
HYPOCYN SOLN	NP	RX/OTC
OFF ACTIVE AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
OFF DEEP WOODS AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
OFF DEEP WOODS DRY AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
OFF DEEP WOODS SPORTSMEN AERO 30 %	P	QL(170 ml per fill retail,340 ml per 30 days retail)
OFF FAMILYCARE SMOOTH & DRY AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
OFF SMOOTH & DRY AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
QBREXZA PADS	NP	
REPEL FAMILY AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
REPEL FAMILY DRY AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
REPEL HUNTERS FORMULA AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
REPEL SPORTSMEN AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
REPEL SPORTSMEN DRY AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
REPEL SPORTSMEN MAX AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
REPEL SPORTSMEN MAX LOTN	P	QL(57 ml per fill retail,114 ml per 30 days retail)
SAWYER INSECT REPELLENT AERO	P	QL(170 ml per fill retail,340 ml 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 8 AERO	P	QL(170 ml per fill retail,340 ml per 30 days retail)
ULTRATHON INSECT REPELLENT LOTN	P	QL(57 ml per fill retail,114 ml per 30 days retail)
XERAC AC SOLN	NP	

Drug Name	Drug Tier	Requirements/ Limits
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT	P	PA; PA
Pigmenting-Depigmenting Agents		
hydroquinone crea ex 4 %	P	QL(56.8 ml per fill retail)
Rosacea Agents		
azelaic acid gel ex	NP	
doxycycline (rosacea) cpdr	NP	
FINACEA FOAM	NP	
FINACEA GEL (*Use azelaic acid*)	NP	
ivermectin (rosacea) crea	NP	
METROCREAM CREA (*Use metronidazole (topical)*)	NP	QL(45 gm per fill retail)
METROGEL GEL (*Use metronidazole (topical)*)	NF	
METROGEL GEL (*Use metronidazole (topical)*)	NP	
METROLOTION LOTN (*Use metronidazole (topical)*)	NF	
metronidazole (topical) crea 0.75 %	P	QL(45 gm per fill retail)
metronidazole (topical) gel 0.75 %	P	QL(45 gm per fill retail)
metronidazole (topical) gel 1 %	P	
metronidazole (topical) lotn 0.75 %	P	
MIRVASO GEL	NP	
NORITATE CREA	NP	
ORACEA CPDR (*Use doxycycline (rosacea)*)	NP	
RHOFADE CREA	NP	
ROSADAN KIT KIT	NP	

Drug Name	Drug Tier	Requirements/ Limits
SOOLANTRA CREA (*Use ivermectin (rosacea)*)	NF	
SOOLANTRA CREA (*Use ivermectin (rosacea)*)	NP	
ZILXI FOAM	NP	
Scabicides & Pediculicides		
crotamiton lotn ex	NP	QL(454 gm per fill retail)
ELIMITE CREA (*Use permethrin*)	NF	QL(60 gm per fill retail)
ivermectin (pediculicide) lotn	NP	RX/OTC
lindane sham	NP	
malathion lotn	NP	QL(59 ml per fill retail)
NATROBA SUSP (*Use spinosad*)	P	
OVIDE LOTN (*Use malathion*)	NP	QL(59 ml per fill retail)
permethrin crea ex 5 %	P	QL(60 gm per fill retail)
permethrin lotn ex 1 %	P	2 rtl pack lmt per fill,
pyrethrins-piperonyl butoxide sham 0.3 %-0.33 %-4 %	P	
SKLICE LOTN (*Use ivermectin (pediculicide)*)	NF	RX/OTC
spinosad susp	NP	
Tar Products		
coal tar extract sham 1 %, 0.5 %	P	
DHS TAR GEL SHAM (*Use coal tar extract*)	NF	
DHS TAR SHAM (*Use coal tar extract*)	NF	
IONIL-T SHAM (*Use coal tar extract*)	NF	
NEUTROGENA T/GEL SHAM (*Use coal tar extract*)	NF	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (*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	
calcium alginate misc ex	P	
CARETOUCH 4"X4" MISC	P	
DERMAGINATE DRESSING 12" MISC	P	
DERMAGINATE DRESSING 4"X4" PADS	P	
KENDALL CALCIUM ALGINATEDRESSING 12"X24" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 2"X2" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 4"X4" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 4"X5-1/2" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 6"X10" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING 8"X4" MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
KENDALL CALCIUM ALGINATEDRESSING PLUS 4"X4" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING ROPE 12" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING ROPE 24" MISC	P	
KENDALL CALCIUM ALGINATEDRESSING ROPE 36" MISC	P	
MAXORB II ALGINATE DRESSING 4"X4" MISC	P	
RESTORE CALCICARE DRESSING 12" ROPE MISC	P	
RESTORE CALCICARE DRESSING 2"X2" MISC	P	
RESTORE CALCICARE DRESSING 4"X4" MISC	P	
RESTORE CALCICARE DRESSING 4"X8" MISC	P	
RESTORE CALCIUM ALGINATEDRESSING 4"X4" MISC	P	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	NP	RX/OTC
ACCU-CHEK COMPACT 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 VI	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 CHECK STRIP STRP	NP	RX/OTC
ASSURE II STRP	NP	RX/OTC
ASSURE II TEST STRIPS STRP	NP	RX/OTC
ASSURE PLATINUM TEST STRIPS STRP	NP	RX/OTC
ASSURE PRISM MULTI TEST STRIPS STRP	NP	RX/OTC
ASSURE PRO TEST STRIPS STRP	NP	RX/OTC
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	
BIOSCANNER GLUCOSE TEST STRIPS STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS 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

Drug Name	Drug Tier	Requirements/ Limits
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
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 PLUS STRP	NP	RX/OTC
EASYGLUCO STRP VI	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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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 STRIPS STRP	NP	RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	NP	RX/OTC
FREESTYLE LITE TEST STRIPS STRP	NP	RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
FREESTYLE TEST STRIPS STRP	NP	RX/OTC
GE100 BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC
GENULTIMATE TEST STRIPS STRP	NP	RX/OTC
GHT TEST STRIPS STRP	NP	RX/OTC
GLUCO PERFECT 3 TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD 01 SENSOR PLUS STRP	NP	RX/OTC
GLUCOCARD 01 SENSOR PLUSTEST STRIPS STRP	NP	RX/OTC
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD SHINE TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD VITAL TEST STRIPS STRP	NP	RX/OTC
GLUCOCARD X-SENSOR STRP	NP	RX/OTC
GLUCOCOM TEST STRIPS STRP	NP	RX/OTC
GLUCONAVII BLOOD GLUCOSETEST STRIPS STRP	NP	RX/OTC
GLUCOSE METER TEST STRIPS ADVANCED STRP	NP	RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
GNP TRUETRACK SMART SYSTEM STRP	NP	RX/OTC
GOJJI BLOOD GLUCOSE TESTSTRIPS STRP	NP	RX/OTC
GOJJI BLOOD GLUCOSE TESTSTRIPS/GOJJI STERILE LANCETS 30G STRP	NP	RX/OTC
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
HARMONY BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
HW EMBRACE TALK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
IGLUCOSE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	P	

Drug Name	Drug Tier	Requirements/ Limits
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 PREMIUM 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 CALL PLUS BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ON CALL VIVID BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ON CALL VIVID BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	
ONE DROP BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ONETOUCH ULTRA STRP	P	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	NP	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	RX/OTC
OPTIUM TEST STRIPS STRP	NP	RX/OTC
OPTIUMEZ TEST STRIPS STRP	NP	RX/OTC
OPTUMRX BLOOD GLUCOSE TEST STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
PRECISION PCX PLUS TEST STRIPS STRP	NP	RX/OTC
PRECISION PCX 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 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
REVEAL BLOOD GLUCOSE TEST STRP	NP	RX/OTC
REXALL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SMART SENSE PREMIUM BLOODGLUCOSE STRIPS STRP	NP	RX/OTC
SMART SENSE VALUE BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SMARTEST BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SOLUS V2 AUDIBLE TEST STRP	NP	RX/OTC
SUPREME TEST STRIPS STRP	NP	RX/OTC
SURE EDGE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
SURECHEK BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TELCARE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRP	NP	RX/OTC
TGT BLOOD GLUCOSE TEST STRIPS 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 PRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC
TRUETEST STRIPS STRP	NP	RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	NP	RX/OTC
TRUETRACK TEST STRP	NP	RX/OTC
ULTRATRAK PRO TEST STRIPS STRP	NP	RX/OTC
ULTRATRAK ULTIMATE TEST STRIPS STRP	NP	RX/OTC
UNISTRIP1 GENERIC STRP	NP	RX/OTC
VERASENS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
VOCAL POINT BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	
PANCREAZE CPEP	P	
PERTZYE CPEP	NP	
VIOKACE TABS	NP	
ZENPEP CPEP	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide cp12 or 500 mg	P	MP
acetazolamide tabs or 125 mg, 250 mg	P	MP
KEVEYIS TABS	NP	SP
methazolamide tabs or 25 mg, 50 mg	P	MP
Diuretic Combinations		
ALDACTAZIDE TABS 25 MG-25 MG (*Use spironolactone & hydrochlorothiazide*)	NP	MP
ALDACTAZIDE TABS 50 MG-50 MG	NP	
amiloride & hydrochlorothiazide tabs	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
DYAZIDE CAPS (*Use triamterene & hydrochlorothiazide*)	NF	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 tabs	P	MP
triamterene & hydrochlorothiazide caps 25 mg-37.5 mg	P	QL(1 ea daily); MP
triamterene & hydrochlorothiazide tabs 25 mg-37.5 mg, 50 mg-75 mg	P	QL(1 ea daily); MP
Loop Diuretics		
bumetanide tabs or 0.5 mg, 1 mg, 2 mg	P	MP
BUMEX TABS (*Use bumetanide*)	NP	MP
EDECRIN TABS (*Use ethacrynic acid*)	NP	MP
ethacrynic acid tabs	P	MP
furosemide soln or 10 mg/ml, 8 mg/ml	P	MP
furosemide tabs or 20 mg, 40 mg, 80 mg	P	MP
LASIX TABS (*Use furosemide*)	NP	MP
torsemide tabs 10 mg, 100 mg, 5 mg	P	QL(1 ea daily); MP
Potassium Sparing Diuretics		
ALDACTONE TABS 100 MG, 25 MG (*Use spironolactone*)	NP	MP
ALDACTONE TABS 50 MG (*Use spironolactone*)	NP	
amiloride hcl tabs or	P	QL(4 ea daily); MP
CAROSPIR SUSP	NP	MP
spironolactone tabs or 100 mg, 25 mg	P	MP
spironolactone tabs or 50 mg	P	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone tabs 25 mg, 50 mg	P	MP
DIURIL SUSP	P	MP
hydrochlorothiazide caps or 12.5 mg	P	MP
hydrochlorothiazide tabs or 12.5 mg, 50 mg, 25 mg	P	MP
indapamide tabs 1.25 mg, 2.5 mg	P	MP
metolazone tabs 10 mg, 2.5 mg, 5 mg	P	MP
THALITONE TABS	NP	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA TABS	NP	SP
RECORLEV TABS	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 70 mg/75ml	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) soln na 200 unit/act	P	QL(4 ml per 30 days retail)
FOSAMAX PLUS D TABS	NP	

Drug Name	Drug Tier	Requirements/ Limits
FOSAMAX TABS (*Use alendronate sodium*)	NP	QL(0.143 ea daily); MP
ibandronate sodium tabs	NP	MP
risedronate sodium tabs 150 mg	NP	MP
risedronate sodium tabs 30 mg, 5 mg	NP	QL(1 ea daily); MP
risedronate sodium tabs 35 mg	NP	QL(4 ea per 28 days retail,12 ea per 84 days mail); MP
risedronate sodium tbec 35 mg	NP	MP
GnRH/LHRH Antagonists		
ORILISSA TABS	P	PA; SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV SOLR	NP	SP
Growth Hormones		
GENOTROPIN CART	P	PA; SP; PA
GENOTROPIN MINIQUICK PRSY	P	PA; SP; PA
HUMATROPE CART	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 10 MG/1.5ML, 5 MG/1.5ML	NP	SP
OMNITROPE SOLR 5.8 MG	NP	SP
SAIZEN SOLR	NP	SP
SAIZENPREP RECONSTITUTIONKIT SOLR	NP	SP
SEROSTIM SOLR 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA CART	NP	SP
ZOMACTON SOLR 10 MG, 5 MG	NP	SP
ZORBTIVE SOLR	NP	SP
Hormone Receptor Modulators		
EVISTA TABS (*Use raloxifene hcl*)	NP	QL(1 ea daily); MP
OSPHENA TABS	NP	
raloxifene hcl tabs	NP	QL(1 ea daily); MP
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	NP	SP
LHRH/GnRH Agonist Analog Pituitary		
SYNAREL SOLN	NP	SP
Metabolic Modifiers		
betaine powd	NP	SP
BUPHENYL POWD (*Use sodium phenylbutyrate*)	NP	SP
BUPHENYL TABS (*Use sodium phenylbutyrate*)	NP	SP
calcitriol caps or 0.5 mcg, 0.25 mcg	P	
calcitriol soln or 1 mcg/ml	P	
CARBAGLU TBSO (*Use carglumic acid*)	NP	SP
carglumic acid tbso	NP	SP
CARNITOR SF SOLN (*Use levocarnitine (metabolic modifiers*))	NP	QL(30 ml daily)
CARNITOR SOLN OR 1 GM/10ML (*Use levocarnitine (metabolic modifiers*))	NP	QL(30 ml daily)
CARNITOR TABS OR 330 MG (*Use levocarnitine (metabolic modifiers*))	NP	QL(3 ea daily)
cinacalcet hcl tabs 30 mg, 60 mg, 90 mg	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
CYSTADANE POWD (*Use betaine*)	NP	SP
doxercalciferol caps or 0.5 mcg, 1 mcg, 2.5 mcg	P	
GALAFOLD CAPS	NP	SP
KUVAN PACK (*Use sapropterin dihydrochloride*)	NP	SP
KUVAN TABS (*Use sapropterin dihydrochloride*)	NP	SP
levocarnitine (metabolic modifiers) soln 1 gm/10ml	NP	QL(30 ml daily)
levocarnitine (metabolic modifiers) tabs 330 mg	NP	QL(3 ea daily)
nitisinone caps	P	SP
NITYR TABS	NP	SP
ORFADIN CAPS 10 MG, 2 MG, 5 MG (*Use nitisinone*)	P	SP
ORFADIN CAPS 20 MG	P	SP
ORFADIN SUSP 4 MG/ML	NP	SP
paricalcitol caps 1 mcg, 2 mcg, 4 mcg	NP	
RAVICTI LIQD	NP	SP
RAYALDEE CPCR	NP	
ROCALTROL CAPS (*Use calcitriol*)	NP	
ROCALTROL SOLN (*Use calcitriol*)	NP	
sapropterin dihydrochloride pack	NP	SP
sapropterin dihydrochloride tabs	NP	SP
SENSIPAR TABS (*Use cinacalcet hcl*)	NP	SP
sodium phenylbutyrate powd or 3 gm/tsp	NP	SP
sodium phenylbutyrate tabs or 500 mg	NP	SP
ZEMPLAR CAPS (*Use paricalcitol*)	NP	
Mineralocorticoid Receptor Antagonists		
KERENDIA TABS	NP	
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 % (*Use desmopressin acetate spray*)	NP	QL(1 ml daily)1 rtl pack lmt per fill,
DDAVP TABS OR 0.1 MG, 0.2 MG (*Use desmopressin acetate*)	NP	QL(6 ea daily)
desmopressin acetate spray refrigerated soln	P	QL(1 ml daily)1 rtl pack lmt per fill,
desmopressin acetate spray soln	P	QL(1 ml daily)1 rtl pack lmt per fill,
desmopressin acetate tabs or 0.1 mg, 0.2 mg	P	QL(6 ea daily)
NOCDURNA SUBL	NP	
STIMATE SOLN	P	SP
Progesterone Receptor Antagonists		
MIFEPREX TABS (*Use mifepristone*)	NF	
MIFEPREX TABS (*Use mifepristone*)	NP	
mifepristone tabs	NP	
Prolactin Inhibitors		
cabergoline tabs	P	
Somatostatic Agents		
BYNFEZIA PEN SOPN	NP	SP
LANREOTIDE ACETATE SOLN	NP	SP
MYCAPSSA CPDR	NP	SP
octreotide acetate soln	NP	SP
octreotide acetate sosy	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
SANDOSTATIN LAR DEPOT KIT	NP	SP
SANDOSTATIN SOLN (*Use octreotide acetate*)	NP	SP
SIGNIFOR LAR SRER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	NP	SP
SIGNIFOR SOLN	NP	SP
SOMATULINE DEPOT SOLN	NP	SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS	NP	SP
JYNARQUE TBPK	NP	SP
SAMSCA TABS (*Use tolvaptan*)	NP	SP
tolvaptan tabs	NP	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (*Use estradiol & norethindrone acetate*)	NP	QL(1 ea daily)
ANGELIQ TABS	NP	
BIJUVA CAPS	NP	
CLIMARA PRO PTWK	NP	
COMBIPATCH PTTW	P	QL(0.29 ea daily)
DUAVEE TABS	NP	
estradiol & norethindrone acetate tabs 0.1 mg-0.5 mg, 0.5 mg-1 mg	P	QL(1 ea daily)
FEMHRT TABS (*Use norethindrone acetate-ethinyl estradiol*)	NF	
MYFEMBREE TABS	P	PA; PA
norethindrone acetate-ethinyl estradiol tabs	NP	
ORIAHNN CPPK	P	PA; PA
PREFEST TABS	NP	
PREMPHASE TABS	P	QL(1 ea daily)
PREMPRO TABS	P	QL(1 ea daily)
Estrogens		
ALORA PTTW	NP	QL(0.29 ea daily)
CLIMARA PTWK 0.025 MG/24HR (*Use estradiol*)	NP	
CLIMARA PTWK 0.075 MG/24HR, 0.1 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 37.5 MCG/24HR (*Use estradiol*)	NP	QL(0.143 ea daily)
DELESTROGEN OIL 10 MG/ML	NP	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (*Use estradiol valerate*)	NP	
DEPO-ESTRADIOL OIL	NP	
DIVIGEL GEL	NP	
ELESTRIN GEL	NP	
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (*Use estradiol*)	NP	
estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr	P	QL(0.29 ea daily)
estradiol ptwk td 0.025 mg/24hr	P	
estradiol ptwk td 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr	P	QL(0.143 ea daily)
estradiol tabs or 0.5 mg, 1 mg, 2 mg	P	
estradiol valerate oil im 20 mg/ml, 40 mg/ml	NP	
estradiol valerate oil im 40 mg/ml	P	

Drug Name	Drug Tier	Requirements/ Limits
EVAMIST SOLN	NP	
MENEST TABS	P	
MENOSTAR PTWK	NP	
MINIVELLE PTTW (*Use estradiol*)	NP	QL(0.29 ea daily)
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	QL(1 ea daily)
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.0375 MG/24HR, 0.1 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR (*Use estradiol*)	NF	QL(0.29 ea daily)
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.0375 MG/24HR, 0.1 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR (*Use estradiol*)	NP	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS OR 450 MG	NP	
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	NP	
CIPRO TABS 250 MG, 500 MG (*Use ciprofloxacin hcl*)	NP	
ciprofloxacin hcl tabs or 100 mg	P	QL(6 ea per fill retail)
ciprofloxacin hcl tabs or 250 mg, 750 mg, 500 mg	P	
ciprofloxacin in d5w soln	P	
levofloxacin in d5w soln	P	
levofloxacin soln iv 25 mg/ml	P	
levofloxacin soln or 25 mg/ml	P	
levofloxacin tabs or 250 mg, 500 mg, 750 mg	P	QL(1 ea daily)
moxifloxacin hcl tabs or	P	
ofloxacin tabs 300 mg	NP	
ofloxacin tabs 400 mg	NP	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY TABS 1 MG, 2 MG	NP	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE TABS	NP	
Antiflatulents		
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (*Use simethicone*)	NF	
MYLICON INFANTS GAS RELIEF SUSP (*Use simethicone*)	NF	
simethicone chew or 80 mg	P	
simethicone liqd or 20 mg/0.3ml, 40 mg/0.6ml	P	
simethicone susp or 20 mg/0.3ml, 40 mg/0.6ml	P	
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	NP	QL(5 ea daily); SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS	NP	SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (*Use ursodiol*)	NF	QL(3 ea daily)
CHENODAL TABS	NP	SP
RELTONE CAPS	NP	
URSO 250 TABS (*Use ursodiol*)	NP	QL(7 ea daily)
URSO FORTE TABS (*Use ursodiol*)	NP	
ursodiol caps or 300 mg	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ursodiol tabs or 250 mg	NP	QL(7 ea daily)
ursodiol tabs or 500 mg	NP	
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis) conc	P	
GASTROCROM CONC (*Use cromolyn sodium (mastocytosis*))	NP	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS (*Use lubiprostone*)	NP	
lubiprostone caps	NP	
Gastrointestinal Stimulants		
metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml	P	
metoclopramide hcl tabs or 10 mg, 5 mg	P	
metoclopramide hcl tbdp or 5 mg	NP	
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 SOLR	NP	SP
AZULFIDINE EN-TABS TBEC (*Use sulfasalazine*)	NF	
AZULFIDINE EN-TABS TBEC (*Use sulfasalazine*)	NP	
AZULFIDINE TABS (*Use sulfasalazine*)	NP	
balsalazide disodium caps	P	QL(9 ea daily)
CANASA SUPP (*Use mesalamine*)	NF	
CANASA SUPP (*Use mesalamine*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
CIMZIA KIT 200 MG	NP	SP
CIMZIA PSKT 200 MG/ML	P	PA; SP; PA
CIMZIA STARTER KIT PSKT	P	PA; SP; PA
COLAZAL CAPS (*Use balsalazide disodium*)	NP	QL(9 ea daily)
DELZICOL CPDR (*Use mesalamine*)	NP	
DIPENTUM CAPS	NP	
ENTYVIO SOLR	NP	SP
INFLECTRA SOLR	NP	SP
INFLIXIMAB SOLR	NP	SP
LIALDA TBEC (*Use mesalamine*)	NP	
mesalamine cp24 or 0.375 gm	NP	
mesalamine cpcr or 500 mg	P	
mesalamine cpdr or 400 mg	NP	
mesalamine enem re 4 gm	P	QL(60 ml daily)
mesalamine supp re 1000 mg	P	
mesalamine tbec or 1.2 gm	NP	
mesalamine tbec or 800 mg	NP	QL(3 ea daily)
mesalamine w/ cleanser kit	NP	
PENTASA CPCR 250 MG	P	
PENTASA CPCR 500 MG (*Use mesalamine*)	P	
REMICADE SOLR	NP	SP
RENFLEXIS SOLR	NP	SP
ROWASA KIT (*Use mesalamine w/ cleanser*)	NP	
SFROWASA ENEM	P	

Drug Name	Drug Tier	Requirements/ Limits
STELARA SOLN	NP	SP
sulfasalazine tabs or	P	
sulfasalazine tbec or	P	
Intestinal Acidifiers		
lactulose (encephalopathy) soln	P	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl tabs 1 mg, 0.5 mg	NP	
IBSRELA TABS	NP	
LINZESS CAPS	NP	
LOTRONEX TABS (*Use alosetron hcl*)	NP	
VIBERZI TABS	NP	
Peripheral Opioid Receptor Antagonists		
alvimopan caps	NP	
ENTEREG CAPS (*Use alvimopan*)	NP	
MOVANTIK TABS	NP	
RELISTOR SOLN	NP	
RELISTOR TABS	NP	
SYMPROIC TABS	NP	
Phosphate Binder Agents		
AURYXIA TABS	NP	
calcium acetate (phosphate binder) caps	P	
calcium acetate (phosphate binder) tabs	P	RX/OTC
FOSRENOL CHEW 1000 MG, 500 MG, 750 MG (*Use lanthanum carbonate*)	NP	
FOSRENOL PACK 1000 MG, 750 MG	P	
lanthanum carbonate chew	P	

Drug Name	Drug Tier	Requirements/ Limits
PHOSLYRA SOLN	NP	
RENAGEL TABS (*Use sevelamer hcl*)	NP	
RENVELA PACK (*Use sevelamer carbonate*)	NP	
RENVELA TABS (*Use sevelamer carbonate*)	NP	
sevelamer carbonate pack 0.8 gm, 2.4 gm	NP	
sevelamer carbonate tabs 800 mg	P	
sevelamer hcl tabs	P	
VELPHORO CHEW	NP	
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	NP	SP
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS	NP	SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2 TABS	NP	
Alkalinizers		
ORACIT SOLN	P	
pot & sod citrates w/citric ac soln	NP	
potassium citrate (alkalinizer) tbcr	NP	
potassium citrate-citric acid pack 1002 mg-3300 mg	NP	
potassium citrate-citric acid soln 334 mg/5ml-1100 mg/5ml, 334 mg/5ml-334 mg/5ml-1100 mg/5ml-1100 mg/5ml	NP	RX/OTC
sodium citrate & citric acid soln 334 mg/5ml-334 mg/5ml-500 mg/5ml-500 mg/5ml	P	QL(500 ml per 30 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 CPDR	NP	SP
PROCYSBI PACK	NP	SP
Genitourinary Irrigants		
sodium chloride (gu irrigant) soln	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	NP	QL(3 ea daily)
Prostatic Hypertrophy Agents		
AVODART CAPS (*Use dutasteride*)	NP	MP
CARDURA XL TB24	NP	
dutasteride caps or	NP	MP
dutasteride-tamsulosin hcl caps	NP	MP
finasteride tabs or	P	QL(1 ea daily); MP
FLOMAX CAPS (*Use tamsulosin hcl*)	NF	QL(2 ea daily); MP
FLOMAX CAPS (*Use tamsulosin hcl*)	NP	QL(2 ea daily); MP
JALYN CAPS (*Use dutasteride-tamsulosin hcl*)	NP	MP
PROSCAR TABS (*Use finasteride*)	NP	QL(1 ea daily); MP
RAPAFLO CAPS (*Use silodosin*)	NP	MP
silodosin caps	NP	MP
tamsulosin hcl caps	P	QL(2 ea daily); MP
Urinary Analgesics		
phenazopyridine hcl tabs or 100 mg, 200 mg	P	
PYRIDIUM TABS (*Use phenazopyridine hcl*)	NP	
Urinary Stone Agents		
LITHOSTAT TABS	NP	
THIOLA EC TBEC	NP	SP
THIOLA TABS (*Use tiopronin*)	NP	SP
tiopronin tabs or	NP	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid tabs	P	MP
Gout Agents		
allopurinol tabs or 300 mg, 100 mg	P	MP
colchicine caps or	NP	MP
colchicine tabs or	NP	QL(6 ea per fill retail); MP
COLCRYS TABS (*Use colchicine*)	NP	QL(6 ea per fill retail); MP
febuxostat tabs	NP	MP
GLOPERBA SOLN	NP	
MITIGARE CAPS (*Use colchicine*)	NP	MP
ULORIC TABS (*Use febuxostat*)	NP	MP
ZYLOPRIM TABS (*Use allopurinol*)	NF	MP
Uricosurics		
probenecid tabs	P	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		

Drug Name	Drug Tier	Requirements/ Limits
Antihemophilic Products		
ADVATE SOLR	P	PA; SP; PA
ADYNOVATE SOLR	P	PA; SP; PA
AFSTYLA KIT	P	PA; SP; PA
ALPHANATE SOLR	P	PA; SP; PA
ALPHANINE SD SOLR 1000 UNIT, 1500 UNIT, 500 UNIT	P	PA; SP; PA
ALPROLIX SOLR	P	PA; SP; PA
BENEFIX KIT	P	PA; SP; PA
COAGADEX SOLR	P	PA; SP; PA
CORIFACT KIT	P	PA; SP; PA
ELOCTATE SOLR 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	P	PA; SP; PA
ESPEROCT SOLR 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	P	PA; SP; PA
FEIBA SOLR	P	PA; SP; PA
HEMLIBRA SOLN	P	PA; SP; PA
HEMOFIL M SOLR 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	P	PA; SP; PA
HUMATE-P SOLR	P	PA; SP; PA
IDELVION SOLR	P	PA; SP; PA
IXINITY SOLR	P	PA; SP; PA
JIVI SOLR	P	PA; SP; PA
KOATE SOLR	P	PA; SP; PA
KOATE-DVI SOLR 1000 UNIT	P	PA; SP; PA
KOGENATE FS KIT	P	PA; SP; PA
KOVALTRY SOLR 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	P	PA; SP; PA
NOVOEIGHT SOLR	P	PA; SP; PA
NOVOSEVEN RT SOLR 1 MG, 2 MG, 5 MG, 8 MG	P	PA; SP; PA
NUWIQ KIT	P	PA; SP; PA
NUWIQ SOLR	P	PA; SP; PA
OBIZUR SOLR	P	PA; SP; PA
PROFILNINE SOLR 1000 UNIT, 1500 UNIT, 500 UNIT	P	PA; SP; PA
REBINYN SOLR 1000 UNIT, 2000 UNIT, 500 UNIT	P	PA; SP; PA
RECOMBINATE SOLR	P	PA; SP; PA
RIXUBIS SOLR	P	PA; SP; PA
SEVENFACT SOLR 1 MG, 5 MG	P	PA; SP; PA
TRETTEN SOLR	P	PA; SP; PA
VONVENDI SOLR	P	PA; SP; PA
WILATE KIT	P	PA; SP; PA
XYNTHA KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	P	PA; SP; PA
XYNTHA SOLOFUSE KIT	P	PA; SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (*Use icatibant acetate*)	NP	SP
icatibant acetate soln	NP	SP
Complement Inhibitors		
EMPAVELI SOLN	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
HAEGARDA SOLR	NP	SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE TABS	NP	SP
Hematorheologic Agents		
pentoxifylline tbcr or	P	
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	NP	SP
ORLADEYO CAPS	NP	SP
TAKHZYRO SOLN	NP	SP
TAKHZYRO SOSY	NP	SP
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (*Use aspirin-dipyridamole*)	NF	
AGRYLIN CAPS (*Use anagrelide hcl*)	NP	
anagrelide hcl caps	P	
aspirin-dipyridamole cp12	P	
BRILINTA TABS 60 MG, 90 MG	P	QL(2 ea daily)
cilostazol tabs 100 mg	NP	QL(2 ea daily); MP
cilostazol tabs 50 mg	NP	QL(2 ea daily)
clopidogrel bisulfate tabs or 300 mg	P	
clopidogrel bisulfate tabs or 75 mg	P	QL(1 ea daily)
dipyridamole tabs or 25 mg	P	MP
dipyridamole tabs or 50 mg, 75 mg	P	
EFFIENT TABS 10 MG, 5 MG (*Use prasugrel hcl*)	NF	QL(1 ea daily)
EFFIENT TABS 10 MG, 5 MG (*Use prasugrel hcl*)	NP	QL(1 ea daily)
PLAVIX TABS (*Use clopidogrel bisulfate*)	NP	QL(1 ea daily)
prasugrel hcl tabs 10 mg, 5 mg	NP	QL(1 ea daily)
ZONTIVITY TABS	NP	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
DROXIA CAPS	P	
Cobalamins		
cyanocobalamin soln ij 1000 mcg/ml	P	
Folic Acid/Folates		
folic acid tabs or 1 mg	P	RX/OTC
folic acid tabs or 800 mcg, 400 mcg	P	QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN	NP	SP
ARANESP ALBUMIN FREE SOSY	NP	SP
DOPTELET TABS	NP	SP
EPOGEN SOLN	P	PA; SP; PA
FULPHILA SOSY	NP	SP
GRANIX SOLN	NP	SP
GRANIX SOSY	NP	SP
LEUKINE SOLR	P	SP
MIRCERA SOSY	NP	SP
MULPLETA TABS	NP	SP
NEULASTA ONPRO KIT PSKT	NP	SP
NEULASTA SOSY	NP	SP
NEUPOGEN SOLN	P	SP
NEUPOGEN SOSY	P	SP

Drug Name	Drug Tier	Requirements/ Limits
NIVESTYM SOLN	NP	SP
NIVESTYM SOSY	NP	SP
NPLATE SOLR	NP	SP
NYVEPRIA SOSY	NP	SP
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	P	PA; SP; PA
PROMACTA PACK	NP	SP
PROMACTA TABS	NP	SP
REBLOZYL SOLR	NP	SP
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	NP	SP
UDENYCA SOSY	NP	SP
ZARXIO SOSY	NP	SP
ZIEXTENZO SOSY	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 or 324 mg	P	QL(2 ea daily)
ferrous sulfate dried tabs 200 mg, 65 mg	P	
ferrous sulfate elix or 220 mg/5ml	P	QL(16 ml daily)
FERROUS SULFATE LIQD OR 220 MG/5ML	P	QL(16 ml daily)
ferrous sulfate soln or 15 mg/ml	P	QL(10 ml daily)
FERROUS SULFATE SOLN OR 300 MG/6.8ML	P	QL(16 ml daily)
ferrous sulfate tabs or 325 mg, 65 mg	P	
ferrous sulfate tbec or 325 mg	P	
HEMOCYTE TABS (*Use ferrous fumarate*)	NF	QL(2 ea daily)
polysaccharide iron complex caps	P	QL(1 ea daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS (*Use aminocaproic acid*)	NF	QL(24 ea per fill retail); SP
aminocaproic acid tabs or	P	QL(24 ea per fill retail); SP
LYSTEDA TABS (*Use tranexamic acid*)	NF	QL(30 ea per 5 days retail)2 rtl MAX fill,30 rtl day(s) supply,; AL(At least 12 yrs old)
tranexamic acid tabs or 650 mg	P	QL(30 ea per 5 days retail)2 rtl MAX fill,30 rtl day(s) supply,; 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) tabs	P	
UNISOM SLEEPGELS CAPS (*Use diphenhydramine hcl (sleep)*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
UNISOM SLEEPTABS TABS (*Use doxylamine succinate (sleep)*)	NF	
Barbiturate Hypnotics		
phenobarbital elix or 20 mg/5ml	P	
phenobarbital tabs or 100 mg, 30 mg, 60 mg, 15 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	P	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep) tabs	NP	
SILENOR TABS (*Use doxepin hcl (sleep)*)	NP	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (*Use zolpidem tartrate*)	NP	
AMBIEN TABS (*Use zolpidem tartrate*)	NP	QL(1 ea daily)
EDLUAR SUBL	NP	
estazolam tabs 1 mg, 2 mg	P	
eszopiclone tabs 1 mg, 2 mg, 3 mg	NP	
flurazepam hcl caps	NP	QL(1 ea daily)
HALCION TABS (*Use triazolam*)	NP	QL(1 ea daily)
INTERMEZZO SUBL (*Use zolpidem tartrate*)	NF	
LUNESTA TABS 1 MG, 2 MG, 3 MG (*Use eszopiclone*)	NP	
LUNESTA TABS 2 MG, 3 MG (*Use eszopiclone*)	NF	
midazolam hcl syrp or 2 mg/ml	NP	
RESTORIL CAPS 15 MG, 30 MG (*Use temazepam*)	NP	QL(1 ea daily)
RESTORIL CAPS 22.5 MG, 7.5 MG (*Use temazepam*)	NP	
temazepam caps 15 mg, 30 mg	P	QL(1 ea daily)
temazepam caps 22.5 mg, 7.5 mg	P	
triazolam tabs 0.125 mg, 0.25 mg	P	QL(1 ea daily)
zaleplon caps	NP	QL(1 ea daily)
zolpidem tartrate subl sl 1.75 mg, 3.5 mg	NP	
zolpidem tartrate tabs or 10 mg, 5 mg	P	QL(1 ea daily)
zolpidem tartrate tbcr or 12.5 mg, 6.25 mg	NP	
Orexin Receptor Antagonists		
BELSOMRA TABS	NP	
DAYVIGO TABS	NP	
QUVIVIQ TABS	NP	
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	NP	SP
HETLIOZ LQ SUSP	NP	SP
ramelteon tabs	NP	
ROZEREM TABS (*Use ramelteon*)	NP	
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil tabs	P	QL(10 ea daily)
FIBERCON TABS (*Use calcium polycarbophil*)	NF	QL(10 ea daily)
METAMUCIL CAPS 0.52 GM (*Use psyllium*)	NF	
METAMUCIL FREE & NATURAL POWD (*Use psyllium*)	NF	
METAMUCIL ORIGINAL TEXTURE POWD (*Use psyllium*)	NF	
METAMUCIL POWD 48.57 % (*Use psyllium*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
NATURAL FIBER LAXATIVE POWD	P	
psyllium caps 400 mg, 0.52 gm, 520 mg	P	
psyllium powd 30.9 %, 49 %, 25 %, 43 %, 51.7 %, 48.57 %, 58.6 %, 28.3 %	P	
REGULOID POWD 57.6 %	P	
Laxative Combinations		
GOLYTELY SOLR (*Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*)	NF	QL(4000 ml per fill retail)
NULYTELY SOLR (*Use peg 3350-potassium chloride-sod bicarbonate-sod chloride*)	NF	QL(4000 ml per fill retail)
NULYTELY/FLAVOR PACKS SOLR (*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)
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	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 80.7 %, 2 gm, 2.1 gm	P	
GLYCERIN ADULT SUPP (*Use glycerin (laxative)*)	NF	
lactulose soln 10 gm/15ml, 20 gm/30ml	P	
MIRALAX MIX-IN PAX PACK (*Use polyethylene glycol 3350*)	NF	
MIRALAX PACK 17 GM (*Use polyethylene glycol 3350*)	NF	
MIRALAX POWD 17 GM/SCOOP (*Use polyethylene glycol 3350*)	NF	QL(34 gm daily)
polyethylene glycol 3350 pack or 17 gm	P	
polyethylene glycol 3350 powd or 17 gm/scoop	P	QL(34 gm daily)
Lubricant Laxatives		
FLEET OIL ENEM (*Use mineral oil*)	NF	
mineral oil enem re 100 %	P	
Saline Laxatives		
FLEET ENEMA ENEM (*Use sodium phosphates*)	NF	
FLEET ENEMA SIX PACK ENEM (*Use sodium phosphates*)	NF	
FLEET PEDIATRIC ENEM (*Use sodium phosphates*)	NF	
magnesium citrate soln or 1.745 gm/30ml,	P	
magnesium hydroxide susp or 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %	P	
sodium phosphates enem	P	
Stimulant Laxatives		
bisacodyl supp re 10 mg	P	QL(12 ea per fill retail)
bisacodyl tbec or 5 mg	P	QL(1 ea daily)
castor oil oil or	P	
DULCOLAX PINK LAXATIVE TBEC (*Use bisacodyl*)	NF	QL(1 ea daily)
DULCOLAX SUPP RE 10 MG (*Use bisacodyl*)	NF	QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG (*Use bisacodyl*)	NF	QL(1 ea daily)
sennosides liqd 8.8 mg/5ml	P	
sennosides syrp 8.8 mg/5ml	P	

Drug Name	Drug Tier	Requirements/ Limits
sennosides tabs 8.6 mg	P	
SENOKOT TABS (*Use sennosides*)	NF	
Surfactant Laxatives		
COLACE CAPS (*Use docusate sodium*)	NF	QL(3 ea daily)
docusate sodium caps or 250 mg, 100 mg	P	QL(3 ea daily)
docusate sodium liqd or 100 mg/10ml, 150 mg/15ml, 50 mg/5ml	P	
docusate sodium syrp or 60 mg/15ml	P	
docusate sodium tabs or 100 mg	P	QL(3 ea daily)
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin pack or 1 gm	P	QL(2 ea per fill retail)
azithromycin susr or 100 mg/5ml	P	QL(15 ml per fill retail)
azithromycin susr or 200 mg/5ml	P	QL(60 ml per fill retail)
azithromycin tabs or 250 mg	P	QL(6 ea per fill retail)
azithromycin tabs or 500 mg	P	QL(4 ea daily)
azithromycin tabs or 600 mg	P	QL(8 ea per 28 days retail)
ZITHROMAX PACK OR 1 GM (*Use azithromycin*)	P	QL(2 ea per fill retail)
ZITHROMAX SUSR OR 100 MG/5ML (*Use azithromycin*)	NP	QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML (*Use azithromycin*)	NP	QL(60 ml per fill retail)
ZITHROMAX TABS OR 250 MG (*Use azithromycin*)	NP	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (*Use azithromycin*)	NP	QL(4 ea daily)
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 or 125 mg/5ml	P	QL(100 ml per fill retail)
clarithromycin susr or 250 mg/5ml	P	QL(200 ml per fill retail)
clarithromycin tabs or 250 mg, 500 mg	P	QL(28 ea per fill retail)
clarithromycin tb24 or 500 mg	P	QL(14 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 cpep 250 mg	P	
erythromycin base tabs 500 mg, 250 mg	P	
erythromycin base tbec 333 mg, 500 mg, 250 mg	P	
erythromycin ethylsuccinate susr or 200 mg/5ml, 400 mg/5ml	P	
erythromycin ethylsuccinate tabs or 400 mg	P	
erythromycin stearate tabs	P	
Fidaxomicin		
DIFICID SUSR	NP	
DIFICID TABS	NP	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
AMD FOAM DRESSING 4"X4" PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	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 2.1 YDS MISC	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 2.1 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 MIRASORB GAUZE SPONGES LARGE 4" X 4" PADS	P	RX/OTC
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
BORDERED GAUZE PADS	P	RX/OTC
CARRASMART FOAM PADS	P	RX/OTC
CARRASMART PADS XX	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
CRUAD GAUZE PADS 4" X 4" PADS	P	RX/OTC
CURAD HOLD TITE TUBULAR STRETCH BANDAGE/LARGE/5YDS MISC	P	RX/OTC
CURITY #10 BURN DRESSING/READY CUT GAUZE/12"X12" MISC	P	RX/OTC
CURITY #10 BURN DRESSING/READY CUT GAUZE/18"X18" MISC	P	RX/OTC
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" 4PLY PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" 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" 4PLY PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	P	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 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
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 2"X2" 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 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 IODOFORM PACKING STRIP MISC	P	RX/OTC
CURITY KERLIX BANDAGE ROLL/2-1/4"X108" MISC	P	RX/OTC
CURITY KERLIX BANDAGE ROLL/4-1/2"X144" MISC	P	RX/OTC
CURITY KERLIX ROLL 4.5X4.1 YARDS 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

Drug Name	Drug Tier	Requirements/ Limits
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 STRETCH GAUZE BANDAGE/1"X4.1YD MISC	P	RX/OTC
CURITY STRETCH GAUZE BANDAGE/2"X4.1YD MISC	P	RX/OTC
CURITY STRETCH GAUZE BANDAGE/3"X4.1YD MISC	P	RX/OTC
CURITY STRETCH GAUZE BANDAGE/4"X4.1YD MISC	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" 12-PLY PADS	P	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 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"X3-1/2YD 6PLY MISC	P	RX/OTC
DERMACEA GAUZE FLUFF ROLL 3.4"X3.6 YD 6 PLY MISC	P	RX/OTC
DERMACEA GAUZE FLUFF ROLL 4-1/2"X4-1/8YD 6PLY MISC	P	RX/OTC
DERMACEA GAUZE FLUFF ROLL 4.5"X4.1 YD 6 PLY 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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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

Drug Name	Drug Tier	Requirements/ Limits
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/2" X 4YDS MISC	P	RX/OTC
GAUZE DRESSING 4"X4" 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
GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS	P	RX/OTC
GAUZE SPONGES 4"X4" 12 PLY 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 2"X2" PADS	P	RX/OTC
HM STERILE PADS 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

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

Drug Name	Drug Tier	Requirements/ Limits
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	
QC STERILE PADS PADS	P	RX/OTC
RA CONFORMED BANDAGE MISC	P	RX/OTC
RA GAUZE BANDAGE MISC	P	RX/OTC
RA STERILE PADS 2"X2" PADS	P	RX/OTC
RA STERILE PADS 3"X3" PADS	P	
RA STERILE PADS 4"X4" PADS	P	RX/OTC
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	P	RX/OTC
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS	P	RX/OTC
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	P	RX/OTC
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	
SM BANDAGE ROLL 4.5"X144" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SM GAUZE PADS 2"X2" PADS	P	RX/OTC
SM GAUZE PADS 3"X3" PADS	P	
SM GAUZE PADS 4"X4" PADS	P	RX/OTC
SM ROLLED GAUZE BANDAGE 2"X4.1YD MISC	P	RX/OTC
SM ROLLED GAUZE BANDAGE 3"X4.1YD MISC	P	RX/OTC
SM STERILE PADS 2"X2" PADS	P	RX/OTC
SM STERILE PADS 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 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)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
KIMONO PS LUBRICATED MISC	P	QL(36 ea per fill retail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P	QL(36 ea per fill retail)
KIMONO SENSATION LUBRICATED MISC	P	QL(36 ea per fill retail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P	QL(36 ea per fill retail)
KIMONO SPECIAL DEVI	P	QL(36 ea per fill retail)
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 EXTRALARGE MISC	P	QL(36 ea per fill retail)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P	QL(36 ea per fill retail)
TRUSTEX LUBRICATED MISC	P	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/RIBBED/STUDDED 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 LUBRICATED/SPERMICIDE 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 MISC	P	
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	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 MISC	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 MISC	P	
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	P	
ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	P	QL(1 ea per 180 days retail)
ACCU-CHEK SOFTCLIX LANCETS MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE LANCETS 28G MISC	P	
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	P	
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	P	
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC	P	
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	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 MISC	P	
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM/TALKING KIT	NP	RX/OTC
ADVOCATE LANCETS 30G MISC	P	
ADVOCATE LANCETS MISC	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 XX	NP	
ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NP	
ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	NP	
ADVOCATE REDI-CODE+/ TALKING KIT	NP	RX/OTC
ADVOCATE REDI-CODE/TALKING KIT	NP	RX/OTC
ADVOCATE SAFETY LANCETS 26G MISC	P	
ADVOCATE SAFETY LANCETS MISC	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 MISC	P	
AIMSCO TWIST LANCETS 32G MISC	P	
AIMSCO TWIST LANCETS 33G MISC	P	
ALTERNATE SITE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	P	QL(1 ea per 180 days retail)
AQUALANCE LANCETS ULTRA THIN 30G MISC	P	
ASSURE 3 METER KIT	NP	
ASSURE 4 BLOOD GLUCOSE METER DEVI	NP	
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	P	
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	P	
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	P	
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	P	
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	P	
ASSURE LANCE LANCETS 21G MISC	P	
ASSURE LANCE LANCETS MISC	P	
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	P	
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	P	
ASSURE LANCE SAFETY LANCET 28G MISC	P	
ASSURE LANCETS MISC	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 MISC	P	
AURORA LANCET THIN 23G MISC	P	
AUTO-LANCET MINI MISC	P	QL(1 ea per 180 days retail)
AUTO-LANCET MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
BAYER CONTOUR LINK 2.4 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
BD LANCET ULTRAFINE 30G MISC	P	
BD LANCET ULTRAFINE 33G MISC	P	
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	NP	RX/OTC
BD LOGIC BLOOD GLUCOSE MONITOR KIT	NP	RX/OTC
BD MICROTAINER LANCETS MISC	P	
BIOTEL CARE BLOOD GLUCOSEMONITORING SYSTEM KIT	NP	RX/OTC
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
BLOOD GLUCOSE MONITORINGSYSTEM KIT	NP	RX/OTC
BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM KIT	NP	RX/OTC
BLOOD GLUCOSE SYSTEM PAK KIT	NP	RX/OTC
BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits
BULLSEYE MINI SAFETY LANCETS MISC	P	
BULLSEYE SAFETY LANCETS MISC	P	
CARDIOCOM LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CAREONE ADVANCED LANCINGDEVICE MISC	P	QL(1 ea per 180 days retail)
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	NP	RX/OTC
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	NP	RX/OTC
CAREONE LANCET SUPER THIN/30G MISC	P	
CAREONE LANCET THIN MISC	P	
CARESENS LANCETS MISC	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 MISC	P	
CARETOUCH SAFETY LANCETS/28G MISC	P	
CARETOUCH SAFETY LANCETS/30G MISC	P	
CARETOUCH TWIST LANCETS 28G MISC	P	
CARETOUCH TWIST LANCETS 30G MISC	P	
CARETOUCH TWIST LANCETS 33G MISC	P	
CGMS REPLACEMENT CABLE MISC	NP	RX/OTC
CGMS SOFTWARE MISC	NP	RX/OTC
CLEANLET LANCETS 28G MISC	P	
CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CLEVER CHEK LANCETS ULTRATHIN 30G MISC	P	
CLEVER CHEK LANCETS ULTRATHIN MISC	P	
CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CLEVER CHOICE COMFORT EZLANCETS 21G MISC	P	
CLEVER CHOICE COMFORT EZLANCETS 23G MISC	P	
CLEVER CHOICE COMFORT EZLANCETS 28G MISC	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	

Drug Name	Drug Tier	Requirements/ Limits
COAGUCHEK LANCETS MISC	P	
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	P	
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	P	
COMFORT LANCETS MISC	P	
COMFORT TOUCH LANCETS ULTRA THIN 31G MISC	P	
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G MISC	P	
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
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 MISC	P	
CVS LANCETS MICRO THIN 33G MISC	P	
CVS LANCETS MICRO-THIN 33G MISC	P	
CVS LANCETS ORIGINAL MISC	P	
CVS LANCETS THIN 26G MISC	P	
CVS LANCETS ULTRA THIN 30G MISC	P	
CVS LANCETS ULTRA-THIN 30G MISC	P	
CVS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
CVS ULTRA THIN LANCETS MISC	P	
D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	NP	RX/OTC
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT DEVI	NP	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE DEVI	NP	
DEXCOM G4 PLATINUM RECEIVER KIT DEVI	NP	
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits
DEXCOM G4 PLATINUM TRANSMITTER KIT MISC	NP	
DEXCOM G5 MOBILE RECEIVERKIT DEVI	NP	
DEXCOM G5 MOBILE TRANSMITTER KIT MISC	NP	
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT MISC	NP	
DEXCOM G5 RECEIVER KIT DEVI	NP	
DEXCOM G6 RECEIVER DEVI	P	PA; PA
DEXCOM G6 SENSOR MISC	P	PA;; PA
DEXCOM G6 TRANSMITTER MISC	P	PA;; PA
DIATHRIVE BLOOD GLUCOSE METER DEVI	NP	
DIATHRIVE LANCETS MISC	P	
DIATHRIVE LANCETS ULTRA THIN 30G MISC	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 MISC	P	
DROPLET LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DROPLET PERSONAL LANCETS30G MISC	P	
DRUG MART ADJUSTABLE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
DRUG MART LANCETS THIN MISC	P	
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	P	
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	P	
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	P	
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	P	
E-Z JECT LANCETS 21G MISC	P	
E-Z JECT LANCETS COLOR MISC	P	
E-Z JECT LANCETS MISC	P	
E-Z JECT LANCETS SUPER THIN 30G MISC	P	
E-Z JECT LANCETS THIN 26G MISC	P	
E-ZJECT LANCETS MICRO-THIN 33G MISC	P	
EASY COMFORT LANCETS 30G/PULL TOP MISC	P	
EASY COMFORT LANCETS 30G/THIN TOP MISC	P	
EASY COMFORT LANCETS MISC	P	
EASY COMFORT LANCETS TWIST TOP MISC	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	

Drug Name	Drug Tier	Requirements/ Limits
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NP	
EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC	P	
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC	P	
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC	P	
EASY TOUCH LANCETS 26G/PULL-TOP MISC	P	
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	P	
EASY TOUCH LANCETS 28G/PULL-TOP MISC	P	
EASY TOUCH LANCETS 28G/TWIST MISC	P	
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	P	
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	P	
EASY TOUCH LANCETS 30G/PULL-TOP MISC	P	
EASY TOUCH LANCETS 30G/TWIST MISC	P	
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	P	
EASY TOUCH LANCETS 32G/PULL-TOP MISC	P	
EASY TOUCH LANCETS 32G/TWIST MISC	P	
EASY TOUCH LANCETS 33G/TWIST MISC	P	
EASY TOUCH LANCING DEVICE/EJECTOR MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	P	
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	P	
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	P	
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	P	
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	P	
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	P	
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EASY TWIST & CAP LANCETS MISC	P	
EASYGLUCO KIT XX	NP	
EASYGLUCO STARTER KIT KIT	NP	
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NP	
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NP	
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EASYPRO PLUS KIT	NP	RX/OTC
ELEMENT AUTOCODE SYSTEM KIT	NP	RX/OTC

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 MISC	P	
EMBRACE LANCING DEVICE WITH EJECTOR MISC	P	QL(1 ea per 180 days retail)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G MISC	P	
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G MISC	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 MISC	NP	
EQL COLOR LANCETS 21G MISC	P	
EQL COLOR LANCETS MICRO THIN 33G MISC	P	
EQL SUPER THIN LANCETS 30G MISC	P	
EQL THIN LANCETS 26G MISC	P	
EVENCARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	
EVENCARE G2 BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	
EVENCARE G3 BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	
EVENCARE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
EVERSENSE SENSOR/HOLDER MISC	NP	
EVERSENSE SMART TRANSMITTER MISC	NP	
EVOLUTION AUTOCODE DEVI XX	NP	
EZ-LETS LANCETS 21G MISC	P	
EZ-LETS LANCETS 26G SUPER-SOFT MISC	P	
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	P	
EZ-LETS LANCETS 30G MISC	P	
FIFTY50 GLUCOSE METER 2.0 KIT	NP	RX/OTC
FIFTY50 SAFETY SEAL LANCETS 30G MISC	P	
FIFTY50 SAFETY SEAL LANCETS 32G MISC	P	
FIFTY50 UNILET LANCETS 33G MISC	P	
FINE 30 MISC	P	
FINGERSTIX LANCETS MISC	P	
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	

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

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM MISC	P	PA;; PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM DEVI	P	PA; PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM MISC	P	PA;; PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM DEVI	NP	
FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM MISC	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 MISC	P	
GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS MISC	P	
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	P	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	P	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/STATELY SILVER MISC	P	QL(1 ea per 180 days retail)
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 MISC	P	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	P	
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	P	
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	P	
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	P	
GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLOBAL INJECT EASE LANCETS 28G MISC	P	
GLOBAL INJECT EASE LANCETS 30G MISC	P	
GLOBAL LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
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 CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCARD SHINE DEVI	NP	
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GLUCOCARD SHINE KIT	NP	RX/OTC
GLUCOCARD SHINE XL DEVI	NP	
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 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 MISC	P	
GLUCOCOM LANCETS 30G MISC	P	
GLUCOCOM LANCETS 33G MISC	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 MISC	P	
GNP LANCETS THIN 26G MISC	P	
GNP LANCETS THIN MISC	P	
GNP LANCING SYSTEM DEVICE MISC	P	QL(1 ea per 180 days retail)
GNP STERILE LANCETS 28G MISC	P	
GNP STERILE LANCETS 30G MISC	P	
GNP STERILE LANCETS 33G MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
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 MISC	P	
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	P	
GOODSENSE LANCETS MICRO-THIN 33G MISC	P	
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	P	
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	P	
GOODSENSE LANCETS ULTRA-THIN 30G MISC	P	
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	P	
GOODSENSE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
GUARDIAN CONNECT TRANSMITTER KIT MISC	NP	
GUARDIAN CONNECT TRANSMITTER MISC	NP	
GUARDIAN LINK 3 MISC	NP	
GUARDIAN LINK 3 TRANSMITTER KIT MISC	NP	

Drug Name	Drug Tier	Requirements/ Limits
GUARDIAN REAL-TIME CHARGER REPLACEMENT MISC	NP	RX/OTC
GUARDIAN REAL-TIME REPLACEMENT MONITOR DEVI	NP	
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC DEVI	NP	
GUARDIAN REAL-TIME STARTER KIT KIT	NP	
GUARDIAN REAL-TIME SYSTEM KIT	NP	
GUARDIAN REAL-TIME SYSTEMPEDIATRIC KIT	NP	
GUARDIAN REAL-TIME TEST PLUG REPLACEMENT MISC	NP	RX/OTC
GUARDIAN RT SOFTWARE MISC	NP	RX/OTC
GUARDIAN RT STARTER KIT KIT	NP	
GUARDIAN RT SYSTEM KIT	NP	
GUARDIAN SENSOR (*3*) MISC	NP	
GUARDIAN SENSOR 3 MISC	NP	
GUARDIAN TRANSMITTER MISC	NP	
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	P	
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	P	
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	P	
HAEMOLANCE LOW FLOW LANCETS MISC	P	
HAEMOLANCE MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE PLUS HIGH FLOW MISC	P	
HAEMOLANCE PLUS LOW FLOW MISC	P	
HAEMOLANCE PLUS MAX FLOW MISC	P	
HAEMOLANCE PLUS MISC	P	
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	P	
HEALTH CARE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	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
HY-VEE LANCETS MISC	P	
HY-VEE THIN LANCETS MISC	P	
HYPOLANCE AST LANCING KIT KIT	P	QL(1 ea per 180 days retail)
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 MISC	P	
INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
INFINITY BLOOD GLUCOSE MONITORING SYSTEM/STARTER KIT KIT	NP	RX/OTC
INFINITY VOICE KIT	NP	RX/OTC
KINNEY LANCETS MISC	P	
KINNEY THIN LANCETS MISC	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 BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
KROGER HEALTHPRO TWIST LANCETS/26G MISC	P	
KROGER LANCETS 21G MISC	P	
KROGER LANCETS MICRO THIN33G MISC	P	
KROGER LANCETS MISC	P	
KROGER LANCETS SUPER THIN MISC	P	
KROGER LANCETS THIN 26G MISC	P	
KROGER LANCETS THIN MISC	P	
KROGER LANCETS ULTRATHIN30G MISC	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 26G TWIST TOP MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
LANCETS 28G MISC	P	
LANCETS 30G MISC	P	
LANCETS 30G TWIST TOP MISC	P	
LANCETS 30G/TWIST TOP MISC	P	
LANCETS 31G TWIST TOP MISC	P	
LANCETS 33G EXTRA FINE MISC	P	
LANCETS 33G UNIVERSAL DESIGN MISC	P	
LANCETS MICRO THIN 33G MISC	P	
LANCETS MISC	P	
LANCETS SAFETY SEAL 21G MISC	P	
LANCETS SAFETY SEAL 26G MISC	P	
LANCETS SAFETY SEAL 28G MISC	P	
LANCETS SAFETY SEAL 30G MISC	P	
LANCETS SUPER THIN 28G MISC	P	
LANCETS THIN MISC	P	
LANCETS TWIST TOP MISC	P	
LANCETS ULTRA FINE MISC	P	
LANCETS ULTRA THIN 30G MISC	P	
LANCETS ULTRA THIN MISC	P	
LANCETSBULLSEYE SAFETY MISC	P	
LANCING DEVICE ADJUSTABLE MISC	P	QL(1 ea per 180 days retail)
LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
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 MISC	P	
LIBERTY MINI LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI	NP	
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	P	
LIFESCAN UNISTIK II LANCETS MISC	P	
LITE TOUCH LANCETS MISC	P	
LITE TOUCH LANCING PEN MISC	P	QL(1 ea per 180 days retail)
LITETOUCH LANCETS MICRO THIN 33G MISC	P	
LIVE BETTER ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
LIVE BETTER LANCET SUPERTHIN 30G MISC	P	
LIVE BETTER LANCET ULTRATHIN 28G MISC	P	
LONGS LANCETS STANDARD MISC	P	
LONGS LANCETS THIN MISC	P	
LONGS LANCETS ULTRA THIN MISC	P	
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	P	
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	P	
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	P	
MEDICHOICE SAFETY LANCETEXTRA MISC	P	
MEDICHOICE SAFETY LANCETNORMAL MISC	P	
MEDISENSE THIN LANCETS MISC	P	
MEDLANCE PLUS EXTRA LANCETS 21G MISC	P	
MEDLANCE PLUS LANCETS LITE 25G MISC	P	
MEDLANCE PLUS LANCETS MISC	P	
MEDLANCE PLUS LITE LANCETS 25G MISC	P	
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	P	
MEDLANCE PLUS SUPERLITE 30G MISC	P	
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	P	
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	P	
MEDLANCE PLUS/LITE 25G MISC	P	
MEDLANCE/EXTRA MISC	P	
MEDLANCE/LITE MISC	P	
MEDLANCE/UNIVERSAL MISC	P	
MEIJER BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	P	
MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MEIJER LANCETS MISC	P	
MEIJER LANCETS THIN MISC	P	
MEIJER LANCETS UNIVERSAL21G MISC	P	
MEIJER LANCETS UNIVERSAL30G MISC	P	
MEIJER LANCETS UNIVERSAL33G MISC	P	
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NP	RX/OTC
MEIJER SUPER THIN LANCETS MISC	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 MISC	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 MISC	NP	
MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT MISC	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 MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
MONOLET LANCETS MISC	P	
MONOLET OPD LANCETS MISC	P	
MONOLETTOR SAFETY LANCETS MISC	P	
MPD SAFETY LANCET 21G/1.8MM MISC	P	
MPD SAFETY LANCET 28G/1.8MM MISC	P	
MPD SAFETY LANCET 30G/1.8MM MISC	P	
MPD SAFETY LANCETS 23G/1.8MM MISC	P	
MULTI-LANCET DEVICE 2 KIT	P	QL(1 ea per 180 days retail)
MULTI-LANCET DEVICE MISC	P	QL(1 ea per 180 days retail)
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	P	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
NOVA SAFETY LANCETS 23G MISC	P	
NOVA SAFETY LANCETS 28G MISC	P	
NOVA SUREFLEX LANCETS MISC	P	
NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
OMNIPOD 5 G6 INTRO KIT (*GEN 5*) KIT	P	PA; PA
OMNIPOD 5 G6 PODS (*GEN 5*) MISC	P	PA; PA
OMNIPOD CLASSIC PDM STARTER KIT (*GEN 3*) KIT	P	PA; PA
OMNIPOD CLASSIC PODS (*GEN 3*) MISC	P	PA; PA
OMNIPOD DASH INTRO KIT (*GEN 4*) KIT	P	PA; PA
OMNIPOD DASH PDM KIT (*GEN 4*) KIT	P	PA; PA
OMNIPOD DASH PODS (*GEN 4*) MISC	P	PA; PA
ON CALL EXPRESS BLOOD GLUCOSE METER DEVI	NP	
ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ON CALL LANCETS MISC	P	
ON CALL LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ON CALL PLUS BLOOD GLUCOSE METER DEVI	NP	
ON CALL PLUS BLOOD GLUCOSE METER KIT	NP	RX/OTC
ON CALL PLUS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ON CALL PLUS LANCETS MISC	P	
ON CALL PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ON CALL VIVID BLOOD GLUCOSE METER DEVI	NP	
ON CALL VIVID BLOOD GLUCOSE METER KIT	NP	RX/OTC
ON CALL VIVID BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ON CALL VIVID PAL BLOOD GLUCOSE METER DEVI	NP	
ON CALL VIVID PAL BLOOD GLUCOSE METER KIT	NP	RX/OTC
ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH CLUB LANCETS FINE POINT MISC	P	
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	P	
ONETOUCH DELICA LANCETS FINE 30G MISC	P	
ONETOUCH DELICA LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	P	
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	P	
ONETOUCH DELICA PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
ONETOUCH FINEPOINT LANCETS MISC	P	
ONETOUCH SOLUTIONS RX STARTER KIT KIT	NP	
ONETOUCH ULTRA 2 KIT	NP	RX/OTC
ONETOUCH ULTRA 2 KIT	P	RX/OTC
ONETOUCH ULTRA MINI KIT	NP	RX/OTC
ONETOUCH ULTRA MINI KIT	P	RX/OTC
ONETOUCH ULTRASOFT LANCETS MISC	P	
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
ONETOUCH VERIO KIT	P	RX/OTC
ONETOUCH VERIO REFLECT KIT	NP	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
OPTUMRX BLOOD GLUCOSE METER KIT	NP	RX/OTC
OPTUMRX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
OVAL TAPE MISC	NP	RX/OTC
PARADIGM LINK BLOOD GLUCOSE MONITOR KIT	NP	RX/OTC
PARADIGM REAL-TIME STARTER KIT KIT	NP	
PARADIGM REAL-TIME TRANSMITTER MISC	NP	
PC LANCETS SUPER THIN 30G MISC	P	
PENLET II AUTOMATIC BLOODSAMPLER KIT	P	QL(1 ea per 180 days retail)
PERFECT LANCETS 30G MISC	P	
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	P	
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC	P	
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC	P	
PHARMACIST CHOICE ULTRA THIN LANCETS MISC	P	
PHARMACY COUNTER LANCETS MISC	P	
PIP LANCETS/28G MISC	P	
PIP LANCETS/30G MISC	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 MISC	P	
PRECISION XTRA DEVI XX	NP	
PRECISION XTRA KIT XX	NP	RX/OTC
PRECISION XTRA KIT XX	NP	
PRECISION XTRA MONITOR DEVI	NP	
PREFERRED PLUS LANCETS COLORED 21G MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	P	
PREFERRED PLUS LANCETS THIN 26G MISC	P	
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	P	
PRO COMFORT LANCETS 30G MISC	P	
PRO COMFORT LANCETS 31G MISC	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
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	P	
PRODIGY SAFETY LANCETS MISC	P	
PRODIGY TWIST TOP LANCETS MISC	P	
PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PSS SELECT GP LANCETS MISC	P	
PSS SELECT SAFETY LANCETS MISC	P	
PURE COMFORT LANCETS 30G MISC	P	
PUSH BUTTON SAFETY LANCETS 21G MISC	P	
PUSH BUTTON SAFETY LANCETS 28G MISC	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 MISC	P	
PX LANCETS ULTRA THIN 28G MISC	P	
PX LANCETS ULTRA THIN MISC	P	
QC ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
QC LANCETS SUPER THIN MISC	P	
QC LANCETS ULTRA THIN MISC	P	
QC UNILET LANCETS 28G/ULTRA THIN MISC	P	
QC UNILET LANCETS 33G/MICRO THIN MISC	P	
QUICKTEK KIT	NP	RX/OTC
QUICKTEK KIT	NP	
QUINTET AC BLOOD GLUCOSEMONITORING SYSTEM DEVI	NP	
QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
RA E-ZJECT LANCETS 28G MISC	P	
RA E-ZJECT LANCETS THIN 26G MISC	P	
RA E-ZJECT LANCETS THIN 28G MISC	P	
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	P	
READYLANCE SAFETY LANCETS/21G/2.2MM MISC	P	
READYLANCE SAFETY LANCETS/23G/1.8MM MISC	P	
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	P	
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	P	
READYLANCE SAFETY LANCETS/30G/1.6MM MISC	P	
REALITY LANCETS MISC	P	
REALITY TRIGGER LANCETS MISC	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 DEVI	NP	
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
RELION LANCETS MICRO-THIN33G MISC	P	
RELION LANCETS THIN 26G MISC	P	
RELION LANCETS ULTRA-THIN30G MISC	P	
RELION LANCING DEVICE KIT	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
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 MISC	P	
RELION ULTRA THIN LANCETS30G MISC	P	
RELION ULTRA THIN PLUS LANCETS 32G MISC	P	
RELION ULTRA THIN PLUS LANCETS 33G MISC	P	
REVEAL BLOOD GLUCOSE MONITOR KIT	NP	RX/OTC
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
REXALL LANCETS ULTRA THIN MISC	P	
RIGHTEST GD500 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
RIGHTEST GL300 LANCETS MISC	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 MISC	P	
SAFE-T-LANCE NORMAL FLOW21G MISC	P	
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	P	
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	P	
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	P	
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	P	
SAFETY LANCET 23G/PRESSURE ACTIVATED MISC	P	
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	P	
SAFETY LANCET 30G/PRESSURE ACTIVATED MISC	P	
SAFETY LANCETS 21G MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCETS 28G MISC	P	
SAFETY LANCETS MISC	P	
SAFETY LET LANCETS MISC	P	
SAFETY SEAL LANCETS 28G MISC	P	
SAFETY SEAL LANCETS 30G MISC	P	
SAPS HEALTH CARE TWIST TOP LANCETS MISC	P	
SAPS HEALTH TWIST TOP LANCETS 30G MISC	P	
SAPSCARE TWIST TOP LANCETS 30G MISC	P	
SB LANCETS THIN MISC	P	
SB LANCETS ULTRA THIN MISC	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 MISC	P	
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	P	
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	P	
SIDE BUTTON SAFETY LANCET21G MISC	P	
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SINGLE-LET MISC	P	
SM MICRO THIN LANCETS 33G MISC	P	
SM TRUEDRAW LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
SMART DIABETES VANTAGE LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	P	
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	P	
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	P	
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	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 MISC	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
SOF-SENSOR MISC	NP	
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	NP	RX/OTC
SOLUS V2 LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	P	
SOLUS V2 TWIST LANCETS 30G MISC	P	
STERILANCE TL MISC	P	
SUPER THIN LANCETS MISC	P	
SURE COMFORT LANCETS 18G MISC	P	
SURE COMFORT LANCETS 21G MISC	P	
SURE COMFORT LANCETS 23G MISC	P	
SURE COMFORT LANCETS 28G MISC	P	
SURE COMFORT LANCETS 30G MISC	P	
SURE COMFORT LANCING PEN MISC	P	QL(1 ea per 180 days retail)
SURE EDGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
SURE-LANCE FLAT LANCETS MISC	P	
SURE-LANCE LANCETS 26G MISC	P	
SURE-LANCE THIN LANCETS 28G MISC	P	
SURE-LANCE ULTRA THIN LANCETS MISC	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 MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT KIT	NP	RX/OTC
SURELITE LANCETS MISC	P	
TECHLITE AST LANCETS MISC	P	
TECHLITE LANCETS 30G MISC	P	
TECHLITE LANCETS MISC	P	
TELCARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
TEST PLUG MISC	NP	RX/OTC
TGT BLOOD GLUCOSE METER MONITORING SYSTEM 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 MISC	P	
TGT LANCET THIN 26G MISC	P	
TGT LANCET ULTRA THIN 30G MISC	P	
TGT LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
THINLETS GP LANCETS MISC	P	
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
TODAYS HEALTH SUPER THINLANCETS 30G MISC	P	
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE LANCETS MICRO-THIN 33G MISC	P	
TRANSMITTER TAPE MISC	NP	RX/OTC
TRAVEL LANCETS 30G MISC	P	
TRAVEL LANCETS ADVANCED 28G MISC	P	
TRUE COMFORT TWIST TOP LANCETS 30G MISC	P	
TRUE FOCUS BLOOD GLUCOSESELF MONITORING METER DEVI	NP	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NP	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NP	RX/OTC
TRUE METRIX AIR W/BLUETOOTH SMART KIT	NP	RX/OTC
TRUE METRIX BLOOD GLUCOSEMETER KIT	NP	RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	P	QL(1 ea per 90 days retail)
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	P	QL(1 ea per 90 days retail)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	P	QL(1 ea per 90 days retail)
TRUE METRIX DEVI	NP	
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)

Drug Name	Drug Tier	Requirements/ Limits
TRUEDRAW LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
TRUEPLUS LANCETS 26G MISC	P	
TRUEPLUS LANCETS 28G MISC	P	
TRUEPLUS LANCETS 28G SUPER THIN MISC	P	
TRUEPLUS LANCETS 30G MISC	P	
TRUEPLUS LANCETS 30G ULTRA THIN MISC	P	
TRUEPLUS LANCETS 33G MICRO THIN MISC	P	
TRUEPLUS LANCETS 33G MISC	P	
TRUEPLUS SAFETY LANCETS 28G MISC	P	
TRUERESULT BLOOD GLUCOSEMONITORING SYSTEM/NO CODING KIT	NP	RX/OTC
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
TRUETRACK SMART SYSTEM KIT	NP	RX/OTC
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	P	QL(1 ea per 180 days retail)
ULTILET CLASSIC LANCETS MISC	P	
ULTILET LANCETS 33G MISC	P	
ULTILET LANCETS MISC	P	
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	P	
ULTILET SAFETY LANCETS 23G MISC	P	
ULTIMA KIT	NP	
ULTRA THIN LANCETS 31G MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
ULTRA TRAK PRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
ULTRA-CARE LANCETS 30G MISC	P	
ULTRA-THIN II AUTO LANCET MISC	P	
ULTRA-THIN II LANCETS 28G MISC	P	
ULTRA-THIN II LANCETS 30G MISC	P	
ULTRATRAK ACTIVE DEVI	NP	
ULTRATRAK PRO DEVI	NP	
ULTRATRAK ULTIMATE MONITOR DEVI	NP	
UNILET COMFORTOUCH LANCET MISC	P	
UNILET EXCELITE II MISC	P	
UNILET EXCELITE MISC	P	
UNILET G.P. LANCET MISC	P	
UNILET G.P. SUPERLITE LANCET MISC	P	
UNILET GP 28 ULTRA THIN MISC	P	
UNILET LANCET MISC	P	
UNILET LANCETS MICRO-THIN33G MISC	P	
UNILET LANCETS SUPER-THIN30G MISC	P	
UNILET LANCETS ULTRA-THIN 28G MISC	P	
UNILET SUPERLITE LANCET MISC	P	
UNISTIK 3 GENTLE MISC	P	
UNISTIK PRO SAFETY LANCET 21G MISC	P	
UNISTIK PRO SAFETY LANCET 25G MISC	P	
UNISTIK PRO SAFETY LANCET 28G MISC	P	
UNISTIK SAFETY LANCETS 28G MISC	P	
UNISTIK SAFETY LANCETS 30G MISC	P	
UNISTIK TOUCH SAFETY LANCETS 21G MISC	P	
UNISTIK TOUCH SAFETY LANCETS 23G MISC	P	
UNISTIK TOUCH SAFETY LANCETS 28G MISC	P	
UNISTIK TOUCH SAFETY LANCETS 30G MISC	P	
UNIVERSAL 1 LANCETS THIN26G MISC	P	
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	P	
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	P	
V-GO 20 KIT	NP	
V-GO 30 KIT	NP	
V-GO 40 KIT	NP	
VALUE PLUS LANCETS STANDARD 21G MISC	P	
VALUE PLUS LANCETS SUPERTHIN 30G MISC	P	
VALUE PLUS LANCETS THIN 26G MISC	P	
VALUE PLUS LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
VALUMARK LANCET SUPER THIN 30G MISC	P	
VALUMARK LANCET ULTRA THIN 28G MISC	P	
VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NP	

Drug Name	Drug Tier	Requirements/ Limits
VIDA MIA AUTOLET LANCINGDEVICE MISC	P	QL(1 ea per 180 days retail)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	P	
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	P	
VIVAGUARD INO BLOOD GLUCOSE METER DEVI	NP	
VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	NP	
VIVAGUARD LANCETS MISC	P	
VIVAGUARD LANCING DEVICE MISC	P	QL(1 ea per 180 days retail)
VIVAGUARD SAFETY LANCETS/28G MISC	P	
VOCAL POINT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NP	
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	P	
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G MISC	P	
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G MISC	P	
WALGREENS LANCETS MISC	P	
WALGREENS THIN LANCETS MISC	P	
WALGREENS ULTRA THIN LANCETS MISC	P	
WAVESENSE AMP KIT	NP	RX/OTC
ZEVRX TWIST TOP LANCETS 30G MISC	P	
Misc. Devices		
ADVOCATE ALCOHOL PREP PADS PADS	P	RX/OTC
ALCOH-GLOVE CONTOURED WIPE PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALCOHOL PADS PADS	P	RX/OTC
ALCOHOL PREP PAD PADS	P	RX/OTC
ALCOHOL PREP PADS PADS	P	RX/OTC
ALCOHOL PREPS PADS	P	RX/OTC
ALCOHOL SWABS PADS	P	RX/OTC
ALCOHOL SWABSTICK PADS	P	RX/OTC
APLICARE ALCOHOL SWABSTICK PADS	P	RX/OTC
BD SWABS SINGLE USE BUTTERFLY PADS	P	RX/OTC
BD SWABS SINGLE USE PADS	P	RX/OTC
CARETOUCH ALCOHOL PREP PADS PADS	P	RX/OTC
COMFORT TOUCH ALCOHOL PREP PADS PADS	P	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY PADS	P	RX/OTC
CURITY ALCOHOL SWABS PADS	P	RX/OTC
CVS ALCOHOL PREP PADS PADS	P	RX/OTC
CVS PREP PADS PADS	P	RX/OTC
DROPSAFE ALCOHOL PREP PADS PADS	P	RX/OTC
EASY COMFORT ALCOHOL PADS PADS	P	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM PADS	P	RX/OTC
EQL ALCOHOL SWABS PADS	P	RX/OTC
FIFTY50 ALCOHOL PREP PADS PADS	P	RX/OTC
GLOBAL ALCOHOL PREP EASEPADS PADS	P	RX/OTC
GNP ALCOHOL SWABS PADS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL ALCOHOL PADS PADS	P	RX/OTC
HM STERILE ALCOHOL PREP PADS PADS	P	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK PADS	P	RX/OTC
PHARMACIST CHOICE ALCOHOL PRED PADS PADS	P	RX/OTC
PHARMACIST CHOICE ALCOHOLPREP PADS PADS	P	RX/OTC
PRO COMFORT ALCOHOL PADS PADS	P	RX/OTC
PURE COMFORT ALCOHOL PREPPADS PADS	P	RX/OTC
QC ALCOHOL SWABS PADS	P	RX/OTC
RA ALCOHOL SWABS PADS	P	RX/OTC
REALITY SWABS PADS	P	RX/OTC
RELION ALCOHOL SWABS PADS	P	RX/OTC
SAPS CARE ALCOHOL PREP PADS PADS	P	RX/OTC
SAPS HEALTH ALCOHOL PREPPADS PADS	P	RX/OTC
SAPS HEALTH CARE ALCOHOLPREP PADS PADS	P	RX/OTC
SB ALCOHOL PREP PADS PADS	P	RX/OTC
SHOPKO ALCOHOL SWABS PADS	P	RX/OTC
SM ALCOHOL PREP PADS PADS	P	RX/OTC
SURE COMFORT ALCOHOL PREP PADS PADS	P	RX/OTC
SURE-PREP ALCOHOL PREP PADS PADS	P	RX/OTC
TGT ALCOHOL SWABS PADS	P	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS PADS	P	RX/OTC
TRUE COMFORT PRO ALCOHOLPREP PADS PADS	P	RX/OTC
ULTICARE ALCOHOL SWABS PADS	P	RX/OTC
ULTILET ALCOHOL SWABS PADS	P	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS PADS	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY PADS	P	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY PADS	P	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS	P	RX/OTC
ZEVRX STERILE ALCOHOL PREP PADS PADS	P	RX/OTC
Parenteral Therapy Supplies		
12ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP MISC	P	RX/OTC
12ML SYRINGE/21G X 1"/LUER LOCK TIP MISC	P	RX/OTC
12ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP MISC	P	RX/OTC
1ML VANISHPOINT TUBERCULIN SYRINGE 25GX1" MISC	P	
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	NP	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPS32GX6MM MISC	NP	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS33GX4MM MISC	NP	
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM MISC	NP	
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC	NP	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	NP	QL(5 ea daily)
3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2" MISC	P	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/21G X 1 1/2" MISC	P	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1" MISC	P	
3ML LUER LOCK SAFETY SYRINGES/3ML/23G X 1" MISC	P	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 1" MISC	P	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 5/8" MISC	P	RX/OTC
3ML LUER-LOK SYRINGE25G X 5/8" MISC	P	RX/OTC
3ML SYRINGE/18G X 1-1/2"/LUER LOCK TIP MISC	P	RX/OTC
3ML SYRINGE/20G X 1"/LUER LOCK TIP MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
3ML SYRINGE/20G X 1"/LUER SLIP TIP MISC	P	RX/OTC
3ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP MISC	P	RX/OTC
3ML SYRINGE/21G X 1"/LUER LOCK TIP MISC	P	RX/OTC
3ML SYRINGE/21G X 1"/LUER SLIP TIP MISC	P	RX/OTC
3ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP MISC	P	RX/OTC
3ML SYRINGE/22G 1-1/2"/LUER LOCK TIP MISC	P	RX/OTC
3ML SYRINGE/22G X 1"/LUER LOCK TIP MISC	P	
3ML SYRINGE/22G X 3/4"/LUER LOCK TIP MISC	P	
3ML SYRINGE/22G X 3/4"/LUER SLIP TIP MISC	P	
3ML SYRINGE/25G X 1"/LUER LOCK TIP MISC	P	RX/OTC
3ML SYRINGE/27G X 1-1/4"/LUER LOCK TIP MISC	P	RX/OTC
3ML SYRINGE/LUER LOCK TIP23GX1" MISC	P	RX/OTC
3ML SYRINGE/LUER LOCK TIP25G X 1-1/2" MISC	P	
3ML SYRINGE/LUER SLIP TIP23GX1" MISC	P	RX/OTC
6ML SYRINGE/21G X 1"/LUER LOCK TIP MISC	P	RX/OTC
6ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP MISC	P	RX/OTC
6ML SYRINGE/22G X 1-1/2"/LUER LOCK TIP MISC	P	RX/OTC
ABOUTTIME PEN NEEDLE 32GX 5/32" MISC	NP	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16" MISC	NP	QL(5 ea daily)
ABOUTTIME PEN NEEDLES 31G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	NP	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES MISC	NP	
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	NP	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	NP	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	NP	QL(5 ea daily)
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31 G X 15/64" MISC	NP	QL(5 ea daily)
ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16" MISC	NP	
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	NP	QL(5 ea daily)
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX5MM MISC	NP	QL(5 ea daily); RX/OTC
AUM MINI INSULIN PEN NEEDLE/32GX6MM MISC	NP	QL(5 ea daily)
AUM MINI INSULIN PEN NEEDLE/32GX8MM MISC	NP	
AUM MINI INSULIN PEN NEEDLE/33GX4MM MISC	NP	
AUM MINI INSULIN PEN NEEDLE/33GX5MM MISC	NP	
AUM MINI INSULIN PEN NEEDLE/33GX6MM MISC	NP	
AUM READYGARD DUO SAFETYPEN NEEDLE/32GX4MM/DUAL AUTO PROTEC MISC	NP	QL(5 ea daily); RX/OTC
AUM SAFETY PEN NEEDLE/31G X 4MM MISC	NP	
AUM SAFETY PEN NEEDLE/31G X 5MM MISC	NP	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC	NP	QL(5 ea daily)
AURORA PEN NEEDLES 31G X8MM MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AURORA UNIFINE PENTIPS/32GX5/32" MISC	NP	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC	NP	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	P	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	NP	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
BD 10ML LUER-LOK SYRINGE20G X 1-1/2" MISC	P	
BD 10ML LUER-LOK SYRINGE21G X 1" MISC	P	
BD 10ML LUER-LOK SYRINGE21G X 1-1/2" MISC	P	
BD 10ML LUER-LOK SYRINGE22GX1" MISC	P	
BD 1ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25G X 5/8" MISC	P	RX/OTC
BD 3ML LUER-LOK SYRINGE 18G X 1 1/2" MISC	P	RX/OTC
BD 3ML LUER-LOK SYRINGE/20G X 1" MISC	P	RX/OTC
BD 3ML LUER-LOK SYRINGE/21G X 1" MISC	P	RX/OTC
BD 3ML LUER-LOK SYRINGE/21G X 1-1/2" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD 3ML LUER-LOK SYRINGE/23G X 1" MISC	P	RX/OTC
BD 3ML LUER-LOK SYRINGE/23G X 1-1/2" MISC	P	
BD 3ML LUER-LOK SYRINGE/25G X 1" MISC	P	RX/OTC
BD 3ML LUER-LOK SYRINGE/26G X 5/8" MISC	P	
BD 3ML SYRINGE LUER-LOK 21GX1-1/2" MISC	P	RX/OTC
BD 3ML SYRINGE LUER-LOK 22GX1" MISC	P	
BD 3ML SYRINGE LUER-LOK 22GX1-1/2" MISC	P	RX/OTC
BD 3ML SYRINGE LUER-LOK 23GX1" MISC	P	RX/OTC
BD 3ML SYRINGE LUER-LOK 25GX1-1/2" MISC	P	
BD 3ML SYRINGE LUER-LOK 25GX5/8" MISC	P	RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2" MISC	P	RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1" MISC	P	RX/OTC
BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8" MISC	P	RX/OTC
BD 5ML LUER-LOK SYRINGE/20G X 1" MISC	P	
BD 5ML LUER-LOK SYRINGE/20G X 1-1/2" MISC	P	
BD 5ML LUER-LOK SYRINGE/21G X 1" MISC	P	
BD 5ML LUER-LOK SYRINGE/21G X 1-1/2" MISC	P	
BD 5ML LUER-LOK SYRINGE/22G X 1" MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
BD 5ML LUER-LOK SYRINGE/22G X 1-1/2" MISC	P	
BD AUTOSHIELD 29G X 3/16" MISC	NP	
BD AUTOSHIELD 29G X 5/16" MISC	NP	QL(5 ea daily)
BD AUTOSHIELD DUO 30G X 5MM MISC	NP	
BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1" MISC	P	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/22G X 1" MISC	P	
BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/23G X 1" MISC	P	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/25G X 5/8" MISC	P	RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	NP	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8" MISC	NP	
BD INTEGRA SYRINGE/3ML 25GX1" MISC	P	RX/OTC
BD INTEGRA SYRINGE/3ML/21G X 1-1/2" MISC	P	RX/OTC
BD INTEGRA SYRINGE/3ML/22G X 1.5" MISC	P	RX/OTC
BD INTEGRA SYRINGE/3ML/23G X 1" MISC	P	RX/OTC
BD INTEGRA SYRINGE/3ML/25G X 5/8 MISC	P	RX/OTC
BD LUER LOCK SYRINGE/1ML/20G X 1" MISC	P	
BD LUER-LOK SYRINGE W/ECLIPSE NEEDLE MISC	P	RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM MISC	NP	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC	NP	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC	NP	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC	NP	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	NP	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
BD PLASTIPAK SYRINGE/3ML/21G X 1"/LUER-LOK MISC	P	RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE 1ML 27GX5/8" MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" MISC	NP	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC	NP	
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	NP	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE SYRINGE 5ML/22GX1.5" MISC	P	
BD SLIP TIP SYRINGE/NEEDLE/1ML/26G X 5/8" MISC	P	
BD SYRINGE 10ML/20G X 1" MISC	P	
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64" MISC	NP	
BD VEO INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM MISC	NP	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISC	NP	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM MISC	NP	

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

Drug Name	Drug Tier	Requirements/ Limits
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	NP	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC	NP	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC	NP	QL(5 ea daily)
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32" MISC	NP	
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/23G X 1" MISC	P	
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/25G X 1" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/23G X 1" MISC	P	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 1" MISC	P	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 5/8" MISC	P	RX/OTC
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" MISC	NP	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" MISC	NP	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" MISC	NP	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16" MISC	NP	
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16" MISC	NP	
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
CARETOUCH LUER LOCK 3ML/22GX1" MISC	P	
CARETOUCH LUER LOCK 3ML/22GX1-1/2" MISC	P	RX/OTC
CARETOUCH LUER LOCK 3ML/23GX1" MISC	P	RX/OTC
CARETOUCH LUER LOCK 3ML/23GX1-1/2' MISC	P	
CARETOUCH LUER LOCK 3ML/25GX1" MISC	P	RX/OTC
CARETOUCH LUER LOCK 3ML/25GX1-1/2" MISC	P	
CARETOUCH LUER LOCK 3ML/25GX5/8" MISC	P	RX/OTC
CARETOUCH PEN NEEDLE 29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	NP	QL(5 ea daily)
CARETOUCH PEN NEEDLES 31GX 5MM MISC	NP	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC	NP	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM MISC	NP	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM MISC	NP	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC	NP	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC	NP	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM MISC	NP	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM MISC	NP	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM MISC	NP	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM MISC	NP	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM MISC	NP	
CLICKFINE PEN NEEDLE 32GX5/32" MISC	NP	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC	NP	QL(5 ea daily)
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4" MISC	NP	QL(5 ea daily)
CLICKFINE PEN NEEDLES 31G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
COMFORT TOUCH PEN NEEDLES/32G X 4MM MISC	NP	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 5MM MISC	NP	QL(5 ea daily); RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 6MM MISC	NP	QL(5 ea daily)
COMFORT TOUCH PEN NEEDLES/32G X 8MM MISC	NP	
COMFORT TOUCH PEN NEEDLES/33G X 5/32" MISC	NP	
COMFORT TOUCH PEN NEEDLES/33GX 3/16" MISC	NP	
COMFORT TOUCH PEN NEEDLES/33GX1/4" MISC	NP	
DIALYSIS SAFETY SYRINGES/LOW DEAD SPACE 3ML/22GX1-1/2" MISC	P	RX/OTC
DIATHRIVE PEN NEEDLE/31 G X 6MM MISC	NP	QL(5 ea daily)
DIATHRIVE PEN NEEDLE/31 GX 8MM MISC	NP	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM MISC	NP	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM MISC	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16" MISC	NP	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" MISC	NP	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64" MISC	NP	
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	NP	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
DROPLET MICRON 34G X 9/64" MISC	NP	
DROPLET PEN NEEDLES 29G X1/2" MISC	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 29GX10MM MISC	NP	
DROPLET PEN NEEDLES 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 30G X 5/16" MISC	NP	QL(5 ea daily)
DROPLET PEN NEEDLES 31G X3/16" MISC	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31G X5/16" MISC	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	NP	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	NP	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/16" MISC	NP	
DROPLET PEN NEEDLES 32G X 5/32" MISC	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	NP	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC	NP	QL(5 ea daily)
DROPLET PEN NEEDLES 32GX8MM MISC	NP	
DROPSAFE SAFETY PEN NEEDLE/31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4" MISC	NP	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	NP	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	NP	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16" MISC	NP	
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16" MISC	NP	
EASY COMFORT PEN NEEDLES31GX1/4" MISC	NP	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX3/16" MISC	NP	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC	NP	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM MISC	NP	
EASY COMFORT PEN NEEDLES33G X 5MM MISC	NP	
EASY COMFORT PEN NEEDLES33G X 6MM MISC	NP	
EASY GLIDE PEN NEEDLES 33G X 5/32" MISC	NP	
EASY TOUCH 32GX5MM MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX6MM MISC	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH FLIPLOCK SAFETTY SYRINGES 3ML/18GX1-1/2" MISC	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	NP	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	NP	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY SRYINGE 5ML/22GX1-1/2" MISC	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/21GX1" MISC	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/22GX1-1/2" MISC	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/25GX1" MISC	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/26GX3/8" MISC	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/27GX1/2" MISC	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 21G/10ML1-1/2" MISC	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/21GX1" MISC	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1" MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1-1/2" MISC	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1" MISC	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1-1/2" MISC	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX1" MISC	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX5/8" MISC	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/20GX1-1/2" MISC	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1" MISC	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1-1/2" MISC	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1" MISC	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1-1/2" MISC	P	
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1" MISC	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1" MISC	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1-1/2" MISC	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/21GX1-1/2" MISC	P	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 5ML/20GX1" MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX1" MISC	P	RX/OTC
EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX5/8" MISC	P	RX/OTC
EASY TOUCH FLURINGE FLU TRAY SYRINGE/1ML/25G X 1" MISC	P	RX/OTC
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX1" MISC	P	RX/OTC
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX5/8" MISC	P	RX/OTC
EASY TOUCH FLURINGE SYRINGE/1ML/25G X 1" MISC	P	RX/OTC
EASY TOUCH FLURINGE SYRINGE/1ML/25G X 5/8" MISC	P	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	NP	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MISC	NP	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
EASY TOUCH PEN NEEDLE 30G X 5/16" MISC	NP	QL(5 ea daily)
EASY TOUCH PEN NEEDLE/30G X 3/16" MISC	NP	
EASY TOUCH PEN NEEDLES 29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4" MISC	NP	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC	NP	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 32GX3/16" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM MISC	NP	
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM MISC	NP	QL(5 ea daily)
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4" MISC	NP	
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16" MISC	NP	QL(5 ea daily)
EASY TOUCH SAFETY SYRINGE/1ML/25G X 1" MISC	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/1ML/25G X 5/8" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY SYRINGE/3ML/20G X 1" MISC	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/21G X 1" MISC	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1" MISC	P	
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1-1/2" MISC	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/23G X 1" MISC	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/25G X 1" MISC	P	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/25G X 5/8" MISC	P	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	NP	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/21GX1-1/2" MISC	P	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/22GX1-1/2" MISC	P	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC	NP	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
EASYPOINT NEEDLE/SYRINGE 3ML/23 G X 1" MISC	P	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/25G X 1" MISC	P	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/25G X 5/8" MISC	P	RX/OTC
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/1ML/29G X 5/16" MISC	NP	
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 5/16" MISC	NP	
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/29G X 5/16" MISC	NP	
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 5/16" MISC	NP	

Drug Name	Drug Tier	Requirements/ Limits
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
EQL INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM MISC	NP	
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	NP	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (*5MM*) MISC	NP	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (*8MM*) MISC	NP	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM MISC	NP	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
FLOW-EZE VENTED NEEDLE MISC	P	
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" MISC	NP	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC	NP	
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	NP	QL(5 ea daily)
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	NP	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	NP	QL(5 ea daily)
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
GNP INSULIN SYRINGES/0.3ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16" MISC	NP	QL(5 ea daily)
GNP ULTICARE PEN NEEDLES/31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32" MISC	NP	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4" MISC	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTICARE PEN NEEDLES31G X 5MM MISC	NP	QL(5 ea daily); RX/OTC
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM MISC	NP	QL(5 ea daily)
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC	NP	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" MISC	NP	QL(5 ea daily)
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLE 31GX3/16" MISC	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	NP	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" MISC	NP	QL(5 ea daily)
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16" MISC	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32" MISC	NP	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32" MISC	NP	

Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" MISC	NP	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	NP	QL(5 ea daily)
HEALTHWISE PEN NEEDLES 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	NP	QL(5 ea daily)
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (*3/16"*) MISC	NP	QL(5 ea daily); RX/OTC
HM ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE 1ML/31G X1/4" MISC	NP	
INSULIN SYRINGE/0.3ML/29G X 1" MISC	NP	
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC	NP	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	NP	QL(5 ea daily)
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
INSULIN SYRINGES 0.3ML/31G X 1/4" MISC	NP	
INSULIN SYRINGES 0.5ML/31G X 1/4" MISC	NP	
INSULIN SYRINGES/0.5ML/27GX1/2" MISC	NP	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/28GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC	NP	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	NP	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX/1/2" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/27GX1/2" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/1ML/28GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	NP	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16" MISC	NP	QL(5 ea daily)
INSUPEN 29G X 12MM MISC	NP	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM MISC	NP	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
INSUPEN 32G X 4MM MISC	NP	QL(5 ea daily); RX/OTC
INSUPEN 33GX4MM MISC	NP	
INSUPEN PEN NEEDLES 32G X4MM MISC	NP	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	NP	QL(5 ea daily)
INSUPEN SENSITIVE 32GX8MM MISC	NP	
INSUPEN ULTRAFIN 30GX8MM MISC	NP	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX6MM MISC	NP	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	NP	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	NP	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC	NP	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	NP	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	NP	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT MISC	NP	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC	NP	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT MISC	NP	QL(5 ea daily); RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
MAGELLAN SYRINGE/HYPODERMIC SAFETY NEEDLE/1ML/23G X 1" MISC	P	
MARATHON MEDICAL PENTIPS29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MARATHON MEDICAL PENTIPS31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16" MISC	NP	
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16" MISC	NP	QL(5 ea daily)
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC	NP	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	NP	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	NP	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	NP	QL(5 ea daily)
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	NP	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	NP	QL(5 ea daily)
MEIJER PEN NEEDLES 31G X8MM MISC	NP	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM MISC	NP	QL(5 ea daily)
MICRODOT PEN NEEDLE/32G X 4 MM MISC	NP	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/33G X 4 MM MISC	NP	
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	NP	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4" MISC	NP	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4" MISC	P	QL(5 ea daily)
MM PEN NEEDLES 31G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 3/16" MISC	P	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	NP	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	P	QL(5 ea daily); RX/OTC
MONOJECT 3ML SYRINGE/STANDARD HYPODERMIC NEEDLE/21GX1-1/2" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/1ML MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	NP	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT LIFESHIELD BLUNTCANNULA/LUER LOCK SYR/3ML/18G X 1" MISC	P	RX/OTC
MONOJECT LIFESHIELD SYRINGE/12ML/18GX1" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/18G X 1" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/20G X 1-1/2" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/21G X 1" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/21G X 1-1/2" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/23G X 1" MISC	P	
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 1" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 5/8" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1-1/2" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1-1/2" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1" MISC	P	
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1-1/2" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/23G X 1" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 1" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 5/8" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/20G X 1-1/2" MISC	P	
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1-1/2" MISC	P	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/22G X 1-1/2" MISC	P	RX/OTC
MONOJECT MEDICATION TRANSFER NEEDLE/20GX1" MISC	P	
MONOJECT SYRINGE/12ML/18GX1" MISC	P	RX/OTC
MONOJECT SYRINGE/12ML/20GX1-1/2" MISC	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1" MISC	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1-1/2" MISC	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 3/4" MISC	P	
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1" MISC	P	
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1-1/2" MISC	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/23G X 1" MISC	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 1" MISC	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 5/8" MISC	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/27G X 1-1/4" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT SYRINGE/LUER LOCK/6ML/20G X 1-1/2" MISC	P	
MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1" MISC	P	RX/OTC
MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1-1/2" MISC	P	RX/OTC
MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1" MISC	P	RX/OTC
MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1-1/2" MISC	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/20GX1" MISC	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/20GX1-1/2" MISC	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/21GX1" MISC	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/22GX1" MISC	P	
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/22GX1-1/2" MISC	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/23GX1" MISC	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/25GX1" MISC	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/25GX1-1/4" MISC	P	
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/25GX5/8" MISC	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/27GX1-1/4" MISC	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/6ML/20GX1-1/2" MISC	P	
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/6ML/21G X1" MISC	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/6ML/21GX1-1/2" MISC	P	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/6ML/22GX1-1/2" MISC	P	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM MISC	NP	QL(5 ea daily)
NOVOFINE PEN NEEDLE 32G X 6MM MISC	NP	QL(5 ea daily)
NOVOFINE PLUS PEN NEEDLE32G X 4MM MISC	NP	QL(5 ea daily); RX/OTC
NOVOTWIST PEN NEEDLE 32GX 5MM MISC	NP	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	NP	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	NP	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	NP	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	NP	QL(5 ea daily)
PEN NEEDLES 30GX5MM MISC	NP	
PEN NEEDLES 30GX8MM MISC	NP	QL(5 ea daily)
PEN NEEDLES 31G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	NP	QL(5 ea daily)
PEN NEEDLES 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (*1/4"*) MISC	NP	QL(5 ea daily)
PEN NEEDLES 31GX8MM (*5/16"*) MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 4MM MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 5MM MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 6MM MISC	NP	QL(5 ea daily)
PEN NEEDLES 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES 33G X 5/32" MISC	NP	
PEN NEEDLES/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEN NEEDLES/31G X 1/4" MISC	NP	QL(5 ea daily)
PEN NEEDLES/31G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 6MM MISC	NP	QL(5 ea daily)
PEN NEEDLES/32G X 5/32" MISC	NP	QL(5 ea daily); RX/OTC
PENTIPS 29G X 12MM MISC	NP	QL(5 ea daily); RX/OTC
PENTIPS 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
PENTIPS 31G X 5MM MISC	NP	QL(5 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
PENTIPS 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
PENTIPS 31GX6MM MISC	NP	QL(5 ea daily)
PENTIPS 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
PENTIPS 32G X 4MM MISC	NP	QL(5 ea daily); RX/OTC
PENTIPS 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC	NP	
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	NP	QL(5 ea daily)
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4" MISC	NP	QL(5 ea daily)
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4" MISC	NP	QL(5 ea daily)
PREVENT SAFETY PEN NEEDLES 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
PRO COMFORT PEN NEEDLES/31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM MISC	NP	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC	NP	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM MISC	NP	QL(5 ea daily)
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	NP	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM MISC	NP	QL(5 ea daily)
PURE COMFORT PEN NEEDLE 32G X8MM MISC	NP	
PURE COMFORT PEN NEEDLE/32G X 5MM MISC	NP	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM MISC	NP	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	NP	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	NP	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
QC PEN NEEDLES 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC	NP	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	NP	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64" MISC	NP	
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	NP	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" MISC	NP	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	NP	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC	NP	QL(5 ea daily)
RELION PEN NEEDLES 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31G X6MM MISC	NP	QL(5 ea daily)
RELION PEN NEEDLES 31G X8MM MISC	NP	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	NP	QL(5 ea daily)
RELION PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X4MM MISC	NP	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X5/32" MISC	NP	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES/31G X1/4" MISC	NP	QL(5 ea daily)
RELION SHORT PEN NEEDLES31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
SAFESNAP SYRINGE/NEEDLE/10ML/ 20G X 1" MISC	P	
SAFESNAP SYRINGE/NEEDLE/10ML/ 20G X 1-1/2" MISC	P	
SAFESNAP SYRINGE/NEEDLE/10ML/ 21G X 1" MISC	P	
SAFESNAP SYRINGE/NEEDLE/10ML/ 21G X 1-1/2" MISC	P	
SAFESNAP SYRINGE/NEEDLE/10ML/ 22G X 1" MISC	P	
SAFESNAP SYRINGE/NEEDLE/10ML/ 22G X 1-1/2" MISC	P	
SAFESNAP SYRINGE/NEEDLE/3ML/2 0G X 1" MISC	P	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 0G X 1-1/2" MISC	P	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 1G X 1" MISC	P	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 1G X 1-1/2" MISC	P	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 2G X 1" MISC	P	
SAFESNAP SYRINGE/NEEDLE/3ML/2 2G X 1-1/2" MISC	P	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 3G X 1" MISC	P	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 3G X 1-1/2" MISC	P	
SAFESNAP SYRINGE/NEEDLE/3ML/2 5G X 1" MISC	P	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML/2 5G X 5/8" MISC	P	RX/OTC
SAFESNAP SYRINGE/NEEDLE/5ML/2 0G X 1" MISC	P	
SAFESNAP SYRINGE/NEEDLE/5ML/2 0G X 1-1/2" MISC	P	
SAFESNAP SYRINGE/NEEDLE/5ML/2 1G X 1" MISC	P	
SAFESNAP SYRINGE/NEEDLE/5ML/2 1G X 1-1/2" MISC	P	
SAFESNAP SYRINGE/NEEDLE/5ML/2 2G X 1" MISC	P	
SAFESNAP SYRINGE/NEEDLE/5ML/2 2G X 1-1/2" MISC	P	
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	NP	QL(5 ea daily)
SAFETY SYRINGES/NEEDLE 10ML/20GX1-1/2" MISC	P	
SAFETY SYRINGES/NEEDLE 10ML/22GX1-1/2" MISC	P	
SAFETY SYRINGES/NEEDLE 1ML/25GX5/8" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFETY SYRINGES/NEEDLE 1ML/27GX1/2" MISC	P	
SAFETY SYRINGES/NEEDLE 3ML/20GX1" MISC	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/20GX1-1/2" MISC	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/21GX1" MISC	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/21GX1-1/2" MISC	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/22GX1" MISC	P	
SAFETY SYRINGES/NEEDLE 3ML/22GX1-1/2" MISC	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/23GX1" MISC	P	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/25GX5/8" MISC	P	RX/OTC
SAFETY SYRINGES/NEEDLE 5ML/20GX1-1/2" MISC	P	
SAFETY SYRINGES/NEEDLE 5ML/21GX1-1/2" MISC	P	
SAFETY SYRINGES/NEEDLE 5ML/22GX1-1/2" MISC	P	
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16" MISC	NP	QL(5 ea daily)
SECURESAFE SYRINGE/NEEDLE/10ML/ 21G X 1-1/2" MISC	P	
SECURESAFE SYRINGE/NEEDLE/1ML/2 5G X 1" MISC	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/1ML/2 5G X 5/8" MISC	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/1ML/2 7G X 1/2" MISC	P	
SECURESAFE SYRINGE/NEEDLE/3ML/2 0G X 1" MISC	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 0G X 1-1/2" MISC	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 1G X 1" MISC	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 1G X 1-1/2" MISC	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 2G X 1" MISC	P	
SECURESAFE SYRINGE/NEEDLE/3ML/2 2G X 1-1/2" MISC	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 3G X 1" MISC	P	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML/2 5G X 5/8" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SECURESAFE SYRINGE/NEEDLE/5ML/21G X 1-1/2" MISC	P	
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	NP	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	NP	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	NP	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	NP	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	NP	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM MISC	NP	
SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM MISC	NP	
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM MISC	NP	QL(5 ea daily)
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	NP	QL(5 ea daily)
SURE COMFORT PEN NEEDLES31GX3/16" (*5MM*) MISC	NP	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (*8MM*) MISC	NP	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" MISC	NP	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM MISC	NP	QL(5 ea daily)
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC	NP	QL(5 ea daily)
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC	NP	QL(5 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC	NP	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
SYRINGE/HYPODERMIC SAFETY12ML 18GX1" MISC	P	RX/OTC
SYRINGE/LUER LOCK/10ML/21G X 1" MISC	P	
SYRINGE/LUER LOCK/3ML/20G X 1" MISC	P	RX/OTC
SYRINGE/LUER LOCK/3ML/20G X 1-1/2" MISC	P	RX/OTC
SYRINGE/LUER LOCK/3ML/20GX1-1/2" MISC	P	RX/OTC
SYRINGE/LUER LOCK/3ML/21G X 1" MISC	P	RX/OTC
SYRINGE/LUER LOCK/3ML/21G X 1-1/2" MISC	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SYRINGE/LUER LOCK/3ML/21GX1" MISC	P	RX/OTC
SYRINGE/LUER LOCK/3ML/21GX1-1/2" MISC	P	RX/OTC
SYRINGE/LUER LOCK/3ML/22G X 1" MISC	P	
SYRINGE/LUER LOCK/3ML/22G X 1-1/2" MISC	P	RX/OTC
SYRINGE/LUER LOCK/3ML/22GX1" MISC	P	
SYRINGE/LUER LOCK/3ML/22GX1-1/2" MISC	P	RX/OTC
SYRINGE/LUER LOCK/3ML/23G X 1" MISC	P	RX/OTC
SYRINGE/LUER LOCK/3ML/23G X 1-1/2" MISC	P	
SYRINGE/LUER LOCK/3ML/23GX1" MISC	P	RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 1" MISC	P	RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 1-1/2" MISC	P	
SYRINGE/LUER LOCK/3ML/25G X 5/8" MISC	P	RX/OTC
SYRINGE/LUER LOCK/3ML/25GX1" MISC	P	RX/OTC
SYRINGE/LUER LOCK/3ML/25GX5/8" MISC	P	RX/OTC
SYRINGE/LUER LOCK/5ML/20G X 1-1/2" MISC	P	
SYRINGE/LUER SLIP/1ML/25G X 5/8" MISC	P	RX/OTC
SYRINGE/LUER SLIP/1ML/26G X 3/8" MISC	P	
SYRINGE/LUER SLIP/1ML/27G X 1/2" MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
SYRINGES/LUER LOCK/10ML/20GX1" MISC	P	
SYRINGES/LUER LOCK/10ML/20GX1-1/2" MISC	P	
SYRINGES/LUER LOCK/10ML/21G X 1" MISC	P	
SYRINGES/LUER LOCK/10ML/21GX1-1/2" MISC	P	
SYRINGES/LUER LOCK/10ML/22GX1" MISC	P	
SYRINGES/LUER LOCK/10ML/22GX1-1/2" MISC	P	
SYRINGES/LUER LOCK/1ML/20GX1" MISC	P	RX/OTC
SYRINGES/LUER LOCK/5ML/20GX1" MISC	P	
SYRINGES/LUER LOCK/5ML/20GX1-1/2" MISC	P	
SYRINGES/LUER LOCK/5ML/21GX1" MISC	P	
SYRINGES/LUER LOCK/5ML/21GX1-1/2" MISC	P	
SYRINGES/LUER LOCK/5ML/22GX1" MISC	P	
SYRINGES/LUER LOCK/5ML/22GX1-1/2" MISC	P	
SYRINGES/LUER SLIP/1ML/25GX5/8" MISC	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2" MISC	NP	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64" MISC	NP	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" MISC	NP	
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC	NP	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
TECHLITE PEN NEEDLES 29GX 10MM MISC	NP	
TECHLITE PEN NEEDLES 29GX 12 MM MISC	NP	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC	NP	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM MISC	NP	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM MISC	NP	QL(5 ea daily)
TECHLITE PEN NEEDLES/31GX 8MM MISC	NP	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM MISC	NP	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM MISC	NP	QL(5 ea daily)
TECHLITE PEN NEEDLES/32GX 8MM MISC	NP	
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	NP	QL(5 ea daily)
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4" MISC	NP	QL(5 ea daily)
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES31G X 5MM MISC	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM MISC	NP	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES32G X 4MM MISC	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16" MISC	NP	
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16" MISC	NP	
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
TRUE COMFORT PRO PEN NEEDLES 31G X 5MM MISC	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 6MM MISC	NP	QL(5 ea daily)
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM MISC	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 5MM MISC	NP	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM MISC	NP	QL(5 ea daily)
TRUE COMFORT PRO PEN NEEDLES 33G X 4MM MISC	NP	
TRUE COMFORT PRO PEN NEEDLES 33G X 5MM MISC	NP	
TRUE COMFORT PRO PEN NEEDLES 33G X 6MM MISC	NP	

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM MISC	P	QL(5 ea daily)
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM MISC	P	QL(5 ea daily)
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	P	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	P	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	P	QL(5 ea daily)
TRUEPLUS PEN NEEDLES 29GX12MM MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM MISC	P	QL(5 ea daily)
TRUEPLUS PEN NEEDLES 31GX8MM MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM MISC	P	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" MISC	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	NP	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	NP	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	NP	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/32G X 1/4" MISC	NP	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES31GX6MM MISC	NP	QL(5 ea daily)
ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16" MISC	NP	
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	NP	QL(5 ea daily)
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	NP	QL(5 ea daily)
ULTICARE SAFETY SYRINGE/LOW DEAD SPACE/1.5ML/22GX1-1/2" MISC	P	
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16" MISC	NP	QL(5 ea daily)
ULTICARE SYRINGE/LOW DEADSPACE/1.5ML/22G X1-1/2" MISC	P	
ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2" MISC	P	RX/OTC
ULTICARE TUBERCULIN SAFETSYRINGES/1ML/27 G X 5/8" MISC	P	
ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 1" MISC	P	
ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 1/2" MISC	P	
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4" MISC	NP	
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4" MISC	NP	
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4" MISC	NP	
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4" MISC	NP	
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C MISC	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C MISC	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON MISC	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO MISC	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C MISC	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS MISC	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C MISC	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER MISC	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN MISC	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32" MISC	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA MISC	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN MISC	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI MISC	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN MISC	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN MISC	NP	QL(5 ea daily)
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA MISC	NP	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN MISC	NP	QL(5 ea daily)
ULTILET INSULIN SYRINGE 31X6MM MISC	NP	RX/OTC
ULTILET INSULIN SYRINGE 31X6MM MISC	NP	
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	NP	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	NP	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	NP	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM MISC	NP	
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
ULTILET PEN NEEDLE 29GX12.7MM MISC	NP	QL(5 ea daily)
ULTILET PEN NEEDLE 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	NP	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTILET U-100 INSULIN SYRINGES/1ML/31G X 6MM MISC	NP	
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLE 33GX4MM MISC	NP	
ULTRA FLO INSULIN PEN NEEDLES MISC	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEELE 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2" MISC	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16" MISC	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2" MISC	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16" MISC	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2" MISC	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" MISC	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2" MISC	NP	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16" MISC	NP	QL(5 ea daily)
ULTRA THIN PEN NEEDLES 32G X 4MM MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC	NP	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	NP	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	NP	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	NP	QL(5 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	NP	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	NP	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 1/4" MISC	NP	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14" MISC	NP	QL(5 ea daily)
ULTRACARE PEN NEEDLES/32G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32" MISC	NP	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/33G X 5/32" MISC	NP	
UNIFINE PEN NEEDLE/32G X4MM MISC	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS 31GX6MM MISC	NP	QL(5 ea daily)
UNIFINE PENTIPS 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX6MM MISC	NP	QL(5 ea daily)
UNIFINE PENTIPS 33GX4MM MISC	NP	
UNIFINE PENTIPS PLUS 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	NP	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 33GX 5/32" MISC	NP	
UNIFINE PENTIPS PLUS 33GX4MM MISC	NP	
UNIFINE PENTIPS PLUS/30GX 3/16" MISC	NP	
UNIFINE PENTIPS/30G X 3/16" MISC	NP	
UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16" MISC	NP	
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" MISC	NP	QL(5 ea daily)
UNIFINE ULTRA PEN NEEDLE/31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
UNIFINE ULTRA PEN NEEDLE/31GX6MM MISC	NP	QL(5 ea daily)
UNIFINE ULTRA PEN NEEDLE/31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
UNIFINE ULTRA PEN NEEDLE/32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC	NP	QL(5 ea daily)
VALUMARK PEN NEEDLES 31GX 8MM MISC	NP	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 3/16" MISC	NP	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16" MISC	NP	
VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16" MISC	NP	
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
VANISHPOINT SAFETY SYRINGE/10ML/20GX1" MISC	P	
VANISHPOINT SAFETY SYRINGE/10ML/20GX1-1/2" MISC	P	
VANISHPOINT SAFETY SYRINGE/10ML/21GX1" MISC	P	
VANISHPOINT SAFETY SYRINGE/10ML/21GX1-1/2" MISC	P	
VANISHPOINT SAFETY SYRINGE/10ML/22GX1" MISC	P	

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

Drug Name	Drug Tier	Requirements/ Limits
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	NP	QL(5 ea daily)
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	NP	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	NP	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	NP	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	NP	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	NP	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	NP	QL(5 ea daily)
ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	NP	QL(5 ea daily)
ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ZEVRX INSULIN SYRINGE/1ML/30G X 1/2" MISC	NP	QL(5 ea daily)
ZEVRX INSULIN SYRINGE/1ML/30G X 5/16" MISC	NP	QL(5 ea daily); RX/OTC
ZEVRX PEN NEEDLES 31G X 5MM MISC	NP	QL(5 ea daily); RX/OTC
ZEVRX PEN NEEDLES 31G X 6MM MISC	NP	QL(5 ea daily)
ZEVRX PEN NEEDLES 31G X 8MM MISC	NP	QL(5 ea daily); RX/OTC
ZEVRX PEN NEEDLES 32G X 4MM MISC	NP	QL(5 ea daily); RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ml per 360 days retail); RX/OTC
ACTIVITY POUCH MISC	P	QL(1 ml 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 ml 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 ml per 360 days retail); RX/OTC
ADULT MASK MISC	P	QL(1 ml 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 ml 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 ml 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 ml 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
ARIAL CHAMBER 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 ml per 360 days retail); RX/OTC
BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ml 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 COLLAPSIBLEADULT SPACER W/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
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
EASY FLOW 300 MM HOSE MISC	P	QL(1 ml per 360 days retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 ml per 360 days retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 ml 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 ml 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 ml per 360 days retail); RX/OTC
EFLOW SCF AEROSOL HEAD MISC	P	QL(1 ml 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

Drug Name	Drug Tier	Requirements/ Limits
FILTER AIR PP MISC	P	QL(1 ml per 360 days retail); RX/OTC
FLEXICHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ml per 360 days retail); RX/OTC
FULL KIT NEBULIZER SET MISC	P	QL(1 ml per 360 days retail); RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	P	QL(1 ml per 360 days retail); RX/OTC
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	P	QL(2 ea per 360 days retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ml 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

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

Drug Name	Drug Tier	Requirements/ Limits
NOSE CLIP MISC	P	QL(1 ml per 360 days retail); RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	P	QL(2 ea per 360 days retail); RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	P	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI	P	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MISC	P	QL(2 ea per 360 days retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ml 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 ml per 360 days retail); RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
PARI TREK S COMBO PACK DEVI	P	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PARI VORTEX ADULT MASK MISC	P	QL(1 ml 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 ml per 360 days retail); RX/OTC
PFLEX MISC	P	QL(1 ml per 360 days retail); RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	QL(1 ml per 360 days retail); RX/OTC
PILLOW MASK/ADULT MISC	P	QL(1 ml per 360 days retail); RX/OTC
PILLOW MASK/CHILD MISC	P	QL(1 ml per 360 days retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	QL(1 ml 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
PRIMEAIRE DUAL-VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	P	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	P	QL(2 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	P	QL(2 ea per 360 days retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	P	QL(1 ml per 360 days retail); RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER 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 ml per 360 days retail); RX/OTC
REPLACEMENT FILTERS MISC	P	QL(1 ml 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 ml per 360 days retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ml per 360 days retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ml per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ml per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ml per 360 days retail); RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	P	QL(1 ml 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 ml 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 ml per 360 days retail); RX/OTC
VALVED HOLDING CHAMBER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILDS DEVI	P	QL(2 ea per 360 days retail); RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILDS /FROG DEVI	P	QL(2 ea per 360 days retail); RX/OTC
VORTEX HOLDING CHAMBER/MASK/TODDLER 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
WATCHHALER DEVI	P	QL(2 ea per 360 days retail); RX/OTC
WINDMILL TRAINER MISC	P	QL(1 ml per 360 days retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ 140 MG/ML, 70 MG/ML	P	PA; SP; PA
AJOVY SOAJ	P	PA; SP; PA
AJOVY SOSY	P	PA; SP; PA
EMGALITY SOAJ	NP	SP
EMGALITY SOSY	NP	SP
NURTEC TBDP	P	PA; PA
QULIPTA TABS	P	PA; PA
UBRELVY TABS 100 MG, 50 MG	P	PA; PA
VYEPTI SOLN	NP	SP
Migraine Combinations		
ergotamine w/ caffeine supp re 2 mg-100 mg	P	
SUMANSETRON TBPK	NP	
sumatriptan-naproxen sodium tabs	NP	
TREXIMET TABS (*Use sumatriptan-naproxen sodium*)	NP	
Migraine Products - NSAIDs		
CAMBIA PACK	NP	
ELYXYB SOLN	NP	
Migraine Products		

Drug Name	Drug Tier	Requirements/ Limits
dihydroergotamine mesylate soln na 4 mg/ml	NP	
MIGRANAL SOLN (*Use dihydroergotamine mesylate*)	NP	
TRUDHESA AERS	NP	
Serotonin Agonists		
almotriptan malate tabs 12.5 mg, 6.25 mg	NP	
AMERGE TABS (*Use naratriptan hcl*)	NP	QL(9 ea per 30 days retail)
eletriptan hydrobromide tabs	NP	QL(6 ea per 30 days retail)
FROVA TABS (*Use frovatriptan succinate*)	NP	
frovatriptan succinate tabs	NP	
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT (*Use sumatriptan*)	NP	QL(6 ea per 30 days retail)
IMITREX SOLN SC 6 MG/0.5ML (*Use sumatriptan succinate*)	NF	QL(2.5 ml per 30 days retail)1 rtl MAX fill,30 rtl day(s) supply,
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 4 MG/0.5ML (*Use sumatriptan succinate*)	NP	QL(3 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 TABS OR 100 MG, 25 MG, 50 MG (*Use sumatriptan succinate*)	NP	QL(9 ea per 30 days retail)
MAXALT TABS (*Use rizatriptan benzoate*)	NP	QL(12 ea per 30 days retail)
MAXALT-MLT TBDP (*Use rizatriptan benzoate*)	NP	QL(12 ea per 30 days retail)
naratriptan hcl tabs 1 mg, 2.5 mg	NP	QL(9 ea per 30 days retail)
ONZETRA XSAIL EXHP	NP	
RELPAX TABS (*Use eletriptan hydrobromide*)	NP	QL(6 ea per 30 days retail)
REYVOW TABS	NP	
rizatriptan benzoate tabs 10 mg, 5 mg	P	QL(12 ea per 30 days retail)
rizatriptan benzoate tbdp 10 mg, 5 mg	P	QL(12 ea per 30 days retail)
sumatriptan soln na 20 mg/act, 5 mg/act	P	QL(6 ea per 30 days retail)
sumatriptan succinate soaj sc 4 mg/0.5ml	P	QL(3 ml per 30 days retail)
sumatriptan succinate soaj sc 6 mg/0.5ml	P	QL(2 ml per 30 days retail)
sumatriptan succinate soct sc 4 mg/0.5ml	P	QL(3 ml per 30 days retail)
sumatriptan succinate soct sc 6 mg/0.5ml	P	QL(2 ml per 30 days retail)
sumatriptan succinate soln sc 6 mg/0.5ml	P	QL(2.5 ml per 30 days retail)1 rtl MAX fill,30 rtl day(s) supply,
sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg	P	QL(9 ea per 30 days retail)
TOSYMRA SOLN	NP	
ZEMBRACE SYMTOUCH SOAJ	NP	
zolmitriptan soln na 2.5 mg	NP	
zolmitriptan soln na 5 mg	NP	QL(6 ea per 30 days retail)
zolmitriptan tabs or 2.5 mg, 5 mg	NP	QL(6 ea per 30 days retail)
zolmitriptan tbdp or 2.5 mg, 5 mg	NP	QL(6 ea per 30 days retail)
ZOMIG SOLN NA 2.5 MG (*Use zolmitriptan*)	NP	
ZOMIG SOLN NA 5 MG (*Use zolmitriptan*)	NP	QL(6 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
ZOMIG TABS OR 2.5 MG, 5 MG (*Use zolmitriptan*)	NP	QL(6 ea per 30 days retail)
ZOMIG ZMT TBDP (*Use zolmitriptan*)	NP	QL(6 ea per 30 days retail)
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM CARBONATE CHEW OR 500 MG	P	
calcium carbonate-cholecalciferol tabs 200 unit-600 mg, 5 mcg-600 mg	P	
Electrolyte Mixtures		
BIOLYTE SOLN	P	
CERALYTE 70 SOLN 20 MEQ/L-30 MEQ/L-60 MEQ/L-70 MEQ/L	P	
CERASPORT EX1 SOLN	P	
CERASPORT SOLN 4 MEQ/L-6 MEQ/L-18 MEQ/L-20 MEQ/L	P	
ENFAMIL ENFALYTE SOLN	P	
EQUALYTE SOLN (*Use oral electrolytes*)	NF	
HYDRALYTE FREEZER POPS SOLN	P	
HYDRALYTE SOLN 107.5 MG/250ML-132.5 MG/250ML-140 MG/250ML, 16 GM/L-20 MEQ/L-45 MEQ/L-45 MEQ/L-90 MEQ/L, 210 MG/250ML-270 MG/250ML	P	
KINDERLYTE PREMAX SOLN 3.1 MG/360ML-320 MG/360ML-620 MG/360ML-630 MG/360ML, 3.1 MG/360ML-330 MG/360ML-620 MG/360ML-630 MG/360ML	P	
KINDERLYTE SOLN 3.1 MG/360ML-300 MG/360ML-445 MG/360ML-560 MG/360ML, 3.1 MG/360ML-300 MG/360ML-460 MG/360ML-570 MG/360ML	P	
oral electrolytes soln	P	
PEDIALYTE ADVANCED CARE SOLN (*Use oral electrolytes*)	NF	
PEDIALYTE FREEZER POPS SOLN (*Use oral electrolytes*)	NF	
PEDIALYTE SINGLES SOLN (*Use oral electrolytes*)	NF	
PEDIALYTE SOLN 0.5 MG/59ML-1.2 MEQ/59ML-1.5 GM/59ML-2.1 MEQ/59ML-2.7 MEQ/59ML, 20 MEQ/L-25 GM/L-30 MEQ/L-35 MEQ/L-45 MEQ/L, 4.7 MEQ/237ML-8.3 MEQ/237ML-10.6 MEQ/237ML, 5 GM/L-20 GM/L-20 MEQ/L-35 MEQ/L-45 MEQ/L, 7.8 MG/L-20 MEQ/L-25 GM/L-35 MEQ/L-45 MEQ/L (*Use oral electrolytes*)	NF	
Fluoride		
sodium fluoride chew or 0.25 mg, 0.5 mg, 1 mg, 2.2 mg	P	
sodium fluoride soln or 0.125 mg/drop	P	
sodium fluoride soln or 0.5 mg/ml	P	RX/OTC
Magnesium		
magnesium oxide (mg supplement) tabs 400 mg	P	
magnesium tabs 400 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
MAGOX 400 TABS (*Use magnesium oxide (mg supplement)*)	NF	
Phosphate		
K-PHOS NEUTRAL TABS (*Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic*)	NF	QL(8 ea daily)
pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs	P	QL(8 ea daily)
Potassium		
K-TAB TBCR 10 MEQ, 8 MEQ (*Use potassium chloride*)	NF	
potassium bicarbonate tbef or	P	
potassium chloride cpcr or 10 meq	P	
potassium chloride cpcr or 8 meq	P	QL(1 ea daily)
potassium chloride microencapsulated crystals er tbcr	P	
potassium chloride pack or 20 meq	P	
potassium chloride soln or 20 %, 10 %	P	
potassium chloride tbcr or 10 meq, 8 meq	P	
Sodium		
sodium chloride flush soln	P	
sodium chloride soln ij 0.9 %	P	
sodium chloride soln iv 0.9 %	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (*Use penicillamine*)	NP	
DEPEN TITRATABS TABS (*Use penicillamine*)	P	
penicillamine caps or	P	
penicillamine tabs or	P	
SYPRINE CAPS (*Use trientine hcl*)	NP	SP
trientine hcl caps	P	SP
Immunomodulators		
lenalidomide caps	NP	SP
REVLIMID CAPS	NP	SP
REZUROCK TABS	NP	SP
THALOMID CAPS 100 MG, 150 MG, 200 MG, 50 MG	NP	SP
VYVGART SOLN	NP	SP
Immunosuppressive Agents		
ASTAGRAF XL CP24	NP	
azathioprine tabs or 100 mg, 75 mg	NP	QL(3 ea daily)
azathioprine tabs or 50 mg	P	
CELLCEPT CAPS 250 MG (*Use mycophenolate mofetil*)	NP	QL(2 ea daily)
CELLCEPT SUSR 200 MG/ML (*Use mycophenolate mofetil*)	NP	QL(15 ml daily)
CELLCEPT TABS 500 MG (*Use mycophenolate mofetil*)	NP	QL(4 ea daily)
cyclosporine caps or 100 mg, 25 mg	P	
cyclosporine modified (for microemulsion) caps 50 mg, 100 mg, 25 mg	P	QL(4 ea daily)
cyclosporine modified (for microemulsion) soln 100 mg/ml	P	QL(8 ml daily)
ENVARSUS XR TB24	NP	
everolimus (immunosuppressant) tabs	NP	

Drug Name	Drug Tier	Requirements/ Limits
IMURAN TABS (*Use azathioprine*)	NP	
LUPKYNIS CAPS	NP	SP
mycophenolate mofetil caps or 250 mg	P	QL(2 ea daily)
mycophenolate mofetil susr or 200 mg/ml	P	QL(15 ml daily)
mycophenolate mofetil tabs or 500 mg	P	QL(4 ea daily)
mycophenolate sodium tbec 180 mg	P	QL(2 ea daily)
mycophenolate sodium tbec 360 mg	P	QL(4 ea daily)
MYFORTIC TBEC 180 MG (*Use mycophenolate sodium*)	NP	QL(2 ea daily)
MYFORTIC TBEC 360 MG (*Use mycophenolate sodium*)	NP	QL(4 ea daily)
NEORAL CAPS 100 MG, 25 MG (*Use cyclosporine modified (for microemulsion)*)	NP	QL(4 ea daily)
NEORAL SOLN 100 MG/ML (*Use cyclosporine modified (for microemulsion)*)	NP	QL(8 ml daily)
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (*Use tacrolimus*)	NP	QL(3 ea daily)
PROGRAF PACK OR 0.2 MG, 1 MG	NP	
RAPAMUNE SOLN (*Use sirolimus*)	NP	
RAPAMUNE TABS (*Use sirolimus*)	NP	
SANDIMMUNE CAPS OR 100 MG, 25 MG (*Use cyclosporine*)	NP	
SANDIMMUNE SOLN OR 100 MG/ML	P	
sirolimus soln or 1 mg/ml	P	
sirolimus tabs or 0.5 mg, 1 mg, 2 mg	P	
tacrolimus caps or 0.5 mg, 1 mg, 5 mg	P	QL(3 ea daily)
ZORTRESS TABS (*Use everolimus (immunosuppressant)*)	NP	
Potassium Removing Agents		
LOKELMA PACK	NP	
sodium polystyrene sulfonate powd	P	QL(454 gm per fill retail)
sodium polystyrene sulfonate susp	NP	
VELTASSA PACK 16.8 GM, 25.2 GM, 8.4 GM	NP	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	NP	SP
BENLYSTA SOSY	NP	SP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) soln 2 %	P	QL(100 ml per fill retail)
lidocaine hcl (mouth-throat) soln 4 %	P	
Anti-infectives - Throat		
clotrimazole troc mt	P	
nystatin (mouth-throat) susp	P	QL(120 ml per fill retail)
Dental Products		
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) gel dt 1.1 %	NP	QL(672 gm per fill retail)
sodium fluoride (dental) gel dt 1.1 %	NP	QL(672 ml per fill retail)
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth) pste	P	QL(5 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Throat Products - Misc.		
AQUORAL SOLN	NP	RX/OTC
cevimeline hcl caps	NP	
EVOXAC CAPS (*Use cevimeline hcl*)	NP	
GELX GEL	NP	
MULTIVITAMINS		
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid caps 1 mg-1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg, 1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg-1000 mcg	P	QL(1 ea daily); RX/OTC
b-complex w/ c & folic acid tabs 0.006 mg-0.3 mg-1 mg-1.5 mg-1.7 mg-10 mg-10 mg-20 mg-100 mg, 0.01 mcg-1 mg-1.5 mg-1.7 mg-10 mg-10 mg-20 mg-60 mg-300 mcg, 1 mg-1 mg-1.5 mg-1.5 mg-1.7 mg-1.7 mg-6 mcg-6 mcg-10 mg-10 mg-10 mg-10 mg-20 mg-20 mg-100 mg-100 mg-300 mcg-300 mcg, 1 mg-1 mg-1.5 mg-1.7 mg-8 mg-20 mg-30 mcg-200 mg-300 mcg, 1 mg-1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-20 mg-100 mg-300 mcg, 1 mg-1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-20 mg-60 mg-300 mcg, 1.5 mg-1.7 mg-5 mg-6 mcg-10 mg-20 mg-100 mg-150 mcg-1000 mcg, 1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-20 mg-100 mg-300 mcg-1000 mcg	P	QL(1 ea daily); RX/OTC
NEPHRO-VITE RX TABS (*Use b-complex w/ c & folic acid*)	NF	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		
ABC COMPLETE SENIOR WOMENS 50+ TABS	P	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS 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 0.03 MG-0.33 MG-1.67 MG-2.23 MG-3.33 MG-5 MCG-20 MCG, 0.75 MG-2 MG-3.38 MG-3.75 MCG-10 MG-10 MG-150 MCG, 1 MG-3.15 MCG-3.35 MG-7.5 MG-65 MG, 1 MG-3.15 MCG-3.35 MG-7.5 MG-65 MG-150 MG	P	QL(1 ea daily)
AIRBORNE KIDS CHEW	P	QL(1 ea daily)
AIRBORNE+GOOD REST CHEW 0.03 MG-0.33 MG-1.67 MG-2.23 MG-3.33 MG-5 MCG-20 MCG-66.67 MG	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 ENERGY 50+ TABS	P	QL(1 ea daily); RX/OTC
ALIVE MENS ENERGY TABS	P	QL(1 ea daily); RX/OTC
ALIVE MULTI-VITAMIN CHEW 0.85 MG-1.8 MG-2 MG-2.4 MCG-2.5 MG-5 MG-7.5 MG-10 MCG-15 MCG-20 MG-45 MG-75 MCG-120 MCG-150 MCG-162.5 MCG-450 MCG	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+ CHEW 0.65 MG-0.85 MG-1.35 MG-2 MG-2.4 MCG-7.5 MG-7.5 MG-15 MCG-15 MG-20 MCG-25 MG-50 MG-75 MCG-75 MCG-120 MCG-150 MCG-150 MCG-165 MCG-225 MCG	P	QL(1 ea daily)
ALIVE WOMENS 50+ TABS 2 MG-4 MG-4.5 MG-5 MG-5.1 MG-6 MG-15 MG-20 MG-22.5 MG-30 UNIT-50 MG-60 MCG-70 MCG-75 MCG-90 MG-100 MCG-150 MCG-150 MCG-180 MCG-300 MCG-300 MCG-400 MCG-500 MG-900 MCG-1000 UNIT-3500 UNIT	P	QL(1 ea daily); RX/OTC
ALIVE WOMENS ENERGY TABS	P	QL(1 ea daily); RX/OTC
ALIVE WOMENS GUMMY MULTIVITAMIN CHEW	P	QL(1 ea daily)
ALIVE WOMENS GUMMY VITAMINS CHEW	P	QL(1 ea daily)
ANTIOXIDANT FORMULA TABS 17 MCG-53 MG-61 MG-167 MG-2492 MCG	P	QL(1 ea daily); RX/OTC
AQUADEKS CHEW 0.75 MG-0.85 MG-0.95 MG-5 MG-5 MG-5 MG-6 MCG-6 MG-15 MG-35 MG-37.5 MCG-50 MCG-50 UNIT-100 MCG-350 MCG-400 UNIT-9083.5 UNIT	P	QL(1 ea daily)
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
CAL-DAY 1000 TABS	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMPLETE18 CAPS 0.666 MG-0.666 MG-1.133 MG-1.333 MG-2 MG-5 MG-6 MG-6.666 MG-10 UNIT-13.333 MCG-13.333 MG-25 MCG-30 MG-33.333 MG-46.666 MCG-50 MCG-66.666 MCG-166.666 MCG-200 MCG-266.666 MCG-1000 UNIT-1666.666 UNIT	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CELEBRATE MULTI-COMPLETE18 CHEW 2 MG-2 MG-3.4 MG-4 MG-6 MG-15 MG-18 MG-20 MG-30 UNIT-40 MCG-40 MG-75 MCG-90 MG-100 MG-140 MCG-150 MCG-200 MCG-500 MCG-600 MCG-800 MCG-3000 UNIT-5000 UNIT	P	QL(1 ea daily)
CELEBRATE MULTI-COMPLETE36 CAPS 0.666 MG-1 MG-1.333 MG-4 MG-4 MG-6.666 MG-10 MG-12 MG-13.333 MG-20 UNIT-25 MCG-33.333 MG-40 MCG-46.666 MCG-50 MCG-60 MG-66.666 MCG-166.666 MCG-200 MCG-200 MCG-1000 UNIT-3333.333 UNIT	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMPLETE36 CHEW 1 MG-1.5 MG-2 MG-6 MG-6 MG-10 MG-15 MG-18 MCG-20 MG-30 UNIT-37.5 MCG-50 MG-60 MCG-70 MCG-75 MCG-90 MG-100 MCG-250 MCG-300 MCG-400 MCG-1500 UNIT-5000 UNIT, 1 MG-1.5 MG-2 MG-6 MG-6 MG-10 MG-15 MG-18 MG-20 MG-30 UNIT-37.5 MCG-50 MG-60 MCG-70 MCG-75 MCG-90 MG-100 MCG-250 MCG-300 MCG-400 MCG-1500 UNIT-5000 UNIT	P	QL(1 ea daily)
CELEBRATE MULTI-COMPLETE45 CAPS 0.666 MG-1 MG-1.33 MG-4 MG-4 MG-6.666 MG-10 MG-13.333 MG-15 MG-20 UNIT-25 MCG-33.333 MG-40 MCG-46.666 MCG-50 MCG-60 MG-66.666 MCG-200 MCG-266.666 MCG-333.333 MCG-1000 UNIT-3333.333 UNIT	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMPLETE45 CHEW 1 MG-1.5 MG-2 MG-6 MG-6 MG-10 MG-15 MG-20 MG-22.5 MG-30 UNIT-37.5 MCG-50 MG-60 MCG-70 MCG-75 MCG-90 MG-100 MCG-300 MCG-400 MCG-500 MCG-1500 UNIT-5000 UNIT	P	QL(1 ea daily)
CELEBRATE MULTI-COMPLETE60 CAPS 0.666 MG-1 MG-1.333 MG-4 MG-4 MG-6.666 MG-10 MG-13.333 MG-20 MG-20 UNIT-25 MCG-33.333 MG-40 MCG-46.666 MCG-50 MCG-60 MG-66.666 MCG-200 MCG-266.666 MCG-333.333 MCG-1000 UNIT-3333.333 UNIT	P	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMPLETE60 CHEW 1 MG-1.5 MG-2 MG-6 MG-6 MG-10 MG-15 MG-20 MG-30 MG-30 UNIT-37.5 MCG-60 MCG-70 MCG-75 MCG-90 MG-100 MCG-300 MCG-400 MCG-500 MCG-500 MG-1500 UNIT-5000 UNIT	P	QL(1 ea daily)
CELLULAR SECURITY CAPS	P	QL(1 ea daily); RX/OTC
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)
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 ADULT CHEW	P	QL(1 ea daily)
CENTRUM FLAVOR BURST CHEW	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM FRESH/FRUITY ADULTS 50+ CHEW	P	QL(1 ea daily)
CENTRUM FRESH/FRUITY ADULTS CHEW	P	QL(1 ea daily)
CENTRUM MEN TABS 0.9 MG-1.2 MG-1.3 MG-2 MG-2 MG-2.3 MG-5 MCG-6 MCG-8 MG-10 MCG-10 MCG-11 MG-15 MG-16 MG-20 MG-35 MCG-40 MCG-45 UNIT-50 MCG-60 MCG-72 MG-80 MG-90 MG-100 MCG-100 MG-150 MCG-200 MCG-210 MG-600 MCG-1000 UNIT-3500 UNIT	P	QL(1 ea daily); RX/OTC
CENTRUM MEN TABS 0.9 MG-1.2 MG-1.3 MG-2 MG-2.3 MG-6 MCG-8 MG-11 MG-15 MG-16 MG-20 MG-20.3 MG-25 MCG-35 MCG-40 MCG-50 MCG-60 MCG-72 MG-80 MG-90 MG-100 MCG-100 MG-150 MCG-200 MCG-210 MG-600 MCG-1050 MCG (*Use multiple vitamins w/ minerals*)	NF	QL(1 ea daily); RX/OTC
CENTRUM MULTIGUMMIES MULTI +OMEGA 3 CHEW	P	QL(1 ea daily)
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 CHEW 2 MG-2.2 MG-2.7 MG-4 MG-4.5 MG-5 MCG-7 MG-10 MCG-10 MCG-10 MG-12 MG-15 MG-22.5 MCG-25 MCG-25 MCG-45 MCG-50 MG-70 UNIT-75 MG-100 MCG-100 MCG-125 MG-200 MG-250 MCG-400 UNIT-500 MCG-4000 UNIT	P	QL(1 ea daily)
CENTRUM SILVER TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2.3 MG-3 MG-5 MCG-10 MCG-10 MG-11 MG-20 MG-20 MG-25 MCG-30 MCG-30 MCG-45 MCG-45 MCG-50 MG-50 UNIT-55 MCG-60 MG-72 MG-80 MG-150 MCG-150 MCG-220 MG-400 MCG-500 UNIT-2500 UNIT, 1.5 MG-1.7 MG-2 MG-2 MG-2 MG-3 MG-5 MCG-10 MCG-10 MCG-10 MG-15 MG-20 MCG-20 MG-25 MCG-30 MCG-45 UNIT-48 MG-60 MG-72 MG-75 MCG-80 MG-100 MG-150 MCG-150 MCG-150 MCG-200 MG-250 MCG-300 MCG-400 MCG-400 UNIT-3500 UNIT (*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

Drug Name	Drug Tier	Requirements/ Limits
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 CAPS 1 MG-1.5 MG-1.9 MG-5 MCG-8 MG-15 MG-18 MG-30 MG-80 MCG-170 UNIT-180 MCG-700 MCG-1000 UNIT-14000 UNIT	P	QL(1 ea daily); RX/OTC
CHOICEFUL MULTIVITAMIN CHEW 1.2 MG-1.4 MG-1.5 MG-6 MCG-8 MG-10 MG-15 MG-60 MG-80 MCG-180 MCG-180 UNIT-600 MCG-800 UNIT-13000 UNIT	P	QL(1 ea daily)
CLINICAL NUTRIENTS 45-PLUS WOMEN TABS	P	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS 50-PLUS MEN TABS	P	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS ANTIOXIDANT CAPS	P	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR FEMALE TEENS TABS	P	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR MALE TEENS TABS	P	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR MEN TABS	P	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR WOMEN TABS	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
CVS ONE DAILY WOMENS 50+ADVANCED TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ADULT 50+ CHEW 2 MG-2.2 MG-2.7 MG-4 MG-4.5 MG-5 MCG-7 MG-10 MCG-10 MCG-10 MG-12 MG-15 MG-25 MCG-25 MCG-25 MCG-45 MCG-50 MG-70 UNIT-75 MG-100 MCG-100 MCG-125 MG-150 MCG-200 MG-250 MCG-400 UNIT-500 MCG-4000 UNIT	P	QL(1 ea daily)
CVS SPECTRAVITE ADULT 50+ TABS 0.5 MG-1.5 MG-1.7 MG-2 MG-2.3 MG-3 MG-5 MCG-10 MCG-10 MG-11 MG-19 MCG-20 MG-20 MG-22.5 MG-25 MCG-25 MCG-30 MCG-30 MCG-45 MCG-50 MCG-50 MG-60 MG-72 MG-80 MG-150 MCG-220 MG-250 MCG-300 MCG-400 MCG-750 MCG, 0.5 MG-1.5 MG-1.7 MG-2 MG-2.3 MG-3 MG-5 MCG-10 MCG-10 MG-11 MG-19 MCG-20 MG-20 MG-25 MCG-30 MCG-30 MCG-45 MCG-50 MCG-50 MG-50 UNIT-60 MG-72 MG-80 MG-150 MCG-220 MG-250 MCG-300 MCG-400 MCG-1000 UNIT-2500 UNIT	P	QL(1 ea daily); RX/OTC
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 SENIOR TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR TABS	P	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMENS HEALTH 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 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-75 MCG-75 MG-100 MCG-150 UNIT-200 MCG-1000 MCG-3000 UNIT-18167 UNIT	P	QL(1 ea daily); RX/OTC
DEKAS PLUS CHEW 1.5 MG-1.7 MG-1.9 MG-10 MG-10 MG-10 MG-12 MCG-12 MG-70 MG-75 MCG-100 MCG-100 UNIT-200 MCG-1000 MCG-2000 UNIT-18167 UNIT	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
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 1 MG-2.5 MG-15 UNIT-30 MG-150 MCG-500 MG	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
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

Drug Name	Drug Tier	Requirements/ Limits
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
FORTAVIT CAPS 1 MG-1 MG-1 MG-1.5 MG-2 MCG-2.5 MG-5 MCG-5 MG-5 MG-7.5 MG-8 MG-13 MCG-15 MG-15 MG-25 MCG-25 MCG-25 MCG-25 MG-25 MG-25 MG-25 MG-25 MG-25 MG-25 MG-25 MG-40 MG-50 MCG-50 MG-67.5 MG-75 MCG-100 MG-150 MG-150 UNIT-200 MCG-200 UNIT-5000 UNIT	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 0.9 MG-11 MG-100 MG-2500 MCG-2500 UNIT	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 SUPPORT CHEW	P	QL(1 ea daily)
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	P	QL(1 ea daily); RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS	P	QL(1 ea daily); RX/OTC
MACULAR VITAMIN BENEFIT 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 MULTI VITAMIN & MINERAL FORMULA TABS	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MENS MULTIVITAMIN CHEW 2 MG-2.5 MG-5 MG-7.5 MCG-7.5 MG-8.75 MCG-10 MCG-27.5 MCG-37.5 MG-50 MCG-75 MCG-200 MCG-300 MCG	P	QL(1 ea daily)
MENS MULTIVITAMIN TABS 1.35 MG-1.7 MG-2 MG-2 MG-3 MG-15 MG-16 MG-18 MCG-18 MG-20 MCG-22.5 UNIT-60 MG-75 MCG-110 MCG-120 MCG-140 MG-210 MG-300 MCG-400 MCG-700 UNIT-3500 UNIT	P	QL(1 ea daily); RX/OTC
MULTI-BETIC DIABETES SUPPORT TABS	P	QL(1 ea daily); RX/OTC
MULTI-BETIC DIABETES TABS	P	QL(1 ea daily); RX/OTC
MULTI-VITAMIN MONOCAPS TABS	P	QL(1 ea daily); RX/OTC
multiple vitamins w/ minerals caps 0.33 mg-0.33 mg-0.5 mg-0.67 mg-0.83 mg-1.67 mcg-1.67 mg-1.67 mg-3.3 mg-3.3 mg-4 mg-6.7 mg-6.7 mg-8.3 mg-16.5 mg-16.7 mcg-16.7 mcg-16.7 mg-20 mg-20 mg-20.8 mcg-25 mg-33.3 mcg-33.3 mcg-33.3 mcg-33.3 mg-33.3 mg-33.3 mg-33.3 mg-41.7 mg-50 mcg-66.7 unit-66.7 unit-83.3 mg-83.3 mg-83.3 mg-133.3 mcg-166.7 mcg-833.3 unit, 0.333 mg-1 mg-1.667 mg-1.667 mg-1.667 mg-2.5 mg-2.667 mcg-3.333 mg-4.167 mcg-5 mg-8.333 mg-8.333 mg-10 mg-10 mg-10 unit-20 mg-30 mg-133.333 mcg-666.667 unit-1666.667 mcg-1666.667 unit, 0.5 mg-0.5 mg-3.75 mg-5 mcg-25 mg-68.75 unit-100 mcg-300 mg-375 mg, 0.5 mg-0.567 mg-0.667 mg-0.667 mg-1.667 mg-2 mcg-3 mg-3.333 mg-5 mg-6.667 mg-10 unit-20 mg-20 mg-33.333 mg-33.333 mg-50 mcg-66.667 mg-83.333 mg-133.333 mcg-133.333 mg-166.667 mg-200 mcg-2000 unit, 0.667 mg-1 mg-1.133 mg-1.333 mg-3.333 mg-3.333 mg-4 mg-5 mg-6.667 mg-10 mg-10 mg-10 mg-10 mg-10 unit-15 mg-16.667 mg-23.333 mcg-25 mcg-33.333 mcg-33.333 mg-40 mcg-40 mg-50 mcg-133.333 mg-200 mcg-266.667 mcg-1000 unit-3333.333 unit, 0.8 mg-34.8 mg-200 mg-226 mg-14320 unit, 0.8 mg-34.8 mg-200 unit-226 mg-14320 unit, 0.8 mg-5 mg-34.8 mg-200 unit-226 mg, 0.9 mg-1 mg-1.2 mg-1.3 mg-1.3 mg-2 mg-	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
2.3 mg-2.4 mcg-7 mg-10 mg-10 unit-16 mg-34 mcg-45 mg-240 mcg-280 mg-600 mcg, 1 mg-1 mg-1.7 mg-2.7 mg-3.3 mcg-4.3 mcg-4.3 mg-5.7 mg-8.3 unit-11.3 mg-14 mcg-14 mcg-42.3 mcg-42.3 mcg-42.3 mg-56.7 mg-56.7 mg-85 mg-106.3 unit-255 mcg-2973 unit, 1 mg-1 mg-5 mg-10 mg-200 unit-250 mg, 1 mg-1 mg-5 mg-10 mg-90 mg-250 mg, 1 mg-1 mg-5 mg-12.5 mg-200 unit-250 mg, 1 mg-1 mg-5 mg-40 mg-200 unit-250 mg, 1 mg-1 mg-5 mg-5 mg-5 mg-7.5 mg-10 mg-15 mg-25 mcg-25 mg-25 mg-25 mg-25 mg-25 mg-25 mg-25 unit-30 mcg-35 mg-50 mg-50 mg-70 mcg-75 mcg-100 mcg-100 mcg-100 mg-150 mcg-150 mcg-150 mg-250 mcg-400 mcg-400 unit-10000 unit, 1 mg-1 mg-5 mg-5 mg-7.5 mg-10 mg-10 mg-10 mg-20 mg-25 mcg-100 mcg-200 unit-250 mg-500 unit, 1 mg-1 mg-5 mg-9 mg-30 unit-90 mg-150 mg-160 mg-250 mg, 1 mg-1.5 mg-1.7 mg-2 mg-2 mg-2 mg-6 mcg-10 mg-15 mg-20 mg-30 mcg-30 mg-30 unit-40 mg-70 mcg-75 mcg-100 mcg-120 mcg-120 mg-150 mcg-200 mcg-500 mcg-2000 unit-5000 unit, 1 mg-1.5 mg-7.5 mg-15 mcg-200 unit-250 mg-10000 unit, 1 mg-2 mg-2 mg-3 mg-5 mg-6 mg-7 mg-10 mcg-10 mcg-25 mg-30 mg-30 mg-32 mg-300 mcg-315 mg-1000 mcg, 1 mg-2 mg-4 mg-5 mg-10 mcg-10 mg-10 mg-25 mg-50 unit-70 mg-80 mg-150 mg-8000 unit, 1 mg-5 mg-20 unit-26.667 mg-88.333 mg-		

Drug Name	Drug Tier	Requirements/ Limits
273.333 unit-491.667 mg-1000 unit, 1.2 mg-1.7 mg-2 mg-2 mg-3 mg-5 mg-15 mg-16 mg-18 mcg-20 mcg-30 mcg-45 unit-90 mg-100 mg-105 mcg-120 mcg-120 mg-210 mg-400 mcg-400 unit-600 mcg-3500 unit, 1.5 mg-1.7 mg-2 mg-2 mg-4 mg-6 mcg-10 mg-15 mg-18 mg-20 mcg-20 mg-30 mcg-40 mcg-40 mg-45 mcg-50 unit-60 mg-100 mg-120 mcg-150 mcg-400 mcg-1000 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-2 mg-4 mg-6 mcg-10 mg-15 mg-18 mg-20 mcg-20 mg-30 mcg-40 mcg-40 mg-45 mcg-50 unit-60 mg-100 mg-120 mcg-150 mcg-600 mcg-1000 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-4 mg-4 mg-10 mg-15 mg-18 mcg-20 mg-22.5 mg-25 mcg-30 mcg-40 mcg-40 mcg-40 mg-45 mcg-60 mg-100 mg-120 mcg-150 mcg-400 mcg-750 mcg, 1.5 mg-1.7 mg-2 mg-4 mg-4 mg-10 mg-15 mg-18 mcg-20 mg-30 mcg-40 mcg-40 mcg-40 mg-45 mcg-50 unit-60 mg-100 mg-120 mcg-150 mcg-400 mcg-1000 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-4 mg-6 mg-10 mg-15 mg-20 mg-25 mcg-30 mcg-60 mg-60 unit-70 mcg-75 mcg-80 mcg-100 mg-120 mcg-150 mcg-200 mg-400 mcg-1000 unit-2500 unit, 1.7 mg-2 mg-2 mg-2 mg-3 mg-4 mg-4 mg-5 mcg-6 mg-9.5 mg-10 mcg-10 mcg-10 mg-15 mcg-15 mg-16 mg-18 mg-20 mcg-20 mg-20 mg-21 mg-30 mcg-33 unit-70 mcg-72 mg-75 mcg-100 mcg-120 mcg-150 mcg-150 mcg-234 mcg-552 mcg-600 mcg-1000 unit-2500 unit,		

Drug Name	Drug Tier	Requirements/ Limits
10 mg-15 mg-18 mg-20 mg-25 mg-30 mcg-70 mcg-90 mg-300 mcg-400 unit, 2 mg-15 mg-30 unit-60 mg, 2 mg-2 mg-3.4 mg-4 mg-4 mg-4.5 mg-5 mcg-6 mg-6 mg-9.5 mg-10 mcg-10 mcg-10 mg-16 mg-20 mcg-20 mg-20 mg-21 mg-22.5 mg-25 mcg-30 mcg-33 unit-72 mg-90 mcg-100 mcg-105 mcg-150 mcg-150 mcg-180 mcg-234 mcg-400 mcg-552 mcg-1000 unit-2500 unit, 2 mg-3 mg-3 mg-6 mg-12 mcg-15 unit-25 mcg-25 mcg-25 mg-25 mg-50 mg-50 mg-250 mg-500 unit-800 mcg-2500 unit, 2 mg-5 mg-5 mg-7.2 mg-15 mg-25 mg-25 mg-25 mg-25 mg-25 mg-25 mg-25 mg-50 mg-100 mcg-100 mg-100 unit-150 mcg-150 mcg-150 mg-200 mcg-200 mcg-300 mcg-400 mcg-400 unit-5000 unit, 2 mg-6 mg-15 mg-22 mg-30 unit-60 mg, 25 mcg-100 unit-200 mg-5000 unit, 25 mg-45 mg-100 unit-500 mg, 3.333 mg-6.667 mg-16.667 unit-33.333 mg-133.333 mg-166.667 mg, 50 mcg-400 unit-500 mg-25000 unit, 6 mg-13.5 mg-15 mg-60 mg, 7.5 mg-50 mcg-400 unit-500 mg		

Drug Name	Drug Tier	Requirements/ Limits
multiple vitamins w/ minerals chew 0.033 mg-0.333 mg-1.667 mg-2.233 mg-3.333 mg-5 mcg-20 mcg-250 mg, 0.033 mg-0.333 mg-3.333 mg-3.333 unit-5 mcg-66.666 unit-333.333 mg, 0.5 mg-2.5 mg-4.5 mg-15 unit-50 mg, 0.7 mg-0.75 mg-2 mg-3.38 mg-3.75 mcg-5 mg-150 mcg-250 mg, 0.75 mg-2 mg-3.75 mcg-7.5 unit-10 mg-11.25 mg-250 mg-500 unit, 0.75 mg-2 mg-3.75 mcg-7.5 unit-10 mg-250 mg-500 unit, 0.9 mg-1.9 mg-3 mcg-5 mg-5 mg-10 mg-10 unit-25 mg-25 mg-113.5 mg-200 mcg-1000 unit-1250 unit, 1 mg-1 mg-1 mg-1.7 mg-2 mg-5 mg-6.25 mg-7.5 mg-7.5 mg-10 mg-10 mg-10 mg-15 mg-22.5 mg-25 mcg-25 mg-35 mcg-45 mg-60 mcg-75 mcg-75 mg-75 unit-300 mcg-400 mcg-500 mcg-500 mcg-1500 unit-5000 unit, 1 mg-1 mg-2.5 mg-2.5 mg-3 mcg-5 mg-7.5 unit-20 mcg-30 mcg-30 mg-140 mg-150 mcg-200 mcg-400 unit-1250 unit, 1 mg-1.25 mg-4.5 mcg-15 mg-15 unit-20 mcg-50 mg-75 mcg-200 mcg-400 unit-1250 unit, 1 mg-1.5 mg-1.7 mg-2 mg-2 mg-6 mcg-10 mg-10 unit-15 mg-18 mg-20 mcg-20 mg-20 mg-40 mg-45 mcg-50 mg-60 mg-60 unit-108 mg-150 mcg-400 mcg-400 unit-3500 unit, 1 mg-1.9 mg-2 mg-3 mcg-5 mg-9 mcg-9.4 mcg-10 mg-15 mcg-15 mg-15 unit-19 mcg-20 mcg-60 mcg-75 mcg-150 mcg-200 unit-1250 unit, 1 mg-2.5 mg-4 mcg-5 mcg-5 mg-9 mg-17.5 mg-30 mg-40 mcg-75 mcg-200	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
mcg-600 mcg, 1 mg-2.5 mg-5 mcg-5 mg-20 mcg-20 unit-30 mcg-30 mg-40 mcg-75 mcg-200 mcg-200 unit-2000 unit, 1 mg-3 mcg-3.75 mg-5 mg-10 mg-15 unit-30 mg-37.5 mcg-75 mcg-200 mcg-500 unit-1250 unit, 1.5 mg-2 mg-5 mg-5 mg-6 mcg-7.5 mcg-7.5 unit-15 mg-18.75 mcg-20 mcg-60 mcg-75 mcg-137.5 mcg-200 mcg-400 unit-1250 unit, 2 mg-2.2 mg-2.7 mg-4 mg-4.5 mg-5 mcg-7 mg-10 mcg-10 mcg-10 mg-12 mg-15 mg-22.5 mcg-25 mcg-25 mcg-45 mcg-50 mg-70 unit-75 mg-100 mcg-100 mcg-125 mg-200 mg-250 mcg-400 unit-500 mcg-4000 unit, 2.5 mg-2.5 mg-3 mg-7.5 mcg-15 unit-22.5 mg-37.5 mcg-55 mcg-75 mcg-80 mcg-500 unit-1250 unit, 2.5 mg-2.5 mg-5 mg-7.5 mcg-15 unit-20 mcg-30 mcg-37.5 mg-55 mcg-75 mcg-200 mcg-200 unit-300 mcg-2000 unit		
multiple vitamins w/ minerals tabs 0.05 mg-0.15 mg-1 mg-3 mg-10 mg-15 mg-20 mcg-20 mg-20 mg-25 mg-25 mg-50 mcg-50 mcg-50 mg-60 unit-100 mg-400 unit-500 mg, 0.05 mg-1.1 mg-1.1 mg-2 mg-2.3 mg-5 mcg-5 mg-5 mg-8 mg-10 mcg-14 mg-15 mg-20 mg-30 mcg-35 unit-50 mcg-50 mcg-50 mcg-50 mcg-50 mg-55 mcg-72 mg-80 mg-100 mg-150 mcg-150 mcg-300 mcg-400 mcg-500 mg-800 unit-3500 unit, 0.075 mg-0.38 mg-0.5 mg-0.5 mg-0.83 mg-0.9 mg-1.5 mcg-1.67 mg-2.5 mg-2.5 mg-2.5 mg-6.25 mcg-7.5 mcg-10 mcg-18.75 mcg-21.15 mg-25 mg-30 mcg-35 mg-37.5 mcg-83.25 mg-100 mcg-100 unit-107.5 unit-128 mg, 0.08 mg-1.67 mg-2.5 mg-4.16 mg-4.16 mg-4.16 mg-4.16 mg-4.16 mg-4.16 mg-7.9 mg-10.4 mcg-12.5 mcg-16.7 mcg-16.7 mcg-16.7 unit-16.7 unit-33.3 mcg-41.7 mg-52.08 mg-250 mg-2083.3 unit, 0.1 mg-0.15 mg-0.8 mg-3 mg-5 mg-20 mg-20 mg-22.5 mg-25 mg-25 mg-27 mg-30 unit-50 mcg-50 mg-100 mg-500 mg-5000 unit, 0.125 mg-0.161 mg-0.4 mg-1.25 mg-2 mg-5 mg-6 mcg-10 mg-10 mg-15 mg-20 mg-24 mg-30 unit-100 mg-100 mg-150 mcg-250 mg-400 unit-10000 unit, 0.15 mg-1 mg-1 mg-1.5 mg-1.7 mg-3 mcg-5 mg-5 mg-5.5 unit-10 mg-10 mg-15 mg-30 mg-100 mg-400 unit-10000 unit, 0.2 mg-2 mg-7.5 mg-10 mg-15 mg-30 mcg-30 mcg-30 mg-30 mg-30 mg-30 mg-30 mg-35 mcg-50 unit-100	P	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
*mg-150 mcg-300 mg-400 mcg-400 unit-5000 unit, 0.33 mg-0.67 mg-3.3 mg-3.3 mg-3.3 mg-5 unit-11.7 mg-33.3 mg-41.7 mg-50 mcg-66.7 mg-100 mg-140 unit-1400 unit, 0.333 mg-0.333 mg-0.833 mg-1.333 mg-1.333 mg-1.666 mg-1.666 mg-1.666 mg-3.333 mg-3.333 mg-3.333 mg-3.333 mg-3.333 mg-3.333 mg-3.333 mg-3.333 mg-5 mg-5 mg-6.666 mg-6.666 mg-6.666 mg-8.333 mcg-8.333 mg-8.333 mg-8.333 mg-8.333 mg-8.333 mg-8.333 mg-8.333 mg-8.333 mg-8.333 mg-8.333 mg-8.333 mg-8.333 mg-8.333 mg-8.333 mg-8.333 mg-10 mg-11.666 mg-16.666 mcg-16.666 mcg-16.666 mg-20 mg-25 mcg-33.333 mcg-33.333 mg-33.333 mg-33.333 mg-33.333 mg-33.333 mg-33.333 mg-50 mcg-83.333 mg-83.333 unit-133.333 mcg-133.333 unit-333.333 mg-333.333 mg-5000 unit, 0.35 mg-0.75 mg-0.85 mg-1 mg-1 mg-2.5 mcg-2.5 mg-3 mg-3.75 mg-5 mcg-5 mcg-5 mg-10 mcg-10 mg-12.5 mcg-15 mcg-15 unit-16 mcg-20 mg-29 mg-30 mg-32 mg-37.5 mcg-40 mg-54 mg-60 mcg-75 mcg-100 mcg-200 mcg-200 unit-400 mg-1750 unit, 0.37 mg-0.5 mg-1 mcg-1 mg-1.5 mg-2.5 mg-2.5 mg-2.5 mg-5 mg-15 mg-15 unit-60 mg-75 mcg-80 mg-100 mg-400 mcg-400 unit-5000 unit, 0.375 mg-0.5 mg-1 mcg-1 mg-1.5 mg-2.5 mg-2.5 mg-5 mg-7.5 mg-15 mg-15 unit-60 mg-75 mcg-80 mg-100 mg-400 mcg-400 unit-5000 unit, 0.4 mg-0.8 mg-1.3 mg-7 mg-10 mg-10 mg-18 mg-25 mcg-25 mg-25 mg-50 unit-100 mg-300 mg, 0.4 mg-1.2 mg-1.7 mg-2 mg-6 mcg-15 mg-18 mg-20 mg-60 mg-100 mg-125 mg-150 mcg-160 mg-400 unit-5000 unit, 0.4 mg-1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-15 mg-20 mg-27 mg-30 unit-60 mg-400 unit-450 mg-5000 unit, 0.4 mg-1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-45 mg-60 mg-400 unit-3000 unit, 0.4 mg-17.4 mg-100 unit-113 mg-7160 unit, 0.4 mg-2 mg-2.6 mg-9 mcg-20.6 mg-22.5 mg-27 mg-30 mg-45 unit-90 mg-400 unit-5000 unit, 0.4 mg-2 mg-3 mg-3 mg-3.4 mg-5 mg-7.5 mg-7.5 mg-9 mcg-10 mcg-10 mg-15 mcg-15 mcg-15 mg-20 mg-27 mg-30 mcg-30 unit-31 mg-40 mg-90 mg-100 mg-150 mcg-400 unit-2500 unit-2500 unit, 0.4 mg-2 mg-3 mg-3 mg-3.4 mg-5 mg-7.5 mg-7.5 mg-9 mcg-10 mcg-10 mg-15 mcg-15 mcg-15 mg-27 mg-30 mg-30 unit-31 mg-35 mcg-40 mg-90 mg-100 mg-150 mcg-400 unit-1250 unit-5000 unit, 0.5 mg-0.5 mg-1 mg-1 mg-1 mg-1 mg-1 mg-2 mg-2 mg-2 mg-3.5 mg-4.5 mg-5 mg-5.1 mg-6 mg-6.5 mcg-7.5 mg-10 mg-10 mg-10 mg-13 mcg-13 mcg-15 mg-18 mg-24 mcg-25 mg-25 mg-40 mg-60 mcg-60 unit-80 mcg-80 mg-90 mg-100 mg-100 mg-120 mg-150 mcg-165 mg-200 mcg-200 mcg-200 mcg-275 mcg-300 mcg-400 mcg-400 unit-5000 unit, 0.5 mg-0.6 mg-3.3 mg-3.5 mg-5 mg-5 mg-6.5 mg-7.2 mg-7.5 mg-10 mg-10 mg-10 mg-10 mg-10 mg-15 mg-20 mg-25		

Drug Name	Drug Tier	Requirements/ Limits
mcg-25 mcg-25 mcg-25 mg-25 unit-50 mg-50 mg-50 unit-54 mg-73 mg-150 mcg-897 mcg-2500 unit, 0.5 mg-0.667 mg-0.667 mg-0.667 mg-0.667 mg-3.333 mg-5 mg-5 mg-5.333 mg-8.333 mg-10 mg-10 mg-15 mg-20 mg-20 mg-20 mg-22.333 unit-25 mcg-25 mcg-26.667 mcg-30 mg-33.333 mg-50 mcg-50 mg-50 mg-66.667 mcg-66.667 mcg-71.667 mg-100 mcg-100 mg-100 mg-166.667 mcg-200 mcg-266.667 mcg-266.667 unit-1666.667 unit, 0.5 mg-0.75 mg-0.85 mg-2.5 mg-6.25 mcg-7.5 mg-10 mg-30 unit-50 mg-50 mg-60 mg-72.5 mg-100 mcg-100 mg-250 mcg-500 unit-1500 mcg-2500 unit, 0.5 mg-0.75 mg-1.25 mg-1.5 mg-1.75 mg-3.75 mg-5 mg-5 mg-5 mg-5 mg-5 mg-6.25 mg-11.25 mcg-12.5 mcg-12.5 mcg-12.5 mg-25 mcg-30 mg-32 mg-50 mcg-75 mcg-75 mg-200 mcg-200 mg-200 unit, 0.5 mg-1 mg-7.5 mg-9 mg-10 mcg-10 mg-10 mg-10 mg-10 mg-10 mg-10 mg-10 mg-17.5 mcg-30 mcg-30 unit-35 mg-60 mg-75 mcg-100 mg-120 mg-200 mg-400 mcg-400 unit-5000 unit, 0.5 mg-1.1 mg-1.1 mg-1.8 mg-2 mg-2 mg-5 mcg-6 mcg-8 mg-10 mcg-10 mcg-14 mg-15 mg-18 mcg-18 mg-20 mg-32 mcg-35 unit-40 mcg-50 mcg-50 mcg-72 mg-75 mg-80 mg-100 mg-150 mcg-200 mg-400 mcg-800 unit-3500 unit, 0.5 mg-1.1 mg-1.1 mg-1.8 mg-2 mg-6 mcg-8 mg-14 mg-15 mg-15.8 mg-18 mcg-18 mg-20 mg-25 mcg-32 mcg-40 mcg-50 mcg-50 mcg-72		

Drug Name	Drug Tier	Requirements/ Limits
mg-75 mg-80 mg-100 mg-150 mcg-200 mg-400 mcg-1050 mcg, 0.5 mg-1.1 mg-1.1 mg-1.8 mg-2 mg-6 mcg-8 mg-14 mg-15 mg-18 mcg-18 mg-20 mg-32 mcg-35 unit-40 mcg-50 mcg-50 mcg-72 mg-75 mg-80 mg-100 mg-150 mcg-200 mg-400 mcg-800 unit-3500 unit, 0.5 mg-1.1 mg-1.1 mg-2 mg-2.3 mg-5 mcg-5 mg-5 mg-8 mg-10 mcg-14 mg-15 mg-15.8 mg-20 mg-22 mcg-25 mcg-30 mcg-50 mcg-50 mcg-50 mcg-52 mcg-72 mg-80 mg-100 mg-100 mg-150 mcg-300 mcg-300 mg-400 mcg-1050 mcg, 0.5 mg-1.1 mg-1.1 mg-2 mg-2.3 mg-5 mcg-5 mg-5 mg-8 mg-10 mcg-14 mg-15 mg-17.5 mg-20 mg-22 mcg-25 mcg-30 mcg-50 mcg-50 mcg-50 mcg-52 mcg-72 mg-80 mg-100 mg-100 mg-150 mcg-300 mcg-300 mg-400 mcg-1052 mcg, 0.5 mg-1.1 mg-1.1 mg-2 mg-2.3 mg-5 mcg-5 mg-5 mg-8 mg-10 mcg-14 mg-15 mg-20 mg-22 mcg-30 mcg-35 unit-50 mcg-50 mcg-50 mcg-52 mcg-72 mg-80 mg-100 mg-100 mg-150 mcg-300 mcg-300 mg-400 mcg-800 unit-3500 unit, 0.5 mg-1.1 mg-1.1 mg-2 mg-2.3 mg-5 mcg-5 mg-5 mg-8 mg-10 mcg-14 mg-15 mg-20 mg-30 mcg-35 unit-50 mcg-50 mcg-50 mcg-50 mcg-50 mg-55 mcg-72 mg-80 mg-100 mg-150 mcg-150 mcg-300 mcg-400 mcg-500 mg-800 unit-3500 unit, 0.5 mg-1.1 mg-1.1 mg-2 mg-2.3 mg-5 mcg-5 mg-5 mg-8 mg-10 mcg-14 mg-15 mg-20 mg-30 mcg-35 unit-50 mcg-50 mcg-50 mcg-50 mcg-50		

Drug Name	Drug Tier	Requirements/ Limits
mg-55 mcg-72 mg-80 mg-100 mg-150 mcg-150 mg-300 mcg-400 mcg-500 mg-800 unit-3500 unit, 0.5 mg-1.1 mg-1.1 mg-2 mg-2.3 mg-5 mg-5 mg-8 mg-10 mcg-14 mg-15 mg-15.7 mg-20 mg-22 mcg-25 mcg-30 mcg-50 mcg-50 mcg-50 mcg-52 mcg-72 mg-80 mg-100 mg-100 mg-150 mcg-300 mcg-300 mg-400 mcg-1050 mcg, 0.5 mg-1.1 mg-1.1 mg-2.3 mg-5 mcg-5 mg-5 mg-8 mg-10 mcg-14 mg-15 mg-15 mg-20 mg-30 mcg-35 unit-50 mcg-50 mcg-50 mcg-50 mcg-50 mg-55 mcg-72 mg-80 mg-100 mg-150 mcg-150 mcg-300 mcg-400 mcg-500 mg-800 unit-3500 unit, 0.5 mg-1.1 mg-1.1 mg-2.3 mg-5 mg-5 mg-8 mg-14 mg-15 mg-15.8 mg-20 mg-22 mcg-25 mcg-30 mcg-50 mcg-50 mcg-50 mcg-52 mcg-72 mg-80 mg-100 mg-100 mg-150 mcg-300 mcg-300 mg-400 mcg-1050 mcg, 0.5 mg-1.5 mg-1.7 mg-2 mg-2 mg-2.3 mg-5 mcg-10 mcg-10 mcg-10 mg-11 mg-18 mg-20 mg-20 mg-25 mcg-30 mcg-30 unit-35 mg-45 mcg-50 mg-55 mcg-60 mg-72 mg-75 mcg-80 mg-150 mcg-200 mg-400 unit-3500 unit, 0.5 mg-1.5 mg-1.7 mg-2 mg-2 mg-2.3 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mcg-10 mg-11 mg-13.5 mg-18 mg-20 mg-20 mg-25 mcg-30 mcg-35 mcg-45 mcg-50 mg-55 mcg-60 mg-72 mg-75 mcg-80 mg-150 mcg-200 mg-400 mcg-1050 mcg, 0.5 mg-1.5 mg-1.7 mg-2 mg-2 mg-2.3 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mg-11 mg-15 mg-18 mg-20 mg-20 mg-25 mcg-30 mcg-30 unit-35 mcg-45 mcg-50 mg-55 mcg-60 mg-72 mg-75 mcg-80 mg-150 mcg-200 mg-400 mcg-400 unit-3500 unit, 0.5 mg-1.5 mg-1.7 mg-2 mg-2 mg-2.3 mg-6 mcg-10 mcg-10 mcg-10 mg-11 mg-13.5 mg-18 mg-20 mg-20 mg-25 mcg-25 mcg-30 mcg-35 mcg-45 mcg-50 mg-55 mcg-60 mg-72 mg-80 mg-150 mcg-200 mg-400 mcg-1050 mcg, 0.5 mg-1.5 mg-1.7 mg-2 mg-2.3 mg-3 mg-5 mcg-10 mcg-10 mg-11 mg-12.5 mcg-20 mg-20 mg-22.75 mg-25 mcg-30 mcg-30 mcg-45 mcg-45 mcg-50 mg-55 mcg-60 mg-72 mg-80 mg-150 mcg-150 mcg-220 mg-250 mcg-300 mcg-400 mcg-750 mcg, 0.5 mg-1.5 mg-1.7 mg-2 mg-2.3 mg-3 mg-5 mcg-10 mcg-10 mg-11 mg-19 mcg-20 mg-20 mg-25 mcg-30 mcg-30 mcg-45 mcg-50 mcg-50 mg-50 unit-60 mg-72 mg-80 mg-150 mcg-220 mg-250 mcg-300 mcg-400 mcg-500 unit-2500 unit, 0.5 mg-1.5 mg-1.7 mg-2 mg-2.3 mg-3 mg-5 mcg-10 mcg-10 mg-11 mg-19 mcg-20 mg-20 mg-25 mcg-30 mcg-30 mcg-45 mcg-50 mcg-50 mg-50 unit-60 mg-72 mg-80 mg-150 mg-220 mg-250 mcg-300 mcg-400 mcg-1000 unit-2500 unit,		

Drug Name	Drug Tier	Requirements/ Limits
*0.5 mg-1.5 mg-1.7 mg-2 mg-2.3 mg-3 mg-5 mcg-10 mcg-10 mg-11 mg-20 mg-20 mg-20 mg-25 mcg-30 mcg-30 mcg-45 mcg-45 mcg-50 mg-50 unit-55 mcg-60 mg-72 mg-80 mg-150 mcg-150 mcg-220 mg-250 mcg-300 mcg-400 mcg-500 unit-2500 unit, 0.5 mg-1.5 mg-1.7 mg-2 mg-2.3 mg-3 mg-5 mcg-10 mcg-10 mg-11 mg-20 mg-20 mg-25 mcg-30 mcg-30 mcg-45 mcg-45 mcg-50 mg-50 unit-55 mcg-60 mg-72 mg-80 mg-100 mcg-150 mcg-220 mg-250 mcg-300 mcg-400 mcg-500 unit-2500 unit, 0.5 mg-1.5 mg-1.7 mg-2 mg-2.3 mg-3 mg-5 mcg-10 mcg-10 mg-11 mg-20 mg-20 mg-25 mcg-30 mcg-30 mcg-45 mcg-45 mcg-50 mg-50 unit-55 mcg-60 mg-72 mg-80 mg-150 mcg-150 mcg-220 mg-250 mcg-300 mcg-400 mcg-500 unit-2500 unit, 0.5 mg-1.5 mg-1.7 mg-2 mg-2.3 mg-3 mg-5 mcg-10 mcg-10 mg-11 mg-20 mg-20 mg-25 mcg-30 mcg-30 mcg-45 mcg-45 mcg-50 mg-50 unit-55 mcg-60 mg-80 mg-150 mcg-150 mcg-220 mg-250 mcg-300 mcg-400 mcg-500 unit-2500 unit, 0.5 mg-1.5 mg-1.7 mg-2 mg-2.3 mg-3 mg-5 mcg-10 mcg-10 mg-11 mg-20 mg-20 mg-25 mcg-30 mcg-30 mcg-45 mcg-45 mg-50 mg-50 unit-55 mcg-60 mg-72 mg-80 mg-150 mcg-150 mcg-220 mg-250 mcg-300 mcg-400 mcg-500 unit-2500 unit, 0.5 mg-1.5 mg-1.7 mg-2 mg-4 mg-5 mcg-6 mg-10 mcg-10 mg-15 mg-20 mg-20 mg-21 mcg-25 mcg-27 mg-30		

Drug Name	Drug Tier	Requirements/ Limits
mcg-50 mcg-60 mcg-60 mcg-72 mg-75 mg-80 mg-100 mcg-120 mg-150 mcg-210 mg-300 mcg-300 mcg-600 mcg-1050 mcg, 0.5 mg-1.5 mg-1.7 mg-4 mg-6 mg-10 mg-15 mg-20 mg-20 mg-21 mcg-25 mcg-27 mg-30 mcg-50 mcg-60 mcg-60 mcg-72 mg-75 mg-80 mg-100 mcg-120 mg-150 mcg-210 mg-300 mcg-300 mcg-600 mcg-1050 mcg, 0.5 mg-1.5 mg-1.7 mg-4 mg-6 mg-10 mg-15 mg-20 mg-20 mg-21 mcg-30 mcg-50 mcg-60 mcg-60 mcg-60 unit-72 mg-75 mg-80 mg-100 mcg-120 mg-150 mcg-210 mg-300 mcg-300 mcg-600 mcg-600 unit-3500 unit, 0.6 mg-0.6 mg-3.3 mg-3.5 mg-5 mg-5 mg-6.5 mg-7.2 mg-7.5 mg-10 mg-10 mg-10 mg-15 mg-20 mg-25 mcg-25 mcg-25 mcg-25 mg-25 unit-50 mg-50 mg-50 unit-54 mg-70 mg-150 mcg-897 mcg-2500 unit, 0.6 mg-1.2 mg-1.7 mg-2 mg-2 mg-3 mg-5 mg-15 mg-16 mg-18 mcg-20 mcg-30 mcg-45 unit-90 mg-100 mg-105 mcg-120 mcg-120 mg-210 mg-400 mcg-400 unit-3500 unit, 0.666 mg-1 mg-1.666 mg-1.666 mg-1.666 mg-2.5 mg-2.666 mcg-3.333 mg-3.333 mg-3.333 mg-3.333 mg-5 mg-5 unit-8.333 mg-10 mg-16.666 mg-16.666 mg-20 mg-42.666 mg-66.666 mcg-86.666 mg-333.333 unit-1666.666 mcg-1666.666 unit, 0.667 mg-0.667 mg-1 mg-1 mg-1.667 mg-1.667 mg-2.5 mg-2.667 mcg-3.333 mg-3.333 mg-5 mg-5 unit-8.333 mg-10 mg-12.667 mg-16.667 mg-16.667 mg-20 mg-30 mg-		

Drug Name	Drug Tier	Requirements/ Limits
66.667 mcg-66.667 mg-333.333 unit-1666.667 unit, 0.667 mg-0.667 mg-1 mg-1.667 mg-1.667 mg-2.5 mg-2.667 mcg-3.333 mg-3.333 mg-5 mg-5 unit-8.333 mg-10 mg-12.667 mg-16.667 mg-16.667 mg-20 mg-30 mg-66.667 mcg-66.667 mg-333.333 unit-1000 mcg-1666.667 unit, 0.667 mg-1.667 mg-3.333 mg-5 mcg-5 mg-5 mg-16.667 mcg-16.667 mg-16.667 mg-16.667 mg-16.667 mg-26.667 mg-33.333 mcg-50 mcg-66.667 mg-66.667 mg-66.667 unit-133.333 mg-133.333 mg-133.333 unit-166.667 mg-333.333 mcg-333.333 mg-1666.667 unit, 0.7 mg-1.5 mg-1.7 mg-2 mg-4 mg-5 mcg-6 mg-10 mcg-10 mg-15 mg-20 mg-20 mg-30 mcg-50 mcg-50 mg-60 mcg-60 mcg-60 unit-72 mg-80 mg-100 mcg-100 mcg-120 mg-150 mcg-150 mcg-250 mg-300 mcg-300 mcg-600 mcg-600 unit-3500 unit, 0.7 mg-1.5 mg-1.7 mg-4 mg-5 mcg-6 mg-10 mcg-10 mg-15 mg-15 mg-20 mg-20 mg-30 mcg-50 mcg-50 mg-60 mcg-60 mcg-60 unit-72 mg-80 mg-100 mcg-100 mcg-120 mg-150 mcg-150 mcg-250 mg-300 mcg-300 mcg-600 mcg-600 unit-3500 unit, 0.75 mcg-2 mg-2 mg-2 mg-5 mcg-10 mcg-10 mcg-10 mg-10 mg-10 mg-18 mg-20 mcg-25 mcg-30 mg-30 unit-72 mg-80 mg-109 mg-120 mcg-150 mcg-150 mcg-250 mcg-300 mcg-400 mcg-400 unit-3500 unit, 0.75 mg-0.85 mg-1 mg-1 mg-1 mg-1 mg-3 mcg-5 mg-5 mg-7 mg-10 mg-11.5		
mg-15 mcg-15 mcg-25 unit-35 mcg-37.5 mcg-50 mg-60 mcg-75 mcg-75 mg-100 mg-150 mcg-200 mcg-200 unit-500 unit, 0.75 mg-0.85 mg-1 mg-1 mg-1 mg-1 mg-3 mcg-5 mg-7.5 mg-10 mg-15 unit-25 mcg-25 mg-30 mg-35 mcg-37.5 mcg-40 mg-45 mg-75 mcg-100 mcg-125 mg-150 mcg-200 mcg-200 mg-200 unit-2500 unit, 0.9 mg-0.9 mg-1.5 mg-1.5 mg-1.7 mg-1.7 mg-2 mg-2 mg-2 mg-2 mg-2.3 mg-2.3 mg-5 mcg-5 mcg-6 mcg-6 mcg-10 mcg-10 mcg-10 mcg-10 mcg-10 mg-10 mg-11 mg-11 mg-18 mg-18 mg-20 mg-20 mg-25 mcg-25 mcg-30 mcg-30 mcg-30 unit-30 unit-35 mcg-35 mcg-45 mcg-45 mcg-55 mcg-55 mcg-72 mg-72 mg-80 mg-80 mg-90 mg-90 mg-100 mg-100 mg-109 mg-109 mg-150 mcg-150 mcg-150 mcg-150 mcg-200 mg-200 mg-250 mcg-250 mcg-300 mcg-300 mcg-400 unit-400 unit-500 mcg-500 mcg-3500 unit-3500 unit, 0.9 mg-0.9 mg-1.5 mg-1.5 mg-1.7 mg-1.7 mg-2 mg-2 mg-2.3 mg-2.3 mg-3 mg-3 mg-5 mcg-5 mcg-10 mcg-10 mcg-10 mg-10 mg-11 mg-11 mg-20 mg-20 mg-25 mcg-25 mcg-30 mcg-30 mcg-30 mcg-30 mcg-45 mcg-45 mcg-45 mcg-45 mcg-50 mg-50 mg-50 unit-50 unit-55 mcg-55 mcg-72 mg-72 mg-80 mg-80 mg-90 mg-90 mg-110 mg-110 mg-150 mcg-150 mcg-150 mcg-150 mcg-220 mg-220 mg-250 mcg-250 mcg-300 mcg-300 mcg-500 mcg-500 mcg-500 unit-500 unit-2500 unit-2500 unit, 0.9 mg-1.1 mg-1.1 mg-1.8		

Drug Name	Drug Tier	Requirements/ Limits
mg-2 mg-2 mg-5 mcg-6 mcg-8 mg-10 mcg-10 mcg-14 mg-15 mg-18 mg-20 mg-25 mcg-35 unit-40 mcg-50 mcg-50 mcg-55 mcg-72 mg-75 mg-80 mg-100 mg-150 mcg-150 mcg-400 mcg-500 mg-800 unit-3500 unit, 0.9 mg-1.2 mg-1.3 mg-1.7 mg-1.8 mg-3.4 mg-5 mg-6 mcg-8 mg-16 mg-18 mg-25 mcg-25 mcg-25 mcg-27.5 mcg-75 mg-150 mcg-380 mg-400 mcg-665 mcg-1000 mcg, 0.9 mg-1.2 mg-1.3 mg-1.7 mg-1.8 mg-5 mg-6 mcg-7.5 mg-8 mg-16 mg-18 mg-25 mcg-25 mcg-25 mcg-27.5 mcg-75 mg-150 mcg-380 mg-400 mcg-700 mcg-1000 mcg, 0.9 mg-1.2 mg-1.3 mg-2 mg-2 mg-2.3 mg-5 mcg-6 mcg-8 mg-10 mcg-10 mcg-11 mg-15 mg-16 mg-20 mg-25 mcg-35 mcg-40 mcg-45 mg-50 mcg-60 mcg-72 mg-80 mg-90 mg-100 mcg-100 mg-150 mcg-200 mcg-210 mg-600 mcg-900 mcg, 0.9 mg-1.2 mg-1.3 mg-2 mg-2 mg-2.3 mg-5 mcg-6 mcg-8 mg-10 mcg-10 mcg-11 mg-15 mg-16 mg-20 mg-35 mcg-40 mcg-45 unit-50 mcg-60 mcg-72 mg-80 mg-90 mg-100 mcg-100 mg-150 mcg-150 mcg-200 mcg-210 mg-600 mcg-600 unit-3500 unit, 0.9 mg-1.32 mg-1.43 mg-2.17 mg-2.3 mg-6.24 mcg-11 mg-15 mg-15.5 mg-17.6 mg-25 mcg-30 mcg-35 mcg-43 mcg-55 mcg-99 mg-120 mg-150 mcg-210 mg-240 mcg-300 mcg-408 mcg-900 mcg, 0.9 mg-1.5 mg-1.7 mg-2 mg-2 mg-2.3 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mg-11 mg-18 mg-20 mg-20 mg-25		

Drug Name	Drug Tier	Requirements/ Limits
mcg-30 mcg-30 unit-35 mcg-45 mcg-50 mg-55 mcg-60 mg-72 mg-75 mcg-80 mg-150 mcg-200 mg-400 mcg-400 unit-3500 unit, 0.9 mg-1.5 mg-1.7 mg-2 mg-2 mg-2.3 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mg-11 mg-18 mg-20 mg-25 mcg-30 mcg-30 unit-35 mcg-45 mcg-55 mcg-72 mg-80 mg-90 mg-100 mg-109 mg-150 mcg-150 mcg-200 mg-250 mcg-300 mcg-400 unit-500 mcg-3500 unit, 0.9 mg-1.5 mg-1.7 mg-2 mg-2.3 mg-3 mg-5 mcg-10 mcg-10 mg-11 mg-20 mg-25 mcg-30 mcg-30 mcg-45 mcg-45 mcg-50 mg-50 unit-55 mcg-72 mg-80 mg-90 mg-110 mg-150 mcg-150 mcg-220 mg-250 mcg-300 mcg-500 mcg-500 unit-2500 unit, 0.9 mg-1.5 mg-1.7 mg-2 mg-2.3 mg-3 mg-5 mcg-10 mcg-10 mg-11 mg-20 mg-25 mcg-30 mcg-30 mcg-45 mcg-45 mcg-50 mg-50 unit-55 mcg-72 mg-80 mg-90 mg-150 mcg-150 mcg-220 mg-250 mcg-300 mcg-500 mcg-500 unit-2500 unit, 1 mcg-1 mg-1 mg-1 mg-2 mg-2.5 mg-3.75 mg-4.5 mg-5 mcg-5 mcg-10 mcg-10 mg-20 mg-50 mg-150 mcg-1500 mcg, 1 mcg-1 mg-1 mg-1 mg-2 mg-2.5 mg-3.75 mg-4.5 mg-5 mcg-5 mcg-10 mg-11.6 mg-15.8 mg-20 mg-50 mg-150 mcg-400 unit-5000 unit, 1 mg-1 mg-1 mg-1 mg-2.5 mg-5 mg-5 mg-7.5 mg-10 mcg-12.5 mg-12.5 mg-13.5 mg-25 mcg-25 mg-37.5 mcg-40 mcg-40 mcg-40 mg-40 mg-40 mg-40 mg-40 mg-40 mg-50 mcg-50 mcg-50 unit-75 mcg-100 mg-100 mg-200 mcg-200		

Drug Name	Drug Tier	Requirements/ Limits
unit-250 mcg-250 mg-5000 unit, 1 mg-1 mg-1.5 mg-1.7 mg-3 mcg-5 mg-10 unit-20 mg-50 mg-100 mcg-125 mg-150 mcg-400 unit-5000 unit, 1 mg-1 mg-2.5 mg-2.5 mg-2.5 mg-9 mg-10 mg-10 mg-10 mg-11.25 mg-12.5 mcg-15 mg-15 unit-37.5 mcg-50 mg-75 mg-200 unit-300 mcg-2500 unit, 1 mg-1 mg-5 mg-5 mg-6 mg-7.5 mg-10 mg-15 mg-18 mg-25 mcg-25 mg-25 mg-25 mg-25 mg-25 mg-25 mg-25 unit-30 mcg-35 mg-50 mcg-50 mg-50 mg-75 mcg-100 mcg-100 mcg-100 mg-150 mcg-150 mcg-150 mg-250 mcg-400 mcg-400 unit-10000 unit, 1 mg-1.25 mg-2.5 mg-3.4 mg-5 mg-7 mg-10 mg-13 mg-25 mg-35 mg-35 mg-35 mg-35 mg-70 mcg-75 mcg-125 mcg-125 unit-150 mcg-315 unit-375 mg-750 unit, 1 mg-1.5 mg-1.7 mg-2 mg-2 mg-5 mg-6 mcg-10 mg-15 mg-16 mg-20 mg-30 unit-45 mg-60 mg-60 mg-150 mcg-400 mcg-400 unit-5000 unit, 1 mg-1.5 mg-2.5 mg-2.5 mg-2.5 mg-3.75 mg-4 mcg-4 mg-5 mg-5 mg-5 mg-5 mg-7.5 mg-7.5 unit-12.5 mg-15 mg-15 mg-25 mg-25 mg-30 mg-50 mg-64 mg-100 mcg-130 mg-500 unit-2500 mcg-2500 unit, 1 mg-1.67 mg-1.67 mg-1.67 mg-1.67 mg-2.5 mg-2.67 mcg-4.17 mcg-4.17 mg-5 mg-5 unit-8.33 mg-8.33 mg-8.33 mg-8.33 mg-10 mg-10 mg-20 mg-25 mg-33.33 mg-33.33 unit-37.5 mcg-50 mg-66.67 mcg-66.67 mcg-100 mg-1666.67 unit, 1 mg-10 mg-25 mg-25 mg-25 mg-25 mg-33 mg-50 mcg-50 mg-60 mg-100 unit-125 mg-		

Drug Name	Drug Tier	Requirements/ Limits
200 unit-300 mcg-500 mg-5000 unit, 1 mg-10 mg-25 mg-25 mg-25 mg-25 mg-33 mg-50 mcg-50 mg-80 mg-100 unit-125 mg-200 unit-300 mcg-500 mg-5000 unit, 1 mg-2 mg-3.5 mg-4.5 mg-5 mg-5 mg-5 mg-5.1 mg-6 mg-6.5 mcg-7.5 mg-10 mg-10 mg-10 mg-10 mg-13 mcg-13 mcg-15 mg-18 mcg-18 mg-25 mg-25 mg-40 mg-60 mcg-60 unit-72 mg-80 mcg-80 mg-80 mg-100 mg-120 mg-150 mcg-165 mg-200 mcg-200 mcg-200 mcg-200 mcg-275 mcg-300 mcg-400 mcg-400 unit-5000 unit, 1 mg-2.5 mg-2.5 mg-5 mcg-5 mg-5 mg-5 mg-5 mg-12.5 mg-12.5 mg-15 mcg-15 mg-15 mg-15 mg-15 mg-15 mg-15 mg-15 mg-25 mcg-25 mg-25 mg-25 mg-25 mg-35 mg-35 mg-35 mg-37.5 mcg-50 mcg-50 mg-50 unit-75 mcg-100 mg-100 unit-125 mcg-150 mg-175 mcg-200 mcg-250 mcg-5000 unit, 1.1 mg-1.35 mg-2 mg-5 mg-5 mg-6.5 mg-10 mg-10 mg-12 mcg-15 mg-20 mg-30 mg-30 unit-50 mg-75 mg-100 mg-100 mg-150 mcg-150 mg-400 mcg-400 unit-5000 unit, 1.1 mg-1.7 mg-2 mg-2 mg-3 mg-5 mg-10 mg-14 mg-15 mg-18 mcg-20 mcg-30 mcg-33 unit-70 mcg-75 mg-100 mg-120 mcg-120 mg-240 mg-400 mcg-400 unit-3000 unit, 1.2 mg-1.7 mg-2 mg-2 mg-3 mg-5 mg-15 mg-16 mg-18 mcg-20 mcg-22.5 unit-30 mcg-60 mg-100 mg-110 mcg-120 mcg-120 mg-210 mg-300 mcg-400 mcg-700 unit-3500 unit, 1.2 mg-1.7 mg-2 mg-2 mg-3 mg-5 mg-15 mg-16 mg-18		

Drug Name	Drug Tier	Requirements/ Limits
*mcg-20 mcg-22.5 unit-30 mcg-60 mg-110 mcg-120 mcg-120 mg-210 mg-300 mcg-400 mcg-700 unit-3500 unit, 1.2 mg-1.7 mg-2 mg-2 mg-3 mg-5 mg-15 mg-16 mg-18 mcg-20 mcg-30 mcg-45 unit-90 mg-100 mg-105 mcg-120 mcg-120 mg-210 mg-400 mcg-400 unit-600 mcg-3500 unit, 1.2 mg-1.7 mg-2 mg-2 mg-3 mg-5 mg-15 mg-16 mg-18 mcg-20 mcg-30 mcg-45 unit-90 mg-99 mg-105 mcg-120 mcg-120 mg-210 mg-400 mcg-400 unit-600 mcg-3500 unit, 1.2 mg-1.7 mg-2 mg-2 mg-3 mg-5 mg-15 mg-18 mcg-18 mg-20 mcg-30 mcg-45 unit-90 mg-100 mg-105 mcg-120 mcg-120 mg-210 mg-400 mcg-400 unit-600 mcg-1500 unit, 1.25 mg-1.3 mg-1.5 mg-12 mg-13.5 mg-15 mg-25 mg-30 unit-50 mcg-60 mg-75 mg-200 mg-500 mg-5000 unit, 1.35 mg-1.7 mg-2 mg-2 mg-3 mg-15 mg-16 mg-18 mcg-18 mg-20 mcg-22.5 unit-60 mg-75 mcg-110 mcg-120 mcg-140 mg-210 mg-300 mcg-400 mcg-700 unit-3500 unit, 1.5 mg-1.5 mg-1.7 mg-1.7 mg-2 mg-2 mg-2 mg-2 mg-2 mg-3 mg-3 mg-5 mcg-5 mcg-10 mcg-10 mcg-10 mcg-10 mcg-10 mg-10 mg-15 mg-15 mg-20 mcg-20 mcg-20 mg-20 mg-25 mcg-25 mcg-30 mcg-30 mcg-45 unit-45 unit-48 mg-48 mg-60 mg-60 mg-72 mg-72 mg-75 mcg-75 mcg-80 mg-80 mg-100 mg-100 mg-150 mcg-150 mcg-150 mcg-150 mcg-150 mcg-150 mcg-200 mg-200 mg-250 mcg-250 mcg-300 mcg-300 mcg-400 mcg-400 mcg-400 unit-400		

Drug Name	Drug Tier	Requirements/ Limits
unit-3500 unit-3500 unit, 1.5 mg-1.5 mg-1.7 mg-1.7 mg-2 mg-2 mg-2 mg-2 mg-2 mg-6 mcg-6 mcg-10 mcg-10 mcg-10 mcg-10 mcg-10 mcg-10 mg-10 mg-15 mg-15 mg-20 mcg-20 mcg-20 mg-20 mg-25 mcg-25 mcg-30 mcg-30 mcg-30 unit-30 unit-60 mg-60 mg-72 mg-72 mg-75 mcg-75 mcg-80 mg-80 mg-100 mg-100 mg-120 mcg-120 mcg-150 mcg-150 mcg-150 mcg-150 mcg-162 mg-162 mg-250 mcg-250 mcg-300 mcg-300 mcg-400 mcg-400 mcg-400 unit-400 unit-3500 unit-3500 unit, 1.5 mg-1.5 mg-1.7 mg-1.7 mg-2 mg-2 mg-6 mcg-6 mcg-10 mg-10 mg-15 mg-15 mg-20 mg-20 mg-27 mg-27 mg-30 unit-30 unit-60 mg-60 mg-400 mcg-400 mcg-400 unit-400 unit-450 mg-450 mg-5000 unit-5000 unit, 1.5 mg-1.5 mg-1.7 mg-2 mg-2.3 mg-3 mg-5 mcg-10 mcg-10 mg-12 mg-20 mg-30 mcg-30 mcg-35 mcg-45 mcg-50 mg-50 unit-72 mg-80 mg-90 mg-110 mg-150 mcg-150 mcg-200 mcg-220 mg-250 mcg-300 mcg-500 mcg-600 unit-2500 unit, 1.5 mg-1.5 mg-1.7 mg-2 mg-2.3 mg-3 mg-5 mcg-10 mcg-10 mg-12 mg-20 mg-30 mcg-30 mcg-35 mcg-45 mcg-50 mg-50 unit-72 mg-80 mg-90 mg-110 mg-150 mcg-150 mcg-220 mg-250 mcg-300 mcg-500 mcg-600 mcg-600 unit-2500 unit, 1.5 mg-1.5 mg-5 mg-15 unit-20 mg-20 mg-30 mg-30 mg-50 mcg-400 mcg-400 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-2 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mg-15 mg-18 mg-20 mcg-20 mg-25		

Drug Name	Drug Tier	Requirements/ Limits
mcg-30 mcg-30 unit-60 mg-72 mg-75 mcg-80 mg-100 mg-108 mg-120 mcg-150 mcg-150 mcg-162 mg-250 mcg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-2 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mg-15 mg-18 mg-20 mcg-20 mg-25 mcg-30 mcg-30 unit-60 mg-72 mg-75 mcg-80 mg-100 mg-109 mg-120 mcg-150 mcg-150 mcg-162 mg-250 mcg-300 mcg-400 mcg-400 unit-3500 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-2 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mg-15 mg-18 mg-20 mg-25 mcg-25 mcg-30 mcg-36 mg-40 mg-50 unit-77 mg-100 mcg-100 mg-120 mcg-120 mg-150 mcg-150 mcg-250 mcg-250 mg-400 mcg-400 unit-3000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-2 mg-5 mcg-6 mcg-9 mg-10 mcg-10 mcg-10 mg-15 mg-20 mg-25 mcg-25 mcg-25 mcg-30 mcg-36 mg-40 mg-50 unit-77 mg-100 mg-100 mg-120 mcg-120 mg-150 mcg-150 mcg-250 mcg-400 mcg-400 unit-3000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-3 mg-5 mcg-10 mcg-10 mcg-10 mg-15 mg-20 mcg-20 mg-25 mcg-30 mcg-45 unit-48 mg-60 mg-72 mg-75 mcg-80 mg-100 mg-150 mcg-150 mcg-150 mcg-200 mg-250 mcg-300 mcg-400 mcg-400 unit-3500 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-3 mg-5 mcg-10 mcg-10 mcg-10 mg-15 mg-20 mcg-20 mg-25 mcg-30 mcg-45 unit-48 mg-60 mg-72 mg-75 mcg-80 mg-100 mg-150 mcg-150 mcg-150 mcg-200 mg-250 mcg-400 mcg-400		
unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-3.5 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mg-15 mg-18 mg-20 mcg-20 mg-25 mcg-30 mcg-30 unit-50 mg-65 mcg-72 mg-80 mg-100 mg-109 mg-150 mcg-150 mcg-160 mcg-162 mg-400 mcg-400 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-3.5 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mg-15 mg-18 mg-20 mcg-20 mg-25 mcg-30 mcg-30 unit-60 mg-65 mcg-72 mg-80 mg-100 mg-109 mg-150 mcg-150 mcg-160 mcg-162 mg-400 mcg-400 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-3.5 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mg-15 mg-18 mg-20 mcg-20 mg-25 mcg-30 mcg-30 unit-60 mg-65 mcg-72 mg-80 mg-100 mg-109 mg-150 mcg-150 mcg-160 mcg-162 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-3.5 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mg-15 mg-18 mg-20 mcg-20 mg-25 mcg-30 mcg-30 unit-60 mg-65 mcg-72 mg-80 mg-100 mg-109 mg-150 mcg-150 mcg-160 mcg-162 mg-400 mcg-400 unit-600 mcg-2500 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-3.5 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mg-15 mg-18 mg-20 mcg-20 mg-25 mcg-30 mcg-30 unit-60 mg-65 mcg-72 mg-80 mg-100 mg-109 mg-150 mcg-150 mcg-160 mg-162 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-3.5 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mg-15 mg-18 mg-20 mcg-20 mg-25 mcg-30 mcg-30 unit-65		

Drug Name	Drug Tier	Requirements/ Limits
mcg-72 mg-80 mg-90 mg-100 mg-125 mg-150 mcg-150 mcg-160 mcg-162 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-5 mg-6 mcg-10 mg-15 mg-18 mg-20 mcg-22.5 unit-25 mcg-30 mcg-50 mg-60 mg-120 mcg-400 mcg-500 mg-1000 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-5 mg-6 mcg-10 mg-15 mg-18 mg-20 mcg-25 mcg-30 mcg-30 unit-50 mg-60 mg-120 mcg-400 mcg-400 unit-450 mg-2500 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-5 mg-6 mcg-10 mg-15 mg-18 mg-20 mcg-25 mcg-30 mcg-30 unit-50 mg-60 mg-120 mcg-400 mcg-450 mg-1000 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-5 mg-6 mcg-10 mg-15 mg-18 mg-20 mcg-25 mcg-30 mcg-30 unit-50 mg-60 mg-120 mcg-400 mcg-450 mg-800 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-6 mcg-10 mg-15 mg-18 mg-20 mcg-20 mg-22.5 unit-25 mcg-60 mg-120 mcg-150 mcg-300 mcg-400 mcg-500 mg-1000 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-6 mcg-10 mg-15 mg-20 mcg-20 mg-25 mcg-27 mg-30 mcg-30 unit-60 mg-120 mcg-400 mcg-400 unit-450 mg-5250 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-6 mcg-8 mg-8 mg-9 mg-10 mcg-10 mg-15 mcg-15 mcg-15 mg-20 mg-30 mcg-30 unit-40 mg-60 mg-90 mg-150 mcg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2 mg-9 mg-10 mg-12 mcg-15 mg-20 mg-25 mg-25 mg-30 mcg-50 unit-70 mcg-75		

Drug Name	Drug Tier	Requirements/ Limits
mcg-80 mcg-100 mg-120 mcg-120 mg-150 mcg-150 mcg-225 mg-275 mcg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2.5 mg-3 mg-4 mg-5 mcg-10 mcg-10 mcg-10 mg-15 mg-20 mcg-20 mg-25 mcg-30 mcg-45 unit-48 mg-60 mg-72 mg-80 mg-100 mg-130 mcg-150 mcg-150 mcg-160 mcg-200 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2.5 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mg-15 mcg-15 mcg-15 mcg-15 mg-18 mg-20 mg-25 mcg-30 unit-34 mg-37.5 mg-45 mcg-60 mg-80 mcg-100 mg-125 mg-150 mcg-162 mg-400 mcg-400 unit-6000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2.5 mg-5 mg-6 mcg-10 mcg-10 mcg-10 mcg-10 mg-15 mg-18 mg-20 mg-25 mcg-25 mcg-25 mcg-25 mcg-30 mcg-30 unit-36.3 mg-40 mg-60 mg-100 mg-125 mg-150 mcg-162 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2.5 mg-6 mcg-10 mcg-10 mcg-10 mcg-10 mg-15 mg-18 mg-20 mg-30 mcg-30 unit-34 mg-37.5 mg-60 mg-100 mg-100 mg-130 mg-150 mcg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-2.5 mg-6 mcg-10 mcg-10 mcg-10 mcg-10 mg-15 mg-20 mg-30 mcg-30 unit-40 mg-60 mg-100 mg-100 mg-130 mg-150 mcg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-3 mg-3.5 mg-4 mg-5 mcg-10 mcg-10 mcg-10 mg-15 mg-20 mcg-20 mg-25 mcg-30 mcg-45 unit-48 mg-60 mg-72 mg-80 mg-100 mg-130 mcg-150		

Drug Name	Drug Tier	Requirements/ Limits
mcg-150 mcg-160 mcg-200 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-3 mg-3.5 mg-4 mg-5 mcg-10 mcg-10 mcg-10 mg-15 mg-20 mcg-20 mg-25 mcg-30 mcg-45 unit-48 mg-60 mg-72 mg-80 mg-100 mg-130 mcg-150 mcg-150 mcg-160 mg-200 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-2 mg-4 mg-6 mcg-10 mg-15 mg-18 mg-20 mg-30 mg-50 unit-70 mcg-75 mcg-80 mcg-100 mg-120 mcg-150 mcg-162 mg-180 mg-400 mcg-1000 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-4 mg-4 mg-10 mg-15 mg-18 mcg-20 mg-30 mcg-50 unit-70 mcg-75 mcg-80 mcg-100 mg-120 mcg-150 mcg-162 mg-180 mg-400 mcg-1000 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-4 mg-6 mg-10 mg-15 mg-20 mg-25 mcg-30 mcg-60 unit-70 mcg-75 mcg-80 mcg-100 mg-120 mcg-150 mcg-180 mg-200 mg-400 mcg-1000 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-4 mg-6 mg-10 mg-15 mg-20 mg-25 mcg-30 mcg-60 unit-75 mcg-80 mcg-100 mg-105 mcg-120 mcg-150 mcg-162 mg-180 mg-400 mcg-1000 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-5 mg-6 mcg-10 mg-15 mg-18 mg-30 unit-50 mg-60 mg-400 mcg-400 unit-450 mg-2500 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-15 mg-20 mg-27 mg-30 unit-60 mg-400 mcg-400 unit-450 mg-2500 unit-2500 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-45 mg-60 mg-400 mcg-400 unit-3000 unit, 1.5 mg-1.7 mg-2.5 mg-2.5 mg-		

Drug Name	Drug Tier	Requirements/ Limits
5 mcg-7.5 mg-10 mg-20 mg-25 mcg-30 unit-50 mcg-50 mg-50 mg-60 mg-75 mcg-75 mcg-100 mcg-100 mg-100 mg-200 mcg-200 unit-250 mcg-2500 unit, 1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-12.5 mg-20 mg-60 mg-300 mcg-800 mcg, 1.5 mg-1.7 mg-6 mcg-10 mg-10 mg-15 mg-20 mg-30 unit-70 mcg-80 mg-300 mcg-800 mcg-2000 unit, 1.6 mg-1.7 mg-2 mg-2 mg-2 mg-5 mg-6 mcg-10 mg-15 mg-18 mg-20 mcg-22.5 unit-25 mcg-30 mcg-50 mg-60 mg-120 mcg-400 mcg-500 mg-1000 unit-2500 unit, 1.7 mcg-1.7 mg-1.7 mg-2.5 mg-2.5 mg-5 mg-5 mg-5 unit-8.3 mcg-8.3 mg-16.7 mg-16.7 mg-28.3 mg-33 unit-41.7 mg-66.7 mcg-83 mcg-83 mg-83 mg-250 mcg-833 unit, 1.7 mg-2 mg-2 mg-2 mg-5 mcg-5 mg-5 mg-10 mg-15 mg-15 mg-20 mcg-25 mcg-30 mcg-30 unit-50 mg-60 mg-120 mcg-400 mcg-450 mg-500 unit-2500 unit, 1.7 mg-2 mg-2 mg-2.5 mg-3 mg-5 mcg-6 mcg-10 mcg-10 mcg-10 mcg-10 mg-15 mg-18 mg-20 mg-25 mcg-25 mcg-25 mcg-25 mcg-30 mcg-30 unit-36.3 mg-40 mg-60 mg-100 mg-125 mg-150 mcg-150 mcg-162 mg-400 mcg-400 unit-5000 unit, 1.7 mg-2 mg-2 mg-3 mg-3.5 mg-4 mg-5 mcg-10 mcg-10 mcg-10 mg-15 mg-15 mg-20 mcg-20 mg-25 mcg-30 mcg-45 unit-46 mg-60 mg-60 mg-72 mg-100 mg-130 mcg-150 mcg-150 mcg-160 mcg-200 mg-400 mcg-400 unit-5000 unit, 1.9 mg-2 mg-2 mg-2.1 mg-2.5 mg-7.5 mcg-10 mg-12.5		

Drug Name	Drug Tier	Requirements/ Limits
mg-15 mg-18 mg-25 mg-30 unit-50 mg-60 mg-70 mcg-80 mcg-200 mcg-200 mg-400 mcg-400 unit-2500 unit, 1.9 mg-2 mg-2 mg-2.1 mg-2.5 mg-7.5 mcg-12.5 mg-15 mg-18 mg-25 mg-30 unit-50 mg-60 mg-70 mcg-80 mcg-150 mcg-300 mg-400 mcg-400 unit-2500 unit, 1.9 mg-2 mg-2 mg-2.125 mg-2.5 mg-7.5 mcg-12.5 mg-15 mg-18 mg-25 mg-30 unit-32 mg-50 mg-60 mg-70 mcg-80 mcg-200 mcg-300 mg-400 mcg-400 unit-2500 unit, 100 mcg-200 unit-250 mg-5000 unit, 16.667 mcg-53 mg-133.333 unit-166.667 mg-8333.333 unit, 16.667 mcg-53.333 mg-133.333 unit-166.667 mg-8333.333 unit, 2 mg-2 mg-2 mg-3 mg-3.4 mg-5 mcg-6 mg-7.5 mg-7.5 mg-9 mg-10 mcg-10 mcg-10 mg-12 mcg-15 mg-20 mg-28 mcg-30 mcg-31 mg-40 mg-50 mcg-60 unit-70 mcg-75 mcg-90 mg-100 mg-150 mcg-150 mcg-400 mcg-400 unit-5000 unit, 2 mg-2 mg-2 mg-3 mg-3.4 mg-5 mcg-6 mg-7.5 mg-7.5 mg-9 mg-10 mcg-10 mcg-10 mg-12 mcg-15 mg-20 mg-28 mcg-30 mcg-31 mg-40 mg-60 unit-70 mcg-75 mcg-90 mg-100 mg-120 mcg-150 mcg-150 mcg-250 mcg-400 mcg-400 unit-5000 unit, 2 mg-2 mg-2 mg-5 mcg-10 mcg-10 mcg-10 mg-10 mg-10 mg-18 mg-20 mcg-25 mcg-30 unit-75 mcg-109 mg-120 mcg-150 mcg-150 mcg-250 mcg-300 mcg-400 unit-3500 unit, 2 mg-2 mg-2.3 mg-2.6 mg-3 mg-9 mcg-10 mg-15 mg-18 mg-20 mcg-25 mcg-30 mg-30 unit-50		

Drug Name	Drug Tier	Requirements/ Limits
mg-120 mcg-120 mg-300 mcg-300 mg-400 mcg-800 unit-2500 unit, 2 mg-2 mg-2.4 mg-2.7 mg-3.2 mg-5 mg-9.5 mcg-10 mg-15 mg-18 mg-20 mcg-22.5 unit-25 mcg-30 mcg-50 mg-50 mg-60 mg-120 mcg-120 mg-300 mg-400 mcg-800 unit-2500 unit, 2 mg-2 mg-2.4 mg-2.7 mg-3.2 mg-5 mg-9.5 mcg-10 mg-15 mg-18 mg-20 mcg-25 mcg-30 mcg-30 unit-50 mg-60 mg-120 mcg-180 mg-300 mg-400 mcg-800 unit-2500 unit, 2 mg-2 mg-3 mg-3 mg-3.4 mg-3.5 mg-5 mcg-7.5 mg-7.5 mg-9 mcg-10 mcg-10 mcg-10 mg-15 mg-18 mg-20 mg-21 mcg-26 mcg-28 mcg-30 mcg-30 unit-31 mg-32 mcg-40 mg-90 mg-100 mg-150 mcg-150 mcg-400 mcg-400 unit-5000 unit, 2 mg-2 mg-3 mg-3.4 mg-4 mg-5 mcg-5 mg-9 mg-10 mcg-10 mcg-10 mg-12 mcg-15 mg-25 mcg-25 mcg-30 unit-40 mg-40 mg-45 mcg-60 mg-90 mg-99 mg-100 mcg-150 mcg-150 mcg-250 mg-300 mcg-400 mcg-400 unit-3500 unit, 2 mg-2 mg-30 unit-30 unit-40 mcg-40 mcg-40 mg-40 mg-60 mg-60 mg-5000 unit-5000 unit, 2 mg-2 mg-30 unit-40 mcg-40 mg-60 mg-5000 unit, 2 mg-2 mg-4.5 mg-5.1 mg-6 mg-15 mg-15 mg-18 mcg-18 mg-20 mg-30 unit-50 mg-60 mcg-60 mg-70 mcg-75 mcg-100 mcg-120 mcg-150 mcg-150 mcg-300 mcg-400 mcg-500 mg-700 mcg-1000 unit-3500 unit, 2 mg-2 mg-40 mg-55 mcg-60 unit-200 mg-1000 unit, 2 mg-2 mg-5 mg-5 mg-5 mg-10 mcg-10 mg-15 mg-20		

Drug Name	Drug Tier	Requirements/ Limits
mcg-20 mg-30 mcg-30 mcg-30 unit-75 mcg-100 mg-100 mg-100 mg-100 mg-120 mcg-150 mcg-250 mcg-400 mcg-3500 unit, 2 mg-2 mg-5 mg-5 mg-5 mg-10 mg-10 mg-10 mg-18 mg-22.5 mg-25 mcg-30 mg-30 unit-75 mcg-100 mg-150 mg-150 mg-400 unit-5000 unit, 2 mg-2 mg-6 mg-10 mcg-10 mg-10 mg-10 mg-15 mg-18 mg-25 mcg-25 mg-30 mcg-60 unit-70 mcg-75 mcg-100 mcg-100 mcg-100 mg-100 mg-100 mg-100 mg-150 mcg-250 mcg-400 mcg-2000 unit-3000 unit, 2 mg-2.25 mg-2.6 mg-3 mg-5 mg-9 mcg-10 mg-15 mg-20 mg-25 mcg-25 mcg-25 mcg-25 mcg-27 mg-27 mg-30 mg-34 unit-45 mcg-90 mg-100 mg-125 mg-150 mcg-162 mg-300 mcg-400 mcg-400 unit-5000 unit, 2 mg-3 mg-3 mg-3.4 mg-5 mg-7.5 mg-7.5 mg-9 mcg-10 mcg-10 mg-15 mcg-15 mcg-15 mcg-15 mg-18 mg-30 mg-30 unit-31 mg-44 mg-100 mg-120 mg-150 mcg-400 mcg-400 unit-5500 unit, 2 mg-3 mg-3 mg-3.4 mg-5 mg-7.5 mg-9 mcg-10 mcg-10 mg-15 mcg-15 mcg-15 mcg-15 mg-18 mg-30 mg-30 unit-31 mg-40 mg-100 mg-120 mg-150 mcg-400 mcg-400 unit-5500 unit, 2 mg-3 mg-3 mg-3.4 mg-5 mg-9 mcg-10 mcg-10 mg-10 mg-15 mcg-15 mcg-15 mcg-15 mg-27 mg-30 mg-30 unit-40 mg-100 mg-120 mg-150 mcg-400 mcg-400 unit-5500 unit, 2 mg-3 mg-5 mcg-5 mg-5 mg-5 mg-7 mg-7.5 mg-7.7 mg-10 mcg-10 mcg-10 mg-12 mcg-15		

Drug Name	Drug Tier	Requirements/ Limits
mg-25 mcg-25 mg-30 mg-30 unit-40 mcg-50 mcg-50 mcg-50 mcg-90 mg-100 mg-125 mg-150 mcg-150 mcg-162 mg-275 mcg-300 mcg-400 mcg-400 unit-3500 unit, 2 mg-3 mg-5 mg-5 mg-40 mcg-40 mg-40 mg-50 unit-200 mg-6000 unit, 2 mg-3.4 mg-4 mg-4.5 mg-6 mg-15 mg-20 mcg-20 mcg-20 mg-22.5 mg-22.5 unit-25 mcg-30 mcg-50 mg-60 mg-90 mcg-120 mg-150 mcg-180 mcg-400 mcg-500 mg-1000 unit-2500 unit, 2 mg-3.4 mg-4 mg-4.5 mg-6 mg-15 mg-20 mcg-20 mcg-20 mg-22.5 mg-25 mcg-30 mcg-33 unit-50 mg-60 mg-90 mcg-100 mcg-120 mg-150 mcg-400 mcg-405 mg-800 unit-2500 unit, 2 mg-3.4 mg-4 mg-4.5 mg-6 mg-15 mg-20 mcg-20 mcg-20 mg-22.5 mg-25 mcg-30 mcg-33 unit-50 mg-60 mg-90 mcg-120 mg-150 mcg-180 mcg-400 mcg-405 mg-800 unit-2500 unit, 2 mg-3.4 mg-4 mg-4.5 mg-6 mg-15 mg-20 mcg-20 mg-22.5 mg-22.5 unit-25 mcg-30 mcg-60 mg-90 mcg-100 mg-110 mcg-120 mg-120 mg-150 mcg-180 mcg-300 mg-400 mcg-700 unit-2500 unit, 2 mg-3.4 mg-4 mg-4.5 mg-6 mg-15 mg-20 mcg-20 mg-22.5 mg-25 mcg-30 mcg-33 unit-34 mg-40 mg-90 mcg-100 mg-105 mcg-120 mg-120 mg-150 mcg-180 mcg-400 mcg-400 unit-2500 unit, 2 mg-3.4 mg-4 mg-4.5 mg-6 mg-15 mg-20 mcg-20 mg-22.5 mg-25 mcg-30 mcg-33 unit-40 mg-90 mcg-100 mg-105 mcg-120 mg-120 mg-120 mg-150 mcg-180 mcg-400 mcg-400 unit-600 mcg-		

Drug Name	Drug Tier	Requirements/ Limits
2500 unit, 2 mg-3.4 mg-4 mg-4.5 mg-6 mg-15 mg-20 mcg-20 mg-22.5 mg-30 mcg-30 mcg-34 mg-37.5 mg-60 unit-90 mcg-100 mg-105 mcg-120 mg-120 mg-150 mcg-180 mcg-400 mcg-400 unit-5000 unit, 2 mg-30 mg-40 mcg-40 mg-60 mg-5000 unit, 2 mg-30 unit-40 mcg-40 mg-44 mg-60 mg-5000 unit, 2 mg-30 unit-40 mcg-40 mg-60 mg-1000 unit, 2 mg-30 unit-40 mcg-40 mg-60 mg-5000 unit, 2 mg-4 mg-4 mg-4.5 mg-5 mcg-5.1 mg-6 mg-10 mcg-10 mcg-10 mg-15 mg-16 mcg-18 mg-25 mcg-40 mcg-40 mg-40 mg-48 mg-50 mg-60 mcg-60 mg-60 unit-70 mcg-72 mg-75 mcg-80 mg-100 mg-120 mcg-120 mg-150 mcg-400 mcg-400 unit-3500 unit, 2 mg-40 mg-55 mcg-60 unit-200 mg-1000 unit, 2 mg-5 mg-6 mcg-15 mg-18 mg-30 mg-35 mg-65 mg-100 mg-125 mg-150 mcg-300 mcg-400 mcg, 2 mg-5 mg-6 mcg-15 mg-30 mg-35 mg-100 mcg-100 mg-125 mg-150 mcg-400 mcg-500 mg, 2.2 mg-3.4 mg-4.2 mg-4.5 mg-6 mg-10 mg-20 mcg-20 mg-24 mg-25 mcg-27 mcg-30 mcg-30 unit-50 mg-90 mcg-120 mg-150 mcg-180 mcg-400 mcg-500 mg-1000 unit-3500 unit, 2.2 mg-3.4 mg-4.2 mg-4.5 mg-6 mg-11.4 mg-15 mg-17.5 mcg-20 mcg-20 mg-24 mg-25 mcg-30 mcg-90 mcg-110 mg-117 mcg-120 mg-120 mg-150 mcg-180 mcg-370 mcg-400 mcg-940 mcg, 2.2 mg-3.4 mg-4.2 mg-4.5 mg-6 mg-11.6 mg-15 mg-17.5 mcg-20 mcg-20 mg-24 mg-25 mcg-30		

Drug Name	Drug Tier	Requirements/ Limits
mcg-90 mcg-110 mg-117 mcg-120 mg-120 mg-150 mcg-180 mcg-370 mcg-400 mcg-1046 mcg, 2.2 mg-3.4 mg-4.2 mg-4.5 mg-6 mg-11.6 mg-15 mg-17.5 mcg-20 mcg-20 mg-24 mg-25 mcg-30 mcg-90 mcg-110 mg-117 mcg-120 mg-150 mcg-180 mcg-210 mg-370 mcg-400 mcg-1046 mcg, 2.2 mg-3.4 mg-4.2 mg-4.5 mg-6 mg-13.5 mg-15 mg-20 mcg-20 mg-24 mg-25 mcg-25 mcg-27 mcg-30 mcg-50 mg-90 mcg-120 mg-150 mcg-180 mcg-300 mg-400 mcg-940 mcg, 2.2 mg-3.4 mg-4.2 mg-4.5 mg-6 mg-13.5 mg-15 mg-20 mcg-20 mg-24 mg-25 mcg-25 mcg-27 mcg-30 mcg-50 mg-90 mcg-120 mg-150 mcg-180 mcg-400 mcg-500 mg-1050 mcg, 2.2 mg-3.4 mg-4.2 mg-4.5 mg-6 mg-15 mg-20 mcg-20 mg-24 mg-25 mcg-25.5 unit-30 mcg-90 mcg-110 mg-117 mcg-120 mg-120 mg-150 mcg-180 mcg-370 mcg-400 mcg-700 unit-3500 unit, 2.2 mg-3.4 mg-4.2 mg-4.5 mg-6 mg-15 mg-20 mcg-20 mg-24 mg-25 mcg-27 mcg-30 mcg-30 unit-50 mg-90 mcg-120 mg-120 mg-150 mcg-180 mcg-400 mcg-500 mg-1000 unit-3500 unit, 2.2 mg-3.4 mg-4.2 mg-4.5 mg-6 mg-15 mg-20 mcg-20 mg-24 mg-25 mcg-27 mcg-30 mcg-30 unit-50 mg-90 mcg-120 mg-150 mcg-180 mcg-400 mcg-500 mg-1000 unit-3500 unit, 2.2 mg-3.4 mg-4.2 mg-4.5 mg-6 mg-15 mg-20 mcg-20 mg-24 mg-25 mcg-30 mcg-30 unit-90 mcg-110 mg-117 mcg-120 mg-120 mg-150 mcg-180 mcg-370 mcg-400 mcg-700		

Drug Name	Drug Tier	Requirements/ Limits
unit-3500 unit, 2.5 mg-5 mg-20 mg-20 mg-20 mg-25 mg-25 mg-50 mcg-50 mcg-50 mg-50 unit-66 mg-100 mg-200 mcg-200 mcg-400 unit-500 mg-1000 mcg-5000 unit, 25 mcg-200 mg-200 unit-10000 unit, 3 mg-5 mg-10 mg-10 mg-12 mcg-13.5 mg-20 mg-24 mg-45 mcg-77 mg-100 mg-400 mcg-500 mg, 3 mg-5 mg-10 mg-10 mg-12 mcg-20 mg-23.9 mg-30 unit-45 mcg-100 mg-400 mcg-500 mg, 3.333 mg-4.167 mcg-6 mg-7.5 mg-11.667 mg-16.667 mg-16.667 mg-16.667 mg-33.333 mcg-33.333 mcg-33.333 mg-33.333 mg-33.333 mg-33.333 mg-50 mcg-66.667 mcg-66.667 unit-83.333 mg-100 mcg-133.333 unit-266.667 mcg-333.333 mg-1666.667 unit, 3.333 mg-4.167 mcg-7.5 mg-11.667 mg-16.667 mg-16.667 mg-16.667 mg-33.333 mcg-33.333 mcg-33.333 mg-33.333 mg-33.333 mg-33.333 mg-50 mcg-66.667 mcg-66.667 unit-83.333 mg-100 mcg-133.333 unit-266.667 mcg-333.333 mg-1666.667 unit, 50 mcg-100 unit-400 unit-10000 unit		
MULTIVITAMIN ADULT CHEW 1 MG-2.5 MG-4 MCG-5 MG-20 UNIT-30 MG-40 MCG-75 MCG-200 MCG-200 UNIT-2000 UNIT	P	QL(1 ea daily)
MULTIVITAMIN ADULTS TABS	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN MEN TABS	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN 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 1.5 MG-1.7 MG-1.9 MG-6 MCG-10 MG-12 MG-20 MG-100 MCG-100 MG-200 MCG-200 UNIT-800 MCG-1500 UNIT-16000 UNIT	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
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 FORTE TABS	P	QL(1 ea daily); RX/OTC
NICAZEL 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	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

Drug Name	Drug Tier	Requirements/ Limits
ONCOVITE TABS	P	QL(1 ea daily); RX/OTC
ONE A DAY MENS VITACRAVES MULTI GUMMIES CHEW	P	QL(1 ea daily)
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 50+ ADVANTAGE 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 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 TABS 0.9 MG-1.07 MG-1.43 MG-2.17 MG-2.3 MG-6.24 MCG-11 MG-15 MG-15.5 MG-17.6 MG-25 MCG-30 MCG-35 MCG-43 MCG-55 MCG-99 MG-120 MG-150 MCG-210 MG-240 MCG-300 MCG-900 MCG, 0.9 MG-1.32 MG-1.43 MG-2.17 MG-2.3 MG-6.24 MCG-11 MG-15 MG-15.5 MG-17.6 MG-25 MCG-30 MCG-35 MCG-43 MCG-55 MCG-99 MG-120 MG-150 MCG-210 MG-240 MCG-300 MCG-900 MCG	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 ADULT CHEW	P	QL(1 ea daily)
ONE-A-DAY VITACRAVES 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 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

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY WOMENS 50+ TABS	P	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 TABS	P	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW	P	QL(1 ea daily)
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 2 + MULTI VITAMIN CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 CAPS 0.4 MG-0.5 MG-2.5 MG-17.4 MG-87.5 MG-100 UNIT-113 MG-162.5 MG-250 MG, 1 MG-1 MG-5 MG-40 MG-200 UNIT-250 MG, 1 MG-1 MG-5 MG-40 MG-90 MG-250 MG	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 CHEW 1 MG-1 MG-5 MG-40 MG-200 UNIT-250 MG	P	QL(1 ea daily)
PRESERVISION AREDS CAPS	P	QL(1 ea daily); RX/OTC
PRESERVISION AREDS TABS	P	QL(1 ea daily); RX/OTC
PRESERVISION/LUTEIN CAPS	P	QL(1 ea daily); RX/OTC
PRO-CAL TABS 7.5 MG-40 MG-100 UNIT-145 MG-187.5 MG	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

Drug Name	Drug Tier	Requirements/ Limits
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
REPLACE CAPS	P	QL(1 ea daily); RX/OTC
REQ 49+ TABS	P	QL(1 ea daily); RX/OTC
SENTRY SENIOR TABS	P	QL(1 ea daily); RX/OTC
SENTRY SENIOR/LUTEIN TABS	P	QL(1 ea daily); RX/OTC
SENTRY 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 0.1 MG-0.15 MG-0.8 MG-3 MG-10 MG-15 MG-20 MG-20 MG-25 MCG-25 MG-25 MG-50 MCG-50 MCG-50 MG-60 UNIT-100 MG-500 MG-1000 UNIT-3000 UNIT (*Use multiple vitamins w/ minerals*)	NF	QL(1 ea daily); RX/OTC
STROVITE ONE TABS	P	QL(1 ea daily); RX/OTC
SUPER ANTIOXIDANT CAPS	P	QL(1 ea daily); RX/OTC
SYSTANE ICAPS AREDS2 CHEW 1 MG-1 MG-5 MG-12.5 MG-200 UNIT-250 MG	P	QL(1 ea daily)
SYSTANE ICAPS AREDS2 TABS 1 MG-1 MG-1 MG-5 MG-12.5 MG-94.3 MG-200 UNIT-250 MG	P	QL(1 ea daily); RX/OTC
T-VITES TABS	P	QL(1 ea daily); RX/OTC
THERA M PLUS TABS	P	QL(1 ea daily); RX/OTC
THERA-M TABS	P	QL(1 ea daily); RX/OTC
THERA-TABS M TABS	P	QL(1 ea daily); RX/OTC
THERABETIC MULTI-VITAMIN TABS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M ADVANCED TABS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	P	QL(1 ea daily); RX/OTC
THERAGRAN-M PREMIER TABS	P	QL(1 ea daily); RX/OTC
THERAGRAN-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
THEREMS-M TABS	P	QL(1 ea daily); RX/OTC
THRIVITE 19 TABS	P	QL(1 ea daily); RX/OTC
UDAMIN SP TABS	P	QL(1 ea daily); RX/OTC
UNICOMPLEX-M TABS	P	QL(1 ea daily); RX/OTC
VENEXA FE TABS	P	QL(1 ea daily); RX/OTC
VENEXA TABS	P	QL(1 ea daily); RX/OTC
VENTRIXYL FE TABS	P	QL(1 ea daily); RX/OTC
VENTRIXYL 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

Drug Name	Drug Tier	Requirements/ Limits
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
VITALINE TOTAL FORMULA 2 TABS	P	QL(1 ea daily); RX/OTC
VITALINE TOTAL FORMULA 3 TABS	P	QL(1 ea daily); RX/OTC
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 ADVANCED CAPS	P	QL(1 ea daily); RX/OTC
VITEYES CLASSIC 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
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 FE TABS	P	QL(1 ea daily); RX/OTC
VITRANOL TABS	P	QL(1 ea daily); RX/OTC
VITREXATE FE TABS	P	QL(1 ea daily); RX/OTC
VITREXATE 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 BIOMULTIPLE 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)
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

Drug Name	Drug Tier	Requirements/ Limits
multiple vitamin tabs or 0.4 mg-0.4 mg-1.5 mg-1.5 mg-1.7 mg-1.7 mg-2 mg-2 mg-6 mcg-6 mcg-10 mg-10 mg-20 mg-20 mg-30 unit-30 unit-60 mg-60 mg-400 unit-400 unit-5000 unit-5000 unit, 0.4 mg-1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-60 mg-400 unit-5000 unit, 0.4 mg-1.5 mg-1.7 mg-2 mg-6 mcg-20 mg-60 mg-400 unit-5000 unit, 0.4 mg-6 mg-10 mg-10.3 mg-15 unit-18 mcg-20 mg-100 mg-333 mg-400 unit-5000 unit, 1 mcg-1 mg-1 mg-2 mg-2.5 mg-20 mg-50 mg-400 unit-5000 unit, 1 mcg-1 mg-1 mg-2 mg-2.5 mg-20 mg-50 mg-75 mg-400 unit-5000 unit, 1 mcg-1 mg-2 mg-2.5 mg-7 mg-20 mg-50 mg-400 unit-5000 unit, 1 mg-1 mg-1.5 mg-1.7 mg-3 mcg-10 mcg-20 mg-50 mg-60 mg-1200 mcg, 1 mg-1 mg-1.5 mg-1.7 mg-3 mcg-20 mg-50 mg-60 mg-400 unit-4000 unit, 1.5 mg-1.7 mg-2 mg-10 mg-20 mg-30 unit-60 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-10 mg-25 mcg-25 mg-40 mg-50 mg-50 mg-50 mg-100 mg-400 mcg-2000 mcg-2500 unit, 1.5 mg-1.7 mg-2 mg-4 mg-6 mcg-10 mcg-10 mg-13.5 mg-20 mg-60 mg-400 mcg-824 mcg, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mcg-20 mg-60 mg-400 mcg-1500 mcg, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 mcg-30 unit-60 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-45 mg-60 mg-400 mcg-400 unit-3000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-	P	QL(1 ea daily); RX/OTC
60 mg-300 mcg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-60 mg-400 mcg-400 unit-3000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-60 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-10 mg-20 mg-30 unit-60 mg-75 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-10 unit-20 mg-60 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-15 unit-20 mg-20 mg-60 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-20 mg-30 unit-60 mg-400 mcg-400 unit-3000 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-20 mg-60 mg-125 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-20 mg-60 mg-400 mcg-400 unit-5000 unit, 1.5 mg-1.7 mg-2 mg-6 mcg-7.5 unit-10 mg-20 mg-45 mg-60 mg-500 mcg-800 unit-3000 unit, 200 unit-250 mg-10000 unit, 200 unit-250 mg-5000 unit, 3 mg-10 mg-10 mg-12 mcg-20 mg-30 unit-45 mcg-100 mg-400 mcg-500 mg, 3 mg-3 mg-3.4 mg-9 mcg-10 mg-20 mg-30 mcg-30 unit-90 mg-400 mcg-400 unit-5000 unit, 5 mg-10 mg-10 mg-12 mcg-20 mg-30 unit-45 mcg-100 mg-400 mcg-500 mg, 5 mg-10 mg-10 mg-40 mg-50 mg-62.5 mg-100 mcg-120 mg-400 mcg, 5 mg-10 mg-12 mcg-15 mg-20 mg-30 unit-45 mcg-100 mg-400 mcg-500 mg		

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN ADULT TABS 1.5 MG-1.7 MG-2 MG-6 MCG-10 MCG-20 MG-60 MG-400 MCG-1500 MCG	P	QL(1 ea daily); RX/OTC
MULTIVITAMIN 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-A-DAY ESSENTIAL TABS (*Use multiple vitamin*)	NF	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS TABS 0.4 MG-2.25 MG-2.55 MG-3 MG-9 MCG-10 MG-20 MG-45 UNIT-200 MG-400 UNIT-5000 UNIT (*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 MV w/ Fluoride		
FLORIVA PLUS SOLN	P	QL(50 ml per fill retail); 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
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

Drug Name	Drug Tier	Requirements/ Limits
pediatric multivitamins w/fl chew 0.25 mg-0.3 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-400 unit-2500 unit, 0.25 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit, 0.3 mg-1 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-400 unit-2500 unit, 1 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit, 0.3 mg-0.5 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-400 unit-2500 unit, 0.5 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
pediatric multivitamins w/fl soln 0.4 mg/ml-0.5 mg/ml-0.5 mg/ml-0.6 mg/ml-2 mcg/ml-5 unit/ml-8 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml, 0.25 mg/ml-0.4 mg/ml-0.5 mg/ml-0.6 mg/ml-2 mcg/ml-5 unit/ml-8 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml	P	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml	P	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
QUFLORA PEDIATRIC CHEW 0.25 MG-1 MG-1.2 MG-1.3 MG-1.5 MG-4 MCG-5 MG-15 MG-15 UNIT-60 MG-100 MCG-108 MCG-400 UNIT-1200 UNIT, 1 MG-1 MG-1.2 MG-1.3 MG-1.5 MG-4 MCG-5 MG-15 MG-15 UNIT-60 MG-100 MCG-108 MCG-400 UNIT-1200 UNIT, 0.5 MG-1 MG-1.2 MG-1.3 MG-1.5 MG-4 MCG-5 MG-15 MG-15 UNIT-60 MG-100 MCG-108 MCG-400 UNIT-1200 UNIT	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
QUFLORA PEDIATRIC SOLN 0.5 MG/ML-1 MG/ML-1 MG/ML-1 MG/ML-2 MG/ML-3 MCG/ML-12 MG/ML-12 UNIT/ML-45 MG/ML-81 MCG/ML-150 MCG/ML-400 UNIT/ML-1100 UNIT/ML, 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-0.8 MG/ML-1 MG/ML-2 MCG/ML-5 UNIT/ML-10 MG/ML-35 MCG/ML-35 MG/ML-65 MCG/ML-400 UNIT/ML-1000 UNIT/ML	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)
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)
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron soln	P	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		
AQUADEKS LIQD 0.6 MG/ML-0.6 MG/ML-0.6 MG/ML-2 MG/ML-3 MG/ML-3 MG/ML-5 MG/ML-6 MG/ML-10 MCG/ML-15 MCG/ML-15 MG/ML-45 MG/ML-50 UNIT/ML-400 MCG/ML-400 UNIT/ML-5751 UNIT/ML	P	RX/OTC
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 0.6 MG/ML-0.6 MG/ML-0.6 MG/ML-2 MG/ML-3 MG/ML-5 MG/ML-6 MG/ML-10 MCG/ML-15 MCG/ML-45 MG/ML-50 UNIT/ML-500 MCG/ML-750 UNIT/ML-5751 UNIT/ML	P	
FLINTSTONES GUMMIES CHEW (*Use pediatric multiple vitamin w/ minerals & c*)	NF	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES GUMMIES COMPLETE CHEW (*Use pediatric multiple vitamin w/ minerals & c*)	NF	QL(1 ea daily); AL(Up to 13 yrs old)
FLINTSTONES GUMMIES PLUSIMMUNITY SUPPORT/EXTRA C CHEW (*Use pediatric multiple vitamin w/ minerals & c*)	NF	QL(1 ea daily); AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLINTSTONES SOUR GUMMIES CHEW (*Use pediatric multiple vitamin w/ minerals & c*)	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 CHILDRENS COMPLETE CHEWABLES 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 0.3 MG-0.6 MCG-1.5 MG-2.5 MG-3.5 MG-6 MCG-7.5 MCG-15 MG-45 MCG-60 MCG-200 MCG	P	QL(1 ea daily); AL(Up to 13 yrs old)
MVW COMPLETE FORMULATION CHEW 1.5 MG-1.7 MG-1.9 MG-6 MCG-10 MG-12 MG-15 MG-100 MCG-100 MG-200 MCG-200 UNIT-1000 MCG-1500 UNIT-16000 UNIT	P	QL(1 ea daily); AL(Up to 13 yrs old)
NF FORMULAS CHILDRENS CHEWABLE CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
ONE-A-DAY SCOOBY-DOO GUMMIES CHEW (*Use pediatric multiple vitamin w/ minerals & c*)	NF	QL(1 ea daily); AL(Up to 13 yrs old)
ONE-A-DAY/JOLLY RANCHER CHEW (*Use pediatric multiple vitamin w/ minerals & c*)	NF	QL(1 ea daily); AL(Up to 13 yrs old)
pediatric multiple vitamin w/ minerals & c chew 0.013 mg-0.043 mg-0.175 mg-0.333 mg-0.75 mg-3 mg-5 mcg-5 unit-7.5 mcg-10 mg-11 mg-14 mg-16.75 mcg-25 mcg-31.25 mg-66.75 mcg-85 mg-150 unit-250 unit, 0.25 mg-1 mg-1 mg-1.25 mg-1.5 mcg-2 mg-5 mcg-5 mcg-7.5 mg-7.5 unit-15 mcg-22.5 mcg-25 unit-100 mcg-1250 unit, 0.5 mg-0.5 mg-0.5 mg-0.75 mg-0.85 mg-1 mg-1 mg-1.25 mg-2.5 mg-2.5 mg-2.5 mg-3 mcg-3 mg-5 mg-5 mg-10 mcg-15 unit-20 mcg-25 mg-30 mcg-50 mg-60 mg-75 mcg-75 mcg-200 mcg-200 unit-2500 unit, 0.5 mg-1.25 mg-1.5 mcg-2.5 mg-9 unit-10 mg-15 mcg-20 mcg-20 mcg-37.5 mcg-100 mcg-200 unit-1000 unit, 0.5 mg-1.25 mg-1.5 mcg-2.5 mg-9 unit-15 mcg-15 mg-37.5 mcg-100 mcg-300 unit-1000 unit, 0.5 mg-1.25 mg-2.5 mg-3 mcg-9 unit-15 mcg-15 mg-19 mg-37.5 mcg-100 mcg-200 unit-1000 unit, 0.5 mg-1.3 mg-1.5 mcg-2.5 mg-4.1 mg-7.5 mcg-15 mcg-15 mg-38 mcg-100 mcg-300 mcg, 0.5 mg-1.3 mg-1.5 mcg-2.5 mg-9 unit-15 mcg-15 mg-19 mg-38 mcg-100 mcg-200 unit-1000 unit, 0.5 mg-1.3 mg-1.5 mcg-2.5 mg-9 unit-15 mcg-15 mg-38 mcg-100 mcg-300 unit-1000 unit, 0.5 mg-1.3 mg-2.5 mcg-2.5 mg-10 mcg-10 unit-15 mg-19 mg-20 mcg-38 mcg-100 mcg-100 unit-1000 unit, 0.6 mcg-1.1 mg-1.33 mg-6 mcg-6 mg-45 mg-150 mcg-183 unit-500 mcg, 1 mg-1.35 mg-2.6 mg-3 mcg-10 mg-20 mcg-	P	QL(1 ea daily); AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
20 mcg-21 mg-30 mcg-130 mcg-200 unit-200 unit-1050 unit, 1 mg-1.35 mg-2.6 mg-3 mcg-8.25 unit-10 mg-20 mcg-20 mcg-21 mcg-30 mcg-130 mcg-200 unit-1050 unit, 1 mg-1.35 mg-2.6 mg-3 mcg-8.25 unit-10 mg-20 mcg-20 mcg-21 mcg-30 mcg-70 mcg-200 unit-1050 unit, 1 mg-1.5 mg-1.7 mg-2 mg-2.5 mg-2.5 mg-3.75 mcg-6.25 mg-7.5 mg-10 mg-12.5 mg-15 mcg-15 mg-15 unit-37.5 mcg-50 mcg-60 mg-75 mcg-200 mcg-300 unit-2500 unit, 1 mg-1.5 mg-2.5 mg-2.5 mg-3 mcg-10 unit-20 mg-37.5 mcg-75 mcg-187.5 mcg-200 mcg-200 unit-212.5 mcg-1250 unit, 1 mg-2.5 mg-5 mcg-5 mg-20 mcg-20 unit-30 mg-38 mg-40 mcg-75 mcg-200 mcg-200 unit-2000 unit, 1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-200 mg-300 mcg-400 unit-2500 unit, 1.5 mg-1.7 mg-1.9 mg-6 mcg-10 mg-12 mg-15 mg-100 mcg-100 mg-200 mcg-200 unit-1000 mcg-1500 unit-16000 unit, 1.5 mg-1.7 mg-1.9 mg-6 mcg-10 mg-12 mg-15 mg-100 mcg-100 mg-200 mcg-200 unit-1000 mcg-3000 unit-16000 unit, 1.5 mg-1.7 mg-1.9 mg-6 mcg-10 mg-12 mg-15 mg-100 mcg-100 mg-200 mcg-200 unit-1000 mcg-5000 unit-16000 unit		
pediatric multiple vitamin w/ minerals & c soln 0.5 mg/ml-0.6 mg/ml-0.6 mg/ml-3 mg/ml-4 mcg/ml-6 mg/ml-7.5 mg/ml-15 mcg/ml-45 mg/ml-50 unit/ml-300 mcg/ml-400 unit/ml-3170 unit/ml	P	RX/OTC
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)
VITAMAX CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
ZOO FRIENDS COMPLETE CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
CULTURELLE KIDS COMPLETEMULTIVITAMIN + PROBIOTIC CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
CULTURELLE KIDS PROBIOTIC/MULTIVITAMIN CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
GERBER LIL' BRAINIES CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
MULTIVITAMIN CHILDRENS CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old)
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (*Use pediatric multiple vitamin w/ c & fa*)	NF	QL(1 ea daily); AL(Up to 13 yrs old)
PC PEDIATRIC POLY-VITAMIN DROPS SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
pediatric multiple vitamin w/ c & fa chew	P	QL(1 ea daily); AL(Up to 13 yrs old)
pediatric multiple vitamin w/ extra c & fa chew	P	QL(1 ea daily); AL(Up to 13 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
POLY-VI-SOL SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
POLY-VITA SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
POLY-VITE PEDIATRIC SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old)
Prenatal Vitamins		
C-NATE DHA CAPS	NP	MP
CITRANATAL 90 DHA MISC	NP	
CITRANATAL ASSURE MISC	NP	
CITRANATAL B-CALM MISC	NP	MP
CITRANATAL BLOOM DHA MISC	NP	
CITRANATAL BLOOM TABS	NP	
CITRANATAL DHA MISC	NP	
CITRANATAL ESSENCE THPK	NP	
CITRANATAL HARMONY CAPS	NP	
CITRANATAL RX TABS	NP	
CLASSIC PRENATAL TABS	P	
COMPLETENATE CHEW	P	
DERMACINRX PRETRATE TABS	NP	
ENBRACE HR CAPS	NP	MP
EQL PRENATAL FORMULA TABS	P	
GNP PRENATAL TABS	P	
GOODSENSE PRENATAL VITAMINS TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
HM PRENATAL TABS	P	
KP PRENATAL MULTIVITAMINS TABS	P	
M-NATAL PLUS TABS	P	RX/OTC
MASONATAL TABS	P	
MULTI-MAC TABS	NP	MP
NESTABS DHA MISC	NP	MP
NESTABS ONE CAPS	NP	MP
NESTABS TABS	NP	MP
NIVA-PLUS TABS	P	RX/OTC
OB COMPLETE ONE CAPS	NP	MP
OB COMPLETE PETITE CAPS	NP	MP
OB COMPLETE PREMIER TABS	NP	MP
OB COMPLETE TABS	P	MP
OB COMPLETE/DHA CAPS	NP	MP
PNV TABS 29-1 TABS	P	QL(1 ea daily)
PNV-DHA+DOCUSATE CAPS	NP	
PNV-OMEGA CAPS	NP	MP
PREMESISRX TABS	NP	MP
PRENAISSANCE CAPS	NP	
PRENAISSANCE PLUS CAPS	NP	
PRENATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	P	
PRENATAL MULTIVITAMIN TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL PLUS IRON TABS	P	QL(1 ea daily)
PRENATAL PLUS VITAMIN ANDMINERAL TABS	P	RX/OTC
PRENATAL TABS 0.8 MG-1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-4000 UNIT, 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT	P	
PRENATAL TABS 1 MG-1.84 MG-2 MG-3 MG-10 MCG-10 MG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	P	RX/OTC
prenatal vit w/ ferrous fumarate-folic acid chew 1 mg-3 mg-3 mg-6 mg-7 mg-12 mcg-20 mg-20 mg-25 mg-29 mg-30 unit-100 mg-200 mg-400 unit-1000 unit	P	
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid tabs	NP	MP
prenatal vit w/ iron carbonyl-folic acid tabs 1 mg-1.25 mg-2 mg-3.4 mg-10 mg-10 mg-10 mg-15 mcg-15 mg-20 unit-50 mg-120 mg-315 unit-2100 unit	P	MP
prenatal vit w/ iron carbonyl-folic acid tabs 1 mg-3 mg-3 mg-3 mg-3 mg-7 mg-8 mcg-15 mg-20 mg-29 mg-30 mcg-30 unit-100 mg-120 mg-150 mcg-200 mg-400 unit-4000 unit	P	QL(1 ea daily)
PRENATAL VITAMIN & MINERAL TABS	P	
PRENATAL VITAMIN/IRON TABS	P	
PRENATAL VITAMINS TABS	P	
prenatal without a w/ fe fumarate-l methylfolate-fa-dha caps	NP	MP
PRENATE AM TABS	NP	MP
PRENATE CHEW	NP	MP
PRENATE DHA CAPS	NP	MP
PRENATE ELITE TABS	NP	MP
PRENATE ENHANCE CAPS	NP	MP
PRENATE ESSENTIAL CAPS	NP	MP
PRENATE MINI CAPS	NP	MP
PRENATE PIXIE CAPS	NP	MP
PRENATE RESTORE CAPS	NP	MP
PRENATRIX TABS	NP	RX/OTC
PRENATRYL TABS	NP	RX/OTC
PREPLUS TABS	P	RX/OTC
PRETAB TABS	P	RX/OTC
PRIMACARE CAPS	NP	MP
PX PRENATAL MULTIVITAMINS TABS	P	
QC PRENATAL TABS	P	
RA PRENATAL FORMULA/FOLICACID TABS	P	
RA PRENATAL TABS	P	
RELNATE DHA CAPS	NP	MP
SE-NATAL 19 CHEW	P	
SE-NATAL 19 TABS	P	QL(1 ea daily); RX/OTC
SELECT-OB CHEW	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
SELECT-OB+DHA MISC	NP	MP
SM PRENATAL VITAMINS TABS	P	
TARON-PREX CAPS	NP	
THRIVITE RX TABS	P	QL(1 ea daily)
TRI-TABS DHA MISC	NP	MP
TRICARE TABS	P	RX/OTC
TRINATAL RX 1 TABS	P	QL(1 ea daily)
TRISTART DHA CAPS	NP	MP
TRISTART FREE CAPS	NP	
TRISTART ONE CAPS	NP	
VINATE DHA RF CAPS	NP	
VIRT-C DHA CAPS	NP	MP
VIRT-NATE DHA CAPS	NP	MP
VIRT-PN DHA CAPS	NP	MP
VIRT-PN PLUS CAPS	NP	MP
VITAFOL FE+ CAPS	NP	MP
VITAFOL GUMMIES CHEW	NP	MP
VITAFOL STRIPS FILM	NP	
VITAFOL ULTRA CAPS	NP	MP
VITAFOL-NANO TABS	NP	MP
VITAFOL-OB TABS	P	QL(1 ea daily)
VITAFOL-OB+DHA MISC	NP	MP
VITAFOL-ONE CAPS	NP	MP
VOL-TAB RX TABS	P	QL(1 ea daily)
VP-PNV-DHA CAPS	NP	MP
WESCAP-C DHA CAPS	NP	MP
WESCAP-PN DHA CAPS	NP	MP
WESNATE DHA CAPS	NP	MP
WESTAB PLUS TABS	P	RX/OTC
WESTGEL DHA CAPS	NP	MP
ZATEAN-PN DHA CAPS	NP	MP
ZATEAN-PN PLUS CAPS	NP	MP
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 (*Use cyclobenzaprine hcl*)	NP	
baclofen tabs or 5 mg, 10 mg, 20 mg	P	
carisoprodol tabs or 250 mg, 350 mg	NP	
chlorzoxazone tabs 250 mg, 500 mg, 375 mg, 750 mg	P	
cyclobenzaprine hcl cp24 or 15 mg, 30 mg	NP	
cyclobenzaprine hcl tabs or 5 mg, 10 mg	P	QL(3 ea daily)
cyclobenzaprine hcl tabs or 7.5 mg	NP	QL(4 ea daily)
cyclobenzaprine hcl tabs or 7.5 mg	P	QL(4 ea daily)
FLEQSUVY SUSP	NP	
LYVISPAH PACK	NP	
metaxalone tabs 400 mg, 800 mg	NP	
methocarbamol tabs or 750 mg, 500 mg	P	
orphenadrine citrate tb12 or 100 mg	P	
ROBAXIN-750 TABS (*Use methocarbamol*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
SKELAXIN TABS (*Use metaxalone*)	NP	
SOMA TABS (*Use carisoprodol*)	NP	
tizanidine hcl caps or 2 mg, 4 mg, 6 mg	NP	
tizanidine hcl tabs or 2 mg, 4 mg	P	
ZANAFLEX CAPS (*Use tizanidine hcl*)	NP	
ZANAFLEX TABS (*Use tizanidine hcl*)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS (*Use dantrolene sodium*)	NP	
dantrolene sodium caps or 100 mg, 25 mg, 50 mg	P	
Muscle Relaxant Combinations		
carisoprodol w/ aspirin & codeine tabs	NP	
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	
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (*Use saline*)	NF	QL(480 ml per fill retail)
saline soln na 0.002 %-0.65 %	P	QL(480 ml per fill retail)
Nasal Antiallergy		
azelastine hcl soln na 0.1 %, 137 mcg/spray	P	QL(1 ml daily)
azelastine hcl soln na 0.15 %	P	
cromolyn sodium (nasal) aers	P	QL(26 ml per fill retail)
NASALCROM AERS (*Use cromolyn sodium (nasal)*)	NF	QL(26 ml per fill retail)
olopatadine hcl (nasal) soln	P	
PATANASE SOLN (*Use olopatadine hcl (nasal)*)	NP	
Nasal Anticholinergics		
ipratropium bromide (nasal) soln 0.03 %	NP	QL(30 ml per fill retail)
ipratropium bromide (nasal) soln 0.06 %	NP	QL(25 ml per fill retail)
Nasal Steroids		
BECONASE AQ SUSP	NP	
flunisolide (nasal) soln	P	QL(25 ml per fill retail)
fluticasone propionate (nasal) susp	P	QL(16 gm per fill retail); RX/OTC
mometasone furoate (nasal) susp	NP	
NASONEX SUSP (*Use mometasone furoate (nasal)*)	NF	
OMNARIS SUSP	NP	
PROPEL MINI/STRAIGHT DELIVERY SYSTEM IMPL	NP	
QNASL AERS	NP	
QNASL CHILDRENS AERS	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 liqd or 15 mg/5ml	P	
pseudoephedrine hcl tabs or 60 mg, 30 mg	P	
pseudoephedrine hcl tb12 or 120 mg	P	QL(2 ea daily)
SUDAFED CHILDRENS LIQD	P	

Drug Name	Drug Tier	Requirements/ Limits
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 STARTER KIT SUSP	NP	SP
RADICAVA ORS SUSP	NP	SP
RILUTEK TABS (*Use riluzole*)	NP	
riluzole tabs	P	
TIGLUTIK SUSP	NP	SP
NUTRIENTS		
Carbohydrates		
dextrose soln iv 5 %	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	P	
polyvinyl alcohol soln op	P	QL(15 ml per fill retail)
white petrolatum-mineral oil oint	P	QL(4 gm per fill retail)
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) soln	P	QL(15 ml per fill retail)
BETIMOL SOLN	NP	
BETOPTIC-S SUSP	NP	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
brimonidine tartrate-timolol maleate soln	NP	
carteolol hcl (ophth) soln	P	3 rtl MAX fill,90 rtl day(s) supply,
COMBIGAN SOLN (*Use brimonidine tartrate-timolol maleate*)	NP	
COSOPT PF SOLN (*Use dorzolamide hcl-timolol maleate*)	NP	
COSOPT SOLN (*Use dorzolamide hcl-timolol maleate*)	NP	QL(10 ml per fill retail)
dorzolamide hcl-timolol maleate soln 0.5 %-2 %	NP	
dorzolamide hcl-timolol maleate soln 5 mg/ml-20 mg/ml, 6.8 mg/ml-22.3 mg/ml	P	QL(10 ml per fill retail)
ISTALOL SOLN (*Use timolol maleate (ophth)*)	NP	QL(15 ml per fill retail)
levobunolol hcl 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)
timolol maleate (ophth) soln 0.25 %, 0.5 %	P	QL(15 ml per fill retail)
timolol maleate (ophth) soln 0.5 %	NP	QL(60 ea per fill retail)
TIMOPTIC OCUDOSE SOLN 0.25 %	NP	QL(60 ea per fill retail)
TIMOPTIC OCUDOSE SOLN 0.5 % (*Use timolol maleate (ophth)*)	NP	QL(60 ea per fill retail)
TIMOPTIC SOLN (*Use timolol maleate (ophth)*)	NP	QL(15 ml 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		

Drug Name	Drug Tier	Requirements/ Limits
atropine sulfate (ophthalmic) oint	P	QL(4 gm per fill retail)
atropine sulfate (ophthalmic) soln	P	QL(15 ml per fill retail)
ATROPINE SULFATE SOLN OP 1 % (*Use atropine sulfate (ophthalmic)*)	P	QL(15 ml per fill retail)
CYCLOGYL SOLN 0.5 % (*Use cyclopentolate hcl*)	NP	
CYCLOGYL SOLN 2 %, 1 % (*Use cyclopentolate hcl*)	NP	QL(15 ml per fill retail)
CYCLOMYDRIL SOLN	P	
cyclopentolate hcl soln op 0.5 %	P	
cyclopentolate hcl soln op 2 %, 1 %	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	NP	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 op 0.5 %, 1 %	P	QL(15 ml per fill retail)
Miotics		
ISOPTO CARPINE SOLN 1 %, 2 % (*Use pilocarpine hcl*)	NP	
ISOPTO CARPINE SOLN 4 % (*Use pilocarpine hcl*)	NF	
PHOSPHOLINE IODIDE SOLR	NP	
pilocarpine hcl soln op 1 %, 2 %, 4 %	P	
VUITY SOLN	NP	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	P	
ALPHAGAN P SOLN 0.15 % (*Use brimonidine tartrate*)	P	
apraclonidine hcl soln	NP	
brimonidine tartrate soln op 0.15 %	P	
brimonidine tartrate soln op 0.2 %	P	QL(15 ml per fill retail)
IOPIDINE SOLN	NP	
SIMBRINZA SUSP	NP	
Ophthalmic Anti-infectives		
AZASITE SOLN	NP	
bacitracin (ophthalmic) oint	P	QL(4 gm per fill retail)
bacitracin-polymyxin b (ophth) oint	P	QL(4 gm per fill retail)
BESIVANCE SUSP	NP	
BETADINE OPHTHALMIC PREP SOLN	NP	
BLEPH-10 SOLN (*Use sulfacetamide sodium (ophth)*)	NP	QL(15 ml per fill retail)
CILOXAN OINT	P	QL(4 gm per fill retail)
CILOXAN SOLN (*Use ciprofloxacin hcl (ophth)*)	NP	QL(10 ml per fill retail)
ciprofloxacin hcl (ophth) soln	P	QL(10 ml per fill retail)
erythromycin (ophth) oint	P	QL(4 gm per fill retail)
gatifloxacin (ophth) soln	NP	
gentamicin sulfate (ophth) oint	P	QL(4 gm per fill retail)
gentamicin sulfate (ophth) soln	P	QL(15 ml per fill retail)
levofloxacin (ophth) soln	P	
MOXEZA SOLN (*Use moxifloxacin hcl (ophth)*)	NP	
moxifloxacin hcl (ophth) soln	NP	QL(3 ml per fill retail)
moxifloxacin hcl (ophth) soln	NP	

Drug Name	Drug Tier	Requirements/ Limits
NATACYN SUSP	NP	
neomycin-bacitracin zn-polymyxin oint 3.5 mg/gm-400 unit/gm-10000 unit/gm, 5 mg/gm-400 unit/gm-10000 unit/gm	P	QL(4 gm per fill retail)
neomycin-polymyxin-gramicidin soln	P	QL(10 ml per fill retail)
OCUFLOX SOLN (*Use ofloxacin (ophth)*)	NP	QL(10 ml per fill retail)
ofloxacin (ophth) soln	P	QL(10 ml per fill retail)
polymyxin b-trimethoprim soln	P	QL(10 ml per fill retail)
POLYTRIM SOLN (*Use polymyxin b-trimethoprim*)	NP	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) oint	P	QL(4 gm per fill retail)
sulfacetamide sodium (ophth) soln	P	QL(15 ml per fill retail)
tobramycin (ophth) soln	P	QL(5 ml per fill retail)
TOBREX OINT	P	QL(4 gm per fill retail)
TOBREX SOLN (*Use tobramycin (ophth)*)	NP	QL(5 ml per fill retail)
trifluridine soln	P	QL(8 ml per fill retail)
VIGAMOX SOLN (*Use moxifloxacin hcl (ophth)*)	NP	QL(3 ml per fill retail)
ZIRGAN GEL	P	
ZYMAXID SOLN (*Use gatifloxacin (ophth)*)	NP	
Ophthalmic Decongestants		
tetrahydrozoline hcl (ophth) soln	P	QL(1 ml daily)
VISINE RED EYE COMFORT SOLN (*Use tetrahydrozoline hcl (ophth)*)	NF	QL(1 ml daily)
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
cyclosporine (ophth) emul	NP	
RESTASIS EMUL	NP	
RESTASIS MULTIDOSE EMUL	NP	
Ophthalmic Integrin Antagonists		
XIIDRA SOLN	NP	
Ophthalmic Kinase Inhibitors		
RHOPRESSA SOLN	NP	
ROCKLATAN SOLN	NP	
Ophthalmic Local Anesthetics		
AKTEN GEL	NP	
ALCAINE SOLN (*Use proparacaine hcl*)	NP	
proparacaine hcl soln op	NP	
tetracaine hcl (ophth) soln	NP	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	NP	SP
Ophthalmic Steroids		
ALREX SUSP	P	
bacitracin-poly-neomycin-hc oint	P	
BLEPHAMIDE S.O.P. OINT	NP	QL(4 gm per fill retail)
dexamethasone sodium phosphate (ophth) soln	P	QL(5 ml per fill retail)
DEXTENZA INST	NP	SP
difluprednate emul	NP	
DUREZOL EMUL (*Use difluprednate*)	NP	
EYSUVIS SUSP	NP	
FLAREX SUSP	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)
FML OINT	P	QL(4 gm per fill retail)
INVELTYS SUSP	NP	
LOTEMAX GEL (*Use loteprednol etabonate*)	NP	
LOTEMAX OINT	NP	
LOTEMAX SM GEL	NP	
LOTEMAX SUSP (*Use loteprednol etabonate*)	NP	
loteprednol etabonate gel	NP	
loteprednol etabonate susp	P	
MAXIDEX SUSP	P	
MAXITROL OINT 0.1 %-3.5 MG/GM-10000 UNIT/GM (*Use neomycin-polymy-dexameth*)	NP	QL(4 gm per fill retail)
MAXITROL SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML (*Use neomycin-polymy-dexameth*)	NP	QL(5 ml per fill retail)
neomycin-polymy-dexameth oint 0.1 %-3.5 mg/gm-10000 unit/gm	P	QL(4 gm per fill retail)
neomycin-polymy-dexameth susp 0.1 %-3.5 mg/ml-10000 unit/ml	P	QL(5 ml per fill retail)
neomycin-polymyxin-hc (ophth) susp	P	QL(8 ml per fill retail)
PRED FORTE SUSP (*Use prednisolone acetate (ophth)*)	NP	QL(15 ml per fill retail)
PRED MILD SUSP	P	QL(10 ml per fill retail)
PRED-G S.O.P. OINT	NP	
PRED-G SUSP	NP	1 rtl pack lmt amt,30 rtl pack lmt day(s),1 rtl pack lmt per fill,
prednisolone acetate (ophth) susp	P	QL(15 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	P	QL(15 ml per fill retail)
sulfacetamide sod-prednisolone soln	NP	QL(10 ml per fill retail)
TOBRADEX OINT	NP	QL(4 gm per fill retail)
TOBRADEX ST SUSP	NP	
TOBRADEX SUSP (*Use tobramycin-dexamethasone*)	NP	QL(10 ml per fill retail)
tobramycin-dexamethasone susp	P	QL(10 ml per fill retail)
ZYLET SUSP	NP	
Ophthalmics - Misc.		
ACULAR LS SOLN (*Use ketorolac tromethamine (ophth)*)	NP	3 rtl MAX fill,90 rtl day(s) supply,
ACULAR SOLN (*Use ketorolac tromethamine (ophth)*)	NP	QL(10 ml per fill retail)
ACUVAIL SOLN	NP	
ALOCRIL SOLN	NP	QL(5 ml per fill retail)
ALOMIDE SOLN	NP	QL(10 ml per fill retail)
azelastine hcl (ophth) soln	P	QL(6 ml per fill retail)
AZOPT SUSP (*Use brinzolamide*)	NP	QL(15 ml per fill retail)
bepotastine besilate soln	NP	
BEPREVE SOLN (*Use bepotastine besilate*)	NP	
brinzolamide susp	NP	QL(15 ml per fill retail)
bromfenac sodium (ophth) soln	NP	

Drug Name	Drug Tier	Requirements/ Limits
BROMSITE SOLN	NP	
cromolyn sodium (ophth) soln	P	QL(10 ml per fill retail)
CYSTADROPS SOLN	NP	SP
CYSTARAN SOLN	NP	SP
diclofenac sodium (ophth) soln	P	QL(5 ml per fill retail)
dorzolamide hcl soln	P	QL(10 ml per fill retail)
epinastine hcl (ophth) soln	NP	
fluorescein sodium topical strp	NP	
FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE SOLN	NP	
flurbiprofen sodium soln	P	QL(3 ml per fill retail)
ILEVRO SUSP	NP	
ketorolac tromethamine (ophth) soln 0.4 %	P	3 rtl MAX fill,90 rtl day(s) supply,
ketorolac tromethamine (ophth) soln 0.5 %	P	QL(10 ml per fill retail)
NEVANAC SUSP	NP	
olopatadine hcl soln 0.2 %, 0.1 %	NP	RX/OTC
PAREMYD SOLN	NP	
PATADAY SOLN (*Use olopatadine hcl*)	NF	RX/OTC
PAZEO SOLN	P	RX/OTC
PROLENSA SOLN	NP	
TRUSOPT SOLN (*Use dorzolamide hcl*)	NP	QL(10 ml per fill retail)
ZERVIATE SOLN	NP	
Prostaglandins - Ophthalmic		
bimatoprost soln op	NP	
latanoprost soln op	P	QL(3 ml per fill retail)
LUMIGAN SOLN	NP	
TRAVATAN Z SOLN (*Use travoprost*)	NP	
travoprost soln	NP	
VYZULTA SOLN	NP	
XALATAN SOLN (*Use latanoprost*)	NP	QL(3 ml per fill retail)
XELPROS EMUL	NP	
ZIOPTAN SOLN	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic) soln	P	QL(15 ml per fill retail)
Otic Anti-infectives		
ofloxacin (otic) soln	P	QL(10 ml per fill retail)
Otic Combinations		
CIPRO HC SUSP	NP	
CIPRODEX SUSP (*Use ciprofloxacin-dexamethasone*)	P	QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
ciprofloxacin-dexamethasone susp	P	QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
ciprofloxacin-fluocinolone acetonide soln	NP	
CORTISPORIN-TC SUSP	NP	
neomycin-polymyxin-hc (otic) soln	P	QL(10 ml per fill retail)
neomycin-polymyxin-hc (otic) susp	P	QL(10 ml per fill retail)
OTOVEL SOLN (*Use ciprofloxacin-fluocinolone acetonide*)	NP	

Drug Name	Drug Tier	Requirements/ Limits
Otic Steroids		
DERMOTIC OIL (*Use fluocinolone acetonide (otic)*)	NP	QL(20 ml per fill retail)
fluocinolone acetonide (otic) oil	NP	QL(20 ml per fill retail)
hydrocortisone w/acetic acid soln	NP	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate tabs or 0.2 mg	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO S/D SOSY	P	SP
RHOGAM ULTRA-FILTERED PLUS SOSY	P	SP
Monoclonal Antibodies		
CASIRIVIMAB SOLN	P	
IMDEVIMAB SOLN	P	
REGEN-COV SOLN	P	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps 250 mg, 500 mg	P	
amoxicillin chew 125 mg, 250 mg	P	
amoxicillin susr 125 mg/5ml, 250 mg/5ml, 200 mg/5ml, 400 mg/5ml	P	
amoxicillin tabs 875 mg, 500 mg	P	
ampicillin caps	P	
ampicillin sodium solr	P	
Natural Penicillins		
BICILLIN L-A SUSP	P	
BICILLIN L-A SUSY	P	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN	P	
penicillin g potassium solr	P	
PENICILLIN G PROCAINE SUSP	P	
penicillin g sodium solr	P	
penicillin v potassium solr 125 mg/5ml, 250 mg/5ml	P	
penicillin v potassium tabs 250 mg, 500 mg	P	
Penicillin Combinations		
amoxicillin & pot clavulanate chew 28.5 mg-200 mg, 57 mg-400 mg	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate susr 28.5 mg/5ml-200 mg/5ml	P	QL(100 ml per fill retail)
amoxicillin & pot clavulanate susr 42.9 mg/5ml-600 mg/5ml	P	QL(400 ml per fill retail)
amoxicillin & pot clavulanate susr 57 mg/5ml-400 mg/5ml	P	QL(200 ml per fill retail)
amoxicillin & pot clavulanate tabs 125 mg-250 mg	P	QL(30 ea 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 tb12 62.5 mg-1000 mg	NP	QL(40 ea per 30 days retail)
ampicillin & sulbactam sodium solr	P	
AUGMENTIN ES-600 SUSR (*Use amoxicillin & pot clavulanate*)	NF	QL(400 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN TABS 125 MG-500 MG (*Use amoxicillin & pot clavulanate*)	NF	QL(20 ea per fill retail)
BICILLIN C-R SUSP	P	
piperacillin sodium-tazobactam sodium solr	P	
UNASYN BULK PACK SOLR (*Use ampicillin & sulbactam sodium*)	NF	
UNASYN SOLR (*Use ampicillin & sulbactam sodium*)	NF	
ZOSYN SOLN	P	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps 250 mg, 500 mg	P	
PHARMACEUTICAL ADJUVANTS		
Semi Solid Vehicles		
POLYETHYLENE GLYCOL 3350 POWD XX	P	QL(34 gm daily); RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (*Use norethindrone acetate*)	NP	
hydroxyprogesterone caproate oil im	NP	SP; MP
MAKENA OIL IM 250 MG/ML (*Use hydroxyprogesterone caproate*)	NF	SP; MP
MAKENA SOAJ SC 275 MG/1.1ML	P	PA; SP; MP; PA
medroxyprogesterone acetate tabs or 10 mg, 5 mg	P	
medroxyprogesterone acetate tabs or 2.5 mg	P	MP
megestrol acetate (appetite) susp	NP	
norethindrone acetate tabs or	NP	

Drug Name	Drug Tier	Requirements/ Limits
progesterone caps or 100 mg	P	QL(1 ea daily)
progesterone caps or 200 mg	P	QL(20 ea per 30 days retail)
progesterone oil im 50 mg/ml	P	
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)
PROVERA TABS 10 MG (*Use medroxyprogesterone acetate*)	NF	
PROVERA TABS 10 MG, 5 MG (*Use medroxyprogesterone acetate*)	NP	
PROVERA TABS 2.5 MG (*Use medroxyprogesterone acetate*)	NP	MP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium tbec	P	
ANTABUSE TABS (*Use disulfiram*)	NF	
disulfiram tabs or 250 mg, 500 mg	P	
LUCEMYRA TABS	P	
Anti-Cataplectic Agents		
XYREM SOLN	NP	SP
XYWAV SOLN	NP	SP
Antidementia Agents		
ADUHELM SOLN	NP	SP
ARICEPT TABS 23 MG (*Use donepezil hydrochloride*)	NP	MP
ARICEPT TABS 5 MG, 10 MG (*Use donepezil hydrochloride*)	NP	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
donepezil hydrochloride tabs 23 mg	P	MP
donepezil hydrochloride tabs 5 mg, 10 mg	P	QL(1 ea daily); MP
donepezil hydrochloride tbdp 10 mg, 5 mg	P	MP
EXELON PT24 13.3 MG/24HR (*Use rivastigmine*)	NP	
EXELON PT24 4.6 MG/24HR, 9.5 MG/24HR (*Use rivastigmine*)	NP	QL(1 ea daily)
galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg	NP	QL(1 ea daily); MP
galantamine hydrobromide soln 4 mg/ml	NP	QL(6 ml daily); MP
galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg	NP	QL(2 ea daily); MP
memantine hcl cp24 14 mg, 21 mg, 28 mg, 7 mg	NP	MP
memantine hcl soln 2 mg/ml	NP	MP
memantine hcl tabs	NP	QL(49 ea per fill retail); MP
memantine hcl tabs 10 mg, 5 mg	P	QL(2 ea daily); 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 C4PK	NP	
NAMZARIC CP24	NP	
RAZADYNE ER CP24 (*Use galantamine hydrobromide*)	NP	QL(1 ea daily); MP
RAZADYNE TABS (*Use galantamine hydrobromide*)	NF	QL(2 ea daily); MP
rivastigmine pt24 13.3 mg/24hr	NP	
rivastigmine pt24 4.6 mg/24hr, 9.5 mg/24hr	NP	QL(1 ea daily)
rivastigmine tartrate caps 1.5 mg, 3 mg, 4.5 mg, 6 mg	NP	QL(2 ea daily); MP
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline tabs	P	
LYBALVI TABS	NP	
olanzapine-fluoxetine hcl caps 12 mg-25 mg, 12 mg-50 mg, 3 mg-25 mg, 6 mg-25 mg, 6 mg-50 mg	NP	
perphenazine-amitriptyline tabs	P	QL(4 ea daily)
SYMBYAX CAPS 12 MG-50 MG, 6 MG-50 MG (*Use olanzapine-fluoxetine hcl*)	NF	
SYMBYAX CAPS 3 MG-25 MG, 6 MG-25 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	NP	SP
INGREZZA CAPS 40 MG, 60 MG, 80 MG	NP	SP
INGREZZA CPPK	NP	SP
tetrabenazine tabs 12.5 mg, 25 mg	NP	SP
XENAZINE TABS (*Use tetrabenazine*)	NP	SP
Multiple Sclerosis Agents		
AMPYRA TB12 (*Use dalfampridine*)	NP	SP
AUBAGIO TABS 14 MG, 7 MG	NP	SP
AVONEX PEN AJKT	NP	SP
AVONEX PSKT	NP	SP
BAFIERTAM CPDR	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
BETASERON KIT	P	SP
COPAXONE SOSY 20 MG/ML, 40 MG/ML (*Use glatiramer acetate*)	P	SP
COPAXONE SOSY 40 MG/ML (*Use glatiramer acetate*)	NF	SP
dalfampridine tb12 or	NP	SP
dimethyl fumarate cpdr or 120 mg, 240 mg	NP	SP
dimethyl fumarate misc or	NP	SP
EXTAVIA KIT	NP	SP
GILENYA CAPS 0.5 MG	P	PA; SP; PA
glatiramer acetate sosy	NP	SP
KESIMPTA SOAJ	NP	SP
LEMTRADA SOLN	NP	SP
MAVENCLAD TBPK	NP	SP
MAYZENT STARTER PACK TBPK	NP	SP
MAYZENT TABS	NP	SP
OCREVUS SOLN	NP	SP
PLEGRIDY SOPN	NP	SP
PLEGRIDY SOSY	NP	SP
PLEGRIDY STARTER PACK SOPN	NP	SP
PLEGRIDY STARTER PACK SOSY	NP	SP
PONVORY 14-DAY STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
REBIF REBIDOSE SOAJ	P	SP
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP
REBIF SOSY	P	SP
REBIF TITRATION PACK SOSY	P	SP
TECFIDERA CPDR (*Use dimethyl fumarate*)	P	SP
TECFIDERA STARTER PACK MISC (*Use dimethyl fumarate*)	P	SP
TYSABRI CONC	NP	SP
VUMERITY CPDR	NP	SP
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP
ZEPOSIA CAPS	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
GABAPAL THPK	NP	
GRALISE TABS	NP	
LIDOTIN THPK	NP	
LIPRITIN II THPK	NP	
LIPRITIN THPK	NP	
LYRICA CR TB24 (*Use pregabalin (once-daily)*)	NP	
PENTICAN THPK	NP	
pregabalin (once-daily) tb24	NP	
PRILOPENTIN THPK	NP	
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) tabs 10 mg, 20 mg	NP	MP
SARAFEM TABS (*Use fluoxetine hcl (pmdd)*)	NF	MP
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	NP	
Psychotherapeutic and Neurological Agents -		

Drug Name	Drug Tier	Requirements/ Limits
ergoloid mesylates tabs or	P	
pimozide tabs	P	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	NP	
Smoking Deterrents		
bupropion hcl (smoking deterrent) tb12	P	QL(2 ea daily)180 rtl MAX day(s) supply,365 rtl lmt day(s),
CHANTIX CONTINUING MONTHPAK TABS	P	QL(2 ea daily)180 rtl MAX day(s) supply,365 rtl lmt day(s),
CHANTIX STARTING MONTH PAK TABS (*Use varenicline tartrate*)	P	QL(53 ea per fill retail)180 rtl MAX day(s) supply,365 rtl lmt day(s),
CHANTIX TABS 0.5 MG (*Use varenicline tartrate*)	P	QL(2 ea daily)180 rtl MAX day(s) supply,365 rtl lmt day(s),
CHANTIX TABS 1 MG	P	QL(2 ea daily)180 rtl MAX day(s) supply,365 rtl lmt day(s),
NICOTINE TRANSDERMAL SYSTEM KIT	P	QL(56 ea per fill retail)180 rtl MAX day(s) supply,365 rtl lmt day(s),
NICOTROL INHALER INHA	P	QL(16.8 ea daily,504 ea per 30 days retail)180 rtl MAX day(s) supply,365 rtl lmt day(s),
NICOTROL NS SOLN	P	QL(4 ml daily,120 ml per 30 days retail)180 rtl MAX day(s) supply,365 rtl lmt day(s),
varenicline tartrate misc	P	QL(53 ea per fill retail)180 rtl MAX day(s) supply,365 rtl lmt day(s),
varenicline tartrate tabs 0.5 mg, 1 mg	P	QL(2 ea daily)180 rtl MAX day(s) supply,365 rtl lmt day(s),
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	NP	SP
Vasomotor Symptom Agents		
BRISDELLE CAPS (*Use paroxetine mesylate (vasomotor)*)	NP	
paroxetine mesylate (vasomotor) caps	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
BRONCHITOL CAPS	NP	SP
BRONCHITOL TOLERANCE TEST CAPS	NP	SP
KALYDECO PACK 25 MG, 50 MG, 75 MG	NP	SP
KALYDECO TABS 150 MG	NP	SP
ORKAMBI PACK	NP	SP
ORKAMBI TABS	NP	SP
PULMOZYME SOLN	P	SP
SYMDEKO TBPK	NP	SP
TRIKAFTA TBPK	NP	SP

Drug Name	Drug Tier	Requirements/ Limits
Pulmonary Fibrosis Agents		
ESBRIET CAPS 267 MG	NP	SP
ESBRIET TABS 267 MG, 801 MG (*Use pirfenidone*)	NP	SP
OFEV CAPS	NP	SP
pirfenidone tabs 267 mg, 801 mg	NP	SP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine tabs or	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS OR 150 MG	NP	
Tetracyclines		
demeclocycline hcl tabs	P	
DORYX MPC TBEC	NP	
DORYX TBEC (*Use doxycycline hyclate*)	NP	
doxycycline (monohydrate) caps 150 mg, 50 mg, 75 mg, 100 mg	P	
doxycycline (monohydrate) susr 25 mg/5ml	P	
doxycycline (monohydrate) tabs 50 mg, 150 mg, 75 mg, 100 mg	P	
doxycycline hyclate caps or 50 mg, 100 mg	P	
doxycycline hyclate solr iv 100 mg	P	
doxycycline hyclate tabs or 20 mg, 50 mg, 100 mg	P	
doxycycline hyclate tbec or 100 mg, 200 mg, 75 mg, 80 mg, 150 mg, 50 mg	NP	
minocycline hcl caps or 100 mg, 50 mg, 75 mg	P	
minocycline hcl cp24 or 135 mg, 45 mg, 90 mg	NP	
minocycline hcl tabs or 100 mg, 50 mg, 75 mg	P	
minocycline hcl tb24 or 105 mg, 55 mg, 80 mg, 115 mg, 65 mg, 45 mg, 135 mg, 90 mg	NP	
MINOLIRA TB24	NP	
MORGIDOX 1X100MG KIT	NP	
MORGIDOX 2X100MG KIT	NP	
SOLODYN TB24 (*Use minocycline hcl*)	NP	
tetracycline hcl caps or 250 mg, 500 mg	P	
VIBRAMYCIN CAPS 100 MG (*Use doxycycline hyclate*)	NP	
VIBRAMYCIN SUSR 25 MG/5ML (*Use doxycycline (monohydrate)*)	NF	
VIBRAMYCIN SYRP 50 MG/5ML	P	
XIMINO CP24 (*Use minocycline hcl*)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs or 10 mg, 5 mg	P	MP
propylthiouracil tabs or	P	MP
TAPAZOLE TABS (*Use methimazole*)	NF	MP
Thyroid Hormones		
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*Use thyroid*)	P	MP
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	P	
CYTOMEL TABS (*Use liothyronine sodium*)	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
levothyroxine sodium caps or 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	NP	
levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	P	MP
liothyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg	P	MP
SYNTHROID TABS (*Use levothyroxine sodium*)	NP	MP
THYQUIDITY SOLN	NP	
thyroid tabs or 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	P	MP
TIROSINT CAPS 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (*Use levothyroxine sodium*)	NP	
TIROSINT CAPS 75 MCG	NP	
TIROSINT-SOL SOLN 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	NP	MP
TIROSINT-SOL SOLN 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	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 19 yrs old)
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	QL(2.5 ml per 9999 days retail); AL(At least 19 yrs old)
INFANRIX SUSP	P	QL(2.5 ml per 9999 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)
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	P	QL(0..5 ml per 3650 days retail); AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (*Use hyoscyamine sulfate*)	NP	
BELLADONNA/OPIUM SUPP	P	
chlordiazepoxide hcl-clidinium bromide caps	NP	
CUVPOSA SOLN (*Use glycopyrrolate*)	NP	
DARTISLA ODT TBDP	NP	
dicyclomine hcl caps or 10 mg	P	

Drug Name	Drug Tier	Requirements/ Limits
dicyclomine hcl soln or 10 mg/5ml	P	QL(40 ml daily)
dicyclomine hcl tabs or 20 mg	P	
GLYCATE TABS	NP	
glycopyrrolate soln or 1 mg/5ml	P	
glycopyrrolate tabs or 1 mg, 2 mg	P	QL(4 ea daily)
hyoscyamine sulfate elix or 0.125 mg/5ml	P	
hyoscyamine sulfate subl sl 0.125 mg	P	
hyoscyamine sulfate tabs or 0.125 mg	P	
hyoscyamine sulfate tb12 or 0.375 mg	P	QL(4 ea daily)
hyoscyamine sulfate tbdp or 0.125 mg	P	
LEVBID TB12 (*Use hyoscyamine sulfate*)	NF	QL(4 ea daily)
LEVSIN TABS OR 0.125 MG (*Use hyoscyamine sulfate*)	NP	
LEVSIN/SL SUBL (*Use hyoscyamine sulfate*)	NP	
LIBRAX CAPS (*Use chlordiazepoxide hcl-clidinium bromide*)	NP	
methscopolamine bromide tabs or 2.5 mg, 5 mg	NP	
ROBINUL FORTE TABS (*Use glycopyrrolate*)	NP	QL(4 ea daily)
ROBINUL TABS (*Use glycopyrrolate*)	NP	QL(4 ea daily)
H-2 Antagonists		
cimetidine hcl soln	P	QL(27 ml daily)
cimetidine tabs or 300 mg, 800 mg, 400 mg	P	
famotidine susr or 40 mg/5ml	P	
famotidine tabs or 20 mg	P	RX/OTC
famotidine tabs or 40 mg	P	
nizatidine caps 150 mg, 300 mg	P	
nizatidine soln 15 mg/ml	P	
PEPCID TABS 20 MG (*Use famotidine*)	NP	RX/OTC
PEPCID TABS 40 MG (*Use famotidine*)	NP	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML (*Use sucralfate*)	P	
CARAFATE TABS 1 GM (*Use sucralfate*)	NP	QL(4 ea daily)
sucralfate susp or 1 gm/10ml	P	
sucralfate tabs or 1 gm	P	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (*Use rabeprazole sodium*)	NP	
DEXILANT CPDR (*Use dexlansoprazole*)	NP	ST
dexlansoprazole cpdr	NP	ST
esomeprazole magnesium cpdr 20 mg	NP	QL(2 ea daily); RX/OTC
esomeprazole magnesium cpdr 40 mg	NP	
esomeprazole magnesium pack 10 mg, 20 mg, 40 mg	NP	
lansoprazole cpdr or 15 mg	NP	QL(2 ea daily); RX/OTC
lansoprazole cpdr or 30 mg	NP	QL(2 ea daily)
lansoprazole tbdd or 15 mg	P	RX/OTC
lansoprazole tbdd or 30 mg	P	
NEXIUM 24HR CLEAR MINIS CPDR (*Use esomeprazole magnesium*)	NF	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (*Use esomeprazole magnesium*)	NF	QL(2 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEXIUM CPDR 20 MG (*Use esomeprazole magnesium*)	NP	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (*Use esomeprazole magnesium*)	NF	
NEXIUM CPDR 40 MG (*Use esomeprazole magnesium*)	NP	
NEXIUM PACK 10 MG, 20 MG, 40 MG (*Use esomeprazole magnesium*)	NP	
NEXIUM PACK 2.5 MG, 5 MG	NP	
omeprazole cpdr or 10 mg, 40 mg	P	QL(2 ea daily)
omeprazole cpdr or 20 mg	P	QL(2 ea daily); RX/OTC
pantoprazole sodium pack or 40 mg	NP	
pantoprazole sodium tbec or 20 mg	P	QL(1 ea daily)
pantoprazole sodium tbec or 40 mg	P	QL(2 ea daily)
PREVACID 24HR CPDR (*Use lansoprazole*)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG (*Use lansoprazole*)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG (*Use lansoprazole*)	NP	QL(2 ea daily)
PREVACID SOLUTAB TBDD 15 MG (*Use lansoprazole*)	NP	RX/OTC
PREVACID SOLUTAB TBDD 30 MG (*Use lansoprazole*)	NP	
PRILOSEC PACK	NP	
PROTONIX PACK OR 40 MG (*Use pantoprazole sodium*)	NP	
PROTONIX TBEC OR 20 MG (*Use pantoprazole sodium*)	NP	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (*Use pantoprazole sodium*)	NP	QL(2 ea daily)
rabeprazole sodium tbec	NP	
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (*Use misoprostol*)	NP	
misoprostol tabs or 200 mcg, 100 mcg	P	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole misc	NP	
OMECLAMOX-PAK MISC	NP	
omeprazole-sodium bicarbonate caps 20 mg-1100 mg	NP	RX/OTC
omeprazole-sodium bicarbonate caps 40 mg-1100 mg	NP	
omeprazole-sodium bicarbonate pack 40 mg-1680 mg, 20 mg-1680 mg	NP	
PYLERA CAPS	NP	
TALICIA CPDR	NP	
ZEGERID CAPS 20 MG-1100 MG (*Use omeprazole-sodium bicarbonate*)	NP	RX/OTC
ZEGERID CAPS 40 MG-1100 MG (*Use omeprazole-sodium bicarbonate*)	NP	
ZEGERID PACK 40 MG-1680 MG (*Use omeprazole-sodium bicarbonate*)	NF	
ZEGERID PACK 40 MG-1680 MG, 20 MG-1680 MG (*Use omeprazole-sodium bicarbonate*)	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	NP	MP

Drug Name	Drug Tier	Requirements/ Limits
DETROL LA CP24 (*Use tolterodine tartrate*)	NP	QL(1 ea daily); MP
DETROL TABS (*Use tolterodine tartrate*)	NP	QL(2 ea daily); MP
DITROPAN XL TB24 (*Use oxybutynin chloride*)	NP	QL(2 ea daily); MP
ENABLEX TB24 (*Use darifenacin hydrobromide*)	NF	MP
GELNIQUE GEL	NP	
oxybutynin chloride syrp or 5 mg/5ml	P	QL(16 ml daily); MP
oxybutynin chloride tabs or 5 mg	P	QL(3 ea daily); MP
oxybutynin chloride tb24 or 10 mg, 15 mg, 5 mg	P	QL(2 ea daily); MP
OXYTROL PTTW	NP	RX/OTC
solifenacin succinate tabs 10 mg, 5 mg	P	MP
tolterodine tartrate cp24 2 mg, 4 mg	NP	QL(1 ea daily); MP
tolterodine tartrate tabs 1 mg, 2 mg	NP	QL(2 ea daily); MP
TOVIAZ TB24	NP	
trospium chloride cp24 60 mg	NP	MP
trospium chloride tabs 20 mg	NP	QL(2 ea daily); MP
VESICARE LS SUSP	NP	
VESICARE TABS 10 MG, 5 MG (*Use solifenacin succinate*)	NP	MP
VESICARE TABS 5 MG (*Use solifenacin succinate*)	NF	MP
Urinary Antispasmodics - Beta-3 Adrenergic		
GEMTESA TABS	NP	
MYRBETRIQ SRER	NP	
MYRBETRIQ TB24	NP	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs or 10 mg, 25 mg, 5 mg, 50 mg	P	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	NP	MP
VACCINES		
Bacterial Vaccines		
BEXSERO SUSY	P	AL(At least 19 yrs old)
MENACTRA SOLN	P	AL(At least 19 yrs old)
MENQUADFI SOLN	P	AL(At least 19 yrs old)
MENVEO SOLR	P	AL(At least 19 yrs old)
PNEUMOVAX 23 INJ	P	AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE INJ	P	AL(At least 19 yrs old)
PREVNAR 13 SUSP	P	AL(At least 19 yrs old)
TRUMENBA SUSY	P	AL(At least 19 yrs old)
Viral Vaccines		
AFLURIA QUADRIVALENT 2019-2020 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2019-2020 SUSY	P	QL(0.25 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2019-2020 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2020-2021 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2020-2021 SUSY	P	QL(0.25 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY	P	QL(0.25 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
ENGERIX-B INJ IM 10 MCG/0.5ML	P	AL(At least 19 yrs old)
ENGERIX-B SUSP IJ 10 MCG/0.5ML, 20 MCG/ML	P	AL(At least 19 yrs old)
FLUAD 2019-2020 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 65 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLUAD 2020-2021 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 65 yrs old)
FLUAD QUADRIVALENT 2021-2022 PRSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 65 yrs old)
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 65 yrs old)
FLUARIX QUADRIVALENT 2019-2020 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLUARIX QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLUARIX QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLUBLOK QUADRIVALENT 2019-2020 SOSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 18 yrs old)
FLUBLOK QUADRIVALENT 2020-2021 SOSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLUBLOK QUADRIVALENT 2021-2022 SOSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 18 yrs old)
FLUCELVAX QUADRIVALENT 2019-2020 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLULAVAL QUADRIVALENT 2019-2020 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLULAVAL QUADRIVALENT 2019-2020 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLULAVAL QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLUMIST QUADRIVALENT SUSP	P	QL(1 ea per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old - Up to 49 yrs old)
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	P	QL(0.7 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2021-2022 SUSY	P	QL(0.7 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 65 yrs old)
FLUZONE QUADRIVALENT 2019-2020 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLUZONE QUADRIVALENT 2019-2020 SUSY	P	QL(0.25 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLUZONE QUADRIVALENT 2019-2020 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2020-2021 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSP	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSY	P	QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 10 yrs old)
GARDASIL 9 SUSP	P	AL(At least 9 yrs old)
GARDASIL 9 SUSY	P	AL(At least 9 yrs old)
HAVRIX SUSP	P	AL(At least 19 yrs old)
JANSSEN COVID-19 VACCINE SUSP	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 SUSP	P	AL(At least 19 yrs old)
SHINGRIX SUSR	P	AL(At least 50 yrs old)
VAQTA SUSP	P	AL(At least 19 yrs old)
VARIVAX INJ	P	AL(At least 19 yrs old)
ZOSTAVAX SUSR	P	AL(At least 19 yrs old)
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA INST	NP	
TRIMO-SAN GEL 0.01 %-0.025 %	NP	
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (*Use clindamycin phosphate vaginal*)	NP	QL(40 gm per fill retail)
CLEOCIN SUPP VA 100 MG	P	
clindamycin phosphate vaginal crea	P	QL(40 gm per fill retail)
CLINDESSE CREA	NP	
GYNAZOLE-1 CREA	NP	
metronidazole vaginal gel	P	QL(70 gm per fill retail)
miconazole nitrate vaginal supp 200 mg	P	QL(3 ea per fill retail)
NUVESSA GEL	NP	
terconazole vaginal crea 0.4 %	P	QL(45 gm per fill retail)
terconazole vaginal crea 0.8 %	P	QL(20 gm per fill retail)
terconazole vaginal supp 80 mg	P	QL(3 ea per fill retail)
VANDAZOLE GEL	NP	QL(70 gm per fill retail)
Vaginal Contraceptive - pH Modulators		
PHEXXI GEL	P	
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM (*Use estradiol vaginal*)	NP	QL(43 gm per 30 days retail,129 gm per 90 days mail); MP
estradiol vaginal crea 0.1 mg/gm	P	QL(43 gm per 30 days retail,129 gm per 90 days mail); MP

Drug Name	Drug Tier	Requirements/ Limits
estradiol vaginal tabs 10 mcg	NP	MP
ESTRING RING	NP	MP
FEMRING RING	NP	MP
IMVEXXY MAINTENANCE PACK INST	NP	MP
IMVEXXY STARTER PACK INST	NP	MP
PREMARIN CREA VA 0.625 MG/GM	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 4 %, 8 %	NP	
ENDOMETRIN INST	P	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml	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 0.15 MG/0.3ML, 0.3 MG/0.3ML	NP	
Neurogenic Orthostatic Hypotension (NOH) -		
droxidopa caps	NP	SP
NORTHERA CAPS (*Use droxidopa*)	NP	SP
Vasopressors		
midodrine hcl tabs 10 mg, 2.5 mg, 5 mg	P	MP
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD 400 UT/0.028ML (*Use cholecalciferol*)	NF	
cholecalciferol caps or 1.25 mg, 50000 unit, 125 mcg, 5000 unit, 1000 unit, 2000 unit, 25 mcg, 50 mcg	P	
cholecalciferol liqd or 400 ut/0.028ml, 10 mcg/ml, 400 unit/ml	P	
cholecalciferol tabs or 400 unit, 1000 unit, 25 mcg	P	
D-VI-SOL LIQD (*Use cholecalciferol*)	NF	
D3 BABY DROPS LIQD	P	
DRISDOL CAPS (*Use ergocalciferol*)	NF	
EQ D3 DROPS INFANTS/CHILDRENS LIQD	P	
ergocalciferol caps or 1.25 mg, 50000 unit	P	
ergocalciferol soln or 200 mcg/ml, 8000 unit/ml	P	
MEPHYTON TABS (*Use phytonadione*)	NF	
phytonadione tabs or 5 mg	P	
UPSPRING BABY VITAMIN D LIQD	P	
VITAMIN D3 LIQD OR 5000 UNIT/ML	P	
Water Soluble Vitamins		
niacin cpcr or 250 mg, 500 mg	P	

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12ML SYRINGE/20G X 1-1/2"/LUER LOCK TIP 128
12ML SYRINGE/21G X 1"/LUER LOCK TIP 128
12ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP 128
1ML VANISHPOINT TUBERCULIN SYRINGE 25GX1" 128
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM 128
1ST TIER UNIFINE PENTIPS29GX12MM 128
1ST TIER UNIFINE PENTIPS31GX6MM 128
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