Comprehensive

PREFERRED DRUG LIST

NH Healthy Families

Effective 5/1/2018

Pharmacy Program

NH Healthy Families is committed to providing appropriate, high quality, and cost effective drug therapy to all NH Healthy Families members. NH Healthy Families works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. NH Healthy Families covers prescription medications and certain over-the-counter (OTC) medications when ordered by a practitioner. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

Preferred Drug List

The NH Healthy Families Preferred Drug List (PDL) is the list of covered drugs. The PDL applies to drugs members can receive at retail pharmacies. The NH Healthy Families PDL is continually evaluated by the NH Healthy Families Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the NH Healthy Families Medical Director, NH Healthy Families Pharmacy Director, and several New Hampshire physicians, pharmacists, and other healthcare professionals.

Pharmacy Benefit Manager

NH Healthy Families works with Envolve Pharmacy Solutions to process pharmacy claims for prescribed drugs. Some drugs on the NH Healthy Families PDL may require PA, and Envolve Pharmacy Solutions is responsible for administering this process. Envolve Pharmacy Solutions is our Pharmacy Benefit Manager (PBM).

Specialty Drugs

NH Healthy Families contracts with a number of specialty pharmacies, such as AcariaHealth Specialty Pharmacy, to ensure members have adequate access to the specialty drugs they require. All specialty drugs, such as biopharmaceuticals and injectables, require PA to be approved for payment by NH Healthy Families. PA requirements are programmed specific to the drug.

Dispensing Limits

Drugs may be dispensed up to a maximum of thirty-four (34) day supply for each new prescription or refill. A total of 85% of the day supply must have elapsed before the prescription can be refilled for non-controlled-substance PDL drugs except for ophthalmic drugs.

Appropriate Use and Safety Edits

The health and safety of the member are top priorities for NH Healthy Families. One of the ways we address member safety is through point-of sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

Prior Authorizations

Some medications listed on the NH Healthy Families PDL may require PA. The information should be submitted by the practitioner to Envolve Pharmacy Solutions on the **Medication Prior Authorization Form**. This form should be **faxed to Envolve Pharmacy Solutions at 1-866-399-0929**. This document can be found on the NH Healthy Families website.

NH Healthy Families will cover the medication if it is determined that:

1. There is a medical reason the member needs the specific medication.
2. Depending on the medication, other medications on the PDL have not worked.

Authorization requests are reviewed by a licensed clinical pharmacist using the criteria established by the NH Healthy Families P&T Committee. If the request is approved, Envolve Pharmacy Solutions notifies the practitioner by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, NH Healthy Families will notify the member and their practitioner of alternatives and provide information regarding the appeal process.

Step Therapy

Some medications listed on the NH Healthy Families PDL may require specific medications to be used before the member can receive the step therapy medication. If NH Healthy Families has a record that the required medication was tried first the step therapy medications are automatically covered. If NH Healthy Families does not have a record that the required medication was tried, the member's practitioner may be required to provide additional information. If authorization is not granted, NH Healthy Families will notify the member and their practitioner and provide information regarding the appeal process.

Quantity Limits

NH Healthy Families may limit how much of a certain medication a member can get at one time. If the practitioner feels the member has a medical reason for getting a greater amount, a PA may be requested. If NH Healthy Families does not grant PA we will notify the member and their practitioner and provide information regarding the appeal process.

Age Limits

Some medications on the NH Healthy Families PDL may have age limits. These are set for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care. Age limits align with current FDA alerts for the appropriate use of pharmaceuticals.

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Non-Preferred

NH Healthy Families incorporates a Preferred Drug List. A notation of 'Non-Formulary' corresponds to drugs identified on the NH Healthy Families PDL indicating the trial and failure of preferred alternatives. The number of preferred drugs that must be tried prior to approval of non-formulary drugs varies by therapeutic drug class. To request the approval of a non-formulary drug please submit rationale via prior authorization request form to Envolve Pharmacy Solutions (fax 1-866-399-0929).

Medical Necessity Requests

If the member requires a medication that does not appear on the PDL, the member's practitioner can make a medical necessity (MN) request for the medication. It is anticipated that such exceptions will be rare as the PDL medications are appropriate to treat the vast majority of medical conditions.

For a MN request NH Healthy Families requires:

- Documentation of failure of at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications) for the same diagnosis (e.g. migraine, neuropathic pain, etc.); or
- Documented intolerance or contraindication to at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications); or
- Documented clinical history or presentation where the patient is not a candidate for any of the PDL agents for the indication.

These requests are reviewed by a licensed clinical pharmacist using the criteria established by the NH Healthy Families P&T Committee. If the request is approved, Envolve Pharmacy Solutions will notify the practitioner by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, the member and their practitioner will be notified of alternatives and provide information regarding the appeal process.

72 Hour Emergency Supply Policy

State and Federal law require that a pharmacy dispense a 72-hour (3 day) supply of medication to any member awaiting PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. A provision of a 72-hour supply does not guarantee that the medication will be approved after a PA review. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call Envolve Pharmacy Solutions at 1-866-862-8615 for a prescription override to submit the 72-hour medication supply for payment.

Newly Approved Products

New Hampshire Healthy Families reviews new drugs for safety and effectiveness before adding them to the PDL. During this period, access to these medications will be considered through the PA review

process. If NH Healthy Families does not grant PA we will notify the member and their practitioner and provide information regarding the appeal process.

Over-the-Counter Medications

NH Healthy Families covers a variety of OTC medications. These medications can be found throughout the NH Healthy Families PDL. NH Healthy Families covers OTC products listed on the PDL if the member has a prescription from a licensed practitioner that meets all the legal requirements for a prescription.

Drug Efficacy Study and Implementation (DESI) Drugs

DESI products and known related drug products are defined as less than effective by the Food and Drug Administration because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established. DESI products are not covered by NH Healthy Families.

Filling a Prescription

A member can have prescriptions filled at a NH Healthy Families network pharmacy. If the member decides to have a prescription filled at a network pharmacy, they can locate a pharmacy near them by contacting NH Healthy Families Member Services. At the pharmacy, the member will need to provide the pharmacist with the prescription and their NH Healthy Families ID card.

Abbreviations

The following notations and abbreviations may be found throughout the drug listing in the limitations and restrictions column.

DS/DU:	Day Supply per Dosage Unit
Max Days Sply:	Maximum Day Supply
Max Fills:	Maximum Fills (per a designated time period)
Max Qty:	Maximum Quantity (per claim or designated time period)
Min DS:	Minimum Day Supply
PA:	Prior Authorization
Pkg Size:	Package Size

Contact Information

NH Healthy Families	Phone:	1-866-769-3085
	Website:	www.nhhealthyfamilies.com
Envolve Pharmacy Solutions	PA Phone:	1-866-862-8615

Tier Definitions

0	$0 Copay
1	Preferred Generic
2	Preferred Brand
CO	Carve-Out Drug - Covered by State Medicaid
NF	Non-Formulary

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
Amphetamines		
ADDERALL TABS (*Use Amphetamine-Dextroamphetamine*)	NF	QL(90 ea per 30 days retail)
ADDERALL XR CP24 (*Use Amphetamine-Dextroamphetamine*)	NF	QL(1 ea daily); AL; At least 6 yrs old
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 6.25mg-6.25mg-6.25mg-6.25mg	1	QL(1 ea daily); AL; At least 6 yrs old
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg	1	QL(90 ea per 30 days retail)
DEXEDRINE CP24 10 MG, 15 MG (*Use Dextroamphetamine Sulfate*)	NF	QL(2 ea daily); AL; At least 6 yrs old
DEXEDRINE CP24 5 MG (*Use Dextroamphetamine Sulfate*)	NF	QL(1 ea daily); AL; At least 6 yrs old
dextroamphetamine sulfate cp24 10 mg, 15 mg	1	QL(2 ea daily); AL; At least 6 yrs old
dextroamphetamine sulfate cp24 5 mg	1	QL(1 ea daily); AL; At least 6 yrs old
dextroamphetamine sulfate tabs 5 mg, 10 mg	1	AL; At least 3 yrs old
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	PA; QL(1 ea daily)
Analeptics		
caffeine citrate soln or 20 mg/ml, 60 mg/3ml	1	QL(45 ml per fill retail)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps	1	ST; AL; At least 6 yrs old
clonidine hcl (adhd) tb12	1	
guanfacine hcl (adhd) tb24	1	QL(1 ea daily); AL; At least 6 yrs old
INTUNIV TB24 (*Use Guanfacine HCl (ADHD)*)	NF	QL(1 ea daily); AL; At least 6 yrs old
KAPVAY TB12 (*Use Clonidine HCl (ADHD)*)	NF	
STRATTERA CAPS (*Use Atomoxetine HCl*)	NF	ST; AL; At least 6 yrs old
Stimulants - Misc.		
CONCERTA TBCR (*Use Methylphenidate HCl*)	NF	AL; At least 6 yrs old
dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg	1	QL(2 ea daily); AL; At least 6 yrs old
FOCALIN TABS (*Use Dexmethylphenidate HCl*)	NF	QL(2 ea daily); AL; At least 6 yrs old
METADATE CD CPCR (*Use Methylphenidate HCl*)	NF	AL; At least 6 yrs old
methylphenidate hcl cpcr 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	AL; At least 6 yrs old
METHYLPHENIDATE HCL ER TB24 18 MG, 27 MG, 36 MG, 54 MG	2	
METHYLPHENIDATE HCL ER TBCR 18 MG	2	AL; At least 6 yrs old
methylphenidate hcl tabs 5 mg, 10 mg, 20 mg	1	AL; At least 3 yrs old
methylphenidate hcl tbcr 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	AL; At least 6 yrs old

Drug Name	Drug Tier	Requirements/ Limits
RITALIN TABS (*Use Methylphenidate HCl*)	NF	AL; At least 3 yrs old
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR ADULT SAMPLE KIT SUBL	2	PA; SP
ORALAIR ADULT STARTER PACK SUBL	2	PA; SP
ORALAIR SUBL	2	PA; SP
Biologicals Misc		
ADAGEN SOLN	2	PA; SP
ALTERNATIVE MEDICINES		
Alternative Medicine - G's		
ginger (zingiber officinalis) caps 250 mg	1	QL(4 ea daily)
Alternative Medicine - M's		
melatonin tabs or 3 mg, 5 mg	1	QL(1 ea daily)
AMINOGLYCOSIDES		
Aminoglycosides		
BETHKIS NEBU	2	PA; SP
KITABIS PAK NEBU	2	PA; SP
neomycin sulfate tabs	1	
TOBI NEBU (*Use Tobramycin*)	NF	PA; SP
TOBI PODHALER CAPS	2	PA; SP
tobramycin nebu	1	PA; SP
TOBRAMYCIN NEBU	2	PA; SP
TOBRAMYCIN SULFATE SOLN 10 MG/ML, 40 MG/ML	2	PA
tobramycin sulfate soln 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml	1	PA
tobramycin sulfate solr 1.2 gm	1	PA
ANALGESICS - ANTI-INFLAMMATORY		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	2	PA; SP
HUMIRA PEN PNKT	2	PA; SP
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	2	PA; SP
HUMIRA PEN-PSORIASIS STARTER PNKT	2	PA; SP
HUMIRA PSKT	2	PA; SP
SIMPONI ARIA SOLN	2	PA; SP
SIMPONI SOAJ	2	PA; SP
SIMPONI SOSY	2	PA; SP
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS	2	PA; SP
XELJANZ XR TB24	2	PA; SP
Antirheumatic Antimetabolites		
OTREXUP SOAJ	2	PA; SP
RASUVO SOAJ	2	PA; SP
RHEUMATREX TABS	2	
Interleukin-1 Blockers		
ARCALYST SOLR	2	PA; SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	2	PA; SP
Interleukin-1beta Blockers		
ILARIS SOLN	2	PA; SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ACTEMRA SOSY	2	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (*Use Ibuprofen*)	NF	
ALEVE ARTHRITIS TABS (*Use Naproxen Sodium*)	NF	QL(2 ea daily)
ALEVE TABS (*Use Naproxen Sodium*)	NF	QL(2 ea daily)
ANAPROX DS TABS (*Use Naproxen Sodium*)	NF	
CELEBREX CAPS (*Use Celecoxib*)	NF	PA; QL(2 ea daily)
celecoxib caps	1	PA; QL(2 ea daily)
CHILDRENS ADVIL SUSP (*Use Ibuprofen*)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (*Use Ibuprofen*)	NF	RX/OTC
DAYPRO TABS (*Use Oxaprozin*)	NF	
diclofenac potassium tabs	1	
diclofenac sodium tb24 or 100 mg	1	
diclofenac sodium tbec or 25 mg, 50 mg, 75 mg	1	
EC-NAPROSYN TBEC (*Use Naproxen*)	NF	QL(2 ea daily)
etodolac caps	1	
etodolac tabs	1	
etodolac tb24	1	
FELDENE CAPS (*Use Piroxicam*)	NF	
flurbiprofen tabs	1	
ibuprofen chew 100 mg	1	
ibuprofen susp 100 mg/5ml	1	RX/OTC
ibuprofen susp 40 mg/ml, 50 mg/1.25ml	1	
ibuprofen tabs 200 mg, 400 mg, 600 mg, 800 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
indomethacin caps	1	
indomethacin cpcr	1	
INFANTS ADVIL SUSP (*Use Ibuprofen*)	NF	
KETOPROFEN CAPS 50 MG, 75 MG	2	
ketoprofen caps 50 mg, 75 mg	1	
KETOPROFEN ER CP24	2	
ketorolac tromethamine tabs or 10 mg	1	QL(20 ea per fill retail); AL; At least 17 yrs old
LODINE TABS (*Use Etodolac*)	NF	
meloxicam tabs	1	
MOBIC TABS 15 MG, 7.5 MG (*Use Meloxicam*)	NF	
MOTRIN INFANTS DROPS SUSP (*Use Ibuprofen*)	NF	
nabumetone tabs	1	
NAPROSYN SUSP (*Use Naproxen*)	NF	
NAPROSYN TABS (*Use Naproxen*)	NF	
naproxen sodium tabs 220 mg	1	QL(2 ea daily)
naproxen sodium tabs 275 mg, 550 mg	1	
naproxen susp 125 mg/5ml	1	
naproxen tabs 250 mg, 375 mg, 500 mg	1	
naproxen tbec 375 mg, 500 mg	1	QL(2 ea daily)
oxaprozin tabs	1	
piroxicam caps	1	
sulindac tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
tolmetin sodium caps 400 mg	1	
TOLMETIN SODIUM CAPS 400 MG	2	
TOLMETIN SODIUM TABS 200 MG, 600 MG	2	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	2	PA; SP
OTEZLA TBPK	2	PA; SP
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (*Use Leflunomide*)	NF	QL(1 ea daily)
leflunomide tabs	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	2	PA; SP
ORENCIA SOLR	2	PA; SP
ORENCIA SOSY	2	PA; SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	2	PA; SP
ENBREL SOSY	2	PA; SP
ENBREL SURECLICK SOAJ	2	PA; SP
ANALGESICS - NonNarcotic		
Analgesic Combinations		
butalbital-acetaminophen tabs 325mg-50mg	1	
butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg	1	QL(4 ea daily)
butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg	1	QL(4 ea daily)
butalbital-aspirin-caffeine caps	1	QL(4 ea daily)
BUTALBITAL/ASPIRIN/CAFFEINE TABS	2	QL(4 ea daily)
ESGIC TABS (*Use Butalbital-Acetaminophen-Caffeine*)	NF	QL(4 ea daily)
FIORINAL CAPS (*Use Butalbital-Aspirin-Caffeine*)	NF	QL(4 ea daily)
TENCON TABS	2	
Analgesics Other		
acetaminophen chew or 80 mg, 160 mg	1	
acetaminophen elix or 160 mg/5ml, 80 mg/2.5ml	1	
acetaminophen liqd or 160 mg/5ml	1	
acetaminophen soln or 160 mg/5ml, 650 mg/20.3ml, 325 mg/10.15ml	1	
acetaminophen supp re 120 mg, 325 mg, 650 mg	1	QL(12 ea per fill retail)
acetaminophen susp or 160 mg/5ml, 80 mg/0.8ml, 80 mg/2.5ml	1	
acetaminophen tabs or 325 mg, 500 mg	1	
NORTEMP INFANTS SUSP	2	
TYLENOL CHILDRENS SUSP (*Use Acetaminophen*)	NF	
TYLENOL EXTRA STRENGTH TABS (*Use Acetaminophen*)	NF	
TYLENOL INFANTS PAIN+FEVER SUSP (*Use Acetaminophen*)	NF	
TYLENOL INFANTS SUSP (*Use Acetaminophen*)	NF	
TYLENOL TABS (*Use Acetaminophen*)	NF	
Analgesics-Peptide Channel Blockers		
PRIALT SOLN	2	PA; SP
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide) tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
aspirin chew or 81 mg	1	
ASPIRIN LOW DOSE TABS	2	
ASPIRIN SUPP RE 120 MG, 200 MG, 300 MG, 600 MG	2	QL(12 ea per fill retail)
aspirin supp re 300 mg, 600 mg	1	QL(12 ea per fill retail)
aspirin tabs or 325 mg	1	
aspirin tbec or 81 mg, 324 mg, 325 mg, 500 mg	1	
BUFFERIN TABS (*Use Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide*))	NF	
choline & mag salicylate liqd	1	
diflunisal tabs	1	
DISALCID TABS (*Use Salsalate*)	NF	
ECOTRIN MAXIMUM STRENGTH TBEC (*Use Aspirin*)	NF	
ECOTRIN REGULAR STRENGTH TBEC (*Use Aspirin*)	NF	
salsalate tabs	1	
ANALGESICS - OPIOID		
Opioid Agonists		
codeine sulfate tabs 15 mg, 30 mg, 60 mg	1	QL(2 ea daily)
CODEINE SULFATE TABS 15 MG, 30 MG, 60 MG (*Use Codeine Sulfate*)	NF	QL(2 ea daily)
DEMEROL TABS OR 50 MG, 100 MG (*Use Meperidine HCl*)	NF	QL(6 ea daily)
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (*Use Hydromorphone HCl*)	NF	QL(8 ea daily)
DOLOPHINE TABS 10 MG (*Use Methadone HCl*)	NF	PA; QL(10 ea daily)
DOLOPHINE TABS 5 MG (*Use Methadone HCl*)	NF	PA; QL(4 ea daily)
DURAGESIC PT72 (*Use Fentanyl*)	NF	10 per month;QL(0.34 ea daily)
fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	10 per month;QL(0.34 ea daily)
HYDROMORPHONE HCL SUPP RE 3 MG	2	QL(12 ea per fill retail)
hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg	1	QL(8 ea daily)
MEPERIDINE HCL SOLN OR 50 MG/5ML	2	QL(500 ml per fill retail)
meperidine hcl tabs or 50 mg, 100 mg	1	QL(6 ea daily)
methadone hcl tabs or 10 mg	1	PA; QL(10 ea daily)
methadone hcl tabs or 5 mg	1	PA; QL(4 ea daily)
morphine sulfate soln or 10 mg/5ml, 20 mg/5ml	1	QL(16.67 ml daily)
morphine sulfate soln or 20 mg/ml, 100 mg/5ml	1	QL(240 ml per fill retail)
MORPHINE SULFATE SUPP RE 5 MG, 10 MG, 20 MG, 30 MG	2	QL(24 ea per fill retail)
MORPHINE SULFATE TABS OR 15 MG, 30 MG	2	QL(6 ea daily)
morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg	1	QL(3 ea daily)
MS CONTIN TBCR (*Use Morphine Sulfate*)	NF	QL(3 ea daily)
oxycodone hcl caps 5 mg	1	QL(6 ea daily)
oxycodone hcl conc 100 mg/5ml	1	QL(6 ml daily)
OXYCODONE HCL ER T12A	2	PA; QL(2 ea daily)
oxycodone hcl soln 5 mg/5ml	1	
oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
OXYCONTIN T12A	2	PA; QL(2 ea daily)
ROXICODONE TABS (*Use Oxycodone HCl*)	NF	QL(6 ea daily)
tramadol hcl tabs 50 mg	1	QL(8 ea daily)
ULTRAM TABS (*Use Tramadol HCl*)	NF	QL(8 ea daily)
Opioid Combinations		
acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml	1	QL(30 ml daily)
acetaminophen w/ codeine tabs 300mg-15mg, 300mg-30mg, 300mg-60mg	1	QL(6 ea daily)
butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg	1	QL(4 ea daily)
butalbital-aspirin-caffeine w/cod caps	1	QL(4 ea daily)
FIORINAL/CODEINE #3 CAPS (*Use Butalbital-Aspirin-Caffeine w/Cod*)	NF	QL(4 ea daily)
HYCET SOLN (*Use Hydrocodone-Acetaminophen*)	NF	QL(180 ml daily)
hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml	1	QL(180 ml daily)
hydrocodone-acetaminophen tabs 10mg-325mg	1	QL(6 ea daily)
hydrocodone-acetaminophen tabs 5mg-325mg	1	QL(12 ea daily)
hydrocodone-acetaminophen tabs 7.5mg-325mg	1	QL(8 ea daily)
NORCO TABS 10MG-325MG (*Use Hydrocodone-Acetaminophen*)	NF	QL(6 ea daily)
NORCO TABS 5MG-325MG (*Use Hydrocodone-Acetaminophen*)	NF	QL(12 ea daily)
NORCO TABS 7.5MG-325MG (*Use Hydrocodone-Acetaminophen*)	NF	QL(8 ea daily)
oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg	1	QL(6 ea daily)
oxycodone-aspirin tabs	1	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN	2	QL(30 ml daily)
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (*Use Oxycodone w/ Acetaminophen*)	NF	QL(6 ea daily)
tramadol-acetaminophen tabs	1	QL(4 ea daily)
TYLENOL/CODEINE #3 TABS (*Use Acetaminophen w/ Codeine*)	NF	QL(6 ea daily)
TYLENOL/CODEINE #4 TABS (*Use Acetaminophen w/ Codeine*)	NF	QL(6 ea daily)
ULTRACET TABS (*Use Tramadol-Acetaminophen*)	NF	QL(4 ea daily)
Opioid Partial Agonists		
PROBUPHINE IMPLANT KIT IMPL	2	PA; SP
SUBLOCADE SOSY	2	PA; 1 rtl MAX fill,30 rtl day(s) supply,; SP
SUBOXONE FILM 12MG-3MG	2	QL(1.33 ea daily)
SUBOXONE FILM 2MG-0.5MG	2	QL(8 ea daily)
SUBOXONE FILM 4MG-1MG	2	QL(4 ea daily)
SUBOXONE FILM 8MG-2MG	2	QL(2 ea daily)
ANDROGENS-ANABOLIC		
Androgens		
ANDRODERM PT24	2	QL(1 ea daily)
ANDROXY TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
AVEED SOLN	2	PA; SP
DEPO-TESTOSTERONE SOLN 200 MG/ML (*Use Testosterone Cypionate*)	NF	QL(4 ml per 30 days retail)
METHITEST TABS	2	
TESTOPEL PLLT	2	PA; SP
testosterone cypionate soln 200 mg/ml	1	QL(4 ml per 30 days retail)
ANORECTAL AGENTS		
Intrarectal Steroids		
CORTENEMA ENEM (*Use Hydrocortisone (Intrarectal)*)	NF	QL(420 ml per fill retail)
hydrocortisone (intrarectal) enem	1	QL(420 ml per fill retail)
Rectal Combinations		
phenylephrine-shark liver oil-cocoa butter supp	1	QL(48 ea per fill retail)
phenylephrine-shark liver oil-mineral oil-petrolatum oint	1	QL(12 gm per fill retail)
Rectal Local Anesthetics		
pramoxine hcl (rectal) foam	1	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)*)	NF	QL(30 gm per fill retail)
hydrocortisone (rectal) crea 2.5 %	1	QL(30 gm per fill retail)
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone liqd 200mg/5ml-20mg/5ml-200mg/5ml	1	QL(16.53 ml daily)
alum & mag hydrox-simethicone susp 200mg/5ml-20mg/5ml-200mg/5ml, 200mg/5ml-200mg/5ml-20mg/5ml-20mg/5ml-200mg/5ml-200mg/5ml	1	QL(16.53 ml daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP OR	2	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) tabs	1	QL(16.53 ea daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) chew 500 mg	1	
TUMS CHEW (*Use Calcium Carbonate (Antacid)*)	NF	
TUMS LASTING EFFECTS CHEW (*Use Calcium Carbonate (Antacid)*)	NF	
Antacids - Magnesium Salts		
magnesium oxide tabs 400 mg	1	
ANTHELMINTICS		
Anthelmintics		
EMVERM CHEW	2	QL(1 ea per 14 days retail)
pyrantel pamoate susp	1	QL(60 ml per fill retail)
ANTI-INFECTIVE AGENTS - MISC.		
Anti-infective Agents - Misc.		
FLAGYL TABS 250 MG, 500 MG (*Use Metronidazole*)	NF	
metronidazole tabs or 250 mg, 500 mg	1	
trimethoprim tabs	1	
VANCOCIN HCL CAPS 125 MG (*Use Vancomycin HCl*)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VANCOCIN HCL CAPS 250 MG (*Use Vancomycin HCl*)	NF	QL(8 ea daily)
vancomycin hcl caps or 125 mg	1	QL(4 ea daily)
vancomycin hcl caps or 250 mg	1	QL(8 ea daily)
vancomycin hcl solr iv 1000 mg	1	QL(14 ea per fill retail)
vancomycin hcl solr iv 500 mg	1	QL(0.467 ea daily)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (*Use Sulfamethoxazole-Trimethoprim*)	NF	
BACTRIM TABS (*Use Sulfamethoxazole-Trimethoprim*)	NF	
sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml	1	
sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg	1	
Carbapenems		
INVANZ SOLR	2	PA; SP
Leprostatics		
dapsone tabs	1	
Lincosamides		
CLEOCIN CAPS OR 150 MG, 300 MG (*Use Clindamycin HCl*)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (*Use Clindamycin Palmitate Hydrochloride*)	NF	QL(100 ml per fill retail)
clindamycin hcl caps 150 mg, 300 mg	1	
clindamycin palmitate hydrochloride solr	1	QL(100 ml per fill retail)
Oxazolidinones		
SIVEXTRO TABS OR	2	PA; QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ANTIANGINAL AGENTS		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (*Use Isosorbide Dinitrate*)	NF	
ISOSORBIDE DINITRATE ER TBCR	2	
isosorbide dinitrate tabs	1	
isosorbide mononitrate tabs 10 mg, 20 mg	1	QL(2 ea daily)
isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg	1	QL(1 ea daily)
NITRO-BID OINT	2	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (*Use Nitroglycerin*)	NF	
nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 mg	1	
nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg	1	
NITROSTAT SUBL (*Use Nitroglycerin*)	NF	
ANTIANXIETY AGENTS		
Antianxiety Agents - Misc.		
buspirone hcl tabs	1	
hydroxyzine hcl syrp or 10 mg/5ml	1	
hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg	1	
HYDROXYZINE PAMOATE CAPS 100 MG	2	
hydroxyzine pamoate caps 25 mg, 50 mg	1	
meprobamate tabs	1	
VISTARIL CAPS (*Use Hydroxyzine Pamoate*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Benzodiazepines		
alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL(4 ea daily)
ATIVAN TABS OR 0.5 MG, 2 MG (*Use Lorazepam*)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (*Use Lorazepam*)	NF	QL(4 ea daily)
chlordiazepoxide hcl caps	1	QL(4 ea daily)
clorazepate dipotassium tabs	1	QL(3 ea daily)
DIAZEPAM SOLN OR 1 MG/ML	2	QL(500 ml per fill retail)
diazepam tabs or 2 mg, 5 mg, 10 mg	1	QL(4 ea daily)
lorazepam tabs or 0.5 mg, 2 mg	1	QL(3 ea daily)
lorazepam tabs or 1 mg	1	QL(4 ea daily)
oxazepam caps 10 mg, 15 mg, 30 mg	1	QL(4 ea daily)
OXAZEPAM CAPS 30 MG	2	QL(4 ea daily)
TRANXENE T TABS (*Use Clorazepate Dipotassium*)	NF	QL(3 ea daily)
VALIUM TABS (*Use Diazepam*)	NF	QL(4 ea daily)
XANAX TABS (*Use Alprazolam*)	NF	QL(4 ea daily)
ANTIARRHYTHMICS		
Antiarrhythmics Type I-A		
disopyramide phosphate caps	1	
NORPACE CAPS (*Use Disopyramide Phosphate*)	2	
quinidine gluconate tbcr or 324 mg	1	
QUINIDINE SULFATE ER TBCR	2	
QUINIDINE SULFATE TABS	2	
Antiarrhythmics Type I-B		
mexiletine hcl caps	1	

Drug Name	Drug Tier	Requirements/ Limits
Antiarrhythmics Type I-C		
flecainide acetate tabs	1	
propafenone hcl tabs 150 mg, 225 mg, 300 mg	1	
RYTHMOL TABS (*Use Propafenone HCl*)	2	
Antiarrhythmics Type III		
amiodarone hcl tabs or 200 mg	1	
dofetilide caps	1	PA; SP
TIKOSYN CAPS (*Use Dofetilide*)	NF	PA; SP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
Anti-Inflammatory Agents		
cromolyn sodium nebu	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
CINQAIR SOLN	2	PA; SP
NUCALA SOLR	2	PA; SP
XOLAIR SOLR	2	PA; SP
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	2	QL(0.867 gm daily)
INCRUSE ELLIPTA AEPB	2	QL(30 ea per 30 days retail)
INCRUSE ELLIPTA AEPB	2	QL(7 ea per 30 days retail)
ipratropium bromide soln	1	QL(15 ml daily)
TUDORZA PRESSAIR AEPB	2	QL(1 ea per 30 days retail)
Leukotriene Modulators		
montelukast sodium chew	1	QL(1 ea daily)
montelukast sodium pack	1	QL(1 ea daily)
montelukast sodium tabs	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SINGULAIR CHEW (*Use Montelukast Sodium*)	NF	QL(1 ea daily)
SINGULAIR PACK (*Use Montelukast Sodium*)	NF	QL(1 ea daily)
SINGULAIR TABS (*Use Montelukast Sodium*)	NF	QL(1 ea daily)
Steroid Inhalants		
AEROSPAN AERS	2	QL(9 gm per 30 days retail)
budesonide (inhalation) susp	1	QL(4 ml daily); AL; At least 1 yrs old - Up to 8 yrs old
FLOVENT DISKUS AEPB	2	QL(2 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	2	QL(12 gm per 30 days retail)
FLOVENT HFA AERO 44 MCG/ACT	2	QL(11 gm per 30 days retail)
PULMICORT FLEXHALER AEPB	2	QL(1 ea per 25 days retail)
PULMICORT SUSP (*Use Budesonide (Inhalation)*)	NF	QL(4 ml daily); AL; At least 1 yrs old - Up to 8 yrs old
Sympathomimetics		
ALBUTEROL SULFATE ER TB12	2	
albuterol sulfate nebu in 0.083 %	1	QL(375 ml per 25 days retail)
albuterol sulfate nebu in 0.5 %	1	QL(2 ml daily)
albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml	1	QL(375 ml per 30 days retail)
albuterol sulfate syrp or 2 mg/5ml	1	
albuterol sulfate tabs or 2 mg, 4 mg	1	
albuterol sulfate tb12 or 4 mg, 8 mg	1	
COMBIVENT RESPIMAT AERS	2	QL(4 gm per 30 days retail)
DULERA AERO	2	QL(13 gm per 30 days retail)
ipratropium-albuterol soln	1	QL(12 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
METAPROTERENOL SULFATE SYRP 10 MG/5ML	2	QL(30 ml daily)
METAPROTERENOL SULFATE TABS 10 MG, 20 MG	2	
SEREVENT DISKUS AEPB	2	QL(2 ea daily)
SYMBICORT AERO	2	QL(11 gm per 30 days retail)
terbutaline sulfate tabs or 5 mg, 2.5 mg	1	
VENTOLIN HFA AERS	2	QL(1.2 gm daily)
VENTOLIN HFA AERS	2	QL(0.54 gm daily)
VOSPIRE ER TB12 (*Use Albuterol Sulfate*)	NF	
Xanthines		
ELIXOPHYLLIN ELIX	2	
THEO-24 CP24	2	
theophylline soln 80 mg/15ml	1	QL(475 ml per fill retail)
theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline tb24 400 mg, 600 mg	1	
ANTICOAGULANTS		
Anticoagulants - Misc.		
DEFITELIO SOLN	2	PA; SP
Coumarin Anticoagulants		
COUMADIN TABS (*Use Warfarin Sodium*)	2	
warfarin sodium tabs	1	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TABS	2	QL(4 ea daily)
ELIQUIS TABS	2	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
XARELTO TABS 10 MG	2	QL(1 ea daily,35 ea per 180 days retail)
XARELTO TABS 15 MG	2	QL(2 ea daily)
XARELTO TABS 20 MG	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN (*Use Fondaparinux Sodium*)	NF	PA; SP
enoxaparin sodium soln ij 300 mg/3ml	1	QL(42 ml per 7 days retail); SP
enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml	1	QL(14 ml per 7 days retail); SP
enoxaparin sodium soln sc 30 mg/0.3ml	1	QL(5 ml per 7 days retail); SP
enoxaparin sodium soln sc 40 mg/0.4ml	1	QL(6 ml per 7 days retail); SP
enoxaparin sodium soln sc 60 mg/0.6ml	1	QL(9 ml per 7 days retail); SP
enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml	1	QL(12 ml per 7 days retail); SP
fondaparinux sodium soln	1	PA; SP
FRAGMIN SOLN	2	PA; SP
heparin sodium (porcine) soln	1	
LOVENOX SOLN IJ 300 MG/3ML (*Use Enoxaparin Sodium*)	NF	QL(42 ml per 7 days retail); SP
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (*Use Enoxaparin Sodium*)	NF	QL(14 ml per 7 days retail); SP
LOVENOX SOLN SC 30 MG/0.3ML (*Use Enoxaparin Sodium*)	NF	QL(5 ml per 7 days retail); SP
LOVENOX SOLN SC 40 MG/0.4ML (*Use Enoxaparin Sodium*)	NF	QL(6 ml per 7 days retail); SP
LOVENOX SOLN SC 60 MG/0.6ML (*Use Enoxaparin Sodium*)	NF	QL(9 ml per 7 days retail); SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (*Use Enoxaparin Sodium*)	NF	QL(12 ml per 7 days retail); SP

Drug Name	Drug Tier	Requirements/ Limits
ANTICONVULSANTS		
Anticonvulsants - Benzodiazepines		
clonazepam tabs 0.5 mg, 1 mg, 2 mg	1	QL(4 ea daily)
DIASTAT ACUDIAL GEL	2	QL(1 ea per fill retail); AL; At least 2 yrs old
DIASTAT PEDIATRIC GEL	2	QL(1 ea per fill retail); AL; At least 2 yrs old
DIAZEPAM GEL RE 10 MG, 20 MG, 2.5 MG	2	QL(1 ea per fill retail); AL; At least 2 yrs old
DIAZEPAM RECTAL GEL GEL	2	QL(1 ea per fill retail); AL; At least 2 yrs old
KLONOPIN TABS (*Use Clonazepam*)	NF	QL(4 ea daily)
Anticonvulsants - Misc.		
BANZEL SUSP	2	PA; SP
BANZEL TABS	2	PA; SP
BRIVIACT SOLN IV 50 MG/5ML	2	PA; SP
carbamazepine chew 100 mg	1	
carbamazepine cp12 200 mg, 300 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tabs 200 mg	1	
carbamazepine tb12 100 mg, 200 mg, 400 mg	1	
CARBATROL CP12 200 MG, 300 MG (*Use Carbamazepine*)	NF	
gabapentin caps 100 mg	1	QL(9 ea daily)
gabapentin caps 300 mg, 400 mg	1	
gabapentin soln 250 mg/5ml, 300 mg/6ml	1	

Drug Name	Drug Tier	Requirements/ Limits
gabapentin tabs 600 mg, 800 mg	1	
KEPPRA SOLN OR 100 MG/ML (*Use Levetiracetam*)	NF	QL(30 ml daily)
KEPPRA TABS OR 250 MG, 500 MG, 750 MG, 1000 MG (*Use Levetiracetam*)	NF	
KEPPRA XR TB24 (*Use Levetiracetam*)	NF	ST
LAMICTAL CHEWABLE DISPERSIBLE CHEW (*Use Lamotrigine*)	NF	
LAMICTAL TABS (*Use Lamotrigine*)	NF	
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (*Use Lamotrigine*)	NF	ST
lamotrigine chew 5 mg, 25 mg	1	
lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg	1	
lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	1	ST
levetiracetam soln or 100 mg/ml, 500 mg/5ml	1	QL(30 ml daily)
levetiracetam tabs or 250 mg, 500 mg, 750 mg, 1000 mg	1	
levetiracetam tb24 or 500 mg, 750 mg	1	ST
MYSOLINE TABS (*Use Primidone*)	NF	
NEURONTIN CAPS 100 MG (*Use Gabapentin*)	NF	QL(9 ea daily)
NEURONTIN CAPS 300 MG, 400 MG (*Use Gabapentin*)	NF	
NEURONTIN SOLN 250 MG/5ML (*Use Gabapentin*)	NF	
NEURONTIN TABS 600 MG, 800 MG (*Use Gabapentin*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
oxcarbazepine susp	1	
oxcarbazepine tabs	1	
primidone tabs	1	
TEGRETOL SUSP (*Use Carbamazepine*)	NF	
TEGRETOL TABS (*Use Carbamazepine*)	NF	
TEGRETOL-XR TB12 (*Use Carbamazepine*)	NF	
TOPAMAX SPRINKLE CPSP (*Use Topiramate*)	NF	
TOPAMAX TABS 25 MG (*Use Topiramate*)	NF	QL(6 ea daily)
TOPAMAX TABS 50 MG, 100 MG, 200 MG (*Use Topiramate*)	NF	
topiramate cpsp 15 mg, 25 mg	1	
topiramate tabs 25 mg	1	QL(6 ea daily)
topiramate tabs 50 mg, 100 mg, 200 mg	1	
TRILEPTAL SUSP (*Use Oxcarbazepine*)	NF	
TRILEPTAL TABS (*Use Oxcarbazepine*)	NF	
ZONEGRAN CAPS (*Use Zonisamide*)	NF	
zonisamide caps	1	
Carbamates		
felbamate susp	1	
felbamate tabs	1	
FELBATOL SUSP (*Use Felbamate*)	NF	
FELBATOL TABS (*Use Felbamate*)	NF	
GABA Modulators		
GABITRIL TABS (*Use Tiagabine HCl*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
SABRIL PACK (*Use Vigabatrin*)	NF	PA; SP
SABRIL TABS	2	PA; SP
tiagabine hcl tabs	1	
vigabatrin pack	1	PA; SP
Hydantoins		
DILANTIN CAPS 100 MG (*Use Phenytoin Sodium Extended*)	NF	
DILANTIN INFATABS CHEW (*Use Phenytoin*)	NF	
DILANTIN-125 SUSP (*Use Phenytoin*)	NF	
PHENYTEK CAPS (*Use Phenytoin Sodium Extended*)	2	
phenytoin chew	1	
phenytoin sodium extended caps	1	
phenytoin susp	1	
Succinimides		
ethosuximide caps	1	
ethosuximide soln	1	
ZARONTIN CAPS (*Use Ethosuximide*)	2	
ZARONTIN SOLN (*Use Ethosuximide*)	2	
Valproic Acid		
DEPAKENE CAPS 250 MG (*Use Valproic Acid*)	2	
DEPAKOTE ER TB24 (*Use Divalproex Sodium*)	NF	
DEPAKOTE SPRINKLES CSDR (*Use Divalproex Sodium*)	NF	
DEPAKOTE TBEC (*Use Divalproex Sodium*)	NF	
divalproex sodium csdr	1	
divalproex sodium tb24	1	
divalproex sodium tbec	1	
valproic acid caps	1	
ANTIDEPRESSANTS		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs	1	
mirtazapine tbdp	1	
REMERON SOLTAB TBDP (*Use Mirtazapine*)	NF	
REMERON TABS (*Use Mirtazapine*)	NF	
Antidepressants - Misc.		
bupropion hcl tabs 75 mg, 100 mg	1	
bupropion hcl tb12 100 mg	1	QL(4 ea daily)
bupropion hcl tb12 150 mg	1	QL(3 ea daily)
bupropion hcl tb12 200 mg	1	QL(2 ea daily)
bupropion hcl tb24 150 mg	1	QL(3 ea daily)
bupropion hcl tb24 300 mg	1	QL(1 ea daily)
MAPROTILINE HCL TABS	2	
WELLBUTRIN SR TB12 100 MG (*Use Bupropion HCl*)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (*Use Bupropion HCl*)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (*Use Bupropion HCl*)	NF	QL(2 ea daily)
WELLBUTRIN TABS (*Use Bupropion HCl*)	NF	
WELLBUTRIN XL TB24 150 MG (*Use Bupropion HCl*)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
WELLBUTRIN XL TB24 300 MG (*Use Bupropion HCl*)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL TABS (*Use Phenelzine Sulfate*)	NF	
PARNATE TABS (*Use Tranylcypromine Sulfate*)	NF	
phenelzine sulfate tabs	1	
tranylcypromine sulfate tabs	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS (*Use Citalopram Hydrobromide*)	NF	
citalopram hydrobromide soln	1	
citalopram hydrobromide tabs	1	
escitalopram oxalate tabs 5 mg, 10 mg, 20 mg	1	
fluoxetine hcl caps 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl soln 20 mg/5ml	1	
fluoxetine hcl tabs 10 mg	1	AL; At least 7 yrs old
fluoxetine hcl tabs 20 mg	1	QL(4 ea daily); AL; At least 7 yrs old
fluvoxamine maleate tabs 25 mg, 50 mg, 100 mg	1	
LEXAPRO TABS 5 MG, 10 MG, 20 MG (*Use Escitalopram Oxalate*)	NF	
paroxetine hcl tabs 10 mg, 20 mg, 30 mg, 40 mg	1	
PAXIL SUSP 10 MG/5ML	2	
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (*Use Paroxetine HCl*)	NF	
PROZAC CAPS (*Use Fluoxetine HCl*)	NF	
sertraline hcl conc	1	
sertraline hcl tabs	1	
ZOLOFT CONC (*Use Sertraline HCl*)	NF	
ZOLOFT TABS (*Use Sertraline HCl*)	NF	
Serotonin Modulators		
NEFAZODONE HCL TABS 100 MG, 150 MG, 200 MG	2	
nefazodone hcl tabs 50 mg, 250 mg	1	
trazodone hcl tabs	1	
VIIBRYD TABS	2	PA
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (*Use Duloxetine HCl*)	NF	QL(1 ea daily); AL; At least 7 yrs old
desvenlafaxine succinate tb24 100 mg	1	QL(4 ea daily)
desvenlafaxine succinate tb24 25 mg, 50 mg	1	QL(1 ea daily)
duloxetine hcl cpep 20 mg, 30 mg, 60 mg	1	QL(1 ea daily); AL; At least 7 yrs old
DULOXETINE HCL CPEP 40 MG	2	QL(1 ea daily); AL; At least 7 yrs old
EFFEXOR XR CP24 150 MG (*Use Venlafaxine HCl*)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (*Use Venlafaxine HCl*)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (*Use Venlafaxine HCl*)	NF	QL(5 ea daily)
PRISTIQ TB24 100 MG (*Use Desvenlafaxine Succinate*)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (*Use Desvenlafaxine Succinate*)	NF	QL(1 ea daily)
venlafaxine hcl cp24 150 mg	1	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
venlafaxine hcl cp24 75 mg	1	QL(5 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	2	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 75 MG, 150 MG, 37.5 MG (*Use Venlafaxine HCl*)	NF	QL(1 ea daily)
venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg	1	
venlafaxine hcl tb24 75 mg, 150 mg, 225 mg, 37.5 mg	1	QL(1 ea daily)
Tricyclic Agents		
amitriptyline hcl tabs	1	
AMOXAPINE TABS	2	
ANAFRANIL CAPS 75 MG (*Use Clomipramine HCl*)	NF	
clomipramine hcl caps 75 mg	1	
desipramine hcl tabs	1	
doxepin hcl caps	1	
doxepin hcl conc	1	
ELAVIL TABS (*Use Amitriptyline HCl*)	NF	
imipramine hcl tabs	1	
NORPRAMIN TABS (*Use Desipramine HCl*)	NF	
nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg	1	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	2	
PAMELOR CAPS (*Use Nortriptyline HCl*)	NF	
TOFRANIL TABS (*Use Imipramine HCl*)	NF	
ANTIDIABETICS		
Antidiabetic - Amylin Analogs		

Drug Name	Drug Tier	Requirements/ Limits
SYMLINPEN 120 SOPN	2	PA; QL(11 ml per 30 days retail)
SYMLINPEN 60 SOPN	2	PA; QL(6 ml per 30 days retail)
Antidiabetic Combinations		
ACTOPLUS MET TABS (*Use Pioglitazone HCl-Metformin HCl*)	NF	QL(2 ea daily)
ALOGLIPTIN/METFORMIN HCL TABS	2	PA; QL(2 ea daily)
ALOGLIPTIN/PIOGLITAZONE TABS	2	PA; QL(1 ea daily)
glipizide-metformin hcl tabs	1	
GLUCOVANCE TABS (*Use Glyburide-Metformin*)	NF	
glyburide-metformin tabs	1	
JENTADUETO TABS	2	PA; QL(2 ea daily); AL; At least 18 yrs old
KAZANO TABS	2	QL(1 ea daily)
OSENI TABS	2	QL(1 ea daily)
pioglitazone hcl-metformin hcl tabs	1	QL(2 ea daily)
Biguanides		
GLUCOPHAGE TABS (*Use Metformin HCl*)	NF	
GLUCOPHAGE XR TB24 (*Use Metformin HCl*)	NF	
metformin hcl tabs 500 mg, 850 mg, 1000 mg	1	
metformin hcl tb24 500 mg, 750 mg	1	
Diabetic Other		
BD GLUCOSE CHEW	2	QL(1.67 ea daily)
CVS GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLUCAGEN HYPOKIT SOLR	2	
GLUCAGON EMERGENCY KIT KIT	2	QL(1 ea per fill retail)
GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
GNP GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
GNP QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily)
KORLYM TABS	2	PA; SP
LEADER QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily)
SM GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
WALGREENS GLUCOSE CHEW 4 GM	2	QL(1.67 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
ALOGLIPTIN TABS	2	PA; QL(1 ea daily)
NESINA TABS	2	QL(1 ea daily)
TRADJENTA TABS	2	PA; QL(1 ea daily); AL; At least 18 yrs old
Incretin Mimetic Agents (GLP-1 Receptor		
BYDUREON PEN PEN	2	PA; QL(4 ea per 28 days retail); AL; At least 18 yrs old
BYDUREON SRER	2	PA; QL(0.143 ea daily); AL; At least 18 yrs old
BYETTA SOPN 10 MCG/0.04ML	2	PA; QL(2 ml per 30 days retail); AL; At least 18 yrs old
BYETTA SOPN 5 MCG/0.02ML	2	PA; QL(1 ml per 30 days retail); AL; At least 18 yrs old
VICTOZA SOPN	2	PA; QL(0.3 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
Insulin Sensitizing Agents		
ACTOS TABS (*Use Pioglitazone HCl*)	NF	QL(1 ea daily)
AVANDIA TABS	2	QL(1 ea daily)
pioglitazone hcl tabs	1	QL(1 ea daily)
Insulin		
ADMELOG SOLN	2	QL(40 ml per 30 days retail)
ADMELOG SOLOSTAR SOPN	2	QL(30 ml per 30 days retail)
APIDRA SOLN	2	QL(30 ml per 30 days retail)
APIDRA SOLOSTAR SOPN	2	QL(30 ml per 30 days retail)
BASAGLAR KWIKPEN SOPN	2	QL(30 ml per 30 days retail)
FIASP FLEXTOUCH SOPN	2	QL(30 ml per 30 days retail)
FIASP SOLN	2	QL(30 ml per 30 days retail)
HUMALOG JUNIOR KWIKPEN SOPN	2	QL(30 ml per 30 days retail)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(30 ml per 30 days retail)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(30 ml per 30 days retail)
HUMALOG MIX 50/50 SUSP	2	QL(40 ml per 30 days retail)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(30 ml per 30 days retail)
HUMALOG MIX 75/25 SUSP	2	QL(40 ml per 30 days retail)
HUMALOG SOCT	2	
HUMALOG SOLN	2	QL(40 ml per 30 days retail)
HUMULIN 70/30 KWIKPEN SUPN	2	QL(30 ml per 30 days retail)
HUMULIN 70/30 SUSP	2	QL(40 ml per 30 days retail)
HUMULIN N KWIKPEN SUPN	2	QL(30 ml per 30 days retail)
HUMULIN N SUSP	2	QL(40 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R SOLN	2	QL(40 ml per 30 days retail)
NOVOLIN 70/30 RELION SUSP	2	QL(40 ml per 30 days retail)
NOVOLIN 70/30 SUSP	2	QL(40 ml per 30 days retail)
NOVOLIN N RELION SUSP	2	QL(40 ml per 30 days retail)
NOVOLIN N SUSP	2	QL(40 ml per 30 days retail)
NOVOLIN R RELION SOLN	2	QL(40 ml per 30 days retail)
NOVOLIN R SOLN	2	QL(40 ml per 30 days retail)
NOVOLOG FLEXPEN SOPN	2	QL(30 ml per 30 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	QL(30 ml per 30 days retail)
NOVOLOG MIX 70/30 SUSP	2	QL(40 ml per 30 days retail)
NOVOLOG PENFILL SOCT	2	
NOVOLOG SOLN	2	QL(30 ml per 30 days retail)
Meglitinide Analogues		
nateglinide tabs	1	QL(3 ea daily)
STARLIX TABS (*Use Nateglinide*)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
JARDIANCE TABS	2	PA; QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (*Use Glimepiride*)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (*Use Glimepiride*)	NF	QL(2 ea daily)
glimepiride tabs 1 mg, 2 mg	1	QL(4 ea daily)
glimepiride tabs 4 mg	1	QL(2 ea daily)
glipizide tabs	1	
glipizide tb24	1	
GLUCOTROL TABS (*Use Glipizide*)	NF	
GLUCOTROL XL TB24 (*Use Glipizide*)	NF	
glyburide micronized tabs	1	
glyburide tabs	1	
GLYNASE TABS (*Use Glyburide Micronized*)	NF	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
Antidiarrheal/Probiotic Agents - Misc.		
ACIDOPHILUS CAPS	2	RX/OTC
ACIDOPHILUS HIGH-POTENCY CAPS	2	RX/OTC
ACIDOPHILUS PEARLS CAPS	2	RX/OTC
ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC
ACIDOPHILUS SUPER PROBIOTIC CAPS	2	RX/OTC
ACIDOPHILUS/GOAT MILK CAPS	2	RX/OTC
ADVANCED PROBIOTIC 10 CAPS	2	RX/OTC
ADVANCED PROBIOTIC CAPS	2	RX/OTC
ALIGN CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C CAPS	2	RX/OTC
bismuth subsalicylate chew 262 mg	1	
bismuth subsalicylate susp 262 mg/15ml, 525 mg/15ml, 525 mg/30ml, 527 mg/30ml	1	
CHILDRENS PROBIOTIC PEARLS CAPS	2	RX/OTC
CULTURELLE ADVANCED IMMUNE DEFENSE CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CULTURELLE GENTLE-GO FORMULA KIDS PACK	2	
CULTURELLE KIDS CHEW	2	
CULTURELLE KIDS PACK	2	
CULTURELLE PRO-WELL CAPS	2	RX/OTC
CVS ADULT 50+ PROBIOTIC CAPS	2	RX/OTC
CVS ADULT PROBIOTIC CAPS	2	RX/OTC
CVS DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
CVS PROBIOTIC CAPS	2	RX/OTC
CVS PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS	2	RX/OTC
CVS SENIOR PROBIOTIC CAPS	2	RX/OTC
DAILY PROBIOTIC CAPS	2	RX/OTC
DIFF-STAT CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE LACTOSE DEFENSE FORMULA CAPS	2	RX/OTC
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	2	RX/OTC
EQL ACIDOPHILUS EXTRA STRENGTH CAPS	2	RX/OTC
EQL DAILY PROBIOTIC CAPS	2	RX/OTC
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
FLORA VANCE CAPS	2	RX/OTC
FLORAJEN BIFIDOBLEND CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FLORAJEN3 CAPS	2	RX/OTC
FLORAJEN4KIDS CAPS	2	RX/OTC
FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC
GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC
GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
HM ACIDOPHILUS CAPS	2	RX/OTC
LACTO-PECTIN CAPS	2	RX/OTC
MEGA PROBIOTIC CAPS	2	RX/OTC
META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC
MOMMYS BLISS PROBIOTIC PACK	2	
NATRUL PROBIOTIC CAPS	2	RX/OTC
PEARLS IC CAPS	2	RX/OTC
PEPTO-BISMOL CHEW 262 MG (*Use Bismuth Subsalicylate*)	NF	
PEPTO-BISMOL INSTACOOL CHEW (*Use Bismuth Subsalicylate*)	NF	
PEPTO-BISMOL MAX STRENGTH SUSP (*Use Bismuth Subsalicylate*)	NF	
PEPTO-BISMOL SUSP 262 MG/15ML (*Use Bismuth Subsalicylate*)	NF	
PEPTO-BISMOL TO-GO CHEW (*Use Bismuth Subsalicylate*)	NF	
PHILLIPS COLON HEALTH CAPS	2	RX/OTC
PREORBOTIC CAPS	2	RX/OTC
PRO-BIOTIC BLEND CAPS	2	RX/OTC
PRO-FLORA IMMUNE CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PROBIOMAX DAILY DF CAPS	2	RX/OTC
PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS	2	RX/OTC
PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC
PROBIOTIC ACIDOPHILUS BEADS CAPS	2	RX/OTC
PROBIOTIC ACIDOPHILUS CAPS	2	RX/OTC
PROBIOTIC ADVANCED ULTRAPOTENCY CAPS	2	RX/OTC
PROBIOTIC CAPS	2	RX/OTC
PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
PROBIOTIC COMPLEX/ACIDOPHILUS CAPS	2	RX/OTC
PROBIOTIC DAILY CAPS	2	RX/OTC
PROBIOTIC MATURE ADULT CAPS	2	RX/OTC
PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC
PROBIOTIC PEARLS CAPS	2	RX/OTC
PROBIOTIC-10 CAPS	2	RX/OTC
PROBIOTIC-10 ULTIMATE CAPS	2	RX/OTC
PRODIGEN CAPS	2	RX/OTC
RA PROBIOTIC COLON CARE CAPS	2	RX/OTC
RA PROBIOTIC COMPLEX CAPS	2	RX/OTC
RA PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
RESTORA CAPS	2	RX/OTC
RISAQUAD CAPS	2	RX/OTC
RISAQUAD-2 CAPS	2	RX/OTC
SM ACIDOPHILUS PEARLS CAPS	2	RX/OTC
SUPER PROBIOTIC CAPS	2	RX/OTC
SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
TRUBIOTICS CAPS	2	RX/OTC
TRUNATURE DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
ULTRAFLORA IMMUNE HEALTH CAPS	2	RX/OTC
VISBIOME PROBIOTIC HIGH POTENCY CAPS	2	RX/OTC
VSL#3 CAPS	2	RX/OTC
Antidiarrheal/Probiotic Combinations		
CULTURELLE DIGESTIVE HEALTH CAPS	2	
CULTURELLE DIGESTIVE HEALTH CHEW	2	
CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS	2	
CULTURELLE HEALTH & WELLNESS CAPS	2	
PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH CAPS	2	
Antiperistaltic Agents		
diphenoxylate w/ atropine tabs	1	
DIPHENOXYLATE/ATROPINE LIQD	2	
IMODIUM A-D CAPS 2 MG (*Use Loperamide HCl*)	NF	RX/OTC
IMODIUM A-D TABS 2 MG (*Use Loperamide HCl*)	NF	QL(2 ea daily)
LOMOTIL TABS (*Use Diphenoxylate w/ Atropine*)	NF	
loperamide hcl caps 2 mg	1	RX/OTC
loperamide hcl liqd 1 mg/5ml	1	

Drug Name	Drug Tier	Requirements/ Limits
loperamide hcl tabs 2 mg	1	QL(2 ea daily)
PAREGORIC TINC	2	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	2	
EXJADE TBSO	2	PA; SP
FERRIPROX SOLN	2	PA; SP
FERRIPROX TABS	2	PA; SP
JADENU SPRINKLE PACK	2	PA
JADENU TABS	2	PA; SP
Antidotes and Specific Antagonists		
BRIDION SOLN	2	PA; SP
deferoxamine mesylate solr	1	PA; SP
DESFERAL SOLR (*Use Deferoxamine Mesylate*)	NF	PA; SP
SM IPECAC SYRUP SYRP	2	
VISTOGARD PACK	2	
Opioid Antagonists		
NALOXONE HCL SOCT 0.4 MG/ML	2	
naloxone hcl soln 0.4 mg/ml	0	QL(2 ml per 90 days retail)
naloxone hcl soln 4 mg/10ml	1	QL(2 ml per 90 days retail)
NALOXONE HCL SOSY 2 MG/2ML	2	QL(2 ml per 30 days retail)
naltrexone hcl tabs	1	
NARCAN LIQD	2	QL(2 ea per 90 days retail)
VIVITROL SUSR	2	SP
ANTIEMETICS		
5-HT3 Receptor Antagonists		
ondansetron hcl soln or 4 mg/5ml	1	QL(50 ml per fill retail)
ondansetron hcl tabs or 4 mg, 8 mg	1	QL(2 ea daily)
ondansetron tbdp	1	QL(2 ea daily)
ZOFRAN ODT TBDP (*Use Ondansetron*)	NF	QL(2 ea daily)
ZOFRAN SOLN 4 MG/5ML (*Use Ondansetron HCl*)	NF	QL(50 ml per fill retail)
ZOFRAN TABS 4 MG, 8 MG (*Use Ondansetron HCl*)	NF	QL(2 ea daily)
Antiemetics - Anticholinergic		
meclizine hcl chew 25 mg	1	
meclizine hcl tabs 25 mg, 12.5 mg	1	RX/OTC
ANTIFUNGALS		
Antifungals		
GRIS-PEG TABS (*Use Griseofulvin Ultramicrosize*)	NF	
griseofulvin microsize susp	1	
griseofulvin microsize tabs	1	
griseofulvin ultramicrosize tabs	1	
LAMISIL TABS 250 MG (*Use Terbinafine HCl*)	NF	QL(1 ea daily,90 ea per 120 days retail)
nystatin tabs	1	QL(6 ea daily)
terbinafine hcl tabs	1	QL(1 ea daily,90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (*Use Fluconazole*)	NF	QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG (*Use Fluconazole*)	NF	QL(1 ea daily)
DIFLUCAN TABS 150 MG (*Use Fluconazole*)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DIFLUCAN TABS 200 MG (*Use Fluconazole*)	NF	
DIFLUCAN TABS 50 MG (*Use Fluconazole*)	NF	QL(7 ea per fill retail)
fluconazole susr 10 mg/ml, 40 mg/ml	1	QL(70 ml per fill retail)
fluconazole tabs 100 mg	1	QL(1 ea daily)
fluconazole tabs 150 mg	1	QL(2 ea daily)
fluconazole tabs 200 mg	1	
fluconazole tabs 50 mg	1	QL(7 ea per fill retail)
itraconazole caps	1	PA; QL(1 ea daily)
SPORANOX CAPS 100 MG (*Use Itraconazole*)	NF	PA; QL(1 ea daily)
SPORANOX PULSEPAK CAPS (*Use Itraconazole*)	NF	PA; QL(1 ea daily)
ANTIHISTAMINES		
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 2 mg/5ml	1	QL(60 ml daily)
chlorpheniramine maleate tabs 4 mg	1	QL(120 ea per fill retail)
Antihistamines - Ethanolamines		
ALER-DRYL TABS	2	QL(4 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
clemastine fumarate tabs 1.34 mg	1	QL(2 ea daily)
diphenhydramine hcl caps or 25 mg	1	QL(4 ea daily)
diphenhydramine hcl caps or 50 mg	1	QL(4 ea daily); RX/OTC
diphenhydramine hcl elix or 12.5 mg/5ml	1	QL(240 ml per fill retail); RX/OTC
diphenhydramine hcl liqd or 25 mg/10ml, 50 mg/20ml, 12.5 mg/5ml	1	QL(240 ml per fill retail)
diphenhydramine hcl syrp or 12.5 mg/5ml	1	QL(240 ml per fill retail)
diphenhydramine hcl tabs or 25 mg	1	QL(4 ea daily)
SILPHEN COUGH SYRP	2	QL(240 ml per fill retail)
TAVIST ALLERGY TABS (*Use Clemastine Fumarate*)	NF	QL(2 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	1	QL(1 ea daily)
cetirizine hcl soln 1 mg/ml, 5 mg/5ml	1	QL(240 ml per fill retail); RX/OTC
cetirizine hcl syrp 1 mg/ml, 5 mg/5ml	1	QL(240 ml per fill retail); RX/OTC
cetirizine hcl tabs 5 mg, 10 mg	1	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)

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN TABS 10 MG (*Use Loratadine*)	NF	
fexofenadine hcl tabs 180 mg	1	QL(1 ea daily)
fexofenadine hcl tabs 60 mg	1	QL(2 ea daily)
loratadine soln 5 mg/5ml	1	QL(240 ml per fill retail)
loratadine syrp 5 mg/5ml	1	QL(240 ml per fill retail)
loratadine tabs 10 mg	1	
loratadine tbdp 10 mg	1	
ZYRTEC ALLERGY TABS (*Use Cetirizine HCl*)	NF	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (*Use Cetirizine HCl*)	NF	QL(240 ml per fill retail); RX/OTC
Antihistamines - Phenothiazines		
promethazine hcl soln or 6.25 mg/5ml	1	QL(240 ml per fill retail); AL; At least 2 yrs old
promethazine hcl supp re 25 mg, 50 mg, 12.5 mg	1	QL(12 ea per fill retail); AL; At least 2 yrs old
promethazine hcl syrp or 6.25 mg/5ml	1	QL(240 ml per fill retail); AL; At least 2 yrs old
promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg	1	AL; At least 2 yrs old
Antihistamines - Piperidines		
cyproheptadine hcl syrp	1	
cyproheptadine hcl tabs	1	
ANTIHYPERLIPIDEMICS		
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	2	PA; SP
Bile Acid Sequestrants		
cholestyramine light pack	1	
cholestyramine light powd	1	
cholestyramine pack	1	
cholestyramine powd	1	
COLESTID FLAVORED GRAN 5 GM (*Use Colestipol HCl*)	NF	
COLESTID GRAN 5 GM (*Use Colestipol HCl*)	NF	
COLESTID TABS 1 GM (*Use Colestipol HCl*)	NF	
colestipol hcl gran 5 gm	1	
colestipol hcl tabs 1 gm	1	
QUESTRAN LIGHT POWD (*Use Cholestyramine Light*)	NF	
QUESTRAN PACK (*Use Cholestyramine*)	NF	
QUESTRAN POWD (*Use Cholestyramine*)	NF	
Fibric Acid Derivatives		
fenofibrate micronized caps 134 mg, 200 mg	1	QL(1 ea daily)
fenofibrate micronized caps 67 mg	1	QL(2 ea daily)
fenofibrate tabs 160 mg	1	QL(1 ea daily)
fenofibrate tabs 54 mg	1	QL(3 ea daily)
gemfibrozil tabs	1	QL(2 ea daily)
LOFIBRA CAPS 134 MG, 200 MG (*Use Fenofibrate Micronized*)	NF	QL(1 ea daily)
LOFIBRA CAPS 67 MG (*Use Fenofibrate Micronized*)	NF	QL(2 ea daily)
LOFIBRA TABS 160 MG (*Use Fenofibrate*)	NF	QL(1 ea daily)
LOFIBRA TABS 54 MG (*Use Fenofibrate*)	NF	QL(3 ea daily)
LOPID TABS (*Use Gemfibrozil*)	NF	QL(2 ea daily)
TRIGLIDE TABS	2	QL(1 ea daily)
HMG CoA Reductase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
atorvastatin calcium tabs	1	QL(1 ea daily)
CRESTOR TABS (*Use Rosuvastatin Calcium*)	NF	ST
LIPITOR TABS (*Use Atorvastatin Calcium*)	NF	QL(1 ea daily)
lovastatin tabs 10 mg, 20 mg	1	QL(1 ea daily)
lovastatin tabs 40 mg	1	QL(2 ea daily)
MEVACOR TABS (*Use Lovastatin*)	NF	QL(2 ea daily)
PRAVACHOL TABS (*Use Pravastatin Sodium*)	NF	QL(1 ea daily)
pravastatin sodium tabs	1	QL(1 ea daily)
rosuvastatin calcium tabs	1	ST
simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg	1	QL(1 ea daily)
ZOCOR TABS 5 MG, 10 MG, 20 MG, 40 MG (*Use Simvastatin*)	NF	QL(1 ea daily)
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS	2	PA; SP
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbcr	1	
NIACOR TABS	2	
NIASPAN TBCR (*Use Niacin (Antihyperlipidemic)*)	NF	
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOPN	2	PA; SP
PRALUENT SOSY	2	PA; SP
REPATHA SOSY	2	PA; SP
REPATHA SURECLICK SOAJ	2	PA; SP
ANTIHYPERTENSIVES		
ACE Inhibitors		
ACCUPRIL TABS (*Use Quinapril HCl*)	NF	QL(1 ea daily)
ALTACE CAPS (*Use Ramipril*)	NF	QL(2 ea daily)
benazepril hcl tabs 40 mg	1	QL(2 ea daily)
benazepril hcl tabs 5 mg, 10 mg, 20 mg	1	QL(1 ea daily)
captopril tabs	1	QL(3 ea daily)
enalapril maleate tabs	1	QL(2 ea daily)
EPANED SOLR	2	
fosinopril sodium tabs	1	QL(1 ea daily)
lisinopril tabs	1	
LOTENSIN TABS 20 MG (*Use Benazepril HCl*)	NF	QL(1 ea daily)
LOTENSIN TABS 40 MG (*Use Benazepril HCl*)	NF	QL(2 ea daily)
MAVIK TABS (*Use Trandolapril*)	NF	QL(1 ea daily)
PRINIVIL TABS (*Use Lisinopril*)	NF	
quinapril hcl tabs	1	QL(1 ea daily)
ramipril caps	1	QL(2 ea daily)
trandolapril tabs 1 mg, 2 mg	1	QL(1 ea daily)
trandolapril tabs 4 mg	1	QL(2 ea daily)
VASOTEC TABS (*Use Enalapril Maleate*)	NF	QL(2 ea daily)
ZESTRIL TABS (*Use Lisinopril*)	NF	
Agents for Pheochromocytoma		
DEMSER CAPS	2	PA; SP
Angiotensin II Receptor Antagonists		
ATACAND TABS (*Use Candesartan Cilexetil*)	NF	
AVAPRO TABS (*Use Irbesartan*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BENICAR TABS (*Use Olmesartan Medoxomil*)	NF	ST
candesartan cilexetil tabs	1	
COZAAR TABS (*Use Losartan Potassium*)	NF	QL(1 ea daily)
DIOVAN TABS (*Use Valsartan*)	NF	QL(1 ea daily)
EDARBI TABS	2	ST; Try losartan, irbesartan, or valsartan first
EPROSARTAN MESYLATE TABS	2	ST; Try losartan, irbesartan, or valsartan first
irbesartan tabs	1	QL(1 ea daily)
losartan potassium tabs	1	QL(1 ea daily)
MICARDIS TABS (*Use Telmisartan*)	NF	
olmesartan medoxomil tabs	1	ST
telmisartan tabs	1	
valsartan tabs	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (*Use Doxazosin Mesylate*)	NF	
CATAPRES TABS (*Use Clonidine HCl*)	NF	
clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg	1	
doxazosin mesylate tabs	1	
guanfacine hcl tabs	1	
methyldopa tabs	1	
MINIPRESS CAPS (*Use Prazosin HCl*)	NF	
prazosin hcl caps	1	
TENEX TABS (*Use Guanfacine HCl*)	NF	
terazosin hcl caps	1	
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (*Use Quinapril-Hydrochlorothiazide*)	NF	QL(3 ea daily)
ACCURETIC TABS 20MG-12.5MG (*Use Quinapril-Hydrochlorothiazide*)	NF	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (*Use Quinapril-Hydrochlorothiazide*)	NF	QL(2 ea daily)
amlodipine besylate-benazepril hcl caps	1	QL(1 ea daily)
amlodipine besylate-olmesartan medoxomil tabs	1	ST
amlodipine besylate-valsartan tabs	1	ST
amlodipine-valsartan-hydrochlorothiazide tabs	1	ST
ATACAND HCT TABS (*Use Candesartan Cilexetil-Hydrochlorothiazide*)	NF	
atenolol & chlorthalidone tabs	1	QL(1 ea daily)
AVALIDE TABS (*Use Irbesartan-Hydrochlorothiazide*)	NF	QL(1 ea daily)
AZOR TABS (*Use Amlodipine Besylate-Olmesartan Medoxomil*)	NF	ST
benazepril & hydrochlorothiazide tabs	1	QL(1 ea daily)
BENICAR HCT TABS (*Use Olmesartan Medoxomil-Hydrochlorothiazide*)	NF	ST
bisoprolol & hydrochlorothiazide tabs	1	QL(1 ea daily)
candesartan cilexetil-hydrochlorothiazide tabs	1	
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS	2	QL(2 ea daily)
DIOVAN HCT TABS (*Use Valsartan-Hydrochlorothiazide*)	NF	QL(1 ea daily)
DUTOPROL TB24	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
enalapril maleate & hydrochlorothiazide tabs	1	QL(2 ea daily)
EXFORGE HCT TABS (*Use Amlodipine-Valsartan-Hydrochlorothiazide*)	NF	ST
EXFORGE TABS (*Use Amlodipine Besylate-Valsartan*)	NF	ST
fosinopril sodium & hydrochlorothiazide tabs	1	QL(1 ea daily)
HYZAAR TABS (*Use Losartan Potassium & Hydrochlorothiazide*)	NF	QL(1 ea daily)
irbesartan-hydrochlorothiazide tabs	1	QL(1 ea daily)
lisinopril & hydrochlorothiazide tabs	1	
LOPRESSOR HCT TABS (*Use Metoprolol & Hydrochlorothiazide*)	NF	QL(2 ea daily)
losartan potassium & hydrochlorothiazide tabs	1	QL(1 ea daily)
LOTENSIN HCT TABS (*Use Benazepril & Hydrochlorothiazide*)	NF	QL(1 ea daily)
LOTREL CAPS (*Use Amlodipine Besylate-Benazepril HCl*)	NF	QL(1 ea daily)
metoprolol & hydrochlorothiazide tabs	1	QL(2 ea daily)
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	2	QL(1 ea daily)
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	2	QL(2 ea daily)
MICARDIS HCT TABS (*Use Telmisartan-Hydrochlorothiazide*)	NF	QL(1 ea daily)
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	1	ST
olmesartan medoxomil-hydrochlorothiazide tabs	1	ST
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	2	QL(2 ea daily)
quinapril-hydrochlorothiazide tabs 10mg-12.5mg	1	QL(3 ea daily)
quinapril-hydrochlorothiazide tabs 20mg-12.5mg	1	QL(4 ea daily)
quinapril-hydrochlorothiazide tabs 20mg-25mg	1	QL(2 ea daily)
TARKA TBCR (*Use Trandolapril-Verapamil HCl*)	NF	
telmisartan-amlodipine tabs	1	
telmisartan-hydrochlorothiazide tabs	1	QL(1 ea daily)
TENORETIC 100 TABS (*Use Atenolol & Chlorthalidone*)	NF	QL(1 ea daily)
TENORETIC 50 TABS (*Use Atenolol & Chlorthalidone*)	NF	QL(1 ea daily)
trandolapril-verapamil hcl tbcr	1	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	2	
TRIBENZOR TABS (*Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide*)	NF	ST
TWYNSTA TABS (*Use Telmisartan-Amlodipine*)	NF	
valsartan-hydrochlorothiazide tabs	1	QL(1 ea daily)
VASERETIC TABS (*Use Enalapril Maleate & Hydrochlorothiazide*)	NF	QL(2 ea daily)
ZESTORETIC TABS (*Use Lisinopril & Hydrochlorothiazide*)	NF	
ZIAC TABS (*Use Bisoprolol & Hydrochlorothiazide*)	NF	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS	2	PA; SP
Vasodilators		

Drug Name	Drug Tier	Requirements/ Limits
hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg	1	
minoxidil tabs	1	
ANTIMALARIALS		
Antimalarial Combinations		
COARTEM TABS	2	QL(24 ea per fill retail)
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	2	QL(2 ea daily)
chloroquine phosphate tabs 500 mg	1	QL(8 ea per 56 days retail)
DARAPRIM TABS	2	PA; SP
hydroxychloroquine sulfate tabs	1	
mefloquine hcl tabs	1	
MEFLOQUINE HCL TABS	2	
PLAQUENIL TABS (*Use Hydroxychloroquine Sulfate*)	NF	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS 60 MG (*Use Pyridostigmine Bromide*)	NF	
MESTINON TIMESPAN TBCR (*Use Pyridostigmine Bromide*)	NF	
pyridostigmine bromide tabs	1	
pyridostigmine bromide tbcr	1	
ANTIMYCOBACTERIAL AGENTS		
Antimycobacterial Agents		
ethambutol hcl tabs	1	
ISONIAZID SYRP OR 50 MG/5ML	2	
isoniazid tabs or 100 mg, 300 mg	1	
MYAMBUTOL TABS (*Use Ethambutol HCl*)	NF	
pyrazinamide tabs	1	
RIFADIN CAPS OR 150 MG, 300 MG (*Use Rifampin*)	NF	
rifampin caps or 150 mg, 300 mg	1	
TRECATOR TABS	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (*Use Melphalan HCl*)	NF	PA; SP
ALKERAN TABS OR 2 MG (*Use Melphalan*)	NF	
BENDEKA SOLN	2	PA; SP
carboplatin soln	1	PA; SP
CISPLATIN SOLN 200 MG/200ML	2	PA; SP
cisplatin soln 50 mg/50ml, 100 mg/100ml	1	PA; SP
EVOMELA SOLR	2	PA; SP
LEUKERAN TABS	2	
melphalan hcl solr	1	PA; SP
melphalan tabs	1	
MYLERAN TABS	2	
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (*Use Temozolomide*)	NF	PA; SP
TEMODAR SOLR IV 100 MG	2	PA; SP
temozolomide caps	1	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
TEPADINA SOLR (*Use Thiotepa*)	NF	PA; SP
thiotepa solr	1	PA; SP
TREANDA SOLR	2	PA; SP
YONDELIS SOLR	2	PA; SP
Antimetabolites		
ALIMTA SOLR	2	PA; SP
azacitidine susr	1	PA; SP
capecitabine tabs	1	PA; SP
cladribine soln	1	PA; SP
cytarabine soln	1	PA; SP
CYTARABINEAQUEOUS SOLN	2	PA; SP
DACOGEN SOLR (*Use Decitabine*)	NF	PA; SP
decitabine solr	1	PA; SP
fludarabine phosphate soln	1	PA; SP
fludarabine phosphate solr	1	PA; SP
FOLOTYN SOLN	2	PA; SP
mercaptopurine tabs	1	
methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 100 mg/4ml, 200 mg/8ml, 250 mg/10ml	1	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	2	
methotrexate sodium tabs or 2.5 mg	1	
PURIXAN SUSP	2	
TABLOID TABS	2	PA; SP
TREXALL TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
VIDAZA SUSR (*Use Azacitidine*)	NF	PA; SP
XELODA TABS (*Use Capecitabine*)	NF	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	2	PA; SP
CYRAMZA SOLN	2	PA; SP
ZALTRAP SOLN	2	PA; SP
Antineoplastic - Antibodies		
ADCETRIS SOLR	2	PA; SP
ARZERRA CONC	2	PA; SP
BLINCYTO SOLR	2	PA; SP
DARZALEX SOLN	2	PA; SP
EMPLICITI SOLR	2	PA; SP
ERBITUX SOLN	2	PA; SP
GAZYVA SOLN	2	PA; SP
HERCEPTIN SOLR	2	PA; SP
KADCYLA SOLR	2	PA; SP
KEYTRUDA SOLN	2	PA; SP
KEYTRUDA SOLR	2	PA; SP
LARTRUVO SOLN	2	PA; SP
OPDIVO SOLN	2	PA; SP
PERJETA SOLN	2	PA; SP
PORTRAZZA SOLN	2	PA; SP
RITUXAN SOLN	2	PA; SP
TECENTRIQ SOLN	2	PA; SP
VECTIBIX SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
YERVOY SOLN	2	PA; SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	2	PA; SP
VENCLEXTA TABS	2	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	2	PA; SP
ODOMZO CAPS	2	PA; SP
Antineoplastic - Hormonal and Related Agents		
anastrozole tabs	1	
ARIMIDEX TABS (*Use Anastrozole*)	NF	
AROMASIN TABS (*Use Exemestane*)	NF	PA; ST; Try anastrozole first;SP
bicalutamide tabs	1	QL(1 ea daily)
CASODEX TABS (*Use Bicalutamide*)	NF	QL(1 ea daily)
ELIGARD KIT	2	PA; SP
EMCYT CAPS	2	PA; SP
ERLEADA TABS	2	PA; SP
exemestane tabs	1	PA; ST; Try anastrozole first;SP
FARESTON TABS	2	PA
FEMARA TABS (*Use Letrozole*)	NF	ST; Try anastrozole first
FIRMAGON SOLR	2	PA; SP
flutamide caps	1	
HYDROXYPROGESTERONE CAPROATE SOLN	2	PA; QL(41.67 ml daily); AL; At least 16 yrs old; SP

Drug Name	Drug Tier	Requirements/ Limits
letrozole tabs	1	ST; Try anastrozole first
leuprolide acetate kit	1	PA; SP
LUPRON DEPOT (*1-MONTH*) KIT	2	PA; SP
LUPRON DEPOT (*3-MONTH*) KIT	2	PA; SP
LUPRON DEPOT (*4-MONTH*) KIT	2	PA; SP
LUPRON DEPOT (*6-MONTH*) KIT	2	PA; SP
LYSODREN TABS	2	PA; SP
MEGACE ORAL SUSP (*Use Megestrol Acetate*)	NF	
megestrol acetate susp	1	
megestrol acetate tabs	1	
tamoxifen citrate tabs	1	
TRELSTAR MIXJECT SUSR	2	PA; SP
TRELSTAR SUSR	2	PA; SP
VANTAS KIT	2	PA; SP
XTANDI CAPS	2	PA; SP
ZOLADEX IMPL	2	PA; SP
ZYTIGA TABS	2	PA; SP
Antineoplastic - Immunomodulators		
POMALYST CAPS	2	PA; SP
Antineoplastic Antibiotics		
ELLENCE SOLN (*Use Epirubicin HCl*)	NF	PA; SP
epirubicin hcl soln	1	PA; SP
mitoxantrone hcl conc	1	PA; SP
VALSTAR SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic Combinations		
LONSURF TABS	2	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	2	PA; SP
AFINITOR TABS	2	PA; SP
ALECENSA CAPS	2	PA; SP
BELEODAQ SOLR	2	PA; SP
BORTEZOMIB SOLR	2	PA; SP
BOSULIF TABS	2	PA; SP
CABOMETYX TABS	2	PA; SP
CALQUENCE CAPS	2	PA; SP
CAPRELSA TABS	2	PA; SP
COMETRIQ KIT	2	PA; SP
COTELLIC TABS	2	PA; SP
FARYDAK CAPS	2	PA; SP
GILOTRIF TABS	2	PA; SP
GLEEVEC TABS (*Use Imatinib Mesylate*)	NF	PA; SP
IBRANCE CAPS	2	PA; SP
ICLUSIG TABS	2	PA; SP
imatinib mesylate tabs	1	PA; SP
IMBRUVICA CAPS	2	PA; SP
INLYTA TABS	2	PA; SP
IRESSA TABS	2	PA; SP
ISTODAX (*OVERFILL*) SOLR	2	PA; SP
ISTODAX SOLR	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
JAKAFI TABS	2	PA; SP
KYPROLIS SOLR	2	PA; SP
LENVIMA 10 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 14 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 18 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 20 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 24 MG DAILY DOSE CPPK	2	PA; SP
LENVIMA 8 MG DAILY DOSE CPPK	2	PA; SP
LYNPARZA CAPS	2	PA; SP
MEKINIST TABS	2	PA; SP
NEXAVAR TABS	2	PA; SP
NINLARO CAPS	2	PA; SP
ROMIDEPSIN SOLR	2	PA; SP
RUBRACA TABS	2	PA; SP
SPRYCEL TABS	2	PA; SP
STIVARGA TABS	2	PA; SP
SUTENT CAPS	2	PA; SP
TAFINLAR CAPS	2	PA; SP
TAGRISSO TABS	2	PA; SP
TARCEVA TABS	2	PA; SP
TASIGNA CAPS	2	PA; SP
TORISEL SOLN	2	PA; SP
TYKERB TABS	2	PA; SP
VELCADE SOLR	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
VOTRIENT TABS	2	PA; SP
XALKORI CAPS	2	PA; SP
ZELBORAF TABS	2	PA; SP
ZOLINZA CAPS	2	PA; SP
ZYDELIG TABS	2	PA; SP
ZYKADIA CAPS	2	PA; SP
Antineoplastic Enzymes		
ERWINAZE SOLR	2	PA; SP
ONCASPAR SOLN	2	PA; SP
Antineoplastic Radiopharmaceuticals		
LUTATHERA SOLN	2	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	2	PA; SP
ALFERON N SOLN	2	PA; SP
bexarotene caps	1	PA; SP
HYDREA CAPS (*Use Hydroxyurea*)	NF	
hydroxyurea caps	1	
INTRON A SOLN	2	PA; SP
INTRON A SOLR	2	PA; SP
INTRON A W/DILUENT SOLR	2	PA; SP
MATULANE CAPS	2	PA; SP
PROLEUKIN SOLR	2	PA; SP
SYLATRON KIT	2	PA; SP
SYNRIBO SOLR	2	PA; SP
TARGRETIN CAPS OR 75 MG (*Use Bexarotene*)	NF	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
tretinoin (chemotherapy) caps	1	PA; SP
TRISENOX SOLN 12 MG/6ML	2	PA; SP
Chemotherapy Rescue/Antidote Agents		
dexrazoxane solr	1	PA; SP
FUSILEV SOLR (*Use Levoleucovorin Calcium*)	NF	PA; SP
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	2	
leucovorin calcium tabs or 5 mg, 25 mg	1	
levoleucovorin calcium soln	1	PA; SP
levoleucovorin calcium solr	1	PA; SP
LEVOLEUCOVORIN SOLN	2	PA; SP
LEVOLEUCOVORIN SOLR	2	PA; SP
mesna soln	1	PA; SP
MESNEX SOLN IV 100 MG/ML (*Use Mesna*)	NF	PA; SP
MESNEX TABS OR 400 MG	2	PA; SP
TOTECT SOLR	2	PA; SP
VORAXAZE SOLR	2	PA; SP
ZINECARD SOLR (*Use Dexrazoxane*)	NF	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	2	PA; SP
DOCETAXEL (*NON-ALCOHOL FORMULA*) SOLN	2	PA; SP
DOCETAXEL CONC 20 MG/ML, 80 MG/2ML, 80 MG/4ML, 160 MG/8ML, 20 MG/0.5ML	2	PA; SP
docetaxel conc 20 mg/ml, 80 mg/4ml	1	PA; SP
docetaxel soln 20 mg/2ml, 80 mg/8ml, 160 mg/16ml	1	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	PA; SP
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML (*Use Docetaxel*)	NF	PA; SP
ETOPOSIDE CAPS OR 50 MG	2	PA; SP
etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1	PA; SP
HALAVEN SOLN	2	PA; SP
IXEMPRA KIT SOLR	2	PA; SP
JEVTANA SOLN	2	PA; SP
TAXOTERE CONC (*Use Docetaxel*)	NF	PA; SP
vincristine sulfate soln	1	PA; SP
Oncolytic Viral Agents		
IMLYGIC SUSP	2	PA; SP
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 300 MG/15ML	2	PA; SP
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (*Use Irinotecan HCl*)	NF	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	2	PA; SP
HYCAMTIN SOLR IV 4 MG (*Use Topotecan HCl*)	NF	PA; SP
irinotecan hcl soln	1	PA; SP
IRINOTECAN SOLN	2	PA; SP
topotecan hcl soln 4 mg/4ml	1	PA; SP
TOPOTECAN HCL SOLN 4 MG/4ML	2	PA; SP
TOPOTECAN HCL SOLN 4 MG/4ML (*Use Topotecan HCl*)	NF	PA; SP
topotecan hcl solr 4 mg	1	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS		
Antiparkinson Adjuvants		
carbidopa tabs	1	
LODOSYN TABS (*Use Carbidopa*)	NF	
Antiparkinson Anticholinergics		
benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg	1	
trihexyphenidyl hcl elix	1	
trihexyphenidyl hcl tabs	1	
Antiparkinson Dopaminergics		
amantadine hcl caps 100 mg	1	
amantadine hcl syrp 50 mg/5ml	1	
APOKYN SOCT	2	PA; SP
bromocriptine mesylate caps	1	
bromocriptine mesylate tabs	1	
carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg	1	
carbidopa-levodopa tbcr 25mg-100mg, 50mg-200mg	1	
MIRAPEX TABS (*Use Pramipexole Dihydrochloride*)	NF	QL(3 ea daily); AL; At least 18 yrs old
PARLODEL CAPS (*Use Bromocriptine Mesylate*)	NF	
PARLODEL TABS (*Use Bromocriptine Mesylate*)	NF	
pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg	1	QL(3 ea daily); AL; At least 18 yrs old
REQUIP TABS 0.25 MG, 3 MG, 4 MG (*Use Ropinirole Hydrochloride*)	NF	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
REQUIP TABS 0.5 MG, 1 MG, 2 MG, 5 MG (*Use Ropinirole Hydrochloride*)	NF	QL(3 ea daily)
ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg	1	QL(6 ea daily)
ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg, 5 mg	1	QL(3 ea daily)
SINEMET CR TBCR (*Use Carbidopa-Levodopa*)	NF	
SINEMET TABS (*Use Carbidopa-Levodopa*)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
ELDEPRYL CAPS (*Use Selegiline HCl*)	NF	
selegiline hcl caps	1	
selegiline hcl tabs	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
Antimanic Agents		
lithium carbonate caps 150 mg, 300 mg, 600 mg	1	
LITHIUM CARBONATE CAPS 150 MG, 600 MG (*Use Lithium Carbonate*)	2	
lithium carbonate tabs 300 mg	1	
lithium carbonate tbcr 300 mg, 450 mg	1	
LITHIUM SOLN	2	
LITHOBID TBCR (*Use Lithium Carbonate*)	2	
Antipsychotics - Misc.		
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (*Use Ziprasidone HCl*)	NF	
NUPLAZID TABS	2	PA; QL(2 ea daily)
ziprasidone hcl caps	1	
Benzisoxazoles		
INVEGA SUSTENNA SUSP 117 MG/0.75ML	2	PA; 1 rtl MAX fill,84 rtl day(s) supply,; AL; At least 18 yrs old; SP
INVEGA SUSTENNA SUSP 156 MG/ML, 78 MG/0.5ML, 234 MG/1.5ML, 39 MG/0.25ML	2	QL(1 ml per 28 days retail); AL; At least 18 yrs old; SP
INVEGA TRINZA SUSP	2	PA; 1 rtl MAX fill,84 rtl day(s) supply,; AL; At least 18 yrs old; SP
RISPERDAL CONSTA SUSR	2	1 rtl MAX fill,28 rtl day(s) supply,; AL; At least 18 yrs old; SP
RISPERDAL M-TAB TBDP (*Use Risperidone*)	NF	
RISPERDAL SOLN (*Use Risperidone*)	NF	
RISPERDAL TABS (*Use Risperidone*)	NF	
RISPERIDONE ODT TBDP	2	
risperidone soln	1	
risperidone tabs	1	
risperidone tbdp	1	
Butyrophenones		
HALDOL DECANOATE 100 SOLN (*Use Haloperidol Decanoate*)	NF	
HALDOL DECANOATE 50 SOLN (*Use Haloperidol Decanoate*)	NF	
haloperidol decanoate soln	1	
haloperidol lactate conc or 2 mg/ml	1	
haloperidol tabs	1	
Dibenzapines		

Drug Name	Drug Tier	Requirements/ Limits
clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg	0	
CLOZARIL TABS (*Use Clozapine*)	NF	
loxapine succinate caps	1	
olanzapine tabs or 5 mg, 10 mg, 15 mg, 20 mg, 2.5 mg, 7.5 mg	1	AL; At least 10 yrs old
quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg	1	
SEROQUEL TABS (*Use Quetiapine Fumarate*)	NF	
ZYPREXA RELPREVV SUSR	2	PA; SP
ZYPREXA TABS OR 5 MG, 10 MG, 15 MG, 20 MG, 2.5 MG, 7.5 MG (*Use Olanzapine*)	NF	AL; At least 10 yrs old
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS 10 MG	2	
Phenothiazines		
chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	1	
fluphenazine decanoate soln	1	
fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg	1	
perphenazine tabs	1	
prochlorperazine maleate tabs	1	
prochlorperazine supp	1	
thioridazine hcl tabs	1	
trifluoperazine hcl tabs	1	
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY 300 MG, 400 MG	2	QL(1 ea per 28 days retail); AL; At least 18 yrs old; SP
ABILIFY MAINTENA SRER 300 MG	2	QL(1 ea per 28 days retail); AL; At least 18 yrs old; SP
ABILIFY TABS (*Use Aripiprazole*)	NF	QL(1 ea daily)
aripiprazole soln 1 mg/ml	1	PA; QL(30 ml daily)
aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	1	QL(1 ea daily)
aripiprazole tbdp 10 mg, 15 mg	1	PA; QL(2 ea daily)
ARISTADA PRSY	2	PA; QL(1 ml per 28 days retail); AL; At least 18 yrs old; SP
Thioxanthenes		
thiothixene caps	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde soln 10%, 10 %	1	QL(90 ml per fill retail)
ANTIVIRALS		
Antiretrovirals		
abacavir sulfate soln 20 mg/ml	0	QL(30 ml daily); SP
abacavir sulfate tabs 300 mg	0	QL(2 ea daily); SP
abacavir sulfate-lamivudine tabs	0	QL(1 ea daily); SP
abacavir sulfate-lamivudine-zidovudine tabs	0	QL(2 ea daily); SP
APTIVUS CAPS 250 MG	0	QL(4 ea daily); SP
APTIVUS SOLN 100 MG/ML	0	QL(10 ml daily); SP
atazanavir sulfate caps	0	QL(2 ea daily); SP
ATRIPLA TABS	0	QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
COMBIVIR TABS (*Use Lamivudine-Zidovudine*)	NF	QL(2 ea daily); SP
COMPLERA TABS	0	QL(1 ea daily); SP
CRIXIVAN CAPS 200 MG	0	QL(9 ea daily); SP
CRIXIVAN CAPS 400 MG	0	QL(6 ea daily); SP
DESCOVY TABS	0	QL(1 ea daily)
didanosine cpdr	0	QL(1 ea daily); SP
EDURANT TABS	0	QL(1 ea daily); SP
efavirenz caps 200 mg	0	QL(1 ea daily); SP
efavirenz caps 50 mg	0	QL(2 ea daily); SP
efavirenz tabs 600 mg	0	QL(1 ea daily); SP
EMTRIVA CAPS 200 MG	0	QL(1 ea daily); SP
EMTRIVA SOLN 10 MG/ML	0	QL(24 ml daily); SP
EPIVIR SOLN 10 MG/ML (*Use Lamivudine*)	NF	QL(30 ml daily); SP
EPIVIR TABS 150 MG (*Use Lamivudine*)	NF	QL(2 ea daily); SP
EPIVIR TABS 300 MG (*Use Lamivudine*)	NF	QL(1 ea daily); SP
EPZICOM TABS (*Use Abacavir Sulfate-Lamivudine*)	NF	QL(1 ea daily); SP
EVOTAZ TABS	0	QL(1 ea daily); SP
fosamprenavir calcium tabs	0	QL(4 ea daily); SP
FUZEON SOLR	2	PA; SP
GENVOYA TABS	0	QL(1 ea daily); SP
INTELENCE TABS 200 MG	0	QL(2 ea daily); SP
INTELENCE TABS 25 MG, 100 MG	0	QL(4 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
INVIRASE CAPS 200 MG	0	QL(10 ea daily); SP
INVIRASE TABS 500 MG	0	QL(4 ea daily); SP
ISENTRESS CHEW 100 MG	0	QL(6 ea daily); SP
ISENTRESS CHEW 25 MG	0	QL(12 ea daily); SP
ISENTRESS PACK 100 MG	0	QL(2 ea daily); SP
ISENTRESS TABS 400 MG	0	QL(2 ea daily); SP
KALETRA SOLN 400MG/5ML-100MG/5ML (*Use Lopinavir-Ritonavir*)	NF	QL(160 ml per fill retail); SP
KALETRA TABS 100MG-25MG	0	QL(4 ea daily); SP
KALETRA TABS 200MG-50MG	0	QL(6 ea daily); SP
lamivudine soln 10 mg/ml	0	QL(30 ml daily); SP
lamivudine tabs 150 mg	0	QL(2 ea daily); SP
lamivudine tabs 300 mg	0	QL(1 ea daily); SP
lamivudine-zidovudine tabs	0	QL(2 ea daily); SP
LEXIVA SUSP 50 MG/ML	0	QL(56 ml daily); SP
LEXIVA TABS 700 MG (*Use Fosamprenavir Calcium*)	NF	QL(4 ea daily); SP
lopinavir-ritonavir soln	0	QL(160 ml per fill retail); SP
nevirapine tabs 200 mg	0	QL(2 ea daily); SP
nevirapine tb24 100 mg	0	QL(3 ea daily); SP
nevirapine tb24 400 mg	0	QL(1 ea daily); SP
NORVIR CAPS 100 MG	0	QL(12 ea daily); SP
NORVIR SOLN 80 MG/ML	0	QL(15 ml daily); SP
NORVIR TABS 100 MG (*Use Ritonavir*)	NF	QL(12 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
ODEFSEY TABS	2	PA; SP
PREZCOBIX TABS	0	QL(1 ea daily); SP
PREZISTA SUSP 100 MG/ML	0	QL(12 ml daily); SP
PREZISTA TABS 150 MG	0	QL(3 ea daily); SP
PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 ea daily); SP
RESCRIPTOR TABS 100 MG	0	QL(12 ea daily); SP
RESCRIPTOR TABS 200 MG	0	QL(6 ea daily); SP
RETROVIR CAPS 100 MG (*Use Zidovudine*)	NF	QL(6 ea daily); SP
RETROVIR IV INFUSION SOLN	2	PA; SP
RETROVIR SYRP 50 MG/5ML (*Use Zidovudine*)	NF	QL(60 ml daily); SP
REYATAZ CAPS 150 MG, 200 MG, 300 MG (*Use Atazanavir Sulfate*)	NF	QL(2 ea daily); SP
REYATAZ PACK 50 MG	0	QL(6 ea daily); SP
ritonavir tabs	0	QL(12 ea daily); SP
SELZENTRY SOLN 20 MG/ML	0	QL(35 ml daily)
SELZENTRY TABS 150 MG	0	QL(2 ea daily); SP
SELZENTRY TABS 300 MG	0	QL(4 ea daily); SP
stavudine caps	0	QL(2 ea daily); SP
STRIBILD TABS	0	SP
SUSTIVA CAPS 200 MG (*Use Efavirenz*)	NF	QL(1 ea daily); SP
SUSTIVA CAPS 50 MG (*Use Efavirenz*)	NF	QL(2 ea daily); SP
SUSTIVA TABS 600 MG (*Use Efavirenz*)	NF	QL(1 ea daily); SP
tenofovir disoproxil fumarate tabs	0	QL(1 ea daily); SP
TIVICAY TABS	0	SP
TRIUMEQ TABS	0	SP
TRIZIVIR TABS (*Use Abacavir Sulfate-Lamivudine-Zidovudine*)	NF	QL(2 ea daily); SP
TRUVADA TABS	0	QL(1 ea daily); SP
TYBOST TABS	0	QL(1 ea daily); SP
VIDEX EC CPDR 125 MG	0	QL(1 ea daily); SP
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (*Use Didanosine*)	NF	QL(1 ea daily); SP
VIDEXPEDIATRIC SOLR	0	QL(20 ml daily); SP
VIRACEPT TABS 250 MG	0	QL(9 ea daily); SP
VIRACEPT TABS 625 MG	0	QL(4 ea daily); SP
VIRAMUNE SUSP 50 MG/5ML	0	QL(40 ml daily); SP
VIRAMUNE TABS 200 MG (*Use Nevirapine*)	NF	QL(2 ea daily); SP
VIRAMUNE XR TB24 100 MG (*Use Nevirapine*)	NF	QL(3 ea daily); SP
VIRAMUNE XR TB24 400 MG (*Use Nevirapine*)	NF	QL(1 ea daily); SP
VIREAD POWD 40 MG/GM	0	SP
VIREAD TABS 150 MG, 200 MG, 250 MG	0	QL(1 ea daily); SP
VIREAD TABS 300 MG (*Use Tenofovir Disoproxil Fumarate*)	NF	QL(1 ea daily); SP
VITEKTA TABS	0	SP
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (*Use Stavudine*)	NF	QL(2 ea daily); SP
ZERIT SOLR 1 MG/ML	0	QL(80 ml daily); SP
ZIAGEN SOLN 20 MG/ML (*Use Abacavir Sulfate*)	NF	QL(30 ml daily); SP

Drug Name	Drug Tier	Requirements/ Limits
ZIAGEN TABS 300 MG (*Use Abacavir Sulfate*)	NF	QL(2 ea daily); SP
zidovudine caps 100 mg	0	QL(6 ea daily); SP
zidovudine syrp 50 mg/5ml	0	QL(60 ml daily); SP
zidovudine tabs 300 mg	0	QL(2 ea daily); SP
CMV Agents		
PREVYMIS SOLN	2	PA; SP
PREVYMIS TABS	2	PA; SP
VALCYTE TABS 450 MG (*Use Valganciclovir HCl*)	NF	QL(2 ea daily)
valganciclovir hcl tabs 450 mg	1	QL(2 ea daily)
Hepatitis Agents		
COPEGUS TABS (*Use Ribavirin (Hepatitis C)*)	CO	
DAKLINZA TABS	CO	
EPCLUSA TABS	CO	
HARVONI TABS	CO	
MAVYRET TABS	CO	
MODERIBA 1200 DOSE PACK TABS	CO	
MODERIBA 800 DOSE PACK TABS	CO	
OLYSIO CAPS	CO	
PEG-INTRON REDIPEN KIT	CO	
PEG-INTRON REDIPEN PAK 4 KIT	CO	
PEGASYS PROCLICK SOLN	CO	
PEGASYS SOLN	CO	
PEGINTRON KIT	CO	
REBETOL CAPS 200 MG (*Use Ribavirin (Hepatitis C)*)	CO	
REBETOL SOLN 40 MG/ML	CO	
RIBASPHERE RIBAPAK TABS 400 MG, 600 MG	CO	
RIBASPHERE TABS	CO	
ribavirin (hepatitis c) caps	CO	
ribavirin (hepatitis c) tabs	CO	
SOVALDI TABS	CO	
TECHNIVIE TABS	CO	
VEMLIDY TABS	CO	
VIEKIRA PAK TBPK	CO	
VIEKIRA XR TB24	CO	
ZEPATIER TABS	CO	
Herpes Agents		
acyclovir caps 200 mg	1	QL(50 ea per 30 days retail)
acyclovir susp 200 mg/5ml	1	QL(400 ml per 30 days retail)
acyclovir tabs 400 mg	1	QL(3 ea daily)
acyclovir tabs 800 mg	1	QL(50 ea per 30 days retail)
famciclovir tabs	1	
FAMVIR TABS (*Use Famciclovir*)	NF	
valacyclovir hcl tabs 1 gm, 1000 mg	1	QL(42 ea per 21 days retail)
valacyclovir hcl tabs 500 mg	1	QL(2 ea daily)
VALTREX TABS 1 GM (*Use Valacyclovir HCl*)	NF	QL(42 ea per 21 days retail)
VALTREX TABS 500 MG (*Use Valacyclovir HCl*)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (*Use Acyclovir*)	NF	QL(50 ea per 30 days retail)
ZOVIRAX SUSP OR 200 MG/5ML (*Use Acyclovir*)	NF	QL(400 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
ZOVIRAX TABS OR 400 MG (*Use Acyclovir*)	NF	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG (*Use Acyclovir*)	NF	QL(50 ea per 30 days retail)
Influenza Agents		
oseltamivir phosphate caps 30 mg	1	QL(20 ea per fill retail)
oseltamivir phosphate caps 45 mg, 75 mg	1	QL(10 ea per fill retail)
oseltamivir phosphate susr 6 mg/ml	1	QL(120 ml per fill retail)
RELENZA DISKHALER AEPB	2	QL(20 ea per fill retail); AL; At least 6 yrs old
TAMIFLU CAPS 30 MG (*Use Oseltamivir Phosphate*)	NF	QL(20 ea per fill retail)
TAMIFLU CAPS 45 MG, 75 MG (*Use Oseltamivir Phosphate*)	NF	QL(10 ea per fill retail)
TAMIFLU SUSR 6 MG/ML (*Use Oseltamivir Phosphate*)	NF	QL(120 ml per fill retail)
BETA BLOCKERS		
Alpha-Beta Blockers		
carvedilol phosphate cp24	1	QL(1 ea daily)
carvedilol tabs 12.5 mg, 6.25 mg, 3.125 mg	1	QL(3 ea daily)
carvedilol tabs 25 mg	1	QL(4 ea daily)
COREG CR CP24 (*Use Carvedilol Phosphate*)	NF	QL(1 ea daily)
COREG TABS 12.5 MG, 6.25 MG, 3.125 MG (*Use Carvedilol*)	NF	QL(3 ea daily)
COREG TABS 25 MG (*Use Carvedilol*)	NF	QL(4 ea daily)
labetalol hcl tabs or 100 mg	1	QL(3 ea daily)
labetalol hcl tabs or 200 mg	1	QL(6 ea daily)
labetalol hcl tabs or 300 mg	1	QL(8 ea daily)
Beta Blockers Cardio-Selective		
acebutolol hcl caps	1	
atenolol tabs	1	QL(2 ea daily)
bisoprolol fumarate tabs	1	QL(1 ea daily)
LOPRESSOR TABS 100 MG (*Use Metoprolol Tartrate*)	NF	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (*Use Metoprolol Tartrate*)	NF	QL(4 ea daily)
metoprolol succinate tb24 200 mg	1	QL(2 ea daily)
metoprolol succinate tb24 25 mg, 50 mg, 100 mg	1	QL(4 ea daily)
metoprolol tartrate tabs or 100 mg	1	QL(4.5 ea daily)
metoprolol tartrate tabs or 25 mg, 50 mg	1	QL(4 ea daily)
SECTRAL CAPS (*Use Acebutolol HCl*)	NF	
TENORMIN TABS (*Use Atenolol*)	NF	QL(2 ea daily)
TOPROL XL TB24 200 MG (*Use Metoprolol Succinate*)	NF	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (*Use Metoprolol Succinate*)	NF	QL(4 ea daily)
ZEBETA TABS (*Use Bisoprolol Fumarate*)	NF	QL(1 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF TABS (*Use Sotalol HCl (AFIB/AFL)*)	NF	QL(2 ea daily)
BETAPACE TABS (*Use Sotalol HCl*)	NF	QL(2 ea daily)
CORGARD TABS (*Use Nadolol*)	NF	
HEMANGEOL SOLN	2	PA
INDERAL LA CP24 (*Use Propranolol HCl*)	NF	QL(2 ea daily)
nadolol tabs	1	
pindolol tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg	1	QL(2 ea daily)
PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML	2	
propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (afib/afl) tabs	1	QL(2 ea daily)
sotalol hcl tabs 240 mg	1	
sotalol hcl tabs 80 mg, 120 mg, 160 mg	1	QL(2 ea daily)
TIMOLOL MALEATE TABS	2	
CALCIUM CHANNEL BLOCKERS		
Calcium Channel Blockers		
ADALAT CC TB24 30 MG, 90 MG (*Use Nifedipine*)	NF	QL(1 ea daily)
ADALAT CC TB24 60 MG (*Use Nifedipine*)	NF	QL(2 ea daily)
amlodipine besylate tabs	1	QL(1 ea daily)
CALAN SR TBCR (*Use Verapamil HCl*)	NF	QL(2 ea daily)
CALAN TABS (*Use Verapamil HCl*)	NF	QL(3 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG (*Use Diltiazem HCl Coated Beads*)	NF	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (*Use Diltiazem HCl Coated Beads*)	NF	QL(2 ea daily)
CARDIZEM CD CP24 360 MG (*Use Diltiazem HCl Coated Beads*)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*Use Diltiazem HCl Coated Beads*)	NF	
CARDIZEM TABS (*Use Diltiazem HCl*)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg	1	QL(1 ea daily)
diltiazem hcl coated beads cp24 240 mg	1	QL(2 ea daily)
diltiazem hcl coated beads cp24 360 mg	1	
diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg	1	QL(2 ea daily)
diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg	1	QL(1 ea daily)
diltiazem hcl extended release beads cp24	1	QL(1 ea daily)
diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg	1	QL(3 ea daily)
felodipine tb24	1	QL(1 ea daily)
nicardipine hcl caps or 20 mg, 30 mg	1	
nifedipine caps 10 mg, 20 mg	1	QL(4 ea daily)
nifedipine tb24 30 mg, 90 mg	1	QL(1 ea daily)
nifedipine tb24 60 mg	1	QL(2 ea daily)
NORVASC TABS (*Use Amlodipine Besylate*)	NF	QL(1 ea daily)
PROCARDIA CAPS (*Use Nifedipine*)	NF	QL(4 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG (*Use Nifedipine*)	NF	QL(1 ea daily)
PROCARDIA XL TB24 60 MG (*Use Nifedipine*)	NF	QL(2 ea daily)
TIAZAC CP24 (*Use Diltiazem HCl Extended Release Beads*)	NF	QL(1 ea daily)
verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg	1	QL(2 ea daily)
verapamil hcl cp24 or 300 mg, 360 mg	1	QL(1 ea daily)
verapamil hcl tabs or 40 mg, 80 mg, 120 mg	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
verapamil hcl tbcr or 120 mg, 180 mg, 240 mg	1	QL(2 ea daily)
VERELAN CP24 120 MG, 180 MG, 240 MG (*Use Verapamil HCl*)	NF	QL(2 ea daily)
VERELAN CP24 360 MG (*Use Verapamil HCl*)	NF	QL(1 ea daily)
VERELAN PM CP24 100 MG, 200 MG (*Use Verapamil HCl*)	NF	QL(2 ea daily)
VERELAN PM CP24 300 MG (*Use Verapamil HCl*)	NF	QL(1 ea daily)
CARDIOTONICS		
Cardiac Glycosides		
DIGOXIN SOLN OR 0.05 MG/ML	2	
digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg	1	
LANOXIN TABS OR 125 MCG, 250 MCG (*Use Digoxin*)	2	
CARDIOVASCULAR AGENTS - MISC.		
Impotence Agents		
PAPAVERINE-ALPROSTADIL SOLN	2	PA; SP
PAPAVERINE-PHENTOLAMINE MES/ALPROSTADIL SOLN	2	PA; SP
PAPAVERINE-PHENTOLAMINE MESYLATE SOLN	2	PA; SP
PAPAVERINE/PHENTOLAMINE MES/ALPROSTADIL SOLN	2	PA; SP
Prostaglandin Vasodilators		
epoprostenol sodium solr	1	PA; SP
FLOLAN SOLR (*Use Epoprostenol Sodium*)	NF	PA; SP
ORENITRAM TBCR	2	PA; SP
REMODULIN SOLN	2	PA; SP
TYVASO REFILL SOLN	2	PA; SP
TYVASO SOLN	2	PA; SP
TYVASO STARTER SOLN	2	PA; SP
VELETRI SOLR	2	PA; SP
VENTAVIS SOLN	2	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	2	PA; SP
OPSUMIT TABS	2	PA; SP
TRACLEER TABS	2	PA; SP
TRACLEER TBSO	2	PA; SP
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS	2	PA; SP
REVATIO SOLN IV 10 MG/12.5ML (*Use Sildenafil Citrate (Pulmonary Hypertension)*)	NF	PA; SP
REVATIO SUSR OR 10 MG/ML	2	PA; SP
REVATIO TABS OR 20 MG (*Use Sildenafil Citrate (Pulmonary Hypertension)*)	NF	PA; SP
sildenafil citrate (pulmonary hypertension) soln	1	PA; SP
sildenafil citrate (pulmonary hypertension) tabs	1	PA; SP
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS	2	PA; SP
UPTRAVI TBPK	2	PA; SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS	2	PA; SP
CEPHALOSPORINS		
Cephalosporins - 1st Generation		

Drug Name	Drug Tier	Requirements/ Limits
cefadroxil caps	1	
cefadroxil susr	1	
cefadroxil tabs	1	
cephalexin caps 250 mg, 500 mg	1	
cephalexin susr 125 mg/5ml, 250 mg/5ml	1	
KEFLEX CAPS 250 MG, 500 MG (*Use Cephalexin*)	NF	
Cephalosporins - 2nd Generation		
cefaclor caps 250 mg, 500 mg	1	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	2	
cefprozil susr 125 mg/5ml, 250 mg/5ml	1	QL(75 ml per fill retail); AL; Up to 12 yrs old
cefprozil tabs 250 mg, 500 mg	1	QL(20 ea per fill retail)
CEFTIN SUSR 125 MG/5ML, 250 MG/5ML	2	QL(100 ml per fill retail); AL; Up to 12 yrs old
CEFTIN TABS 250 MG, 500 MG (*Use Cefuroxime Axetil*)	NF	QL(20 ea per fill retail)
cefuroxime axetil tabs	1	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
cefdinir caps 300 mg	1	QL(20 ea per fill retail)
cefdinir susr 125 mg/5ml, 250 mg/5ml	1	QL(60 ml per fill retail)
ceftriaxone sodium solr ij 1 gm, 250 mg, 500 mg	1	QL(3 ea per fill retail)
CONTRACEPTIVES		
Combination Contraceptives - Oral		
BREVICON-28 TABS (*Use Norethindrone & Eth Estradiol*)	NF	
CYCLESSA TABS (*Use Desogestrel-Ethinyl Estradiol (Triphasic)*)	NF	
DESOGEN TABS (*Use Desogestrel & Ethinyl Estradiol*)	NF	
desogestrel & ethinyl estradiol tabs	0	
desogestrel-ethinyl estradiol (biphasic) tabs	0	
desogestrel-ethinyl estradiol (triphasic) tabs	0	
drospirenone-ethinyl estradiol tabs	0	
ESTROSTEP FE TABS (*Use Norethindrone Acetate-Ethinyl Estradiol-Fe*)	NF	
ethynodiol diacet & eth estrad tabs	0	
FEMCON FE CHEW (*Use Norethindrone & Ethinyl Estradiol-Fe*)	NF	
GENERESS FE CHEW (*Use Norethindrone & Ethinyl Estradiol-Fe*)	NF	
levonorgestrel & eth estradiol tabs	0	
levonorgestrel-eth estradiol (triphasic) tabs	0	
levonorgestrel-ethinyl estradiol (91-day) tabs	0	
LOESTRIN 1.5/30-21 TABS (*Use Norethindrone Acet & Eth Estra*)	NF	
LOESTRIN 1/20-21 TABS (*Use Norethindrone Acet & Eth Estra*)	NF	
LOESTRIN FE 1.5/30 TABS (*Use Norethin Acet & Estrad-Fe*)	NF	
LOESTRIN FE 1/20 TABS (*Use Norethin Acet & Estrad-Fe*)	NF	
MIRCETTE TABS (*Use Desogestrel-Ethinyl Estradiol (Biphasic)*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
MODICON TABS (*Use Norethindrone & Eth Estradiol*)	NF	
NECON 1/50-28 TABS	0	
NECON 10/11-28 TABS	0	
norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg	0	
norethindrone & eth estradiol tabs	0	
norethindrone & ethinyl estradiol-fe chew	0	
norethindrone acet & eth estra tabs	0	
norethindrone acetate-ethinyl estradiol-fe tabs	0	
norethindrone-eth estradiol (triphasic) tabs	0	
norgestimate-ethinyl estradiol (triphasic) tabs	0	
norgestimate-ethinyl estradiol tabs	0	
norgestrel & ethinyl estradiol tabs	0	
NORINYL 1+35 TABS (*Use Norethindrone & Eth Estradiol*)	NF	
NORINYL 1+50 TABS	0	
OGESTREL TABS	0	
ORTHO TRI-CYCLEN LO TABS (*Use Norgestimate-Ethinyl Estradiol (Triphasic)*)	NF	
ORTHO TRI-CYCLEN TABS (*Use Norgestimate-Ethinyl Estradiol (Triphasic)*)	NF	
ORTHO-CYCLEN TABS (*Use Norgestimate-Ethinyl Estradiol*)	NF	
ORTHO-NOVUM 1/35 TABS (*Use Norethindrone & Eth Estradiol*)	NF	
ORTHO-NOVUM 7/7/7 TABS (*Use Norethindrone-Eth Estradiol (Triphasic)*)	NF	
OVCON-35 TABS (*Use Norethindrone & Eth Estradiol*)	NF	
SEASONIQUE TABS (*Use Levonorgestrel-Ethinyl Estradiol (91-Day)*)	NF	
TRI-NORINYL 28 TABS (*Use Norethindrone-Eth Estradiol (Triphasic)*)	NF	
YASMIN 28 TABS (*Use Drospirenone-Ethinyl Estradiol*)	NF	
YAZ TABS (*Use Drospirenone-Ethinyl Estradiol*)	NF	
Combination Contraceptives - Transdermal		
XULANE PTWK	2	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
NUVARING RING	0	QL(1 ea per fill retail)
Emergency Contraceptives		
ELLA TABS	0	QL(4 ea per 365 days retail)
levonorgestrel (emergency oc) tabs	0	QL(1 ea per fill retail,4 ea per 365 days retail)
PLAN B ONE-STEP TABS (*Use Levonorgestrel (Emergency OC)*)	NF	QL(1 ea per fill retail,4 ea per 365 days retail)
Progestin Contraceptives - IUD		
KYLEENA IUD	2	PA; SP
LILETTA IUD	2	PA; SP
MIRENA IUD	2	PA; SP
SKYLA IUD	2	PA; SP
Progestin Contraceptives - Implants		
NEXPLANON IMPL	2	PA; SP
Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/ Limits
DEPO-PROVERA CONTRACEPTIVE SUSP (*Use Medroxyprogesterone Acetate (Contraceptive)*)	NF	QL(1 ml daily)
DEPO-PROVERA CONTRACEPTIVE SUSY (*Use Medroxyprogesterone Acetate (Contraceptive)*)	NF	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY	0	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susp	0	QL(1 ml daily)
medroxyprogesterone acetate (contraceptive) susy	0	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
NOR-QD TABS (*Use Norethindrone (Contraceptive)*)	NF	
norethindrone (contraceptive) tabs	0	
ORTHO MICRONOR TABS (*Use Norethindrone (Contraceptive)*)	NF	
CORTICOSTEROIDS		
Glucocorticosteroids		
CORTEF TABS (*Use Hydrocortisone*)	NF	
CORTISONE ACETATE TABS	2	
dexamethasone elix 0.5 mg/5ml	1	
DEXAMETHASONE INTENSOL CONC	2	
dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml	1	QL(150 ml per 30 days retail)
DEXAMETHASONE SOLN 0.5 MG/5ML	2	
dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg	1	
DEXAMETHASONE TABS 1 MG, 2 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
EMFLAZA SUSP	2	PA; SP
EMFLAZA TABS	2	PA; SP
hydrocortisone tabs	1	
MEDROL DOSEPAK TBPK (*Use Methylprednisolone*)	NF	
MEDROL TABS 4 MG, 8 MG (*Use Methylprednisolone*)	NF	
methylprednisolone tabs or 4 mg, 8 mg	1	
methylprednisolone tbpk or 4 mg	1	
PEDIAPRED SOLN (*Use Prednisolone Sodium Phosphate*)	NF	
prednisolone sodium phosphate soln or 15 mg/5ml	1	QL(240 ml per fill retail)
prednisolone sodium phosphate soln or 20 mg/5ml	1	QL(150 ml per fill retail)
prednisolone sodium phosphate soln or 5 mg/5ml, 6.7 mg/5ml	1	
prednisolone soln	1	
prednisolone syrp	1	
PREDNISONE INTENSOL CONC	2	
PREDNISONE SOLN 5 MG/5ML	2	
prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg	1	
PREDNISONE TABS 50 MG	2	
PREDNISONE TBPK 5 MG, 10 MG	2	
VERIPRED 20 SOLN (*Use Prednisolone Sodium Phosphate*)	NF	QL(150 ml per fill retail)
ZILRETTA SRER	2	PA; SP
Mineralocorticoids		

Drug Name	Drug Tier	Requirements/ Limits
fludrocortisone acetate tabs	1	
COUGH/COLD/ALLERGY		
Antitussives		
benzonatate caps 100 mg	1	AL; At least 10 yrs old
benzonatate caps 200 mg	1	QL(1 ea daily); AL; At least 10 yrs old
hydrocodone w/ homatropine syrp 5mg/5ml-1.5mg/5ml	1	
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 1mg/5ml-2.5mg/5ml, 1mg/5ml-1mg/5ml-2.5mg/5ml-2.5mg/5ml	1	QL(120 ml per fill retail)
brompheniramine & pseudoeph elix	1	QL(120 ml per fill retail)
brompheniramine & pseudoeph liqd	1	QL(120 ml per fill retail)
cetirizine-pseudoephedrine tb12	1	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)
DECON-A ELIX	2	
DECON-A LIQD	2	
dextromethorphan-guaifenesin liqd 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml	1	QL(240 ml per fill retail)
dextromethorphan-guaifenesin soln 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml	1	QL(240 ml per fill retail)
DIMETAPP COLD & ALLERGY ELIX 1MG/5ML-2.5MG/5ML (*Use Brompheniramine & Phenyleph*)	NF	QL(120 ml per fill retail)
guaifenesin-codeine liqd 100mg/5ml-10mg/5ml	1	QL(240 ml per fill retail)
guaifenesin-codeine soln 100mg/5ml-10mg/5ml	1	QL(240 ml per fill retail)
guaifenesin-codeine syrp 100mg/5ml-10mg/5ml	1	QL(240 ml per fill retail)
loratadine & pseudoephedrine tb12 5mg-120mg	1	QL(2 ea daily)
loratadine & pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg	1	QL(1 ea daily)
phenylephrine-dm liqd	1	QL(240 ml per fill retail)
phenylephrine-dm soln	1	QL(240 ml per fill retail)
promethazine & phenylephrine soln	1	QL(240 ml per fill retail); AL; At least 2 yrs old
promethazine & phenylephrine syrp	1	QL(240 ml per fill retail); AL; At least 2 yrs old
promethazine w/codeine syrp	1	QL(240 ml per fill retail); AL; At least 6 yrs old
promethazine-phenylephrine-codeine syrp	1	QL(240 ml per fill retail); AL; At least 6 yrs old

Drug Name	Drug Tier	Requirements/ Limits
PROMETHAZINE/PHENYLEPHRINE SYRP	2	QL(240 ml per fill retail); AL; At least 2 yrs old
pseudoephedrine w/ codeine-gg soln	1	QL(240 ml per fill retail)
pseudoephedrine-ibuprofen tabs	1	
ZYRTEC-D ALLERGY/CONGESTION TB12 (*Use Cetirizine-Pseudoephedrine*)	NF	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (*Use Sodium Chloride (Inhalant)*)	NF	
HYPERSAL NEBU 7 % (*Use Sodium Chloride (Inhalant)*)	NF	
sodium chloride (inhalant) aers 0.9 %	1	QL(240 ml per fill retail)
sodium chloride (inhalant) nebu 0.9 %, 7 %	1	
Mucolytics		
acetylcysteine soln	1	
DERMATOLOGICALS		
Acne Products		
ACNE MEDICATION 10 LOTN	2	
ACNE MEDICATION 5 LOTN	2	
BENZAC AC WASH LIQD (*Use Benzoyl Peroxide*)	NF	RX/OTC
benzoyl peroxide gel 10 %	1	RX/OTC
BENZOYL PEROXIDE GEL 2.5 %	2	
benzoyl peroxide gel 5 %	1	
benzoyl peroxide liqd 5 %, 10 %	1	RX/OTC
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN-T GEL (*Use Clindamycin Phosphate (Topical)*)	NF	QL(75 ml per fill retail)
CLEOCIN-T LOTN (*Use Clindamycin Phosphate (Topical)*)	NF	QL(60 ml per fill retail)
CLEOCIN-T SOLN (*Use Clindamycin Phosphate (Topical)*)	NF	
clindamycin phosphate (topical) gel	1	QL(75 ml per fill retail)
clindamycin phosphate (topical) lotn	1	QL(60 ml per fill retail)
clindamycin phosphate (topical) soln	1	
DESQUAM-X WASH LIQD (*Use Benzoyl Peroxide*)	NF	RX/OTC
ERYGEL GEL (*Use Erythromycin (Acne Aid)*)	NF	QL(60 gm per fill retail)
erythromycin (acne aid) gel	1	QL(60 gm per fill retail)
erythromycin (acne aid) soln	1	
isotretinoin caps 10 mg, 20 mg, 40 mg	1	ST; QL(2 ea daily); AL; At least 12 yrs old
KLARON LOTN (*Use Sulfacetamide Sodium (Acne)*)	NF	QL(120 ml per fill retail)
RETIN-A CREA 0.025 %, 0.05 %, 0.1 % (*Use Tretinoin*)	NF	QL(20 gm per fill retail); AL; Up to 35 yrs old
RETIN-A GEL 0.01 % (*Use Tretinoin*)	NF	QL(15 gm per fill retail); AL; Up to 35 yrs old
RETIN-A GEL 0.025 % (*Use Tretinoin*)	NF	AL; Up to 35 yrs old
SODIUM SULFACETAMIDE/SULFUR LOTN	2	QL(60 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP	2	QL(30 gm per fill retail)
sulfacetamide sodium (acne) lotn	1	QL(120 ml per fill retail)
sulfacetamide sodium (acne) susp	1	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide sodium w/ sulfur lotn 5%-10%	1	QL(60 gm per fill retail)
tretinoin crea 0.025 %, 0.05 %, 0.1 %	1	QL(20 gm per fill retail); AL; Up to 35 yrs old
tretinoin gel 0.01 %	1	QL(15 gm per fill retail); AL; Up to 35 yrs old
tretinoin gel 0.025 %	1	AL; Up to 35 yrs old
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) gel 1 %	1	QL(6.68 gm daily)
VOLTAREN GEL (*Use Diclofenac Sodium (Topical)*)	NF	QL(6.68 gm daily)
Antibiotics - Topical		
BACIGUENT OINT (*Use Bacitracin (Topical)*)	NF	QL(453.9 gm per fill retail)
bacitracin (topical) oint	1	QL(453.9 gm per fill retail)
bacitracin zinc oint	1	QL(453.6 gm per fill retail)
BACTROBAN CREA (*Use Mupirocin Calcium (Topical)*)	NF	
CENTANY OINT	2	QL(30 gm per fill retail)
gentamicin sulfate (topical) crea	1	QL(30 gm per fill retail)
gentamicin sulfate (topical) oint	1	QL(30 gm per fill retail)
mupirocin calcium (topical) crea	1	
mupirocin oint	1	QL(30 gm per fill retail)
neomycin-bacitracin-polymyxin oint	1	QL(56 gm per fill retail)
neomycin-polymyxin w/ pramoxine crea	1	QL(28.3 gm per fill retail)
NEOSPORIN ORIGINAL OINT (*Use Neomycin-Bacitracin-Polymyxin*)	NF	QL(56 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (*Use Neomycin-Polymyxin w/ Pramoxine*)	NF	QL(28.3 gm per fill retail)
Antifungals - Topical		
clotrimazole (topical) crea	1	QL(60 gm per fill retail); RX/OTC
clotrimazole (topical) soln	1	QL(60 ml per fill retail); RX/OTC
clotrimazole w/ betamethasone crea	1	QL(45 gm per fill retail)
clotrimazole w/ betamethasone lotn	1	QL(30 ml per fill retail)
econazole nitrate crea	1	QL(85 gm per fill retail)
ketoconazole (topical) crea	1	QL(60 gm per fill retail)
ketoconazole (topical) sham	1	QL(120 ml per fill retail)
LAMISIL AT CREA (*Use Terbinafine HCl (Topical)*)	NF	QL(42 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (*Use Terbinafine HCl (Topical)*)	NF	QL(42 gm per fill retail)
LOTRIMIN AF CREA 1 % (*Use Clotrimazole (Topical)*)	NF	QL(60 gm per fill retail); RX/OTC
LOTRIMIN AF FOR HER CREA (*Use Clotrimazole (Topical)*)	NF	QL(60 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (*Use Clotrimazole (Topical)*)	NF	QL(60 gm per fill retail); RX/OTC
LOTRISONE CREA (*Use Clotrimazole w/ Betamethasone*)	NF	QL(45 gm per fill retail)
MICATIN CREA (*Use Miconazole Nitrate (Topical)*)	NF	QL(92 ml per fill retail)
miconazole nitrate (topical) crea	1	QL(92 ml per fill retail)
NIZORAL A-D SHAM	2	QL(200 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
NIZORAL SHAM (*Use Ketoconazole (Topical)*)	NF	QL(120 ml per fill retail)
nystatin (topical) crea	1	QL(30 gm per fill retail)
nystatin (topical) oint	1	QL(30 gm per fill retail)
nystatin-triamcinolone crea	1	QL(60 gm per fill retail)
nystatin-triamcinolone oint	1	QL(60 gm per fill retail)
terbinafine hcl (topical) crea	1	QL(42 gm per fill retail)
TINACTIN CREA (*Use Tolnaftate*)	NF	QL(30 gm per fill retail)
TINACTIN JOCK ITCH CREA (*Use Tolnaftate*)	NF	QL(30 gm per fill retail)
tolnaftate crea	1	QL(30 gm per fill retail)
Antihistamines-Topical		
diphenhydramine hcl (topical) crea	1	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	2	QL(30 gm per fill retail)
EFUDEX CREA (*Use Fluorouracil (Topical)*)	NF	QL(40 gm per fill retail)
fluorouracil (topical) crea	1	QL(40 gm per fill retail)
FLUOROURACIL CREA EX 0.5 %	2	QL(30 gm per fill retail)
FLUOROURACIL SOLN EX 2 %, 5 %	2	QL(10 ml per fill retail)
TARGRETIN GEL EX 1 %	2	PA; SP
Antipruritics - Topical		
camphor & menthol lotn 0.5%-0.5%	1	QL(59 ml per fill retail)
SARNA LOTN (*Use Camphor & Menthol*)	NF	QL(59 ml per fill retail)
Antipsoriatics		
calcipotriene crea	1	QL(60 gm per fill retail)
calcipotriene soln	1	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SENSOREADY PEN SOAJ	2	PA; SP
COSENTYX SOSY	2	PA; SP
DOVONEX CREA (*Use Calcipotriene*)	NF	QL(60 gm per fill retail)
STELARA SOSY	2	PA; SP
TALTZ SOAJ	2	PA; SP
TALTZ SOSY	2	PA; SP
tazarotene crea	1	QL(60 gm per fill retail); AL; Up to 21 yrs old
TAZORAC CREA 0.05 %	2	QL(60 gm per fill retail); AL; Up to 21 yrs old
TAZORAC CREA 0.1 % (*Use Tazarotene*)	NF	QL(60 gm per fill retail); AL; Up to 21 yrs old
TAZORAC GEL 0.05 %, 0.1 %	2	QL(30 gm per fill retail); AL; Up to 21 yrs old
Antiseborrheic Products		
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 1 %	1	QL(240 ml per fill retail)
selenium sulfide lotn 2.5 %	1	QL(120 ml per fill retail)
selenium sulfide sham 1 %	1	QL(240 ml per fill retail)
SELSUN BLUE DAILY LOTN (*Use Selenium Sulfide*)	NF	QL(240 ml per fill retail)
SELSUN BLUE LOTN (*Use Selenium Sulfide*)	NF	QL(240 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (*Use Selenium Sulfide*)	NF	QL(240 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (*Use Selenium Sulfide*)	NF	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide sodium liqd ex	1	QL(480 ml per fill retail)
Antivirals - Topical		
acyclovir topical oint	1	
ZOVIRAX CREA EX 5 %	2	QL(1 gm daily)
ZOVIRAX OINT EX 5 % (*Use Acyclovir Topical*)	NF	
Burn Products		
SILVADENE CREA (*Use Silver Sulfadiazine*)	NF	QL(85 gm per fill retail)
silver sulfadiazine crea	1	QL(85 gm per fill retail)
Corticosteroids - Topical		
APEXICON E CREA	2	QL(60 gm per fill retail)
betamethasone dipropionate (topical) crea	1	1 rtl pack lmt amt,30 rtl pack lmt day(s),
betamethasone dipropionate augmented crea	1	QL(50 gm per fill retail)
betamethasone valerate crea 0.1 %	1	QL(45 gm per fill retail)
betamethasone valerate lotn 0.1 %	1	QL(60 ml per fill retail)
betamethasone valerate oint 0.1 %	1	QL(45 gm per fill retail)
clobetasol propionate crea	1	QL(60 gm per fill retail)
clobetasol propionate emollient base crea	1	QL(60 gm per fill retail)
clobetasol propionate gel	1	QL(60 gm per fill retail)
clobetasol propionate oint	1	QL(60 gm per fill retail)
clobetasol propionate soln	1	QL(50 ml per fill retail)
DERMATOP CREA (*Use Prednicarbate*)	NF	QL(60 gm per fill retail)
desoximetasone crea 0.05 %	1	QL(60 gm per fill retail)
DIFLORASONE DIACETATE CREA	2	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
DIFLORASONE DIACETATE OINT	2	QL(60 gm per fill retail)
DIPROLENE AF CREA (*Use Betamethasone Dipropionate Augmented*)	NF	QL(50 gm per fill retail)
ELOCON CREA (*Use Mometasone Furoate*)	NF	QL(50 gm per fill retail)
ELOCON OINT (*Use Mometasone Furoate*)	NF	QL(45 gm per fill retail)
EPIFOAM FOAM	2	
fluocinonide crea 0.05 %	1	QL(60 gm per fill retail)
fluocinonide emulsified base crea	1	QL(60 gm per fill retail)
fluocinonide gel 0.05 %	1	QL(60 gm per fill retail)
fluocinonide oint 0.05 %	1	QL(60 gm per fill retail)
fluocinonide soln 0.05 %	1	QL(60 ml per fill retail)
fluticasone propionate crea 0.05 %	1	QL(60 gm per fill retail)
fluticasone propionate oint 0.005 %	1	QL(60 gm per fill retail)
hydrocortisone (topical) crea 0.5 %	1	QL(30 gm per fill retail)
hydrocortisone (topical) crea 1%, 1 %	1	QL(85.2 gm per fill retail); RX/OTC
hydrocortisone (topical) crea 2.5 %	1	QL(453.6 gm per fill retail)
hydrocortisone (topical) lotn 1 %	1	QL(99 ml per fill retail)
hydrocortisone (topical) lotn 2.5 %	1	QL(59 ml per fill retail)
hydrocortisone (topical) oint 1 %	1	QL(2 gm daily,56 gm per fill retail); RX/OTC
hydrocortisone (topical) oint 2.5 %	1	QL(454 gm per fill retail)
hydrocortisone butyrate soln	1	QL(60 ml per fill retail)
hydrocortisone-aloe vera crea 1%	1	QL(56.8 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
LOCOID SOLN (*Use Hydrocortisone Butyrate*)	NF	QL(60 ml per fill retail)
mometasone furoate crea	1	QL(50 gm per fill retail)
mometasone furoate oint	1	QL(45 gm per fill retail)
mometasone furoate soln	1	QL(60 ml per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA (*Use Hydrocortisone (Topical)*)	NF	QL(85.2 gm per fill retail); RX/OTC
prednicarbate crea	1	QL(60 gm per fill retail)
PREDNICARBATE CREA	2	QL(60 gm per fill retail)
PREDNICARBATE OINT	2	QL(60 gm per fill retail)
PSORCON CREA	2	QL(60 gm per fill retail)
TEMOVATE CREA (*Use Clobetasol Propionate*)	NF	QL(60 gm per fill retail)
TEMOVATE E CREA (*Use Clobetasol Propionate Emollient Base*)	NF	QL(60 gm per fill retail)
TEMOVATE OINT (*Use Clobetasol Propionate*)	NF	QL(60 gm per fill retail)
TOPICORT CREA 0.05 % (*Use Desoximetasone*)	NF	QL(60 gm per fill retail)
triamcinolone acetonide (topical) crea 0.025 %	1	QL(160 gm per fill retail)
triamcinolone acetonide (topical) crea 0.1 %	1	QL(85.2 gm per fill retail)
triamcinolone acetonide (topical) crea 0.5 %	1	QL(15 gm per fill retail)
triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %	1	QL(60 ml per fill retail)
triamcinolone acetonide (topical) oint 0.025 %, 0.1 %	1	QL(80 gm per fill retail)
triamcinolone acetonide (topical) oint 0.5 %	1	QL(15 gm per fill retail)
Emollient/Keratolytic Agents		
urea crea 40 %	1	QL(85.05 gm per fill retail)
urea lotn 40 %	1	QL(325 ml per fill retail)
Emollients		
A + D PERSONAL CARE LOTION LOTN	2	RX/OTC
ALOE AFTERSUN LOTION LOTN	2	RX/OTC
AMLACTIN CERAPEUTIC LOTN	2	RX/OTC
AQUA GLYCOLIC HAND & BODYLOTION LOTN	2	RX/OTC
AQUA LACTEN LOTN	2	RX/OTC
AQUADERM TREATMENT/MOISTURIZER LOTN	2	RX/OTC
AQUAMED LOTN	2	RX/OTC
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT LOTN	2	RX/OTC
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT/APRICO LOTN	2	RX/OTC
AVEENO DAILY MOISTURIZINGSPF 15 LOTN	2	RX/OTC
AVEENO POSITIVELY AGELESSFIRMING BODY LOTN	2	RX/OTC
AVEENO POSITIVELY RADIANT LOTN	2	RX/OTC
AVEENO STRESS RELIEF MOISTURIZING LOTN	2	RX/OTC
BETA CARE LOTN	2	RX/OTC
CAM LOTN	2	RX/OTC
CERAVE AM SPF 30 LOTN	2	RX/OTC
CERAVE LOTN	2	RX/OTC
CERAVE PM LOTN	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CERAVE SA RENEWING LOTN	2	RX/OTC
CETAPHIL DAILY ADVANCE ULTRA HYDRATING LOTN	2	RX/OTC
CETAPHIL DAILY FACIAL MOISTURIZER LOTN	2	RX/OTC
CETAPHIL DERMACONTROL MOISTURIZER/SPF 30 LOTN	2	RX/OTC
CETAPHIL MOISTURIZING LOTN	2	RX/OTC
CETAPHIL RESTORADERM LOTN	2	RX/OTC
CLN FACIAL MOISTURIZER NOURISHING LOTN	2	RX/OTC
COCOA BUTTER HAND & BODYLOTION LOTN	2	RX/OTC
COCOA BUTTER LOTN	2	RX/OTC
CVS DAILY ULTRA MOISTURELOTION LOTN	2	RX/OTC
DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN	2	RX/OTC
DERMAL THERAPY FACE CAREMOISTURIZING LOTION LOTN	2	RX/OTC
DERMAL THERAPY FOOT MASSAGE LOTN	2	RX/OTC
DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN	2	RX/OTC
DERMAL THERAPY HEEL CARE LOTN	2	RX/OTC
DERMALUBE DAILY MOISTURIZING LOTION LOTN	2	RX/OTC
DIABETIDERM HAND & BODY LOTN	2	RX/OTC
DIABETIDERM LOTN	2	RX/OTC
EMOLLIA-LOTION LOTN	2	RX/OTC
emollient lotn 1.25 %,	1	RX/OTC
EPILYT LOTN	2	RX/OTC
EQL ADVANCED RECOVERY SKIN CARE LOTN	2	RX/OTC
EQL ULTRA MOISTURIZING DAILY LOTION LOTN	2	RX/OTC
EUCERIN BABY LOTN	2	RX/OTC
EUCERIN DAILY PROTECTION/SPF 30 LOTN	2	RX/OTC
EUCERIN INTENSIVE REPAIR LOTN	2	RX/OTC
EUCERIN LOTN	2	RX/OTC
EUCERIN ORIGINAL HEALINGSOOTHING REPAIR LOTN	2	RX/OTC
EUCERIN PLUS LOTN 5%-5%	2	RX/OTC
EUCERIN PROFESSIONAL REPAIR RICH FEEL LOTN	2	RX/OTC
EUCERIN SMOOTHING REPAIRADVANCED FORMULA LOTN	2	RX/OTC
FORMULA 405 MOISTURIZING LOTN	2	RX/OTC
GNP ADVANCED RECOVERY LOTN	2	RX/OTC
GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH LOTN	2	RX/OTC
GOLD BOND MEDICATED BODYLOTION LOTN	2	RX/OTC
GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN	2	RX/OTC
GOLD BOND ULTIMATE HEALING LOTN	2	RX/OTC
GOLD BOND ULTIMATE LOTN	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GOLD BOND ULTIMATE PROTECTION LOTN	2	RX/OTC
GOLD BOND ULTIMATE RESTORING LOTN	2	RX/OTC
GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE LOTN	2	RX/OTC
GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS LOTN	2	RX/OTC
GOLD BOND ULTIMATE SOFTENING LOTN	2	RX/OTC
GOLD BOND ULTIMATE SOOTHING LOTN	2	RX/OTC
GRX VITAMIN E LOTN	2	RX/OTC
KERI ADVANCED MOISTURE THERAPY LOTN	2	RX/OTC
KERI BASIC ESSENTIALS LOTN	2	RX/OTC
KERI NOURISHING SHEA BUTTER LOTN	2	RX/OTC
KERI ORIGINAL LOTN	2	RX/OTC
KERI OVERNIGHT LOTN	2	RX/OTC
KERI RENEWAL MILK BODY LOTN	2	RX/OTC
KERI RENEWAL SKIN FIRMING LOTN	2	RX/OTC
KERI RENEWAL STRETCH MARK MINIMIZER LOTN	2	RX/OTC
KERI SENSITIVE SKIN LOTN	2	RX/OTC
LAC-HYDRIN CREA (*Use Lactic Acid (Ammonium Lactate*))	NF	QL(385 gm per fill retail); RX/OTC
LAC-HYDRIN LOTN (*Use Lactic Acid (Ammonium Lactate*))	NF	QL(57 ml per fill retail); RX/OTC
LAC-HYDRIN TWELVE LOTN (*Use Lactic Acid (Ammonium Lactate*))	NF	QL(57 ml per fill retail); RX/OTC
lactic acid (ammonium lactate) crea 12 %	1	QL(385 gm per fill retail); RX/OTC
lactic acid (ammonium lactate) lotn 12 %	1	QL(57 ml per fill retail); RX/OTC
LUBRIDERM ADVANCED THERAPY LOTN	2	RX/OTC
LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN	2	RX/OTC
LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE LOTN	2	RX/OTC
LUBRIDERM INTENSE SKIN REPAIR LOTN	2	RX/OTC
LUBRIDERM LOTN	2	RX/OTC
LUBRIDERM MENS 3-IN-1 LOTN	2	RX/OTC
LUBRIDERM SERIOUSLY SENSITIVE LOTN	2	RX/OTC
LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS LOTN	2	RX/OTC
LUBRISOFT LOTN	2	RX/OTC
MAXAM LOTN	2	RX/OTC
MEDERMA AG HAND & BODY LOTION LOTN	2	RX/OTC
MOTHERS FRIEND LOTN	2	RX/OTC
MSM SKIN LOTION LOTN	2	RX/OTC
NEOSALUS LOTN	2	RX/OTC
NEUTROGENA BODY LIGHT SESAME FORMULA LOTN	2	RX/OTC
NEUTROGENA HEALTHY SKIN FACE SPF 15 LOTN	2	RX/OTC
NEUTROGENA MOISTURE SENSITIVE SKIN LOTN	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NIVEA EXTRA ENRICHED LOTION LOTN	2	RX/OTC
NIVEA EXTRA ENRICHED LOTN	2	RX/OTC
NIVEA GENTLE BODY EXFOLIATOR LOTN	2	RX/OTC
NIVEA LIGHT LOTN	2	RX/OTC
NIVEA LOTN	2	RX/OTC
NIVEA ORIGINAL LOTN	2	RX/OTC
NIVEA ORIGINAL MOISTURE LOTN	2	RX/OTC
NIVEA VISAGE LOTN	2	RX/OTC
NUTRADERM ADVANCED FORMULA LOTN	2	RX/OTC
NUTRADERM LOTN 2.5%-2.5%-2.5%-2.5%-2.5%	2	RX/OTC
RA RENEWAL DRY SKIN THERAPY LOTN	2	RX/OTC
RADIAGUARD ADVANCED LOTN	2	RX/OTC
RESTA LITE LOTN	2	RX/OTC
ROC DEEP WRINKLE SERUM LOTN	2	RX/OTC
ROSE MILK LOTN	2	RX/OTC
SKIN REPAIR LOTN	2	RX/OTC
SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE LOTN	2	RX/OTC
ST IVES SWISS FORMULA 24HOUR MOISTURE LOTN	2	RX/OTC
STUDIO 35 EXTRA MOISTURIZING LOTION LOTN	2	RX/OTC
THERABETIC SKIN CARE LOTN	2	RX/OTC
THERAPLEX HYDROLOTION LOTN	2	RX/OTC
TROPAZONE LOTN	2	RX/OTC
VANICREAM LITE LOTN	2	RX/OTC
WIBI LOTN	2	RX/OTC
Glabellar Lines (Frown Lines) Agents		
BOTOX COSMETIC SOLR	2	PA; SP
Immunomodulating Agents - Topical		
ALDARA CREA (*Use Imiquimod*)	NF	QL(48 ea per 180 days retail)
imiquimod crea	1	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL CREA	2	PA; QL(1 gm daily); AL; At least 2 yrs old
PROTOPIC OINT 0.03 % (*Use Tacrolimus (Topical)*)	NF	PA; QL(1 gm daily); AL; At least 2 yrs old
tacrolimus (topical) oint 0.03 %	1	PA; QL(1 gm daily); AL; At least 2 yrs old
Keratolytic/Antimitotic Agents		
CONDYLOX SOLN (*Use Podofilox*)	NF	QL(4 ml per fill retail)
KERALYT GEL 6 % (*Use Salicylic Acid*)	NF	QL(40 gm per fill retail)
podofilox soln	1	QL(4 ml per fill retail)
salicylic acid gel ex 6 %	1	QL(40 gm per fill retail)
Local Anesthetics - Topical		
ARTHRITIS PAIN RELIEVING CREA	2	QL(60 gm per fill retail)
CAPSAGEL EXTRA STRENGTH GEL	2	QL(60 gm per fill retail)
CAPSAGEL GEL	2	QL(60 gm per fill retail)
CAPSAGEL MAXIMUM STRENGTH GEL	2	QL(30 gm per fill retail)
capsaicin crea 0.025 %	1	QL(60 ml per fill retail)
capsaicin crea 0.075 %	1	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
capsaicin crea 0.1 %	1	QL(56.6 gm per fill retail)
CAPZASIN-HP CREA (*Use Capsaicin*)	NF	QL(56.6 gm per fill retail)
CAPZASIN-P CREA	2	QL(42.5 gm per fill retail)
CASTIVA WARMING LOTN	2	QL(113 gm per fill retail)
dibucaine oint	1	QL(56.7 gm per fill retail)
EMLA CREA (*Use Lidocaine-Prilocaine*)	NF	QL(5800 gm per fill retail)
lidocaine crea 4 %	1	QL(76.5 gm per fill retail)
lidocaine hcl crea ex 3 %	1	QL(85 gm per fill retail)
lidocaine hcl crea ex 4 %	1	QL(63 ml per fill retail)
lidocaine hcl gel ex 2 %	1	QL(85 ml per fill retail); RX/OTC
lidocaine-prilocaine crea	1	QL(5800 gm per fill retail)
LMX 4 CREA (*Use Lidocaine*)	NF	QL(76.5 gm per fill retail)
PREDATOR CREA (*Use Lidocaine HCl*)	NF	QL(63 ml per fill retail)
Misc. Topical		
DRYSOL SOLN	2	QL(60 ml per fill retail)
lanolin (topical) crea	1	
OFF DEEP WOODS AERO	2	
OFF DEEP WOODS DRY AERO	2	
ULTRATHON INSECT REPELLENT 8 AERO	2	
ULTRATHON INSECT REPELLENT LOTN	2	
zinc oxide (topical) oint 20 %	1	QL(60 gm per fill retail)
Rosacea Agents		
METROCREAM CREA (*Use Metronidazole (Topical)*)	NF	QL(45 gm per fill retail)
METROLOTION LOTN (*Use Metronidazole (Topical)*)	NF	
metronidazole (topical) crea 0.75 %	1	QL(45 gm per fill retail)
metronidazole (topical) gel 0.75 %	1	QL(45 gm per fill retail)
metronidazole (topical) lotn 0.75 %	1	
Scabicides & Pediculicides		
A-200 GEL EX 0.33%-4%	2	
A-200 KIT CO 0.5%-0.33%-4% (*Use Permethrin & Pyrethrins-Piperonyl Butoxide*)	NF	
ELIMITE CREA (*Use Permethrin*)	NF	QL(60 gm per fill retail)
EURAX CREA	2	QL(60 gm per fill retail)
EURAX LOTN	2	QL(60 gm per fill retail)
KLOUT SHAM	2	
LICEMD GEL	2	
LICIDE TREATMENT KIT KIT	2	
malathion lotn	1	QL(59 ml per fill retail)
NATROBA SUSP	2	QL(120 ml per fill retail); AL; At least 2 yrs old
NIX CREME RINSE LIQD (*Use Permethrin*)	NF	
OVIDE LOTN (*Use Malathion*)	NF	QL(59 ml per fill retail)
permethrin & pyrethrins-piperonyl butoxide kit	1	
permethrin aero xx 0.5 %	1	
permethrin crea ex 5 %	1	QL(60 gm per fill retail)
permethrin liqd ex 1 %	1	
permethrin lotn ex 1 %	1	QL(59 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
pyrethrins-piperonyl butoxide liqd 0.33%-4%	1	QL(59 ml per fill retail)
pyrethrins-piperonyl butoxide liqd 1.2%-0.3%-0.3%-2.4%-3%	1	
pyrethrins-piperonyl butoxide sham 0.3%-0.33%-4%, 0.33%-4%	1	
pyrethrins-piperonyl butoxide sham 0.33%-4%	1	QL(59 ml per fill retail)
pyrethrins-piperonyl butoxide-permethrin-nit remover kit	1	
RA LICE SOLUTION KIT KIT	2	
RID AERO XX 0.5 % (*Use Permethrin*)	NF	
RID COMPLETE LICE ELIMINATION KIT (*Use Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover*)	NF	
RID ESSENTIAL LICE ELIMINATION KIT KIT	2	
RID LIQD EX 0.33%-4% (*Use Pyrethrins-Piperonyl Butoxide*)	NF	QL(59 ml per fill retail)
SCHOOLTIME SHAMPOO SHAM	2	
SPINOSAD SUSP	2	QL(120 ml per fill retail); AL; At least 2 yrs old
Tar Products		
coal tar extract sham 0.5 %	1	
DHS TAR GEL SHAM (*Use Coal Tar Extract*)	NF	
DHS TAR 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		
APLIGRAF DISK	2	PA; SP
DERMAGRAFT SHEE	2	PA; SP
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
CORTROSYN SOLR (*Use Cosyntropin*)	NF	PA; SP
cosyntropin solr	1	PA; SP
THYROGEN SOLR	2	PA; SP
Diagnostic Tests		
CHEK-STIX CONTROL STRP	2	
CHEMSTRIP-K STRP	2	
KETOCARE STRP	2	
KETONE TEST STRIPS STRP	2	
KETOSTIX STRP	2	
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST STRIPS STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK TEST STRP	2	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DIGESTIVE AIDS		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 14200UNIT-4200UNIT-24600UNIT, 35500UNIT-10500UNIT-61500UNIT, 54700UNIT-21000UNIT-83900UNIT, 56800UNIT-16800UNIT-98400UNIT	2	
SUCRAID SOLN	2	PA; SP
ZENPEP CPEP 10000UNIT-3000UNIT-16000UNIT, 17000UNIT-5000UNIT-27000UNIT, 34000UNIT-10000UNIT-55000UNIT, 51000UNIT-15000UNIT-82000UNIT, 68000UNIT-20000UNIT-109000UNIT, 85000UNIT-25000UNIT-136000UNIT	2	
DIURETICS		
Carbonic Anhydrase Inhibitors		
acetazolamide cp12	1	
acetazolamide tabs	1	
DIAMOX CP12 (*Use Acetazolamide*)	NF	
methazolamide tabs	1	
NEPTAZANE TABS (*Use Methazolamide*)	NF	
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (*Use Spironolactone & Hydrochlorothiazide*)	NF	
amiloride & hydrochlorothiazide tabs	1	QL(1 ea daily)
DYAZIDE CAPS (*Use Triamterene & Hydrochlorothiazide*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MAXZIDE TABS (*Use Triamterene & Hydrochlorothiazide*)	NF	QL(1 ea daily)
MAXZIDE-25 TABS (*Use Triamterene & Hydrochlorothiazide*)	NF	QL(1 ea daily)
spironolactone & hydrochlorothiazide tabs	1	
triamterene & hydrochlorothiazide caps	1	QL(1 ea daily)
triamterene & hydrochlorothiazide tabs	1	QL(1 ea daily)
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPS	2	QL(1 ea daily)
Loop Diuretics		
bumetanide tabs or 0.5 mg, 1 mg, 2 mg	1	
BUMEX TABS (*Use Bumetanide*)	NF	
DEMADEX TABS 20 MG (*Use Torsemide*)	NF	
DEMADEX TABS 5 MG, 10 MG (*Use Torsemide*)	NF	QL(1 ea daily)
furosemide soln or 10 mg/ml	1	
FUROSEMIDE SOLN OR 8 MG/ML	2	
furosemide tabs or 20 mg, 40 mg, 80 mg	1	
LASIX TABS (*Use Furosemide*)	NF	
torsemide tabs 20 mg	1	
torsemide tabs 5 mg, 10 mg, 100 mg	1	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (*Use Spironolactone*)	NF	
amiloride hcl tabs	1	QL(4 ea daily)
spironolactone tabs	1	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	2	QL(2 ea daily)
chlorothiazide tabs 500 mg	1	QL(4 ea daily)
chlorthalidone tabs	1	
hydrochlorothiazide caps 12.5 mg	1	
hydrochlorothiazide tabs 25 mg, 50 mg	1	
indapamide tabs	1	
metolazone tabs	1	
MICROZIDE CAPS (*Use Hydrochlorothiazide*)	NF	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
Bone Density Regulators		
ACTONEL TABS 35 MG (*Use Risedronate Sodium*)	NF	PA; 4 per 28 days;QL(4 ea per 28 days retail)
ACTONEL TABS 5 MG, 30 MG (*Use Risedronate Sodium*)	NF	PA; QL(1 ea daily)
ALENDRONATE SODIUM SOLN 70 MG/75ML	2	QL(10.8 ml daily)
alendronate sodium tabs 35 mg, 70 mg	1	QL(0.15 ea daily)
ALENDRONATE SODIUM TABS 40 MG	2	QL(1 ea daily)
alendronate sodium tabs 5 mg, 10 mg	1	QL(1 ea daily)
BONIVA SOLN IV 3 MG/3ML (*Use Ibandronate Sodium*)	NF	PA; SP
calcitonin (salmon) soln	1	QL(4 ml per 30 days retail)
FORTEO SOLN	2	PA; SP
FORTICAL SOLN	2	QL(4 ml per 30 days retail)
FOSAMAX TABS (*Use Alendronate Sodium*)	NF	QL(0.15 ea daily)
ibandronate sodium soln iv 3 mg/3ml	1	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
MIACALCIN SOLN IJ 200 UNIT/ML	2	QL(2 ml per 30 days retail)
MIACALCIN SOLN NA 200 UNIT/ACT (*Use Calcitonin (Salmon)*)	NF	QL(4 ml per 30 days retail)
NATPARA CART	2	PA; SP
pamidronate disodium soln 30 mg/10ml, 90 mg/10ml	1	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	2	PA; SP
pamidronate disodium solr 30 mg, 90 mg	1	PA; SP
PROLIA SOLN	2	PA; SP
RECLAST SOLN (*Use Zoledronic Acid*)	NF	PA; SP
risedronate sodium tabs 35 mg	1	PA; 4 per 28 days;QL(4 ea per 28 days retail)
risedronate sodium tabs 5 mg, 30 mg	1	PA; QL(1 ea daily)
XGEVA SOLN	2	PA; SP
zoledronic acid conc 4 mg/5ml	1	PA; SP
ZOLEDRONIC ACID SOLN 4 MG/100ML	2	PA; SP
zoledronic acid soln 5 mg/100ml	1	PA; SP
ZOLEDRONIC ACID SOLR 4 MG	2	PA; SP
ZOMETA CONC 4 MG/5ML (*Use Zoledronic Acid*)	NF	PA; SP
ZOMETA SOLN 4 MG/100ML	2	PA; SP
Corticotropin		
H.P. ACTHAR GEL	2	PA; SP
Fertility Regulators		
BRAVELLE SOLR	2	PA; SP
CHORIONIC GONADOTROPIN SOLR	2	PA; SP
FOLLISTIM AQ SOLN	2	PA; SP
GONAL-F RFF REDIJECT SOLN	2	PA; SP
GONAL-F RFF SOLR	2	PA; SP
GONAL-F SOLR	2	PA; SP
MENOPUR SOLR	2	PA; SP
NOVAREL SOLR	2	PA; SP
OVIDREL INJ	2	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	2	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	2	PA; SP
GANIRELIX ACETATE SOLN	2	PA; SP
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	2	PA; SP
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	2	PA; SP
Growth Hormones		
GENOTROPIN MINIQUICK SOLR	2	PA; SP
GENOTROPIN SOLR	2	PA; SP
HUMATROPE COMBO PACK SOLR	2	PA; SP
HUMATROPE SOLR	2	PA; SP
NORDITROPIN FLEXPRO SOLN	2	PA; SP
NUTROPIN AQ NUSPIN 10 SOLN	2	PA; SP
NUTROPIN AQ NUSPIN 20 SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
NUTROPIN AQ NUSPIN 5 SOLN	2	PA; SP
NUTROPIN AQ PEN SOLN	2	PA; SP
OMNITROPE SOLN	2	PA; SP
OMNITROPE SOLR	2	PA; SP
SAIZEN CLICK.EASY SOLR	2	PA; SP
SAIZEN SOLR	2	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	2	PA; SP
SEROSTIM SOLR	2	PA; SP
ZOMACTON SOLR	2	PA; SP
ZORBTIVE SOLR	2	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (*Use Raloxifene HCl*)	NF	QL(1 ea daily)
raloxifene hcl tabs	1	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	2	PA; SP
LHRH/GnRH Agonist Analog Pituitary		
LUPANETA PACK KIT	2	PA; SP
LUPRON DEPOT-PED (*1-MONTH*) KIT	2	PA; SP
LUPRON DEPOT-PED (*3-MONTH*) KIT	2	PA; SP
SUPPRELIN LA KIT	2	PA; SP
SYNAREL SOLN	2	PA; SP
Metabolic Modifiers		
ALDURAZYME SOLN	2	PA; SP
BUPHENYL POWD 3 GM/TSP (*Use Sodium Phenylbutyrate*)	NF	PA; SP
BUPHENYL TABS 500 MG	2	PA; SP
BUPHENYL TABS 500 MG (*Use Sodium Phenylbutyrate*)	NF	PA; SP
calcitriol caps or 0.25 mcg, 0.5 mcg	1	
CARBAGLU TABS	CO	
CARNITOR SF SOLN (*Use Levocarnitine (Metabolic Modifiers*))	NF	QL(30 ml daily)
CARNITOR SOLN OR 1 GM/10ML (*Use Levocarnitine (Metabolic Modifiers*))	NF	QL(30 ml daily)
CARNITOR TABS OR 330 MG (*Use Levocarnitine (Metabolic Modifiers*))	NF	QL(3 ea daily); RX/OTC
CYSTADANE POWD	2	PA; SP
ELAPRASE SOLN	2	PA; SP
FABRAZYME SOLR	2	PA; SP
KANUMA SOLN	2	PA; SP
KUVAN PACK	2	PA; SP
KUVAN TBSO	2	PA; SP
levocarnitine (metabolic modifiers) soln 1 gm/10ml	1	QL(30 ml daily)
levocarnitine (metabolic modifiers) tabs 330 mg	1	QL(3 ea daily); RX/OTC
LUMIZYME SOLR	2	PA; SP
MYALEPT SOLR	2	PA; SP
NAGLAZYME SOLN	2	PA; SP
ORFADIN CAPS	2	PA; SP
ORFADIN SUSP	2	PA; SP
paricalcitol soln iv 2 mcg/ml, 5 mcg/ml	1	PA; SP
PARSABIV SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
RAVICTI LIQD	CO	
ROCALTROL CAPS 0.25 MCG, 0.5 MCG (*Use Calcitriol*)	NF	
SENSIPAR TABS	2	PA; SP
sodium phenylbutyrate powd	1	PA; SP
sodium phenylbutyrate tabs	1	PA; SP
STRENSIQ SOLN	2	PA; SP
VIMIZIM SOLN	2	PA; SP
ZEMPLAR SOLN IV 2 MCG/ML, 5 MCG/ML (*Use Paricalcitol*)	NF	PA; SP
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (*Use Desmopressin Acetate*)	NF	PA; SP
DDAVP SOLN NA 0.01 %	2	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (*Use Desmopressin Acetate Spray*)	NF	QL(5 ml per fill retail)
DDAVP TABS OR 0.1 MG, 0.2 MG (*Use Desmopressin Acetate*)	NF	QL(6 ea daily)
desmopressin acetate refrigerated soln	1	QL(5 ml per fill retail)
desmopressin acetate soln ij 4 mcg/ml	1	PA; SP
desmopressin acetate spray refrigerated soln	1	QL(5 ml per fill retail)
desmopressin acetate spray soln	1	QL(5 ml per fill retail)
desmopressin acetate tabs or 0.1 mg, 0.2 mg	1	QL(6 ea daily)
STIMATE SOLN	2	PA; SP
Somatostatic Agents		
octreotide acetate soln	1	PA; SP
SANDOSTATIN LAR DEPOT KIT	2	PA; SP
SANDOSTATIN SOLN (*Use Octreotide Acetate*)	NF	PA; SP
SIGNIFOR LAR SRER	2	PA; SP
SIGNIFOR SOLN	2	PA; SP
SOMATULINE DEPOT SOLN	2	PA; SP
ESTROGENS		
Estrogen Combinations		
ACTIVELLA TABS (*Use Estradiol & Norethindrone Acetate*)	NF	
COMBIPATCH PTTW	2	QL(8 ea per 28 days retail)
esterified estrogens & methyltestosterone tabs	1	QL(1 ea daily)
estradiol & norethindrone acetate tabs	1	
FEMHRT LOW DOSE TABS (*Use Norethindrone Acetate-Ethinyl Estradiol*)	NF	
norethindrone acetate-ethinyl estradiol tabs	0	
PREMPHASE TABS	2	QL(1 ea daily)
PREMPRO TABS	2	QL(1 ea daily)
Estrogens		
ALORA PTTW	2	QL(0.29 ea daily)
CLIMARA PTWK (*Use Estradiol*)	NF	QL(4 ea per 30 days retail)
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (*Use Estradiol*)	NF	
estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr	1	QL(0.29 ea daily)
estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr	1	QL(4 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
estradiol tabs or 0.5 mg, 1 mg, 2 mg	1	
ESTROPIPATE TABS 0.75 MG, 1.5 MG	2	QL(1 ea daily)
ESTROPIPATE TABS 3 MG	2	QL(2 ea daily)
MINIVELLE PTTW	2	QL(0.29 ea daily)
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG	2	QL(1 ea daily)
VIVELLE-DOT PTTW (*Use Estradiol*)	NF	QL(0.29 ea daily)
FLUOROQUINOLONES		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG (*Use Ciprofloxacin HCl*)	NF	
CIPROFLOXACIN HCL TABS 100 MG	2	QL(6 ea per fill retail)
ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg	1	
LEVAQUIN TABS (*Use Levofloxacin*)	NF	QL(1 ea daily,14 ea per fill retail)
levofloxacin tabs or 250 mg, 500 mg, 750 mg	1	QL(1 ea daily,14 ea per fill retail)
OFLOXACIN TABS 300 MG	2	QL(56 ea per fill retail)
ofloxacin tabs 400 mg	1	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC.		
Antiflatulents		
GAS-X CHEW (*Use Simethicone*)	NF	
MYLICON INFANTS GAS RELIEF SUSP (*Use Simethicone*)	NF	QL(45 ml per fill retail)
MYLICON SUSP (*Use Simethicone*)	NF	QL(45 ml per fill retail)
simethicone chew 80 mg	1	
simethicone liqd 20 mg/0.3ml, 40 mg/0.6ml	1	QL(30 ml per fill retail)
simethicone susp 20 mg/0.3ml, 40 mg/0.6ml	1	QL(45 ml per fill retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	2	PA; QL(5 ea daily); SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS	2	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (*Use Ursodiol*)	NF	QL(3 ea daily)
URSO 250 TABS (*Use Ursodiol*)	NF	QL(7 ea daily)
ursodiol caps 300 mg	1	QL(3 ea daily)
ursodiol tabs 250 mg	1	QL(7 ea daily)
Gastrointestinal Stimulants		
metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml	1	
metoclopramide hcl tabs or 5 mg, 10 mg	1	
REGLAN TABS (*Use Metoclopramide HCl*)	NF	
Inflammatory Bowel Agents		
AZULFIDINE EN-TABS TBEC (*Use Sulfasalazine*)	NF	
AZULFIDINE TABS (*Use Sulfasalazine*)	NF	
balsalazide disodium caps	1	QL(9 ea daily)
CIMZIA KIT	2	PA; SP
CIMZIA STARTER KIT KIT	2	PA; SP
COLAZAL CAPS (*Use Balsalazide Disodium*)	NF	QL(9 ea daily)
ENTYVIO SOLR	2	PA; SP
INFLECTRA SOLR	2	PA; SP
LIALDA TBEC (*Use Mesalamine*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
mesalamine enem re 4 gm	1	QL(60 ml daily)
mesalamine tbec or 1.2 gm	1	
mesalamine tbec or 800 mg	1	QL(3 ea daily)
REMICADE SOLR	2	PA; SP
SFROWASA ENEM	2	
sulfasalazine tabs	1	
sulfasalazine tbec	1	
Intestinal Acidifiers		
lactulose (encephalopathy) soln	1	
Irritable Bowel Syndrome (IBS) Agents		
LINZESS CAPS 145 MCG, 290 MCG	2	PA; SP
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps	1	
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	2	PA; SP
GENITOURINARY AGENTS - MISCELLANEOUS		
Alkalinizers		
potassium citrate (alkalinizer) tbcr 540 mg, 1080 mg	1	
potassium citrate-citric acid pack 3300mg-1002mg	1	
SHOHLS SOLUTION MODIFIED SOLN (*Use Sodium Citrate & Citric Acid*)	NF	QL(16.67 ml daily); RX/OTC
sodium citrate & citric acid soln	1	QL(16.67 ml daily); RX/OTC
UROCIT-K 10 TBCR (*Use Potassium Citrate (Alkalinizer)*)	NF	
UROCIT-K 5 TBCR (*Use Potassium Citrate (Alkalinizer)*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Cystinosis Agents		
CYSTAGON CAPS	2	PA; SP
PROCYSBI CPDR	2	PA; SP
Genitourinary Irrigants		
sodium chloride (gu irrigant) soln	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
finasteride tabs	1	QL(1 ea daily)
FLOMAX CAPS (*Use Tamsulosin HCl*)	NF	QL(2 ea daily)
PROSCAR TABS (*Use Finasteride*)	NF	QL(1 ea daily)
tamsulosin hcl caps	1	QL(2 ea daily)
Urinary Analgesics		
phenazopyridine hcl tabs 100 mg, 200 mg	1	
PYRIDIUM TABS (*Use Phenazopyridine HCl*)	NF	
Vesicoureteral Reflux (VUR) Agents		
DEFLUX PRSY	2	PA; SP
GOUT AGENTS		
Gout Agent Combinations		
colchicine w/ probenecid tabs	1	
Gout Agents		
allopurinol tabs	1	
COLCHICINE TABS	2	1 fill per 30 days;QL(6 ea per fill retail)
COLCRYS TABS	2	1 fill per 30 days;QL(6 ea per fill retail)
KRYSTEXXA SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ZYLOPRIM TABS (*Use Allopurinol*)	NF	
Uricosurics		
probenecid tabs	1	
HEMATOLOGICAL AGENTS - MISC.		
Antihemophilic Products		
ADVATE SOLR	CO	
ADYNOVATE SOLR	CO	
AFSTYLA KIT	CO	
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	CO	
ALPHANINE SD SOLR	CO	
ALPROLIX SOLR	CO	
BEBULIN SOLR	CO	
BENEFIX KIT	CO	
COAGADEX SOLR	CO	
CORIFACT KIT	CO	
ELOCTATE SOLR	CO	
FEIBA SOLR	CO	
FIBRYGA SOLR	CO	
HELIXATE FS KIT	CO	
HEMLIBRA SOLN	CO	
HEMOFIL M SOLR	CO	
HUMATE-P SOLR	CO	
IDELVION SOLR	CO	
IXINITY SOLR	CO	
KCENTRA KIT	CO	

Drug Name	Drug Tier	Requirements/ Limits
KOATE SOLR	CO	
KOATE-DVI SOLR	CO	
KOGENATE FS BIO-SET KIT	CO	
KOGENATE FS KIT	CO	
KOVALTRY SOLR	CO	
MONOCLATE-P KIT	CO	
MONONINE SOLR	CO	
NOVOEIGHT SOLR	CO	
NOVOSEVEN RT SOLR	CO	
NUWIQ KIT	CO	
NUWIQ SOLR	CO	
OBIZUR SOLR	CO	
PROFILNINE SD SOLR	CO	
PROFILNINE SOLR	CO	
REBINYN SOLR	2	PA; SP
RECOMBINATE SOLR	CO	
RIASTAP SOLR	CO	
RIXUBIS SOLR	CO	
TRETTEN SOLR	CO	
VONVENDI SOLR	CO	
WILATE KIT	CO	
XYNTHA KIT	CO	
XYNTHA SOLOFUSE KIT	CO	
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
Complement Inhibitors		
BERINERT KIT	2	PA; SP
CINRYZE SOLR	2	PA; SP
RUCONEST SOLR	2	PA; SP
SOLIRIS SOLN	2	PA; SP
Hematorheologic Agents		
pentoxifylline tbcr	1	
Hemin		
PANHEMATIN SOLR	2	PA; SP
Human Protein C		
CEPROTIN SOLR	2	PA; SP
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	2	PA; SP
Plasma Proteins		
THROMBATE III SOLR	2	PA; SP
THROMBATE III W/10 ML STERILE WATER SOLR	2	PA; SP
THROMBATE III W/20 ML STERILE WATER SOLR	2	PA; SP
Platelet Aggregation Inhibitors		
BRILINTA TABS	2	QL(2 ea daily)
cilostazol tabs	1	QL(2 ea daily)
clopidogrel bisulfate tabs 75 mg	1	QL(1 ea daily)
dipyridamole tabs	1	
EFFIENT TABS (*Use Prasugrel HCl*)	NF	QL(1 ea daily)
PERSANTINE TABS (*Use Dipyridamole*)	NF	
PLAVIX TABS 75 MG (*Use Clopidogrel Bisulfate*)	NF	QL(1 ea daily)
prasugrel hcl tabs	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HEMATOPOIETIC AGENTS		
Agents for Gaucher Disease		
CERDELGA CAPS	2	PA; SP
CEREZYME SOLR	2	PA; SP
ELELYSO SOLR	2	PA; SP
miglustat caps	1	PA; SP
VPRIV SOLR	2	PA; SP
ZAVESCA CAPS (*Use Miglustat*)	NF	PA; SP
Agents for Sickle Cell Anemia		
DROXIA CAPS	2	
Cobalamins		
cyanocobalamin soln ij 1000 mcg/ml	1	
Folic Acid/Folates		
folic acid tabs or 1 mg	1	RX/OTC
folic acid tabs or 400 mcg, 800 mcg	1	QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN	2	PA; SP
ARANESP ALBUMIN FREE SOSY	2	PA; SP
EPOGEN SOLN	2	PA; SP
GRANIX SOSY	2	PA; SP
LEUKINE SOLR	2	PA; SP
MIRCERA SOSY	2	PA; SP
NEULASTA ONPRO KIT PSKT	2	PA; SP
NEULASTA SOSY	2	PA; SP
NEUPOGEN SOLN	2	PA; SP
NEUPOGEN SOSY	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
NPLATE SOLR	2	PA; SP
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	2	PA; SP
PROMACTA TABS	2	PA; SP
ZARXIO SOSY	2	PA; SP
Hematopoietic Mixtures		
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (*Use Ferrous Sulfate*)	NF	QL(3.4 ml daily)
FERRETTS TABS	2	QL(2 ea daily)
ferrous fumarate tabs 324 mg	1	QL(2 ea daily)
FERROUS GLUCONATE TABS 225 MG, 324 MG	2	
ferrous gluconate tabs 27 mg, 240 mg	1	
ferrous sulfate dried tbcr 160 mg	1	
ferrous sulfate elix or 220 mg/5ml	1	QL(16 ml daily)
ferrous sulfate soln or 15 mg/ml	1	QL(3.4 ml daily)
ferrous sulfate tabs or 28 mg, 65 mg, 325 mg	1	
FERROUS SULFATE TBEC OR 324 MG	2	
ferrous sulfate tbec or 325 mg	1	
HEMOCYTE TABS (*Use Ferrous Fumarate*)	NF	QL(2 ea daily)
IRON CHEWS PEDIATRIC CHEW	2	
polysaccharide iron complex caps	1	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL SOLN	2	PA; SP
HEMOSTATICS		
Hemostatics - Systemic		
AMICAR SOLN 0.25 GM/ML	2	PA; SP
AMICAR TABS 1000 MG	2	PA; SP
AMICAR TABS 500 MG	2	PA; QL(24 ea per fill retail); SP
AMINOCAPROIC ACID SOLN	2	PA; SP
LYSTEDA TABS (*Use Tranexamic Acid*)	NF	QL(30 ea per 5 days retail); AL; At least 12 yrs old
tranexamic acid tabs or 650 mg	1	QL(30 ea per 5 days retail); AL; At least 12 yrs old
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) caps 50 mg	1	
diphenhydramine hcl (sleep) tabs 25 mg	1	QL(1 ea daily)
diphenhydramine hcl (sleep) tabs 50 mg	1	
doxylamine succinate (sleep) tabs	1	
NYTOL MAXIMUM STRENGTH TABS (*Use Diphenhydramine HCl (Sleep)*)	NF	
UNISOM SLEEPGELS CAPS (*Use Diphenhydramine HCl (Sleep)*)	NF	
UNISOM TABS (*Use Doxylamine Succinate (Sleep)*)	NF	
Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits
phenobarbital elix 20 mg/5ml	1	
phenobarbital soln 20 mg/5ml	1	
PHENOBARBITAL TABS 15 MG, 30 MG, 60 MG, 100 MG	2	
phenobarbital tabs 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	
Non-Barbiturate Hypnotics		
AMBIEN TABS (*Use Zolpidem Tartrate*)	NF	QL(1 ea daily)
FLURAZEPAM HCL CAPS	2	QL(1 ea daily)
HALCION TABS (*Use Triazolam*)	NF	QL(1 ea daily)
midazolam hcl soln	1	
RESTORIL CAPS 15 MG, 30 MG (*Use Temazepam*)	NF	QL(1 ea daily); AL; At least 18 yrs old
SONATA CAPS (*Use Zaleplon*)	NF	QL(1 ea daily)
temazepam caps 15 mg, 30 mg	1	QL(1 ea daily); AL; At least 18 yrs old
TRIAZOLAM TABS 0.125 MG	2	QL(1 ea daily)
triazolam tabs 0.25 mg	1	QL(1 ea daily)
zaleplon caps	1	QL(1 ea daily)
zolpidem tartrate tabs or 5 mg, 10 mg	1	QL(1 ea daily)
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	2	PA; SP
LAXATIVES		
Bulk Laxatives		
calcium polycarbophil tabs	1	QL(10 ea daily)
EVAC POWD (*Use Psyllium*)	NF	
FIBERCON TABS (*Use Calcium Polycarbophil*)	NF	QL(10 ea daily)
KONSYL POWD 100 % (*Use Psyllium*)	NF	
METAMUCIL CAPS 0.52 GM (*Use Psyllium*)	NF	
METAMUCIL ORIGINAL TEXTURE POWD (*Use Psyllium*)	NF	
METAMUCIL POWD 48.57 % (*Use Psyllium*)	NF	
psyllium caps 0.52 gm, 520 mg	1	
psyllium powd 30 %, 33 %, 68 %, 100 %, 28.3 %, 30.9 %, 58.6 %, 48.57 %,	1	
Laxative Combinations		
COLYTE-FLAVOR PACKS SOLR (*Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate*)	NF	QL(4000 ml per fill retail)
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (*Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate*)	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	1	QL(4000 ml per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	1	QL(4000 ml per fill retail)
sennosides-docusate sodium tabs	1	QL(4 ea daily)
SENOKOT S TABS (*Use Sennosides-Docusate Sodium*)	NF	QL(4 ea daily)
Laxatives - Miscellaneous		
glycerin (laxative) supp 2 gm	1	
GLYCERIN ADULT SUPP (*Use Glycerin (Laxative)*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
lactulose soln	1	
MIRALAX PACK (*Use Polyethylene Glycol 3350*)	NF	RX/OTC
MIRALAX POWD (*Use Polyethylene Glycol 3350*)	NF	QL(34 gm daily); RX/OTC
polyethylene glycol 3350 pack	1	RX/OTC
polyethylene glycol 3350 powd	1	QL(34 gm daily); RX/OTC
SORBITOL SOLN OR 70 %	2	
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 1.745gm/30ml, 1.745 gm/30ml,	1	
magnesium hydroxide susp	1	QL(33 ml daily)
sodium phosphates enem re 16gm/133ml-6gm/133ml, 19gm/118ml-7gm/118ml, 9.5gm/59ml-3.5gm/59ml, 19gm/118ml-19gm/118ml-7gm/118ml-7gm/118ml	1	
Stimulant Laxatives		
bisacodyl supp re 10 mg	1	QL(12 ea per fill retail)
bisacodyl tbec or 5 mg	1	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 tabs 8.6 mg	1	
SENOKOT TABS (*Use Sennosides*)	NF	
Surfactant Laxatives		
COLACE CAPS (*Use Docusate Sodium*)	NF	QL(3 ea daily)
COLACE CLEAR CAPS (*Use Docusate Sodium*)	NF	
docusate sodium caps or 100 mg, 250 mg	1	QL(3 ea daily)
docusate sodium caps or 50 mg	1	
docusate sodium liqd or 50 mg/5ml, 150 mg/15ml	1	
docusate sodium syrp or 60 mg/15ml	1	
docusate sodium tabs or 100 mg	1	
MACROLIDES		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	2	QL(2 ea daily)
azithromycin susr or 100 mg/5ml	1	QL(15 ml per fill retail)
azithromycin susr or 200 mg/5ml	1	QL(30 ml per fill retail)
azithromycin tabs or 250 mg	1	QL(6 ea per fill retail)
azithromycin tabs or 500 mg	1	QL(4 ea daily)
azithromycin tabs or 600 mg	1	QL(8 ea per 28 days retail)
ZITHROMAX PACK OR 1 GM	2	QL(2 ea daily)
ZITHROMAX SUSR OR 100 MG/5ML (*Use Azithromycin*)	NF	QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML (*Use Azithromycin*)	NF	QL(30 ml per fill retail)
ZITHROMAX TABS OR 250 MG (*Use Azithromycin*)	NF	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (*Use Azithromycin*)	NF	QL(4 ea daily)
ZITHROMAX TABS OR 600 MG (*Use Azithromycin*)	NF	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS (*Use Azithromycin*)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX Z-PAK TABS (*Use Azithromycin*)	NF	QL(6 ea per fill retail)
Clarithromycin		
BIAXIN SUSR 250 MG/5ML (*Use Clarithromycin*)	NF	QL(200 ml per fill retail)
BIAXIN TABS 250 MG, 500 MG (*Use Clarithromycin*)	NF	QL(28 ea per fill retail)
CLARITHROMYCIN SUSR 125 MG/5ML, 250 MG/5ML	2	QL(200 ml per fill retail)
clarithromycin susr 125 mg/5ml, 250 mg/5ml	1	QL(200 ml per fill retail)
clarithromycin tabs 250 mg, 500 mg	1	QL(28 ea per fill retail)
clarithromycin tb24 500 mg	1	QL(14 ea per fill retail)
Erythromycins		
E.E.S. 400 TABS	2	
E.E.S. GRANULES SUSR (*Use Erythromycin Ethylsuccinate*)	NF	
ERY-TAB TBEC	2	
ERYPED 200 SUSR (*Use Erythromycin Ethylsuccinate*)	NF	
ERYPED 400 SUSR	2	
ERYTHROCIN STEARATE TABS	2	
erythromycin base cpep	1	
erythromycin base tabs	1	
erythromycin ethylsuccinate susr 200 mg/5ml	1	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	2	
PCE TBEC	2	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		

Drug Name	Drug Tier	Requirements/ Limits
ALLEVYN PLUS CAVITY PADS XX	2	RX/OTC
ALLEVYN THIN PADS	2	RX/OTC
AMD FOAM DRESSING 4"X4" PADS	2	RX/OTC
AMD FOAM DRESSING/TOPSHEET 4"X4" PADS	2	RX/OTC
BAND-AID GAUZE PADS LARGE4" X 4" PADS	2	RX/OTC
BAND-AID GAUZE PADS MEDIUM 3" X 3" PADS	2	
BAND-AID GAUZE PADS SMALL2" X 2" PADS	2	RX/OTC
BAND-AID MIRASORB GAUZE SPONGES LARGE 4" X 4" PADS	2	RX/OTC
BIATAIN ADHESIVE FOAM DRESSING 4"X4" PADS	2	RX/OTC
BIATAIN FOAM DRESSING 4"X4" PADS	2	RX/OTC
BIOGUARD GAUZE SPONGE 2"X2" 8 PLY PADS	2	RX/OTC
BIOGUARD GAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC
BORDERED GAUZE PADS	2	RX/OTC
CARRASMART FOAM PADS	2	RX/OTC
CARRASMART PADS XX	2	RX/OTC
COPA ISLAND BORDERED FOAM DRESSING 4"X4" PADS	2	RX/OTC
COPA PLUS HYDROPHILIC FOAM DRESSING 4"X4" PADS	2	RX/OTC
COVRSITE COVER DRESSING PADS	2	RX/OTC
COVRSITE PLUS COMPOSITE DRESSING PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CUREX ALL-PURPOSE SPONGES 4"X4" 4 PLY PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" 4PLY PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES 2"X2" PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES 3"X3" 4PLY PADS	2	
CURITY ALL PURPOSE SPONGES 4 PLY PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" 4PLY/SOFT POUCH PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES 4"X4" PADS	2	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 2"X2" 8 PLY PADS	2	RX/OTC
CURITY AMD ANTIMICROBIALGAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC
CURITY COVER SPONGE 4"X4" PADS	2	RX/OTC
CURITY COVER SPONGES 3"X3" PADS	2	
CURITY COVER SPONGES 4"X4" PADS	2	RX/OTC
CURITY DRESSING SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
CURITY GAUZE PADS 2"X2" 12 PLY PADS	2	RX/OTC
CURITY GAUZE PADS 2"X2" PADS	2	RX/OTC
CURITY GAUZE PADS 3"X3" PADS	2	
CURITY GAUZE PADS 4"X4" 12 PLY PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CURITY GAUZE SPONGE 2"X2" 8 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 2"X2"12 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 3"X3" 12 PLY PADS	2	
CURITY GAUZE SPONGE 4"X4" 12 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 4"X4" 16 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 4"X4" 8 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGE 4"X4"16 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC
CURITY GAUZE SPONGES 4"X4" 8 PLY PADS	2	RX/OTC
CURITY NON-ADHERENT STRIPS 3"X3" PADS	2	
CURITY SPONGES/CELLULOSEFILLED/2"X2" PADS	2	RX/OTC
CURITY SPONGES/CELLULOSEFILLED/4"X4" PADS	2	RX/OTC
CVS GAUZE PADS 2"X2" 12-PLY PADS	2	RX/OTC
CVS GAUZE PADS 4"X4" 12-PLY PADS	2	RX/OTC
CVS GAUZE PADS STERILE 4"X4" 12-PLY PADS	2	RX/OTC
DERMACEA DRAIN SPONGES 4"X4" PADS	2	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 12 PLY PADS	2	RX/OTC
DERMACEA GAUZE SPONGE 2"X2" 8 PLY PADS	2	RX/OTC
DERMACEA GAUZE SPONGE 3"X3" 12 PLY PADS	2	

Drug Name	Drug Tier	Requirements/ Limits
DERMACEA GAUZE SPONGE 3"X3" 8 PLY PADS	2	
DERMACEA GAUZE SPONGE 4"X4" 12 PLY PADS	2	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 16 PLY PADS	2	RX/OTC
DERMACEA GAUZE SPONGE 4"X4" 8 PLY PADS	2	RX/OTC
DERMACEA I.V. DRAIN SPONGES 2"X2" PADS	2	RX/OTC
DERMACEA I.V. DRAIN SPONGES 4"X4" PADS	2	RX/OTC
DERMACEA I.V. SPONGES 2"X2" PADS	2	RX/OTC
DERMACEA NON-WOVEN SPONGES 2"X2" 4 PLY PADS	2	RX/OTC
DERMACEA NON-WOVEN SPONGES 3"X3" 4 PLY PADS	2	
DERMACEA NON-WOVEN SPONGES 4"X4" 4 PLY PADS	2	RX/OTC
DERMACEA NON-WOVEN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 12 PLY PADS	2	RX/OTC
DERMACEA TYPE VII GAUZE 2"X2" 8 PLY PADS	2	RX/OTC
DERMACEA TYPE VII GAUZE 3"X3" 12 PLY PADS	2	
DERMACEA TYPE VII GAUZE 3"X3" 12PLY PADS	2	
DERMACEA TYPE VII GAUZE 4"X4" 12 PLY PADS	2	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 16 PLY PADS	2	RX/OTC
DERMACEA TYPE VII GAUZE 4"X4" 8 PLY PADS	2	RX/OTC
DERMACEA X-RAY SPONGES 4"X4" 16 PLY PADS	2	RX/OTC
DERMALEVIN ADHESIVE FOAMDRESSING 4"X4" PADS	2	RX/OTC
DRESSING SPONGES 4"X4" PADS	2	RX/OTC
DRYMAX EXTRA PADS	2	RX/OTC
EQL GAUZE PADS 2"X2"/SMALL PADS	2	RX/OTC
EQL GAUZE PADS 4"X4"/LARGE PADS	2	RX/OTC
EQL GAUZE PADS STERILE 3"X3"/MEDIUM PADS	2	
EQL GAUZE STERILE PADS 3"X3" PADS	2	
EXCILON AMD ANTIMICROBIALDRAIN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
EXCILON AMD ANTIMICROBIALNON-WOVEN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
EXCILON DRAIN SPONGE 4"X4" PADS	2	RX/OTC
EXCILON DRAIN SPONGES 4"X4" 6 PLY PADS	2	RX/OTC
EXCILON I.V. SPONGES 2"X2" 6 PLY PADS	2	RX/OTC
FLEXZAN 4 X 4 PADS	2	RX/OTC
GAUZE DRESSING 4"X4" PADS	2	RX/OTC
GAUZE PADS 2"X2" PADS	2	RX/OTC
GAUZE PADS 3"X3" PADS	2	
GAUZE PADS 4"X4" 12 PLY PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GAUZE PADS 4"X4" PADS	2	RX/OTC
GAUZE SPONGE TYPE VII MEDI-PAK 2"X2" 8PLY PADS	2	RX/OTC
GAUZE SPONGES 4"X4" 12 PLY PADS	2	RX/OTC
GAUZE SPONGES 4"X4" PADS	2	RX/OTC
GNP STERILE PADS 3"X3" PADS	2	
HM STERILE PADS 2"X2" PADS	2	RX/OTC
HM STERILE PADS PADS	2	RX/OTC
HYDROCELL ADHESIVE DRESSING 4"X4" PADS	2	RX/OTC
HYDROCELL DRESSING 4"X4" PADS	2	RX/OTC
J & J GAUZE 2"X2" 8 PLY PADS	2	RX/OTC
J & J GAUZE 4"X4" 12 PLY PADS	2	RX/OTC
J & J GAUZE 4"X4" 8 PLY PADS	2	RX/OTC
J & J GAUZE SPONGES 12-PLY 4" X 4" MISC	2	RX/OTC
J & J GAUZE SPONGES 16-PLY 4" X 4" MISC	2	RX/OTC
J & J GAUZE SPONGES 8-PLY4" X 4" MISC	2	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 2"X2" PADS	2	RX/OTC
KENDALL HYDROPHILIC FOAMDRESSING 3"X3" PADS	2	
KENDALL HYDROPHILIC FOAMDRESSING 4"X4" PADS	2	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 2"X2" PADS	2	RX/OTC
KENDALL HYDROPHILIC FOAMPLUS DRESSING 3"X3" PADS	2	
KERLIX SPONGES 4" X 4" 12 PLY PADS	2	RX/OTC
KERLIX SPONGES 4" X 4" 16 PLY PADS	2	RX/OTC
MIRASORB SPONGES 2" X 2" MISC	2	RX/OTC
MIRASORB SPONGES 4" X 4" MISC	2	RX/OTC
NU GAUZE 4PLY 4"X4" PADS	2	RX/OTC
NU GAUZE GENERAL-USE SPONGES 4"X4" 4 PLY MISC	2	RX/OTC
OPTIFOAM PADS	2	RX/OTC
POLYMEM DRESSING/3" X 3" PADS	2	
POLYMEM DRESSING/4" X 4" PADS	2	RX/OTC
QC ALL PURPOSE DRESSINGS4"X4" PADS	2	RX/OTC
QC BORDER ISLAND GAUZE PAD 2"X2" PADS	2	RX/OTC
QC STERILE PADS PADS	2	RX/OTC
QC STERILE PADS PADS	2	
RA ALL PURPOSE DRESSINGS4"X4" PADS	2	RX/OTC
RA DRESSING SPONGES 4"X4" PADS	2	RX/OTC
RA GAUZE SPONGES 4"X4" PADS	2	RX/OTC
RA STERILE PADS 2"X2" PADS	2	RX/OTC
RA STERILE PADS 3"X3" PADS	2	
RA STERILE PADS 4"X4" PADS	2	RX/OTC
RAY-TEC X-RAY DETECTABLESPONGES 4" X 4" 16 PLY MISC	2	RX/OTC
RESTORE CONTACT LAYER/NON-ADHERENT 2"X2" PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RESTORE FOAM DRESSING BORDERED 4"X4" PADS	2	RX/OTC
RESTORE FOAM DRESSING NON-BORDERED 4"X4" PADS	2	RX/OTC
RESTORE ODOR ABSORBING DRESSING 4"X4" PADS	2	RX/OTC
RESTORE TRIO ABSORBENT DRESSING 3"X3" PADS	2	
SM GAUZE PADS 2"X2" PADS	2	RX/OTC
SM GAUZE PADS 3"X3" PADS	2	
SM GAUZE PADS 4"X4" PADS	2	RX/OTC
SM STERILE PADS 2"X2" PADS	2	RX/OTC
SM STERILE PADS PADS	2	RX/OTC
SOF-WICK 4"X4" PADS	2	RX/OTC
STERILE GAUZE PADS 2"X2" PADS	2	RX/OTC
STERILE GAUZE PADS 3"X3" PADS	2	
STERILE PADS 2"X2" PADS	2	RX/OTC
STERILE PADS 3"X3" PADS	2	
STERILE PADS 4"X4" PADS	2	RX/OTC
SURGICAL GAUZE SPONGE PADS	2	RX/OTC
TEGADERM FOAM DRESSING 2"X2" PADS	2	RX/OTC
TEGADERM FOAM DRESSING 4"X4" PADS	2	RX/OTC
THERAGAUZE PADS	2	RX/OTC
TOPPER DRESSING SPONGES 4"X4" MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VERSIVA XC 3" X 3" FOAM DRESSING/HYDROFIBER TECHNOLOGY PADS	2	
VERSIVA XC 4" X 4" FOAM DRESSING/HYDROFIBER TECHNOLOGY PADS	2	RX/OTC
VISTEC X-RAY DETECTABLE SPONGES 4"X4" 16 PLY PADS	2	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC	0	QL(36 ea per fill retail)
ATLAS COLORED CONDOM/SPERMICIDE DEVI	0	QL(36 ea per fill retail)
ATLAS COLORED LUBRICATEDCONDOM DEVI	0	QL(36 ea per fill retail)
ATLAS LUBRICATED CONDOM DEVI	0	QL(36 ea per fill retail)
ATLAS LUBRICATED CONDOM/SPERMICIDE DEVI	0	QL(36 ea per fill retail)
CLASS ACT LUBRICATED MISC	0	QL(36 ea per fill retail)
DUREX EXTRA SENSITIVE DEVI	0	QL(36 ea per fill retail)
ELEXA NATURAL FEEL MISC	0	QL(36 ea per fill retail)
ELEXA STIMULATING MISC	0	QL(36 ea per fill retail)
ELEXA ULTRA SENSITIVE MISC	0	QL(36 ea per fill retail)
EXTRA SENSITIVE SPERMICIDAL DEVI	0	QL(36 ea per fill retail)
FANTASY LUBRICATED MISC	0	QL(36 ea per fill retail)
FANTASY LUBRICATED/SPERMICIDE MISC	0	QL(36 ea per fill retail)
HIGH SENSATION SPERMICIDAL DEVI	0	QL(36 ea per fill retail)
INTENSE SENSATION DEVI	0	QL(36 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
KAMELEON LUBRICATED MISC	0	QL(36 ea per fill retail)
KIMONO COLORS DEVI	0	QL(36 ea per fill retail)
KIMONO LUBRICATED MISC	0	QL(36 ea per fill retail)
KIMONO MICRO THIN MISC	0	QL(36 ea per fill retail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(36 ea per fill retail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(36 ea per fill retail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(36 ea per fill retail)
KIMONO PS LUBRICATED MISC	0	QL(36 ea per fill retail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(36 ea per fill retail)
KIMONO SENSATION LUBRICATED MISC	0	QL(36 ea per fill retail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	QL(36 ea per fill retail)
KIMONO SPECIAL DEVI	0	QL(36 ea per fill retail)
MAXX LUBRICATED MISC	0	QL(36 ea per fill retail)
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(36 ea per fill retail)
PREMIUM CONDOMS LUBRICATED MISC	0	QL(36 ea per fill retail)
REALITY LATEX CONDOMS/LUBRICATED MISC	0	QL(36 ea per fill retail)
REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(36 ea per fill retail)
REALITY LATEX/ULTRA THIN DEVI	0	QL(36 ea per fill retail)
TROJAN ASSORTMENT PACK MISC	0	QL(36 ea per fill retail)
TROJAN EXTENDED PLEASURE/LUBRICATED DEVI	0	QL(36 ea per fill retail)
TROJAN EXTRA STRENGTH MISC	0	QL(36 ea per fill retail)
TROJAN MAGNUM MISC	0	QL(36 ea per fill retail)
TROJAN MAGNUM WARM SENSATIONS DEVI	0	QL(36 ea per fill retail)
TROJAN MAGNUM XL LUBRICATED DEVI	0	QL(36 ea per fill retail)
TROJAN MISC	0	QL(36 ea per fill retail)
TROJAN PLEASURE MESH/SPERMICIDAL DEVI	0	QL(36 ea per fill retail)
TROJAN PLUS MISC	0	QL(36 ea per fill retail)
TROJAN REGULAR MISC	0	QL(36 ea per fill retail)
TROJAN RIBBED MISC	0	QL(36 ea per fill retail)
TROJAN RIBBED W/SPERMICIDAL MISC	0	QL(36 ea per fill retail)
TROJAN SHARED SENSATION/LUBRICATED DEVI	0	QL(36 ea per fill retail)
TROJAN SUPRAS SPERMICIDAL DEVI	0	QL(36 ea per fill retail)
TROJAN TWISTED PLEASURE DEVI	0	QL(36 ea per fill retail)
TROJAN ULTRA PLEASURE/LUBRICATED DEVI	0	QL(36 ea per fill retail)
TROJAN VERY SENSITIVE LUBRICATED MISC	0	QL(36 ea per fill retail)
TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT MISC	0	QL(36 ea per fill retail)
TROJAN VERY THIN LUBRICATED MISC	0	QL(36 ea per fill retail)
TROJAN VERY THIN SPERMICIDAL LUBRICANT MISC	0	QL(36 ea per fill retail)
TROJAN-ENZ LUBRICANT MISC	0	QL(36 ea per fill retail)
TROJAN-ENZ LUBRICATED MISC	0	QL(36 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TROJAN-ENZ W/SPERMICIDAL MISC	0	QL(36 ea per fill retail)
TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(36 ea per fill retail)
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(36 ea per fill retail)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(36 ea per fill retail)
TRUSTEX LUBRICATED MISC	0	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	0	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	QL(36 ea per fill retail)
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(36 ea per fill retail)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(36 ea per fill retail)
TRUSTEX NON-LUBRICATED MISC	0	QL(36 ea per fill retail)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	0	QL(36 ea per fill retail)
TRUSTEX/RIA LUBRICATED MISC	0	QL(36 ea per fill retail)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(36 ea per fill retail)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(36 ea per fill retail)
TRUSTEX/RIA NON-LUBRICATED MISC	0	QL(36 ea per fill retail)
ULTIMATE FEELING DEVI	0	QL(36 ea per fill retail)
Diabetic Supplies		

Drug Name	Drug Tier	Requirements/ Limits
1ST CHOICE LANCETS SUPERTHIN MISC	2	200 / month;QL(6.67 ea daily)
1ST CHOICE LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
1ST CHOICE LANCETS ULTRATHIN MISC	2	200 / month;QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)
AURORA LANCET SUPER THIN30G MISC	2	200 / month;QL(6.67 ea daily)
AURORA LANCET THIN 23G MISC	2	200 / month;QL(6.67 ea daily)
BD LANCET ULTRAFINE 30G MISC	2	200 / month;QL(6.67 ea daily)
CAREONE LANCET THIN MISC	2	200 / month;QL(6.67 ea daily)
CAREONE LANCET ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
CLEANLET LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
COMFORT LANCETS MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS MICRO-THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS ORIGINAL MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
CVS ULTRA THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
DROPLET LANCETS ULTRA THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
DRUG MART LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
DUANE READE LANCET ALTERNATE SITE 26G MISC	2	200 / month;QL(6.67 ea daily)
DUANE READE LANCET SUPERTHIN 30G MISC	2	200 / month;QL(6.67 ea daily)
DUANE READE LANCET ULTRATHIN 28G MISC	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS COLOR MISC	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS MISC	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
E-Z JECT LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 26G/TWIST MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	2	200 / month;QL(6.67 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	2	200 / month;QL(6.67 ea daily)
EASYTEST II LANCETS MISC	2	200 / month;QL(6.67 ea daily)
EASYTEST LANCETS MISC	2	200 / month;QL(6.67 ea daily)
EQL COLOR LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EQL SUPER THIN LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
EQL THIN LANCETS 26G MISC	2	200 / month;QL(6.67 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC	2	200 / month;QL(6.67 ea daily)
EZ-LETS LANCETS 23G MISC	2	200 / month;QL(6.67 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	2	200 / month;QL(6.67 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	2	200 / month;QL(6.67 ea daily)
EZ-LETS LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
FORA LANCETS MISC	2	200 / month;QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
GENTLE-LET GP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	2	200 / month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	2	200 / month;QL(6.67 ea daily)
GLUCOSOURCE LANCETS MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
GNP LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
GNP MICRO THIN LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)
GNP SUPER THIN LANCETS/30G MISC	2	200 / month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
HY-VEE LANCETS MISC	2	200 / month;QL(6.67 ea daily)
HY-VEE THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
KINNEY LANCETS MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KINNEY THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS 21G MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS MICRO THIN33G MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS SUPER THIN MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS 26G TWIST TOP MISC	2	200 / month;QL(6.67 ea daily)
LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS MISC	2	200 / month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 21G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 26G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 28G MISC	2	200 / month;QL(6.67 ea daily)
LANCETS SUPER THIN 28G MISC	2	200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
LIVE BETTER LANCET SUPERTHIN 30G MISC	2	200 / month;QL(6.67 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	2	200 / month;QL(6.67 ea daily)
LONGS LANCETS STANDARD MISC	2	200 / month;QL(6.67 ea daily)
LONGS LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
MEDISENSE THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS MISC	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	2	200 / month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	2	200 / month;QL(6.67 ea daily)
MEIJER SUPER THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
MONOLET LANCETS MISC	2	200 / month;QL(6.67 ea daily)
MONOLET OPD LANCETS MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NOVA SUREFLEX LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PC LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
PERFECT LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
PHARMACY COUNTER LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PRECISION THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PRECISION THINS GP LANCET MISC	2	200 / month;QL(6.67 ea daily)
PRECISION ULTRA LANCET MISC	2	200 / month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	2	200 / month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
PRODIGY TWIST TOP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PSS SELECT GP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PSS SELECT SAFETY LANCETS MISC	2	200 / month;QL(6.67 ea daily)
PX LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
QC LANCETS SUPER THIN MISC	2	200 / month;QL(6.67 ea daily)
QC LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	2	200 / month;QL(6.67 ea daily)
REALITY LANCETS MISC	2	200 / month;QL(6.67 ea daily)
RELION LANCETS MICRO-THIN33G MISC	2	200 / month;QL(6.67 ea daily)
RELION LANCETS STANDARD 21G MISC	2	200 / month;QL(6.67 ea daily)
RELION LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	2	200 / month;QL(6.67 ea daily)
RELION ULTRA THIN LANCETS30G MISC	2	200 / month;QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	2	200 / month;QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)
REXALL LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST GL300 LANCETS MISC	2	200 / month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
SB LANCETS THIN MISC	2	200 / month;QL(6.67 ea daily)
SB LANCETS ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
SM MICRO THIN LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	2	200 / month;QL(6.67 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	2	200 / month;QL(6.67 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	2	200 / month;QL(6.67 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	2	200 / month;QL(6.67 ea daily)
STERILANCE TL MISC	2	200 / month;QL(6.67 ea daily)
SUPER THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
SURELITE LANCETS MISC	2	200 / month;QL(6.67 ea daily)
TECHLITE AST LANCETS MISC	2	200 / month;QL(6.67 ea daily)
TECHLITE LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
TECHLITE LANCETS MISC	2	200 / month;QL(6.67 ea daily)
TGT LANCET ALTERNATE SITE MISC	2	200 / month;QL(6.67 ea daily)
TGT LANCET MICRO THIN 33G MISC	2	200 / month;QL(6.67 ea daily)
TGT LANCET SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
TGT LANCET THIN 23G MISC	2	200 / month;QL(6.67 ea daily)
TGT LANCET THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
TGT LANCET ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
TGT LANCET ULTRA THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
THINLETS GP LANCETS MISC	2	200 / month;QL(6.67 ea daily)
THINLETS LANCET MISC	2	200 / month;QL(6.67 ea daily)
TODAYS HEALTH SUPER THINLANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	2	
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	2	
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS LANCETS 26G MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
TRUEPLUS LANCETS 33G MISC	2	200 / month;QL(6.67 ea daily)
ULTILET CLASSIC LANCETS MISC	2	200 / month;QL(6.67 ea daily)
ULTRA THIN LANCETS 28G MISC	2	200 / month;QL(6.67 ea daily)
ULTRA THIN LANCETS 30G MISC	2	200 / month;QL(6.67 ea daily)
UNILET COMFORTOUCH LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNILET EXCELITE II MISC	2	200 / month;QL(6.67 ea daily)
UNILET EXCELITE MISC	2	200 / month;QL(6.67 ea daily)
UNILET G.P. LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNILET GP 28 ULTRA THIN MISC	2	200 / month;QL(6.67 ea daily)
UNILET LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	2	200 / month;QL(6.67 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	2	200 / month;QL(6.67 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
UNILET SUPERLITE LANCET MISC	2	200 / month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	2	200 / month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	2	200 / month;QL(6.67 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	2	200 / month;QL(6.67 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	2	200 / month;QL(6.67 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	2	200 / month;QL(6.67 ea daily)
VALUMARK LANCET SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	2	200 / month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	2	200 / month;QL(6.67 ea daily)
W&F LANCETS 26G MISC	2	200 / month;QL(6.67 ea daily)
W&F LANCETS COLORED 21G MISC	2	200 / month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G MISC	2	200 / month;QL(6.67 ea daily)
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G MISC	2	200 / month;QL(6.67 ea daily)
WALGREENS THIN LANCETS MISC	2	200 / month;QL(6.67 ea daily)
Misc. Devices		
ALCOHOL PREP PADS PADS	2	RX/OTC
ALCOHOL PREPS PADS	2	RX/OTC
ALCOHOL SWABS PADS	2	RX/OTC
ALCOHOL SWABSTICK PADS	2	RX/OTC
ALCOHOL WIPES PADS	2	RX/OTC
BD SWABS SINGLE USE BUTTERFLY PADS	2	RX/OTC
BD SWABS SINGLE USE PADS	2	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY PADS	2	RX/OTC
CURITY ALCOHOL SWABS PADS	2	RX/OTC
CVS ALCOHOL PREP SWABS PADS	2	RX/OTC
CVS ALCOHOL SWABS PADS	2	RX/OTC
CVS PREP PADS PADS	2	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM PADS	2	RX/OTC
FIFTY50 ALCOHOL PREP PADS PADS	2	RX/OTC
GNP ALCOHOL SWABS PADS	2	RX/OTC
HM STERILE ALCOHOL PREP PADS PADS	2	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK PADS	2	RX/OTC
PRO COMFORT ALCOHOL PADS PADS	2	RX/OTC
QC ALCOHOL SWABS PADS	2	RX/OTC
RA ALCOHOL SWABS PADS	2	RX/OTC
REALITY SWABS PADS	2	RX/OTC
RELION ALCOHOL SWABS PADS	2	RX/OTC
SB ALCOHOL PREP PADS PADS	2	RX/OTC
SHOPKO ALCOHOL SWABS PADS	2	RX/OTC
SM ALCOHOL PREP PADS PADS	2	RX/OTC
TGT ALCOHOL SWABS PADS	2	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY PADS	2	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY PADS	2	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS	2	RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	2	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS31GX8MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	2	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	2	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES MISC	2	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	2	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	2	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	2	QL(5 ea daily)
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC	2	QL(5 ea daily)
AURORA PEN NEEDLES 31G X8MM MISC	2	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE II/SHORT/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE II/SHORT/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE/MINI/ULTRAFINE /31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM MISC	2	QL(5 ea daily)
BD PEN NEEDLE/ULTRAFINE/29G X1/2" 12.7MM MISC	2	QL(5 ea daily)
BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G MISC	2	QL(5 ea daily)
CAREFINE PEN NEEDLE 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREFINE PEN NEEDLES 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX6MM MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16 " MISC	2	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC	2	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	2	QL(5 ea daily)
CARETOUCH PEN NEEDLES 31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM MISC	2	QL(5 ea daily)
CLICKFINE PEN NEEDLE 32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC	2	QL(5 ea daily)
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	2	QL(5 ea daily)
CLICKFINE PEN NEEDLES/31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/16" MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 5/32" MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 32GX8MM MISC	2	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	2	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS31GX8MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
DUANE READE UNIFINE PENTIPS 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
DUANE READE UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	2	QL(5 ea daily)
DUANE READE UNIFINE PENTIPS 31G X 8MM SHORT MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	2	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
EASY GLIDE PEN NEEDLES 33G X 5/32" MISC	2	QL(5 ea daily)
EASY TOUCH 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX6MM MISC	2	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	2	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
EQL INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EQL SHORT PEN NEEDLES 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
EQL ULTRA COMFORT INSULINSYRINGE/0.3ML/ 31G X 5/16" MISC	2	QL(5 ea daily)
EQL ULTRA COMFORT INSULINSYRINGE/1ML/30 G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EQL ULTRA SHORT PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM MISC	2	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (*5MM*) MISC	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (*8MM*) MISC	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM MISC	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31G X5/16" MISC	2	QL(5 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	2	QL(5 ea daily)
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT MISC	2	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT MISC	2	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT MISC	2	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
HEALTHWISE PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/0.5ML/31GX5/ 16" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX/1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/27GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16 " MISC	2	QL(5 ea daily)
INSUPEN 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN 33GX4MM MISC	2	QL(5 ea daily)
INSUPEN PEN NEEDLES 32G X4MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	2	QL(5 ea daily)
INSUPEN SENSITIVE 32GX8MM MISC	2	QL(5 ea daily)
INSUPEN ULTRAFIN 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX6MM MISC	2	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX8MM MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
KROGER PEN NEEDLES 29G X12MM MISC	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC	2	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
LITE TOUCH PEN NEEDLES/31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	2	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	2	QL(5 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 31G X 12MM MISC	2	QL(5 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM MISC	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	2	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	2	QL(5 ea daily)
MEIJER PEN NEEDLES 31G X8MM MISC	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4" MISC	2	QL(5 ea daily)
MM PEN NEEDLES 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	2	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NOVOFINE 30GX8MM MISC	2	QL(5 ea daily); RX/OTC
NOVOFINE 32GX6MM MISC	2	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	2	QL(5 ea daily); RX/OTC
NOVOFINE PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
NOVOTWIST 30GX8MM MISC	2	QL(5 ea daily); RX/OTC
NOVOTWIST 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	2	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX8MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 1/4" SHORT MISC	2	QL(5 ea daily)
PEN NEEDLES 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)
PEN NEEDLES 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (*1/4"*) MISC	2	QL(5 ea daily)
PEN NEEDLES 31GX8MM (*5/16"*) MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	2	QL(5 ea daily)
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
PRO COMFORT PEN NEEDLES/31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC	2	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM MISC	2	QL(5 ea daily)
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	2	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)
QC PEN NEEDLES 31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC	2	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	2	QL(5 ea daily)
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	2	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
RELION PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
RELION PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	2	QL(5 ea daily)
SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM MISC	2	QL(5 ea daily); RX/OTC
SM INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16 MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM MISC	2	QL(5 ea daily)
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (*5MM*) MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (*8MM*) MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM MISC	2	QL(5 ea daily)
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC	2	QL(5 ea daily)
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC	2	QL(5 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC	2	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
TECHLITE PEN NEEDLES 29GX 12 MM MISC	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM MISC	2	QL(5 ea daily)
TECHLITE PEN NEEDLES/31GX 8MM MISC	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM MISC	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM MISC	2	QL(5 ea daily)
TECHLITE PEN NEEDLES/32GX 8MM MISC	2	QL(5 ea daily)
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	2	QL(5 ea daily)
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	2	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	2	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES31GX6MM MISC	2	QL(5 ea daily)
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	2	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	2	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	2	QL(5 ea daily)
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	2	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
ULTILET PEN NEEDLE 29GX12.7MM MISC	2	QL(5 ea daily)
ULTILET PEN NEEDLE 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	2	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	2	QL(5 ea daily)
UNIFINE PENTIPS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	2	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC	2	QL(5 ea daily)
VALUMARK PEN NEEDLES 31GX 8MM MISC	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	2	QL(5 ea daily)
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	2	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	2	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	2	QL(5 ea daily)
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 ea per 360 days retail); RX/OTC
ACTIVITY POUCH MISC	2	QL(1 ea per 360 days retail); RX/OTC
ADULT AEROSOL MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER/FLOWSIGNAL MISC	2	QL(2 ea per 360 days retail); RX/OTC
AEROTRACH PLUS MISC	2	QL(1 ea per 360 days retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	2	QL(1 ea per 360 days retail); RX/OTC
ARIAL CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/LARGE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/MEDIUM MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BREATHERITE W/SMALL MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	2	QL(1 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	QL(2 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	QL(2 ea per 360 days retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	2	QL(1 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
CONE MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
E-Z SPACER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
E-Z SPACER THE BODY GUARDS PACK DEVI	2	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EARLOOP MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
EASIVENT MISC	2	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-LARGE MISC	2	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	2	QL(2 ea per 360 days retail); RX/OTC
EASIVENT/MASK-SMALL MISC	2	QL(2 ea per 360 days retail); RX/OTC
EBASE CONTROLLER KIT MISC	2	QL(1 ea per 360 days retail); RX/OTC
EFLOW SCF AEROSOL HEAD MISC	2	QL(1 ea per 360 days retail); RX/OTC
ELITE DC AUTO ADAPTER MISC	2	QL(1 ea per 360 days retail); RX/OTC
FILTER AIR PP MISC	2	QL(1 ea per 360 days retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
FULL KIT NEBULIZER SET MISC	2	QL(1 ea per 360 days retail); RX/OTC
HEALTHY LIVING REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 days retail); RX/OTC
HEALTHY LIVING REPLACEMENT KIT FOR NEBULIZER MISC	2	QL(1 ea per 360 days retail); RX/OTC
HEALTHY LIVING REPLACEMENT MASKS MISC	2	QL(1 ea per 360 days retail); RX/OTC
HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/MEDIUM DEVI	2	QL(2 ea per 360 days retail); RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL DEVI	2	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	2	QL(2 ea per 360 days retail); RX/OTC
INSPIREASE RESERVOIR BAGS MISC	2	QL(3 ea per 180 days retail)
LITEAIRE DEVI	2	QL(2 ea per 360 days retail); RX/OTC
LITETOUCH MASK LARGE MISC	2	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	2	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK SMALL MISC	2	QL(1 ea per 360 days retail); RX/OTC
MICROCHAMBER MISC	2	QL(2 ea per 360 days retail); RX/OTC
MICROELITE FILTER REPLACEMENTS MISC	2	QL(1 ea per 360 days retail); RX/OTC
MICROELITE RECHARGEABLE BATTERY MISC	2	QL(1 ea per 360 days retail); RX/OTC
MICROSPACER MISC	2	QL(2 ea per 360 days retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MINIELITE RECHARGEABLE BATTERY MISC	2	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	2	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER PEDIATRIC MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
NOSE CLIP MISC	2	QL(1 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	2	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI	2	QL(2 ea per 360 days retail); RX/OTC
OPTIHALER MISC	2	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 2 MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI BABY CONVERSION KITSIZE 3 MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	2	QL(1 ea per 360 days retail); RX/OTC
PARI MASK SET MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	2	QL(1 ea per 360 days retail); RX/OTC
PFLEX MISC	2	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/CHILD MISC	2	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	2	QL(1 ea per 360 days retail); RX/OTC
POCKET CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
POCKET SPACER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
REPLACEMENT AIR FILTER MISC	2	QL(1 ea per 360 days retail); RX/OTC
REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 days retail); RX/OTC
RITEFLO DEVI	2	QL(2 ea per 360 days retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	2	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	2	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	2	QL(1 ea per 360 days retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	2	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	2	QL(1 ea per 360 days retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MEDICATION CUP MISC	2	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	2	QL(1 ea per 360 days retail); RX/OTC
SOOTHENEB NBL100 ADULT MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
THRESHOLD IMT MISC	2	QL(1 ea per 360 days retail); RX/OTC
TUBING/WING TIP MISC	2	QL(1 ea per 360 days retail); RX/OTC
VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
WATCHHALER DEVI	2	QL(2 ea per 360 days retail); RX/OTC
WINDMILL TRAINER MISC	2	QL(1 ea per 360 days retail); RX/OTC
MIGRAINE PRODUCTS		
Migraine Combinations		
CAFERGOT TABS (*Use Ergotamine w/ Caffeine*)	NF	
ergotamine w/ caffeine tabs	1	
Migraine Products		
D.H.E. 45 SOLN (*Use Dihydroergotamine Mesylate*)	NF	
dihydroergotamine mesylate soln ij 1 mg/ml	1	
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	2	
MIGRANAL SOLN	2	
Serotonin Agonists		

Drug Name	Drug Tier	Requirements/ Limits
AMERGE TABS (*Use Naratriptan HCl*)	NF	QL(0.3 ea daily); AL; At least 18 yrs old
eletriptan hydrobromide tabs	1	QL(0.2 ea daily)
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (*Use Sumatriptan*)	NF	QL(6 ea per 30 days retail)
IMITREX SOLN SC 6 MG/0.5ML (*Use Sumatriptan Succinate*)	NF	QL(2 ml per 30 days retail)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (*Use Sumatriptan Succinate*)	NF	QL(0.67 ml daily)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (*Use Sumatriptan Succinate*)	NF	QL(0.67 ml daily)
IMITREX TABS OR 25 MG, 50 MG, 100 MG (*Use Sumatriptan Succinate*)	NF	QL(9 ea per 30 days retail)
MAXALT TABS (*Use Rizatriptan Benzoate*)	NF	QL(12 ea per 30 days retail); AL; At least 6 yrs old
naratriptan hcl tabs	1	QL(0.3 ea daily); AL; At least 18 yrs old
RELPAX TABS (*Use Eletriptan Hydrobromide*)	NF	QL(0.2 ea daily)
rizatriptan benzoate tabs 5 mg, 10 mg	1	QL(12 ea per 30 days retail); AL; At least 6 yrs old
sumatriptan soln	1	QL(6 ea per 30 days retail)
sumatriptan succinate soaj sc 6 mg/0.5ml	1	QL(0.67 ml daily)
sumatriptan succinate soct sc 6 mg/0.5ml	1	QL(0.67 ml daily)
sumatriptan succinate soln sc 6 mg/0.5ml	1	QL(2 ml per 30 days retail)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	2	QL(0.67 ml daily)
sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg	1	QL(9 ea per 30 days retail)
zolmitriptan tabs	1	QL(6 ea per 30 days retail)
zolmitriptan tbdp	1	QL(6 ea per 30 days retail)
ZOMIG SOLN NA 5 MG	2	QL(6 ea per 30 days retail)
ZOMIG TABS OR 5 MG, 2.5 MG (*Use Zolmitriptan*)	NF	QL(6 ea per 30 days retail)
ZOMIG ZMT TBDP (*Use Zolmitriptan*)	NF	QL(6 ea per 30 days retail)
MINERALS & ELECTROLYTES		
Calcium		
calcium carbonate-cholecalciferol tabs 500mg-200unit	1	
calcium carbonate-ergocalciferol tabs	1	
calcium carbonate-vitamin d tabs 125unit-250mg, 125unit-500mg, 200unit-500mg, 250mg-125unit, 500mg-125unit, 500mg-200unit, 500mg-500mg-200unit-200unit	1	
calcium carbonate-vitamin d tabs 200unit-600mg, 400unit-600mg, 600mg-200unit, 600mg-400unit	1	QL(2 ea daily)
oyster shell tabs	1	
RA OYSTER SHELL CALCIUM/VITAMIN D TABS 500MG-200UNIT	2	
Electrolyte Mixtures		
CERASPORT EX1 SOLN	2	
CERASPORT SOLN 4MEQ/L-18MEQ/L-20MEQ/L-6MEQ/L	2	
ENFAMIL ENFALYTE SOLN	2	
oral electrolytes soln	1	

Drug Name	Drug Tier	Requirements/ Limits
PEDIALYTE FREEZER POPS SOLN (*Use Oral Electrolytes*)	NF	
PEDIALYTE SOLN 20MEQ/L-45MEQ/L-35MEQ/L-5GM/L-20GM/L, 20MEQ/L-45MEQ/L-35MEQ/L-30MEQ/L-25GM/L (*Use Oral Electrolytes*)	NF	
Fluoride		
FLURA-DROPS SOLN	2	
LURIDE SOLN (*Use Sodium Fluoride*)	NF	
sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 1.1 mg, 2.2 mg	1	
sodium fluoride soln 0.125 mg/drop, 0.5 mg/ml	1	
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	1	QL(8 ea daily)
Potassium		
K-TAB TBCR 10 MEQ (*Use Potassium Chloride*)	NF	
K-TAB TBCR 8 MEQ	2	
KLOR-CON M15 TBCR	2	
KLOR-CON/25 PACK	2	
MICRO-K CPCR 10 MEQ (*Use Potassium Chloride*)	NF	
MICRO-K CPCR 8 MEQ (*Use Potassium Chloride*)	NF	QL(1 ea daily)
potassium bicarbonate tbef	1	
potassium chloride cpcr or 10 meq	1	
potassium chloride cpcr or 8 meq	1	QL(1 ea daily)
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	
potassium chloride microencapsulated crystals er tbcr	1	
potassium chloride pack or 20 meq	1	
potassium chloride soln or 10 %, 20 %	1	
POTASSIUM CHLORIDE SOLN OR 20 %	2	
potassium chloride tbcr or 8 meq, 10 meq	1	
Zinc		
zinc sulfate caps or 220 mg	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS	2	
SYPRINE CAPS (*Use Trientine HCl*)	NF	PA; SP
trientine hcl caps	1	PA; SP
Enzymes		
XIAFLEX SOLR	2	PA; SP
Immunomodulators		
REVLIMID CAPS	2	PA; SP
THALOMID CAPS	2	PA; SP
Immunosuppressive Agents		
ASTAGRAF XL CP24	2	PA; SP
ATGAM INJ	2	PA; SP
AZASAN TABS	2	
azathioprine tabs or 50 mg	1	
CELLCEPT CAPS (*Use Mycophenolate Mofetil*)	NF	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
CELLCEPT INTRAVENOUS SOLR (*Use Mycophenolate Mofetil HCl*)	NF	PA; SP
CELLCEPT SUSR (*Use Mycophenolate Mofetil*)	NF	PA; SP
CELLCEPT TABS (*Use Mycophenolate Mofetil*)	NF	PA; SP
cyclosporine caps	1	PA; SP
cyclosporine modified (for microemulsion) caps	1	PA; SP
cyclosporine modified (for microemulsion) soln	1	PA; SP
CYCLOSPORINE MODIFIED CAPS (*Use Cyclosporine Modified (For Microemulsion)*)	NF	PA; SP
cyclosporine soln	1	PA; SP
IMURAN TABS (*Use Azathioprine*)	NF	
mycophenolate mofetil caps	1	PA; SP
mycophenolate mofetil hcl solr	1	PA; SP
mycophenolate mofetil susr	1	PA; SP
mycophenolate mofetil tabs	1	PA; SP
mycophenolate sodium tbec	1	PA; SP
MYFORTIC TBEC (*Use Mycophenolate Sodium*)	NF	PA; SP
NEORAL CAPS (*Use Cyclosporine Modified (For Microemulsion)*)	NF	PA; SP
NEORAL SOLN (*Use Cyclosporine Modified (For Microemulsion)*)	NF	PA; SP
NULOJIX SOLR	2	PA; SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (*Use Tacrolimus*)	NF	PA; SP
PROGRAF SOLN IV 5 MG/ML	2	PA; SP
RAPAMUNE SOLN 1 MG/ML	2	PA; SP
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (*Use Sirolimus*)	NF	PA; SP
SANDIMMUNE CAPS OR 25 MG, 100 MG (*Use Cyclosporine*)	2	PA; SP
SANDIMMUNE SOLN IV 50 MG/ML (*Use Cyclosporine*)	NF	PA; SP
SANDIMMUNE SOLN OR 100 MG/ML	2	PA; SP
sirolimus tabs	1	PA; SP
tacrolimus caps	1	PA; SP
THYMOGLOBULIN SOLR	2	PA; SP
ZORTRESS TABS	2	PA; SP
Lymphatic Agents		
SYLVANT SOLR	2	PA; SP
Potassium Removing Agents		
KAYEXALATE POWD (*Use Sodium Polystyrene Sulfonate*)	NF	QL(454 gm per fill retail)
sodium polystyrene sulfonate powd or	1	QL(454 gm per fill retail)
sodium polystyrene sulfonate susp or 15 gm/60ml	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR	2	PA; SP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) soln	1	QL(100 ml per fill retail)
Anti-infectives - Throat		
nystatin (mouth-throat) susp	1	QL(100 ml per fill retail)
Antiseptics - Mouth/Throat		

Drug Name	Drug Tier	Requirements/ Limits
chlorhexidine gluconate (mouth-throat) soln	1	
PERIDEX SOLN (*Use Chlorhexidine Gluconate (Mouth-Throat)*)	NF	
Dental Products		
GEL-KAM ORAL CARE RINSE CONC (*Use Stannous Fluoride*)	NF	RX/OTC
PREVIDENT 5000 DRY MOUTH GEL (*Use Sodium Fluoride (Dental)*)	NF	QL(60 ml per fill retail)
PREVIDENT 5000 PLUS CREA (*Use Sodium Fluoride (Dental)*)	NF	QL(57 gm per fill retail)
PREVIDENT FLUORIDE GEL (*Use Sodium Fluoride (Dental)*)	NF	QL(60 ml per fill retail)
PREVIDENT SOLN (*Use Sodium Fluoride (Dental)*)	NF	
sodium fluoride (dental) crea dt 1.1 %	1	QL(57 gm per fill retail)
sodium fluoride (dental) gel dt 1.1 %	1	QL(60 ml per fill retail)
sodium fluoride (dental) soln mt 0.2 %	1	
stannous fluoride conc mt 0.63 %	1	RX/OTC
THERA-FLUR-N GEL (*Use Sodium Fluoride (Dental)*)	NF	QL(60 ml per fill retail)
Periodontal Products		
ARESTIN MISC	2	PA; SP
Steroids - Mouth/Throat		
triamcinolone acetonide (mouth) pste	1	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	2	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	2	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
DRY MOUTH SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN	2	QL(900 ml per fill retail); RX/OTC
MOUTHKOTE SOLN	2	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD	2	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	2	QL(900 ml per fill retail); RX/OTC
pilocarpine hcl (oral) tabs 5 mg	1	QL(6 ea daily)
RA DRY MOUTH SOLN	2	QL(900 ml per fill retail); RX/OTC
SALAGEN TABS 5 MG (*Use Pilocarpine HCl (Oral)*)	NF	QL(6 ea daily)
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins caps or 70mg-100mg-1mg-10mg-2mg-1.5mg-100mcg, 60mg-60mg-3mg-5mg-20mg-3mg-1mcg-0.5mg, 60mg-60mg-5mg-20mg-3mg-1mcg-3mg-0.5mg	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
b-complex vitamins tabs or 0.1mg-20mg-2mg-5mcg-3mg-1mg, 10mg-10mg-2mg-1.5mg-0.2mg, 10mg-14mg-25mcg-7mg-4.5mg, 15mg-2mg-5mg-2mcg-2mg-2mg, 3mg-10mg-20mg-3mg-6mcg-2mg, 3mg-20mg-3mg-10mg-6mcg-2mg, 83mg-3mg-20mg-2mg-5mcg-1mg, 100mg-50mg-40mg-10mg-20mg-5mg-4.6mg-1mcg-5mg-1mg, 3mg-3mg-20mg-20mg-3mg-3mg-10mg-10mg-6mcg-6mcg-2mg-2mg, 30mg-50mg-50mg-50mg-50mg-50mg-50mcg-50mg-100mcg-50mcg-50mg	1	QL(1 ea daily)
B-Complex w/ C		
b complex w/ c caps 10mg-50mg-10mg-15mg-5mg-300mg, 15mg-10mg-50mg-10mg-5mg-300mg, 10.2mg-10mg-15mg-50mg-5mg-300mg, 10mg-50mg-10.2mg-15mg-5mg-300mg	1	QL(1 ea daily)
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid caps 1.5mg-5mg-20mg-1.7mg-6mcg-1mg-150mcg-10mg-100mg, 5mg-1.7mg-6mcg-20mg-1.5mg-1mg-150mcg-10mg-100mg	1	QL(1 ea daily); RX/OTC
b-complex w/ c & folic acid tabs 1.5mg-10mg-20mg-1.7mg-6mcg-1mg-300mcg-10mg-60mg, 1.5mg-1.7mg-10mg-0.01mcg-20mg-1mg-300mcg-10mg-60mg, 20mg-1.7mg-10mg-0.006mg-1.5mg-1mg-0.3mg-10mg-100mg	1	QL(1 ea daily)
NEPHRO-VITE RX TABS 1.5MG-10MG-20MG-1.7MG-6MCG-1MG-300MCG-10MG-60MG (*Use B-Complex w/ C & Folic Acid*)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Multiple Vitamins w/ Iron		
DAILY MULTIPLE VITAMIN PLUS IRON TABS	2	QL(1 ea daily)
multiple vitamins w/ iron tabs	1	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
ADULT ONE DAILY GUMMIES CHEW	2	
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	2	QL(1 ea daily); RX/OTC
ALIVE ENERGY 50+ TABS	2	QL(1 ea daily); RX/OTC
ALIVE MENS ENERGY TABS	2	QL(1 ea daily); RX/OTC
ALIVE ONCE DAILY WOMENS 50+ ULTRA POTENCY TABS	2	QL(1 ea daily); RX/OTC
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	2	QL(1 ea daily); RX/OTC
ALIVE WOMENS 50+ TABS	2	QL(1 ea daily); RX/OTC
ALIVE WOMENS ENERGY TABS	2	QL(1 ea daily); RX/OTC
ALIVE WOMENS GUMMY VITAMINS CHEW	2	
ANTIOXIDANT FORTE TABS	2	QL(1 ea daily); RX/OTC
AP-ZEL TABS	2	QL(1 ea daily); RX/OTC
AQUADEKS CHEW 5MG-5MG-37.5MCG-15MG-0.75MG-5MG-6MG-35MG-5MG-350MCG-0.85MG-9083.5UNIT-6MCG-400UNIT-100MCG-50UNIT-50MCG-0.95MG	2	
BACMIN TABS	2	QL(1 ea daily); RX/OTC
BARIATRIC FUSION CHEW	2	
BASIC AM TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BASIC PM TABS	2	QL(1 ea daily); RX/OTC
CAL-DAY 1000 TABS	2	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMPLETE18 CHEW 140MCG-2MG-200MCG-75MCG-500MCG-2MG-150MCG-100MG-15MG-6MG-18MG-20MG-40MG-40MCG-3.4MG-5000UNIT-3000UNIT-800MCG-30UNIT-600MCG-4MG-90MG	2	
CELEBRATE MULTI-COMPLETE36 CHEW 70MCG-15MG-1MG-100MCG-37.5MCG-1.5MG-75MCG-50MG-6MG-18MG-10MG-20MG-60MCG-6MG-5000UNIT-250MCG-1500UNIT-400MCG-30UNIT-300MCG-2MG-90MG, 70MCG-15MG-1MG-100MCG-37.5MCG-250MCG-1.5MG-75MCG-50MG-6MG-18MCG-10MG-20MG-60MCG-6MG-5000UNIT-1500UNIT-400MCG-30UNIT-300MCG-2MG-90MG	2	
CELEBRATE MULTI-COMPLETE45 CHEW 70MCG-15MG-1MG-100MCG-37.5MCG-500MCG-1.5MG-75MCG-50MG-6MG-22.5MG-10MG-20MG-60MCG-6MG-5000UNIT-1500UNIT-400MCG-30UNIT-300MCG-2MG-90MG	2	
CELEBRATE MULTI-COMPLETE60 CHEW 70MCG-15MG-1MG-100MCG-37.5MCG-500MCG-1.5MG-75MCG-500MG-6MG-30MG-10MG-20MG-60MCG-6MG-5000UNIT-1500UNIT-400MCG-30UNIT-300MCG-2MG-90MG	2	
CENTRAVITES 50 PLUS TABS	2	QL(1 ea daily); RX/OTC
CENTRAVITES ADULTS TABS	2	QL(1 ea daily); RX/OTC
CENTRUM ADULTS TABS (*Use Multiple Vitamins w/ Minerals*)	NF	QL(1 ea daily); RX/OTC
CENTRUM CARDIO TABS	2	QL(1 ea daily); RX/OTC
CENTRUM CHEW 18MG-30UNIT-20MCG-1MG-50MG-150MCG-20MCG-108MG-40MG-2MG-15MG-1.5MG-10MG-3500UNIT-20MG-10MCG-1.7MG-6MCG-400MCG-45MCG-2MG-60MG-400UNIT	2	
CENTRUM FLAVOR BURST ADULT CHEW	2	
CENTRUM FLAVOR BURST CHEW	2	
CENTRUM FLAVOR BURST KIDS CHEW	2	
CENTRUM MEN TABS	2	QL(1 ea daily); RX/OTC
CENTRUM MULTIGUMMIES ADULTS CHEW	2	
CENTRUM MULTIGUMMIES MEN CHEW	2	
CENTRUM MULTIGUMMIES WOMEN CHEW	2	

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM SILVER CHEW 4MG-10MCG-22.5MCG-100MCG-4.5MG-10MCG-125MG-70UNIT-100MCG-25MCG-200MG-5MCG-50MG-2MG-15MG-2.2MG-10MG-4000UNIT-250MCG-12MG-2.7MG-25MCG-400UNIT-500MCG-45MCG-7MG-75MG	2	
CENTRUM SILVER ULTRA MENS TABS	2	QL(1 ea daily); RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	2	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST HEART TABS	2	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	2	QL(1 ea daily); RX/OTC
CENTRUM SPECIALIST VISION TABS	2	QL(1 ea daily); RX/OTC
CENTRUM ULTRA WOMENS TABS	2	QL(1 ea daily); RX/OTC
CENTRUM VITAMINTS CHEW	2	
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	2	QL(1 ea daily); RX/OTC
CHOICEFUL MULTIVITAMIN CHEW 15MG-1.2MG-10MG-8MG-600MCG-1.4MG-13000UNIT-6MCG-800UNIT-180MCG-180UNIT-80MCG-1.5MG-60MG	2	
CLINICAL NUTRIENTS 45-PLUS WOMEN TABS	2	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS 50-PLUS MEN TABS	2	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR FEMALE TEENS TABS	2	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR MALE TEENS TABS	2	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR MEN TABS	2	QL(1 ea daily); RX/OTC
CLINICAL NUTRIENTS FOR WOMEN TABS	2	QL(1 ea daily); RX/OTC
CVS AIRSHIELD IMMUNITY SUPPORT CHEW	2	
CVS ONE DAILY MENS 50+ ADVANCED TABS	2	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ADULT 50+ CHEW 4MG-10MCG-25MCG-100MCG-4.5MG-10MCG-5MCG-125MG-70UNIT-100MCG-25MCG-200MG-150MCG-2MG-15MG-50MG-2.2MG-10MG-4000UNIT-250MCG-12MG-2.7MG-25MCG-400UNIT-500MCG-45MCG-7MG-75MG	2	
CVS SPECTRAVITE ADULT 50+ TABS 45MCG-2MG-72MG-10MCG-55MCG-2.3MG-5MCG-0.5MG-20MG-50UNIT-150MCG-45MCG-220MG-150MCG-80MG-11MG-50MG-1.5MG-300MCG-10MG-2500UNIT-250MCG-20MG-30MCG-1.7MG-25MCG-500UNIT-400MCG-30MCG-3MG-60MG	2	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ADULT GUMMIES CHEW	2	
CVS SPECTRAVITE ULTRA MEN50+ TABS	2	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH SENIOR TABS	2	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	2	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	2	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR TABS	2	QL(1 ea daily); RX/OTC
CVS SPECTRAVITE ULTRA WOMENS HEALTH TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DEKAS BARIATRIC CHEW	2	
DEKAS PLUS CHEW 10MG-75MCG-100UNIT-10MG-12MG-70MG-10MG-1000MCG-1.7MG-18167UNIT-12MCG-2000UNIT-1.5MG-200MCG-100MCG-1.9MG	2	
DERMAVITE TABS	2	QL(1 ea daily); RX/OTC
EMERGEN-C IMMUNE PLUS/VITAMIN D CHEW	2	
EMERGEN-C VITAMIN C CHEW 15UNIT-30MG-2.5MG-150MCG-1MG-500MG	2	
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	2	QL(1 ea daily); RX/OTC
EQ MULTIVITAMINS ADULT GUMMY CHEW	2	
EQ ONE DAILY MENS 50+ TABS	2	QL(1 ea daily); RX/OTC
EQ ONE DAILY MENS HEALTH TABS	2	QL(1 ea daily); RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	2	QL(1 ea daily); RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	2	QL(1 ea daily); RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS	2	QL(1 ea daily); RX/OTC
EQL CENTURY MENS TABS	2	QL(1 ea daily); RX/OTC
EQL CENTURY WOMENS TABS	2	QL(1 ea daily); RX/OTC
EQL MEGA SELECT MENS TABS	2	QL(1 ea daily); RX/OTC
EQL MEGA SELECT WOMENS TABS	2	QL(1 ea daily); RX/OTC
EQL ONE DAILY ADULT GUMMIES CHEW	2	
EQL ONE DAILY DIET SUPPORT TABS	2	QL(1 ea daily); RX/OTC
EQL ONE DAILY MENS 50+ ADVANCED TABS	2	QL(1 ea daily); RX/OTC
EQL ONE DAILY MENS TABS	2	QL(1 ea daily); RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	2	QL(1 ea daily); RX/OTC
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	2	QL(1 ea daily); RX/OTC
FREEDAVITE TABS	2	QL(1 ea daily); RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	2	QL(1 ea daily); RX/OTC
HAIR-VITES TABS	2	QL(1 ea daily); RX/OTC
HAIR/SKIN/NAILS TABS 25MG-10MG-170MG-5UNIT-150MCG-25MG-1.8MG-20MG-16MG-200MG-6MCG-400MCG-300MCG	2	QL(1 ea daily); RX/OTC
HM COMPLETE 50+ MENS ULTIMATE TABS	2	QL(1 ea daily); RX/OTC
HM COMPLETE 50+ WOMENS ULTIMATE TABS	2	QL(1 ea daily); RX/OTC
HM COMPLETE TABS	2	QL(1 ea daily); RX/OTC
HM HAIR/SKIN/NAILS TABS	2	QL(1 ea daily); RX/OTC
HM ONE DAILY MENS TABS	2	QL(1 ea daily); RX/OTC
HM ONE DAILY WOMENS TABS	2	QL(1 ea daily); RX/OTC
HYALEX TABS	2	QL(1 ea daily); RX/OTC
ICAPS AREDS FORMULA TABS	2	QL(1 ea daily); RX/OTC
ICAPS PLUS TABS	2	QL(1 ea daily); RX/OTC
IMMUNE SUPPORT CHEW	2	
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	2	QL(1 ea daily); RX/OTC
MACULAR VITAMIN BENEFIT TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEGA MULTIVITAMIN FOR MEN TABS	2	QL(1 ea daily); RX/OTC
MEGA MULTIVITAMIN FOR WOMEN TABS	2	QL(1 ea daily); RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	2	QL(1 ea daily); RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	2	QL(1 ea daily); RX/OTC
MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS	2	QL(1 ea daily); RX/OTC
MENS MULTI VITAMIN & MINERAL FORMULA TABS	2	QL(1 ea daily); RX/OTC
MULTI-BETIC DIABETES TABS	2	QL(1 ea daily); RX/OTC
MULTI-VITAMIN MONOCAPS TABS	2	QL(1 ea daily); RX/OTC
multiple vitamins w/ minerals chew 15unit-4.5mg-0.5mg-2.5mg-50mg, 3.75mcg-0.75mg-7.5unit-10mg-2mg-500unit-250mg, 3.75mcg-2mg-7.5unit-10mg-0.75mg-11.25mg-500unit-250mg, 5mcg-3.333mg-0.033mg-0.333mg-66.666unit-3.333unit-333.333mg, 2.5mg-20unit-40mcg-5mg-2000unit-4mcg-400unit-200mcg-75mcg-1mg-30mg, 50mg-1.25mg-15unit-20mcg-1250unit-4.5mcg-400unit-200mcg-75mcg-1mg-15mg, 50mg-1.25mg-20mcg-1250unit-4.5mcg-400unit-200mcg-15unit-75mcg-1mg-15mg, 50mg-15unit-20mcg-1.25mg-1250unit-4.5mcg-400unit-200mcg-75mcg-1mg-15mg, 10unit-20mcg-1.25mg-10mcg-15mcg-1000unit-2.5mcg-100unit-37.5mcg-0.5mg-15mg, 15unit-37.5mcg-3.75mg-5mg-1250unit-10mg-3mcg-500unit-200mcg-75mcg-1mg-30mg, 25mg-20unit-40mcg-5mg-2000unit-20mcg-30mcg-5mcg-200unit-200mcg-75mcg-1mg-30mg, 2.5mg-20unit-40mcg-5mg-2000unit-20mcg-30mcg-5mcg-200unit-200mcg-75mcg-1mg-30mg, 20unit-40mcg-2.5mg-5mg-20mcg-30mcg-2000unit-5mcg-200unit-200mcg-75mcg-1mg-30mg, 40mcg-2.5mg-5mg-20mcg-30mcg-2000unit-5mcg-200unit-200mcg-20unit-75mcg-1mg-30mg, 55mcg-75mcg-2.5mg-1250unit-3mg-7.5mcg-500unit-80mcg-15unit-37.5mcg-2.5mg-22.5mg, 5mg-113.5mg-1.9mg-10unit-	1	

Drug Name	Drug Tier	Requirements/ Limits
5mg-25mg-25mg-1250unit-10mg-3mcg-1000unit-200mcg-0.9mg, 1.25mg-20mcg-2.5mg-1000unit-10mcg-19mg-2.5mcg-100unit-100mcg-10unit-37.5mcg-0.5mg-15mg, 140mg-7.5unit-1mg-2.5mg-2.5mg-5mg-30mcg-20mcg-1250unit-3mcg-400unit-200mcg-150mcg-1mg-30mg, 16000unit-15mg-1.5mg-12mg-100mg-10mg-800mcg-1.7mg-6mcg-1000unit-200mcg-200unit-100mcg-1.9mg, 55mcg-15unit-75mcg-2.5mg-5mg-20mcg-30mcg-2000unit-7.5mcg-200unit-200mcg-300mcg-2.5mg-37.5mg, 55mcg-2.5mg-15unit-75mcg-5mg-2000unit-20mcg-30mcg-7.5mcg-200unit-200mcg-300mcg-2.5mg-37.5mg, 55mcg-2.5mg-15unit-75mcg-5mg-20mcg-30mcg-2000unit-7.5mcg-200unit-200mcg-300mcg-2.5mg-37.5mg, 75mcg-18.75mcg-60mcg-7.5unit-5mg-137.5mcg-1.5mg-20mcg-1250unit-6mcg-400unit-5mg-200mcg-7.5mcg-2mg-15mg, 75mcg-9.4mcg-1.9mg-60mcg-15unit-19mcg-1mg-5mg-3mcg-20mcg-1250unit-9mcg-200unit-10mg-150mcg-15mcg-2mg-15mg, 20mcg-1mg-50mg-30unit-150mcg-20mcg-108mg-2mg-15mg-40mg-18mg-10mg-3500unit-20mg-10mcg-1.7mg-6mcg-400unit-1.5mg-400mcg-45mcg-2mg-60mg, 20mcg-1mg-50mg-60unit-150mcg-20mg-108mg-2mg-15mg-40mg-1.5mg-18mg-10mg-3500unit-20mg-10unit-1.7mg-6mcg-400unit-		

Drug Name	Drug Tier	Requirements/ Limits
400mcg-45mcg-2mg-60mg, 4mg-10mcg-22.5mcg-100mcg-4.5mg-10mcg-5mcg-125mg-70unit-100mcg-25mcg-200mg-2mg-15mg-50mg-2.2mg-10mg-4000unit-250mcg-12mg-2.7mg-25mcg-400unit-500mcg-45mcg-7mg-75mg, 4mg-10mcg-22.5mcg-100mcg-4.5mg-10mcg-5mcg-125mg-70unit-25mcg-100mcg-2mg-15mg-50mg-2.2mg-200mg-10mg-4000unit-250mcg-12mg-2.7mg-25mcg-400unit-500mcg-45mcg-7mg-75mg, 1mg-7.5mg-1mg-60mcg-1mg-75mg-75mcg-25mcg-7.5mg-25mg-35mcg-15mg-75unit-6.25mg-5mg-22.5mg-10mg-10mg-10mg-500mcg-1.7mg-5000unit-500mcg-1500unit-400mcg-300mcg-2mg-45mg		

Drug Name	Drug Tier	Requirements/ Limits
multiple vitamins w/ minerals tabs 0.6mg-10mg-50mg-10mg-897mcg-73mg-54mg-25unit-150mcg-0.5mg-20mg-5mg-10mg-3.3mg-15mg-10mg-10mg-25mg-5mg-2500unit-25mcg-50unit-7.2mg-7.5mg-25mcg-25mcg-6.5mg-3.5mg-50mg, 0.6mg-10mg-10mg-897mcg-58mg-25unit-150mcg-125mg-0.6mg-20mg-5mg-10mg-3.3mg-15mg-10mg-10mg-25mg-5mg-2500unit-25mcg-50unit-7.2mg-7.5mg-25mcg-25mcg-6.5mg-3.5mg-50mg, 0.5mg-25000unit-30mg-0.15mg-6mg-25mg-7mg-100unit-1000unit-30mg-5mg-10mg-50mg-10mg-30mg-80mg-30mg-80mg-80mg-80mg-80mg-80mg-80mcg-80mg-400mcg-80mcg-80mg-250mg, 0.2mg-35mcg-150mcg-30mg-2mg-50unit-15mg-7.5mg-10mg-30mg-100mg-30mg-5000unit-30mcg-30mg-400mcg-30mcg-30mg-300mg-400unit, 0.5mg-1mg-50mg-50mg-100mg-7.5mg-30unit-0.75mg-2500unit-250mcg-10mg-0.85mg-100unit-50mg-25mg-100mcg-1250mcg-50mg-60mg, 0.5mg-0.375mg-1.5mg-80mg-15unit-75mcg-100mg-2.5mg-7.5mg-5mg-5000unit-15mg-2.5mg-1mcg-400unit-400mcg-1mg-60mg, 0.5mg-0.37mg-1.5mg-80mg-15unit-75mcg-100mg-2.5mg-2.5mg-5000unit-15mg-2.5mg-5mg-1mcg-400unit-400mcg-1mg-60mg, 0.05mg-50mcg-60unit-20mcg-3mg-15mg-50mg-	1	QL(1 ea daily); RX/OTC
20mg-10mg-100mg-20mg-25mg-50mcg-1mg-0.15mg-25mg-500mg-400unit, 0.5mg-15mg-155mcg-9.5mg-15unit-150mg-9.5mg-22mg-12.5mcg-99mg-12.5mg-1mg-222mcg-99mg-122mg-22mcg, 0.12mg-3.75mg-5unit-15mg-10mg-3.33mg-0.33mcg-1.67mg, 2mg-12mg-8mg-500mcg, 30unit-2mg-15mg-6mg-60mg, 200unit-2500unit-25mcg-75mg, 10000unit-25mcg-200unit-200mg, 100mcg-200unit-5000unit-250mg, 200unit-1mg-40mg-1mg-5mg-250mg, 50mcg-100unit-10000unit-400unit, 17mcg-53mg-133unit-8333unit-167mg, 40mcg-5000unit-30mg-2mg-40mg-60mg, 100unit-7160unit-0.4mg-17.4mg-113mg, 40mcg-2mg-30unit-1000unit-40mg-60mg, 40mcg-2mg-30unit-5000unit-40mg-60mg, 40mcg-30unit-5000unit-2mg-40mg-60mg, 40mcg-5000unit-2mg-40mg-30unit-60mg, 40mcg-5000unit-30unit-2mg-40mg-60mg, 5000unit-30unit-40mcg-2mg-40mg-60mg, 5000unit-40mcg-40mg-2mg-30unit-60mg, 7160unit-0.4mg-17.4mg-100unit-113mg, 7160unit-100unit-0.4mg-17.4mg-113mg, 55mcg-60unit-1000unit-2mg-40mg-200mg, 37mg-121mg-2.2mg-15mcg-15mg-1mg-125mg, 5000unit-30unit-40mcg-2mg-40mg-2mg-60mg, 17.5mcg-20mg-0.5mg-10mg-75unit-5mg-125mg, 40mcg-30unit-44mg-5000unit-2mg-40mg-60mg, 55mcg-2mg-60unit-		

Drug Name	Drug Tier	Requirements/ Limits
1000unit-40mg-2mg-200mg, 55mcg-60unit-1000unit-2mg-40mg-2mg-200mg, 16.667mcg-53mg-133.333unit-8333.333unit-166.667mg, 25mcg-3mg-2mg-500mg-30unit-2mg-10mg-2mg-10mg-10mg, 16.667mcg-133.333unit-53.333mg-8333.333unit-166.667mg, 40mcg-6000unit-50unit-5mg-2mg-40mg-40mg-3mg-5mg-200mg, 12.5mg-1.5mg-10mg-20mg-1.7mg-6mcg-800mcg-300mcg-10mg-60mg, 55mcg-5mg-100unit-1000unit-2mg-40mg-2mg-40mg-3mg-5mg-300mg, 30unit-10mg-18mg-20mg-100mg-10mg-12mcg-400mcg-45mcg-5mg-500mg, 69mg-30unit-10mg-20mg-100mg-10mg-12mcg-400mcg-45mcg-5mg-500mg, 30unit-5000unit-1.7mg-10mg-6mcg-1.5mg-20mg-0.4mg-2mg-60mg-400unit, 150mcg-5mg-15mg-2mg-30mg-100mg-125mg-500mg-6mcg-35mg-400mcg-100mcg, 23.9mg-30unit-3mg-10mg-20mg-100mg-10mg-12mcg-400mcg-45mcg-5mg-500mg, 46mg-60mg-3mg-24mg-20mg-20mg-5mg-20mcg-100mg-400mcg-100mcg-20mg-500mg, 150mcg-15mg-2mg-5mg-18mg-30mg-65mg-125mg-100mg-6mcg-35mg-400mcg-300mcg, 15mg-30unit-20mg-10mg-4mg-20mg-100mg-10mg-12mcg-400mcg-45mcg-5mg-300mg, 77mg-24mg-30unit-3mg-10mg-20mg-100mg-10mg-12mcg-400mcg-45mcg-5mg-500mg, 15mcg-2500unit-		

Drug Name	Drug Tier	Requirements/ Limits
500mg-7.5mg-1mg-50mg-18mg-15unit-200unit-6mcg-0.4mg-90mg, 18mg-0.8mg-1.3mg-7mg-50unit-25mg-100mg-10mg-25mg-25mcg-10mg-0.4mg-300mg, 25mcg-30mg-60mg-30unit-5mg-100mg-50mg-50mg-25mcg-50mg-400mcg-50mg-600mg, 30unit-1.5mg-45mg-10mcg-3000unit-20mg-1.7mg-6mcg-400unit-0.4mg-2mg-60mg, 30unit-45mg-1.5mg-10mg-3000unit-20mg-1.7mg-6mcg-400unit-400mcg-2mg-60mg, 5000unit-5000unit-40mcg-40mcg-40mg-40mg-2mg-2mg-30unit-30unit-60mg-60mg, 15unit-20mg-30mg-1.5mg-20mg-1.5mg-2500unit-50mcg-400unit-400mcg-5mg-30mg, 22.5mg-27mg-45unit-400unit-2mg-5000unit-30mg-2.6mg-9mcg-0.4mg-20.6mg-90mg, 25mg-10mg-25mg-170mg-5unit-150mcg-1.8mg-20mg-16mg-200mg-6mcg-400mcg-300mcg, 30unit-1.5mg-75mg-18mg-10mg-5000unit-20mg-1.7mg-6mcg-400unit-400mcg-2mg-60mg, 70mcg-30unit-15mg-1.5mg-20mg-1.7mg-10mg-6mcg-2000unit-800mcg-300mcg-10mg-80mg, 5000unit-450mg-15mg-27mg-30unit-1.5mg-1.7mg-10mg-6mcg-20mg-0.4mg-2mg-60mg-400unit, 10unit-150mcg-125mg-1mg-5mg-400unit-5000unit-20mg-1.7mg-3mcg-1.5mg-100mcg-1mg-50mg, 30unit-15mg-1.5mg-450mg-27mg-10mg-5000unit-20mg-1.7mg-6mcg-400unit-400mcg-2mg-60mg, 3mg-		

Drug Name	Drug Tier	Requirements/ Limits
30mg-23.9mg-30unit-70mg-25mg-10mg-20mg-100mg-10mg-12mcg-400mcg-45mcg-5mg-500mg, 5000unit-450mg-15mg-27mg-30unit-400unit-1.5mg-1.7mg-10mg-6mcg-20mg-400mcg-2mg-60mg, 25mcg-50mcg-200mg-10.5mg-25mcg-500mcg-50mcg-500mcg-2.4mg-32mg-50mcg-5mg-100mg-3.6mg, 60mg-5000unit-50mcg-12mg-1.5mg-75mg-13.5mg-25mg-15mg-1.3mg-200mg-1.25mg-30unit-500mg, 2500unit-30unit-15mg-50mg-1.5mg-450mg-18mg-5mg-10mg-1.7mg-6mcg-400unit-400mcg-2mg-60mg, 30unit-15mg-50mg-1.5mg-450mg-18mg-5mg-2500unit-1.7mg-6mcg-400unit-10mg-400mcg-2mg-60mg, 30unit-15mg-50mg-1.5mg-450mg-18mg-5mg-2500unit-10mg-1.7mg-6mcg-400unit-400mcg-2mg-60mg, 5000unit-125mg-18mg-150mcg-160mg-100mg-15mg-400unit-1.7mg-6mcg-1.2mg-20mg-0.4mg-2mg-60mg, 16.6mcg-16.66mg-16.6mcg-66unit-5mg-8333unit-33.3unit-16.66mcg-8.33mg-133.33mcg-8.3mg-166mg, 1mg-1.5mg-15mg-5.5unit-0.15mg-1mg-5mg-10mg-10mg-10000unit-30mg-5mg-3mcg-400unit-1.7mg-100mg, 30unit-450mg-15mg-27mg-2500unit-2500unit-20mg-1.7mg-10mg-6mcg-1.5mg-400mcg-2mg-60mg-400unit, 1mg-1.5mg-5.5unit-0.15mg-1mg-5mg-15mg-15mg-10mg-		

Drug Name	Drug Tier	Requirements/ Limits
10000unit-100mg-10mg-7.5mcg-400unit-2mg-150mg, 50mcg-10mg-60mg-100unit-125mg-33mg-25mg-5000unit-50mg-25mg-25mg-200unit-1mg-300mcg-25mg-500mg, 50mcg-10mg-80mg-125mg-200unit-33mg-25mg-5000unit-50mg-25mg-25mg-25mg-1mg-100unit-300mcg-500mg, 1400unit-0.67mg-5unit-140unit-41.7mg-3.3mg-66.7mg-11.7mg-100mg-33.3mg-3.3mg-50mcg-0.33mg-3.3mg, 10000unit-150mcg-1.5mg-2mg-1mg-65mg-12mg-15unit-100mg-10mg-20mg-5mcg-10mg-0.4mg-5mg-120mg-400unit, 30unit-0.1mg-5mg-3mg-22.5mg-50mg-20mg-27mg-5000unit-100mg-20mg-25mg-50mcg-0.8mg-0.15mg-25mg-500mg, 5000unit-5mcg-10mg-150mcg-19mg-3.75mg-5mcg-1mg-10mg-4.5mg-2.5mg-1mg-1mcg-400unit-1mg-20mg-2mg-50mg, 7mg-5mg-30unit-200mg-60mg-15mg-50mg-1.5mg-5mg-2500unit-10mg-1mg-1.7mg-6mcg-1000unit-400mcg-300mcg-2mg, 5mcg-5mcg-1mg-15.8mg-11.6mg-4.5mg-150mcg-3.75mg-10mg-1mg-5000unit-20mg-2.5mg-1mcg-400unit-2mg-1mg-50mg, 5mg-200mcg-30unit-200mg-60mg-15mg-50mg-1.5mg-5mg-2500unit-10mg-1mg-1.7mg-6mcg-1000unit-400mcg-300mcg-2mg, 1mg-5mg-45mg-150mcg-60mg-15mg-2mg-16mg-1.5mg-5000unit-1.7mg-10mg-6mcg-400unit-20mg-400mcg-		

Drug Name	Drug Tier	Requirements/ Limits
30unit-2mg-60mg, 25mcg-5mg-2mg-5mg-75mcg-150mg-30unit-150mg-2mg-22.5mg-100mg-30mg-5mg-10mg-18mg-5000unit-10mg-10mg-400unit, 12.5mcg-2.5mg-1mg-2.5mg-37.5mcg-75mg-15unit-2500unit-1mg-11.25mg-50mg-15mg-2.5mg-10mg-9mg-10mg-10mg-200unit-300mcg, 200mcg-5mg-50mcg-66mg-2.5mg-50unit-400unit-20mg-50mg-20mg-5000unit-100mg-20mg-25mg-50mcg-1000mcg-200mcg-25mg-500mg, 10000unit-57mg-0.15mg-125mg-5mg-2mg-2mg-40mg-15mg-100unit-400unit-25mg-10mg-25mg-15mcg-10mg-400mcg-25mcg-10mg-250mg, 20mcg-5250unit-120mcg-2mg-2mg-15mg-1.5mg-450mg-27mg-10mg-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30unit-30mcg-2mg-60mg, 10000unit-0.125mg-150mcg-0.161mg-15mg-2mg-1.25mg-100mg-24mg-30unit-400unit-100mg-10mg-20mg-6mcg-10mg-0.4mg-5mg-250mg, 1mg-150mcg-125unit-125mcg-35mg-35mg-10mg-25mg-125mcg-35mg-400mcg-35mg-3.4mg-5mg-70mcg-400unit-1.25mg-75mcg-35mg-500mg, 20mcg-120mcg-2mg-2mg-30unit-15mg-50mg-5mg-450mg-15mg-5mg-10mg-25mcg-1.7mg-2500unit-5mcg-500unit-400mcg-30mcg-2mg-60mg, 20mcg-120mcg-2mg-2mg-30unit-450mg-50mg-15mg-18mg-5mg-2500unit-10mg-25mcg-1.7mg-6mcg-		

Drug Name	Drug Tier	Requirements/ Limits
800unit-1.5mg-0.4mg-30mcg-2mg-60mg, 6.25mcg-72.5mg-50mg-30unit-100mg-2.5mg-0.5mg-7.5mg-0.75mg-2500unit-250mcg-10mg-0.85mg-500unit-50mg-100mcg-1500mcg-60mg, 120mcg-2mg-2500unit-2mg-30unit-20mcg-50mg-15mg-1.5mg-450mg-18mg-5mg-25mcg-1.7mg-6mcg-400unit-10mg-400mcg-30mcg-2mg-60mg, 20mcg-2mg-120mcg-2mg-30unit-15mg-50mg-1.5mg-450mg-18mg-5mg-2500unit-10mg-25mcg-1.7mg-6mcg-800unit-400mcg-30mcg-2mg-60mg, 20mcg-120mcg-2mg-2mg-30unit-15mg-50mg-1.5mg-450mg-18mg-5mg-2500unit-10mg-25mcg-1.7mg-6mcg-1000unit-400mcg-30mcg-2mg-60mg, 20mcg-120mcg-2mg-2mg-30unit-50mg-15mg-1.5mg-450mg-18mg-5mg-2500unit-10mg-25mcg-1.7mg-6mcg-1000unit-400mcg-30mcg-2mg-60mg, 70mcg-2mg-150mcg-2mg-30unit-2500unit-15mg-50mg-1.9mg-300mg-18mg-12.5mg-25mg-80mcg-2.1mg-7.5mcg-400unit-400mcg-2.5mg-60mg, 20mcg-120mcg-2mg-2mg-22.5unit-15mg-50mg-1.5mg-500mg-18mg-5mg-2500unit-10mg-25mcg-1.7mg-6mcg-1000unit-400mcg-30mcg-2mg-60mg, 20mcg-120mcg-2mg-2mg-22.5unit-15mg-50mg-1.5mg-500mg-18mg-5mg-2500unit-25mcg-1.7mg-6mcg-1000unit-10mg-400mcg-30mcg-2mg-60mg, 20mcg-120mcg-2mg-2mg-22.5unit-15mg-50mg-		

Drug Name	Drug Tier	Requirements/ Limits
1.6mg-500mg-18mg-5mg-2500unit-10mg-25mcg-1.7mg-6mcg-1000unit-400mcg-30mcg-2mg-60mg, 20mcg-120mcg-2mg-2mg-22.5unit-500mg-15mg-50mg-1.5mg-18mg-5mg-2500unit-10mg-25mcg-1.7mg-6mcg-1000unit-400mcg-30mcg-2mg-60mg, 20mcg-120mcg-2mg-2mg-30unit-300mg-50mg-15mg-2.3mg-18mg-10mg-2500unit-30mg-25mcg-2.6mg-9mcg-800unit-400mcg-300mcg-3mg-120mg, 70mcg-200mcg-2mg-2mg-30unit-50mg-15mg-1.9mg-200mg-18mg-12.5mg-2500unit-25mg-80mcg-2.1mg-7.5mcg-400unit-400mcg-2.5mg-10mg-60mg, 110mcg-120mcg-2mg-210mg-22.5unit-2mg-15mg-120mg-1.2mg-300mcg-5mg-3500unit-16mg-20mcg-1.7mg-18mcg-700unit-400mcg-30mcg-3mg-60mg, 110mcg-120mcg-2mg-22.5unit-2mg-15mg-120mg-1.2mg-300mcg-210mg-5mg-3500unit-16mg-20mcg-1.7mg-18mcg-700unit-400mcg-30mcg-3mg-60mg, 120mcg-20mcg-22.5unit-2mg-2mg-150mcg-15mg-1.5mg-500mg-18mg-10mg-2500unit-20mg-25mcg-1.7mg-6mcg-1000unit-400mcg-300mcg-2mg-60mg, 20mcg-120mcg-2mg-150mcg-500mg-22.5unit-2mg-15mg-1.5mg-18mg-10mg-2500unit-20mg-25mcg-1.7mg-6mcg-1000unit-400mcg-300mcg-2mg-60mg, 20mcg-120mcg-2mg-22.5unit-150mcg-20mg-2mg-15mg-		

Drug Name	Drug Tier	Requirements/ Limits
1.5mg-500mg-18mg-10mg-2500unit-25mcg-1.7mg-6mcg-1000unit-400mcg-300mcg-2mg-60mg, 20mcg-120mcg-2mg-2mg-22.5unit-150mcg-15mg-1.5mg-500mg-18mg-10mg-2500unit-20mg-25mcg-1.7mg-6mcg-1000unit-400mcg-300mcg-2mg-60mg, 20mcg-120mcg-2mg-2mg-22.5unit-150mcg-500mg-15mg-1.5mg-18mg-10mg-2500unit-20mg-25mcg-1.7mg-6mcg-1000unit-400mcg-300mcg-2mg-60mg, 10mg-70mcg-20mcg-120mcg-2mg-33unit-100mg-2mg-15mg-120mg-1.1mg-240mg-5mg-3000unit-14mg-1.7mg-18mcg-400unit-400mcg-30mcg-3mg-75mg, 27mg-70mcg-150mcg-2mg-2mg-30unit-2500unit-15mg-50mg-1.9mg-300mg-18mg-12.5mg-25mg-80mcg-2.125mg-7.5mcg-400unit-400mcg-2.5mg-60mg, 32mg-70mcg-200mcg-2mg-2mg-30unit-300mg-50mg-2500unit-15mg-1.9mg-18mg-12.5mg-25mg-80mcg-2.125mg-7.5mcg-400unit-400mcg-2.5mg-60mg, 32mg-70mcg-200mcg-2mg-30unit-300mg-2500unit-2mg-15mg-50mg-1.9mg-18mg-12.5mg-25mg-80mcg-2.125mg-7.5mcg-400unit-400mcg-2.5mg-60mg, 32mg-70mcg-80mcg-200mcg-2mg-2mg-30unit-2500unit-15mg-50mg-1.9mg-300mg-18mg-12.5mg-25mg-2.125mg-7.5mcg-400unit-400mcg-2.5mg-60mg, 50mg-30mg-150mcg-1.35mg-75mg-30unit-100mg-1.1mg-		

Drug Name	Drug Tier	Requirements/ Limits
100mg-15mg-10mg-6.5mg-5mg-10mg-5000unit-12mcg-400unit-5mg-20mg-400mcg-2mg-150mg, 110mcg-120mcg-2mg-210mg-140mg-22.5unit-2mg-15mg-1.35mg-300mcg-16mg-3500unit-18mg-20mcg-1.7mg-18mcg-700unit-400mcg-75mcg-3mg-60mg, 110mcg-120mcg-2mg-22.5unit-2mg-15mg-140mg-1.35mg-300mcg-210mg-16mg-3500unit-18mg-20mcg-1.7mg-18mcg-700unit-400mcg-75mcg-3mg-60mg, 110mcg-120mcg-2mg-2mg-22.5unit-15mg-140mg-1.35mg-300mcg-210mg-16mg-3500unit-18mg-20mcg-1.7mg-18mcg-700unit-400mcg-75mcg-3mg-60mg, 18mcg-20mcg-2mg-105mcg-99mg-2mg-120mcg-45unit-400unit-15mg-120mg-1.2mg-0.6mg-210mg-3500unit-1.7mg-5mg-3mg-16mg-400mcg-30mcg-90mg, 105mcg-120mcg-2mg-45unit-100mg-120mg-2mg-15mg-1.2mg-0.6mg-210mg-5mg-3500unit-16mg-20mcg-1.7mg-18mcg-400mcg-30mcg-3mg-90mg-400unit, 105mcg-120mcg-2mg-45unit-210mg-99mg-2mg-15mg-120mg-1.2mg-600mcg-5mg-3500unit-16mg-20mcg-1.7mg-18mcg-400mcg-30mcg-3mg-90mg-400unit, 105mcg-120mcg-2mg-45unit-99mg-210mg-120mg-2mg-15mg-1.2mg-600mcg-5mg-3500unit-16mg-20mcg-1.7mg-18mcg-400unit-400mcg-30mcg-3mg-90mg,		
105mcg-2mg-45unit-99mg-120mcg-2mg-15mg-120mg-1.2mg-600mcg-210mg-5mg-3500unit-16mg-20mcg-1.7mg-18mcg-400unit-400mcg-30mcg-3mg-90mg, 110mcg-120mcg-2mg-2mg-22.5unit-15mg-140mg-1.35mg-300mcg-210mg-16mcg-3500unit-18mg-20mcg-1.7mg-18mcg-700unit-400mcg-75mcg-3mg-60mg, 180mg-20mcg-120mcg-2mg-30unit-300mg-2mg-15mg-50mg-2.4mg-18mg-5mg-2500unit-10mg-25mcg-2.7mg-9.5mcg-800unit-400mcg-30mcg-3.2mg-60mg, 105mcg-120mcg-2mg-45unit-100mg-210mg-2mg-15mg-120mg-1.2mg-600mcg-5mg-3500unit-16mg-20mcg-1.7mg-18mcg-400unit-400mcg-30mcg-3mg-90mg, 105mcg-120mcg-2mg-45unit-100mg-2mg-15mg-120mg-1.2mg-600mcg-210mg-5mg-1500unit-18mg-20mcg-1.7mg-18mcg-400unit-400mcg-30mcg-3mg-90mg, 105mcg-120mcg-2mg-45unit-100mg-2mg-15mg-120mg-1.2mg-600mcg-210mg-5mg-3500unit-16mg-20mcg-1.7mg-18mcg-400unit-400mcg-30mcg-3mg-90mg, 105mcg-20mcg-120mcg-2mg-45unit-100mg-2mg-15mg-120mg-1.2mg-600mcg-210mg-5mg-3500unit-16mg-1.7mg-18mcg-400unit-400mcg-30mcg-3mg-90mg, 10mcg-15mcg-5mg-2mg-15mg-30unit-150mcg-15mcg-10mg-40mg-100mg-3mg-27mg-10mg-30mg-3.4mg-		

Drug Name	Drug Tier	Requirements/ Limits
5500unit-9mcg-400unit-400mcg-15mcg-3mg-120mg, 10mcg-5mg-2mg-15mg-30unit-150mcg-15mcg-10mg-40mg-15mcg-100mg-3mg-27mg-10mg-30mg-3.4mg-5500unit-9mcg-400unit-400mcg-15mcg-3mg-120mg, 200mcg-70mcg-5mg-150mcg-75mcg-50unit-2mg-15mg-150mg-3mg-100mg-20mg-5000unit-25mg-10mcg-3.4mg-30mcg-500unit-500mcg-666mcg-4mg-100mg, 10mcg-20mcg-120mcg-2mg-10mcg-5mcg-2mg-109mg-30unit-150mcg-75mcg-150mcg-2mg-300mcg-10mg-18mg-3500unit-250mcg-10mg-10mg-25mcg-400unit, 833unit-41.7mg-1.7mg-83mcg-250mcg-28.3mg-5unit-33unit-5mg-5mg-16.7mg-16.7mg-2.5mg-8.3mg-1.7mcg-1.7mg-2.5mg-66.7mcg-8.3mcg-83mg-83mg, 110mcg-120mcg-2mg-22.5unit-100mg-2mg-15mg-120mg-1.2mg-300mcg-210mg-5mg-3500unit-16mg-20mcg-1.7mg-18mcg-700unit-400mcg-30mcg-3mg-60mg, 110mcg-120mcg-2mg-22.5unit-210mg-100mg-2mg-15mg-120mg-1.2mg-300mcg-5mg-3500unit-16mg-20mcg-1.7mg-18mcg-700unit-400mcg-30mcg-3mg-60mg, 20mcg-120mcg-150mcg-75mcg-10mcg-2mg-250mcg-2mg-15mg-100mg-5mg-100mg-10mg-20mg-100mg-5mg-3500unit-30mcg-400mcg-30unit-30mcg-5mg-100mg, 70mcg-2500unit-50unit-4mg-75mcg-150mcg-		

Drug Name	Drug Tier	Requirements/ Limits
162mg-2mg-120mcg-20mg-15mg-100mg-1.5mg-80mcg-1.7mg-10mg-18mcg-1000unit-400mcg-30mcg-4mg-180mg, 70mcg-2500unit-60unit-4mg-75mcg-150mcg-200mg-2mg-120mcg-100mg-20mg-15mg-1.5mg-80mcg-1.7mg-10mg-25mcg-1000unit-400mcg-30mcg-6mg-180mg, 8mg-30unit-10mcg-150mcg-40mg-15mg-2mg-15mcg-8mg-15mcg-2mg-60mg-9mg-10mg-5000unit-20mg-1.7mg-6mcg-400unit-1.5mg-400mcg-30mcg-2mg-90mg, 105mcg-2500unit-60unit-4mg-75mcg-150mcg-162mg-2mg-120mcg-100mg-20mg-15mg-1.5mg-80mcg-1.7mg-10mg-25mcg-1000unit-400mcg-30mcg-6mg-180mg, 5000unit-10mcg-31mg-150mcg-40mg-15mg-2mg-15mcg-10mg-15mcg-5mg-100mg-27mg-30unit-400unit-3mg-3.4mg-10mg-9mcg-20mg-400mcg-30mcg-3mg-90mg, 10mcg-10mcg-2.5mg-2mg-15mg-100mg-30unit-150mcg-40mg-130mg-10mcg-100mg-1.5mg-10mg-5000unit-20mg-1.7mg-6mcg-400mcg-30mcg-2mg-60mg-400unit, 27mcg-180mcg-4.2mg-30unit-150mcg-90mcg-2.2mg-24mg-50mg-4.5mg-500mg-10mg-3500unit-20mg-20mcg-3.4mg-25mcg-1000unit-400mcg-30mcg-6mg-120mg, 27mcg-180mcg-4.2mg-30unit-150mcg-90mcg-50mg-2.2mg-24mg-4.5mg-500mg-15mg-3500unit-20mg-20mcg-3.4mg-25mcg-1000unit-400mcg-		

Drug Name	Drug Tier	Requirements/ Limits
*30mcg-6mg-120mg, 70mcg-120mcg-4mg-2mg-50unit-150mcg-75mcg-100mg-15mg-1.5mg-162mg-18mg-10mg-2500unit-20mg-80mcg-1.7mg-6mcg-1000unit-400mcg-30mg-2mg-180mg, 10mcg-15mcg-5mg-31mg-30unit-150mcg-15mcg-7.5mg-40mg-2mg-15mg-100mg-3mg-18mg-10mg-5500unit-30mg-3.4mg-9mcg-400unit-400mcg-15mcg-3mg-120mg, 50mg-20mcg-120mcg-2mg-22.5unit-300mg-50mg-2mg-15mg-2.4mg-18mg-5mg-2500unit-10mg-25mcg-2.7mg-9.5mcg-800unit-400mcg-30mcg-3.2mg-120mg-60mg, 50mg-20mcg-120mcg-2mg-2mg-22.5unit-15mg-50mg-2.4mg-300mg-18mg-5mg-2500unit-10mg-25mcg-2.7mg-9.5mcg-600unit-400mcg-30mcg-3.2mg-120mg-60mg, 50mg-20mcg-120mcg-2mg-2mg-22.5unit-15mg-50mg-2.4mg-300mg-18mg-5mg-2500unit-10mg-25mcg-2.7mg-9.5mcg-800unit-400mcg-30mcg-3.2mg-120mg-60mg, 7.5mg-10mcg-150mcg-41mg-15mg-2mg-15mcg-7.5mg-15mcg-5mg-100mg-27mg-30unit-400unit-5500unit-30mg-3.4mg-10mg-9mcg-3mg-0.4mg-15mcg-3mg-120mg, 105mcg-200mcg-2mg-154mg-45unit-75mcg-99mg-200mg-2500unit-2mg-22.5mg-100mg-2.2mg-15mg-25mg-25mcg-2.5mg-9mcg-400unit-400mcg-450mcg-3mg-90mg, 120mg-20mcg-100mcg-33unit-150mcg-		

Drug Name	Drug Tier	Requirements/ Limits
*90mcg-4mg-2mg-22.5mg-50mg-4.5mg-405mg-15mg-2500unit-20mg-20mcg-3.4mg-25mcg-800unit-400mcg-30mcg-6mg-60mg, 120mg-20mcg-180mcg-4mg-2mg-33unit-150mcg-90mcg-22.5mg-50mg-4.5mg-405mg-15mg-2500unit-20mg-20mcg-3.4mg-25mcg-800unit-400mcg-30mcg-6mg-60mg, 120mg-20mcg-2500unit-4mg-180mcg-2mg-33unit-150mcg-90mcg-22.5mg-50mg-4.5mg-405mg-15mg-20mg-20mcg-3.4mg-25mcg-800unit-400mcg-30mcg-6mg-60mg, 120mg-20mcg-4mg-180mcg-2mg-33unit-150mcg-90mcg-50mg-22.5mg-4.5mg-405mg-15mg-2500unit-20mg-20mcg-3.4mg-25mcg-800unit-400mcg-30mcg-6mg-60mg, 120mg-20mcg-2500unit-180mcg-33unit-150mcg-90mcg-4mg-2mg-22.5mg-50mg-4.5mg-405mg-15mcg-20mg-20mcg-3.4mg-25mcg-800unit-400mcg-30mcg-6mg-60mg, 833.33unit-0.03mg-8.33mg-1mg-0.33mg-0.33mg-11.33mg-3.33mg-4.67unit-66.67unit-10mg-43.55mg-0.67mg-2.5mg-1.67mg-3.33mg-0.03mg-1.33mg-33.33mg, 10mg-0.5mg-10mg-17.5mcg-75mcg-120mg-1mg-30unit-60mg-35mg-7.5mg-9mg-10mg-100mg-10mg-10mg-5000unit-10mcg-10mg-400mcg-30mcg-10mg-200mg-400unit, 100mcg-50mcg-25mcg-2.5mg-7.5mg-75mcg-50mg-30unit-100mg-50mg-1.5mg-100mg-10mg-250mcg-20mg-1.7mg-		

Drug Name	Drug Tier	Requirements/ Limits
2500unit-5mcg-200unit-200mcg-75mcg-2.5mg-60mg, 120mg-20mcg-180mcg-4mg-2mg-22.5unit-150mcg-90mcg-500mg-22.5mg-50mg-4.5mg-15mg-2500unit-20mg-20mcg-3.4mg-25mcg-1000unit-400mcg-30mcg-6mg-60mg, 120mg-27mcg-4.2mg-180mcg-30unit-150mcg-90mcg-500mg-50mg-2.2mg-24mg-4.5mg-15mg-3500unit-20mg-20mcg-3.4mg-25mcg-1000unit-400mcg-30mcg-6mg-120mg, 7.5mg-10mcg-15mcg-5mg-31mg-30unit-150mcg-15mcg-44mg-7.5mg-2mg-15mg-100mg-18mg-10mg-5500unit-30mg-3.4mg-9mcg-400unit-3mg-400mcg-15mcg-3mg-120mg, 7.5mg-5000unit-10mcg-31mcg-150mcg-40mg-15mg-2mg-15mcg-7.5mg-15mcg-5mg-100mg-27mg-30unit-400unit-3.4mg-10mg-9mcg-3mg-20mg-0.04mg-30mcg-3mg-90mg, 117mcg-180mcg-4.2mg-2.2mg-30unit-150mcg-90mcg-24mg-110mg-4.5mg-370mcg-120mg-15mg-3500unit-20mg-20mcg-3.4mg-25mcg-700unit-400mcg-30mcg-6mg-120mg, 2mg-72mg-20mcg-150mcg-5mcg-48mg-75mcg-200mg-10mcg-150mcg-150mcg-80mg-2mg-100mg-300mcg-10mg-20mg-10mcg-1.7mg-25mcg-400unit-1.5mg-400mcg-30mcg-3mg, 34mg-105mcg-180mcg-4mg-2mg-33unit-150mcg-90mcg-40mg-22.5mg-100mg-4.5mg-120mg-15mg-2500unit-20mg-		

Drug Name	Drug Tier	Requirements/ Limits
20mcg-3.4mg-25mcg-400unit-400mcg-30mcg-6mg-120mg, 117mcg-180mcg-4.2mg-2.2mg-150mcg-90mcg-110mg-24mg-4.5mg-370mcg-120mg-15mg-3500unit-20mg-20mcg-3.4mg-25mcg-700unit-400mcg-25.5unit-30mcg-6mg-120mg, 117mcg-180mcg-4.2mg-2.2mg-25.5unit-150mcg-90mcg-110mg-24mg-4.5mg-370mcg-120mg-15mg-3500unit-20mg-20mcg-3.4mg-25mcg-700unit-400mcg-30mcg-6mg-120mg, 117mcg-180mcg-4.2mg-2.2mg-25.5unit-150mcg-90mcg-24mg-110mg-4.5mg-370mcg-120mg-15mg-3500unit-20mg-20mcg-3.4mg-25mcg-700unit-400mcg-30mcg-6mg-120mg, 117mcg-180mcg-4.2mg-25.5unit-150mcg-90mcg-110mg-2.2mg-24mg-4.5mg-370mcg-120mg-15mg-3500unit-20mg-20mcg-3.4mg-25mcg-700unit-400mcg-30mcg-6mg-120mg, 117mcg-180mcg-4.2mg-25.5unit-150mcg-90mcg-120mg-110mg-2.2mg-24mg-4.5mg-370mcg-15mg-3500unit-20mg-20mcg-3.4mg-25mcg-700unit-400mcg-30mcg-6mg-120mg, 5mg-0.5mg-250mcg-1.5mg-50mg-750mcg-50mg-15unit-100mg-60mg-7.5mg-5mg-0.75mg-6.75mg-2500unit-5mg-10mg-0.85mg-100unit-50mg-25mg-100mcg-1500mcg-100mg, 3333.3unit-0.66mg-25mg-115mg-5mg-0.033mg-15mg-10mg-0.33mg-		

Drug Name	Drug Tier	Requirements/ Limits
25mcg-26.6mg-20unit-133.3unit-16.6mg-5mg-5mg-5mcg-15mg-10mg-0.025mg-5mcg-5mg-10mg-66.6mg, 34mg-105mcg-180mcg-4mg-60unit-150mcg-90mcg-37.5mg-100mg-2mg-22.5mg-4.5mg-120mg-15mg-5000unit-20mg-20mcg-3.4mg-30mcg-400unit-400mcg-30mcg-6mg-120mg, 34mg-105mcg-4mg-2mg-33unit-90mcg-150mcg-120mg-180mcg-37.5mg-20mg-22.5mg-100mg-4.5mg-2500unit-20mcg-3.4mg-15mg-25mcg-400unit-400mcg-30mcg-6mg-120mg, 120mg-110mcg-180mcg-4mg-2mg-22.5unit-150mcg-90mcg-120mg-22.5mg-100mg-4.5mg-300mg-15mg-2500unit-20mg-20mcg-3.4mg-25mcg-700unit-400mcg-30mcg-6mg-60mg, 34mg-10mcg-100mg-150mcg-130mg-15mg-2mg-10mcg-37.5mg-10mcg-2.5mg-100mg-18mg-30unit-400unit-5000unit-1.7mg-10mg-6mcg-1.5mg-20mg-400mcg-30mcg-2mg-60mg, 35mcg-1mg-1mg-60mcg-7mg-25unit-75mcg-37.5mcg-100mg-50mg-500unit-11.5mg-0.75mg-150mcg-1mg-5mg-5mg-10mg-15mcg-0.85mg-3mcg-200unit-200mcg-15mcg-1mg-75mg, 7.5mg-10mcg-31mg-150mcg-40mg-15mg-2mg-15mcg-7.5mg-15mcg-5mg-100mg-27mg-1250unit-30unit-400unit-5000unit-30mg-3.4mg-10mg-9mcg-3mg-0.4mg-35mcg-3mg-90mg, 7.5mg-10mcg-31mg-150mcg-40mg-15mg-2mg-15mcg-7.5mg-15mcg-5mg-100mg-27mg-2500unit-30unit-400unit-2500unit-20mg-3.4mg-10mg-9mcg-3mg-0.4mg-30mcg-3mg-90mg, 7.5mg-21mcg-26mcg-3.5mg-2mg-31mg-30unit-150mcg-32mcg-7.5mg-15mg-100mg-3mg-40mg-18mg-10mg-5000unit-20mg-28mcg-3.4mg-9mcg-400unit-400mcg-30mcg-3mg-90mg, 7.5mg-5mg-10mcg-2mg-31mg-30unit-150mcg-15mg-40mg-15mcg-7.5mg-15mcg-1250unit-100mg-3mg-27mg-5000unit-30mg-3.4mg-10mg-9mcg-0.4mg-35mcg-3mg-90mg-400unit, 32mcg-72mg-18mcg-1.8mg-0.5mg-20mg-35unit-150mcg-50mcg-80mg-200mg-8mg-100mg-1.1mg-18mg-15mg-3500unit-14mg-50mcg-1.1mg-6mcg-800unit-400mcg-40mcg-2mg-75mg, 120mg-105mcg-180mcg-4mg-2mg-33unit-150mcg-90mcg-40mg-100mg-22.5mg-4.5mg-600mcg-120mg-15mg-2500unit-20mg-20mcg-3.4mg-25mcg-400unit-400mcg-30mcg-6mg-120mg, 120mg-105mcg-180mcg-4mg-2mg-33unit-150mcg-90mcg-40mg-22.5mg-100mg-4.5mg-600mcg-120mg-15mg-2500unit-20mg-20mcg-3.4mg-25mcg-400unit-400mcg-30mcg-6mg-120mg, 120mg-105mcg-2500unit-180mcg-33unit-150mcg-90mcg-40mg-4mg-2mg-22.5mg-100mg-4.5mg-600mcg-120mg-15mg-20mg-20mcg-3.4mg-25mcg-400unit-400mcg-30mcg-6mg-120mg,		

Drug Name	Drug Tier	Requirements/ Limits
120mg-105mcg-4mg-180mcg-2mg-33unit-150mcg-90mcg-40mg-22.5mg-100mg-4.5mg-600mcg-120mg-15mg-2500unit-20mg-20mcg-3.4mg-25mcg-400unit-400mcg-30mcg-6mg-120mg, 45mg-25mg-40mg-1mg-37.5mcg-100mcg-25mcg-35mcg-1mg-75mcg-1mg-15unit-200mg-7.5mg-0.75mg-125mg-5mg-10mg-0.85mg-2500unit-3mcg-200unit-1mg-200mcg-150mcg-30mg, 50mcg-1.75mg-5mg-0.5mg-1.5mg-25mcg-32mg-12.5mcg-200mg-0.75mg-3.75mg-75mg-1.25mg-11.25mcg-5mg-5mg-12.5mg-75mcg-5mg-12.5mcg-200unit-5mg-200mcg-6.25mg-30mg, 15mg-25mg-1.5mg-50mg-5mg-64mg-7.5unit-25mg-1mg-3.75mg-5mg-130mg-4mg-5mg-7.5mg-12.5mg-15mg-5mg-2.5mg-2500unit-4mcg-500unit-2.5mg-100mcg-2500mcg-2.5mg-30mg, 100mcg-70mcg-150mcg-75mcg-10mcg-2mg-60unit-250mcg-2mg-15mg-100mg-10mg-100mg-18mg-10mg-25mg-100mg-100mcg-10mg-3000unit-25mcg-2000unit-400mcg-30mcg-6mg-100mg, 30mg-2mg-72mg-10mcg-20mcg-120mcg-10mcg-5mcg-2mg-109mg-30unit-150mcg-0.75mcg-150mcg-80mg-2mg-300mcg-10mg-18mg-3500unit-250mcg-10mg-10mg-25mcg-400unit-400mcg, 150mcg-120mcg-70mcg-2mg-2mg-30unit-150mcg-75mcg-15mg-50mg-4.5mg-700mcg-500mg-18mg-		

Drug Name	Drug Tier	Requirements/ Limits
15mg-3500unit-100mcg-20mg-60mcg-5.1mg-18mcg-1000unit-400mcg-300mcg-6mg-60mg, 16.7unit-16.7mcg-12.5mcg-4.16mg-0.08mg-16.7mcg-7.9mg-1.67mg-41.7mg-2.5mg-16.7unit-4.16mg-4.16mg-52.08mg-4.16mg-2083.3unit-10.4mcg-4.16mg-33.3mcg-4.16mg-250mg, 25mcg-300mcg-25mcg-25mcg-27mg-5mg-2mg-125mg-34unit-150mcg-162mg-30mg-5000unit-15mg-100mg-2.25mg-27mg-10mg-20mg-25mcg-2.6mg-9mcg-400unit-400mcg-45mcg-3mg-90mg, 25mg-120mcg-25mg-70mcg-80mcg-5000unit-2mg-50unit-150mcg-75mcg-150mcg-2mg-15mg-100mg-225mg-9mg-275mcg-20mg-1.7mg-10mg-12mcg-400unit-1.5mg-400mcg-30mcg-2mg-120mg, 60mcg-72mg-21mcg-4mg-0.5mg-20mg-60unit-150mcg-50mcg-80mg-210mg-15mg-75mg-1.5mg-600mcg-10mg-3500unit-300mcg-20mg-60mcg-1.7mg-100mcg-600unit-300mcg-30mcg-6mg-120mg, 35mg-2mg-72mg-10mcg-55mcg-75mcg-2.3mg-10mcg-5mcg-0.5mg-20mg-30unit-150mcg-45mcg-200mg-80mg-11mg-50mg-1.5mg-18mg-10mg-3500unit-20mg-25mcg-1.7mg-400unit-30mcg-2mg-60mg, 5000unit-5000unit-450mg-450mg-15mg-15mg-27mg-27mg-30unit-30unit-400unit-400unit-1.7mg-1.7mg-10mg-10mg-6mcg-6mcg-20mg-20mg-1.5mg-1.5mg-400mcg-400mcg-2mg-2mg-60mg-60mg,		

Drug Name	Drug Tier	Requirements/ Limits
72mg-10mcg-6000unit-5mcg-25mcg-48mg-150mcg-200mg-15mg-10mcg-2mg-100mcg-10mcg-80mg-25mcg-2.5mg-100mg-9mg-45unit-400unit-1.5mg-20mg-1.7mg-10mg-25mcg-200mcg-30mcg-3mg-60mg, 50mg-162mg-0.25mg-25000unit-15mg-24.3mg-0.1mg-53.5mg-50mg-6.15mg-2.2mg-7.2mg-12.5unit-400unit-25mg-5mg-15mg-12.5mg-50mg-250mg-150mg-25mg-50mcg-25mg-0.4mg-1mcg-15mg-150mg, 5mg-90mg-10mcg-45mcg-3500unit-2mg-10mcg-5mcg-30unit-150mcg-25mcg-2mg-100mcg-99mg-40mg-150mcg-15mg-3mg-250mg-9mg-10mg-40mg-25mcg-3.4mg-12mcg-400unit-400mcg-300mcg-4mg-60mg, 10mcg-0.5mg-35mg-107.5unit-37.5mcg-30mcg-18.75mcg-0.9mg-21.15mg-25mg-0.38mg-0.075mg-83.25mg-0.83mg-2.5mg-1.67mg-2.5mg-6.25mcg-2.5mg-1.5mcg-100unit-0.5mg-100mcg-7.5mcg-128mg, 32mcg-2mg-72mg-10mcg-18mcg-1.8mg-10mcg-5mcg-0.5mg-20mg-35unit-150mcg-50mcg-80mg-100mg-8mg-1.1mg-200mg-18mg-15mg-3500unit-14mg-50mcg-1.1mg-6mcg-800unit-400mcg-40mcg-2mg-75mg, 72mg-10mcg-5000unit-20mcg-46mg-150mcg-200mg-15mg-10mcg-2mg-130mcg-150mcg-2mg-60mg-5mcg-160mcg-3.5mg-100mg-4mg-45unit-400unit-15mg-1.7mg-10mg-25mcg-3mg-		

Drug Name	Drug Tier	Requirements/ Limits
20mg-400mcg-30mcg-60mg, 72mg-10mcg-5000unit-20mcg-48mg-150mcg-200mg-15mg-10mcg-2mg-130mcg-150mcg-2mg-80mg-5mcg-160mg-3.5mg-100mg-4mg-45unit-400unit-20mg-1.7mg-10mg-25mcg-3mg-1.5mg-400mcg-30mcg-60mg, 12.667mg-1mg-30mg-5unit-66.667mg-0.667mg-2.5mg-16.667mg-16.667mg-3.333mg-5mg-8.333mg-10mg-3.333mg-0.667mg-1666.667unit-2.667mcg-333.333unit-1.667mg-66.667mcg-1mg-1.667mg-20mg, 2mg-72mg-10mcg-20mcg-150mcg-2mg-5mcg-48mg-45unit-150mcg-75mcg-80mg-150mcg-2mg-15mg-100mg-1.5mg-200mg-10mg-3500unit-250mcg-20mg-10mcg-1.7mg-25mcg-400unit-400mcg-30mcg-3mg-60mg, 52mcg-2mg-72mg-10mcg-50mcg-22mcg-2.3mg-5mcg-0.5mg-20mg-150mcg-80mg-100mg-35unit-15mg-1.1mg-300mg-8mg-5mg-3500unit-300mcg-14mg-50mcg-1.1mg-50mcg-800unit-400mcg-30mcg-5mg-100mg, 72mg-10mcg-20mcg-150mcg-2mg-5mcg-48mg-45unit-150mcg-75mcg-80mg-200mg-150mcg-100mg-2mg-2mg-15mg-1.5mg-10mg-5000unit-250mcg-20mg-10mcg-1.7mg-25mcg-400unit-400mcg-30mcg-3mg-60mg, 72mg-10mcg-5000unit-45unit-20mcg-48mg-150mcg-200mg-15mg-10mcg-2mg-130mcg-150mcg-2mg-80mg-5mcg-160mcg-3.5mg-100mg-4mg-		

Drug Name	Drug Tier	Requirements/ Limits
400unit-1.5mg-20mg-1.7mg-10mg-25mcg-400mcg-30mcg-3mg-60mg, 72mg-2.5mg-5mcg-20mcg-48mg-45unit-150mcg-2mg-200mg-10mcg-130mcg-150mcg-80mg-160mcg-4mg-2mg-15mg-100mg-1.5mg-5000unit-20mg-10mcg-1.7mg-10mg-25mcg-400mcg-30mcg-3mg-60mg-400unit, 150mcg-70mcg-2mg-2mg-7.5mg-2mg-5mcg-31mg-60unit-150mcg-75mcg-40mg-10mcg-50mcg-10mcg-7.5mg-15mg-100mg-3mg-9mg-10mg-5000unit-20mg-28mcg-3.4mg-12mcg-400unit-400mcg-30mcg-6mg-90mg, 2mg-7.5mg-10mcg-70mcg-50mcg-2mg-10mcg-5mcg-31mg-60unit-150mcg-75mcg-7.5mg-40mg-150mcg-2mg-15mg-100mg-9mg-10mg-5000unit-20mg-28mcg-3.4mg-12mcg-400unit-3mg-400mcg-30mcg-6mg-90mg, 2mg-7.5mg-10mcg-70mcg-50mcg-2mg-10mcg-5mcg-40mg-31mg-60unit-150mcg-75mcg-7.5mg-150mcg-2mg-15mg-100mg-9mg-10mg-5000unit-20mg-28mcg-3.4mg-12mcg-400unit-3mg-400mcg-30mcg-6mg-90mg, 36.3mg-10mcg-25mcg-5000unit-25mcg-2.5mg-10mcg-5mg-125mg-30unit-150mcg-25mcg-162mg-10mcg-40mg-400unit-2mg-15mg-100mg-1.5mg-18mg-10mg-20mg-25mcg-1.7mg-6mcg-400mcg-30mcg-2mg-60mg, 50mcg-2mg-10mcg-7.5mg-70mcg-2mg-10mcg-5mcg-2mg-31mg-60unit-150mcg-75mcg-40mg-		

Drug Name	Drug Tier	Requirements/ Limits
150mcg-7.5mg-15mg-100mg-3mg-9mg-10mg-5000unit-20mg-28mcg-3.4mg-12mcg-400unit-400mcg-30mcg-6mg-90mg, 7.5mg-10mcg-70mcg-50mcg-2mg-10mcg-5mcg-2mg-31mg-60unit-150mcg-75mcg-40mg-2mg-7.5mg-100mg-150mcg-15mg-3mg-9mg-10mg-5000unit-20mg-28mcg-3.4mg-12mcg-400unit-400mcg-30mcg-6mg-90mg, 7.5mg-10mcg-70mcg-50mcg-2mg-10mcg-5mcg-2mg-31mg-60unit-150mcg-75mcg-40mg-2mg-7.5mg-150mcg-15mg-100mg-3mg-9mg-10mg-5000unit-20mg-28mcg-3.4mg-12mcg-400unit-400mcg-30mcg-6mg-90mg, 72mg-10mcg-20mcg-65mcg-3.5mg-10mcg-2mg-109mg-30unit-150mcg-160mcg-2mg-80mg-100mg-150mcg-15mg-1.5mg-162mg-18mg-10mg-2500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 12.5mg-100mcg-9mg-1mg-1mg-25unit-75mcg-37.5mcg-5mcg-2500unit-50mcg-7.5mg-50mg-12.5mg-25mg-375mcg-250mg-50mcg-25mg-375mcg-17.5mg-40mcg-25mg-40mcg-200unit-200mcg-150mcg-25mg-50mg, 34mg-25mcg-6000unit-10mcg-15mcg-125mg-150mcg-162mg-15mg-10mcg-2mg-15mcg-80mcg-37.5mg-5mcg-15mcg-2.5mg-100mg-18mg-30unit-400unit-1.7mg-10mg-6mcg-1.5mg-20mg-400mcg-45mcg-2mg-60mg, 50mcg-2mg-72mg-10mcg-19mcg-2.3mg-5mcg-		

Drug Name	Drug Tier	Requirements/ Limits
0.5mg-20mg-50unit-150mcg-45mcg-80mg-50mg-20mg-11mg-1.5mg-300mcg-220mg-10mg-2500unit-250mcg-30mcg-1.7mg-25mcg-500unit-400mcg-30mcg-3mg-60mg, 50mcg-2mg-72mg-19mcg-2.3mg-5mcg-0.5mg-20mg-50unit-150mg-45mcg-80mg-10mcg-11mg-50mg-1.5mg-300mcg-220mg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-25mcg-1000unit-400mcg-30mcg-3mg-60mg, 21mcg-28mcg-5000unit-26mcg-3.5mg-2mg-31mg-30unit-150mcg-32mcg-7.5mg-40mg-10mcg-150mcg-10mcg-2mg-7.5mg-5mcg-15mg-100mg-18mg-10mg-20mg-3.4mg-9mcg-400unit-3mg-400mcg-30mcg-3mg-90mg, 7.5mg-28mcg-5000unit-21mcg-31mg-150mcg-40mg-15mg-10mcg-2mg-26mcg-150mcg-10mcg-2mg-7.5mg-5mcg-32mcg-3.5mg-100mg-18mg-30unit-400unit-3.4mg-10mg-9mcg-3mg-20mg-3mg-400mcg-30mcg-90mg, 7.5mg-28mcg-5000unit-21mcg-31mg-150mcg-40mg-15mg-10mcg-2mg-26mcg-150mcg-10mcg-2mg-7.5mg-5mcg-32mcg-3.5mg-100mg-18mg-30unit-400unit-3.4mg-10mg-9mcg-3mg-20mg-400mcg-30mcg-3mg-90mg, 10mg-25mcg-25mcg-4000unit-15mg-50mg-5mcg-50unit-100mg-15mg-0.25mg-1mg-10mg-5mg-15mg-1000unit-10mg-100unit-10mg-10mcg-5mg-15mg-10mg-25mg-10mg-		

Drug Name	Drug Tier	Requirements/ Limits
10mg-25mg-15mg-25mg-200mcg-1mcg-100mg, 35mcg-2mg-72mg-10mcg-55mcg-2.3mg-10mcg-5mcg-0.5mg-20mg-30unit-150mcg-45mcg-200mg-75mcg-80mg-11mg-50mg-1.5mg-18mg-10mg-3500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 35mcg-2mg-72mg-10mcg-55mcg-2.3mg-10mcg-5mcg-0.5mg-20mg-30unit-150mcg-45mcg-200mg-75mcg-80mg-50mg-11mg-1.5mg-18mg-10mg-3500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 35mcg-2mg-72mg-10mcg-55mcg-2.3mg-10mcg-5mcg-0.5mg-20mg-30unit-150mcg-45mcg-200mg-80mg-50mg-75mcg-11mg-1.5mg-18mg-10mg-3500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 35mcg-2mg-72mg-10mcg-55mcg-2.3mg-10mcg-5mcg-0.5mg-20mg-30unit-150mcg-45mcg-80mg-200mg-50mg-75mcg-11mg-1.5mg-18mg-10mg-3500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 35mcg-2mg-72mg-10mcg-55mcg-2.3mg-10mcg-5mcg-0.5mg-20mg-30unit-150mcg-45mcg-80mg-200mg-75mcg-11mg-50mg-1.5mg-18mg-10mg-3500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 35mcg-2mg-72mg-10mcg-55mcg-2.3mg-10mcg-5mcg-0.9mg-20mg-30unit-150mcg-45mcg-200mg-75mcg-80mg-11mg-50mg-		

Drug Name	Drug Tier	Requirements/ Limits
1.5mg-18mg-10mg-3500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 35mcg-2mg-72mg-10mcg-55mcg-75mcg-2.3mg-10mcg-5mcg-0.5mg-20mg-30unit-150mcg-45mcg-200mg-80mg-11mg-50mg-1.5mg-18mg-10mg-3500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 35mcg-2mg-72mg-10mcg-55mcg-75mcg-2.3mg-10mcg-5mcg-0.5mg-20mg-30unit-150mcg-45mcg-80mg-200mg-11mg-50mg-1.5mg-18mg-10mg-3500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 35mcg-2mg-72mg-10mcg-55mcg-75mcg-2.3mg-10mcg-5mcg-0.5mg-20mg-30unit-150mcg-45mcg-80mg-200mg-50mg-11mg-1.5mg-18mg-10mg-3500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 35mcg-72mg-10mcg-55mcg-2.3mg-10mcg-5mcg-0.5mg-20mg-30unit-150mcg-45mcg-200mg-2mg-80mg-75mcg-11mg-50mg-1.5mg-18mg-10mg-3500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 35mcg-72mg-10mcg-55mcg-2.3mg-10mcg-5mcg-0.5mg-20mg-30unit-150mcg-45mcg-200mg-80mg-2mg-75mcg-11mg-50mg-1.5mg-18mg-10mg-3500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 35mcg-72mg-10mcg-55mcg-2.3mg-10mcg-5mcg-0.5mg-20mg-		

Drug Name	Drug Tier	Requirements/ Limits
30unit-150mcg-45mcg-80mg-200mg-2mg-50mg-75mcg-11mg-1.5mg-18mg-10mg-3500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 45mcg-2mg-10mcg-55mcg-2.3mg-5mcg-0.5mg-20mg-50unit-150mcg-45mcg-80mg-220mg-150mcg-11mg-50mg-1.5mg-300mcg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-25mcg-500unit-400mcg-30mcg-3mg-60mg, 45mcg-72mg-10mcg-55mcg-2.3mg-5mcg-0.9mg-50unit-45mcg-150mcg-220mg-80mg-2mg-150mcg-11mg-50mg-1.5mg-300mcg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-25mcg-500unit-500mcg-30mcg-3mg-90mg, 200mcg-12mg-72mg-1.5mg-2.3mg-35mcg-110mg-50unit-150mcg-2mg-80mg-220mg-10mcg-150mcg-5mcg-45mcg-50mg-1.5mg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-30mcg-600unit-500mcg-300mcg-3mg-90mg, 25mcg-2mg-72mg-10mcg-55mcg-1.8mg-10mcg-5mcg-0.9mg-20mg-35unit-150mcg-50mcg-80mg-500mg-100mg-150mcg-8mg-1.1mg-18mg-15mg-3500unit-14mg-50mcg-1.1mg-6mcg-800unit-400mcg-40mcg-2mg-75mg, 25mcg-72mg-10mcg-55mcg-1.8mg-10mcg-5mcg-0.9mg-20mg-35unit-150mcg-50mcg-80mg-500mg-2mg-100mg-150mcg-8mg-1.1mg-18mg-15mg-3500unit-14mg-50mcg-1.1mg-6mcg-		

Drug Name	Drug Tier	Requirements/ Limits
800unit-400mcg-40mcg-2mg-75mg, 2mg-72mg-10mcg-55mcg-25mcg-1.8mg-10mcg-5mcg-20mg-150mcg-50mcg-80mg-150mcg-100mg-35unit-0.9mg-8mg-1.1mg-500mg-18mg-15mg-3500unit-14mg-50mcg-1.1mg-6mcg-800unit-400mcg-40mcg-2mg-75mg, 50mcg-2mg-72mg-10mcg-50mcg-55mcg-150mcg-2.3mg-5mcg-0.5mg-20mg-150mg-80mg-500mg-50mg-35unit-15mg-1.1mg-8mg-5mg-3500unit-300mcg-14mg-50mcg-1.1mg-50mcg-800unit-400mcg-30mcg-5mg-100mg, 600mcg-12mg-72mg-10mcg-35mcg-1.5mg-2.3mg-5mcg-110mg-50unit-150mcg-45mcg-2mg-80mg-220mg-150mcg-50mg-1.5mg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-30mcg-600unit-500mcg-300mcg-3mg-90mg, 72mg-25mcg-2500unit-5mcg-20mcg-2mg-109mg-150mcg-162mg-10mcg-65mcg-150mcg-10mcg-2mg-80mg-160mcg-3.5mg-100mg-400unit-15mg-1.5mg-18mg-20mg-1.7mg-10mg-6mcg-400mcg-30unit-30mg-2mg-60mg, 72mg-25mcg-5000unit-20mcg-109mg-150mcg-162mg-15mg-10mcg-2mg-65mcg-150mcg-10mcg-2mg-80mg-5mcg-160mg-3.5mg-100mg-18mg-30unit-400unit-20mg-1.7mg-10mg-6mcg-2mg-1.5mg-400mcg-30mcg-60mg, 150mcg-65mcg-72mg-10mcg-20mcg-3.5mg-10mcg-5mcg-2mg-125mg-30unit-150mcg-		

Drug Name	Drug Tier	Requirements/ Limits
160mcg-162mg-15mg-80mg-2mg-20mg-100mg-1.5mg-18mg-10mg-5000unit-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-90mg, 150mcg-72mg-10mcg-20mcg-65mcg-3.5mg-10mcg-5mcg-109mg-30unit-150mcg-160mcg-80mg-162mg-2mg-2mg-15mg-100mg-1.5mg-18mg-10mg-5000unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 2mg-72mg-10mcg-20mcg-3.5mg-65mcg-10mcg-5mcg-2mg-109mg-30unit-150mcg-160mcg-80mg-162mg-150mcg-15mg-100mg-1.5mg-18mg-10mg-2500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 2mg-72mg-10mcg-20mcg-65mcg-3.5mg-10mcg-5mcg-2mg-109mg-30unit-150mcg-160mcg-162mg-80mg-150mcg-15mg-100mg-18mg-10mg-2500unit-20mg-25mcg-1.7mg-6mcg-400unit-1.5mg-400mcg-30mcg-2mg-60mg, 2mg-72mg-10mcg-20mcg-65mcg-3.5mg-5mcg-2mg-109mg-15mg-30unit-150mcg-160mcg-162mg-10mcg-80mg-150mcg-100mg-1.5mg-18mg-2500unit-20mg-25mcg-1.7mg-10mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 50mcg-2mg-72mg-10mcg-55mcg-2.3mg-5mcg-0.5mg-20mg-35unit-150mcg-50mcg-500mg-150mcg-80mg-15mg-50mg-1.1mg-8mg-5mg-3500unit-300mcg-14mg-50mcg-1.1mg-50mcg-800unit-400mcg-		

Drug Name	Drug Tier	Requirements/ Limits
30mcg-5mg-100mg, 50mcg-2mg-72mg-10mcg-55mcg-2.3mg-5mcg-0.5mg-20mg-35unit-150mcg-50mcg-500mg-80mg-50mg-150mcg-15mg-1.1mg-8mg-5mg-3500unit-300mcg-14mg-50mcg-1.1mg-50mcg-800unit-400mcg-30mcg-5mg-100mg, 50mcg-2mg-72mg-10mcg-55mcg-2.3mg-5mcg-0.5mg-20mg-35unit-150mcg-50mcg-80mg-500mg-50mg-150mcg-15mg-1.1mg-8mg-5mg-3500unit-300mcg-14mg-50mcg-1.1mg-50mcg-800unit-400mcg-30mcg-5mg-100mg, 50mcg-2mg-72mg-10mcg-55mcg-3500unit-2.3mg-5mcg-0.5mg-20mg-8mg-150mcg-50mcg-500mg-80mg-150mcg-15mg-50mg-1.1mg-5mg-300mcg-14mg-50mcg-1.1mg-50mcg-800unit-400mcg-35unit-30mcg-5mg-100mg, 50mcg-72mg-10mcg-55mcg-2.3mg-5mcg-0.5mg-20mg-35unit-150mcg-50mcg-80mg-500mg-2mg-50mg-150mcg-15mg-1.1mg-8mg-5mg-3500unit-300mcg-14mg-50mcg-1.1mg-50mcg-800unit-400mcg-30mcg-5mg-100mg, 72mg-10mcg-20mcg-2mg-10mcg-5mcg-109mg-30unit-150mcg-75mcg-162mg-120mg-150mcg-2mg-80mg-2mg-15mg-100mg-1.5mg-300mcg-3500unit-250mcg-20mg-1.7mg-10mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 72mg-10mcg-20mcg-65mcg-3.5mg-10mcg-5mcg-2mg-109mg-30unit-150mcg-160mcg-		

Drug Name	Drug Tier	Requirements/ Limits
162mg-2mg-80mg-150mcg-15mg-100mg-1.5mg-18mg-10mg-20mg-25mcg-1.7mg-2500unit-6mcg-400unit-400mcg-30mcg-2mg-50mg, 72mg-25mcg-5000unit-10mcg-20mcg-109mg-30unit-150mcg-162mg-15mg-10mcg-2mg-65mcg-150mcg-2mg-80mg-5mcg-160mcg-3.5mg-100mg-18mg-400unit-1.5mg-20mg-1.7mg-10mg-6mcg-400mcg-30mcg-2mg-60mg, 72mg-65mcg-3.5mg-5mcg-20mcg-2mg-109mg-30unit-150mcg-10mcg-150mcg-10mcg-2mg-80mg-160mcg-100mg-15mg-1.5mg-162mg-18mg-2500unit-20mg-25mcg-1.7mg-10mg-6mcg-400mcg-30mcg-2mg-60mg-400unit, 150mcg-50mcg-10mcg-72mg-55mcg-35unit-2.3mg-20mg-150mcg-50mcg-15mg-80mg-500mg-5mcg-50mg-0.5mg-15mg-1.1mg-8mg-3500unit-300mcg-14mg-50mcg-1.1mg-5mg-50mcg-800unit-400mcg-30mcg-5mg-100mg, 2mg-72mg-10mcg-20mcg-10mcg-150mcg-2mg-5mcg-48mg-45unit-75mcg-150mcg-150mcg-80mg-2mg-15mg-100mg-1.5mg-300mcg-200mg-10mg-3500unit-250mcg-20mg-1.7mg-25mcg-400unit-400mcg-30mcg-3mg-60mg, 2mg-72mg-10mcg-20mcg-150mcg-2mg-5mcg-48mg-45unit-150mcg-75mcg-200mg-80mg-150mcg-2mg-15mg-100mg-1.5mg-300mcg-10mg-3500unit-250mcg-20mg-10mcg-1.7mg-25mcg-400unit-400mcg-30mcg-3mg-60mg,		

Drug Name	Drug Tier	Requirements/ Limits
*2mg-72mg-10mcg-20mcg-45unit-150mcg-2mg-5mcg-2mg-48mg-150mcg-75mcg-80mg-200mg-150mcg-15mg-100mg-1.5mg-300mcg-10mg-3500unit-250mcg-20mg-10mcg-1.7mg-25mcg-400unit-400mcg-30mcg-3mg-60mg, 2mg-72mg-10mcg-20mcg-65mcg-3.5mg-10mcg-5mcg-2mg-15mg-109mg-30unit-150mcg-160mcg-162mg-80mg-150mcg-100mg-1.5mg-18mg-10mcg-2500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 36.3mg-25mcg-10mcg-25mcg-125mg-150mcg-162mg-15mg-10mcg-2mg-25mcg-150mcg-10mcg-40mg-5mcg-25mcg-2.5mg-100mg-18mg-30unit-400unit-5000unit-20mg-2mg-10mg-6mcg-1.7mg-400mcg-30mcg-3mg-60mg, 50mcg-2mg-72mg-10mcg-55mcg-2.3mg-5mcg-0.05mg-20mg-35unit-150mcg-50mcg-500mg-80mg-150mcg-15mg-50mg-1.1mg-8mg-5mg-3500unit-300mcg-14mg-50mcg-1.1mg-50mcg-800unit-400mcg-30mcg-5mg-100mg, 72mg-10mcg-20mcg-150mcg-2mg-5mcg-48mg-45unit-150mcg-75mcg-200mg-2mg-80mg-150mcg-2mg-15mg-100mg-1.5mg-300mcg-10mg-3500unit-250mcg-20mg-10mcg-1.7mg-25mcg-400unit-400mcg-30mcg-3mg-60mg, 72mg-10mcg-20mcg-3500unit-150mcg-2mg-5mcg-48mg-45unit-150mcg-75mcg-150mcg-		

Drug Name	Drug Tier	Requirements/ Limits
*2mg-80mg-2mg-15mg-100mg-1.5mg-300mcg-200mg-10mg-250mcg-20mg-10mcg-1.7mg-25mcg-400unit-400mcg-30mcg-3mg-60mg, 72mg-10mcg-3500unit-20mcg-48mg-150mcg-200mg-15mg-10mcg-2mg-150mcg-150mcg-2mg-80mg-5mcg-75mcg-2mg-100mg-45unit-400unit-300mcg-250mcg-1.7mg-10mg-25mcg-20mg-1.5mg-400mcg-30mcg-3mg-60mg, 72mg-20mcg-2mg-5mcg-48mg-45unit-75mcg-150mcg-200mg-10mcg-150mcg-2mg-80mg-150mcg-2mg-15mg-100mg-1.5mg-300mcg-3500unit-250mcg-20mg-10mcg-1.7mg-10mg-25mcg-400mcg-30mcg-3mg-60mg-400unit, 72mg-20mcg-3500unit-45unit-2mg-48mg-150mcg-75mcg-80mg-200mg-10mcg-2mg-150mcg-150mcg-2mg-5mcg-15mg-100mg-1.5mg-300mcg-10mg-250mcg-20mg-10mcg-1.7mg-25mcg-400unit-400mcg-30mcg-3mg-60mg, 36.3mg-25mcg-5000unit-10mcg-5mcg-20mcg-109mg-150mcg-162mg-15mg-10mcg-2mg-25mcg-150mcg-2mcg-40mg-25mcg-2.5mg-100mg-18mg-30unit-400unit-1.5mg-20mg-1.7mg-10mg-6mcg-400mcg-30mcg-2mg-60mg, 45mg-2mg-72mg-10mcg-55mcg-2.3mg-5mcg-0.5mg-20mg-50unit-150mcg-45mcg-220mg-150mcg-80mg-11mg-50mg-1.5mg-300mcg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-		

Drug Name	Drug Tier	Requirements/ Limits
25mcg-500unit-400mcg-30mcg-3mg-60mg, 2mg-7.5mg-10mcg-70mcg-120mcg-2mg-10mcg-5mcg-31mg-60unit-150mcg-75mcg-40mg-150mcg-7.5mg-2mg-15mg-100mg-9mg-10mg-5000unit-250mcg-20mg-28mcg-3.4mg-12mcg-400unit-3mg-400mcg-30mcg-6mg-90mg, 2mg-72mg-10mcg-55mcg-2.3mg-5mcg-0.5mg-20mg-50unit-150mcg-45mcg-80mg-220mg-45mcg-50mg-150mcg-11mg-1.5mg-300mcg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-25mcg-500unit-400mcg-30mcg-3mg-60mg, 2mg-72mg-10mcg-55mcg-45mcg-2.3mg-5mcg-0.5mg-20mg-150mcg-45mcg-80mg-50mg-50unit-150mcg-11mg-1.5mg-300mcg-220mg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-25mcg-500unit-400mcg-30mcg-3mg-60mg, 2mg-72mg-10mcg-55mcg-45mcg-2.3mg-5mcg-0.5mg-20mg-50unit-150mcg-45mcg-80mg-50mg-150mcg-11mg-1.5mg-300mcg-220mg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-25mcg-500unit-400mcg-30mcg-3mg-60mg, 35mcg-2mg-72mg-10mcg-55mcg-75mcg-2.3mg-10mcg-5mcg-0.5mg-20mg-30unit-150mcg-45mcg-200mg-80mg-15mg-11mg-50mg-1.5mg-18mg-10mg-3500unit-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 45mcg-2mg-72mg-10mcg-55mcg-2.3mg-		

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

Drug Name	Drug Tier	Requirements/ Limits
10mg-2500unit-250mcg-20mg-30mcg-1.7mg-25mcg-500unit-400mcg-30mcg-3mg-60mg, 45mcg-2mg-72mg-10mcg-55mcg-2.3mg-5mcg-0.5mg-20mg-50unit-150mcg-45mcg-80mg-50mg-150mcg-11mg-1.5mg-300mcg-220mg-10mg-250mcg-20mg-30mcg-1.7mg-2500unit-25mcg-500unit-400mcg-30mcg-3mg-60mg, 45mcg-72mg-10mcg-55mcg-2.3mg-5mcg-0.5mg-20mg-50unit-150mcg-45mcg-80mg-220mg-2mg-150mcg-11mg-50mg-1.5mg-300mcg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-25mcg-500unit-400mcg-30mcg-3mg-60mg, 45mcg-72mg-10mcg-55mcg-2.3mg-5mcg-0.5mg-20mg-50unit-150mcg-45mcg-80mg-220mg-2mg-50mg-150mcg-11mg-1.5mg-300mcg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-25mcg-500unit-400mcg-30mcg-3mg-60mg, 45mcg-72mg-10mcg-55mcg-2.3mg-5mcg-0.5mg-20mg-50unit-45mcg-100mcg-80mg-2mg-150mcg-11mg-50mg-1.5mg-300mcg-220mg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-25mcg-500unit-400mcg-30mcg-3mg-60mg, 120mcg-50mg-4mg-72mg-10mcg-70mcg-4mg-10mcg-5mcg-0.9mg-48mg-60unit-150mcg-75mcg-80mg-100mg-40mg-60mcg-11mg-4.5mg-18mg-12mg-3500unit-40mg-25mcg-5.1mg-18mcg-400unit-400mcg-50mcg-		

Drug Name	Drug Tier	Requirements/ Limits
6mg-120mg, 120mcg-50mg-72mg-10mcg-70mcg-4mg-10mcg-5mcg-0.9mg-48mg-60unit-150mcg-75mcg-100mg-80mg-4mg-60mcg-11mg-40mg-4.5mg-18mg-12mg-3500unit-40mg-25mcg-5.1mg-18mcg-400unit-400mcg-50mcg-6mg-120mg, 36mg-10mcg-25mcg-25mcg-120mcg-2mg-10mcg-5mcg-77mg-50unit-150mcg-25mcg-100mg-2mg-40mg-100mg-20mg-150mcg-2mg-15mg-1.5mg-9mg-10mg-3000unit-250mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-120mg, 45mcg-2mg-72mg-10mcg-55mcg-2.3mg-5mcg-0.9mg-110mg-50unit-150mcg-45mcg-220mg-150mcg-80mg-11mg-50mg-1.5mg-300mcg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-25mcg-500unit-500mcg-30mcg-3mg-90mg, 45mcg-72mg-10mcg-55mcg-2.3mg-5mcg-0.9mg-110mg-50unit-150mcg-220mg-80mg-45mcg-50mg-2mg-150mcg-11mg-1.5mg-300mcg-2500unit-250mcg-20mg-30mcg-1.7mg-10mg-25mcg-500unit-500mcg-30mcg-3mg-90mg, 45mcg-72mg-10mcg-55mcg-2.3mg-5mcg-0.9mg-110mg-50unit-150mcg-45mcg-80mg-220mg-2mg-50mg-150mcg-11mg-1.5mg-300mcg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-25mcg-500unit-500mcg-30mcg-3mg-90mg, 60mcg-2mg-72mg-10mcg-100mcg-4mg-5mcg-0.7mg-20mg-60unit-150mcg-		

Drug Name	Drug Tier	Requirements/ Limits
50mcg-250mg-80mg-150mcg-15mg-50mg-1.5mg-600mcg-10mg-3500unit-300mcg-20mg-60mcg-1.7mg-100mcg-600unit-300mcg-30mcg-6mg-120mg, 60mcg-2mg-72mg-10mcg-100mcg-4mg-5mcg-0.7mg-20mg-60unit-150mcg-50mcg-80mg-250mg-50mg-150mcg-15mg-1.5mg-600mcg-10mg-3500unit-300mcg-20mg-60mcg-1.7mg-100mcg-600unit-300mcg-30mcg-6mg-120mg, 60mcg-72mg-10mcg-100mcg-4mg-5mcg-0.7mg-20mg-60unit-150mcg-50mcg-80mg-250mg-2mg-50mg-150mcg-15mg-1.5mg-600mcg-10mg-3500unit-300mcg-20mg-60mcg-1.7mg-100mcg-600unit-300mcg-30mcg-6mg-120mg, 72mg-50unit-55mcg-110mg-150mcg-220mg-11mg-10mcg-0.9mg-45mcg-150mcg-2mg-80mg-5mcg-45mcg-2.3mg-50mg-300mcg-2500unit-250mcg-20mg-30mcg-1.7mg-10mg-25mcg-500unit-1.5mg-500mcg-30mcg-3mg-90mg, 10mcg-20mcg-25mcg-120mcg-2mg-10mcg-5mcg-72mg-2mg-108mg-30unit-75mcg-150mcg-162mg-150mcg-2mg-80mg-15mg-100mg-1.5mg-18mg-10mg-5000unit-250mcg-20mg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 150mcg-60mcg-10mcg-72mg-100mcg-60unit-4mg-20mg-150mcg-50mcg-15mg-80mg-250mg-5mcg-50mg-0.7mg-15mg-1.5mg-600mcg-		

Drug Name	Drug Tier	Requirements/ Limits
3500unit-300mcg-20mg-60mcg-1.7mg-10mg-100mcg-600unit-300mcg-30mcg-6mg-120mg, 1666.67unit-8.33mg-4.17mcg-50mg-37.5mcg-100mg-2.5mg-1.67mg-33.33mg-1mg-5unit-33.33unit-8.33mg-4.17mg-8.33mg-10mg-8.33mg-10mg-1.67mg-5mg-2.67mcg-1.67mg-25mg-66.67mcg-66.67mcg-1.67mg-20mg, 2mg-36mg-250mg-25mcg-50unit-2mg-5mcg-77mg-25mcg-150mcg-10mcg-2mg-120mcg-10mcg-40mg-18mg-20mg-400unit-150mcg-15mg-100mg-1.5mg-3000unit-250mcg-100mcg-1.7mg-10mg-6mcg-400mcg-30mcg-2mg-120mg, 2mg-72mg-10mcg-20mcg-150mcg-2mg-5mcg-2mg-48mg-45unit-150mcg-75mcg-200mg-80mg-150mcg-15mg-100mg-300mcg-18mg-10mg-3500unit-250mcg-20mg-10mcg-1.7mg-25mcg-400unit-1.5mg-400mcg-30mcg-2mg-60mg, 60mcg-10mcg-72mg-10mcg-100mcg-4mg-5mcg-0.7mg-20mg-150mcg-50mcg-250mg-80mg-150mcg-15mg-50mg-1.5mg-600mcg-10mg-300mcg-20mg-60mcg-1.7mg-3500unit-100mcg-600unit-300mcg-60unit-30mcg-6mg-120mg, 2mg-72mg-10mcg-20mcg-65mcg-3.5mg-10mcg-5mcg-109mg-30unit-150mcg-160mcg-162mg-80mg-150mcg-2mg-15mg-100mg-1.5mg-600mcg-18mg-10mg-2500unit-20mg-25mcg-1.7mg-6mcg-400mcg-30mcg-2mg-		

Drug Name	Drug Tier	Requirements/ Limits
60mg-400unit, 30unit-10mg-70mcg-5000unit-10mg-25mcg-100mcg-100mg-30mg-25mcg-2mg-200mcg-2.4mg-25mg-100mcg-6mg-100mg-5000unit-10mg-8mg-10mg-10mg-15mg-25mg-25mcg-400unit-15mg-25mg-400mcg-300mcg-25mg-100mg, 35mcg-2mg-72mg-10mcg-100mcg-150mcg-2.3mg-10mcg-5mcg-0.9mg-20mg-45unit-150mcg-50mcg-210mg-80mg-11mg-100mg-1.2mg-600mcg-8mg-15mg-3500unit-16mg-60mcg-1.3mg-6mcg-600unit-200mcg-40mcg-2mg-90mg, 35mcg-72mg-10mcg-100mcg-2.3mg-10mcg-5mcg-0.9mg-20mg-45unit-150mcg-50mcg-80mg-210mg-100mg-2mg-150mcg-11mg-1.2mg-600mcg-8mg-15mg-3500unit-16mg-60mcg-1.3mg-6mcg-600unit-200mcg-40mcg-2mg-90mg, 35mcg-72mg-10mcg-100mcg-2.3mg-10mcg-5mcg-0.9mg-20mg-45unit-150mcg-50mcg-80mg-210mg-2mg-100mg-150mcg-11mg-1.2mg-600mcg-8mg-15mg-3500unit-16mg-60mcg-1.3mg-6mcg-600unit-200mcg-40mcg-2mg-90mg, 60mg-50mg-4mg-72mg-10mcg-70mcg-120mcg-4mg-10mcg-5mcg-2mg-48mg-60unit-150mcg-75mcg-100mg-80mg-60mcg-15mg-40mg-18mg-10mg-5000unit-40mg-25mcg-5.1mg-18mcg-4.5mg-400mcg-40mcg-6mg-120mg-400unit, 60mg-50mg-72mg-10mcg-70mcg-4mg-		

Drug Name	Drug Tier	Requirements/ Limits
10mcg-5mcg-48mg-60unit-150mcg-75mcg-80mg-120mcg-4mg-40mg-60mcg-2mg-15mg-4.5mg-100mg-18mg-10mg-3500unit-40mg-25mcg-5.1mg-16mcg-400mcg-40mcg-6mg-120mg-400unit, 60mg-50mg-72mg-70mcg-4mg-5mcg-48mg-60unit-75mcg-150mcg-100mg-10mcg-120mcg-60mcg-10mcg-4mg-80mg-40mg-2mg-15mg-4.5mg-18mg-3500unit-40mg-25mcg-5.1mg-10mg-18mcg-400mcg-40mcg-6mg-120mg-400unit, 25mg-50mg-50mcg-1mg-10000unit-5mg-100mcg-7.5mg-18mg-75mcg-35mg-25mg-1mg-10mg-25unit-400unit-150mcg-15mg-5mg-6mg-25mg-25mcg-50mg-100mg-250mcg-150mcg-25mg-100mcg-25mg-400mcg-30mcg-25mg-150mg, 2mg-72mg-10mcg-55mcg-45mcg-2.3mg-5mcg-0.5mg-20mg-20mg-150mcg-45mcg-80mg-50mg-50unit-150mcg-11mg-1.5mg-300mcg-220mg-10mg-2500unit-250mcg-20mg-30mcg-1.7mg-25mcg-500unit-400mcg-30mcg-3mg-60mg, 36.3mg-10mcg-5000unit-25mcg-2.5mg-10mcg-5mcg-20mcg-109mg-30unit-150mcg-25mcg-150mcg-162mg-2mg-40mg-400unit-150mcg-2mg-15mg-100mg-1.5mg-18mg-10mg-20mg-25mcg-1.7mg-6mcg-400mcg-30mcg-2mg-60mg, 30unit-10mg-70mcg-10000unit-10mg-25mcg-52mg-100mcg-100mg-30mg-25mcg-2mg-		

Drug Name	Drug Tier	Requirements/ Limits
500mcg-2.4mg-25mg-100mcg-6mg-100mg-20mg-10mg-8mg-10mg-10mg-15mg-25mg-25mcg-400unit-15mg-25mg-400mcg-300mcg-25mg-100mg, 7mg-10mcg-50mcg-25mcg-7.5mg-10mcg-5mcg-125mg-30unit-50mcg-2mg-150mcg-162mg-50mcg-150mcg-7.7mg-3mg-15mg-100mg-5mg-300mcg-25mg-3500unit-275mcg-30mg-5mg-10mg-12mcg-400unit-400mcg-40mcg-5mg-90mg, 400mg-16mcg-1mg-29mg-5mcg-10mcg-60mcg-1mg-5mcg-2.5mcg-0.35mg-40mg-15unit-75mcg-37.5mcg-54mg-32mg-3.75mg-20mg-0.75mg-3mg-5mg-1750unit-10mg-12.5mcg-0.85mg-100mcg-200unit-200mcg-15mcg-2.5mg-30mg, 400mg-1mg-29mg-5mcg-10mcg-60mcg-1mg-5mcg-2.5mcg-0.35mg-40mg-15unit-75mcg-37.5mcg-32mg-54mg-20mg-16mcg-3.75mg-0.75mg-3mg-5mg-1750unit-10mg-12.5mcg-0.85mg-100mcg-200unit-200mcg-15mcg-2.5mg-30mg, 5mg-25mg-100mcg-1mg-5mg-5mcg-1mg-1mg-25unit-75mcg-37.5mcg-60mcg-2500unit-12.5mg-50mg-12.5mg-25mg-475mcg-100mg-12.5mg-25mg-475mcg-25mg-5mg-5mg-40mcg-25mg-25mcg-100unit-200mcg-150mcg-25mg-150mg, 25mg-1mg-12.5mg-1mg-75mcg-50mcg-1mg-50mcg-1mg-25mcg-2.5mg-13.5mg-12.5mg-7.5mg-100mg-40mg-250mg-5mg-40mg-250mcg-40mg-10mcg-		

Drug Name	Drug Tier	Requirements/ Limits
5mg-37.5mcg-40mg-5000unit-40mcg-200unit-200mcg-50unit-40mcg-40mg-100mg, 2mg-10mcg-20mcg-120mcg-2mg-10mcg-5mcg-2mg-109mg-30unit-150mcg-75mcg-72mg-162mg-150mcg-80mg-15mg-100mg-1.5mg-300mcg-18mg-10mg-3500unit-250mcg-20mg-25mcg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 2mg-72mg-10mcg-20mcg-120mcg-2mg-10mcg-5mcg-109mg-30unit-150mcg-75mcg-162mg-80mg-150mcg-2mg-15mg-100mg-1.5mg-300mcg-18mg-10mg-3500unit-250mcg-20mg-25mcg-1.7mg-6mcg-400mcg-30mcg-2mg-60mg-400unit, 2mg-72mg-10mcg-20mcg-120mcg-2mg-5mcg-2mg-109mg-30unit-150mcg-75mcg-162mg-10mcg-80mg-150mcg-15mg-100mg-300mcg-18mg-10mg-3500unit-250mcg-20mg-25mcg-1.7mg-6mcg-400unit-1.5mg-400mcg-30mcg-2mg-60mg, 2mg-72mg-10mcg-20mcg-25mcg-120mcg-2mg-10mcg-5mcg-109mg-30unit-75mcg-150mcg-150mcg-80mg-2mg-15mg-100mg-1.5mg-300mcg-162mg-18mg-10mg-3500unit-250mcg-20mg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 30unit-10mg-70mcg-5000unit-10mg-25mcg-100mcg-100mg-30mg-25mcg-2mg-200mcg-2.4mg-25mg-100mcg-6mg-100mg-20mg-5000unit-10mg-8mg-10mg-10mg-15mg-25mg-25mcg-		

Drug Name	Drug Tier	Requirements/ Limits
400unit-15mg-25mg-400mcg-300mcg-25mg-100mg, 72mg-10mcg-20mcg-25mcg-2mg-10mcg-5mcg-109mg-75mcg-150mcg-162mg-120mcg-2mg-80mg-100mg-30unit-150mcg-2mg-15mg-1.5mg-300mcg-18mg-10mg-3500unit-250mcg-20mg-1.7mg-6mcg-400mcg-30mcg-2mg-60mg-400unit, 16.666mg-1mg-3.333mg-42.666mg-5unit-86.666mg-0.666mg-2.5mg-16.666mg-3.333mg-3.333mg-5mg-8.333mg-10mg-3.333mg-1.666mg-1666.666unit-2.666mcg-333.333unit-1.666mg-66.666mcg-1666.666mcg-1.666mg-20mg, 72mg-5mcg-20mcg-109mg-150mcg-162mg-10mcg-120mcg-10mcg-2mg-80mg-75mcg-2mg-150mcg-2mg-15mg-100mg-1.5mg-300mcg-18mg-3500unit-250mcg-20mg-25mcg-1.7mg-10mg-6mcg-400mcg-30unit-30mcg-2mcg-60mg-400unit, 2mg-72mg-10mcg-55mcg-200mg-35mcg-2.3mg-10mcg-5mcg-0.9mg-109mg-30unit-150mcg-45mcg-80mg-150mcg-11mg-100mg-1.5mg-300mcg-18mg-10mg-3500unit-250mcg-20mg-25mcg-1.7mg-6mcg-400unit-500mcg-30mcg-2mg-90mg, 2mg-72mg-10mcg-55mcg-25mcg-35mcg-2.3mg-10mcg-5mcg-109mg-30unit-45mcg-150mcg-150mcg-80mg-0.9mg-11mg-100mg-1.5mg-300mcg-200mg-18mg-10mg-3500unit-250mcg-20mg-1.7mg-		

Drug Name	Drug Tier	Requirements/ Limits
6mcg-400unit-500mcg-30mcg-2mg-90mg, 35mcg-2mg-72mg-10mcg-55mcg-150mcg-2.3mg-10mcg-5mcg-0.9mg-109mg-30unit-150mcg-45mcg-200mg-80mg-11mg-100mg-1.5mg-300mcg-18mg-10mg-3500unit-250mcg-20mg-25mcg-1.7mg-6mcg-400unit-500mcg-30mcg-2mg-90mg, 35mcg-2mg-72mg-10mcg-55mcg-2.3mg-10mcg-5mcg-0.9mg-109mg-30unit-150mcg-45mcg-200mg-150mcg-80mg-11mg-100mg-1.5mg-300mcg-18mg-10mg-3500unit-250mcg-20mg-25mcg-1.7mg-6mcg-400unit-500mcg-30mcg-2mg-90mg, 35mcg-2mg-72mg-10mcg-55mcg-2.3mg-10mcg-5mcg-0.9mg-109mg-30unit-150mcg-45mcg-200mg-150mcg-80mg-11mg-100mg-1.5mg-300mcg-18mg-3500unit-250mcg-20mg-25mcg-1.7mg-10mg-6mcg-400unit-500mcg-30mcg-2mg-90mg, 35mcg-2mg-72mg-10mcg-55mcg-2.3mg-10mcg-5mcg-0.9mg-109mg-30unit-150mcg-45mcg-200mg-80mg-100mg-150mcg-11mg-1.5mg-300mcg-18mg-10mg-3500unit-250mcg-20mg-25mcg-1.7mg-6mcg-400unit-500mcg-30mcg-2mg-90mg, 35mcg-72mg-10mcg-55mcg-2.3mg-10mcg-5mcg-0.9mg-109mg-30unit-150mcg-45mcg-200mg-80mg-2mg-150mcg-11mg-100mg-1.5mg-300mcg-18mg-10mg-3500unit-250mcg-20mg-25mcg-1.7mg-6mcg-		

Drug Name	Drug Tier	Requirements/ Limits
400unit-500mcg-30mcg-2mg-90mg, 25mg-200mcg-25mg-200mcg-200mcg-7.5mg-13mcg-6.5mcg-60unit-200mcg-150mcg-79.95mg-13mcg-2500unit-500mcg-3.5mg-17mg-100mg-4.5mg-200mg-12.5mg-500mcg-25mg-10mcg-5.1mg-30mcg-400unit-400mcg-60mcg-6mg-75mg, 25mcg-12.5mg-2.5mg-1mg-5mcg-50mcg-250mg-75mcg-2mg-50mcg-1mg-25mcg-2.5mg-13.5mcg-12.5mg-7.5mg-50mg-40mg-5mg-40mg-250mcg-40mg-10mcg-5mg-37.5mcg-40mg-5000unit-40mg-200unit-200mg-50unit-40mg-40mg-100mg, 66.667mcg-4.167mcg-66.667unit-33.333mg-33.333mcg-50mcg-83.333mg-7.5mg-11.667mg-33.333mg-3.333mg-333.333mg-33.333mg-33.333mg-16.667mg-1666.667unit-33.333mcg-16.667mg-266.667mcg-100mcg-16.667mg-133.333unit, 35mcg-72mg-10mcg-55mcg-10mcg-5mcg-109mg-30unit-150mcg-45mcg-80mg-200mg-0.9mg-2.3mg-100mg-1250unit-2mg-150mcg-11mg-1.5mg-300mcg-18mg-3500unit-250mcg-20mg-25mcg-1.7mg-10mg-6mcg-400unit-500mcg-30mcg-2mg-90mg, 33.333mg-33.333mcg-50mcg-83.333mg-7.5mg-66.667mcg-11.667mg-4.167mcg-33.333mg-3.333mg-333.333mg-6mg-33.333mg-33.333mg-16.667mg-33.333mcg-16.667mg-266.667mcg-66.667unit-100mcg-16.667mg-1666.667unit-133.333unit, 25mg-75mg-10mcg-18mg-70mcg-2.5mg-10mcg-5mcg-77mg-45unit-150mcg-75mcg-162mg-120mcg-150mcg-2mg-80mg-2000unit-2mg-15mg-100mg-1.9mg-3000unit-300mcg-25mg-25mcg-2.1mg-12.5mg-7.5mcg-400unit-400mcg-37.5mcg-2.5mg-120mg, 33.333mcg-0.667mg-1.667mg-3.333mg-26.667mg-5mcg-66.667unit-5mg-66.667mg-1666.667unit-5mg-16.667mg-66.667mg-133.333mg-16.667mcg-133.333unit-16.667mg-133.333mg-16.667mg-333.333mcg-50mcg-16.667mg-333.333mg-166.667mg, 8.333mg-1mg-10mg-50mg-37.5mcg-244.333mg-3.333mg-1.667mg-2.5mg-4.167mcg-33.333mg-8.333mg-1mg-4.167mg-8.333mg-5mg-8.333mg-10mg-25mg-1.667mg-1666.667unit-2.667mcg-33.333unit-1.667mg-66.667mcg-5unit-1000mcg-1.667mg-40mg, 10mg-25mg-10mg-10mg-10mg-36mg-10mcg-27mg-70mcg-120mcg-2mg-10mcg-5mcg-77mg-45unit-150mcg-75mcg-250mg-150mcg-40mg-2mg-15mg-100mg-1.875mg-12.5mg-5000unit-300mcg-25mg-80mcg-2.1mg-7.5mcg-400unit-400mcg-37.5mcg-2.5mg-120mg, 50mg-25mg-60mg-45mg-72.5mg-10mcg-18mg-70mcg-4mg-10mcg-5mcg-48mg-60unit-150mcg-75mcg-100mg-120mcg-150mcg-4mg-80mg-2000unit-2mg-15mg-		

Drug Name	Drug Tier	Requirements/ Limits
40mg-4.5mg-3000unit-250mcg-35mg-25mcg-5.1mg-10mg-21mcg-400unit-400mcg-40mcg-6mg-120mg, 25mg-25mg-35mg-50mcg-12.5mg-35mg-25mcg-15mg-15mg-35mg-5mcg-25mg-100mg-75mcg-5000unit-2.5mg-1mg-12.5mg-50mg-2.5mg-15mg-175mcg-5mg-15mg-250mcg-15mg-5mg-5mg-37.5mcg-15mg-15mcg-100unit-5mg-200mcg-50unit-125mcg-15mg-25mg-150mg, 16.67mg-66.67unit-2500unit-16.67mg-33.33mg-25mcg-83.33mg-5mg-4.17mcg-33.33mcg-0.4mg-16.5mg-8.33mcg-3.33mg-83.33mg-8.33mg-16.67mg-33.33mg-8.33mg-66.67mg-16.67mcg-16.67unit-16.67mg-31.67mg-133.33mcg-50mcg-16.67mg-100mg-200mg, 10mg-25mg-10mg-10mg-75mg-15mcg-105mcg-4mg-15mcg-7.5mcg-48mg-60unit-150mcg-112.5mcg-200mg-180mg-225mcg-10mg-2mg-80mg-3000unit-2mg-22.5mg-100mg-1.5mg-350mcg-3000unit-300mcg-20mg-1.7mg-15mg-30mcg-400unit-400mcg-30mcg-3mg-120mg, 12.667mg-1mg-30mg-5unit-5unit-66.667mg-0.667mg-2.5mg-2.5mg-16.667mg-4.167mcg-16.667mg-4.167mg-3.333mg-5mg-8.333mg-10mg-3.333mg-0.667mg-1666.667unit-1666.667unit-2.667mcg-333.333unit-1.667mg-1.667mg-66.667mcg-1mg-1.667mg-20mg, 1mg-25mg-5mg-25mg-10mg-72mg-80mcg-5mg-10mg-		

Drug Name	Drug Tier	Requirements/ Limits
200mcg-130mg-60unit-150mcg-165mg-15mg-13mcg-3.5mg-200mcg-200mcg-13mcg-2mg-80mg-6.5mcg-208mcg-7.5mg-100mg-18mg-7500unit-5mg-5.1mg-10mg-18mcg-6mg-40mg-4.5mg-400mcg-60mcg-120mg-400unit, 8.333mg-1mg-15mg-1.667mg-50mg-37.5mcg-236.667mg-3.333mg-1.667mg-2.5mg-4.167mcg-33.333mg-8.333mg-1mg-4.167mg-8.333mg-5mg-8.333mg-10mg-8.333mg-0.667mg-1666.666unit-2.667mcg-33.333unit-1.667mg-66.667mcg-5unit-1000mcg-1.667mg-40mg, 16.67mg-66.67unit-2500unit-16.67mg-33.33mg-25mcg-83.33mg-5mg-4.17mcg-0.33mg-33.33mcg-0.4mg-16.5mg-8.33mcg-3.33mg-83.33mg-8.33mg-16.67mg-33.33mg-8.33mg-66.67mg-16.67mcg-16.67unit-16.67mg-31.67mg-133.33mcg-50mcg-16.67mg-100mg-200mg, 16.67mg-66.67unit-2500unit-16.67mg-33.33mg-25mcg-83.33mg-5mg-4.17mcg-0.33mg-33.33mcg-0.4mg-16.5mg-8.33mcg-3.33mg-83.33mg-3.33mg-8.33mg-16.67mg-33.33mg-8.33mg-66.67mg-16.67mcg-66.67unit-16.67mg-31.67mg-133.33mcg-50mcg-16.67mg-100mg-200mg, 1mg-5mg-25mg-10mg-25mg-10mg-13mcg-72mg-200mcg-5mg-80mcg-5000unit-7.5mg-5mg-10mg-6.5mcg-80mg-60unit-200mcg-150mcg-165mg-200mcg-200mcg-13mcg-2mg-80mg-3.5mg-		

Drug Name	Drug Tier	Requirements/ Limits
15mg-100mg-300mcg-18mg-275mcg-40mg-5.1mg-10mg-18mcg-400unit-4.5mg-400mcg-60mcg-6mg-120mg, 12.5mg-100mcg-25mg-5mg-15mg-0.5mg-12.5mg-20mg-5mg-36mg-6.5mcg-100mcg-3.75mg-100mcg-6.5mcg-2.5mg-2.5mg-12.5mg-3.25mcg-65mg-30unit-75mcg-82.5mg-1mg-40mg-1.75mg-12.5mg-50mg-2.25mg-3750unit-37.5mcg-20mg-40mcg-2.55mg-5mg-9mcg-200unit-200mcg-150mcg-3mg-90mg, 20mg-0.5mg-12.5mg-100mcg-25mg-15mg-12.5mg-5mg-6.5mcg-100mcg-100mcg-3.75mg-6.5mcg-2.5mg-2.5mg-5mg-12.5mg-3.25mcg-36mg-65mg-30unit-75mcg-82.5mg-1mg-40mg-1.75mg-12.5mg-50mg-2.25mg-5mg-3750unit-37.5mcg-20mg-40mcg-2.55mg-9mcg-200unit-200mcg-150mcg-3mg-90mg, 1mg-25mg-5mg-25mg-1mg-500mcg-1mg-1mg-5mg-2mg-90mg-13mcg-200mcg-10mg-200mcg-7.5mg-13mcg-2mg-5mg-6.5mcg-130mg-60unit-150mcg-200mcg-165mg-2mg-100mg-500mcg-3.5mg-15mg-100mg-4.5mg-3.6mg-10mg-7500unit-500mcg-40mg-80mcg-5.1mg-24mcg-400mcg-60mcg-6mg-120mg-400unit, 1mg-1mg-25mg-1mg-0.5mg-1mg-25mg-5mg-2mg-13mcg-90mg-200mcg-10mg-80mcg-5000unit-7.5mg-2mg-10mg-6.5mcg-80mg-60unit-200mcg-150mcg-165mg-200mcg-1mg-		

Drug Name	Drug Tier	Requirements/ Limits
13mcg-2mg-100mg-0.5mg-3.5mg-15mg-100mg-300mcg-18mg-275mcg-40mg-5.1mg-10mg-24mcg-400unit-4.5mg-400mcg-60mcg-6mg-120mg, 3.333mg-66.667mcg-50mg-10mg-15mg-5mg-50mcg-0.667mg-100mcg-25mcg-100mg-5mg-50mg-0.667mg-5.333mg-66.667mcg-22.333unit-0.667mg-33.333mg-0.667mg-25mcg-20mg-1666.667unit-0.5mg-10mg-71.667mg-26.667mcg-20mg-166.667mcg-266.667unit-20mg-30mg-266.667mcg-200mcg-8.333mg-100mg, 12.5mg-2.5mg-1mg-5mg-5mg-12.5mg-0.5mg-12.5mg-12.5mg-12.5mg-5mg-36mg-6.5mcg-100mcg-3.75mg-100mcg-6.5mcg-2.5mg-2.5mg-3.25mcg-65mg-30unit-75mcg-104mcg-250mg-1mg-40mg-1.75mg-7.5mg-100mg-6mg-13.5mg-15mg-3750unit-37.5mcg-20mg-40mcg-8.5mg-9mcg-200unit-200mcg-30mcg-5mg-60mg, 4.58mg-16.66unit-4.58mg-1.66mg-0.0125mg-25mg-16.66mg-12.5mg-25mg-2.5mg-0.33mg-0.16mg-12.5mg-0.016mg-0.83mg-41.66mg-1.66mg-16.66mg-1.66mg-66.66unit-4.16mg-4.16mg-8.33mg-4.16mg-2.5mg-16.66mg-833.33unit-33.33mg-16.66mg-25mg-1.66mg-16.66mcg-4.16mg-8.33mg-0.16mg-4.16mg-8.33mg-33.33mg, 33.333mg-33.333mg-0.667mg-3.333mcg-73.333mcg-0.667mg-1.667mcg-16mg-133.333unit-50mcg-25mcg-		

Drug Name	Drug Tier	Requirements/ Limits
24mg-166.667mg-116.667mcg-50mcg-26.667mg-0.667mg-5mg-33.333mg-16.667mg-0.5mg-100mcg-3.333mg-1666.667unit-83.333mcg-6.667mg-3.333mcg-0.567mg-8.333mcg-133.333unit-166.667mcg-10mcg-1mg-166.667mg, 2mg-72mg-72mg-10mcg-10mcg-20mcg-20mcg-120mcg-120mcg-2mg-2mg-10mcg-10mcg-30unit-30unit-75mcg-75mcg-80mg-80mg-162mg-162mg-100mg-100mg-150mcg-150mcg-15mg-15mg-1.5mg-1.5mg-300mcg-300mcg-150mcg-150mcg-10mg-10mg-3500unit-3500unit-250mcg-250mcg-20mg-20mg-25mcg-25mcg-1.7mg-1.7mg-6mcg-6mcg-400unit-400unit-400mcg-400mcg-30mcg-30mcg-2mg-2mg-60mg-60mg, 2mg-72mg-72mg-10mcg-10mcg-20mcg-20mcg-150mcg-150mcg-2mg-2mg-5mcg-5mcg-48mg-48mg-45unit-45unit-150mcg-150mcg-75mcg-75mcg-80mg-80mg-200mg-200mg-100mg-100mg-150mcg-150mcg-2mg-2mg-15mg-15mg-1.5mg-1.5mg-300mcg-300mcg-10mg-10mg-3500unit-3500unit-250mcg-250mcg-20mg-20mg-10mcg-10mcg-1.7mg-1.7mg-25mcg-25mcg-400unit-400unit-400mcg-400mcg-30mcg-30mcg-3mg-3mg-60mg-60mg, 45mcg-45mcg-72mg-72mg-10mcg-10mcg-55mcg-55mcg-2.3mg-2.3mg-5mcg-5mcg-0.9mg-0.9mg-110mg-110mg-		
50unit-50unit-150mcg-150mcg-45mcg-45mcg-220mg-220mg-2mg-2mg-80mg-80mg-50mg-50mg-150mcg-150mcg-11mg-11mg-1.5mg-1.5mg-300mcg-300mcg-10mg-10mg-2500unit-2500unit-250mcg-250mcg-20mg-20mg-30mcg-30mcg-1.7mg-1.7mg-25mcg-25mcg-500unit-500unit-500mcg-500mcg-30mcg-30mcg-3mg-3mg-90mg-90mg, 35mcg-35mcg-72mg-72mg-10mcg-10mcg-55mcg-55mcg-2.3mg-2.3mg-10mcg-10mcg-5mcg-5mcg-0.9mg-0.9mg-109mg-109mg-30unit-30unit-150mcg-150mcg-45mcg-45mcg-80mg-80mg-200mg-200mg-2mg-2mg-100mg-100mg-150mcg-150mcg-11mg-11mg-1.5mg-1.5mg-300mcg-300mcg-18mg-18mg-10mg-10mg-3500unit-3500unit-250mcg-250mcg-20mg-20mg-25mcg-25mcg-1.7mg-1.7mg-6mcg-6mcg-400unit-400unit-500mcg-500mcg-30mcg-30mcg-2mg-2mg-90mg-90mg, 8.333mg-3.333mg-3.333mg-3.333mg-33.333mg-33.333mg-16.666mg-3.333mg-3.333mg-3.333mg-33.333mg-3.333mg-11.666mg-0.833mg-1.666mg-6.666mg-1.666mg-6.666mg-1.666mg-8.333mg-33.333mg-3.333mg-25mcg-10mg-50mcg-83.333mg-5mg-0.333mg-33.333mcg-0.333mg-20mg-16.666mcg-1.333mg-33.333mg-5mg-5000unit-33.333mg-83.333unit-		

Drug Name	Drug Tier	Requirements/ Limits
333.333mg-1.333mg-8.333mg-6.666mg-8.333mg-8.333mg-8.333mg-8.333mg-8.333mg-8.333mg-8.333mg-8.333mcg-133.333unit-8.333mg-8.333mg-133.333mcg-16.666mcg-8.333mg-333.333mg		
MULTIVITAL PLATINUM TABS	2	QL(1 ea daily); RX/OTC
MULTIVITAMIN ADULT CHEW	2	
MULTIVITAMIN ADULT EXTRAVITAMIN C CHEW	2	
MULTIVITAMIN ADULTS TABS	2	QL(1 ea daily); RX/OTC
MULTIVITAMIN MEN TABS	2	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIONCHEWABLES MULTIVITAMIN CHEW	2	
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	2	QL(1 ea daily); RX/OTC
NATRUL-CHEWS CHEW	2	
NATRUL-MEGA-75 TABS	2	QL(1 ea daily); RX/OTC
NATRUL-VITES TABS	2	QL(1 ea daily); RX/OTC
NICADAN TABS	2	QL(1 ea daily); RX/OTC
NICADAN ZX TABS	2	QL(1 ea daily); RX/OTC
NICAZEL FORTE TABS	2	QL(1 ea daily); RX/OTC
NICAZEL TABS	2	QL(1 ea daily); RX/OTC
NO IRON MULTIPLE VITAMIN/MINERALS TABS	2	QL(1 ea daily); RX/OTC
NUTRICAP TABS	2	QL(1 ea daily); RX/OTC
ONCOVITE TABS	2	QL(1 ea daily); RX/OTC
ONE DAILY MENS FORMULA W/O IRON TABS	2	QL(1 ea daily); RX/OTC
ONE DAILY PLUS IRON TABS	2	QL(1 ea daily); RX/OTC
ONE DAILY WOMENS TABS	2	QL(1 ea daily); RX/OTC
ONE-A-DAY ENERGY TABS	2	QL(1 ea daily); RX/OTC
ONE-A-DAY FOR HER VITACRAVES TEEN MULTI GUMMIES CHEW	2	
ONE-A-DAY FOR HIM/VITACRAVES TEEN MULTI GUMMIES CHEW	2	
ONE-A-DAY MENOPAUSE FORMULA TABS	2	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	2	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	2	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	2	QL(1 ea daily); RX/OTC
ONE-A-DAY MENS VITACRAVES GUMMIES CHEW	2	
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	2	QL(1 ea daily); RX/OTC
ONE-A-DAY VITACRAVES ADULT CHEW	2	
ONE-A-DAY VITACRAVES CHEW	2	
ONE-A-DAY VITACRAVES GUMMIES/IMMUNITY SUPPORT CHEW	2	
ONE-A-DAY VITACRAVES SOURGUMMIES CHEW	2	
ONE-A-DAY VITACRAVES WOMENS MULTI CHEW	2	
ONE-A-DAY WOMENS VITACRAVES GUMMIES CHEW	2	
OPTI-WOMAN TABS	2	QL(1 ea daily); RX/OTC
OPTIMUM AIRVITES CHEW	2	

Drug Name	Drug Tier	Requirements/ Limits
OPTISOURCE POST BARIATRIC SURGERY CHEW	2	
OPURITY TABS	2	QL(1 ea daily); RX/OTC
OPURITY/BYPASS OPTIMIZED CHEW	2	
PARVLEX TABS	2	QL(1 ea daily); RX/OTC
PHYTOMULTI TABS	2	QL(1 ea daily); RX/OTC
PRESERVISION AREDS TABS 100UNIT-7160UNIT-0.4MG-17.4MG-113MG	2	QL(1 ea daily); RX/OTC
PRO-CAL TABS 145MG-187.5MG-40MG-100UNIT-7.5MG	2	QL(1 ea daily); RX/OTC
PROCERV HP TABS	2	QL(1 ea daily); RX/OTC
PRORENAL+D TABS	2	QL(1 ea daily); RX/OTC
PROVIT TABS	2	QL(1 ea daily); RX/OTC
QUENCH TABS	2	QL(1 ea daily); RX/OTC
QUIN B STRONG TABS	2	QL(1 ea daily); RX/OTC
QUINTABS-M TABS	2	QL(1 ea daily); RX/OTC
RA CENTRAL-VITE TABS	2	QL(1 ea daily); RX/OTC
RA CENTRAL-VITE UNDER 50MENS TABS	2	QL(1 ea daily); RX/OTC
RA CENTRAL-VITE UNDER 50WOMENS TABS	2	QL(1 ea daily); RX/OTC
RENAPLEX-D TABS	2	QL(1 ea daily); RX/OTC
REQ 49+ TABS	2	QL(1 ea daily); RX/OTC
SENTRY SENIOR TABS	2	QL(1 ea daily); RX/OTC
SENTRY SENIOR/LUTEIN TABS	2	QL(1 ea daily); RX/OTC
SENTRY TABS	2	QL(1 ea daily); RX/OTC
SIDEROL TABS	2	QL(1 ea daily); RX/OTC
SM ONE DAILY MENS TABS	2	QL(1 ea daily); RX/OTC
SM ONE DAILY WOMENS TABS	2	QL(1 ea daily); RX/OTC
SOLO TABS	2	QL(1 ea daily); RX/OTC
STROVITE ONE TABS	2	QL(1 ea daily); RX/OTC
SUPERB NAILS TABS	2	QL(1 ea daily); RX/OTC
T-VITES TABS	2	QL(1 ea daily); RX/OTC
THERA M PLUS TABS	2	QL(1 ea daily); RX/OTC
THERA-M TABS	2	QL(1 ea daily); RX/OTC
THERA-TABS M TABS	2	QL(1 ea daily); RX/OTC
THERABETIC MULTI-VITAMIN TABS	2	QL(1 ea daily); RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	2	QL(1 ea daily); RX/OTC
THERAGRAN-M ADVANCED TABS	2	QL(1 ea daily); RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	2	QL(1 ea daily); RX/OTC
THERAGRAN-M PREMIER TABS	2	QL(1 ea daily); RX/OTC
THERAGRAN-M TABS	2	QL(1 ea daily); RX/OTC
THEREMS-H TABS	2	QL(1 ea daily); RX/OTC
THEREMS-M TABS	2	QL(1 ea daily); RX/OTC
UNICOMPLEX-M TABS	2	QL(1 ea daily); RX/OTC
VITALINE TOTAL FORMULA 2 TABS	2	QL(1 ea daily); RX/OTC
VITALINE TOTAL FORMULA 3 TABS	2	QL(1 ea daily); RX/OTC
VITAMIN D3 COMPLETE TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VITASANA TABS	2	QL(1 ea daily); RX/OTC
VITATRUM TABS	2	QL(1 ea daily); RX/OTC
VITRUM 50+ SENIOR MULTI TABS	2	QL(1 ea daily); RX/OTC
VP-ZEL TABS	2	QL(1 ea daily); RX/OTC
WAL-BORN VITAMIN C CHEW	2	
WHOLE FOOD MULTIVITAMIN TABS	2	QL(1 ea daily); RX/OTC
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	2	QL(1 ea daily); RX/OTC
WOMENS BIOMULTIPLE TABS	2	QL(1 ea daily); RX/OTC
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	2	QL(1 ea daily); RX/OTC
YELETS TEENAGE FORMULA TABS	2	QL(1 ea daily); RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW	2	
YOUR LIFE TEEN MULTIVITAMIN GUMMIES CHEW	2	
Multivitamins		

Drug Name	Drug Tier	Requirements/ Limits
multiple vitamin tabs 200unit-5000unit-250mg, 10000unit-200unit-250mg, 30unit-100mg-15mg-20mg-12mcg-0.4mg-45mcg-600mg, 5000unit-20mg-1.7mg-6mcg-125unit-1.5mg-2mg-60mg, 5000unit-20mg-1.7mg-6mcg-400unit-1.5mg-2mg-60mg, 20mg-2.5mg-1mg-5000unit-1mcg-2mg-1mg-50mg-400unit, 5000unit-400unit-20mg-2.5mg-1mg-1mcg-1mg-2mg-50mg, 7mg-5000unit-20mg-2.5mg-1mcg-2mg-1mg-50mg-400unit, 62.5mg-40mg-50mg-10mg-100mcg-10mg-400mcg-5mg-120mg, 5000unit-20mg-1.7mg-6mcg-400unit-1.5mg-0.4mg-2mg-60mg, 5000unit-20mg-1.7mg-6mcg-400unit-1.5mg-400mcg-2mg-60mg, 75mg-5000unit-20mg-2.5mg-1mg-1mcg-400unit-2mg-1mg-50mg, 28.5mg-1.5mg-1mg-5000unit-20mg-2mg-400unit-0.1mg-37.5mg, 50mg-20mg-1.7mg-10mg-6mcg-1.5mg-800mcg-300mcg-10mg-60mg, 30unit-100mg-10mg-20mg-12mcg-15mg-400mcg-45mcg-5mg-500mg, 30unit-10mg-100mg-10mg-20mg-12mcg-400mcg-45mcg-3mg-500mg, 30unit-10mg-20mg-100mg-10mg-12mcg-400mcg-45mcg-5mg-500mg, 30unit-1.5mg-10mg-5000unit-20mg-1.7mg-6mcg-400unit-2mg-60mg, 10unit-5000unit-20mg-1.7mg-6mcg-400unit-1.5mg-400mcg-2mg-60mg, 5000unit-30unit-1.5mg-10mg-20mg-1.7mg-400unit-400mcg-	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
2mg-60mg, 30unit-400unit-20mg-1.7mg-10mg-5000unit-6mcg-1.5mg-0.4mg-2mg-60mg, 30unit-5000unit-1.7mg-10mg-6mcg-1.5mg-20mg-0.4mg-2mg-60mg-400unit, 5000unit-30unit-400unit-1.7mg-10mg-6mcg-1.5mg-20mg-0.4mg-2mg-60mg, 1.5mg-10mg-5000unit-20mg-1.7mg-6mcg-400mcg-30unit-2mg-60mg-400unit, 15unit-20mg-5000unit-20mg-1.7mg-6mcg-400unit-1.5mg-400mcg-2mg-60mg, 30unit-1.5mg-10mg-3000unit-20mg-1.7mg-6mcg-400mcg-2mg-60mg-400unit, 30unit-1.5mg-10mg-3000unit-20mg-1.7mg-6mcg-400unit-400mcg-2mg-60mg, 30unit-1.5mg-10mg-5000unit-20mg-1.7mg-6mcg-400mcg-2mg-60mg-400unit, 30unit-1.5mg-10mg-5000unit-20mg-1.7mg-6mcg-400unit-400mcg-2mg-60mg, 30unit-1.5mg-5000unit-20mg-1.7mg-10mg-6mcg-400mcg-2mg-60mg-400unit, 30unit-1.5mg-5000unit-20mg-1.7mg-10mg-6mcg-400unit-400mcg-2mg-60mg, 30unit-10mg-5000unit-20mg-1.7mg-6mcg-1.5mg-400mcg-2mg-60mg-400unit, 30unit-10mg-5000unit-20mg-1.7mg-6mcg-400unit-1.5mg-400mcg-2mg-60mg, 30unit-400unit-1.5mg-5000unit-20mg-1.7mg-10mg-6mcg-2mg-400mcg-60mg, 30unit-5000unit-20mg-1.7mg-10mg-6mcg-400unit-1.5mg-400mcg-2mg-60mg, 5000unit-		

Drug Name	Drug Tier	Requirements/ Limits
30unit-10mg-20mg-1.7mg-6mcg-1.5mg-400mcg-2mg-60mg-400unit, 5000unit-30unit-400unit-1.5mg-1.7mg-10mg-6mcg-20mg-400mcg-2mg-60mg, 5000unit-30unit-400unit-1.7mg-10mg-6mcg-20mg-1.5mg-400mcg-2mg-60mg, 5000unit-15unit-400unit-10.3mg-100mg-10mg-20mg-18mcg-0.4mg-6mg-333mg, 30unit-1.5mg-5000unit-3000unit-20mg-1.7mg-6mcg-400unit-400mcg-2mg-60mg, 30unit-20mg-3mg-10mg-3.4mg-5000unit-9mcg-400unit-400mcg-30mcg-3mg-90mg, 30unit-3.4mg-10mg-5000unit-9mcg-400unit-20mg-3mg-400mcg-30mcg-3mg-90mg, 30unit-3mg-5000unit-20mg-3.4mg-10mg-9mcg-400mcg-30mcg-3mg-90mg-400unit, 5000unit-30unit-400unit-3.4mg-10mg-9mcg-20mg-3mg-400mcg-30mcg-3mg-90mg, 30unit-1.5mg-45mg-10mg-3000unit-20mg-1.7mg-6mcg-400unit-400mcg-2mg-60mg, 30unit-1.5mg-75mg-10mg-5000unit-20mg-1.7mg-6mcg-400unit-400mcg-2mg-60mg, 30unit-45mg-1.5mg-10mg-3000unit-20mg-1.7mg-6mcg-400unit-400mcg-2mg-60mg, 30unit-1.5mg-10mg-5000unit-20mg-1.7mg-6mcg-400unit-400mcg-30mcg-2mg-60mg, 7.5unit-45mg-10mg-3000unit-20mg-1.7mg-6mcg-800unit-1.5mg-500mcg-2mg-60mg, 10mg-20mg-1.7mg-5000unit-6mcg-1.5mg-400mcg-30unit-300mcg-2mg-60mg-400unit, 30unit-		

Drug Name	Drug Tier	Requirements/ Limits
10mg-20mg-1.7mg-5000unit-6mcg-1.5mg-400mcg-300mcg-2mg-60mg-400unit, 45mg-30unit-10mg-5000unit-20mg-3.4mg-10mg-9mcg-400unit-3mg-400mcg-30mcg-3mg-90mg, 50mg-50mg-2500unit-50mg-25mg-1.5mg-40mg-10mg-1.7mg-25mcg-100mg-400mcg-2000mcg-2mg, 5000unit-5000unit-30unit-30unit-400unit-400unit-1.7mg-1.7mg-10mg-10mg-6mcg-6mcg-1.5mg-1.5mg-20mg-20mg-0.4mg-0.4mg-2mg-2mg-60mg-60mg, 5000unit-5000unit-45unit-45unit-400unit-400unit-2.55mg-2.55mg-10mg-10mg-9mcg-9mcg-2.25mg-2.25mg-20mg-20mg-0.4mg-0.4mg-3mg-3mg-200mg-200mg		
OMNICAP TABS	2	QL(1 ea daily)
ONE-A-DAY ESSENTIAL TABS (*Use Multiple Vitamin*)	NF	QL(1 ea daily)
QUINTABS TABS	2	QL(1 ea daily)
THERA TABS	2	QL(1 ea daily)
Ped MV w/ Fluoride		
FLORIVA PLUS SOLN	2	QL(50 ml per fill retail); AL; Up to 13 yrs old ; RX/OTC
MULTIVITAMIN/FLUORIDE CHEW	2	QL(1 ea daily); AL; Up to 13 yrs old
pediatric multivitamins w/fl chew 0.25mg-15unit-1.2mg-2500unit-4.5mcg-400unit-1.05mg-13.5mg-1.05mg-0.3mg-60mg, 0.25mg-15unit-400unit-2500unit-1.2mg-4.5mcg-13.5mg-1.05mg-0.3mg-1.05mg-60mg, 0.5mg-15unit-1.2mg-2500unit-4.5mcg-400unit-1.05mg-13.5mg-1.05mg-0.3mg-60mg, 0.5mg-15unit-400unit-2500unit-1.2mg-4.5mcg-13.5mg-1.05mg-0.3mg-1.05mg-60mg, 0.5mg-2500unit-13.5mg-1.2mg-4.5mcg-400unit-1.05mg-0.3mg-15unit-1.05mg-60mg, 15unit-1mg-2500unit-13.5mg-1.2mg-4.5mcg-400unit-1.05mg-0.3mg-1.05mg-60mg, 1mg-15unit-1.2mg-2500unit-4.5mcg-400unit-1.05mg-13.5mg-1.05mg-0.3mg-60mg, 1mg-15unit-400unit-2500unit-1.2mg-4.5mcg-13.5mg-1.05mg-0.3mg-1.05mg-60mg, 15unit-0.5mg-1.05mg-13.5mg-1.2mg-2500unit-4.5mcg-400unit-0.3mg-1.05mg-60mg, 15unit-0.5mg-2500unit-13.5mg-1.2mg-4.5mcg-400unit-1.05mg-0.3mg-1.05mg-60mg, 15unit-0.25mg-2500unit-13.5mg-1.2mg-4.5mcg-400unit-1.05mg-0.3mg-1.05mg-60mg	1	QL(1 ea daily); AL; Up to 13 yrs old

Drug Name	Drug Tier	Requirements/ Limits
pediatric multivitamins w/fl soln 0.25mg/ml-0.6mg/ml-8mg/ml-1500unit/ml-2mcg/ml-400unit/ml-0.5mg/ml-5unit/ml-0.4mg/ml-35mg/ml, 0.25mg/ml-5unit/ml-0.6mg/ml-8mg/ml-1500unit/ml-2mcg/ml-400unit/ml-0.5mg/ml-0.4mg/ml-35mg/ml, 0.25mg/ml-5unit/ml-8mg/ml-0.6mg/ml-1500unit/ml-2mcg/ml-400unit/ml-0.5mg/ml-0.4mg/ml-35mg/ml, 5unit/ml-0.25mg/ml-0.6mg/ml-8mg/ml-1500unit/ml-2mcg/ml-400unit/ml-0.5mg/ml-0.4mg/ml-35mg/ml	1	QL(50 ml per fill retail); AL; Up to 13 yrs old ; RX/OTC
pediatric multivitamins w/fl soln 0.5mg/ml-0.6mg/ml-8mg/ml-1500unit/ml-2mcg/ml-400unit/ml-0.5mg/ml-5unit/ml-0.4mg/ml-35mg/ml, 0.5mg/ml-5unit/ml-0.6mg/ml-8mg/ml-1500unit/ml-2mcg/ml-400unit/ml-0.5mg/ml-0.4mg/ml-35mg/ml, 0.5mg/ml-5unit/ml-8mg/ml-0.6mg/ml-1500unit/ml-2mcg/ml-400unit/ml-0.5mg/ml-0.4mg/ml-35mg/ml, 5unit/ml-0.5mg/ml-0.6mg/ml-8mg/ml-1500unit/ml-2mcg/ml-400unit/ml-0.5mg/ml-0.4mg/ml-35mg/ml, 5unit/ml-0.5mg/ml-8mg/ml-0.6mg/ml-1500unit/ml-2mcg/ml-400unit/ml-0.5mg/ml-0.4mg/ml-35mg/ml	1	QL(50 ml per fill retail); AL; Up to 13 yrs old
pediatric vitamins acd w/ fluoride soln	1	QL(50 ml per fill retail); AL; Up to 13 yrs old
QUFLORA PEDIATRIC CHEW 108MCG-1MG-15UNIT-1MG-15MG-1200UNIT-5MG-1.3MG-4MCG-400UNIT-1.2MG-100MCG-1.5MG-60MG, 108MCG-1MG-15UNIT-0.5MG-15MG-1200UNIT-5MG-1.3MG-4MCG-400UNIT-1.2MG-100MCG-1.5MG-60MG, 108MCG-1MG-15UNIT-0.25MG-15MG-1200UNIT-5MG-1.3MG-4MCG-400UNIT-1.2MG-100MCG-1.5MG-60MG	2	QL(1 ea daily); AL; Up to 13 yrs old
QUFLORA PEDIATRIC SOLN 150MCG/ML-1MG/ML-0.5MG/ML-12MG/ML-1100UNIT/ML-2MG/ML-1MG/ML-3MCG/ML-400UNIT/ML-1MG/ML-81MCG/ML-12UNIT/ML-1MG/ML-45MG/ML	2	QL(50 ml per fill retail); AL; Up to 13 yrs old
QUFLORA PEDIATRIC SOLN 65MCG/ML-1MG/ML-0.25MG/ML-10MG/ML-1000UNIT/ML-0.8MG/ML-0.6MG/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-35MCG/ML-5UNIT/ML-0.4MG/ML-35MG/ML	2	QL(50 ml per fill retail); AL; Up to 13 yrs old ; RX/OTC
Ped MV w/ Iron		
pediatric multiple vitamins w/ iron soln 0.6mg/ml-10mg/ml-5unit/ml-8mg/ml-1500unit/ml-400unit/ml-0.5mg/ml-0.4mg/ml-35mg/ml	1	QL(60 ml per fill retail)
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron soln	1	QL(50 ml per fill retail); AL; Up to 13 yrs old
TRI-VIT/FLUORIDE/IRON SOLN	2	QL(50 ml per fill retail); AL; Up to 13 yrs old
Ped Multiple Vitamins w/ Minerals		

Drug Name	Drug Tier	Requirements/ Limits
pediatric multiple vitamin w/ minerals & c liqd 0.6mg/ml-5751unit/ml-3mg/ml-5mg/ml-10mcg/ml-15mg/ml-2mg/ml-3mg/ml-6mg/ml-400mcg/ml-400unit/ml-0.6mg/ml-50unit/ml-15mcg/ml-0.6mg/ml-45mg/ml	1	RX/OTC
pediatric multiple vitamin w/ minerals & c soln 0.6mg/ml-300mcg/ml-7.5mg/ml-50unit/ml-3mg/ml-6mg/ml-3170unit/ml-4mcg/ml-400unit/ml-0.5mg/ml-15mcg/ml-0.6mg/ml-45mg/ml, 50unit/ml-5mg/ml-3mg/ml-45mg/ml-6mg/ml-400mcg/ml-0.6mg/ml-4627unit/ml-4mcg/ml-500unit/ml-0.5mg/ml-15mcg/ml-0.6mg/ml, 5mg/ml-3mg/ml-6mg/ml-400mcg/ml-0.6mg/ml-4627unit/ml-4mcg/ml-500unit/ml-0.5mg/ml-50unit/ml-15mcg/ml-0.6mg/ml-45mg/ml	1	RX/OTC
Pediatric Multiple Vitamins		
pediatric multiple vitamin w/ c & fa chew	1	QL(1 ea daily)
pediatric multiple vitamin w/ c soln	1	QL(50 ml per fill retail)
Pediatric Vitamins		
BPROTECTED PEDIA TRI-VITE SOLN	2	QL(50 ml per fill retail)
pediatric vitamins adc soln	1	QL(50 ml per fill retail)
Prenatal Vitamins		
CALNA TABS	2	QL(30 ea per 30 days retail)
CLASSIC PRENATAL TABS	2	QL(30 ea per 30 days retail)
CO-NATAL FA TABS	2	QL(30 ea per 30 days retail)
COMPLETENATE CHEW	2	QL(30 ea per 30 days retail)
CVS PRENATAL TABS	2	QL(30 ea per 30 days retail)
EQL PRENATAL FORMULA TABS	2	QL(30 ea per 30 days retail)
GNP PRENATAL TABS	2	QL(30 ea per 30 days retail)
GOODSENSE PRENATAL VITAMINS TABS	2	QL(30 ea per 30 days retail)
HM PRENATAL TABS	2	QL(30 ea per 30 days retail)
INATAL GT TABS	2	QL(30 ea per 30 days retail)
KP PRENATAL MULTIVITAMINS TABS	2	QL(30 ea per 30 days retail)
KPN PRENATAL TABS	2	QL(30 ea per 30 days retail)
M-VIT TABS	2	QL(30 ea per 30 days retail); RX/OTC
MULTI PRENATAL TABS	2	QL(30 ea per 30 days retail)
MYNATAL ADVANCE TABS	2	QL(30 ea per 30 days retail)
MYNATAL CAPS	2	QL(30 ea per 30 days retail)
MYNATAL PLUS TABS	2	QL(30 ea per 30 days retail)
MYNATAL ULTRACAPLET TABS	2	QL(30 ea per 30 days retail)
MYNATAL-Z TABS	2	QL(30 ea per 30 days retail)
MYNATE 90 PLUS TBCR	2	QL(30 ea per 30 days retail)
NAT-RUL PRENATAL VITAMINS TABS	2	QL(30 ea per 30 days retail)
NATALVIT TABS	2	QL(30 ea per 30 days retail)
NIVA-PLUS TABS	2	QL(30 ea per 30 days retail); RX/OTC
NUTRICION PORVIDA TABS	2	QL(30 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
O-CAL FA TABS	2	QL(30 ea per 30 days retail); RX/OTC
O-CAL PRENATAL TABS	2	QL(30 ea per 30 days retail)
PERRY PRENATAL CAPS	2	QL(30 ea per 30 days retail)
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID TABS	2	QL(30 ea per 30 days retail)
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	2	QL(30 ea per 30 days retail); RX/OTC
PNV PRENATAL PLUS MULTIVITAMIN TABS	2	QL(30 ea per 30 days retail); RX/OTC
PNV TABS 29-1 TABS	2	QL(30 ea per 30 days retail)
PRE-NATAL FORMULA TABS	2	QL(30 ea per 30 days retail)
PRENATABS FA TABS	2	QL(30 ea per 30 days retail)
PRENATABS RX TABS	2	QL(30 ea per 30 days retail)
PRENATAL 19 CHEW	2	QL(30 ea per 30 days retail)
PRENATAL 19 TABS	2	QL(30 ea per 30 days retail)
PRENATAL AND IRON TABS	2	QL(30 ea per 30 days retail)
PRENATAL FORMULA TABS 30UNIT-200MG-4000UNIT-25MG-1.8MG-28MG-20MG-1.7MG-8MCG-800MCG-2.6MG-120MG-400UNIT	2	QL(30 ea per 30 days retail)
PRENATAL FORTE TABS	2	QL(30 ea per 30 days retail)
PRENATAL LOW IRON TABS	2	QL(30 ea per 30 days retail)
PRENATAL MULTIVITAMIN TABS	2	QL(30 ea per 30 days retail)
PRENATAL ONE DAILY TABS	2	QL(30 ea per 30 days retail)
PRENATAL PLUS IRON TABS	2	QL(30 ea per 30 days retail)
PRENATAL PLUS TABS	2	QL(30 ea per 30 days retail); RX/OTC
PRENATAL TABS 11UNIT-263MG-25MG-1.5MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-0.8MG-2.6MG-120MG, 30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-4000UNIT-8MCG-400UNIT-800MCG-2.6MG-120MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 4000UNIT-30UNIT-200MG-25MG-1.8MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 4000UNIT-30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 160MG-11UNIT-200MG-25MG-1.84MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-800MCG-2.6MG-100MG	2	QL(30 ea per 30 days retail)
PRENATAL TABS 22MG-2MG-25MG-1.84MG-200MG-27MG-4000UNIT-20MG-3MG-12MCG-400UNIT-1MG-10MG-120MG	2	QL(30 ea per 30 days retail); RX/OTC
PRENATAL TABS 4000UNIT-200MG-11UNIT-27MG-25MG-1.84MG-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG	2	QL(30 ea per 30 days retail)
PRENATAL VITAMIN & MINERAL TABS	2	QL(30 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMIN TABS	2	QL(30 ea per 30 days retail)
PRENATAL VITAMIN/IRON TABS	2	QL(30 ea per 30 days retail)
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(30 ea per 30 days retail); RX/OTC
PRENATAL VITAMINS TABS	2	QL(30 ea per 30 days retail)
PREPLUS TABS	2	QL(30 ea per 30 days retail); RX/OTC
PRETAB TABS	2	QL(30 ea per 30 days retail)
PX PRENATAL MULTIVITAMINS TABS	2	QL(30 ea per 30 days retail)
QC PRENATAL TABS	2	QL(30 ea per 30 days retail)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(30 ea per 30 days retail)
RA PRENATAL TABS	2	QL(30 ea per 30 days retail)
RIGHT STEP PRENATAL TABS	2	QL(30 ea per 30 days retail)
SE-NATAL 19 CHEW	2	QL(30 ea per 30 days retail)
SE-NATAL 19 TABS	2	QL(30 ea per 30 days retail)
SM PRENATAL VITAMINS TABS	2	QL(30 ea per 30 days retail)
THERANATAL CORE NUTRITION TABS	2	QL(30 ea per 30 days retail); RX/OTC
THRIVITE 19 TABS	2	QL(30 ea per 30 days retail)
THRIVITE RX TABS	2	QL(30 ea per 30 days retail)
TRIADVANCE TABS	2	QL(30 ea per 30 days retail)
TRICARE TABS	2	QL(30 ea per 30 days retail); RX/OTC
TRINATAL GT TABS	2	QL(30 ea per 30 days retail)
TRINATAL RX 1 TABS	2	QL(30 ea per 30 days retail)
VINATE M TABS	2	QL(30 ea per 30 days retail)
VINATE ONE TABS	2	QL(30 ea per 30 days retail)
VIRT-ADVANCE TABS	2	QL(30 ea per 30 days retail)
VIRT-VITE GT TABS	2	QL(30 ea per 30 days retail)
VITAFOL-OB TABS	2	QL(30 ea per 30 days retail)
VOL-PLUS TABS	2	QL(30 ea per 30 days retail); RX/OTC
VOL-TAB RX TABS	2	QL(30 ea per 30 days retail)
Vitamins w/ Lipotropics		
vitamins w/ lipotropics caps 50mg-50mg-50mg-50mg-50mcg-50mcg-50mcg-50mg, 86mg-2mg-10mg-83mg-240mg-3mg-2mcg-3mg-110mg-1.65mg, 30mg-56mg-3mg-10mg-83mg-240mg-3mg-2mg-2mcg-110mg-2mg, 50mg-50mg-50mg-50mg-50mg-50mg-50mg-50mcg-100mcg-50mcg-50mg, 75mg-30mg-2unit-10000unit-40mg-15mg-31mg-2.5mg-4mg-2mcg-75mg-400unit, 10000unit-3mg-0.5mg-2mg-75mg-58mg-30mg-2unit-0.5mg-4mg-40mg-15mg-31.4mg-2.5mg-2mcg-5mg-1mg-75mg-400unit	1	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS		
Articular Cartilage Repair Therapy		
MACI SHEE	2	PA; SP
Central Muscle Relaxants		
baclofen tabs or 10 mg, 20 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
CHLORZOXAZONE TABS 500 MG	2	
cyclobenzaprine hcl tabs 5 mg, 10 mg	1	QL(3 ea daily)
cyclobenzaprine hcl tabs 7.5 mg	1	QL(4 ea daily)
FEXMID TABS (*Use Cyclobenzaprine HCl*)	NF	QL(4 ea daily)
methocarbamol tabs or 500 mg, 750 mg	1	
orphenadrine citrate tb12 or 100 mg	1	
ROBAXIN TABS OR 500 MG (*Use Methocarbamol*)	NF	
ROBAXIN-750 TABS (*Use Methocarbamol*)	NF	
tizanidine hcl tabs 2 mg, 4 mg	1	
ZANAFLEX TABS 4 MG (*Use Tizanidine HCl*)	NF	
Viscosupplements		
EUFLEXXA SOSY	2	PA; SP
GEL-ONE PRSY	2	PA; SP
GELSYN-3 SOSY	2	PA; SP
GENVISC 850 SOSY	2	PA; SP
HYALGAN SOLN	2	PA; SP
HYALGAN SOSY	2	PA; SP
HYMOVIS SOSY	2	PA; SP
MONOVISC SOSY	2	PA; SP
ORTHOVISC SOSY	2	PA; SP
SUPARTZ FX SOSY	2	PA; SP
SUPARTZ SOSY	2	PA; SP
SYNVISC ONE SOSY	2	PA; SP
SYNVISC SOSY	2	PA; SP
VISCO-3 SOSY	2	PA; SP
NASAL AGENTS - SYSTEMIC AND TOPICAL		
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (*Use Saline*)	NF	QL(90 ml per fill retail)
saline soln na 0.65%-0.002%, 0.65 %, 0.65%	1	QL(90 ml per fill retail)
Nasal Anti-infectives		
BACTROBAN NASAL OINT	2	
Nasal Antiallergy		
ASTEPRO SOLN (*Use Azelastine HCl*)	NF	QL(30 ml per fill retail)
azelastine hcl soln	1	QL(30 ml per fill retail)
cromolyn sodium (nasal) aers	1	QL(26 ml per fill retail)
NASALCROM AERS (*Use Cromolyn Sodium (Nasal)*)	NF	QL(26 ml per fill retail)
Nasal Anticholinergics		
ATROVENT SOLN 0.03 % (*Use Ipratropium Bromide (Nasal)*)	NF	QL(30 ml per 30 days retail)
ATROVENT SOLN 0.06 % (*Use Ipratropium Bromide (Nasal)*)	NF	QL(15 ml per 30 days retail)
ipratropium bromide (nasal) soln 0.03 %	1	QL(30 ml per 30 days retail)
ipratropium bromide (nasal) soln 0.06 %	1	QL(15 ml per 30 days retail)
Nasal Steroids		
FLONASE ALLERGY RELIEF CHILDRENS SUSP (*Use Fluticasone Propionate (Nasal)*)	NF	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (*Use Fluticasone Propionate (Nasal)*)	NF	QL(16 ml per fill retail); RX/OTC
FLUNISOLIDE SOLN	2	QL(25 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate (nasal) susp	1	QL(16 ml per fill retail); RX/OTC
mometasone furoate (nasal) susp	1	QL(17 gm per fill retail); AL; At least 2 yrs old
NASACORT ALLERGY 24HR AERO	2	QL(17 ml per fill retail); AL; At least 2 yrs old; RX/OTC
NASONEX SUSP (*Use Mometasone Furoate (Nasal)*)	NF	QL(17 gm per fill retail); AL; At least 2 yrs old
triamcinolone acetonide (nasal) aero	1	PA; QL(17 ml per fill retail); AL; At least 2 yrs old; RX/OTC
triamcinolone acetonide (nasal) aero	1	QL(17 ml per fill retail); AL; At least 2 yrs old; RX/OTC
Sympathomimetic Decongestants		
ADRENALIN SOLN NA 0.1 %	2	
NASAL DECONGESTANT LIQD	2	
NASAL DECONGESTANT SYRP	2	
phenylephrine hcl (oral) tabs	1	QL(24 ea per fill retail)
pseudoephedrine hcl liqd 15 mg/5ml	1	
pseudoephedrine hcl tabs 30 mg, 60 mg	1	
pseudoephedrine hcl tb12 120 mg	1	QL(2 ea daily)
SUDAFED CHILDRENS LIQD (*Use Pseudoephedrine HCl*)	NF	
SUDAFED CONGESTION TABS (*Use Pseudoephedrine HCl*)	NF	
SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH TABS (*Use Pseudoephedrine HCl*)	NF	
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	2	QL(120 ml per fill retail)
SUDAFED PE CONGESTION TABS (*Use Phenylephrine HCl (Oral)*)	NF	QL(24 ea per fill retail)
NEUROMUSCULAR AGENTS		
Muscular Dystrophy Agents		
EXONDYS 51 SOLN	2	PA; SP
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	2	PA; SP
DYSPORT SOLR	2	PA; SP
MYOBLOC SOLN	2	PA; SP
XEOMIN SOLR	2	PA; SP
Spinal Muscular Atrophy Agents (SMA)		
SPINRAZA SOLN	2	PA; SP
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	2	QL(124 ml per fill retail)
POLYCOSE POWD	2	QL(350 gm per fill retail)
Misc. Nutritional Substances		

Drug Name	Drug Tier	Requirements/ Limits
omega-3 fatty acids caps 1000mg, 1200mg, 1000 mg, 1200 mg, 180mg-120mg, 1200mg-2unit, 300mg-1000mg, 350mg-1000mg, 360mg-1200mg, 600mg-1000mg, 600mg-1200mg, 684mg-1200mg, 180mg-120mg-5unit, 300mg-180mg-120mg, 300mg-200mg-1unit, 1000mg-180mg-120mg, 160mg-1000mg-100mg, 180mg-1000mg-120mg, 180mg-1200mg-144mg, 216mg-1200mg-144mg, 270mg-1000mg-180mg, 300mg-1000mg-1unit, 300mg-1000mg-200mg, 300mg-1unit-1000mg, 336mg-1200mg-276mg, 350mg-1000mg-250mg, 400mg-1000mg-300mg, 500mg-1000mg-250mg, 180mg-120mg-1.8unit, 300mg-180mg-1gm-120mg, 1000mg-180mg-120mg-1mg, 210mg-1000mg-75mg-90mg, 60mg-180mg-1200mg-120mg, 60mg-360mg-1200mg-300mg, 1000mg-180mg-120mg-1unit, 100mg-300mg-1000mg-200mg, 180mg-1000mg-120mg-1unit, 180mg-1unit-1000mg-120mg, 300mg-1000mg-200mg-1unit, 300mg-180mg-1000mg-120mg, 360mg-216mg-1200mg-144mg, 600mg-324mg-1200mg-216mg, 700mg-350mg-1000mg-250mg, 100mg-1000mg-500mg-10unit, 216mg-1200mg-144mg-15unit, 300mg-180mg-1000mg-120mg-1unit, 340mg-180mg-1000mg-120mg-5unit, 340mg-180mg-1unit-1000mg-120mg, 40mg-340mg-180mg-1000mg-	1	QL(6 ea daily)
120mg-5unit		
OPHTHALMIC AGENTS		
Artificial Tears and Lubricants		
artificial tear ointment oint	1	QL(4 gm per fill retail)
ARTIFICIAL TEARS SOLN	2	QL(15 ml per fill retail)
HYPOTEARS SOLN	2	QL(30 ml per fill retail)
polyvinyl alcohol soln	1	QL(15 ml per fill retail)
TEARS NATURALE PM OINT (*Use White Petrolatum-Mineral Oil*)	NF	QL(5 gm per fill retail)
white petrolatum-mineral oil oint	1	QL(5 gm per fill retail)
Beta-blockers - Ophthalmic		
BETAGAN SOLN (*Use Levobunolol HCl*)	NF	QL(5 ml per fill retail)
betaxolol hcl (ophth) soln	1	QL(5 ml per fill retail)
BETOPTIC-S SUSP	2	QL(15 ml per fill retail)
carteolol hcl (ophth) soln	1	
CARTEOLOL HCL SOLN	2	
COSOPT SOLN (*Use Dorzolamide HCl-Timolol Maleate*)	NF	QL(10 ml per fill retail)
dorzolamide hcl-timolol maleate soln	1	QL(10 ml per fill retail)
levobunolol hcl soln	1	QL(5 ml per fill retail)
METIPRANOLOL SOLN	2	
timolol maleate (ophth) solg 0.5 %	1	QL(5 ml per fill retail)
timolol maleate (ophth) soln 0.25 %, 0.5 %	1	QL(5 ml per fill retail)
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG 0.5 %	2	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TIMOPTIC OCUDOSE SOLN	2	QL(60 ea per fill retail)
TIMOPTIC SOLN (*Use Timolol Maleate (Ophth)*)	NF	QL(5 ml per fill retail)
TIMOPTIC-XE SOLG 0.5 %	2	QL(5 ml per fill retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE OINT OP 1 %	2	QL(4 gm per fill retail)
ATROPINE SULFATE SOLN OP 1 %	2	QL(5 ml per fill retail)
CYCLOGYL SOLN 0.5 % (*Use Cyclopentolate HCl*)	NF	QL(15 ml per fill retail)
CYCLOGYL SOLN 1 % (*Use Cyclopentolate HCl*)	NF	QL(5 ml per fill retail)
cyclopentolate hcl soln 0.5 %	1	QL(15 ml per fill retail)
cyclopentolate hcl soln 1 %	1	QL(5 ml per fill retail)
MYDRIACYL SOLN (*Use Tropicamide*)	NF	QL(3 ml per fill retail)
tropicamide soln 0.5 %	1	QL(15 ml per fill retail)
tropicamide soln 1 %	1	QL(3 ml per fill retail)
Miotics		
ISOPTO CARPINE SOLN (*Use Pilocarpine HCl*)	NF	
pilocarpine hcl soln	1	
Ophthalmic - Angiogenesis Inhibitors		
BEVACIZUMAB SOSY	2	PA; SP
EYLEA SOLN	2	PA; SP
LUCENTIS SOLN	2	PA; SP
LUCENTIS SOSY	2	PA; SP
MACUGEN SOLN	2	PA; SP
Ophthalmic Adrenergic Agents		
apraclonidine hcl soln	1	
brimonidine tartrate soln 0.2 %	1	QL(5 ml per fill retail)
IOPIDINE SOLN 0.5 % (*Use Apraclonidine HCl*)	NF	
IOPIDINE SOLN 1 %	2	
Ophthalmic Anti-infectives		
bacitracin-polymyxin b (ophth) oint	1	QL(4 gm per fill retail)
BLEPH-10 SOLN (*Use Sulfacetamide Sodium (Ophth)*)	NF	QL(15 ml per fill retail)
CILOXAN OINT	2	QL(4 gm per fill retail)
CILOXAN SOLN (*Use Ciprofloxacin HCl (Ophth)*)	NF	QL(5 ml per fill retail)
ciprofloxacin hcl (ophth) soln	1	QL(5 ml per fill retail)
erythromycin (ophth) oint	1	QL(4 gm per fill retail)
GENTAK OINT	2	QL(4 gm per fill retail)
gentamicin sulfate (ophth) oint	1	QL(4 gm per fill retail)
gentamicin sulfate (ophth) soln	1	QL(5 ml per fill retail)
moxifloxacin hcl (ophth) soln	1	QL(3 ml per fill retail)
neomycin-bacitracin zn-polymyxin oint	1	QL(4 gm per fill retail)
neomycin-polymyxin-gramicidin soln	1	QL(10 ml per fill retail)
NEOSPORIN SOLN (*Use Neomycin-Polymyxin-Gramicidin*)	NF	QL(10 ml per fill retail)
OCUFLOX SOLN (*Use Ofloxacin (Ophth)*)	NF	QL(5 ml per fill retail)
ofloxacin (ophth) soln	1	QL(5 ml per fill retail)
polymyxin b-trimethoprim soln	1	QL(10 ml per fill retail)
POLYTRIM SOLN (*Use Polymyxin B-Trimethoprim*)	NF	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) soln	1	QL(15 ml per fill retail)
tobramycin (ophth) soln	1	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TOBREX OINT	2	QL(4 gm per fill retail)
TOBREX SOLN (*Use Tobramycin (Ophth)*)	NF	QL(5 ml per fill retail)
trifluridine soln	1	QL(8 ml per fill retail)
VIGAMOX SOLN (*Use Moxifloxacin HCl (Ophth)*)	NF	QL(3 ml per fill retail)
VIROPTIC SOLN (*Use Trifluridine*)	NF	QL(8 ml per fill retail)
Ophthalmic Decongestants		
naphazoline w/ pheniramine soln 0.025%-0.3%	1	
naphazoline w/ pheniramine soln 0.027%-0.315%	1	QL(0.5 ml daily)
NAPHCON-A SOLN (*Use Naphazoline w/ Pheniramine*)	NF	
OPCON-A SOLN (*Use Naphazoline w/ Pheniramine*)	NF	QL(0.5 ml daily)
phenylephrine hcl (ophth) soln 2.5 %	1	QL(5 ml per fill retail)
tetrahydrozoline hcl (ophth) soln	1	QL(30 ml per fill retail)
VISINE EXTRA SOLN (*Use Tetrahydrozoline HCl (Ophth)*)	NF	QL(30 ml per fill retail)
VISINE SOLN (*Use Tetrahydrozoline HCl (Ophth)*)	NF	QL(30 ml per fill retail)
Ophthalmic Local Anesthetics		
tetracaine hcl (ophth) soln	1	
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE SOLR	2	PA; SP
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	2	QL(4 gm per fill retail)
BLEPHAMIDE SUSP	2	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	2	QL(5 ml per fill retail)
fluorometholone (ophth) susp	1	QL(5 ml per fill retail)
FML LIQUIFILM SUSP (*Use Fluorometholone (Ophth)*)	NF	QL(5 ml per fill retail)
FML OINT	2	QL(4 gm per fill retail)
ILUVIEN IMPL	2	PA; SP
MAXITROL OINT 10000UNIT/GM-3.5MG/GM-0.1% (*Use Neomycin-Polymy-Dexameth*)	NF	QL(4 gm per fill retail)
MAXITROL SUSP 10000UNIT/ML-3.5MG/ML-0.1% (*Use Neomycin-Polymy-Dexameth*)	NF	QL(5 ml per fill retail)
neomycin-polymy-dexameth oint 10000unit/gm-3.5mg/gm-0.1%	1	QL(4 gm per fill retail)
neomycin-polymy-dexameth susp 10000unit/ml-3.5mg/ml-0.1%	1	QL(5 ml per fill retail)
NEOMYCIN/POLYMYXIN/ HYDROCORTISONE SUSP	2	QL(8 ml per fill retail)
OMNIPRED SUSP (*Use Prednisolone Acetate (Ophth)*)	NF	QL(5 ml per fill retail)
OZURDEX IMPL	2	PA; SP
PRED FORTE SUSP (*Use Prednisolone Acetate (Ophth)*)	NF	QL(5 ml per fill retail)
PRED MILD SUSP	2	QL(10 ml per fill retail)
PRED-G SUSP	2	QL(5 ml per fill retail)
prednisolone acetate (ophth) susp	1	QL(5 ml per fill retail)
PREDNISOLONE ACETATE P-F SUSP	2	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	2	QL(10 ml per fill retail)
RETISERT IMPL	2	PA; SP
sulfacetamide sod-prednisolone soln	1	QL(5 ml per fill retail)
TOBRADEX OINT	2	QL(4 gm per fill retail)
TOBRADEX SUSP (*Use Tobramycin-Dexamethasone*)	NF	QL(5 ml per fill retail)
tobramycin-dexamethasone susp	1	QL(5 ml per fill retail)
VEXOL SUSP	2	QL(5 ml per fill retail)
Ophthalmics - Misc.		
ACULAR LS SOLN (*Use Ketorolac Tromethamine (Ophth)*)	NF	
ACULAR SOLN (*Use Ketorolac Tromethamine (Ophth)*)	NF	QL(5 ml per fill retail)
ALOCRIL SOLN	2	ST; Try ketotifen ophth. first
ALOMIDE SOLN	2	ST; Try ketotifen ophth. first
azelastine hcl (ophth) soln	1	QL(6 ml per fill retail)
AZOPT SUSP	2	QL(15 ml per fill retail)
cromolyn sodium (ophth) soln	1	QL(10 ml per fill retail)
CYSTARAN SOLN	2	PA; SP
diclofenac sodium (ophth) soln	1	QL(5 ml per fill retail)
dorzolamide hcl soln	1	QL(10 ml per fill retail)
flurbiprofen sodium soln	1	QL(3 ml per fill retail)
FLURBIPROFEN SODIUM SOLN	2	QL(3 ml per fill retail)
ketorolac tromethamine (ophth) soln 0.4 %	1	
ketorolac tromethamine (ophth) soln 0.5 %	1	QL(5 ml per fill retail)
ketotifen fumarate (ophth) soln	1	QL(5 ml per fill retail)
NEVANAC SUSP	2	QL(3 ml per fill retail)
OCUFEN SOLN (*Use Flurbiprofen Sodium*)	NF	QL(3 ml per fill retail)
TRUSOPT SOLN (*Use Dorzolamide HCl*)	NF	QL(10 ml per fill retail)
ZADITOR SOLN (*Use Ketotifen Fumarate (Ophth)*)	NF	QL(5 ml per fill retail)
Prostaglandins - Ophthalmic		
latanoprost soln	1	QL(3 ml per fill retail)
XALATAN SOLN (*Use Latanoprost*)	NF	QL(3 ml per fill retail)
OTIC AGENTS		
Otic Agents - Miscellaneous		
acetic acid (otic) soln	1	QL(15 ml per fill retail)
carbamide peroxide (otic) soln	1	QL(0.5 ml daily)
DEBROX SOLN (*Use Carbamide Peroxide (Otic)*)	NF	QL(0.5 ml daily)
Otic Anti-infectives		
FLOXIN OTIC SOLN (*Use Ofloxacin (Otic)*)	NF	QL(5 ml per fill retail)
ofloxacin (otic) soln	1	QL(5 ml per fill retail)
Otic Combinations		
CORTANE-B-OTIC SOLN (*Use Pramoxine-HC-Chloroxylenol*)	NF	QL(15 ml per fill retail)
neomycin-polymyxin-hc (otic) soln	1	QL(10 ml per fill retail)
neomycin-polymyxin-hc (otic) susp	1	QL(10 ml per fill retail)
OTICIN HC NR SOLN (*Use Pramoxine-HC-Chloroxylenol*)	NF	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
pramoxine-hc-chloroxylenol soln	1	QL(15 ml per fill retail)
Otic Steroids		
DERMOTIC OIL (*Use Fluocinolone Acetonide (Otic)*)	NF	QL(20 ml per fill retail)
fluocinolone acetonide (otic) oil	1	QL(20 ml per fill retail)
hydrocortisone w/acetic acid soln	1	QL(10 ml per fill retail)
OXYTOCICS		
Oxytocics		
METHERGINE TABS	2	
methylergonovine maleate tabs or 0.2 mg	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
Immune Serums		
BIVIGAM SOLN	2	PA; SP
CARIMUNE NANOFILTERED SOLR	2	PA; SP
CUVITRU SOLN	2	PA; SP
CYTOGAM INJ	2	PA; SP
FLEBOGAMMA DIF SOLN	2	PA; SP
GAMASTAN S/D INJ	2	PA; SP
GAMMAGARD LIQUID SOLN	2	PA; SP
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	2	PA; SP
GAMMAKED SOLN	2	PA; SP
GAMMAPLEX SOLN	2	PA; SP
GAMUNEX-C SOLN	2	PA; SP
HEPAGAM B SOLN	2	PA; SP
HIZENTRA SOLN	2	PA; SP
HYPERHEP B S/D SOLN	2	PA; SP
HYPERRHO S/D MINI-DOSE SOSY	2	PA; SP
HYPERRHO S/D SOSY	2	PA; SP
MICRHOGAM ULTRA-FILTEREDPLUS SOSY	2	PA; SP
NABI-HB SOLN	2	PA; SP
OCTAGAM SOLN	2	PA; SP
PRIVIGEN SOLN	2	PA; SP
RHOGAM ULTRA-FILTERED PLUS SOSY	2	PA; SP
RHOPHYLAC SOSY	2	PA; SP
WINRHO SDF SOLN	2	PA; SP
Monoclonal Antibodies		
SYNAGIS SOLN	2	PA; SP
ZINPLAVA SOLN	2	PA; SP
Passive Immunizing Agents - Combinations		
HYQVIA KIT	2	PA; SP
PENICILLINS		
Aminopenicillins		
amoxicillin caps 250 mg, 500 mg	1	
AMOXICILLIN CHEW 125 MG, 250 MG	2	
amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin tabs 875 mg	1	
ampicillin caps 250 mg, 500 mg	1	
AMPICILLIN CAPS 500 MG	2	
Natural Penicillins		
penicillin v potassium solr 125 mg/5ml, 250 mg/5ml	1	

Drug Name	Drug Tier	Requirements/ Limits
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	2	
penicillin v potassium tabs 250 mg, 500 mg	1	
Penicillin Combinations		
amoxicillin & pot clavulanate susr 200mg/5ml-28.5mg/5ml, 250mg/5ml-62.5mg/5ml	1	QL(75 ml per fill retail)
amoxicillin & pot clavulanate susr 400mg/5ml-57mg/5ml	1	QL(200 ml per fill retail)
amoxicillin & pot clavulanate susr 600mg/5ml-42.9mg/5ml	1	QL(400 ml per fill retail)
amoxicillin & pot clavulanate tabs 250mg-125mg	1	QL(30 ea per fill retail)
amoxicillin & pot clavulanate tabs 500mg-125mg, 875mg-125mg	1	QL(20 ea per fill retail)
amoxicillin & pot clavulanate tb12 1000mg-62.5mg	1	QL(1.34 ea daily)
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	2	QL(20 ea per fill retail)
AUGMENTIN ES-600 SUSR (*Use Amoxicillin & Pot Clavulanate*)	NF	QL(400 ml per fill retail)
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (*Use Amoxicillin & Pot Clavulanate*)	NF	QL(75 ml per fill retail)
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (*Use Amoxicillin & Pot Clavulanate*)	NF	QL(20 ea per fill retail)
AUGMENTIN XR TB12 (*Use Amoxicillin & Pot Clavulanate*)	NF	QL(1.34 ea daily)
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX GEL	2	QL(1816 ml per fill retail); AL; At least 2 yrs old
SIMPLYTHICK GEL	2	QL(1816 ml per fill retail); AL; At least 2 yrs old
Liquid Vehicles		
PH 12 STERILE DILUENT FORFLOLAN SOLN	2	PA; SP
STERILE DILUENT FOR EPOPROSTENOL SODIUM SOLN	2	PA; SP
STERILE DILUENT FOR REMODOULIN SOLN	2	PA; SP
Semi Solid Vehicles		
lanolin oint	1	RX/OTC
PROGESTINS		
Progestins		
AYGESTIN TABS (*Use Norethindrone Acetate*)	NF	
MAKENA OIL	2	PA; SP
medroxyprogesterone acetate tabs	1	
norethindrone acetate tabs	1	
progesterone micronized caps 100 mg	1	QL(1 ea daily)
progesterone micronized caps 200 mg	1	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 100 MG (*Use Progesterone Micronized*)	NF	QL(1 ea daily)
PROMETRIUM CAPS 200 MG (*Use Progesterone Micronized*)	NF	QL(20 ea per 30 days retail)
PROVERA TABS (*Use Medroxyprogesterone Acetate*)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
Agents for Chemical Dependency		
ANTABUSE TABS 250 MG (*Use Disulfiram*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
disulfiram tabs 250 mg	1	
Anti-Cataplectic Agents		
XYREM SOLN	2	PA; SP
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (*Use Donepezil Hydrochloride*)	NF	QL(1 ea daily)
donepezil hydrochloride tabs 5 mg, 10 mg	1	QL(1 ea daily)
EXELON CAPS OR 3 MG, 6 MG, 1.5 MG, 4.5 MG (*Use Rivastigmine Tartrate*)	NF	PA; QL(2 ea daily)
EXELON PT24 TD 4.6 MG/24HR, 9.5 MG/24HR (*Use Rivastigmine*)	NF	PA; QL(1 ea daily)
galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	QL(6 ml daily)
galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg	1	QL(2 ea daily)
memantine hcl soln 2 mg/ml	1	QL(10 ml daily)
memantine hcl tabs	1	QL(1 ea per 28 days retail)
memantine hcl tabs 5 mg, 10 mg	1	QL(2 ea daily)
NAMENDA TABS 5 MG, 10 MG (*Use Memantine HCl*)	NF	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (*Use Memantine HCl*)	NF	QL(1 ea per 28 days retail)
RAZADYNE ER CP24 (*Use Galantamine Hydrobromide*)	NF	QL(1 ea daily)
RAZADYNE TABS (*Use Galantamine Hydrobromide*)	NF	QL(2 ea daily)
rivastigmine pt24 4.6 mg/24hr, 9.5 mg/24hr	1	PA; QL(1 ea daily)
rivastigmine tartrate caps	1	PA; QL(2 ea daily)
Combination Psychotherapeutics		
PERPHENAZINE/AMITRIPTYLINE TABS	2	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA; QL(55 ea per 365 days retail)
Movement Disorder Drug Therapy		
INGREZZA CAPS	2	PA; SP
tetrabenazine tabs	1	PA; SP
XENAZINE TABS (*Use Tetrabenazine*)	NF	PA; SP
Multiple Sclerosis Agents		
AMPYRA TB12	2	PA; SP
AUBAGIO TABS	2	PA; SP
AVONEX KIT	2	PA; SP
AVONEX PEN AJKT	2	PA; SP
AVONEX PSKT	2	PA; SP
BETASERON KIT	2	PA; SP
COPAXONE SOSY (*Use Glatiramer Acetate*)	NF	PA; SP
EXTAVIA KIT	2	PA; SP
GILENYA CAPS	2	PA; SP
glatiramer acetate sosy	1	PA; SP
LEMTRADA SOLN	2	PA; SP
PLEGRIDY SOPN	2	PA; SP
PLEGRIDY SOSY	2	PA; SP
PLEGRIDY STARTER PACK SOPN	2	PA; SP
PLEGRIDY STARTER PACK SOSY	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
REBIF REBIDOSE SOAJ	2	PA; SP
REBIF REBIDOSE TITRATIONPACK SOAJ	2	PA; SP
REBIF SOSY	2	PA; SP
REBIF TITRATION PACK SOSY	2	PA; SP
TECFIDERA CPDR	2	PA; SP
TECFIDERA STARTER PACK MISC	2	PA; SP
TYSABRI CONC	2	PA; SP
ZINBRYTA SOSY	2	PA; SP
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	2	
Smoking Deterrents		
bupropion hcl (smoking deterrent) tb12	1	AL; At least 18 yrs old
CHANTIX CONTINUING MONTHPAK TABS	2	QL(2 ea daily); AL; At least 18 yrs old
CHANTIX STARTING MONTH PAK TABS	2	AL; At least 18 yrs old
CHANTIX TABS	2	QL(2 ea daily); AL; At least 18 yrs old
NICODERM CQ PT24 (*Use Nicotine*)	NF	AL; At least 18 yrs old
NICORETTE GUM (*Use Nicotine Polacrilex*)	NF	AL; At least 18 yrs old
NICORETTE LOZG (*Use Nicotine Polacrilex*)	NF	AL; At least 18 yrs old
NICORETTE MINI LOZG (*Use Nicotine Polacrilex*)	NF	AL; At least 18 yrs old
NICORETTE STARTER KIT GUM (*Use Nicotine Polacrilex*)	NF	AL; At least 18 yrs old
nicotine polacrilex gum	1	AL; At least 18 yrs old
nicotine polacrilex lozg	1	AL; At least 18 yrs old
nicotine pt24	1	AL; At least 18 yrs old
NICOTINE TRANSDERMAL SYSTEM KIT	2	AL; At least 18 yrs old
NICOTROL INHALER INHA	2	AL; At least 18 yrs old
NICOTROL NS SOLN	2	AL; At least 18 yrs old
ZYBAN TB12 (*Use Bupropion HCl (Smoking Deterrent)*)	NF	AL; At least 18 yrs old
RESPIRATORY AGENTS - MISC.		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR	2	PA; SP
GLASSIA SOLN	2	PA; SP
PROLASTIN-C SOLR	2	PA; SP
ZEMAIRA SOLR	2	PA; SP
Cystic Fibrosis Agents		
KALYDECO PACK	2	PA; SP
KALYDECO TABS	2	PA; SP
ORKAMBI TABS	2	PA; SP
PULMOZYME SOLN	2	PA; SP
SYMDEKO TBPK	2	PA; SP
Pulmonary Fibrosis Agents		
ESBRIET CAPS	2	PA; SP
OFEV CAPS	2	PA; SP
TETRACYCLINES		
Tetracyclines		
doxycycline hyclate caps or 50 mg, 100 mg	1	
doxycycline hyclate tabs or 100 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
MINOCIN CAPS OR 50 MG, 75 MG, 100 MG (*Use Minocycline HCl*)	NF	
minocycline hcl caps 50 mg, 75 mg, 100 mg	1	
VIBRAMYCIN CAPS 100 MG (*Use Doxycycline Hyclate*)	NF	
THYROID AGENTS		
Antithyroid Agents		
methimazole tabs	1	
propylthiouracil tabs	1	
TAPAZOLE TABS (*Use Methimazole*)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (*Use Thyroid*)	2	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	
CYTOMEL TABS (*Use Liothyronine Sodium*)	NF	
levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	1	
liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg	1	
NATURE-THROID TABS 65 MG, 130 MG	2	
SYNTHROID TABS (*Use Levothyroxine Sodium*)	2	
thyroid tabs	1	
THYROLAR-1 TABS	2	
THYROLAR-1/2 TABS	2	
THYROLAR-1/4 TABS	2	
THYROLAR-2 TABS	2	
THYROLAR-3 TABS	2	
TIROSINT CAPS	2	
WESTHROID TABS 65 MG, 130 MG	2	
WP THYROID TABS 65 MG, 130 MG	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	QL(1 ml per 999 days retail); AL; At least 18 yrs old
BOOSTRIX SUSP	0	QL(1 ml per 999 days retail); AL; At least 18 yrs old
ULCER DRUGS		
Antispasmodics		
ANASPAZ TBDP (*Use Hyoscyamine Sulfate*)	NF	
BENTYL CAPS OR 10 MG (*Use Dicyclomine HCl*)	NF	
BENTYL TABS OR 20 MG (*Use Dicyclomine HCl*)	NF	
dicyclomine hcl caps or 10 mg	1	
dicyclomine hcl soln or 10 mg/5ml	1	QL(40 ml daily)
dicyclomine hcl tabs or 20 mg	1	
DONNATAL ELIX 0.1037MG/5ML-0.0065MG/5ML-0.0194MG/5ML-16.2MG/5ML	2	
DONNATAL TABS 0.1037MG-0.0065MG-0.0194MG-16.2MG (*Use Phenobarbital-Hyoscyamine-Atropine-Scopolamine*)	NF	
glycopyrrolate tabs or 1 mg, 2 mg	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
hyoscyamine sulfate elix	1	
hyoscyamine sulfate soln	1	
hyoscyamine sulfate subl	1	
hyoscyamine sulfate tabs	1	
hyoscyamine sulfate tb12	1	
hyoscyamine sulfate tbdp	1	
LEVBID TB12 (*Use Hyoscyamine Sulfate*)	NF	
LEVSIN TABS OR 0.125 MG (*Use Hyoscyamine Sulfate*)	NF	
LEVSIN/SL SUBL (*Use Hyoscyamine Sulfate*)	NF	
phenobarbital-hyoscyamine-atropine-scopolamine tabs	1	
ROBINUL FORTE TABS (*Use Glycopyrrolate*)	NF	QL(4 ea daily)
ROBINUL TABS OR 1 MG (*Use Glycopyrrolate*)	NF	QL(4 ea daily)
SYMAX DUOTAB TBCR	2	
H-2 Antagonists		
CIMETIDINE HCL SOLN	2	QL(27 ml daily)
cimetidine tabs 200 mg	1	RX/OTC
cimetidine tabs 300 mg, 400 mg	1	
cimetidine tabs 800 mg	1	QL(500 ea per fill retail)
famotidine tabs or 10 mg, 40 mg	1	
famotidine tabs or 20 mg	1	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (*Use Famotidine*)	NF	RX/OTC
PEPCID AC TABS (*Use Famotidine*)	NF	
PEPCID TABS 20 MG (*Use Famotidine*)	NF	RX/OTC
PEPCID TABS 40 MG (*Use Famotidine*)	NF	
ranitidine hcl caps or 150 mg	1	QL(2 ea daily)
ranitidine hcl caps or 300 mg	1	QL(1 ea daily)
ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml	1	QL(40 ml daily)
ranitidine hcl tabs or 150 mg	1	QL(2 ea daily); RX/OTC
ranitidine hcl tabs or 75 mg, 300 mg	1	QL(2 ea daily)
TAGAMET HB TABS (*Use Cimetidine*)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (*Use Ranitidine HCl*)	NF	QL(2 ea daily); RX/OTC
ZANTAC 75 TABS (*Use Ranitidine HCl*)	NF	QL(2 ea daily)
ZANTAC TABS OR 150 MG (*Use Ranitidine HCl*)	NF	QL(2 ea daily); RX/OTC
ZANTAC TABS OR 300 MG (*Use Ranitidine HCl*)	NF	QL(2 ea daily)
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	QL(420 ml per fill retail)
CARAFATE TABS 1 GM (*Use Sucralfate*)	NF	QL(4 ea daily)
sucralfate tabs	1	QL(4 ea daily)
Proton Pump Inhibitors		
CVS OMEPRAZOLE TBEC	2	QL(1 ea daily)
EQ OMEPRAZOLE TBEC	2	QL(1 ea daily)
EQL OMEPRAZOLE TBEC	2	QL(1 ea daily)
GNP OMEPRAZOLE TBEC	2	QL(1 ea daily)
HM OMEPRAZOLE TBEC	2	QL(1 ea daily)
KLS OMEPRAZOLE TBEC	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
lansoprazole cpdr 15 mg	1	RX/OTC
lansoprazole cpdr 30 mg	1	
NEXIUM 24HR CPDR (*Use Esomeprazole Magnesium*)	2	QL(2 ea daily); RX/OTC
NEXIUM CPDR 20 MG (*Use Esomeprazole Magnesium*)	NF	QL(2 ea daily); RX/OTC
omeprazole cpdr 10 mg, 40 mg	1	QL(2 ea daily)
omeprazole cpdr 20 mg	1	QL(2 ea daily); RX/OTC
OMEPRAZOLE TBEC 20 MG	2	QL(1 ea daily)
pantoprazole sodium tbec or 20 mg	1	QL(1 ea daily)
pantoprazole sodium tbec or 40 mg	1	QL(2 ea daily)
PREVACID 24HR CPDR (*Use Lansoprazole*)	NF	RX/OTC
PREVACID CPDR 15 MG (*Use Lansoprazole*)	NF	RX/OTC
PREVACID CPDR 30 MG (*Use Lansoprazole*)	NF	
PRILOSEC CPDR 10 MG, 40 MG (*Use Omeprazole*)	NF	QL(2 ea daily)
PRILOSEC CPDR 20 MG (*Use Omeprazole*)	NF	QL(2 ea daily); RX/OTC
PRILOSEC OTC TBEC	2	QL(1 ea daily)
PROTONIX TBEC OR 20 MG (*Use Pantoprazole Sodium*)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (*Use Pantoprazole Sodium*)	NF	QL(2 ea daily)
PX OMEPRAZOLE TBEC	2	QL(1 ea daily)
RA OMEPRAZOLE TBEC	2	QL(1 ea daily)
SB OMEPRAZOLE TBEC	2	QL(1 ea daily)
SM OMEPRAZOLE TBEC	2	QL(1 ea daily)
SW OMEPRAZOLE TBEC	2	QL(1 ea daily)
TGT OMEPRAZOLE TBEC	2	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (*Use Misoprostol*)	NF	
misoprostol tabs	1	
URINARY ANTI-INFECTIVES		
Urinary Anti-infective Combinations		
methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 40.8mg-0.12mg-36.2mg-81.6mg-10.8mg, 40.8mg-36.2mg-0.12mg-81.6mg-10.8mg	1	
Urinary Anti-infectives		
FURADANTIN SUSP (*Use Nitrofurantoin*)	NF	QL(40 ml daily)
MACROBID CAPS (*Use Nitrofurantoin Monohyd Macro*)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (*Use Nitrofurantoin Macrocrystal*)	NF	
METHENAMINE MANDELATE TABS 0.5 GM	2	
methenamine mandelate tabs 1 gm	1	
nitrofurantoin macrocrystal caps 50 mg, 100 mg	1	
nitrofurantoin monohyd macro caps	1	
nitrofurantoin susp	1	QL(40 ml daily)
URINARY ANTISPASMODICS		
Urinary Antispasmodic - Antimuscarinics		
DETROL LA CP24 (*Use Tolterodine Tartrate*)	NF	QL(1 ea daily)
DETROL TABS (*Use Tolterodine Tartrate*)	NF	QL(2 ea daily)
DITROPAN XL TB24 (*Use Oxybutynin Chloride*)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
oxybutynin chloride syrp 5 mg/5ml	1	QL(16 ml daily)
oxybutynin chloride tabs 5 mg	1	QL(3 ea daily)
oxybutynin chloride tb24 5 mg, 10 mg, 15 mg	1	QL(2 ea daily)
tolterodine tartrate cp24 2 mg, 4 mg	1	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	1	QL(2 ea daily)
trospium chloride tabs 20 mg	1	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs	1	
URECHOLINE TABS (*Use Bethanechol Chloride*)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	1	
VACCINES		
Bacterial Vaccines		
BEXSERO SUSY	0	QL(1 ml per 999 days retail); AL; At least 18 yrs old
MENACTRA INJ	0	QL(1 ml per 999 days retail); AL; At least 18 yrs old
MENOMUNE-A/C/Y/W-135 INJ	0	QL(1 ea per 999 days retail); AL; At least 18 yrs old
MENVEO SOLR	0	QL(1 ea per 999 days retail); AL; At least 18 yrs old
PNEUMOVAX 23 INJ	0	AL; At least 19 yrs old
PNEUMOVAX 23/1 DOSE INJ	0	AL; At least 19 yrs old
PREVNAR 13 SUSP	0	AL; At least 19 yrs old
TRUMENBA SUSY	0	QL(1 ml per 999 days retail); AL; At least 18 yrs old
Viral Vaccines		
AFLURIA 2015-2016 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
AFLURIA 2016-2017 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
AFLURIA 2017-2018 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
AFLURIA PF 2015-2016 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
AFLURIA PF 2016-2017 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
AFLURIA PF 2017-2018 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
AFLURIA QUADRIVALENT 2016-2017 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
AFLURIA QUADRIVALENT 2017-2018 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
AFLURIA QUADRIVALENT 2017-2018 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
ENGERIX-B INJ	0	QL(3 ml per 999 days retail); AL; At least 18 yrs old

Drug Name	Drug Tier	Requirements/ Limits
ENGERIX-B SUSP	0	QL(3 ml per 999 days retail); AL; At least 18 yrs old
FLUAD 2016-2017 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUAD 2017-2018 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUARIX QUADRIVALENT 2015-2016 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUARIX QUADRIVALENT 2016-2017 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUARIX QUADRIVALENT 2017-2018 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUBLOK 2015-2016 SOLN	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUBLOK 2016-2017 SOLN	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUBLOK 2017-2018 SOLN	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUCELVAX 2015-2016 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUCELVAX QUADRIVALENT 2016-2017 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUCELVAX QUADRIVALENT 2017-2018 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUCELVAX QUADRIVALENT 2017-2018 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLULAVAL QUADRIVALENT 2014-2015 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLULAVAL QUADRIVALENT 2015-2016 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLULAVAL QUADRIVALENT 2016-2017 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLULAVAL QUADRIVALENT 2016-2017 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLULAVAL QUADRIVALENT 2017-2018 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLULAVAL QUADRIVALENT 2017-2018 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUVIRIN 2015-2016 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUVIRIN 2015-2016 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUVIRIN 2016-2017 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUVIRIN 2016-2017 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUVIRIN 2017-2018 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old

Drug Name	Drug Tier	Requirements/ Limits
FLUVIRIN 2017-2018 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUZONE HIGH-DOSE PF 2015-2016 SUSY	0	QL(1 ml per 180 days retail); AL; At least 65 yrs old
FLUZONE HIGH-DOSE PF 2016-2017 SUSY	0	QL(1 ml per 180 days retail); AL; At least 65 yrs old
FLUZONE HIGH-DOSE PF 2017-2018 SUSY	0	QL(1 ml per 180 days retail); AL; At least 65 yrs old
FLUZONE INTRADERMAL QUADRIVALENT 2015-2016 SUPN	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUZONE INTRADERMAL QUADRIVALENT 2016-2017 SUPN	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUZONE INTRADERMAL QUADRIVALENT 2017-2018 SUPN	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUZONE QUADRIVALENT 2015-2016 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUZONE QUADRIVALENT 2015-2016 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUZONE QUADRIVALENT 2016-2017 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUZONE QUADRIVALENT 2016-2017 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUZONE QUADRIVALENT 2017-2018 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUZONE QUADRIVALENT 2017-2018 SUSY	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
FLUZONE SPLIT 2015-2016 SUSP	0	QL(1 ml per 180 days retail); AL; At least 7 yrs old
HAVRIX SUSP	0	QL(2 ml per 999 days retail); AL; At least 18 yrs old
M-M-R II INJ	0	QL(2 ea per 999 days retail); AL; At least 18 yrs old
MEDICAL PROVIDER EZ FLU SHOT 2015-2016 PSKT	0	QL(1 ea per 180 days retail); AL; At least 7 yrs old
MEDICAL PROVIDER SINGLE USE EZ FLU SHOT PSKT	0	QL(1 ea per 180 days retail); AL; At least 7 yrs old
RECOMBIVAX HB SUSP	0	QL(3 ml per 999 days retail); AL; At least 18 yrs old
VAQTA SUSP	0	QL(2 ml per 999 days retail); AL; At least 18 yrs old
ZOSTAVAX SUSR	0	QL(1 ea per 999 days retail); AL; At least 60 yrs old
VAGINAL PRODUCTS		
Spermicides		
ENCARE SUPP	2	QL(12 ea per fill retail)
nonoxynol-9 gel	1	
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (*Use Nonoxynol-9*)	NF	

Drug Name	Drug Tier	Requirements/ Limits
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	2	QL(86 gm per fill retail)
SHUR-SEAL GEL	2	QL(24 gm per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM FILM	2	QL(9 ea per fill retail)
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (*Use Clindamycin Phosphate Vaginal*)	NF	QL(40 gm per fill retail)
clindamycin phosphate vaginal crea	1	QL(40 gm per fill retail)
clotrimazole vaginal crea 1 %	1	QL(45 gm per fill retail)
clotrimazole vaginal crea 2 %	1	QL(21 gm per fill retail)
GYNAZOLE-1 CREA	2	
GYNE-LOTRIMIN 3 CREA (*Use Clotrimazole Vaginal*)	NF	QL(21 gm per fill retail)
GYNE-LOTRIMIN CREA (*Use Clotrimazole Vaginal*)	NF	QL(45 gm per fill retail)
METROGEL-VAGINAL GEL (*Use Metronidazole Vaginal*)	NF	QL(70 gm per fill retail)
metronidazole vaginal gel	1	QL(70 gm per fill retail)
MICONAZOLE 3 SUPP	2	QL(3 ea per fill retail)
miconazole nitrate vaginal crea 2 %	1	QL(45 gm per fill retail)
miconazole nitrate vaginal crea 4 %	1	QL(15 gm daily)
miconazole nitrate vaginal kit	1	QL(24 gm per fill retail)
miconazole nitrate vaginal supp 100 mg	1	QL(7 ea per fill retail)
MONISTAT 3 COMBINATION PACK KIT (*Use Miconazole Nitrate Vaginal*)	NF	QL(24 gm per fill retail)
MONISTAT 3 CREA (*Use Miconazole Nitrate Vaginal*)	NF	QL(15 gm daily)
MONISTAT 7 SIMPLY CURE CREA (*Use Miconazole Nitrate Vaginal*)	NF	QL(45 gm per fill retail)
TERAZOL 3 CREA (*Use Terconazole Vaginal*)	NF	QL(20 gm per fill retail)
TERAZOL 7 CREA (*Use Terconazole Vaginal*)	NF	QL(45 gm per fill retail)
TERCONAZOLE CREA	2	QL(20 gm per fill retail)
terconazole vaginal crea 0.4 %	1	QL(45 gm per fill retail)
terconazole vaginal crea 0.8 %	1	QL(20 gm per fill retail)
terconazole vaginal supp 80 mg	1	QL(3 ea per fill retail)
tioconazole vaginal oint	1	QL(5 gm per fill retail)
VAGISTAT-1 OINT (*Use Tioconazole Vaginal*)	NF	QL(5 gm per fill retail)
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM (*Use Estradiol Vaginal*)	NF	QL(43 gm per 30 days retail)
estradiol vaginal crea 0.1 mg/gm	1	QL(43 gm per 30 days retail)
PREMARIN CREA VA 0.625 MG/GM	2	QL(43 gm per 30 days retail)
Vaginal Progestins		
CRINONE GEL	2	AL; At least 15 yrs old
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	2	AL; At least 15 yrs old
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	2	AL; At least 15 yrs old
FIRST-PROGESTERONE VGS 25 COMPOUNDING KIT SUPP	2	AL; At least 15 yrs old
FIRST-PROGESTERONE VGS 400 COMPOUNDING KIT SUPP	2	AL; At least 15 yrs old
FIRST-PROGESTERONE VGS 50 COMPOUNDING KIT SUPP	2	AL; At least 15 yrs old

Drug Name	Drug Tier	Requirements/ Limits
VASOPRESSORS		
Anaphylaxis Therapy Agents		
ADRENACLICK SOAJ 0.15 MG/0.15ML	2	2/30 DAYS;QL(2 ea per 30 days retail)
ADRENACLICK SOAJ 0.3 MG/0.3ML	2	QL(4 ea per 365 days retail)
epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml	2	2/30 DAYS;QL(2 ea per 30 days retail)
epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml	2	QL(4 ea per 365 days retail)
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	2	QL(2 ea per fill retail,4 ea per 365 days retail)
EPIPEN 2-PAK SOAJ	2	QL(4 ea per 365 days retail)
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS	2	PA; SP
Vasopressors		
midodrine hcl tabs	1	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol caps 1000 unit, 2000 unit	1	
cholecalciferol caps 5000 unit	1	QL(2 ea daily)
cholecalciferol caps 50000 unit	1	QL(0.267 ea daily)
DRISDOL CAPS 50000 UNIT (*Use Ergocalciferol*)	NF	
ergocalciferol caps or 50000 unit	1	
KEY-E CHEW OR	2	QL(2 ea daily)
MEPHYTON TABS	2	
vitamin e caps or 100 unit, 200 unit, 400 unit	1	QL(2 ea daily)
VITAMIN E CHEW OR 400 UNIT	2	QL(2 ea daily)
Water Soluble Vitamins		
ascorbic acid tabs or 500mg, 1000mg, 250 mg, 500 mg, 1000 mg, 10mg-500mg, 37mg-500mg, 37mg-1000mg, 14mg-25mg-500mg	1	QL(100 ea per 34 days retail)
B-1 TABS	2	QL(2.94 ea daily)
niacin cpcr or 250 mg, 500 mg	1	
niacin tabs or 500 mg	1	
niacin tbcr or 250 mg, 500 mg, 750 mg	1	
NIACIN TR TBCR	2	
pyridoxine hcl tabs or 25 mg, 50 mg, 100 mg	1	
riboflavin tabs 25 mg, 50 mg, 100 mg	1	QL(2.94 ea daily)
SLO-NIACIN TBCR (*Use Niacin*)	NF	
thiamine hcl tabs or 50 mg, 100 mg, 250 mg	1	QL(2.94 ea daily)
thiamine mononitrate tabs	1	QL(2.94 ea daily)

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